

# BABA FARID UNIVERSITY OF HEALTH SCIENCES FARIDKOT



## Inspection Proforma form for PG courses: Subject: Immuno Haematology and Blood Transfusion (Summary)

- Note:*
1. Please read the proforma carefully before completing
  2. Information provided should be brief and to the point. No unnecessary information be given. E.g. when research publications in indexed Journals during the last three years are asked for, do not give list of all publications from the beginning and do not give papers presented or abstracts etc.. Provide full reference
  3. Do not use annexures unnecessarily. All efforts be made to provide information within the proforma. Use annexures only when information is very lengthy
  4. Inspector to give his final remarks after the summary in the proforma. No separate confidential letters be sent.
  5. The college will be responsible for filling all columns and signing at appropriate places

**Date of Inspection:** \_\_\_\_\_ **Name of Inspector:** \_\_\_\_\_

1. Name of Institution (Private / Government)	<i>Director / Dean / Principal</i> (Who so ever is Head of Institution)		
	Name		
	Age & Date of Birth		
	Teaching experience		
	PG Degree (Recognized/Non-R)		
	Subject		

2. Department inspected	Head of Department		
	Name		
	Age & Date of Birth		
	Teaching experience		
	PG Degree (Recognized/Non-R)		

3. (a). Number of UG seats	Recognised (Year: _____ )	Permitted (Year: _____ )	First LOP date
(b). Date of last inspection for	UG	PG	
	Purpose:	Purpose:	
	Result:	Result:	

#### 4. Total PG Teachers available in the Department:

Designation	Number	Name	Total Teaching Experience	Benefit of Publications in Promotion
Professor				
Assoc Professor				
Asstt. Professor				

*Note: Count only those teachers who are physically present.*

5	Requisite important information of the Department	Adequate/Not Adequate
	Number of Labs available for UG students (Give Nomenclature)	
	Number of Labs available for PG students	
	Departmental Research Laboratory	

**Signature of Inspector**

	Laboratory Technicians (Number & Designations)	
	Specialised equipment in the department	
	Departmental Library – Book/Journals	
	Central Library – Books/Journals pertaining to the department	
<b>6</b>	Space for Department	
	Room for HOD & office steno	
	Rooms for Faculty Members	
	Class Rooms/Demonstration rooms	
	Specific requirements related to the department (Museum)	

**7. Publications from the department during last 3 years:**

*(Give only full articles published in indexed journals)*

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<b>8</b>	<b>Library</b>		Central	Departmental
		Number of Books		
		Number of Journals		
		Latest journals available upto		

<b>9</b>	Other relevant facilities in the Institution		
	Radiology facilities		
	Bio-Chemistry facilities (24 hrs emergency lab)		
	Pathology & Microbiology facilities		
	Blood Bank facilities (24 hours open or not blood components available)		
	Incinerator		
	Laundry		
	Hostels for UG & PG students		
	Accommodation for Staff		
<b>10.</b>	Ongoing teaching programme for PG students with logbook		

**11. Accommodation for staff**

Available / Not available

<b>12</b>	<b>Hostel Accommodation</b>	UG		PG		Interns	
		Boys	Girls	Boys	Girls	Boys	Girls
	Number of Rooms						

<b>13</b>	<b>Total number of PG seats in the concerned subject</b>		Recognized seats	Date of recognition	Permitted	Date of permission
		Degree				
		Diploma				

**14. Year wise PG students admitted (in the department inspected) during the last 5 years and available PG teachers**

Year	No. of PG students admitted		No. of PG Teachers available in the dept.
	Degree	Diploma	(Give names)
2014			
2013			
2012			
2011			
2010			

<b>15</b>	Other PG courses run by the institution	Course Name	No. of seats	Department
		DNB		
		M.Sc.		
		Others		

**Signature of Inspector**

16. Stipend paid to the PG students, year-wise:

Year	Stipend paid in Govt. colleges by State Govt.	Stipend paid by the Institution
Ist Year		
IInd Year		
IIIrd Year		
IVth Year		

17. List of Faculty joining and leaving after last inspection:

DESIGNATIONS	NUMBER	NAMES	
		JOINING FACULTY	LEAVING FACULTY
Professor			
Associate Prof.			
Assistant Prof.			
SR/Tutor/Demons.			
Others			

18. Faculty deficiency, if any

Designation	Faculty available (number only)	Faculty required	Deficiency, if any
Professor			
Assoc Professor			
Asstt. Professor			
Sr. Residents			
Jr. Residents			
Tutor/ Demonstrator			
Any Other			

19. Final remarks by the Inspector.

(No recommendations regarding permission / recognition be made. Give only factual position).

Signature of Dean/Principal

Signature of Inspector

Inspection Proforma for Postgraduate courses  
(IMMUNO HAEMATOLOGY AND BLOOD TRANSFUSION)

1. Name of Institution: \_\_\_\_\_

BFUHS Reference No.: \_\_\_\_\_

2. Particulars of the Inspector:- Inspection Date \_\_\_\_\_

<p>Name .....</p> <p>Designation .....</p> <p>Specialty .....</p> <p>Name &amp; Address of Institute/College</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p><b>Residential Address (with Pin Code)</b></p> <p>.....</p> <p>.....</p> <p>Phone .(Off) .....(Resi.) .....</p> <p>(Fax).....</p> <p>Mobile No. ....</p> <p>E-mail: .....</p>
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3. Institutional Information

Particulars of college

Item	College	Chairman/ Health Secretary	Director/ Dean/ Principal	Medical Superintendent
Name				
Address				
State				
Pin Code				
Phone (Off.) (Res.) (Fax)				
Mobile No.				
E-mail				

Signature of Dean/Principal

Signature of Inspector

**PART – I**  
**(Institutional Information)**

**1 Particulars of Director / Dean / Principal:**

(Who so ever is Head of Institution)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ (Date of Birth) \_\_\_\_\_

PG Degree	Subject	Year	Institution	University
Recognised / Not Recognized				

**Teaching Experience**

Designation	Institution	From	To	Total experience
Asstt Professor				
Assoc Professor/Reader				
Professor				
		Grand Total		

**2. Central Library**

- Total number of Books in library: \_\_\_\_\_
- Books pertaining to IHBT: \_\_\_\_\_
- Purchase of latest editions of books in last 3 years: Total:\_\_\_ IHBT books \_\_\_\_\_
- Journals:

Journals	Total	IHBT
Indian		
Foreign		

- Year / Month up to which latest Indian Journals available: \_\_\_\_\_
- Year / Month up to which latest Foreign Journals available: \_\_\_\_\_
- Internet / Med pub / Photocopy facility: available / not available
- Library opening times: \_\_\_\_\_
- Reading facility out of routine library hours: available / not available

**3. Casualty:/ Emergency Department**

Space	
Number of Beds	
No. of cases (Average daily OPD and Admissions):	
Emergency Lab in Casualty (round the clock):	available / not available
Investigations done in Emergency lab with average daily number	
Emergency OT and Dressing Room	
Staff (Medical/Paramedical)	
Equipment available	

**4. Blood Bank**

(i)	Valid License	Yes / No Date till valid
(ii)	No of units collected/yr	
(iii)	No. of blood units available	
(iv)	Average blood units consumed daily	
(v)	Facilities of blood components available	Yes / No
(vi)	Type of components issued(give number)	
	Red cell Platelet Others	
(vii)	Nature of Blood storage facilities (Whether as per specifications)	Yes / No
(viii)	All blood Units tested for Hepatitis C,B,HIV	Yes / No

What further investigations are done beyond routine blood test. Give details

**Signature of Inspector**

**5. Central Research Lab:**

- Whether it exists? Yes No
- Administrative control:
- Staff:
- Equipment:
- Workload:

**6. Central Laboratory:**

- Controlling Department:
- Working Hours:
- Investigative workload:  
(Approximate number of investigations done daily)

<b>Pathology</b>	<b>On inspection day</b>	<b>Average(monthly)</b>	<b>Biochemistry</b>	<b>On inspection day</b>	<b>Average(monthly)</b>
Haematology			Blood chemistry		
Histopathology			Endocrinology		
FNAC			Other fluids		
Cytology					

**7. Operation Theatres:**

<b>AC / Non AC</b>		<b>Number of OTs functional per day</b>	
<b>Numbers</b>		<b>Number of days operations carried out</b>	
		<b>Average No. of case operated daily (Entire hospital)</b>	<b>Major Minor Total</b>

8. Central supply of Oxygen / Suction:

Available / Not available

9. Central Sterilization Department

Adequate / Not adequate

10. Laundry:

Manual/Mechanical/Outsourced:

11. Kitchen

Gas / Fire

12. Incinerator:

Functional / Non functional/Outsourced

Capacity:

13. Bio-waste disposal

Outsourced / any other method

14. Generator facility

Available / Not available

15. Medical Record Section:

Computerized / Non computerized

16. Recreational facilities:

Available / Not available

Play grounds	Gymnasium
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17. Hostel facilities

<b>UGs (No. of Rooms)</b>		<b>Interns (No. of Rooms)</b>		<b>PGs (No. of Rooms)</b>	
Boys	Girls	Boys	Girls	Boys	Girls

18. Residential accommodation for Staff / Paramedical staff

Adequate / Inadequate

19. Ethical Committee (Constitution):

*(Specify number of meetings held annually & minutes thereof)*

20. Medical Education Unit (Constitution)

*(Specify number of meetings held annually & minutes thereof)***Director/ Dean/ Principal****Signature of Inspector**

**PART – II (Departmental Information)**

**1 Department inspected:** **Immuno Haematology and Blood Transfusion**

**2 Particulars of HOD**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ (Date of Birth) \_\_\_\_\_

PG Degree	Year	Institution	University
<i>Recognised/ Not Recognized</i>			

**Teaching Experience**

Designation	Institution	From	TO	Total experience
Asstt Professor				
Assoc Professor/Reader				
Professor				
			Grand Total	

**a) Purpose of Present inspection:** Grant of Permission/ Recognition/ Increase of seats / Renewal of recognition/Compliance Verification

**b) Date of last MCI inspection & University Inspection of the department:**

\_\_\_\_\_

**c) Purpose of Last Inspection:** \_\_\_\_\_

**d) Result of last Inspection:** \_\_\_\_\_

(Copy of MCI letter & University letter be attached)

**3 Mode of selection** (actual/proposed) of PG students.

**4 If course already started, year wise number of PG students admitted and available PG teachers during the last 5 years:**

Year	No. of PG students admitted		No. of PG Teachers available in the dept. (give names)
	Degree	Diploma	

**5. Stipend paid to the PG students, year-wise:**

Year	Stipend paid in Govt. colleges by State Govt.	Stipend paid by the Institution
Ist Year		
IInd Year		
IIIrd Year		
IVth Year		

**6 General Departmental facilities:**

- Total number of Laboratories in the department of IHBT

Nomenclature	Donor bleeding room	Testing Lab.	Component lab.	Research Lab.	Demo. room	Seminar Room
Size (Area)						
Capacity						
Water Supply						
Sinks						
Electric points						
Cupboards for storage & Microscopes						
List of equipments						

Give details of activity/services which the department provide beyond routine blood and component supply:

**Signature of Inspector**

## Teaching Staff:

S. No.	Designation	Name with Date of Birth	Nature of employment Full time/part time/Hon.	PAN Number TDS deducted	PG QUALIFICATION			Experience Date wise teaching experience with designation & Institution						
					Subject with Year of passing	Institution	University	Designation	Institution	From	To	Total Period	* Benefit of publications in promotion Yes/No, if yes List publications	

**Note:** Use only the Format provided. DO NOT devise your own format otherwise the information will not be considered. Fill up all columns

\*Publications : Give only full articles in indexed Journals published during the period of promotion

Signature of Inspector



\* Has any of these faculty members been considered in PG/UG inspection at any other college or any other subject in this college after 01.03.2014. If yes, give details.

6 List of Faculty who joined and left after last inspection:

DESIGNATIONS	NUMBER	NAMES	
		JOINING FACULTY	LEAVING FACULTY
Professor			
Associate Prof.			
Assistant Prof.			
SR/Tutor/Demons.			
Others			

7 List of Non-teaching Staff in the department: -

S.No.	Name	Designation

8. Teaching facilities:

	Number	Size	Sitting capacity
Seminar Rooms			
Demonstration Rooms			

Audiovisual Aids available: Adequate / Inadequate.

9. Departmental Library:

- Total No. of Books.
- Purchase of latest editions in last 3 years.

10. Departmental Museum

- Space
- No. of specimens
- Charts/ Diagrams

**Signature of Inspector**

11. Office Accommodation:
- Departmental Office
  - Space
  - Staff (Steno /Clerk).
  - Computer/ Typewriter
  - Internet facility

12. Office Space for Teaching Faculty:
- HOD
  - Professor
  - Assoc. Prof./ Reader
  - Lecturer/ Asstt. Professor
  - Residents room

13. Investigative workload

Year-wise available investigative workload (during previous three years) for the department of IHBT)

Parameters	Year 1	Year 2	Year 3
Total number of Blood units supplied			
Total number of Blood components supplied			
Average daily total blood units and components supplied			
Specialized services provided by the department. Give details.			

14. Equipments:

List of important equipments available and their functional status.

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**Signature of Inspector**

## 15. Facilities for Practicals/Research.

- Details of facilities to carry out theory and practical classes for UG students as per the recommendations of Medical Council of India.
- Details of facilities to carry out additional classes and practicals at PG level.
- Details of laboratories and other facilities to carry out research work.

## 16. List of different services provided by the department (other than routine supply of blood and components) and activities in which the department remains engaged.

## 17. Haematology :

- No. of samples per year .....

- No. of following investigations :

Complete Blood count ..... E.S.R. ....

Reticulocyte count ..... Absolute eosinophil count .....

Bone marrow aspiration ..... B.M. Biopsy .....

- PT                      APTT                      TT

- Facilities available for work up of :Name the investigation done and number/y

-Coagulation disorders .....

-Leukemia .....

-Nutritional anaemia .....

-Hemolytic anaemia .....

-Thalassemia.....

18. **Blood banking :**

- No. of units issued per year .....
- No. of units collected per year .....
- Voluntary                      Replacement
- No. of ABO grouping .....
- No. of Rh grouping .....
- No. of cross matching .....
- No. of cases of difficulty in blood grouping, matching:

**Signature of Inspector**

- Further investigations done in them:
- No. of samples in which antibodies identified .....
- No. of samples tested for - HIV .....
- HB .....
- HC .....
- VDRL .....
- Malaria .....
- Facilities available for preparation of blood components.....  
(List the components supplied)

19 . List of publications from the department during the last 3 years in indexed journals.

20. Any submission of data to national authorities , if applicable

**21. Academic outcome based parameters**

- |  |  |
|--|--|
| (a) Theory classes taken in the last 12 months –<br>(Dates, Subjects, Name & Designation<br>of teachers, Attendance sheet) | Number _____<br>Available & Verified/<br>Not available |
| (b) Clinical Seminars in last 12 months<br>(Dates, Subjects, Name & Designation<br>of teachers, Attendance sheet)          | Number _____<br>Available & Verified/<br>Not available |
| (c) Journal Clubs held in last 12 months<br>(Dates, Subjects, Name & Designation<br>of teachers, Attendance sheet)         | Number _____<br>Available & Verified/<br>Not available |
| (d) Case presentations held in last 12 months<br>(Dates, Subjects, Name & Designation<br>of teachers, Attendance sheet)    | Number _____<br>Available & Verified/<br>Not available |
| (e) Group discussions held in last 12 months<br>(Dates, Subjects, Name & Designation<br>of teachers, Attendance sheet)     | Number _____<br>Available & Verified/<br>Not available |
| (f) Guest lectures held in last 12 months<br>(Dates, Subjects, Name & Designation<br>of teachers, Attendance sheet)        | Number _____<br>Available & Verified/<br>Not available |

**Signature of Inspector**

22. Any other information

**Director / Dean / Principal**

**Head of Department**

**Signature of Inspector**

**PART III**

**POSTGRADUATE EXAMINATION (Only At the Time Of Inspection)**

1. Minimum prescribed period of training.
2. Minimum prescribed essential attendance.
3. Periodic performance appraisal done or not?
4. Whether the candidates appearing in the examination have submitted their thesis six months before appearing in examination as per PG Regulations.2000?
5. Whether the thesis submitted by the candidates appearing in the examination been accepted or not?
6. Whether the candidates appearing in the examination have (i) presented one poster (ii) read one paper at National/State conference and presented one research paper which has been published/accepted for publication/sent for publication during period of their postgraduate study period.
7. Details of examiners appointed by Examining University.
8. Whether appointment of examiners, their eligibility & conduct of examination is as per prescribed MCI norms or not ?
9. Standard of Theory papers and that of Clinical / Practical Examination:
  
10. Year of 1<sup>st</sup> batch pass out (mention name of previous/existing University)

Degree Course -----

**Signature of Dean/Principal/Director**

- Note: (i) Please do not appoint retired faculty as External Examiner  
(ii) There should be two internal and two external examiners. If there are no two internal examiners available in the department then only appoint three external examiners.

**Signature of Inspector**