

**THE TAMILNADU DR. M.G.R. MEDICAL UNIVERSITY,
CHENNAI-32**



**AFFILIATION INSPECTION PROFORMA FOR GRANT OF
LETTER OF CONSENT OF AFFILAITON / PROVISIONAL AFFILIATION /
CONTINUANCE OF PROVISIONAL AFFILIATION
TO START / INCREASE / CONDUCT OF
POST GRADUATE MEDICAL DEGREE COURSE**

M.D. ANESTHESIOLOGY

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M.D. (ANESTHESIOLOGY)

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CONDUCT OF POST GRADUATE MEDICAL DEGREE COURSE**

No. of seats:_____ Date of inspection _____ Academic year _____

PART – I GENERAL INFORMATION

1	a) Name of the Medical College	
	b) Complete Postal Address	
	c) Telephone No.	
	d) E Mail Id	
	e) College Website	
2	Medical College is owned by Govt./Trust/Society.	
	If owned by Trust/Society. Give details below	
	a). Name of the Society / Trust	
	b). Registered Address <i>(Copy of Registered Trust Deed to be enclosed)</i>	
	c) Financial Status of the Trust/ Society	
3	No. of MBBS seats admitted per year	
4	Details of the land of the Medical College	
5	Total Population in & around 20km radius of Medical College	
6	Distance between the Medical College and Hospital in kms	

7	a) Name of the Attached Hospital				
	b) Address				
	c) Telephone No				
	d) E mail Id				
8	Bed Strength for various departments*	Required Bed Strength/Unit			Available
		No. of seats			
			100	150	250
	<u>Medicine & Allied Specialties :</u>	240/10	320/12	500/17	
	General Medicine	120/4	150/5	240/8	
	Paediatrics	60/2	90/3	120/4	
	Respiratory Medicine	10/1	20/1	50/2	
	Dermato Venereo Leprosy	10/1	15/1	30/1	
	Psychiatry	10/1	15/1	30/1	
	Emergency Medicine	30/1	30/1	30/1	
	<u>Surgery & Allied Specialties :</u>	200/8	270/10	480/16	
	General Surgery	120/4	150/5	240/8	
	Orthopaedics	60/2	90/3	150/5	
	Ophthalmology	10/1	15/1	60/2	
	E.N.T	10/1	15/1	30/1	
	<u>Obstetrics & Gynaecology :</u>	60/2	90/3	150/5	
	Obstetrics	30/1	60/2	70/2	
	Gynaecology + Postnatal	30/1	30/1	60+20/ 2+1	
	Grand Total	500/20	680/25	1130/38	
	9	a) OPD Census* (Minimum per day)	800	1200	3000
b) Bed Occupancy Rate (Minimum 75%)					

***Based on the No. of MBBS seats (100/150/250) admitted per year**

10	Number of Births	Normal Deliveries		
		LSCS		
11	Number of Deaths			
Hospital Services			Previous Calendar Year	On the day of Inspection
12	Surgeries/Procedures Performed	Major Surgeries		
		Minor Surgeries		
		Day Care Procedures		
13	Laboratory Services			
	a) Total Number of Bio Chemistry Investigations			
	b) Total Number of Clinical Pathology Investigations			
	c) Total Number of Histo Pathology Investigations			
	d) Total Number of Microbiology Investigations			
14	Radiology & Imaging Services			
	X'Ray			
	Contrast Studies			
	USG			
	Doppler Study			
	USG Guided Biopsies			
	CT Scan			
	MRI Scan			
15	Provisional Affiliation was granted by the University to conduct PG Degree Course with an intake of students		Proc.No.: Date: P.G. Degree Course with an intake of from the academic year _____ (Enclose a copy of the order)	
16	a) Whether the Medical College / Institution has been recognized by the Medical Council of India / National Medical Commission for running M.D. Anesthesiology Degree Course _____		MCI/NMC Lr.No.: Date : Annual Intake : Academic Year :	

	b) Whether Medical Council of India / National Medical Commission inspection conducted for recognition and what is the stage				
	c) Student Registered from the commencement of the course to till date (previous 5 years break up details to be provided) (In case of increase of PG seats)	Year	Govt. quota	Mgt. quota.	Total
17	Whether the Institution has obtained Permission Letter from the State Government / University / NMC / GOI Regarding desirability and feasibility for the starting of the new course of study or for increase of seats in the speciality to which inspection is being done (Copies of relevant documents to be enclosed)	GO TN Permission: Lr.No. Date University Permission: Lr.No. Date NMC/GOI's Permission: Lr.No. Date			
18	DETAILS OF COMMENCEMENT OF THE COURSE:				
	a) Date of Commencement of the course				
	b) Date of final year practical examination of the first batch				
	c) National Medical Council/GOI's New Delhi Lr No. and date for the recognition of the course with number of intake. (Copy of letter should be enclosed)				
19	DETAILS OF INCREASE OF SEATS:				
	a) Provisional Affiliation granted by the University to conduct PG Degree Course with an intake of students	Proc.No.: Date: P.G. Degree Course with an intake of from the academic year _____ (Enclose a copy of the order)			
	b) Date of the commencement of the increase of seats				
	c) Date of final year practical examination of the first batch for increase of seats				
	d) National Medical Council/GOI's New Delhi Lr No. and date for the recognition of the course with number of intake. (Copy of letter should be enclosed for increase of seats)				

PART – II GENERAL INFRASTRUCTURAL FACILITIES

Note: Enter the actuals in the “Available” Column

M.D. (ANESTHESIOLOGY)

Sl.No.	Item	Required	Available	Remarks
1	Central Library	1600 / 2400 / 4000 sq.mt*		
		Air Conditioned with adequate lighting and ventilation		
		Staff reading room for 20 / 30 / 50 persons*		
		Students – seating for 200 / 300 / 500 students*		
		Room for Librarian		
		Room for Draftaries / Book binders		
		Journal room		
		Xerox room		
		Video & cassette room		
		Computer / Medlar / Internet facility with minimum of 25 / 40 / 50 nodes*		
		Adequate space for stacking and display of books/journals		
		Provision for E- Library should be present		
		BOOKS & JOURNALS**		
		Books* – 7000 / 11000 / 20000 text and reference books		
		Number of copies of text books in each subject of undergraduate teaching shall be 10		
		Journals* – 100 / 100 / 100		
		Indian* – 70 / 70 / 67		
	Foreign* – 30 / 30 / 33			
	Whether Journal subscriptions are up to date			

*Based on the No. of MBBS seats (100/150/250) admitted per year

** While enumerating the number, only one copy of a particular title should be listed. Multiple copies of the same title cannot be listed as separate books.

Sl.No.	Item	Required	Available	Remarks
2	Functional Central Research Lab/Cell	Available / Not Available		
3	Play Ground	Available / Not Available		
4	Gymnasium	Available / Not Available		
5	Intercom Network	Available / Not Available		
6	OPD attendance*	800 / 1200 / 3000 per day		
7	Bed Occupancy	75%		
8	OT & ICU services*			
	Operation Theatre (No of Units) - Major - 7 / 9 / 10 Minor - 2 / 2 / 2	Major- Surgery - 2 / 4 / 5 E.N.T - 1 / 1 / 1 Ophthalmology - 1 / 1 / 1 Orthopaedics - 1 / 1 / 1 Obstetrics - 1 / 1 / 1 Gynaecology - 1 / 1 / 1 Minor- 1 in OPD, 1 in Accident & Emergency ward		
	Septic Operation Theatre	1 for Labour Ward 1 for Surgery Dept.		
	ICU	5 Beds		
	ICCU	5 Beds		
	Paediatrics ICU / Neonatal ICU	5 Beds		
	SICU	5 beds		
	Intensive Burns Care Unit	5 beds		
	Central Casualty Services*	10 / 25 / 30 Beds		
	Respiratory ICU(preferable)	-		
	Others (Please specify)			
9	Radiology *(Minimum nos. required for MBBS requirement is given below. The nos. may increase for PG requirements)			
	USG (Colour)	3		
	X ray units	300 mA	2 numbers	
		600 mA	2 numbers	
		800 mA	1/2/2 IITV number + Fluoroscopy	
	Mobile X- Ray units	60 mA	2/3/3 numbers	
		100 mA	2/3/3 numbers	
	CT Scan	16 slice- spiral	1 number	
	MRI (Optional for 100/150)	1.5 tesla	1 no.	

*Based on the No. of MBBS seats (100 / 150 / 250) admitted per year

Sl. No.	Item	Required	Available	Remarks
10	Functional Central Laboratory in Hospital	Available / Not available		
11	Functional Blood Bank-air conditioned (<i>Attach the copy of Blood Bank License as annexure and verify validity</i>)	100 sq.mt		
12	Pharmacy*	3000 sq.ft.		
13	Manifold Room (<i>Attach the copy of 1 month refilling invoice for Oxygen & Nitrous oxide</i>)	Oxygen		
		Nitrous Oxide		
		Medical Air		
		Vacuum		
	Liquid Oxygen Plant (<i>Attach the copy of 1 month refilling invoice</i>)	Capacity & Interconnectivity with Main Manifold		
14	Central Sterilization Services Department	Available / Not available		
15	Modern Laundry	Available / Not available		
16	Central Kitchen	Available / Not available		
17	Day Care Centre	Available / Not available		
18	Play area for Paediatric patients including Toys / TV/ Music & Books	Available / Not available		
19	Central Workshop for repair of equipment and instruments	Available / Not available		
20	Central Incineration Plant or other system approved by State Pollution Control Board	Available / Not available		
21	Computerized Medical Record Section with ICD 10 coding facility*	200 / 250 / 350 sq.mt.		
22	Staff Quarters* 20% Teaching staff should have quarters	21 / 26 / 38 numbers		
	20% Non teaching staff should have quarters	36 /36 / 38 numbers		
23	Residents Quarters	Facility for accommodating 100 % of residents		
24	Nurses Quarters*	Facility for accommodating 48 / 75 / 110 nurses		

***Based on the No. of MBBS seats (100 / 150 / 250) admitted per year**

PART – III DEPARTMENT OF DETAILS

M.D. (ANESTHESIOLOGY)

Name of the Medical College	Academic Year	Date of Inspection
Purpose of Inspection	Number of Post Graduate Seats for which Affiliation is sought	Number of Permitted/ Recognized PG Seats
Date of last University inspection	Purpose of Inspection	

Note : 1. Enter the Actuals in the “Available” Column.

I. TEACHING FACULTY

Sl.No.	Faculty	Required for UG			Required for PG	Available	Remarks
		No. of seats					
		100	150	250			
1	Professor	1	1	1			
2	Associate Professor	2	3	4			
3	Assistant Professor	4	5	6			
4	Senior Resident	3	3	4			
5	Junior Resident	4	6	7			

II. NON-TEACHING STAFF

Sl.No.	Staff	Required (For UG 100/150/250 seats)	Available	Remarks
1	Technicians /Technical Assistants	3		
2	Store Keeper	1		
3	Steno Typist	1		
4	Record Clerks	2		

III. OUTPATIENT SECTION

Sl.No.	Space	Required	Available	Remarks
1	Waiting / reception room for patients and attendants	2 (1 each for Pain Clinic & Pre- Anaesthetic Clinic)_		
2	Enquiry and record room	1		
3	Examination rooms (cubicles)	2 (1 each for Pain Clinic & Pre- Anaesthetic Clinic)_		
4	Case demonstration room	1 - Accomodating 15- 20 students		

IV. INPATIENT SECTION

No. of Units: _____ Available No. of Beds: _____

Sl.No.	Space	Required	Available	Remarks
1.	Post Anaesthesia Care Unit(PACU)	To accommodate 10 patients		
	Nurses duty room/ nursing station	20 sq.mt		
	Examination & Treatment room	15 sq. mt		
	Store room for linen & other equipments	15 sq.mt		
	Resident Doctors & Students duty room	20 sq.mt		
	Clinical Demonstration room(with Examination couch)	1room – 20 sq.mt		
2.*	Professor & HOD of the department	18 sq.mt		
	Associate Professor	15 sq.mt each for every Associate Professor		
	Assistant Professor	20 sq.mt room for every 2 Assistant Professors		
	Senior Residents	15 sq.mt room for every 2 Senior Residents		
	Junior Residents / PGs			
	Department office cum clerical room	1 room - 12 sq.mt		
	Working accommodation for non teaching staff	1 room - 12 sq.mt		
* Note: The No. of rooms required as per the actual no. of faculty needed for the required no. of seats.				

V. DEPARTMENTAL LIBRARY:

Total No. of Books	
Purchase of latest editions in past 3 years	
Number of Journals	Indian -
	International -

VI. DEPARTMENTAL RESEARCH LAB.

Space	
Equipments	
Research projects utilizing Research lab	1. 2. 3.

VII. DEPARTMENTAL MUSEUM (WHEREVER APPLICABLE)

Space	
Number of specimens	
Number of charts / diagrams	

VIII. SEMINAR ROOM FOR PG:

Available	Not available

IX (a) AVAILABLE CLINICAL MATERIAL OF THE DEPARTMENT OF ANESTHESIOLOGY.

Parameter	Day of Assessment	Avg. of 3 random days
Number of patients assessed pre-op (PAC)		
Number of Major operations		
Number of Minor operations		
Number of Day care operations		
Number of Deliveries		
Number of Caesarian sections		
Number of patients seen in Pain Clinic		
Number of procedures in Pain Clinic		

(b) CLINICAL WORKLOAD / MATERIAL OF THE DEPARTMENT (past 3 years):

Particulars	Year 1	Year 2	Year 3
Number of patients assessed pre-op (PAC)			
Number of Major operations			
Number of Minor operations			
Number of Day care operations			
Number of Deliveries			
Number of Caesarian sections			

Number of patients seen in Pain Clinic			
Number of procedures in Pain Clinic			

(Past year)

(c) INTENSIVE CARE FACILITIES IF ANY WITH DEPARTMENT OF ANESTHESIOLOGY:

Intensive Care Unit (ICU/RICU) if any	
Number of Beds	
Beds occupied on assessment day	
Average bed occupancy	
Available equipment	

Post-operative area	
Number of Beds	
Beds occupied on assessment day	
Average bed occupancy	
Available equipment	

(d) Any other intensive care service provided:

(List in the space provided below)

(e) SPECIALTY CLINICS RUN BY THE DEPARTMENT OF ANESTHESIOLOGY WITH NUMBER OF PATIENTS IN EACH:

Name of the Clinic	Weekday/s	Timings	Number of cases (Avg)	Name of Clinic In-charge
Pain clinic				
Pre-anesthetic clinic				

X. ACADEMIC / RESEARCH ACTIVITIES / MEETINGS (in the previous academic year)

1	No. of Theory classes taken for PGs	
2	No. of Journal Clubs conducted	
3	No. of Group discussions conducted for PGs	
4	Symposia (Hours)	
5	Seminar (Hours)	
6	CMEs Conducted (whether credit points from University/Tamil Nadu Medical Council is obtained)	
7	No of Conferences attended by Faculty	
8	No of Podium Presentations	
9	No of Poster Presentations	
10	No of Guest Lectures	
11	Research	
	No of Publications in Indexed Journals	
	No of Projects sponsored by National Agencies / State Agencies	
	No of Ongoing Projects	
	No of ICMR-STs Project approvals received	
	State whether any innovations in teaching & research are implemented / created in the Department	
12	No. of Clinico- Pathological Meetings	
13	No.of Death Review Meetings	

XI. LIST OF EQUIPMENT AVAILABLE IN THE DEPARTMENT OF ANESTHESIOLOGY AND THEIR FUNCTIONAL STATUS (PLEASE FILL OUT THE DETAILS OF THE LIST HERE BELOW. ANNEXURE TO BE ATTACHED)

Equipment	Numbers	Functional Status	Comments
1. Anesthesia Work Stations			
2. Multi-channel Monitor (with 2 probes)			
3. Fiberoptic Laryngoscope			
4. Fiberoptic Bronchoscope			
5. Resuscitation equipment (for teaching)			
6. Any other equipment			

Equipment: List of important equipment* available and their functional status.

Signature of the HOD

Signature of the Dean / Principal

UNIVERSITY INSPECTION TEAM

CONVENOR

Signature

Name in capital

Letters

Designation

College

MEMBER

Signature

Name in capital

Letters

Designation

College

PART – IV MANDATORY DOCUMENTS
(The Inspection Team to check the date of validity of all regulatory documents)

M.D. (ANESTHESIOLOGY)

Sl.No.	Name of the Documents	Available	Remarks
1	Building Stability Certificate		
2	Fire Safety License		
3	Lift License		
4	TNPCB License		
5	MOU for Hospital Biomedical Waste Management		
6	Registration Certificate under Tamil Nadu Clinical Establishment Act		
7	Government Order to conduct Autopsies		
8	AERB Certificate		
9	PNDT Certificate for every equipment		
10	Blood Bank License		
11	Constitution of Gender Harassment Committee		
12	Constitution of Institutional Ethics Committee		
13	Constitution of Animal Ethics Committee		
14	Constitution of MEU with members		
15	Constitution of College Council		

Signature of the HOD

Signature of the Dean / Principal

UNIVERSITY INSPECTION TEAM

Signature of the Convenor

Signature of the Member

PART – V FACULTY ATTENDANCE

M.D. (ANESTHESIOLOGY)

Name of the Medical College			
Name of Speciality		Academic Year	
Purpose of Inspection		Date of Inspection	

Sl.No	Name of the Faculty / Resident	Designation	Signature
Remarks			

Signature of the HOD

Signature of Dean

Signature of the Inspection Team

Part – VI TEACHING EXPERIENCE FORMAT

M.D. (ANESTHESIOLOGY)

Unit wise Teaching & Residential Staff :

Unit:

Bed Strength :

Sl.No.	Designation	Employee No. and Name with Date of Birth	Nature of employment Full time	PAN Number	PG QUALIFICATION			<u>Experience</u> Date wise teaching experience with designation & Institution					Signature of Faculty Member	
					Subject with Year of passing	Institution	University	Designation Mentioning subject	Institution	From	To	Total Period		* Benefit of publications given in promotion Yes/No, if yes List publications here (no annexures)
								Tutor/JR						
								SR						
								Asst.Prof.						
								Assoc.Prof.						
								Prof.						

Note: *Publications: Give Details of full articles in indexed Journals published during the period of promotion and list them here only.
Details to be filled for all the faculty / Residential Unit wise in this format.

Signature of Dean

Signature of the Convenor :

Signature of the Member :

PART – VII AFFIDAVITS

Faculty / Resident Affidavit Form – B		RECENT PHOTOGRAPH TO BE COUNTERSIGNED BY THE DEAN / PRINCIPAL
Academic Year		
Purpose of Inspection		
Date of Inspection		
Name of the Medical College		
Name of Course / Speciality		

1) Name (as in Degree Certificate) : _____

2) S/o. D/o.W/o. : _____

3) Date of Birth & Age : _____

4) PAN Number : _____

5) Speciality : _____

6) Present Designation : _____

7) Residential Address : _____

8) Telephone No. (Res): _____ Telephone No. (Off): _____

Mobile No: _____ Mail id : _____

9) Proof of Address : **Faculty:** Aadhaar / Passport / Voter Id / Electricity Bill / Landline Telephone Bill,
Residents : Quarter's Allotment Letter

10) Qualification & Medical Council Registration Details

Qualification	College	University	Year	Registration No. with date	Name of the State Medical Council
MBBS					
MD /MS/DNB					
DM /M.Ch/DNB					

11) Date of Joining Present institution : as _____

12) Relieved from Previous Institution on Transfer / Promotion / Resignation / Retirement on _____ as _____.

13) Teaching Experience

Sl. No	Designation	Name of the Institutions	From	To	Experience		
					Years	Months	Days
1	Junior Resident						
2	Senior Resident						
3	Tutor						
4	Assistant Professor						
5	Associate Professor						
6	Professor						
Total Experience							

14) Details of Research Project / Publications / Basic Courses

Research Publications					
Sl. No.	Title of the Publication	Name of the Journal	Authorship Details	Date of Publication	Indexing Agency
1					
2					
3					
4					

Research Projects				
Sl. No	Name of the Research Project	Name of the Supporting National Research Body like ICMR/DST/DBT	Research Investigator Status	
			Principal Investigator (PI)	Co -Principal Investigator (CoPI)

1				
2				

Basic Courses			
Sl No	Name of the Course	Dates & Duration	Name of the Institution designated by MCI
1	Basic Course in Medical Education Technology		
2	Bio Medical Research		

Form 16 (TDS) of the Last Financial year : _____

Note: Attach copies of the relevant Certificates and Documents

DECLARATION

I, Dr. _____ working as _____ in the Department of _____ at _____ Medical College do hereby give an undertaking that I am a **Full Time Teacher** working from _____ A.M to _____ P.M daily at this Institute

Or

2. I, Dr. _____ am working as _____ in the Department of _____ at _____ Medical College and do hereby give an undertaking that I am a **Full time Regular Resident** in _____ and I am staying in Room No. _____ in the Residents Hostel in the college premises.
3. I have not presented myself to any other Medical College / Institution as a faculty / Resident in the current academic year for the purpose of MCI / The Tamil Nadu Dr. M.G.R. Medical University Assessment.
4. I am not working in any other Medical College/Dental College in the State or outside the State in any capacity : Regular / Contractual / Adhoc as Full time / Part time / Honorary faculty / Resident.
5. It is declared that each statement and / or contents of this declaration and / or documents, certificates submitted along with the declaration form, by the undersigned are absolutely true, correct and authentic. In the event of any statement made in this declaration subsequently turning out to be incorrect or false, the undersigned has understood and accept that such **misdeclaration in respect to any content of this declaration shall also be treated as a gross misconduct thereby rendering the undersigned liable for necessary disciplinary action.**

Place :

Date :

Signature of the Faculty

Signature of the HOD

Signature of the Dean / Principal

**Signatures of the Inspection Team
Convenor / Members**