

**THE TAMIL NADU DR. M.G.R.
MEDICAL UNIVERSITY,
CHENNAI – 600 032.**



**INSPECTION PROFORMA – FOR GRANT
OF CONTINUANCE OF PROVISIONAL
AFFILIATION TO CONDUCT
M.D. / M.S. POST GRADUATE
DEGREE COURSE**

THE TAMIL NADU DR.M.G.R. MEDICAL UNIVERSITY, CHENNAI - 600 032

M.D./M.S. POST GRADUATE DEGREE COURSE

INSPECTION REPORT FOR THE ACADEMIC YEAR 20 - 20

**TO GRANT OF CONTINUANCE OF PROVISIONAL AFFILIATION FOR
CONDUCTING P.G DEGREE DEGREE COURSE FROM THE ACADEMIC
YEAR**

NAME OF THE COURSE	
NUMBER OF SEATS	

A. INFORMATION REGARDING PERMISSION / APPROVAL		
1	Name of the Managing Trustee and Name of the Society/Trust and its full registered Address with Telephone Numbers, Fax No and e.mail No. etc.	
2	Name of the Medical College/Institution With full address and Telephone Number, Fax No and e.mail etc.	Lr.No: Dt. from the year :
3	Name of the Dean/Principal of the Medical College	
	Qualification	UG: PG: Super Specaility:
	Teaching	After PG Degree
	Experience i) as Dean i) as Vice Principal iii) as Medical Superintendent (attach documentary proof for each of the claims)	
	Working as Dean / Principal from	
	Telephone No Mobile No	
4	Whether the Trust/Management is Running any other College(s) /course (s). Please Specify Note: Where more than one course is Conducted by the Trust the Inspection Commission may Ensure that the course under Reference has got sufficient Infrastructural facilities Independent of the facilities Provided for other course(s).	

Signature of Member :

Signature of Dean / Principal :

Signature of Convenor :

5	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)											
6	a) Whether the Medical College/ Institution has been recognized by the Medical Council of India for running MBBS / M.D./M.S. Degree Course in _____	MCI Lr.No : Date : Annual Intake : Academic Year:											
	b) Whether Medical Council of India inspection conducted for recognition and what is the stage												
	c) Student Registered from the Commencement of the course to till Date (year Wise Break up details to be provided)	<table border="1"> <thead> <tr> <th>Year</th> <th>Govt.</th> <th>Pvt.</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Year	Govt.	Pvt.	Total							
Year	Govt.	Pvt.	Total										
7	Whether the Institution has obtained Permission letter from the State Government/ University/ MCI/ GOI's 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 MCI/GOI's Permission Lr.No. Date											
8	Whether the applicant has a feasible and Time bound programme to provide additional equipment and infrastructural facilities like required number of teaching and non-teaching staff, space, funds, equipments and teaching beds etc. for starting the higher course as per the recommendations and regulations of Medical Council of India. If so, <u>furnish details under each heading</u>	This may be in a separate paper											
9	Name of the course (with number of seats) P.G. Degree Course for which Continuance of Provisional Affiliation is sought for	Proc. No : Date : Annual Intake : Academic Year :											
10	DETAILS OF COMMENCE OF THE COURSE:-												
	a) Date of Commencement of the course												
	b) Date of final year practical examination of the first batch												
	c) Medical council of India/GOI's New Delhi Lr.No and date for the recognition of the course with number of intake. (Copy of MCI letter should be enclosed)												

Signature of Member :

Signature of Dean / Principal :

Signature of Convenor :

11	DETAILS OF INCREASE OF SEATS	
	a) Provisional Affiliation was granted by the University to conduct PG Degree Course with an intake of students (increase of seats)	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) Medical Council of India/ Govt. of India, New Delhi Letter No. and date for the recognition of the course with number of intake. (Copy of MCI letter should be enclosed for increase of seats)	

B. GENERAL INFORMATION ABOUT THE HOSPITAL		
1	Total Number of Beds	
2	Details of Bed allotment	
	General Medicine	
	ICU	
	Toxicology	
	Emergency Care	
	Trauma	
	Paediatric	
	Cardiac / Coronary Care Unit	
	Burns	
	Paediatric ICU	
	General Surgery	
	Special Surgeries	
	SICU	
	NICU	
	Dialysis	
	Any Other	
3	Average Bed Occupancy	
4	Average Out Patient attendance	
5	Average No. of New Patients per day	
6	Average No. of Biochemical investigations per day	
7	Average No. of Microbiological investigations per day	
8	Average No. of Clinical Pathological investigations per day	
9	Average No. of Cytopathological investigations per day	

Signature of Member :

Signature of Dean / Principal :

Signature of Convenor :

	(For information in Sl.No.6 to 9, attach separate sheets duly signed by the concerned Head of Department / Head of Laboratory services	
10	No. of General Surgical Theatres	
11	No. of Speciality Theatres	(Attach separate sheet showing the various Specialities; the information provided should be signed by both the Head of the Institution and the Prof & HOD of General Surgery)
12	No. of Minor Operation Theatres	
13	No. of Emergency Operation Theatres	
14	Average No. of Radiological investigations per day (If necessary, attach separate sheet duly signed by both the Head of the Institution and the concerned HOD)	

C. INFORMATION ABOUT THE SPECIALITY DEPARTMENT		
1	Faculty Details	
	a. No. of Units	
	b. No. of Professors	
	c. No. of Associate Professors	
	d. No. of Assistant Professors	
	e. No. of Senior Residents	
	f. No. of Junior Residents	
Please provide details in accordance to unit allocation		

No. of Units :

No. of Beds :

Details of the Teaching Faculty

S. No	Designation	Faculty Name	DOB	Original Affidavit with date	MCI UID (if available) & Adhaar No.	Form 16	Total Service college wise in all the previous Institutes (attach appendix)	DOJ & Experience in present institute	Total Experience as on January of current year
1.	Professor								
2.	Associate Professor								
3	Assistant Professor								
4	Senior Resident								
5	Junior Resident								

2	Equipments	Please provide a clear and separate sheet duly signed by both Head of the Institution and the concerned HOD of Department
3	No. of Beds	Give details of beds allotted to the Speciality to which inspection is conducted
4	Departmental Library	No. of books
		No. of Journals

Signature of Member :

Signature of Dean / Principal :

Signature of Convenor :

D. OTHER INFORMATION ABOUT THE SPECIALITY DEPARTMENT

1	Residential Quarters for Faculty	No. of Houses available	
		No. of Shared rooms available	
2	Hostel Facilities :	for Men PG students	
		for Women PG students	
3	Play Ground		
4	Central Library	i) Total No. of Books available *	
		ii) No of Books pertaining to the Speciality (provide the list)	
		iii) Journals pertaining to the Speciality (provide the list)	
* While enumerating the number, only one copy of a particular title should be listed. Multiple copies of the same title can not be listed as separate books			

E. OBSERVATION OF THE INSPECTION COMMISSION

a)	Whether the Trust / Society / Institute has fulfilled all the conditions and requirements as specified in the statutes to grant of Continuance of Provisional Affiliation	
b)	Other specific remarks of the Inspection Commission (The finding should be recorded in a separate sheet annexed to this report)	

F. PAST DEFICIENCIES:

a)	Rectification of past deficiencies if any observed by the Inspection team. (Please furnish item by item in a separate sheet and enclose along with the Inspection report)		
b)	Details of students appeared and percentage of pass for the last five years should be furnished.	Appeared Percentage of pass	
		2015-2016	
		2016-2017	
		2017-2018	
		2018-2019	
		2019-2020	

Signature of Member :

Signature of Dean / Principal :

Signature of Convenor :

We hereby declare that all the documents have been physically verified by us.

Signature of Dean / Principal with seal	
Signatures of Inspector (Member) with date	Signatures of Inspector (Convener) with date

DETAILS OF THE INSPECTION COMMISSION		
I	a) Name of the Convenor with Designation and Address, Mobile No.	
	b) Names of Member(s) with Designation and Address, Mobile No.	
II	University Letter No. & date in which the Inspection Commission Constituted	Lr.No. Date :
III	Date of Inspection	
IV	Place of Inspection	
V	Place and details of authorities representing the Management present at the time of inspection	

TO BE FILLED BY THE HEAD OF THE INSTITUTION

1. UNIVERSITY FEES WITH GST 18% FOR GRANT OF CONTINUANCE OF PROVISIONAL AFFILIATION		
1	Inspection Fee : Rs. 59,000/- CPA Rs.50,000 + GST 18% 9000)	Receipt No. Date
2	RTGS Details	
3	GST No. of the Institution	

2. SECURITY DEPOSIT				
Details of creation of Security Deposits				
Name of the the Branch	Amount	FDR No. & Date	Bank	Maturity Date

3. SHOW CAUSE NOTICE	
Whether show cause notice, if any, was issued for the inadequacy of facilities / teaching staff etc. /	
f so, furnish details	

Signature of Member :

Signature of Dean / Principal :

Signature of Convenor :