

# BABA FARID UNIVERSITY OF HEALTH SCIENCES FARIDKOT



## Inspection Proforma for PG courses: Subject: Microbiology (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:** \_\_\_\_\_

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

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

<b>3. (a). Number of UG seats</b>	Recognised (Year:            )	Permitted (Year:            )	First LOP date
<b>(b). Date of last inspection for</b>	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. (a) Year-wise investigative workload during previous 3 years for the deptt. of Microbiology

	Year 1	Year 2	Year 3
Bacteriology			
Serology			
Mycology			
Parasitology			
Virology			

Signature of Inspector

Immunology			
AFB (Smears and culture)			
Total number of Investigations			

(b) Average daily investigative workload of the Department and its distribution

Bacteriology
Serology
Mycology
Parasitology
Virology
Immunology
AFB (Smears and culture)

6. Publications from the department during last 3 years:  
(Give only full articles published in indexed journals)

7. **Investigative work load on the day of inspection (Entire hospital)**

Microbiology	Biochemistry	Pathology	Microbiology	Blood units consumed
MRI		Histopathology		
CT		FNAC		
USG		Haematology		
Mammography		Others		
IVP/ Barium etc				
Plain X-Rays				
DSA				
Any other				

<b>8</b>	<b>Blood Bank</b>	License valid	Yes / NO
		Blood component facility available	Yes / NO
		Number of blood units stored on the inspection day	
		Average units consumed daily (entire hospital)	

9. Specialized services provided by the department: Adequate / not adequate

10. Specialized equipments available in the department: Adequate / Inadequate

11. Space (Labs., Offices, teaching area) Adequate / not adequate

12	Library	Central	Departmental
	Number of Books		
	Number of Journals		
	Latest journals available upto		

13. Common Facilities

- Central supply of Oxygen / Suction: Available / Not available
- Central Sterilization Department Adequate / Not adequate
- Laundry: Manual/Mechanical/Outsourced:
- Kitchen Gas / Fire
- Incinerator: Functional / Non functional Capacity: Outsourced
- Bio-waste disposal Outsourced / any other method
- Generator facility Available / Not available
- Medical Record Section: Computerized / Non computerized
- ICD X classification Used/Not used

14. Accommodation for staff Available / Not available

Signature of Inspector

15	Hostel Accommodation	UG		PG		Interns	
		Boys	Girls	Boys	Girls	Boys	Girls
	Number of Rooms						

16	Total number of PG seats in the concerned subject		Recognized seats	Date of recognition	Permitted	Date of permission
		Degree				
		Diploma				

17. 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. (Give names)
	Degree	Diploma	
2014			
2013			
2012			
2011			
2010			

18	Other PG courses run by the institution	Course Name	No. of seats	Department
		DNB		
		M.Sc.		
		Others		

19. 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		

20. 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			

21. 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			

Signature of Inspector

**22.** 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  
(Microbiology)

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

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

2. Particulars of the Inspector:-

Inspection Date \_\_\_\_\_

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

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
<i>Recognised / Not Recognized</i>				

**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 Microbiology: \_\_\_\_\_
- Purchase of latest editions of books in last 3 years: Total: \_\_\_ Microbiology books \_\_\_\_\_
- Journals:

Journals	Total	Microbiology
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. Blood Bank**

(i)	Valid License	Yes / No	
(ii)	Blood component facility available	Yes / No	
(iii)	All Blood Units tested for Hepatitis C,B, HIV	Yes / No	
(iv)	Nature of Blood Storage facilities (as per specifications)	Yes / No	
(v)	Number of Blood Units available on inspection day		
(vi)	Average blood units consumed daily	Average daily	on inspection day

**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)

Microbiology:	On inspection day	Average of 3 random days
Bacteriology		
Serology		
Mycology		
Parasitology		
Virology		
Immunology		
AFB		

Signature of Inspector

<b>Pathology</b>	<b>On inspection day</b>	<b>Average of 3 random days</b>	<b>Biochemistry</b>	<b>On inspection day</b>	<b>Average of 3 random days</b>
Haematology			Blood chemistry		
Histopathology			Endocrinology		
FNAC			Other fluids		
Cytology					

7. Central supply of Oxygen / Suction: Available / Not available  
8. Central Sterilization Department Adequate / Not adequate  
9. Laundry: Manual/Mechanical/Outsourced:  
10. Kitchen Gas / Fire  
11. Incinerator: Functional / Non functional Capacity: Outsourced  
12. Bio-waste disposal Outsourced / any other method  
13. Generator facility Available / Not available  
14. Medical Record Section: Computerized / Non computerized  
15. ICD X classification Used/Not used  
16. Recreational facilities: Available / Not available

Play grounds	Gymnasium
--------------	-----------

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: Microbiology****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, yearwise 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	
2014			
2013			
2012			
2011			
2010			

**5 Departmental General facilities:**

- Total number of Labs. in the department:.....

Nomenclature	Bacteriology (including anaerobic)	Parasitology	Mycology	Serology	Virology	Mycobacteriology	Research Lab.	Demo. room	Seminar Room	Any other lab.
Size (Area)										
Capacity										
Water Supply										
Sinks										
Electric points										
Cupboards for storage & Microscopes										
List of equipments										

Signature of Inspector



## Total teaching Staff:

S. No.	Designation	Name with Date of Birth	Nature of employment Full time/part time/Hon.	PAN Number TDS deducted	PG QUALIFICATION			<u>Experience</u> 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:** Unit wise teaching / Resident staff should be shown separately for each Unit in the proforma.

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 joining and leaving 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.** Daily investigative workload of the Department of Microbiology

Bacteriology
Serology
Mycology
Parasitology
Virology
Immunology
AFB (Smears and culture)
Other test for tuberculosis
antibiotic culture and sensitivity
anaerobic culture
dengue titres

**9** Departmental Library:

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

**10** Departmental Research Lab.

- Space
- Equipment
- Research projects utilizing Deptt research lab.

**11** Departmental Museum (Wherever applicable).

- Space:
- No. of specimens
- Charts/ Diagrams.

**12** Space:

- No. of rooms
- Patient Exam. arrangement:
- Equipments
- Teaching Space
- Waiting area for patients.

OPD

IPD

13 Office space:

<u>Departmental Office</u>	<u>Office Space for Teaching Faculty</u>
• Space	HOD
• Staff (Steno /Clerk).	Professors
• Computer/ Typewriter:	Assoc. Prof
	Asstt Prof.
	Residents

14. Submission of data to national authorities if any (Tuberculosis, HIV etc.)

15. Publications from the department during the last 3 years in indexed and non-indexed journals.

- No. of publications from the department during the last three years.
 

Indexed	Non-indexed.

16. **Equipments:**

**List of important equipments available and their functional status.**

.....

.....

.....

.....

17. 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. Available/Not available
- Details of facilities to carry out additional classes and practicals at PG level.
- Details of laboratories and other facilities to carry out research work.

18. Animal House

19. List stock cultures.

20. List test sera:

21. **Academic outcome based parameters**

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

- (f) Guest lectures held in last 12 months  
(Dates, Subjects, Name & Designation  
of teachers, Attendance sheet)

Number \_\_\_\_\_  
Available & Verified/  
Not available

22. Any other information

**Director / Dean / Principal**

**Head of Department**

**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.