



SRIMANTA SANKARADEVA UNIVERSITY OF HEALTH SCIENCES

(A State University of the Govt. of Assam)

NARAKASUR HILLTOP, BHANGAGARH, GUWAHATI-781032, ASSAM

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INSPECTION PROFORMA

Date of Inspection :

Type of Inspection :
1. First Inspection
2. Periodical Inspection
3. Yearly Inspection
4. Re-inspection
5. Enhancement of seats
6. Surprise Inspection

Name of the Course (s) for Inspection :

Session of Inspection :

No. of Seat for Inspection :

Details of affiliation fees paid :

General Information:

1. Name of the Institution :

2. Full address with PIN code :

3. Organization running the Institute :

a. Registration No. :

b. Office Bearer of the Organization :

c. Documents – Deed of the Registration :

d. Own Land & Building (area) Documents

– Land Deed Building permission :

e. Rented House – Area of Land Building,

Area of Building Document – Rent Deed:

f. Expenses of the organization to run

the Academic Institute:

g. Financial Status:

4. Details of Principal/ Head :

5. Telephone Numbers of the Principal :

6. Telephone Numbers of the Institution:

7. E-mail Address of the Institution :

8. Website address of the Institution :

9. Administrative Control : Private/ Government

10. Details of Parent Hospital/ Annexed Hospital :

Signature of Inspector(s):

11. Year of Inception of the Institution :

12. Do you have parent Medical College :
(Proof of the same to be enclosed)

13. Do you have parent Hospital :
(Proof of the same to be enclosed)

14. Admission of students in current session/ previous session :

Programme/ Course	No. of seat sanctioned	No. of students admitted

15. Mention the date of last inspection for each programme:

Council/ University	Programme/ Course

16. Office Staff: Furnish detail in the following proforma of Office Staff.

Sl.No.	Name	Designation	Educational qualification	Mobile No.	Address	Experience	Remarks

17. Teaching Faculty : Furnish detail in the following proforma of Teaching Faculty.

Sl.No.	Name	Designation	Mobile No.	Address	Remarks

18. Particulars of External Teachers (Part time) (Add row as and when necessary):

Sl.No.	Name	Qualification	Subject	Number of Hours per year	Remarks

19. Teaching Block:

- Built-up area of the building (s) :
- Does all the courses are imparted in this building : Yes / No
If no, please specify the causes not imparted:
- The Place of the Course:
- Whether Safe drinking water supply is available :
- Provision of hand washing facility is there :
- Number of toilets in the College :
- Number of vehicles-Bus :

20. Physical facilities (please enclose details):

- Class Room:
- Lecture Hall:
- Assembly Hall:
- Examination Hall:
- Auditorium:
- Tutorial Room/ Demonstration Room:

- g. Laboratories:
- h. Computer Lab:
- i. Internet Connectivity:
- j. Audio Visual Aid Room:
- k. Reading Room:
- l. Common Room:
- m. No. of Toilets:
- n. Staff Rooms:
- o. Administrative Office structure:

21. Library:

- a. Layout and floor area:
- b. No. of Reading Rooms:
- c. Working Hours:
- d. Photostat Machine:
- e. Library Faculty:
- f. No. of Books:
 - i. Text:
 - ii. Reference:
 - iii. Other Books:
- g. No. of Magazines, Periodicals & Newspapers subscribed:
 - i. Magazines:
 - ii. Periodicals:
 - iii. Newspapers:
- h. No. of Journals subscribed annually:
 - i. Indian:
 - ii. Foreign:
- i. No. of Journals available with back numbers:
 - i. Indian:
 - ii. Foreign:
- j. No. of Books purchased during last three years alongwith the amount spent:
 - i. Last Year:
 - ii. Second Last Year:
 - iii. Third Last Year:

22. Clinical Lab facilities available:

- a. No. of Clinical Laboratories in the Hospital:
- b. Infrastructure facilities of the Clinical laboratories:
- c. Availability of work benches to accommodate the trainees:
- d. Details of number of specimens:
- e. Whether Blood Bank is available or not:
If no, give the details:

23. Annual Budget of the College (Attach Budget copy):
24. Financial Resources of the Institution:
25. Give the name and designation of the drawing and disbursing authority:
26. Clinical facilities: Furnish details separately.
27. Community Health facilities: Furnish details separately.
28. Clinical Rotation Plan: Furnish details separately.
29. System and Scheme of Examination:
30. Where is the Practical Examination conducted?:
31. Internal assessment of students:
32. Bond System:
33. Details of furniture, equipment & apparatus etc.:
34. Records of students:
 - a. Admission record:
 - b. Daily attendance register:
 - c. Health record:
 - d. Clinical and field experience record:
 - e. Practical record books:
 - f. Leave record:
 - g. Extracurricular activities of students:
 - h. Cumulative record of each :
35. Details of Hostel facilities:
36. Details of Sports & Recreation facilities – Playground/ Gym:
37. Grievance Redressal System/ Anti-Ragging Committee/ Internal Committee for Sexual Harassment:
38. Feedback from the students:
39. Transportation facilities:
40. Any other information/ suggestion :
41. Whether annual report has been submitted to the University:
42. Teaching facilities in Departments (Details to be filled up as per Proforma enclosed) as per curriculum:
 - a. Anatomy
 - b. Physiology
 - c. Biochemistry
 - d. Pharmacology
 - e. Pathology
 - f. Microbiology
 - g. Forensic Medicine
 - h. Community Medicine
 - i. Any other Department

43. Comments and remarks of the Inspector(s):

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DECLARATION by the INSPECTORS

We certify that we inspected on
..... wherein we inspected physically the institute building, checked teaching faculty
and visited hospital. The inspection report is not shared with the institution management. Further we
also certify that we have paid the hotel and travel bills.

Name of the Inspector:

Signature:

Designation:

Address:

Mobile Nos.

Name of the Inspector:

Signature:

Designation:

Address:

Mobile Nos.

Name of the Inspector:

Signature:

Designation:

Address:

Mobile Nos.