

Confidential

**MEDICAL COUNCIL OF INDIA**  
**ASSESSMENT FORM FOR \_\_\_ ADMISSIONS REPORT**

Part A-I  
 (to be filled by the Institution)

**1.1 Type of Assessment**

U/S 10A- Regular: Letter of Permission ( ), 1<sup>st</sup> renewal ( ), 2<sup>nd</sup> renewal ( ), 3<sup>rd</sup> renewal ( ), 4<sup>th</sup> renewal ( )

U/S 11 -Regular: Recognition ( ),

U/S 19 Continuation of Recognition Regular ( )

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** : Jawaharlal Nehru Institute of Medical Sciences (JNIMS)

**Address** : Porompat, Imphal East, Pin - 795005

**Telephone No.** : 0385-2443144

Date: 23.07.15

Signature with stamp Dean/Principal/Director

**DIRECTOR**  
**J.N. INSTITUTE OF MEDICAL SCIENCES**  
**POROMPAT: 795005**

*10/2/15*  
 23/7/15

E-mail : (a). [jnims.2009@gmail.com](mailto:jnims.2009@gmail.com) (b). [jims.imphal@yahoo.com](mailto:jims.imphal@yahoo.com)

Fax : 0385 - 2443142

Website : [www.jnims.edu.in](http://www.jnims.edu.in)

Management : Government

Regn. no. of Society/Trust/Company: : 312/M/SR/2007

Consent/Affiliation from University : Copy enclosed as Annexure- I(A)

Period of Validity : Upto Academic Session 2014-15

No. of seats as per Essentiality Certificate : 100 (Essentiality Certificate enclosed as Annexure - I(B))  
(Information not required for renewal/recognition inspection)

Period of Validity : Upto Academic Session 2014-15

Assessment Date: 22<sup>nd</sup>

Last Assessment Date: 20<sup>th</sup>, 21<sup>st</sup> and 22<sup>nd</sup> January, 2015

1.2 For LOP ONLY:

(a) Location: The applicant college is located in \_\_\_\_\_ (city/village) of \_\_\_\_\_ talluka \_\_\_\_\_ district  
of \_\_\_\_\_ state.

Date: 23.07.15

Signature with stamp Dean/Principal/Director

*[Signature]*  
- DIRECTOR  
J.M. INSTITUTE OF MEDICAL SCIENCES  
POROMPAT

*[Signature]*  
23/7/15

(b) The College has following plots of land:

Plot #	Survey #	Place	Area	Remarks if any
2021, 2017/2031, 2015, 2012/2303, 2012, 2032/2190	871	25 - Soibam Leikai	43.111	
31/143/P	189/A	23-Kongkham Leikai	6.33	
2250/2305	1167	25 - Soibam Leikai	2.0181	

(c) The campus is unitary/divided into \_ Unitary \_ parts. If not unitary distance between parts. \_\_\_\_\_.

1.3 Building Plan approval from the competent authority: \_\_\_\_\_ (name of the authority and date of approval).

1.4 Buildings:

College: \_\_\_\_\_ 51983.53 \_\_\_\_\_ sq.mt.

Hospital (including OPD): \_\_\_\_\_ 36293.19 \_\_\_\_\_ sq.mt.

Hostel & Residential complex -----sqmt.

1.5 Building Use/ Occupancy Certificate: approved by \_\_Collector cum Depury Commissioner, Imphal East District, Manipur  
\_order no: \_ DC/IE/9/9/97 (Pt. VI)\_ dated \_26<sup>th</sup> March, 2010\_. {Enclosed as Annexure - II(B)}.

Date: 23.07.15

Signature with stamp Dean/Principal/Director

*Deba*  
DIRECTOR  
J.N. INSTITUTE OF MEDICAL SCIENCES  
POROMPAI: 795005

*10/11/15*  
*23/7/15*

- 1.6 Nearest airport: \_\_\_\_\_7\_\_\_\_\_kms. (Information not required for renewal/recognition inspection)
- 1.7 Nearest Railway Station: \_\_219\_\_(Dimapur)\_\_\_kms. (Information not required for renewal/recognition inspection)
- 1.8 Water Supply: Through Municipal \_\_\_ PHED \_\_\_ / Borewells. (Information not required for renewal/recognition inspection)
- 1.9 Electric supply: Sanctioned Load \_2550 Kilowatt/KVA. (Information not required for renewal/recognition inspection)
- 1.10 Generators: available/not available, Available load \_\_\_500\_\_\_KVA
- 1.11 Drainage & sewage disposal (Information not required for renewal/recognition inspection): CTF/ SELF : PHED, Govt. of Manipur
- 1.12 Working Hours:
  - 1. OPD Timings: \_\_\_\_\_9:00\_\_\_\_\_am to \_\_1:30\_\_\_\_\_pm
  - 2. College Timings: \_\_\_\_\_8:00\_\_\_\_\_am to \_\_4:00\_\_\_\_\_pm
  - 3. Library Timings: \_\_\_\_\_10:00\_\_\_\_\_am to \_\_6:00\_\_\_\_\_pm

1.13 Annual Budget: College & Hospital

Year	Current Financial Year	
	College	Hospital
Salary		
- Doctors	32.49	1.94

Date: 23.07.15

Signature with stamp Dean/Principal/Director

*Debi*

**DIRECTOR**  
**J.N. INSTITUTE OF MEDICAL SCIENCES**  
**POROMPAT, 795005**

18/11/15  
23/7/15

- Resident Doctors	2.59	
- Other Staff	5.15	15.49
Technical Training		
Library & Education	.71 .40	
Maintenance	1.04	
Contingencies	.65	
Others	35.02	
Total	78.05	17.43

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

Department	Technician	Assistant	Attendant	Other
Radiology	10	5	4	2 Record Clerk
Biochemistry	10	4	4	2 Sweepers and 2 Record

Date: 23.07.15

Signature with stamp Dean/Principal/Director

DIRECTOR  
J.N. INSTITUTE OF MEDICAL SCI  
POROMPAT-785101

				Clerks
Microbiology	12	1	4	2 sweepers and 1 Record Clerks
Serology	4	1	1	1 Record Clerk
Heamatology	5	2	2	1 Record Clerk
Histo-pathology	6	1	2	1 Sweeper and 1 Record Clerk
Cytopathology	6	2	1	-
OT	6	10	8	13
Anesthesia	-	-	1	1 Sweeper and 1 Record Clerk
Blood Bank	11	3	3	1 Sweeper
Labour Room	-	-	8	-
Emergency Room	3	6	8	10 Sweepers
CSSD	4	4	10	1 Supervisor
Mortuary	1	1	1	1 Sweeper cum Chowkidar
Laundry	4	6	12	2 Sweepers
Electrical	6	-	4	-
Housekeeping	1	-	7	-

Date: 23.07.15

Signature with stamp Dean/Principal/Director

DIRECTOR  
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POROMPAT: 79500

Bio-medical	3	2	2	1 Sweeper and 1 Record Clerk
BWM	2	2	2	1 supervisor & 1 Gr. IV
Pharmacy	8	-	2	1 Record Clerk

Department	Technician	Assistant	Attendant	Other
Anatomy	4	3	7	1 Modeller & Record Clerk
Biochemistry	10	4	4	2 Sweepers and 2 Record Clerks
Physiology	3	2	2	1 Record Clerk
Microbiology	16	4	4	2 sweeper and 2 Record clerks
Pathology	18	4	4	2 sweeper and 2 Record clerks
Forensic Medicine	3	1	1	1 Sweeper and 1 Record Clerk
Community Medicine	2	1	1	1 Sweeper and 1 Record Clerk

Date: 23.07/15

Signature with stamp Dean/Principal/Director

DSC  
 DIRECTOR  
 J.N. INSTITUTE OF MEDICAL  
 POROMPAL: 79506

Pharmacology	2	1	1	1 Sweeper and 1 Record Clerk
UHC	2	-	2	1 Sweeper and 1 Record Clerk
RHC	2	-	2	1 Sweeper and 1 Record Clerk

**1.15 Nursing Staff available:**

Category	No of Beds _____	
	Required Nos.	Available Nos.
Staff Nurses		317
Sister Incharge		30
ANS		6
DNS		2
Nursing Suptd		1
Total		356

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

Date:

23.02.15

Signature with stamp Dean/Principal/Director

*Debs*  
 DIRECTOR  
 J.N. INSTITUTE OF MEDICAL SCIENCE  
 POROMPAT: 795006



Available as per Regulations : Yes/No

Name of the MEU coordinator : Dr. Supriya Laiphangbam

Details of affiliated faculty : Enclosed as separate copy

Details of the Orientation programme and Basic Course Workshop undergone by MEU } : 3 days Basic Course Workshop on Medical Education Technology ( 2<sup>nd</sup> Batch)

Coordinator : Dr. Deben Singh Laishram

Name of the MCI Regional Centre where above training has been undertaken : \_Jawaharlal Nehru Institute of Medical Sciences, Imphal, Manipur Under S.C.B. Medical College, MCI-RTC-MET, Cuttack, Odisha

Date/s of the above workshops : 4<sup>th</sup> & 6<sup>th</sup> August, 2014

Details & Duration of Workshops in Medical Education Technology conducted by MEU: -3 days-

Details of faculty who have undergone basic course workshop in *Medical Education Technology* at the allocated MCI Regional Centre : Copy Enclosed

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: \_2\_

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

Date: 23.07.15

Signature with stamp Dean/Principal/Director

DIRECTOR  
J.N. INSTITUTE OF MEDICAL S  
POROMPAI / 1500

23/7/15

**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)

**1.19 PG Course:** If the college is running PG course; Please mention the intake of PG seats subject wise

Sr No.	Subject	No. of Permitted sets	No. of recognized seats

**1.20 Clinical Material**

Item	Daily average (for last 3 randomly selected months )as provided by institute
O.P.D. attendance (At the end of OPD timing)	970
Casualty attendance (24 hrs. data)	120
No of admissions	61

Date: 23-07-15

Signature with stamp Dean/Principal/Director

*Deb*  
 DIRECTOR  
 J.N. INSTITUTE OF MEDICAL SCI  
 POROMPAI: 15000

Item	Daily average (for last 3 randomly selected months )as provided by institute	
No. of discharges	49	
Bed occupancy: No of Beds occupied	453.78	
No of beds required	75	
Bed occupancy %		
<b><u>Operative Work</u></b>		
No, of major surgical operations	20	
No. of minor surgical operations	63	
No. of normal deliveries	8	
No. of caesarian sections	7	
<b><u>Radiological Investigations</u></b>	<b>O.P.D</b>	<b>I.P.D</b>
X-ray	60	30
Ultrasonography	65	25
Barium, IVP etc.		

Date: 23.07.15

Signature with stamp Dean/Principal/Director

*Deb*

**DIRECTOR**  
**J.N. INSTITUTE OF MEDICAL SCIENCES**  
**POROMPAT**

Item	Daily average (for last 3 randomly selected months )as provided by institute	
C.T. Scan	10	12
<b><u>Laboratory Investigations - No of Tests</u></b>	<b>O.P.D</b>	<b>I.P.D</b>
Biochemistry	435	182
Microbiology	10	10
Serology	52	16
Haematology	240	112
Histopathology	10	-
<u>Cytopathology</u>		
<u>Others</u>		
Any other (HIV/AIDS, DOTs, Malaria etc)		

Date: 23.07.15

Signature with stamp Dean/Principal/Director

*Debe*  
DIRECTOR  
J.N INSTITUTE OF MEDICAL SCIENCES  
POROMPAI: 795005

## 1.21 College Website : Copy enclosed

Sr. No.	Details of information	Provided or not (with no & date)
1	Dean, Principal & M.S.	
2	Staff-Teaching & non Teaching*	
3	CME, Conference, academic activity conducted	
4	Awards, achievements received by the faculty.	
5	Affiliated university and its VC & Registrar.	
6	<p>Details of the MCs infrastructure</p> <p>a) Academic Facilities (LT, Demo rooms, Common rooms, Labs, Library, Skill lab, Computer Lab, Auditorium):</p> <p>b) Hospital:</p> <p>c) Residential Facilities: Hostel, Cafeteria, Mess,</p> <p>d) Recreation Facilities: Indoor &amp; Outdoor</p> <p>e) Medical Facilities for Students &amp; Staff</p>	
7	Citizen Charter	
8	List of students admitted category wise (UG & PG) in current and previous year.	
9	Results of all examinations in previous year.	
10	Details of members of the Anti Ragging Committee Members with contact details including landline Ph. mobile, email etc..	

Date: 28.07/15

Signature with stamp Dean/Principal/Director

*Deba*

DIRECTOR  
JLN INSTITUTE OF MEDICAL SCI.  
PO: KOMPAT: 795005

Sr. No.	Details of information	Provided or not (with no & date)
11	Toll free number to report ragging.	
12	No. of ragging cases reported to Anti Ragging Committee and Action taken by Anti Ragging Committee.	

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: 23.07.15

Signature with stamp Dean/Principal/Director

DIRECTOR  
J.N. INSTITUTE OF MEDICAL SCIENCE  
POBOMPAT: 795006

120298  
27-7-2015 1

**MEDICAL COUNCIL OF INDIA**  
**ASSESSMENT FORM FOR <sup>PRE-P.G. ASSESSMENT</sup> - MBBS ADMISSIONS REPORT**  
(INCREASE IN ADMISSION CAPACITY FROM \_\_\_\_ TO \_\_\_\_)

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

**1.1 Type of Assessment**

U/S 10A-regular/compliance: Letter of Permission ( Pre PG Assessment ), 1<sup>st</sup> renewal ( ), 2<sup>nd</sup> renewal ( ), 3<sup>rd</sup> renewal ( ), 4<sup>th</sup> renewal ( )

U/S 11- Recognition - Regular/Compliance

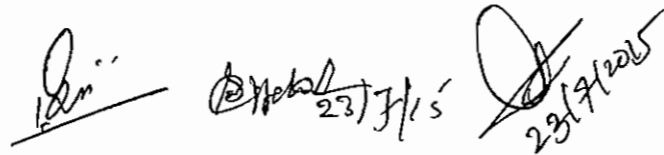
Continuation of Recognition / Compliance ( )

Any Other:

Name of the Institution	:	Jawaharlal Nehru Institute of Medical Sciences
Address	:	Porompat, Imphal East, Pin - 795005
Telephone No.	:	0385-2443144
E-mail	:	(a). <a href="mailto:jnims.2009@gmail.com">jnims.2009@gmail.com</a> (b). <a href="mailto:jims.imphal@yahoo.com">jims.imphal@yahoo.com</a>
Council Letter No & Date	:	MCI-34(41)(UG) (Pre-PG)/2015-Med/Manipur/


Signatures of the Assessors

Date:

  
23/7/15 23/7/2015

Signatures of the Dean/Principal

Date:

  
23/7/15  
DIRECTOR  
JN INSTITUTE OF MEDICAL SCIENCES  
POROMPAT - 795005

Assessment Date:	22 <sup>nd</sup> & 23 <sup>rd</sup> July, 2015	Last Assessment Date :	20 <sup>th</sup> , 21 <sup>st</sup> & 22 <sup>nd</sup> January, 2015
PG Courses	:	Yes	

**Particulars of Assessors**

Name of the Assessors	Correspondence Address	Contact No	Email
Dr. Biraj Kumar Das Professor, Deptt. Of ENT/ Otorhinolaryngology	Fakhruddin Ali Ahmed Medical College, Barpeta, Assam	09435107730	mailto_drbiraj@rediffmail.com
Dr. S. Applla Naidu Professor, Deptt of Community Medicine	Andhra Medical College, Visakhapatnam, Andhra Pradesh	09848130881	naiduspm@gmail.com
Dr. D.M. Gohil Deptt. Of Emergency Medicine	Pandit Deendayal Upadhyay Medical College, Civil Hospital Campus, Jmnagar Road	09824318686	dmgohil@yahoo.com

**1.2 The College has following plots of land:**

Signatures of the Assessors

Date:

*[Handwritten signatures of assessors]*  
23/7/15

Signatures of the Dean/Principal

Date:

*[Handwritten signature]*  
23/7/15  
DIRECTOR  
JN INSTITUTE OF MEDICAL SCIENCES  
POROMPAT - 795005



The campus is.	unitary
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- 1.3 **Dean/Principal:** Dr. Deben Singh Laishram, M.D., with 15 years of teaching experience - 6 yrs of professor & 5 yrs of experience of Asso Prof and 3 yrs 5 months as HOD. He is also holding the post of Professor in the Department of Physiology.

Dean Office is located in the campus 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	60 Sq.m	Yes
Staff Room	60 Sq.m	Yes
College Council Room	120 Sq.m	Yes

- 1.4 **Medical Education Unit (MEU):** Copy enclosed

Available as per Regulations	:	
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Signatures of the Assessors

Date:

Signatures of the Dean/Principal

Date: 23/7/15

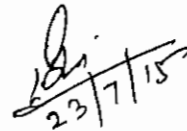
DIRECTOR  
JN INSTITUTE OF MEDICAL SCIENCES  
POROMPAT - 795005

Name of the MEU coordinator	:	Dr. Deben Singh Laish
Name, Designation & Experience of affiliated faculty	:	Professor, Department of Physiology
Name of the MCI Regional ( Nodal) Centre where above training has been undertaken	:	Jawaharlal Nehru Institute of Medical Sciences
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)	:	
Date/s of the above workshops	:	
Details & Duration of Workshops in Medical Education Technology conducted by MEU	:	
Details of faculty who have undergone basic course workshop in <i>Medical Education Technology</i> at the allocated MCI Regional Centre	:	
Details of faculty who have undergone advanced course workshop in <i>Medical Education Technology</i> at the allocated MCI Regional Centre	:	
Feedback evaluation of workshops and action taken reports on the basis of feedback obtained	:	

**1.5 Continuing Medical Education : Copy Enclosed**

Signatures of the Assessors

Date:

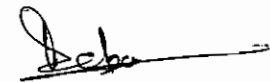
  
23/7/15

  
23/7



Signatures of the Dean/Principal

Date:

  
23/7/15

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JN INSTITUTE OF MEDICAL SCIENCES  
POROMATI - 795005

No and Details of CMEs/workshop organized by the college held in the past 1 year	:	
Details of the credit hours awarded for the past one year		

**1.6 College Council :** Copy enclosed

Name, designation, contact no. and address of the President & Secretary.	:	Prof. W. Shyamo Singh  Professor of Anatomy
Composition of the Council (HODs as members & Principal / Dean as chairperson)		
No. of times the College Council meets per year (min 4)	:	
Details of college Council meetings where students Welfare was discussed and Action taken report (details / comments in annexure		

Signatures of the Assessors

Date:





Signatures of the Dean/Principal

Date:

23/7/15

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JN INSTITUTE OF MEDICAL SCIENCES  
POROMPAT - 795005

II)	
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- 1.7 Pharmacovigilance Committee: Present  
 No of meeting in the previous yrs. 2 (Minutes to be checked)

1.8 Examination Hall-cum-auditorium:

1. Area Requirement	Available	2. Capacity Requirement	Available
<u>200</u> Sq. mt.	1. Examinaion Hall : 657 Sq.m 2. Auditorium : 1593 Sq.m		1. 350 2. 760

1.9 Lecture Theatres:

	Medical college		Hospital	Comments
	_____ seating capacity	_____ seating capacity	_____ seating capacity reqd.	

Signatures of the Assessors

Date:

*[Handwritten signatures]*

Signatures of the Dean/Principal

Date:

*[Handwritten signature]*  
 Date: 23/2/20

JN INSTITUTE OF MEDICAL SCIENCES  
 POROMPAT - 795005

	Reqd - Gallery type	Reqd - 1 Gallery type	Gallery type Reqd - 1	
Number	2	1	<u>2</u>	
Capacity	126	126	<u>250 120</u>	
Type (Gallery)	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	
A.V. Aids	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	
Facility for E-class	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	

### 1.10 Library

Air-conditioned - Yes

Working Hours: 9:30 am to 7:00 pm

a. Stack room : Available (2)

b. Reading room : Available (6)

	Required	Available	Remarks
Area	_____ Sq.m.	<u>1600</u> Sq.m.	
Student Reading Room (Inside)	_____ Capacity	2 nos. with 100 Capacity each	
Student Reading Room (Outside)	_____ Capacity	3 nos. with 100 Capacity each	

Signatures of the Assessors

Date:





Signatures of the Dean/Principal

Date: 23/7/15



JN INSTITUTE OF MEDICAL SCIENCES  
PGROMPAT - 795005

Staff Reading Room	_____ Persons	1 no. with 8 Persons	
Room for Resident/PG reading room			
<b>Particulars</b>	<b>Required Nos.</b>	<b>Available Nos.</b>	<b>Remarks</b>
No of Books	7000	7003	
Journals (Indian)	70	222	
Journals (Foreign)	30	236	
Internet Nodes		25	

**Staff Available**

Librarian		Dr. N. Giridhari Singh, M. Lib. Sc. PhD.
Deputy/Assistant Librarian		Nil
others		1 Documentalist ( Dr. AK Swarnalata, M. Lib. Sc. PhD) & 1 Cataloguer (A. Rebika Devi, BA, M. Lib. Sc.)

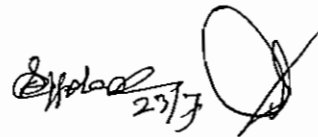
**1.11 Common Room for Boys & Girls**

	Area Required Sq. Mt.	Available Area Sq. Mt.	Toilet - Attached Y/N
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Signatures of the Assessors


Date:

  
 23/7/15

  
 23/7

Signatures of the Dean/Principal

Date:

  
 23/7/15

 DIRECTOR  
 JN INSTITUTE OF MEDICAL SCIENCES  
 POROMPAT - 795005



							Y/N	
UG Students		Gents : 62 x 3 = 186 32 x 2 = 64 Ladies : 37 x 3 = 111 67 x 2 = 134 Total = 495	Yes	Adequate	Yes	Yes	Yes	
Interns		100	Yes	Adequate	Yes	Yes	Yes	
Resident		120	Yes	Adequate	Yes	Yes	Yes	
Nurses		70	Yes	Adequate	Yes	Yes	Yes	

Comments:**Residential Quarters:**

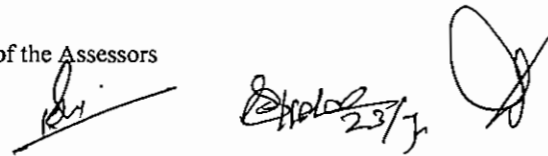
Category	Required Nos.	Available Nos.	Remarks
Teaching Staff	20%	30%	
Non-Teaching Staff	20%	30%	

Comments:**1:14 Recreational Facilities:**

Outdoor games	Yes
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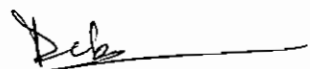
Signatures of the Assessors

Date:



Signatures of the Dean/Principal

Date:



23/7/15  
DIRECTOR  
JN INSTITUTE OF MEDICAL SCIENCES  
POROMPAT - 795005

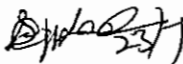


Play field/s	Available
Type of games	Volley Ball, Basket Ball, Cricket & Football Etc.
Indoor games facilities	Yes
Gymnasium	Available

1.15 Gender Harassment Committee -: Yes (Annexure enclosed)

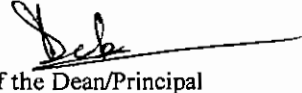
Signatures of the Assessors

Date:


Signatures of the Dean/Principal

Date:



23/7/15

DIRECTOR  
JN INSTITUTE OF MEDICAL SCIENCES  
POROMPAT - 795005

TEACHING HOSPITAL

2.1 Name of the Hospital:  
Owned by: Government

2.2 Name of the Medical Superintendent: Dr. W. Gopimohan Singh , MS , with 11 years administrative experience.


Office Space Requirement sq. mt.	Availability	Comments
Dean/Principal's Room	60 Sq.m	
Medical Supdt's Office	30 Sq.m	
Office Space	120 Sq.m	

2.3 Teaching and other facilities :

OPD Timings	:	__9__ A.M. to __1:30__ P.M.
Separate Registration areas for male/female patients available	:	yes
Separate Registration counters for OPD/IPD	:	available

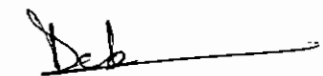
Signatures of the Assessors

Date:



Signatures of the Dean/Principal

Date:

  
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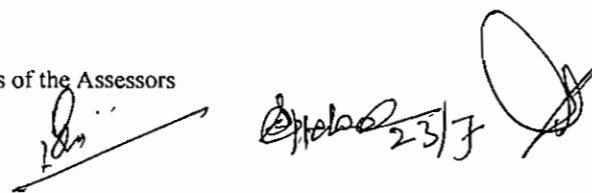
Are the Registration counters computerized	:	yes
Staff for registration center	:	adequate (on the basis of OPD attendance)
Waiting areas for above patients available	:	yes
No. of rooms for examination of patients (Reqd 4 for all departments.	:	yes
Capacity of teaching area in each department (30 students / department reqd)	:	yes
Enquiry Desk	:	yes

#### 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

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<b>Orthopaedics</b> Plaster room Dressing room - - Male - Female	Yes Yes Yes	Plaster cutting room	Yes
<b>Ophthalmology</b>	Refraction Rooms Dark Rooms Dressing Rooms / Minor Procedure Room		Yes Yes Yes
<b>ENT</b>	Audiometry (AC & Sound proof) Speech Therapy		Yes Yes
<b>Pediatrics</b>	Child Welfare Clinic Immunisation Clinic Child Rehabilitation Clinic		Yes Yes Yes Yes
<b>OBS &amp; GYN</b>	Antenatal Clinic Sterility Clinic		Yes Yes

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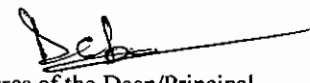
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	Family Welfare Clinic	Yes
	Cancer Detection Clinic	Yes

## Comments :

2.5 Total Number Of Teaching Beds - Distance between two beds should be 1.5m.

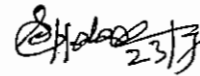
Teaching Hospitals in Campus with Total Beds 514.

Teaching Hospitals in Outside the Campus (\_RHTC 15\_Kms. from the campus & UHC 20 ms from the campur) with Total Beds 40.

Department	Unit Nos.	Beds Required	Beds Available			Remarks if Any
			Male	Female	Total	
Gen. Medicine	4	120	60	60	120	Nursing station is not ideal
Pediatrics	2	60	36	24	60	Ward is not as per MSR
TB & Respiratory Medicine	1	30	10	8	18	Beds are less in number for PG components Ward is not as per MSR
Psychiatry	1	30	6	4	10	Beds are less in number for PG components Ward is not as per MSR
Dermatology	1	30	6	4	10	Beds are less in number for

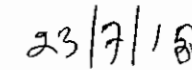
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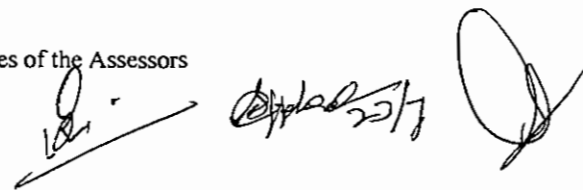
						PG components Ward is not as per MSR
Gen. Surgery	4	120	60	60	120	
Orthopedics	2	60	30	30	60	
Ophthalmology	1	30	13	12	25	Beds are less in number for PG components
ENT	1	30	13	12	25	Beds are less in number for PG components
OB & GYN	3	90	-	-	74	Beds are less in number for PG components
Total	29	600			524	

## 2.6 Ward Facilities:

Department	Wards				Nursing Station Y/N	Examination/ Treatment Room Y/N	Pantry Y/N	Store Room Y/N	Doctor/Students Duty Room Y/N	Demo Room (25 Capacity) Y/N	Remarks if any
	No	Beds M	Beds F	Total Beds							
Gen. Medicine	4	60	60	120	Y	Y	Y	Y	Y	Y	
TB & Respiratory Medicine	1	10	8	18	N	N	N	N	N	N	Ward not as per MSR

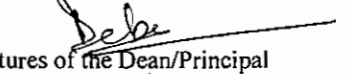
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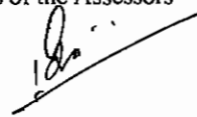
  
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Department	Wards				Nursing Station Y/N	Examination/ Treatment Room Y/N	Pantry Y/N	Store Room Y/N	Doctor/Students Duty Room Y/N	Demo Room (25 Capacity) Y/N	Remarks if any
	No	Beds M	Beds F	Total Beds							
Pediatrics	2	36	24	60	N	N	N	N	N	N	Ward is not as per MSR
Psychiatry	1	6	4	10	Y	N	N	N	Y	Y	Ward is not as per MSR
Dermatology	1	6	4	10	Y	N	N	N	Y	Y	Ward is not as per MSR
Gen. Surgery	4	60	60	120	Y	Y	Y	Y	Y	Y	
Orthopedics	2	30	30	60	Y	Y	Y	Y	Y	Y	
Ophthalmology	1	13	12	25	Y	Y	Y	Y	Y	Y	
ENT	1	13	12	25	Y	Y	Y	Y	Y	Y	
OB & GYN	3	-	74	74	Y	Y	Y	Y	Y	Y	

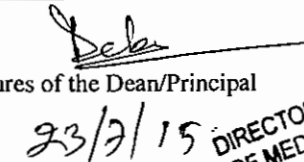
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Comments : There is deficiency of bed strength for Postgraduate Course departmentwise (78 beds).

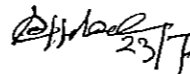
**2.7 Clinical material (\*Random verification to be done by the Assessor).**

Assessor should randomly verify the monthly data and fill accordingly in the daily average columns, specifying the months

Item	Daily average (for last 3 randomly selected months )as provided by institute	On Day of assessment	Remarks
O.P.D. attendance  (At the end of OPD timing)	400	525 upto 12:00  Noon	
Casualty attendance  (24 hrs. data)	35	60 upto 12:00  Noon	
No of admissions	8	14	

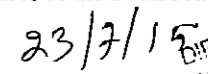
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Item	Daily average (for last 3 randomly selected months )as provided by institute	On Day of assessment	Remarks
No. of discharges	5	10	
Bed occupancy: No of Beds occupied No of beds required Bed occupancy %	60%	65%	
<b><u>Operative Work</u></b>			
No, of major surgical operations	8	20	
No. of minor surgical operations	12	30	
No. of normal deliveries	1	3	

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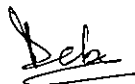
Date:





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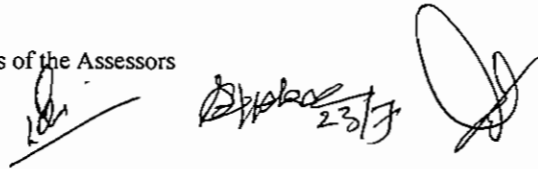
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Item	Daily average (for last 3 randomly selected months )as provided by institute		On Day of assessment		Remarks
	O.P.D	I.P.D	O.P. D	I.P.D	
No. of caesarian sections	2		5		
<u>Radiological Investigations</u>	O.P.D	I.P.D	O.P. D	I.P.D	
X-ray	35	25	50	21	
Ultrasonography	35	35	47	20	
Barium, IVP etc.	2	1	5	1	
C.T. Scan	7	1	13	3	

Item	Daily average (for last 3 randomly selected months )as provided by institute		Day of assessment		Remarks
	O.P.D	I.P.D	O.P. D	I.P.D	

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<u>Laboratory Investigations - No. of Tests</u>					
Biochemistry	67	39	59	37	
Microbiology	3	2	1	2	
Serology	1	1	1	1	
Haematology	200	59	197	37	
Histopathology	1	1	2	4	
<u>Cytopathology</u>	1	1	1	1	
<u>Others</u>	-	-	-	-	
Any other (HIV/AIDS, DOTs, Malaria etc)	-	-	-	-	

**Comments:****2.8 Medical Record Section:**

Manual / Computerized Partially Computerised

ICD X classification of diseases followed for indexing :

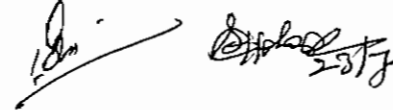
yes

**Staff:**

Medical Record Officer - Yes

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Statistician – Yes

2.9 **Central casualty services :**

No of Beds: Required 25 \_\_\_\_\_ Available 25 \_\_\_\_\_

- Number of doctors posted / Shift : 8 \_\_\_\_\_ CMO - Required 4 \_\_\_\_\_ Available 4 \_\_\_\_\_
- Number of nurses posted / Shift: 8 \_\_\_\_\_
- Separate casualty for OBGY cases: Not available,

Equipment	Availability	Number
Oxygen & suction facility	(Central / Stand Alone) y	
Pulse oximeter	Y	5
Ambu bag	Y	3
Disaster trolley	Y	2
Crash Cart	Y	3
Emergency Drug Tray	Y	2
Defibrillator	Y	1

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Equipment	Availability	Number
Ventilator	Y	1
X-ray Unit - (Mobile)	Y	1
Minor OT	Y	1

Comments:

#### 2.10 Clinical Laboratories

(a) Central Clinical Laboratory: Under control of department of : Independent control\_.

Separate sections for pathology, microbiology, hematology & biochemistry: available/ available.

Technical staff : adequate/ adequate (as per Minimum Standard Requirements)

(b) Other laboratories: \_6\_\_\_\_\_ (give no. and locations) \_\_Hospital\_\_\_\_\_

#### 2.11 Operation theatres

- No. of Major operation theatres required: No. of Major operation theatres available::
- No of Minor operation theatres required: No of Minor operation theatres available:

Signatures of the Assessors

Date:

*[Signature]*  
10/11/15  
23/7/15

*[Signature]*  
23/7/15

*[Signature]*

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

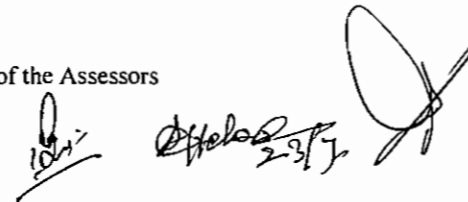
Dept	Theatres Nos.	OT Table Nos.	A/C Y/N	Central Oxy/ Nitrous Oxide Y/N	Anesthesia Machine Y/N	Multipara Monitor with Capnograph Y/N	Defibrillators Y/N	Infusion Pumps Y/N	Remarks
Gen Surgery	<u>2</u>	<u>2</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	
ENT	<u>2</u>	<u>2</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	
Ophthal	<u>1</u>	<u>1</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	
Ortho	<u>2</u>	<u>2</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	
OBS & GYN	<u>2</u>	<u>2</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	
ER / Septic	<u>1</u>	<u>1</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	

Pre-Anaesthetic/Pre-operative Beds : Available 10

Post Operative Recovery room beds : Available 10


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2.13 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	5	4	Y	Y	Y	
ICU	5	5	2	Y	Y	Y	
SICU	5	5	4	Y	Y	Y	
NICU/PICU	5	5	3	Y	Y	Y	

2.14 Labour Room

Rooms	Beds	Remarks

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*[Handwritten signatures and date 23/7]*

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*[Handwritten signature and date 25/7/15]*

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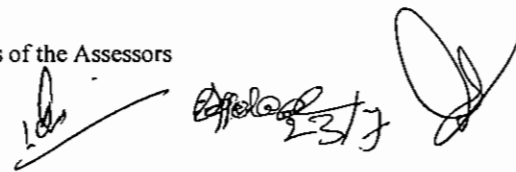
Clean Cases	2	
Septic Cases	1	
Eclampsia	1	

2.15 Radiological Facilities:

Equipment	Required no.	Available no.	AERB Approval	Functional Status at the time of assessment	Remarks if any
Mobile X Ray 30 mA : ___ No. 60 mA : ___ No. 100 mA : ___ No	<u>3</u> <u>3</u>	<u>7</u>			
Static X Ray 300 mA : ___ No. 500mA : ___ No. 800 mA ___ No 1000mA ___ No. IITV & Fluroscopy	<u>3</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u>	<u>2</u> <u>1</u> <u>1</u> <u>1</u> <u>0</u>			

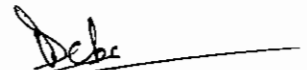
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Equipment	Required no.	Available no.	PNDT Approval Y/N	Functional Status at the time of assessment	Remarks if any
USG :	3	5	Y	<u>Y</u>	

**2.16 Blood Bank:**

Available and functional: Yes

Number of units dispensed in a day 10

Number of units stored on day of assessment 330

License valid up to: 2020 (LICENCE NUMBER AND COPY TO BE APPENDED AS ANNEXURE-VII)

Blood Separation Facility - Available

**2.17 Pharmacy :** Pharmacist/Staff available: Enclosed

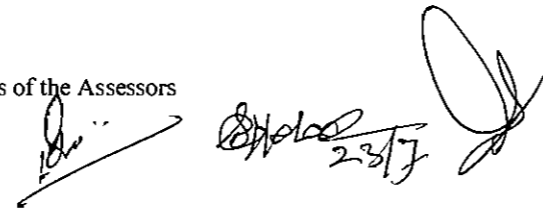
- No. of sub-stores located in different parts of hospital: 2
- Average no. of patients per day given drugs: 40 outdoor & 150 indoor.

**2.18 Central sterilization Department :**

- Timings 24 hrs & Shifts: 8 hrs
- Equipment: Horizontal autoclaves 3 / Vertical autoclaves \_\_\_\_\_, bowl sterilizer \_\_\_\_\_ & instrument washing machine & disinfecting 3.

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- ETO Sterilisers: \_\_\_\_\_ No.
- No. of Bins 18, Trays 20, Packs sterilized 35/day. And bins 10 Trays 20, packs 30 sterilized on day of assessment :
- Separate receiving and distribution points Yes
- staff: adequate Incharge: Mrs N. Memdon Devi

2.19 **Intercom:** Available : yes  
No. of incoming lines 4 No. of extension lines: 200

2.20 **Central laundry/Alternative Arrangements:**

In House/Outsourced:

No. of staff available: 24.

Type of Laundry: Mechanized

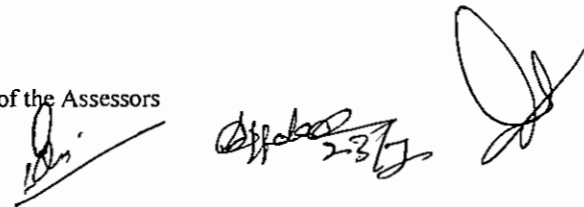
Equipments: Bulk washing machine 2 Hydro extractor 2, Rolling machine 1 and Storage Area available.

2.21 **Kitchen/ Alternative Arrangements**

- Electric City /Gas
- Food free of charge: yes Number of patients 380
- Provision of special diet: yes
- Services of a nutritionist/dietician: available If Available Number: 2
- Storage facilities : Yes


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- Service trolley : Yes

2.22 Total no. of Canteens: For staff 1, For students 1.

2.23 Arrangements for Biomedical Waste Management.

Mention the State Pollution Control Board Policy in this regards if any (In-House):

\_\_\_\_\_  
 Authorisation Certificate from State Pollution Control Board: Available.

- Outsourced/in-house : (if outsourced, append MOU) (If in-house, please specify details of facilities available)

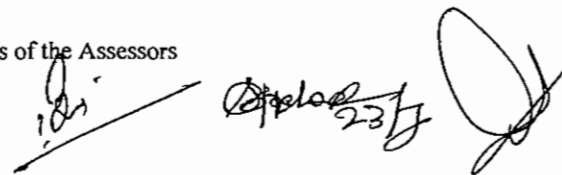
2.24 Nursing and Paramedical staff :

Nursing staff:	No of Beds _____		
	Category	Required Nos.	Available Nos.
Staff Nurses	247		317
Sister Incharge			30
ANS			6
DNS			2
Nursing Suptd			1
Total			356

Paramedical	Required Nos.	Available Nos.
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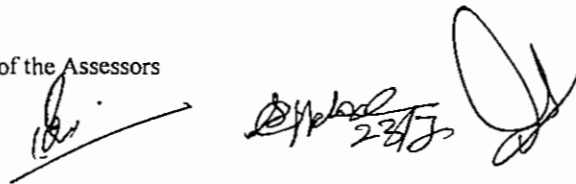
  
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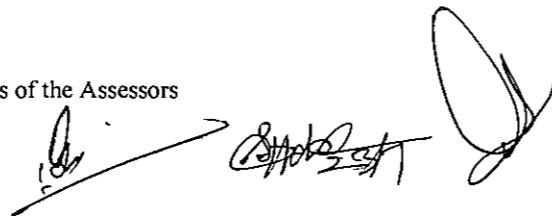
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MEDICAL COLLEGE3.1 College Website: Copy Enclosed

Sr. No.	Details of information	Provided or not (with no & date)
1	Dean, Principal & M.S.	Yes
2	Staff-Teaching & non Teaching*	Yes
3	CME, Conference, academic activity conducted	Yes
4	Awards, achievements received by the faculty.	Yes
5	Affiliated university and its VC & Registrar.	Yes
6	Details of the MCs infrastructure	
	a) Academic Facilities (LT, Demo rooms, Common rooms, Labs, Library, Skill lab, Computer Lab, Auditorium):	Yes
	b) Hospital:	Yes
	c) Residential Facilities: Hostel, Cafeteria, Mess,	Yes
	d) Recreation Facilities: Indoor & Outdoor	Yes
	e) Medical Facilities for Students & Staff	Yes


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Sr. No.	Details of information	Provided or not (with no & date)
7	Citizen Charter	Yes
8	List of students admitted category wise (UG & PG) in current and previous year.	Copy enclosed
9	Results of all examinations in previous year.	Copy enclosed
10	Details of members of the Anti Ragging Committee Members with contact details including landline Ph. mobile, email etc..	Copy enclosed
11	Toll free number to report ragging.	Nil
12	No. of ragging cases reported to Anti Ragging Committee and Action taken by Anti Ragging Committee.	Nil

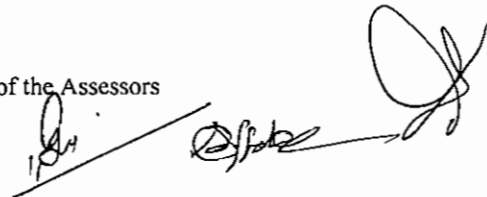
\* Drop down menu - department wise; details of teaching & non teaching staff to be incorporated in the web site

### 3.2 Teaching Programme:

Didactic teaching	Yes
Demonstration	Yes
Integrated teaching (Horizontal/Vertical teaching)	Yes
Clinical posting	Yes
Clinical Pathological Conference	Yes
Grand Rounds	Yes

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Statistical Meeting	Yes
Seminars	Yes

Teaching roster & Attendance Register to be verified at the time of assessment.

Comments: N.A.

**Teaching Facilities:**

**3.3 Anatomy**

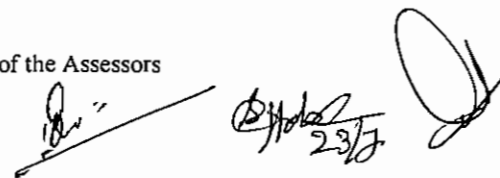
Number of Demonstration Room/s Capacity	Required	Available	AV Aids	Yes
Number of practical laboratory/ies -	2	2	Museum	Yes
Number of Lab seats -	60	60	Mounted specimens	Yes
Number of microscopes/laboratory	60	60	Models	Yes
			Bone Sets	Yes
			MRI CT	Yes
Number of dissection tables		17	Number of cadavers	22
Cold store / cooling chambers		16 cu. M.	Storage tank	3
Embalming room		Present	Band saw	Available
Lockers		Available		

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

Deficiency if any: Nil

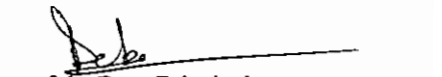
Signatures of the Assessors

Date:

  
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Signatures of the Dean/Principal

Date:

  
23/7/15  
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POROMPAT - 795005

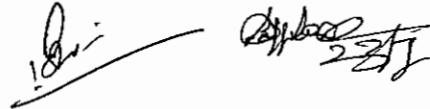
3.4 Physiology

Number of Demonstration Room/s Capacity	Required	Available	AV Aids	Yes
Mammalian laboratory	1	Yes	Haematology laboratory	Yes
Departmental Library	1	Yes	Clinical Physiology	Yes
Preparation rooms	1	Yes	Research Lab.	Yes

Deficiency if any: N.A.

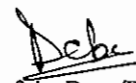
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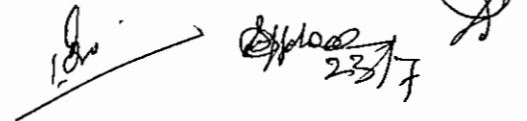
3.5 Biochemistry

Number of Demonstration Room/s Capacity	Required	Available	AV Aids	Yes
Number of practical laboratory/ies -	1	2 ( 1 in Hospital & 1 in the Department	Library / Seminar rooms	Yes
Number of Lab seats -	60	60	Research Lab.	Yes

Deficiency if any:           N.A.          .

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3.6 Pathology

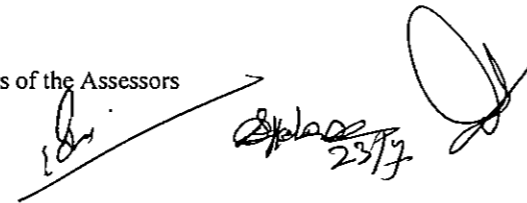
Number of Demonstration Room/s Capacity	Required	Available	AV Aids	Yes
Practical labs. Morbid Anatomy/Histopath./ Cytology Clinical Pathology/Haematology	2	2 ( 1 Histopath lab is shared with Anatomy)	Museum -Specimens Mounted____ Unmounted____ - -Catalogues	150 mounted, 150 unmounted 25 catalogues for each system
Departmental library		Yes		
Research lab.				

3.7 Microbiology

Number of Demonstration Room/s Capacity	Required	Available	AV Aids	Yes
Number of practical laboratory/ies -	1	1	Media preparation facility	Yes
Number of Lab seats -	60	60	Auto Claving	
Number of microscopes/laboratory	60	64	Washing and drawing room	
Number of service laboratories (7)	7	7	Museum	Yes

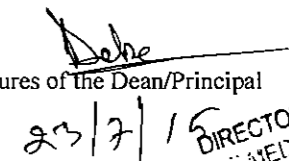
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Deficiency if any: N.A.

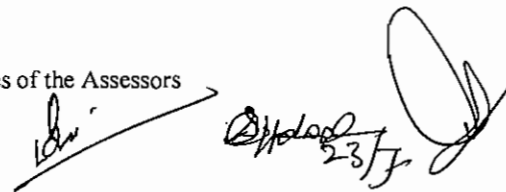
### 3.8 Pharmacology

Number of Demonstration Room/s Capacity	Required	Available	AV Aids	Yes
Experimental Pharmacology	1	Yes	Museum -Specimens : 100 -Charts : 50 -Models : 25 -History of Medicine : 25 -Catalogues : 25	
Clinical pharmacology/pharmacy	1	Yes		
Departmental Library	1	Yes		
Research lab.	1	Yes		

Deficiency if any: N.A.


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3.9 Forensic Medicine

Number of Demonstration Room/s Capacity	Required	Available	AV Aids	AV Aids : Yes
Forensic histopathology	1	Yes	Anthropology	Anthropology
Serology		Yes	Toxicology	Toxicology
Autopsy room		Yes	Cold storage	Cold storage
Museum : Medico-Legal specimens __yes__, Charts __30__, Prototype fire arms __3__, slides_65_, Poisons _70_, photographs__100_, catalogues__45__				
Departmental library	Yes			
Research lab.	Yes			

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Date:

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Deficiency if any: \_\_\_\_\_ N.A. \_\_\_\_\_.

3.10 Community Medicine

Number of Demonstration Room/s Capacity	Required	Available	AV Aids	Yes
Museum : Charts <u>40</u> , Models <u>70</u> , Specimens <u>100</u> , catalogues <u>170</u>				
Practical lab.		Yes		
Departmental Library		Yes		
Research lab.		Yes		

Deficiency if any: \_\_\_\_\_ N.A. \_\_\_\_\_.

Signatures of the Assessors

Date:

Three handwritten signatures and the date '23/7' are present below the assessors' label.

Signatures of the Dean/Principal

Date:

23/7/2023

*Deb*

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**Health Centers (Department of Community Medicine)**

PHC I -: \_\_CHC, Wangoi, Imphal\_\_ (place) \_\_19 Kms\_\_ (Distance from the college)

PHC II -: \_\_Mayang Imphal\_\_ (place) \_\_24 Kms\_\_ (Distance from the college)

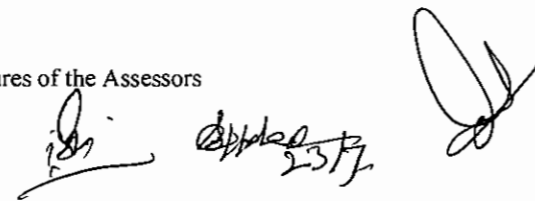
PHC III -: \_\_Samurou\_\_ (place) \_\_16 Kms\_\_ (Distance from the college)

Out of the above three PHCs \_\_CHC, Wangoi\_\_, has been upgraded to RHTC.

Population covered by the RHTC	1.5 lacs
It is under the control of the	Director
Students and interns posted in batches of __20__ throughout the year	Yes
Separate blocks for accommodating boys in __30__ rooms having __30__ beds. Girls __15__ rooms having __15__ beds.	Yes
Facilities for cooking & dining - Yes/No	Yes
Daily OPD/IPD	100
Specialist visits if any	Yes, two days a week
Cold chain equipment available	Yes
Survey/MCH/Immunization/FP registers	Yes

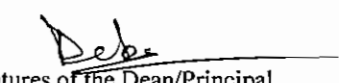
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Activities under the National Health Programmes	Yes
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Deficiency if any : \_\_\_N.A.\_\_\_\_\_.

Details of U.H.T.C.: \_\_Kshetrigao, Imphal East\_\_ Place\_\_3 Kms\_\_\_\_\_ Distance from college

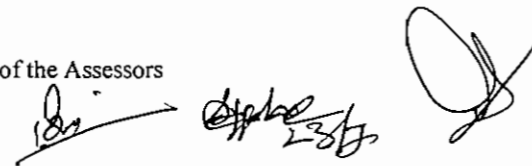
Population covered by the UHC	13 thousand
It is under the control of the	College
Students and interns posted in batches of	Yes
Daily OPD/IPD	40
Survey/MCH/Immunization/FP registers	Yes
Specialist visits if any	Yes, two days a week
Deficiency if any	N.A.

### 3.11 CONDUCT OF III MBBS EXAMINATION (only for recognition under 11(2))

- University which conducts Examination: Manipur University

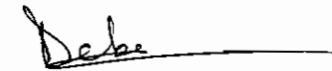
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- No. of Candidates appeared in Examination: 95
- The III MBBS examination (Part-II) was conducted satisfactorily: yes
- Centre for written/practical examination: \_\_\_\_\_JNIMS\_\_\_\_\_.

Comments:

Medical College-Staff Strength:  
Name of College: JNIMS, Imphal, Manipur  
Number of students - Pre PG Assessment  
Calculation Sheet

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

Signatures of the Assessors

Date:

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Signatures of the Dean/Principal

Date:

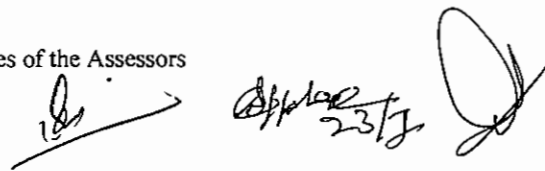
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Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses (if any)	Total (UG + PG)	Accepted	Deficiency	Remarks
Biochemistry	Professor	1		1	3	-	
	Assoc. Prof.	1		1	0	1	
	Asstt.Prof.	1		1	2		
	Tutor	4		4	5		
Pharmacology	Professor	1		1	2		
	Assoc. Prof.	1		1	0		
	Asstt.Prof.	2		2	2		
	Tutor	2		2	3		
Pathology	Professor	1		1	3		
	Assoc. Prof.	3	1	4	0	2	
	Asstt.Prof.	3	1	4	5		
	Tutor	4	1	5	6		
Microbiology	Professor	1		1	1		
	Assoc. Prof.	1		1	1		
	Asstt.Prof.	2		2	4		
	Tutor	3		3	3		
Forensic Medicine	Professor	1		1	1		
	Assoc. Prof.	1		1	0		
	Asstt.Prof.			-	2		
	Tutor	2		2	3		
Community Medicine	Professor	1		1	1		
	Assoc. Prof.	2		2	1		
	Asstt.Prof.	2		2	7		
	Epidemio-Logist-Cum-	1		1			

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Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses (if any)	Total (UG + PG)	Accepted	Deficiency	Remarks
	Asstt.Prof.						
	Statistician-Cum- Asstt. Prof.	1		1			
	Tutor	4		4	4		
General Medicine	Professor	1		1	2		
	Assoc. Prof.	3	1	4	1	2	
	Asstt.Prof.	4	3	7	5	2	
	Sr. Resident	6		6	12		
	Jr. Resident	12		12	4	2	
Paediatrics	Professor	1		1	2		
	Assoc. Prof.	1	1	2	0	1	
	Asstt.Prof.	2	1	3	5		
	Sr. Resident	3		3	4		
	Jr. Resident	6		6	2	3	
Tuberculosis & Respiratory Diseases	Professor	1		1	1		
	Assoc. Prof.	1		1	0	1	
	Asstt.Prof.		1	1	1		
	Sr. Resident	2		2	2		
	Jr. Resident	3		3	0	3	
Dermatology, Venereology & Leprosy	Professor	1		1	1		
	Assoc. Prof.		1	1	0	1	
	Asstt.Prof.	1		1	2		

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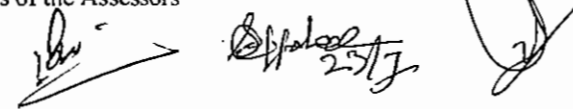
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Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses (if any)	Total (UG + PG)	Accepted	Deficiency	Remarks
	Sr. Resident	2		2	2		
	Jr. Resident	3		3	3		
Psychiatry	Professor	1		1	0	1	
	Assoc. Prof.		1	1	0	1	
	Asstt.Prof.	1		1	1		
	Sr. Resident	2		2	0	2	
	Jr. Resident	3		3	0	3	
General Surgery	Professor	1		1	3		
	Assoc. Prof.	3	1	4	1	1	
	Asstt.Prof.	4	3	7	6	1	
	Sr. Resident	6		6	7		
	Jr. Resident	12		12	3	8	
Orthopaedics	Professor	1		1	0	1	
	Assoc. Prof.	1	1	2	0	2	
	Asstt.Prof.	2	1	3	4		
	Sr. Resident	3		3	0	3	
	Jr. Resident	6		6	0	6	
Oto-Rhino-Laryngology	Professor	1		1	0	1	
	Assoc. Prof.	1		1	0	1	
	Asstt.Prof.		1	1	5		
	Sr. Resident	2		2	4		
	Jr. Resident	3		3	3		
Ophthalmology	Professor	1		1	1		
	Assoc. Prof.	1		1	0	1	
	Asstt.Prof.		1	1	8		


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Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses (if any)	Total (UG + PG)	Accepted	Deficiency	Remarks
	Sr. Resident	2		2	3		
	Jr. Resident	3		3	1	1	
Obstetrics & Gynaecology	Professor	1		1	2		
	Assoc. Prof.	2	1	3	0	2	
	Asstt.Prof.	3	2	5	8		
	Sr. Resident	3		3	8		
	Jr. Resident	6		6	3		
Anaesthesiology	Professor	1		1	1		
	Assoc. Prof.	2	1	3	0	3	
	Asstt.Prof.	3	1	4	3	1	
	Sr. Resident	8	1	9	8	1	
Radio-Diagnosis	Professor	1		1	0	1	
	Assoc. Prof.	1	1	2	0	2	
	Asstt.Prof.	1	1	2	3		
	Sr. Resident	5	1	6	5	1	
Dentistry	Professor	1		1	1		
	Assoc. Prof.	1		1	0		
	Asstt.Prof.				4		
	Tutor/JR	2		2	3		


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Following teaching staff could not be counted due to reasons mentioned against each:

Name	Designation	Department	Remarks/Reasons

Shortages Teaching Faculty \_21.01%

Shortage of Resident doctors\_31.42%

#### Summary of Assessment

1. JNIMS,IMPHAL,MANIPUR(College Name), is run by Government
2. The college has got LOP from GOI/MCI with intake of 100 seats for last academic year 2014-15.
3. Type of assessment: pre-pg assesment No. of seats:
4. PG courses : Yes
5. Deficiency of the infrastructure of college and hospital If any: Pl. mention category wise; mentioned as per AS 2
6. Deficiency of clinical material If any: Pl mention category wise; NO
7. Deficiency of teaching staff if any: YES

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Date:

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23/7/15

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Date:

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23/7/15  
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Shortage of teaching faculty is 21.01%(29 OUT OF 138)

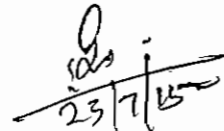
8. Deficiency of resident doctors if any:

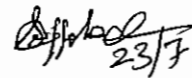
Shortage of resident doctors is 31.42%(33 OUT OF 105)

9. Any other Remarks clinical material adequate,infra-structure adequate, teaching faculties and residents deficiencies noted as per PG components,

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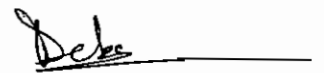
  
23/7/15

  
23/7



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Date: 23/7/15



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1. Deficiency of faculty is as under:

(a) The following faculty were not available: (Include those who are not available, absent, not signed attendance sheet before 11 a.m.)

(I) Professors: 1 Psychiatry, 1 Ortho, 1 ENT, 1 Radiodiagnosis (write name of departments)

(II) Associate Professor: 1 Anatomy, 2 Pathology, 2 Medicine, 2 Paed, 1 TB & chest, 1 Derma 1 Psy, 1 Surgery, 2 Ortho, 1 ENT, 1 Ophthal, 2 OBG, 3 Anaes, 2 Radio-diagnosis (write name of department & number deficient)

(III) Assistant Professor: 2 Medicine, 1 Surgery, 1 Anaesthesia, (write name of department & number)

(IV) Tutor: Nil (write name of department & number)

(b) The following faculty have not been considered even though present due to reasons mentioned hereunder:

#	Name	Department	Designation	Reason for not considering

(c) In view of above, resultant deficiency of faculty is 21.01 % (i.e. 29 out of 138).

2. Deficiency of Residents is as under:

(a) The following Residents were not available: (Include those who are not available, absent, not signed attendance sheet before 11 a.m.)

(I) Senior Resident: 2 Psy, 3 Ortho, 1 Anaes, 1 Radio (write name of departments & numbers deficient)

(II) Junior Resident: 2 Medicine, 3 TB & CD, 3 Paed, 3 Psy, 8 Surgery, 6 Ortho, 1 Ophthal (write name of department & number deficient)

(b) The following Residents have not been considered even though present due to reasons mentioned hereunder:

#	Name	Department	Designation	Reason for not considering

(c) In view of above, resultant deficiency of Residents is 31.42 % (i.e. 33 out of 105).

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 23/7/15  
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