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|  | **Specialty Specific Application Form**  **For Secondary Hospital**  **DNB – Microbiology** |
| 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 |  |
| 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 | |  |  |  | | --- | --- | --- | | Yes/No | **If yes:** | | | Programme Name | Programme Duration (in year) | |  |  |  | |
| **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 | |  |  |  | | --- | --- | --- | | Name | Mobile Number | Email ID | |  |  |  | |

 **Infrastructure in the Department**

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| --- | --- | --- |
| **2.1.** | **LABORATORIES IN THE SPECIALTY** | |
|  | Details of Laboratory in the hospital | |
| Laboratory | Equipment & Facilities |
| Bacteriology |  |
| Anaerobic |  |
| Mycobacteriology |  |
| Virology |  |
| Parasitology |  |
| Immunology |  |
| Mycology |  |

 **Patient Load**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **3.** | PATIENT LOAD IN THE SPECIALTY | | | | | |
| **3.1.** | YEAR WISE NUMBER OF SAMPLES PROCESSED | | | | | |
| **3.2** | |  |  |  | | --- | --- | --- | | **Samples Processed details of SECONDARY HOSPITAL ONLY** | | | | Laboratory | Year | | | 2022 | 2021 | | Bacteriology |  |  | | Anaerobic |  |  | | Mycobacteriology |  |  | | Virology |  |  | | Parasitology |  |  | | Immunology |  |  | | Mycology |  |  | | **Samples Processed details of PRIMARY HOSPITAL ONLY** | | | | Laboratory | Year | | | 2022 | 2021 | | Bacteriology |  |  | | Anaerobic |  |  | | Mycobacteriology |  |  | | Virology |  |  | | Parasitology |  |  | | Immunology |  |  | | Mycology |  |  |   Clinical Microbiology Services | | | | | |
|  |  | | | | | |
| **3.3.** | Case Mix/Spectrum of Diagnosis Available in the Specialty: | | | | | |
|  |  | | | | | |
|  | Case Mix/Spectrum of Diagnosis Available in the Specialty of SECONDARY HOSPITAL ONLY | | | |  |
|  |  |
|  | Departments from which the Microbiology 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 Available in the Specialty of PRIMARY HOSPITAL ONLY | | | |  |
|  |  |
|  | Departments from which the Microbiology 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**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **4.** | **ACADEMIC FACILITIES & INFRASTRUCTURE** | | | | | |
| **4.1.** | Number of Books available for DNB - Microbiology Programme in the Hospital/Institute Library | | |  | | |
| **4.2.** | Details of Journals subscribed for DNB - Pathology trainees | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Category | Title of the Journal | Version | Publisher Details | Date of Subscripti on | Validity up to (Year) | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | | | | | |
| **4.3.** | **Rotational Posting of Trainees**  *DNB - Microbiology trainees should be rotated / posted in different modalities / departments / areas / OTs such that exposure as prescribed can be ensured.* | | | | | |
|  | | | | | |
|  | 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 |  |
| Orientation posting | 1 month |  |  |  |
|  |  | Media room & Sterlization | 2 months |  |  |  |
| Bacteriology: Pus & Body fluids seat | 3 months |  |  |  |
| Bacteriology: Blood seat | 3 months |  |  |  |
| Bacteriology: Urine seat | 3 months |  |  |  |
| Bacteriology: Enterobactericeae | 3 months |  |  |  |
| Parasitology | 3 months |  |  |  |
| Microbial Immunology | 3 months |  |  |  |
| Mycology | 3 months |  |  |  |
| Virology | 3 months |  |  |  |
| Mycobacteriology | 2 months |  |  |  |
| Molecular Laboratory | 2 months |  |  |  |
| Infection Control & Antibiotic Stewardship | 2 months |  |  |  |
| Histopathology/ Cytology | 1 month |  |  |  |
| Revision & External posting | 2 months |  |  |  |
|  | | | |  |
|  |  | Certified copy of MoU with other NBEMS accredited institute / hospital or medical college where DNB - Microbiology 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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| --- | --- |
| **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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **6.1.** | | **TRACK RECORD OF DNB - Microbiology 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 - Microbiology Trainees have been registered in the department? | |  | |
| b. | | How many DNB - Microbiology Trainees have completed their training? | |  | |
| c. | | How many DNB - Microbiology 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. | | | | | |
| **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:** | |