

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



**MASTER OF OCCUPATIONAL THERAPY  
DEGREE COURSE**

**INSPECTION REPORT**

**FOR THE GRANT OF  
PROVISIONAL AFFILIATION 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**

**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)	

7.	Whether the 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 Occupational Therapy College, Full Address with Telephone, Fax and e-mail, where the Occupational Therapy College is located	
9.	<p>Name of the <b>Principal</b> of the Occupational therapy College</p> <p>i)Qualification</p> <p>ii)Teaching Experience</p> <p>iii)Working as Principal from</p> <p>iv) Residential Address</p> <p>v) Phone No: Office Residence Mobile No.</p>	
10.	Specify the Occupational Therapy courses conducted in the same complex	
11.	<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>	

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 Certificate of Registration was issued for M.O.T. Degree Course (Copy of letter to be enclosed)	Lr.No. : ..... Dated : .....				
14.	Intake of students sanctioned by the University speciality wise in MOT Degree Course.	<b>Annual intake</b>				
		<b>Name of the Speciality</b>	<b>No. of intake</b>			
15.	(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)					
16.	<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	Availabl e	Shortfall
		<b><u>STAFF OF OFFICE</u></b>				

	1.	Principal's room	10'x20'	1		
	2.	College office	40'x20'	1		
		<b><u>FACULTY ROOM</u></b>				
	1.	Staff (Men & Women)	10'x20'	2		
	2.	Students (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	20'x20'	1		
	7.	Class rooms	2 class room adequate for enrolled number of PG students.			
	b. Whether sufficient infrastructural facilities are made available <b>separately</b> for conducting MOT 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.					

	<p><b>d. Whether the Ready built area is provided exclusively for conducting MOT Degree Course.</b></p>	<p style="text-align: right;">Yes / No</p> <p>Total Ready Built Area available ..... sq.ft.</p> <p>Additionally provided for M.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>
<p><b>17. HOSTEL</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 agreement</b> 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>iii. Agreement between .....</p>
	<p>If it is not own furnish the following</p>	<p>and .....</p>

	<p>i. Building Plan : ii. Proof of Ownership</p>	<p>iv. Date of Agreement made .....</p> <p>v. Expiry of Agreement .....</p> <p>vi. Years of Agreement .....</p>
	<p>Whether the hostel facility is provided separately for Boys and Girls</p>	<p>Girls : ..... No. of Rooms</p> <p>Boys : ..... No. of Rooms</p>
18.	<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>
19.	<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</p> <p>Address:</p>

20.	<p><b><u>HOSPITAL ARRANGEMENTS:</u></b></p> <p><b>(a)</b> Whether the Trust has <b>Own / Tie-up</b> Hospital is having not less than <b>150 beds</b> in the following speciality:</p>	<p><b><u>Own Hospital</u></b></p> <p>Name : .....</p> <p>License / Registration No. ....</p> <p style="text-align: right;">Dt. ....</p> <p>Full Address :</p>			
	Departments	Required	Available	Shortfal 1	
	General Medicicine	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. Advanced O.T. in Orthopaedics	1:4			
	b. Advanced O.T. in Neurology	1:4			
	c. Advanced O.T. in Paediatrics	1:4			
	d. Advanced O.T. in Hand Rehabilitation	1:4			
	e. Advanced O.T. in Mental Health	1:4			



	f.	Advanced O.T. in Rehabilitation Medicine	1:4		
	g.	Advanced 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 section</b> in the Hospital.				
	(f). Daily <b>Out-Patient turnover</b> 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.	
<b>21.</b>	<b><u>CLINICAL FACILITIES &amp; EQUIPMENTS</u></b>	
	1.Radio diagnostic Department and Laboratory facilities.	

## 2. PMR department

- a. Physiotherapy Section
- b. Speech Therapy
- c. Prosthetic & Orthotic workshop
- d. Medical & Social Work – optional
- e. Community Programme
- f. Unit for upper extremity and lower extremity motion analysis (optional)
- g. Occupational Therapy :  
Section equipped with the following.

### **(i) Hand Unit:**

Activities to improve Hand function, grip strengthener, peg board, activities for pinch. Hand dynamometer, Pinchometer assessment kits.

### **(ii) Psychiatry Unit:-**

Space for group and individual therapy assessment questionnaires adequate space material for therapeutic activity.

### **(iii) Paediatric Unit:-**

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.

### **(iv) Adult Unit for:**

(Physical  
dysfunction) Mobility  
aids:

Walkers crutches, sticks, wheel chair Upper limb & Lower limb strengthening activities – Bicycle fretsaw, shoulder wheel, shoulder ladder Medicine balls.

	<p>Plinthis / mats for training functional abilities Equilibrium board Coordination kits Cognitive perceptual – assessment and training kits.</p>	
	<p><b>(v) <u>Splint fabrication</u></b>  <b>Unit:-</b> Splint making tools Splinting materials</p> <p><b>(vi) <u>ADL &amp; Home making</u></b>  <b>Unit:-</b> Environmental manipulation board Toilet for ADL proactive and toilet stool, mirror. Enclosure for dressing practice, kitchen with utensils.</p> <p><b>NOTE:</b> The institution should also furnish the list of equipments required for the elective subjects with documentary evidence.</p>	
22.	<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>	

23.	AUDIO – VISUAL EQUIPMENTS	Required	Available	Shortfall
	1. Over Head Projector	1		
	2. Slide Projector 35 mm	1		
	3. Screen for Projection, LCD	1		
	4. Computer, Internet facility	1		
24.	<p><b><u>TRANSPORT FACILITIES</u></b></p> <p>Transportation facilities like Type of vehicle Seating capacity, Copy of R.C. Book and Driver details to be enclosed</p>			
25.	<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>			

**26. 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.

**PART – TIME STAFF: (Minimum 4 hours per week)**

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		
	<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.			
27.	<b><u>GENERAL REQUIREMENTS:-</u></b> 1. Whether the <b>Number of admission</b> is based on the number	No. of intake sanctioned.....		
	of <b>intake sanctioned</b> .	No. of admissions made .....		
	2. Whether <b>Ratio of Faculty and Students</b> is followed as per Statutes of this University.	Yes / No		
	3. Whether <b>Ratio of Student and Patients</b> is followed as per Statutes of this University.	Yes / No		
	4. Whether the adequate Office/ Ministerial Staff is available.	Yes / No		
	5. Whether adequate staff are available for the maintenance of the hostel.	Yes / No		
28.	<b><u>GOVERNMENT ENDOWMENT:</u></b> Whether <b>Trust/ Society has created a required endowment for running the course in the joint Name of The Director of Medical Education, Chennai Vide G.O.Ms.No.13 Health and Family Welfare Department dated 05.01.1993 (Copy to be enclosed)</b>			
29.	<b><u>EARMARKED ASSETS</u></b> Details of <b>earmarked assets and resources exclusively</b> available to run the Occupational Therapy College. (Produce copy of evidence like Fixed Deposit receipts etc.)	FDR created in the Name of the Trust only.		
		FDR No.		
		Amount		
		Bank		
		Date of Deposit		
		Date of Maturity		



30.	<p><b><u>FINANCIAL SOUNDNESS</u></b> The Management of the Occupational Therapy college shall <b>show evidence of an annual</b></p>	.
	<p><b>income of not less than</b> Rs.15,00,000/- (Rupees Fifteen Lakhs only) to facilitate the proper running of the Occupational Therapy College.</p>	
31.	<p>Whether the applicant college shall furnish the <b>budget</b> for first year program and a <b>separate budget</b> is proposed which will meet the expenditure for the fulfillment of the requirements prescribed for the second year program. (Copy to be enclosed)</p>	<p style="text-align: right;">Yes / No</p> <p>Last year Audited budget - Year ..... Amount .....</p> <p>Current year Proposed budget - Year ..... Amount .....</p>
32.	<p><b><u>BALANCE SHEET</u></b> <b>Latest Balance sheet</b> duly <b>certified by a Chartered Accountant</b> showing the financial soundness to run the Occupational Therapy College. (Copy to be enclosed).</p>	<p>Issued by .....</p> <p>Dated .....</p> <p>Chartered Accountant Regn. No. ....</p>
33.	<p>Payment of prescribed fees for <b>current Inspection. (Copy to be enclosed)</b></p>	<p style="text-align: right;">Amount paid Rs. ....</p>

<p>34.</p>	<p><b><u>OBSERVATION OF THE INSPECTION COMMISSION</u></b></p> <p>a) Whether the Institution/College has fulfilled all the requirements to grant 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</p>	<p>Yes / No</p> <p>(Furnish in a separate sheet)</p>
<p>any.</p>		

PLACE:

SIGNATURE OF THE MEMBER:

DATE:

(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

## 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
<b>Professor –cum Principal</b>						
<b>Reader/Associate Professor</b>						
Sl No						
<b>Lecturer/Assistant Professor</b>						
Sl No						
<b>Clinical Instructor</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