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

 **Patient Load**

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| **3.** | PATIENT LOAD IN THE SPECIALTY |
| **3.1.** | YEAR WISE NUMBER OF SAMPLES PROCESSED |
|  **3.2** |

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| **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 |
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| **3.3.** | Case Mix/Spectrum of Diagnosis Available in the Specialty: |
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|  | 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**

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| **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 |
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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 - Microbiology trainees should be rotated / posted in different modalities / departments / areas / OTs such that exposure as prescribed can be ensured.* |
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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 | SupervisingConsultant 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 |  |  |  |
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|   |  | 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. |  |
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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 - Microbiology 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 - 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:**  |