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

# BACHELOR OF OCCUPATIONAL THERAPY DEGREE COURSE

# INSPECTION REPORT

## FOR THE GRANT OF PROVISIONAL AFFILIATION FOR STARTING BACHELOR OF OCCUPATIONAL THERAPY DEGREE COURSE

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

**BACHELO`R OF OCCUPATIONAL THERAPY DEGREE COURSE**

**PROVISIONAL AFFILIATION**

**INSPECTION REPORT FOR THE ACADEMIC YEAR -**

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| 1. | Name of the **Convenor** with Designation and Office address:<br><br>Email<br><br>Mobile No. | |
| 2. | Names of the **Member** with Designation and Office address:<br>Email<br><br>Mobile No. | |
| 3. | University Letter No. & date in which the Inspection Commission Constituted | |
| 4. | Date of Inspection | |
| 5. | Place and details of authorities representing the Management present at the time of Inspection | |
| 6. | Name of the Society/Trust and its Full registered address with telephone numbers, e-mail and website.<br>(Copy of Trust deed to be enclosed) | |
| 7. | Whether the college is a minority institution. | Minority / Non-Minority<br><br>If it is minority, furnish the following details. G.O.<br><br>(MS.) No.<br><br>Dept.<br><br>Dated: |

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| 8. | Name of the proposed Occupational Therapy College,<br>Full Address with contact details,<br>e-mail and website:<br>(where the Occupational Therapy College is located) | |
| 9. | Name of the **Principal** of the Occupational Therapy College<br>Qualification<br>Teaching Experience<br>Working as the Principal from<br>Email<br>Phone No: Office<br>Mobile No. | |
| 10. | Specify the Occupational Therapy courses conducted in the same complex | |
| 11. | Name of the other courses run by the Trust.<br><br>Note: 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. | |
| 12. | State Government Orders in which permission was accorded to start the Occupational Therapy college/course.<br><br>(Copy of Orders to be enclosed) | G.O.(MS) No. ……...<br>H&FW Department Dated ……. |
| 13. | GOVERNMENT ENDOWMENT: Whether the Trust/ Society created a required endowment for running the Course with the Government of Tamil Nadu/ Director of Medical Education.<br>(Copy To has been closed) | |

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| 14.<br>i) | **LAND:**<br>Whether the Academic and Hostel block are located in an area of not less than 0.5 acres of land.?? | Type of Location: …… Total<br>area available in acres……. |

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| 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<br>of issue : |
| v) | **Latest Encumbrance Certificate** Obtained from the Registering Authority | E.C. No.<br>Dated: Issued<br>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**<br>Furnish full address | |

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| viii) | **<u>Approved Building Plan</u>** 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<br>**i.** Academic block<br>**ii.** Hostels for boys and girls<br>**iii.** Staff quarters<br>**iv.** OPD<br>(floor plan to be enclosed) | Approved by :<br><br>Date of approval:<br><br>Approval issued vide Lr. No. |
| xi) | **<u>Building Completion Certificate</u>**<br><br>Issued by the competent authority viz., Corporation, MMDA, Municipality and Panchayat Board etc., | Issued by:<br><br>Ref. No. Date |
| | • National Building Code of India Certificate for Accessible Building (NBCI)<br>• Fire No Objection Certificate (NOC)<br>• Structural Stability Certificate<br>• Land Use Certificate<br>• Biometric facility<br>• CCTV camera for every area of common use | |

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| 15. | University letter in which the Certificate of Registration was issued for **B.O.T**.<br>Degree Course<br>(Copy of letter to be enclosed) | Lr.No. :<br>…….<br>Dated :<br>……. |

| 16. | **READY BUILT AREA :** | | | | | |
|---|---|---|---|---|---|---|
| | a) Whether the college have the following rooms with the dimensions indicated against each | | | | | |
| | Sl. No. | Particulars | Dimension | Required | Available | Shortfall |
| | 1. | **ADMINISTRATIVE OFFICE** | | | | |
| | | Principal office with attached toilet | 200 sq. ft | 1 | | |
| | | Reception and waiting hall | 500 sq. ft | 1 | | |
| | | 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 | 2 | | |
| | 3. | **LECTURE THEATRE** | | 2 | | |
| | | Classroom/Lecture theatre – minimum four in numbers, each lecture theatre 600 sq. ft@ 12sq. ft per student, ergonomically designed) | 2400 sq. ft | 1 | | |
| | 4. | **LABS WITH DEMONSTRATION ROOM AND HOD** | | | | |
| | | Anatomy | 1000 sq. ft | 1 | | |
| | | 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 | | | |

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|---|---|---|---|---|---|---|
| | | Sensory Integration Lab | 1000 sq. ft | | | |
| | | Cardio-Pulmonary lab | 1500 sq. ft | | | |
| | 5. | Clinical training. OPD Occupational therapy clinic in campus and attached with 200 bedded multi-specialty hospital. | 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 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 | | | |

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| 17. | **HOSTEL** | The Hostel is<br>Within the Campus / Outside the<br>Campus If it is outside furnish full<br>address |
| | State whether the hostel building is in an **own/rental/leased building**.<br>Furnish the **Sale Deed/Rental Receipt and agreement/ Lease** agreement accordingly. | |

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| | Whether Own / Rental / Leased | iii. Agreement between ……..<br>and ……<br>iv. Date of Agreement made ……<br>v. Expiry of Agreement ……...<br>vi. Years of Agreement ……<br>Girls : …… No. of Rooms<br>Boys : …… No. of Rooms |
| | If it is not own furnish the following | |
| | i. Building Plan :<br>ii. Proof of Ownership | |
| | Whether the hostel facility is provided separately for Boys and Girls | |

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| **18.** | **HOSPITAL ARRANGEMENTS**: | **Own Hospital** |
| | **(a)** Whether the **Trust/Society owns a hospital being run by it with minimum of 250 beds** with an administrative block.<br>or<br>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.** | Name :<br>…….<br>License / Registration No.<br>……...<br>Dt. ……<br>Full Address : |

| | (b) 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 | | |

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

**(d) Tie-up Hospital (Furnish the upto 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 |
| | | | | |

| | | |
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| **19.** | **EQUIPMENT**<br>(list of working/ functioning equipment with AMC details to be enclosed) | |
| **20.** | **<u>LIBRARY</u>**<br>1. Text book as per syllabus one copy of book per 10 students per subject (600-700)<br>2. Reference Books (300)<br>3. Journals – 4 International; 4 National journals list – Annexure)<br>4. Subscription of Electronic Data base/ e-journals<br>5. Mandatory Internet facility, access to e- library equipment (Minimum 15computer terminals for 60 students)<br>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.<br>**LIST OF JOURNALS-**<br>● Indian Journal of O.T<br>● American Journal of O.T<br>● Archives of Physical Medicine and Rehab.<br>● W.F.O.T Bulletin<br>● Australian journal of O.T<br>● Canadian Journal of OT<br>● British Journal of O.T<br>**LIST OF ONLINE JOURNALS**<br>● Wiley, Lippincott online Journals<br>● BMJ JI. Collection (online) 29 Journals ● BMJ Case Report<br>● Acland Anatomy Database, Video<br>● Pediatric Care Online (PCO) | Total No. of Books :<br>Total No. of<br>Titles : Journal (Subscribed)<br>Indian Journals : Nos.<br>International Journals: Nos. |

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| **21.** | **<u>DETAILS OF TRANSPORTATION</u>**<br>No. of vehicles with seating capacity<br>(Copy of Driver's details with license and RC book to be enclosed) | |

**22.** **FURNITURE**

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).**

**23.** **TEACHING FACULTY**

| Intake capacity | Post | No. of posts in the start of 1st year of BOT | No. of posts in the start of 2nd year of BOT | No. of posts in the start of 3rd year of BOT | No. of posts in the start of 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 1st year of BOT | No. of posts in the start of 2nd year of BOT | No. of posts at the start of 3rd year of BOT | No. of posts at the start of 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 in the start of 1st year of BOT | No. of posts in the start of 2nd year of BOT | No. of posts in the start of 3rd year of BOT | No. of posts in the start of 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, Orthopaedics, Obstetrics & Gynecology, PSM, Cardiology, ENT, Plastic surgery, Ophthalmology<br>Biostatistics | | | |

**Nonteaching staff**

| Sr.No | Posts | Number |
|---|---|---|
| 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 |

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| 24. | **GOVERNMENT ENDOWMENT:**<br><br>Whether **Trust/ Society has created a required endowment for running the course in the joint Name of The Director of Medical Education, Chennai Vide** G.O.Ms.No.13 Health and Family Welfare Department dated 05.01.1993 **(Copy to be enclosed)** | |
| 25. | **EARMARKED ASSETS**<br><br>Details of **earmarked assets and resources exclusively** available to run the Occupational Therapy College. (Produce copy of evidence like Fixed Deposit receipts etc.) | FDR created in the Name of the Trust only. FDR No.<br>Amount<br>Bank<br>Date of Deposit<br>Date of Maturity |
| 26. | **FINANCIAL SOUNDNESS**<br><br>The Management of the Occupational Therapy college shall **show evidence of an annual income** of **not less than** | |

| | | |
|---|---|---|
| | Rs.10,00,000/- (Rupees Ten Lakhs only) to facilitate the proper running of the Occupational Therapy College. | |
| 27. | **BALANCE SHEET**<br>**Latest Balance sheet** duly **certified by a Chartered Accountant** showing the financial soundness to run the Occupational Therapy College. (Copy to be enclosed). | Issued by …….. Dated …… Chartered Accountant Regn. No. …… |
| 28. | Payment of prescribed fees for **current Inspection. (Copy to be enclosed)** | Amount paid Rs. …….. |
| 29. | **OBSERVATION OF THE INSPECTION COMMISSION**<br><br>a) Whether the Institution/College has fulfilled all the requirements to grant Provisional Affiliation for starting B.O.T. Degree Course.<br><br>b) Observation of Inspection Commission may be recorded in a separate sheet along with remarks if any. | Yes / No<br><br>(Furnish in a separate sheet) |

PLACE: SIGNATURE OF THE MEMBER:

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

SIGNATURE OF THE CONVENOR:
(NAME IN 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 ushave 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 land |
|---|---|---|---|---|
| | | | | |
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Signature of the Managing Trustee with Seal & date

Signature of Notary Public with seal & date