

PAKISTAN MEDICAL & DENTAL  
COUNCIL



PROFORMA

FOR

INSPECTION OF HOSPITALS FOR HOUSE JOBS

**Name of the Hospital**

**Tagged Area & Population Served**

**Date of last inspection of the Hospital (if any)**

**What was the recommendation of the last inspection team**

**Initial of the incharge**

Name of Incharge, M.S./Commandant etc. With qualification and Designation \_\_\_\_\_

Total Bed Strength \_\_\_\_\_

Department	No. of beds	No. of Units	Remarks
<b>MAJOR SUBJECTS</b>			
Medicine			
Surgery			
Obstetrics&Gynaecology			
Ophthalmology			
E.N.T			
Paediatrics			
Orthopedics			
Casualty			
Tuberculosis			
Cardiology			
Psychiatry			
Maternity&Child Health			

Please write other Specialties for which House Jobs are required to be recognized.

1. _____
2. _____
3. _____
TOTAL NO. OF BEDS

Initial of the Incharge

**Statement Showing the Qualifications and Experience of Doctors/Specialist  
(Department-wise) of Hospital to be Inspected for House Jobs/Internship.**

*(Use additional sheet if necessary)*

S.No.	Name of doctor or specialist	Designation	Qualification	PMDC Registration No.	Experience	REMARKS
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Initial of the Incharge

### *Department-wise List of Equipment*

S.No	Department	Name of Equipment	Model/Make	Quantity	Serviceable/ unserviceabl e	Condition of Equipment	Remarks
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Initial of Incharge of hospital

Occupancy of Beds month-wise from January to December

Out patient attendance month-wise from January to December

No. of operations performed month-wise and total during the year

Library facilities available i.e No. of Books, journal subscribed etc.

Available Residential accommodation for House Officers

Signature of Incharge