



INSPECTION PROFORMA

FOR MEDICAL COLLEGES

1. Name of Institution:

2. Full Postal Address:

3. Telephone No _____ 4. Date of Establishment:

5. Type of institution: Federal Govt. Provincial Govt. Autonomous Armed Forces Private

6. Type of program offered

7 Infrastructure of Institute as prescribed by PMC rules and regulations

	Offices	Number	Capacity to accommodate	Furniture /Fixtures
7.1	Office of Principal/Dean			
7.2	Office of Vice-Principal			
7.3	Offices of the Faculty Members			
7.4	Office of the Ministerial Staff			
7.5	Lecture Hall(s)			
7.6	Demonstration Room(s) / Skill Lab(s)			
7.7	Audio-Visual Room(s)			
7.8	Auditorium			
7.9	Laboratories			
7.10	Computer Lab			
7.11	Library			
7.12	Tuck Shop/Cafeteria			
7.13	Lavatory			
7.14	Faculty Meeting Room(s)			

(Attach the list of furniture)

8. There is a separate budget for Medical College Yes No

8.1 Attach last year budget (income and expenditure)

8.2 Name of drawing and disbursing Officer

9. Transportation

9.1 Is vehicle available for Principal and teaching staff for official use Yes No

9.2 Is vehicle available for students Yes No

Vehicles are from central pool Vehicles belong to College other source

10. Components of Curriculum

10.1 Philosophy/Mission

10.2 Program Goals

10.3 Learning Outcome - Level and Terminal Objectives

11. Program Overview

11.1 Course sequence: list courses taught in each year

11.2 Course descriptions, objectives, outlines (make available at time of inspection)

11.3 Teaching learning strategies: (course plans, class schedules, lesson plans and assignments)

11.4 Formative and Summative Assessments of Students.

12. Quantity and quality of faculty members. Please fill the attached Performa of teaching staff.

Faculty Development Plan: provide list of faculty on study leave

Continuing Medical Education Session provide list of faculty and session taught

Teaching Staff

S.No	Designation	BPS	Sanction Post	Filled	Vacant	Reg No	Remarks
12.1	Principal						
12.2	Vice Principals						
12.3	Professor						
12.4	Associate Professor						
12.5	Assistant Professor						
12.6	Senior Registrar						
12.7	Junior Registrar						
12.8	Lecturer						
12.9	Others						

13. Remuneration of Part Timer Faculty (if any)

		Monthly	Per Lecture
13.1	How are the lecturers paid?		
13.2	How much they are paid?	Rs. _____	Rs. _____

14. Ministerial Staff of the College (if required please attach additional details)

S.#	Designation	BPS	Sanctioned Post	Filled	Vacant	Remarks
14.1	Office Supdt.					
14.2	Assistant					
14.3	Computer Operator					
14.4	Senior Clerk					
14.5	Junior Clerk					
14.6	N/Q					
14.7	Dispatcher					
14.8	Tea Boy					

14.9	Driver					
14.10	Others					

15. Learning Resources, please provide the list of the following:

e.g. library, text books, relevant books, reference books, and journals, audio visual aids such as models charts, equipment and mannequins , Internet Facilities available

16. Academic Calendar

16.1 Term and or Semester Systems? Class Schedule copy

16.2 Allocated hours for each course and classes taught.

17. Academic Policies

17.1 Provide examination record of the current year of students

18. Evaluation criteria for program, courses, faculty and clinical facilities

18.1 Provide examples of filled evaluation forms.

19. Information Management System

Record keeping of incoming students, analysis of trends and statistics

Examinations and progress of students – transcripts

19.1 Attendance Register Yes No

19.2 Academic Record Yes No

19.3 Clinical Record Yes No

19.4 Health Record Yes No

20. Statistical Data of students for last 4 years:

S#	Statistics	Number of students								
		Yr. 200			Yr. 200			Yr. 200		
		P	F	D	P	F	D	P	F	D
20.1	Admitted in last 3 years									
20.2	1 st Year Examination									
20.3	2 nd Years' Examination									
20.4	3 rd Year Examination									
20.5	4 th Year Examination									
20.6	Final Year Examination									

21. Selection of the Students:

- 21.1 Age of entry in years: _____
- 21.2 Minimum _____
- 21.3 Maximum _____
- 21.4 Number of sanctioned seats _____
- 21.5 Number of students studying _____
- 21.6 Annual Intake _____

22. Selection Committee:

- 22.1 Composition of selection Committee
 - (a) _____
 - (b) _____
 - (c) _____
 - (d) _____
 - (e) _____

22.2 Mode of Selection:

- a. Merit Yes No
- b. Written Test Yes No
- c. Interview Yes No

- 22.3 Which month does the introductory (P.T.S.) period begin? _____
- 22.4 Length of introductory (PTS) training period? _____

23. Existence of Committees:

- 23.1 Academic Committee Yes No
- 23.2 Selection Committee Yes No
- 23.3 Disciplinary Committee Yes No
- 23.4 Mess Committee Yes No
- 23.5 Social/Recreation Committee Yes No
- 23.6 Sports Committee Yes No
- 23.7 Various Societies Yes No
- 23.8 Others, please specify Yes No

(NOTE: Evidence of activities and minutes of the meeting of above mentioned committees to be attached)

24. Teaching Program of institute:

- 24.1 Are conferences /meetings held regularly between?
 - 24.1.1 Faculty and students (Pre & Post) Yes No
 - 24.1.2 Admin staff and students Yes No
 - 24.1.3 Teaching Staff & Nursing Staff Yes No
- 24.2 Medical Staff for clinical teaching to students Yes No
- 24.3 How many hours per week do students spend their time in providing services in the hospital?

NOTE: Schedule of Instructors for Clinical Supervision/Teaching (Attach Copy)

25. Field Visits:

Students are taken for field visits according to prescribed curriculum Yes No

(Attach the list of sites)

26. Clinical Experience:

26.1. Does the hospital meet the required basic criteria as prescribed by PMC?_

26.2. Is the College having its attached hospitals?

If so: -

26.2.1 Name of Hospital_____

26.2.2 Clinical Area utilized for learning experience by the students _____

26.2.3 Size of the Unit _____

26.2.4 Are any of the units of the hospital/institution under inspection being used by other hospitals/institutions for gaining experience? _____

If so, please give brief details:

26.3 Clinical experience available: Within the institution

26.4 Outside the institution:

A.) In hospital

B.) In community

27. Number of beds:

Total _____ Male: _____ Female: _____ Children: _____

No. of Non-paying beds _____ No. of Paying beds _____

28. Beds Allocation:

<u>Clinical Specialty Beds</u>		Average daily of previous year			
		Sanctioned Beds			
		Male	Female	Total	
28.1	Medical				
28.2	Surgical				
28.3	Gynae				
28.4	E.N.T				
28.5	Neurosurgery				
28.6	Ophthalmology				
28.7	Pediatrics				
28.8	Orthopedic Surgery				
28.9	Skin & V.D				
28.10	Isolation				

28.11	Burns				
28.12	I.C.U				
28.13	Oncology				
28.14	Others Mandatory, essential & Optional as per PMC requirement(s) (Add separate sheets for providing details for this portion)				

29. Operation Theatres

Number	No. of operations performed during last year
	<ul style="list-style-type: none"> - G. Surgery - Gynea & Obs - Others

29.1 Operation Theatres as per PMC Regulations _____

30. Present hours of duty

	Broken	Shift	Straight
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30.1 Trained Staff	_____	_____	_____
30.2 Students	_____	_____	_____

31. Student residence:

31.1 Accommodation:

- 32.1.1 Total number of student living out side _____
- 32.1.2 Total number of students living in the hostels _____
- 32.1.3 How many share a room? (approx. size) _____
- 32.1.4 How many share a bath room? _____
- 32.1.5 Is there a student common room? _____
- 32.1.6 Is there a student dinning room? _____
- 32.1.7 is there a student's visitor's room? _____
- 32.1.8 What are the visiting days? _____
- 32.1.9 Are the living conditions satisfactory? _____
- 31.1.11 Please attach a copy of hostel menu for a week.
- 31.1.12 Please attach a copy of hostel rules & regulations. When these were developed last ____
- 32.1.13 What is the distance between the hospital and the hostel? _____
- 32.1.14 Are there adequate recreational facilities available? Yes No
- 32.1.15 Are there adequate recreational equipment facilities? Yes No

33. Accommodation for Single female teaching staff:

- 33.1 Is there hostel accommodation available? Yes No
- 33.2 What are the messing arrangements? Yes No

- 33.3 Are there dinning, drawing and visiting rooms? Yes No
 33.4 Do you consider the living conditions for the staff good? Yes No
 33.5 Is it furnished according to the list furnished by PNC? Yes No

34. Accommodation for the married staff:

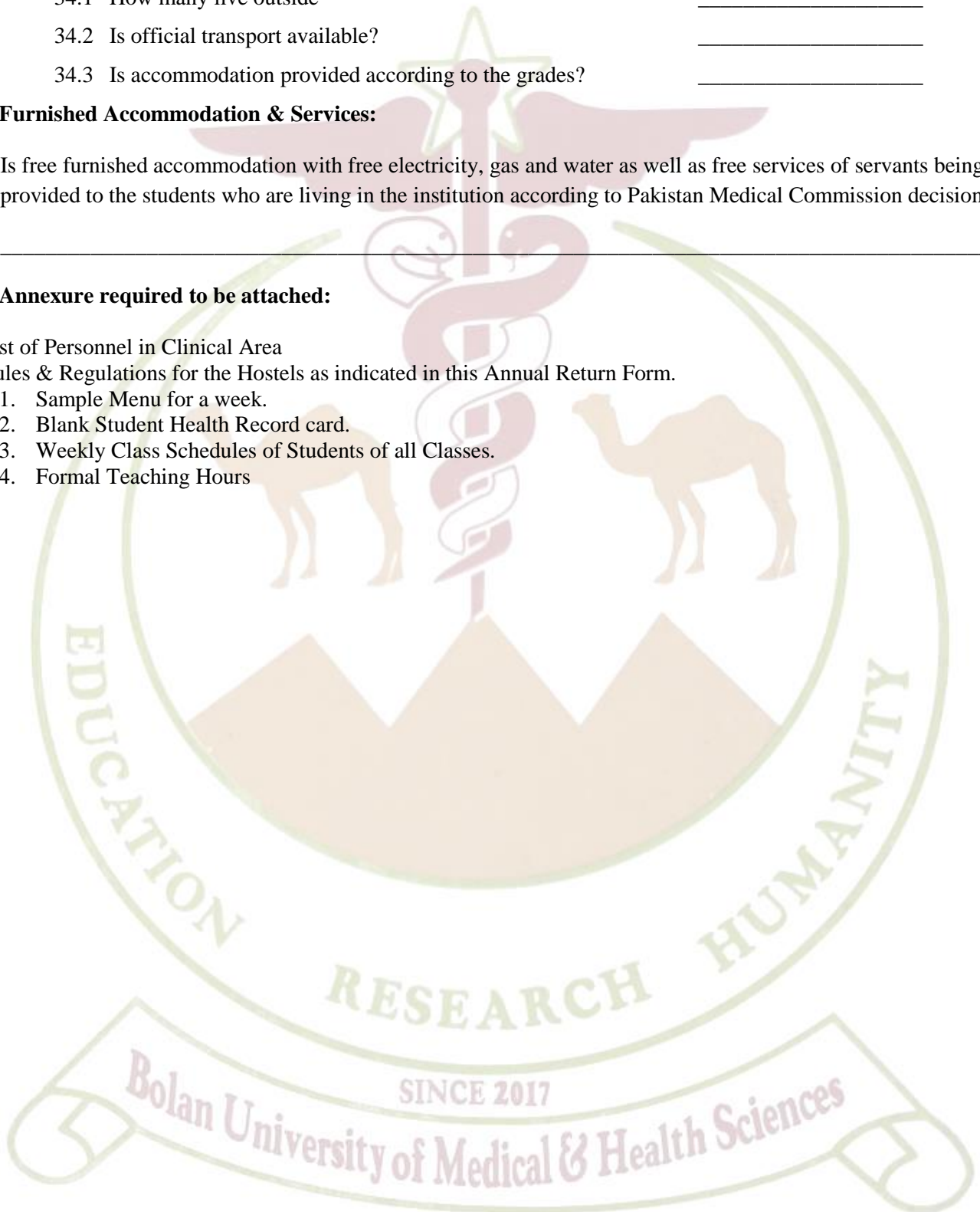
- 34.1 How many live outside _____
 34.2 Is official transport available? _____
 34.3 Is accommodation provided according to the grades? _____

35. Furnished Accommodation & Services:

Is free furnished accommodation with free electricity, gas and water as well as free services of servants being provided to the students who are living in the institution according to Pakistan Medical Commission decision?

36. Annexure required to be attached:

1. List of Personnel in Clinical Area
2. Rules & Regulations for the Hostels as indicated in this Annual Return Form.
 1. Sample Menu for a week.
 2. Blank Student Health Record card.
 3. Weekly Class Schedules of Students of all Classes.
 4. Formal Teaching Hours



Recommendations of the Affiliation Committee.

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Name & Signatures of Affiliation Committee.

1. Chairman

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2. Member

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3. Member

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4. Member

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5. Member

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Date: _____

