

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

BACHELOR OF NATUROPATHY AND YOGIC SCIENCES DEGREE COURSE

TO GRANT CONTINUANCE OF PROVISIONAL AFFILIATION FOR CONDUCTING

ENTIRE BNYS DEGREE COURSE INCLUDING C.R.R.I.

INSPECTION REPORT

Note :- The Inspectors must fill up all the columns with relevant details in the own hand writing and no columns should be left blank

I	Name of the Convenor with Designation and Address	:	
	Phone Number Office	:	
	Phone Number Residence	:	
	Cell No.	:	
II	Name of the Member with Designation and Address	:	
	Phone Number Office	:	
	Phone Number Residence	:	
	Cell No.	:	
III	University Letter No. and Date in which the Inspection Commission constituted	:	
IV	Date of Inspection / Location where inspection conducted	:	
V	Place and details of authorities representing the Management / Govt. present at the time of Inspection	:	

1	Name of the Managing Trustee and Name of the Society / Trust and its full registered address with telephone Numbers (Telex No., Fax.No., E-Mail etc.)	:	
2	Name of the Naturopathy College and address with Telephone Numbers (Telex No., Fax No., E-Mail No. etc.)	:	
a.	To furnish the details of an extent area of academic complex available at present to conduct BNYS degree course	:	
b.	To mention the Total Ready Build Area available exclusively for BNYS degree course	:	
c.	State Whether the academic complex is in own or rental building	:	
	<u>LAND DETAILS</u>	:	
a.	Ear marked extent of land acquired for other courses by the same trust	:	
1.	For Pharmacy College	:	
2.	For Physiotherapy College	:	
3.	For Indian System of Medicine	:	
4.	For Dental College	:	
5.	For Medical College	:	
6.	Others		
	Total		
b.	State whether the college is conducting BNYS degree course in the same academic complex in sl.no.2 (a) at the time of grant of Provisional Affiliation	:	
c.	Whether the Trust has obtained any prior permission from the University Government for change of academic complex if any	:	

	d.	Name of the Principal of the Naturopathy College	:	
	i)	Qualification	:	
	ii)	Teaching Experience	:	
	iii)	Working as Principal from	:	
	e.	Name of the other courses run by the Trust	:	
	f.	Specify the courses conducted in the same complex	:	
3	a.	State Government Permission	:	G.O Lr.No. Dated:
	b.	Whether the Trust has obtained Minority Statutes, if so furnish the G.O and the academic year for in which the Minority Statutes obtained ? (enclose a copy of the G.O)	:	
4		Provisional Affiliation issued by the University	:	Lr.No. Dated:
5		Year of commencement of the I BNYS degree course	:	Year: No. of Intake:
6		Continuance of Provisional Affiliation issued by the University upto the academic year	:	Lr.No. Dated:
7		No.of Candidates Registered for Last academic year	:	Govt. + Management = Total
	i.			
	ii.			
	iii.			

9. TEACHING STAFF PATTERN:

Department	Professor			Asso.Professor / Reader			Asst.Professor / Lecturer			Demonstrator / Tutor		
	R	A	S	R	A	S	R	A	S	R	A	S
1. Human Anatomy	1			1			1			1		
2. Human Physiology	1			1			1			1		
3. Bio-Chemistry	1			1			1			1		
4. Philosophy & of Nature cure	-			1			-			-		
5. Yoga Philosophy & Practice of Yoga	-			1			-			1		
6. Pathology	-			1			-			1		
7. Microbiology	-			-			1			1		
8. Yoga & Physical Culture - 1	1			-			1			1		
9. Diagnostic methods in Naturopathy	1			-			-			1		
10.Diagnostic methods in modern medicine	-			-			1			-		
11.Basic Pharmacology	-			-			-			1		
12.Forensic Medicine & Toxicology	-			-			1			-		
13.Community Medicine	-			-			1			-		
14.Psychology & basic psychiatry	-			-			1			-		
15.Obstetrics and Gynaecology	-			1			1			1		
16.Yoga and Physical Culture II	-			-			1			1		
17.Nutrition & Herbology	1			-			1			1		
18.Massage aromatherap, chiropractice & osteopathy	1			-			1			1		
19.Yoga Therapy	1			-			-			1 Tutor 1 Demo.		
20.Hydrotherapy & Clay Therapy	1			-			-			1 Tutor 1 Demo.		
21 Fasting & diet Therapy	1			-			-			1 Tutor 1 Demo.		
22.Chromo Therapy & magneto therapy	-			-			1			1 Tutor		
23.Physiotherapy	-			1			-			1 Tutor		
24.Acupuncture, Acupressure, Reflexology, Pranic healing and reiki	1			-			1			1 Tutor		
25.Minor Surgery, first aid and emergency medicine	-			-			-			1 Tutor 1 Demo.		
26. Hospital Management	-			-			-			1 Tutor		
Total	11			8			15			25		

10. TECHNICAL AND ADMINISTRATIVE STAFF

STAFF	REQUIRED	AVAILABLE	SHORT - FALL
Technicians	3		
Laboratory Assistant	3		
Steno – Typist	1		
Technicians	3		
Laboratory Assistant	3		
Steno – Typist	1		
Librarian	1		
Asst, Librarian	1		
Junior Administrative Officer	1		
Office Superintendent	2		
Assistant	3		
Junior Assistant	5		
Cashier	1		
Record Clerk	2		
Office Assistant	10		
Sweeper	10		

11	<u>LABORATORY, EQUIPMENTS AND OTHER FACILITIES</u>	:	Required	Available	Shortfall
	a. Diet centre to cater the Diet Therapy (Student and patient ratio shall be 1:2)				
	b. Yoga Hall to accommodate atleast 50 persons with a minimum space of 1800 sq.ft (36' x 50' 1800 sq.ft.)				
	c. Separate treatment sections for men and women consisting of Hydropathy equipments like steam bath, heat bath, special bath, head bath, aroma bath, immersion bath, jet bath, enema and message rooms and on the terrace with the parapet walls for mud bath and sun bath	:			
	d. Anatomy dissection hall with formulyser tank, 2 dissection tables etc.,	:	20' x 20'		
	e. Anatomy museum with full size detachable visceral organs	:			
	f. Physiology Laboratory with minimum of 10 Microscope of Olimpus with basic facilities required to take the practical class to a batch of 20 students. Classroom or lecture hall for first year	:			
	g. Class rooms – 3 Nos.	:	20' x 20'		
	h. Staff rooms – 3 rooms	:	10' x 20'		
	i. Staff seminar Hall with necessary furniture	:			
	j. Separate rooms for the following categories of staff as indicated against each :-	:	1		
	a. Professor's room	:	1		
	b. Associate / Assistant Professor's room	:	1		
	c. Tutor's / Lecturer's room	:	1		
	d. Room for other technical staff	:	1		

12	<u>CENTRAL LIBRARY:</u>		Required	Available	Shortfall
	a.	To mention the No. of books available in the library the entire year BNYS students	:	7500	
	b.	No. of Journals	:	12	
	c.	Name of the Librarian	:		
13	<u>HOSTEL</u>				
	a.	Location of Men Students Hostel	:		
	b.	Location of Women Students Hostel	:		
14	Sports and Extra-curricular activities for the students		:		
15	Location of Play Ground				
16	Staff Quarters <u>1st Batch:</u> A type Space required: 1080 x 2 = 2160 sq.ft B type: " 700 x 6 = 4200 sq.ft C type: " 500 x 8 = 4000 sq.ft D type: " 300 x 10 = 3000 sq.ft <u>2nd Batch:</u> B type " 700 x 8 = 5600 sq.ft C type " 500 x 10 = 5000 sq.ft D type " 300 x 10 = 3000 sq.ft <u>3rd Batch:</u> C type " 500 x 5 = 2500 sq.ft D type " 300 x 8 = 2400 sq.ft <u>4th Batch</u> C type " 500 x 5 = 2500 sq.ft D type " 300 x 3 = 900 sq.ft		:		
17	a.	<u>FURNITURE</u> : Adequate furniture for staff			
	b.	Adequate furniture for students			
18.	<u>SECURITY DEPOSIT</u>				
		AMOUNT	FDR NO. & DATE	BANK ADDRESS	MATURITY DATE
		INR 4,00,000/-			
		INR 3,00,000/-			
		INR 3,00,000			

19		HOSPITAL FACILITIES:		
	a.	Whether the Trust has own Hospital arrangements	:	
	b.	No. of Beds available in the Hospital		
	c.	Details of Speciality wise bed strength available in the Hospital	:	
	d.	Daily Out-patient Turnover in the Hospital	:	
	e.	Bed Occupancy	:	
	f.	Name of the out-patients section available in the Hospital	:	
	g.	Distance between own Hospital and academic complex	:	
	h.	Whether students are undergoing CRR I training and the status	:	
20		COMPLIANCE OF GUIDELNES:		
	a	Whether the institution has fulfilled all the conditions for BNYS degree course in the Tamil Nadu Dr.M.G.R Medical University Statutes for the Grant of Continuance of Provisional Affiliation to conduct BNYS degree course	:	
21		UNIVERSITY ADMINISTRATIVE EXPENSES FEE		Remitted upto the Year:
22		Percentage of pass for the past three years in final year		
23		<u>PAST DEFICIENCIES</u> Details of rectification of past deficiencies observed by the previous year Inspection Commission. (Please furnish remarks item by item in a separate sheet and enclose along with the inspection report)		

24	<u>OBSERVATION OF THE INSPECTION COMMISSION</u> Other specific remarks of the Inspection Commission: (The findings should be recorded in a separate sheet annexed to this report.	
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SIGNATURE OF THE MEMBER:

(NAME IN BLOCK LETTERS) -----

SIGNATURE OF THE CONVENOR :

(NAME IN BLOCK LETTERS) -----

PLACE :

DATE :

