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|  | Specialty Specific Application FormFor Secondary HospitalDNB – Biochemistry |
| 1. This Specialty Specific Application Form has been designed for filling up the data / information related to SECONDARY INSTITUTE / HOSPITAL only under the Joint Accreditation Scheme
2. However, the information related to IPD, OPD, Case Mix/Spectrum of Diagnosis, Surgical case load have to be filled up for both Primary & Secondary Hospital in the separate tables given in this application form.
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General Information of Applicant Department

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| **1.** | **GENERAL INFORMATION OF THE DEPARTMENT FOR WHICH ACCREDITATION IS BEING SOUGHT** |
| **1.1.** | Unique Online Application Registration ID |  |
| **1.2.** | Nature of Application |  |
| **1.3.** | Name of the Specialty |  |
| Number of DNB - Biochemistry Seats applied for |  |
| Whether the hospital is running any parallel academic programme of similar nature (in affiliation with other universities/organization) for 2-3 years (or more) duration |  |
| **1.4.** | Name of Applicant Institution / Hospital |  |

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| **1.5.** | Address of the Institution / Hospital |  |
| **1.6.** | Name of the Parent Company (as per RoC/ Trust / Society / Charity) running the hospital / institute) |  |
| **1.7.** | Head of the Department / Course Director |  |

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| Name | Mobile Number | Email ID |
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Infrastructure in the Department

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| **2.1.** | **LABORATORIES IN THE SPECIALTY** |
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|  | Details of Laboratory in the hospital |
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| Laboratory | Equipment & Facilities |
| Cytogenetics |  |
| Molecular |  |
| Biochemical |  |
| Any Other |  |

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Patient Load

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| **Details of Sample Processed of SECONDARY HOSPITAL ONLY** |
| Laboratory | Year |
| 2022 | 2021 |
| Cytogenetics |  |  |
| Molecular |  |  |
| Biochemical |  |  |
| Any Other |  |  |

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| **3.** | **PATIENT LOAD IN THE SPECIALTY** |
| **3.1.** | YEAR WISE NUMBER OF SAMPLES PROCESSED |
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| **Details of Sample Processed of PRIMARY HOSPITAL ONLY** |
| Laboratory | Year |
| 2022 | 2021 |
| Cytogenetics |  |  |
| Molecular |  |  |
| Biochemical |  |  |
| Any Other |  |  |

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| **3.2.** | Clinical Biochemistry Services

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| Specialty Services | Year wise case load in Specialty Services |
| 2022 | 2021 |
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| **3.3.** | Case Mix/Spectrum of Diagnosis Available in the Specialty: |
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| **Case Mix/Spectrum of Diagnosis of SECONDARY HOSPITAL ONLY** |  |
|  |
| Departments from which the Biochemistry department is receiving samples for various tests (along with number of cases referred to them for last 2 years | Year Wise No. of Samples received |  |
| 2022 | 2021 | 2020 |
| Orthopaedics |  |  |  |
| Obstetrics & Gynecology |  |  |  |
| Ophthalmology |  |  |  |
| Otorhinolaryngology |  |  |  |
| Pediatrics |  |  |  |
| General Surgery |  |  |  |
| Neuro Surgery |  |  |  |
| Surgical Gastroenterology |  |  |  |
| Surgical Oncology |  |  |  |
| Critical Care |  |  |  |
| Emergency Medicine |  |  |  |
| Dermatology & Venerelogy |  |  |  |
| Family Medicine |  |  |  |
| General Medicine |  |  |  |
| Respiratory Diseases |  |  |  |
| CTVS |  |  |  |
| Cardiology |  |  |  |
| Gastroenterology |  |  |  |
| Genito Urinary Surgery |  |  |  |
| Nephrology |  |  |  |
| Neurology |  |  |  |
|  | Plastic Surgery |  |  |  |  |
|  | Hematology |  |  |  |  |
|  | **Any other that are not listed above** |  |  |

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| **Case Mix/Spectrum of Diagnosis of PRIMARY HOSPITAL ONLY** |
|
| Departments from which the Biochemistry department is receiving samples for various tests (along with number of cases referred to them for last 2 years | Year Wise No. of Samples received |
| 2022 | 2021 | 2020 |
| Orthopaedics |  |  |  |
| Obstetrics & Gynecology |  |  |  |
| Ophthalmology |  |  |  |
| Otorhinolaryngology |  |  |  |
| Pediatrics |  |  |  |
| General Surgery |  |  |  |
| Neuro Surgery |  |  |  |
| Surgical Gastroenterology |  |  |  |
| Surgical Oncology |  |  |  |
| Critical Care |  |  |  |
| Emergency Medicine |  |  |  |
| Dermatology & Venerelogy |  |  |  |
| Family Medicine |  |  |  |
| General Medicine |  |  |  |
| Respiratory Diseases |  |  |  |
| CTVS |  |  |  |
| Cardiology |  |  |  |
| Gastroenterology |  |  |  |
| Genito Urinary Surgery |  |  |  |
| Nephrology |  |  |  |
| Neurology |  |  |  |
| Plastic Surgery |  |  |  |
| Hematology |  |  |  |
| **Any other that are not listed above** |  |

Academic Facilities & Infrastructure

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| **4.** | **ACADEMIC FACILITIES & INFRASTRUCTURE** |
| **4.1.** | Number of Books available for DNB - Biochemistry Programme in the Hospital/Institute Library |  |
| **4.2.** | Details of Journals subscribed for DNB - Biochemistry trainees |
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| --- | --- | --- | --- | --- | --- |
| Category | Title of the Journal | Version | Publisher Details | Date of Subscripti on | Validity up to (Year) |
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| **4.3.** | **Rotational Posting of Trainees***DNB - Biochemistry trainees should be rotated / posted in different modalities / departments / areas / OTs such that exposure as prescribed can be ensured.* |
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|  | Certified copy of MoU with other NBEMS accredited institute / hospital or medical college where DNB - Biochemistry trainees are posted for any of the above rotations, if the same is not feasible within the institute/hospital is required to be enclosed with hard copy of Specialty Specific Application which is to be submitted to NBEMS. |

Full Time Faculty/Staff

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| Department / Area of Rotation | Tentative schedule**(In Days OR Month(s))** | Name & Address of the institute / hospitalwhere trainees are posted for rotation | Supervising Consultant Name |

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| **5.1.** | **FULL TIME STAFF IN THE APPLICANT DEPARTMENT*****(Please refer Information Bulletin for Accreditation for details of Minimum Faculty requirements)*** |
|  | Faculty declaration form for the faculty in Secondary Hospital & all their supportive documents related to the full time status of faculty must be filled and uploaded on the same web page where the faculty details of Primary Hospital / Institution have been submitted on Online Application Form. |

Academic Sessions & Track Record

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| **6.1.** | **TRACK RECORD OF DNB - Biochemistry TRAINEES IN FINAL / EXIT EXAMINATIONS CONDUCTED BY NBEMS:** |
| **PLEASE PROVIDE THE DETAILS OF LAST 5 YEARS ONLY** |
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| Training Status of Candidate | Name of the Candidate | NBEMSRegistration Number | Year in which last appeared for Final / Exit Examinations | Year for Thesis Acceptance**(Applicable for DNB Programme only)** |  Result |
| Theory | Practical |
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|  | **SINCE GRANT OF FIRST ACCREDITATION TO THE APPLICANT DEPARTMENT:** |
| a. | How many DNB - Biochemistry Trainees have been registered in the department? |  |
| b. | How many DNB - Biochemistry Trainees have completed their training? |  |
| c. | How many DNB - Biochemistry Trainees have qualified their Final / Exit Exams? |  |
| **DECLARATION:**I, , am duly authorized to act for and on behalf of **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** acting in my official capacity as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_for submitting the application of Accreditation for DNB - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the year \_\_\_\_\_\_\_\_\_\_\_\_. I, do hereby undertake and declare that:1. I am competent to make this submission regarding the application for seeking accreditation in DNB - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to National Board of Examinations in Medical Sciences
2. The facts stated in this application are correct and based on official records and I shall be liable for any wrong or incorrect data/information submitted.
3. This hospital / institute has understood the terms, conditions, instructions, minimum accreditation criteria etc. indicated in the Information bulletin for accreditation and agree to abide by the same.
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| **Date:****Place:** |
| **Secondary Hospital / Institute****Signature with official stamp of Administrative Head of the****Secondary Institute/Hospital**(Authorized signatory on behalf of Secondary hospital)**Name:** **Designation:**  | **Primary Applicant Hospital / Institute****Signature with official stamp of Administrative Head of the****Primary Institute/Hospital**(Authorized signatory on behalf of Primary applicant hospital)**Name:** **Designation:**  |