

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



**BACHELOR OF OCCUPATIONAL THERAPY  
DEGREE COURSE**

**INSPECTION REPORT**

**FOR THE GRANT OF  
CONTINUANCE OF PROVISIONAL AFFILIATION  
FOR BACHELOR OF OCCUPATIONAL THERAPY  
DEGREE COURSE**

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

**BACHELOR OF OCCUPATIONAL THERAPY DEGREE COURSE**  
**CONTINUANCE OF PROVISIONAL AFFILIATION**

**INSPECTION REPORT FOR THE ACADEMIC YEAR –**

1.	Name of the <b>Convenor</b> with Designation and Address Phone No: Office Residence Mobile No.	
2.	Names of the <b>Member</b> with Designation and address Phone No: Office Residence Mobile No.	
3.	University Letter No. & date in which the Inspection Commission Constituted	
4.	Date of Inspection	
5.	Place and details of authorities representing the Management present at the time of Inspection	
6.	Name of the Society/Trust and its Full registered address with telephone numbers. Fax and e-mail. (Copy of Trust deed to be enclosed) a. Name of the Trustee: b. Mobile No. :	
7.	Whether the college is a minority institution.	Minority / Non Minority  If it is minority furnish the following details.  G.O.(MS.)No. : Dept.  Dated :

	Name of Occupational Therapy College, Full Address with Telephone, Fax and e-mail, where the Occupational Therapy College is located	
8.	Name of the <b>Principal</b> of the Occupational therapy College  i)Qualification  ii)Teaching Experience  iii)Working as Principal from  iv) Residential Address  v) Phone No: Office Residence Mobile No.	
9.	Specify the Occupational Therapy courses conducted in the same complex	
10.	Name of the other courses run by the Trust.  <u>Note:</u> 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.	
11.	a) State whether the college is conducting <b>B.O.T.</b> degree course in the same academic complex at the time of <b>Grant of Provisional Affiliation</b>	Yes / No
	b) Whether the Trust has obtained any prior permission from the <b>University / Government</b> for change of academic complex if any made	University Permission : Yes / No Government Permission : Yes / No

12.	State Government Orders in which permission was accorded to start the Occupational Therapy college/course. (Copy of Orders be enclosed)	G.O.(MS) No. .... H&FW Department Dated .....			
13.	University's Proceedings No. and Date in which the Provisional Affiliation was issued to start the B.O.T. Degree Course (Copy of letter to be enclosed)	Proc..No. : ..... Dated : ..... Annual Intake : ..... Academic year : .....			
14.	University's Proceedings No. and Date in which the Continuance of Provisional Affiliation was issued for the last year. (Copy of letter to be enclosed)	Proc..No. : ..... Dated : ..... Annual Intake : ..... Academic year : .....			
15.	No. of candidates registered for the <b>Last three years</b>	Quota	2011-2012	2012-2013	2013-
		Government			
		Management			
		Total			
16.	<b>LAND DETAILS</b> Earmarked extent of land allotted for Occupational Therapy course and also for other courses if any.				
17.	<b>READY BUILT AREA :</b> (not less than 1,000 sq.mt. for 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		
	b. Whether sufficient infrastructural facilities are made available <b>separately</b> for conducting BOT Degree Course.				
	c. State whether the academic complex is in <b>own/rental/leased building</b> . Furnish <b>Sale Deed/Rental Receipt and agreement/ Lease agreement</b> accordingly.				
	d. Whether the <b>Ready built area</b> is provided for conducting BOT Degree Course.		<p style="text-align: center;">Yes / No</p> <p>Total Ready Built Area available ..... sq.ft.</p> <p>Additionally provided for B.O.T.....sq.ft.</p>		

	<p><b>e. Copy of the approved building plan of the Teaching Block and Hostel Block by the Competent Municipal / Panchayat authority duly indicating the office ref.no. with date, Office seal and covering letter for the approval. (Copy of reference to be enclosed)</b></p>	<p><u>For Academic Complex</u></p> <p>Approved by:.....</p> <p>Date of Approval :.....</p> <p>Approval issued vide Lr.No.</p> <p><u>For Hostel Building</u></p> <p>Approved by:.....</p> <p>Date of Approval :.....</p> <p>Approval issued vide Lr.No.</p>
18.	<b><u>HOSTEL</u></b>	<p>The Hostel is</p> <p>Within the Campus / Outside the Campus</p> <p>If it is outside furnish full address</p> <p>iii. Agreement between</p> <p>.....</p> <p>and .....</p> <p>iv. Date of Agreement made</p> <p>.....</p> <p>v. Expiry of Agreement</p> <p>.....</p> <p>vi. Years of Agreement</p> <p>.....</p> <p>Girls : ..... No. of Rooms</p> <p>Boys : ..... No. of Rooms</p>
	State Whether the hostel building is in	
	<b>own/rental/leased building.</b>	
	Furnish <b>Sale Deed/Rental Receipt and</b>	
	<b>agreement/ Lease agreement</b>	
	accordingly.	
	Whether Own / Rental / Leased	
	If it is not own furnish the following	
	i. Building Plan :	
	ii. Proof of Ownership	
	Whether the hostel facility is provided	
	separately for Boys and Girls	

19	<p><b><u>RESIDENTIAL QUARTERS</u></b></p> <p>Details of residential quarters provided to the staff and whether this facility is provided in the same complex or outside.</p>	<p>Within the College campus / Outside If it is outside furnish full address</p>		
20	<p><b><u>EXTRA CURRICULAR</u></b></p> <p>a. Whether adequate space and equipment have been provided for extra curricular activities for the students.</p>			
	<p><b>b. Whether play ground facilities is available</b> in the same campus; if not provided in the same campus, where the same is available?</p>	<p>If it is outside the college campus Address:</p>		
	<p>c. List of sports articles provided to the Occupational Therapy students by the college.</p>			
21	<p><b><u>HOSPITAL ARRANGEMENTS:</u></b></p> <p><b>(a) Whether the Trust has Own / Tie-up Hospital is having not less than 150 beds in the following speciality:</b></p> <p>Furnish xerox copy of License given by the Government to set up the <b>Own Hospital.</b></p>	<p><b><u>Hospital</u></b></p> <p>Name :.....</p> <p>License / Registration No.....</p> <p style="text-align: right;">Dt.....</p> <p>Full Address :</p>		
	<b>Departments</b>	<b>Required</b>	<b>Available</b>	<b>Shortfall</b>
	General Medical and Surgical Beds	60		
	Orthopaedics and Traumatology and Burns	30		
	Ophthalmology	20		
	Paediatrics	20		
	Neurology	20		

<b>(b) The hospital shall have a full fledged Department with the following sections:-</b>				
1. Occupational Therapy section fully equipped for				
(i) Activity Therapy		Yes/No		
(ii) Hand Function Therapy		Yes/No		
(iii) Walking School (Optional)		Yes/No		
(iv) Development 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		
<b>(c) The management should have tie-up with the following other speciality institutions to provide for posting of the trainees.</b>				
(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>(d). 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
<b>(e). State whether the Own / Tie-up Hospital situated within a radius of 30 km.</b>				



22	<p><b><u>CLINICAL FACILITIES</u></b></p> <p>(i) A well set up field teaching centre in a near by rural area for teaching community based rehabilitation.</p> <p>(ii) Transportation for field work.</p> <p>(iii) Facilities for training for compulsory internship as required under the Regulations.</p>			
23	<p><b><u>EQUIPMENT</u></b></p> <p>List of Equipments provided to be enclosed.</p>			
24	<p><b><u>AUDIO-VISUAL EQUIPMENTS:</u></b></p>	<b>Required</b>	<b>Available</b>	<b>Shortfall</b>
	1. Over Head Projector/LCD Projector	<b>1</b>		
	2. Slide Projector	<b>1</b>		
	3. Video Projector etc.,	<b>1</b>		
25	<p><b><u>LIBRARY</u></b></p> <p>a. Whether provision of minimum 500 books covering all subjects .</p> <p>Journals in -</p> <ol style="list-style-type: none"> <li>1. Indian Journal of Occupational Therapy</li> <li>2. Occupational Therapy International</li> <li>3. Australian Journal of Occupational Therapy.</li> <li>4. Indian Journal of Physiotherapy and Occupational Therapy</li> </ol>	<p>Total No. of Books : .....</p> <p>Total No. of titles : .....</p>		
26	<p><b><u>DETAILS OF TRANSPORTATION</u></b></p> <p>No. of vehicles with seating capacity (Copy of Driver's details with licence and RC book to be enclosed)</p>			

27	<p><b><u>FURNITURE</u></b></p> <p>Details of Furniture available in the Occupational Therapy College for Faculty, Students, Office Staff, Class room, Laboratory, Library etc.,  <b>(List of Furniture to be enclosed).</b></p>	
28	<p><b><u>TEACHING FACULTY</u></b></p> <p>Qualification and Teaching Experience of Professor, Reader/Associate Professor, Lecturer, Tutor/Clinical Instructor as per <b>Statutes of the BOT Degree Course.</b></p> <p>The following evidences to be furnished in the enclosed format.</p> <ol style="list-style-type: none"> <li>1. Age, Year of Qualification and Institution, Registration Number, Speciality (if M.O.T.), Teaching experience, appointment order, Joining report to be mentioned in the faculty list.</li> <li>2. Recent Passport size colour Photograph to be affixed in the Form B.</li> <li>3. Relevant documents should be submitted along with the duly filled in Form B</li> </ol> <p><b><u>FULL TIME:</u></b></p> <p><b><u>Principal &amp; Professor of occupational Therapy:</u></b>  MOT/M.Sc., Occupational Therapy with 5 years experience</p> <p>Desirable : 3 years of administrative experience.</p> <p style="text-align: center;">(OR)</p> <p>BOT/B.Sc., Occupational Therapy with 10 years experience</p> <p>Desirable : 3 years of administrative experience.</p> <p><b><u>Vice Principal and Professor :</u></b></p> <p>MOT/M.Sc., Occupational Therapy with 5 years experience</p> <p>Desirable : 3 years of administrative experience.</p> <p style="text-align: center;">(OR)</p> <p>BOT/B.Sc., Occupational Therapy with 8 years experience</p> <p>Desirable : 3 years of administrative experience.</p>	

**Associate Professor :**

MOT/M.Sc., Occupational Therapy with 3 years experience

Desirable : 3 years of administrative experience.

(OR)

BOT/B.Sc., Occupational Therapy with 6 years experience

Desirable : 3 years of administrative experience.

**Assistant Professor of Occupational Therapy:**

MOT/M.Sc., Occupational Therapy with 5 years experience

(OR)

BOT/B.Sc., Occupational Therapy with 5 years experience

**Lecturer:**

MOT/M.Sc., Occupational Therapy

(OR)

BOT/B.Sc., Occupational Therapy with 3 years experience

**Tutor in Occupational Therapy:**

BOT/ B.Sc., Occupational Therapy

**Staff for Workshop for Therapeutic Activity Instructor:**

Computer Science, Leather Work and Tailoring.

Sl No	Designation	Reqd.	Available	Shortfall
1.	Principal / Professor	1		
2.	Vice-Principal / Professor	1		
3.	Reader / Associate Professor	-		
4.	Assistant Professor	7		
5.	Lecturer	1		
6.	Tutor	5		

7.	Staff for Workshop	3		
	<b><u>Part Time Staff</u></b>	18*		
	Other Staff:-			
1.	Occupational Therapist	2		
2.	Male Nursing Assistant	2		
3.	Driver cum Cleaner	2		
4.	Librarian (Part Time)	1		
	List of <b>Part-time teachers</b> to be enclosed.			
	<b>* <u>PART – TIME STAFF :</u></b> 1. Assistant Professor of Sociology - 1 No. 2. Assistant Professor of Psychology - 1 No. 3. Assistant Professor of Anatomy - 1 No. 4. Assistant Professor of Physiology - 1 No. 5. Assistant Professor in Bio Mechanics - 1 No. 6. Assistant Professor of Community Medicine - 1 No. 7. Assistant Professor in Medical Subject - 8 Nos. 8. Assistant Professor in Psychiatry - 1 No. 9. Assistant Professor in Cardiology - 1 No. 10. Assistant Prof. in Pulmonary Medicine - 1 No. 11. Assistant Prof. in Physical Medicine & Rehabilitation Part Time:- (Lecturers in Medicine, Surgery, Orthopaedics, Paediatrics, Neurology, Ophthalmology, Plastic and Reconstructive Surgery, Rheumatology/Psychiatry, E.N.T., Microbiology, Radiology, Pathology & Pharmacology))			
29	<b>Percentage of pass in the final year exam of B.O.T. Degree Course for the last three years</b>	<b>2012 - 2013</b>	<b>2013 - 2014</b>	<b>2014 - 2015</b>
30	<b><u>REDUCTION OF SANCTIONED STRENGTH</u></b> Furnish the details of <b>Reduction of sanctioned strength</b> if any	<b>No. of seats reduced</b>	<b>Year</b>	<b>University Lr. No. and date</b>

31	<b><u>SECURITY DEPOSIT</u></b>				
	<b>Amount</b>	<b>FDR No. &amp; Date</b>	<b>Bank Address</b>	<b>Maturity Date</b>	<b>Whether Refunded to the Institution</b>
32	<b><u>INSPECTION FEES</u></b> Payment of prescribed fees for <b>current Inspection. (Copy to be enclosed)</b>		Amount paid Rs. ....		
33	<b><u>GENERAL REQUIREMENTS:-</u></b> 1. Whether the <b>Number of admission</b> is based on the number of <b>intake sanctioned</b> .		No. of intake sanctioned..... No. of admissions made .....		
34	<b><u>OBSERVATION OF THE INSPECTION COMMISSION</u></b>				
	a) Whether the Institution/College has fulfilled all the requirements to grant Continuance of Provisional Affiliation for conducting B.O.T. degree course.		Yes / No		
	b) Observation of Inspection Commission may be recorded in a separate sheet along with remarks if any.		(Furnish in a separate sheet)		

PLACE:

SIGNATURE OF THE MEMBER:

DATE:

(NAME IN BLOCK LETTERS) (.....)

SIGNATURE OF THE CONVENOR:

(NAME IN BLOCK LETTERS) (.....)