

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



M.Sc. (MEDICAL SOCIOLOGY) DEGREE COURSE

INSPECTION REPORT

**FOR THE ISSUE OF
CONTINUANCE OF PROVISIONAL AFFILIATION
FOR M.Sc. (MEDICAL SOCIOLOGY) DEGREE COURSE**

TO GRANT CONTINUANCE OF PROVISIONAL AFFILIATION
FOR M.Sc. (MEDICAL SOCIOLOGY) PG DEGREE COURSE

INSPECTION REPORT –

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- I. Name of the Convenor with :
Designation and Address
- Phone No: Office :
Residence :
Cell No :
- II. Names of the Member(s) with :
Designation and address
- Phone No: Office :
Residence :
Cell No :
- III. University Letter No: & date in :
which the Inspection Commission
constituted
- IV. Date of inspection / Location :
where inspection conducted
- V. Place and details of authorities :
representing the Management
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 Numbers (Telex No., Fax No., E-Mail No. etc.) :

2. Location of the college where Inspection conducted :

- Address of the College :

- Telephone No. :

Mobile No. :

- Fax Nos. E-Mail :

3 Name of the Principal :

i. Qualification :

ii. Teaching Experience

iii. Working as Principal from :

iv. Mobile No :

4. Name of the other Courses run by the Trust :

5. State Govt. Permission G.O. :
Lr.No. :
dt. :

6. Provisional Affiliation issued by the University :

Proc. No. & Date	With No.of Intake	Academic year

7. Year of commencement of the M.Sc. (Medical Sociology) PG Degree Course : With No. of Intake:

8. No. of Candidates registered for the academic year 2012-13 :

09. **HOSPITAL :**

a) Whether the management has own Hospital (Yes/No) :

b) No. of beds available :

c) Distribution of Bed Strength in various specialities :

d) Average No. of out patients :

e) Whether the Trust has Tie-up hospital arrangements :

i) Furnish name & address of the tie up hospital. :

ii) Whether consent letter for the current academic year obtained (Copies to be enclosed) :

iii) Whether the tie up hospitals mentioned above have been inspected for the availability of clinical facilities for the consent subjects. (Furnish detailed report separately for each tie up hospital) :

10. **RESIDENTIAL QUARTERS**

Details of residential quarters Provided to the :
staff. Whether this facility is provided in the
same complex or separately?

11. **HOSTEL**

Whether permanent Hostel Building For men : Men _____ Rooms
and women students separately For M.Sc.
(Medical Sociology) students are available : Women _____ Rooms
within the campus. If so, number of
rooms available for each.

12. **EXTRA CURRICULAR**

Whether adequate space and equipment have :
been provided for extra curricular activities
for the students.

13. **PLAY GROUND**

Details of play ground facilities and sports :
articles

14. **LAND**

i) Whether the college is located in an Urban :
agglomeration or Municipal Zone or Rural
Area.

ii) Extent of the land available for the :
Institution.

15. **READY BUILT AREA**

- i. Details regarding the availability of minimum ready built area of 1500 sq.ft. for starting I year M.Sc. (Medical Sociology) degree course with proper sanitation facilities, provision for safe drinking water, adequate water supply for clinical and laboratory purposes, class room, library, store room, administrative offices etc. (Please furnish the particulars of each of the above items without omission). : Required Available Shortfall
1500 Sq.ft.
- ii. Toilet for students and staff with proper hygiene, adequate sanitation facilities (separately for men and women) :
- iii. Copy of the approved building plan of the M.Sc. (Medical Sociology) College and Hospital by the Competent Municipal / Panchayat authority duly indicating their office ref. No. and date along with Office date seal and covering letter for the approval. (enclosures need not be sent if the Inspection Report is granted of Continuance of Provisional Affiliation). :
- Number of Class Rooms and capacity. : _____ Rooms

16. **TEACHING STAFF :**

DESIGNATION		REQUIRED	AVAILABLE	
Professor		1		
Reader		1		
Lecturer		2		
Sl.No.	Name of the Teaching Staff	Designation	Qualification & year of passing	Experience (in years)

17. **LIBRARY**

Details regarding total number of books /journals available for the course in different specialities available for the students. (List of books with titles and Journals to be enclosed)

	Required	Available	Shortfall
Books			
Journals			

: (2 International Journals)

- a. Accommodation & Furniture
- b. Hall / Seating Arrangments
- c. Audio Video Equipment
- d. Slide Projector
- e. Video Projector

:
:
:
:

Note.: List of furniture and equipments to be enclosed.

18. Security Deposit :

AMOUNT	FDR NO.	DATE

19. Whether the University Administrative Expenses Fee has been paid upto the previous year. :

20. Any other fee due to this university :

21. Governing Body Member
-Name of the University Nominee
- Designation :

22. Past Deficiencies, if any :

23. OBSERVATION OF THE INSPECTION COMMISSION :
Other specific remarks of the Inspection Commission:
(The findings should be recorded in a separate sheet annexed to this report)

SIGNATURE OF THE MEMBER:

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

PLACE:

SIGNATURE OF THE CONVENOR:

DATE:

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