FORM-MCI-13(MICRO) INFORMATION OF MINIMUM REQUIREMENTS TO BE PROVIDED FOR STARTING POSTGRADUATE DEGREE / DIPLOMA COURSES IN MEDICAL COLLEGES AS PER M.C.I. GUIDELINES (FOR NON-CLINICAL COURSES)

1.	Name of the Department	:	MICROBIOLOGY
2.	P.G. Courses intending to start	:	P.G. Degree / Diploma / Both
3.	Name of the Head of the Department	:	
4.	Services:	:	
A.	Out Patient	:	
	 No.of investigations rendered in the following departments at hospital for out patients / in patients treated per annum (last one year) 	:	
	Microbiology:		
	a) Microbiology lab.		
	b) Serology lab		
	2. No.of Emergencies (if any).		
5.	Facilities:	:	
	Accommodation provided to the labs		
	Microbiology lab Serology lab		
A.	 Infrastructure: a) OP Area for out Patients b) Inpatients / wards / units c) Staff rooms d) Cubicals e) Demo.rooms f) Waiting Area g) Necessary equipment provided for the above 	: : : : : : : : : : : : : : : : : : : :	

SIGNATURES OF THE INSPECTION COMMITTEE:

(1)	(2	2)	
B.	O.P. & I.P. Supportive Services.	:	
	Lab services, Biochemistry, Microbiology, Pathology, Radiology, Physiotherapy, P.R. etc., Pharmacology, Ambulance etc.		
C.	Equipment:	:	
i)	Basic equipment in the department	:	
ii)	Latest equipment (specify)in the department (list to be enclosed).	:	
	Whether equipment in addition to UG Course are provided. (if necessary)		
D.	Library : No.of titles	:	
	No.of books	:	
	No.of journals	:	
	(international & national)		
	The No.of books additionally provided for PG	:	
	Programme in the Department.		
	Whether Computer with Internet facility is		
	provided.		
E.	Teaching aids: Audiovisual	:	
	Xerox,	:	
	Vedeo etc.	:	
6.	Other facilities needed for the specialty:	:	
	Whether in the following, required for department are available:		Yes / No
	O.T., ICU, AMC, ASC, Central sterilization, etc.		
7.	Teaching faculty:	:	

Teaching Faculty	Requi	ired	Available	Deficiency	7
					_

i)	A. Professors		
	B. Associate Professors		
	C. Readers		
	D. Asst. Professors		
	E. Tutors / Demonstrators		

SIGNATURES OF THE INSPECTION COMMITTEE:

(1)

(2)

Non-teaching and Technical	Required	Available	Deficiency
F. Technicians			
G. Storekeeper–cum-clerk			
H. Lab Attendants			
I. Steno-cum-Typist / computer operator			

ii) Total No.of Recognized Postgraduate : Teachers:

(A. Qualified in specialty, 8 years experience of which atleast 5 years of teaching experience is as Asst. Professor or above gained after attaining the PG Degree shall be recognized as Postgraduate Teachers)

8. Teaching faculty particulars

:

S.No.	Name	Design.	Qualifi- cation	Year of Passing of PG Course	Date of appointment	Teaching experience after PG	Publications
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9. Signature of H.O.D.

:

:

- 10. Recommendations (in-take)
- A. P.G.Teacher: student ratio 1:2 for a professor : & 1:1 for other cadres in each unit per year subject to maximum of 4 PG seats including diploma per unit per academic year provided a complement of 10 teaching beds is added to the prescribed bed strength of 30 for the unit as per MCI.,

SIGNATURES OF THE INSPECTION COMMITTEE:

(1)

(2)

CERTIFICATE

- a) Whether necessary infrastructure, equipment, i) Satisfactory books, furniture etc., are provided for PG Courses in addition to MBBS Programme.
- b) Whether teaching staff; non-teaching & : technical staff are appointed for PG Programme in addition to MBBS Programme.
- c) Number of PG Degree, Diploma seats recommended taking into consideration of the permission issued by GOI.,
- 11. Remarks (If any)

- ii) Not satisfactory
- i) Appointed ii) Not appointed.
- PG Degree : PG Diploma :

SIGNATURES OF THE INSPECTION COMMITTEE:

(1)

(2)

Standard Inspection Form for Postgraduate courses (Microbiology)

1. Name of Institution:

Annual Intake for U.G.: _____

2. Particulars of the Inspector:-

Inspection Date_____

Name
Designation
Speciality
Name & Address of Institute/College
Residential Address
(with Pin Code)
Phone
(Off)
(Resi)
(Fax)
Mobile No
E-mail:

Signature of inspector

3. (Institutional Information)

A). <u>Particulars of college</u>

Item	College	Chairman/Health Secretary	Dean	Medical Superintendent
Name				
Address				
State				
Pin Code				
Phone (Off) (Res) (Fax)				
Mobile No.				
E.mail:				

B). Particulars of Affiliated University

Item	University	Vice Chancellor	Registrar
Name			
Address			
State			
Pin Code			
Phone (Off) (Res) (Fax)			
Mobile No.			
E.mail:			

Signature of Dean/Principal

4. Details of PG courses and their sanctioned intake by MCI:

Department	Course		Sanction	ed seats	
		Perm	Permitted		gnized
		When	No. of	When	No. of
			Seats		Seats
Diploma in Anesthesia	Diploma				
Diploma in Child Health	Diploma				
Diploma in Community Medicine	Diploma				
Diploma in Clinical Pathology	Diploma				
Diploma in Diabetology	Diploma				
Diploma in Forensic Medicine	Diploma				
Diploma in Health Administration	Diploma				
Diploma in Hospital Administration	Diploma				
Diploma in Health Education	Diploma				
Diploma in Obstetrics & Gynaecology	Diploma				
Diploma in Industrial Hygiene	Diploma				
Diploma in Immuno-Haematology and Blood	Diploma				
Transfusion					
Diploma in Oto-Rhino-Laryngology	Diploma				
Diploma in Radio-Diagnosis	Diploma				
Diploma in Radio Therapy	Diploma				
Diploma in Medical Virology	Diploma				
Diploma in Occupational Health	Diploma				
Diploma in Ophthalmology	Diploma				
Diploma in Orthopaedics	Diploma				
Diploma in Public Health	Diploma				
Diploma in Physical Medicine & Rehabilitation	Diploma				
Diploma in Psychological Medicine	Diploma				
Diploma in Radiation Medicine	Diploma				
Diploma in Sports Medicine	Diploma				
Diploma in Tuberculosis & Chest Diseases	Diploma				
Diploma in Tropical Medicine Health	Diploma				
Diploma in Dermatology, Venereology and	Diploma				
Leprosy Diploma - Aviation Medicine	Diploma				
Diploma in Cardiology	Diploma				
Diploma in Microbiology	Diploma				
Diploma in Industrial Health	Diploma				
MD – Anaesthesiology	MD				
MD/MS - Anatomy	MD				
MD - Aviation Medicine/Aerospace Medicine	MD				
MD - Bio-Chemistry	MD				
MD - Bio-Physics	MD				
MD - Forensic Medicine	MD				
MD - General Medicine	MD				
MD - Community Health Administration	MD				
MD - Geriatrics	MD				+
MD - Hospital Administration	MD				
MD - Health Administration	MD				
MD - Microbiology	MD				
MD - Nuclear Medicine	MD				
	MD				
MD/MS - Obstetrtics & Gynaecology					

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MD - Paediatrics	MD		
MD - Pathology	MD		
MD - Dermatology, Venereology & Leprosy	MD		
MD - Pharmacology	MD		
MD - Physiology	MD		
MD - Physical Medicine & Rehabilitation	MD		
MD - Psychiatry	MD		
MD - Radio Diagnosis/Radiology	MD		
MD - Radiothrapy	MD		
MD - Social & Preventive Medicine / Community Medicine	MD		
MD - Tuberculosis & Respiratory Diseases / Pulmonary Medicine	MD		
MD - Immuno Haematology & Blood Transfusion	MD		
MD - Tropical Medicine	MD		
MD - Pulmonary Medicine	MD		
MD - Sports Medicine	MD		
MD - Family Medicine	MD		
MS - Orthopaedics	MS		
MS - ENT	MS		
MS - General Surgery	MS		
MS - Ophthalmology	MS		
DM - Neurology	DM		
DM - Rheumatology	DM		
DM - Endocrinology	DM		
DM - Clinical Pharmacology	DM		
DM - Clinical Haematology	DM		
DM - Pulmonary Medicine	DM		
DM - Neuro Radiology	DM		
DM - Nephrology	DM		
DM - Neonatology	DM		
DM - Oncology	DM		
DM - Gastroenterology	DM		
DM - Cardiology	DM		
DM - Clinical Immunology	DM		
DM - Pul. Med. & Critical Care Med.	DM		
DM - Cardiac-Anaes.	DM		
DM - Haematology Pathology	DM		
DM - Medical Genetics	DM		
M.Ch - Cardio Thoracic and Vascular Surgery	MCh		
M.Ch - Neuro Surgery	MCh		
M.Ch - Paediatric Surgery	MCh		
M.Ch - Plastic Surgery	MCh		
M.Ch - Surgical Gastroenterology	MCh		
M.Ch - Surgical Oncology	MCh		
M.Ch - Urology/Genito-Urinary Surgery	MCh		
M.Ch - Endocrine Surgery	MCh		
	WUCH		

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<u>PART – I</u>

- 5. Department inspected:
- 6. Particulars of HOD
 - Name:
 - Age :
 - PG Degree University Institution Year
 - Total teaching experience(give details)
- 7. Previous inspection of department by MCI, if any:-
 - Date
 - Purpose, (for starting/increase of seats/ for recognition)
 - Deficiencies pointed out, if any.
- 8. Purpose of present inspection:
 - Starting of PG. Degree/diploma/both.
 - Increase in seats...Degree/Diploma/both.
 - Recognition /approval of degree/diploma/ both.
 - Whether the course was started with prior approval of MCI.
 - Date of permission of MCI for Degree/ Diploma/ both
 - Annual intake Sanctioned by MCI for degree/ diploma/both
 - Date of first admission for Degree/diploma/both
 - Date of examination of Ist batch for recognition of course
- 9. Mode of selection (actual/proposed) of PG students.

10. If course already started, yearwise number of PG students admitted and available PG teachers during the last five years.

Year	Names of PG stude	ents admitted	Names of recognized PG teachers
	Degree	Diploma	against whom the students were admitted.

11. Central Library:

- Total No. of Books.
- Books pertaining to Microbiology
- Purchase of latest editions in last 3 years.

Microbiology Books	Other Books

• Journals:

	Total	Microbiology
Indian		
Foreign		

- Year/month upto which Indian Journals available
- Year/ month upto which Foreign journals available.
- Internet /Medlar/ Photocopy facilities available/ not available.
- Library opening timings:
- Reading facility out of routine library hours

12. Hostel facilities: Accommodation (No. of rooms) available for

- For U.G. students
- For Interns
- For P.G. students

14. Medical Education Unit (Constitution).

(Specify number of meetings of these bodies held annually & minutes thereof)

15. Blood bank

- Valid License : Yes/No
- No. of blood units available:
- Average blood units consumed daily:
- Facilities of blood components available: Yes/No
- Nature of Blood storage facilities (Whether as per specifications). Yes/No
- All blood Units tested for Hepatitis C,B,HIV: Yes/No

16. Central Laboratory

- Controlling Department.
- Working Hours.
- Investigative work load.

17. Central Research Lab.

- Whether there is any Central Research Lab.
- Administrative Control
- Staff
- Equipment
- Work load.

18. Central Sterlization Deptt.

Adequate/ Not adequate

- 19. Incinerator
 - Available/ Not available.
 - Functional/ not functional
 - Capacity

20. Generator Facility:	Available/ Not available. Capacity:
21. Medical Record Section:	Computerized/ Not computerized.
22. Animal House	Available/ not available adequate / inadequate.

23. Recreational facilities:

- Play grounds.
- Gymnasium
- Auditorium

PART – II (Departmental Information)

Teaching Staff:

S. No.	Designation	Name with Date of Birth	Nature of employment Full time/part time/Hon.	PG (QUALIFICAT	perience ce with desig	esignation & Institution						
				Subject with Year of passing	Institution	University	Designation	Institution	From	То	Period		

FORM-MCI-13(MICRO) 1. List of Non-teaching Staff: -

S.No.	Name	Designation

2. Teaching facilities:

	Number	Size	Sitting capacity
Seminar Rooms			
Demonstration Rooms			

Audiovisual Aids: Adequate / Inadequate.

3. Departmental Library:

- Total No. of Books.
- Purchase of latest editions in last 3 years.

4. Departmental Museum

- Space:
- No. of specimens
- Charts/ Diagrams.
- 5. Departmental Research Lab.
 - Space

•

- Equipment
 - No. of publications from Indexed Non-

indexed.

the department during the last three years.

- Departmental Office
- Space
- Staff (Steno /Clerk).
- Computer/ Typewriter:

Office Space for Teaching Faculty:

- HOD
- Professor
- Assoc. Prof./ Reader
- Lecturer/ Asstt. Professor
- Resident duty room

7. Equipments:

List of important equipments available and their functional status.

•••	•••	•••	• • • •	•••	••••	•••	•••	•••	•••	•••	•••	••	•••	••	•••	•••	•••	••	•••	•••	•••	•••	•••	•••	••	•••	••	•••	••	•••	•••	•••	•••	•••	•••	•••	••
•••	•••	•••	• • • •	•••		•••	•••	•••	•••	•••	•••	••	•••	••	•••	•••	•••	••	•••	•••	•••	•••	•••	•••	••	•••	••	•••	••	•••	••	•••	•••	•••	•••	•••	•
•••	•••	•••	••••	•••		•••	•••	•••	•••	•••	•••	•••	•••	••	•••	•••	• • •	•••	•••	•••	•••	•••	•••	•••	•••	•••	••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••
• • •	• • •	• • •		•••				•••	•••	•••		••		••		•••	• • •	••	•••	•••	•••	•••		•••	••	• • •	••		••	•••	••		•••	•••	•••	•••	•••

- 8. Facilities for Practicals/Research.
 - Details of facilities to carry out theory and practical classes for UG students as per the recommendations of Medical Council of India.
 - Details of facilities to carry out additional classes and practicals at PG level.
 - Details of laboratories and other facilities to carry out research work.
- 9. Animal House

Available/Not available Adequate/Inadequate

- 10. Give details of clinical investigation work done by the department for the past three years (Attach annual reports).
- 11. List stock cultures.
- 12. List test sera:
- 13. What Research Projects are under study now. Give title, funding agency.
- 14. Is there a separate P.G. Laboratory: List the facilities available there at:
- 15. List of publications from the department during the last 3 years in indexed and nonindexed journals.
- 16. Any other information

PART III

POSTGRADUATE EXAMINATION

- 1. Minimum prescribed period of training.
- 2. Minimum prescribed essential attendance.
- 3. Periodic performance appraisal done or not?
- 4. Details of examiners appointed by Examining University.

5. Whether appointment of examiners & conduct of examination as per prescribed MCI norms or not ?

Signature of Inspector

Summary of Inspection report – (check list) to be completed by the Inspector.

Date of inspection:-

Name of Inspector:-

1	Name of the institut	ion	Name and other p	articulars of Institution						
			(Dean/Director)							
				PG degree:Recognized/Non-R						
				Experience:Adequate/Inadequate						
				Experience: Adequate/ madequate						
				Age: Below/above 65 years						
2	Department Inspect	ted	Name & other par	rticulars of Head of Department						
				PG degree:Recgonised Non-R						
				Experience:Adequate/Inadequate						
				Age:Below/above 65 years.						
3	Date of last inspecti		Department (with	Report):						
	Number of UG adm	ission								
	every year									
	Staff position for U		Sufficient/Insufficient							
	Other deficiency, if		Yes/No							
4	Total PG Teachers	in the Dep	artment (with re	quisite qualifications &						
	Designation	Number	Name	Total Experience						
	Professors									
	Addl. Professors									
	Assoc.									
	Professors/Readers									
	Asstt. Professors									
	- All teachers shou	ld be physi	ically identified.							
	- Detailed proform	a (with ph	otograph affixed)	in respect of every teacher must be						
	obtained which si	igned by th	e concerned teach	er, HOD and Head of institution						
	- To ensure that st	taff is full	time, paid and no	ot working in any other institution						
	simultaneously.									
5	Requisite important		*	ment						
	Number of units in the	•								
	Teaching complement			Complete/incomplete						
	Total number of beds	s (Unit-wis	e)							
	Instruments and othe		facilities	Adequate/Inadequate						
	Ward side Laborator	у		Yes/No						

	Laboratory Technician			Number and Names					
	Department Research Laborato	Yes/No							
	Departmental Library – Book/J	Adequate/Inadequate							
	Central Library – Books/Journa	•							
	the department								
6	Space for Department								
	Indoor wards(Units/Departme	nt) & C	PD space	Adequate/Inadequate					
	Offices for Faculty members &	& office	e steno	Adequate/Inadequate					
	Class Rooms and Demonstrati	on roor	ns	Adequate/Inadequate					
	Specific requirements related	to the d	epartment	Adequate/Inadequate					
	(Museum/Mortury/Specialized	l Invest	igation						
	etc.)								
7	Clinical Material			Adequate/Inadequate					
8	No of publications from the de								
0	years								
9	Examination conduct	As per norms of MCI/Not as per							
		norms of MCI							
10	Standard of Examination	V	N _z f DC	Satisfactory/Not satisfactory					
10	Year-wise number of PG students admitted and	Year	No. of PG students	No. of recognized PG teachers					
	available staff during the last		admitted	in the department					
	5 years		(Deg/Dip)						
	2002								
	2002								
	2000								
	1999								
	1998								
11	Other relevant facilities in the l	Instituti	on						
	Radiology facilities			Adequate/Inadequate					
	Bio-Chemistry facilities (24 hr	s emerg	gency lab)	Adequate/Inadequate					
	Pathology & Microbiology fact			Adequate/Inadequate					
	Blood Bank facilities (24 hours		or not	Adequate/Inadequate					
	blood components available)	1		1 1					
	Incinerator			Adequate/Inadequate					
	Laundry			Adequate/Inadequate					
	Hostels for UG & PG students			Adequate/Inadequate					
	Accommodation for Staff			Adequate/Inadequate					

12. **Final remarks by the Inspector:** (No recommendations regarding permission/recognition be made) Give factual position only).

the Inspector

Signature of

Note : Specific mention of required facilities as per MCI norms and commensurate with the degree under consideration must be made specifying whether these are Available/Not available.