



**LOCAL INQUIRY COMMITTEE REPORT FOR
CERTIFICATE COURSE IN MODERN PHARMACOLOGY**

Date of Inspection :

Name & Designation of Inspectors

Signature

1. -----
2. -----
3. -----

A. Name & Address of College :

Address : _____

Pin code :

E-mail Add : _____

Tele Phone : _____

B. Date of Establishment of College :

Day Month Year

C. Year of Recognition by Medical Council of India (UG)

Letter No. _____

Dated. _____

D. Intake capacity : Under-graduate

E. Hospital :

- 1) Average Indoor Admissions per day :
- 2) Average Out patient attendance per day
- 3) Bed Strength
- 4) Occupancy (annual)
- 5) I.C.C.U. Bed strength
- 6) Super speciality total bed strength
- 7) Laboratories

- 8) Casualty department : Yes/No
- 9) No. of patient attending per day - -----
- 10) Blood Bank -
- 11) C.T./ M.R.I. -

E. Total number of staff in the College

(Please attach department wise and cadre wise list of teachers)

F. Other than teaching staff :

(Please attach department wise and cadre wise list of teachers)

G. Games and Sports facilities with Yes /No

H. Auditorium with capacity :

I. Library :

- i) No. of Books
 - ii) No. of Journals
- (National/ International)

J. Hostel facility with capacity

- i) Boys
- ii) Girls

K. Guest house with No. of rooms and capacity

L. Residential Quarters for staff

M. Computer Lab

- i) No. of computers
- ii) Internet facility : Yes/No
- iii) Website : Yes /No

N. Ambulances

O. Comments, Deficiencies observed by the Local Inquiry Committee:-

Place :

Date :

	Name	Signature
1.	_____	_____
2.	_____	_____
3.	_____	_____

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
DETAIL INFORMATION OF DEPARTMENT WISE TEACHING STAFF AS ON**

Name of the Dept. : _____

College Phone No. : _____

Name of the College : _____

College E-mail ID : _____

Name of the Dean / Principal : _____

College website : _____

S.N	Name of the Teach. Staff	Desig	Ph.No (Resi)	E-mail ID	Date of Birth	Edu Qua	Date of appointment	Whether belongs to Reserved category (if so specify category)	Teach exp.		Total Teach Exp. in years	Whether				Whether approved by University.			Not approved		
									UG yrs	PG yrs		FT	PT	CHB	HON.	Temp	Perm anent	Letter No. & dt.			

Signature of Dean with Seal

Maharashtra University of Health Sciences, Nashik
Teaching staff required for Modern Pharmacology Certificate Course

College

Name:

College

Code:

Teaching Staff:

Department	Professor			Reader/A.P.			Lecturer			Tutor/Demons.			Jr. Resident			Total		
	MCI	Ext.	Def.	MCI	Ext.	Def.	MCI	Ext.	Def.	MCI	Ext.	Def.	MCI	Ext.	Def.	MCI	Ext.	Def.
Pharmacology	1			1			2			2			--			06		
Comm. Medicine	1			2			2			4			--			09		
Gen. Medicine	1			3			4			4			12			24		
Paediatrics	1			1			2			2			6			12		
Gen. Surgery	1			3			4			4			12			24		
Obst.& Gyn.	1			1			2			2			6			12		

Specific remarks ; - regarding available additional Teaching staff required for Modern Pharmacology Certificate Courses i.e. Professor – 01, Asso. Professor 01, Assitt. Professor 01.

CERTIFICATE OF DEAN / PRINCIPAL

This is to certify that the information furnished in above Performa is actually based on facts and as per available record of the College and Hospital is very true. It is further certified that, nothing has been neither hidden nor exaggerated while providing information.



Signature

Name of Dean /Principal

Name of College.....

Place :

Date :.....