# BABA FARID UNIVERSITY OF HEALTH SCIENCES FARIDKOT



# Inspection Proforma for PG courses: Subject: Ophthalmology (Summary)

Note:

- 1. Please read the proforma carefully before completing
- 2 Information provided should be brief and to the point. No unnecessary information be given. E.g. when research publications in indexed Journals during the last three years are asked for, do not give list of all publications from the beginning and do not give papers presented or abstracts etc.. Provide full reference
- 3. Do not use annexures unnecessarily. All efforts be made to provide information within the proforma. Use annexures only when information is very lengthy

Date of Inspe	ection:	Name of <i>I</i>	nspec	tor:		
1. Name of Ins	stitution	j	Direct	or / Dean / Prin	cipal	
(Private / Gove	ernment)		Vho so	ever is Head of Inst	titution)	
		Name				
		Age & Date of Bi				
		Teaching experier	ice			
		PG Degree				
		(Recognized/Non-R)				
		Subject				
2. Department	inspected		Hea	ad of Departme	ent	
	•	Name		•		
		Age & Date of Bir	rth			
			Teaching experience			
		PG Degree				
		(Recognized/Non-R)				
3. (a). <b>Number</b>	of UG seats	Daggarisad	Do	rmittad		First LOP date
3. (a). Indiliber	of OG seats	Recognised (Year: )		Permitted (Year: )		That LOF day
		(Teal.)	(1	car.		
(b) Date of l	ast inspection	UG	PG	<u> </u>		
for	ast inspection	Purpose:		rpose:		
101		Result:		sult:		
		Result.	ICC	suit.		
Total PG Teac	hers available	in the Department:				
Designation	Number	Name		Cotal Teaching Experience	Publ	fit of ications in notion
					11011	
Professor					1	
	+					
Professor Addl./Assoc Professor						

**5.** Number of Units with beds in each unit:

6	Number of patients on the day of inspection	OPD	IPD	Casualty	Bed occupancy	Surgeri es

# 7. Year-wise available clinical materials (during previous 3 years) for department of Ophthalmology

Parameters	Year 1	Year 2	Year 3
Total number of patients in OPD			
Total number of patients in IPD			
Weekly clinical work load for OPD			
Weekly clinical work load for IPD			
Average daily investigative workload of the			
Department and its distribution			
<ul> <li>Radiology</li> </ul>			
Biochemistry			
<ul> <li>Pathology</li> </ul>			
<ul> <li>Microbiology</li> </ul>			
Average daily consumption of blood units			
in the department			

# 8. Investigative work load on the day of inspection (Entire hospital)

Radiology	Biochemistry	Pathology		Microbiology	Blood units consumed
MRI		Histopathology			
CT		FNAC			
USG		Others			
Mammography		Haematology			
IVP/ Barium etc					
Plain X-Rays					
DSA			·		
Any other					

Any	otner									
<b>9</b> . Pu			rtment during							
10	Blood Ba	nk License	valid				Y	es / NO(e	enclose c	opy)
		Blood c	omponent fac	ility available			Y	es / NO		
		Number	of blood unit	s stored on the	e insp	ection day	у			
		Average	e units consun	ned daily (enti	re hos	pital)				
<b>11</b> . Sp	ecialized s	services provi	ded by the dep	partment:			Ade	dequate / not adequate		
<b>12</b> . Sp	ecialized l	ntensive care	services prov	ided by the De	ept:		Ade	quate / n	ot adequa	ate
<b>13</b> . Sp	ecialized e	equipment ava	ilable in the d	lepartment:			Ade	quate / Ir	adequate	е
<b>14</b> . Sp	ace (OPD	sanctioned b	ed, Offices, T	eaching areas)	)		Ade	quate / Ir	adequate	e
•				- ,				_	-	
15	Library					Cent	ral	D	epartme	ntal
		Number of I	Books							
		Number of J	ournals							
		Latest journa	als available u	pto						
<b>16</b> . Ca	asualty	Number	r of Beds	Available	equip	oment	Ade	equate / I	nadequat	ie
	ommon Fa			-			_	•	1	

• Central supply of Oxygen / Suction: Available / Not available • Central Sterilization Department Adequate / Not adequate

• Laundry: Manual/Mechanical/Outsourced:

• Kitchen Gas / Fire

• Incinerator: Functional / Non functional Capacity: Outsourced • Bio-waste disposal Outsourced / any other method • Generator facility Available / Not available

Medical Record Section: Computerized / Non computerized • ICD10 classification

Used / Not used

• Total number of OPD, IPD and Deaths in the Institution during the last one year:

OPD, IPD and no. of Deaths during last one year					
In the enti	re hospital	In the department of Ophthalmology			
OPD		OPD			
IPD		IPD			
Deaths		Deaths			

• Number of Births in the Hospital during the last one year:

Note: The data be verified by checking the death/birth registration forms sent by the college/hospital to the Registrar, Deaths & Births (*Photocopy of all such forms be obtained*)

## 18. Accommodation for staff

Available / Not available

19	Hostel Accommodation	UG		PG		Interns	
		Boys	Girls	Boys	Girls	Boys	Girls
	No. of Rooms						

20	Total number of PG seats in the concerned		Recognized seats	Date of recognition	Permitted	Date of permission
	subject	Degree				
		Diploma				

**21.** Year wise PG students admitted (in the department inspected) during the last 5 years and available PG teachers

Year	No. of PG students admitted		No. of PG Teachers available in the dept.
	Degree	Diploma	(give names)
2014			
2013			
2012			
2011			
2010			

22	Other PG courses run by	Course Name	No. of seats	Department
	the institution	DNB		
		M.Sc.		
		Others		

**23.** The stipend paid to the PG students, year-wise:

Year	Stipend paid in Govt. Colleges by the State Govt.	Stipend paid by the Institute
Ist		
IInd		
IIIrd		
IVth		

**24**. List of Faculty joining and leaving after last inspection:

DESIGNATIONS	NUMBER	NAMES		
		JOINING FACULTY	LEAVING FACULTY	
Professor				
Associate Prof.				
Assistant Prof.				
SR/Tutor/Demons.				
Others				

#### **25.** Faculty deficiency, if any

Designation	Faculty available (number only)	Faculty required	Deficiency, if any
Professor			
Assoc Professor			
Asstt. Professor			
Sr. Residents			
Jr. Residents			
Tutor/ Demonstrator			
Any Other			

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

# <u>Inspection Proforma for Postgraduate courses</u>

# (Ophthalmology)

1. Name of Institution:	
BFUHS Reference No.:	
2. Particulars of the Inspector:-	Inspection Date
Name	Residential Address (with Pin Code)
Designation	
Specialty	
Name & Address of Institute/College	Phone .(Off)(Resi.)
	(Fax) Mobile No.
•••••••••••••••••••••••••••••••••••••••	E-mail:

# 3. (Institutional Information)

# Particulars of college

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

#### <u>PART – I</u> (Institutional Information)

			(Ins	titutional Infor	mation)				
1		rs of Director / r is Head of Institu		rincipal:					
		·		<b>A</b>	(5 (5)				
	Name:	th)							
	PG Degree	Subject	Year	Insti	itution		Unive	rsity	
	Recognised /	Buoject	Tour	IIISC	itation		CIII V C	1910	
	Not Recognized								
	Tooching	Experience							
	Designation		stitution			From	То	Total	
	Designation	111	stitution			Tiom	10	experience	
	Asstt Professo	r						Сирененее	
	Assoc Professo								
	Professor								
						Grand '	Total		
						<b>,</b>		1	
2.	Central L	ibrary							
	• Total num	ber of Books in	library:						
	<ul> <li>Books pert</li> </ul>	taining to Ophtl	nalmology	<b>/:</b>					
	• Purchase of	of latest editions	of books	in last 3 years:	Total:	Ophthalmo	ology boo	ks	
	• Journals:		-						
	_	Journals		Total		C	<b>phthalmo</b>	ology	
	-	Indian							
		Foreign							
		nth up to which							
		nth up to which		~	ıvailable:				
		Med pub / Photo	ocopy faci	lity:		availa	available / not available		
	• •	ening times:	111	•					
		cility out of rou		•	1	availa	vailable / not available		
	(obtain tist	t of books & jou	irnais auij	y signea by Dec	an)				
3.	Casualty:	Emergency D	epartmer	nt					
	Space								
	Number of B	eds							
		(Average daily	OPD and	Admissions):					
		ab in Casualty			available /	not availa	ble		
	Emergency C	T and Dressing	Room	,					
	Staff (Medica	al/Paramedical)							
	Equipment av	vailable							
4	Blood Bar						**	/ N.T.	
		License(copy of						s / No	
		component faci						s / No	
		od Units tested			figations)			s / No s / No	
		of Blood Storager of Blood Unit					r es	S / INU	
		e blood units co		•	•		Average	On	
	T (VI)   AVCIAG	c oroou umis co	mounicu (	and mopel	caon aay	[ 4	rorage	011	

# 5. Central Research Lab:

• Whether it exists? Yes No

( give distribution in various specialties)

- Administrative control:
- Staff:
- Equipment:

daily

Inspection

day

• Workload:

#### 6. Central Laboratory:

- Controlling Department:
- Working Hours:
- Investigative workload:

(Approximate number of investigations done daily)

Radiology: On inspec	ction day	Average	e (monthly)	Microbiology:	0	n inspection day	Average (monthly)
Plain X-Rays				Bacteriology			
CT Scans				Serology			
MR Scans				Mycology			
Mammography				Parasitology			
Barium studies / IVP				Virology			
Ultrasonography				Immunology			
DSA							
Others							

Pathology On insp	ection day Avera	age (monthly)	Biochemistry On ins	spection day A	verage (monthly)
Haematology			Blood chemistry		
Histopathology			Endocrinology		
FNAC			Other fluids		
Cytology					

Radiotherapy (Optional)				
Radiotherapy				
Teletherapy				
Brachy therapy				

7. Operation Theatres:

AC / Non AC		Number of OTs functional per day	
Numbers		Number of days operations carried out	
Pre-Anaesthetic clinic		Average No. of case operated daily (Entire hospital)	Major Minor Total
Resuscitation arrangements	Adequate /Inadequate	Equipments	

8. Central supply of Oxygen / Suction: Available / Not available
9. Central Sterilization Department Adequate / Not adequate

**10.** Laundry: Manual/Mechanical/Outsourced:

11. Kitchen Gas / Fire

12. Incinerator: Functional / Non functional Capacity: Outsourced

13. Bio-waste disposal
14. Generator facility
Outsourced / any other method
Available / Not available

**15.** Medical Record Section: Computerized / Non computerized

• ICD10 classification Used / Not used

• Total number of OPD, IPD and Deaths in the Institution during the last one year:

OPD, IPD and no. of Deaths during last one year							
In the entire hospital In the department of Ophthalmology							
OPD			OPD				
IPD			IPD				
Deaths			Deaths				

• Number of Births in the Hospital during the last one year:

Note: The data be verified by checking the death/birth registration forms sent by the college/hospital to the Registrar, Deaths & Births (*Photocopy of all such forms be obtained*)

<b>16.</b> Recreational	facilities:	Available / No	t available
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Play grounds	Gymnasium
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17	<b>Hostel Accommodation</b>	U	UG		G	Interns	
		Boys	Girls	Boys	Girls	Boys	Girls
	No. of Rooms						

18. Residential accommodation for Staff / Paramedical staff

Adequate / Inadequate

**19.** Ethical Committee (Constitution): (Specify number of meetings held annually & minutes thereof)

**20.** Medical Education Unit (Constitution) (Specify number of meetings held annually & minutes thereof)

# PART – II (Departmental Information)

1	Department i	. 1			mology		
2	Particulars of Name:		A	ge:(	Date of Birth)		
P	G Degree	Year	In	stitution		Universi	ity
Re	ecognised/ Not ecognized						<u>.,                                    </u>
T(C	Teaching Exp	perience			I		
D	esignation		Institution		From	ТО	Total experience
A	sstt Professor						1
A	ssoc Professor/F	Reader					
Pı	rofessor						
						Grand Total	1
	b) Date of la	st MCI i	Inspection & U	niversity Inspe	gnition/Complia	nce Verifica	ntion
	b) Date of la c) Purpose	ast MCI i	inspection & U	Renewal of reco	gnition/Complia	nce Verifica	ntion
	b) Date of la c) Purpose d) Result of	of Last Insp	Inspection & U Inspection:	Renewal of reco	gnition/Complia	nce Verifica	ntion
	b) Date of la  c) Purpose of la  d) Result of (Copy of la)	of Last Insp	Inspection & U Inspection: Dection: Er & University	Renewal of reco	gnition/Complia	nce Verifica	ntion
	c) Purpose d Result of (Copy of Mode of selection)	of Last I last Insp MCI lette ction (act	Inspection & U Inspection: Dection: Er & University Tual/proposed) of ted, yearwise r	Renewal of reco	gnition/Complia	nce Verifica	ntion
	c) Purpose d) Result of (Copy of Mode of select teachers during No. of	of Last Insp MCI lette etion (act eady star- ing the la	Inspection & U Inspection: oection: or & University tual/proposed) or ted, yearwise r ast 5 years: onts admitted	Renewal of reco	gnition/Complia ction of the dep d) d) etudents admittee	artment:	lable PG
Year	c) Purpose d Result of (Copy of N Mode of select If course alreachers during No. of Degree	of Last Insp MCI lette etion (act eady star- ing the la	Inspection & U Inspection: Dection: Or & University Cual/proposed) of ted, yearwise rest 5 years:	Renewal of reco	gnition/Complia ction of the dep d) d) etudents admittee	artment:	lable PG
Year 2014	b) Date of la  c) Purpose of la  (Copy of la  Mode of select  If course alresteachers during la	of Last Insp MCI lette etion (act eady star- ing the la	Inspection & U Inspection: oection: or & University tual/proposed) or ted, yearwise r ast 5 years: onts admitted	Renewal of reco	gnition/Complia ction of the dep d) d) etudents admittee	artment:	lable PG
Year 2014 2013	c) Purpose d) Result of (Copy of Mode of select teachers during No. of Degree 4	of Last Insp MCI lette etion (act eady star- ing the la	Inspection & U Inspection: oection: or & University tual/proposed) or ted, yearwise r ast 5 years: onts admitted	Renewal of reco	gnition/Complia ction of the dep d) d) etudents admittee	artment:	lable PG
Year 2014 2012 2012 2011	b) Date of la  c) Purpose of Result of (Copy of Mode of select teachers during No. of Degree 4  3 2	of Last Insp MCI lette etion (act eady star- ing the la	Inspection & U Inspection: oection: or & University tual/proposed) or ted, yearwise r ast 5 years: onts admitted	Renewal of reco	gnition/Complia ction of the dep d) d) etudents admittee	artment:	lable PG

# **Unit wise teaching Resident Staff:**

Unit	Bed strength
Omt	Ded stiefigti

S. No.	Designation	Name with Date of Birth	Nature of employment Full time/part time/Hon.	PAN Number TDS deducted	PG QUALIFICATION  Date wise tead		ching experie	Experience experience with designation & Institution					
					Subject with Year of passing	Institution	University	Designation	Institution	From	То	Total Period	* Benefit of publications in promotion Yes/No, if yes List publications

Note: Unit wise teaching / Resident staff should be shown separately for each Unit in the proforma.

Use only the Format provided. DO NOT devise your own format otherwise the information will not be considered. Fill up all columns

\*Publications : Give only full articles in indexed Journals published during the period of promotion

\* Has any of these faculties member considered in PG/UG inspection at any other college after 01.03.2014. If yes, give details.

**6** List of Faculty joining and leaving after last inspection:

DESIGNATIONS	NUMBER	N/	NAMES			
		JOINING FACULTY	LEAVING FACULTY			
Professor						
Associate Prof.						
Assistant Prof.						
SR/Tutor/Demons.						
Others						

7 List of Non-teaching	Staff in the	department: -
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S.No.	Name	Designation

8	Available Clinical	Material: (G	Give the data	only for	the de	partment of	' <b>O</b> ]	phthal	lmolog	y
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•	No of units available for clinical ser	vice on inspection d	av.
	100 of units available for enimear ser	On inspection day	•
•	Daily OPD		
•	Daily admissions		
•	Daily admissions in Deptt.		
	Through Casualty		
•	Bed occupancy in the Deptt.	Percentage	Total No. of Indoor patients on

_	D'1 0 ' ' ' 1 D "		
•	Daily Operations in the Deptt.	Major	Minor

Inspection Day.

•	Weekly clinical work load for OPD, IPD	
	Weekly Major & Minor Operations	

9 Year-wise available clinical materials (during previous 3 years) for department of Ophthalmology

Parameters	Year 1	Year 2	Year 3
Total number of patients in OPD			
Total number of patients in IPD			
Weekly clinical work load for OPD			
Weekly clinical work load for IPD			
Operations			
Major			
Minor			
Average daily investigative workload of the			
Department and its distribution			
<ul> <li>Radiology</li> </ul>			
Biochemistry			
<ul> <li>Pathology</li> </ul>			
Microbiology			
Average daily consumption of blood units in			
the department			

10 Specialty clinics and number of patients in each, being run by the department.

S.No.	Name of the Clinic	Days on which held	Timings	Average No. of cases	Name of Clinic
				attended	In-charge
1	Glucoma Clinic				
2	Retina Clinic				
3	Refraction Clinic				
4	Eye Bank				
5	Squint Clinic				
6	Any other				

11.	Services	provided	by the	Department.
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12	Departmental	Library	V:

- Total No. of Books.
- Purchase of latest editions in last 3 years.
- No. of Journals
- **13** Departmental Research Lab.
  - Space
  - Equipment
  - Research projects utilizing Deptt research lab.
- 14 Departmental Museum (Wherever applicable).
  - Space:
  - No. of specimens
  - Charts/ Diagrams.
- 15 Space:

No. of rooms

OPD IPD

- Patient Exam. arrangement:
- Equipments
- **Teaching Space**
- Waiting area for patients.
- 16 Office space:

Departmental Office Office Space for Teaching Faculty HOD

Space

Staff (Steno /Clerk). **Professors** 

Computer/ Typewriter: Assoc. Prof

Asstt Prof.

Residents

- **17**. Clinico- Pathological conference
- **18**. **Death Review Meetings**
- **19.** Submission of data to national authorities if any -

**20**. Publications from the department during the last 3 years in indexed and non-indexed journals.

 No. of publications from the department during the last three years. Indexed

Non-indexed.

21	<b>Equipments:</b> List of important equipments available and their functional s	status
	. (List here only – NO annexure to be attached)	

- **22**. Facilities available:
  - (i) Phaco Surgery
  - (ii) Ophthalmic laser
  - (iii) Ratinal Surgery

## 23. Academic outcome based parameters

- (a) Theory classes taken in the last 12 months (Dates, Subjects, Name & Designation of teachers, Attendance sheet)
- (b) Clinical Seminars in last 12 months (Dates, Subjects, Name & Designation of teachers, Attendance sheet)
- (c) Journal Clubs held in last 12 months (Dates, Subjects, Name & Designation of teachers, Attendance sheet)
- (d) Case presentations held in last 12 months (Dates, Subjects, Name & Designation of teachers, Attendance sheet)
- (e) Group discussions held in last 12 months (Dates, Subjects, Name & Designation of teachers, Attendance sheet)
- (f) Guest lectures held in last 12 months (Dates, Subjects, Name & Designation of teachers, Attendance sheet)
- **24**. Any other information:

Number
Available & Verified/
Not available

Number	
Available & Verified	/
Not available	

Number
Available & Verified
Not available

Number	
Available	& Verified
Not availa	ble

Number
Available & Verified/
Not available

Number
Available & Verified/
Not available

#### **PART III**

# **POSTGRADUATE EXAMINATION (Only At the Time Of Inspection)**

- 1. Minimum prescribed period of training.
- 2. Minimum prescribed essential attendance.
- 3. Periodic performance appraisal done or not?
- 4. Whether the candidates appearing in the examination have submitted their thesis six months before appearing in examination as per PG Regulations.2000?
- 5. Whether the thesis submitted by the candidates appearing in the examination been accepted or not?
- 6. Whether the candidates appearing in the examination have (i) presented one poster (ii) read one paper at National/State conference and presented one research paper which has been published/accepted for publication/sent for publication during period of their postgraduate study period.
- 7. Details of examiners appointed by Examining University.
- 8. Whether appointment of examiners, their eligibility & conduct of examination is as per prescribed MCI norms or not ?
- 9. Standard of Theory papers and that of Clinical / Practical Examination:
- 10. Year of 1st batch pass out (mention name of previous/existing University)

Degree Course -----

#### Signature of Dean/Principal/Director

Note: (i) Please do not appoint retired faculty as External Examiner

(ii) There should be two internal and two external examiners. If there are no two internal examiners available in the department then only appoint three external examiners.