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

CHENNAI - 600 032.

MASTER OF OCCUPATIONAL THERAPY DEGREE COURSE

INSPECTION REPORT

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

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

MASTER OF OCCUPATIONAL THERAPY DEGREE COURSE

CONTINUANCE OF PROVISIONAL AFFILIATION

INSPECTION REPORT FOR THE ACADEMIC YEAR-

1.	Name of the Convener or 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 Physiotherapy College is located. Email id:	
9.	Name of the Principal Qualifications Teaching experience Experience working as Principal Residential Address	

<table>
<tr><td></td><td>Phone No:
Office:
Residence:</td><td></td></tr>
<tr><td>10</td><td>Specify the Occupational therapy course conducted in the same complex</td><td></td></tr>
<tr><td rowspan="3">11</td><td>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.</td><td></td></tr>
<tr><td>a)State whether the college is conducting B.O.T degree course in the same academic complex at the time of Grant of Provisional Affiliation</td><td>Yes /No</td></tr>
<tr><td>b)Whether the Trust has obtained any prior permission from the University/ Government for change of academic complex if any made</td><td>University Permission: Yes/ No

Government Permission: Yes/No</td></tr>
<tr><td>12.</td><td>State Government Orders in which permission was accorded to start the Occupational therapy college/course.

(Copy of Orders be enclosed)</td><td>G.O.(MS.)No.
Dept.
Dated:</td></tr>
<tr><td>13.</td><td>University Proceedings No. and Date in which the Provisional Affiliation was issued to start the M.O.T. Degree Course (Copy of letter to be enclosed)</td><td>Lr.No:…….
Dated:…….

Annual Intake
<table><tr><td>Name of the Speciality</td><td>No of Intake</td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></td></tr>
<tr><td>14.</td><td>University Proceedings No. and Date in which the Continuance of Provisional Affiliation was issued for last year (Copy of letter to be enclosed)</td><td>Lr No:…….
Dated:…….

Annual Intake
<table><tr><td>Name of the Speciality</td><td>No of Intake</td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></td></tr>
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15.	No of candidates registered for **the last three years**	Quota	Year I	Year II
		Government		
		Management		
		Total		
16 i)	LANDAND BUILDING **Registered Sale Deed** regarding proof of ownership of land. (Copy to been closed). 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)	**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.		
vi)	**Building Completion Certificate** Issued by the competent authority viz., Corporation, MMDA, Municipality and Panchayat Board etc..,	Issued by: Ref.No.:		
		Date:		
vii)	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 in acres _____		
viii)	The applicant Institution/Trust should have a separate facility for clinical Training			
ix)	Adequate parking space and recreational			

	area or open space for students	
x)	Adequate space for out-patient Occupational therapy department, various laboratories, office space, class rooms, hostel and other ancillary facilities	
xi)	READYBUILTAREA: (not less than 31,000 sq.ft. B.O.T. Degree Course proposed to be started)	
xii)	Building should be barrier free accessible to persons with disability and as per NBCI guidelines (National Building Code of India)	
xiii)	Building must be recorded on the applicant Institute name or if the land is under lease agreement, it must be for at least 10 years.	
xiv)	Building must have requisite clearances from the respective civic and administrative authorities like- i. Fire NOC, ii. Structural stability certificate, iii. Land use certificates etc.., (Copy to be enclosed)	
xv)	Building must have CCTV camera for surveillance for every area of common use as can be prescribed.	
xvi)	Bio metric facility	

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 Auditorium	1000	1	1000		
	Conference Room	1500	1	1500		
	Class Rooms with LCD projector/smart class rooms	400	2	800		

	/ Slide Projectors with demonstration couches					
	Students` common room [Girls] with attached wash area	500	1	500		
	Students common room [Boys]	500	1	500		
	Library with Reading Room	2000	1	2000		
	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	1000	1	1000		
	Physiology lab	1000	1	1000		
iii)	**Departments**	**Requirement per unit (Sq.feet)**	**No of units**	**Total area required**	**Available**	**Shortfall**
	Speciality wise Departments	800	1	800		
iv)	**EXCLUSIVELYFORMOT** 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			
	Playground out door,			Minimum 3000		
	List of Sports articles to be enclosed		Copy to been closed			
vi)	**Residential Quarters** Details of residential quarters provided		Within the College campus/ outside			

	to the staff and whether this facility is provided in the same complex or outside	If it is outside furnish the full address		
vii)	**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)	Internet facility inside campus			

18 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 30km 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 including critical care and cardiothoracic 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.**

vi)	No.of **Out-Patient section** in the Hospital				
vii)	Daily **Out-Patient turn over** in the Hospital				
viii)	Furnish **Average Monthly Out-Patient Turn over** in the Hospital.				
ix)	**Bed Occupancy on the day** of Inspections				
x)	Furnish bed **Occupant percentage** for the last one year.				
xi)	Furnish binding evidence for providing necessary facilities for Imparting training to the students has been furnished by tie-up hospital**.(copy of the Current consent letter to been closed).**				
xii)	Letter from the tie-up hospital regarding tie-up arrangements has given to any other affiliated institutions. If so, mention the name of such institution.				
xiii)	A whether setup field teaching center is available close to the institution.			Yes/No	
19	CLINICALFACILITIES A well setup field teaching centre in a Nearby rural area for teaching Community based rehabilitation.				
20	EQUIPMENT List of Equipments provided to be enclosed (Refer Checklist–Exclusively For each Speciality)				
20	TRANSPORT FACILITIES Transportation facilities like Type of vehicle Seating capacity, Copy of R.C. Book and Driver details to been closed				
21.	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).				
22	**TEACHING FACULTY**	**Experience required**	**Required**	**Available**	**Shortfall**
Occupational Therapy Faculty (Core)					
1	Principal/Dean	Five years of experience as Associate Professor or Total 13 years of teaching experience. PhD Mandatory.	1		
2	Professor	Five years of experience as Associate Professor or Total 13 years of teaching experience. PhD Mandatory.	1 (per specialty)		
3	Associate Professor	Total five years of experience as Assistant Professor (out of which minimum 2 yrs as Senior AP preferably) Ph.D. is mandatory.	1 (per specialty)		
4	Assistant Professor-senior	Three years of experience as Assistant professor. Ph.D. is desirable for promotion/direct recruitment to Assistant Professor (Senior grade)			
5	Assistant Professor	Fresh MOT graduate	2 (per specialty)		

NOTE:
*** 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.**

Part time Staffs				
	Assistant Professor in Biostatistics	1		
	Assistant Professor in Teaching Methodology/Management	1		
	Assistant Professor in Orthopedics	1		
	Assistant Professor in General Medicine	1		
	Assistant Professor in General Surgery	1		
	Assistant Professor in Neurology	1		
	Assistant Professor in Neurosurgery	1		
	Assistant Professor in Pediatrics	2		
	Assistant Professor in Psychiatry	2		
	Assistant Professor in Cardiology/Cardiac surgery	1		
	Assistant Professor in Pulmonology	1		
	Assistant Professor in Plastic surgery	1		
	Assistant Professor in Community Medicine	1	Speciality wise asst. Professors to be appointed	
Non –Teaching Staff For Institution				
	Office Superintendent/assistant	1		
	Computer operator	1		
	Lab Assistant/Demonstrator-BOT	1		

25	**Percentage of pass** in the **final year exam** of M.O.T Degree Course for the **last three years**	20 - 20	20-20	20-20
26	**Reduction of Sanctioned Strength** Furnish the details of Reduction of Sanctioned Strength if any	No of Seats reduced	Year	University Lr.No. and Date

27	**Security Deposit**					
	Installment	**Amount**	**FDR No & Date**	**Bank Address**	**Maturity Date**	**Whether Refunded to the Institution**
	I					
	II					

28	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) b. The College should furnish the deficiencies pointed out in the previous year 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 Furnish remarks item wise in a separate	(To be furnished in a separate sheet annexed)
29	**Inspection Fees** Payment of prescribed fees for Current Inspection(Copy to be enclosed)	Amount Paid Rs……
30	**University Administrative Expenses Fee**	Remitted up to the year …….. Amount:…….
31	**General Requirement** 1. Whether the **Number of admission** is based on the number of **intake sanctioned** 2. Whether **Ratio of Faculty and Students** is followed as per the Statues of this University 3. Whether **Ratio of Student and Patients** is followed as per the Statues of this University 4. Whether the adequate Office/Ministerial staff available 5. Whether adequate staff are available for the maintenance of the hostel 6. Whether the institution is involved in inspection/examination/valuation of answer papers of this university	No of Intake sanctioned:…….. No of Admissions made:…… Yes / No Yes /No Yes /No Yes /No Yes /No Yes /No

32	OBSERVATION OF THE INSPECTION COMMISSION a) Whether the Institution/College has fulfilled all the requirements to grant of Provisional Affiliation for starting M.O.T. degree course. b) Observation of Inspection Commission may be recorded in a Separate sheet along with remarks If any.	Yes/No (Furnish in a separate sheet)

PLACE:

DATE:

SIGNATURE OF THE MEMBER
(NAME IN BLOCK LETTERS)

SIGNATURE OF THE CONVENOR
(NAME IN BLOCK LETTERS)

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

SWORN AFFIDAVIT

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

CHECK LIST

Laboratories - ANATOMY

S.No	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 urogenital system]	Minimum2sets
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

S.No	COMPONENTS	LABORATORY
1	Micro scope oil immersion with single and double demonstration Eye piece	5
2	Westergren's pipette for E.S.R. on stand(with space pipette)	MINIMUM50
3	Wintrobe's pipette for ESR and PCV with stand	MINIMUM50
4	Hemoglobin-meter	MINIMUM50
5	Hemocytometer	5
6	Tuning fork time marker	2
7	Sphygmomanometer(mercury and digital)	10
8	Stethoscopes	10
9	Stethoscopes for demonstration with multiple ear pieces (desirable)	5
10	Polygraphs	1
11	Spiro meter	10
12	Gas analysis apparatus. Halden's student type	1
13	Van Slyke's apparatus manometric	1
14	SheningtonStarling kymo graph(electrically driven)	2
15	GasanalyserautomaticforCO2.02,N2	1
16	Basalmetabolismapparatus	1
17	Mosso's Ergograph	5
18	Clinicalthermometer	10
19	Compass aesthesiometer	1
20	Thermo-aesthesiometer	1
21	Algometer	1
22	Kneehammer	10
23	BicycleErgometer	2
24	Schematiceye	1

25	Newtons color wheel	1
26	Tuningforktotesthearing32-10000cps(sets-100.256.512Hz)	1
27	Dynamometer	1
28	Perimeter with charts (Lister"s)	1
29	Color perceptionlanternEdridge green	1

MANDATORY GENERAL EQUIPMENTS FOR BOT/MOT COURSE

S.No	NAME OF THE EQUPMENTS
1.	Xerox machine
2.	Computer with Accessories
3.	Calculator
4.	Fast copier Xerox machine
5.	Laptop including Printing facility
6.	Data card
7.	Pentium-IV Computer/Laptop Computer with windows 2000/Windows XP With internet
8.	Explorer/Mozilla Firefox, Adobe Acrobat Reader, Antivirus software-2 Nos
9.	Laser printer/Inkjet printer2Nos
10.	1KVA UPS with a minimum of 2 hours of backup 2 Nos
11.	Copier machine with minimum of 90 PPM 1 Nos
12.	Broad band internet 1Nos
13.	Broad band internet 1Nos
14.	Faxmachine1no
15.	Wireless phone such as Tata indicom with internet cable USB wireless Internet data card (as alternative to broad band internet failure)–1No.
16.	Power generator–1No.
17.	Camera for recording the examination - 4 Nos.
18.	Mobile phone Jammer (5G) - 1 No.
19.	Metal detector - 2 No.
20.	Storage cabinets - 6 Nos

Equipment for Specific - Electives:- Mandatory (minimum one unit)
1. M.O.T. (Musculoskeletal Sciences & Hand)

List of Equipment

- Electronic Goniometer
- Dynamometer
- Hand Evaluation Kit,
- Biofeedback unit with facility EMG unit with integrated analysis Software provided,
- Video camera and player for movement analysis,

- Isokinetic Unit,
- Motion Analysis system,
- Sensory Re-education kit,
- Gait analyzer
- Driving evaluation and simulator
- Work Simulator
- Work hardening
- Ergo-bicycle
- Tilt table
- CPM Upper Extremity
- Aqua pool/ Hydro therapy unit
- Virtual Reality for Upper extremity functions, balance, eye hand coordination & cognition
- Antigravity treadmill
- Virtual reality treadmill
- Robotics- Desirable
- Appropriate standardized tools as defined in Syllabus of MOT paper 201

2. M.O.T. (Pediatrics & Neonatology)

List of Equipment

- Sensory Garden
- Sensory Park
- Sensory mats
- Trapeze
- Rock climbing wall
- Tactile path
- Ball pool
- Slide
- Barrel
- Rainbow arch
- Balance beam
- Tactile disc
- scooter board
- various tactile textured activities
- Sensory tunnel

- Lycra hammock
- Balancing bridge
- Tactile sensory wall activities
- Sensory mats
- Rope Ladder (2 to 4 segments)
- Baby tactile path
- Appropriate Standardized assessment tools as defined in Syllabus of MOT paper 201

3.M.O.T. (Neurosciences)

List of Equipment

- Functional Electrical stimulation
- Neuro-muscular stimulation.
- Transcranial Magnetic stimulation device
- Biofeedback unit with the facility to do quantitative analysis and therapy
- Balance boards / Beam
- Sensory Reeducation kit
- Gait Analyzer
- Motion Analyzer is desirable
- Isokinetic unit
- Driving evaluation and simulator
- Work simulator & Work hardening unit
- Ergometer / Ergo-bicycle
- Aqua pool/ Hydro therapy unit
- Virtual Reality unit for Upper extremity functions, balance, eye hand coordination & cognition
- Antigravity treadmill
- Virtual reality treadmill
- Robotics- Desirable
- Appropriate standardized tools as defined in Syllabus of MOT paper 201

MOT (Cardiopulmonary)

List of Equipment

- Treadmill
- Ergo Bicycle with arm and leg unit
- Spirometer Portable.
- Peak Flow meters.

- Body Composition Analyzer.
- Energy consumption analyzer is desirable.
- Mannequin for CPR training.
- ECG Machine
- Appropriate standardized tools as defined in Syllabus of MOT paper 201

MOT (Mental Health)

List of Equipment

- Reaction Time Machine
- Computer based cognitive therapy unit
- Tread mill
- Ergo cycle
- Vestibular & Proprioceptive equipment
- Biofeedback
- Virtual reality unit
- Set of items used in Mindfulness
- Music System
- Standardized scales and tools to be used for learning and Spotters - each of tools as mentioned in the syllabus of MOT paper 201

MOT (Oncology)

List of Equipment:

- Equipment as mentioned in BOT & MOT (Musculoskeletal & Neurosciences)
- Pneumatic compression therapy unit with accessories for both upper and lower limbs
- Dumbbells set/Thera bands/Thera tubes
- Play activities for children for Gross motor & fine motor functions
- Therapy ball
- Low Benches/ stools/chairs/Mattresses
- Sensory Kit
- Small Bicycle
- Light weight medicine balls
- Appropriate standardized tools as defined in Syllabus of MOT paper 201

MOT (Geriatrics)

- Appropriate equipment as listed in MOT (Musculoskeletal science, Neuroscience, Mental

Health)

- Appropriate standardized tools as defined in Syllabus of MOT paper 201