THE TAMIL NADU DR.M.G.R MEDICAL UNIVERSITY,

CHENNAI - 600032.

MASTER OF OCCUPATIONAL THERAPY DEGREE COURSE

INSPECTION REPORT

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

THE TAMIL NADU DR.M.G.R MEDICAL UNIVERSITY,
CHENNAI- 600 032.
MASTER OF OCCUPATIONAL THERAPY
DEGREE COURSE CERTIFICATE OF
REGISTRATION
INSPECTION REPORT FOR THE ACADEMIC YEAR-2026

1.	Name of the Convenor with Designation and Address Phone No: Office: Residence: Mobile No: Email id:	
2.	Names of the Member with Designation and address Phone No: Office: Residence: Mobile No: Email id:	
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. (Copy of Registered Trust Deed to be enclosed)	
7.	Whether the proposed college is a Minority institution.	Minority/Non-Minority If it is minority furnish the Following details. G.O.(MS.)No. Dept. Dated:
8.	Name of the proposed Occupational therapy College and full address with Telephone Nos. where the Occupational therapy College is located. Email id:	

9	Name of the Principal Qualifications Teaching experience Experience working as Principal Residential Address Phone No: Office: Residence:	
10	Name of the other courses run by the Trust **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 A)Specify the Occupational therapy courses conducted in the same complex	
11.	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:
	(a).Whether the applicant has proposed to start MOT Degree Course after BOT Degree Course	
	(b).Whether first batch of students of BOT Degree Course has successfully completed the course and has left the college(furnish month and year)	
12.	**Government Endowment:** Whether Trust/ Society created required endowment for running the course with the Government of Tamil Nadu/Director of Medical Education (Copy to be enclosed)	
i)	**Registered Sale Deed** regarding proof of ownership of land.(Copy to be enclosed). Latest E.C attached.	
ii)	**Original Sworn Affidavit** in Rs.100/ - Non- Judicial stamp paper to Be furnished in the enclosed format. By the Management	
iii)	**Legal Opinion** of the Government Pleader for the earmarked land with Survey Nos.	Name of the Govt. Pleader: Date of issue :

iv)	**Latest Encumbrance Certificate** Obtained from the Registering Authority (original)	E.C.No.: Dated: Issued by:
v)	**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).Specify whether Plan or non Plan area	
vi)	**Location of the Land** Furnish full address	
vii)	**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 been closed 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.
viii)	**Building Completion Certificate** Issued by the competent authority viz., Corporation, MMDA, Municipality and Panchayat Board etc.,	Issued by: Ref. No.: Date :
13.	**READY BUILT AREA:**	
	Building should be barrier free accessible to persons with disability and as per NBCI guidelines (National Building Code of India)	
	Whether the college have the following rooms with the dimensions indicated Against each	

SI. NO	Particulars (per speciality)	Requirement per unit (Sq feet)	No. of units	Total area required	Available	Shortfall
i)	Department Office	500	1	500		
	Director/Dean/Principal/ HOD's Office	300	1	300		
	Professor's Office	200	1	200		
	Associate Professor's office	100	1	100		
	Assistant Professor's office	50	2	100		
	Common room for Staff	500	1	500		
	Room for visiting Faculty	300	1	300		
	Seminar room/Mini Audito-rium	1000	1	1000		
	Conference Room	1500	1	1500		
	Class Rooms with LCD projector/smart class rooms/ Slide Projectors with demonstration couches	400	2	800		
	Students` common room [Girls]with attached wash area	500	1	500		
	Students common room [Boys]	500	1	500		
	Library with Reading Room	2000	1	2500		
	Discussions/Interaction room	200	1	200		
	Out-door Occupational therapy Department	2500	1	2500		
ii)	**Laboratories**	**Requirement per unit (Sq feet)**	**No. of units**	**Total area required**	**Available**	**Shortfall**
	Anatomy lab	1200	1	1200		
	Physiology lab	1200	1	1200		
iii)	**Departments**	**Requirement Per unit(Sq feet)**	**No. of units**	**Total area required**	**Available**	**Shortfall**
	Speciality wise Departments	800	1	800		

iv)	**EXCLUSIVELY FOR MOT** Each speciality lab	800 (per speciality lab)		800		
v)	**Other facilities**	**Requirement**	**No. of units**	**Total area required**	**Available**	**Shortfall**
	Hostel for Girls	Separate / Shared with other institutions of the same management	1			
	Hostel for Boys		1			
	Play ground out door, List of Sports articles to be enclosed			Minimum 3000		
vi)	**Library**	**Requirement**			**Available**	**Shortfall**
	Text Books As per syllabus one copy of Book Per 10 students per subject.	600-700				
	Reference books	300 Advanced Books As per requirement				
	Journals	At least four international and four National journal Minimum 5 indexed international journals should be provided for with additional journal in each elective area/specialty. In addition, reference books,				
	Subscription to electronic data base / e journals	Required				
vii)	Computer/Internet facility in side campus					
14 i)	HOSPITAL ARRANGEMENTS a) Whether the Trust/ Society owns a hospital being run by it with minimum of 250 beds with an administrative block. Or b) Shall have a tie-up with a General Hospital with a minimum of 250 beds with in a radius of 30 km from the academic complex.					

ii)	Whether the Trust has Own/ Tie-up Hospital is having not less than 250 beds in the following speciality: if tie-up hospitals MOU (Copy to be enclosed)	Own Hospital Name:……. License/ Registration No.…… Dt.…… Full Address:		
iii)	Departments	Required	Available	Shortfall
	Orthopaedics, Hand & Sports Science			
	Medicine including rheumatology, Geriatrics and emergency medicine			
	Surgery including plastic surgery and burns			
	Mental Health			
	Neurology/Neurosurgery			
	Pediatrics, pediatric surgery and neonatal ICUs			
	Respiratory medicine			
	Cardiology, ICU and Cardio thoracic surgery			
	Geriatrics			
	Total Bed Strength=250			

iv)	**Name of the Hospital (Tie-up)**	**Bed Strength**	**Consent Lr. No. &Dt. Issued by The Hospital**	**Period of Tie-up**	
				From	**To**

v)	**The MOU should mention the available**	**clinical specialties**	**patient loads**	**availability of required equipment for clinical training with names**	**Designations of the faculties responsible for the training in the hospital.**

15.	**EARMARKED ASSETS:** Details of earmarked assets and resources exclusively available to run the Occupational therapy College. (Produce evidence like Fixed Deposit Receipts etc.)	

16.	**FINANCIAL SOUNDNESS** The Management of the Occupational therapy College shall show evidence of an annual Income of not less than Rs.15, 00, 000/- (Rupees Fifteen Lakhs only) to facilitate the proper running of the Under Graduate Course in Occupational therapy College.	
17.	**BALANCE SHEET** Latest Balance sheet duly certified by a Chartered Accountant showing The financial soundness to run the Occupational therapy college to be enclosed.	
18.	Details of Transportation No. Of vehicles with seating capacity (Copy of Driver's details with License and RC book to be closed)	
19.	Furniture Details of Furniture available in the Occupational therapy college for Faculty, Students, Office Staff, class rooms, Laboratory, library etc., (List of Furniture to be enclosed)	
20.	Payment of Current Inspection Fees	
21.	Note:- The inspection commission is requested to make sure that **no Recommendations or Comments what so ever made by yourself in the report. Other than this to enclose Confidential report on the basis of observations are made separately**	

PLACE:

SIGNATURE OF THE MEMBER
(NAME IN BLOCK LETTERS)

DATE:

SIGNATURE OF THE CONVENOR
(NAME IN BLOCK LETTERS)

(To be furnished in the Rs.100/-Non judicial stamp paper duly signed by the Managing Trustee and counter signed by the Notary Public with seal)

SWORNAFFIDAVIT

We here by declared that the following lands owned by us have been ear-marked for the purpose of starting M.O.T. Degree Course at the .....college at…… …..... run by .....trust

Si.No	Lands registered Under document No. And date	Survey No.	Land in Acres	Location of the land

Signature of the Managing Trustee
With Seal & date

Signature of Notary
Public with seal & date

CHECKLIST

Laboratories- ANATOMY

SN	COMPONENTS	LABORATORY
1	Dissection facility	
2	Disarticulated bone set including spine set	Minimum5sets
3	Specimen/model for soft parts [heart, lung, brain, spinal cord, lower limb, upper limb, spine, GI system, male and Female uro genital system]	Minimum 2 sets
4	Anatomy Software and Virtual Anatomy Models computer with internet connection along with multimedia projector and screen. PC should be installed with software and virtual anatomy models for teaching musculoskeletal and Neurological anatomy	Updated version of software

Laboratories-PHYSIOLOGY

SN	COMPONENTS	LABORATORY
1	Micro scope	5
2	Wester gren's pipette for E.S.R. on stand(with space pipette)	MINIMUM50
3	Wintrobe's pipette for ESR and PCV withstand	MINIMUM50
4	Hemoglobin-meter	MINIMUM50
5	Hemocytometer	5
6	Tuning fork time marker	2
7	Sphygmomanometer (mercury and digital)	10 EACH
8	Stethoscopes	10
9	Stethoscopes for demonstration with multiple earpieces (desirable)	5
10	Polygraphs	1
11	Spiro meter	20
12	Gas analysis apparatus. Halden's student type	1
13	Van Slyke's apparatus mano metric	1
14	Shening ton Starling kymograph(electrically driven)	2
15	Gas analyser automatic for CO2. 02,N2	1
16	Basalmetabolism apparatus	1
17	Mosso's Ergograph	5
18	Clinical thermometer	20
19	Compass aesthesiometer	1
20	Thermo-aesthesiometer	1
21	Algometer	1
22	Knee hammer	25
23	Bicycle Ergometer	2
24	Schematic eye	1

25	New tons color wheel	1
26	Tuning fork to test hearing32-10000cps(sets-100.256.512Hz)	1
27	Dynamometer	1
28	Perimeter with charts(Lister"s)	1
29	Color perception lantern Ed ridge green	1

M.O.T Musculoskeletal Science & Hand

S.NO	Name of Equipments	Required	Available
1	Electronic Goniometer	1	
2	Dynamometer	1	
3	Hand Evaluation Kit	1	
4	Biofeedback unit with facility EMG unit with integrated analysis software provided	1	
5	Video camera and player for movement analysis,	1	
6	Isokinetic Unit,	1	
7	Motion Analysis system	1	
8	Sensory Re-education kit	1	
9	Shoulder wheel	1	
10	Gait analyzer	1	
11	Driving evaluation and simulator	1	
12	Work Simulator (Desirable)	1	
13	Work hardening (Desirable)	1	
14	Ergo-bicycle	1	
15	Tilt table	1	
16	CPM Upper Extremity	1	
17	Aqua pool/ Hydro therapy unit (Desirable)	1	
18	Virtual Reality for Upper extremity functions, balance, eye hand coordination & cognition	1	
19	Antigravity treadmill	1	
20	Virtual reality treadmill	1	
21	Robotics- Desirable	1	
22	Appropriate standardized tools as defined in Syllabus of MOT paper 201		

MOT (Pediatrics & Neonatology

S.NO	Name of Instruments	Required	Available
1	Sensory Garden Desirable	1	
2	Sensory Park (Desirable)	1	

3	Sensory mats	1 set	
4	Trapeze	1	
5	Rock climbing wall	1 set	
6	Tactile path	1	
7	Ball pool	1	
8	Slide	1	
9	Barrel	1	
10	Rainbow arch	1	
11	Balance beam	1	
12	Tactile Disc	1	
13	Scooter Board	1	
14	Various tactile textured activities	1	
15	Sensory Tunnel	1	
16	Lycra Hammock	1	
17	Balancing bridge	1	
18	Tactile sensory wall activities	1	
19	Rope ladder 2-4 segments	1	
20.	Baby Tactile Path	1	
21	Appropriate Standardized assessment tools as defined in Syllabus of MOT paper 201		

M.O.T (Neurosciences)

S.No	**Name of the Equipments**	**Required**	**Available**

1	**Functional Electrical stimulation**	**1**	
2	**Neuro-muscular stimulation.**	**1**	
3	**Transcranial Magnetic stimulation device**	**1**	
4	**Biofeedback unit with the facility to do quantitative analysis and therapy**	**1**	
5	**Balance boards / Beam**	**1**	
6	**Sensory Reeducation kit**	**1**	
7	**Gait Analyzer**	**1**	
8	**Motion Analyzer is (desirable)**	**1**	
9	**Isokinetic unit**	**1**	
10	**Driving evaluation and simulator**	**1**	
11	**Work simulator & Work hardening unit**	**1**	
12	**Ergometer / Ergo-bicycle**	**1**	
13	**Aqua pool/ Hydro therapy unit**	**1**	
14	**Virtual Reality unit for Upper extremity functions, balance, eye handcoordination & cognition**		
15	**Antigravity treadmill**		
16	**Virtual reality treadmill**		
17	**Robotics- Desirable**		
18	**Appropriate standardized tools as defined in Syllabus of MOT paper 201**		

MOT (Cardiopulmonary)

S.No	**Name of the Equipments**	**Required**	**Available**
1	**Treadmill**	**1**	
2	**Ergo Bicycle with arm and leg unit**	**1**	

3	**Spirometer Portable.**	**1**	
4	**Peak Flow meters.**	**1**	
5	**Energy consumption analyzer is desirable.**	**1**	
6	**Mannequin for CPR training.**	**1**	
7	**ECG Machine**	**1**	
8	**Appropriate standardized tools as defined in Syllabus of MOT paper 201**	**1**	
9	**Body Composition analyser**	**1**	

M.O.T (Mental Health)

S.No	**Name of the Equipments**	**Required**	**Available**
1	**Reaction Time Machine**	**1**	
2	**Computer based cognitive therapy unit**	**1**	
3	**Tread mill**	**1**	
4	**Ergo cycle**	**1**	
5	**Vestibular & Proprioceptive equipment**	**1**	
6	**Biofeedback**	**1**	
7	**Virtual reality unit**	**1**	
8	**Music System**	**1**	
9	**Set of items used in Mindfulness**	**1**	
10	**Standardized scales and tools to be used for learning and Spotters - each of tools as mentioned in the syllabus of MOT paper 201**	**1**	

M.O.T (Oncology)

S.No	Name of the Equipments	Required	Available
1	Pneumatic compression therapy unit with accessories for both upper and lower limbs		
2	Dumbbells set/Thera bands/Thera tubes		
3	Play activities for children for Gross motor & fine motor functions		
4	Therapy bal		
5	Low Benches/ stools/chairs/Mattresses		
6	Sensory Kit		
7	Small Bicycle		
8	Light weight medicine balls		
9	Equipment as mentioned in BOT & MOT (Musculoskeletal &Neurosciences)		
10	Appropriate standardized tools as defined in Syllabus of MOT paper 201		