

**THE TAMILNADU DR. M.G.R. MEDICAL UNIVERSITY,
CHENNAI-32**



**AFFILIATION INSPECTION PROFORMA FOR GRANT OF
LETTER OF CONSENT OF AFFILAITON / PROVISIONAL AFFILIATION /
CONTINUANCE OF PROVISIONAL AFFILIATION
TO START / INCREASE / CONDUCT OF
POST GRADUATE MEDICAL DEGREE COURSE**

M.D. COMMUNINTY MEDICINE

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THE TAMILNADU DR. M.G.R. MEDICAL UNIVERSITY, CHENNAI-32

M.D. (COMMUNITY MEDICINE)

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LETTER OF CONSENT OF AFFILAITON / PROVISIONAL AFFILIATION /
CONTINUANCE OF PROVISIONAL AFFILIATION TO START / INCREASE /
CONDUCT OF POST GRADUATE MEDICAL DEGREE COURSE**

No. of seats: _____ **Date of inspection** _____ **Academic year** _____

PART – I GENERAL INFORMATION

1	a) Name of the Medical College	
	b) Complete Postal Address	
	c) Telephone No.	
	d) E Mail Id	
	e) College Website	
2	Medical College is owned by Govt./Trust/Society.	
	If owned by Trust/Society. Give details below	
	a). Name of the Society / Trust	
	b). Registered Address (Copy of Registered Trust Deed to be enclosed)	
	c) Financial Status of the Trust/ Society	
3	No. of MBBS seats admitted per year	
4	Details of the land of the Medical College	
5	Total Population in & around 20km radius of Medical College	
6	Distance between the Medical College and Hospital in kms	

7	a) Name of the Attached Hospital				
	b) Address				
	c) Telephone No				
	d) E mail Id				
8	Bed Strength for various departments*	Required Bed Strength/Unit			Available
		No. of seats			
			100	150	250
	<u>Medicine & Allied Specialties :</u>	240/10	320/12	500/17	
	General Medicine	120/4	150/5	240/8	
	Paediatrics	60/2	90/3	120/4	
	Respiratory Medicine	10/1	20/1	50/2	
	Dermato Venereo Leprosy	10/1	15/1	30/1	
	Psychiatry	10/1	15/1	30/1	
	Emergency Medicine	30/1	30/1	30/1	
	<u>Surgery & Allied Specialties :</u>	200/8	270/10	480/16	
	General Surgery	120/4	150/5	240/8	
	Orthopaedics	60/2	90/3	150/5	
	Ophthalmology	10/1	15/1	60/2	
	E.N.T	10/1	15/1	30/1	
	<u>Obstetrics & Gynaecology :</u>	60/2	90/3	150/5	
	Obstetrics	30/1	60/2	70/2	
	Gynaecology + Postnatal	30/1	30/1	60+20/ 2+1	
	Grand Total	500/20	680/25	1130/38	
	9	a) OPD Census* (Minimum per day)	800	1200	3000
b) Bed Occupancy Rate (Minimum 75%)					

***Based on the No. of MBBS seats (100/150/250) admitted per year**

10	Number of Births	Normal Deliveries	
		LSCS	
11	Number of Deaths		
Hospital Services in the Previous Calendar Year			
12	Surgeries/Procedures Performed	Major Surgeries	
		Minor Surgeries	
		Day Care Procedures	
13	Laboratory Services		
	a) Total Number of Bio Chemistry Investigations		
	b) Total Number of Clinical Pathology Investigations		
	c) Total Number of Histo Pathology Investigations		
	d) Total Number of Microbiology Investigations		
14	Radiology & Imaging Services		
	X'Ray		
	Contrast Studies		
	USG		
	Doppler Study		
	USG Guided Biopsies		
	CT Scan		
	MRI Scan		
15	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)
16	a) Whether the Medical College / Institution has been recognized by the Medical Council of India / National Medical Commission for running MBBS/M.D./M.S. Degree Course in _____		MCI/NMC Lr.No.: Date : Annual Intake : Academic Year :

	b) Whether Medical Council of India / National Medical Commission inspection conducted for recognition and what is the stage				
	c) Student Registered from the commencement of the course to till date (previous 5 years break up details to be provided)	Year	Govt. quota	Mgt. quota.	Total
	In case of increase of PG seats				
17	Whether the Institution has obtained Permission Letter from the State Government / University / NMC / 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 NMC/GOI's Permission: Lr.No. Date			
18	DETAILS OF COMMENCEMENT OF THE COURSE:				
	a) Date of Commencement of the course				
	b) Date of final year practical examination of the first batch				
	c) National Medical Council/GOI's New Delhi Lr No. and date for the recognition of the course with number of intake. (Copy of NMC letter should be enclosed)				
19	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) National Medical Council/GOI's New Delhi Lr No. and date for the recognition of the course with number of intake. (Copy of NMC letter should be enclosed for increase of seats)				

PART – II GENERAL INFRASTRUCTURAL FACILITIES

Note: Enter the actuals in the “Available” Column

M.D. (COMMUNITY MEDICINE)

Sl.No.	Item	Required	Available	Remarks
1	Central Library	1600 / 2400 / 4000 sq.mt*		
		Air Conditioned with adequate lighting and ventilation		
		Staff reading room for 20 / 30 / 50 persons*		
		Students – seating for 200 / 300 / 500 students*		
		Room for Librarian		
		Room for Draftaries / Book binders		
		Journal room		
		Xerox room		
		Video & cassette room		
		Computer / Medlar / Internet facility with minimum of 25 / 40 / 50 nodes*		
		Adequate space for stacking and display of books/journals		
		Provision for E- Library should be present		
		BOOKS & JOURNALS**		
		Books* – 7000 / 11000 / 20000 text and reference books		
		Number of copies of text books in each subject of undergraduate teaching shall be 10		
		Journals* – 100 / 100 / 100		
		Indian* – 70 / 70 / 67		
Foreign* – 30 / 30 / 33				
Whether Journal subscriptions are up to date				

*Based on the No. of MBBS seats (100/150/250) admitted per year

** While enumerating the number, only one copy of a particular title should be listed. Multiple copies of the same title cannot be listed as separate books.

Sl.No.	Item	Required	Available	Remarks
2	Functional Central Research Lab/Cell	Available / Not Available		
3	Play Ground	Available / Not Available		
4	Gymnasium	Available / Not Available		
5	Intercom Network	Available / Not Available		
6	OPD attendance*	800 / 1200 / 3000 per day		
7	Bed Occupancy	75%		
8	OT & ICU services*			
	Operation Theatre (No of Units) - Major - 7 / 9 / 10 Minor - 2 / 2 / 2	Major- Surgery - 2 / 4 / 5 E.N.T - 1 / 1 / 1 Ophthalmology - 1 / 1 / 1 Orthopaedics - 1 / 1 / 1 Obstetrics - 1 / 1 / 1 Gynaecology - 1 / 1 / 1 Minor- 1 in OPD, 1 in Accident & Emergency ward		
	Septic Operation Theatre	1 for Labour Ward 1 for Surgery Dept.		
	ICU	5 Beds		
	ICCU	5 Beds		
	Paediatrics ICU / Neonatal ICU	5 Beds		
	SICU	5 beds		
	Intensive Burns Care Unit	5 beds		
	Central Casualty Services*	10 / 25 / 30 Beds		
	Respiratory ICU(preferable)	-		
	Others (Please specify)			
9	Radiology (Minimum nos. required for MBBS requirement is given below. The nos. may increase for PG requirements)			
	USG (Colour)	3		
	X ray units	300 mA	2 numbers	
		600 mA	2 numbers	
		800 mA	1/2/2 IITV number + Fluoroscopy	
	Mobile X- Ray units	60 mA	2/3/3 numbers	
		100 mA	2/3 /3 numbers	
	CT Scan	16 slice- spiral	1 number	
	MRI (Optional for 100/150)	1.5 tesla	1 no.	

*Based on the No. of MBBS seats (100 / 150 / 250) admitted per year

Sl.No.	Item	Required	Available	Remarks
10	Functional Central Laboratory in Hospital	Available / Not available		
11	Functional Blood Bank-air conditioned (<i>Attach the copy of Blood Bank License as annexure and verify validity</i>)	100 sq.mt		
12	Pharmacy*	2000 / 2000 / 3000 sq.ft.		
13	Manifold Room (<i>Attach the copy of 1 month refilling invoice for Oxygen & Nitrous oxide</i>)	Oxygen		
		Nitrous Oxide		
		Medical Air		
		Vacuum		
	Liquid Oxygen Plant (<i>Attach the copy of 1 month refilling invoice</i>)	Capacity & Interconnectivity with Main Manifold		
14	Central Sterilization Services Department	Available / Not available		
15	Modern Laundry	Available / Not available		
16	Central Kitchen	Available / Not available		
17	Day Care Centre	Available / Not available		
18	Play area for Paediatric patients including Toys / TV/ Music & Books	Available / Not available		
19	Central Workshop for repair of equipment and instruments	Available / Not available		
20	Central Incineration Plant or other system approved by State Pollution Control Board	Available / Not available		
21	Computerized Medical Record Section with ICD 10 coding facility*	200 / 250 / 350 sq.mt.		
22	Staff Quarters* 20% Teaching staff should have quarters	21 / 26 / 38 numbers		
	20% Non teaching staff should have quarters	36 /36 / 38 numbers		
23	Residents Quarters	Facility for accommodating 100 % of residents		
24	Nurses Quarters*	Facility for accommodating 48 / 75 / 110 nurses		

*Based on the No. of MBBS seats (100 / 150 / 250) admitted per year

PART – III DEPARTMENT OF DETAILS M.D. (COMMUNITY MEDICINE)

Name of the Medical College	Academic Year	Date of Inspection
Purpose of Inspection	Number of Post Graduate Seats for which Affiliation is sought	Number of Permitted/ Recognized PG Seats
Date of last University inspection	Purpose of Inspection	

Note : 1. Enter the Actuals in the “Available” Column. 2. Attach the Unit complement sheet with the signature of the faculty

I. a) TEACHING FACULTY

Sl.No.	Faculty	Required for UG			Required for PG	Available	Remarks
		No. of seats					
		100	150	250			
1	Professor	1	1	1			
2	Associate Professor	2	2	2			
3	Assistant Professor	2	3	5			
4	Epidemiologist cum Asst. Prof.	1	1	1			
5	Statistician cum Asst. Prof.	1	1	1			
6	Tutors / Demonstrators	3	4	5			

I. b) STAFF FOR RURAL TRAINING HEALTH CENTRE (INCLUDING FIELD WORK & EPIDEMIOLOGICAL STUDIES)

Sl.No.	Staff	Required	Available	Remarks
1.	Medical Officer of Health cum Lecturer / Asst. Prof.	1		
2.	Lady Medical Officer	1		
3.	Medical Social Workers	2		
4.	Public Health Nurse	1		
5.	Health Inspector / Health Assistant (Male)	1		
6.	Health Educator	1		
7.	Technical Asst. / Technician	1		
8.	Peon	1		

9.	Van Driver	1		
10.	Store Keeper cum Record Clerk	1		
11.	Sweepers	2		

I. c) STAFF FOR URBAN TRAINING HEALTH CENTRE

Sl.No.	Staff	Required	Available	Remarks
1.	Medical Officer of Health cum Lecturer / Asst. Prof.	1		
2.	Lady Medical Officer	1		
3.	Medical Social Workers	2		
4.	Public Health Nurse	1		
5.	Health Inspector	2		
6.	Health Educator	1		
7.	Technical Asst. / Technician	2		
8.	Peon	1		
9.	Van Driver	1		
10.	Store Keeper	1		
11.	Record Clerk	1		
12.	Sweepers	2		

II. NON-TEACHING STAFF

Sl.No.	Staffs	Required (For UG 100/150/250 seats)	Available	Remarks
1.	Medical Social Worker	1		
2.	Technical Assistant / Technician	1		
3.	Stenographers	1		
4.	Record Keeper cum Clerk cum Computer Operator	1		
5.	Store Keeper	1		
6.	Sweepers	1		

III. SPACE

Sl. No.	Space	Required	Available	Remarks
1	Demonstration Room Fitted with Strip chairs, Over Head Projector, Slide Projector, TV, Video and other Audiovisual Aids.	1(45 /60/ 90 Sq.mt. area each) Accommodation at least 50-60 /75-100 /60-75 students		
2.	Laboratories : With facilities for purpose of demonstration of various laboratory practicals	1 (150 /200/375 sq.mt. area) for 60 students		
3.	Museum For the display of models, charts, specimens and other material concerning Communicable Disease,	100/125/175 Sq.mt		

	Community Health, Family Welfare Planning, Biostatistics, Sociology, National Health Programmes, Environmental Sanitation etc.,			
4.	Departmental Library cum Seminar room not more than 2 copies of any 1 book shall be counted towards computation of the total number of books.	30Sq.mt area 80-100 books		
5.	Research Laboratory	1 (50Sq.mt area)		
6.	Professor & Head of the Department	1- 18 sq.mt. area		
	Associate Professor	15 sq.mt each for every Associate Professor		
	Assistant Professor	20 sq.mt room for every 2 Assistant Professors		
	Statistician cum Lecturer	1 room - 12 sq.mt. area		
	Epidemiologist cum Lecturer	1 room - 12 sq.mt. area		
	Tutors/Demonstrators	15 sq.mt room for every 2 Tutors		
	Department Office cum Clerical Room	1 room - 12 sq.mt. area		
	Working accommodation for non teaching staff	1 room - 15 sq.mt. area		

V. DEPARTMENTAL LIBRARY:

Total No. of Books	
Purchase of latest editions in past 3 years	
Number of Journals	Indian -
	International -

VI. DEPARTMENTAL RESEARCH LAB.

Space	
Equipments	
Research projects utilizing Research lab	1. 2. 3.

VII. DEPARTMENTAL MUSEUM (WHEREVER APPLICABLE)

Space	
Number of specimens	
Number of charts / diagrams	

VIII. SEMINAR ROOM FOR PG:

Available	Not available

IX (a) Para-medical sections: Provide brief information on staff and activities of the following:

- a. Medico-Social Work Section
- b. Family Care Study Section
- c. Health Education Section
- d. Epidemiological unit
- e. Bio-statistics Section
- f. Others

b) Transport availability: Yes / No

If yes,

Type of transport

Numbers:

c) Postings of PGs in other departments/elsewhere:

a) Departments	
b) Other institutions	
c) District/State/Health Organization.	

d) Field Practice area:

(I) **Urban Health Centre:** Owned and controlled by the Institution: Yes / No (*Verify ownership*)

Name			
Population covered			
Since when started			
Schedule of P.G. posting			
Field Staff posted there	MO	LMO	Para-Medics
Distance from Medical College			
Residential/Non-residential			
Specialty activities undertaken			
OPD			
Immunization			
Ante-natal			
Deliveries			
Family visits			

(ii) Rural Health Centre: Owned and controlled by the Institution: Yes / No (*Verify ownership*)

Name			
Population covered			
Since when started			
Schedule of P.G. posting			
Field Staff posted there	MO	LMO	Para-Medics
Distance from Medical College			
Residential/Non-residential			
Specialty activities undertaken			
OPD			
Immunization			
Ante-natal			
Deliveries			
Family visits			

e) Details of staff of Field Training Units:

(i) Urban Health Centre

Staff:	
M.O	
L.M.O	
Para-Medics	
Class IV	
Population covered	

(ii) Rural Health Centre

Staff:	
M.O	
L.M.O	
Para-Medics	
Class IV	
Population covered	

f) Any other service provided:
(List in the space provided below)

g) BLOOD BANK:

Sl. No.	Particulars		Remarks
(i)	Valid License	Yes / No	
(ii)	Blood component facility available	Yes / No	
(iii)	All Units tested for Hepatitis C, B, HIV	Yes / No	
(iv)	Availability of Storage facilities (as per specifications)	Yes / No	
(v)	Average number of units utilized daily		
(vi)	No. of Units for Blood components available on the day of assessment		
(vii)	No. of Units utilized on the day of assessment		

X. ACADEMIC / RESEARCH ACTIVITIES / MEETINGS (in the previous academic year)

1	No. of Theory classes taken for PGs	
2	No. of Journal Clubs conducted	
3	No. of Group discussions conducted for PGs	
4	Symposia (Hours)	
5	Seminar (Hours)	
6	CMEs Conducted (whether credit points from University/Tamil Nadu Medical Council is obtained)	
7	No of Conferences attended by Faculty	
8	No of Podium Presentations	
9	No of Poster Presentations	
10	No of Guest Lectures	
11	Research	
	No of Publications in Indexed Journals	
	No of Projects sponsored by National Agencies / State Agencies	
	No of Ongoing Projects	
	No of ICMR-STs Project approvals received	
	State whether any innovations in teaching & research are implemented / created in the Department	
12	No. of Clinico- Pathological Meetings	
13	No.of Death Review Meetings	

XI. LIST OF EQUIPMENT AVAILABLE IN THE DEPARTMENT OF COMMUNITY MEDICINE AND THEIR FUNCTIONAL STATUS (PLEASE FILL OUT THE DETAILS OF THE LIST HERE BELOW. ANNEXURE TO BE ATTACHED)

Equipment	Numbers	Functional Status	Comments
1) Spirometry			
2) Ophthalmoscope			
3) Glucometer			
4) Height & Weight machine			
5) Calipers			
6) Infantometer			

Equipment: List of important equipment* available and their functional status.

Signature of the HOD

Signature of the Dean / Principal

UNIVERSITY INSPECTION TEAM

CONVENOR

Signature

Name in capital Letters

Designation

College

MEMBER

Signature

Name in capital Letters

Designation

College

PART – IV MANDATORY DOCUMENTS

(The Inspection Team to check the date of validity of all regulatory documents)

M.D. (COMMUNITY MEDICINE)

Sl.No.	Name of the Documents	Available	Remarks
1	Building Stability Certificate		
2	Fire Safety License		
3	Lift License		
4	TNPCB License		
5	MOU for Hospital Biomedical Waste Management		
6	Registration Certificate under Tamil Nadu Clinical Establishment Act		
7	Government Order to conduct Autopsies		
8	AERB Certificate		
9	PNDT Certificate for every equipment		
10	Blood Bank Licence		
11	Constitution of Gender Harassment Committee		
12	Constitution of Institutional Ethics Committee		
13	Constitution of Animal Ethics Committee		
14	Constitution of MEU with members		
15	Constitution of College Council		

Signature of the HOD

Signature of the Dean / Principal

UNIVERSITY INSPECTION TEAM

Signature of the Convenor

Signature of the Member

Remarks

Signature of the HOD

Signature of Dean

Signature of the Inspection Team

Part – VI TEACHING EXPERIENCE FORMAT

M.D. (COMMUNITY MEDICINE)

Unit wise Teaching & Residential Staff :

Unit:

Bed Strength :

Sl.No.	Designation	Employee No. and Name with Date of Birth	Nature of employment Full time	PAN Number	PG QUALIFICATION			<u>Experience</u>					Signature of Faculty Member	
					Subject with Year of passing	Institution	University	Date wise teaching experience with designation & Institution						
								Designation Mentioning subject	Institution	From	To	Total Period	* Benefit of publications given in promotion Yes/No, if yes List publications here (no annexures)	
								Tutor/JR						
								SR						
								Asst.Prof.						
								Assoc.Prof.						
								Prof.						

Note: *Publications: Give Details of full articles in indexed Journals published during the period of promotion and list them here only.
 Details to be filled for all the faculty / Residential Unit wise in this format.

Signature of Dean

Signature of the Convenor :

Signature of the Member :

PART – VII AFFIDAVITS

Faculty / Resident Affidavit Form – B		RECENT PHOTOGRAPH TO BE COUNTERSIGNED BY THE DEAN / PRINCIPAL
Academic Year		
Purpose of Inspection		
Date of Inspection		
Name of the Medical College		
Name of Course / Speciality		

- 1) Name (as in Degree Certificate) : _____
- 2) S/o. D/o. W/o. : _____
- 3) Date of Birth & Age : _____
- 4) PAN Number : _____
- 5) Speciality : _____
- 6) Present Designation : _____
- 7) Residential Address : _____

- 8) Telephone No. (Res): _____ Telephone No. (Off): _____
- Mobile No: _____ Mail id : _____

9) Proof of Address : **Faculty:** Aadhaar / Passport / Voter Id / Electricity Bill / Landline Telephone Bill,
Residents : Quarter's Allotment Letter

10) Qualification & Medical Council Registration Details

Qualification	College	University	Year	Registration No. with date	Name of the State Medical Council
BS					
/MS/DNB					
/M.Ch/DNB					

11) Date of Joining Present institution : as _____

12) Relieved from Previous Institution on Transfer / Promotion / Resignation / Retirement on _____ as _____.

13) Teaching Experience

Sl. No	Designation	Name of the Institutions	From	To	Experience		
					Years	Months	Days
1	Junior Resident						
2	Senior Resident						
3	Tutor						
4	Assistant Professor						
5	Associate Professor						
6	Professor						
Total Experience							

14) Details of Research Project / Publications / Basic Courses

Research Publications					
Sl. No.	Title of the Publication	Name of the Journal	Authorship Details	Date of Publication	Indexing Agency
1					
2					
3					
4					

Research Projects				
Sl. No	Name of the Research Project	Name of the Supporting National Research Body like ICMR/DST/DBT	Research Investigator Status	
			Principal Investigator (PI)	Co -Principal Investigator (CoPI)

1				
2				

Basic Courses			
Sl No	Name of the Course	Dates & Duration	Name of the Institution designated by MCI
1	Medical Education Technology		
2	Bio Medical Research		

Form 16 (TDS) of the Last Financial year : _____

Note: Attach copies of the relevant Certificates and Documents

DECLARATION

I, Dr. _____ working as _____ in the Department of _____ at _____ Medical College do hereby give an undertaking that I am a **Full Time Teacher** working from _____ A.M to _____ P.M daily at this Institute

Or

2. I, Dr. _____ am working as _____ in the Department of _____ at _____ Medical College and do hereby give an undertaking that I am a **Full time Regular Resident** in _____ and I am staying in Room No. _____ in the Residents Hostel in the college premises.

3. I have not presented myself to any other Medical College / Institution as a faculty / Resident in the current academic year for the purpose of MCI / The Tamil Nadu Dr. M.G.R. Medical University Assessment.

4. I am not working in any other Medical College/Dental College in the State or outside the State in any capacity : Regular / Contractual / Adhoc as Full time / Part time / Honorary faculty / Resident.

5. It is declared that each statement and / or contents of this declaration and / or documents, certificates submitted along with the declaration form, by the undersigned are absolutely true, correct and authentic. In the event of any statement made in this declaration subsequently turning out to be incorrect or false, the undersigned has understood and accept that such **misdeclaration in respect to any content of this declaration shall also be treated as a gross misconduct thereby rendering the undersigned liable for necessary disciplinary action.**

Place :

Date :

Signature of the Faculty

Signature of the HOD

Signature of the Dean / Principal

**Signatures of the Inspection Team
Convenor / Members**