

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

TO GRANT CONTINUANCE OF PROVISIONAL AFFILIATION FOR CONDUCTING

ENTIRE M.D (SIDHA) DEGREE COURSE

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 Siddha 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 M.D (Siddha) degree course	:	
b.	To mention the Total Ready Build Area available exclusively for M.D (Siddha) degree course	:	
c.	State Whether the academic complex is in own or rental building	:	
3.	Name of the Principal of the Siddha College	:	
i)	Qualification	:	
ii)	Teaching Experience	:	
iii)	Working as Principal from	:	
4.	Name of the other courses run by the Trust	:	
5. a.	State Government Permission	:	G.O. No.: 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)	:	
6.	Current CCIM / AYUSH Permission with intake (Copy to be enclosed)	:	Ref.No. Date : Annual Intake: Valid Upto:
7.	Provisional Affiliation issued by the University	:	Lr.No. Dated:
8.	Year of commencement of the I M.D (Siddha) degree course	:	Year : No. of Intake :

9	Continuance of Provisional Affiliation issued by the University upto the academic year	:	Lr. No. Date :
10	No.of Candidates Registered for the past three Academic Year.	:	Govt. + Management = Total
11	a) Whether first batch of students of M.D (S) degree course has successfully completed the course and has left the college	:	
	b) Whether the Siddha Medical College / Institution has been in existence for a period of not less than 6 (six) years, for starting Post-Graduate degree course.	:	
12	READY BUILT AREA:	:	
	i) Furnish details regarding the actual availability of ready built area in sq.mts. initially for conducting M.D (Siddha) PG Degree Course of study.	:	
	ii) Whether the building is own or rented	:	
	ii) Whether the own building is constructed in the land and building owned in the name of the Society / Trust	:	
	iv) Whether the pre-clinical and laboratory facility are available in the same campus in which he academic complex is to be located.	:	
13	<u>TEACHING STAFF:-</u> The Speciality in which the proposed course is to be started shall have atleast three teaching faculty in each viz.1 (one) professor and 2 (two) more teachers at the level of Associate Professor / Reader / Assistant Professor / Lecturer who shall possess the minimum qualification as prescribed by the Central Council of Indian Medicine for Post Graduate Teaching.	:	

14	<u>RESIDENTIAL QUARTERS:-</u> Details of residential quarters provided to the staff whether this facility is provided in the same complex or separately	:	
15	<u>P.G HOSTEL:-</u> Location of Additional Hostel made available for PG students for Men and Women Separately.	:	
16	<u>PLAY GROUND:</u>	:	
	a. Whether play ground facilities is available for PG students in the same campus	:	
	b. If not where the same is provided furnish a address	:	
	c. Whether the consent obtained from the authority for utilizing the play ground. (Furnish copy of the same)	:	
17	<u>OWN HOSPITAL ARRANGEMENTS:</u>		
	a. Name and location of the Own Hospital with address	:	
	b. State the whether the Own Hospital situated within the campus	:	
	c. If not, distance between the Hospital and the Study center and full address.	:	
	d. Furnish Xerox copy of license given by the Government to set up the Hospital	:	
	e. Daily Out-Patient Turnover in the Hospital	:	
	f. Bed Occupancy	:	
	g. No. of Out-Patient section in the Hospital	:	

h.	Furnish details of distribution of beds strength to various specialties in the Hospital	:	Sl. No	Speciality	No.of Beds
			a.	Br.I Maruthuvam	
			b.	Br.II Gunapadam	
			c.	Br.III. Sirappu Maruthuvam 3 (Three) new PG Specialities introduced "Instead of" Sirappu Maruthuvam vide CCIM, New Delhi Lr. No.18-12/2017 AIAPGET dt.10.10.2017 Pura Maruthuvam Varma Maruthuvam Siddhar Yoga Maruthuvam	
			d.	Br.IV. Kulandai Maruthuvam	
			e.	Br.V. Noi Nadal	
			f.	Br.VI. Nanjunoolum Maruthuva Neethi Nooulm	
i.	Furnish average bed occupant percentage for the last one year	:			
j.	Furnish Average Monthly Out-Patient	:			
18	Whether the Siddha medical College / Institution is having adequate staf in the PG specialist concerned so as to satisfy the norms prescribed by CCIM / Govt. of India.	:			
19	Whether the applicant college has furnished an undertaking that it shall fulfill the requirements specified by the University from time to time (enclose a copy of that effect)	:			
20	LABORATORY AND EQUIPMENTS REQUIRED:	:	Required	Available	Shortfall
1.	Tuber Culosis Syringe 2 ml	:	24		
2.	Stop Watch (Metal Bdy 1/10 sec.shinco	:	2		
3.	Analgistic	:	2		
4.	Beaker 100 ml.	:	5		
5.	Beaker 250 ml.	:	5		
6.	Beaker 500 ml.	:	5		
7.	Reservoir Bottle 1 lit.cap without Let.Hear the bottom Hospital	:	2		
8.	Thermometer (20' – 60')	:	2		
9.	Frontal lever	:	2		

	LABORATORY AND EQUIPMENTS REQUIRED:		Required	Available	Shortfall
10.	Stand	:	1		
11.	Aerator	:	2		
12.	X Blocks	:	2		
13.	Tissue Holder	:	2		
14.	Analytical Balance 200 gm	:	2		
15.	Kymograph, Glazad, Coated Paper 40 meter 15 gm, Roll	:	2		
16.	Separating Funnel, with tube, brociliated glass cap 100 ml	:	2		
17.	Hot Plate	:	1		
18.	Bell Jar with lid	:	2		
19.	Frog Board for dissection 8" x 6"	:	4		
20.	Clamps	:	2		
21.	Forceps 42"	:	10		
22.	Forceps 10"	:	6		
23.	Scissors 4"	:	6		
24.	Scissors 8"	:	6		
25.	Students Organ Batch with Thermostat	:	4		
26.	Rubber Tube	:	10		
27.	Pinch Cook Press Type	:	20		
28.	Pinch Cook Haffmans Type	:	10		
29.	Small Arter Forceps	:	5		
30.	Simple Lever	:	2		
31.	Animal Gages Polyproplenerat	:	4		
32.	Straw Holder	:	4		
33.	Kymograph, Unit Model M.H.121	:	2		
34.	Bull Dog Clamp	:	2		
35.	Wide Mouth Pet Bottles with Lid 1.5 Litres	:	2		
36.	Large Adjusting Screw Stand	:	1		
37.	Suiting Needles Curved (assorted) Medicines	:	6		
38.	Suturing Thread (Block)	:	6		

	LABORATORY AND EQUIPMENTS REQUIRED:	:	Required	Available	Shortfall
39.	Kidney Trays S.S	:	3		
40.	Rectangular Trays with lid S.S	:	3		
41.	Scalpel Handle S.S	:	2		
42.	Scalpel Blades 21 G		3 dozens		
43.	Plettusmograph (Digital / Ordinary)	:			
44.	Rotarod	:			
45.	Photo Acto Meter	:			
46.	Histamine Chamber	:			
47.	Refrigerator	:			
48.	Microscope (Binocular)	:			
49.	Avery Balance 5 Kg (Pxeusion 1 gm)	:			
50.	Mice weighting balance 1 – 100 gm	:			
51.	Operation Table S.S top with Central hold trolley Model	:			
52.	Tissue Homogenizer	:			
53.	Metabolic Cages 5.5 10 gm	:			
54.	Cooke poee climbing apparatus for car	:			
55.	Glass Almirah and steel almirah	:	1 each		
56.	Polypropylens cages with S.S lid For Rats For Mice	:	20 20		
57.	Rotating Drums for isolated organ bath	:	2 Nos.		
21.	SECURITY DEPOSIT:- Details regarding creation of Security Deposits	:			
22.	UNIVERSITY ADMINISTRATIVE EXPENSES FEE	:	Remitted upto the year Vide D.D.No. dt.		
23.	Percentage of pass for the past three years in final year	:			
24.	Governing Body Member:	:			
a.	Name of the University Nominee	:			
b.	Designation	:			

25	<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)	:	
26	<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)		

SIGNATURE OF THE MEMBER :

(NAME IN BLOCK LETTERS) :

SIGNATURE OF THE CONVENOR :

(NAME IN BLOCK LETTERS) :

PLACE:

DATE:

