

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

POST GRADUATE M.D IN NATURPATHY/YOGA/ACUPUNCTURE COURSE

**TO GRANT CONTINUANCE OF PROVISIONAL AFFILIATION FOR
M.D (YOGA & NATUROPATHY) MEDICAL DEGREE COURSES**

INSPECTION REPORT

Note :- The Inspectors must fill up all the columns with relevant details in the own hand writing and no columns should be left blank

I	Name of the Convenor with Designation and Address	:	
	Phone Number Office	:	
	Phone Number Residence	:	
	Cell No.	:	
II	Name of the Member with Designation and Address	:	
	Phone Number Office	:	
	Phone Number Residence	:	
	Cell No.	:	
III	University Letter No. and date in which the Inspection Commission constituted	:	
IV	Date of Inspection / Location where inspection conducted	:	
V	Place and details of authorities representing the Management / Govt. present at the time of Inspection	:	

1.		Name of the Managing Trustee and Name of the Society / Trust and its full registered address with telephone Number (Telex No., Fax.No., E-Mail id. etc.)	:	
2.		Name of the Naturopathy College and Address with Telephone Number (Telex No., Fax No., E-Mail id. etc.)	:	
	a.	To furnish the details of an extent area of academic complex available at present to conduct M.D (Yoga & Naturopathy) degree courses	:	
	b.	To mention the Total Ready Built Area available at present to conduct M.D (Yoga Naturopathy) degree courses	:	
	c.	State Whether the academic complex is in own or rental building	:	
	d.	State whether the college is conducting BNYS degree course in the same academic complex in sl.no.2 (a) at the time of grant of Provisional Affiliation	:	
3.	a.	Name of the Principal of the College	:	
	b.	Qualification	:	
	b.	Teaching Experience	:	
	c.	Working as Principal from	:	
4.	a.	State Government Permission for starting UG Course BNYS	:	G.O. No. : Lr.No. : Dated :
	b.	State Government Permission for PG course, MD, Naturopathy / Yoga / Acupuncture	:	G.O No. : Lr.No. : Dated :
	c.	Provisional Affiliation issued by the University for UG course	:	Lr.No. : Dated :

d.	Year of commencement of the I BNYS degree course and first batch passed out	:	Starting Year :
			Passed out Year :
e.	Continuance of Provisional Affiliation issued by the University up to the academic year for U.G	:	Lr.No. :
			Dated :
f.	Provisional Affiliation issued by the University for P.G.	:	Lr.No. :
			Dated :

TEACHING STAFF PATTERN:-

Sl. No	Specialty	Professor			Reader / Asst.Professor			Lecturer / Assistant Professor			Demonstrator / Assistant Lecturer		
		R	A	S	R	A	S	R	A	S	R	A	S
1.	M.D NATUROPATHY	1			1			2			1		
2.	M.D YOGA	1			1			2			1		
3.	M.D ACUPUNCTURE	1			1			2			1		
	TOTAL	3			3			6			3		

NON – TEACHING STAFF PATTERN FOR EACH SPECIALITY

Sl. No	Name of the Post	No. of post
1	Assistant	1
2	Multi purpose worker	1

STAFF IN TEACHING HOSPITAL (50 BEDDED)

Sl.No	Name of the Post	No. of post
1	Medical Officer	1
2	Assistant Medical Officer	3
3	Therapeutic Assistant (Male & Female)	8
4	Nurse	6
5	Assistant	1
6	Junior Assistant	2
7	Cook	1
8	Multi Purpose Hospital Worker	6
9	Security	2
10	Laboratory Technician	2
11	Laboratory Attender	2

	<u>LABORATORY, EQUIPMENTS AND OTHER FACILITIES</u>		Required	Available	Shortfall
a.	Diet centre to cater the Diet Therapy with dining hall	:			
b.	Yoga Hall to accommodate atleast 50 persons with a minimum space of 1800 sq.ft (36' x 50' 1800 sq.ft.)	:			
c.	Separate treatment sections for men and women consisting of Hydropathy equipments like steam bath, spinal bath, hip bath, packs, compresses, aroma bath, immersion bath, jet bath, enema and message rooms, therapy rooms for acupuncture, magneto therapy, chromotherapy, psychotherapy and and on the terrace with the parapet walls to provide for mud bath and sun bath	:			
d.	Facility for the department of basic medical science	:			
e.	Seminar hall / examination hall	:			
f.	E-learning / Virtual / Computer Lab.	:			
g.	Common Reasearh Lab.	:			
h.	Principal / Dean Room	:			

<u>DEPARTMENT OF NATUROPATHY</u>				
a.	Professor / H.O.D Room	:		
b.	Associate Professor / Reader Room	:		
c.	Assistant Professors / Lecturers Room	:		
d.	Tutor / Assistant Lecturer Room	:		
e.	Department Library with Journal Room	:		
f.	Lecturer Hall with audio visual facility	:		
g.	Department office / clerical Room	:		
h.	Toilet for Male & Female	:		
<u>DEPARTMENT OF YOGA</u>				
a.	Professor / H.O.D Room			
b.	Associate Professor / Reader Room			
c.	Assistant Professors / Lecturers Room			
d.	Tutor / Assistant Lecturer Room			
e.	Yoga demo room			
f.	Department library with journal Room			
g.	Lecturer Hall with audio visual facility			
h.	Department office / clerical Room			
i.	Toilet for Male & Female			

	<u>DEPARTMENT OF ACUPUNCTURE & ENERGY MEDICINE</u>			
a.	Professor / H.O.D Room	:		
b.	Associate Professor / Reader Room	:		
c.	Assistant Professors / Lecturers Room	:		
d.	Tutor / Assistant Lecturer Room	:		
e.	Department Library with Journal Room	:		
f.	Lecturer Hall with audio visual facility	:		
g.	Department office / clerical Room	:		
h.	Toilet for Male & Female	:		
	<u>HOSTEL</u>			
a.	P.G Residence for Male			
b.	P.G Residence for Female			
c.	Sports and extracurricular activities for the students			
a.	FURNITURE: Adequate furniture for staff			
	Adequate furniture for students			
	<u>HOSPITAL FACILITIES</u>			
a.	Whether the college has own hospital management			
b.	No. of beds available in the hospital for P.G Courses			

b	No. of beds available in the hospital for P.G Courses	
c	Details of specialty wise bed strength available in the hospital	
d	Daily outpatient turnover in the hospital	
e	Name of the outpatient section available in the hospital	
f	Clinical Laboratory	
g	Diagnostic Laboratory	
h	Consultation Rooms	
i	Office Room	
j	Duty Doctor Room	
k	Medical Officer Room	
l	Nursing Room	
m	Linen Room	
n	Store Room	
o	Record Room	
p	First aid and emergency Room	
q	RMO Residence	
r	Laundry Sections	

COMPLIANCE OF GUIDELINES

a	Whether the institution has fulfilled the condition of M.D post graduate for the grant of Continuance of Provisional Affiliation to conduct M.D degree courses	
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OBSERVATION OF THE INSPECTION COMMISSION

	OTHER SPECIFIC REMARKS OF THE INSPECTION COMMISSION	
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(the findings should be recorded in a separate sheet annexed to this report)

SIGNATURE OF THE MEMBER :

(NAME IN BLOCK LETTERS) :

SIGNATURE OF THE CONVENOR :

(NAME IN BLOCK LETTERS) :

PLACE:

DATE

