



**NNF ACCREDITATION PROGRAM**

Application Form cum Self-Assessment Toolkit & Assessor Reporting Format for **LEVEL II-B**



		<b>TOTAL SCORE...</b>		
<p><b>Note :</b>          The rows "X" and "Y" should be filled <b>ONLY</b> by the Assessor          Finally , the Assessor will <b>ADD Scores</b> in different <b>AREAS</b>          The <b>Gaps</b> and <b>Suggestions</b> should be written in concerned area only</p>				
<b>X</b>	<b>CRITERIA</b>	<b>MAX. SCORE</b>	<b>UNIT'S SCORE</b>	
	<b>MANDATORY</b>	<b>ALL YES</b>		
	<b>ESSENTIAL</b>	04		
<b>ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>				
<b>Y</b>	<b>ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>			
<b>INFRASTRUCTURE</b>		<b>Mark - 1 for YES / 0 for NO</b>	<b>Mark - 1 for YES / 0 for NO</b>	
<b>M</b>	<b>MANDATORY</b>			
M1	Should have minimum 12 beds inclusive of 4 level II-B beds. The unit may be bigger in the same proportion.. (For every 1 ventilated bed , there should be 4 non-ventilated beds)	1		
M2	One basic mechanical ventilation devices	1		
M3	Two devices for non-invasive ventilation (can be with above devices in M2 or separate)	1		
M4	Every bed should have the space of 100 sq.ft. (this is inclusive of 50 sq.ft. of the ancillary areas)	1		



फार्म संख्या / FORM NO. 6  
(नियम संख्या 8 देखिए) / (See Rule - 8)  
**DEATH**

**प्रमाण पत्र / CERTIFICATE**

(जन्म एवं मृत्यु पंजीकरण अधिनियम, 1969 की धारा 17 के अंतर्गत दिया गया)  
(Issued under section 17 of the Registration of Births and Deaths Act, 1969)

यह प्रमाणित किया जाता है कि निम्नलिखित सूचना मूल लेख से ली गई है जो कि

This is to certify that the following information has been taken from the original record of

Death

रजिस्टर में उल्लिखित है (स्थानीय क्षेत्र)

Nigam Bodh Ghat

के

Civil Line Zone

क्षेत्र

which is register for (Local Area)

of

Zone of

दिल्ली नगर निगम के जिला

North

के राज. क्षेत्र दिल्ली।

Municipal Corporation of Delhi of District

of NCT of Delhi.

नाम / Name : SWARAN KANTA SURI

लिंग / Gender : Female

तिथि / Date of Death : 13/05/2005

स्थान / Place of Death : K-27 MALKA GANJ

पंजीकरण की तिथि / Date of Registration No. : 20/05/2005

पंजीकरण संख्या / Registration No. : MCDOLR05028174

मृतक के पति का नाम / Name of Husband of Deceased : LT. SH. KRISHAN LAL SURI

Sub-Registrar (Birth & Death,  
Nigam Bodh Ghat, Municipal Corporation of Delhi  
सील / SEAL : 09/06/2005

उप-रजिस्ट्रार / रजिस्ट्रार, जन्म व मृत्यु  
दिल्ली नगर निगम

Sub-Registrar / Registrar of Birth & Death  
Municipal Corporation of Delhi

तिथि / Date

ENGLISH VERSION





**NNF ACCREDITATION PROGRAM**

Application Form cum Self-Assessment Toolkit & Assessor Reporting Format for **LEVEL II-B**



M5	A separate marked area/room for expression of milk and breastfeeding	1	
M6	Hospital must have a room for providing separate stay facility for all mothers babies within unit's/hospital's premises	1	
M7	Are there designated areas for clean utility and dirty utility?	1	
M8	Adequate measures for maintaining the ambient temperature of the baby care area, like use of air conditioning (hot climate) and of room warmers (cold climate) to maintain the temperature between the 26-28 degree Celsius range	1	
M9	Availability of compressed air facility	1	
M10	Availability of oxygen facility	1	
M11	Availability of suction facility	1	
M12	Well illuminated but adjustable day and night lighting. Cool white	1	
M13	Reinforced light of 1000-1500 lux shadow free illumination for examination.	1	
M14	Availability of continuous water supply round the clock	1	
M15	There should be at least 4-6 sockets/bed of appropriate amperage as required by level IIA & IIB beds in the unit	1	
M16	Blood Bank/Storage unit with component therapy 24x7 services in the hospital/conveniently Outsourced	1	
M17	Uninterrupted availability of power supply through a generator / UPS etc.	1	
<b>E</b>	<b>ESSENTIAL</b>		
E1	Facility for dimming of general lighting in the NICU for developmental care	1	
E2	Sound absorbent walls and ceiling of the NICU. Background noise should not be more than 45db and peak intensity should not be more than 80 db.	1	
E3	Has there been a power audit of the unit to ascertain if electrical load of the unit was calculated and accordingly electrical wiring and installations done	1	
E4	There should be provision for contingency space/rooms for shifting the unit in case of temporary closure of the unit due to epidemics	1	
<b>TOTAL SCORE...</b>			



**NNF ACCREDITATION PROGRAM**  
Application Form cum Self-Assessment Toolkit & Assessor Reporting Format for **LEVEL II-B**



E3	Cold light source for detection of pneumothorax	0	
E4	2D ECHO facility on call	1	
E5	Invasive BP monitoring for ventilated babies	1	
E6	Flux Meter	0	
<b>TOTAL SCORE...</b>			
<p><b>Note :</b> The rows "X" and "Y" should be filled <b>ONLY</b> by the Assessor Finally , the Assessor will <b>ADD</b> Scores in different <b>AREAS</b> The Gaps and Suggestions should be written in concerned area only</p>			
<b>X</b>	<b>CRITERIA</b>	<b>MAX. SCORE</b>	<b>UNIT'S SCORE</b>
	<b>MANDATORY</b>	<b>ALL YES</b>	
	<b>ESSENTIAL</b>	<b>06</b>	
<b>ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>			
<b>Y</b>	<b>ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>		
<b>HUMAN RESOURCES</b>		<b>Mark - 1 for YES / 0 for NO</b>	<b>Mark -1 for YES / 0 for NO</b>

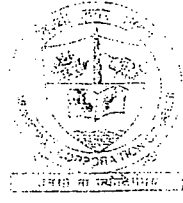


**NNF ACCREDITATION PROGRAM**  
Application Form cum Self-Assessment Toolkit & Assessor Reporting Format for **LEVEL II-B**



		<b>TOTAL SCORE...</b>	
<p><b>Note :</b> The rows "X" and "Y" should be filled <b>ONLY</b> by the Assessor Finally , the Assessor will <b>ADD Scores</b> in different <b>AREAS</b> The <b>Gaps</b> and <b>Suggestions</b> should be written in concerned area only</p>			
<b>X</b>	<b>CRITERIA</b>	<b>MAX. SCORE</b>	<b>UNIT'S SCORE</b>
	<b>MANDATORY</b>	ALL YES	
	<b>ESSENTIAL</b>	04	
	ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		
<b>Y</b>	ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		
<b>INFRASTRUCTURE</b>		Mark - 1 for YES / 0 for NO	Mark - 1 for YES / 0 for NO
<b>M</b>	<b>MANDATORY</b>		
M1	Should have minimum 12 beds inclusive of 4 level II-B beds. The unit may be bigger in the same proportion..(For every 1 ventilated-bed , there should be 4 non ventilated beds)	1	
M2	One basic mechanical ventilation devices	1	
M3	Two devices for non-invasive ventilation (can be with above devices in M2 or separate)	1	
M4	Every bed should have the space of 100 sq.ft. (this is inclusive of 50 sq.ft. of the ancillary areas)	1	

राष्ट्रीय राजधानी क्षेत्र दिल्ली सरकार  
भारत  
Government of  
National Capital Territory of Delhi  
INDIA



दिल्ली नगर निगम Z0822803  
Municipal Corporation of Delhi

फार्म संख्या / FORM NO. 6  
(नियम संख्या 8 देखिए) / (See Rule - 8)  
**DEATH**

**प्रमाण पत्र / CERTIFICATE**

(जन्म एवं मृत्यु पंजीकरण अधिनियम, 1969 की धारा 17 के अंतर्गत दिया गया)  
(Issued under section 17 of the Registration of Births and Deaths Act, 1969)

यह प्रमाणित किया जाता है कि निम्नलिखित सूचना मूल लेख से ली गई है जो कि  
This is to certify that the following information has been taken from the original record of Death  
रजिस्टर में उल्लिखित है (स्थानीय क्षेत्र) के क्षेत्र  
which is register for (Local Area) Nigam Bodh Ghat of Civil Line Zone Zone of  
दिल्ली नगर निगम के जिला के रा. क्षेत्र दिल्ली।  
Municipal Corporation of Delhi of District North of NCT of Delhi.

नाम / Name : SWARAN KANTA SURI  
लिंग / Gender : Female  
तिथि / Date of Death : 13/05/2005  
स्थान / Place of Death : K-27 MALKA GANJ  
पंजीकरण की तिथि / Date of Registration No. : 20/05/2005  
पंजीकरण संख्या / Registration No. : MCDQLR05028174  
मृतक के पति का नाम Name of Husband of Deceased : LT. SH. KRISHAN LAL SURI

*Signature*

Sub-Registrar (Birth & Death),  
Nigam Bodh Ghat, Municipal Corporation of Delhi  
सील / SEAL : Civil Line, Delhi  
09/06/2005

उप-रजिस्ट्रार / रजिस्ट्रार, जन्म व मृत्यु  
दिल्ली नगर निगम  
'Sub-Registrar / Registrar of Birth & Death  
Municipal Corporation of Delhi

तिथि / Date  
ENGLISH VERSION





**NNF ACCREDITATION PROGRAM**

Application Form cum Self-Assessment Toolkit & Assessor Reporting Format for LEVEL II-B



M5	A separate marked area/room for expression of milk and breastfeeding	1	
M6	Hospital must have a room for providing separate stay facility for all mothers babies within unit's/hospital's premises	1	
M7	Are there designated areas for clean utility and dirty utility?	1	
M8	Adequate measures for maintaining the ambient temperature of the baby care area, like use of air conditioning (hot climate) and of room warmers (cold climate) to maintain the temperature between the 26-28 degree Celsius range	1	
M9	Availability of compressed air facility	1	
M10	Availability of oxygen facility	1	
M11	Availability of suction facility	1	
M12	Well illuminated but adjustable day and night lighting. Cool white	1	
M13	Reinforced light of 1000-1500 lux shadow free illumination for examination.	1	
M14	Availability of continuous water supply round the clock	1	
M15	There should be at least 4-6 sockets/bed of appropriate amperage as required by level IIA & IIB beds in the unit	1	
M16	Blood Bank/Storage unit with component therapy 24x7 services in the hospital/conveniently Outsourced	1	
M17	Uninterrupted availability of power supply through a generator / UPS etc.	1	
<b>E</b>	<b>ESSENTIAL</b>		
E1	Facility for dimming of general lighting in the NICU for developmental care	1	
E2	Sound absorbent walls and ceiling of the NICU. Background noise should not be more than 45db and peak intensity should not be more than 80 db.	1	
E3	Has there been a power audit of the unit to ascertain if electrical load of the unit was calculated and accordingly electrical wiring and installations done	1	
E4	There should be provision for contingency space/rooms for shifting the unit in case of temporary closure of the unit due to epidemics	1	
<b>TOTAL SCORE...</b>			



**NNF ACCREDITATION PROGRAM**  
Application Form cum Self-Assessment Toolkit & Assessor Reporting Format for **LEVEL II-B**



E3	Cold light source for detection of pneumothorax	0	
E4	2D ECHO facility on call	1	
E5	Invasive BP monitoring for ventilated babies	1	
E6	Flux Meter	0	
TOTAL SCORE...			
<p>Note : The rows "X" and "Y" should be filled ONLY by the Assessor Finally , the Assessor will ADD Scores in different AREAS The Gaps and Suggestions should be written in concerned area only</p>			
<b>X</b>	<b>CRITERIA</b>	<b>MAX. SCORE</b>	<b>UNIT'S SCORE</b>
	<b>MANDATORY</b>	<b>ALL YES</b>	
	<b>ESSENTIAL</b>	<b>06</b>	
<b>ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>			
<b>Y</b>	<b>ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>		
<b>HUMAN RESOURCES</b>		<b>Mark - 1 for YES / 0 for NO</b>	<b>Mark -1 for YES / 0 for NO</b>

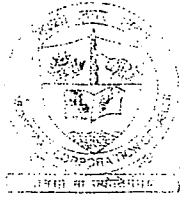




**NNF ACCREDITATION PROGRAM**  
Application Form cum Self-Assessment Toolkit & Assessor Reporting Format for LEVEL II-B



		<b>TOTAL SCORE...</b>	
<p>Note : The rows "X" and "Y" should be filled ONLY by the Assessor Finally , the Assessor will ADD Scores in different AREAS The Gaps and Suggestions should be written in concerned area only</p>			
<b>X</b>	<b>CRITERIA</b>	<b>MAX. SCORE</b>	<b>UNIT'S SCORE</b>
	<b>MANDATORY</b>	ALL YES	
	<b>ESSENTIAL</b>	04	
	ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		
<b>Y</b>	ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		
<b>INFRASTRUCTURE</b>		Mark 1 for YES / 0 for NO	Mark - 1 for YES / 0 for NO
<b>M</b>	<b>MANDATORY</b>		
M1	Should have minimum 12 beds inclusive of 4 level II-B beds. The unit may be bigger in the same proportion. (For every 1 ventilated bed , there should be 4 non ventilated beds)	1	
M2	One basic mechanical ventilation devices	1	
M3	Two devices for non-invasive ventilation (can be with above devices in M2 or separate)	1	
M4	Every bed should have the space of 100 sq.ft. (this is inclusive of 50 sq.ft. of the ancillary areas)	1	



फार्म संख्या / FORM NO. 6  
(नियम संख्या 8 देखिए) (See Rule - 8)  
**DEATH**

**प्रमाण पत्र / CERTIFICATE**

(जन्म एवं मृत्यु पंजीकरण अधिनियम, 1969 की धारा के अंतर्गत दिया गया)  
(Issued under section 17 of the Registration of Births and Deaths Act, 1969)

यह प्रमाणित किया जाता है कि निम्नलिखित सूचना मूल लेख से ली गई है जो कि  
This is to certify that the following information has been taken from the original record of

Death

रजिस्टर में उल्लिखित है (स्थानीय क्षेत्र)  
which is register for (Local Area)

Nigam Bodh Ghat

के  
of Civil Line Zone

क्षेत्र  
Zone of

दिल्ली नगर निगम के जिला  
Municipal Corporation of Delhi of District

North

के स. रा. क्षेत्र दिल्ली।  
of NCT of Delhi.

नाम / Name : SWARAN KANTA SURI

लिंग / Gender : Female

मिति / Date of Death : 13/05/2005

स्थान / Place of Death : K-27 MALKA GANJ

पंजीकरण की तिथि / Date of Registration No. : 20/05/2005

पंजीकरण संख्या / Registration No. : MCDOLR05028174

मृतक के पति का नाम Name of Husband of Deceased : LT. SH. KRISHAN LAL SURI

Sub-Registrar (Birth & Death),  
Nigam Bodh Ghat, NCT of Delhi  
Municipal Corporation of Delhi  
SEAL : Civil Line, Delhi  
09/06/2005

उप-रजिस्ट्रार / रजिस्ट्रार, जन्म व मृत्यु  
दिल्ली नगर निगम

Sub-Registrar / Registrar of Birth & Death

Municipal Corporation of Delhi

मिति / Date

ENGLISH VERSION





### NNF ACCREDITATION PROGRAM

Application Form cum Self-Assessment Toolkit & Assessor Reporting Format for LEVEL II-B



M5	A separate marked area/room for expression of milk and breastfeeding	1	
M6	Hospital must have a room for providing separate stay facility for all mothers babies within unit's/hospital's premises	1	
M7	Are there designated areas for clean utility and dirty utility?	1	
M8	Adequate measures for maintaining the ambient temperature of the baby care area, like use of air conditioning (hot climate) and of room warmers (cold climate) to maintain the temperature between the 26-28 degree Celsius range	1	
M9	Availability of compressed air facility	1	
M10	Availability of oxygen facility	1	
M11	Availability of suction facility	1	
M12	Well illuminated but adjustable day and night lighting. Cool white	1	
M13	Reinforced light of 1000-1500 lux shadow free illumination for examination.	1	
M14	Availability of continuous water supply round the clock	1	
M15	There should be at least 4 - 6 sockets/bed of appropriate amperage as required by level IIA & IIB beds in the unit	1	
M16	Blood Bank/Storage unit with component therapy 24x7 services in the hospital/conveniently Outsourced	1	
M17	Uninterrupted availability of power supply through a generator / UPS etc.	1	
<b>E</b>	<b>ESSENTIAL</b>		
E1	Facility for dimming of general lighting in the NICU for developmental care	1	
E2	Sound absorbent walls and ceiling of the NICU. Background noise should not be more than 45db and peak intensity should not be more than 80 db.	1	
E3	Has there been a power audit of the unit to ascertain if electrical load of the unit was calculated and accordingly electrical wiring and installations done	1	
E4	There should be provision for contingency space/rooms for shifting the unit in case of temporary closure of the unit due to epidemics	1	
<b>TOTAL SCORE...</b>			



**NNF ACCREDITATION PROGRAM**

Application Form cum Self-Assessment Toolkit & Assessor Reporting Format for **LEVEL II-B**



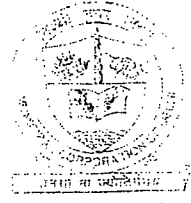
E3	Cold light source for detection of pneumothorax	0	
E4	2D ECHO facility on call	1	
E5	Invasive BP monitoring for ventilated babies	1	
E6	Flux Meter	0	
<b>TOTAL SCORE...</b>			
<p><b>Note :</b>          The rows "X" and "Y" should be filled <b>ONLY</b> by the Assessor          Finally , the Assessor will <b>ADD</b> Scores in different <b>AREAS</b>          The Gaps and Suggestions should be written in concerned area only</p>			
<b>X</b>	<b>CRITERIA</b>	<b>MAX. SCORE</b>	<b>UNIT'S SCORE</b>
	<b>MANDATORY</b>	ALL YES	
	<b>ESSENTIAL</b>	06	
	ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		
<b>Y</b>	ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		
<b>HUMAN RESOURCES</b>		Mark - 1 for YES / 0 for NO	Mark -1 for YES / 0 for NO



**NNF ACCREDITATION PROGRAM**  
Application Form cum Self-Assessment Toolkit & Assessor Reporting Format for **LEVEL II-B**



		<b>TOTAL SCORE...</b>	
<p><b>Note :</b> The rows "X" and "Y" should be filled <b>ONLY</b> by the Assessor Finally, the Assessor will <b>ADD Scores</b> in different <b>AREAS</b> The Gaps and Suggestions should be written in concerned area only</p>			
<b>X</b>	<b>CRITERIA</b>	<b>MAX. SCORE</b>	<b>UNIT'S SCORE</b>
	<b>MANDATORY</b>	ALL YES	
	<b>ESSENTIAL</b>	04	
	ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		
<b>Y</b>	ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)		
<b>INFRASTRUCTURE</b>		Mark - 1 for YES / 0 for NO	Mark - 1 for YES / 0 for NO
<b>M</b>	<b>MANDATORY</b>		
M1	Should have minimum 12 beds inclusive of 4 level II-B beds. The unit may be bigger in the same proportion. (For every 1 ventilated bed , there should be 4 non ventilated beds)	1	
M2	One basic mechanical ventilation devices	1	
M3	Two devices for non-invasive ventilation (can be with above devices in M2 or separate)	1	
M4	Every bed should have the space of 100 sq.ft. (this is inclusive of 50 sq.ft. of the ancillary areas)	1	



फार्म संख्या / FORM NO. 6  
(नियम संख्या 8 देखिए) / (See Rule - 8)  
**DEATH**

**प्रमाण पत्र / CERTIFICATE**

(जन्म एवं मृत्यु पंजीकरण अधिनियम, 1969 की धारा के अंतर्गत दिया गया)  
(Issued under section 17 of the Registration of Births and Deaths Act, 1969)

यह प्रमाणित किया जाता है कि निम्नलिखित सूचना मूल लेख से ली गई है जो कि  
This is to certify that the following information has been taken from the original record of

Death

रजिस्टर में उल्लिखित है (स्थानीय क्षेत्र) के क्षेत्र  
which is register for (Local Area) Nigam Bodh Ghat of Civil Line Zone Zone of  
दिल्ली नगर निगम के जिला के रा. रा. क्षेत्र दिल्ली।  
Municipal Corporation of Delhi of District North of NCT of Delhi.

नाम / Name : SWARAN KANTA SURI

लिंग / Gender : Female

तिथि / Date of Death : 13/05/2005

स्थान / Place of Death : K-27 MALKA GANJ

पंजीकरण की तिथि / Date of Registration No. : 20/05/2005

पंजीकरण संख्या / Registration No. : MCDOLR05028174

मृतक के पति का नाम Name of Husband of Deceased : LT. SH. KRISHAN LAL SURI

Sub-Registrar (Birth & Death),  
Nigam Bodh Ghat, Civil Line Zone  
Municipal Corporation of Delhi  
सील / SEAL : Civil Line Zone  
09/06/2005

उप-रजिस्ट्रार / रजिस्ट्रार, जन्म व मृत्यु  
दिल्ली नगर निगम  
'Sub-Registrar / Registrar of Birth & Death'  
Municipal Corporation of Delhi





**NNF ACCREDITATION PROGRAM**  
Application Form cum Self-Assessment Toolkit & Assessor Reporting Format for LEVEL II-B



M5	A separate marked area/room for expression of milk and breastfeeding	1	
M6	Hospital must have a room for providing separate stay facility for all mothers babies within unit's/hospital's premises	1	
M7	Are there designated areas for clean utility and dirty utility?	1	
M8	Adequate measures for maintaining the ambient temperature of the baby care area, like use of air conditioning (hot climate) and of room warmers (cold climate) to maintain the temperature between the 26-28 degree Celsius range	1	
M9	Availability of compressed air facility	1	
M10	Availability of oxygen facility	1	
M11	Availability of suction facility	1	
M12	Well illuminated but adjustable day and night lighting. Cool white	1	
M13	Reinforced light of 1000-1500 lux shadow free illumination for examination.	1	
M14	Availability of continuous water supply round the clock	1	
M15	There should be at least 4 - 6 sockets/bed of appropriate amperage as required by level IIA & IIB beds in the unit	1	
M16	Blood Bank/Storage unit with component therapy 24x7 services in the hospital/conveniently Outsourced	1	
M17	Uninterrupted availability of power supply through a generator / UPS etc.	1	
<b>E</b>	<b>ESSENTIAL</b>		
E1	Facility for dimming of general lighting in the NICU for developmental care	1	
E2	Sound absorbent walls and ceiling of the NICU. Background noise should not be more than 45db and peak intensity should not be more than 80 db.	1	
E3	Has there been a power audit of the unit to ascertain if electrical load of the unit was calculated and accordingly electrical wiring and installations done	1	
E4	There should be provision for contingency space/rooms for shifting the unit in case of temporary closure of the unit due to epidemics	1	
	<b>TOTAL SCORE...</b>		



**NNF ACCREDITATION PROGRAM**  
Application Form cum Self-Assessment Toolkit & Assessor Reporting Format for **LEVEL II-B**



E3	Cold light source for detection of pneumothorax	0	
E4	2D ECHO facility on call	1	
E5	Invasive BP monitoring for ventilated babies	1	
E6	Flux Meter	0	
<b>TOTAL SCORE...</b>			
<p><b>Note :</b> The rows "X" and "Y" should be filled <b>ONLY</b> by the Assessor Finally , the Assessor will <b>ADD</b> Scores in different <b>AREAS</b> The Gaps and Suggestions should be written in concerned area only</p>			
<b>X</b>	<b>CRITERIA</b>	<b>MAX. SCORE</b>	<b>UNIT'S SCORE</b>
	<b>MANDATORY</b>	<b>ALL YES</b>	
	<b>ESSENTIAL</b>	<b>06</b>	
<b>ANY GAPS IDENTIFIED IN THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>			
<b>Y</b>	<b>ANY SUGGESTIONS FOR UNIT PERTAINING TO THIS SECTION OF STANDARDS (ONLY FOR ASSESSORS)</b>		
<b>HUMAN RESOURCES</b>		<b>Mark - 1 for YES / 0 for NO</b>	<b>Mark -1 for YES / 0 for NO</b>