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|  | Specialty Specific Application Form  For Secondary Hospital  DNB – 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. | |

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** |
| |  |  |  | | --- | --- | --- | |  | Details of Laboratory in the hospital | | |  | | Laboratory | Equipment & Facilities | | Cytogenetics |  | | Molecular |  | | Biochemical |  | | Any Other |  | | |

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 | | | |
|  | |  |  |  | | --- | --- | --- | | **Details of Sample Processed of PRIMARY HOSPITAL ONLY** | | | | Laboratory | Year | | | 2022 | 2021 | | Cytogenetics |  |  | | Molecular |  |  | | Biochemical |  |  | | Any Other |  |  | | | | |
| **3.2.** | Clinical Biochemistry Services   |  |  |  | | --- | --- | --- | | Specialty Services | Year wise case load in Specialty Services | | | 2022 | 2021 | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | | | |
| **3.3.** | Case Mix/Spectrum of Diagnosis Available in the Specialty: | | | |
|  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  | | |  | | **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** | | |  |  | | | | |
| **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 | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Category | Title of the Journal | Version | Publisher Details | Date of Subscripti on | Validity up to (Year) | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | |
| **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.* | |
|  | |
|  | 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 / hospital  where 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** | |
|  | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Training Status of Candidate | Name of the Candidate | NBEMS  Registration Number | Year in which last appeared for Final / Exit Examinations | Year for Thesis Acceptance  **(Applicable for DNB Programme only)** | Result | | | Theory | Practical | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | | |
|  | **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:** |