

**THE TAMIL NADU DR. M.G.R. MEDICAL
UNIVERSITY,
CHENNAI – 600 032.**



**INSPECTION PROFORMA – FOR GRANT
OF PROVISIONAL AFFILIATION TO
CONDUCT M.D. / M.S. POST
GRADUATE DEGREE COURSE**

M.D./M.S. POST GRADUATE DEGREE COURSE

INSPECTION REPORT FOR THE ACADEMIC YEAR 20 - 20

**TO GRANT OF PROVISIONAL AFFILIATION FOR CONDUCTING
P.G DEGREE DEGREE COURSE FROM THE ACADEMIC YEAR**

NAME OF THE COURSE	
NUMBER OF SEATS	

A. INFORMATION REGARDING PERMISSION / APPROVAL	
1	Name of the Managing Trustee and Name of the Society/Trust and its full registered Address with Telephone Numbers, Fax No and e.mail No. etc.
2	Name of the Medical College/Institution With full address and Telephone Number, Fax No and e.mail etc. Lr.No: Dt. from the year :
3	Name of the Dean/Principal of the Medical College
	Qualification UG: PG: Super Specaility:
	Teaching After PG Degree
	Experience i) as Dean i) as Vice Principal iii) as Medical Superintendent (attach documentary proof for each of the claims)
	Working as Dean / Principal from
	Telephone No
	Mobile No
4	Whether the Trust/Management is Running any other College(s) /course (s). Please Specify Note: Where more than one course is Conducted by the Trust the Inspection Commission may Ensure that the course under Reference has got sufficient Infrastructural facilities Independent of the facilities Provided for other course(s).

Signature of Member :

Signature of Dean / Principal :

Signature of Convenor :

5	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)
6	Whether the Medical College/ Institution has been recognized by the Medical Council of India for running MBBS Degree Course	MCI Lr.No : Date : Annual Intake : Academic Year:
7	Whether the Institution has obtained Permission letter from the State Government/ University/ MCI/ 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 MCI/GOI's Permission Lr.No. Date
8	Whether the applicant has a feasible and Time bound programme to provide additional equipment and infrastructural facilities like required number of teaching and non-teaching staff, space, funds, equipments and teaching beds etc. for starting the higher course as per the recommendations and regulations of Medical Council of India. If so, <u>furnish details under each heading</u>	This may be in a separate paper

B. GENERAL INFORMATION ABOUT THE HOSPITAL

1	Total Number of Beds	
2	Details of Bed allotment	
	General Medicine	
	ICU	
	Toxicology	
	Emergency Care	
	Trauma	
	Paediatric	
	Cardiac / Coronary Care Unit	
	Burns	
	Paediatric ICU	
	General Surgery	
	Special Surgeries	
	SICU	
	NICU	
	Dialysis	
	Any Other	
3	Average Bed Occupancy	

Signature of Member :

Signature of Dean / Principal :

Signature of Convenor :

4	Average Out Patient attendance	
5	Average No. of New Patients per day	
6	Average No. of Biochemical investigations per day	
7	Average No. of Microbiological investigations per day	
8	Average No. of Clinical Pathological investigations per day	
9	Average No. of Cytopathological investigations per day	
(For information in Sl.No.6 to 9, attach separate sheets duly signed by the concerned Head of Department / Head of Laboratory services		
10	No. of General Surgical Theatres	
11	No. of Speciality Theatres	(Attach separate sheet showing the various Specialities; the information provided should be signed by both the Head of the Institution and the Prof & HOD of General Surgery)
12	No. of Minor Operation Theatres	
13	No. of Emergency Operation Theatres	
14	Average No. of Radiological investigations per day (If necessary, attach separate sheet duly signed by both the Head of the Institution and the concerned HOD)	

C. INFORMATION ABOUT THE SPECIALITY DEPARTMENT

1	Faculty Details	
	a. No. of Units	
	b. No. of Professors	
	c. No. of Associate Professors	
	d. No. of Assistant Professors	
	e. No. of Senior Residents	
	f. No. of Junior Residents	
Please provide details in accordance to unit allocation		

No. of Units :

No. of Beds :

Details of the Teaching Faculty

S. No.	Designation	Faculty Name	DOB	Original Affidavit with date	MCI UID (if available) & Adhaar No.	Form 16	Total Service college wise in all the previous Institutes (attach appendix)	DOJ & Experience in present institute	Total Experience as on January of current year
1.	Professor								
2.	Associate Professor								
3	Assistant Professor								
4	Senior Resident								
5	Junior Resident								

Signature of Member :

Signature of Dean / Principal :

Signature of Convenor :

2	Equipments	Please provide a clear and separate sheet duly signed by both Head of the Institution and the concerned HOD of Department	
3	No. of Beds	Give details of beds allotted to the Speciality to which inspection is conducted	
4	Departmental Library	No. of books	
		No. of Journals	

D. OTHER INFORMATION ABOUT THE SPECIALITY DEPARTMENT

1	Residential Quarters for Faculty	No. of Houses available	
		No. of Shared rooms available	
2	Hostel Facilities :	for Men PG students	
		for Women PG students	
3	Play Ground		
4	Central Library	i) Total No. of Books available *	
		ii) No of Books pertaining to the Speciality (provide the list)	
		iii) Journals pertaining to the Speciality (provide the list)	
* While enumerating the number, only one copy of a particular title should be listed. Multiple copies of the same title can not be listed as separate books			

E. OBSERVATION OF THE INSPECTION COMMISSION

	a) Whether the Trust / Society / Institute has fulfilled all the conditions and requirements as specified in the statutes to grant of Provisional Affiliation	
	b) Other specific remarks of the Inspection Commission (The finding should be recorded in a separate sheet annexed to this report)	

We hereby declare that all the documents have been physically verified by us.

Signature of Dean / Principal with seal

Signatures of Inspector (Member) with date

Signatures of Inspector (Convener) with date

Signature of Member :

Signature of Dean / Principal :

Signature of Convener :

DETAILS OF THE INSPECTION COMMISSION		
I	a) Name of the Convenor with Designation and Address, Mobile No.	
	b) Names of Member(s) with Designation and Address, Mobile No.	
II	University Letter No. & date in which the Inspection Commission Constituted	Lr.No. Date :
III	Date of Inspection	
IV	Place of Inspection	
V	Place and details of authorities representing the Management present at the time of inspection	

TO BE FILLED BY THE HEAD OF THE INSTITUTION

1. UNIVERSITY FEES WITH GST 18% FOR GRANT OF PROVISIONAL AFFILIATION		
1	Inspection Fee : Rs.59,000/-	Receipt No. Date

2. SECURITY DEPOSIT				
Details of creation of Security Deposits				
Name of the the Branch	Amount	FDR No. & Date	Bank	Maturity Date

3. SHOW CAUSE NOTICE	
Whether show cause notice, if any, was issued for the inadequacy of facilities / teaching staff etc. /	
if so, furnish details	

Signature of Member :

Signature of Dean / Principal :

Signature of Convenor :