

# BABA FARID UNIVERSITY OF HEALTH SCIENCES FARIDKOT



## Inspection Proforma for PG courses: Subject: Physiology (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.*

<b>5</b>	<b>Requisite important information of the Department</b>	
	Recognised PG Teachers available	Adequate/Not Adequate
	Number of Labs available for UG students(Give Nomenclature)	Available/Not available
	Instruments and other expected facilities in different laboratories	Adequate/Not Adequate
	Laboratory Technician (Number & Designations)	
	Department Research Laboratory	Available/Not available
	Specialised equipments in the department	Available/Not available

Signature of Inspector

	Departmental Library – Book/Journals	Available/Not available
	Central Library – Books/Journals pertaining to the department	Available/Not available
<b>6</b>	Space for Department	
	Head of the Department & office steno	
	Offices for Faculty members	
	Class Rooms / Demonstration rooms	
	Specific requirements related to the department (Museum//Specialized Investigation etc.)	

**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	Available/Not available
	Bio-Chemistry facilities (24 hrs emergency lab)	Available/Not available
	Pathology & Microbiology facilities	Available/Not available
	Blood Bank facilities (24 hours open or not blood components available)	Available/Not available
	Incinerator	Available/Not available
	Hostels for UG & PG students	Available/Not available
	Accommodation for Staff	Available/Not available
<b>10.</b>	Ongoing teaching programme for PG students with logbook	Adequate/Not adequate

**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. (Give names)
	Degree	Diploma	
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  
(Physiology)

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>
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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				
Nearest Railway Station -----Distance-----kms.----- Nearest Airport -----Distance-----kms.-----				

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 Physiology: \_\_\_\_\_
- Purchase of latest editions of books in last 3 years: Total: \_\_\_ Physiology books  
Other books
- Journals:

Journals	Total	Physiology
Indian		
Foreign		

- Year / Month up to which Indian Journals available: \_\_\_\_\_
- Year / Month up to which 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

<b>Radiotherapy (Optional)</b>	
Radiotherapy	
Teletherapy	
Brachy therapy	

5. Central supply of Oxygen / Suction: Available / Not available  
6. Central Sterilization Department Adequate / Not adequate  
7. Laundry: Manual/Mechanical/Outsourced:  
8. Kitchen Gas / Fire  
8. Incinerator: Functional / Non functional Capacity: Outsourced  
9. Bio-waste disposal Outsourced / any other method  
10. Generator facility Available / Not available  
11. Medical Record Section: Computerized / Non computerized  
• ICD10 classification Used / Not used  
12. Recreational facilities: Available / Not available

Play grounds	Gymnasium
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**13** 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

14. Residential accommodation for Staff / Paramedical staff Adequate / Inadequate  
15. Ethical Committee (Constitution):  
*(Specify number of meetings held annually & minutes thereof)*  
16. 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: Physiology**

**2 Particulars of HOD**

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

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

**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		

**6. Departmental General facilities:**

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

Nomenclature	Amphibian Lab	Mammalian Lab.	Haematology Lab.	Clinical Physiology Lab.	Demo. room	Seminar Room	Research lab.	Any other lab.
Size (Area)								
Capacity								
Water Supply								
Sinks								
Electric points								
Cupboards for storage & Microscopes								
List of equipments								

Signature of Inspector

**PART – II (Departmental Information)****Teaching Staff:**

S. No.	Designation	Name with Date of Birth	Nature of employment Full time/part time/Hon.	PAN Number		PG QUALIFICATION			<u>Experience</u> Date wise teaching experience with designation & Institution				
						Subject with Year of passing	Institution	University	Designation	Institution	From	To	Period

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.

7 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			

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

S. No.	Name	Designation

**9. Services available by the Department.**

- (a) Cardiology services : ECG, Heart Rate Variability (Computerised machine), Hand Grip Dynamometer, non-invasive BP Recorder
- (b) Respiratory Services : Computerised Spirometry, PFTs, Peak Flow Meter, BMR etc.
- (c) Autonomic Function Tests
- (d) Neurology: EEG, Nerve Conduction Studies, Evoked Potential Studies (P<sub>300</sub>), VEP, BERA etc.
- (e) Investigative facilities like Nerve conduction, EMG (4-8 channels) etc.
- (f) YOGA Lab.
- (g) Other special diagnostic facilities being provided by the department.

10 Departmental Library:

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

11 Departmental Research Lab.

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

12. Departmental Museum

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

13. Space:

- No. of Laboratories
- Subject Exam. arrangement:
- Equipments
- Teaching Space
- Waiting area (If any)

## 14 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

## 15. Seminar Room

## 16. Demonstration Room(s)

## 17. Submission of data to national authorities if any -

## 18. 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.

19 **Equipments: List of important equipments available and their functional status****(A) Equipment available in different Laboratories****(B) Special Equipment for Investigation & Research purposes**

## 20. 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.

## 21. Animal House available yes/No

CPSEA guidelines followed :

Animal ethics committee in place ?

The additional technology used to minimize animal experimentation.

## 22. Brief details regarding Applied Physiology:

- Facilities available for training in Applied Physiology:
- Facilities available for training in other selected subjects:-

## 23. Technical Support:-

Availabilities of trained technical staff for assisting PGs in PG practicals and research.

24. **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 |

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