

102718
10.04.19

MEDICAL COUNCIL OF INDIA
ASSESSMENT FORM FOR 150 MBBS ADMISSIONS REPORT
 (INCREASE IN ADMISSION CAPACITY FROM ____ TO ____)
Verification of Compliance
 Part - A-III (2019-20)
 (to be filled by the Assessors)

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1.1 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: _____

2.

Name of the Institution	:	ACS Medical College and Hospital		
Address	:	Noombal Village, Velappanchavadi, Chennai - 600 077		
Telephone No.	:	044 - 26802133 / 26801555		
E-mail	:	dean.acsmch@gmail.com		
College Website :		www.acsmch.ac.in		
Council Letter No. & Date	:	E-mail received by the Assessor on 08.04.2019 at 6.00 am.		
Assessment Date:	08.04.2019	Last Assessment Date :	6 th and 7 th September 2018	
PG Courses	:	Yes/No		

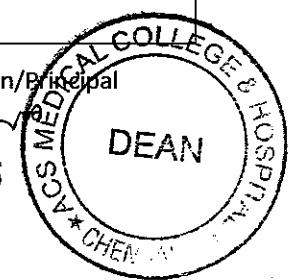
Signature of Assessors

[Signature]
 (Dr. S.K. SANT)

Date
[Signature]
 (Dr. KWA KU-SHAMA)

Signature of Dean/Principal

[Signature]
 Dr. PRAKASH



3. Particulars of Assessors

Name of the Assessors	Correspondence Address	Contact No.	Email
Dr. Santhosh Kumar Sant	Prof. & Head - Dept. of Physiology, UPUMS Saifai Etawah, U.P.	9412128328	drsanthoshkumarsant25@gmail.com
Dr. Kusa Kumar Shaha	Prof. & Head - Dept. of Forensic Medicine & Toxicology, JIPMER, Pondicherry.	9442070703	drkusashaha@yahoo.com

4. Verification of compliance submitted by institute:

Sl. No.	Deficiencies reported from GOI/MCI	Compliance by College sent to GOI/MCI	Remarks of the Assessors after the assessment
1	1.10 Library Library is partially air – conditioned Deficiency of 9 foreign journals	Now the library is fully air-conditioned. Now adequate journals are available as per norms.	Yes. Library is fully air conditioned. Adequate Journals (28 National & 12 International) are available; however one back issue for 10 National Journal is not received. The back issues for the six International Journal is not received, even though subscribed (Letter from the publisher in this regard is attached)-Annexure-1,1a&1b
2	1.13 Hostel		All the deficiencies

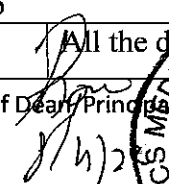
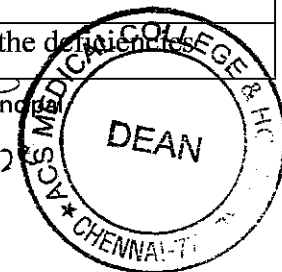
Signature of Assessors



Date



Signature of Dean/Principal

	<p>There is only 1 visitor room for all hostels without AC. There is no AC study room in all hostels except in Phase-2 Girls hostel with internet & Computer, No recreation room with TV, Music and Indoor Games.</p>	<p>We have now fulfilled all the requirements by providing separate A/C visitor room for girls as well as boys hostel & A/C study room with computer and internet facility.</p> <p>Recreation room with TV, music & indoor games are provided in boys and girls hostel</p>	<p>mentioned in the compliance are rectified.</p>												
3	<p>2.4 Facilities available in OPD</p> <p>There is a common dressing room for both female and male patients in Orthopaedics</p>	<p>Separate dressing rooms are now provided for male and female orthopaedic OP patients.</p>	<p>Rectified with separate Male & Female Dressing room.</p>												
4	<p>2.5 Total Number of Teaching Beds (Distance between two beds should be 1.5 m.</p> <p><u>General Medicine</u></p> <table border="1"> <tr> <td>Ward No</td> <td>:</td> <td>309, 302, 330, 337</td> </tr> <tr> <td>Bed Required</td> <td>:</td> <td>100</td> </tr> <tr> <td>Total Beds Available</td> <td>:</td> <td>100</td> </tr> <tr> <td>Nursing Station</td> <td>:</td> <td>Yes Shared</td> </tr> </table>	Ward No	:	309, 302, 330, 337	Bed Required	:	100	Total Beds Available	:	100	Nursing Station	:	Yes Shared		
Ward No	:	309, 302, 330, 337													
Bed Required	:	100													
Total Beds Available	:	100													
Nursing Station	:	Yes Shared													

Signature of Assessors

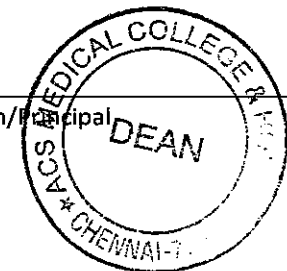
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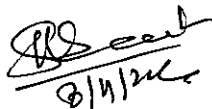
Signature of Dean/Principal

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21/4/15



Exam / Treat Room	:	Yes Shared		
Pantry	:	Yes Shared		
Store Room	:	Yes Shared		
Duty Room	:	Yes Shared		
Demo Room (25 capacity)	:	Yes Shared		
<p>309 Male Ward have 40 beds 30 of which are from Medicine and 5 each for Pulmonary Medicine and Psychiatry this is against MSR guidelines</p> <p>302 Male ward has 35 beds of which 30 are allocated to medicine and rest are allocated to Dermatology this is against MSR guidelines</p> <p>330 Female Ward has 30 beds for Medicine</p> <p>337 Female Ward has 25 beds of which 10 are allocated Medicine, 5 to TB Chest, 5 to Dermatology and 5 to Psychiatry this is MSR guidelines</p> <p><u>TB & Respiratory Medicine</u></p>			<p>The deficiency is now rectified and separate facilities are provided as per the MSR guidelines.</p> <p>The deficiency is now rectified and separate facilities are provided as per the MSR guidelines.</p> <p>The deficiency is now rectified and separate facilities are provided as per the MSR guidelines.</p> <p>The deficiency is now rectified and separate facilities are provided as per the MSR guidelines.</p>	<p>Rectified as per MSR Guideline with separate arrangement made for ENT, Ophthalmology, Psychiatry, TB & Chest and Dermatology wards.</p>


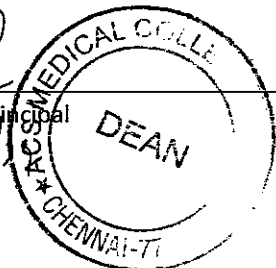
Signature of Assessors



Date



Signature of Dean/Principal

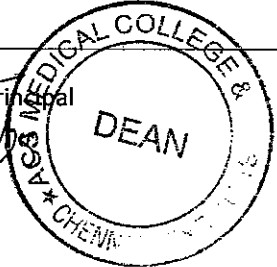
Ward No	:	309, 337	The deficiency is now rectified and separate facilities are provided as per the MSR guidelines.
Bed Required	:	10	
Total Beds Available	:	10	
Nursing Station	:	Yes Shared	
Exam / Treat Room	:	Yes Shared	
Pantry	:	Yes Shared	
Store Room	:	Yes Shared	
Duty Room	:	Yes Shared	
Demo Room (25 capacity)	:	Yes Shared	
<p>Ward shared with Medicine, Psychiatry and Dermatology</p> <p><u>Psychiatry</u></p>			The deficiency is now rectified and separate facilities are provided as per the MSR guidelines.
Ward No	:	309, 337	
Bed Required	:	10	
Total Beds Available	:	10	
Nursing Station	:	Yes Shared	
Exam / Treat Room	:	Yes Shared	

Signature of Assessors

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8/14/2025

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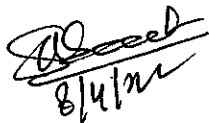
Signature of Dean/Principal

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Pantry	:	Yes Shared
Store Room	:	Yes Shared
Duty Room	:	Yes Shared
Demo Room (25 capacity)	:	Yes Shared
Ward shared with Medicine, TB Chest and Dermatology		
<u>Dermatology</u>		
Ward No	:	302, 337
Bed Required	:	10
Total Beds Available	:	10
Nursing Station	:	Yes Shared
Exam / Treat Room	:	Yes Shared
Pantry	:	Yes Shared
Store Room	:	Yes Shared
Duty Room	:	Yes Shared
Demo Room (25 capacity)	:	Yes Shared
Ward shared with Medicine, Psychiatry and TB Chest		

The deficiency is now rectified and separate facilities are provided as per the MSR guidelines.

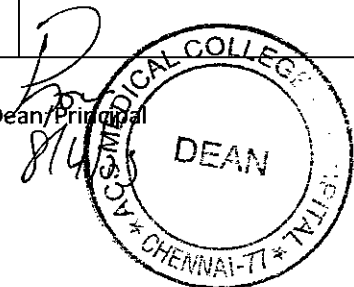
Signature of Assessors



Date



Signature of Dean/Principal



5

General Surgery

Ward No	:	224, 229, 209, 202
Bed Required	:	100
Total Beds Available	:	100
Nursing Station	:	Yes Shared
Exam / Treat Room	:	Yes Shared
Pantry	:	Yes Shared
Store Room	:	Yes Shared
Duty Room	:	Yes Shared
Demo Room (25 capacity)	:	Yes Shared

Female ward 202 has 30 beds out of which 10 beds are for Surgery and 10 each are shared with ENT and Ophthalmology this is against MSR guidelines.

Orthopaedics

Ward No	:	120, 127
Bed Required	:	45
Total Beds Available	:	45
Nursing Station	:	Yes Shared

The deficiency is now rectified and separate facilities are provided as per the MSR guidelines.

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Signature of Assessors

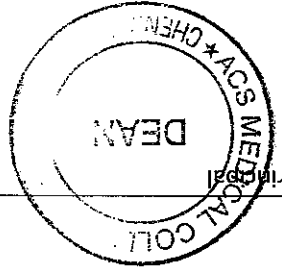
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8/11/20



Exam / Treat Room	:	Yes Shared
Pantry	:	Yes Shared
Store Room	:	Yes Shared
Duty Room	:	Yes Shared
Demo Room (25 capacity)	:	Yes Shared

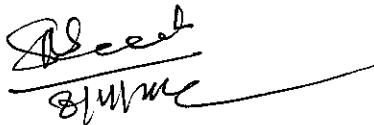
12 beds Male and 33 beds for female

Ophthalmology

Ward No	:	1 202
Bed Required	:	15
Total Beds Available	:	15
Nursing Station	:	Yes Shared
Exam / Treat Room	:	Yes Shared
Pantry	:	Yes Shared
Store Room	:	Yes Shared
Duty Room	:	Yes Shared
Demo Room (25 capacity)	:	Yes Shared

The deficiency is now rectified and separate facilities are provided as per the MSR guidelines.

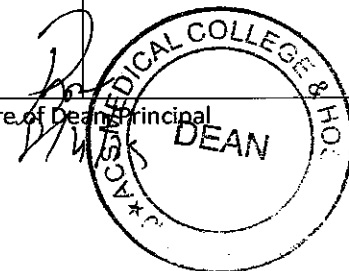
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Male Ophthalmology ward No.1 has 5 beds. Female Ophthalmology Ward is shared with Surgery and ENT beds in ward No. 202 of which 10 each belong to Surgery, ENT and Ophthalmology.

ENT

Ward No	:	1 202
Bed Required	:	15
Total Beds Available	:	15
Nursing Station	:	Yes Shared
Exam / Treat Room	:	Yes Shared
Pantry	:	Yes Shared
Store Room	:	Yes Shared
Duty Room	:	Yes Shared
Demo Room (25 capacity)	:	Yes Shared

Male ENT ward No.1 has 5 beds. Female ENT ward is shared with Surgery and Ophthalmology beds in ward No.202 of which 10 each belong to Surgery, ENT and Ophthalmology.

The deficiency is now rectified and separate facilities are provided as per the MSR guidelines.

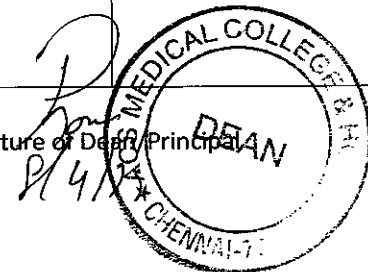
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Signature of Dean/Principal



<p>6</p>	<p>2.6 Clinical material (*Random verification to be done by the Assessor) Bed Occupancy % at 10.00 A.M. On first day : 52.92% Remarks : Medicine : 58/100 Paediatrics : 32/45 Psychiatry : 7/10 Dermatology : 6/10 TB Chest : 7/10 Surgery : 59/100 Orthopaedics : 20/45 ENT : 8/15 Ophthalmology : 6/15 OBGY : 44/60 Patients in operation theatre and reference 15 Total : 262/410</p> <p>45 of 262 admitted patients did not merit admissions for reasons enumerated below and details of some of these patients are appended. These patients had either pain in abdomen, cough, gastritis, low backache, Osteoarthritis, polyarthralgia, burning micturition, vomiting without evidence of the same. Hence the actual bed occupancy is 217.</p>	<p>Eventhough more number of patients were available during the time of inspection, the assessors have omitted to take note of those patients who had gone for the investigations such as X ray, CT Scan, Lab investigations, Ultrasound, Anaesthesia fitness, physiotherapy treatment and specialty referrals. As such, we have regular flow of outpatients and inpatients over and above the MCI norms.</p>	<p>Bed Occupancy % at 10.00 A.M. 375 /410 – 91.46% Remarks : Medicine : 88/100 Paediatrics : 32/45 Psychiatry : 9/10 Dermatology : 6/10 TB Chest : 6/10 Surgery : 97/100 Orthopaedics : 45/45 ENT : 11/15 Ophthalmology : 12/15 OBGY : 58/60 Patients in operation theatre and reference 11 Total : 375/410 Annexure -2</p>
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Signature of Assessors

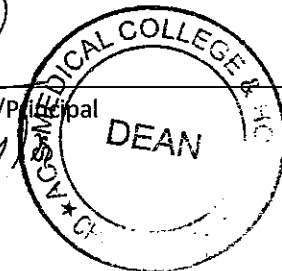
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	<p><u>Operative Work</u></p> <p>No. of major surgical Operations : 11</p> <p>11 major Operative procedures were confirmed by taking a round on second day of assessment. Evidence sheet is attached. This included 3 patients who had undergone cesarean section. The other operations were Vulvalcyst, Bilateral hydrocele, Congenital hernia, Rt Hernioplasty, Galeazzi fracture reduction and fixation, hyaterectomy, tonsillectomy and anterior Vitrectomy.</p> <p><u>2.8 Central Casualty services</u></p> <p>Equipment</p> <p>X-ray Unit (Mobile & X- ray Static - Yes 01 Mobile Nil static</p>	<p>---</p> <p>Both Mobile and Static X ray units are now provided in the Central Casualty services.</p>	<p>Major surgical Operations: 11 (Annexure attached).</p> <p>Both Mobile and Static X ray units are available in the Central Casualty services.</p>												
<p>7</p>	<p>2.10 Operation theatres</p> <table border="1" data-bbox="436 1114 1108 1308"> <thead> <tr> <th>Type</th> <th>Requirement</th> <th>Available</th> <th>Remarks</th> </tr> </thead> <tbody> <tr> <td>Major</td> <td>07</td> <td>07</td> <td>Extra 3 OTs under renovation</td> </tr> <tr> <td>Minor</td> <td>02</td> <td>02</td> <td></td> </tr> </tbody> </table>	Type	Requirement	Available	Remarks	Major	07	07	Extra 3 OTs under renovation	Minor	02	02		<p>The renovation work of the OTs have been completed and as of now 9 major OTs and 2 minor OTs are available in which 2 major OTs are upgraded as</p>	<p>Now all the 11 OTs (Major-9, Minor -2) are working. Out of 9 major 2 are modular</p>
Type	Requirement	Available	Remarks												
Major	07	07	Extra 3 OTs under renovation												
Minor	02	02													

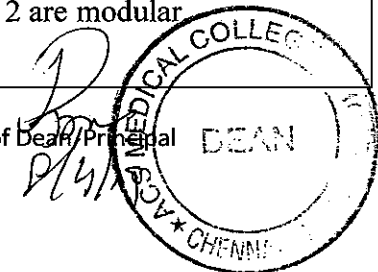
Signature of Assessors



Date



Signature of Dean/Principal



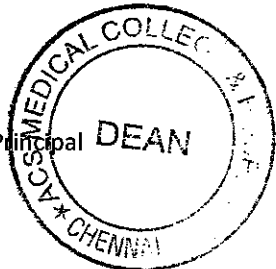
		modular OTs.	
8	<p>2.12 Intensive Care : Following intensive areas are available</p> <p>NICU / PICU</p> <p>Beds (Required) : 5</p> <p>Beds Available : 5</p> <p>Patients on day of assessment : 3</p> <p>AC : YES</p> <p>Central Oxygen / Suction : YES</p> <p>Major Equipment (Monitor, Ventilator, ABC, Pulse Oximeter, etc) : YES</p> <p>Remarks : There is no PICU. There are beds for neonates only in NICU</p>	<p>The MCI norms clearly says 'NICU / PICU'. Eventhough we had NICU / PICU as per MCI norms, the assessor pointed out there is no separate PICU. Based upon the assessor's advice now we have provided separate PICU and NICU facilities.</p>	<p>Rectified with separate NICU & PICU with strength of 5 beds each. On the day of assessment 2 beds occupied in PICU and 3 in NICU. Other infrastructures are available as per norms.</p>

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Signature of Assessors

Date 8/4/2015

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8/4/15
Signature of Dean/Principal



<p>9.</p>	<p>3.15 Details of Faculty / Residents not counted / accepted</p> <p>(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)</p> <p>1. Dr. R. Muthukrishnan, Assoc. Prof. Dept of Pathology</p>	<p>Dr. R. Muthukrishnan, Associate Professor, Department of Pathology was not accepted by the Assessor for not having valid publications during his Assistant Professor tenure. He was relieved from ESI Government Medical College and Hospital as Associate Professor.</p> <p>As per MCI clarification for the circular vide No. MCI – 12(1)/2015-TEQ/155223 dated 10.12.2015 which mentions <i>“It is further informed you that research Publication are not mandatory for retired / resigned / voluntarily retired from government or other medical colleges in case of their re-appointment on the same designation”</i>, he is Eligible for</p>	<p>Now Dr. Muthukrishnan has been designated as Associate Professor with valid publications with effect from 01.01.2019.</p>
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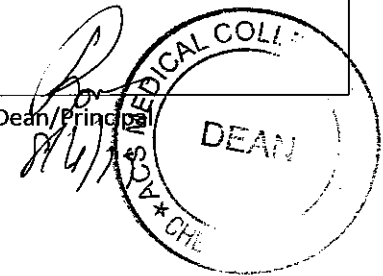
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	<p>2. Dr. Krishnaveni, R, Senior Resident, Dept of Pulmonary Medicine.</p>	<p>Associate Professor. (Evidences Enclosed). He was also accepted by previous MCI Assessors as Associate Professor in the two consecutive Academic years 2017-2018 and 2018 – 2019.</p> <p>However, subsequently he has published 4 original research articles in indexed printed journals recognized by MCI. (ANNEXURE-D).</p> <p>The inspection of the Resident quarters was conducted by one of the Assessors while the document verification was still going on in the college office. She was not able to reach the Resident quarters during the quarters visit, even though she was very much staying in the quarters.</p>	<p>Now she is working and staying in the resident quarters and available at the time of verification.</p>
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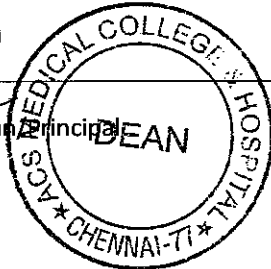
Signature of Assessors

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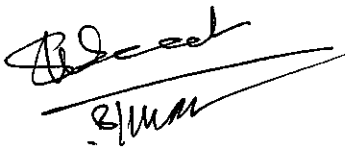
Signature of Dean/Principal

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 8/1/19



	<p>3. Dr. S. Archana, Assistant Professor, ENT</p> <p>DNB from private Institute without 3 years JR experience</p> <p>4. Dr. Radhika Dinesh, Asst. Prof. Dept. of Ophthalmology</p> <p>DNB from private institute without 3 years JR experience</p> <p>Dr. Arpita Roy, Junior Resident, Dept. of Ophthalmology</p> <p>5. Dr. Vijay Ragini, SR, Dept. of Anaesthesia</p> <p>Not signed attendance sheet before 11 am neither in lecture hall nor in the major OT.</p>	<p>Now, she has been replaced by Dr. Kiruba Shankar, M.S. ENT., as Assistant Professor who joined and working since 14.09.2018.</p> <p>Dr. Radhika Dinesh has now produced evidence (letter) from National Board of Examination to the effect that she worked as Junior Resident from the year 2003 to 2006 at Rajan Eye Care Hospital an NBE accredited hospital (ANNEXURE – II)</p> <p>Dr. Arpita Roy was relieved and replaced by Dr. Vennila Krishnakumar on 11.01.2019</p> <p>Dr. Vijay Ragini was not present during the head count since she was attending to a patient in minor OT giving Anesthesia (ANNEXURE -III)</p>	<p>Rectified.</p> <p>Evidence attached in declaration form.</p> <p>Rectified.</p> <p>She has signed in the morning also present during the verification.</p>
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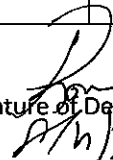
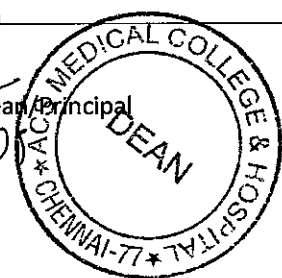
Signature of Assessors



Date



Signature of Dean/Principal

10.	3.16 1) Deficiency of Teaching Faculty : 4.27% i.e. 5/117 2) Deficiency of Resident doctors : 9.09 % i.e. 6/66	Now, the deficiencies have been rectified	Faculty deficiency 1/117=0.85% Resident – 1/66= 1.51%
11.	<u>Summary of Assessment</u> 5. Deficiency of teaching staff if any : Shortage of teaching faculty is 4.27% i.e. 5/117	Now, the deficiencies have been rectified. Details furnished in the same report.	Deficiency rectified to 0.85% for Faculty.
	<u>Summary of Assessment</u> 6. Deficiency of Resident doctors if any : Shortage of teaching faculty is 9.09% i.e. 6/66 %	Now, the deficiencies have been rectified. Details furnished in the same report.	Deficiency rectified to 1.51% for Resident.
	<u>7. Deficiency of the infrastructure of college and hospital if any : Pl mention category wise</u>		
	a) There is a common dressing room for both female and male patients in Orthopaedics OPD	Separate dressing rooms are now provided for male and female orthopedic OP patients.	Rectified.
	b) There is only 1 visitor room for all hostels without AC. There is no AC study room in all hostels except in Phase – 2 Girls hostel with internet & Computer. No Recreation room with TV, Music and Indoor Games. On	We have now fulfilled all the requirements by providing separate A/C visitor room for girls as well as boys hostel & A/C study room with	Rectified.

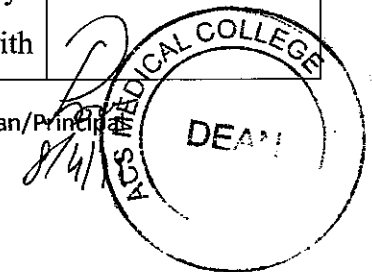
Signature of Assessors



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	7 th at around 10.30 am all rooms in the resident hostel were locked and caretaker had to be called and he did not have any register of the occupants with him.	computer and internet facility are available. Recreation room with TV, music & indoor games are provided in boys and girls hostel.	
	c) Library is partially air conditioned. There is deficiency of 9 foreign journals	Now the library is fully air-conditioned.	Fully Air Conditioned.
	d) Wards are not as per MSR guidelines. They are shared with multiple allied specialties	The deficiency is now rectified and separate facilities are provided as per the MSR guidelines.	Rectified.
	e) There is no PICU. There are beds for neonates only in NICU	The MCI norms clearly says 'NICU / PICU'. Eventhough we had NICU / PICU as per MCI norms, the assessor pointed out there is no separate PICU. Based upon the Assessor's advice now we have provided separate PICU and NICU facilities.	Rectified.

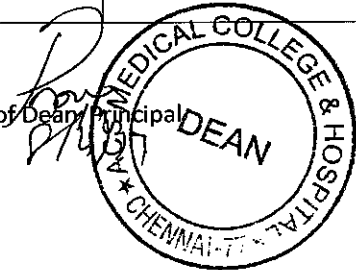
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8/4/2015

Signature of Dean/Principal



<p>8. Deficiency of clinical material if any : PI mention category wise : The bed occupancy at 10 am on 6-09-2018 was Medicine 58/100, Pediatrics 32/45, Psychiatry 7/10, Dermatology 6/10, TB Chest 7/10, Surgery 59/100, Orthopaedics 20/45, ENT 8/15, Ophthalmology 6/15, OBGY 44/60 and patients in operation theatre and references 15. The total bed occupancy was 262/410 (Evidence sheet signed by Medical Superintendent and Deputy Medical Superintendent is attached). Further, 45 of 262 admitted patients did not merit admissions for reasons enumerated below and details of some of these patients are appended. These patients had either pain in abdomen, cough, gastritis, low backache, osteoarthritis, polyarthralgia, burning micturition, vomiting without evidence of the same. In one of the case sheet whitener was used for changing the patient details. Hence the actual bed occupancy is 217 that come to 52.92%.</p>	<p>Eventhough more number of patients were available during the time of inspection, the assessors have omitted to take note of those patients who had gone for the investigations such as X ray, CT Scan, Lab investigations, Ultrasound, Anaesthesia fitness, physiotherapy treatment and specialty referrals.</p> <p>As such, we have regular flow of outpatients and inpatients over and above the MCI norms.</p>	<p>As per S.No.6 (Deficiency No.2.6) Bed Occupancy % at 10.00 A.M. 375 /410 – 91.46%</p>
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Signature of Assessors




Date

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(A) Patients not meriting admissions :

No.	IP	Ward	Name	Diagnosis	Remarks
1	16096	FSW	Devi Venkatesh	<i>Sebaceous cyst less than 1 cm in size.</i> Reply : Mrs.Devi-Female Surgery Ward, a Case of Sebaceous cyst over the left side of the Neck. Patient wanted to get it removed for cosmetic reasons, more over the patient was admitted in the ward for teaching purpose, to show it to the M.B.B.S students.	Not Applicable at present.
2	16011	FSW	Suguna	<i>Diagnosis not written in case paper on enquiring from nursing staff and doctors patient had history of burning micturition.</i> Reply : Mrs.Suguna-Patient was admitted in the surgical ward with severe colicky pain over the left loin radiating to the groin suggesting ureteric calculi. Ultra sound of the abdomen was done. urine for culture and sensitivity also done. Later on treated as acute urinary tract infection and subsequently discharged.	
3	15709	MSW	Punyakothi	<i>Balanoprostitis on examination there was no evidence of any inflammation.</i> Reply : Mr.Punniya kotti admitted for (Balanoposthitis) on 03.09.18 known case of diabetes mellitus, initial blood sugar was 215 mg /dl, after controlling the infection with antibiotics and good glycemc control, the MCI examiner has seen the patient after 3 days of admission. The infection was completely reduced and the circumcision was done on 07.09.2018.	

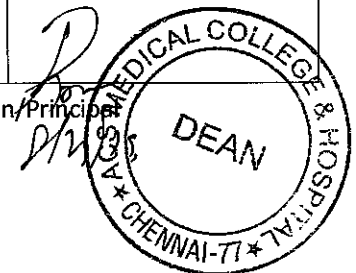
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4	16007	MSW	Palaniswamy	<p>Pain in the post operative site. Operated for lipoma over Rt. Axilla 2 months back. On examination there was no evidence of any inflammation .</p> <p>Reply : Mr.Palanisamy case of huge Lipoma over the right axilla previously operated. Patient had scar contracture with severe neurological pain over the right axilla for which he was admitted. Patient was treated with Inj. Diclofenac and with Cap.Pregaba.</p>	Not Applicable at present
5	16040	MSW	Anandraj	<p>Small Dermoid cyst forehead-admitted on 6-9-2018.</p> <p>Reply : Mr.Anandaraj a case of congenital deromoid cyst over the fore head with classical finding of bony erosion. Case was admitted for surgery and also for teaching purpose for MBBS students.</p>	
6	16085	MOW	Raja Subramanian	<p>DOA-6-9-2018-Lumbar pain – not meriting admission.</p> <p>Reply : Mr.Raja case of Acute Lumbar disc prolapse, with radiculopathy SLR-test positive, X-ray spine taken. Patients advised to come with MRI scan.</p>	
7	14790	MOW	Mahendra Kumar	<p>Muscle strain.</p> <p>Reply : Mr.Mahendra Kumar-who had history of sustained injury to left leg. Clinically diffuse swelling and tenderness present. X-ay left leg AP / Lateral taken. No bone injury. Case diagnosed as soft tissue injury left leg.</p>	
8	16107	MOW	Rajendran	<p>Osteoarthritis Rt. Knee joint without any investigations.</p> <p>Reply : Mr. Rajendran admitted for OA Rt knee with synovitis, after investigation, under local anaesthesia aspiration and Intra articular injection was given.</p>	

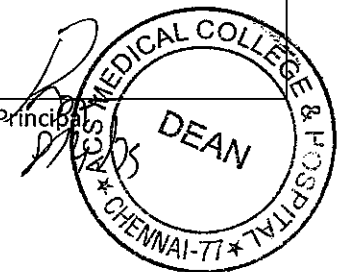
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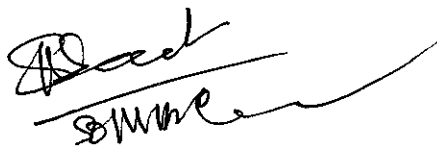


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9	16108	MOW	Theyli	<p><i>Low backache without investigations</i></p> <p>Reply : As per the advice of the HOD of Orthopedic, the patient was admitted for Physiotherapy treatment as he could not afford the transport charge every day.</p>	Not Applicable at present
10	15628	FOW	S Kala	<p><i>Cervical spondylosis without investigations.</i></p> <p>Reply : Mrs. Kala patient admitted for cervical spondylosis with radioculopathy, x-ray cervical spine AP/ Lateral taken which showed spondylosis changes.</p>	
11	15180	FOW	Mrs. Devi	<p><i>Polyarthralgia – under evaluation .</i></p> <p>Reply : Mrs. Devi admitted for OA right knee with synovitis under aseptic condition 30 ml of synovial fluid was aspirated and tight compression bandage was applied.</p>	
12	16005	Ped	Anthony Raj	<p><i>No diagnosis written on case paper. Use of white ink to change history in history sheet.</i></p> <p>Reply : Anthoni Raj 11 years admitted for anemia with gastritis. Blood investigation were done Haemoglobin 8.4 grams. Deworming and haematinic given.</p>	
13	16000	Ped	Tamil Selvan	<p><i>Bronchitis – Patient does not have any symptoms – DOA – 5-9-2018.</i></p> <p>Reply : Mr.Tamilselvan a case of Allergic Bronchitis three days duration, x-ray chest taken, blood investigation done (CBC, HB, ESR) antibiotic given for 5 days, Nebulization given for 4 days discharged on 10.09.2018.</p>	
14	16001	Ped	Karthik	<p><i>DOA – 5-9-2018 PATIENT WITH History of vomiting and dehydration – sitting in bed without any symptoms and without any IV fluids.</i></p>	

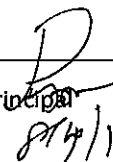
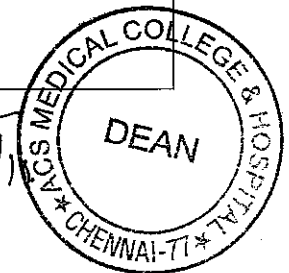
Signature of Assessors



Date



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				<p>Reply : Mr. Karthick case of acute Diarrhoea with dehydration known case of Autistic disorder. IV fluids were given on the previous day of inspection also (05.09.2018), when the MCI inspector visited the ward the patient went to the rest room and returned back hence the IV fluids were temporarily disconnected. IV fluids given for 2 days and discharged on 11.09.2018.</p>	
15	16066	Ped	Jawahar Senthil Kumar	<p>DOA – 6-9-2018 for headache.</p> <p>Reply : Mr.Jawahar not admitted in paediatric ward as mentioned but was admitted in ENT department. Patient age was 18 years a case of chronic sinusitis causing intense headache. CT scan - PNS done, Ophthal opinion obtained. Medical specialty opinion obtained. Final diagnosis was chronic sinusitis and treatment given accordingly</p>	Not Applicable at present
16	16077	Ped	Ajith	<p>Cough – under investigation. No investigation done. No evident symptoms.</p> <p>Reply : Ajith 14 years male from the TB chest ward admitted for cough and fever for 20 days. Bronchoscopy was done, x-ray chest showed left lung consolidation Final diagnosis was bacterial Pneumonitis.</p>	
17	16090	PULM. Med	P. Victoria	<p>Diagnosis TB – Patient not in bed. No X ray available</p> <p>Mrs. Victoria admitted in TB & Chest ward patient husband was suffering from Tuberculosis, He is on anti tuberculosis treatment. Patient Victoria was investigated by x- ray chest and sputum examination and finally diagnosed as active Tuberculosis.</p>	

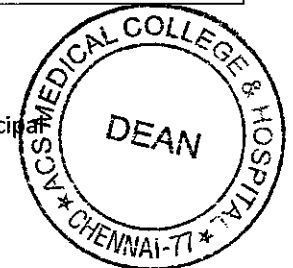
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Signature of Dean/Principal

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8/4/18



5. Clinical material: Annexure-3 & 3a

Item	On Day of assessment		Remarks
O.P.D. attendance at 2.PM on day of inspection	811		
Casualty attendance (24 hrs. data)	67		
No of admissions	89		
No. of discharges	85		
Bed occupancy% at 10.00 AM on first day	91.46%		
<u>Operative Work</u>			
No, of major surgical operations	11		
No. of minor surgical operations	21		
No. of normal deliveries	1		
No. of caesarian sections	3		
<u>Radiological Investigations</u> (No. of patients)	O.P. D	I.P.D	
X-ray	57	15	
Ultrasonography	32	6	
Barium, IVP etc.	0	0	
C.T. Scan	4	0	

Signature of Assessors

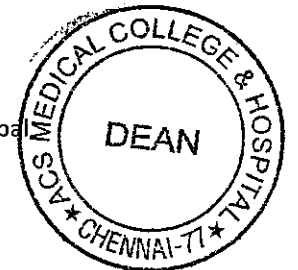
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Signature of Dean/Principal

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Item	Day of assessment		Remarks
	O.P. D	I.P.D	
Laboratory Investigations - No. of Patients/samples			
Biochemistry	855	608	
Microbiology	46	26	
Serology	74	37	
Hematology	1343	422	
Clinical Pathology			
Histopathology	8	6	
Cytopathology	11	0	

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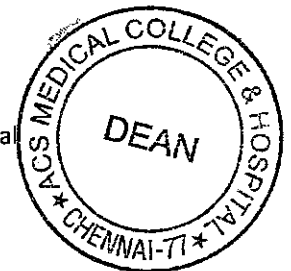
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Signature of Dean/Principal



6. Medical College-Staff Strength:

Name of College:

A.C.S. Medical College and Hospital, Velappanchavadi, Chennai-77

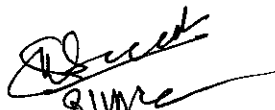
Number of students : Currently No PG Course available.

PG Courses (Yes/No):1. _____ 2. _____ 3. _____ 4. _____ 5. _____

6. _____ 7. _____ 8. _____ 9. _____ 10. _____

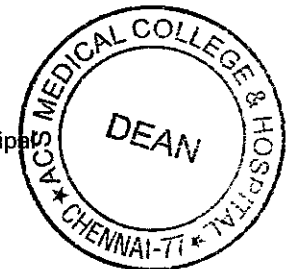
11. _____ 12. _____ 13. _____ 14. _____ 15. _____

16. _____ 17. _____ 18. _____ 19. _____ 20. _____


Signature of Assessors


Date

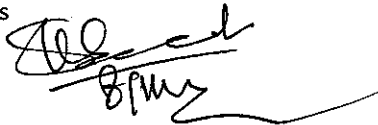

Signature of Dean/Principal



Calculation Sheet (Date:08.04.2019) - Annexure - 4

Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses (if any)	Total (UG + PG)	Accepted	Deficiency
Anatomy	Professor	01			1	
	Assoc. Prof.	01			1	
	Asstt.Prof.	02			3	
	Tutor	03			3	
Physiology	Professor	01			2	
	Assoc. Prof.	01			0	
	Asstt.Prof.	02			4	
	Tutor	03			1	
Biochemistry	Professor	01			2	
	Assoc. Prof.	01			0	
	Asstt.Prof.	02			3	
	Tutor	04			3	
Pharmacology	Professor	01			2	
	Assoc. Prof.	01			1	
	Asstt.Prof.	02			3	
	Tutor	03			1	
Pathology	Professor	01			1	
	Assoc. Prof.	03			4	
	Asstt.Prof.	03			4	
	Tutor	05			5	

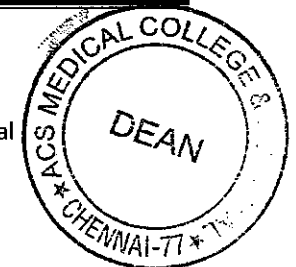
Signature of Assessors



Date



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Microbiology	Professor	01			3	
	Assoc. Prof.	01			0	
	Asstt.Prof.	02			4	
	Tutor	04			1	
Forensic Medicine	Professor	01			1	
	Assoc. Prof.	01			1	
	Asstt.Prof.	01			1	
	Tutor	01			1	
Community Medicine	Professor	01			2	
	Assoc. Prof.	02			1	
	Asstt.Prof.	03			4	
	Epidemio-Logist-Cum-Asstt.Prof.	01			1	
	Statistician-Cum-Tutor	01			1	
	Tutor	04			5	
General Medicine	Professor	01			3	
	Assoc. Prof.	03			1	
	Asstt.Prof.	04			4	
	Sr. Resident	04			4	
	Jr. Resident	08			9	
Paediatrics	Professor	01			1	
	Assoc. Prof.	01			1	
	Asstt.Prof.	02			2	
	Sr. Resident	02			2	
	Jr. Resident	04			4	

Signature of Assessors

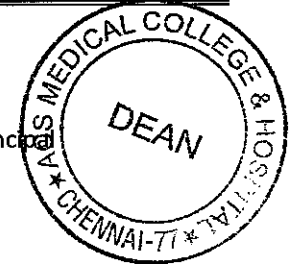
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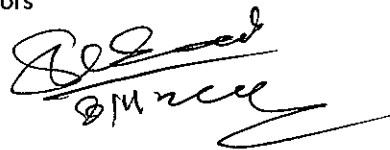
Signature of Dean/Principal

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Tuberculosis & Respiratory Diseases	Professor	00			0
	Assoc. Prof.	00			0
	Asstt.Prof.	01			2
	Sr. Resident	01			1
	Jr. Resident	01			1
Dermatology, Venereology & Leprosy	Professor	00			1
	Assoc. Prof.	01			0
	Asstt.Prof.	01			1
	Sr. Resident	01			1
	Jr. Resident	01			1
Psychiatry	Professor	00			0
	Assoc. Prof.	01			1
	Asstt.Prof.	01			1
	Sr. Resident	01			1
	Jr. Resident	01			1
General Surgery	Professor	01			4
	Assoc. Prof.	03			0
	Asstt.Prof.	04			4
	Sr. Resident	04			4
	Jr. Resident	08			8
Orthopaedics	Professor	01			2
	Assoc. Prof.	01			1
	Asstt.Prof.	02			2
	Sr. Resident	02			2
	Jr. Resident	04			5

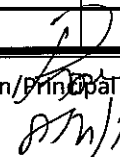
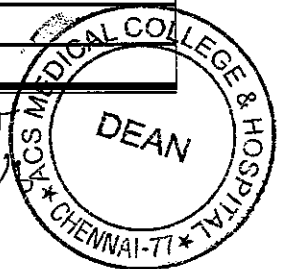
Signature of Assessors



Date



Signature of Dean/Prin. Officer

Oto-Rhino-Laryngology	Professor	0			0	
	Assoc. Prof.	01			1	
	Asstt.Prof.	01			1	
	Sr. Resident	01			2	
	Jr. Resident	01			1	
Ophthalmology	Professor	00			0	
	Assoc. Prof.	01			1	
	Asstt.Prof.	01			1	
	Sr. Resident	01			1	
	Jr. Resident	01			1	
Obstetrics & Gynaecology	Professor	01			3	
	Assoc. Prof.	02			0	
	Asstt.Prof.	03			3	
	Sr. Resident	03			4	
	Jr. Resident	06			7	
Anaesthesiology	Professor	01			3	
	Assoc. Prof.	02			0	
	Asstt.Prof.	04			4	
	Sr. Resident	06			3	
	Jr. Resident	04			5	
Radio-Diagnosis	Professor	01			0	1 Prof. deficiency
	Assoc. Prof.	01			1	
	Asstt.Prof.	01			1	
	Sr. Resident	03			2	1 Sr. deficiency

Signature of Assessors

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Date

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8/4/15

Signature of Dean/Principal

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8/4/15

ACCREDITED
DEAN
CHENNAI-71
HOSPITAL

Dentistry	Professor	01			Separate Dental College & Hospital is managed by the same Management.
	Assoc. Prof.	01			
	Asstt.Prof.	01			
	JR	01			

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.

Signature of Assessors

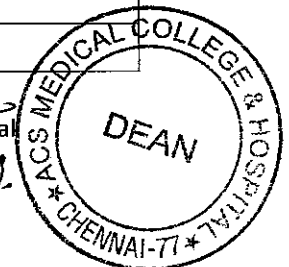
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Signature of Dean/Principal

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7. 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
	NIL	NIL	NIL	NIL
	NIL	NIL	NIL	NIL

8. 1) Deficiency of Teaching Faculty: $1/117=0.85\%$

2) Deficiency of Resident doctors: $1/66=1.51\%$

9. Any other deficiency/remarks - NIL

Signature of Assessors

Date

Signature of Dean/Principal

