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



BACHELOR OF OCCUPATIONAL THERAPY DEGREE COURSE

INSPECTION REPORT

FOR THE GRANT OF CONTINUANCE OF PROVISIONAL AFFILIATION FOR THE BACHELOR OF OCCUPATIONAL THERAPY DEGREE COURSE

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

BACHELOR OF OCCUPATIONAL THERAPY DEGREE COURSE
CONTINUANCE OF PROVISIONAL AFFILIATION

INSPECTION REPORT FOR THE ACADEMIC YEAR –

1.	Name of the **Convenor** with Designation and Office address: Email Mobile No.	
2.	Name of the **Member 1** with Designation and Office address: Email Mobile No. Name of the **Member 2** with Designation and Office address: Email: Mobile No.	
3.	University Letter No. & date on which the Inspection Commission was constituted	
4.	Date of Inspection	
5.	Place and details of authorities representing the Management present at the time of the inspection	
6.	Name of the Society/Trust and its Full registered address with telephone numbers, e-mail, and website. a. Name of the Trustee: b. Mobile No. :	

7.	Whether the college is a minority institution.	Minority / Non-Minority If it is a minority, furnish the following details. G.O.(MS.)No. **:** Dept. Dated :
8.	Name of Occupational Therapy College, Full Address with telephone numbers, e-mail, and website. (where the Occupational Therapy College is located)	
9.	Name of the **Principal** of the Occupational Therapy College i. Qualification ii. Teaching Experience iii. Working as Principal from iv. Email address v. Office phone no. vi. Mobile No.	
10.	Specify the Occupational Therapy courses conducted in the same complex	
11.	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 sufficient infrastructural facilities separately.	

<table>
<tr><td>12.</td><td>a) State whether the college is conducting B.O.T. degree course in the same academic complex at the time of the Grant of Provisional Affiliation</td><td colspan="5">Yes / No</td></tr>
<tr><td></td><td>b) Whether the Trust has obtained any prior permission from the University / Government for the change of academic complex, if any, made</td><td colspan="5">University Permission: Yes / No

Government Permission: Yes / No</td></tr>
<tr><td>13.</td><td>State Government Orders in which permission was accorded to start the Occupational Therapy college/course. (Copy of Orders to be enclosed)</td><td colspan="5">G.O.(MS) No. ……...
H&FW Department Dated …….</td></tr>
<tr><td>14.</td><td>University's Proceedings No. and Date in which the Provisional Affiliation was issued to start the B.O.T. Degree Course
(Copy of letter to be enclosed)</td><td colspan="5">Proc.No. ..... Dated : …….
Annual Intake: ....…….
Academic year: …….</td></tr>
<tr><td>15.</td><td>University's Proceedings No. and the date on which the Continuance of Provisional Affiliation was issued for the last year.
(Copy of letter to be enclosed)</td><td colspan="5">Proc.No. ..... Dated : …….
Annual Intake: ....…….
Academic year: …….</td></tr>
<tr><td></td><td>a) No. of candidates registered for the Last Four years</td><td>Quota</td><td>Year –</td><td>Year –</td><td>Year –</td><td>Year –</td></tr>
<tr><td></td><td></td><td>Government</td><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td>Management</td><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td>Total Admitted</td><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td>Total Sanctioned</td><td></td><td></td><td></td><td></td></tr>
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<table>
<tr><td>16.</td><td><u>LAND DETAILS</u>
Whether the Academic and Hostel block is located in an area of not less than 0.5 acres of land.
(Original Sworn Affidavit in the enclosed format to be furnished)</td><td colspan="2"></td></tr>
<tr><td>17.</td><td><u>READY BUILT AREA</u>:
(Not less than 31,000 sq. ft B.O.T. Degree Course proposed to be started)</td><td></td><td></td></tr>
<tr><td></td><td>a) Whether the college has the following rooms with the dimensions indicated against each</td><td></td><td></td></tr>
</table>

	Sl. No	**Particulars**	**Dimension**	**Available**	**Shortfall**
	1.	**ADMINISTRATIVE OFFICE**			
		Principal's 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 lecture theatre 600 sq. ft@ 12sq. ft per student, ergonomically designed)	2400 sq. ft		
	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) in campus (essential) attached with 200 bedded multi-speciality hospital			
	6.	Playground, both indoor and outdoor sports facilities, should be provided for staff and students	3000 sq. ft		
	7.	Auditorium	3000 sq. ft		

	8.	Common room, separate common room for boys and girls, 500 sq ft 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			
	b) Whether sufficient infrastructural facilities are made available **separately** for conducting the BOT Degree Course.				
	c) State whether the academic complex is in its **own/rental/leased building**. Furnish the **Sale Deed/Rental Receipt and the Agreement/ Lease** agreement accordingly.				
	d) Copy of the **approved building plan** of the **Teaching Block and Hostel Block** by the Competent **Municipal / Panchayat authority, duly indicating the office ref.no. with date, Office seal, and covering letter** for the approval. **(Copy of reference to be enclosed)**		**Academic Block**: **Men's Hostel:** **Women's Hostel**		
	e) Building stability certificate				
	f) Sanitary certificate				
	g) Fire safety certificate				
	h) Pollution control board certificate				
	i) State whether the building has CCTV cameras for CCTV surveillance in every area of common use				
	J) State whether the college has a biometric facility for i. Faculty ii. Students				
	k) state whether the building is barrier-free for a person with disability				

18	**HOSTEL** State whether the hostel building is in an **own/rental/leased building**. Furnish the **Sale Deed/Rental Receipt and agreement/ Lease** agreement accordingly. Whether Own / Rental / Leased	
	If it is not owned, furnish the following i. Building Plan: ii. Proof of Ownership Whether the hostel facilities are provided separately for Boys and Girls	
19	**RESIDENTIAL QUARTERS** Details of residential quarters provided to the staff, and whether this facility is provided in the same complex or outside.	
20	**EXTRA CURRICULAR** a. Whether adequate space and equipment have been provided for extracurricular activities for the students.	
	b. Whether playground facilities are available On the same campus, if not provided there, where is it available?	
	c. List of sports articles provided to the Occupational Therapy students by the college.	

21	**HOSPITAL ARRANGEMENTS**: **(a)** Whether the **Trust/Society owns a hospital being run by it with a 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.** **College can be affiliated with a maximum of 5 hospitals**	**Hospital** Name:……. License / Registration No.……... Dt.…… Full Address:
	(b) Clinical establishment certificate:	

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	Pediatric, Pediatric Surgery, and Neonatal ICUs			
7	Respiratory medicine			
8	Cardiology, ICU, and Cardiothoracic Surgery			
9	Geriatrics			
	Total bed strength	250		

(d) Infrastructure Details: **full-fledged Department with the following sections: -**

	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	Pediatric 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

	<u>(e) Tie-up Hospital</u> (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**
	(e) **Number of Beds** available in the Own Hospital.				
	(f) State whether the **Own / Tie-up Hospital** is situated within a radius of 10 km.				
	(g) No. of **Outpatient sections** in the Hospital.				
	(h) Daily **Out-Patient turnover** in the Hospital.				
	(i) Furnish **the average monthly outpatient** turnover in the Hospital.				
	(j) **Bed Occupancy on the day** of Inspection.				
	(k) Furnish bed **Occupant percentage** for the last year.				

	(l) Furnish binding evidence for providing necessary facilities for imparting training to the students	
	(m) Letter from the tie-up hospital regarding tie-up arrangements have been given to any other	
	(n) Whether a set-up field teaching center is available close to the institution.	

22	**CLINICAL FACILITIES** i. A well-equipped OPD facility in the Occupational Therapy department, with instruments for all specialties such as Musculoskeletal & Hand, Neurology, Pediatric, Cardiorespiratory, Sports Medicine, Geriatrics, Mental Health, and Community, should be available on the college premises. ii. Transportation for field work. iii. Facilities for training for compulsory internship as required under the Regulations. iv. Besides the Occupational Therapy OPD on campus, the institute should also start a community/extension center in a nearby rural/semi-urban area.			
23.	**EQUIPMENT** (list of working/ functioning equipment with AMC details to be enclosed)			
24.	**AUDIO-VISUAL EQUIPMENTS:**	**Required**	**Available**	**Shortfall**
	Visual equipment and facilities for LCD display			

25.	**LIBRARY** 1. Textbook as per syllabus, one copy of the book per 10 students per subject (600-700) 2. Exclusive Reference Books (300) 3. Journals – 4 International; 4 National journals list – Annexure) 4. Subscription to Electronic Database/ 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 students' intake capacity. 7. The college should also increase the number of books by 10% each year. **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)	Total No. of Books: …….. Total No. of titles: …….
26.	**DETAILS OF TRANSPORTATION** No. of vehicles with seating capacity (Copy of Driver's details with license and RC book to be enclosed)	

27.	**<u>FURNITURE</u>** Details of Furniture available in the Occupational Therapy College for Faculty, Students, Office Staff, Class room, Laboratory, Library etc., **(List of Furniture to be enclosed).**			
28	**TEACHING FACULTY**			
	Progression from Entry level	**Eligibility and Experience**		**Annual Performance-based appraisal**
	Designation	**Direct Recruitment**	**Promotion**	
	i. Assistant Professor	Fresh MOT graduate	Fresh MOT graduate	As they will work in the same position for the next three years, they will need to have performance appraisals
	ii. Assistant Professor (Senior)	Three years of experience as an Assistant professor Ph.D. is desirable for promotion/ direct recruitment to Assistant Professor (Senior grade)	Three years of experience as an Assistant Professor/Lecturer with a Ph.D. is desirable for promotion/ direct recruitment to Assistant Professor (Senior grade)	Proficiency test CR, self- appraisal & HOD/Principal's Appraisal/year Two conference presentations as an Assistant Professor Junior Two publications during tenure period as Asst. Professor Junior
	iii. Associate Professor	Total: Five years of experience as Assistant Professor (out of which minimum 2 yrs as Senior AP preferably) A PhD is Mandatory.	Total: Five years of experience as Assistant Professor /Lecturer (out of which minimum 2 yrs as Senior AP preferably) A PhD is Mandatory.	Proficiency test CR & Self- appraisal/ year. Two conference presentations as an Assistant Professor, Senior. Three Publications as an Assistant. Professor Senior
	iv. Professor	Five years of Experience as an Associate Professor or a total of 13 years of teaching experience. PhD Mandatory	Five years of experience as an Associate Professor or a total of 13 years of teaching experience. The senior-most Professor will be the Principal/Dean, PhD Mandatory.	Proficiency test CR, Self-appraisal/ year. Three Conference presentations as an Associate Professor. Three publications as an Associate Professor

Note: *Ph. D. under any specialty/ discipline in Occupational therapy Only
**** Mandatory Ph.D. will become applicable after five years of implementation of NCAHP regulations, wherever mentioned.**
***** These qualifications are applicable for future recruitment.**
****** Teachers already holding teaching posts and having more than 10 years of teaching experience shall continue to hold their existing posts in their respective institutions.**
******* The senior-most Professor may be appointed as Principal/Dean.**

TEACHING FACULTY

Intake capacity	Post	No. of posts at the start of the 1st year of BOT	No. of posts at the start of 2nd year of BOT	No. of posts at the start of the 3rd year of BOT	No. of posts at the start of the 4th year of BOT
30	Professor & Principal/ Dean	1	1	1	1
	Professor	-	-	-	1
	Associate Professor	1	1	2	2
	Assistant Professor	1	4	6	8
	Total no of posts	3	6	9	12

Intake capacity	Post	No. of posts at the start of the 1st year of BOT	No. of posts at the start of the 2nd year of BOT	No. of posts at the start of the 3rd year of BOT	No. of posts at the start of the 4th year of BOT
60	Professor & Principal/ Dean	1	1	1	1
	Professor	-	-	1	2
	Associate Professor	2	3	4	6
	Assistant Professor	3	8	12	15
	Total no of posts	6	12	18	24

Intake capacity	Post	No. of posts at the start of the 1st year of BOT	No. of posts at the start of the 2nd year of BOT	No. of posts at the start of the 3rd year of BOT	No. of posts at the start of the 4th year of BOT
100	Professor & Principal/ Dean	1	1	1	1
	Professor	1	1	2	3
	Associate Professor	2	4	6	8
	Assistant Professor	6	14	21	28
	Total no of posts	10	20	30	40

Teachers of Pre, Para, and Clinical/ Medical Subjects

	Anatomy, Physiology, Biochemistry, Psychology, Sociology, Pharmacology, Medicine, Pediatrics, General Surgery, Neurology, Psychiatry, Orthopedics, Obstetrics & Gynecology, PSM, Cardiology, ENT, Plastic Surgery, Ophthalmology, Biostatistics, Pathology, Microbiology		

Sr.No	Posts (non-teaching staff)	Number	Available	Short fall
1	Clinical Occupational Therapist	6		
2	Librarian	1		
3	Asst. Librarian	1		
4	Office Superintendent	1		
5	Accountant	1		
6	Office Assistant Clerk	1		
7	Lab Attendants	4		
8	Peon/Sweepers/Cleaners	As per the requirement		

29.	**SECURITY DEPOSIT**				
	Amount	**FDR No. & Date**	**Bank Address**	**Maturity Date**	**Whether Refunded to the Institution**
30	**PAST DEFICIENCIES:** a. Details of rectification of past deficiencies observed by the previous year Inspection Commission (Please furnish remarks item-wise in a separate sheet and enclose along with the inspection report) (The college should furnish the deficiencies pointed out in the previous year's Inspection Report and the rectification report submitted by them to the University for verification by the Inspection Team. The Inspection team must verify the Rectification Report and furnish the details about the rectification done by the college.)				
31	**INSPECTION FEES** Payment of prescribed fees for the **Current Inspection. (Copy to be enclosed)**		Amount paid:……..…… Ref. No:……..…. Dated: …….		
32	**UNIVERSITY ADMINISTRATIVE EXPENSES FEE**		Amount paid:……..…… Ref. No:……..…. Dated: …….		
33	**GENERAL REQUIREMENTS: -** 1. Whether the **Number of admissions is** based on the number of **intakes sanctioned.** 2. Whether **the ratio of Faculty and Students** is followed as per the Statutes of this University. 3. Whether **the ratio of Students and Patients** is followed as per the Statutes of this University. 4. Whether adequate Office/Ministerial Staff is available.		Yes / No Yes / No Yes / No Yes / No		

	5. Whether adequate staff are available to maintain the hostel. 6. Whether the institution is involved in the inspection/examination/valuation of answer papers of this University.	Yes / No
34.	**<u>OBSERVATION OF THE INSPECTION COMMISSION</u>**	
	a) Whether the Institution/College has fulfilled all the requirements to grant Continuance of Provisional Affiliation for conducting B.O.T. degree course.	Yes / No
	b) Observation of Inspection Commission may be recorded in a separate sheet along with remarks if any.	(Furnish in a separate sheet)

PLACE:

SIGNATURE OF THE MEMBER:

DATE: (NAME IN BLOCK LETTERS) (.....)

SIGNATURE OF THE MEMBER:
(NAME IN BLOCK LETTERS) (.....)

SIGNATURE OF THE CONVENOR:
(NAME IN BLOCK LETTERS) (.....)