

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

**BACHELOR OF SIDDHA MEDICINE AND SURGERY DEGREE COURSE**

**TO GRANT PROVISIONAL AFFILIATION TO START 1<sup>st</sup> BSMS 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 BSMS degree course  | : |                                  |
| b. | To mention the Total Ready Build Area available exclusively for BSMS degree course   | : |                                  |
| c. | State Whether the academic complex is in own or rental building  | : |                                  |
| 3. | Name of the Principal of the Siddha College  | : |                                  |
| a. | Qualification  | : |                                  |
| b. | Teaching Experience  | : |                                  |
| c. | Working as Principal from  | : |                                  |
| 4. | a. Name of the other courses run by the Trust  | : |                                  |
| b. | Specify the courses conducted in the same complex  | : |                                  |
| c. | Whether sufficient infrastructural facilities is made available separately for BSMS Degree Course  | : |                                  |
| 5. | <b>Whether obtained</b><br>State Government Permission for BSMS Degree Course  | : | G.O. No.:<br>Lr.No. :<br>Dated : |
| 6. | 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 G..O) | : |                                  |
| 7. | Year of commencement of the I BSMS Degree Course   | : | Year :<br>No. of Intake :        |

|    |   |   |                     |
|----|---|---|---------------------|
| 8. | Whether Current Letter of Permission from the Ministry of AYUSH/CCIM, New Delhi (copy to be enclosed)   | : |                     |
| 9  | Provisional Affiliation issued by the University (copy to be enclosed)  | : | Lr.No.<br>Date :    |
| 10 | Continuance of Provisional Affiliation issued by the University upto the academic year  | : | Lr. No.<br>Date :   |
| 11 | No.of Candidates Registered for the past three Academic Year.   |   |                     |
| 12 | <b>LAND DETAILS:-</b>   |   |                     |
| 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. | Whether the proposed / existing Siddha College own and possess a minimum of acres with clear title over the land without encumbrance to locate the Administrative Block & Hospital for BSMS Degree Course | : | Total No. of acres: |
| c. | Whether the college is located in an Urban agglomeration or Municipal Zone or Rural Area  | : |                     |
| d. | Extent of land available for the Institution  | : |                     |
| e. | Copy of Registered Sale Deed of Land regarding proof of ownership   | : |                     |
| f. | Sworn Affidavit before a Notary Public stating the details of land with survey Nos. furnished are earmarked for the Siddha College only (Copy to be enclosed)   | : |                     |
| g. | Legal Opinion of the Government Pleader on the ear marked land with Survey Nos. Extent of land noted therein. (Copy to be enclosed)   |   |                     |

|     |    |   |   |   |
|-----|----|---|---|---|
|     | h. | Upto date Encumbrance Certificate obtained from the Registering Authority in the name of the trust for not less than 30 years   | : |   |
|     |    | Note :- List of enclosures to be sent along with the Inspection Report for grant of Provisional Affiliation   |   |   |
| 13  |    | <b>READY BUILT AREA:</b>  | : |   |
|     | a. | Furnish details regarding the actual availability of ready built area in sq.mts. For conducting Siddha Degree Course of study   | : | (in sq.meter)<br>Academic Complex:<br>Hospital Complex :<br>Herbal Garden : |
|     | b. | Whether the own building is constructed in the land and building owned in the name of the Society / Trust   | : |   |
|     | c. | Building Completion Certificate for ready built area obtained from Govt.Eng./Collector Panel Eng./PWD Eng./ Licensed Surveyor along with the authority letter for who is a competent authority for issuing the above certificate                          | : |   |
|     | d. | Structural Soundness Certificate from the Competent Engineer along with the authority (i.e) Proceeding Order.   | : |   |
|     | e. | Enclose a copy of the DTCP/CMDA approval for Building plan of Siddha College and Hospital by the Competent Municipal/ Panchayat authority duly indicating their office ref.No. And date along with office date seal and covering letter for the approval. | : |   |
|     | g. | Sanitary Certificate from Municipality/ Corporation   | : |   |
|     | f. | Fire Certificate from fire service Department   | : |   |
| 14. |    | <b><u>HERBAL GARDEN:-</u></b>   | : |   |
|     | a. | To mention the total extent area available for Herbal Garden  | : |   |
|     | b. | To mention the total No. of Medicinal plants available in the Herbal Garden.  | : |   |
|     | c. | The address & distance of Herbal Garden from the College.   | : |   |

15. TEACHING STAFF PATTERN :-

| Sl. No | DEPARTMENT   | Upto 60 Admission  |   |   |   |   |   | From 61 to 100 Admission |   |   |           |   |   |   |   |   |
|--------|--|--------------------|---|---|---|---|---|--------------------------|---|---|-----------|---|---|---|---|---|
|        |  | PROFESSOR / READER |   |   | LECTURER                                |   |   | PROFESSOR                |   |   | READER    |   |   | LECTURER                                |   |   |
|        |  | R                  | A | S | R                                       | A | S | R                        | A | S | R         | A | S | R                                       | A | S |
| 1      | Siddha Maruthuva Moolathathuvam  | 1                  |   |   | 1 Siddha + 1 Tamizh / English           |   |   | 1                        |   |   | 1         |   |   | 1 Siddha + 1 Tamizh / English           |   |   |
| 2      | Udal Koorugal (Anatomy)  | 1                  |   |   | 1                                       |   |   | 1                        |   |   | 1         |   |   | 1                                       |   |   |
| 3      | Udal Thathuvam (Physiology)  | 1                  |   |   | 1 Siddha + 1 Biochemist                 |   |   | 1                        |   |   | 1         |   |   | 1 Siddha + 2 Biochemist                 |   |   |
| 4      | Gunapadam – Marunthiyal (Pharmacology)   | 1                  |   |   | 1 Siddha + 1 Botanist / Pharmacognosist |   |   | 1                        |   |   | 1         |   |   | 1 Siddha + 1 Botanist / Pharmacognosist |   |   |
| 5      | Gunapadam – Marunthakaviyal (Pharmaceuticals)                                    | 1                  |   |   | 1                                       |   |   | 1                        |   |   | 1         |   |   | 2                                       |   |   |
| 6      | Noil Naadal and Noi Mudhal Naadal (Pathology)                                    | 1                  |   |   | 1                                       |   |   | 1                        |   |   | 1         |   |   | 1                                       |   |   |
| 7      | Sattam Saarntha Maruthuvam Nanju Maruthuvamum (Forensic Medicine and Toxicology) | 1                  |   |   | 1                                       |   |   | 1                        |   |   | 1         |   |   | 1                                       |   |   |
| 8      | Sool and Magalir Maruthuvam (Obstetrics and Gynecology)                          | 1                  |   |   | 1                                       |   |   | 1                        |   |   | 1         |   |   | 1                                       |   |   |
| 9      | Maruthuvam (Medicine)  | 1                  |   |   | 1                                       |   |   | 1                        |   |   | 1         |   |   | 1                                       |   |   |
| 10     | Aruvai, Maruthuvam (Surgery)   | 1                  |   |   | 1                                       |   |   | 1                        |   |   | 1         |   |   | 1                                       |   |   |
| 11     | Kuzhanthai Maruthuvam (Paediatrics)  | 1                  |   |   | 1                                       |   |   | 1                        |   |   | 1         |   |   | 1                                       |   |   |
| 12     | Varmam, Sirappu Maruthuvam (Varmam and Special Medicine)                         | 1                  |   |   | 1                                       |   |   | 1                        |   |   | 1         |   |   | 2                                       |   |   |
| 13     | Noi Anuga Vidhi (Hygiene) Including Research Methodology and Medical Statistics  | 1                  |   |   | 1                                       |   |   | 1                        |   |   | 1         |   |   | 1                                       |   |   |
|        | <b>TOTAL</b>   | <b>13</b>          |   |   | <b>16</b>                               |   |   | <b>13</b>                |   |   | <b>13</b> |   |   | <b>19</b>                               |   |   |

Experience Required:

Professor:- Total teaching experience of Fifteen years in the Department out of which five years teaching experience as Reader / Asst.Professor or ten years experience as a Lecturer wherever the post of Reader /Asst. Professor do not exist.

Reader:- Total teaching experience of 5 years with PG Degree out of which years teaching experience as Lecturer or eight years with Graduation as Lecturer.

Lecturer:- No teaching experience is required.

**16. PART TIME TEACHERS:-**

Apart from above, one Varma exper, One Traditional Bone setter, one Yoga teacher in the Department of Varma, Puramaruthuvam and eleven Consultants of Modern Medicine

|    | Whether the Teachers or Consultants are available on Part Time basis in the following speciality in addition to above mentioned Teaching Staff. | Available or Not |
|----|---|------------------|
|    | Modern Medical Staff:-  |                  |
| 1  | Medical Specialist  |                  |
| 2  | Surgical Specialist   |                  |
| 3  | Obstetrician and Gynecologist   |                  |
| 4  | Pathologist   |                  |
| 5  | Anesthesiologist  |                  |
| 6  | Ophthalmologist   |                  |
| 7  | Pediatrician  |                  |
| 8  | Radiologist.  |                  |
| 9  | Dentist   |                  |
| 10 | X-Ray Technician / Radiographer   |                  |
| 11 | Physiotherapist   |                  |

**17. HOSPITAL**

|    |   |  |
|----|---|--|
| 1. | Name and location of the own hospital with address                            |  |
| 2  | State the Whether the own hospital situated within the campus                 |  |
| 3  | If not, distance between the Hospital and the Study Centre and full address   |  |
| 4  | Furnish Xerox copy of license given by the Government to set up the Hospital. |  |
| 5  | Total Number of Beds  |  |
| 6  | Whether separate male & female Wards are available                            |  |

|        |  |  |          |           |           |
|--------|--|--|----------|-----------|-----------|
| 7      | Distribution of Beds(Minimum number of beds in In-Patient Department 1:1 student-bed ratio                             |  |          |           |           |
| 8      | Average Bed Occupancy per day  |  |          |           |           |
| 9      | Total number of patient in IPD during the last one year  |  |          |           |           |
| 10     | Number of Out patient section in the Hospital  |  |          |           |           |
| 11     | Furnish details of distribution of bed strength in various specialties in the Hospital                                 |  |          |           |           |
| 12     | Type of OPD  | <ol style="list-style-type: none"> <li>1. Maruthuvam (Medicine)</li> <li>2. Varmam, Puramaruthuvam &amp; Sirappumaruthuvam</li> <li>3. Sool, Magalir Maruthuvam (Obstetrics &amp; Gynecology)</li> <li>4. Aruvai, Tholmaruthuvam (Surgey &amp; Dermatology)</li> <li>5. Kuzhanthai Maruthuvam (Peadiatrics)</li> </ol> |          |           |           |
| 13     | Average number of patient per day in OPD   |  |          |           |           |
| 14     | Total number of patient in OPD during last one year  |  |          |           |           |
| 15     | Whether separate Pre-Clinical Speciality and Para-clinical speciality available.                                       |  |          |           |           |
| 16     | <b>HOSPITAL STAFF:-</b><br>Whether the requirement of an Siddha College hospital staff are available as per CCIM norms |  |          |           |           |
| 17     | <b>NON – TEACHING &amp; SUPPORTIVE STAFF:-</b>   |  |          |           |           |
| Sl. No | Department   | Post   | Required | Available | Shortfall |
| 1      | Library  | Librarian  | 1        |           |           |
|        |  | Assistant Librarian  | 1        |           |           |
|        |  | Library Attendant or Peon  | 1        |           |           |
| 2      | College Office   | Personal Assistant to Principal  | 1        |           |           |
|        |  | Clerical staff for administrative accounts service   | 7        |           |           |

|    |  |                                |    |  |  |
|----|--|--------------------------------|----|--|--|
| 3  | Siddha Maruthuva<br>Moolathathuvam                   | Attendant                      | 1  |  |  |
| 4  | Gunapadam –<br>Marunthakaviyal<br>(Pharmaceuticals)  | Laboratory Technician          | 1  |  |  |
|    |  | Laboratory Assistant           | 1  |  |  |
|    |  | Attendant                      | 1  |  |  |
| 5  | Udal Koorugal (Anatomy)                              | Laboratory Technician          | 1  |  |  |
|    |  | Laboratory Assistant           | 1  |  |  |
|    |  | Attendant cum Museum<br>Keeper | 1  |  |  |
| 6  | Udalthathuvam<br>(Physiology)                        | Laboratory Technician          | 1  |  |  |
|    |  | Attendant                      | 1  |  |  |
| 7  | Gunapadam–Marunthiyal<br>(Pharmacology)              | Laboratory Technician          | 1  |  |  |
|    |  | Attendant cum Museum<br>Keeper | 1  |  |  |
| 8  | Noianugavidhi  | Attendant Cum Museum<br>Keeper | 1  |  |  |
| 9  | Noi Naadal and Noi<br>Mudhal Nddal                   | Laboratory Technician          | 1  |  |  |
|    |  | Attendant                      | 1  |  |  |
| 10 | Sattam Sarntha<br>Maruthuvam and Nanju<br>Maruthuvam | Attendant cum Museum<br>Keeper | 1  |  |  |
| 11 | Maruthuvam   | Attendant cum Museum<br>Keeper | 2  |  |  |
| 12 | Varmam, and<br>Sirappumaruthuvam                     |                                |    |  |  |
| 13 | Sool, Magalir Maruthuvam                             |                                |    |  |  |
| 14 | Kuzhanthai Maruthuvam                                |                                |    |  |  |
| 15 | Aruvai, Thol Maruthuvam                              |                                |    |  |  |
| 16 | Herbal Garden  | Gardener                       | 1  |  |  |
|    |  | Multipurpose worker            | 2  |  |  |
|    |  | Total                          | 31 |  |  |

Note :

1. Sweeper, Attendant, Lifter, Laboratory Assistant, Data Entry Operator (DEO), Multipurpose Worker may be on contractual basis.



| <b>18. CENTRAL LIBRARY</b><br><b>(As per CCIM Norms)</b> |   |             |
|--|---|-------------|
| 1  | Working Hours   |             |
| 2  | Total number of Books   |             |
| 3  | Number of Journal   | Subscribed: |
|  |   | Indian      |
|  |   | Foreign     |
| 4  | Reading Room for Students with capacity   |             |
| 5  | Reading Room for Teaching Faculty with capacity   |             |
| 6  | Photocopying facility   |             |
| 7  | Internet facility   |             |
| 8  | Whether Cataloging of books done? If yes, system of Cataloging  |             |
| <b>19. EQUIPMENT AND INSTRUMENTS:-</b>                   |   |             |
|  | Details of Equipment and instruments required in each department Laboratory.<br><br>(List to be enclosed) |             |
| <b>20 SECURITY DEPOSIT</b>                               |   |             |
|  | Details regarding creation of Security Deposit  |             |
| <b>21 HOSTEL</b>   |   |             |
| 1  | Whether permanent hostel building separately for men and women students                                   |             |
| 2  | If so indicate the No. of rooms available for each  |             |
| 3  | If it is not provided in the same campus where the hostel situated  |             |
| 4  | Furnish the Full address  |             |
| 5  | Distance between college and hostel   |             |

| <b>22. PLAY GROUND</b> |   |  |
|------------------------|---|--|
| 1                      | Whether play ground facilities are available  |  |
| 2                      | If not where the same is provide & furnish the address  |  |
| 3                      | Whether the consent obtained from the authority for utilizing the playground (furnish the copy of the same) |  |

**23. OBSERVATION OF THE INSPECTION COMMISSION**

|  |   |  |
|--|---|--|
|  | Other specific remarks of the Inspection Commission<br>(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 :

