



Dir/IQAC/MRSPTU/2021/.....

Date: .....

**Internal Administrative Audit – Dispensary**

**Date of Audit:**

**Period:**

- |   |        |
|---|--------|
| 01. Official (s) are aware with office protocol and practices       | Yes/No |
| 02. Files maintained – properly                                     | Yes/No |
| 03. Letter dispatch/received record available & properly maintained | Yes/No |
| 04. Staff is well averse with the roles and responsibilities        | Yes/No |
| 05. Record related to accounts department maintained properly       | Yes/No |
| 06. OPD entry register available                                    | Yes/No |
| 07. Medicine purchase record available                              | Yes/No |
| 08. Issue record available  | Yes/No |
| 09. Medical examination register available                          | Yes/No |
| 10. Purchase record available                                       | Yes/No |
| 11. Ambulance available   | Yes/No |
| 12. Details of facility available                                   | Yes/No |
| 13. Inventory record available                                      | Yes/No |
| 14. Grievance register available                                    | Yes/No |
| 15. Staff attendance & leave record available                       | Yes/No |
| 16. Information updated on website                                  | Yes/No |
| 17. Staff available   | Yes/No |

Name	Designation

18. Any other information (to be added by Department)

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19. Observations/suggestions of Internal Audit Committee

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**Internal Audit Committee**

**Chairperson**

**Member-1**

**Member-2**