

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

Application form for Accreditation

Name of Speciality _____

PART-I
GENERAL INFORMATION

1. Name and address of the Institution :
Fax, Phone, E.mail Address
2. Year in which established :
3. Total Number of beds in the Hospital :
No. of General beds* :
No. of Paying beds :
No. of Subsidized beds :
4. Status of the Hospital please mark (___/): Central Govt./State Govt./Municipal
Corpn./ Defense services/Railways
Public Sector/ Med. College Hosp.
/Voluntary Organisation/ Any other
(Name)/General/Speciality Hospital
5. Is the hospital recognized by MCI for :
a. Internship
b. House job
c. PG/Post doctoral courses in the
discipline/(s) of speciality in which
the accreditation is/are required.
6. Please mention other disciplines which :
are recognised by the MCI
7. Assets (Value in Rupees) : Movable/Immovable
(Please attach List)
8. Annual Budget for preceding three years :
9. Please mention the number of seminar :
rooms/conference room with their
seating/capacity.
10. Mention the name of various :
audiovisual aids available in
the seminar/conference rooms.

*General ward beds are those 'earmarked' beds/cases whose patients are to be looked after by Post-Doctoral fellowship trainees under the supervision of Consultants and charged at cost only.

Staff Quarters	No. of Quarters
a. For PG students	
b. For Resident	
c. For consultants	
d. For Nursing Staff	

PART – II
SPECIALITY INFORMATION

- i. Total Number of beds in the specialty applied for Post-Doctoral Fellowship :
 No. of General beds* in the specialty applied for Post-Doctoral Fellowship :
 No. of Paying beds in the specialty applied for Post-Doctoral Fellowship :
 No. of subsidized beds in the specialty applied for Post-Doctoral Fellowship:
- ii. Name the allied specialties, :
 whether all the specialities are
 located in the same campus.
- iii. Number of beds in the Casualty :
 Services in the specialty
- iv. Are casualty services available : Yes/No
 round the clock
- v. Whether Residents are exposed to handle emergency services
 Number of beds in the ICU :
 (Whether these beds included
 in the number of beds mentioned
 above or additional beds).

15. IPD record in the Specialty during the :
 preceding three calendar years.

Year	Total No. of paying patients admitted	Total number of general patients admitted	Total number of patients admitted on subsidized beds	Grand Total

16. OPD record in the specialty during the
 preceding three calendar years

Year	Total No. of paying patients admitted	Number of general *patients seen in OPD	Number of patients seen on subsidized rate	Grand Total

17. Number of times OPD is held in a week. :

18. Is the OPD attended by all faculty members/consultants of the unit? :

19. Do the Residents examine the OPD cases? :

20. Has the Institution provided any special facilities for OPD training for the Residents.
(Please name the facilities) :

21.

i. Date of expiry of last renewal :

ii. Deficiencies/Comments of the :

iii. Inspector communicated to the institution and the action taken thereon (Please attach a separate sheet, if necessary)

iv. Track record of all the candidates registered with the institution in this speciality Proforma to be filled.
(Only for renewal cases.)

1. No. of registered

2. No. of left

3. No. of appeared

4. No. of passed

5. No. of Failed

Special Clinics :

22. Name of special clinics (as related to the specialty) and the number of times the clinic is held in a week.

Name of clinics	No. of time per week	Total number of cases seen in last one year

23. Supportive Services :

(Please attach a separate list of staff, equipments and the number and the number and type of investigations carried out during the last three years)

Discipline	Type of investigation in the discipline
Pathology	
Biochemistry	
Microbiology	
Radiology	
Blood bank	
Any other	

24. For Surgical and allied specialties only :

Please provide detailed information on the following on a separate sheet

- (a) Staff in Anaesthesia department with their Bio-data
- (b) Pre-anaesthesia Clinic (c) Equipment in Anaesthesia department
- (d) Number of minor OTs (e) Number of major OTs (f) Equipment in OTs
- (g) Post operative ward (h) Labor rooms (i) Neonatology Unit

25. DETAILS OF THE CLINICAL /SURGICAL PROCEDURES IN THE SPECIALITY APPLIED FOR POST-DOCTORAL FELLOWSHIP

Please refer to the University curriculum in the specialty in which you have applied for and give details of the clinical/surgical procedures per year/ six months/ per month.

Please add the details on a separate page referring to the above annexure.

Library :

26. Is there a Departmental Library in the : Yes/No specialty for which accreditation is under consideration.

- Please attach list of Books/ :
Text books relating to the specialty in which accreditation is sought.
(Mentioning the edition, date of publication and name of the Authors).
A report list of books obtained during the last 3 years.

- Kindly provide the list of Journals (National/International) subscribed
- Other Information
 1. No. of Reading Rooms:
 2. No. of staff in the Library with their qualifications :
 3. Teleconferencing reception equipment installed Yes/No

Please indicate the number of hours per day for which the library facilities will be available for the trainees.

- a. On working days :
- b. On holidays :

Please ensure that library facilities are available for atleast two hours after working hours

29. Annual budget for the Library for three : Year Amount
preceding years.

30. Please indicate the special facilities : a. Index Medicus Yes/No
available in the library or in a b. Medlar/Medline Yes/No
associated hospital/Institution. c. Photocopy facility Yes/No
d. Online library Yes/No
e. Internet Yes/No
f. Printer facilities Yes/No
g. Any Other Yes/No

31. Please indicate if the institution has a :
liasion with any other library if so please
mention its distance from the Institution
/Hospital. Attach the permission letter from the concerned Institution
RECORD KEEPING

32. Details of Medical records system for:
the department. (Please attach a copy of the record form.)

33. Please attach details of Non-Invasive investigation carried out in the Department in last
three years (Please mention type of investigations) :

34.

Year – I

Type of investigations	Total no (s)	Done by Post-Doctoral fellowship trainees
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Year – II

Type of investigations	Total no (s)	Done by Post-Doctoral fellowship trainees
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Year – III

Type of investigations

Total no (s)

Done by Post-Doctoral fellowship trainees

35. Please attach details of Invasive investigations carried out in the Department in last three years.

Year – I

Type of investigations	Total no (s)	Done by Post-Doctoral fellowship trainees

Year II

Type of investigations	Total no (s)	Done by Post-Doctoral fellowship trainees

Year III

Type of investigations	Total no (s)	Done by Post-Doctoral fellowship trainees

36. Number and type of major operations performed :
in the specialty (preceding three years). Please attach list.

37. Number and type of minor operations performed :
in the specialty (preceding three years). Please attach list.

38. No. of Day care surgeries during the
last three years

39. Please attach the list indicating the number :
and type of emergency operations
performed during the last three years
(year wise).

Please attach details of Hands on Training for Post-Doctoral fellowship candidates during training.

Please refer to curriculum for contents to be covered.

Whether students had maintained :
Log Book.

(Only for renewal)

FULL TIME STAFF IN THE SPECIALITY- Please attach copy of salary slips and income tax form-16 for each regular staff for last one year. Please also attach undertaking from them that they would not leave the hospital for atleast three years and in case of such an event, the hospital will replace the staff within three months failing which the University may take appropriate action for not allowing the next batch of Post-Doctoral fellowship candidate in the specialty.

41. Recognized P.G. Teacher :
specialty

Name	Qualification	Experience after post graduation	Research publications

42. Sr. Consultants (having 8 years experience after post graduation in the specialty)

Name	Qualification	Experience after post graduation	Research publications

43. Other consultants (having 5 years experience after post graduation in the specialty)

Name	Qualification	Experience after post graduation	Research publications

44. Whole time Sr. Resident with postgraduate degree in the specialty. Please note that the Post-Doctoral fellowship candidates undergoing training in the department should not be shown as Senior Residents.

Name	Qualification	Experience after post graduation	Research publications

45. Whole time residents without P.G qualification, staying in the campus.

Note : Please attach the Biodata of the above staff in the enclosed proforma.

Name	Qualification	Experience after post graduation	Research publications

46. Full time staff in the specialty spending eight hours per day in the hospital, but are allowed private practice and are available on call duty (24 hours)

Name	Qualification	Experience after post graduation	Research publications

Senior Consultants

Name	Qualification	Experience after post graduation	Research publications

Junior Consultants

Name	Qualification	Experience after post graduation	Research publications

Junior residents

Name	Qualification	Experience after post graduation	Research publications

PART TIME STAFF IN THE SPECIALITY

Recongised PG Teacher	Name	Qualification	Experience	Min. 20 hrs per week	
				Yes	No
Sr. Consultants (having 8 years experience after post graduation in the specialty)					
Other consultants (having 5 years experience after post graduation in the specialty)					

Note : please attach biodata of the above staff members in the enclosed proforma.

47. Is the teaching organized on a unit system, in so give composition of the unit. :

48. How may units are functioning in the specialty :

49. Is the selection of the staff made by properly constituted committees. : Yes / No

50. is the appointment of staff in the department contractual for a limited period or is appointed upto superannuation ?

51. Details of rotation proposed rotation (if any), of trainees and period of rotation : Department Rotation period

52. I the selection of all the candidates made strictly as per latest guidelines issued by the University guidelines.

53. Please give details of independent work handled by the trainee during the last three years in the area of Non-invasive Investigation, Invasive Investigation, Major operation, Minor Operations. (applicable in renewal cases only) :

54. Training in basic sciences relevant to specialty (Give details)

55.

Activity	Number per month	Name of resource person
Bed – side clinics		
Death review meetings		
Clinic-pathological		

56. No. of research publications made by the :
 department staff and Post-Doctoral fellowship Trainees
 during last three years in
 recognised journals only (submit list
 and copies of Reprints).

57. Please give list of field services :
 provided by the hospital/Institution
 for community work

(a) Rural Areas	Number, Location and distance	Staff Medical Paramedical
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(b) Urban Areas
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58. Please refer to the University curriculum in the specialty applied for and give the details how would you provide the practical hands on training to these candidates.(Please give the details of covering the theory syllabus and providing the desired practical skills during the training period of three years) attach a separate sheet


Please give details of appraisal done in your specialty in last 2 years (for renewal cases only)

It will be requested that each consultant will spend atleast 8-10 hours/week for teaching of Post-Doctoral fellowship candidates as per the curriculum so as to complete the curriculum.

Signature of Head of the Department
 (Specialty for which accreditation is
 under consideration.)

Signature of the Head of the
 Institution/Medical Superintendent.

PROFORMA FOR BIO-DATA OF FACULTY MEMBERS

1. Name : 
2. Age/Date of Birth :
3. Present Address :
4. Professional Qualifications :
MBBS
MS/MD/DM/M.Ch/DNB
Other Qualifications :-
Year of Passing :
Name of University :
5. Experience after Post-graduation :
Duration :
Hospital/Institution :
Professional Teaching :
6. No. of Publications Indexed other recognised Journals :
7. Status in the Hospital (Please encircle one)
If part time please indicate the number of hours being spent in the Hospital per day
Full-Time :
Part Time :
8. Post presently held in the Hospital and from which date.
9. Details of examiner ship in other universities
10. Please attach proof of working in the hospital in the form of salary slips and Income tax F-16 form for the last one year
11. Please also attach an undertaking by the consultant that he/she will not leave the hospital in the next three years and spend atleast 8-10 hours per week for training of Post-Doctoral fellowship candidates.
12. Any other remarks