

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. DERMATOLOGY, VENEREOLOGY & LEPROSY

INDEX

Part – I General Information

Part – II General Infrastructural Facilities

Part – III Department Details

Part-IV Mandatory Documents

Part – V Faculty Attendance

Part – VI Teaching Experience Format

Part – VII Affidavits

THE TAMILNADU DR. M.G.R. MEDICAL UNIVERSITY, CHENNAI-32
M.D. (DERMATOLOGY, VENEREOROLOGY & LEPROSY)

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

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 <i>(Copy of Registered Trust Deed to be enclosed)</i>	
	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	

	Bed Strength for various departments *	Required Bed Strength / Unit			Available	
		No. of seats				
		100	150	250		
8	<u>Medicine & Allied Specialties :</u>	210/10	285/12	460/16		
	General Medicine	100/4	130/5	240/8		
	Paediatrics	50/2	75/3	120/4		
	Respiratory Medicine	10/1	20/1	30/1		
	Dermato Venereo Leprosy	10/1	10/1	10/1		
	Psychiatry	10/1	20/1	30/1		
	Emergency Medicine	30/1	30/1	30/1		
	<u>Surgery & Allied Specialties :</u>	170/8	245/12	420/16		
	General Surgery	100/4	130/5	240/8		
	Orthopaedics	50/2	75/3	120/4		
	Ophthalmology	10/1	20/2	30/2		
	Otorhinolaryngology	10/1	20/2	30/2		
	Obstetrics & Gynaecology :	50/2	100/4	150/5		
	Grand Total	430/20	630/28	1030/37		
	9	a) OPD Census* (Minimum per day)	800	1200	2000	
		b) Bed Occupancy Rate (Minimum 75%)				
10	Number of Births	Normal Deliveries				
		LSCS				
11	Number of Deaths					

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

*

Hospital Services		Previous Calendar	On the day of Inspection
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) In case of increase of PG seats	Year	Govt. quota	Mgt. quota.	Total
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				
	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 for increase of seats)				

PART – II GENERAL INFRASTRUCTURAL FACILITIES

Note: Enter the actuals in the “Available” Column

M.D. (DERMATOLOGY, VENEREOLOGY & LEPROSY)

Sl. No.	Item	Required	Available	Remarks
1.	Central Library:	1000 / 1000 / 1500 sq.mt*		
		Air Conditioned with adequate lighting and ventilation		
		Staff reading room		
		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% of the annual intake		
		Adequate space for stacking and display of books/journals		
		Provision for E- Library should be present		
		BOOKS & JOURNALS**		
		Books* – 3000 / 4500 / 7500 text and reference books		
		Number of copies of text books in each subject of undergraduate teaching shall be 10		
		Journals* – 30 / 45 / 75		
		Indian* –		
		Foreign* –		
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 / 2000 per day		
7	Bed Occupancy	75%		
8	OT & ICU services*			
	Operation Theatre (No of Units) Major - 7 / 9 / 11 Minor – Every surgical speciality shall have atleast one well equipped Minor OT attached to it	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	5/10/20 Beds		
	ICCU	5/10/20 Beds		
	Paediatrics ICU / Neonatal ICU	5/10/20 Beds		
	SICU	5/10/20 Beds		
	Intensive Burns Care Unit	5/10/20 Beds		
	Respiratory ICU(preferable)	-		
	Others (Please specify)			

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

9	Radiology (Minimum nos. required for MBBS requirement is given below. The nos. may increase for PG requirements)			
	USG (Colour)*	3 / 3 / 6		
	X ray units*	300 mA	3 / 4 / 6 numbers	
	Mobile X- Ray units*	60 mA	3 / 4 / 6 numbers	
	CT Scan*	16 slice-spiral	1 / 1 / 1 number	
	MRI	1.5 Telsa	1 number	
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	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		
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. (DERMATOLOGY, VENEREOLOGY & LEPROSY)

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. TEACHING FACULTY

Sl.No.	Faculty	Required for UG			Required for PG	Available	Remarks
		No. of seats					
		100	150	250			
1	Professor	0	0	1			
2	Associate Professor	1	1	1			
3	Assistant Professor	1	1	1			
4	Senior Resident	1	1	1			
5	Junior Resident	1	1	2			

II. NON-TEACHING STAFF

Sl.No.	Staff	Required (For UG 100/150/250 seats)	Available	Remarks
1	Technicians /Technical Assistants	3		
2	Laboratory Attendants	4		
3	Store Keeper	1		
4	Steno Typist	1		
5	Record Clerks	2		

III. OUTPATIENT SECTION

Sl.No.	Space	Required	Available	Remarks
1	Waiting / reception room for patients and attendants	–		
2	Enquiry and record room	1		
3	Examination rooms (cubicles)	2 (1 Male & 1 Female)		
4	Case demonstration room	1 - Accomodating 15- 20 students		
5	Procedure room	1		
6	Seminar room for students	Should be equipped with furniture and AV aids		

IV. INPATIENT SECTION

No. of Units: _____

Available No. of Beds:

Sl.No.	Space	Required	Available	Remarks
1.	General Ward	Shall not exceed 30 patients (distance between 2 beds shall not be less than 1.5m.)		
	Nurses duty room/ nursing station	20 sq.mt		
	Examination & Treatment room	15 sq. mt		
	Ward pantry	15 sq.mt		
	Store room for linen & other equipments	15 sq.mt		
	Resident Doctors & Students duty room	20 sq.mt		
	Clinical Demonstration room(with Examination couch)	1room – 20 sq.mt		
2.*	Professor & HOD of the department	18 sq.mt		

	Associate Professor	15 sq.mt each for every Associate Professor		
	Assistant Professor	20 sq.mt room for every 2 Assistant Professors		
	Senior Residents	15 sq.mt room for every 2 Senior Residents		
	Junior Residents / PGs			
	Department office cum clerical room	1 room - 12 sq.mt		
	Working accommodation for non teaching staff	1 room - 12 sq.mt		
	* Note: The No. of rooms required as per the actual no. of faculty needed for the required no. of seats.			

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) CLINICAL INVESTIGATIVE WORKLOAD AND CLINICAL MATERIAL OF THE DEPARTMENT OF DVL(past 3 years):

Particulars	Year 1	Year 2	Year 3
Total number of patients in OPD			
Total number of patients in IPD			
Weekly clinical work load for OPD			
Weekly clinical work load for IPD			
Skin Biopsies			
Electro Surgical Procedures			
ACNE surgery			
Cryo Surgical Procedures			
Chemical Peels			
Skin grafting procedures			
Intralesional injections			
KELOID treatment			
Nail Surgeries			
NUVB/PUVA therapy			
Laser Procedures			
Hair reduction			
Scar revision			
Pigment removal			
Other cosmetic surgical procedures			
Average daily consumption of blood units			

(Past year)

(b) SPECIALTY CLINICS RUN BY THE DEPARTMENT OF DVL WITH NUMBER OF PATIENTS IN EACH:

Name of the Clinic	Weekday/s	Timings	Number of cases (Avg)	Name of Clinic In-charge
Vitiligo Clinic				
Psoriasis Clinic				
Autoimmune disease clinic				
Vesiculobullous diseases				
Hansen's clinic				
STD Clinic				
Pigmentary Clinic				
Any other				

(c) Separate examination and treatment room for STD patients:

Available / Not available

(d) SERVICES PROVIDED BY THE DEPARTMENT OF DVL:

Service	Availability	Service	Availability
Skin Biopsies	Yes / No	KELOID treatment	Yes / No
Electro Surgical Procedures	Yes / No	Nail Surgeries	Yes / No
ACNE surgery	Yes / No	NUVB/PUVA therapy	Yes / No
Cryo Surgical Procedures	Yes / No	Laser Procedures - Hair reduction	Yes / No
Chemical Peels	Yes / No	- Scar revision	Yes / No
Skin grafting procedures	Yes / No	- Pigment removal	Yes / No
Intralesional injections	Yes / No	Other cosmetic surgical procedures	Yes / No

(E) ANY OTHER SERVICE PROVIDED:

(List in the space provided

below)

(f) 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-STC 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 DVL AND THEIR FUNCTIONAL STATUS (PLEASE FILL OUT THE DETAILS OF THE LIST HERE BELOW. ANNEXURE TO BE ATTACHED)

Equipment	Numbers	Functional Status	Comments
Biopsy punches			
Hyfrecator /electro-surgical instrument			
Patch testing kits			
Liquid nitrogen cyro			
Chemical Peels			
PUVA Chamber (total body)			
NBUV Chamber			
Laser for hair reduction			
Laser for scar revision			
Laser for pigment removal			
Pulse Oxymeters			
Syringe pump			
ECCG			
Crash cart			
Other routine equipment			
Any other special equipment			

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

XII. UNIT COMPLEMENT SHEET:

No. of Units: _____ **No. of Beds:** _____

Please list out the names of the faculty.

Unit	Professor	Associate Professor	Assistant Professor	Sr. Resident	Jr. Resident
I					
II					
III					
IV					
V					

Note	A Unit shall consist of 30 Beds for M.D. and M.S.
	Regarding Teacher : Student Ratio, verify the teaching faculties presently available physically, as prescribed by NMC/MCI, New Delhi vide Notification dated 04.04.2019 and amendments thereafter.

Signature of the HOD

Signature of the Dean /

Principal

UNIVERSITY INSPECTION TEAM

CONVENOR

MEMBER

Signature

Signature

Name in capital Letters

Name in capital Letters

Designation

Designation

College

College

Member

PART – IV MANDATORY DOCUMENTS

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

M.D. (DERMATOLOGY, VENEREOLOGY & LEPROSY)

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 License		
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

PART – V FACULTY ATTENDANCE

M.D. (DERMATOLOGY, VENEREOLOGY & LEPROSY)

Name of the Medical College			
Name of Speciality		Academic Year	
Purpose of Inspection		Date of Inspection	

Sl. No.	Name of the Faculty / Resident	Designation	Signature
Remarks			

Signature of the HOD

Signature of the Dean

Signature of the Inspection Team

**Part – VI TEACHING EXPERIENCE FORMAT
M.D. (DERMATOLOGY, VENEREOLOGY & LEPROSY)**

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> Date wise teaching experience with designation & Institution					Signature of Faculty Member	
					Subject with Year of passing	Institution	University	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): _____
Moble 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
MBBS					
MD/MS/DNB					
DM/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.	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 / Publication /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