

THE TAMILNADU DR. M.G.R. MEDICAL UNIVERSITY

CHENNAI-32



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

FAMILY MEDICINE

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

M.D. (FAMILY MEDICINE)

**AFFILIATION INSPECTION PROFORMA FOR GRANT OF
LETTER OF CONSENT OF AFFILIATION / 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					
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%)					
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 Year	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 M.D General Medicine Course?__	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)	<table border="1"> <thead> <tr> <th>Year</th> <th>Govt. quota</th> <th>Mgt. quota.</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Year	Govt. quota	Mgt. quota.	Total							
Year	Govt. quota	Mgt. quota.	Total										

17	Whether the Institution has obtained Permission Letter from the State Government / University / NMC / GOI 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 letter should be enclosed)	
19	DETAILS OF INCREASE OF SEATS:	
	a) Provisional Affiliation 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)
	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 letter should be enclosed for increase of seats)	

PART- II - GENERAL INFRASTRUCTURAL FACILITIES

Note: Enter the actuals in the "Available" Column

M.D. (FAMILY 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	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 DETAILS

M.D. (FAMILY 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	1	1			
2	Associate Professor	3	4	7			
3	Assistant Professor	4	5	8			
4	Senior Resident	4	5	8			
5	Junior Resident	8	10	16			

II. NON-TEACHING STAFF

Sl.No.	Staff	Required (For UG 100/150/250 seats)	Available	Remarks
1	Electro Cardiograph Technician	1		
2	Technicians /Technical Assistants	3		
3	Laboratory Attendants	4		
4	Store Keeper	1		
5	Steno Typist	1		
6	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)	4 (2 Male & 2 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)	1 room – 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	15 sq.mt room for every 2 Senior Residents		
	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) AVAILABLE CLINICAL MATERIAL OF THE DEPARTMENT OF MEDICINE

Parameter	Day of Assessment	Avg. of 3 random days
Daily OPD attendance		
Daily admissions through OPD		
Daily admissions through Emergency / casualty		
Total daily admissions		
Bed occupancy in the Department		
Number of Deaths		

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

Particulars	Year 1	Year 2	Year 3
Total number of patients in OPD			
Total number of patients in IPD			
Total number of Major procedures			
Total number of Minor procedures			
Total number of Day care procedures			
Average daily consumption of blood units			

(Past year)

(c) INTENSIVE CARE FACILITIES

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

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

Dialysis section	
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) 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		

(e) SPECIALTY CLINICS RUN BY THE DEPARTMENT OF MEDICINE WITH NUMBER OF PATIENTS IN EACH

Name of the Clinic	Weekday/s	Timings	Number of cases (Avg)	Name of Clinic In-charge
1) Cardiovascular				
2) Nephrology				
3) Endocrine				
4) Haematology				
5) Gastroenterology				
6) Neurology				
7) Any other clinic				

(f) SERVICES PROVIDED BY THE DEPARTMENT OF MEDICINE

Service / Facility	Yes / No – Remarks if any
a) Cardiology services (ICCU) ECG TMT Echo (with color Doppler) Holter	
b) Bronchoscopy	
c) Endoscopy & Colonoscopy	
d) Dialysis	
e) Physiotherapy Section	
f) Investigative facilities Nerve conduction, EMG etc.	
g) Other special facilities	

(NOTE: These facilities are an integral part of Medicine Department and should be available in the department even if independent Super Specialty departments exist in the institution)

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)

Equipment	Numbers / functional status / comments
1. Multipara Monitors	
2. Upper GI endoscope	
3. Dialysis machines	
4. Echo – color Doppler	
5. Resuscitation kit	
6. Pulse Oxymeters	
7. Colonoscope	
8. ECG	
9. Holter	
10. Crash cart	
11. Computerized PFT equipment	
12. Syringe pump	
13. Bronchoscope	
14. TMT	
15. Defibrillator	
16. Other routine use equipment	

XIII. 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					
II					
III					
IV					
V					

A Unit shall consist of 30 Beds for MD and MS

Note: Regarding Teacher : Student Ratio, verify the teaching faculties presently available physically, as prescribed by NMC/MCI vide Notification dated 04.04.2019 and amendments thereafter.

PART IV - MANDATORY DOCUMENTS

(The **Inspecting team** to check the date of validity of all regulatory documents)

M.D. (FAMILY 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		

PART VI - TEACHING EXPERIENCE FORMAT

M.D. (FAMILY 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							
					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 Unit wise for all the faculty / Residents 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
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. 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 / 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	Basic Course in 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