

To

The Secretary

Medical Council of India

New Delhi

151 965
18/2/2015

Sub : Assessment of the physical and the other teaching facilities available for recognition / approval of Thiruvapur Govt. Medical College, Thiruvapur, Tamilnadu under the Tamilnadu Dr MGR University u/s 11(2) of the IMC Act, 1956 for the award of MBBS degree (100 seats)

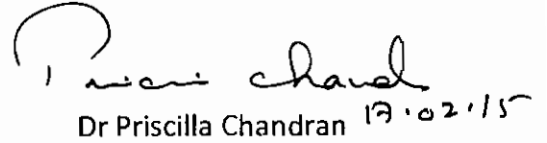
Please find enclosed the assessment report of the Thiruvapur Govt. Medical College, Thiruvapur Tamilnadu for Assessment of the physical and the other teaching facilities available for recognition/approval for the award of MBBS degree (100 seats) for your perusal and necessary action.



Dr Sham Singla



Feb 17, 2015
Dr Siddhartha Datta



Dr Priscilla Chandran 17.02.15

Enclosures

1. Hard and soft copy of Assessment Report (A – I & A – II)
2. Attendance sheets
3. Annexure of Examinations
4. Work Distribution
5. Videos
6. Check list

Confidential

MEDICAL COUNCIL OF INDIA
ASSESSMENT FORM FOR 100 ADMISSIONS REPORT

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

1.1 Type of Assessment

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

: Govt. Thiruvarur Medical College, Thiruvarur

Address

: Govt. Thiruvarur Medical College, Master Plan Complex, Vilamal,
 Thiruvarur District

Date:



Signature with stamp Dean/Principal/Director

16/1/15
 GOVT. THIRUVARUR MEDICAL COLLEGE,
 THIRUVARUR DISTRICT

Telephone No. : 04366 -220040
E-mail : deantvr@tn.gov.in
Fax : 04366- 222003
Website : www.tmctvr.ac.in
Management : Government of Tamil Nadu
Regn. no. of Society/Trust/Company: : Govt. of Tamil Nadu (G.O.M.S. No.252 / H&FW (MCA) Dept. Dt. 16.07.2007

Consent/Affiliation from University : TN DR MGR Medical University
Period of Validity : One Year

No. of seats as per Essentiality Certificate : 100
(Information not required for renewal/recognition inspection)
Period of Validity :

Assessment Date:

Last Assessment Date: 01.04.2014 &02.04.2014

1.2 For LOP ONLY:

Date:

Signature with stamp Dean/Principal/Director

GOVT. TAMIL NADU MEDICAL COLLEGE
 TRICHY

Location: The applicant college is located in Vilamal (city/village) of Thiruvarur Taluk, Thiruvarur district of Tamil Nadu state.

(b) The College has following plots of land:

| Plot # | Survey # | Place | Area (acres) | Remarks if any |
|--------------|------------------------------|-------------------------|----------------------------|-------------------|
| <u>1</u> | <u>433 P</u> <u>434 P</u> | <u>Master Plan</u> | <u>2.02</u> <u>1.50</u> | <u>39.6 acres</u> |
| <u>2</u> | <u>435 P</u> | <u>Complex Vilamal,</u> | <u>5.54</u> | |
| <u>3</u> | <u>436</u> | <u>Thiruvarur</u> | <u>2.79</u> | |
| <u>4</u> | <u>437</u> | | <u>6.54</u> | |
| <u>5</u> | <u>438</u> | | <u>63.34</u> | |
| <u>6</u> | <u>439</u> | | <u>5.58</u> | |
| <u>7</u> | <u>440</u> | | <u>3.87</u> | |
| <u>8</u> | <u>441</u> | | <u>5.42</u> | |
| <u>Total</u> | | | <u>39.60</u> | |

Date:

Signature with stamp Dean/Principal/Director

GOVT. THIRUVARUR DISTRICT COLLEGE,
THIRUVARUR

(a)(c) The campus is unitary, if not unitary distance between parts . N/A

1.3 **Building Plan approval from the competent authority:** Thiruvarur Municipality, Thiruvarur (name of the authority and date of approval).

1.4 **Buildings:**

College: 35048.84sq.mt.

Hospital (including OPD): 33432.51sq.mt.

Hostel & Residential complex -----sqmt.

1.5 **Building Use/ Occupancy Certificate:** approved by Thiruvarur Municipality order no: _____ dated _____.

1.6 **Nearest airport:** N/A. (Information not required for renewal/recognition inspection)

1.7 **Nearest Railway Station:** N/A. (Information not required for renewal/recognition inspection)

1.8 **Water Supply:** Through Municipal N/A. (Information not required for renewal/recognition inspection)

1.9 **Electric supply:** Sanctioned Load N/A. (Information not required for renewal/recognition inspection)

1.10 **Generators:** available/not available, Available load 700 KVA

1.11 **Drainage & sewage disposal** SELF (Information not required for renewal/recognition inspection):


1.12 **Working Hours:**

1. OPD Timings: 7.00 am to 12.00 pm

2. College Timings: 10.00 am to 5.30 pm (Except Anatomy- 8 AM to 3.30 PM)

Date:

Signature with stamp Dean/Principal/Director


 DEAN
 GOVT. THIRUVARUR MEDICAL COLLEGE,
 THIRUVARUR

3. Library Timings: 8.00 am to 8.00 pm

1.13 Annual Budget: College & Hospital

| Year | Current Financial Year | |
|---------------------|------------------------|-----------|
| | College | Hospital |
| Salary | | |
| Doctors | 23595000 | 33165000 |
| Resident Doctors | 22000000 | 16852000 |
| Nursing Staff | 0 | 487546560 |
| Other Staff | 22896280 | 26099256 |
| Technical Training | 1902000 | 0 |
| Library & Education | 2860000 | 0 |
| Maintenance | 420200 | 0 |
| Contingencies | 55000 | 200000 |
| Others | 3564000 | 3841750 |
| Total | 77292480 | 567704566 |

Date:

Signature with stamp Dean/Principal/Director

GOVT. THIRUVARUR MEDICAL COLLEGE,
THIRUVARUR.

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

| Department | Technician | Assistant | Attendant | Other |
|-----------------|------------|-----------|-----------|-------|
| Radiology | 10 | 4 | 4 | 3 |
| Biochemistry | 11 | 2 | 7 | 5 |
| Microbiology | 3 | 2 | 2 | 4 |
| Serology | 1 | 1 | 1 | 1 |
| Heamatology | 1 | 1 | 1 | 1 |
| Histo-pathology | 2 | 1 | 1 | 1 |
| Cytopathology | 1 | 1 | 1 | 1 |
| OT | 8 | 4 | 4 | 4 |
| Anesthesia | 4 | 4 | 2 | 3 |
| Blood Bank | 6 | 3 | 6 | 3 |
| Labour Room | 2 | 2 | 2 | 2 |
| Emergency Room | 1 | 2 | 2 | 1 |
| CSSD | 8 | 8 | 8 | 4 |
| Mortuary | 2 | 2 | 2 | 8 |
| Laundry | 2 | 12 | 12 | 2 |
| Electrical | 2 | 4 | 2 | 2 |

Date:

Signature with stamp Dean/Principal/Director

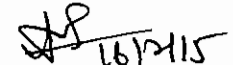
GOVERNMENT MEDICAL COLLEGE,
MUMBAI

| | | | | |
|-----------------------------------|---|----|----|----|
| Housekeeping | 4 | 50 | 50 | |
| Bio-medical | 1 | 1 | 2 | 21 |
| BWM (Biomedical Waste Management) | | | | |
| Pharmacy | 5 | 13 | 8 | 4 |

1.15 Nursing Staff available:

| Department | Technician | Assistant | Attendant | Other |
|--------------------|------------|-----------|-----------|-------|
| Anatomy | 1 | 4 | 4 | 2 |
| Biochemistry | 2 | 1 | 2 | 3 |
| Physiology | 1 | 1 | 1 | 2 |
| Microbiology | 7 | 4 | 2 | 4 |
| Pathology | 4 | 2 | 2 | 4 |
| Forensic Medicine | 2 | 2 | 2 | 4 |
| Community Medicine | 3 | 3 | 3 | 6 |
| Pharmacology | 2 | 2 | 1 | 4 |
| UHC | 1 | 1 | 1 | 6 |
| RHC | 1 | 1 | 1 | 6 |

Date:


 Signature with stamp Dean/Principal/Director
 DEAN
 GOVT. THIRUVARUR MEDICAL COLLEGE,
 THIRUVARUR.

| Category | No of Beds <u>540</u> | | | |
|------------------------|-----------------------|----------------|-------------------------------|-----|
| | Required Nos. | Available Nos. | | |
| Staff Nurses | 203 | | Nursing Superintendent Gr. I | 1 |
| Sister Incharge | 33 | | Nursing Superintendent Gr. II | 17 |
| ANS | 7 | | Staff Nurses | 230 |
| DNS | 1 | | Total | 248 |
| Nursing Superintendent | 3 | | | |
| Total | 247 | | | |

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

Available as per Regulations : Yes

Name of the MEU coordinator : Dr.A.Arshiya Begum

Details of affiliated faculty : Professor of Biochemistry

Details of the Orientation programme and Basic Course Workshop undergone by MEU } : Enclosed Annexure -I
Coordinator1.

Date:

Signature with stamp ^{16/2/15} Dean/Principal/Director
 DEAN
 GOVT. THIRUVARUR MEDICAL COLLEGE,
 THIRUVARUR

Name of the MCI Regional Centre where above training has been undertaken : Sri Ramachandra Medical College and Research Institute, Porur, Chennai-116

Date/s of the above workshops : 20.07.2011 to 22.07.2011, 22.01.2014 to 24.01.2014, 28.01.2015 to 30.01.2015

Details & Duration of Workshops in Medical Education Technology conducted by MEU: Enclosed Annexure -II

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

Dr.A.Arshiya Begum MD.,

Dr.V.Vasuki MD.,

Dr.R.T.Kannapiran, MD.,DPM.,

Dr.S.Sumathi MD.,

Dr.A.Chandrasekaran, MD.,

Dr.A.Thiruvalluvan MS., MC.,

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

We have given the Pre Test + Post Test Questions and also collected Daily Course evaluation forms from the participants. It Showed statistically significant improvement of Knowledge in Medical Education.

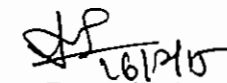
1.17 Continuing Medical Education : (Information not required for LOP inspection)

Details of CMEs/workshop organized by the college held in the past 1 year: 8

Details of the credit hours awarded for the past one year (details/comments in annexure - IV) 5 per 1 CME

Date:

Signature with stamp Dean/Principal/Director



DEAN

GOVT. MEDICAL COLLEGE,
PORUR, CHENNAI-116

1.18 College Council: (Information not required for LOP inspection) **Enclosed Annexure -V**

- 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) : 12
- Action taken report on College Council Meetings (details / comments in annexure VI)


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

| 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) | 885 |
| Casualty attendance (24 hrs. data) | 153 |
| No of admissions | 142 |
| No. of discharges | 119 |
| Bed occupancy: No of Beds occupied | 458 500 |

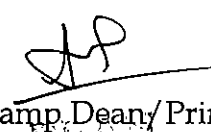
Date:


 Signature with stamp Dean/Principal/Director
 GOVT. ENGINEERING COLLEGE,
 ...

| Item | Daily average (for last 3 randomly selected months)as provided by institute | |
|---|---|--------------|
| No of beds required Bed occupancy % | 92% | |
| <u>Operative Work</u> | | |
| No, of major surgical operations | 7 | |
| No. of minor surgical operations | 6 | |
| No. of normal deliveries | 6 | |
| No. of caesarian sections | 5 | |
| <u>Radiological Investigations</u> | O.P.D | I.P.D |
| X-ray | 35 | 51 |
| Ultrasonography | 25 | 43 |
| Barium, IVP etc. | 2 | 6 |
| C.T. Scan | 12 | 23 |

Date:


Signature with stamp Dean/Principal/Director



GOVERNMENT GENERAL COLLEGE

| Item | Daily average (for last 3 randomly selected months) as provided by institute | |
|---|---|-------|
| | O.P.D | I.P.D |
| <u>Laboratory Investigations - No of Tests</u> | | |
| Biochemistry | 235 | 586 |
| Microbiology | 107 | 24 |
| Serology | 296 | 21 |
| Haematology | 98 | 483 |
| Histopathology | 2 | 4 |
| <u>Cytopathology</u> | 9 | 1 |
| <u>Others</u> | 110 | 129 |
| Any other (HIV/AIDS, DOTs, Malaria etc) | 55 | 39 |

Date:

Signature with stamp:  Dean/Principal/DirectorGOVT. ENGINEERING COLLEGE
MADURAI

1.21 College Website

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

Date:

Signature with stamp Dean/Principal/Director

16/11/21
GOVT. ENGINEERING COLLEGE
BANGALORE

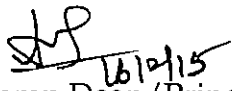
| Sr. No. | Details of information | Provided or not (with no & date) |
|---------|---|----------------------------------|
| | details including landline Ph. mobile, email etc.. | |
| 11 | Toll free number to report ragging. | 18001805522, Yes |
| 12 | No. of ragging cases reported to Anti Ragging Committee and Action taken by Anti Ragging Committee. | NIL |

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

I hereby given an undertaking that :

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

Date:


 Signature with stamp Dean/Principal/Director
 GOVT. ENGINEERING COLLEGE,

MEDICAL COUNCIL OF INDIA
ASSESSMENT FORM FOR 100 - MBBS ADMISSIONS REPORT
(INCREASE IN ADMISSION CAPACITY FROM __X__ TO __X__)

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

1.1 **Type of Assessment**

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


U/S 11- **Recognition - Regular**


Continuation of Recognition / Compliance (x)

Any Other: _____

| | | | | |
|--------------------------|---|---|------------------------|------------------|
| Name of the Institution | : | Govt. Thiruvarur Medical College, Thiruvarur | | |
| Address | : | Govt. Thiruvarur Medical College, Thiruvarur, Vilamal, Thiruvarur 610004, Tamil Nadu | | |
| Telephone No. | : | 04366 - 220040 | | |
| E-mail | : | deantvr@tn.gov.in | | |
| Council Letter No & Date | : | MCI-34(41) (UG)/2015-16-Med/. | | |
| Assessment Date: | | 16-17 th Feb 2015 | Last Assessment Date : | 01-02 April 2014 |
| PG Courses | : | No | | |

Signatures of the Assessors

Date: 
 Feb 17, 2015


 17.02.15


 17/2/15

Signatures of the Dean/Principal

Date: 17.2.15

Particulars of Assessors

| Name of the Assessors | Correspondence Address | Contact No | Email |
|------------------------|--|-------------|--|
| Dr. Sham Singla | Department of Surgery Pt. BDS Sharma PGIMS, Rohtak - 124001 Haryana | 09813775583 | drshamsingla1@gmail.com |
| Dr. Siddhartha Datta | Deptt of Obst. & Gynae, North Bengal Medical College, Darjeeling, WB - 734102 | 09432272049 | datta_siddhartha56@yahoo.co.uk |
| Dr. Priscilla Chandran | Deptt of Biochemistry, Nizams institute of Medical Sciences. Hyderabad, TS-500016 | 09866229024 | priscillachandran@yahoo.com |

1.2 The College has following plots of land:

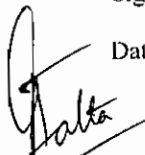
| | |
|----------------|---------|
| The campus is. | Unitary |
|----------------|---------|

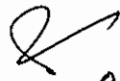
- 1.3 Dean/Principal: Dr. AL Meenakshi Sundaram with 19 years of teaching experience and 10 yrs of Professor & 4 yrs of experience of Asso. Prof. and 5 Yrs of Assistant Professor. He is also holding the post of - - no other post. Dean Office is located in Administrative Block of the college building 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 to the administrative staff.

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

Signatures of the Assessors

Date:


Date: Feb 17, 2015


Date: 17.02.15


Date: 17/2/15

Signatures of the Dean/Principal

Date: 17.2.15


GOVT. ...

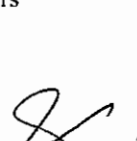
1.4 Medical Education Unit (MEU):Annexure-I

| | |
|--|--|
| Available as per Regulations | : Yes |
| Name of the MEU coordinator | : Dr. A. Arshiya Begum, Prof. Biochemistry |
| Name, Designation & Experience of affiliated faculty | : Dr. A. Arshiya Begum, Prof Biochemistry (10yrs) Dr. S. Sumathi, MD Asst. Prof. of Biochemistry , Dr. V.Vasuki, MD, Asst. Prof. of Microbiology Dr. A.Chandrasekaran, MD Professor of Anesthesiology Dr. Ashisha Begum, M.D, Assoc. Prof. of Microbiology |
| Name of the MCI Regional (Nodal) Centre where above training has been undertaken | : Sri Ramachandra Medical College & Research Centre, Chennai |
| 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) | : Orientation Program for first MBBS students-1 Medical Education Technology work shop -1 (40 faculty) |
| Date/s of the above workshops | : 15.12.2014 & 16.12.2014 |
| Details & Duration of Workshops in Medical Education Technology conducted by MEU | : 2 days for faculty 9 days for students |

Signatures of the Assessors

Date:

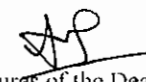

Feb 17 2015


17.02.15


17/2/15

Signatures of the Dean/Principal

Date: 17.2.15



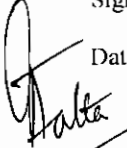
| | |
|--|--|
| Details of faculty who have undergone basic course workshop in <i>Medical Education Technology</i> at the allocated MCI Regional Centre | : Dr. A. Arshiya Begum ., Dr. S. Sumathi, Dr. V. Vasuki, , Dr. A. Chandrasekaran, Dr. Ashisha Begum, Dr. Kannabiran, Dr. Thiruvalluvan |
| Details of faculty who have undergone advanced course workshop in <i>Medical Education Technology</i> at the allocated MCI Regional Centre | : Application registered for advance course which is to be held in May,2015 at CMC, Vellore, Tamil Nadu |
| Feedback evaluation of workshops and action taken reports on the basis of feedback obtained | : Available |


1.5 Continuing Medical Education :

Annexure-II

| | |
|--|--|
| No and Details of CMEs/workshop organized by the college held in the past 1 year | : 10, Child hood Malignancies, Bacterial and Viral STD, Growth & Its Disorders, General Examination of a Child, Immunization, Congenital heart Diseases in Children, Approach to Hepatosplenomegaly, shock Approach and managements, OG-Cephalopelvic Disproportion, Polycystic ovarian Syndrome |
| Details of the credit hours awarded for the past one year | : 5 |


Signatures of the Assessors


Date: Feb 17, 2015


12.02.15


17/2/15

Signatures of the Dean/Principal


Date: 17.2.15

1.6 College Council :

| | | |
|---|---|--|
| Name, designation, no. and address of the President & Secretary. | : | Dr. AL. Meenakshi Sundaram, Dean, 9361616969 |
| Composition of the Council (HODs as members & Principal / Dean as chairperson) | | Dean and all Head of Departments Annexure - IIIA |
| No. of times the College Council meets per year (min 4) | : | 12 (once a month) |
| Details of college Council meetings where students Welfare was discussed and Action taken report (details / comments in annex II) | | List enclosed (Annexure III) |

1.7 Pharmacovigilance Committee: Available
 No of meeting in the previous yrs. 4 (Minutes to be checked)

1.8 Examination Hall-cum-auditorium:

| 1. Area Requirement | Available | 2. Capacity Requirement | Available |
|---------------------|---------------------------------|-------------------------|------------------------|
| 800 Sq. mt. | Examination hall - 1308 Sq. mt. | 500-700 | Examination hall - 500 |
| | Auditorium - 1415 Sq. mt. | | Auditorium - 750 |

Signatures of the Assessors

Date:

[Signature]
 Feb 17, 2015

[Signature]
 17.02.15

[Signature]
 17/2/15

Signatures of the Dean/Principal

Date: 17.2.15

[Signature]

1.9 Lecture Theatres:

| | Medical college | | Hospital | | | Comments |
|----------------------|---|---|--|------------|------------|----------|
| | 120 seating capacity Reqd - 02 Gallery type | 250 seating capacity Reqd - 01 Gallery type | 150 seating capacity Reqd.- 01 Gallery type | | | |
| Number | 3 Available | 1 Available | 03 Available | | | |
| Capacity | 120 | 250 | <u>150</u> | <u>120</u> | <u>100</u> | |
| Type (Gallery) | <u>Yes</u> | <u>Yes</u> | <u>No</u> | <u>No</u> | <u>No</u> | |
| A.V. Aids | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> | |
| Facility for E-class | <u>Available in 1 LT</u> | <u>No</u> | <u>No</u> | <u>No</u> | <u>No</u> | |

1.10 Library

Air-conditioned - No

Working Hours: 8 am to 8pm

- a. Stack room : Available
b. Reading room : Available

Signatures of the Assessors

Date:

[Signature]
Feb 17, 2015

[Signature]
17.02.15

[Signature]
17/2/15

Signatures of the Dean/Principal

Date: 17.2.15

[Signature]
17.2.15
GOVERNMENT ENGINEERING COLLEGE
BANGALORE

| Area | Required | Available | Remarks |
|-----------------------------------|---------------|----------------|---------|
| | 1600 Sq.mt. | 1600 Sq.mt. | |
| Student Reading Room (Inside) | 100 Capacity | 100 seating | |
| Student Reading Room (Outside) | 100 Capacity | 100 seating | |
| Staff Reading Room | 20 Persons | 20 person | |
| Room for Resident/PG reading room | | 50 person | |
| Particulars | Required Nos. | Available Nos. | Remarks |
| No of Books | 7000 | 7040 | |
| Journals (Indian) | 70 | 73 | |
| Journals (Foreign) | 30 | 30 | |
| Internet Nodes | 25 | 25 | |

Staff Available

| | |
|-----------------------------|----|
| Librarian | 01 |
| Deputy/ Assistant Librarian | 05 |
| others | 04 |

1.11 Common Room for Boys & Girls

| | Area Required Sq. Mt. | Available Area Sq. Mt. | Toilet - Attached Y/N |
|-------|-----------------------|------------------------|-----------------------|
| Boys | 100 | 100 | Yes |
| Girls | 100 | 100 | Yes |

Signatures of the Assessors

Date:

[Signature]
Feb 17, 2015

[Signature]
17.02.15

[Signature]
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1.12 Central Photography Section: Available Staff Equipments Yes
1 Photogrpher,
1 Digital Camera & 1 Video camera

1.13 Hostel: Location - Within campus

| Hostel Category | Required Capacity | Available Capacity (No Rooms X capacity of each room = Total capacity) | Furnished (Y/N) | Toilet Facility Adequate/ Inadequate | Mess (Y/N) | Hygiene of Hostel campus Y/N | Visitor room, AC Study room with internet & Computer, Recreation room with TV, Music, Indoor Games Y/N | Remarks |
|-----------------|-------------------|--|-----------------|--------------------------------------|------------|------------------------------|--|---------|
| UG Students | 375 | 176x3=528 | Yes | Adequate | Yes | Yes | Available | |
| Interns | 100 | 102x1=102 | Yes | Adequate | Yes | Yes | Available | |
| Resident | 85 | 105x1=105 | Yes | Adequate | Yes | Yes | Available | |
| Nurses | 48 | 70x3=210 | Yes | Adequate | Yes | Yes | Available | |

Comments: Deficiency - Nil

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Residential Quarters:

| Category | Required Nos. | Available Nos. | Remarks |
|--------------------|---------------|----------------|---------|
| Teaching Staff | 23 | 25 | |
| Non-Teaching Staff | 36 | 40 | |

Comments: Deficiency Nil

1:14 Recreational Facilities:

| | | |
|-------------------------|--|---|
| Outdoor games | | Yes |
| Play field/s | | Yes |
| Type of games | | Football, Basket ball, Badminton, Cricket |
| Indoor games facilities | | Yes |
| Gymnasium | | Available . |

1.15 Gender Harassment Committee -: Yes (Documents to be seen at the time of assessment)

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TEACHING HOSPITAL

2.1 Name of the Hospital: Govt. Thiruvvarur Medical College Hospital, Thiruvvarur
Owned by: Government

2.2 Name of the Medical Superintendent: Dr. R. Muthuveeran, MD., DM., (Neurology), with 10 years administrative experience.

| Office Space Requirement sq. mt. | Availability | Comments |
|----------------------------------|--------------|----------|
| Dean/Principal's Room | 36 sq mt | |
| Medical Supdt's Office | 36 sq mt | |
| Office Space | 150 Sq.mt. | |

2.3 **Teaching and other facilities :**

| | | |
|--|---|-----------------------|
| OPD Timings | : | 7.30 am to 12.00 noon |
| Separate Registration areas for male/female patients available | : | Yes |
| Separate Registration counters for OPD/IPD | : | Available |
| Are the Registration counters computerized | : | Yes |

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| | | |
|--|---|---|
| Staff for registration center | : | 2 in OPD counters, 2 for IPD |
| Waiting areas for above patients available | : | Available |
| No. of rooms for examination of patients (Reqd 4 for all departments. | : | 2 Big rooms with 3 to 5 cubicles in all major departments |
| 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 |
| Orthopaedics Plaster room Dressing room - - Male - Female | Yes Yes Yes/No | Plaster cutting room | Yes |

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
| | | |
|----------------------|---------------------------------------|-----|
| Ophthalmology | Refraction Rooms | Yes |
| | Dark Rooms | Yes |
| | Dressing Rooms / Minor Procedure Room | Yes |
| ENT | Audiometry (AC & Sound proof) | Yes |
| | Speech Therapy | Yes |
| Pediatrics | Child Welfare Clinic | Yes |
| | Immunisation Clinic | Yes |
| | Child Rehabilitation Clinic | Yes |
| OBS & GYN | Antenatal Clinic | Yes |
| | Sterility Clinic | Yes |
| | Family Welfare Clinic | Yes |
| | Cancer Detection Clinic | Yes |

Comments : Nil

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2.5 Total Number Of Teaching Beds : 500 - Distance between two beds should be 1.5m.

Teaching Hospitals in Campus with Total Beds 500. Teaching Hospitals in Outside the Campus Nil

| Department | Unit Nos. | Beds Required | Beds Available | | | Remarks if Any |
|------------------------------|-----------|---------------|----------------|--------|-------|----------------|
| | | | Male | Female | Total | |
| Gen. Medicine | 4 | 120 | 60 | 60 | 120 | |
| Pediatrics | 2 | 60 | 60 | | 60 | |
| TB & Respiratory Medicine | 1 | 20 | 10 | 10 | 20 | |
| Psychiatry | 1 | 10 | 5 | 5 | 10 | |
| Dermatology | 1 | 10 | 5 | 5 | 10 | |
| Gen. Surgery | 4 | 120 | 60 | 60 | 120 | |
| Orthopedics | 2 | 60 | 30 | 30 | 60 | |
| Ophthalmology | 1 | 20 | 10 | 10 | 20 | |
| ENT | 1 | 20 | 10 | 10 | 20 | |
| OB & GYN | 2 | 60 | | 60 | 60 | |
| Total | 19 | 500 | 220 | 280 | 500 | |

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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 | 60/60 | 120 | Yes | Yes | Yes | Yes | Yes | Yes | |
| TB & Respiratory Medicine | 1 | 7/10 | 6/10 | 13/20 | Yes | Yes | Yes | Yes | Yes | Yes | |
| Pediatrics | 2 | 60 | | 60 | Yes | Yes | Yes | Yes | Yes | Yes | |
| Psychiatry | 1 | 5/5 | 5/5 | 10 | Yes | Yes | Yes | Yes | Yes | Yes | |
| Dermatology | 1 | 3/5 | 2/5 | 5/10 | Yes | Yes | Yes | Yes | Yes | Yes | |
| Gen. Surgery | 4 | 60/60 | 60/60 | 120 | Yes | Yes | Yes | Yes | Yes | Yes | |
| Orthopedics | 2 | 30/30 | 30/30 | 60 | Yes | Yes | Yes | Yes | Yes | Yes | |
| Ophthalmology | 1 | 8/10 | 8/10 | 16/20 | Yes | Yes | Yes | Yes | Yes | Yes | |
| ENT | 1 | 8/10 | 9/10 | 17/20 | Yes | Yes | Yes | Yes | Yes | Yes | |
| OB & GYN | 2 | | 60/60 | 60 | Yes | Yes | Yes | Yes | Yes | Yes | |

Comments : Nil

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

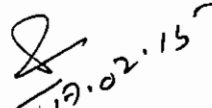
Assessor should randomly verify the monthly data and fill accordingly in the daily average columns, specifying the months


| Item | Daily average(for last 3 randomly selected months)as provided by institute Nov. Dec. 14 Jan 15 | On Day of assessment | Remarks |
|---|--|----------------------|---------|
| O.P.D. attendance (At the end of OPD timing) | 885 | 1130 | |
| Casualty attendance (24 hrs. data) | 153 | 167 | |
| No of admissions | 142 | 160 | |
| No. of discharges | 119 | 90 | |
| Bed occupancy: No of Beds occupied | 458 | 448 | |
| No of beds required | 500 | 500 | |
| Bed occupancy % | 92 % | 89 % | |
| Operative Work | | | |
| No, of major surgical operations | 12 | 7 | |
| No. of minor surgical operations | 12 | 6 | |
| No. of normal deliveries | 6 | 6 | |

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| Item | Daily average(for last 3 randomly selected months)as provided by institute Nov. Dec. 14 Jan 15 | | On Day of assessment | | Remarks |
|--|--|-------|----------------------|-------|---------|
| | O.P.D | I.P.D | O.P. D | I.P.D | |
| No. of caesarian sections | 5 | | 5 | | |
| <u>Radiological Investigations</u> | O.P.D | I.P.D | O.P. D | I.P.D | |
| X-ray | 20 | 50 | 46 | 66 | |
| Ultrasonography | 30 | 15 | 25 | 30 | |
| Barium, IVP etc. | 2 | 2 | 1 | 5 | |
| C.T. Scan | 24 | 22 | 24 | 36 | |
| <u>Laboratory Investigations - No. of Tests</u> | | | | | |
| Biochemistry | 235 | 586 | 384 | 641 | |
| Microbiology | 107 | 24 | 83 | 19 | |
| Serology | 296 | 21 | 161 | 16 | |

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| Item | Daily average(for last 3 randomly selected months)as provided by institute | | On Day of assessment | Remarks | |
|---|---|--------|----------------------|---------|--|
| | Nov. Dec. 14 | Jan 15 | | | |
| Haematology | 98 | 483 | 182 | 548 | |
| Histopathology | 2 | 4 | 1 | 5 | |
| <u>Cytopathology</u> | 9 | 1 | 17 | 3 | |
| <u>Others</u> | 110 | 129 | 188 | 232 | |
| Any other (HIV/AIDS, DOTs, Malaria etc) | 55 | | 39 | | |

Comments: Nil

2.8 Medical Record Section: Available

Manual / Computerized

Computerised

ICD X classification of diseases followed for indexing : yes


Staff:


Medical Record Officer - Yes

Statistician - Yes (in Community Medicine)

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2.9 Central casualty services :

No of Beds: Required : 20 Available : 20

- Number of doctors posted / Shift : 2+1+1
- Number of nurses posted / Shift: 4

CMO - Required : 4 Available : 4

Separate casualty for OBGY cases: Available If yes, No. of beds 3

| Equipment | Availability | Number |
|---------------------------|--------------|--------|
| Oxygen & suction facility | (Central) | 20 |
| Pulse oximeter | Yes | 2 |
| Ambu bag | Yes | 2 |
| Disaster trolley | Yes | 1 |
| Crash Cart | Yes | 2 |
| Emergency Drug Tray | Yes | 2 |
| Defibrillator | Yes | 2 |
| Ventilator | Yes | 2 |
| X-ray Unit - (Mobile) | Yes | 1 |
| Minor OT | Yes | 1 |

Comments: Nil

2.10 Clinical Laboratories

- (a) Central Clinical Laboratory: Under control of department of : Biochemistry

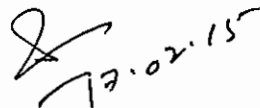
Separate sections for pathology, microbiology, hematology & biochemistry: available

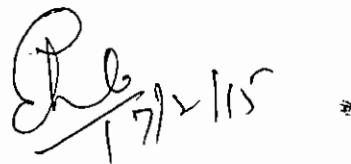
Technical staff : 26 adequate (as per Minimum Standard Requirements)

- (b) Other laboratories: 14 (give no. and locations) side labs located in various departments

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2.11 Operation theatres

- No. of Major operation theatres required : 07 No. of Major operation theatres available: 08+02
- No of Minor operation theatres required : 02 No of Minor operation theatres available: 02

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


| <u>Dept</u> | <u>Theatres Nos.</u> | <u>OT Table Nos.</u> | <u>A/C Y/N</u> | <u>Central Oxy/ NitrousOxide Y/N</u> | <u>Anesthesia Machine Y/N</u> | <u>Multipara Monitor with Capnograph Y/N</u> | <u>Defibrill ators Y/N</u> | <u>Infusion Pumps Y/N</u> | <u>Remarks</u> |
|--------------------|----------------------|----------------------|----------------|--------------------------------------|-------------------------------|--|----------------------------|---------------------------|----------------|
| Gen Surgery | <u>2</u> | <u>2</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes (3)</u> | <u>Yes(1)</u> | <u>Yes(3)</u> | |
| ENT | <u>1</u> | <u>1</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes(1)</u> | <u>Yes</u> | <u>Yes(1)</u> | |
| Ophthal | <u>2</u> | <u>2</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes(1)</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> | |
| Ortho | <u>1</u> | <u>1</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes(2)</u> | <u>Yes(2)</u> | <u>Yes(1)</u> | <u>Yes(1)</u> | |
| OBS & GYN | <u>2</u> | <u>2</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes(2)</u> | <u>Yes(2)</u> | <u>Yes(1)</u> | <u>Yes(4)</u> | |
| <u>ER / Septic</u> | <u>2</u> | <u>2</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> | |


Pre-Anaesthetic/Pre-operative Beds : Available 4+4+4 beds

Post Operative Recovery room beds : Available 6+6+6 beds

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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 | <u>5</u> | <u>5</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> | |
| ICU | 5 | <u>5</u> | <u>5</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> | |
| SICU | 5 | <u>5</u> | <u>3</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> | |
| NICU/PICU | 5 | <u>14</u> | <u>14</u> | <u>Yes</u> | <u>Yes</u> | <u>Yes</u> | |


2.14 Labour Room


| Rooms | Beds | Remarks |
|--------------|------|---------|
| Clean Cases | 5+3 | |
| Septic Cases | 3 | |
| Eclampsia | 3 | |

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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. | <u>03</u> <u>03</u> | <u>03</u> <u>03 (100 ma)</u> | <u>Yes</u> | <u>Functional</u> | |
| Static X Ray 300 mA : ___ No. 500mA : ___ No. 800 mA ___ No 1000mA ___ No. IITV & Fluroscopy | <u>02</u> <u>02</u> <u>01 IITV &</u> <u>Fluroscopy</u> | <u>02</u> <u>01</u> <u>01 with fluoro</u> | <u>Yes</u> | <u>Functional</u> | |
| CT 4 Slice | <u>01</u> | <u>01</u> | <u>Yes</u> | <u>Functional</u> | |

| Equipment | Required no. | Available no. | PNDT Approval Y/N | Functional Status at the time of assessment | Remarks if any |
|-----------|--------------|---------------|-------------------|---|----------------|
| USG : | 03 | 10 | Yes | <u>Functional</u> | |

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2.16 Blood Bank:

Available and functional: Yes

Number of units dispensed in a day 25

Number of units stored on day of assessment 278

License valid up to: 17.11.2015 (LICENCE NUMBER AND COPY TO BE APPENDED AS ANNEXURE-VII)

Blood Separation Facility - Not available

2.17 Pharmacy: Pharmacist/Staff available : List to be included

- No. of sub-stores located in different parts of hospital 04
- Average no. of patients per day given drugs : 775 outdoor & 300 indoor.

2.18 Central sterilization Department :

- Timings 24 hrs & Shifts : 03
- Equipment: Horizontal autoclaves 03 / Vertical autoclaves 01, Bowl sterilizer 01 (in main OT) & Instrument washing machine & disinfecting Nil
- ETO Sterilisers : 01.
- No. of Bins 24, Trays 7, Packs sterilized 24/day. And bins 21, Trays 4, packs 16 sterilized on day of assessment :
- Separate receiving and distribution points Yes
- staff: adequate Incharge: Dr.Chandrasekar

2.19 Intercom: Available : yes
 No. of incoming lines 04 No. of extension lines : 220

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Authorisation Certificate from State Pollution Control Board: Available Renewed

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

2.24 Nursing and Paramedical staff :

| Nursing staff: | | |
|-----------------|---------------|-------------------|
| Category | Required Nos. | Available Nos. |
| Staff Nurses | 203 | Grade I : 1 |
| Sister Incharge | 33 | Grade II : 17 |
| ANS | 07 | Staff Nurse : 230 |
| DNS | 01 | |
| Nursing Suptd | 03 | Total : 248 |
| Total | 247 | |

| Paramedical And Non teaching staff | Required Nos. | Available Nos. |
|------------------------------------|---------------|----------------|
| | 179 | 182 |

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MEDICAL COLLEGE


3.1 College Website: (to be updated every month with no & date)


| Sr. No. | Details of information | Provided or not (with no & date) |
|---------|--|----------------------------------|
| 1 | Dean, Principal & M.S. | Yes |
| 2 | Staff-Teaching & non Teaching* | Teaching Yes, Non Teaching No |
| 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): b) Hospital: c) Residential Facilities: Hostel, Cafeteria, Mess, d) Recreation Facilities: Indoor & Outdoor e) Medical Facilities for Students & Staff | Yes Yes Yes Yes Yes |
| 7 | Citizen Charter | Yes |
| 8 | List of students admitted category wise (UG & PG) in current and previous year. | Yes |
| 9 | Results of all examinations in previous year. | Yes |

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Date: 17.2.15


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| Sr. No. | Details of information | Provided or not (with no & date) |
|---------|--|----------------------------------|
| 10 | Details of members of the Anti Ragging Committee Members with contact details including landline Ph. mobile, email etc.. | Yes |
| 11 | Toll free number to report ragging. | Yes |
| 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 |
| Statistical Meeting | Yes |
| Seminars | Yes |


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

Comments: Nil

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Teaching Facilities:**3.3 Anatomy**

| Number of Demonstration Room/s Capacity | Required 2 X 50 - 60 | Available 2 X 60 | AV Aids | Yes |
|---|-------------------------|---------------------|--|--|
| Number of practical laboratory/ies - Number of Lab seats - Number of microscopes/laboratory | 1 60 60 | 2 60 60 | Museum Mounted specimens Models Bone Sets MRI CT | Available 100 30 5 10 Sets |
| Number of dissection tables | 15+5 | 15+5 | Number of cadavers | 7 |
| Cold store / cooling chambers | 10-12 body | 24 | Storage tank | 3 |
| Embalming room | 1 | 1 | Band saw | 1 |
| Lockers | 100 | 100 | | |

Adequate exhaust, light, water supply and drainage facilities - Available/not available.
Deficiency if any: Nil

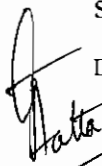
3.4 Physiology


| Number of Demonstration Room/s Capacity | Required 1 X 50-60 | Available 2 X 60 | AV Aids | Available |
|--|-----------------------|---------------------|------------------------|-----------|
| Mammalian laboratory | 1X60sqm | 1X60sqm | Haematology laboratory | 1 |
| Departmental Library | 1X30sqm | 1X30sqm | Clinical Physiology | 1 |
| Preparation rooms | | 1 | Research Lab. | 1 |

Deficiency if any: Nil.

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Date:

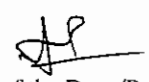

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3.5 Biochemistry

| | | | | |
|--|-----------------------|---------------------|----------------------------|-------------------|
| Number of Demonstration Room/s Capacity | Required 1 X 50-60 | Available 2 X 60 | AV Aids | Yes, Available |
| Number of practical laboratory/ies - | 1 | 1 | Library / Seminar rooms | Yes, Available |
| Number of Lab seats - | 60 | 60 | Research Lab. | Available |

Deficiency if any: Nil.

3.6 Pathology


| | | | | |
|--|-----------------------|---------------------|-----------------------|-------------------|
| Number of Demonstration Room/s Capacity | Required 1 X 50-60 | Available 2 X 60 | AV Aids | Yes, Available |
| Practical labs. | | | Museum | |
| Morbid Anatomy/Histopath./ Cytology | 1 | 1 | Specimens Mounted-116 | Yes |
| Clinical Pathology/Haematology | 1 | 1 | Unmounted-75 | Yes |
| | | | Catalogues - 10 sets | Yes |
| Departmental library | 1 | 1 | | |
| Research lab. | 1 | 1 | | |


Deficiency if any: Nil.

Signatures of the Assessors

Date:


Feb 17, 2015


12.02.15


17/2/15

Signatures of the Dean/Principal

Date:


DEANS
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3.7 **Microbiology**

| | | | | |
|---|-----------------------|---------------------|--|-------------------|
| Number of Demonstration Room/s Capacity | Required 1 X 50-60 | Available 2 X 60 | AV Aids | Yes, Available |
| Number of practical laboratory/ies - Number of Lab seats - Number of microscopes/laboratory | 1 60 60 | 1 60 60 | Media preparation facility Auto Claving Washing and drawing room | Yes, Available |
| Number of service laboratories (7) | 7 | 7 | Museum | Available |

Deficiency if any: Nil.

3.8 **Pharmacology**

| Number of Demonstration Room/s Capacity | Required 1 X 50-60 | Available 2 X 60 | AV Aids | Available |
|---|-----------------------|---------------------|--|-----------|
| Experimental Pharmacology | 1 | 1 | Museum | Available |
| Clinical pharmacology/pharmacy | 1 | 1 | -Specimens : 140 -Charts: 28 -Models: 10 -History of Medicine: 16 -Catalogues : 10 | |
| Departmental Library | 1 | 1 | | |
| Research lab. | 1 | 1 | | |

Deficiency if any: Nil.

Signatures of the Assessors

Date:

[Signature]
Feb 17, 2015

[Signature]
17.02.15

[Signature]
17/2/15

Signatures of the Dean/Principal

Date: 17.2.15
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3.9 Forensic Medicine

| | | | | |
|---|---------------------|-------------------|--------------|-----------|
| Number of Demonstration Room/s Capacity | Required 1X50-60 | Available 1X60 | AV Aids | Available |
| Forensic histopathology | | Yes | Anthropology | Available |
| Serology | | Yes | Toxicology | Available |
| Autopsy room | | Yes | Cold storage | Available |
| Museum : Medico-Legal specimens 50, Charts 50, Prototype fire arms 4, slides 25, Poisons 10, photographs 5, catalogues 10 | Yes, Available | | | |
| Departmental library Research lab. | Available | | | |

Deficiency if any: Nil.


3.10 Community Medicine


| | | | | |
|--|---------------------|--------------------|---------|-------------------|
| Number of Demonstration Room/s Capacity | Required 1X50-60 | Available 1X 60 | AV Aids | Yes, Available |
| Museum : Charts 50, Models 15, Specimens 20, catalogues 10, | 1 | Available | | |
| Practical lab. | 1 | Available | | |
| Departmental Library | 1 | Available | | |
| Research lab. | 1 | | | |

Deficiency if any: Nil.

Signatures of the Assessors

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Feb 17, 2015


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Health Centers (Department of Community Medicine)

PHC I -: Adiakkamangalam (place) 15 Km (Distance from the college)

PHC II -: Thiruvizhimazhalai (place) 18 Km (Distance from the college)


PHC III -: Perumpannayur (place) 20 Km (Distance from the college)


Out of the above three PHCs Adiakkamangalam, has been upgraded to RHTC.


| | |
|--|---|
| Population covered by the RHTC | 25649 |
| It is under the control of the | Dean, Govt. Thiruvarur Medical College |
| Students and interns posted in batches of 25 throughout the year | 15 Nos |
| Separate blocks for accommodating boys in 1 rooms having 5 beds. Girls 1 rooms having 5 beds. | 1 each having 5 beds |
| Facilities for cooking & dining - Yes/No | Yes |
| Daily OPD/IPD | 100 & above /5 |
| Specialist visits if any | Available, Paediatrics, ENT, Ophthalmology, Gynaecology & Obstetrics, Dental |
| Cold chain equipment available | Yes |
| Survey/MCH/Immunization/FP registers | Family Health Survey by students during block posting, Clinical social survey, Antenatal supplementation, TT, Sterlizin, IUCD, temp |

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Date:


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| | |
|---|--|
| | methods, counseling HIV, screening |
| Activities under the National Health Programmes | DBCS, DOTS, MDT, NPPCD & ICTC, NRHM, RCH, NCD. |

Deficiency if any : Nil.

Details of U.H.T.C.: Vijayapuram Place 8 Km Distance from college

| | |
|---|--|
| Population covered by the UHC | 1,18,000 |
| It is under the control of the | HOD of Community Medicine |
| Students and interns posted in batches of | 25 to 30 |
| Daily OPD/IPD | 350/25 |
| Survey/MCH/Immunization/FP registers | Family Survey, Deliveries, Plign, Immunization, IUCD, Temporary methods |
| Specialist visits if any | Available, Medicine, Paediatrics, ENT, Ophthalmology, Gynaecology & Obstetrics |
| Deficiency if any | Nil |

Signatures of the Assessors

Date:

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7.2.15

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12.02.15

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17/2/15

Signatures of the Dean/Principal

Date: 17.2.15

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THIRUVARUR.

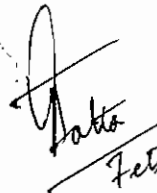
3.11 CONDUCT OF III MBBS EXAMINATION (only for recognition under 11(2))

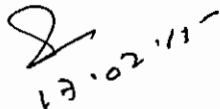
- University which conducts Examination: The Tamil Nadu Dr.MGR Medical University, Chennai-32
- No. of Candidates appeared in Examination: 75
- The III MBBS examination (Part-II) was conducted satisfactorily: Yes
- Centre for written/practical examination: Government Thiruvapur Medical College, Thiruvapur.

Comments: Examination was conducted satisfactorily as per regulations. Detail of examiners, marks distribution and list of cases attached as Annexures

Signatures of the Assessors

Date:



Feb 17, 2015


17.02.15


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Signatures of the Dean/Principal

Date:


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Medical College-Staff Strength:

Name of College: Thiruvarur Govt. Medical College ,


Number of students - 100 PG Courses - No


Calculation Sheet

| Department | Designation | Requirement as per MSR (UG) | Accepted | Deficiency | Remarks |
|--------------|--------------|-----------------------------|----------|------------|--|
| Anatomy | Professor | 1 | 1 | - | Dr. Govindaraj, Assistant Professor is on Earned leave |
| | Assoc. Prof. | 1 | 1 | - | |
| | Asstt.Prof. | 2 | 1 | 1 | |
| | Tutor | 4 | 4 | - | |
| Physiology | Professor | 1 | 1 | - | |
| | Assoc. Prof. | 1 | 1 | - | |
| | Asstt.Prof. | 2 | 2 | - | |
| | Tutor | 4 | 4 | - | |
| Biochemistry | Professor | 1 | 1 | - | |
| | Assoc. Prof. | 1 | 1 | - | |
| | Asstt.Prof. | 1 | 1 | - | |
| | Tutor | 4 | 4 | - | |
| Pharmacology | Professor | 1 | 1 | - | |
| | Assoc. Prof. | 1 | 1 | - | |
| | Asstt.Prof. | 2 | 2 | - | |
| | Tutor | 2 | 2 | - | |

Signatures of the Assessors

Date:


7 Feb 17, 2015


17.02.15


17/2/15

Signatures of the Dean/Principal

Date:


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GOVT. THIRUVARUR MEDICAL COLLEGE,
THIRUVARUR.

| Department | Designation | Requirement as per MSR (UG) | Accepted | Deficiency | Remarks |
|--------------------|--------------------------------|-------------------------------|----------|------------|---------|
| Pathology | Professor | 1 | 1 | - | |
| | Assoc. Prof. | 3 | 3 | - | |
| | Asstt.Prof. | 3 | 3 | - | |
| | Tutor | 4 | 4 | - | |
| Microbiology | Professor | 1 | 1 | - | |
| | Assoc. Prof. | 1 | 1 | - | |
| | Asstt.Prof. | 2 | 2 | - | |
| | Tutor | 3 | 3 | - | |
| Forensic Medicine | Professor | 1 | 0 | 1 | |
| | Assoc. Prof. | 1 | 1 | - | |
| | Asstt.Prof. | | | | |
| | Tutor | 2 (> 500 PM work +2 tutor) | 3 | - | |
| Community Medicine | Professor | 1 | 1 | - | |
| | Assoc. Prof. | 2 | 0 | 2 | |
| | Asstt.Prof. | 2(+1 MO for RHTC & UHTC each) | 1 | 3 | |
| | Epidemiologist-Cum-Asstt.Prof. | 1 | 1 | - | |
| | Statistician-Cum-Asstt.Prof. | 1 | 1 | - | |
| | Tutor | 4 | 4 | - | |

Signatures of the Assessors

Date:

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Feb 17, 2015

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17.02.15

[Signature]
17/2/15

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Date:

[Signature]
17.2.15
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| Department | Designation | Requirement as per MSR (UG) | Accepted | Deficiency | Remarks |
|-------------------------------------|--------------|-----------------------------|----------|------------|---------|
| General Medicine | Professor | 1 | 1 | - | |
| | Assoc. Prof. | 3 | 3 | - | |
| | Asstt.Prof. | 4 | 4 | - | |
| | Sr. Resident | 6 | 6 | - | |
| | Jr. Resident | 12 | 12 | - | |
| Paediatrics | Professor | 1 | 1 | - | |
| | Assoc. Prof. | 1 | 1 | - | |
| | Asstt.Prof. | 2 | 3 | - | |
| | Sr. Resident | 3 | 2 | 1 | |
| | Jr. Resident | 6 | 6 | - | |
| Tuberculosis & Respiratory Diseases | Professor | 1 | 1 | - | |
| | Assoc. Prof. | 1 | 1 | - | |
| | Asstt.Prof. | | | - | |
| | Sr. Resident | 2 | 2 | - | |
| | Jr. Resident | 3 | 3 | - | |
| Dermatology, Venereology & Leprosy | Professor | 1 | 1 | - | |
| | Assoc. Prof. | 1 | 1 | - | |
| | Asstt.Prof. | | | - | |
| | Sr. Resident | 2 | 2 | - | |
| | Jr. Resident | 3 | 3 | - | |
| Psychiatry | Professor | 1 | 1 | - | |
| | Assoc. Prof. | 1 | 1 | - | |
| | Asstt.Prof. | | | - | |

Signatures of the Assessors

Date:

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Feb 17, 2015

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18/02/15

[Signature]
17/2/15

Signatures of the Dean/Principal

Date:

[Signature]
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THIRUVARUR

| Department | Designation | Requirement as per MSR (UG) | Accepted | Deficiency | Remarks |
|--------------------------|--------------|-----------------------------|----------|------------|---------|
| | Sr. Resident | 2 | 3 | - | |
| | Jr. Resident | 3 | 2 | 1 | |
| General Surgery | Professor | 1 | 1 | - | |
| | Assoc. Prof. | 3 | 3 | - | |
| | Asstt.Prof. | 4 | 4 | - | |
| | Sr. Resident | 6 | 6 | - | |
| | Jr. Resident | 12 | 12 | - | |
| | | | | | |
| Orthopaedics | Professor | 1 | 1 | - | |
| | Assoc. Prof. | 1 | 1 | - | |
| | Asstt.Prof. | 2 | 2 | - | |
| | Sr. Resident | 3 | 3 | - | |
| | Jr. Resident | 6 | 6 | - | |
| Oto-Rhino-Laryngology | Professor | 1 | 1 | - | |
| | Assoc. Prof. | 1 | 1 | - | |
| | Asstt.Prof. | | | - | |
| | Sr. Resident | 2 | 2 | - | |
| | Jr. Resident | 3 | 3 | - | |
| Ophthalmology | Professor | 1 | 1 | - | |
| | Assoc. Prof. | | | - | |
| | Asstt.Prof. | 1 | 1 | | |
| | Sr. Resident | 2 | 2 | - | |
| | Jr. Resident | 3 | 3 | - | |
| Obstetrics & Gynaecology | Professor | 1 | 1 | - | |
| | Assoc. Prof. | 2 | 2 | - | |

Signatures of the Assessors

Date:

[Signature]
Feb 17, 2015

[Signature]
17/02/15

[Signature]
17/2/15

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Date:

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17.2.15
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| Department | Designation | Requirement as per MSR (UG) | Accepted | Deficiency | Remarks |
|-----------------|--------------|-----------------------------|----------|------------|---------|
| | Asstt.Prof. | 3 | 5 | - | |
| | Sr. Resident | 3 | 4 | - | |
| | Jr. Resident | 6 | 6 | - | |
| Anaesthesiology | Professor | 1 | 1 | - | |
| | Assoc. Prof. | 2 | 2 | - | |
| | Asstt.Prof. | 3 | 3 | - | |
| | Sr. Resident | 8 | 8 | - | |
| Radio-Diagnosis | Professor | 1 | 0 | 1 | |
| | Assoc. Prof. | 1 | 1 | - | |
| | Asstt.Prof. | 1 | 1 | - | |
| | Sr. Resident | 5 | 5 | - | |
| Dentistry | Professor | 1 | 1 | - | |
| | Assoc. Prof. | | | - | |
| | Asstt.Prof. | 1 | 1 | | |
| | Tutor/JR | 2 | 2 | | |

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

| Name | Designation | Department | Remarks/Reasons |
|-----------------|---------------------|------------|-----------------|
| Dr. Govindaraj, | Assistant Professor | Anatomy | Earned Leave |


Shortages Teaching Faculty 6.95 %


Shortage of Resident doctors 1.9 %

(Prof.- FMT-1, Radiol-1,; Assoc. Prof.-PSM-2,; Asst.Prof.-Anat.-1 & PSM-3) SR-Paed.-1, JR-Psy.-1

Signatures of the Assessors

Date:


Feb 17, 2015


17.02.15


17/2/15

Signatures of the Dean/Principal

Date:


VT DEAN
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THIRUVARUR

Summary of Assessment


Thiruvavarur Govt. Medical College is run by Government

1. The college has got LOP from GOI/MCI with intake of 100 seats for academic year 2010-11.
2. Type of assessment: Recognition/~~Approval~~ No. of seats: 100
3. PG courses : No
4. Deficiency of the infrastructure of college and hospital If any: Pl. mention category wise;
 - Lecture Theatres : The Hospital Lecture Theatre (150) capacity is non gallery.
 - CSSD : Instrument washing and disinfecting machine is not available
 - Radiology : There is deficiency of one 500 mA X Ray machine. Procurement of 500 mA is in process and purchase order is placed (copy enclosed)
5. Deficiency of clinical material If any: Pl mention category wise;
6. Deficiency of teaching staff if any:
 - Shortage of teaching faculty is 6.95 %
7. Deficiency of resident doctors if any:
 - Shortage of resident doctors is 1.9 %

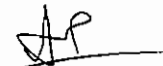
Signatures of the Assessors

Date:


7/6/17, 2015


17.02.15


17/2/15



Signatures of the Dean/Principal

Date: 17.2.15

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