दूरभाष/Phone : 25367033, 25367035, 25367036 फेक्स/Fax : 0091-11-25367024 ई-मेल/E-mail : <u>marb@nmc.org.in</u>, <u>ug.marb@nmc.org.in</u> पॉकेट -14, सेक्टर-8, द्वारका, फेस1-, नई दिल्ली77-Pocket- 14, Sector- 8,Dwarka, Phase – 1, New Delhi-77

राष्ट्रीय आयुर्विज्ञान आयोग National Medical Commission Medical Assessment & Rating Board (MARB)

Date: 13.12.2021

<u>CIRCULAR</u>

The Medical Assessment & Rating Board of National Medical Commission has decided to request the medical colleges/institutes to display the information of the college/institution on their website linked to National Medical Commission. The details of the information required is given in the pro-forma attached. All colleges are requested to upload the information before 17.12.2021.

It is mandatory for every college to display the above information on the public domain for the information. Once the information is entered and shall not be changed or removed. The information can be updated and also any important information can be added.

Member/ President Medical Assessment and Rating Board (MARB) National Medical Commission

<u>Pro-Forma for Display of Information on the College Website</u>

The Following Details are mandatory to be filled up by the Medical College and displayed on their website (once entered should be updated without removal of data)

| S No. | Information of the medical college/institution | |
|-------|--|----------------------------|
| | Year of Inception: Government/private: | |
| 1. | Name | |
| 2. | Address with pin code | |
| 3. | University address with pin code | |
| 4. | Official website | |
| 5. | Dean/ Principal/ Director | |
| 6. | Mobile Number | |
| 7. | Email ID of Dean | |
| 8. | Hospital | |
| 9 | Date and Year of Registration of the Hospital (DD/MM/YYYY) | |
| 10. | Number of Beds | |
| 11. | Number of Beds for emergency | |
| 12. | Date of the First Letter of Permission(LoP) of MBBS (DD/MM/YYYY) & number of seats | |
| 13. | Status of Recognition | |
| 14. | Number of MBBS and PG broad specialty and super specialty students admitted in this session* | MBBS: MD/MS: DM/MCh: |

| 15. | Inpatients registered and admitted | 2021 |
|-----|---------------------------------------|------|
| | (01.01.2021- 31.12.2021)** | 2020 |
| | (0-10-1-0-1-0-1-) | 2019 |
| | | |
| 16. | Outpatients registered | 2021 |
| 101 | (01.01.2021-31.12.2021)** | 2020 |
| | | 2019 |
| | | |
| 17. | Number of Deaths reported to the | 2021 |
| | Municipality/ village register | 2020 |
| | | 2019 |
| 18. | Address and pin code of the | |
| _ | Corporation/village where the Death | |
| | records are reported | |
| | _ | |
| 19. | Website link/ email ID/ hyperlink of | |
| | the corporation in case Death Records | |
| | are reported | |
| 20. | Number of Births reported | 2021 |
| | 1 | 2020 |
| | | 2019 |
| | | |
| 21. | Address and pin code of the | |
| | Corporation/village where the Birth | |
| | records are reported | |
| 22. | Website link/ email ID/ hyperlink of | |
| | the corporation in case Birth Records | |
| | are reported | |
| 22 | | |
| 23. | Number of Rooms in Men's Hostel and | |
| | students accommodated | |
| | | |
| 24. | Total Number of Rooms in Women's | |
| | Hostel and students accommodated | |
| | | |
| 25. | Name of the Grievance Redressal | |
| 23. | Officer (PIO & CPIO): | |
| | | |
| | | |
| 26. | Address with Pin code | |
| | | |
| | | |
| | | |

| 27. | Telephone Number | |
|-----|---------------------|------|
| | Email Id | |
| | | |
| | | |
| 28. | Grievances reported | 2021 |
| | | 2020 |
| | | 2019 |
| | | |

29. Details of Post- Graduation Courses offered

| Post- | Year of | Number of Students | Number of |
|----------|-----------------|------------------------|-------------------|
| Graduate | Commencement of | Currently pursuing the | Students admitted |
| Course | the Course | Course | in the current |
| | | | session |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

30. Department wise list of Faculty Members

| Departm ent | the Desi faculty on 8 Ouglificat | Current Designati on & Date of promotio | Nature of employment Regular/ permanent or contract/outsou rced | Details of Service in the Last 5 years | | | | Number of lectures taken/ye ar. | |
|----------------|--|---|--|---|---|---|---|---|-------------------|
| | | - | | 1 | 2 | 3 | 4 | 5 | Topics covered |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

N.B.

- 1. Publications by faculty should be attached as annexure.
- 2. Publications should be quoted in Vancouver referencing style.
- 3. Medical Educator Training/ research methodology and dates

*To be updated every new session/academic year

**To be updated on 1st October each year

ANNEXURE-1

| Sr. | Faculty | Publication in Vancouver referencing | Pubmed | Scopes |
|-----|---------|--------------------------------------|----------------|--------|
| No | Name | style. | Indexed Yes/No | |
| | | | | |
| | | | | |
| | | | | |