

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



**MASTER OF OCCUPATIONAL THERAPY DEGREE
COURSE**

INSPECTION REPORT

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

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

MASTER OF OCCUPATIONAL THERAPY DEGREE COURSE

CERTIFICATE OF REGISTRATION

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. (Copy of Registered Trust Deed to be enclosed) | |

| | | |
|-----|--|--|
| 7. | Whether the proposed college is a minority institution. | <p style="text-align: center;">Minority / Non Minority</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 full address with Telephone Nos. where the Occupational Therapy College is located. | |
| 9. | <p>Name of the other courses run by the Trust.</p> <p>Note: 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.</p> | |
| 10. | <p>State Government Order No. & Date in which permission was accorded to start the Occupational Therapy college/course.</p> <p>(Copy of Orders be enclosed)</p> | <p>G.O.(MS.)No.</p> <p>Dept.</p> <p>Dated :</p> |
| | (a).Whether the applicant has proposed to start MOT Degree Course after BOT Degree Course. | |
| | (b). Whether first batch of students of BOT Degree Course has successfully completed the course and has left the college (furnish month and year) | |
| 11. | <p><u>GOVERNMENT ENDOWMENT:</u> Whether Trust/ Society created required endowment for running the course with the Government of Tamil Nadu/ Director of Medical Education. (Copy to be enclosed)</p> | |

| | | |
|----------|---|--|
| 12 i) | <p><u>LAND:</u> Whether the Academic and Hostel block are located in an area of not less than 3 acres of land. <u>Type of Location :</u> City/Corporation - 1 acre Town/Municipality - 2 acres Semi Urban/Rural areas - 3 acres</p> | <p>Type of Location :</p> <p>Total area in acres</p> |
| ii) | <p><u>Registered Sale Deed</u> regarding proof of ownership of land. (Copy to be enclosed).</p> | |
| iii) | <p><u>Original Sworn Affidavit</u> in Rs.20/- Non - Judicial stamp paper to be furnished in the enclosed format.</p> | |
| iv) | <p><u>Legal Opinion</u> of the Government Pleader for the earmarked land with Survey Nos.</p> | <p>Name of the Govt. Pleader:</p> <p>Date of issue :</p> |
| v) | <p><u>Latest Encumbrance Certificate</u> obtained from the Registering Authority</p> | <p>E.C. No.</p> <p>Dated :</p> <p>Issued by :</p> |
| vi) | <p><u>Certificate of evidence obtained from the Revenue Authority</u> 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)</p> | |
| vii) | <p><u>Location of the Land</u> Furnish full address</p> | |
| viii) | <p><u>Approved Building Plan</u> 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</p> <p>i. Academic Block ii. Hostels for boys and girls iii. staff Quarters.</p> | <p>Approved by :</p> <p>Date of approval :</p> <p>Approval issued vide Lr. No.</p> |

| | | | | | | |
|------------|--|---|--|----------|-----------|-----------|
| xi) | <u>Building Completion Certificate</u> | | Issued by : | | | |
| | Issued by the competent authority viz., Corporation, MMDA, Municipality and Panchayat Board etc., | | Ref. No. : | | | |
| | | | Date : | | | |
| 13. | <u>READY BUILT AREA :</u> (not less than 5,000 sq.ft. Exclusively for M.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 |
| | | <u>STAFF OF OFFICE</u> | | | | |
| | 1. | Principal's room | 10'x20' | 1 | | |
| | 2. | College office | 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> | | | | |
| | 1. | Hall | 60'x40' | 1 | | |
| | | <u>OTHERS</u> | | | | |
| | 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 | | |
| | | <u>EXCLUSIVELY FOR M.O.T.</u> | | | | |
| | 1. | Seminar Room/Clinical demonstration | 20" x 20" | 1 | | |
| | 2. | Class rooms | 2class rooms adequate for enrolled number of PG students . | | | |

| | | |
|-----------|--|---|
| 14. | <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> |
| 15. a) | <p><u>EXTRA CURRICULAR</u></p> <p>a. Whether adequate space and equipment have been provided for extra curricular activities for the students.</p> | |
| b) | <p>Whether play ground facilities is available 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> |
| 16. | <p><u>HOSPITAL ARRANGMENTS</u></p> <p>a) Whether the <u>Trust/Society owns a hospital being run by it with minimum of 150 beds</u> with an administrative block.</p> <p>or</p> <p>Shall <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></p> | |

| | | |
|--|---|---|
| | <p>(a) Whether the Trust has Own / Tie-up Hospital is having not less than 150 beds in the following speciality:</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 | Availabl e | Shortfall | |
|---|---|--------------|---|------------------|----|
| | General Medicine | 15 | | | |
| | General Surgery / Neuro Surgery | 15 | | | |
| | Orthopaedics | 20 | | | |
| | Physical Medicine and Rehabilitation (Including of all sub acute and chronic cases from all specialities admitted for Rehabilitation) | 15 | | | |
| | Psychiatry | 20 | | | |
| | Paediatrics | 20 | | | |
| | Neurology | 20 | | | |
| | Chest and Thoracic Medicine | 15 | | | |
| | Plastic Surgery | 10 | | | |
| | Whether additional bed strength required for starting MOT degree course for each optional subjects and the student patient ratio are provided : | | | | |
| | | | Required | Yes | No |
| a. | Advance O.T. in Orthopaedics | | 1:4 | | |
| b. | Advance O.T. in Neurology | | 1:4 | | |
| c. | Advance O.T. in Paediatrics | | 1:4 | | |
| d. | Advance O.T. in Hand Rehabilitation | | 1:4 | | |
| e. | Advance O.T. in Mental Health | | 1:4 | | |
| f. | Advance O.T. in Rehabilitation Meducine | | 1:4 | | |
| g. | Advance O.T. in Gerontology | | 1:4 | | |
| (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 | |
| | | | | From | To |

| | | | | | |
|------|---|-------------------------------|-----------------------|-----------------------------|--|
| | | | | | |
| 17. | <u>EARMARKED ASSETS:</u> Details of earmarked assets and resources exclusively available to run the Occupational Therapy College. (Produce evidence like Fixed Deposit receipts etc.) | | | | |
| 18.. | <u>FINANCIAL SOUNDNESS</u> The Management of the Occupational Therapy college shall show evidence of an annual income of not less than Rs.15,00,000/- (Rupees Fifteen Lakhs only) to facilitate the proper running of the Post Graduate departments in Occupational Therapy College. | | | | |
| 19 | <u>BALANCE SHEET</u> <u>Latest Balance sheet duly certified by a Chartered Accountant</u> showing the financial soundness to run the Occupational Therapy college to be enclosed. | | | | |
| 20.. | <u>LIBRARY</u> Whether the Library with a provision of minimum of 1000 books of BOT and MOT course. The institution shall also provide at least any 5 of the following journals:- 1. British Journal of Occupational Therapy. 2. American Journal of Occupational Therapy. | Total No. of Books : | Total No. of Titles : | Journal (Subscribed) | |
| | | Indian Journals | : | Nos. | |
| | | International Journals | : | Nos. | |

| | | | | |
|-----|--|----------|-----------|-----------|
| | <p>3. Indian Journal of Occupational Therapy</p> <p>4. Archives of Physical Medicine and Rehabilitation.</p> <p>5. Asia Pacific Journal.</p> <p>6. Canadian Journal of Occupational Therapy.</p> <p>7. Occupational Therapy Journal of Research</p> <p>8. Indian Journal of Paediatrics</p> <p>9. Indian Journal of Neurology</p> <p>10. Any Journal in Psychiatry/Mental Health</p> | | | |
| 21. | <p><u>LABORATORY</u></p> <p>Whether the <u>Pre-clinical and Laboratory facilities are available in the same campus</u> in which the academic complex is located. The following clinical facilities and equipment shall be provided.</p> | | | |
| 22. | <p><u>AUDIO VISUAL EQUIPMENTS: Mandatory</u></p> | Required | Available | Shortfall |
| | 1. Over Head Projector / LCD Projector. | 1 | | |
| | 2. Slide Projector 35 mm | 1 | | |
| | 3. Screen for Projection, LCD | 1 | | |
| | 4. Computer, Internet facility | 1 | | |
| | <p><u>NOTE:</u> The institution should also furnish the list of equipments required for the elective subjects with documentary evidence.</p> | | | |
| 23. | <p><u>Details of Transportation</u></p> <p>No. of vehicles with seating capacity (Copy of Driver's details with license and RC book to be enclosed)</p> | | | |
| 24 | <p><u>Furniture</u></p> <p>- List of furniture provided to be enclosed.</p> | | | |
| 25 | <p><u>Payment</u> of Current Inspection Fees</p> | | | |

Note:-

The inspection commission is requested to make sure that **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.**

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 M.O.T. Degree Course at the College at run by Trust.

| Sl.No. | Lands registered under document No. and date | Survey No. | Land in Acres | Location of the lands |
|---------------|---|-------------------|----------------------|------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Signature of the Managing Trustee
with Seal & date

Signature of Notary Public
with seal & date