

**THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY,  
CHENNAI-600 032.**



**BACHELOR OF OCCUPATIONAL THERAPY  
DEGREE COURSE**

**INSPECTION REPORT**

**FOR THE ISSUE OF  
CERTIFICATE OF REGISTRATION FOR STARTING  
BACHELOR OF OCCUPATIONAL THERAPY  
DEGREE COURSE**

**THE TAMIL NADU Dr. M.G.R. MEDICAL UNIVERSITY,  
CHENNAI – 600 032.**

**BACHELOR OF OCCUPATIONAL THERAPY DEGREE COURSE**

**CERTIFICATE OF REGISTRATION**

**INSPECTION REPORT FOR THE ACADEMIC YEAR - \_\_\_\_\_**

<b>1.</b>	Name of the <b>Convenor</b> with Designation and Address  <b>Phone No :</b> Office      : Residence : Mobile No:	
<b>2.</b>	Names of the <b>Member</b> with Designation and address  <b>Phone No :</b> Office      : Residence : Mobile No:	
<b>3.</b>	<b>University Letter No. &amp; date</b> in which the Inspection Commission Constituted	
<b>4.</b>	<b>Date of Inspection</b>	
<b>5.</b>	Place and details of authorities representing the Management present at the time of Inspection.	
<b>6</b>	<b>Name of the Society/Trust</b> and its Full registered address with telephone numbers.  <b>(Copy of Registered Trust Deed to be enclosed)</b>	

7.	Whether the proposed college is a minority institution.	<p align="center"><b><u>Minority / Non Minority</u></b></p> <p>If it is minority furnish the following details.</p> <p>G.O.(MS.)No.</p> <p>Dept.</p> <p>Dated :</p>
8.	Name of the proposed Occupational Therapy College and <b>full address with Telephone Nos.</b> where the Occupational Therapy College is located.	
9.	Name of <b>the other courses run by the Trust.</b> <b>Note:</b> Where more than one course is conducted by the Trust, the Inspection Commission may ensure that the course under reference has got sufficient infrastructural facilities separately.	
10.	<b>State Government Order No. &amp; Date</b> in which permission was accorded to start the Occupational Therapy college/course.  (Copy of Orders be enclosed)	<p>G.O.(MS.)No.</p> <p>Dept.</p> <p>Dated :</p>
11.	<b><u>GOVERNMENT ENDOWMENT:</u></b> Whether <b>Trust/ Society created required endowment for running the course with the Government of Tamil Nadu/ Director of Medical Education.</b> (Copy to be enclosed)	
12 i)	<b><u>LAND:</u></b> Whether the Academic and Hostel block are located in an area of not less than 3 acres of land. <b><u>Type of Location :</u></b> Corporation area (City)           - 1 acre Municipality/Town area           - 2 acres Semi Urban or Rural areas       - 3 acres	<p>Type of Location : .....</p> <p>Total area in acres .....</p>

ii)	<b><u>Registered Sale Deed</u></b> regarding proof of ownership of land. (Copy to be enclosed).	
iii)	<b><u>Original Sworn Affidavit</u></b> in Rs.20/- Non - Judicial stamp paper to be furnished in the enclosed format.	
iv)	<b><u>Legal Opinion</u></b> of the Government Pleader for the earmarked land with Survey Nos.	Name of the Govt. Pleader: Date of issue :
v)	<b><u>Latest Encumbrance Certificate</u></b> obtained from the Registering Authority	E.C. No. Dated : Issued by :
vi)	<b><u>Certificate of evidence obtained from the Revenue Authority</u></b> stating that the ear-marked land at the proposed Occupational Therapy College does not attract the T.N. Urban Land Ceiling and Regulations Act 1978, T.N. Town Country Planning Act 1971 and T.N. Land Reforms Act 1961. (Copy to be enclosed)	
vii)	<b><u>Location of the Land</u></b> Furnish full address	
viii)	<b><u>Approved Building Plan</u></b> for the proposed Occupational Therapy College issued by the Competent Municipal /Panchayat authority duly indicating their office ref.no. and date along with date and office seal including covering letter for approval should be enclosed for the i. Academic Block ii. Hostels for boys and girls iii. staff Quarters.	Approved by : Date of approval : Approval issued vide Lr. No.
xi)	<b><u>Building Completion Certificate</u></b>  Issued by the competent authority viz., Corporation, MMDA, Municipality and Panchayat Board etc.,	Issued by :  Ref. No. :  Date :

13.	<b><u>READY BUILT AREA :</u></b> (not less than 1,000 sq.mt. B.O.T. Degree Course proposed to be started)					
	a) Whether the college have the following rooms with the dimensions indicated against each					
	Sl. No.	Particulars	Dimension	Required	Available	Shortfall
		<b><u>STAFF OFFICE</u></b>				
	1.	Principal's room	10'x20'	1		
	2.	College office	40'x20'	1		
		<b><u>FACULTY ROOM</u></b>				
	1.	Staff separately for Men & Women	10'x20'	2		
	2.	Students separate for Men & Women	10'x20'	2		
	3.	Non Teaching Staff	10'x20'	1		
		<b><u>LIBRARY</u></b>				
	1.	Hall	60'x40'	1		
		<b><u>OTHERS</u></b>				
	1.	Anatomy & Physiology Museum	20'x40'	1		
	2.	Demonstration Room (for Manipulative and Massage Therapy)	20'x20'	1		
	3.	Class Room	20'x20'	3		
	4.	Seminar	60'x20'	1		
	5.	Activity Therapy room	40'x20'	1		
14.	<b><u>RESIDENTIAL QUARTERS</u></b>  Details of residential quarters provided to the staff and whether this facility is provided in the same complex or outside.		Within the College campus / Outside  If it is outside furnish full address			

15. a)	<b><u>EXTRA CURRICULAR</u></b> a. Whether adequate space and equipment have been provided for extra curricular activities for the students.	
b)	Whether play ground facilities is available in the same campus; if not provided in the same campus, where the same is available?	If it is outside the college campus  Address:
c)	List of Sports articles provided to the Occupational Therapy students by the College.	
16.	<b><u>HOSPITAL ARRANGMENTS</u></b>  a) Whether the <b><u>Trust/Society owns a hospital being run by it with minimum of 150 beds</u></b> with an administrative block.  or Shall <b><u>have a tie-up with a General Hospital with a minimum of 150 beds within a radius of 30 km from the academic complex.</u></b>	

	(a) Whether the Trust has <b>Own / Tie-up</b> Hospital is having not less than <b>150 beds</b> in the following speciality:	<b><u>Own Hospital</u></b> Name : ..... License / Registration No. .... Dt. .... Full Address :
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	Departments	Required	Available	Shortfall
	General Medical and Surgical Beds	60		
	Orthopaedics and Traumatology and Burns	30		
	Ophthalmology	20		
	Paediatrics	20		
	Neurology	20		
<p><b>(b) The hospital shall have a full fledged Department with the following sections:-</b></p>				
	1. Occpational Therapy section fully equipped for			
	(i) Activity Therapy			Yes/No
	(ii) Hand Function Therapy			Yes/No
	(iii) Walking School (optional)			Yes/No
	(iv) Developmental Therapy			Yes/No
	(v) ADL (Activities of Daily Living)			Yes/No
	(vi) Psychiatry			Yes/No
	(vii) Hand splinting Unit			Yes/No
	2. Prosthetic and Orthotic Department			Yes/No
	3. Medical Social work department			Yes/No
<p><b>(c) The management should have tie-up with the following other speciality institutions to provide for posting of the trainees.</b></p>				
	(1) Leprosy			Yes/No
	(2) Hand Surgery Service			Yes/No
	(3) Speech Therapy			Yes/No
	(4) Rheumatology			Yes/No
	(5) Burns Unit			Yes/No
	(6) Psychiatry and Mental Health			Yes/No

<b>(b). Tie-up Hospital (Furnish the upto date tie-up binding evidence)</b>					
	Name of the Hospital	Bed Strength	Consent Lr.No. & Dt. Issued by the Hospital	Period of Tie-up	
				From	To
17.	<b><u>EARMARKED ASSETS:</u></b> Details of earmarked assets and resources exclusively available to run the Occupational Therapy College. (Produce evidence like Fixed Deposit receipts etc.)				
18.	<b><u>FINANCIAL SOUNDNESS</u></b> The Management of the Occupational Therapy college shall show evidence of an annual income of not less than Rs.10,00,000/- (Rupees Ten Lakhs only) to facilitate the proper running of the Occupational Therapy College.				
19.	<b><u>BALANCE SHEET</u></b> <b><u>Latest Balance sheet duly certified by a Chartered Accountant</u></b> showing the financial soundness to run the Occupational Therapy college to be enclosed.				
20.	<b><u>LIBRARY</u></b> Whether provision of minimum 500 books covering all subjects .(List of books with titles and journals to be enclosed) Journals in - 1. Indian Journal of Occupational Therapy 2. Occupational Therapy International 3. Australian Journal of Occupational Therapy 4. Indian Journal of Physiotherapy and Occupational Therapy		Total No. of Books : Total No. of Titles : Journal (Subscribed) Indian Journals : Nos. International Journals: Nos.		



21.	<b><u>LABORATORY:</u></b> Whether the <b><u>Pre-clinical and Laboratory facilities are available in the same campus</u></b> in which the academic complex is located.			
22.	<b><u>EQUIPMENTS</u></b> List of Equipments provided to be enclosed.			
23.	<b><u>AUDIO-VISUAL EQUIPMENTS:</u></b>	<b>Required</b>	<b>Available</b>	<b>Shortfall</b>
	1. Slide Projector			
	2. Video Projector			
	3. Overhead Projector, LCD etc.,			
	4. Internet Connectivity			
24.	<b><u>DETAILS OF TRANSPORTATION:</u></b> No. of vehicles with seating capacity (Copy of Driver's details with licence and RC book to be enclosed)			
25.	<b><u>FURNITURE</u></b> List of furniture provided to be enclosed.			
26.	Payment of Current Inspection Fees			
<b><u>Note:-</u></b> The inspection commission is requested to make sure that <b><u>no recommendations or comments whatsoever made by yourself in the report . Other than this to enclose Confidential report on the basis of observations are made separately.</u></b>				

PLACE :

DATE :

SIGNATURE OF THE MEMBER

(NAME IN BLOCK LETTERS)

SIGNATURE OF THE CONVENOR

(NAME IN BLOCK LETTERS)

**(To be furnished in the Rs.20/- Non-judicial stamp paper duly signed by the Managing Trustee and counter signed by the Notary Public with seal)**

**SWORN AFFIDAVIT**

We hereby declared that the following lands owned by us have been ear-marked for the purpose of starting B.O.T. Degree Course at the ..... College at ..... run by ..... Trust.

<b>Sl.No.</b>	<b>Lands registered under document No. and date</b>	<b>Survey No.</b>	<b>Land in Acres</b>	<b>Location of the lands</b>

Signature of the Managing Trustee  
with Seal & date

Signature of Notary Public  
with seal & date