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Pocket- 14, Sector- 8, Dwarka,

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राष्ट्रीय आयुर्विज्ञान आयोग

National Medical Commission Medical Assessment & Rating Board (MARB)

No.NMC/MARB/2023/

Dated: 07/03/2023

Public Notice

The various request received from Medical Colleges to give the time to apply for renewal of permission who couldn't apply for renewal of permission for the Academic Year 2023-2024 due to early closure of NMC online Portal so that they can participate in the counselling of 2023-2024.

The request of medical colleges have been considered by Medical Assessment and Rating Board and it has been decided to give them a chance to apply for renewal of permission so that they can participate in the counselling process of Academic Year 2023-2024.

It is therefore, all the Government and Private medical colleges, who couldn't apply for renewal of permission are hereby requested to apply and send sworn affidavit along with requisite application fees up to 17.03.2023.

Such colleges who have denied any permission due to legal issues, cancellation of batch/stoppage of admissions may not be considered for renewal of permission.

However, random surprise inspections may be carried out on the basis of track record of the medical College.

(Dr. J.L.Meena) Member, MARB

PART A

- A1. Name of College:
- A2. Annual student intake permitted:
- A3. Are you running a PG program in your college (Please provide the subjects and the number of seats permitted to take along with the date from which permitted/recognized:
- A4. Name of affiliating University & since when:
- A5. Has your college ever been affiliated to any other university earlier in the past? If so, which university and from when till when?
- A6. Stage of assessment/Batch:
- A8. College contact details:
 - I. Address:
 - II. Email:
 - III. Phone nos.:
 - IV. Website address:
 - V. Principal's mobile contact number:
- A9. Please provide the data asked for in the columns below with signatures, Stamp with name & designation and certify the contents to be true and verified.

S.	Information	Reply		
No.				
1	Date of LOP (Provide copy of LOP			
	order from NMC/MCI/Ministry of			
	H & FW):			
2	Date of essentiality certificate			
	issued by Government(Provide copy			
	of Essentiality Certificate order)			
3	Date of previous Renewals (Please provide approval letters for each)			

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9		se of private colleges, has any cal college run by the	
		/society/any of the members	
		ing your college ever been	
		· ·	
	detai	ed after opening? If so, give	
	I.	Name of college	
	II.	When started	
	III.	When closed	
	IV.	How many batches taken in	
	V.	Have the students been	
		distributed in other colleges.	
		Please provide details thereof	
	VI.	Essentiality certificate of that	
		college (provide copy)	
	VII.	Consent of affiliation of that	
		college(Provide copy)	
	VIII.	Name of the	
		Trust/Society/Members	
		running or managing the	
		medical college	
	IX.	Details of the reason for	
		closure	
10	Date	when your last assessment was	
	cond	ucted? Mention the date of the	
	regul	ar assessment and the date of	
	comp	oliance assessment. What were	
	the d	leficiencies pointed at that	
	time	?	
11	Have	the deficiencies pointed out in	
	the la	ast assessment been complied	
	with	at present (Provide point by	
	point	compliance details on current	
	date	?	
12	What	t deficiencies pointed out last	
	asses	ssment still exist?	
13	Do yo	ou have BSL 2 Lab? Is it	
	ment	tioned on the ICMR website?	

Certified that the above information provided is correct and has been verified by the						
undersigned						
Signatures of Principal/Director/Dean with date, name and seal]Signatures of Chairperson of the management with date, name and seal(in case of private college)					

NOTE: Pease note that the signatory/ies is/are fully responsible for the veracity of the above information and if any false information is provided, action as may be deemed fit will be initiated against the person/s

PART B

Name of College	ollege:	Col	of	lame	N
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Annual student intake permitted:

Are you running a PG program:

Name of affiliating University:

Stage of assessment/Batch:

Please provide the information as asked below

Note:

- Only the facilities available and fully functional to be mentioned.
- Please do not mention any facility which is not available/operational/functional/under procurement/under construction/not available for use for whatever reason

S. No.	Facility	Required at current stage of assessment	Available on date (ONLY FULLY FUNCTIONAL, FURNISHED & OPERATIONAL TO BE MENTIONED)	Deficiency, if any (To be mentioned by the college)
1	No of examination halls with capacity of each			
2	No. of Lecture theatres with capacity of each Capacity in college and in hospital Air conditioned(Please mention for each LT) AV aids (Please mention for each LT) E class enabled(Please			
3	mention for each LT) Number of books in			
	central library			

	Number of Foreign			
	journals in central library			
	No of Indian journals in			
	central library			
	No. of computers nodes			
	for students in library			
4	Capacity available in			
	hostel for UG students			
	No. of rooms in hostels			
	Capacity of hostels			
	No. of rooms available for			
	Residents in the campus			
5	Total no. of beds in			
	hospital			
6	No. of beds/units in the			
	Departments of:			
	General Medicine			
	Pediatrics			
	Resp. Medicine			
	Psychiatry			
	Dermatology			
	General surgery			
	Orthopedics			
	Ophthalmology			
	ENT			
	Obs/Gynec			
	TOTAL BEDS			
7	Which clinical			
	departments have a			
	demonstration room			
	exclusively for use of			
	teaching of UG students			
	Where located			
	(Ward/OPD) and capacity	_	T -	
8	Clinical material	Last 3 months	Last 15 day	/S
	OPD attendance			
	Average for 2021			

	Months of Jan/Feb/Mar	Months of Sept/Oct/Nov
2018		
2019		
2020		
Bed occupancy	Last 3 months	Last 15 days
Bed Occupancy		
Average in 2021		
	Months of Jan/Feb/Mar	Months of Sept/Oct/Nov
2018		
2019		
2020		
Major operative case	Last 3 months	Last 15 days
load		
Average major operative		
case load in 2021		
2040	Months of Jan/Feb/Mar	Months of Sept/Oct/Nov
2018		
2019		
2020		
No. of deliveries	Last 3 months	Last 15 days
No. of average deliveries		
In 2021		
	Months of Jan/Feb/Mar	Months of Sept/Oct/Nov
2018		
2019		
2020		
No. of Caeserian sections	Last 3 months	Last 15 days
No. of average Caesarian		
sections in 2021	84 41 / - 1 / - 1 / - c	Manufacto do de
2010	Months of Jan/Feb/Mar	Months of Sept/Oct/Nov
2018 2019		
2019		
2020	A	A
	Average figures of Last	AveragefFigures of Last 15
Average no of plain V	3 months	days
Average no. of plain X-		
rays		

	Average no. of CT scans		
	Average no. of MRI scans		
	Average no of		
	Ultrasounds		
10	In case there is no		
	separate Emergency		
	Medicine department,		
	No. of beds in Casualty		
11	Total no. of functional		
	major OT's		
12	Total number of Intensive		
	care beds along with		
	Distribution:		
	ICU		
	ICCU		
	NICU		
	PICU		
	SICU		
	Any other		
13	No. of X-ray machines		
	60/100 mA (Portable)		
	500 mA		
	600 mA		
	800 mA		
	1000 mA		
	USG machines		
	CT scanner (Please		
	mention if owned and		
	operated by college or on		
	PPP basis)		
	MRI scan (Please mention		
	if owned & operated by		
	hospital or on PPP basis)		
	DI 4500		
	Please provide AERB		
	certificates for each		
	machine)		
14	Blood Bank license		
	number. Valid till?		

15	No. of Nursing staff / Matron/Nursing Suptd. DNS ANS Sister In charge		
16	Nursing officers Para medical staff		
17	College website address. Is it updated in all respects?		
18	Department of Anatomy	,	
	Labs with capacity		
	Museum		
	No. of demo rooms with capacity		
	AV aids available in demo rooms		
	Books in Dept. Lib No. of dissection tables		
	Body chambers		
	No. of cadavers		
19	Department of Physiology		
	Labs with capacity		
	Demo. Rooms with capacity		
	AV aids available in demo. Rooms		
	Books in Dept. Library		
20	Department of Biochemist	ry	
	Labs with capacity		
	Demo. Rooms with capacity		
	AV aids available in demo. Rooms		
	Books in Dept. Library		
21	Department of Pathology	,	
	Labs with capacity		

	Demo. Rooms with capacity		
	AV aids available in demo. Rooms		
	Books in Dept. Library		
	Service Lab –		
	Histopathology		
	Cytopathology Hematology		
	Any specialized work		
22	Department of Microbiolog	J V	
	Labs with capacity		
	Demo. Rooms with		
	capacity		
	AV aids available in demo.		
	Rooms		
	Books in Dept. Library		
	Service Lab's availability –		
23	Department of Pharmacolo	pgy	
	Labs with capacity		
	Demo. Rooms with capacity		
	AV aids available in demo.		
	Rooms		
	Books in Dept. Library		
	CAL Lab with no. of		
	terminals		
24	Department of Forensic Mo	edicine	
	Labs with capacity		
	Demo. Rooms with		
	capacity		
	30AV aids available in		
	demo. Rooms		
	Books in Dept. Library		
	Mortuary		

25	Department of Community Medicine						
	Labs with capacity						
	Demo. Rooms with						
	capacity						
	AV aids available in demo.						
	Rooms						
	Books in Dept. Library						
	RHTC						
	Hostel facility						
	Specialists visits						
	National programmes						
	UHTC						
_	tures of Principal/Director/D	ean	Signatures of Chairperson of the				
with	with date, name and seal			management with date, name and seal(in			
		case of private college)					

PART C

Faculty availability

Please do not include any faculty member who is is not available/is
yet to be appointed/is still under consideration for appointment/has
been relieved from the institution/has resigned from institution/ is
on long leave for any reason/ or is unavailable for whatever reason

Department	Designation	Names of the faculty members	UG Requirement	PG Compliment (If conduction PG courses)	Total required	Total available	Deficiency (College to calculate deficiency)
Anatomy	Professor Assoc. Prof. Asstt.Prof. Tutor						
Physiology	Professor Assoc. Prof. Asstt.Prof. Tutor						
Biochemistry	Professor Assoc. Prof. Asstt.Prof. Tutor						
Pharmacology	Professor Assoc. Prof. Asstt.Prof. Tutor						
Pathology	Professor Assoc. Prof. Asstt.Prof. Tutor						
Microbiology	Professor Assoc. Prof. Asstt.Prof. Tutor						
Forensic Medicine	Professor Assoc. Prof. Asstt.Prof. Tutor						
Community Medicine	Professor Assoc. Prof. Asstt.Prof.						

Department	Designation	Names of the faculty members	UG Requirement	PG Compliment (If conduction PG courses)	Total required	Total available	Deficiency (College to calculate deficiency)
	Epidemio-						
	Logist-Cum-						
	Asstt.Prof. Statistician-						
	Cum-Tutor						
	Tutor						
	Professor						
General	Assoc. Prof. Asstt.Prof.						
Medicine	Sr. Resident						
	Jr. Resident						
	Professor						
	Assoc. Prof.						
Paediatrics	Asstt.Prof.						
	Sr. Resident						
	Jr. Resident						
	Professor						
D	Assoc. Prof.						
Respiratory Medicine	Asstt.Prof.						
ivicultific	Sr. Resident						
	Jr. Resident						
	Professor						
	Assoc. Prof.						
Dermatology	Asstt.Prof. Sr. Resident						
	Jr. Resident						
	1						
	Professor Assoc. Prof.						
	Asstt.Prof.						
	Sr. Resident						
Psychiatry	Jr. Resident						
	Professor						
General	Assoc. Prof.						
Surgery	Asstt.Prof.						
	Sr. Resident						
	Jr. Resident						
	Professor						
Orthopaedics	Assoc. Prof.						
F 1.25	Asstt.Prof.						
	Sr. Resident						

Department	Designation	Names of the faculty members	UG Requirement	PG Compliment (If conduction PG courses)	Total required	Total available	Deficiency (College to calculate deficiency)
	Jr. Resident						
Oto-Rhino- Laryngology	Professor Assoc. Prof. Asstt.Prof. Sr. Resident Jr. Resident						
Ophthalmology	Professor Assoc. Prof. Asstt.Prof. Sr. Resident Jr. Resident						
Obstetrics &Gynaecology	Professor Assoc. Prof. Asstt.Prof. Sr. Resident Jr. Resident						
Anaesthesiology	Professor Assoc. Prof. Asstt.Prof. Sr. Resident Jr. Resident						
Radio-Diagnosis	Professor Assoc. Prof. Asstt.Prof. Sr. Resident						
Dentistry	Professor Assoc. Prof. Asstt.Prof. JR						

JR						
Faculty number deficient	v: Faculty memb	ners availahl	e /Faculty m	emhers r	equired	
•	•		c / racarty iii	CITIOCIST	cquircu	
Faculty deficiency percer	itage:					
Signatures of Principal/I	Director/Dean					

with date, name and seal	Signatures of Chairperson of the				
	management with date, name and seal(in				
	case of private college)				

PART D

Please provide department wise details of every faculty member on full time rolls of the college in the following format only

Please do not include any faculty member who is is not available/is
yet to be appointed/is still under consideration for appointment/has
been relieved from the institution/has resigned from institution/ is
on long leave for any reason/ or is unavailable for whatever reason

The Head of Institution must put YES or NO in every case in the columns 6 to 9.

Depar tment	Name	Design	Registr ation No.	Date of joining the instituti on & also date on jpining depart ment in current position	Has the Dean verified and certified all the educati onal & experie nce docume nts of the faculty membe r	Is the faculty working full time in the college	Has the Dean verified the Form 16 & 26 AS from the Traces website and certifies that the faculty member is being paid his salary regularly on monthly basis into the account directly by RTGS & that his Income tax is being deducted regularly &	Does the faculty member have the requisite publication s as per the required format for appointme nt and promotion? Dean to confirm and certify in each case

The Dean/Principal/Director and also Chairman Management (in case of Private college) to verify and certify that they have verified every fact above and they are responsible for the veracity of the facts mentioned above.

Please note that in case any of the above information is found to be wrong, they would be held responsible for the same and action initiated as may be deemed fit.

Signatures of Principal/Director/Dean with date, name and seal

Signatures of Chairperson of the management with date, name and seal(in case of private college)