

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



**MASTER OF OCCUPATIONAL THERAPY  
DEGREE COURSE**

**INSPECTION REPORT**

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

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

**MASTER OF OCCUPATIONAL THERAPY DEGREE COURSE**

**PERMISSION FOR THE INCREASE OF INTAKE**

**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 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.	Increase of intake proposed	<b>Annual Intake</b>	
		<b>Name of the Speciality</b>	<b>No. of intake</b>

	(a).Whether the applicant has proposed for Increase in the number of seats for MOT Degree Course.					
	(b). Whether first batch of students of MOT Degree Course has successfully completed the course and has left the college (furnish month and year)					
<b>16.</b>	<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)					
<b>17.</b>	a) Whether the college have the following rooms with the dimensions indicated against each					
	Sl. No.	Particulars	Dimension	Required	Already 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		
	6.	Seminar Room/ Clinical demonstration	20x20	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.				
	d. Whether the <b>Ready built area</b> is provided exclusively for conducting <b>MOT Degree Course</b> .		<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>		
	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><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>18. <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 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>If it is not own furnish the following</p> <p>i. Building Plan : ii. Proof of Ownership</p> <p>Whether the hostel facility is provided separately for Boys and Girls</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><b>19. <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>
<p><b>20. <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>
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21.	<p><b><u>HOSPITAL ARRANGEMENTS:</u></b>  <b>(a) Whether the Trust has Own / Tie-up Hospital is having not less than 150 beds in the following speciality:</b></p>	<p><b><u>Own Hospital</u></b> Name : .....  License / Registration No. .... Dt. ....  Full Address :</p>
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	<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		

	<p>Whether additional bed strength required for starting MOT degree course for each optional subjects and the student patient ratio are provided :</p>				
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		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 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.				
22.	<b><u>CLINICAL FACILITIES &amp; EQUIPMENTS</u></b>				

<p><b><u>Equipment – Mandatory</u></b></p> <p>1. Radio diagnostic Department and Laboratory facilities.</p>	
<p>2. PMR department</p> <ol style="list-style-type: none"> <li>a. Physiotherapy Section</li> <li>b. Speech Therapy</li> <li>c. Prosthetic &amp; Orthotic workshop</li> <li>d. Medical &amp; Social Work –optional</li> <li>e. Community Programme</li> <li>f. Unit for upper extremity and lower extremity motion analysis (optional)</li> <li>g. Occupational Therapy : Section equipped with the following.</li> </ol> <p><b>(i) <u>Hand Unit:</u></b></p> <p>Actives to improve Hand function, grip strengthener, peg board, activities for pinch. Hand dynamometer, Pinchometer assessment kits.</p> <p><b>(ii) <u>Psychiatry Unit:-</u></b></p> <p>Space for group and individual therapy assessment questionnaires adequate space material for therapeutic activity.</p> <p><b>(iii) <u>Paediatric Unit:-</u></b></p> <p>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 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) Splint fabrication Unit:-</b> Splint making tools Splinting materials</p> <p><b>(vi) ADL &amp; Home making 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>	
23.	<b><u>LIBRARY</u></b>	
	a. Whether provision of minimum 1000 books for BOT/MOT course made available.	
		Total No. of Books : .....
	Details regarding total number of books/journals available for Occupational Therapy course in different specialties available for the students ( <b>List of books with titles and journals (Indian and Foreign) to be enclosed with rules of Library</b> )	Total No. of titles : ..... <u>Journals</u> (Subscribed) : No. of Indian Journals : .....
		No. of International Journals : .....

	The Institution shall also provide atleast any five of the following Journals.			
	<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>
	• Over Head Projector	1		
	• Slide Projector 35 mm	1		
	• Screen for Projection, LCD	1		
	• Computer , Internet facility	1		
<b>25.</b>	<b><u>TRANSPORT FACILITIES</u></b>			
	Transportation facilities like Type of vechicle			
	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.

	<p><b><u>PART – TIME STAFF:</u></b></p> <p>1. Assistant Professor of Statistics  2. Assistant Professor of Teaching Methodology  3. Assistant Professor of Management (Hospital Management)  4. Assistant Professor of Community Medicine</p>			
1.	Principal	1		
2.	Professor	1		
3.	Reader / Associate Professor	2		
4.	Lecturer / Assistant Profesor	2		
5	<p><u>Whether additional Assistant Professor in Medical Subjects required for existing batch MOT degree course for each optional subjects.</u></p>			
	(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.	<p><b><u>GENERAL REQUIREMENTS:-</u></b></p> <p>1. Proportionate increase in the staff pattern  2. Proportionate increase in the equipment and laboratory facilities.  3. Proportionate increase in the accommodation and  4. Expansion of Library</p>			<p>Yes / No  Yes / No  Yes / No  Yes / No</p>
29.	<p><b><u>GOVERNMENT ENDOWMENT:</u></b></p> <p>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</b></p>			

	05.01.1993 (Copy to be enclosed)	
30.	<p><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.)</p>	<p>FDR created in the Name of the Trust only.</p> <p>FDR No.</p> <p>Amount</p> <p>Bank</p> <p>Date of Deposit</p> <p>Date of Maturity</p>
31.	<p><b><u>FINANCIAL SOUNDNESS</u></b>  The Management of the Occupational Therapy college shall <b>show evidence of an annual income of not less than Rs.15,00,000/-</b> (Rupees Fifteen Lakhs only) to facilitate the proper running of the Occupational Therapy College.</p>	
32.	<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: center;">Yes / No</p> <p>Last year  Audited budget - Year .....</p> <p style="text-align: right;">Amount .....</p> <p>Current year  Proposed budget - Year .....</p> <p style="text-align: right;">Amount .....</p>
33.	<p><b><u>BALANCE SHEET</u></b>  <b>Latest Balance sheet</b> duly certified by a <b>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>

34.	Payment of prescribed fees for <b>current Inspection. (Copy to be enclosed)</b>	Amount paid Rs. ....
35.	<b><u>OBSERVATION OF THE INSPECTION COMMISSION</u></b>	
	a) Whether the Institution/College has fulfilled all the requirements to grant Permission for the Increase of Intake in M.O.T. Degree Course.	Yes / No
		(Furnish in a separate sheet)
	b) Observation of Inspection Commission may be recorded in a separate sheet along with remarks if any.	

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
<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