|  |  |
| --- | --- |
|  | **Specialty Specific Application Form****For Secondary Hospital****DNB – Pathology** |
| 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**

|  |  |
| --- | --- |
| **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**

|  |  |
| --- | --- |
| **2.1.** | **BEDS IN THE APPLICANT DEPARTMENT** |
|  | Total Operational Beds in the Applicant Department | Number of General Beds \* in the Applicant Department |
| Details of Beds are not required for the application of DNB - Pathology. |

 **Patient Load**

|  |  |
| --- | --- |
| **3.** | PATIENT LOAD IN THE SPECIALTY |
| **3.1.** | Case Mix/Spectrum of Diagnosis Available in the Specialty: |
|  | Case Mix/Spectrum of Diagnosis of SECONDARY HOSPITAL ONLY |
|  | Nature of Pathology Samples | Year Wise No. of Samples received |  |
| 2022 | 2021 | 2020 |  |
| **Surgical Pathology:** |  |
| No. of specimens |  |  |  |  |
| Facility for Frozen section |  |  |  |  |
| Facility for Histochemistry |  |  |  |  |
|  |  |  |  |  |
| **Hematology** |  |
| Number of samples |  |  |  |  |
|  |  |
|  |  | Number of Investigations |  |  |  |  |
| **Cytology - (Type of cytology)** |  |
| Exfoliative - Gynecological |  |  |  |  |
| Exfoliative - Non-Gynecological |  |  |  |  |
| Fine needle aspiration |  |  |  |  |
| Superficial |  |  |  |  |
| Ultrasound guided |  |  |  |  |
| C.T. guided |  |  |  |  |
|  |  |  |  |  |
| **Blood banking - Types of Facility** |  |
| No. of units issued |  |  |  |  |
| No. of donated |  |  |  |  |
| No. of ABO grouping |  |  |  |  |
| No. of R.H. grouping |  |  |  |  |
| No. of cross matching |  |  |  |  |
| No. of samples in which antibodies identified |  |  |  |  |
| **Blood banking - No. of Samples Tested for** |  |
| HIV |  |  |  |  |
| Hb |  |  |  |  |
| HC |  |  |  |  |
| VDRL |  |  |  |  |
| Malaria |  |  |  |  |
|  |  |  |  |  |
| **Autopsy (Types of Autopsy)** |  |
| Adult |  |  |  |  |
| Child |  |  |  |  |
| Neonate |  |  |  |  |
| Medico-legal |  |  |  |  |
| presently through PGIMER, Chandigarh online |  |  |  |  |
| **Specialized diagnostic facilities - Fluid** |  |
|  |  |
|   |  | Urine Routine |  |  |  |  |
| Urine Special |  |  |  |  |
| Semen Routine |  |  |  |  |
| Semen Special |  |  |  |  |
| CSF |  |  |  |  |
| Sputum |  |  |  |  |
| Any Other |  |  |  |  |
| **Departments from which the Pathology department is receiving Surgical Pathology and Cytology samples** |  |
| Orthopaedics |  |  |  |  |
| Obstetrics & Gynaecology |  |  |  |  |
| Ophthalmology |  |  |  |  |
| ENT |  |  |  |  |
| General Surgery |  |  |  |  |
| Neuro Surgery |  |  |  |  |
| Urology |  |  |  |  |
| Cardiac Surgery |  |  |  |  |
| Surgical Gastroenterology |  |  |  |  |
| Surgical Oncology |  |  |  |  |
| Plastic Surgery |  |  |  |  |
| Hematology |  |  |  |  |
| **Any other that are not listed above** |  |  |
|  |

|  |
| --- |
| Case Mix/Spectrum of Diagnosis of PRIMARY HOSPITAL ONLY |
|  | Nature of Pathology Samples | Year Wise No. of Samples received |  |
| 2022 | 2021 | 2020 |  |
| **Surgical Pathology:** |  |
| No. of specimens |  |  |  |  |
| Facility for Frozen section |  |  |  |  |
| Facility for Histochemistry |  |  |  |  |
|  |  |  |  |  |
| **Hematology** |  |
| Number of samples |  |  |  |  |
|  |  |
|  | Number of Investigations |  |  |  |  |
| **Cytology - (Type of cytology)** |  |
| Exfoliative - Gynecological |  |  |  |  |
| Exfoliative - Non-Gynecological |  |  |  |  |
| Fine needle aspiration |  |  |  |  |
| Superficial |  |  |  |  |
| Ultrasound guided |  |  |  |  |
| C.T. guided |  |  |  |  |
|  |  |  |  |  |
| **Blood banking - Types of Facility** |  |
| No. of units issued |  |  |  |  |
| No. of donated |  |  |  |  |
| No. of ABO grouping |  |  |  |  |
| No. of R.H. grouping |  |  |  |  |
| No. of cross matching |  |  |  |  |
| No. of samples in which antibodies identified |  |  |  |  |
| **Blood banking - No. of Samples Tested for** |  |
| HIV |  |  |  |  |
| Hb |  |  |  |  |
| HC |  |  |  |  |
| VDRL |  |  |  |  |
| Malaria |  |  |  |  |
|  |  |  |  |  |
| **Autopsy (Types of Autopsy)** |  |
| Adult |  |  |  |  |
| Child |  |  |  |  |
| Neonate |  |  |  |  |
| Medico-legal |  |  |  |  |
| presently through PGIMER, Chandigarh online |  |  |  |  |
| **Specialized diagnostic facilities - Fluid** |  |
|  |  |
|  | Urine Routine |  |  |  |
| Urine Special |  |  |  |
| Semen Routine |  |  |  |
| Semen Special |  |  |  |
| CSF |  |  |  |
| Sputum |  |  |  |
| Any Other |  |  |  |
| **Departments from which the Pathology department is receiving Surgical Pathology and Cytology samples** |
| Orthopaedics |  |  |  |
| Obstetrics & Gynaecology |  |  |  |
| Ophthalmology |  |  |  |
| ENT |  |  |  |
| General Surgery |  |  |  |
| Neuro Surgery |  |  |  |
| Urology |  |  |  |
| Cardiac Surgery |  |  |  |
| Surgical Gastroenterology |  |  |  |
| Surgical Oncology |  |  |  |
| Plastic Surgery |  |  |  |
| Hematology |  |  |  |
| **Any other that are not listed above** |  |

 |
| **3.4.** | **SPECIAL CLINICS***Name of special clinics (as relevant to the specialty) and the number of times the clinic is held in a week.* |
|  |

|  |  |  |
| --- | --- | --- |
| Name of Clinics | No. of times per week | Total number of cases seen last year |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

 |

 **Academic Facilities & Infrastructure**

|  |  |
| --- | --- |
| **4.** | **ACADEMIC FACILITIES & INFRASTRUCTURE** |
| **4.1.** | Number of Books available for DNB - Pathology 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 - Pathology 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 | SupervisingConsultant Name |  |
| Surgical Pathology and Techniques | 12 months |  |  |  |
|  |  | Cytopathology | 5 months |  |  |  |
| Laboratory Medicine | 4 months |  |  |  |
| Haematology | 6 months |  |  |  |
| Transfusion Medicine/Blood Blank | 2 month |  |  |  |
| Basic Sciences including Immunopathology, Electronmicroscopy, Molecular Biology, Research Techniques etc. | 4 month |  |  |  |
| Autopsy, PostmortemTechniques and Museum | 01 month |  |  |  |
| Elective/ reorientation | 2 months |  |  |  |
|  |  |
|   |  | Certified copy of MoU with other NBEMS accredited institute / hospital or medical college where DNB - Paediatrics 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**

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