

ABMU/Affiliation Cell /Form-.....

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY, UP, LUCKNOW

STANDARD ASSESSMENT FORM FOR AFFILIATION : DENTAL

1. **Name of College:** _____ **College Code**

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2. **DATE OF PRESENT ASSESSMENT** **DD/MM/YYYY**

3. **DETAILS OF EARLIER ASSESSMENTS BY THE UNIVERSITY:**

ITEM	DATE	DETAILS OF PROVISIONAL AFFILIATION LETTER
FIRST		
SECOND		
THIRD		
FOURTH		

4. **DEFICIENCIES POINTED OUT:**

5. **COMPLIANCE OF DEFICIENCIES:**

6. **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.

7. **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)

(RES).....

(FAX).....

MOBILE NO.

E-MAIL: (in capital letters).....

- Notes: 1. The Teaching Institution / Hospital will fill this Assessment Form and make available the same with a copy on CD/Pen Drive 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.

8. 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.

9. STATUARY COUNCIL(S) GOVERNING THE COURSE BEING ASSESSED: Dental Council of India

Permission granted vide letter no.Date:

10. 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.

11. 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

12. PARTICULARS OF TEACHING INSTITUTION / HOSPITAL

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

13. IF THE INSTITUTION/ HOSPITAL HAS SATELLITE CAMPUS (S) FOR TEACHING AND TRAINING OF THE COURSES UNDER CONSIDERATION IN THE PRESENT INSPECTION, IF YES, NAME AND ADDRESS OF THE SATELLITE CAMPUS WITH FULL ADDRESS PHONE NO. FAX NO. AND E-MAIL ADDRESS INCLUDING DISTANCE FROM THE MAIN CAMPUS.

14. NAME AND ADDRESS OF GOVERNEMENT/ SOCIETY/TURST WHICH OWNS THE LAND /INSTITUTION/ HOSPITAL.

15. RAIN WATER HARVESTING: YES / NO ADEQUATE / NOT ADEQUATE

16. WHETHER CORPUS FUND IS MAINTAINED AS PER DIRECTIVES OF THE GOVERNMENT / STATUARY GOVERNING COUNCIL / REGISTRAR SOCIETIES[attach certified copies of Bank Deposits].

17. WHETHER ALL THE MOVABLE AND IMMOVABLE ASSETS ARE OWNED BY AND ARE REGISTERED IN THE NAME OF THE GOVERNMENT / SOCIETY / TRUST / INSTITUTION / HOSPITAL.

18. BACKGROUND OF THE INSTITUTION/HOSPITAL.

19. OBJECTIVES OF THE INSTITUTION/HOSPITAL.

20. THRUST AREAS OF THE INSTITUTION/HOSPITAL.

21. MISSION AND VISION OF THE INSTITUTION/HOSPITAL.

22. WHETHER ACCREDITED BY NAAC / NBA / ANY OTHER APPROVED NATIONAL ACCREDITATION AGENCY[attach copy of accreditation certificate].

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

SUBJECT	NAME OF DEGREE / PG DIPLOMA	NUMBER OF SANCTIONED SEATS
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24. NAME(S) OF COURSE(S) UNDER CONSIDERATION IN THE PRESENT ASSESSMENT.

SUBJECT	NAME OF DEGREE / PG DIPLOMA	NUMBER OF SANCTIONED SEATS
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25. ADMISSION PROCESS: MERIT IN QUALIFYING EXAM / ENTRANCE TEST / INTERVIEW OR COMBINATION OF THESE. [Provide details]

26. COURSE CURRICULUM AND SCHEME OF EXAMINATION:

27. TIME TABLE AND DETAILS OF TEACHING AND TRAINING PROGRAMME:

28. 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.

29. FEE STRUCTURE AND ITS BASIS.

30. 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)

31. 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)

32. FINANCIAL STATUS:

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

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

33. ADMISSION COMMITTEE:

CONSTITUTION

34. EXAMINATION COMMITTEE:

CONSTITUTION

35. UG COMMITTEE: CONSTITUTION

MEETING DURING LAST THREE YEARS

36. PG COMMITTEE: CONSTITUTION

MEETING DURING LAST THREE YEARS

37. LECTURE THEATRES:

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

38. 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
- f. CC TV recording Yes No Online Connection Yes No

39. 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. STUDENTS ACCESS TO INTERNET?
 - UNDERGRADUATE YES / NO
 - POSTGRADUATE YES / NO
 - RESEARCH SCHOLARS YES / NO
- n. FACILITY FOR STUDENTS TO READ THEIR OWN BOOKS YES / NO

40. ETHICAL COMMITTEE (CONSTITUTION)

CONSTITUTION
FUNCTIONS
MEETING DURING LAST THREE YEARS

41. ANIMAL HOUSE: YES / NO

- a. Administrative control
- b. Staff

- c. Air Conditioned / Air Cooled
- d. Veterinary Doctor: YES / NO NAME:QUALIFICATIONS.....

42. ANIMAL EXPERIMENTATION COMMITTEE (CONSTITUTION)

CONSTITUTION
FUNCTIONS
MEETING DURING LAST THREE YEARS

43. MEDICAL EDUCATION UNIT:

CONSTITUTION
FUNCTIONS
MEETING DURING LAST THREE YEARS

44. RESEARCH PROJECTS COMPLETED [attach list of last five years including funding agency, if any]

45. RESEARCH PROJECTS IN HAND [attach list of last five years including funding agency, if any]

46. CONFERENCES / WORKSHOPS / SEMINARS / SYMPOSIUM / CME / GUEST LECTURES / ETC. ORGANISED
[attach list of last five years including funding agency, if any]

47. CONFERENCES / WORKSHOPS / SEMINARS / SYMPOSIUM / CME / GUEST LECTURES / ETC. ATTENDED BY FACULTY / CONSULTANTS / PG STUDENTS / RESEARCH SCHOLARS.[attach list of last five years]

48. RESULTS COURSE WISE DURING THE LAST FIVE YEARS.

49. PLACEMENT DETAILS DURING THE LAST FIVE YEARS.

50. HOSPITAL BEDS:

SL. NO.	DEPARTMENTS	NUMBER OF WARDS	ATTACHED TOILETS	MALE BEDS	FEMALE BEDS	ICU	ICCU	PRE OP	POST OP	TOTAL

INTER BED SPACE: ADEQUATE FOR BED-SIDE TEACHING DURING ROUNDS
ADEQUATE FOR PATIENT HANDLING
SPACE FOR INDOOR TEACHING ADEQUATE / NOT ADEQUATE

51. OUT PATIENT DEPARTMENT: REGISTRATION OF PATIENTS MANUAL / COMPUTERISED
SPACE OF EACH SPECIALITY ADEQUATE / NOT ADEQUATE
SPACE FOR TEACHING ADEQUATE / NOT ADEQUATE
FURNISHING OF EACH CHAMBER ADEQUATE / NOT ADEQUATE
WAITING AREA ADEQUATE / NOT ADEQUATE

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

53. 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.

54. 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

55. CENTRAL LABORATORY: YES / NO

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

56. 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.

57. CENTRAL PHOTOGRAPHY SECTION: YES / NO

STAFF
EQUIPMENTS

58. STATISTICAL UNIT: YES / NO

STAFF
EQUIPMENTS

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

a. RADIOLOGY:

- i. Plain X-Ray.....
- ii. CT Scan.....
- iii. MR Scan.....
- iv. OPG.....
- v. Cone Beam CT.....
- 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.....

60. 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
- 61. CENTRAL SUPPLY OF OXYGEN& OTHER GASES:** YES / NO. IF NO, MENTION THE ALTERNATIVE ARRANGEMENTS.
- 62. STERLIZATION:** CENTRAL / DEPARTMENTAL ADEQUATE / INADEQUATE
- 63. LAUNDRY:** CENTRAL / DEPARTMENTAL ADEQUATE / INADEQUATE
MANUAL / MECHANICAL
- 64. KITCHEN:** AVAILABLE / NOT AVAILABLE
COOKING BY GAS / WOOD / ELECTRICITY
FACILITY AVAILABLE FOR SPECIAL DIET TO PATIENTS: YES / NO
- 65. INTERNAL SECURITY SYSTEM:** YES / NO ADEQUATE / NOT ADEQUATE
- 66. MEDICINE SHOPS:** PATIENTS ARE PROVIDED ALL REQUIRED MEDICINES & DISPOSABLES FROM HOSPITAL
IN CAMPUS MEDICINE SHOP(S)
MEDICINE & DISPOSABLES AVAILABLE ARE SUBSIDIZED
- 67. 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.
- 68. 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.

- 69. CENTRAL WORK SHOP:** YES / NO
 NUMBER OF ELECTRICAL TECHNICIAN.....ENGINEER.....
 NUMBER OF MECHANICAL TECHNICIAN.....ENGINEER.....
 NUMBER OF ELECTRONIC TECHNICIAN.....ENGINEER.....
 NUMBER OF REFRIGERATION TECHNICIAN.....ENGINEER.....
 NUMBER OF COMPUTER TECHNICIAN.....ENGINEER.....

70. 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				

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

- IN CAMPUS: YES / NO
- OUT OF CAMPUS: YES / NO
- CAPACITY
- CAFETERIA FOR ATTENDANTS

72. LIFTS:

Sl. No.	Name of Building	No. of Lifts	Round the clock YES / NO	Floor area Width X Length	Capacity (persons)

- 73. FIRE SAFETY MEASURES IN EACH BUILDING:** ADEQUATE / NOT ADEQUATE

- 74. EMERGENCY EXIT FROM EACH BUILDING:** ADEQUATE / NOT ADEQUATE

75. ELECTRICITY CONNECTION

- a. LOAD:
- b. SUBSTATION: YES / NO
- c. HOW MANY FEEDER LINES:

76. GENERATOR FACILITY:

- YES / NO
- NUMBER.....
- CAPACITY OF EACH..... Adequate / Inadequate

DEDICATED CONNECTION TO OPERATION THEATRE AND OTHER LIFE SAVING AREAS &EQUIPMENTS

77. MEDICAL RECORD SECTION: CENTRAL / DEPARTMENTAL
MANUAL / COMPUTERISED

IF RECORDS ARE ACCESSIBLE TO CONSULTANTS OF ALL THE DEPARTMENTS. IF SO – MANUAL / LAN

78. MORTUARY FOR HOSPITAL DEATHS: YES / NO,
CENTRAL / WARD-WISE
AIR CONDITIONED / AIR COOLED

79. HOSTEL FACILITIES FOR STUDENTS: ACCOMMODATION (NO. OF ROOMS) AVAILABLE FOR

- a. FOR U.G. STUDENTS MALE..... FEMALE.....
- b. FOR INTERNS MALE..... FEMALE.....
- c. FOR P.G. STUDENTS MALE..... FEMALE.....
- d. MARRIED PG ACCOMMODATION YES / NO

80. HOSPITAL WASTE MANAGEMENT:

- a. Committee
- b. Procedure

81. INCINERATOR: YES / NO CAPACITY..... ADEQUATE / NOT ADEQUATE

82. RECREATIONAL FACILITIES:

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

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

84. 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.*

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