



नेपाल सरकार

चिकित्सा शिक्षा आयोग

(नेशनल बोर्ड अफ मेडिकल स्पेशियालिटिज)

०१-६६३९४९६, ६६३८९०४
६६३९४९३, ६६३९४९४, ६६३९४९५
वेबसाईट : www.mec.gov.np
ईमेल: info@mec.gov.np

पत्र संख्या :-

चलानी नं. :-

सानोठिमी, भक्तपुर ।
मिति २०८०/०२/२३

विषय: नेशनल बोर्ड अफ मेडिकल स्पेशियालिटिज स्वमूल्याङ्कन कार्यविधि २०७८ बमोजिम
NBMS Sub Specialty कार्यक्रमका लागि स्वमूल्याङ्कन आवेदन आब्हान गरिएको ।

राष्ट्रिय चिकित्सा शिक्षा ऐन, २०७५ को दफा २८ उपदफा १ को (घ) तथा राष्ट्रिय चिकित्सा शिक्षा नियमावली, २०७७ को नियम ३० तथा ३१ ले दिएका काम कर्तव्य र अधिकारको परिधिभित्र रही नेशनल बोर्ड अफ मेडिकल स्पेशियालिटिज कार्यक्रम सञ्चालन कार्यविधि २०७७ बमोजिम आगामी शैक्षिक सत्र २०८०/०८१ मा NBMS Sub Specialty तहका कार्यक्रम सञ्चालन गर्न ईच्छुक अस्पताल तथा स्वास्थ्य संस्थाहरुले(विश्वविद्यालय, प्रतिष्ठान तथा मेडिकल कलेज बाहेक) तपसिल बमोजिम NBMS Sub Specialty तहको सेल्फ अप्राइजल (Self Appraisal) अनलाइन (Online) फारम भरी पेश गर्नुहुन निर्देशानुसार अनुरोध छ ।

तपसिल

आवेदन फारम भर्ने मिति: २०८०।०२।२५ गते देखि २०८०।०२।३२ गते सम्म
आवेदन फारम पठाउने ठेगाना dir.spe@mec.gov.np, us.maiya@mec.gov.np
आयोगको वेबसाईट www.mec.gov.np मा NBMS Self Appraisal बाट फारम भर्न सकिनेछ ।

(मैया खड्का)
उपसचिव

National Board of Medical Specialties

Self-appraisal for Specialty and Subspecialty Programme 2022 (2079BS)

(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/ Self appraisal

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:
3.Statement of mission, goal and objectives:
<i>Define mission, goal and objective:</i>
<i>Knowledge of mission, goal and objectives in stakeholders of the organization/Institute:</i>
<i>Policy on academic independence in the Institute</i> : Complete autonomy/ Affiliations
<i>Social accountability:</i>
<i>Networking and recognition:</i>

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 applied for / No of Faculties available / No of beds available/

1 Specialty level

2 Subspecialty level

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 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
11. Hospital Services		
Emergency Services:		
Operation Theaters:		
ICU/CCU/NICU etc		

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