

College Code

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ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY, UP, LUCKNOW

STANDARD ASSESSMENT FORM FOR AFFILIATION

1. DATE OF PRESENT ASSESSMENT DD/MM/YYYY

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

2. DETAILS OF EARLIER ASSESSMENTS BY THE UNIVERSITY:

| ITEM | DATE | DETAILS OF PROVISIONAL AFFILIATION LETTER |
|--------|------|---|
| FIRST | | |
| SECOND | | |
| THIRD | | |
| FOURTH | | |

3. DEFICIENCIES POINTED OUT:
4. COMPLIANCE OF DEFICIENCIES:
5. DETAILS OF PERMANENT AFFILIATION BY THE UNIVERSITY:

| ITEM | DATE | DETAILS OF PROVISIONAL AFFILIATION LETTER |
|------|------|---|
| | | |

NOTE: ISSUING PROVISIONAL / PERMANENT AFFILIATION CERTIFICATE BY THE ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY, UP, LUCKNOW IS NO GAURRENTY FOR CONTINUATION OF AFFILIATION. THE UNIVERSITY RESERVES THE RIGHT OF PREMATURE / SURPRISE INSPECTION (ASSESSMENT) DURING CONTINUATION OF AFFILIATION.

6. PARTICULARS OF THE HEAD OF THE ASSESSMENT TEAM:-

NAME

DESIGNATION

SPECIALITY

NAME & ADDRESS OF INSTITUTE/COLLEGE

.....

RESIDENTIAL POSTAL ADDRESS(WITH PIN CODE)

.....

PHONE WITH STD CODE.....

(OFF)

(RESI).....

(FAX).....

MOBILE NO.

E-MAIL:

-
- Notes: 1. The Teaching Institution / Hospital will fill this Assessment Form and make available the same with a copy on CD to the Assessment Committee of the University at the time of Inspection.
2. Each page will be duly signed by the Administrative / Academic Head of the Teaching Institution / Hospital.

7. PURPOSE OF PRESENT ASSESSMENT:

- a. CONTINUATION OF AFFILIATION OF:.....
- b. STARTING: UG DEGREE / PG DEGREE / PG DIPLOMA / BOTH.
- c. INCREASE IN SEATS: UG DEGREE / PG DEGREE / DIPLOMA / BOTH.
- d. RECOGNITION: UG DEGREE / PG DEGREE / DIPLOMA / BOTH.

7. STATUARY COUNCIL(S) GOVERNING THE COURSE BEING ASSESSED:

Medical Council of India / Dental Council of India / Indian Nursing Council / any other (name of council)

8. LAST ASSESSMENT OF INSTITUTION / HOSPITAL BY STATUARY GOVERNING COUNCIL, IF ANY:-

- a. DATE
- b. PURPOSE (FOR STARTING/INCREASE OF SEATS/ FOR RECOGNITION)
- c. DEFICIENCIES POINTED OUT, IF ANY.

9. DETAILS OF NOTIFICATION BY WHICH THE INSTITUTION / HOSPITAL HAS BEEN PERMITTED TO START / INCREASE IN SEATS / RECOGNITION OF TEACHING COURSES [attach copy of notification].

SIGNATURE OF HEAD OF THE ASSESSMENT COMMITTEE

INSTITUTION / HOSPITAL INFORMATION

10. PARTICULARS OF TEACHING INSTITUTION / HOSPITAL

| ITEM | COLLEGE / HOSPITAL | ADMINISTRATIVE HEAD | ACADEMIC HEAD | MEDICAL SUPERINTENDENT |
|----------------------------------|--------------------|---------------------|---------------|------------------------|
| Name | | | | |
| Address | | | | |
| State | | | | |
| Pin Code | | | | |
| Phone (Off) (Res) (Fax) | | | | |
| Mobile No. | | | | |
| E - mail: | | | | |
| Website: | | | | |

11. IF THE INSTITUTION/ HOSPITAL HAS SATELLITE CAMPUS (S) FOR TEACHING AND TRAINING OF THE COURSES UNDER CONSIDERATION IN THE PRESENT INSPECTION, IF YE, NAME AND ADDRESS OF THE SATELLITE CAMPUS WITH FULL ADDRESS PHONE NO. FAX NO. AND E-MAIL ADDRESS INCLUDING DISTANCE FROM THE MAIN CAMPUS.
12. NAME AND ADDRESS OF GOVERNEMENT/ SOCIETY/TURST WHICH OWNS THE LAND /INSTITUTION/ HOSPITAL.
13. RAIN WATER HARVESTING: YES / NO ADEQUATE / NOT ADEQUATE
14. WHETHER CORPUS FUND IS MAINTAINED AS PER DIRECTIVES OF THE GOVERNMENT / STATUARY GOVERNING COUNCIL / REGISTRAR SOCIETIES[attach certified copies of Bank Deposits].
15. WHETHER ALL THE MOVABLE AND IMMOVABLE ASSETS ARE OWNED BY AND ARE REGISTERED IN THE NAME OF THE GOVERNMENT / SOCIETY / TRUST / INSTITUTION / HOSPITAL.
16. BACKGROUND OF THE INSTITUTION/HOSPITAL.
17. OBJECTIVES OF THE INSTITUTION/HOSPITAL.
18. THRUST AREAS OF THE INSTITUTION/HOSPITAL.
19. MISSION AND VISION OF THE INSTITUTION/HOSPITAL.
20. WHETHER ACCREDITED BY NAAC / NBA / ANY OTHER APPROVED NATIONAL ACCREDITATION AGENCY[attach copy of accreditation certificate].

21. **NAME(S) OF COURSE(S) BEING ALREADY CONDUCTED** [including the courses under consideration].

| SUBJECT | NAME OF DEGREE / PG DIPLOMA | NUMBER OF SANCTIONED SEATS |
|---------|-----------------------------|----------------------------|
|---------|-----------------------------|----------------------------|

22. **NAME(S) OF COURSE(S) UNDER CONSIDERATION IN THE PRESENT ASSESSMENT.**

| SUBJECT | NAME OF DEGREE / PG DIPLOMA | NUMBER OF SANCTIONED SEATS |
|---------|-----------------------------|----------------------------|
|---------|-----------------------------|----------------------------|

23. **ADMISSION PROCESS:** MERIT IN QUALIFYING EXAM / ENTRANCE TEST / INTERVIEW OR COMBINATION OF THESE. [Provide details]

24. **COURSE CURRICULUM AND SCHEME OF EXAMINATION:**

25. **TIME TABLE AND DETAILS OF TEACHING AND TRAINING PROGRAMME:**

26. **MEMORANDUM OF UNDERSTANDING WITH HOSPITAL / MEDICAL / DENTAL INSTITUTION TO CARRY OUT TEACHING AND TRAINING PROGRAMME.**

YES / NO IF YES, A COPY OF THE SAME.

DISTANCE FROM THE INSTITUTION / HOSPITAL: Km.

27. **FEE STRUCTURE AND ITS BASIS.**

28. **UNDERTAKING THAT THE INSTITUTION / HOSPITAL HAS NOT ADMITTED STUDENTS BEFORE PERMISSION BY STATUARY GOVERNING COUNCIL / AFFILIATION BY THE UNIVERSITY (on stamp paper of Rs. 10=00)**

29. **UNDERTAKING THAT THE INSTITUTION / HOSPITAL HAS NOT ADMITTED STUDENTS IN EXCESS TO THE PERMITTED NUMBER OF ANNUAL INTAKE OF STUDENTS IN EACH COURSE UNDER CONSIDERATION. (on stamp paper of Rs. 10=00)**

30. **FINANCIAL STATUS:**

INSTITUTIONAL GRANTS: SELF FINANCING STATE GOVT GOVT. OF INDIA OTHERS

INCOME & EXPENDITURE STATEMENT OF LAST FIVE YEARS: [attach audited balance sheets]

31. **ADMISSION COMMITTEE:**

CONSTITUTION
FUNCTIONS

32. **EXAMINATION COMMITTEE:**

CONSTITUTION

33. UG COMMITTEE: CONSTITUTION
 FUNCTIONS
 MEETING DURING LAST THREE YEARS

34. PG COMMITTEE: CONSTITUTION
 FUNCTIONS
 MEETING DURING LAST THREE YEARS

35. LECTURE THEATRES:

| SL. NO | NUMBER | TYPE | SEATING CAPACITY | SOUND SYSTEM | LCD PROJECTION | X-RAY VIEW BOXES | OTHER FACILITIES |
|--------|--------|------|------------------|--------------|----------------|------------------|------------------|
| | | | | | | | |

36. EXAMINATION HALL: YES / NO

- a. SEATING CAPACITY.....
- b. ATTACHED FACILITY FOR TOILETS
- c. AIR COOLED / AIR CONDITIONED
- d. FACILITY FOR DIRNKING WATER
- e. ADEQUATE SECURITY

37. CENTRAL LIBRARY:

- a. SPACE.....
- b. SEATING CAPACITY.....
- c. AIR COOLED / AIR CONDITIONED
- d. TIMING OF LIBRARY: FROM.....TO.....
- e. IS IT OPEN ON HOLIDAYS / SUNDAYS? YES / NO IF YES – TIMINGS FROM.....TO.....
- f. CATALOGUE OF BOOKS MAINTAINED YES / NO
- g. CATALOGUE OF JOURNALS MAINTAINED YES / NO
- h. NUMBER OF BOOKS NUMBER..... [attach list in the following format]

| BOOKS | SUBJECT | AUTHOR | YEAR OF PUBLICATION | NUMBER OF COPIES |
|-------|---------|--------|---------------------|------------------|
| | | | | |

- i. NUMBER OF JOURNALS [attach list in the following format]
 - (i) HARD COPIES.....
 - (ii) E-JOURNALS.....

| JOURNALS | Institutional (if indexed) | State level | National | International |
|-------------|----------------------------|-------------|----------|---------------|
| HARD COPIES | | | | |
| E-JOURNALS | | | | |

- j. NUMBER & LIST OF EDUCATIONAL CD / DVD/ VIDEO [attach list]
- k. INTERNET / MEDLAR FACILITY YES / NO
- l. PHOTOCOPY FACILITY YES / NO
- m. CAN STUDENTS ACCESS TO INTERNET?

| | |
|-------------------|----------|
| UNDERGRADUATE | YES / NO |
| POSTGRADUATE | YES / NO |
| RESEARCH SCHOLARS | YES / NO |
- n. FACILITY FOR STUDENTS TO READ THEIR OWN BOOKS EXITS YES / NO

50. PRIVATE WARDS: YES / NO
 NUMBER:.....
 ARE THESE TEACHING BEDS? YES / NO

51. EMERGENCY / CASUALTY DEPARTMENT:

- a. Round the clock Yes / No
- b. Available space.....
- c. No. of Beds.....
- d. Equipments: (attach list)
- e. Available Staff: (Consultant Doctor / Resident doctors / nurses / other medical & paramedical staff)
- f. Average daily attendance of patients.
- g. List of emergency medicines available.
- h. Investigation facilities available round the clock.
- i. Operation theatre.
- j. ICU facilities.
- a. Resuscitation facilities. Adequate / Inadequate
- k. Suction
- l. Gases: Supply is Central or otherwise.
- m. Ventilator facilities
- n. Other facilities available.

52. BLOOD BANK: YES / NO

- a. License is Valid YES / NO IF YES (attach copy of certificate)
- b. NUMBER OF BLOOD UNITS AVAILABLE:
- c. AVERAGE NUMBER OF BLOOD UNITS CONSUMED DAILY:
- d. FACILITIES OF BLOOD COMPONENT SEPARATION AVAILABLE: YES / NO
- e. NATURE OF BLOOD STORAGE FACILITY: (as per specifications) YES / NO
- f. BLOOD DONATION: ANY ONE / RELATED / PROFESSIONAL
 LIST OF EQUIPMENTS
 LIST OF MEDICINES AVAILABLE TO MANAGE EMERGENT SITUATION DURING DONATION
- g. LIST OF TESTS PERFORMED BEFORE BEING ISSUED FOR TRANSFUSION:
 - i. Hepatitis B
 - ii. Hepatitis C
 - iii. HIV
 - iv. Any other

53. CENTRAL LABORATORY: YES / NO

- a. Controlling Department.
- b. Working hours.
- c. Staff.
- d. Equipments.
- e. Investigative work load.

54. CENTRAL RESEARCH LABORATORY: YES / NO

- a. Controlling Department.
- b. Working hours.

- c. Staff.
- d. Equipments.
- e. List of facilities for various experimental and other Investigative work.

55. CENTRAL PHOTOGRAPHY SECTION: YES / NO
 STAFF
 EQUIPMENTS

56. STATISTICAL UNIT: YES / NO
 STAFF
 EQUIPMENTS

57. INVESTIGATION FACILITIES: (indicate approximate number of investigations done daily)

- a. RADIOLOGY:**
- i. Plain X-Ray.....
 - ii. CT Scan.....
 - iii. MR Scan.....
 - iv. Mammography.....
 - v. Barium studies.....
 - vi. IVP.....
 - vii. Ultrasonography.....
 - viii. Others.....

NOTE: 1. adequate protection from radiation available: YES / NO
 2. guidelines of BARC followed YES / NO

- b. RADIOTHERAPY:**
- i. Radiotherapy.....
 - ii. Teletherapy.....
 - iii. Brachy therapy....

- c. PATHOLOGY:**
- i. Haematology.....
 - ii. Urine.....
 - iii. Stool.....
 - iv. Histopathology.....
 - v. FNAC.....
 - vi. Cytology.....
 - vii. Cyto Genetics.....
 - viii. Others.....

- d. MICROBIOLOGY:**
- I. Bacteriology.....
 - II. Serology.....
 - III. Mycology.....
 - IV. Parasitology.....
 - V. Virology.....
 - VI. Immunology.....

e. BIOCHEMISTRY:

- i. Blood chemistry.....
- ii. Endocrinology.....
- iii. Other fluids.....

58. OPERATION THEATRES:

| SL. NO. | DEPARTMENTS | AC / NON AC | NUMBER | NUMBER OF CASES OPERATED DAILY (major / minor) | REMARKS |
|---------|--------------------------|-------------|--------|--|-------------------|
| 1. | MULTI-SPECIALITY | | | | |
| 2. | EMERGENCY / CASUALITY | | | | 24 hours services |
| 3. | GENERAL SURGERY | | | | |
| 4. | ORTHOPAEDICS | | | | |
| 5. | OPHTHALMOLOGY | | | | |
| 6. | ENT | | | | |
| 7. | OBSTETRICS & GYNAECOLOGY | | | | |
| 8. | SUPER-SPECIALTY - OT | | | | |
| 9. | | | | | |
| 10. | | | | | |

- a. Is Students' Gallery attached to each OT. Yes / No.
- b. CCTV facility for live demonstration of OT procedures to students.
- c. Equipments.
- d. Washing room: Adequate / Inadequate
- e. Change room: Adequate / Inadequate
- f. Is entry to operation theatres properly protected?
- g. Pre-anaesthetic Clinic
- h. Post-anaesthetic care area.
- i. Resuscitation arrangements Adequate / Inadequate
- j. ICU: No. of Beds.....Vital monitoring.....Supply of gases.....Nurse-patient ratio.....
- k. Pain Clinic
- l. Total Anaesthetic Staff: Number of Consultants.....Residents.....
- m. Number of days operations carried out.....
- n. Average number of cases operated daily.....
- o. How frequently the Operation Theatres are cleaned & disinfected? Is the Log Book of cleaning and disinfection maintained?
- p. Dedicated Invertor and generator back up for the Operation Theatre. Adequate / Inadequate

59. CENTRAL SUPPLY OF OXYGEN& OTHER GASES: YES / NO. IF NO, MENTION THE ALTERNATIVE ARRANGEMENTS.

60. STERLIZATION: CENTRAL / DEPARTMENTAL ADEQUATE / INADEQUATE

61. LAUNDRY: CENTRAL / DEPARTMENTAL ADEQUATE / INADEQUATE
MANUAL / MECHANICAL

62. KITCHEN: AVAILABLE / NOT AVAILABLE
 COOKING BY GAS / WOOD / ELECTRICITY
 FACILITY AVAILABLE FOR SPECIAL DIET TO PATIENTS: YES / NO

63. INTERNAL SECURITY SYSTEM: YES / NO ADEQUATE / NOT ADEQUATE

64. MEDICINE SHOPS: PATIENTS ARE PROVIDED ALL REQUIRED MEDICINES & DISPOSABLES FROM HOSPITAL
 IN CAMPUS MEDICINE SHOP(S)
 MEDICINE & DISPOSABLES AVAILABLE ARE SUBSIDIZED

65. INERCOM FACILITY: YES / NO
 AVAILABLE TO ADMINISTRATION / HEADS OF THE DEPARTMENTS / ALL FACULTY MEMBERS /
 DIAGNOSTIC LABS / LECTURE THEATRES / SEMINAR SOOMS / RESEARCH LABS / WARDS /
 OPERATION THEATRES / EMERGENCY (CASUALTY DEPARTMENT) / PG HOSTELS / FACULTY
 RESIDENCES.

66. INTERNET FACILITS: YES / NO
 a. SERVER: OWN / HIRED
 b. AVAILABLE TO: ADMINISTRATION / HEADS OF THE DEPARTMENTS / ALL FACULTY MEMBERS /
 DIAGNOSTIC LABS / LECTURE THEATRES / SEMINAR SOOMS / RESEARCH LABS /
 WARDS / OPERATION THEATRES / EMERGENCY (CASUALTY DEPARTMENT) / PG HOSTELS /
 FACULTY RESIDENCES.

67. CENTRAL WORK SHOP: YES / NO
 NUMBER OFELECTRICAL TECHNICIAN.....ENGINEER.....
 NUMBER OFMECHANICAN TECHNICIAN.....ENGINEER.....
 NUMBER OFELECTRONIC TECHNICIAN.....ENGINEER.....
 NUMBER OFREFRIGERATION TECHNICIAN.....ENGINEER.....
 NUMBER OFCOMPUTER TECHNICIAN.....ENGINEER.....

68. PATIENT TRANSPORTATION:which of the following are available

| Sl. No. | Item | Number | Manual | Mechanical | Battery operated |
|---------|-------------|--------|--------|------------|------------------|
| 1 | Wheel Chair | | | | |
| 2 | Stretcher | | | | |
| 3 | Trolley | | | | |
| 4 | Wheeled Bed | | | | |
| 5 | Ambulance | | | | |
| 6. | Others | | | | |

69. BOARDING AND LODGING /FOOD FOR PATIENT’S ATTENDANTS

IN CAMPUS: YES / NO OUT OF CAMPUS: YES / NO
 CAPACITY
 CAFATERIA FOR ATTENDANTS

80. RECREATIONAL FACILITIES:

- a. PLAY GROUNDS. YES / NO IF YES, SIZE.....
- b. GYMNASIUM. YES / NO
- c. AUDITORIUM YES / NO SEATING CAPACITY.....

81. IN CAMPUS BANK: YES / NO ATM FACILITY YES / NO

82. OBSERVATIONS & SUGGESTIONS OF THE COMMITTEE MEMBERS:*(mention specific /unique features and deficiencies, if any. Do not mention any recommendation to issue or not to issue Provisional / Permanent Affiliation.*

83. SIGNATURE OF ALL THE MEMBERS OF THE ASSESSMENT COMMITTEE: