

*Dr. NTR UNIVERSITY OF HEALTH SCIENCES
ANDHRA PRADESH
VIJAYAWADA – 520 008*



*INSPECTION REPORT TO ISSUE
PROVISIONAL AFFILIATION FOR
FINAL M.B.B.S PART-I COURSE*

Signature of the inspectors:

1)

2)

3)

**INSPECTION REPORT FOR GRANTING PROVISIONAL AFFILIATION FOR
FINAL MBBS PART-I**

Name of the college ,

Postal address,

Phone numbers,

Email,

web site

Course Offered by the college

Inspection done for the course

Year of Establishment

Name of the Management / Society

Name and address of the competent authority with whom the University should correspond initially: Phone No. Fax No.

- Registration of society
- Memorandum of society
- Composition of Governing Council members attended for meeting.
- Minutes of the meeting

Sanction number of Intake of Students :

Lr.No. & Date of Essentiality Certificate issued by Govt. of India.

Lr.No. Date permission issued by Govt. of India.

Proceedings No. in which provisional affiliation / renewal affiliation was granted by NTRUHS for the previous year.

Name of the University Inspectors

Address

Tel./ e-mail

1.

2.

1. Land:

- a) Clear description and layout of the land where the college is situated.
- b) Details of the ownership
- c) Encumbrance certificate
- d) Land registration document.

2. Building:

- a) No. of buildings
- b) Plan of building with description of floor areas
- c) Ownership documents

3. Hostel:

- a) Location of the Hostel
- b) Distance from the college
- c) Availability of separate hostels for the Girls and Boys and their capacity
- d) Mess facilities
- e) Transport facility

Signature of the inspectors:

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INSPECTION REPORT FOR GRANTING PROVISIONAL AFFILIATION
FOR FINAL MBBS PART-I
Department of Community Medicine

1. Whether the following infrastructure, furniture and necessary equipment are provided **as per MCI Norms**: : Provided / Not provided.
 - a) Lecture hall – to accommodate 150 students.
 - b) Demonstration room (45 Sq.mt) – with necessary equipment so as to accommodate 50 to 60 students.
 - c) Practical laboratory (150 sq.mts. area with facilities for demonstration including preparation room).
 - d) Museum (100 Sq.mt area) for display of models, charts and specimens.
 - e) Departmental Library (30 sq.mt area) with atleast 80-100 text books by different authors.
 - f) Research Laboratory for staff (50 sq.mt area).

2. Whether separate rooms are provided for the following categories of staff as indicated against each:
 - a. Professor and Head of the Department – (18 sq.mt. area)
 - b. Associate Professor / Reader- one room (15 sq.mt area each)
 - c. Asst.Professor / Lecturers – one rooms (15 sq.mt. area each)
 - d. Statistician cum Lecturer – One room (12 sq.mt.)
 - e. Epidemiologist-cum-Lecturer – One room (12 sq.mt. area)
 - f. Tutors / Demonstrators – one rooms (15 sq.mt area each)
 - g. Department office cum Clerical room one (12 sq.mt.area); and
 - h. Working accommodation for non-teaching staff (15 sq.mt aea)

3. Whether the college has adopted three primary health centers / rural health centers; one of which may be urban training health center. Yes / No

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4. Names of the
 a) Urban training health centers,
 b) Primary / Rural training health centers

Appointed / Not appointed

Whether the following Staff members are appointed as per MCI norms:

- (a)
- | | |
|--------------------------------------|----------|
| 1. Professor | 1 (one) |
| 2. Reader | 1 (one) |
| 3. Lecturer | 2 (two) |
| 4. Epidemiologist cum lecturer | 1 (one) |
| 5. Statistician cum Lecturer | 1 (one) |
| 6. Tutors / Demonstrators | 4 (four) |
| 1. Medical Social worker | 2 (two) |
| 2. Technical Assistant / Technicians | 2 (two) |
| 3. Stenographers | 1 (one) |
| 4. Record Clerk | 1 (one) |
| 5. Store keeper | 1 (one) |
| 6. Sweepers | 2 (two) |

(b) Staff at rural centre

- | | |
|--|---------|
| 1. Medical Officer –Asst.Prof. | 1 (one) |
| 2. Lady Medical Officer | 1 (one) |
| 3. Medical Social Workers
(one male and one female) | 2 (two) |
| 4. Public Health Nurse | 1 (one) |
| 5. Health Inspectors | 2 (two) |
| 6. Health educators | 2 (two) |
| 7. Technician / Technical Assts. | 2 (two) |
| 8. Peon | 1 (one) |
| 9. Van driver | 1 (one) |
| 10. Store keeper | 1 (one) |
| 11. Record Clerk | 1 (one) |
| 12. Sweepers | 2 (two) |

(c) Staff at urban health training centre

- | | |
|----------------------------------|---------|
| 1. Medical Officer –Asst.Prof. | 1 (one) |
| 2. Lady Medical Officer | 1 (one) |
| 3. Medical Social Workers | 2 (two) |
| 4. Public Health Nurse | 1 (one) |
| 5. Health Inspectors | 2 (two) |
| 6. Health Educator | 1 (one) |
| 7. Technician / Technical Assts. | 2 (two) |
| 8. Peon | 1 (one) |
| 9. Van driver | 1 (one) |
| 10. Store keeper | 1 (one) |
| 11. Record Clerk | 1 (one) |
| 12. Sweepers | 2 (two) |

Signature of the inspectors:

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- 5 Whether following departments with : Provided / Not provided.
following beds are provided in the hospital.
- Ophthalmology with 20 beds.
 - ENT (Oto-Rhinology) 20 beds.
6. Whether in Ophthalmology and ENT wards rooms are provided for Professors demonstration and OPs.
7. Whether following teaching staff, Ancillary staff, non teaching staff etc. are appointed as per MCI norms.

a) Department of Ophthalmology 20/1 Appointed/Not appointed.

Staff:

i) Professor	-	1
ii) Reader	-] 1
iii) Lecturer		
iv) Tutor / Registrar / Sr.Resident (with 3 years resident experience)	-	1
v) Junior Residents	-	3

Accommodation:

Provided / Not provided.

- Refraction rooms.
- Dark rooms.
- Dressing rooms

b) Department of ENT [Oto-Rhinology] 20/1 Appointed / Not appointed

Staff:

i. Professor	-	1
ii. Reader	-] 1
iii. Lecturer		
iv. Tutor / Registrar / Sr.Resident (with 3 years resident experience)	-	1
v. Junior Residents	-	3

Accommodation:

Provided / Not provided.

- Sound proof Audiometry room.
- ENG Laboratory and speech therapy facilities.

Signature of the inspectors:

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**INSPECTION REPORT ABOUT TEACHING HOSPITAL FOR GRANTING
PROVISIONAL AFFILIATION FOR FINAL MBBS PART-I COURSE.**

1. Name of the hospital with address :
2. Name of the Medical College & Society :
3. Whether in Ophthalmology & ENT departments rooms are provided for Professor & HODs demonstration and Outpatients. :
4. Whether accommodation is provided for the following as per MCI norms. :
 - a) Store Rooms :
 - b) Central Medical Record Section. :
 - c) Linen Rooms :
 - d) Hospital staff committee meeting hall. :
 - e) Central Registration and Statistics departments with computer facility. :
5. Number of beds provided with necessary facilities in hospital; Department wise bed distribution to be shown. :
6. Details of the clinical laboratory facilities available in the hospital :
7. Whether in number and regarding facilities any additions are made in quality or quantity over the previous year. :
 - a Operation theatres with necessary accessories :
 - b Allied Services: :
 - i) Central Sterilisation services:
 - ii) Laundry
 - iii) Central hospital pharmacy
 - iv) Central Kitchen
 - v) Central hospital stores
8. Central casualty department with necessary facilities. :
 - a) Number of beds
9. Whether incinerating plant is established :

Signature of the inspectors:

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10. Whether the following staff are appointed : Available / Not available.
as per MCI norms in the following departments.

1. Central Record Section:

1) Medical record officer	-	1
2) Statistician	-	1
3) Coding Clerks	-	4
4) Record Clerks	-	6
5) Daftaries	-	2
6) Peons	-	2
7) Steno-typist	-	1

2. Central Animal House

1) Veterinary Officer	-	1
2) Animal Attendants	-	2
3) Technician for Animal Operation Room	-	1
4) Sweepers	-	2

3. Central Photographic cum audiovisual unit

1) Photographers	-	1
2) Artist Modellers	-	1
3) Darkroom Assistant	-	1
4) Audiovisual Technician	-	1
5) Storekeeper-cum-clerk	-	1
6) Attendant	-	1

4. Central Workshop

1) Superintendent (qualified engineer)	-	1
2) Senior Technicians (Mechanical, Electrical, Electronic and Refrigeration)	-	4
3) Junior Technicians	-	2
4) Carpenter	-	1
5) Blacksmith	-	1
6) Attendants	-	4

11. Whether Nursing staff is appointed as per MCI Available / Not available.
norms.

a) Recommended norms for hospital Nursing Service:

Staff	Teaching Hospital
Staffing: 1. Nursing Superintendent	1 (minimum for 150 beds)
2. Deputy Nursing superintendent	1
3. Assistant Nursing Superintendent	2
(for every additional 50 beds one more Assistant Nursing Superintendent)	

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	Staff Nurse	Sister	Department Senior	ANS	
Medical Ward	1:3	1:25	Each Shift 1	For wards	3-4
Surgical wards	1:3	1:25	Each Shift 1	For wards	3-4
Orthopaedic ward	1:3	1:25	Each Shift 1	For wards	3-4
Paediatric Ward	1:3	1:25	Each Shift 1	For wards	3-4
Gynaecology ward	1:3	1:25	Each Shift 1	For wards	3-4
Maternity ward	1:3 (Including New borns)	1:25	Each Shift 1	For wards	3-4
Intensive Unit	Care	1:1 (24 hrs)	1 each Shift	1 Departmental Sister / ANS for 3-4 units	
Coronary Unit	Care				1 each Shift
Special wards		1:1 (24 hrs)	1 each Shift		
					Eye, ENT Etc.
Operation Theatre	3 for 24 hrs. per table	1 each Shift	1 Departmental sister / ANS for 4-5 Operation Theatre		
Casualty & Emergency Unit.	2-3 Staff Nurses depending on the no.of beds.	1 each Shift	1 Departmental sister / ANS for emergency casualty etc.		

Out patient Department-Based on Actual observation.

- 1) a) Minor Operation Theatre 1 Staff Nurse for every 13 Patients
- b) Injection Room 1 Staff Nurse for every 86 Patients.
- c) Surgical Room 1 Staff Nurse for every 120 Patients.
- a) Medical 1 Staff Nurse for every 140 Patients
- b) Gynae. 1 Staff Nurse for every 35 Patients
- c) Children (Paediatric) 1 Staff Nurse for every 85 Patients
- d) Orthopaedic 1 Staff Nurse for every 120 Patients
- e) Dental 1 Staff Nurse for every 120 Patients
- f) ENT 1 Staff Nurse for every 120 Patients
- g) Eye 1 Staff Nurse for every 86 Patients
- h) Skin 1 Staff Nurse for every 100 Patients

Similarly other out patient Department need to be staffed based on actual observation.

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C E R T I F I C A T E

Certified that we have actually, Physically verified the infrastructural facilities available in the college & Hospital towards first MBBS Part-I course in (name of the College)_____ and found them to be satisfactory / not satisfactory.

Signature of the Chairman
with Name and Address:

1)Signature of Members:
with Name & Address

2)Signature of Members:
with Name & Address.

3)Signature of Members:
with - Name & Address.

Signature of the inspectors:

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