

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
EMERGENCY MEDICINE**

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

M.D. (EMERGENCY MEDICINE)

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LETTER OF CONSENT OF AFFILAITON / PROVISIONAL AFFILIATION /
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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	Medicine & Allied Specialties :	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		
	Surgery & Allied Specialties :	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 . (EMERGENCY MEDICINE)

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 . (EMERGENCY 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. TEACHING FACULTY

Sl.No.	Faculty	Required for UG	Required for PG	Available	Remarks
		No. of seats			
		100/150/250			
1	Professor	1			
2	Associate Professor	1			
3	Assistant Professor	1			
4	Senior Resident	9			

II. NON-TEACHING STAFF

Sl.No.	Staff	Required (For UG 100/150/250 seats)	Available	Remarks
1	Technicians	4		
2	Laboratory Attendants	2		
3	ECG Technician	1		
4	Stenographer	1		
5	Record Clerk	1		
6	Store Keeper	1		
7	Stretcher Bearers	6		
8	Ward Boys	6		

III. CASUALTY AREA

Sl.No.	Space	Required	Available	Remarks
1	Waiting / reception space for patients and attendants			
	Triage Area			
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	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		
	Nurses duty room/ nursing station	20 sq.mt		
	Examination & Treatment room	15 sq.mt		
	Decontamination & Isolation room	To be available		
	Store room for linen & other equipments	15 sq.mt		
	Resident Doctors room	20 sq.mt		
	Clinical Demonstration Room(with examination couch)	1room- accommodating 30 students @ 1.2 sqm per student		
2	Operation Theatre Unit			
	Each Operation Theatre Unit should comprise the following			
	Waiting room for patients	15 sq.mt		
	Pre-anaesthetic /preparation room	15 sq.mt (Minimum 4 beds)		
	Operation theatre	75 sq.mt (1 OT table)		
	Paediatric Resuscitation room	10 sq.mt		
	Post-operative recovery room (minimum of 6 bed)	30 sq.mt		
	Soiled linen room	15 sq.mt		
	Instrument room	15 sq.mt		
Sterilization room	15 sq.mt			

	Nurses rooms	20 sq.mt		
	Surgeon's rooms	20 sq.mt each (separate for Male &Female)		
	Anaesthetist's rooms	20 sq.mt each (separate for Male &Female)		
	Theatre Assistant's room	15 sq.mt		
	Supportive staff room	15 sq.mt		
	Store rooms	15 sq.mt		
	Washing room for Surgeons & Assistants	10 sq.mt		
	Students washing up & dressing up room	10 sq.mt		
3	Plaster room	1		
4	Professor &HOD of the department	1 room -15 sq.mt		
	Associate Professor	1 room for each Associate Professor @15 sq.mt each room		
	Assistant Professor	1 room for every Assistant professor @10 sq.mt each room		
	Senior Residents	1 room for every 2 SRs @ 15 sq.mt. area each room		
	Department office cum clerical room	1 room - 12 sq.mt		
	Working accommodation for non teaching staff	1 room - 12 sq.mt		

V. DEPARTMENTAL LIBRARY:

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

VI. DEPARTMENTAL RESEARCH LABORATORY

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) AVAILABLE CLINICAL MATERIAL OF THE DEPARTMENT OF EMERGENCY MEDICINE.

No. of Beds available: 30 Beds

Parameter	Day of Assessment	Avg. of 3 random days
Attendance in the last 24 hours		
New admissions (last 24 hours)		
Daily admissions through Emergency / casualty		
Number of Beds occupied		
Bed occupancy (%)		
Number of Operations in the Department		
Number of Major operations		
Number of Minor operations		
Number of Procedures		
Number of Deaths		

(b) CLINICAL WORKLOAD / MATERIAL OF THE EMERGENCY MEDICINE DEPARTMENT (PAST 3 YEARS):

Particulars	Year 1	Year 2	Year 3
Number of patients attended to			
Numbers admitted through EM dept.			
Number of Major Surgeries			
Number of Minor Surgeries			
Number of Procedures			
Average daily consumption of blood units			

(Past year)

(c) INTENSIVE CARE FACILITIES IN THE HOSPITAL (Other than Dept. of EM):

A. Medical Intensive Care Unit (MICU)	
1. Number of Beds	
2. Beds occupied on assessment day	
3. Average bed occupancy	
4. Available equipment	

B. Surgical Intensive Care Unit (SICU)	
1. Number of Beds	
2. Beds occupied on assessment day	
3. Average bed occupancy	
4. Available equipment	

C. Pediatric Intensive Care Unit (PICU)	
1. Number of Beds	
2. Beds occupied on assessment day	
3. Average bed occupancy	
4. Available equipment	

D. Neonatal Intensive Care Unit (NICU)	
1. Number of Beds	
2. Beds occupied on assessment day	
3. Average bed occupancy	
4. Available equipment	

E. Intensive Coronary Care Unit (ICCU)	
1. Number of Beds	
2. Number of dialysis machines	
3. Beds occupied on assessment day	
4. Average beds occupancy	

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

(d) OTHER EMERGENCY SERVICES* AVAILABLE IN THE EMERGENCY MEDICINE DEPARTMENT:

Emergency service	Available/Not available and Remarks
Neurosurgical services	
Emergency OTs – Major & Minor	
Emergency facility for radiological procedures	
Emergency lab.	
ABG	
ECCG	
Portable x-ray	
USG	
CT/MRI	
Echo-Cardiography	
Endoscopy	
Dialysis	
Rigid & Flexible Bronchoscopy	
PAC	
Pre-operative beds	
Post-operative beds	
Emergency services for OBG patients	
Triage	
Emergency Registration	
Medico-legal services	
Police outpost near ED	
Others	

**These facilities are integral part of Emergency Medicine Department and should be available in the department even if super specialty departments exist in the institution.*

(e) BLOOD BANK:

(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. EQUIPMENT: LIST OF IMPORTANT EQUIPMENT* AVAILABLE AND THEIR FUNCTIONAL STATUS. (Please fill out the details of the list here below. NO annexure to be attached)

Sl.No.	Name of the Items	Required	Available	Functional Status
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1.	ICU beds (should have facilities for propping up the patient along with railings and wheels)	06		
2.	Emergency trolley-cum-beds (Should have facilities for propping up the patient along with railings and wheels)	24		
3.	Central oxygen and suction points	All beds/bed-cum-Trolleys		
4.	Cardiac monitors (with EtCO ₂ facility) with appropriate accessories for all age groups-including neonates, infants, children, adolescents and adults	For all ICU and "Red"beds		
5.	Cardiac monitors (for NIBP, Oxygen saturation and heart rate): (atleast 2 should have additional pulse oximeter probes and Blood pressure cuffs for neonates, infants, children and adolescents)	For all "Yellow" beds		
6.	Pulse oximeter with probes for all age groups including neonates, infants, children and adolescents	02		
7.	Defibrillator with external pacer (with additional attachments/ paddles for pediatric age group)	One for ICU and one for "Red" area		
8.	ECG machine (12 lead)	02		
9.	ICU ventilators (should be universal ventilators with facility to ventilate neonates and children also)	For each ICU and "Red" area beds		
10.	Transport ventilators (with facility of deliver tidal volume as low as 50 mL and have pressure control mode)	02		
11.	HHHFNC (heated humidified high-flow nasal cannula) with circuits and interfaces for all age groups (neonates, infants, children, adolescents and adults)	02		
12.	Trolleys/Fowler beds	As per total number of beds/trolleys plus additional trolleys for receiving patients (10% of total patient attendance in Emergency Medicine)		
13.	Infusion pumps	2 per ICU bed and "Red" beds; one per "Yellow" bed		
14.	Portable ultrasound with multiple probes including ECHO probe (including probes for pediatric/ infant evaluation)	02		
15.	Portable X-ray unit	01		
16.	Resuscitation cart	One for ICU and		

		one for the “Red” area		
17.	Artificial self-inflating breathing bag	Four sets(adult, pediatric, infant and neonatal) with Face masks – Of all sizes		
18.	Laryngoscope with all sized blades(straight and curved) including sizes for neonates, infants and children	Four sets		
19.	Point-of-care laboratory for quantitative estimation of cardiac enzymes, ABG and electrolytes	Atleast one		
20.	Oxygen cylinders	04		
21.	Portable suction machines	04		
22.	Ultrasonic nebulizers	04		
23.	Spine boards with slings and scotch tape of all sizes	02		
24.	Splints for all types of fractures	As required		
25.	Basic equipment for suturing and wound care	As required		
26.	Glucometer	02		
27.	ACLS, BLS and Airways mannequins (child and adult)	01 each		
28.	Suturing mannequin	01		
29.	Infant radiant warmer with bassinet	02		
30.	Blood and Fluid warmer	01		
31.	Electric Warming blanket	01		
32.	Rapid autoclave machine	01		
33.	Labor cot	01		

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

XII. UNIT COMPLEMENT

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					
Note:	A Unit shall consist of 30 Beds for MD and MS and 20 Beds for D.M. and M.Ch. Courses. Regarding Teacher : Student Ratio, verify the teaching faculties in the incumbents 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

Signature of the Convenor

Signature of the Member

PART – IV MANDATORY DOCUMENTS

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

M.D . (EMERGENCY 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 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 . (EMERGENCY MEDICINE)

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 . (EMERGENCY 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> 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