THE TAMIL NADU Dr.M.G.R MEDICAL UNIVERSITY, CHENNAI
ALLIED AND HEALTH CARE – DEGREECOURSES
BACHELOR OF PHYSICIAN ASSOCIATES (B.PA)

1. Name of the Institution/Hospital
2. Name of the Trust
3. Date of Inspection

4. Address of the Institution
(with E-mail, Fax No.,
Tel.Nos. & Mobile No.)

5 Name of the Inspection Team
Institution in which working
with Full Address & Phone No.
(IN BLOCK LETTERS)

Convenor:

Member 1:

Member 2:

Instructions to Inspection Team:
Please specify numbers wherever applicable (e.g. No. of Equipment's etc.)
Please do not write very generalized and non-specific terms.
The members are requested **NOT** to make recommendations.

DETAILS OF THE GOVERNMENT ORDER:

G.O. No, dated, No. of courses

Maximum Intake:

BUILDING DETAILS:

Ready Built Area:

Built up Area:

Details of Land

Sl.No.	Specifications	Available/ Recommendations
1	**Institution is owned by** Government / Trust / Society / Company / Any other body as per the NCAHP, New Delhi	
2	**2. Details of the Trust / Society / Company** i. Name of the Trust / Society / Company with address ii. Name of the members of the Trust / Society / Company iii. Registered Trust Deed / Supplementary Deed / Amendment Deed (or) Registered Certificate of Society / Company Registration Certificate along with Memorandum of Association / Articles of Association iv. Minutes of the meeting of the Trust / Society / Company for starting of proposed courses	
3	**Land documents** i. Specify the area of Category of Land and certificate obtained from the concerned local authorities to establish the specific category of land (as applicable) as a proof In city / corporation - not less than 1 acre Municipal / Town – not less than 2 acres Semi urban / Rural area – not less than 3 acres ii. Land owned (or) Leased in the name of the Trust / Society / Company iii. Registered Sale Deed / Lease Deeds / Gift Deeds / Settlement Deed / Rectification Deed / Exchange Deed etc in the name of the Trust / Society / any other body as per the NCAHP regulations. iv. If the Trust / Society / Company have entered a lease deed, the tenure of the lease period for a minimum of 10 years, purpose of lease (i.e., whether the lease is entering for lands (or) building (or) both and the name of the course for which the lease has been entered to be clearly mentioned in the registered lease deed.	
4	**4. Sworn Affidavit**	

	Original Sworn Affidavit to be submitted in INR.200/- Non-Judicial Stamp Paper with the attestation and seal of the Notary Public. The Sworn Affidavit to be submitted by earmarking all the survey numbers in connection with starting of new course. (Format in University website) (or) If the Trust / Society / any other body who have already running any course(s) in this University and intend to start another new course in the University then the said Trust / Society / any other body have to furnish the Original Consolidated Sworn Affidavit by earmarking all the survey numbers allotted for the existing course as well as new course. (Format in University website)	
5	**Legal Opinion** Copy of the Latest Legal Opinion from the Govt. Pleader for tracing of title deeds such as Trust Deed/ Supplementary Deed / Amended Deed (or) Certificate of society Registration, Memorandum Of Association, Articles of Association, Sale Deed / Lease Deeds / Gift Deeds / Settlement Deed / Rectification Deed / Exchange Deed, Parent document of (Sale Deed / Lease Deeds / Gift Deeds / Settlement Deed / Rectification Deed / Exchange Deed), Patta Adangal, "A" register, Up to date encumbrance certificate for a period of not less than 30 years, Mortgage of properties and redemption of mortgaged properties, if any pertaining to the earmarked lands	
6	**Encumbrance Certificate** Copy of the Up to date authenticated (or) digitally verified Encumbrance Certificate issued by the concerned Sub Registrar office for a period not less than 30 years for all the survey numbers earmarked in the sworn affidavit / Consolidated Sworn Affidavit for the course	
7	**Patta, Adan gal and A-Register** Copy of the Patta, Adangal and "A"-Register for all the survey numbers earmarked for the course in the name of the Trust / Lessor / Society / any other body.	
8	**Survey Sub-Division / Re-Survey Documents** If survey numbers have been sub-division (or) Re-survey, then the copy of the Certificate (or) Proceedings (or) order issued by the Tahsildar for sub division of old survey number to new survey number / resurvey number of numbers to be produced.	
9	**Mortgage Details (If Any) – Yes / No** (i) Undertaking to be furnished, available in the University website (ii) Statements of accounts with loan details.	

	(iii) Last 3 years audited balance sheets. (iv) Auditors report IT acknowledgement	
10	**Revenue Authority Certificate** Certificate of evidence obtained from the Revenue authority stating that the earmarked land at the proposed College does not attract the T.N. Urban Land Ceiling and Regulations Act, 1978, T.N. Town Country Planning Act, 1971 and T.N. Land Reforms Act 1961.	

TEACHING FACULTIES

Specifications And Requirements	**Name of the faculty**	**Qualification**
Name of the Program Director/HOD Master‘s degree MPA > 6 years post MPA PhD > 4 years post PhD Physicians (MD/MS) Diploma in Medical Education: All Pas and preferably even physicians who teach clinical subjects should have completed a diploma in medical education.		
Program Coordinator -2 **Theory-1** **Clinical -1**	Theory Clinical	
TeachingAssistants -2 0–3-year experience post BPA		
Faculties of Non Clinical Subjects		
Specifications And Requirements	**Name of the faculty**	**Qualification**

Anatomy (Should Possess Postgraduate education)		
Physiology (Should Possess Postgraduate education)		
Biochemistry and Molecular Biology (Should Possess Postgraduate education)		
Microbiology (Should Possess Postgraduate education)		
Pathology (Should Possess Postgraduate education)		
Pharmacology (Should Possess Postgraduate education)		
Community Medicine (Should Possess Postgraduate education)		
Administrative Staff -1 **Administrative Support Staff**		

<table>
<tr><td>Hospital/Clinical Placement Facilities*
Or
Clinical Supervisors and Percwptors
Clinical placements and supervised rotations in hospitals, clinics,or medical centers for real-world hands-on experience in various medical fields taught in different subjects.</td><td></td><td></td></tr>
<tr><td colspan="3">Own Clinical & Lab facilities

Available / Not available
If Available, Address of Clinical and Lab facility

Bed Strength:

Bed Occupancy:

Lab Facilities available and specimen load per day</td></tr>
<tr><td>Tie-up-Clinical & Lab facilities
*Where appropriate clinical exposure facilities are not available within the teaching institute,a Memorandum of Understanding (MoU) should be signed with a nearby hospital or clinical facility capable of providing the necessary training sites.

Additionally, clinical supervisors should be available at the external clinical site to oversee the training, supervise student activities, and evaluate their performance.
Transportation arrangements should be made to facilitate students' travel to external clinical</td><td>Name of the Hospitals and lab

No of MOU:

Attach a copy of the MOU as annexures</td><td>Bed Strength and bed occupancy for Hospitals and sample load and facilities available for lab</td></tr>
</table>

sites.		
Equipments Basic tools: 1. Stethoscopes**,** 2. blood pressure cuffs**,** 3. otoscopes**,** 4. thermometers**,** 5. tongue depressors**,** 6. reflex hammers for exams 7. diagnostics ECG machines. 8. Standardized patients for role-play and simulated history taking/ exams. High-fidelity mannequins for physiological simulations and procedure practice	No. Available	
Built-up Area Class Room At least three classrooms with AV equipment (projectors, whiteboards, computers) for theoretical teaching dedicated to BPA students. Minimum capacity: 25 students.		
Lecture Hall One lecture hall with computers, AV equipment, and internet Facility		
Library A well-stocked library with copies of textbooks, reference books,and relevant journals-either physical copies or subscriptions for electronic versions, computers with internet access, reading tables and chairs.	**General Remarks:** **No.Computers:** **Internet Access:** **No. of reading tables and chairs:** List of textbooks, reference books,and relevant journals-either physical copies or subscriptions for electronic versions shall be annexed	
Anatomy and medical Simulation Labs Anatomy Lab with cadavers and prosected specimens for human	Anatomy Lab with cadavers and prosected specimens- to tie with nearby medical colleges	

anatomy learning - simulators for clinical procedures (venipuncture, suturing, intubation, and patient management),microscopes and charts.	
Clinical Skill Lab A spacious hall with space for multiple stations for different clinical procedures, allowing for group learning and individual practice**.** Should include privacy areas for patient simulation and performing musculoskeletal examinations. -Tables for practicing physical exams, with space for practicing various patient positions (e.g., supine, prone, seated). Examinations tools and chairs for patient interaction.	
Biochemistry and Microbiology Labs* Labs for biochemistry, microbiology, hematology, immunology,and pathology.	List of equipments in biochemistry, microbiology, hematology, immunology,and pathology
Radiology and Imaging Facilities* X-ray, ultrasound, CT scan, and MRI facilities for learning andinterpreting diagnostic imaging in real-world clinical settings.	a. Remarks on availability b. If not available, details of the tie up, No. of X-ray, ultrasound, CT scan MRI
Computer Lab: Computers with necessary software, broad band connection, appropriate furniture, projector. At least 25 computers should be provided for individual students to work.	Remarks
Office Rooms Adequate furniture for the Program director, coordinators, teaching assistants, and guests, computers	Remarks on the availability

with internet facilities, printer, relevant stationery, notice boards etc.,	
Toilets & Dining Hall For staff and students	Remarks and details
Maximum Intake of students 25	

Convenor

Member 1

Member 2

Signature of the Inspection Team
with name and date

Note : 1. All supportive documents should be annexed along with the Inspection Report
2. The Inspection Team may also give a detailed report wherever necessary and
Detailed annexure be sent with the Inspection Report.