

Fellowship SELF-Appraisal form

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| **SUBMITTED TO:**  **Nepal Medical Council, Bansbari, Kathmandu** | |
| **SUBMITTED BY:** | |
| **Name of the organization:** |  |
| **Submission date:** |  |

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| **GENERAL INFORMATION** | |
| **Name of the Organization:** |  |
| **Address:** |  |
| **Official contact details:** |  |
| **Establishment date:** | YYYY/MM/DD [AD] |
| **Type of Organization:** | **Please click on check box to mark the suitable answer**  Academic institution  Government Hospital  Private Hospital  NGO  Professional Society  Other, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(Please attach copy of registration document of the organization)* |
| **Type of training site** | **Please click on the check box to mark the suitable answer**  Mixed multi-specialty hospital  Subspecialty hospital |
| **Affiliated to** | **Please click on the check box to mark the suitable answer**  Government of Nepal  Medical Education Commission  University  Please mention name of the University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(Please attach copy of evidence of affiliation)* |
| **Name of Head of the institution** |  |
| **Name & Designation of Fellowship Coordinator** |  |
| **Bed capacity:** |  |

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| **LIST OF FELLOWSHIP PROGRAMS APPLIED FOR APPROVAL**  ***(Instruction: Please list out the fellowship programs and proposed sets below)*** | | | |
| **Serial No.** | **Fellowship Program** | **Proposed seats** | **Remarks** |
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| **COURSE DETAILS** | |
| **Serial no.**  **(Please refer to the Fellowship program list)** | 001 |
| **Fellowship Program** |  |
| **Duration of the course** |  |
| **No. of proposed seats** |  |
| **Specialty service duration:** | From: YYYY/MM/DD [AD]  To: YYYY/MM/DD [AD] |
| **Name & designation of the Subject In charge** |  |
| **Patient flow of respective subject for clinical exposure: (Case load)** | *Number of Inpatient:* |
| *Number of Outpatient:* |
| **Eligibility/ Entry criteria for candidates** | *Minimum qualification:* |
| *Minimum experience:* |
| *Other requirements (if any):* |
| **Selection criteria**  **(admission process)** |  |
| **Fee structure:** |  |

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| **CURRICULUM** | |
| **TITLE** | **DESCRIPTION** |
| **Introduction of the program:** |  |
| **Objectives of the program:** | **General Objective:**  **Specific Objectives:** |
| **Teaching learning methodology:** |  |

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| **OUTLINE OF THE SYLLABUS** |
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| **CLINICAL ROTATION/ TIME ALLOCATION:**  ***[Instruction: Please mention the activities (e.g., description of clinical exposure, elective posting, research, and other related supporting disciplines), along with the time duration allotted for each activity.]*** | |
| **Duration/ Rotation** | **Clinical rotation: Description** |
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| **METHOD OF ASSESSMENT & EVALUATION:** |
| **Eligibility of final examination:**  ***[Instructions: Please mention the requirements to be eligible to sit for final examination]***  ***(for e.g.*** *minimum attendance, logbook completion, no. of internal exams passed, pass percent etc****.)*** |
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| **Final Examination & Evaluation**  ***[Instruction: Please mention the format of theoretical and practical exams adopted by the institution]***  ***[for e.g. –****Formative/ Summative evaluation, Theoretical exams: MCQ, short answer /Practical exams: OSCE, technology based simulation etc.]* |
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| **DETAILS OF FELLOWS**  ***[Instruction: Please mention the Job description, post and salary of the fellow. Please refer to Clause no. 13 of NMC Fellowship guidelines.]*** |
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| **PHYSICAL INFRASTRUCTURE: CLINICAL**  **[Instructions: Please list out the clinical infrastructures/ equipment/machineries and required number of such infrastructures to run the respective fellowship program]** | |
| **PHYSICAL INFRASTRUCTURES** | **DESCRIPTION** |
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| **GENERAL INFRASTRUCTURE: ADMINISTRATIVE/ ACADEMIC** | | | |
| **Particulars** | **Yes** | **No** | **If yes, please mention the number of rooms/infrastructure/ equipment** |
| Audio visual/Seminar room |  |  |  |
| Library |  |  |  |
| Practical room/s (Research lab) |  |  |  |
| Audio-visual facilities |  |  |  |
| Skill lab |  |  |  |
| **DEPARTMENT STRENGTH** | | | |
| **Particulars** | **Yes** | **No** | **Remarks** |
| Units with faculty listed publicly  (with name) |  |  |  |
| Equipment (see below) |  |  |  |

**4. Academic activities/performance: Learning facilities in the department**

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| **Facilities** | **Yes** | **No** | **Remarks** |
| Internet facility |  |  |  |
| e-library facility |  |  |  |
| Journals |  |  |  |
| Departmental library |  |  |  |

***Note: Please provide supporting documents of the details mentioned below:***

1. ***Copy of appointment letters***
2. ***Curriculum Vitae***

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| **DETAILS OF FELLOWSHIP FACULTIES:** | | | | | | |  | |
| **SN** | **Name** | **NMC#** | **Qualifications**  **(Specialty)** | **Position** | **Appointed date and appointment type**  **(Permanent/ Contract)** | **Fellowship subject (s)** | **Please mark (√) to declare whether or not the listed Faculty are involved in any programs mentioned below:**  **(MBBS/BDS/MD/MS/MDS/DM M.Ch.)** | |
|  |  |  |  |  |  |  | **YES** | **NO** |
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| **CHECKLIST OF REQUIRED DOCUMENTS** | | | |
|  | ***Please tick ‘Yes’ if the document has been attached to this form for submission.*** | **Yes** | **No** |
|  | Curriculum |  |  |
|  | CV & Appointment letters of Faculties |  |  |
|  | Statistics of inpatient and out patients |  |  |
|  | Subject fees (Rs. 5000 per subject) |  |  |
|  | Inspection fees amounting to Rs. 50,000 |  |  |
|  | Copy of registration document of the organization  of evidence of affiliation |  |  |
|  | Copy of document related to affiliation from University/ Government authority |  |  |

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| **Name & Designation of Authorized Official:** |  |
| **Official Stamp** |  |

***Please put signature of authorized official and stamp of organization***

***(in every page and additional documents) and send to Nepal Medical Council at:***

[***cpd@nmc.org.np***](mailto:cpd@nmc.org.np)**Or please submit the hardcopies at NMC Office at Bansbari, Kathmandu**