**National Board of Medical Specialties**

**Self-appraisal for Specialty and Subspecialty Programme 2024 (2081/082)**

***(This form can be downloaded and sent by email as attached file. Space in the Form can be adjusted as per the content as required, original documents can be scanned and attached)***

[**www.mec.gov.np/**](http://www.mec.gov.np/) Self-appraisal

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| ***1* Date of application :** |
| **2 *.Institutional Information:*** |
| Full Name of institution: |
| **Nature of organization:** Public organization / Government organization / Cooperative / Trust/ Private company limited/ Non-governmental organization |
| Year of establishment of institution: |
| **Accreditation of the Institute affiliated hospital intended for NBMS programme :**  Accreditation Organization: Government /Others No of beds accredited: |
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| ***3.Statement of mission, goal and objectives:*** |
| *Define mission, goal and objective:* |
| *Knowledge of mission, goal and objectives in stakeholders of the organization/Institute:* |
| *Policy on academic independence in the Institute :* Complete autonomy/ Affiliations |
| *Social accountability:* |
| *Networking and recognition:* |
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| *4.* ***Academics:*** |
| *Academic section present in the Institute :*  *Name of Head of academic section and designation:* |
| *Medical education program if running at present ( If applicable) Name of the Course and level of Course :*  *Course duration :*  *Name of University /Board affiliated/NBMS Programme :* |
| *Student selection and admission process of existing programme :*  *Number of students enrolled annually :* |
| ***5.Non – academic activities of students:*** |
| ***6. Information Regarding National Board of Medical Specialties (NBMS )***  *Objectives for NBMS affiliation :* |
| ***7.Individual departmental information of intended NBMS programme proposed and applied for)***  *Name of Programme /Proposed n. of quota / No of Faculties available / No of beds*  *1 Specialty level:*  *a.*  *b.*  *c.*  *2 Subspecialty level:*  *a.*  *b.*  *c.* |

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| ***8 Faculties present in applied Specialty and Subspecialty programme:*** *( Please attach the CV and scan copy of Original documents of council registration and Academic qualification of faculties) Please attached separate given form for faculties details*  *Please mention (Proposed ) Name /Specialty/Subspecialty Registration with date / NMC Number and registration date / Academic Degree*  *Senior Faculty: Faculty : Junior faculty :* | | | | | | |  |
| ***9.Medical education department If present :*** | | | | | | |
| *Proposed Teaching learning methodology for NBMS Programme :* | | | | | | |
| *Learning resources available :* | | | | | | |
| *Clinical teaching facilities: Community teaching centers if any :* | | | | | | |
| *Other (if applicable) e.g. skill labs/IT etc :* | | | | | | |
| ***10. Hospital Statistics (monthly ):***  *Total no of patients :*  *Total No of OPD Patients :*  *Total No of Inpatients :*  *Monthly turnover of proposed Specialty department :* | | |  | *inpatient* | *outpatient* |  | | |
|  | | *Monthly Turnover of proposed Sub specialty department :* | *:* | *inpatient* | *Outpatient* |
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| ***11.Hospital Services*** | | | | | |
| *Emergency Services:* | | | | | |
|  | *Operation Theaters:* | | | | |  | | |
|  | *ICU/CCU/NICU etc* | | | | |  | | |
|  | *Others:* | | | | |  | | |

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|  | *Essential hospital supplies and facilities:* |  |
|  | ***12 .Academic and professional development activities in the hospital***  *Trainings : Research activities :*  *Publications/Journal:* |  |
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| ***13.Monitoring and evaluation system in the institution if any:*** | |  |
|  | ***14 Principal hospital proposed for NBMS programme :***  *Name of hospital*  *Physical infrastructure available Availability of land*  *Financial status* |  |
| ***15. Interaction and coordination with Government health services*** | |  |
| ***16.Governing board and administration:***  *Head of the Institution : Name of Director /CEO:*  *Academic head of the Institute:* | |
| *Academic coordinator for NBMS Programme (proposed):* | |
| ***17.Future plan*** | |
| ***18. Stamp of Institute Designation Name***  *Signatories:*  *Date:* | |

Level:

Program:

Faculty Details:

Name of Institute:

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| SN | Name of Faculty | Qualification | University/Academia | NMC /Specialty Registration  Date and number | Work Experience  From specialty registration | Teaching Experience | Publication  Original article+other | Eligible For:-  Senior faculty  Faculty  J.Faculty |
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Approved By:

Name:

Designation: