THE TAMILNADU DR.M.G.RMEDICAL UNIVERSITY,

CHENNAI - 600032.

MASTER OF OCCUPATION THERAPY DEGREE COURSE

INSPECTION REPORT

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

THE TAMILNADU DR.M.G.R.MEDICAL UNIVERSITY,
CHENNAI - 600 032.
MASTER OF OCCUPATIONAL THERAPY
DEGREE COURSE PROVISIONAL AFFILIATION
INSPECTION REPORT FOR THE ACADEMIC YEAR-

1.	Name of the Conven 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 Occupational Therapy College is located. Email id:	

<table>
<tr><td>9.</td><td>Name of the Principal
Qualifications
Teaching experience
Experience working as Principal
Residential Address

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>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>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 letter in which the certificate of registration was issued for B.O.T Degree course(copy of letter to be enclosed)</td><td>Lr. No:.....

Dated:.....</td></tr>
<tr><td>14.</td><td>Intake of students sanctioned by the University Speciality wise in MOT Degree Course</td><td colspan="2">Annual Intake
Name of the Speciality | No of Intake
| |
| |
| |
| |
| |
| |</td></tr>
<tr><td>15.</td><td>(a)Whether the applicant has proposed to Start MOT Degree Course after BOT Degree Course</td><td></td><td></td></tr>
<tr><td></td><td>(b) Whether first batch of students of BOT Degree Course has successfully completed the course and has left the college(furnish month and year)</td><td></td><td></td></tr>
<tr><td>16.</td><td><u>Government Endowment:</u>
Whether Trust/ Society created required endowment for running the course with the Government of Tamil Nadu/ Director of Medical Education
(Copy to been closed)</td><td colspan="2"></td></tr>
</table>

i)	**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)	**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 Act1971 and T.N. Land Reforms Act 1961. (Copy to been closed).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:

17.	**READY BUILTAREA:**	
	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	
	a)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	Short fall
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	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**	**Short fall**
	Anatomy lab	1000	1	1000		
	Physiology lab	1000	1	1000		
iii)	**Departments**	**Requirement per unit (Sq feet)**	**No of units**	**Total area required**	**Available**	**Short fall**
	<u>EXCLUSIVELYFOR MOT</u> Each speciality lab	800 (per speciality lab)		800		
iv)	**Other facilities**	**Requirement**	**No of units**	**Total area required**	**Available**	**Short fall**
	Hostel for Girls	Separate / Shared with other institutions of the same management	1			
	Hostel for Boys		1			
	Playground outdoor, List of Sports articles to been closed			Minimum 3000		
v)	**Library**	**Requirement**			**Available**	**Short fall**
	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	Atleast 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				
	Mandatory Internet facility Access to e-library Equipment	Minimum 15 computer terminals for 60 students				
vi)	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 250beds Within a radius of 20km from The academic complex.			
ii)	Whether the Trust has Own/ Tie-up Hospital is having not less than 250beds in the following speciality:if tie-up hospitals MOU (Copy to been closed)	Own Hospital Name:……. License/ Registration No.…… Dt.…… Full Address:		
iii)	Departments	Required	Available	Shortfall
	Orthopaedics, Hand and 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 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 be enclosed).	
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	CLINICAL FACILITIES A well setup field teaching centre in a Nearby rural area for teaching Community based rehabilitation.	
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 been closed).	

22	**TEACHING FACULTY**	**Experience required**	**Required**	**Available**	**Shortfall**
Occupational Therapy Faculty (Core)					
1	Dean/Principal/ Professor	**Essential** – MOT in any specialty with 10 years of post PG Teaching experience, with PhD including 5 years experience 1as Professor	**1**		
2	Vice Principal/ Professor	MOT in any specialty with 10 years of post PG Teaching experience, including 5 years experience as Associate Professor **Desirable – PhD.**	1		
3	Professor	MOT in any specialty with 10 years of post PG Teaching experience, including 5 years experience as Associate Professor **Desirable – PhD.**	1:3 (per speciality)		
4	Associate Professor	MOT in any specialty with 5 years of post PG Teaching experience (out of which minimum 2 yrs as Senior AP preferably) **Desirable–PhD.**	1:2 (per speciality)		
5	Assistant Professor	MOT in any specialty	1:2 (per speciality)		
Non–Teaching Staff For Institution					
	Office Superintendent/ assistant		1		
	Computer operator		1		
	Lab Assistant/Demonstrator-BOT		1		
23	EAR MARKED ASSETS Details of ear marked 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. Amount Bank Date of Deposit Date of Maturity			
24	<u>FINANCIAL SOUNDNESS</u> 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 Occupational Therapy College	
25	Whether the applicant college shall furnish the budget for first year program and a separate budget is proposed which will meet the expenditure for the fulfillment of the requirements prescribed for the second year program (Copy to been closed)	Yes/No Last year Audited Budget–year: Amount: Current year Proposed Budget–year: Amount:
26	BALANCE SHEET Latest Balance sheet duly certified by a Chartered Accountant showing the financial soundness to run the Occupational Therapy College. (Copy to been closed).	Issued by…….. Dated…… Chartered Accountant Reg. No.……
	Payment of prescribed fees for Current Inspection.(Copy to be enclosed)	Amount paid Rs.……..
27	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 the Rs.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