College Code				

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY, UP, LUCKNOW

STANDARD ASSESSMENT FORM FOR AFFILIATION

1.	DATE OF PRESENT AS	SESSMENT	DD/MM/YYYY				
_	DETAILS OF FABRIED 4	L COECCA FAITO DV THE I					
2.	DETAILS OF EARLIER ASSESSMENTS BY THE UNIVERSITY:						
ſ	ITEM	DATE	DETAILS OF DEOVISIONAL AFFILIATION LETTER				
-	FIRST	DATE	DETAILS OF PROVISIONAL AFFILIATION LETTER				
-	SECOND						
ŀ	THIRD						
ŀ							
L	FOURTH						
3.	DEFICIENCIES POINTE	D OUT:					
J .	DETICIEI VCIES FOILVIE	D 001.					
4.	COMPLIANCE OF DEFI	ICIENCIES:					
•••							
5.	DETAILS OF PERMANE	ENT AFFILIATION BY TH	E UNIVERSITY:				
Ī	ITEM	DATE	DETAILS OF PROVISIONAL AFFILIATION LETTER				
Ī							
6.	UP, LUCKNOW IS NO GA / SURPRISE INSPECTION PARTICULARS OF THE NAME DESIGNATION SPECIALITY NAME & ADDRESS OI	URRENTY FOR CONTINUA (ASSESSMENT) DURING CO HEAD OF THE ASSESSN	TILIATION CERTIFICATE BY THE ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY, FION OF AFFILIATION. THE UNIVERSITY RESERVES THE RIGHT OF PREMATURE DISTINUATION OF AFFILIATION. MENT TEAM:- DE)				
	PHONE WITH STD COL	DE					
	(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	F AFFILIATION OI	F:
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b. STARTING: UG 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	NUMBER OF
		DEGREE / PG	SANCTIONED
_		DIPLOMA	SEATS

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

SUBJECT	NAME OF	NUMBER OF
	DEGREE / PG	SANCTIONED
	DIPLOMA	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 INSTITUTON / HOSPITAL:Km.

- 27. FEE STRUCTURE AND ITS BASIS.
- 28. UNDERTAKING THAT THE INSTITUTION / HOSPITAL HAS NOT ADMITTED STUDETNS 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 STUDETNS IN EXCESS TO THE PERMITTED NUMBER OF ANNUAL INTAKE OF STUDETNS 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	 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:

b. SEATING CAPACITY c. AIR COOLED / AIR CONDITIONED d. TIMING OF LIBRARY: FROMTOTOTO e. IS IT OPEN ON HOLIDAYS / SUNDAYS? YES / NO IF YES – TIMINGS FROMTOTO									
d. TIMING OF LIBRARY: FROMTOTOTO e. IS IT OPEN ON HOLIDAYS / SUNDAYS? YES / NO IF YES – TIMINGS FROMTOTO	D. SEATING CAPACITY								
e. IS IT OPEN ON HOLIDAYS / SUNDAYS? YES / NO IF YES – TIMINGS FROMTOTO	c. AIR COOLED / AIR CONDITIONED								
·	МТО								
f. CATALOGUE OF BOOKS MAINTAINED YES / NO	UNDAYS? YES / NO IF YES – TIMINGS FROMTO								
	MAINTAINED YES / NO								
g. CATALOGUE OF JOURNALS MAINTAINED YES / NO	MAINTAINED YES / NO								
h. NUMBER OF BOOKS NUMBER [attach list in the following format]	h. NUMBER OF BOOKS NUMBER [attach list in the following format]								
BOOKS SUBJECT AUTHOR YEAR OF NUMBER OF	AUTHOR YEAR OF NUMBER (OF							
PUBLICATION COPIES	PUBLICATION 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 I. 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

38. ETHICAL COMMITTEE (CONSTITUTION)

CONSTITUTION FUNCTIONS

MEETING DURING LAST THREE YEARS

39. ANIMAL HOUSE: YES / NO

- a. Administrative control
- b. Staff
- c. Air Conditioned / Air Cooled
- d. Veterinary Doctor: YES / NO NAME:QUALIFICATIONS.......QUALIFICATIONS......
- 40. ANIMAL EXPERIMENTATION COMMITTEE (CONSTITUTION)

CONSTITUTION FUNCTIONS

MEETING DURING LAST THREE YEARS

41. MEDICAL EDUCATION UNIT:

CONSTITUTION FUNCTIONS

MEETING DURING LAST THREE YEARS

- **42. RESEARCH PROJECTS COMPLETED** [attach list of last five years including funding agency, if any]
- 43. RESEARCH PROJECTS IN HAND [attach list of last five years including funding agency, if any]
- 44. CONFERENCES / WORKSHOPS / SEMINARS / SYMPOSIUM / CME / GUEST LECTURES / ETC. ORGANISED [attach list of last five years including funding agency, if any]
 - 45. CONFERENCES / WORKSHOPS / SEMINARS / SYMPOSIUM / CME / GUEST LECTURES / ETC. ATTENDED BY FACULTY / CONSULTANTS / PG STUDENTS / RESEARCH SCHOLARS.[attach list of last five years]
 - 46. RESULTS COURSEWISE DURING THE LAST FIVE YEARS.
 - 47. PLACEMENT DETAILS DURING THE LAST FIVE YEARS.
 - 48. HOSPITAL BEDS:

S	iL.	DEPARTMENTS	NUMBER	ATTACHED	MALE	FEMALE	ICU	ICCU	PRE	POST	TOTAL
N	10.		OF WARDS	TOILETS	BEDS	BEDS			OP	OP	

INTER BED SPACE: ADEQUATE FOR BED-SIDE TEACHING DURING ROUNDS

ADEQUATE FOR PATIENT HANDELING

SPACE FOR INDOOR TEACHING ADEQUATE / NOT ADEQUATE

49. OUT PATIENT DEPARTMENT: REGISTRATION OF PATIENTS MANUAL / COMPUTERISED

SPACE OF EACH SPECIALITY
SPACE FOR TEACHING
SPACE FOR TEACHING
FURNISHING OF EACH CHAMBER
WAITING AREA
ADEQUATE / NOT ADEQUATE
ADEQUATE / NOT ADEQUATE

50.	PRI	IVATE WARDS:	YES / NO NUMBER:	
			ARE THESE TEACHING BEDS?	YES / NO
51.	EM	IERGENCY / CASUAL		.20,0
		•		
	a.	Round the clock	Yes / No	
	b.	Available space		
	c.	No. of Beds		
	d.	Equipments: (attac	ch list)	
	e.	Available Staff: (Co	nsultant Doctor / Resident doctors / nurses /	other medical & paramedical staff)
	f.	Average daily atter	ndance of patients.	
	g.	List of emergency i	medicines available.	
	h.	Investigation facilit	ies available round the clock.	
	i.	Operation theatre.		
	j.	ICU facilities.		
	a.	Resuscitation facili	ties. Adequate / Inadequate	
	k.	Suction		
	I.		entral or otherwise.	
	m.	Ventilator facilities		
	n.	Other facilities ava	ilable.	
E 2	DI (OOD BANK.	VEC / NO	
52.		OOD BANK:	YES / NO	rtificato)
52.	a.	License is Valid	YES / NO IF YES (attach copy of cer	rtificate)
52.	a. b.	License is Valid NUMBER OF BLOO	YES / NO IF YES (attach copy of cer D UNITS AVAILABLE:	·
52.	a. b. c.	License is Valid NUMBER OF BLOO AVARAGE NUMBER	YES / NO IF YES (attach copy of cer D UNITS AVAILABLE: R OF BLOOD UNITS CONSUMED DAILY:	
52.	a. b. c. d.	License is Valid NUMBER OF BLOO AVARAGE NUMBER FACILITIES OF BLOO	YES / NO IF YES (attach copy of cer D UNITS AVAILABLE: R OF BLOOD UNITS CONSUMED DAILY: DD COMPOMENT SEPARATION AVAILABLE:	YES / NO
52.	a. b. c. d.	License is Valid NUMBER OF BLOO AVARAGE NUMBER FACILITIES OF BLOO NATURE OF BLOOE	YES / NO IF YES (attach copy of cert D UNITS AVAILABLE:	
52.	a. b. c. d.	License is Valid NUMBER OF BLOO AVARAGE NUMBER FACILITIES OF BLOO NATURE OF BLOOE	YES / NO IF YES (attach copy of cert D UNITS AVAILABLE: R OF BLOOD UNITS CONSUMED DAILY: DD COMPOMENT SEPARATION AVAILABLE: D STORAGE FACILITY: (as per specifications) I: ANY ONE / RELATED / PROFESSIONAL	YES / NO
52.	a. b. c. d.	License is Valid NUMBER OF BLOO AVARAGE NUMBER FACILITIES OF BLOO NATURE OF BLOOE	YES / NO IF YES (attach copy of cert D UNITS AVAILABLE:	YES / NO YES / NO
52.	a. b. c. d.	License is Valid NUMBER OF BLOO AVARAGE NUMBER FACILITIES OF BLOO NATURE OF BLOOE	YES / NO IF YES (attach copy of cert D UNITS AVAILABLE:	YES / NO
52.	a. b. c. d.	License is Valid NUMBER OF BLOO AVARAGE NUMBER FACILITIES OF BLOO NATURE OF BLOOD BLOOD DONATION	YES / NO IF YES (attach copy of cert D UNITS AVAILABLE:	YES / NO YES / NO GE EMERGENT SITUATION DURING DONATION
52.	a. b. c. d. e. f.	License is Valid NUMBER OF BLOO AVARAGE NUMBER FACILITIES OF BLOO NATURE OF BLOOD BLOOD DONATION	YES / NO IF YES (attach copy of cert D UNITS AVAILABLE:	YES / NO YES / NO GE EMERGENT SITUATION DURING DONATION
52.	a. b. c. d. e. f.	License is Valid NUMBER OF BLOO AVARAGE NUMBER FACILITIES OF BLOOD NATURE OF BLOOD BLOOD DONATION LIST OF TESTS PERF i. Hepatitis	YES / NO IF YES (attach copy of cert D UNITS AVAILABLE:	YES / NO YES / NO GE EMERGENT SITUATION DURING DONATION
52.	a. b. c. d. e. f.	License is Valid NUMBER OF BLOO AVARAGE NUMBER FACILITIES OF BLOOD NATURE OF BLOOD BLOOD DONATION LIST OF TESTS PERF i. Hepatitis	YES / NO IF YES (attach copy of cert D UNITS AVAILABLE:	YES / NO YES / NO GE EMERGENT SITUATION DURING DONATION
52.	a. b. c. d. e. f.	License is Valid NUMBER OF BLOO AVARAGE NUMBER FACILITIES OF BLOOD BLOOD DONATION LIST OF TESTS PERF i. Hepatitis ii. Hepatitis	YES / NO IF YES (attach copy of cert D UNITS AVAILABLE:	YES / NO YES / NO GE EMERGENT SITUATION DURING DONATION
	a. b. c. d. e. f.	License is Valid NUMBER OF BLOO AVARAGE NUMBER FACILITIES OF BLOO BLOOD DONATION LIST OF TESTS PERF i. Hepatitis (ii. Hepatitis (iii. HIV	YES / NO IF YES (attach copy of cert D UNITS AVAILABLE:	YES / NO YES / NO GE EMERGENT SITUATION DURING DONATION
	a. b. c. d. e. f.	License is Valid NUMBER OF BLOO AVARAGE NUMBER FACILITIES OF BLOO BLOOD DONATION LIST OF TESTS PERF i. Hepatitis (ii. Hepatitis (iii. HIV iv. Any other	YES / NO IF YES (attach copy of cert D UNITS AVAILABLE:	YES / NO YES / NO GE EMERGENT SITUATION DURING DONATION

YES / NO

c. Staff.

d. Equipments.

b. Working hours.

54. CENTRAL RESEARCH LABORATORY:

e. Investigative work load.

a. Controlling Department.

C.	Staff.		
d.	Equipments.		
e.	List of facilities for var	rious experimental and othe	r Investigative work.
55. CENTRAL PI	HOTOGRAPHY SECTION	I: YES / NO	
		STAFF	
		EQUIPMENTS	
56. STATISTICA	L UNIT:	YES / NO	
		STAFF	
		EQUIPMENTS	
57 INVESTIGAT	TION EACH ITIES: (indica	ate approximate number of i	nvectigations done daily)
37. IIIVESTIGA	March	ate approximate number of t	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		
	VIIII GUITEISIIIIIIIIIII		
NOTE: 1.	adequate protection fr	rom radiation available:	YES / NO
2.	guidelines of BARC foll	lowed	YES / NO
_			
b.	RADIOTHERAPY:		
	i. Radiotherapy		
	ii. Teletherapy		
	iii. Brachy therapy		
	DATUOLOGY.		
c.	PATHOLOGY:		
	 Haematology Urine 		
	iii. Stool		
	iv. Histopathology		
	v. FNAC		
	vi. Cytologyvii. Cyto Genetics		
	viii. Others		
	viii. Others		
d.	MICROBIOLOGY:		
	I. Bacteriology		
	II. Serology		
	III. Mycology		
	IV. Parasitology		
	V. Virology		
	VI. Immunology		

			TR۱	

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

58. OPERATION THEATRES:

SL.	DEPARTMENTS	AC / NON	NUMBER	NUMBER	OF CASES	REMARKS
NO.		AC		OPERATE	DAILY	
				(major / m	ninor)	
1.	MULTI-SPECIALITY					
2.	EMERGENCY /					24 hours services
	CASUALITY					
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
- I. Total Anaesthetic Staff: Number of Consultants.....Residents......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

					6
62.	KITCHEN:	AVAILABLE / NOT	AVAILABLE		
		•	/ WOOD / ELECTRIC	ITV	
			BLE FOR SPECIAL DIET		YES / NO
		FACILITY AVAILAD	SLE FOR SPECIAL DIE	TO PATIENTS.	TES / NO
63.	INTERNAL SECURIT	TY SYSTEM:	YES / NO	ADEQUATE / NOT ADEQUATE	<u> </u>
64.	MEDICINE SHOPS:	PATIENTS ARE PR	OVIDED ALL REQUIR	ED MEDICINES & DISPOSABLES	FROM HOSPITAL
		IN CAM	IPUS MEDICINE SHOP	P(S)	
		MEDICI	NE & DISPOSABLES A	VAILABLE ARE SUBSIDIZED	
65.	INERCOM FACILITY	: YES / N	0		
		•		TION / HEADS OF THE DEPART	MENTS / ALL FACULTY MEMBERS
					S / RESEARCH LABS / WARDS /
					MENT) / PG HOSTELS / FACULTY
		RESIDE		ENGLINET (CASOALTT DEFAILT	WENT) / FO TIOSTEES / TACOLTT
		KLSIDL	NCL3.		
66.	INTERNET FACILITS	S: YES / N	0		
00.	a. SERVER:	•	' HIRED		
	b. AVAILABLE TO			OF THE DEPARTMENTS / ALL FA	ACHITY MEMBERS /
	b. AWAILABLE TO		•	E THEATRES / SEMINAR SOOM	•
					DEPARTMENT) / PG HOSTELS /
			Y RESIDENCES.	TREST EMERGENCI (CASOALTI	DEFARTMENT// FG 1103TEE3/
		PACULI	T RESIDENCES.		
67.	CENTRAL WORK SI	H OP : YES / N	0		
• • • • • • • • • • • • • • • • • • • •				CHNICIANENGINEER	
				ECHNICIANENGINEER	
		_		CHNICIANENGINEER	
		_		I TECHNICIANENGINEER	
		NUMBE	ER OFCOIVIPUTER TEC	CHNICIANENGINEER	
คร	DATIFNIT TRANS	ORTATION:whi	ch of the following	are available	

68. PATIENT TRANSPORTATION: which of the following are available

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

ENDANTS

IN CAMPUS:	YES / NO	OUT OF CAMPUS:	YES / NO
CAPACITY			
CAFATERIA FOI	R ATTENDANTS		

70. LIFTS:

77. HOSTEL FACILITIES FOR STUDENTS:

78. HOSPITAL WASTE MANAGEMENT:

a.

b.

c.

d.

79. INCINERATOR: YES / NO

FOR U.G. STUDENTS

FOR P.G. STUDENTS

MARRIED PG ACCOMMODATION YES / NO

FOR INTERNS

a. Committeeb. Procedure

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

71.	FIRE SAFETY MEASURES IN EACH BU	IILDING:	ADEQUATE / NOT ADEQUATE
72.	EMERGENCY EXIT FROM EACH BUILD	DING:	ADEQUATE / NOT ADEQUATE
73.	electricity connection a. LOAD: b. SUBSTATION: YES / NO c. HOW MANY FEEDER LINES:		
74.	GENERATOR FACILITY: YES / NO NUMBER CAPACITY OF EACH A DEDICATED CONNECTION TO OPERA	-	equate AND OTHER LIFE SAVING AREAS &EQUIPMENTS
75.	MEDICAL RECORD SECTION:	CENTRAL / DEPAF MANUAL / COMP	
	IF RECORDS ARE ACCESSIBLE TO COM	ISULTANTS OF A	ALL THE DEPARTMENTS. IF SO – MANUAL / LAN
76.	MORTUARY FOR HOSPITAL DEATHS	CENTRA	D, L / WARD-WISE IDITIONED / AIR COOLED

MALE.....

MALE.....

MALE.....

ACCOMMODATION (NO. OF ROOMS) AVAILABLE FOR

FEMALE.....

FEMALE.....

FEMALE.....

CAPACITY...... ADEQUATE / NOT ADEQUATE

80.	RECREAT	IONAL	FACILITIES:
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а.	PLAY GROUNDS.	YES / NO	IF YES. SIZE

b. GYMNASIUM. YES / NO

c. AUDITORIUM YES / NOSEATING 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: