

Summary of the Inspection Report (to be filled in neatly)

Date of Inspection:-

Course: MBBS/MD/MS/DM/M.Ch.

Name of the Inspectors:-

1. Teaching Staff

Designation	Required as per norms	Available	Deficiency
Professor			
Reader			
Lecturer			
Tutor/Demonstrator /Resident/Resigtar			

2. Clinical Material

Hospital

Own

Facilities

Please annex the complete details duly certified by the Medical Suptd. of the Hospital.

Brief Summary:-

Deficiencies

3. Hostel

Total number of rooms:-

Number of rooms earmarked course wise:-

MBBS

MD/MS

DM/M.Ch.

Brief Summary:-

Deficiencies

4. Building

Brief Summary:-

Deficiencies

5. Equipment

Brief Summary: -

Deficiencies

Findings of Inspection Committee

Name of inspector(s)

Signature
