

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

**MASTER OF OCCUPATIONAL THERAPY  
DEGREE COURSE**



**INSPECTION REPORT**

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

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

**MASTER OF OCCUPATIONAL THERAPY DEGREE COURSE**

**CONTINUANCE OF PROVISIONAL AFFILIATION**

**INSPECTION REPORT FOR THE ACADEMIC YEAR**

<b>1.</b>	Name of the <b>Convenor</b> with Designation and Address Phone No: Office Residence Mobile No.	
<b>2.</b>	Names of the <b>Member</b> with Designation and address Phone No: Office Residence Mobile No.	
<b>3.</b>	University Letter No. & date in which the Inspection Commission Constituted	
<b>4.</b>	Date of Inspection	
<b>5.</b>	Place and details of authorities representing the Management present at the time of Inspection	
<b>6.</b>	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.	
<b>7.</b>	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 Occupational Therapy College is located	
9.	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.	
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.	
	a) State whether the college is conducting <b>M.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 letter in which the Provisional Affiliation was issued for M.O.T. Degree Course (Copy of letter to be enclosed)	Lr.No. : ..... Dated : .....			
		<b>Annual Intake</b>			
		<b>Name of the Speciality</b>	<b>No. of Intake</b>		
14.	University letter in which the Continuance of Provisional Affiliation was issued for M.O.T. Degree Course (Copy of letter to be enclosed)	Lr.No. : ..... Dated : .....			
		<b>Annual Intake</b>			
		<b>Name of the Speciality</b>	<b>No. of Intake</b>		
15.	No. of candidates registered for the <b>Last three years</b>	Quota	2012-13	2013-14	2014-15
		Government			
		Management			
		Total			
16.	<b>LAND DETAILS</b> Ear marked extent of land allotted for Occupational Therapy course and also for other courses if any. (Original Sworn Affidavit in the enclosed format to be furnished)	Furnished / Not Furnished			

17.	<b><u>READY BUILT AREA :</u></b> (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	Short fall
		<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		
	6.	Seminar Room/ Clinical demonstration	20x20	1		
	7.	Class rooms	2 class room adequate for enrolled number of			

			PG students.		
	<p>b. Whether sufficient infrastructural facilities are made available <b>separately</b> for conducting MOT Degree Course.</p>				
	<p>c. State whether the academic complex is in <b>own/rental/leased building</b>. Furnish <b>Sale Deed/Rental Receipt and Agreement/ Lease</b> agreement accordingly.</p>				
	<p>d. Whether the <b>Ready built area</b> is provided exclusively for conducting <b>MOT Degree Course</b>.</p>		<p style="text-align: center;">Yes / No</p> <p>Total Ready Built Area available ..... sq.ft.</p> <p>Additionally provided for M.O.T. .... sq.ft.</p>		
	<p>e. Copy of the <b>approved building plan</b> of the <b>Teaching Block and Hostel Block</b> by the Competent <b>Municipal / Panchayat authority</b> duly indicating the <b>office ref.no. with date, Office seal and covering letter</b> for the approval. <b>(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.	<p><b><u>HOSTEL</u></b></p> <p>State Whether the hostel building is in <b>own/rental/leased building</b>. Furnish <b>Sale Deed/Rental Receipt and agreement/ Lease</b> agreement accordingly.</p>		<p>The Hostel is</p> <p>Within the Campus / Outside the Campus</p> <p>If it is outside furnish full address</p>		

	<p>Whether Own / Rental / Leased</p> <p>If it is not own furnish the following</p> <p>i. Building Plan :</p> <p>ii. Proof of Ownership</p> <p>Whether the hostel facility is provided separately for Boys and Girls</p>	<p>iii. Agreement between .....</p> <p>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>
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</p> <p>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></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>

21	<b><u>HOSPITAL ARRANGEMENTS:</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:		<u>Own Hospital</u> Name : ..... License / Registration No. .... Dt. .... Full Address :		
	<b>Departments</b>	<b>Required</b>	<b>Available</b>	<b>Shortfall</b>	
	General Medicine	15			
	General Surgery/ Neuro Surgery	15			
	Orthopaedics	20			
	Physical Medicine and Rehabilitation (including of all sub acute and chronic cases from all specialties 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				
				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 Medicine	1:4		
	g.	Advance O.T. in Gerontology	1:4		





<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
(c). <b>Number of Beds</b> available in the Own Hospital.				
(d).State whether the <b>Own / Tie-up Hospital</b> situated within a radius of 30 km.				
(e).No. of <b>Out-Patient</b> section in the Hospital.				
(f). Daily <b>Out-Patient</b> turnover in the Hospital.				
(g). Furnish <b>Average Monthly Out-Patient</b> turnover in the Hospital.				
(h). <b>Bed Occupancy on the day</b> of Inspections.				
(i).Furnish bed <b>Occupant percentage</b> for the last one year.				
(j). Furnish binding evidence for providing necessary facilities for imparting training to the students has been furnished by tie-up hospital. <b>(copy of the current consent letter to be enclosed).</b>				

	(k). Letter from the tie-up hospital regarding tie-up arrangements has given to any other affiliated institutions. If so, mention the name of such institution.	
	(l). A whether set up field teaching center is available close to the institution.	Yes / No
<b>22</b>	<b><u>CLINICAL FACILITIES &amp; EQUIPMENTS</u></b>	
	1. Radio diagnostic Department and Laboratory facilities.	
	<p>2. PMR department</p> <p>a. Physiotherapy Section</p> <p>b. Speech Therapy</p> <p>c. Prosthetic &amp; Orthotic workshop</p> <p>d Medical &amp; Social Work – optional</p> <p>e. Community Programme</p> <p>f. Unit for upper extremity and lower extremity motion analysis (optional)</p> <p>g. Occupational Therapy : Section equipped with the following.</p> <p><b>(i) <u>Hand Unit:</u></b>  Actives to improve Hand function, grip strengthener, peg board, activities for pinch. Hand dynamoter, Pinchometer assessment kits.</p> <p><b>(ii) <u>Psychiatry Unit:-</u></b>  Space for group and individual therapy assessment questionnaires adequate space material for therapeutic activity.</p> <p><b>(iii) <u>Paediatric Unit:-</u></b>  Play material for improving hand function, perceptual cognitive functions Bolsters, therapy mat, therapy ball, balance board and other equipment for developmental therapy walkers and mobility aids for children.</p> <p><b>(iv) <u>Adult Unit for:</u></b>  (Physical dysfunction)  Mobility aids:  Walkers crutches, sticks, wheel chair  Upper limb &amp; Lower limb strengthening activities – Bicycle fretsaw, shoulder</p>	

	<p>wheel, shoulder ladder Medicine balls.</p> <p>Plinthis / mats for training functional abilities Equilibrium board Coordination kits Cognitive perceptual – assessment and training kits.</p> <p><b>(v) <u>Splint fabrication Unit:-</u></b> Splint making tools Splinting materials</p> <p><b>(vi) <u>ADL &amp; Home making Unit:-</u></b> Environmental manipulation board Toilet for ADL proactive and toilet stool, mirror. Enclosure for dressing practice, kitchen with utensils.</p>	
	<p><b><u>NOTE:</u></b> The institution should also furnish the list of equipments required for the elective subjects with documentary evidence.</p>	
<p><b>23</b></p>	<p><b><u>LIBRARY</u></b></p> <p>a. Whether provision of minimum 1000 books for BOT/MOT course made available.</p> <p>Details regarding total number of books/journals available for Occupational Therapy course in different specialities available for the students (<b>List of books with titles and journals (Indian and Foreign) to be enclosed with rules of Library</b>)</p> <p><b>Note:- The institution should increase the number of books by 10% each year.</b></p>	<p>Total No. of Books : .....</p> <p>Total No. of titles : .....</p> <p><u>Journals</u> (Subscribed) :</p> <p>No. of Indian Journals : .....</p> <p>No. of International Journals : .....</p>
	<p>The Institution shall also provide atleast any five of the following Journals.</p>	

	<ul style="list-style-type: none"> <li>• British Journal of Occupational Therapy.</li> <li>• American Journal of Occupational Therapy.</li> <li>• Indian Journal of Occupational Therapy</li> <li>• Archives of Physical Medicine and Rehabilitation.</li> <li>• Asia Pacific Journal.</li> <li>• Canadian Journal of Occupational Therapy.</li> <li>• Occupational Therapy Journal of Research</li> <li>• Indian Journal of Paediatrics</li> <li>• Indian Journal of Neurology</li> <li>Any Journal in Psychiatry/Mental Health</li> </ul>			
<b>24</b>	<b>AUDIO – VISUAL EQUIPMENTS</b>	<b>Required</b>	<b>Available</b>	<b>Shortfall</b>
	1. Over Head Projector	1		
	2. Slide Projector 35 mm	1		
	3. Screen for Projection, LCD	1		
	4. Computer , Internet facility	1		
<b>25</b>	<b><u>TRANSPORT FACILITIES</u></b>  Transportation facilities like Type of vehicle Seating capacity, Copy of R.C. Book and Driver details to be enclosed			
<b>26</b>	<b><u>FURNITURE</u></b>  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>			

## 27 **TEACHING FACULTY**

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

The following evidences to be furnished in the enclosed format.

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.
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

### **NOTE : FULL TIME:**

There shall be minimum of two teachers with M.Sc., O.T. (or) MOT with requires teaching experience as specified below:

The ratio of MOT staff and students should be 1:2

### **Principal - 1 No.**

MOT with 5 years of Post PG teaching experience (or)  
A Post -Graduate degree /diploma in Physical Medicine and Rehabilitation of not less than 2 years duration and 5 years teaching experience in a recognized institution.

### **Professor – 1 No.**

MOT degree with minimum 5 years Post PG teaching experience .

### **Reader/Associate Professor – 2 Nos. :**

MOT degree with minimum 3 years Post PG teaching experience

### **Lecturer / Assitant Professor – 2 Nos.:**

MOT degree with minimum 2 years teaching experience Or BOT degree with 8 years teaching experience.

### **The Guide:-** ( 3 students per guide) Student ratio shall be 1:3.

The guide shall be full time faculty of the institution.

**Note:-** Guide student ratio is subject to review after 2 years  
Eligibility to become a guide under the Tamil Nadu Dr.M.G.R. Medical University.

MOT with 5 years Post P.G. Teaching experience (or)  
BOT with 10 years experience.

	<b><u>PART – TIME STAFF:</u></b>			
	1. Assistant Professor of Statistics			
	2. Assistant Professor of Teaching Methodology			
	3. Assistant Professor of Management (Hospital Management)			
	4. Assistant Professor of Community Medicine			
<b>Sl No</b>	<b>Designation</b>	<b>Reqd.</b>	<b>Available</b>	<b>Shortfall</b>
1.	Principal	1		
2.	Professor	1		
3.	Reader / Associate Professor	2		
4.	Lecturer / Assistant Profesor	2		
5.	Guide (3 students per guide)	1:3		
6.	<u>Whether additional Assistant Professor in Medical Subjects required for existing batch MOT degree course for each optional subjects.</u>			
	<b>Assistant Professor in Medical Subjects for teaching:</b>	<b>Required</b>	<b>Available</b>	<b>Shortfall</b>
	(1) Orthopaedics			
	(2) Paediatrics			
	(3) Neurology and Neurosurgery			
	(4) Surgery including Cardiology			
	(5) Medicine including Pulmonary			
	(6)Plastic Surgery			
	(7) Psychiatry			
	(8) Rehabilitation & Physical Medicine			
	List of <b>Part-time teachers</b> to be enclosed.			
28	<b>Percentage of pass in the final year exam of M.O.T. Degree Course for the last three years</b>	<b>2012 - 2013</b>	<b>2013– 2014</b>	<b>2014- 2015</b>
29	<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>

30.	<b><u>SECURITY DEPOSIT:</u></b>					
	<b>Instalment</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>
	<b>I</b>					
	<b>II</b>					
	<b>Note: Photo copies to be enclosed.</b>					
31.	<b><u>PAST DEFICIENCIES:</u></b>					
	<p>a. Details of rectification of past deficiencies observed by the previous year Inspection Commission (Please furnish remarks item wise in a separate sheet and enclose along with the inspection report)</p> <p>b. (The college should furnish the deficiencies pointed out in the previous year Inspection Report and the rectification report submitted by them to the University for verification by the Inspection Team, the Inspection team must verify the Rectification Report and furnish the details about the rectification done by the college.</p>			(To be furnished in a separate sheet annexed)		
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 ..... <p style="text-align: center;">Yes / No</p>		



	<p>2. Whether <b>Ratio of Faculty and Students</b> is followed as per the Statutes of this University.</p> <p>3. Whether <b>Ratio of Student and Patients</b> is followed as per the Statutes of this University.</p> <p>4. Whether the adequate Office/ Ministerial Staff is available.</p> <p>5. Whether adequate staff are available for the maintenance of the hostel.</p> <p>6. Whether the institution is involved in inspection / examination / valuation of answer papers of this University.</p>	<p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p>
34.	<p><b><u>OBSERVATION OF THE INSPECTION COMMISSION</u></b></p> <p>a) Whether the Institution/College has fulfilled all the requirements to grant the Continuance of Provisional affiliation for starting M.O.T. degree course.</p> <p>b) Observation of Inspection Commission may be recorded in a separate sheet along with remarks if any.</p>	<p>Yes / No</p> <p>(Furnish in a separate sheet)</p>

PLACE:

SIGNATURE OF THE MEMBER:

DATE:

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

SIGNATURE OF THE CONVENOR:

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

**DETAILS OF THE TEACHING FACULTY**

Name	Date of Birth (Age)	Qualification	Year of passing	Council Registration No.	Teaching Experience	Date of Joining in the present Institution / Post
		UG PG	UG PG	UG PG	UG PG	
<b>Professor –cum Principal</b>						
<b>Reader/Associate Professor</b>						
Sl No						
<b>Lecturer/Assistant Professor</b>						
Sl No						
<b>Guide</b>						
Sl No						
<b>Part – Time Staff</b>						
Sl No						

Certified that the details furnished above are verified and found to be correct.

Signature of the Principal

**(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.

<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