

HNBUMU/Affiliation Cell /Form-.....

**HEMWATI NANDAN BAHUGUNA UTTARAKHAND MEDICAL UNIVERSITY, DEHRADUN****STANDARD ASSESSMENT FORM FOR AFFILIATION**

1. DATE OF PRESENT ASSESSMENT DD/MM/YYYY

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2. DETAILS OF EARLIER ASSESSMENTS BY THE UNIVERSITY:

	DATE	DETAILS OF PROVISIONAL AFFILIATION LETTER
FIRST		
SECOND		
THIRD		
FOURTH		

3. DEFICIENCIES POINTED OUT:

4. COMPLIANCE OF DEFICIENCIES:

5. DETAILS OF PERMANENT AFFILIATION BY THE UNIVERSITY:

DATE	DETAILS OF PROVISIONAL AFFILIATION LETTER

**NOTE:** ISSUING PROVISIONAL / PERMANENT AFFILIATION CERTIFICATE BY THE HEMWATI NANDAN BAHUGUNA UTTARAKHAND MEDICAL UNIVERSITY, UK, DEHRADUN IS NO GUARANTEE FOR CONTINUATION OF AFFILIATION. THE UNIVERSITY RESERVES THE RIGHT OF PREMATURE / SURPRISE INSPECTION (ASSESSMENT) DURING CONTINUATION OF AFFILIATION.

6. PARTICULARS OF THE HEAD OF THE ASSESSMENT TEAM:-

NAME .....

DESIGNATION .....

SPECIALITY .....

NAME &amp; ADDRESS OF INSTITUTE/COLLEGE .....

RESIDENTIAL POSTAL ADDRESS (WITH PIN CODE) .....

PHONE WITH STD CODE.....

(OFF) .....

(RESI).....

(FAX).....

MOBILE NO. ....

E-MAIL: .....

Notes: 1. The Teaching Institution / Hospital will fill this Assessment Form and make available the same with a copy on CD to the Assessment Committee of the University at the time of Inspection.

2. Each page will be duly signed by the Administrative / Academic Head of the Teaching Institution / Hospital.

7. PURPOSE OF PRESENT ASSESSMENT:

- a. CONTINUATION OF AFFILIATION OF: .....
- b. STARTING:                                   UG DEGREE / PG DEGREE / PG DIPLOMA/ALL.
- c. INCREASE IN SEATS:                    UG DEGREE / PG DEGREE / PG DIPLOMA/ALL.
- d. RECOGNITION:                            UG DEGREE / PG DEGREE / PG DIPLOMA/ALL .

**8. STATUTORY COUNCIL(S) GOVERNING THE COURSE BEING ASSESSED:**

**Medical Council of India / Dental Council of India / Indian Nursing Council / any other (name of council)**

**9. LAST ASSESSMENT OF INSTITUTION / HOSPITAL BY STATUTORY GOVERNING COUNCIL, IF ANY:-**

- a. DATE
- b. PURPOSE (FOR STARTING/INCREASE OF SEATS/ FOR RECOGNITION)
- c. DEFICIENCIES POINTED OUT, IF ANY.

**10. DETAILS OF NOTIFICATION BY WHICH THE INSTITUTION / HOSPITAL HAS BEEN PERMITTED TO START / INCREASE IN SEATS / RECOGNITION OF TEACHING COURSES [attach copy of notification].**

**SIGNATURE OF HEAD OF THE ASSESSMENT COMMITTEE**

# INSTITUTION / HOSPITAL INFORMATION

## 11. PARTICULARS OF TEACHING INSTITUTION/HOSPITAL

ITEM	COLLEGE / HOSPITAL	ADMINISTRATIVE HEAD	ACADEMIC HEAD	MEDICAL SUPERINTENDENT
Name				
Address				
State				
Pin Code				
Phone (Off) (Res) (Fax)				
Mobile No.				
E - mail:				
Website:				

## 12. PARTICULARS OF AFFILIATING UNIVERSITY

ITEM	UNIVERSITY	VICE CHANCELLOR	REGISTRAR
Name			
Address			
State			
Pin Code			
Phone (Off) (Res) (Fax)			
Mobile No.			
E-mail:			
Website:			

13. IF THE INSTITUTION/HOSPITAL HAS SATELLITE CAMPUS(S) FOR TEAHING AND TRAINING OF THE COURSES UNDER CONSIDERATION IN THE PRESENT INSPECTION, IF YES, NAME AND ADDRESS OF THE SATELLITE CAMPUS WITH FULL ADDRESS PHONE NO. FAX NO. AND E-MAIL ADDRESS INCLUDING DISTANCE FROM THE MAIN CAMPUS.

14. IF THE INSTITUTION/HOSPITAL HAS OFF-SHORE CAMPUS(S) FOR TEAHING AND TRAINING OF THE COURSES UNDER CONSIDERATION IN THE PRESENT INSPECTION, IF YES, NAME AND ADDRESS OF THE OFF-SHORE CAMPUS WITH FULL ADDRESS PHONE NO. FAX NO. AND E-MAIL ADDRESS INCLUDING DISTANCE FROM THE MAIN CAMPUS.

15. NAME AND ADDRESS OF THE GOVERNMENT/SOCIETY/TRUST WHICH OWNS THE LAND/INSTITUTION/HOSPITAL.

16. IF SOCIETY/TRUST IS REGISTERED WITH REGISTRAR OF SOCIETIES, FIRMS AND CHIT FUND [attach copy of registration certificate].

17. LAND: AREA .....  
IN ONE / TWO OR MORE PARTS.....  
AREA OF EACH PART.....  
DISTANCE BETWEEN EACH PARTS.....IN KM  
CONSTRUCTED AREA ..... OPEN LAND.....  
GREENARY: PLANTATION.....PARKS..... ADEQUATE / NOT ADEQUATE  
DRAINAGE SYSTEM: ADEQUATE / NOT ADEQUATE

18. RAIN WATER HARVESTING: YES / NO ADEQUATE / NOT ADEQUATE

19. WHETHER CORPUS FUND IS MAINTAINED AS PER DIRECTIVES OF THE GOVERNMENT/STATUARY GOVERNING COUNCIL/REGISTRAR SOCIETIES [attach certified copies of Bank Deposits].

20. WHETHER ALL THE MOVABLE AND IMMOVABLE ASSETS ARE OWNED BY AND ARE REGISTERED IN THE NAME OF THE GOVERNMENT/SOCIETY/TRUST/INSTITUTION/HOSPITAL.

21. BACKGROUND OF THE INSTITUTION/HOSPITAL.

22. OBJECTIVES OF THE INSTITUTION/HOSPITAL.

23. THRUST AREAS OF THE INSTITUTION/HOSPITAL.

24. MISSION AND VISION OF THE INSTITUTION/HOSPITAL.

25. WHETHER ACCREDITED BY NAAC/NBA/ANY OTHER APPROVED NATIONAL ACCREDITATION AGENCY [attach copy of accreditation certificate].

26. NAME(S) OF COURSE(S) BEING ALREADY CONDUCTED [including the courses under consideration].

SUBJECT	NAME OF DEGREE / PG DIPLOMA	NUMBER OF SANCTIONED SEATS

27. NAME(S) OF COURSE(S) UNDER CONSIDERATION IN THE PRESENT ASSESSMENT.

SUBJECT	NAME OF DEGREE / PG DIPLOMA	NUMBER OF SANCTIONED SEATS

28. ADMISSION PROCESS: MERIT IN QUALIFYING EXAM/ENTRANCE TEST/INTERVIEW OR COMBINATION OF THESE. [Provide details]

29. COURSE CURRICULUM AND SCHEME OF EXAMINATION:

30. TIME TABLE AND DETAILS OF TEACHING AND TRAINING PROGRAMME:

31. MEMORANDUM OF UNDERSTANDING WITH HOSPITAL/MEDICAL/DENTAL INSTITUTION TO CARRY OUT TEACHING AND TRAINING PROGRAMME.

YES / NO IF YES, A COPY OF THE SAME.

DISTANCE FROM THE INSTITUTION / HOSPITAL: ..... Km.

32. FEE STRUCTURE AND ITS BASIS.

**33. UNDERTAKING THAT THE INSTITUTION / HOSPITAL HAS NOT ADMITTED STUDENTS BEFORE PERMISSION BY STATUTORY GOVERNING COUNCIL / AFFILIATION BY THE UNIVERSITY (on stamp paper of Rs. 10=00)**

**34. UNDERTAKING THAT THE INSTITUTION / HOSPITAL HAS NOT ADMITTED STUDENTS IN EXCESS TO THE PERMITTED NUMBER OF ANNUAL INTAKE OF STUDENTS IN EACH COURSE UNDER CONSIDERATION. (on stamp paper of Rs. 10=00)**

**35. FINANCIAL STATUS:**

INSTITUTIONAL GRANTS: SELF FINANCING                      STATE GOVT                      GOVT. OF INDIA                      OTHERS

INCOME & EXPENDITURE STATEMENT OF LAST FIVE YEARS: [attach audited balance sheets]

**36. ADMISSION COMMITTEE:**

CONSTITUTION

FUNCTIONS

**37. EXAMINATION COMMITTEE:**

CONSTITUTION

FUNCTIONS

**38. UG COMMITTEE:**                      CONSTITUTION

FUNCTIONS

MEETINGS DURING LAST THREE YEARS

**39. PG COMMITTEE:**                      CONSTITUTION

FUNCTIONS

MEETINGS DURING LAST THREE YEARS

**40. PG DIPLOMA COMMITTEE:**                      CONSTITUTION

## FUNCTIONS

## MEETINGS DURING LAST THREE YEARS

**41. LECTURE THEATRES:**

SL. NO	NUMBER	TYPE	SEATING CAPACITY	SOUND SYSTEM	LCD PROJECTION	X-RAY VIEW BOXES	OTHER FACILITIES

**42. EXAMINATION HALL: YES / NO**

- a. SEATING CAPACITY.....
- b. ATTACHED FACILITY FOR TOILETS
- c. AIR COOLED / AIR CONDITIONED
- d. FACILITY FOR DRINKING WATER
- e. ADEQUATE SECURITY

**43. CENTRAL LIBRARY:**

- a. SPACE.....
- b. SEATING CAPACITY.....
- c. AIR COOLED / AIR CONDITIONED
- d. TIMING OF LIBRARY: FROM.....TO.....
- e. IS IT OPEN ON HOLIDAYS / SUNDAYS? YES / NO IF YES – TIMINGS FROM.....TO.....
- f. CATALOGUE OF BOOKS MAINTAINED YES / NO
- g. CATALOGUE OF JOURNALS MAINTAINED YES / NO
- h. NUMBER OF BOOKS NUMBER..... [attach list in the following format]

BOOKS	SUBJECT	AUTHOR	YEAR OF PUBLICATION	NUMBER OF COPIES

- i. NUMBER OF JOURNALS [attach list in the following format]
  - (i) HARD COPIES.....
  - (ii) E-JOURNALS.....

JOURNALS	Institutional (if indexed)	State level	National	International
HARD COPIES				
E-JOURNALS				

- j. NUMBER & LIST OF EDUCATIONAL CD / DVD/ VIDEO [attach list]
- k. INTERNET / SCIENCE DIRECT OR CLINICAL KEY YES / NO
- l. PHOTOCOPY FACILITY YES / NO
- m. CAN STUDENTS ACCESS TO INTERNET?
 

UNDERGRADUATE	YES / NO
POSTGRADUATE	YES / NO
RESEARCH SCHOLARS	YES / NO
- n. FACILITY FOR STUDENTS TO READ THEIR OWN BOOKS EXITS YES / NO

**44. ETHICAL COMMITTEE (CONSTITUTION)**

CONSTITUTION  
FUNCTIONS  
MEETINGS DURING LAST THREE YEARS

**45. ANIMAL HOUSE: YES / NO**

- a. Administrative control
- b. Staff
- c. Air Conditioned / Air Cooled
- d. Veterinary Doctor: YES / NO      NAME: .....QUALIFICATIONS.....

**46. ANIMAL EXPERIMENTATION COMMITTEE (CONSTITUTION)**

CONSTITUTION  
FUNCTIONS  
MEETINGS DURING LAST THREE YEARS

**47. MEDICAL EDUCATION UNIT:**

CONSTITUTION  
FUNCTIONS  
MEETINGS DURING LAST THREE YEARS

**48. RESEARCH PROJECTS COMPLETED** [attach list of last five years including funding agency, if any]

**49. RESEARCH PROJECTS IN HAND** [attach list of last five years including funding agency, if any]

**50. CONFERENCES/WORKSHOPS/SEMINARS/SYMPOSIUM/CME/GUEST LECTURES/ETC. ORGANISED**

[attach list of last five years including funding agency, if any]

**51. CONFERENCES/WORKSHOPS/SEMINARS/SYMPOSIUM/CME/GUEST LECTURES/ETC. ATTENDED BY FACULTY/CONSULTANTS/PG STUDENTS/RESEARCH SCHOLARS.** [attach list of last five years]

**52. RESULTS COURSEWISE DURING THE LAST FIVE YEARS.**

**53. PLACEMENT DETAILS DURING THE LAST FIVE YEARS.**

**54. HOSPITAL BEDS:**



SL. NO.	DEPARTMENTS	NUMBER OF WARDS	ATTACHED TOILETS	MALE BEDS	FEMALE BEDS	ICU	ICCU	PRE OP	POST OP	TOTAL

**INTER BED SPACE:** ADEQUATE FOR BED-SIDE TEACHING DURING ROUNDS  
ADEQUATE FOR PATIENT HANDLING  
SPACE FOR INDOOR TEACHING ADEQUATE / NOT ADEQUATE

**55. OUT PATIENT DEPARTMENT:** REGISTRATION OF PATIENTS MANUAL / COMPUTERISED  
SPACE OF EACH SPECIALITY ADEQUATE / NOT ADEQUATE  
SPACE FOR TEACHING ADEQUATE / NOT ADEQUATE  
FURNISHING OF EACH CHAMBER ADEQUATE / NOT ADEQUATE  
WAITING AREA ADEQUATE / NOT ADEQUATE

**56. PRIVATE WARDS:** YES / NO  
NUMBER:.....  
ARE THESE TEACHING BEDS? YES / NO

**57. EMERGENCY / CASUALTY DEPARTMENT:**

- a. Round the clock Yes / No
- b. Available space.....
- c. No. of Beds.....
- d. Equipments: (attach list)
- e. Available Staff: (Consultant Doctor / Resident doctors / nurses / other medical & paramedical staff)
- f. Average daily attendance of patients.
- g. List of emergency medicines available.
- h. Investigation facilities available round the clock.
- i. Operation theatre.
- j. ICU facilities.
- a. Resuscitation facilities. Adequate / Inadequate
- k. Suction
- l. Gases: Supply is Central or otherwise.
- m. Ventilator facilities

- n. Other facilities available.

**58. BLOOD BANK: YES / NO**

- a. License is Valid YES / NO IF YES (attach copy of certificate)
- b. NUMBER OF BLOOD UNITS AVAILABLE: .....
- c. AVERAGE NUMBER OF BLOOD UNITS CONSUMED DAILY: .....
- d. FACILITIES OF BLOOD COMPONENT SEPARATION AVAILABLE: YES / NO
- e. NATURE OF BLOOD STORAGE FACILITY: (as per specifications) YES / NO
- f. BLOOD DONATION: ANY ONE / RELATED / PROFESSIONAL

LIST OF EQUIPMENTS

LIST OF MEDICINES AVAILABLE TO MANAGE EMERGENT SITUATION DURING DONATION

- g. LIST OF TESTS PERFORMED BEFORE BEING ISSUED FOR TRANSFUSION:

- i. Hepatitis B
- ii. Hepatitis C
- iii. HIV
- iv. Any other

**59. CENTRAL LABORATORY: YES / NO**

- a. Controlling Department.
- b. Working hours.
- c. Staff.
- d. Equipments.
- e. Investigative work load.

**60. CENTRAL RESEARCH LABORATORY: YES / NO**

- a. Controlling Department.
- b. Working hours.
- c. Staff.
- d. Equipments.
- e. List of facilities for various experimental and other Investigative work.

**61. CENTRAL PHOTOGRAPHY SECTION: YES / NO**

STAFF  
EQUIPMENTS

**62. STATISTICAL UNIT:** YES / NO  
STAFF  
EQUIPMENTS

**63. INVESTIGATION FACILITIES:** (indicate approximate number of investigations done daily)

**a. RADIOLOGY:**

- i. Plain X-Ray.....
- ii. CT Scan.....
- iii. MR Scan.....
- iv. Mammography.....
- v. Barium studies.....
- vi. IVP.....
- vii. Ultrasonography.....
- viii. Others.....

NOTE: 1. adequate protection from radiation available: YES / NO  
2. guidelines of BARC followed YES / NO

**b. RADIOTHERAPY:**

- i. Radiotherapy.....
- ii. Teletherapy.....
- iii. Brachy therapy....

**c. PATHOLOGY:**

- i. Haematology.....
- ii. Urine.....
- iii. Stool.....
- iv. Histopathology.....
- v. FNAC.....
- vi. Cytology.....
- vii. Cyto Genetics.....

viii. Others.....

**d. MICROBIOLOGY:**

I. Bacteriology.....

II. Serology.....

III. Mycology.....

IV. Parasitology.....

V. Virology.....

VI. Immunology.....

**e. BIOCHEMISTRY:**

i. Blood chemistry.....

ii. Endocrinology.....

iii. Other fluids.....

**64. OPERATION THEATRES:**

SL. NO.	DEPARTMENTS	AC / NON AC	NUMBER	NUMBER OF CASES OPERATED DAILY (major / minor)	REMARKS
1.	MULTI-SPECIALITY				
2.	EMERGENCY / CASUALTY				24 hours services
3.	GENERAL SURGERY				
4.	ORTHOPAEDICS				
5.	OPHTHALMOLOGY				
6.	ENT				
7.	OBSTETRICS & GYNAECOLOGY				
8.	SUPER-SPECIALTY - OT				
9.					
10.					

- a. Is Students' Gallery attached to each OT. Yes / No.
- b. CCTV facility for live demonstration of OT procedures to students.
- c. Equipments.
- d. Washing room: Adequate / Inadequate
- e. Change room: Adequate / Inadequate
- f. Is entry to operation theatres properly protected?
- g. Pre - anaesthetic Clinic

- h. Post - anaesthetic care area.
- i. Resuscitation arrangements Adequate / Inadequate
- j. ICU: No. of Beds.....Vital monitoring.....Supply of gases.....Nurse-patient ratio.....
- k. Pain Clinic
- l. Total Anaesthetic Staff: Number of Consultants.....Residents.....
- m. Number of days operations carried out.....
- n. Average number of cases operated daily.....
- o. How frequently the Operation Theatres are cleaned & disinfected? Is the Log Book of cleaning and disinfection maintained?
- p. Dedicated Invertor and generator back up for the Operation Theatre. Adequate / Inadequate

65. **CENTRAL SUPPLY OF OXYGEN & OTHER GASES:** YES / NO. IF NO, MENTION THE ALTERNATIVE ARRANGEMENTS.

66. **STERLIZATION:** CENTRAL / DEPARTMENTAL ADEQUATE / INADEQUATE

67. **LAUNDRY:** CENTRAL / DEPARTMENTAL ADEQUATE / INADEQUATE  
MANUAL / MECHANICAL

68. **KITCHEN:** AVAILABLE / NOT AVAILABLE  
COOKING BY GAS / WOOD / ELECTRICITY  
FACILITY AVAILABLE FOR SPECIAL DIET TO PATIENTS: YES / NO

69. **INTERNAL SECURITY SYSTEM:** YES / NO ADEQUATE / NOT ADEQUATE

70. **MEDICINE SHOPS:** PATIENTS ARE PROVIDED ALL REQUIRED MEDICINES & DISPOSABLES FROM HOSPITAL  
IN CAMPUS MEDICINE SHOP(S)  
MEDICINE & DISPOSABLES AVAILABLE ARE SUBSIDIZED

71. **INTERCOM FACILITY:** YES / NO  
AVAILABLE TO ADMINISTRATION / HEADS OF THE DEPARTMENTS / ALL FACULTY MEMBERS /  
DIAGNOSTIC LABS / LECTURE THEATRES / SEMINAR SOOMS / RESEARCH LABS / WARDS /  
OPERATION THEATRES / EMERGENCY (CASUALTY DEPARTMENT) / PG HOSTELS / FACULTY  
RESIDENCES.

72. **INTERNET FACILITIES:** YES / NO  
a. SERVER: OWN / HIRED  
b. AVAILABLE TO: ADMINISTRATION / HEADS OF THE DEPARTMENTS / ALL FACULTY MEMBERS /  
DIAGNOSTIC LABS / LECTURE THEATRES / SEMINAR SOOMS / RESEARCH LABS /  
WARDS / OPERATION THEATRES / EMERGENCY (CASUALTY DEPARTMENT) / PG HOSTELS /  
FACULTY RESIDENCES.

73. **CENTRAL WORK SHOP:** YES / NO  
NUMBER OF ELECTRICAL TECHNICIAN.....ENGINEER.....  
NUMBER OF MECHANICAL TECHNICIAN.....ENGINEER.....  
NUMBER OF ELECTRONIC TECHNICIAN.....ENGINEER.....

NUMBER OF REFRIGERATION TECHNICIAN.....ENGINEER.....

NUMBER OF COMPUTER TECHNICIAN.....ENGINEER.....

**74. PATIENT TRANSPORTATION:** which of the following are available

Sl. No.	Item	Number	Manual	Mechanical	Battery operated
1	Wheel Chair				
2	Stretcher				
3	Trolley				
4	Wheeled Bed				
5	Ambulance				
6.	Others				

**75. BOARDING AND LODGING /FOOD FOR PATIENTS' ATTENDANTS**

IN CAMPUS: YES / NO

OUT OF CAMPUS: YES / NO

CAPACITY .....

CAFATERIA FOR ATTENDANTS

**76. LIFTS:**

Sl. No.	Name of Building	No. of Lifts	Round the clock YES / NO	Floor area Width X Length	Capacity (persons)

**77. FIRE SAFETY MEASURES IN EACH BUILDING:** ADEQUATE / NOT ADEQUATE**78. EMERGENCY EXIT FROM EACH BUILDING:** ADEQUATE / NOT ADEQUATE**79. ELECTRICITY CONNECTION**

f. LOAD: .....

g. SUBSTATION: YES / NO

h. HOW MANY FEEDER LINES: .....

**80. GENERATOR FACILITY:**

YES / NO NUMBER.....

CAPACITY OF EACH..... Adequate / Inadequate

DEDICATED CONNECTION TO OPERATION THEATRE AND OTHER LIFE SAVING AREAS & EQUIPMENTS

**81. MEDICAL RECORD SECTION:** CENTRAL / DEPARTMENTAL

MANUAL / COMPUTERISED

IF RECORDS ARE ACCESSIBLE TO CONSULTANTS OF ALL THE DEPARTMENTS. IF SO – MANUAL / LAN

**82. MORTUARY FOR HOSPITAL DEATHS:** YES / NO,

CENTRAL / WARD-WISE

AIR CONDITIONED / AIR COOLED

**83. HOSTEL FACILITIES FOR STUDENTS:** ACCOMMODATION (NO. OF ROOMS) AVAILABLE FOR

- a. FOR U.G. STUDENTS MALE..... FEMALE.....
- b. FOR INTERNS MALE..... FEMALE.....
- c. FOR P.G. STUDENTS MALE..... FEMALE.....
- d. MARRIED PG ACCOMMODATION YES / NO

**84. HOSPITAL WASTE MANAGEMENT:**

- a. Committee
- b. Procedure

**85. INCINERATOR:** YES / NO CAPACITY..... ADEQUATE / NOT ADEQUATE

**86. RECREATIONAL FACILITIES:**

- a. PLAY GROUNDS. YES / NO IF YES, SIZE.....
- b. GYMNASIUM. YES / NO

c. AUDITORIUM YES / NO SEATING CAPACITY.....

87. IN CAMPUS BANK: YES / NO ATM FACILITY YES / NO

88. **OBSERVATIONS & SUGGESTIONS OF THE COMMITTEE MEMBERS:** *(mention specific /unique features and deficiencies, if any. Do not mention any recommendation to issue or not to issue Provisional / Permanent Affiliation.*

89. **SIGNATURE OF ALL THE MEMBERS OF THE ASSESSMENT COMMITTEE:**