

Government Medical College, Srinagar.

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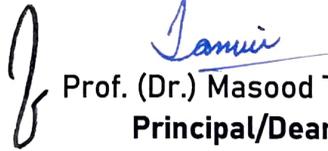


CIRCULAR

Subject: Updated information required for NMC Surprise Undergraduate (UG) Inspection for Renewal/ Continuation of Recognition of MBBS Degree.

In view of the National Medical Commission (NMC) surprise UG Inspection for Renewal/ Continuation of Recognition of MBBS Degree accredited with National Medical Commission (NMC), it is impressed upon all the Desk Officers of Government Medical College & Associated Hospitals, Srinagar, to provide the relevant details/information as required in the Standard Assessment Form- "A" (copy enclosed for ready reference). The Hard & Soft (.docx format) copies of the same shall reach to the Office of Registrar Academics, GMC Srinagar by or before 10.02.2023 and email at registraracademics@gmcs.ac.in

Note: Any fictitious documentation/ wrong information will be viewed seriously and appropriate action will be taken thereafter by the NMC authorities, which intern will result in cancellation of Recognition.


Prof. (Dr.) Masood Tanvir
Principal/Dean
Govt. Medical College, Srinagar

No. GMC/Acad/4738-759 MC Dated: 30-1-23

Copy to the:

1. Administrator, GMC & Associated Hospitals, Srinagar for information and necessary action
2. All HOD's, GMC Srinagar, for information and necessary action.
3. All Medical Superintendents of Associated Hospital, GMC Srinagar, for information and necessary action
4. Dy. Director Planning, GMC Srinagar for information and necessary action
5. Estates Officer, GMC Srinagar for information and necessary action
6. Chief Librarian, GMC Srinagar for information and necessary action
7. In-Charge IT Section, GMC Srinagar with the direction to upload the same on the official website of GMC Srinagar
8. Warden Boys/ Girls Hostel, GMC Srinagar for information and necessary action
9. Office Record File.

NATIONAL MEDICAL COMMISSION

STANDARD ASSESMENT FORM – FOR AY 2022-23

“A”

General information pertaining to:

1. College and Teaching Hospital
2. Courses of study leading to

M.B;B.S.

Name of the Institution: Government Medical College, Srinagar

Complete address: Karan-Nagar, Srinagar, Jammu and Kashmir 190010

Name of the Principal/Dean: Prof. (Dr) Masood Tanvir

Telephone nos. Off: _____ **Residence:** _____

email address: principalmcsgr@gmail.com

Name of Affiliating University: Kashmir University

Date of assessment: __/__/____

**Signature of Principal/Dean
With Office stamp/Seal**

This form shall be filled precisely and handed over by the Dean/Principal to the convener of the Assessing team. The assessors shall duly verify and examine the entries and send it with their observations to the President, Medical Assessment & Rating Board, National Medical Commission, duly signed and dated. As far as possible, unless otherwise instructed, all the required information should be contained in the form and separate enclosures be avoided. The entries should be as required under the MCI regulations and norms read with section 61(2) of NMC Act, 2019.

GENERAL INFORMATION

a. Year of grant of Letter of Permission (LOP):

b. Year of grant of Permission by NMC/MCI:

[In respect of new medical college/renewal of yearly permission, please attach Letter of Intent, Letter of Permission and yearly approval by NMC/MCI/Central Government]

c. Management: **Government/University/Autonomous body/ Trust/ Society/Company/Consortium.**

d. Annual intake: **180** (Students)

e. Year to year increase (if any):
[Year and number of admissions permitted by NMC/MCI to be specified and copies of the NMC/MCI approval to be attached]

f. Year of recognition by the NMC/MCI:

a. Undergraduate:

b. Post graduate: Last assessment with date/s:

Sl.No.	Course	Number of Seats		
		Degree/Diploma permitted by NMC/MCI	Degree/Diploma recognized by NMC/MCI	Degree/Diploma not permitted/not recognized by NMC/MCI

Annual Budget

(a) Pay and Allowances:

[Please attach separate sheet with pay scales and allowances of all the categories of employees, i.e. teaching staff, technical, administrative and support Staff and so on.]

(b) Contingency: (i) Recurring

(ii) Non-recurring

Administrative set up for looking after:

(a) Admissions:

[Please attach a copy of the current prospectus of the college/university/Government.]

(b) Particulars of Principal/Dean:

Name of the Principal/Dean: **Prof. (Dr) Masood Tanvir**

Qualifications (College, University and year) **MD Medicine, Kashmir University, 1992**

Teaching Experience		Administrative Experience	
Designation	Duration	Designation	Duration
Dean/Principal			
Professor			
Associate Professor			
Assistant Professor			

(c) Accommodation details:

Principal/Dean's office size : ___ m²

Staff room size : ___ m²

College Council room size : ___ m²

Office Superintendent room –size : ___ m²

Office Space Size : ___ m²

Record room size : ___ m²

Whether Intercom is available : Yes / No

WORKING HOURS

(i) No. of actual working days: College:
Hospital:

(ii) Daily working hours:

COLLEGE COUNCIL

(a) Composition :

(b) Functions:

(c) No. of Sessions per year:

BUILDING

(A) Layout & floor area

(i) Year & Cost of construction:

(ii) Cost of Equipment and Furniture:

(B) Location of Departments:

- (a) Pre-clinical
- (b) Para-clinical
- (c) Clinical
- (d) Details of Lecture theatres

Details	In the College	In the Hospital
Numbers		
Type (Gallery/Level)		
Seating Capacity of each		
A-V aids in each LT		
Live streaming capability		

- (e) Auditorium (Capacity):
- (f) Enumerate teaching areas other than Lecture Theatres available in the following departments (Demonstration rooms etc.)
 - a. Preclinical
 - b. Paraclinical
 - c. Clinical

- (g) Do all teaching areas including laboratories have live streaming capability? Yes/No

If not, attach a list of areas that do not have live streaming capability?

- (h) Are any of the teaching areas including Museums shared by two or more departments? Yes/No

If yes, provide a list with details:

- (i) Examination Hall (Seating capacity)

- (j) Common rooms:

For Boys: Yes / No If yes, area: _____ m²

For Girls: Yes / No If yes, area: _____ m²

Facilities of attached toilets: Yes /No (If no, reasons thereof)

- (k) Central Laboratories (Provide details in a separate sheet where required):

- (1) Staff :
- (2) Equipment:
- (3) Coordinating department:

CENTRAL LIBRARY

- (a) Layout and floor area :
- (b) Reading Rooms (mention seating capacity of each):
- (a) for UG students. :
- (b) for PG students :
- (c) for Staff :
- (c) Working hours :
- (d) No. of shifts :
- (e) Number of books :

1	Text books	
2	Reference books	
3	e-books	

- (f) Number of Journals subscribed annually

	National	Foreign
Hard copy		
e-journal		
Total		

- (g) Number of Journals actually received annually

	National	Foreign
Hard copy		
e-journal		
Total		

- (h) Number of back volumes of Journals

	National	Foreign
Hard copy		
e-journal		
Total		

- (i) Number of books purchased during the last 3 years

Year 1	
Year 2	
Year 3	

(j) Details of Staff with qualifications:

Designation/Category	Name	Qualifications
1. Librarian		
2. Deputy librarian		
3. Library assistants		
4. Other staff		

(k) System of Cataloguing:

(l) Whether Library areas are air-conditioned?: Yes / No

If not, provide details and/or reasons

MEDICAL EDUCATION UNIT:

Staff	Numbers
Hon. Director/Coordinator	
Honorary Faculty	
Support staff	
Stenographer	
Computer operator	
Technical staff	
Any other staff	

(a) Equipment available

(b) Teaching & training material available

(c) No. of training courses conducted by Medical Education Unit (Attach Details)

(i) Categories of personnel trained

(ii) Number trained in each category

HEALTH CENTRES – RURAL and URBAN

Sl.	Particulars	RHC/PHC	UHC
(a)	Name of center:		
(b)	Location of center:		
(c)	Population covered:		
(d)	Distance from college & Travel time		
(e)	Transport facilities for the following		
	(i) Students + Interns		
	(ii) Staff		
	(iii) Support staff		

(f) Staff of the Centers:

(g) Hostel facilities at the Rural Health Centers:

(h) Whether Messing facilities available: Yes / No

(i) working arrangement / Administrative control of Health Centers:

(i) Total (Administrative& Financial) control with the college

(ii) Partial (Academic) control

HOSTELS

(a) Layout :

(b) Distance from the college &Hospital :

(c) Total No. of rooms & occupancy/seats: *Mention Area of each type of room

Category		No. of Rooms		
		Single	Double	Three or more
Undergraduate	Boys			
	Girls			
	*Area (m ²)			
Postgraduate	Gents			
	Ladies			
	*Area (m ²)			

- (d) Number of students on the roll :
Percentage of Students accommodated :
- (e) Supervisory arrangement :
- (f) Messing & canteen arrangements :
(Dining hall should have accommodation for 25% of all occupants at a given time).
- (g) Availability of room, reading room TV room and indoor games

RESIDENTIAL ACCOMMODATION/QUARTERS :

- (a) Categories :
- (b) Number :
- (c) Percentage of Staff accommodated in each category :

SPORTS AND RECREATION FACILITIES :

- (a) Number of playgrounds and games played :
- (b) Gymnasium facilities and arrangements :
- (c) Sports Officer/Physical instructor :

TEACHING HOSPITAL (MAIN & SUBSIDIARY)

- (a) Management: Govt./Autonomous/Trust/Society/University/Company/Consortium
- (b) Number of years for which the hospital has been fully functional:
- (c) Administrative set up:
 - (i) Particulars of Hospital/Hospitals:
 - a) Name of the Hospital:
 - b) Total number of teaching beds:
 - c) Number of special/paying wards:
 - d) Medical Superintendent:

Name & qualifications	Teaching/Non-teaching	Telephone numbers: Off/Res

- e) Medical Superintendent's Office – Size
- f) Hospital office space – size
- g) Nursing superintendent office space – size
- h) Waiting area for visitors – size

- (ii) Particulars of Common services / facilities
 - a) Enquiry/office – Size
 - b) Gender cell (Committee against sexual harassment)
 - c) Grievance redressal Cell for Underprivileged and Minorities
 - d) RTI drop-box (In government institutions only)
 - e) Reception area – Size
 - f) Store rooms – Nos. & Size
 - g) Central Medical Record Section– Size
 - h) Linen rooms – Nos. & Size
 - i) Hospital & Staff Committee Room – Size
- (d) Indoor Facilities (in each ward)
 - a) Nurses duty room available with each ward
 - b) Examination & Treatment Rooms
 - c) Store Room for linen & equipment
 - d) Resident doctor’s duty room
 - e) Student’s duty room

DISTRIBUTION OF BEDS

	Specialty	Total Number of teaching Beds Units		Average Bed occupancy per day (% of teaching beds)
(a)	Medicine & allied specialties			
(i)	Gen. Medicine			
(ii)	Pediatrics			
(iii)	Respiratory Medicine			
(iv)	Dermatology			
(v)	Psychiatry			
	Total			
(b)	Surgery & allied specialties			
(i)	Gen. Surgery			
(ii)	Orthopedics			
(iii)	Ophthalmology			
(iv)	Oto-rhino-laryngology			
	Total			
(c)	Obstetrics & Gynecology			
(d)	Emergency department			
	Grand Total			

ANNUAL BUDGET OF THE HOSPITAL

(For the past 3 years)

	I	II	III
(a) Pay of Staff & establishment	:	:	:
(b) Medicine & Stores	:	:	:
(c) Diet	:	:	:
(d) Non-recurring contingency	:	:	:

CLINICAL MATERIAL (HOSPITAL WISE) *[attach a separate sheet if necessary]*

Outdoor – Average Daily patient Attendance (In figures and words)

- (a) Old Patients :
- (b) New Patients :
- (c) Total :

Indoor patient details:

- (a) Number of Annual admissions :
- (b) Average daily bed occupancy :
(% of Teaching beds)

TEACHING/TRAINING FACILITIES (DEPARTMENT WISE)

- (a) In O.P.D.
- (b) In Indoor

REGISTRATION, MEDICAL RECORDS & STATISTICS DEPARTMENT

- (a) Central and/or Departments :
 - (i) For in-patients :
 - (ii) For O.P.D. :
- (b) Staff :
 - Medical Record Officer :
 - Statistician :
 - Other staff :
 - Peons :
- (c) System of Indexing :
 - Computerized /Manual :

EMERGENCY DEPARTMENT / CENTRAL CASUALTY SERVICES

- a) Whether fully functional/working: Yes / No
 - b) Accommodation for staff on duty:
 - 1. Doctors:
 - 2. Nurses:
 - 3. Students:
 - 4. Other paramedical staff:
 - c) No. of emergency beds in emergency department/casualty services
 - d) Working arrangement of emergency department/casualty services
 - 1. Number of emergency department/casualty medical officers
 - 2. Consultants services*
- *Nature of services
- 1. Facilities for:
 - a. Trauma: Yes / No
 - b. Burns: Yes / No
 - c. Medical: Yes / No
 - d. Surgical: Yes / No
 - e. Obstetrics: Yes / No
 - f. Pediatrics: Yes / No
 - 2. Average daily attendance of patients
- (e) Resuscitation and triage services facilities:
 - 1. Oxygen supply – Central Yes /No
 - 2. Ventilators
 - 3. Defibrillator
 - 4. Fully equipped disaster trolleys
 - (f) Facilities provided:
 - 1. X-ray
 - 2. Operation theatre
 - 3. Laboratory facilities
 - (g) Ambulance service Yes/No If yes, Numbers:
 - (h) Whether facilities for medico-legal examination exist or not?
If yes, whether separate staff is posted or not?

CLINICAL LABORATORIES

Numbers

Specialty

- (a) Central
- (b) Departmental
- (c) Total number of investigations: (Provide Daily average)

Area	Biochemistry	Clinical Pathology	Microbiology	Any Others
(i) OPD				
(ii) In patient				

- (d) Bio Safety Laboratory (BSL-II):
- (e) Staff & Supervision in each Laboratory
 - 1. Teaching Staff Number :
 - 2. Non-teaching Staff Number :
- (f) Equipment in each laboratory:

[Mention if any of the above laboratory services are outsourced]

OPERATION THEATRE UNIT

- (a) Operation theatres:
 - 1. Number
 - 2. Arrangements and distribution
 - 3. Equipment (including anesthesia equipment – attach list)
 - 4. Facilities available in each OT unit (Yes / No).
 - (i) Waiting room for patients Yes / No
 - (ii) Soiled Linen room Yes / No
 - (iii) Sterilization room Yes / No
 - (iv) Nurses duty room Yes / No
 - (v) Surgeons & Anesthetist rooms:
 - For Males Yes / No
 - For Females Yes / No
 - (vi) Assistants room Yes / No
 - (vii) Store room Yes / No
 - (viii) Washing room for surgeons & Assistants: Yes / No

(c) Protective Measures -

- Compliant with AERB regulations: Yes / No
- PNDT compliance – Yes / No

PHARMACY

- (a) Supervised by:
- (b) Qualification of pharmacist In-charge:
- (c) No. of other staff
- (d) No. of prescription dispensed a day
 1. Inpatient
 2. Out-patient.

[Mention if the Pharmacy services are outsourced/Owned and run by college]

CENTRAL STERILIZATION SERVICES DEPARTMENT :

- (a) Central or Central and separate satellite CSSD units:
- (b) Equipment scope and in-service arrangement:
- (c) Volume of work/day:
- (d) Arrangement for sterilization of mattresses & blankets:
- (e) Staff available in CSSD:
 1. CSSD In-charge
 2. Technical Assistants
 3. Technicians
 4. Sanitation staff

LAUNDRY Facilities: Provide details

[Mention if the Laundry services are outsourced/Owned and run by college]

KITCHEN: (Type of Arrangements): Provide details

[Mention if the Kitchen services are outsourced/Owned and run by college]

CANTEEN

1. For Faculty :
2. For Students :
3. For Staff :
4. For Patients:

[Mention if the above Canteen services are outsourced/Owned and run by college]

BIOMEDICAL WASTE DISPOSAL: Details of Arrangement

[Mention if the BMWD services are outsourced/Owned and run by college]

PARA MEDICAL/OTHER SERVICES STAFF IN THE HOSPITAL

[Mention if any of the above services/staff are outsourced]

Designation	No. of sanctioned posts	Nos. in position
1. Nursing Superintendent		
2. Dy. Nursing Superintendent		
3. Matron		
4. Asst. Nursing Superintendent		
5. Nursing Officers		
6. Lab. Technicians		
7. Lab Assistants		
8. Lab Attendants		
9. Ward boys		
10. Sanitation staff		
11. Any other Category		

RESIDENTIAL ACCOMODATION

	Category	Nos. Sanctioned	Nos. provided accommodation
(i)	Residents		
(ii)	Nurses		
(iii)	Other Staff		

[Mention if accommodation is outsourced/Owned and run by college]

Percentage of staff provided with quarters

(a) Teaching :

(b) Non-teaching :

INTERCOM SYSTEM IN THE HOSPITAL CAMPUS

Intercom - Present/ Absent

DMMP SYSTEM IN THE HOSPITAL CAMPUS

DMMP-II – Present/ Absent

CCTV SYSTEM IN THE HOSPITAL CAMPUS

CCTV – Present/ Absent

ACADEMIC INFORMATION OF THE COLLEGE

Result of MBBS examinations – give number and percentage of passes of proceeding 3 years

Batch	Year 20__				Year 20__				Year 20__			
	Regular		Supplem.		Regular		Supplem.		Regular		Supplem.	
I MBBS	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Candidates appeared												
Candidates passed												
II MBBS	Regular		Supplem.		Regular		Supplem.		Regular		Supplem.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Candidates appeared												
Candidates passed												
Final MBBS – Part I	Regular		Supplem.		Regular		Supplem.		Regular		Supplem.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Candidates appeared												
Candidates passed												
Final MBBS – Part II	Regular		Supplem.		Regular		Supplem.		Regular		Supplem.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Candidates appeared												
Candidates passed												

OTHER INFORMATION:

1. Yearly research publications* by the teaching staff (past 3 years)

Ist Year IInd Year IIIrd Year

National journals (No.) :

Foreign journals (No.) :

*Publication as per NMC/MCI requirements

Ist Year IIndYear IIIrd Year

2. Seminars/Conferences/workshops
CME/Others conducted by the
Institution in last 3 years

3. Awards/recognition received
by the college Faculty :

4. Courses other than MBBS and PG courses being run by the college management: Yes/ No.

Are they being run in the same campus/area demarcated for Medical College: Yes/No.

If yes, (provide details)

Name of Course	Full Address of college	No. of Admissions/year

5. Total No. of PG students admitted year-wise (previous 3 years)

Sl. No	Subjects (Diploma/Degree)	No. of PG students admitted		
		1 st year	2 nd year	3 rd year

6. Are the College and Hospital areas accessible to persons with disabilities? Yes / No

7. Are Fire Safety facilities in place in all buildings ? Yes / No

Details of Fee structure for various courses run by the college:

(Attach separate sheet with details, signed by the college management)

Date of Assessment: __/__/____

Signature of Dean/Principal
with official seal/stamp