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|  | **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 | Supervising  Consultant 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, Postmortem  Techniques 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**

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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 - 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 | 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 - 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. | | |

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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:** |