

MEDICAL COUNCIL OF INDIA
ASSESSMENT FORM FOR 150 ADMISSIONS REPORT
(INCREASE IN ADMISSION CAPACITY FROM _____ TO _____)

Part A-I **(2019-20)**
 (To be filled by the Institution)

1.1 Type of Assessment

✓ U/S 10A- Regular/Compliance: Letter of Permission(), 1st renewal (), 2nd renewal (), **3rd renewal (✓)**, 4th renewal ()

U/S 10A- Increase Admission Capacity: Regular/Compliance: Letter of Permission (), 1st renewal (), 2nd renewal (),
 3rd renewal (), 4th renewal ()

U/S 11: Recognition: Regular / Compliance

U/S 19 Continuation of Recognition: Regular / Compliance

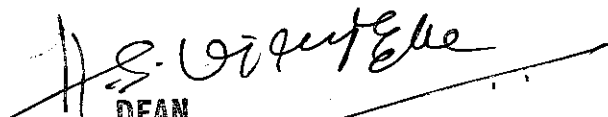
Any Other: _____

Note:

1. All rows/columns must be filled.
2. 'Not applicable' should be clearly written wherever a required information is not relevant.
3. All pages of the A-I are to be signed by Dean/Principal/Director.

Name of the Institution / College : KANACHUR INSTITUTE OF MEDICAL SCIENCES,
Address of College : UNIVERSITY ROAD, NATEKAL, MANGALURU
Address of Hospital : KANACHUR HOSPITAL & RESEARCH CENTER,
 NATEKAL, MANGALURU

Date:


DEAN
 Signature with stamp Dean/Principal/Director
KANACHUR INSTITUTE OF MEDICAL SCIENCES
 Natekal, Mangaluru - 575 018
 18/12/18

Telephone No. : 0824-2202982, 0824-2888000
E-mail : edu@kanachur.com, kanachuracdcell@gmail.com
Fax : 0824-2202282
Website : www.kanachurims.com
Management : Government /Society/**Trust**/Company

Regn. No. of Society/Trust/Company : IV-17/2001-02-

Consent/Affiliation from University : Yes / No

Ref. No. & Date : ACA/AFF/MEDICAL NOTIFICATION / UG, PG & SS / 2018-19 dt.03.05.21018
 Rajiv Gandhi University of Health Sciences, Bangalore
 Copy attached - Annexure-I

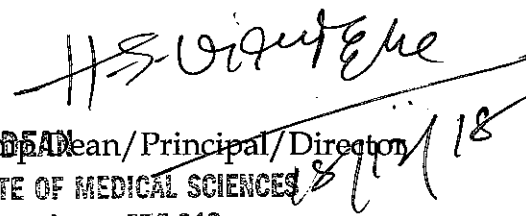
Period of Validity : for the academic year 2018-19

No. of seats as per Essentiality Certificate: Not Applicable

Period of Validity :

Last Assessment Date : 9th March 2018

Date:

Signature with stamp 
 Dean/Principal/Director
 KANACHUR INSTITUTE OF MEDICAL SCIENCES
 Natekal, Mangaluru - 575 018

- 1.2 Location: The applicant college is located **Deralakatte, Natekal, Kotekar** (city/village) of **Mangaluru** taluk **Dakshina Kannada** district of **Karnataka** state.

(b) The College has following plots of land:

| Plot # | Survey # | Place | Area | Remarks if any |
|--------|--|--------------------|----------------|----------------|
| | 333-1,338-2,337-1,343-1 337-3,338-1 | Deralakatte | 18.07 | |
| | 337-1,343-1, | Deralakatte | 3.04 | |
| | 337-3 | Deralakatte | 2-23 | |
| | 340-7P | Deralakatte | 0.25.50 | |
| | 338-2 | Deralakatte | 1.33 | |

(c) The campus is **unitary**/divided into _____ parts. If not unitary distance between parts. _____.

- 1.3 **Building Plan approval from the competent authority Kotekar Grama Panchayath, Kotekar** date of Approval **05.11.2014** - Order copy attached as Annexure-II

Buildings:

College: **11542 sq.mtr. sq.mtr.**
 Hospital (including OPD): **12656.37 sq.mtr.**
 Hostel & Residential complex **32235.67 sq.mtr.**

- 1.5 Building Use/ Occupancy Certificate: approved **Kotekar Grama Panchayath, Kotekar** order no: **231/2014-15** dated **05.11.2014** .

- 1.6 **Nearest Commercial airport: Bajpe Airport** Distance in kms **20 kms** Traveling time required: **45 Minutes**

- 1.7 **Nearest major Railway Station: Mangalore** Distance in kms **10 km** Traveling time required: **20 Minutes**

Date:

Signature with stamp Dean/Principal/Director
DEAN
KARACHUR INSTITUTE OF MEDICAL SCIENCES
 Natekal, Mangaluru - 575 018

S. Vignesh
 18/12/18

1.7 (a) Nearest major city is Mangalore, Distance in kms 15 km , Traveling time required: 30 Minutes

1.8 Water Supply: Through Municipal / Bore wells

1.9 Electric supply: Sanctioned Load **490 KVA.**

1.10 Generators: available/not available, Available load **750 KVA**

1.11 Drainage & sewage disposal - Approved by Karnataka State Pollution Control Board, Bengaluru and Bio Medical Waste Management MOU with Ayush Envirotech Pvt. Ltd, Udupi

1.12 Working Hours:

1. OPD Timings : **9.00 am to 4.00 pm (Monday to Saturday)**
1. College Timings : **8.00 am to 4.00 pm**
2. Library Timings : **9.00 am to 10.00 pm X 6 days**
9.00 am to 1.00 pm on Sundays and Holidays

2. 1.12 (A) Details of PG courses run by the college / Institution : Not Applicable

| S. No. | Department Speciality / | Diploma / MD / MS/ M.Ch/ DM | Number of Seats | Status of Recognition | | Number of Seats filled in last Academic year |
|--------|----------------------------|--------------------------------|-----------------|-----------------------|------------|--|
| | | | | Permitted | Recognized | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

1.12 (B) Details of other academic colleges available in the campus : [Yes/ No]- NO

- (a) Dental College : _____
- (b) Nursing College : _____
- (c) Physiotherapy College : _____
- (d) Pharmacy College : _____
- (e) Ayush College : _____
- (f) Engineering College : _____
- (g) Any other : _____

Date:

Signature with stamp Dean/Principal/Director

KANACHUR INSTITUTE OF MEDICAL SCIENCES

Natekal, Mangaluru - 575 018

1.12 (C) Details of any other medical college being run by same management / Trust / Society / Company, anywhere(not applicable for Govt. colleges): Not Applicable

1.13 Annual Budget: College & Hospital

| Year | Current Financial Year 2018-19 | | Previous financial year As per Audited report 2017-18 | |
|---------------------|-----------------------------------|----------|---|----------|
| | College | Hospital | College | Hospital |
| Salary | 240 | 420 | 200 | 350 |
| - Doctors | | | | |
| - Resident Doctors | | | | |
| - Other Staff | | | | |
| Technical Training | 120 | 180 | 100 | 150 |
| Library & Education | 360 | --- | 300 | --- |
| Maintenance | 12 | 30 | 10 | 25 |
| Contingencies | 18 | 12 | 15 | 10 |
| Others | 36 | 48 | 30 | 40 |
| Total | 786 | 690 | 655 | 575 |

Date:

Signature with stamp Dean/Principal/Director

KANACHUR INSTITUTE OF MEDICAL SCIENCES

Natekal, Mangaluru - 575 018

1.14 Paramedical staff (Nos.): Give details of technicians department wise:

| Department | Technician | Assistant | Attendant | Other |
|-----------------------|---|-----------|-----------|--------------------------------|
| Radiology | 05 | 03 | 1 | 03 |
| General medicine | 03 | 03 | 03 | 02 |
| Pediatrics | 02 | 02 | 02 | 01 |
| OT | 02 | 01 | 01 | 04 |
| Anesthesia | 03 | 01 | 01 | 02 |
| Blood Bank | 02 | 01 | 01 | 02 |
| Labour Room | 02 | 01 | 01 | 01 |
| Emergency Room | 02 | 01 | 02 | 02 |
| CSSD | 02 | 02 | 03 | 04 |
| Mortuary | 01 | 01 | 02 | 01 |
| Laundry | 01 | 02 | 02 | 02 |
| Electrical | 03 | 02 | 01 | 05 |
| Housekeeping | From the common Pool | | | 01 |
| psychiatry | 01 | 01 | 01 | 01 |
| Biomedical Waste Man. | Solid Waste-Outsourced(contractured with Ayush Envirotech private Ltd.) | | | MOU Copy Attached-Annexure-III |
| Pharmacy | 02 | 02 | 02 | 04 |
| ENT | 01 | 01 | 01 | 01 |
| Orthopedics | 01 | 01 | 01 | 01 |
| Ophthalmology | 01 | 01 | 01 | 01 |
| TB & chest | 01 | 01 | 01 | 01 |
| General surgery | 01 | 02 | 01 | 01 |
| Anatomy | 01 | 01 | 04 | 03 |
| Biochemistry | 02 | 01 | 01 | 03 |
| Physiology | 01 | 01 | 01 | 03 |
| Microbiology | 04 | 03 | 02 | 03 |

Date:

Signature with stamp Dean/Principal/Director
KANACHUR INSTITUTE OF MEDICAL SCIENCES
 Natekal, Mangaluru - 575 018

| | | | | |
|--------------------|----|----|----|----|
| Pathology | 02 | 02 | 02 | 04 |
| Forensic Medicine | 01 | 01 | 02 | 03 |
| Community Medicine | 01 | - | 01 | 03 |
| Pharmacology | 01 | - | 01 | 03 |
| UHC | 01 | 01 | 01 | 06 |
| RHC | 01 | 01 | 01 | 04 |

1.15 Nursing Staff available:

| No of Beds 410 | | |
|-----------------|---------------|----------------|
| Category | Required Nos. | Available Nos. |
| Staff Nurses | 182 | 185 |
| Sister Incharge | 31 | 33 |
| ANS | 06 | 06 |
| DNS | 03 | 03 |
| Nursing Suptd | 01 | 01 |
| Total | 223 | 228 |

1.16 Medical Education Unit (MEU): (Information not required for LOP inspection)

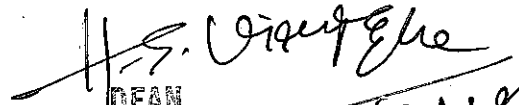
Available as per Regulations : **Yes /No**

Name of the MEU coordinator : **Attached Annexure-IV**

Details of affiliated faculty : **Refer Annexure-IV**

Details of the Orientation programme and Basic Course Workshop undergone by MEU: **Refer Annexure-IV**
Coordinator

Date:

Signature with stamp Dean/Principal/Director

DEAN
KANACHUR INSTITUTE OF MEDICAL SCIENCES
 Natekal, Mangaluru - 575 013

Name of the MCI Regional Centre where
Above training has been undertaken :

Date/s of the above workshops : **Refer Annexure-IV** Details & Duration of Workshops in Medical Education Technology conducted
by MEU: ---

Details of faculty who have undergone basic course workshop in *Medical Education Technology* at the allocated MCI Regional Centre
Refer Annexure-IV

Feedback evaluation of workshops and action taken reports on the basis of feedback obtained (comments in the annexure 1)

1.17 Continuing Medical Education: (Information not required for LOP inspection)

Details of CMEs/workshop organized by the college held in the past 1 year: **Attached as Annexure - V**

Details of the credit hours awarded for the past one year (details/comments in annexure)

1.18 College Council: (Information not required for LOP inspection)

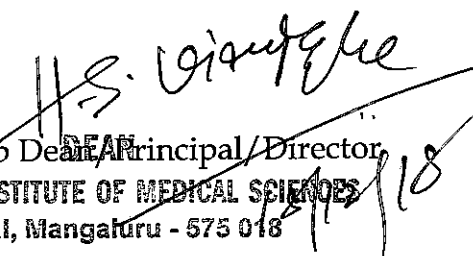
- Name, designation, contact no. and address of the President & Secretary.
- Composition of the Council (HODs as members & Principal / Dean as chairperson)
- No. of times the College Council meets per year (min 4)
- Action taken report on College Council Meetings (details / comments in annexure II)

: **Dr. H.S Virupaksha, Dean**
: **Attached as Annexure - VI**
: **04**
: **Refer Annexure - VI**

1.19 PG Course: If the college is running PG course; Please mention the intake of PG seats subject wise: **Not Applicable**

| Sr No. | Degree/Diploma | Subject | No. of Permitted sets | No. of recognized seats |
|--------|----------------|---------|-----------------------|-------------------------|
| | | | | |
| | | | | |
| | | | | |

Date:

Signature with stamp Dean/Principal/Director

KANACHUR INSTITUTE OF MEDICAL SCIENCES
 Natekal, Mangaluru - 575 018

1.20 Clinical Material

Clinical Material

| Item | Daily average (of last 12 months)as provided by institute | |
|---|---|--------------|
| O.P.D. attendance (At the end of OPD timing) | 1052 | |
| Casualty attendance (24 hrs. data) | 75 | |
| No of admissions | 70 | |
| No. of discharges | 48 | |
| Bed occupancy: No of Beds occupied | 349 | |
| No of beds required | 410 | |
| Bed occupancy % | 85% | |
| <u>Operative Work</u> | | |
| No, of major surgical operations | 15 | |
| No. of minor surgical operations | 24 | |
| No. of normal deliveries | 02 | |
| No. of caesarian sections | 01 | |
| <u>Radiological Investigations – No of patients.</u> | O.P.D | I.P.D |
| X-ray | 154 | 40 |
| Ultrasonography | 153 | 25 |
| Barium, IVP etc. | 05 | 02 |
| C.T. Scan | 03 | 03 |

Date:

Signature with stamp Dean/Principal/Director

KANACHUR INSTITUTE OF MEDICAL SCIENCES

Natekal, Mangaluru - 575 016

Date:

| Item | Laboratory Investigations – No of patients/samples | |
|---|--|-------|
| | O.P.D | I.P.D |
| Biochemistry | 406 | 95 |
| Microbiology | 60 | 11 |
| Serology | 325 | 27 |
| Haematology | 936 | 198 |
| Clinical pathology | 153 | 19 |
| Histopathology | 04 | 04 |
| Cytopathology | 05 | 01 |
| Others | 128 | 11 |
| Any other (HIV/AIDS, DOTs, Malaria etc) | 167 | 12 |

Signature with stamp Dean/Principal/Director
 KANACHUR INSTITUTE OF MEDICAL SCIENCES
 Nateskal, Mangaluru - 575 018

1.21 College Website:

| Sr. No. | Details of information | Yes/No |
|---------|---|--------|
| 1. | Details of Dean / Principal and Medical Superintendent Including their name, qualification complete address with telephone and STD code, fax and E-mail etc. | Yes |
| 2. | Teaching staff, Resident doctors ,non-teaching staff , Technical staff , Nursing staff---(a)department & designation wise with joining date (b) Unit wise faculty & resident list | Yes |
| 3. | Details of the affiliated university and its Vice-Chancellor and Registrars. | Yes |
| 4. | Citizen Charter | Yes |
| 5. | List of students admitted merit-wise category-wise (UG & PG) for the current and previous year. | Yes |
| 6. | Result of all the examinations of last one year. | Yes |
| 7. | Details of members of the Anti Ragging Committee with contact details including landline Phone, mobile, email etc... | Yes |
| 8. | Details of members of the Gender Harassment Committee with contact details including landline Ph. mobile, email etc... | Yes |
| 9. | Toll free number to report ragging. | Yes |
| 10. | Details of the sanctioned intake capacity of various courses UG as well as PGs by the MCI. (with the scan copies of permission letter) | Yes |
| 11. | Any research publication during the last one year. | Yes |
| 12. | Details of any CME programmes, conferences and/or any academic activities conducted by the institution. | Yes |
| 13. | Details of any awards and achievements received by the students or faculty. | --- |
| 14. | Detailed status of recognition of all the courses(with the scan copies of permission letter) | Yes |
| 15. | Details of clinical material in the hospital | Yes |
| 16. | unit /dept .wise beds distribution | Yes |

Undertaking – To be given by the Dean/Principal of the Institute

I hereby given an undertaking that:

- (i) The college will admit students only after obtaining the permission from Central Govt.
- (ii) In the event of this declaration turning out to be either incorrect or any part of this declaration subsequently turning out to be incorrect or false, it is understood and accepted that the undersigned shall be responsible for any such misdeclaration or misstatement.
- (iii) In case, the declaration made by me is found to be false in any material point then necessary Civil / Criminal proceedings, including prosecution under Section 199 of the Indian Penal Code, 1860, may be initiated against me by the Competent Authority.
- (iv) The college has obtained all requisite statutory approvals.
- (v) The college has fulfilled all requirements as per the applicable Minimum Standard Requirement for the Medical College Regulations, 1999.
- (vi) The mandatory requirements laid down by the Persons with Disabilities Act are met by the college

Date:

Signature with stamp Dean/Principal/Director.

KANACHUR INSTITUTE OF MEDICAL SCIENCES
Natekal, Mangaluru - 576 018

MEDICAL COUNCIL OF INDIA
ASSESSMENT FORM FOR 150 MBBS ADMISSIONS REPORT
(INCREASE IN ADMISSION CAPACITY FROM ____ TO ____)

Part A-II (2019-20)
 (to be filled by the Assessors)

144947
 24/12/2018

1.1 Type of Assessment

U/S 10A-regular/compliance: Letter of Permission (—), 1st renewal (—), 2nd renewal (—), 3rd renewal (✓), 4th renewal (—)

U/S 10A- Increase Admission Capacity: Regular/Compliance: Letter of Permission (), 1st renewal (), 2nd renewal (), 3rd renewal (), 4th renewal ()

U/S 11- Recognition - Regular/Compliance

Continuation of Recognition - Regular / Compliance

Any Other: _____

| | | |
|---------------------------|---|---|
| Name of the Institution | : | KANACHUR INSTITUTE OF MEDICAL SCIENCES, MANGALURU |
| Address | : | UNIVERSITY ROAD, NATEKAL, MANGALURU-575018 |
| Telephone No. | : | 0824-2202982, 0824-2888000 |
| E-mail | : | kanachuracdcell@gmail.com, academiccell@kanachur.edu.in |
| College Website : | | www.kanachurims.com |
| Council Letter No. & Date | : | MCI-34(41)(UG)(R-60)/2019-20-Med./ dt. 14.12.2018 |

(Dr. K. V. Ingole)
 Signatures of the Assessors

(Dr. Ramesh Chhabra)
 Date 19.12.18

H. S. Vignesh
 19/12/2018
 01 of 31
 Signatures of Dean/Principal

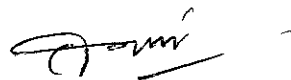
| | | | |
|------------------|---|------------------------|----------------------------|
| Assessment Date: | 18 th & 19 th December 2018 | Last Assessment Date : | 9 th March 2018 |
| PG Courses | : | No | |

Particulars of Assessors

| Name of the Assessors | Correspondence Address | Contact No. | Email |
|-----------------------------------|---|-------------------------|-----------------------------|
| Dr. Ramesh Bharti Co-ordinator | Professor & Head Dept. of Surgery Dr. Rajendra Prasad Government College Tanda, Himachal Pradesh Pin: 176001 | 09418466999 | rameshbharti@rediffmail.com |
| Dr. K V Ingole | Professor & HOD Dept. of General Surgery Dr. Vishampayan Memorial Govt. Medical College, Solaur, Maharashtra | 09850267140 | kishorvi@yahoo.com |
| Dr. Aruna S. | Professor Dept. of Anatomy Indira Gandhi Medical College & Research Institute Puducherry | 09443887504, 9094519550 | Draruna69@yahoo.co.in |

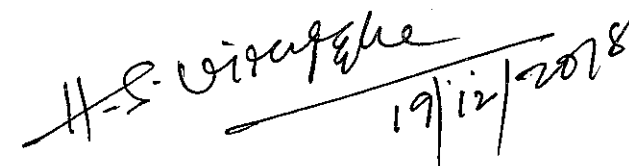


Signatures of the Assessors



Date

19/12/18



Signatures of Dean/Principal

02/03/19


1.2. The College has following


| | |
|---|---|
| The campus plot is. | unitary/ divided into _____ parts if divided, Please give details. |
| Building Plan approval from the competent authority. | Name Kotekar Grama Panachyat- No- Date— Approval certificate attached |
| Building Use/ Occupancy Certificate from the competent authority. | Name Kotekar Grama Panachyat- No- Date— Approval certificate attached |

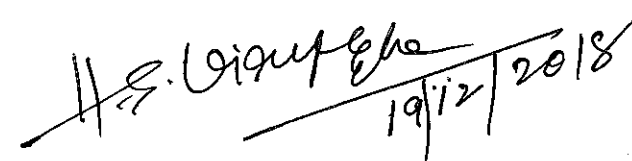
1.3 **Dean/Principal: Dr. H S Virupaksha** M.D(Biochemistry) with **38 yrs** of teaching experience – **26 yrs** of Professor & **2 Yrs 10 Months** of experience of Assoc. Professor . He is also holding the post of **Professor** in the Department of **Biochemistry**

Dean Office is located in **Ground floor of the college** of the college/building along with the administrative block. Adequate space (as per MSR guidelines by MCI) and other required facilities (as given in the table below) are provided/not provided to the administrative staff.

| Office Space Requirement | Requirement Space (mts) | Available |
|--------------------------|-------------------------|------------------|
| Dean/Principal Office | 36 | Available |
| Staff Room | 54 | Available |
| College Council Room | 80 | Available |



Signatures of the Assessors



Date 19.12.18

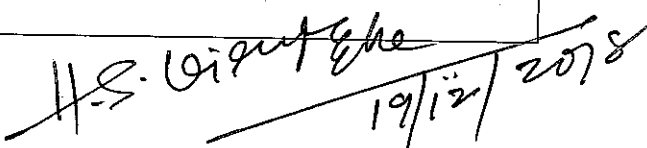

19/12/2018
03 of 33
Signatures of Dean/Principal

1.4 Medical Education Unit (MEU): Annexure-4

| | | |
|--|---|---|
| Available as per Regulations | : | Yes |
| Name of the MEU coordinator | : | Dr. Roshan S., Associate Professor, Anatomy |
| Name, Designation & Experience of affiliated faculty | : | List attached |
| Name of the MCI Regional (Nodal) Centre where above training has been undertaken | : | Govt. Medical College, Calicut |
| Details of the Orientation programme and Basic Course Workshop undergone by MEU(No. of programmes organized during Academic year, No. of People attended, proceedings (to be verified at the time of assessment) | : | attached |
| Date/s of the above workshops | : | attached |
| Details & Duration of Workshops in Medical Education Technology conducted by MEU | : | attached |
| Details of faculty who have undergone basic course workshop in <i>Medical Education Technology</i> at the allocated MCI Regional Centre | : | List attached |
| Details of faculty who have undergone advanced course workshop in <i>Medical Education Technology</i> at the allocated MCI Regional Centre | : | List attached |
| Feedback evaluation of workshops and action taken reports on the basis of feedback obtained | : | Not Applicable |


Signatures of the Assessors


Date 19-12-18


19/12/2018
04 07 39
Signatures of Dean/Principal

1.5 Continuing Medical Education :

| | | |
|--|---|--|
| No and Details of CMEs/workshop organized by the college held in the past 1 year | : | 02 |
| Details of the credit hours awarded for the past one year | : | 02 Hours for CME in OBG , 2 hours for CME in Anatomy |

1.6 College Council :

| | | |
|--|---|--|
| Name, designation, contact no. and address of the President & Secretary. | : | Dr. H. S Virupaksha, Dean Kanachur Institute of Medical Sciences, Mangaluru Contact No: 7022604401 |
| Composition of the Council (HODs as members & Principal / Dean as chairperson) | : | Attached -Annexure |
| No. of times the College Council meets per year (min 4) | : | 04 |
| Details of college Council meetings where students Welfare was discussed and Action taken report (details / comments in annexure II) | : | Minutes attached Annexure |

1.7 Pharmacovigilance Committee:

Present Annaexure-8

No. of meeting in the previous yrs. : 3 Meetings (Minutes to be checked)

H. S. Virupaksha
19/12/2018

05 of 32

S. M. [Signature]
Signatures of the Assessors

[Signature]
Date *19/12/18*

Signatures of Dean/Principal

1.8 Examination Hall:

| Requirement | Available |
|---|---|
| No. - 2 Area - 250 Sq. mt. Capacity - 250 | 2 Nos. with 250 capacity 3 CC TV camera, CPU with internet facility and copier machine for downloading and printing the question paper |

1.9 Lecture Theatres:

| | Medical college | | Hospital | | Comments |
|-------------------|-----------------|-----------|----------|-----------|----------|
| | Req | Available | Req | Available | |
| Number | 03 | 03 | 01 | 01 | |
| Capacity | 180 | 200 | 200 | 200 | |
| Type (Gallery) | Yes | | Yes | | |
| A.V. Aids | Yes | | Yes | | |

H.E. Vignesh
19/12/2018
06 of 39

S. M. Kumar
Signatures of the Assessors

Pran
19.12.18
Date

Signatures of Dean/Principal

1.10 Library

Air-conditioned – Yes

Working Hours: 9 a.m to 11.00p.m X 6 days

9 a.m to 1 p.m on Sunday and Holidays


a. Stack room : Available

b. Reading room : Available


| | Required | Available | Remarks |
|-----------------------------------|---------------|--------------------|---------|
| Area | 2400 Sq.m. | 2400 Sq.m. | |
| Student Reading Room (Inside) | 300 Capacity | 300 Capacity | |
| Student Reading Room (Outside) | | 150 Capacity | |
| Staff Reading Room | 30 Persons | 32 Persons | |
| Room for Resident/PG reading room | | Available | |
| Particulars | Required Nos. | Available Nos. | Remarks |
| No. of Books | 5000 | 6100 (1800 titles) | |
| Journals (Indian) | 28 | 28 | |
| Journals (Foreign) | 12 | 12 | |
| Internet Nodes | 40 | 46 | |

1.11 Common Room for Boys & Girls

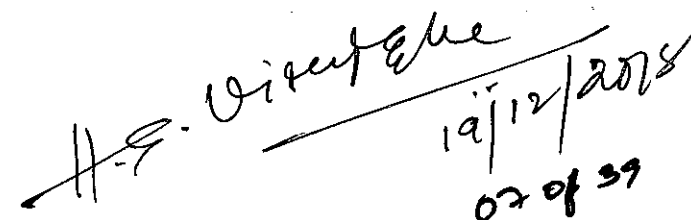
| | Area Required Sq. Mt. | Available Area Sq. Mt. | Toilet - Attached Y/N |
|-------|-----------------------|------------------------|-----------------------|
| Boys | 150 Sq.M | 150 Sq.M | Yes |
| Girls | 150 Sq.M | 150 Sq.M | Yes |


 Signatures of the Assessors

Date


 19.12.18

Signatures of Dean/Principal


 19/12/2018
 02 of 37

- .12 Central Photography Section: Available Yes
 Staff Yes } Annexure -22
 Equipments Available

.13 Hostel: Location - Within campus

| Hostel Category | Required Capacity | Available Capacity (No Rooms X capacity of each room = Total capacity) | Furnished (Y/N) | Toilet Facility Adequate/ Inadequate | Mess (Y/N) | Hygiene of Hostel campus Y/N | AC Visitor room, AC Study room with internet & Computer, Recreation room with TV, Music, Indoor Games Y/N | Remarks |
|---------------------------------------|-------------------|--|-----------------|--|------------|---------------------------------|--|---------|
| UG Students @ (60% Capacity) | | Boys- 58X3=174 | Yes | Adequate | Yes | Yes | Yes | |
| | | Girls-96X3=288 | Yes | Adequate | Yes | Yes | Yes | |
| Interns @ 50% Capacity | N.A. | - | - | - | - | - | - | |
| Resident @ 100% Capacity including PG | | 57+23=80 occupants <u>Men's Qtrs.</u> (34 rooms Accommodation 23X2=46- JR 11X1=11 SR Total 57 <u>Ladies Qtrs:</u> 14 rooms 9X2=18 JR 05X1=5 SR Total 23) | Yes | Adequate | Yes | Yes | Yes | |
| Nurses @ 20% Capacity | | 80 16X5=80 | Yes | Adequate | Yes | Yes | Yes | |

Signatures of the Assessors

Date

Signatures of Dean/Principal

Handwritten signature
 19/12/2018
 02 of 39

Residential Quarters:

| Category | Required Nos. | Available Nos. | Remarks |
|-----------------------------------|---------------|---------------------|---------|
| Teaching Staff @ 20% Capacity | 24 | 26 (12 Occupied) | |
| Non-Teaching Staff @ 20% Capacity | 36 | 38 (Fully occupied) | |

1:14 Recreational Facilities:

| | |
|-------------------------|--|
| Outdoor games | Yes |
| Play field/s | Yes 02 Available |
| Type of games | Cricket, Basketball and Football, Khabaddi |
| Indoor games facilities | Yes |
| Gymnasium | Available |

1.15 Gender Harassment Committee :- Yes (Documents to be attached as annexure) : attached as Annexure-11

1.16 Anti Ragging Committee: Yes (Documents to be attached as annexure) : attached as Annexure-10

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1.17 Biometric Devices:

- (a) No of OFAMOS devices installed in the college.- 3 devices are installed
- (b) Whether all OFAMOS devices are working conditions?- None of the devices are working
- (c) If not the reason thereof, and whether complaints lodge to SI- Complaint lodged on
- (d) Number of faculty punches recorded on the day of assessment.-
- (e) Any other relevant information.

TEACHING HOSPITAL

2.1 Name of the Hospital: KANACHUR HOSPITAL & RESEARCH CENTER

Owned by: ~~Government/Trust/Society/Company~~ : Kanachur Islamic Education Trust ® , Mangaluru

2.2 Name of the Medical Superintendent: Dr. Deviprasad Shetty, MS (ENT), with 38 years administrative experience.

| | Space Requirement | Availability |
|------------------------|-------------------|--------------|
| Medical Supdt's Office | 36 sq. mt. | Available |
| Administrative Office | 150 sq. mt | Available |

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2.3 Teaching and other facilities :

| | | |
|--|---|---|
| OPD Timings | : | 9.00 A.M TO 4.00 P.M |
| Separate Registration areas for male/female patients available | : | yes |
| Separate Registration counters for OPD/IPD | : | available |
| Are the Registration counters computerized | : | yes |
| Staff for registration center | : | adequate (on the basis of OPD attendance) |
| Waiting areas for above patients available | : | yes |
| No. of rooms for examination of patients available | : | yes |
| Capacity of teaching area in each department | : | yes |
| Enquiry Desk | : | yes |

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2.4 Facilities available in OPD

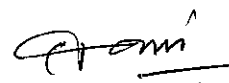
| | | | |
|--|--|----------------------|--------------------------|
| -Medicine Injection room - Male - Female | Yes Yes | E.C.G. Room | Yes |
| Surgery Dressing room - - Male - Female | Yes Yes | Minor OT | Yes |
| Orthopaedics Plaster room Dressing room - - Male - Female | Yes Yes Yes | Plaster cutting room | Yes |
| Ophthalmology | Refraction Rooms Dark Rooms Dressing Rooms / Minor Procedure Room | | Yes Yes Yes |
| ENT | Audiometry (AC & Sound proof) Speech Therapy | | Yes Yes |
| Pediatrics | Child Welfare Clinic Immunization Clinic Child Rehabilitation Clinic | | Yes Yes Yes Yes |
| OBS & GYN | Antenatal Clinic Sterility Clinic Family Welfare Clinic Cancer Detection Clinic | | Yes Yes Yes Yes |

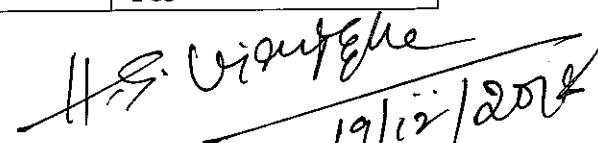
Comments :



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2.5 Total Number Of Teaching Beds : 410 (Distance between two beds should be 1.5 m.)

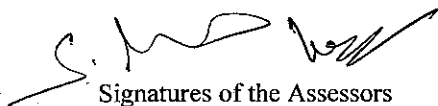
Teaching Hospitals in Campus with Total Beds : 410

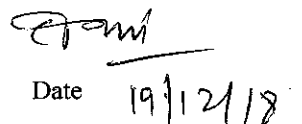
Teaching Hospitals in Outside the Campus (_____ Kms. from the campus) with Total Beds : Not applicable

| Department | Ward Nos. | Beds Required * | Total Beds Available | Facilities Available in Each Ward | | | | | | Remarks |
|---------------------------|-----------|-----------------|----------------------|-----------------------------------|---------------------|------------|----------------|---------------|-----------------------------|---------|
| | | | | Nursing Station Y/N | Exam/Treat Room Y/N | Pantry Y/N | Store Room Y/N | Duty Room Y/N | Demo Room (25 Capacity) Y/N | |
| Gen. Medicine | 04 | 100 | 100 | Y | | | | | | |
| Pediatrics | 02 | 45 | 45 | Y | Y | Y | Y | Y | Y | |
| TB & Respiratory Medicine | 01 | 10 | 10 | Y | Y | Y | Y | Y | Y | |
| Psychiatry | 01 | 10 | 10 | Y | Y | Y | Y | Y | Y | |
| Dermatology | 01 | 10 | 10 | Y | Y | Y | Y | Y | Y | |
| Gen. Surgery | 04 | 100 | 100 | Y | Y | Y | Y | Y | Y | |
| Orthopedics | 02 | 45 | 45 | Y | Y | Y | Y | Y | Y | |
| Ophthalmology | 01 | 15 | 15 | Y | Y | Y | Y | Y | Y | |
| ENT | 01 | 15 | 15 | Y | Y | Y | Y | Y | Y | |
| OB & GYN | 02 | 30+30 | 60 | Y | Y | Y | Y | Y | Y | |
| Total | | 410 | 410 | | | | | | | |

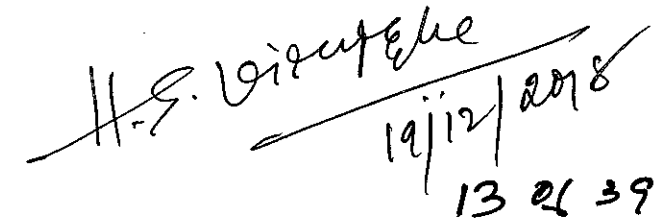
* If PG courses are running, beds requirement to be increased accordingly.

2.6 Clinical material (*Random verification to be done by the Assessor).


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| Item | On the Day of assessment | | Remarks |
|---|--------------------------|-------|---------|
| O.P.D. attendance at 2.00 PM On first day | 1334 | | |
| Casualty attendance (24 hrs. data) | 52 | | |
| No of admissions | 50 | | |
| No. of discharges | 32 | | |
| Bed occupancy% at 10.00AM on first day | 79.75% | | |
| <u>Operative Work</u> | | | |
| No, of major surgical operations | 11 | | |
| No. of minor surgical operations | 11 | | |
| No. of normal deliveries | 02 | | |
| No. of caesarian sections | 03 | | |
| <u>Radiological Investigations</u> (No. of patients) | O.P. D | I.P.D | |
| X-ray | 208 | 82 | |
| Ultrasonography | 191 | 66 | |
| Barium, IVP etc. | 12 | 8 | |
| C.T. Scan | 11 | 7 | |

| Item | On the Day of assessment | | Remarks |
|---|--------------------------|-------|---------|
| Laboratory Investigations - No. of Patients/ samples | O.P. D | I.P.D | |
| Biochemistry | 731 | 204 | |


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| Item | On the Day of assessment | | Remarks |
|--|--------------------------|-------|---------|
| | O.P. D | I.P.D | |
| Laboratory Investigations - No. of Patients/ samples | | | |
| Microbiology | 83 | 16 | |
| Serology | 449 | 23 | |
| Hematology | 1274 | 624 | |
| Clinical pathology | 193 | 49 | |
| Histopathology | 4 | 04 | |
| Cytopathology | 10 | 0 | |

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2.7 **Medical Record Section:**
Manual / Computerized

ICD X classification of diseases followed for indexing : **yes**

2.8 **Central casualty services :**

No of Beds: Required: 20 Available : 17 beds and 3 Trolleys

- Number of CMO posted/Shift : 04 CMO in 2 shifts No. of CMO present during Assessment round : 03
- Number of nurses posted / Shift: 10 nurses in 3 shifts Total No. of CMO : 04
- Separate casualty for OBGY cases: There is no separate casualty for OBG however two beds are earmarked in the central casualty separated by screen available,
- if yes No. of beds : ~~not available~~,

| Equipment | Availability Y/N | Number |
|--------------------------------------|---------------------|---|
| Central Oxygen & suction facility | Yes | 9 |
| Pulse oximeter | yes | 9 |
| Ambu bag | Yes | 9 |
| Ultrasonography Machine | No | Not available in casualty but 3 available in Radiology |
| Crash Cart | Yes | |
| Emergency Drug Tray | Yes | |
| Defibrillator | Yes | 1 |
| Ventilator | Yes | 1 |
| X-ray Unit - (Mobile) & X-ray Static | Yes | 1 |
| Minor OT | Yes | 1 |

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Comments:

2.9 Clinical Laboratories

Central Clinical Laboratory: Under control of department of : Pathology

Separate sections for pathology, microbiology, hematology & biochemistry: Available/~~not available~~.

2.10 Operation theatres

| Type | Requirement | Available | Remarks |
|-------|-------------|-----------|---------|
| Major | 07 | 07 | |
| Minor | 02 | 02 | |

2.11 Equipment available in O. T. Block (Specify numbers)

| Dept | Theatres Nos. | A/C Y/N | Central Oxy / Nitrous Oxide Y/N | Anesthesia Machine Y/N | Multipara Monitor with Capnograph Y/N | Defibrillators Y/N | Infusion Pumps Y/N | Remarks |
|-------------|---------------|---------|---------------------------------|------------------------|---------------------------------------|--------------------|--------------------|---------|
| Gen Surgery | 01 | Y | Y | Y | Y | Y | Y | Y |
| ENT | 01 | Y | Y | Y | Y | Y | Y | Y |
| Ophthal | | Y | Y | Y | Y | Y | Y | Y |
| Ortho | 01 | Y | Y | Y | Y | Y | Y | Y |
| OBS & GYN | 02 | Y | Y | Y | Y | Y | Y | Y |

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| Dept | Theatres Nos. | A/C Y/N | Central Oxy / Nitrous Oxide Y/N | Anesthesia Machine Y/N | Multipara Monitor with Capnograph Y/N | Defibrillators Y/N | Infusion Pumps Y/N | Remarks |
|-----------|---------------|----------|---------------------------------|------------------------|---------------------------------------|--------------------|--------------------|----------|
| Emergency | <u>1</u> | <u>Y</u> | <u>Y</u> | <u>Y</u> | <u>Y</u> | <u>Y</u> | <u>Y</u> | <u>Y</u> |
| Septic | <u>01</u> | <u>Y</u> | <u>Y</u> | <u>Y</u> | <u>Y</u> | <u>Y</u> | <u>Y</u> | <u>Y</u> |

No. of Pre-operative Beds available : 10

No. of Post Operative Beds available : 10

Comments: There is no separate emergency operation theatre . Emergency cases are being operating in Elective operation theatre .

2.12 Intensive Care: Following intensive areas are available -

| Type | Beds (Required) | Beds (Available) | Patients on day of assessment | AC Y/N | Central Oxygen/ Suction Y/N | Major Equipment (Monitor, Ventilator, ABG, Pulse Oximeter etc.) Y/N | Remarks if any |
|-----------|-----------------|------------------|-------------------------------|----------|-----------------------------|---|----------------|
| ICCU | 5 | <u>05</u> | <u>03</u> | <u>Y</u> | <u>Y</u> | <u>Y</u> | |
| ICU | 5 | <u>05</u> | <u>03</u> | <u>Y</u> | <u>Y</u> | <u>Y</u> | |
| SICU | 5 | <u>05</u> | <u>02</u> | <u>Y</u> | <u>Y</u> | <u>Y</u> | |
| NICU/PICU | 5 | <u>05</u> | <u>02</u> | <u>Y</u> | <u>Y</u> | <u>Y</u> | |

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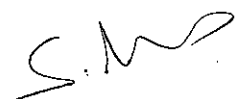

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2.13 Labor Room

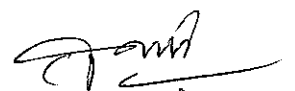
| Rooms | Beds | Remarks |
|--------------|------|---------|
| Clean Cases | 03 | |
| Septic Cases | 02 | |
| Eclampsia | 02 | |

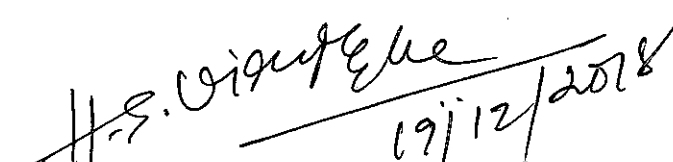
2.14 Radiological Facilities:

| Equipment | Required no. | Available no. | AERB Approval Y/N | Functional Status at the time of assessment Y/N | Remarks if any |
|----------------------------|--------------|-------------------|-------------------|---|---|
| Mobile X Ray | | | | | <u>AERB approval is not available for 2 Machines. Applied for</u> |
| 60 mA | <u>02</u> | <u>02</u> | <u>Y</u> | <u>Y</u> | |
| 100 mA | <u>02</u> | <u>02</u> | <u>Y</u> | <u>Y</u> | |
| Static X Ray | | | | | |
| 300 mA | <u>01</u> | <u>450mA : 01</u> | <u>Y</u> | <u>Y</u> | |
| 600mA | <u>01</u> | <u>01</u> | <u>Y</u> | <u>Y</u> | |
| 800/1000 mA | <u>01</u> | <u>01</u> | <u>Y</u> | <u>Y</u> | |
| CT Spiral Minimum 16 slice | <u>01</u> | <u>01</u> | <u>Y</u> | <u>Y</u> | |

 
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| Equipment | Required no. | Available no. | PNDT Approval Y/N | Functional Status at the time of assessment Y/N | Remarks if any |
|-----------|--------------|---------------|-------------------|---|----------------|
| USG | <u>02</u> | <u>03</u> | <u>Y</u> | <u>Y</u> | |

2.15 Blood Bank:

Available and functional: Yes

Number of units dispensed in a day : 4-6

Number of units stored on day of assessment : 25 pack cells and 289 FFP, platelet: 07

License valid up to: 16.03.2020 (LICENCE NUMBER AND COPY TO BE APPENDED AS ANNEXURE-17)

Blood Separation Facility - Available

2.16 Pharmacy : Pharmacist/Staff available: List to be included- attached annexure-21


- No. of sub-stores located in different parts of hospital: 02

2.17 Central sterilization Department :

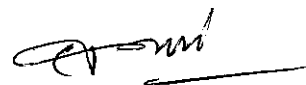
- Timings 24 hrs _ & Shifts: 03
- Equipment: Horizontal autoclaves : 02 / Vertical autoclaves: 01, ETO Sterilisers: : not available
- Separate receiving and distribution points - Yes
-

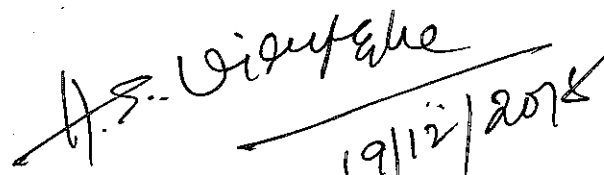
2.18 Intercom: Available : yes

No. of incoming lines: 67 No. of extension lines: 158


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2.18 Intercom: Available : yes
No. of incoming lines: 67 No. of extension lines: 158

2.19 Central laundry/Alternative Arrangements:

In House/~~Outsourced~~ {if outsourced, then MOU copy to be annexed} :
Type of Laundry: Mechanized / ~~Manual~~

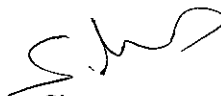

2.20 Kitchen/ Alternative Arrangements

- In-House/~~Outsourced~~ {if outsourced, then MOU copy to be annexed} :
- Food free of charge: yes/~~no~~ Number of patients : 402
- Provision of special diet: yes/~~no~~
- Services of a nutritionist/dietician: available/~~not available~~

2.21 (a) Total no. of Canteens: 02 For staff : 01 For students : 01 For Patients/Relatives: Nil
(b) Total no. of Mess in campus : Central Mess

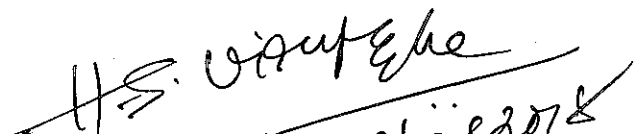
2.22 Arrangements for Biomedical Waste Management. :

Outsourced/in-house : (if outsourced, append MOU) (If in-house, please specify details of facilities available)
Outsourced with Ayush Envirotech Pvt. Ltd , Udipi (Copy of the MOU attached as Annexure-20)

 
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2.23 Central Research Lab:


- Available - Yes
- Facilities - Adequate
- Research Projects:
 - Completed Nos : 04
 - Ongoing Nos : -

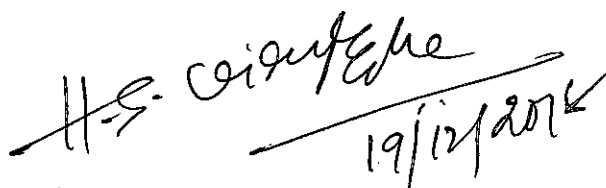
2.24 Nursing and Paramedical staff :

| Nursing staff: | No of Beds : 410 | |
|-----------------|------------------|----------------|
| Category | Required Nos. | Available Nos. |
| Staff Nurses | 182 | 190 |
| Sister Incharge | 31 | 33 |
| ANS | 06 | 06 |
| DNS | 03 | 04 |
| Nursing Suptd | 01 | 02 |
| Total | 221 | 235 |

| Paramedical And Non teaching staff | Required Nos. | Available Nos. |
|------------------------------------|---------------|----------------|
| | 162 | 185 |


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MEDICAL COLLEGE

3.1 College Website:

| Sr. No. | Details of information | Yes/No |
|---------|---|--------|
| 1. | Details of Dean / Principal and Medical Superintendent Including their name, qualification complete address with telephone and STD code, fax and E-mail etc. | Yes |
| 2. | Teaching staff, Resident doctors ,non-teaching staff , Technical staff , Nursing staff--- (a)department & designation wise with joining date (b) Unit wise faculty & resident list | Yes |
| 3. | Details of the affiliated university and its Vice-Chancellor and Registrars. | Yes |
| 4. | Citizen Charter | Yes |
| 5. | List of students admitted merit-wise category-wise (UG & PG) for the current and previous year. | Yes |
| 6. | Result of all the examinations of last one year. | Yes |
| 7. | Details of members of the Anti Ragging Committee with contact details including landline Phone, mobile, email etc... | Yes |
| 8. | Details of members of the Gender Harassment Committee with contact details including landline Ph. mobile, email etc... | Yes |
| 9. | Toll free number to report ragging. | Yes |
| 10. | Details of the sanctioned intake capacity of various courses UG as well as PGs by the MCI. (with the scan copies of permission letter) | Yes |
| 11. | Any research publication during the last one year. | Yes |
| 12. | Details of any CME programmes, conferences and/or any academic activities conducted by the institution. | Yes |
| 13. | Details of any awards and achievements received by the students or faculty. | Yes |
| 14. | Detailed status of recognition of all the courses(with the scan copies of permission letter) | Yes |
| 15. | Details of clinical material in the hospital | Yes |
| 16. | unit /dept .wise beds distribution | Yes |

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3.1 (a) College timings: 08.00 AM to 04.00 P.M


3.2 Teaching Programme:

| | |
|---|-----|
| Didactic teaching | Yes |
| Demonstration | Yes |
| Integrated teaching (Horizontal/Vertical teaching) | Yes |
| Clinical posting | Yes |
| Clinical Pathological Conference | No |
| Grand Rounds | No |
| Statistical Meeting | Yes |
| Seminars | Yes |

Teaching Facilities:

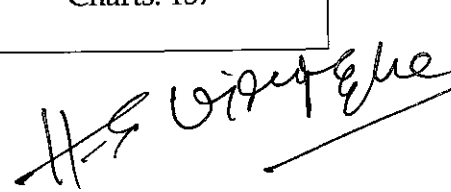
3.3 Anatomy

| Required | Available | Required | Available |
|---|-----------------|--|--|
| Demonstration Room/s • No ____ • Capacity - 75 to 100 students | 2 75 | AV Aids: | Available |
| • Histology practical laboratory - • Number of Lab seats ____ • Number of microscopes ____ • Dissection Microscopes ____ | 100 99 05 | Museum: ____ seating capacity • Mounted specimens • Models - Wet & Dry • Bone Sets - Articulated-____ & Disarticulated- ____ • MRI & CT | 50 150 74 Skeleton - 8 Disarticulated - 30 sets 70 Charts: 157 |
| • Dissection Hall | | | |


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| Required | Available | Required | Available |
|---|----------------------------------|--|------------------------|
| Number of dissection tables - _____ | 20 + 5 | Number of cadavers - ____ | 18 |
| Cold store / cooling chambers -Capacity of _____ Bodies | 4 (4+4) Capacity - 8 | Storage tank - ____ | 3 |
| Embalming room - | 1 with 1 embalming machine | Band saw | 02 |
| Lockers - _____ | 150 | Departmental Library- (80-100 Books.) | 87 Titles 104 books |

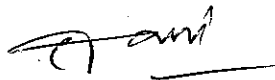
Adequate exhaust, light, water supply and drainage facilities - Available/~~not available~~. - Available

3.4 Physiology

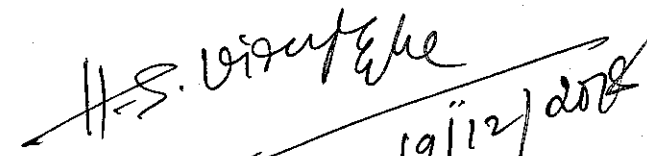
| Required | Available | Required | Available |
|--|--------------------|--------------------------|-----------------------------|
| Demonstration Room/s • No - _____ • Capacity - _____ | 2 75-100 | AV Aids: | Available LCD-1 OHP-1 |
| Mammalian laboratory | 1 | Haematology laboratory | Available |
| Amphibian Laboratory | 1 | Clinical Physiology Lab. | Available with 10 beds |
| Departmental Library - 80-100 Books | 102 (78 titles) | | |
| Research lab is available | | | |


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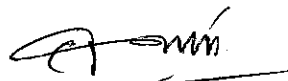

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3.5 Biochemistry

| Required | Available | Required | Available |
|--|-----------|---|---|
| Demonstration Room/s • No _____ • Capacity - _____ | 2 75 | AV Aids: | LCD Projector One in each Demo Room |
| Number of practical laboratory/ies - | 1 | Library / Seminar rooms - 80-100 Books | Avialble 130 books(80 titles) |
| Number of Lab seats - ____ | 90 | Research lab available | |

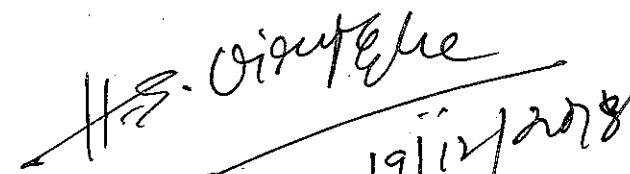


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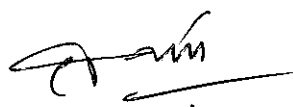
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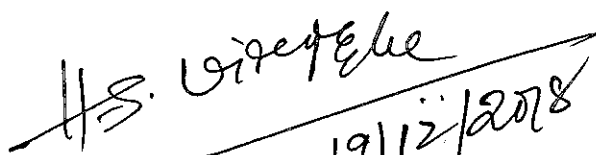
Signatures of Dean/Principal

3.6 Pathology

| Required | Available | Required | Available |
|---|--|--|--|
| Demonstration Room/s • No - 1 • Capacity - 90 | Available Available | AV Aids: | Available LCD projector, |
| Practical labs - • Morbid Anatomy/Histopath./ Cytology - _____ Microscopes - 90 • Clinical Pathology/Hematology - _____ Microscope: 90 | Available camera fited microscopes with slides projecting facility in the LCD screen | Museum: _____ Seating Capacity- 90 students Specimens: • Mounted - 365 • Unmounted - 200 • Catalogues - 15 each of 15 system Models: 30 X-rays: 30 Research lab: 01 | Available Available Available Available |
| Departmental library - 80-100 Books | 102 | | |
| Service Lab - Histopathology/Cytopathology/Hematology/ Any specialized work | Available | | |


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3.7 Microbiology

| Required | Available | Required | Available |
|---|-----------|---|----------------------------|
| Demonstration Room/s • No - 1 • Capacity - 90 students | Available | AV Aids: | Available with LCD and OHP |
| practical laboratory - 1 Number of Lab seats - 90 Number of microscopes/laboratory - 90 | Available | Media preparation facility Autoclaving, Washing and drawing room | Available |
| Number of service laboratories - 7 | Available | Museum: Specimen.: 10 Charts: 100 Models: 07 & Catalogue : 15 | Available |
| Departmental library - 80-100 Books, | 83 | seating capacity- 40 Research lab: available | |

3.8 Pharmacology

| Required | Available | Required | Available |
|--|-----------|-----------------------------|--------------------|
| Demonstration Room/s • No - 1 • Capacity 75 students | 1 80 | AV Aids: | Available with LCD |
| Experimental Pharmacology | Available | Museum: 50 seating capacity | 50 |
| Clinical pharmacology/pharmacy | Available | • Specimens | 554 |
| | | • Charts | 102 |
| Departmental Library - 80-100 Books | 86 | • Models | 13 |
| | | • History of Medicine | 16 |
| | | • Catalogues | 16 |
| Computer Assisted Learning Lab | Available | Mannequins | Nil |

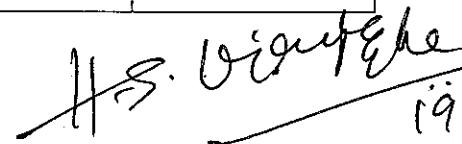


Signatures of the Assessors



Date

19/12/18



Signatures of Dean/Principal


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3.9 Forensic Medicine

| Required | Available | Required | Available |
|---|--|---|-----------|
| Demonstration Room/s • No - 1 • Capacity - 90 students | Available Available | AV Aids: Multimedia Projector, CPU & Projector screen (2) | Available |
| Forensic Medicine Practical Lab | Available with 60 seats, 20 Microscopes | Museum : • Medico-Legal Specimens 127 • Charts 30 • Prototype fire arms 10 • Slides 10 • Poisons 100 • Photographs 100 • Models: 30 Catalogues 15 Research lab : available | |
| Autopsy Block. Location - In hospital in a separate structure. | Available near hospital | | |
| Cold storage -2 Capacity of 8 Bodies | Available | | |
| Departmental library - 80-100 Books | 80 titles 100 books | | |

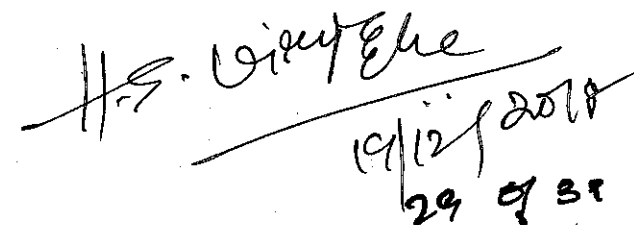


Signatures of the Assessors



Date


19/12/18

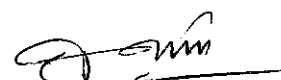


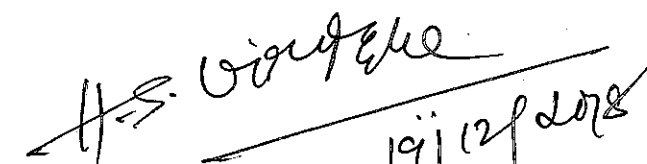
Signatures of Dean/Principal

3.10 Community Medicine

| Required | Available | Required | Available |
|--|------------------------|--|--|
| Demonstration Room/s • No - 1 • Capacity - 75 students | Available Available | AV Aids: Multimedia Projector -02 Public Address System - 04 | 03 04 |
| Museum: • Charts - • Models - • Specimens • Catalogues | 85 103 17 18 | Practical lab - 1 | 75 capacity 03 binocular microscopes, 40 dissecting microscopes. |
| Departmental Library - 80-100 Books | 80 | | |


Signatures of the Assessors



Date 19/12/18

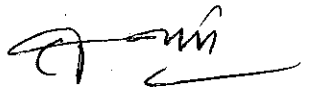

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Signatures of Dean/Principal

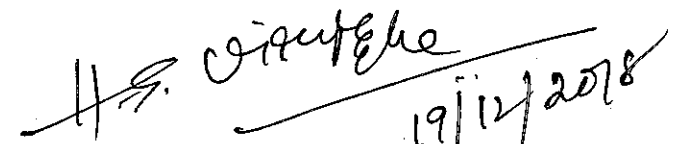
3.11 Health Centers (Department of Community Medicine)

RHTC: Kotekar (place) 6.5 K.M (Distance from the college)

| | |
|---|---|
| Population covered by the RHTC | 16000 |
| It is affiliated to College Yes/No | Yes |
| No. of Students 30 Visit per batch throughout the year | 30 |
| No. of Interns _____ Posted per batch throughout the year | Not Applicable |
| Separate blocks for accommodating boys in 8 rooms having 8 beds. Girls 8 rooms having 8 beds.(For Interns) | Yes |
| Facilities for cooking & dining - Yes/No | Yes |
| Daily OPD | 30 to 35 |
| Specialist visits if any | Yes - Gynec, Paediatric, Dermatology |
| Cold chain equipment available | Available - ILR, Vaccine carriers, Refrigerator |
| Survey/MCH/Immunization/FP registers | Yes (register is available) |
| Activities under the National Health Programmes | RNTCP, RCH Activities including Immunization, Family Planning Health Awareness Programme on Communicable and Non Communicable Diseases. |


Signatures of the Assessors


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Signatures of Dean/Principal


3.12 Details of U.H.T.C.: Bikarnakatte Place 14 K.M Distance from college

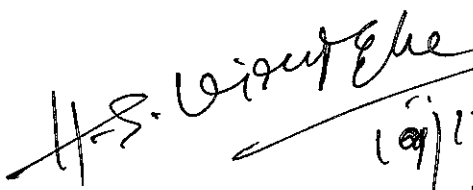
| | |
|--|---|
| Population covered by the UHC | 33497 |
| It is affiliated to College Yes/No | Yes |
| Daily OPD | Yes (40 - 45) |
| Diagnostics camps | Dental ,diabetic and dermatology |
| Survey/MCH/Immunization/FP registers | Yes |
| Specialist visits if any | Yes - Dermatology OBG , Paediatric and Dental |
| No. of Students and interns posted in batches of | 30 students |
| Deficiency if any | - |

3.13 CONDUCT OF III MBBS EXAMINATION *(only for recognition under 11(2))*: Not applicable

- University which conducts Examination:
- No. of Candidates appeared in Examination:
- The III MBBS examination (Part-II) was conducted satisfactorily: **yes/no**
- Centre for written/practical examination: _____
- Was the standard sufficient for MBBS Examination as required by Regulations of the Medical Council of India? _____


Signatures of the Assessors


Date 19/12/18


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Signatures of Dean/Principal

3.14

Medical College-Staff Strength:

Name of College: Kanachur Institute of Medical sciences, Mangaluru


Number of students : 150

PG Courses (Yes/No): No

If yes, specify

Calculation Sheet (Date:18.12.2018)

| Department | Designation | Requirement as per MSR (UG) | Additional faculty required for running PG courses (if any) | Total (UG + PG) | Accepted | Deficiency |
|--------------|--------------|-----------------------------|---|-----------------|----------|------------|
| Anatomy | Professor | 1 | | 1 | 1 | |
| | Assoc. Prof. | 1 | | 1 | 1 | |
| | Asstt.Prof. | 2 | | 2 | 2 | |
| | Tutor | 3 | | 3 | 3 | |
| Physiology | Professor | 1 | | 1 | 1 | |
| | Assoc. Prof. | 1 | | 1 | 1 | |
| | Asstt.Prof. | 2 | | 2 | 2 | |
| | Tutor | 3 | | 3 | 3 | |
| Biochemistry | Professor | 1 | | 1 | 2 | |
| | Assoc. Prof. | 1 | | 1 | 0 | |
| | Asstt.Prof. | 2 | | 2 | 2 | |
| | Tutor | 4 | | 4 | 5 | |
| Pharmacology | Professor | 1 | | 1 | 1 | |
| | Assoc. Prof. | 1 | | 1 | 1 | |
| | Asstt.Prof. | 2 | | 2 | 2 | |
| | Tutor | 3 | | 3 | 4 | |


 Signatures of the Assessors



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 Signatures of Dean/Principal

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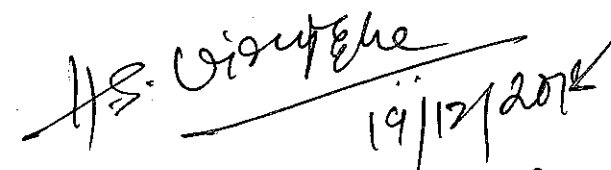
| | | | | | | |
|--------------------|---------------------------------|---|--|---|---|--|
| Pathology | Professor | 1 | | 1 | 3 | |
| | Assoc. Prof. | 3 | | 3 | 2 | |
| | Asstt.Prof. | 3 | | 3 | 3 | |
| | Tutor | 5 | | 5 | 5 | |
| Microbiology | Professor | 1 | | 1 | 1 | |
| | Assoc. Prof. | 1 | | 1 | 1 | |
| | Asstt.Prof. | 2 | | 2 | 3 | |
| | Tutor | 4 | | 4 | 3 | |
| Forensic Medicine | Professor | 1 | | 1 | 1 | |
| | Assoc. Prof. | 1 | | 1 | 1 | |
| | Asstt.Prof. | 1 | | 1 | 1 | |
| | Tutor | 1 | | 1 | 1 | |
| Community Medicine | Professor | 1 | | 1 | 2 | |
| | Assoc. Prof. | 2 | | 2 | 1 | |
| | Asstt.Prof. | 3 | | 3 | 6 | |
| | Epidemio-Logist-Cum-Asstt.Prof. | 1 | | 1 | 1 | |
| | Statistician-Cum-Tutor | 1 | | 1 | 1 | |
| | Tutor | 4 | | 4 | 4 | |
| General Medicine | Professor | 1 | | 1 | 3 | |
| | Assoc. Prof. | 3 | | 3 | 1 | |
| | Asstt.Prof. | 4 | | 4 | 4 | |
| | Sr. Resident | 4 | | 4 | 5 | |
| | Jr. Resident | 8 | | 8 | 8 | |
| Paediatrics | Professor | 1 | | 1 | 1 | |
| | Assoc. Prof. | 1 | | 1 | 1 | |
| | Asstt.Prof. | 2 | | 2 | 2 | |
| | Sr. Resident | 2 | | 2 | 3 | |
| | Jr. Resident | 4 | | 4 | 4 | |


Signatures of the Assessors


Date


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Signatures of Dean/Principal


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| | | | | | | |
|-------------------------------------|--------------|---|--|---|---|--|
| Tuberculosis & Respiratory Diseases | Professor | 0 | | 0 | 0 | |
| | Assoc. Prof. | 0 | | 0 | 1 | |
| | Asstt.Prof. | 1 | | 1 | 0 | |
| | Sr. Resident | 1 | | 1 | 1 | |
| | Jr. Resident | 1 | | 1 | 2 | |
| Dermatology, Venereology & Leprosy | Professor | 0 | | 0 | 1 | |
| | Assoc. Prof. | 1 | | 1 | 0 | |
| | Asstt.Prof. | 1 | | 1 | 1 | |
| | Sr. Resident | 1 | | 1 | 1 | |
| | Jr. Resident | 1 | | 1 | 1 | |
| Psychiatry | Professor | 0 | | 0 | 0 | |
| | Assoc. Prof. | 1 | | 1 | 1 | |
| | Asstt.Prof. | 1 | | 1 | 2 | |
| | Sr. Resident | 1 | | 1 | 1 | |
| | Jr. Resident | 1 | | 1 | 1 | |
| General Surgery | Professor | 1 | | 1 | 2 | |
| | Assoc. Prof. | 3 | | 3 | 3 | |
| | Asstt.Prof. | 4 | | 4 | 4 | |
| | Sr. Resident | 4 | | 4 | 6 | |
| | Jr. Resident | 8 | | 8 | 7 | |
| Orthopaedics | Professor | 1 | | 1 | 1 | |
| | Assoc. Prof. | 1 | | 1 | 2 | |
| | Asstt.Prof. | 2 | | 2 | 2 | |
| | Sr. Resident | 2 | | 2 | 3 | |
| | Jr. Resident | 4 | | 4 | 4 | |
| Oto-Rhino-Laryngology | Professor | 0 | | 0 | 0 | |
| | Assoc. Prof. | 1 | | 1 | 1 | |
| | Asstt.Prof. | 1 | | 1 | 1 | |
| | Sr. Resident | 1 | | 1 | 2 | |
| | Jr. Resident | 1 | | 1 | 0 | |


Signatures of the Assessors


Date

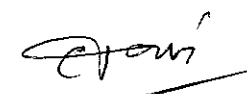
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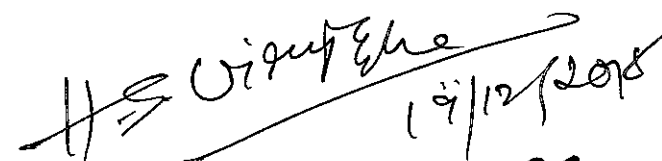
Signatures of Dean/Principal


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| | | | | | | |
|--------------------------|--------------|---|--|---|---|---|
| Ophthalmology | Professor | 0 | | 0 | 0 | |
| | Assoc. Prof. | 1 | | 1 | 1 | |
| | Asstt.Prof. | 1 | | 1 | 2 | |
| | Sr. Resident | 1 | | 1 | 1 | |
| | Jr. Resident | 1 | | 1 | 2 | |
| Obstetrics & Gynaecology | Professor | 1 | | 1 | 2 | |
| | Assoc. Prof. | 2 | | 2 | 3 | |
| | Asstt.Prof. | 3 | | 3 | 3 | |
| | Sr. Resident | 3 | | 3 | 4 | |
| | Jr. Resident | 6 | | 6 | 5 | |
| Anaesthesiology | Professor | 1 | | 1 | 2 | |
| | Assoc. Prof. | 2 | | 2 | 2 | |
| | Asstt.Prof. | 4 | | 4 | 4 | |
| | Sr. Resident | 3 | | 3 | 5 | |
| | Jr. Resident | 4 | | 4 | 4 | |
| Radio-Diagnosis | Professor | 1 | | 1 | 1 | |
| | Assoc. Prof. | 1 | | 1 | 0 | 1 |
| | Asstt.Prof. | 1 | | 1 | 1 | |
| | Sr. Resident | 3 | | 3 | 3 | |
| Dentistry | Professor | 1 | | 1 | 1 | |
| | Assoc. Prof. | 1 | | 1 | 1 | |
| | Asstt.Prof. | 1 | | 1 | 1 | |
| | JR | 1 | | 1 | 1 | |


Signatures of the Assessors


Date 19/12/18


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Signatures of Dean/Principal

Notes:**For purpose of working out the deficiency:**

(1) The deficiency of teaching faculty and Resident Doctors shall be counted separately.

(A) For Teaching Faculty:

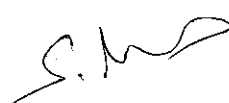

- (a) For calculating the deficiency of faculty, Prof., Assoc Prof., Asst. Prof & Tutor in respective departments shall be counted together.
- (b) Any excess teaching faculty in higher cadre can compensate the deficiency of lower cadre of the same department only.
- (c) Any excess teaching faculty of lower cadre/ category in any department cannot compensate the deficiency of any teaching faculty in the higher cadre/ category of the same department or any other department. e.g. excess of Assistant Professor cannot compensate the deficiency of Associate Professor or Professor.
- (d) Excess/Extra teaching faculty of any department cannot compensate the deficiency of any teaching faculty in any other department.

(B) For Resident Doctors:

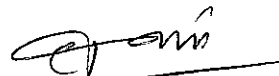
- (a) Excess of SR can be compensated to the deficiency of JR of the same department only.
- (b) Excess SR/JR of any department cannot compensate the deficiency of SR/JR in any other department.
- (c) Any excess of JR cannot compensate the deficiency of SR in same or any other department.
- (d) Any excess/ extra teaching faculty of same or any other department cannot compensate the deficiency of SR/JR. e.g. excess of Assistant Professor cannot compensate the deficiency of SR or JR.

(2) A separate department of Dentistry/Dental faculty is not required where a dental college is available in same campus/ city and run by the same management.

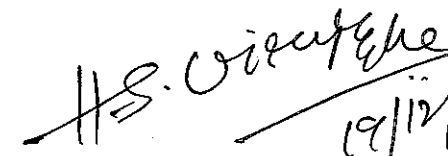
(3) Colleges running PG program require additional staff, beds & other requirements as per the PG Regulations - 2000.

 
Signatures of the Assessors

Date


19/12/18

Signatures of Dean/Principal


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3.15 Details of Faculty/Residents not counted/accepted.


(Only faculty/residents who signed attendance sheet before 11:00 am on the first day of assessment should be verified. (In case of Junior Residents/Senior Residents on night duty, 12:00 noon.) No verification of Declaration forms should be done for the faculty/residents coming after 11:00 am of the first day of assessment)


| Sr. No | Name | Designation | Department | Remarks/Reasons for Not Considering |
|--------|------|-------------|------------|-------------------------------------|
| | | | | |
| | | | | |

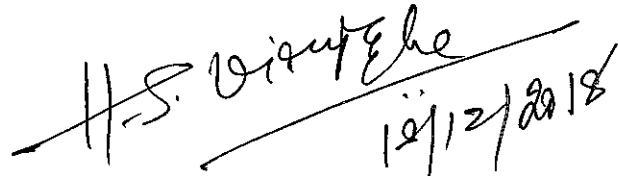
3.16 1) Deficiency of Teaching Faculty: 0.85 %

2) Deficiency of Resident doctors: 0%

3.17 Status of discharge notice/notices issued in respect of irregular admissions (UG/PG) if any.

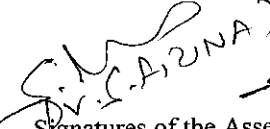
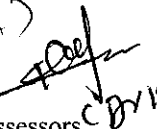

Signatures of the Assessors



19/12/18
Date

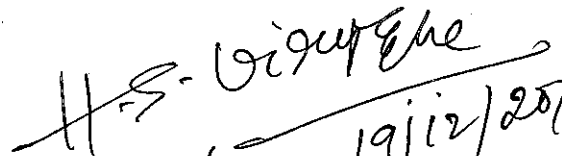

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Signatures of Dean/Principal

Summary of Assessment

1. Kanachur Institute of Medical Sceinces, Mangaluru (College Name), is run by : Trust (Kanachur Islamic Education Trust @, Mangaluru
2. The college has got Permission from GOI/MCI with intake of 150 seats for the last academic year.
3. Type of assessment: 3rd renewal for 4th batch No. of seats: 150
4. PG courses : No
5. Deficiency of teaching staff if any:
Shortage of teaching faculty is : 0.85%
6. Deficiency of resident doctors if any:
Shortage of resident doctors is : 0
7. Deficiency of the infrastructure of college and hospital If any: Pl. mention category wise;
8. Deficiency of clinical material If any: Pl mention category wise;
9. Any other Remarks
 - i) None of the biometric devices are working. Complaint has been lodged.
 - ii) Ultra sound machine is not available in casualty but 3 available in Radiology
 - iii) AERB approval is not available for 2 Machines. Applied on 04.10.2018
 - iv) In Surgery and orthopedics many patients were without clear cut disease with vague complains.
 - v) On some beds patient files were there but no patient. As per sister the patients had gone for investigation but these files were blank. One file of Mrs Lakshmi Devamma admitted on 11/12/2018 had no history, no examination, no diagnosis but only sister notes is being attached. Two more such blank files of Mrs Ambika and Mrs Suvarna are being attached.
 - vi) There is no record of grand rounds and clinicopathological conferences which is required as per Teaching Programme


 Dr. S. K. Aruna
 Signatures of the Assessors

 Dr. KV. Injole


 Dr. Ramesh Bhaich
 Date 19.12.18


 H. S. Vijaykumar
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 Signatures of Dean/Principal



KANACHUR

INSTITUTE OF MEDICAL SCIENCES

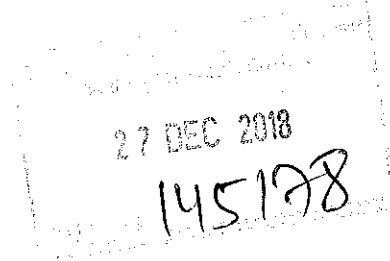
NATEKAL
MANGALURU - 575 018
Phone : 0824 - 2888999, 2202982
Fax : 0824 - 2202282
E-mail : kanachuracdcell@gmail.com

No.KIMS/ACA/MCI/UG Assessment/01/2018

19.12.2018

To,

The Secretary General
Medical Council of India, BOG
Sector - 8, Pocket 14
Dwarka Phase I
NEW DELHI - 110077



h6
27/12

Respected Sir,

Sub: Submission of clarification on remarks made in the Assessment Report on
18th & 19th December 2018 - reg.

This is to bring to your kind notice that, our college was assessed for 3rd renewal for 150 MBBS admissions for the year 2019 - 20, on 18th & 19th December 2018. I wanted to put my clarifications in writing, on the remarks made by the Assessment team in the assessment report itself, but was not permitted to do so by the Co-ordinator.

As an alternative, I wanted to put my clarifications in writing in a separate letter for onward submission to MCI, but again the Co-ordinator did not accept it.

In view of not permitting me to make my comments in the assessment report and non acceptance of the written letter, I am submitting the clarification to MCI, BOG & Ministry of Health and Family Welfare, Govt. of India, New Delhi along with the relevant enclosures for your kind perusal and favourable orders for which I will be grateful to you.

Thanking you,

Yours faithfully,

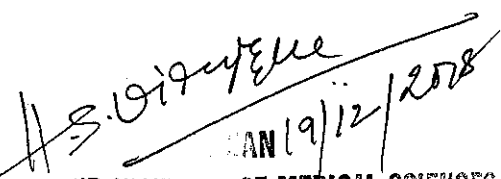
H.S. Vignesh
DEAN
KANACHUR INSTITUTE OF MEDICAL SCIENCES
Natekal, Mangaluru - 575 018

Encl: Statement of remarks by assessment team, along with clarifications and Annexures from the College

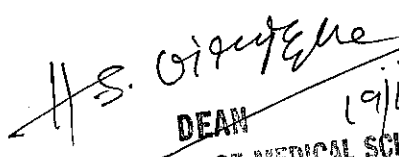
CC to: The Secretary / Medical Education, Ministry of Health and Family Welfare
Government of India, Nirman Bhavan, New Delhi

KANACHUR INSTITUTE OF MEDICAL SCIENCES, MANGALURU

| Sl. No | Remarks by the assessor in the summary of assessment report | Clarifications from the College |
|--------|---|--|
| 9 (i) | None of the biometric devices are working. Compliant has been lodged. | Several telephonic and E-mail Complaints have been lodged to MCI/ OFAMOS Help Desk, it has not been successfully resolved as on date. Copy of such recent complaints is enclosed as <u>Annexure-1.(page No.-)</u> |
| 9 (ii) | Ultra sound machine is not available in casualty but 3available in Radiology. | As per Minimum Standard Requirements of Medical Council of India for 3 rd renewal of 150 MBBS admissions only TWO (2) numbers of ultra sound machines are required. However, Institution has 3 USG machines. Normally 1 ultra sound machine is available in casualty, but on the day of assessment that ultrasound machine was moved for urgent use in the department of Radiology, which is located very near to casualty. |
| 9(iii) | AERB approval is not available for 2 Machines. Applied on 04.10.2018. | As per Minimum Standard Requirements of Medical Council of India for 3 rd renewal of 150 MBBS admissions, 3 static x-ray machines each one of 450 mA , 600 mA, 800 mA and 4 portable X-ray units are available in the department of Radiology. 2 were purchased recently, for which we have applied to AERB for license which was awaited and received on 20.12.2018. The copy of AERB approved license for the said two machines is enclosed as <u>Annexure -2.(page No.-</u> |
| 9(iv) | In surgery & orthopaedics many patients were without clear cut disease with vague complaints. | The patients come to the hospital for treatment of some ailment and only after thorough examination, they are either discharged or held for further observation and necessary investigations. All the patients of Surgery and orthopaedics are admitted based on the seriousness and on the advice of the respective specialists of the hospital. |


 H.S. Giriyappa
 19/12/2018
KANACHUR INSTITUTE OF MEDICAL SCIENCES
 Natekat, Mangaluru - 575 018 Page 1 of 2

| | | |
|-------|--|---|
| 9(v) | <p>On some beds patient files were there but there but no patient. As per sister of the patient had gone for investigation but these files were blank. One file of Lakshmi Devamma admitted on 11.12.2018 had no history, no examination, no diagnosis but only sister notes is being attached. Two more such blank files of Mrs. Ambika and Mrs. Suvarna are being attached</p> | <p>The said file of Mrs. Lakshmi Devamma admitted on 11.12.2018, which was not on the bed, was kept in the LAMA counter of nursing station and the assessor picked the said file from the nursing station. The said patient was not cooperating with the doctors and had left against medical advice.</p> <p>The patients, Ms. Ambika D/o. Mr. Basavarajappa, aged 24 years and Mrs. Suvarna W/o. Mr. Basavarajappa, aged 43 years, both from Hosakatti house, Haveri, are daughter and mother respectively were admitted on 17th December 2018 at 11.47 A.M and 11.52 A.M respectively. However, immediately after admission, due to a death in the family, both daughter and mother left the hospital without getting examined. The registration form of Ms. Ambika and Mrs. Suvarna are enclosed as <u>Annexure- 3. (page No.-</u></p> |
| 9(vi) | <p>There is no record of grand round and clinico pathological conference which is required as per teaching programme.</p> | <p>As per the MCI regulation on Graduate Medical Education 1997, amended up to May 2018, there is no requirement / mention of grand rounds and Clinicopathological Conference. Copy of the regulations is enclosed as <u>Annexure- 4. (page No.-</u></p> <p>However, the grand round and Clinicopathological Conference is required/ mentioned in Medical Council of India Postgraduate Medical Education Regulation, 2000 amended up to May 2018 for Doctor of Medicine(MD), Master of Surgery(MS) and for Diploma of Clinical Disciplines under clause 13.8 a. (ii) and c (implementation of the teaching programme for the award of various Post Graduate Degree and Diploma) in page Nos. 38-39, copy of the regulation is enclosed as <u>Annexure-5. (page No.-</u></p> |


DEAN
KANACHUR INSTITUTE OF MEDICAL SCIENCES
 Natekal, Mangaluru - 575 018