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



BACHELOR OF OCCUPATIONAL THERAPY DEGREE COURSE

INSPECTION REPORT

FOR THE ISSUE OF CERTIFICATE OF REGISTRATION FOR STARTING BACHELOR OF OCCUPATIONAL THERAPY DEGREE COURSE

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

BACHELOR OF OCCUPATIONAL THERAPY DEGREE COURSE

CERTIFICATE OF REGISTRATION

INSPECTION REPORT FOR THE ACADEMIC YEAR -

1.	Name of the **Convenor** with Designation and office Address: Residence: Mobile No: Email id:	
2.	Name of the **Member** with Designation and address: Email id: Mobile No:	
3.	**University Letter No. & Date** in which the Inspection Commission Constituted	
4.	**Date of Inspection**	
5.	**Name of the Society/Trust** and its full registered address with telephone numbers, Email, and website: (Copy of Registered Trust Deed to be enclosed)	

6.	Whether the proposed college is a minority institution.	**<u>Minority/Non-Minority</u>** If it is minority, furnish the following details. G.O.(MS.) No. Dept. Dated:
7.	Name of the proposed Occupational Therapy College and full address with telephone numbers, Email, and website; **(**where the Occupational Therapy college is located)	
8.	Name of **the other courses run by the Trust.** **<u>Note:</u>** 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.	
9.	**State Government Order No. & Date** in which permission was accorded to start the Occupational Therapy college/course. (Copy of Orders to be enclosed)	G.O. (MS.) No. Dept. Dated:
10.	**<u>GOVERNMENT ENDOWMENT</u>:** Whether Trust/ Society created a required endowment for running the course with the Government of Tamil Nadu/ Director of Medical Education. (Copy to been closed)	
11. i)	**<u>LAND:</u>** Whether the Academic and Hostel block are located in an area of not less than 0.5 acres of land	Type of Location: …… Total area available in acres…….

ii)	**Registered Sale Deed:** regarding proof of ownership of land. (Copy to be enclosed).	
iii)	**Original Sworn Affidavit** in Rs. 200/- non-judicial stamp paper to be furnished in the enclosed format.	
iv)	**Legal Opinion** of the Government Pleader for the earmarked land with Survey Nos.	Name of the Govt. Pleader: Date of issue :
v)	**Latest Encumbrance Certificate** Obtained from the Registering Authority	E.C. No. Dated: Issued by:
vi)	**Certificate of evidence obtained from the Revenue Authority** stating that the ear-marked land at the proposed Occupational Therapy 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. (Copy to be enclosed)	
vii)	**Location of the Land** Furnish full address	
viii)	**Approved Building Plan** for the proposed Occupational Therapy College issued by the Competent Municipal /Panchayat authority duly indicating their office ref. no. and date along with date and office seal including covering letter for approval, should be enclosed for the **i.** Academic block **ii.** Hostels for boys and girls **iii.** Staff quarters **iv.** OPD (floor plan to be enclosed)	Approved by : Date of approval: Approval issued vide Lr. No.

xi)	**Building Completion Certificate** Issued by the competent authority viz., Corporation, MMDA, Municipality and Panchayat Board etc.,	Issued by: Ref. No. Date
x)	• National Building Code of India Certificate for Accessible Building (NBCI) • Fire No Objection Certificate (NOC) • Structural Stability Certificate • Land Use Certificate • Biometric facility • CCTV camera for every area of common use	

12.	**READY BUILT AREA/Infrastructure:** (Not less than 31,000 sq. ft B.O.T. Degree Course proposed to be started)				
	a) Whether the college has the following rooms with the dimensions indicated against each				
	Sl. No.	Particulars	Dimension	Available	Shortfall
	1.	**ADMINISTRATIVE OFFICE**			
		Principal office with attached toilet	200 sq. ft		
		Reception and waiting hall	500 sq. ft		
		Secretariat/ Account office/record room	500 sq. ft		
		Toilets separate gents & ladies	200 sq. ft		
	2.	**ACADEMIC BLOCK**			
		Library with reading room, photocopier, internet, computer, journal room, video recording room	2000 sq. ft		
	3.	**LECTURE THEATRE**			
		Classroom/Lecture theatre – minimum four in numbers, each	2400 sq. ft		

		lecture theatre 600 sq. ft@ 12sq. ft per student, ergonomically designed)			
	4.	**LABS WITH DEMONSTRATION ROOM AND HOD**			
		Anatomy	1000 sq. ft		
		Physiology	1000 sq. ft		
		MSK & Hand therapy lab	1500 sq. ft		
		Functional restoration & Assistive technology Lab	1000 sq. ft		
		Work assessment, simulation, and hardening lab	500 sq. ft		
		Cognitive-perceptual lab & Sensory motor therapy: Neuro OT	1000 sq. ft		
		Psycho-social remedial lab: OT for Mental Health	1500 sq. ft		
		Developmental Therapy: Paediatric OT	1000 sq. ft		
		Sensory Integration Lab	1000 sq. ft		
		Cardio-Pulmonary lab	1500 sq. ft		
	5.	Clinical training. OPD Occupational therapy clinic in campus and attached to a 200-bedded multi-speciality hospital.	OPD (Occupational therapy) in campus (essential) attached with 200 bedded multi-specialty hospital		
	6	Playground both indoor and outdoor sports facilities should be provided for staff and students	3000 sq. ft		
	7	Auditorium with latest audio	3000 sq. ft		
	8.	Common room separate common room for boys and girls 500 each.	1000 sq. ft		
	9.	College canteen	1000 sq. ft		

	10.	Toilet for staff/ students separate for gents & ladies	300 sq. ft		
	11.	Electricity	Continuous electricity supply stand by- UPS/ generator		
	12.	Water supply	Safe drinking water		
	13.	Communication facilities	Telephone and Fax/ email etc.		

13.	**HOSPITAL ARRANGMENTS** (a) Whether the **Trust/Society owns a hospital being run by it with minimum of 250 beds** with an administrative block. or Shall **have a tie-up with a General Hospital (govt/ private for clinical training of 50 students) with 250 beds within a radius of 10 km from the academic complex.**	

	(b) Whether the Trust has **Own/Tie-up** Hospital is having not less than **250 beds** in the following specialty:	**Own/Tie up Hospital** Name:……. License / Registration No. ……... Dt.…… Full Address:

S.No	(c) Departments	Required	Available	Shortfall
1	Orthopedics, Neurology & Neurosurgery			
2	Medicine including rheumatology, geriatrics and emergency medicine			
3	Surgery including plastic surgery and burns			

4	Mental health			
5	Orthopedics, Hand & Sports Science			
6	Paediatric, Paediatric surgery and Neonatal ICUs			
7	Respiratory medicine			
8	Cardiology, ICU and Cardiothoracic surgery			
9	Geriatrics			
	Total bed strength	250		

	(d) Tie-up Hospital (Furnish the up to date tie-up binding evidence)				
	Name of the Hospital	Bed Strength	Consent Lr.No.& Dt. Issued by the Hospital	Period of Tie-up	
				From	To
14.	**EARMARKED ASSETS:** Details of earmarked assets and resources are exclusively available to run the Occupational Therapy College. (Produce evidence like Fixed Deposit receipts etc.) Equipment:				
15.	**FINANCIAL SOUNDNESS** The Management of the Occupational Therapy college shall show evidence of an annual income of not less thanRs.10,00,000/- (Rupees Ten Lakhs only) to facilitate the proper running of the Occupational Therapy college.				
16.	**BALANCE SHEET** **Latest Balance sheet duly certified by a Chartered Accountant** showing the financial soundness to run the Occupational Therapy college to be enclosed.				
17.	**LIBRARY**		Availability		Shortfall

	1. Text book as per syllabus one copy of book per 10 students per subject (600-700) 2. Reference Books (300) 3. Journals – 4 International; 4 National journals list – Annexure) 4. Subscription of Electronic Data base/ e-journals 5. Mandatory Internet facility, access to e- library equipment (Minimum 15computer terminals for 60 students) 6.Text Books For issuing & Reference - Latest editions of all the books of all subjects (List of Recommended books given in syllabus), Adequate as per the number of student's intake capacity. **LIST OF JOURNALS-** ● Indian Journal of O.T ● American Journal of O.T ● Archives of Physical Medicine and Rehab. ● W.F.O.T Bulletin ● Australian journal of O.T ● Canadian Journal of OT ● British Journal of O.T **LIST OF ONLINE JOURNALS** ● Wiley, Lippincott online Journals ● BMJ JI. Collection (online) 29 Journals ● BMJ Case Report ● Acland Anatomy Database, Video ● Pediatric Care Online (PCO)		

18. **Infrastructure Details:**

	Name of the Units	Area (Sq.ft)
1	Musculoskeletal and Hand Rehabilitation Lab	1500
2	Neurological Rehabilitation Lab a) Cognitive-perceptual therapy unit b) Sensory motor therapy unit	1500
3	Paediatric Occupational Therapy unit	1000
4	Splinting/Assistive Technology Clinic/Lab	1000
5	Psychosocial Remedial Lab (OT for Mental Health)	1500

6	Activities of Daily Living Unit	500
7	Work & functional Restoration Lab	500
8	Standard Evaluation Lab	200
9	Cardiopulmonary Lab	500
10	Sensory Integration Therapy unit	1000
11	Skill Lab	1500

19.	**EQUIPMENT DETAILS** List of Equipment to be enclosed. Annexure -			
20.	**AUDIO-VISUAL EQUIPMENT:**	**Required**	**Available**	**Shortfall**
	Visual equipment and facilities for LCD display			
21.	**DETAILS OF TRANSPORTATION:** No. of vehicles with seating capacity (Copy of Driver's details with license and RC book to be enclosed)			

Note:-

The inspection commission is requested to make sure that **no recommendations or comments whatsoever made by yourself in the report.** Other than this **to enclose Confidential report on the basis of observations are made separately.**

PLACE:
DATE :

SIGNATURE OF THE

MEMBER

(NAME IN BLOCK LETTERS)

SIGNATURE OFTHECONVENOR

AMEIN BLOCK LETTERS)

(To be furnished in the Rs.200/- 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 B.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