

BABA FARID UNIVERSITY OF HEALTH SCIENCES FARIDKOT



Inspection Proforma for PG courses: Subject: Pharmacology (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	
	Laboratory Technicians (Number & Designations)	
	Specialised equipment in the department	
	Departmental Library – Book/Journals	

Signature of Inspector

	Central Library – Books/Journals pertaining to the department	
6	Space for Department	
	Room for HOD & office steno	
	Rooms for Faculty Members	
	Class Rooms/Demonstration rooms	
	Specific requirements related to the department (Museum)	
	Seminar Room	

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

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

9. Publications from the department during last 3 years:

(Give only full articles published in indexed journals)

--

9	Blood Bank	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)	

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

11. Specialized Intensive care services provided by the Dept: Adequate / not adequate

12. Specialized equipment available in the department: Adequate / Inadequate

13. Space (OPD, IPD, Offices, Teaching areas) Adequate / Inadequate

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

15. Casualty Number of Beds _____ Available equipment ____ Adequate / Inadequate

16. 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
- ICD10 classification: Used / Not used

Signature of Inspector

- Total number of OPD, IPD and Deaths in the Institution during the last one year:

OPD, IPD and no. of Deaths during last one year			
In the entire hospital		In the department of Medicine	
OPD		OPD	
IPD		IPD	
Deaths		Deaths	

- Number of Births in the Hospital during the last one year: _____

Note: The data be verified by checking the death/ birth registration forms sent by the institution to the Registrar, Deaths & Births (Photocopy of all such forms be obtained)

17. Accommodation for staff

Available / Not available

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

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

20. 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			

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

22. 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		

23. 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			

Signature of Inspector

24. 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			

25. 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
(Pharmacology)

Name of Institution: _____

Annual Intake for PG :

BFUHS Reference No.: _____

2. Particulars of the Inspector:-

Inspection Date _____

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

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 Pharmacology: _____
- Purchase of latest editions of books in last 3 years: Total: ___ Pharmacology books _____
- Journals:

Journals	Total	Pharmacology
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. Central Research Lab:

- Whether it exists? YES / NO
- Administrative control:
- Staff:
- Equipment:
- Workload:

4. Central Laboratory:

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

Radiology: On inspection day Average (monthly)			Microbiology: On inspection day Average (monthly)		
Plain X-Rays			Bacteriology		
CT Scans			Serology		
MR Scans			Mycology		
Mammography			Parasitology		
Barium studies / IVP			Virology		
Ultrasonography			Immunology		
DSA					
Others					

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

Signature of Inspector

Radiotherapy (Optional)	
Radiotherapy	
Teletherapy	
Brachy therapy	

5. Operation Theatres:

AC / Non AC		Number of OTs functional per day	
Numbers		Number of days operations carried out	
Pre-Anaesthetic clinic		Average No. of case operated daily (Entire hospital)	Major Minor Total
Resuscitation arrangements	Adequate /Inadequate	Equipments	

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

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

15 Hostel facilities

UGs (No. of Rooms)		Interns (No. of Rooms)		PGs (No. of Rooms)	
Boys	Girls	Boys	Girls	Boys	Girls

16. Residential accommodation for Staff / Paramedical staff Adequate / Inadequate
17. Ethical Committee (Constitution):
(Specify number of meetings held annually & minutes thereof)
18. 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: Pharmacology

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. 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		

Signature of Inspector

6 General Departmental facilities:

Total number of Laboratories in the department:.....

Nomenclature	Clinical Pharma cology	Pharma cy	Experi mental Pharma cology	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

7. Departmental Faculty

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	

* Use only the format provided. Do not devise your own format otherwise information provided 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.

8 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			

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

S.No.	Name	Designation

10. Services provided by the Department

- Special Diagnostic facilities being provided by the department, if any.

11. Departmental Library:

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

12. Departmental Museum

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

13. Departmental Research Lab.

- Space
- Equipment

14. Office Accommodation:

- Departmental Office
- Space
- Staff (Steno /Clerk).
- Computer/ Typewriter:

Office Space for Teaching Faculty:

- HOD
- Professor
- Assoc. Prof./ Reader
- Lecturer/ Asstt. Professor
- Resident duty room

15. Equipments:**List of important equipments available and their functional status.****Equipment available in different Laboratories**

.....

.....

.....

.....

16. Facilities for Practical's/Research.

- Facilities to carry out theory and practical classes for UG students as per the recommendations of Medical Council of India. YES/NO
- Facilities to carry out additional classes and practical at PG level. YES/NO
- Laboratories and other facilities to carry out research work. YES/NO

17. Animal House

- CPCSEA guidelines followed YES/NO
- Animal Ethics Committee in place? YES/NO
- Additional Technology used to minimize animal Experimentation YES/NO

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

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

19. Academic outcome based parameters

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

20. 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 1st 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