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|  | Specialty Specific Application FormFor Secondary HospitalDNB – Forensic Medicine |
| 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 - Forensic Medicine 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 |

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| Yes/No | **If yes:** |
| Programm e Name | Programm e Duration (in year) |
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| **1.4.** | Name of Applicant Institution / Hospital |  |
| **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** | **BEDS IN THE APPLICANT DEPARTMENT** |
|  | Details of Beds are not required for the application of DNB - Forensic Medicine. |

 Patient Load

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| **3.** | **PATIENT LOAD IN THE SPECIALTY** |
| **3.1.** | Surgical Procedures: |
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| **Surgical Procedures of SECONDARY HOSPITAL ONLY** |
| Surgeries / Procedures Performed by the Department | Year Wise No. of Surgical Procedures |
| 2022 | 2021 | 2020 |
| Total number of Medico-legal autopsies |  |  |  |
| Total number of Pathological autopsies |  |  |  |
| Total number of Victims examined of sexual offences |  |  |  |
| Total number of accused examined of sexual offences |  |  |  |
| Total number of age estimation of sexual offences |  |  |  |
| Total number of pregnancy certification of sexual offences |  |  |  |
| **Any other Surgical Procedures that are not listed above** |  |

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| **Surgical Procedures of PRIMARY HOSPITAL ONLY** |
| Surgeries / Procedures Performed by the Department | Year Wise No. of Surgical Procedures |
| 2022 | 2021 | 2020 |
| Total number of Medico-legal autopsies |  |  |  |
| Total number of Pathological autopsies |  |  |  |
| Total number of Victims examined of sexual offences |  |  |  |
| Total number of accused examined of sexual offences |  |  |  |
| Total number of age estimation of sexual offences |  |  |  |
| Total number of pregnancy certification of sexual offences |  |  |  |
| **Any other Surgical Procedures that are not listed above** |  |

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| **3.2.** | **Details of Clinical / Surgical procedures performed by the Department of Forensic Medicine** |
| I. | Operative Load in the specialty (during the last three years) |
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| Particulars | Year |
| 2022 | 2021 | 2020 |
| Total Number of Major Surgeries |  |  |  |
| Total Number of Minor Surgeries |  |  |  |

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* Full Time Faculty/Staff

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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 - Forensic Medicine 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 - Forensic Medicine Trainees have been registered in the department? |  |
| b. | How many DNB - Forensic Medicine Trainees have completed their training? |  |
| c. | How many DNB - Forensic Medicine 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:**  |