

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



**BACHELOR OF OCCUPATIONAL THERAPY DEGREE
COURSE**

INSPECTION REPORT

**FOR THE GRANT OF
PERMISSION FOR THE INCREASE OF THE SEATS IN
BACHELOR OF OCCUPATIONAL THERAPY DEGREE
COURSE**

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

BACHELOR OF OCCUPATIONAL THERAPY DEGREE COURSE
PERMISSION FOR THE INCREASE OF INTAKE

INSPECTION REPORT FOR THE ACADEMIC YEAR - _____

1.	Name of the Convenor with Designation and Address Phone No: Office Residence Mobile No.	
2.	Names of the Member 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)	
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 :

8.	Name of Occupational Therapy College, Full Address with Telephone, Fax and e-mail, where the Physiotherapy College is located	
9.	Name of the Principal 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.	
10.	Specify the Occupational Therapy courses conducted in the same complex	
11.	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.	
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.	Whether first batch of students of BOT Degree Course has successfully completed the course and has left the college (furnish month and year)																																																											
16.	a. Annual intake sanctioned																																																										
	b. Increase of intake proposed																																																										
17.	LAND DETAILS Earmarked extent of land allotted for Occupational Therapy course and also for other courses if any.																																																											
18.	READY BUILT AREA : (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																																																											
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;">Sl. No.</th> <th style="width:45%;">Particulars</th> <th style="width:15%;">Dimension Required</th> <th style="width:10%;">Already available</th> <th style="width:15%;">Additional area provided for the increase of intake</th> <th style="width:10%;">Shortfall if any</th> </tr> </thead> <tbody> <tr> <td colspan="6"><u>STAFF OFFICE</u></td> </tr> <tr> <td>1.</td> <td>Principal's room</td> <td>10'x20'</td> <td>1</td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td>College office with computer for student records</td> <td>40'x20'</td> <td>1</td> <td></td> <td></td> </tr> <tr> <td colspan="6"><u>FACULTY ROOM</u></td> </tr> <tr> <td>1.</td> <td>Staff (Men & Women)</td> <td>10'x20'</td> <td>2</td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td>Students (Men & Women)</td> <td>10'x20'</td> <td>2</td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td>Non Teaching Staff</td> <td>10'x20'</td> <td>1</td> <td></td> <td></td> </tr> <tr> <td colspan="6"><u>LIBRARY</u></td> </tr> </tbody> </table>	Sl. No.	Particulars	Dimension Required	Already available	Additional area provided for the increase of intake	Shortfall if any	<u>STAFF OFFICE</u>						1.	Principal's room	10'x20'	1			2.	College office with computer for student records	40'x20'	1			<u>FACULTY ROOM</u>						1.	Staff (Men & Women)	10'x20'	2			2.	Students (Men & Women)	10'x20'	2			3.	Non Teaching Staff	10'x20'	1			<u>LIBRARY</u>										
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1.	Hall	60'x40'	1		
	OTHERS				
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 separately for conducting BOT Degree Course.				
	c. State whether the academic complex is in own/rental/leased building . Furnish Sale Deed/Rental Receipt and agreement/ Lease agreement accordingly.				
	d. Whether the Ready built area 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>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)</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>
19.	HOSTEL	<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 and</p> <p>iv. Date of Agreement made</p> <p>v. Expiry of Agreement</p> <p>vi. Years of Agreement</p> <p>Girls : No. of Rooms</p> <p>Boys : No. of Rooms</p>
	<p>State Whether the hostel building is in own/rental/leased building. Furnish Sale Deed/Rental Receipt and agreement/ Lease agreement accordingly.</p>	
	Whether Own / Rental / Leased	
	If it is not own furnish the following	
	<p>i. Building Plan :</p> <p>ii. Proof of Ownership</p>	
	Whether the hostel facility is provided separately for Boys and Girls	

20.	<p><u>RESIDENTIAL QUARTERS</u></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</p> <p>If it is outside furnish full address</p>		
21.	<p><u>EXTRA CURRICULAR</u></p> <p>a. Whether adequate space and equipment have been provided for extra curricular activities for the students.</p>			
	<p>b. Whether play ground facilities is available</p> <p>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</p> <p>Address:</p>		
	<p>c. List of sports articles provided to the Physiotherapy students by the college.</p>			
22.	<p><u>HOSPITAL ARRANGEMENTS:</u></p> <p>(a) Whether the Trust has Own / Tie-up Hospital is having not less than 150 beds in the following speciality:</p> <p>Furnish xerox copy of License given by the Government to set up the Own Hospital.</p>	<p><u>Own Hospital</u></p> <p>Name :</p> <p>License / Registration No.</p> <p style="text-align: right;">Dt.</p> <p>Full Address :</p>		
	Departments	Required	Available	Shortfall
	General Medical and Surgical Beds	60		
	Orthopaedics and Traumatology and Burns	30		
	Ophthalmology	20		
	Paediatrics	20		
	Neurology	20		
	(b) The hospital shall have a full fledged Department with the following sections:-			

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) 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
(c) The management should have tie-up with the following specialities institution to provide for posting of the trainees.				
(1) Leprosy				Yes/No
(2) Hand Surgery Services				Yes/No
(3) Speech Therapy				Yes/No
(4) Rheumatology				Yes/No
(5) Burns Unit				Yes/No
(6) Psychiatry and Mental Health				Yes/No
(b). Tie-up Hospital (Furnish the upto date tie-up binding evidence)				
Name of the Hospital	Bed Strength	Consent Lr.No. & Dt. Issued by the Hospital	Period of Tie-up	
			Fro m	To
(c). Number of Beds available in the Own Hospital.				
(d) whether the clinical facilities has proportionately increased for the proposed increase of intake.				
(e). State whether the Own / Tie-up Hospital situated within a radius of 30 km.				

23.	<p><u>CLINICAL FACILITIES</u></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>				
24.	<p><u>EQUIPMENTS</u></p> <p>Details of Equipments additionally provided for the proposed increase of intake. (List of Equipments provided to be enclosed.)</p>				
25.	<p><u>LIBRARY</u></p> <p>a. Whether provision of minimum 1000 books covering all subjects with sectional index for BPT course made available.</p>		Already available	Additionally provided for the increase of intake	Short-fall if any
		Total No. of Books :			
		Total No. of Titles :			
26.	<p><u>DETAILS OF TRANSPORTATION</u></p> <p>No. of vehicles with seating capacity (Copy of Driver's details with licence and RC book to be enclosed)</p>				
27.	<p><u>FURNITURE</u></p> <p>Details of Furniture available in the Physiotherapy College for Faculty, Students, Office Staff, Class room, Laboratory, Library etc., (List of Furniture to be enclosed).</p>				

28. TEACHING FACULTY

Qualification and Teaching Experience of Professor, Reader/Associate Professor, Lecturer, Tutor/Clinical Instructor as per **Statutes of the BOT Degree Course.**

The following evidences to be furnished in the enclosed format.

1. Age, Year of Qualification and Institution, Registration Number, Speciality (if B.O.T.), Teaching experience, appointment order, Joining report to be mentioned in the faculty list.
2. Recent Passport size colour Photograph to be affixed in the Form B.
3. Relevant documents should be submitted along with the duly filled in Form B

FULL TIME:**Principal / Professor**

A basic degree in Occupational Therapy (B.O.T.), Master of Occupational / M.Sc., Occupational Therapy \ with 5 years Post P.G. teaching experience and 10 years of total teaching experience.

Vice – Principal / Professor

Master of Occupational Therapy/ M.Sc., Occupational Therapy with 5 years Post P.G. teaching experience and 8 years of total teaching experience

Reader/Associate Professor

Master of Occupational Therapy/ M.Sc., Occupational Therapy with 3 years of Post P.G. teaching experience and 6 years of total teaching experience

Lecturer in Occupational Therapy

one for every 10 students

- (i) Bachelor of Occupational Therapy with 5 years experience and
- (ii) M.O.T. Graduates

Tutor : B.O.T. with 3 years of teaching experience

Clinical Instructor : BOT Graduate

Sl. No.	Designation	Reqd.	Already Available	Additional staff appointed for the increase of intake	Shortfall
1.	Principal	1			
2.	Professor/ Vice Principal	1			
3.	Reader / Associate Professor	6			
4.	Lecturer / Assistant Professor	6			
5.	Tutor	2			
6.	Clinical Instructor	2			
	Part Time Staff	17*			

	Other Staff			
7	Male Nursing Assistant	2		
.				
8	Driver cum Cleaner	1		
.				
9	Librarian (Full Time)	1		
.				
	List of Part-time teachers to be enclosed.			
	<p>* PART – TIME STAFF :</p> <p>1. Assistant Professor of Physics - 1 No.</p> <p>2. Assistant Professor of Sociology - 1 No.</p> <p>3. Assistant Professor of Psychology - 1 No.</p> <p>4. Assistant Professor of Nursing, Health and Nutrition - 1 No.</p> <p>5. Assistant Professor of Anatomy - 1 No.</p> <p>6. Assistant Professor of Physiology - 1 No.</p> <p>7. Assistant Professor of Pathology and Microbiology - 1 No.</p> <p>8. Assistant Professor of Community Medicine - 1 No.</p> <p>9. Assistant Professor in Medical Subject - 8 Nos.</p> <p>(Medicine, Surgery, Orthopaedics, Paediatrics, Neurology, Cardio Thoracic Surgery, Obstetrics, Gynaecology, Plastic and Reconstructive Surgery, Rheumatology)</p> <p>10. Lecturer in Bio-Mechanics / Therapists - 1 No.</p>			
29.	Percentage of pass in the final year exam of B.O.T. Degree Course for the last three years	2011 - 2012	2012 - 2013	2013 - 2014
30.	<u>REDUCTION OF SANCTIONED STRENGTH</u>	No. of seats reduced	Year	University Lr. No. and date

	Furnish the details of Reduction of sanctioned strength if any				
31.	<u>SECURITY DEPOSIT</u>				
	Amount	FDR No. & Date	Bank Address	Maturity Date	Whether Refunded to the Institution
32.	<u>INSPECTION FEES</u> Payment of prescribed fees for current Inspection. (Copy to be enclosed)		Amount paid Rs.		
33.	<u>OBSERVATION OF THE INSPECTION COMMISSION</u>				
	a) Whether the Institution/College has fulfilled all the requirements to grant Permission for the increase of intake in 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) (.....)