STANDARD ASSESSMENT FORM- B

(DEPARTMENTAL INFORMATION)

**PHYSIOLOGY**

1. *Kindly read the instructions mentioned in the* ***Form ‘A’****.*
2. *Write* ***N/A*** *where it is* ***Not Applicable****. Write* ***‘Not Available’****, if the facility is* ***Not Available****.*

# GENERAL:

* 1. Date of LoP when PG course was first Permitted: Not Applicable (first time applied)
  2. Number of years since start of PG course: First time applying
  3. Name of the Head of Department: Dr Janardan Vishvanath Bhatt
  4. Number of PG Admissions (Seats) Four (4)
  5. Number of Increase of Admissions (Seats) applied for: NA
  6. Total number of Units: NA
  7. Number of beds in the Department: NA \_
  8. Number of Units with beds in each unit:

|  |  |  |  |
| --- | --- | --- | --- |
| **Unit** | **Number of Beds** | **Unit** | **Number of beds** |
| Unit-I | - | Unit-V | - |
| Unit-II | - | Unit-VI | - |
| Unit-III | - | Unit-VII | - |
| Unit-IV | - | Unit-VIII | - |

* 1. Details of PG inspections of the department in last five years:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date of Inspection** | **Purpose of Inspection**  *(LoP for starting a course/permission for*  *increase of seats/ Recognition of course/ Recognition of increased seats /Renewal of Recognition/Surprise*  */Random Inspection/ Compliance Verification inspection/other)* | **Type of**  **Inspection (Physical/ Virtual)** | **Outcome**  *(LOP received/denied. Permission for increase of seats received/ denied. Recognition of course done/denied. Recognition of*  *increased seats done/denied / Renewal of Recognition done/ denied /other)* | **No of seats Increased** | **No of seats Decre ased** | **Order issued based on inspectio n**  *(Attach copy of*  *all the order issued by NMC/*  *MCI as*  ***Annexur e)*** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| NA | *LoP for starting a course of PG in Physiology* | - | - | -- | - | - |

* 1. Any other Course/observer ship (PDCC, PDF, DNB, M.Sc., PhD, FNB, etc.) permitted/ not permitted by MCI/NMC is being run by the department? If so, the details thereof:

|  |  |  |
| --- | --- | --- |
| **Name of Qualification (course)** | **Permitted by MCI/NMC** | **Number of**  **Admissions per year** |
|  | Not applicable | Not applicable |
| - | Not applicable | Not applicable |

# INFRASTRUCTURE OF THE DEPARTMENT:

* 1. **Department Office details:**

|  |  |
| --- | --- |
| **Department Office** | |
| Department office | Available |
| Staff (Steno /Clerk) | Yes available |
| Computer and related office equipment | Yes available |
| Storage space for files | Available |

|  |  |
| --- | --- |
| **Office Space for Teaching Faculty/Residents** | |
| Faculty | Available |
| Head of the Department | Available |
| Professors | Available |
| Associate Professors | Available |
| Assistant Professor | Available |
| Senior residents room | Available |
| PG room | Available |

* 1. **Seminar Room**

Space and facility**: Adequate**

Internet facility: Available …

Audiovisual equipment details: LCD projector available

* 1. **Details of Laboratories in the Department:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Nomenclature** | **Hematology** | **Clinical Physiology** | **Demo. Rooms** |
| Size (Area) | 265 sq m | 131 sq m | 90 sq m |
| Capacity | 60 | 60 | 60 |
| Water Supply | yes | no | No |
| Sinks | Yes adequate | no | no |
| Electric points | Yes adequate | Yes adequate | yes |
| Cupboards\* | adequate | adequate | no |
| Equipment List | Anex 1A | Anex 2 B | - |

**Attach the Important Equipment List for each Lab.**

* 1. **Equipment:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of the Equipment** | **Must/ Desir able** | **Numb ers Avail able** | **Funct ional Status** | **Important Specifications in brief** | **Ade quat e**  **Yes/ No** |
| **Digital**  **Physiograph** | **Available** | 3 | unctional |  | yes |
| Treadmill | Manual  test | available | functional | Sharing with the medicine department | - |
| Mosso’s  ergograph | Yes | 1 | yes | Adequate | yes |
| Perimeter | Yes | 2 | yes | Adequate | yes |
| Stethograph | yes | 1 | yes | Adequate | yes |
| Spirometer | yes | 2 | yes | Adequate | yes |
| pH meter | available | 1 | yes | adequate | yes |
| Peak flow meter | 2 | 2 | -yes | available | yes |

* 1. **Facilities for Practical/Research.**
     1. Facilities for theory and practical classes for UG students as per NMC recommendations:

Yes

* + 1. Facilities to carry out additional classes and practicals at PG level. Yes
    2. Laboratories and other facilities for conducting research. yes
  1. **Brief details regarding Applied Physiology**:
     1. Facilities are available for training in applied physiology. Yes,
     2. Facilities available for training in other selected subjects: yes
  2. **Library facility pertaining to the Department/Speciality (Combined Departmental and Central Library data):**

|  |  |
| --- | --- |
| **Particulars** | **Details** |
| Number of Books | 80Annexure D |
| Total books purchased in the last  three years( attach list as Annexure | 80 Annexure D |
| Total Indian Journals available | 1 available |
| Total Foreign Journals available | 1 Available |

Internet Facility: Yes/~~No~~ Central Library Timing: 9 AM to 5 PM Central Reading Room Timing: 9 AM to 8 PM

**Journal details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Journal** | **Indian/foreign** | **Online/offline** | **Available up to** |
| International journal of physiology | Foreign | offline | yes |
|  |  |  |  |
|  |  |  |  |

* 1. **Departmental Research Lab:**

|  |  |
| --- | --- |
| Space | 25 sq meters including Yoga lab and Exercise physiology lab |
| Equipment | Annexure E |
| Research Projects Done in the past 3 years | Annexure F |
| List Research projects in progress in  research lab | Annexure G |

# SERVICES:

|  |  |  |
| --- | --- | --- |
| **Type of Service** | **Available/Not**  **Available** | **Comments** |
| **Cardiology**: ECG, HRV (Computerized), Hand-grip Dynamometer | **Available** | Sharing with Adarsh Hospital |
| **Pulmonology**: Computerized Spirometry, PFT, Peak Flow Meter, BMR etc. | Available | Sharing with Adarsh Hospital |
| **Autonomic Function Tests** | Available | Sharing with Adarsh Hospital |

|  |  |  |
| --- | --- | --- |
| **Neurology**: EEG, Nerve Conduction Studies, EMG,  Evoked Potential Studies (P300), VEP, BERA etc. | With medicine  department | Sharing with Adarsh Hospital |
| **Yoga** lab or clinic. | available | yes |
| **Any other** special diagnostic facilities being provided by the department. | Exercise  And  Sport physiology | Sharing with Adarsh Hospital |

1. **STAFF**:
2. **Unit-wise Faculty and Senior Resident details: Unit No.:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr.**  **No.** | **Designation** | **Name** | **Joining**  **date** | **Relieved/**  **Retired/working** | **Relieving**  **Date/ Retirement Date** | **Attendance in**  **days for the year/part of the year \* with percentage of total working days\*\***  **[days ( %)]** | **Phone No.** | **E-mail** | **Signature** |
| 1 | Prof and Head | Dr Janardan Vishvanath Bhatt | 23/9/2023 | **working** | NA | Yes | 9898618725 | appiguj@gmail.com |  |
| 2 | Asso. Professor | Dr. Parth Nayak | 1/7/2022 | **working** | NA | Yes | 9824172539 | parthnayak@yahoo.co.in |  |
| 3 | Assist Professor | Dr. Manisha Makwana | 07/10/2022 | **working** | NA | Yes | 9427819510 | Dr.manishamakwana7216@gmail.com |  |
| 4 | Assist Professor | Dr Patel Sachinkumar Amrishbhai | 7/8/24 | **working** | NA | Yes | 9638682435 | patelsachin2435@gmail.com |  |
| 5 | Assist Professor | Patel Darshan kumarchandulal | 7/8/24 | **working** | NA | Yes | 9427797176 | darshan.38833@gmail.com |  |
| 6 | Tutor | Surbhi Ranga | 14/  11/22 | **working** | NA | Yes | 7023970443 | surbharanga@gmail.com |  |
| 7 | Tutor | Sheela Chaudhary | 14/8/2023 | **working** | NA | Yes | 7062779741 | chandiwalsheela@gmail.com |  |
| 8 | Tutor | Dr Rahul Niketankumar Patel | 9/10/2023 | **working** | NA | Yes | 8849126843 | rrrahulpatelll@gmail.com |  |
| 9 | Tutor | Dr Raj Soni | 17/1/2025 | **working** | NA | NA | 8160791438 | Rajs111@gmail.com |  |
| 10 | Tutor | Dr Kanzariya Hardik |  |  |  |  |  |  |  |
| 11 | Tutor | Dr Slyani Sarjak | 1/10/2024 | **working** | NA | Yes | 9328840417 | Sarjak.patel.27@gmail.com |  |
| 12 | Tutor | Dr Shivrajsinh Chavda |  | **working** |  | Yes |  |  |  |

\* - Year will be previous Calendar Year (from 1st January to 31st December)

\*\* - Those who have joined mid-way should count the percentage of the working days accordingly.

1. **Total eligible faculties and Senior Residents (fulfilling the TEQ requirement, attendance requirement and other requirements prescribed by NMC from time- to-time) available in the department:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Designation** | **Number** | **Name** | **Total number of Admission**  **(Seats)** | **Adequate / Not Adequate for number of**  **Admission** |
| Professor | 1 | Dr Janardan V Bhatt | - | - |
| Associate  Professor | 1 | Dr Parth Nayak |
| Assistant Professor | 3 | Dr Manisha Makwana  Dr Patel Sachinkumar Amrishbhai  Dr Patel Darshan kumarchandulal |
| Senior Resident | 0 | - |

1. **P.G students presently studying in the Department: NOT applicable**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Joining date** | **Phone No** | **E-mail** |
| -NA | -NA | -NA | -NA |
| -NA | -NA | -NA | -NA |

1. **PG students who completed their course in the last year:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Joining date** | **Relieving Date** | **Phone no** | **E-mail** |
| -NA | -NA | -NA | -NA | NA |
| -NA | -NA | -NA | -NA | NA |

# ACADEMIC ACTIVITIES:

|  |  |  |  |
| --- | --- | --- | --- |
| **S.**  **No.** | **Details** | **Number in the last Year** | **Remarks**  **Adequate/ Inadequate** |
| 1. | Clinico-physiological Symposia/  Seminar | Annexure H | Adequate |
| 2. | Seminar | -Annexure H | -Annexure H |
| 3. | Journal Clubs | -Annexure H | -Annexure H |
| 4. | Group discussions | -Annexure H | -Annexure H |
| 5. | Guest lectures | -Annexure H | -Annexure H |

|  |  |  |  |
| --- | --- | --- | --- |
| 6. | Physician conference/ Continuing Medical Education (CME)  organized. | Advances in Pulmonary functions test in ACMR Kalol on  30/4/24 |  |
| 7. | Symposium | Annexure H | Annexure H |

***Note:*** *For Seminars, Journal Clubs, Case presentations, Guest Lectures the details of dates, subjects, name & designations of teachers and attendance sheets to be maintained by the institution and to be produced on request by the Assessors/PGMEB.*

**Publications from the department during the past 3 years:**

**Annexure:C**

# EXAMINATION:

1. **Periodic Evaluation methods (FORMATIVE ASSESSMENT):**

(Details in the space below)

1. **Detail of the Last Summative Examination:**
   1. **List of External Examiners:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Designation** | **College/ Institute** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

* 1. **List of Internal Examiners:**

|  |  |
| --- | --- |
| **Name** | **Designation** |
|  |  |

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |

* 1. **List of Students:**

|  |  |
| --- | --- |
| **Name** | **Result (Pass/ Fail)** |
|  |  |
|  |  |
|  |  |

* 1. **Details of the Examination:**

Insert video clip (5 minutes) and photographs (ten).

# MISCELLANEOUS:

1. **Details of data being submitted to government authorities, if any:**

**NA**

1. **Participation in National Programs. (If yes, provide details)**

**NA**

1. **Any Other Information**

NA

# Please enumerate the deficiencies and write measures are being taken to rectify those deficiencies:

# Nil

**Date: Signature of Dean with Seal Signature of HoD with Seal**

1. **REMARKS OF THE ASSESSOR**

*1.*

*2.*

*Please* ***DO NOT*** *repeat information already provided elsewhere in this form.*

*Please*

***DO***

***NOT*** *make*

*any*

*recommendation*

*regarding*

*grant*

*of*

*permission/recognition.*

1. *Please* ***PROVIDE DETAILS*** *of deficiencies and irregularities like fake/ dummy faculty, fake/dummy patients, fabrication/falsification of data of clinical material, etc. if any that you have noticed/came across, during the assessment. Please attach the table of list of the patients (IP no., diagnosis and comments) available on the day of the assessment/inspection.*
2. *Please comment on the infrastructure, variety of clinical material for the all-round training of the students.*