

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



**BACHELOR OF OCCUPATIONAL THERAPY  
DEGREE COURSE**

**INSPECTION REPORT**

**FOR THE GRANT OF  
CONTINUANCE OF PROVISIONAL AFFILIATION  
FOR BACHELOR OF OCCUPATIONAL THERAPY  
DEGREE COURSE**

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

**BACHELOR OCCUPATIONAL THERAPY DEGREE COURSE**

**CONTINUANCE OF PROVISIONAL AFFILIATION**

**INSPECTION REPORT FOR THE ACADEMIC YEAR -**

1.	Name of the <b>Convenor</b> with Designation and Address Phone No: Office Residence  Mobile No.	
2.	Names of the <b>Member</b> with Designation and address Phone No: Office Residence  Mobile No.	
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. Fax and e-mail. (Copy of Trust deed to be enclosed)	
7.	Whether the 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 Occupational Therapy College, Full Address with Telephone, Fax and e-mail, where the Occupational Therapy College is located	
9.	Name of the <b>Principal</b> of the Occupational Therapy College i)Qualification  ii)Teaching Experience  iii)Working as Principal from  iv) Residential Address  v) Phone No: Office Residence Mobile No.	
10.	Specify the Occupational Therapy courses conducted in the same complex	
11.	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.	
	a) State whether the college is conducting <b>B.O.T.</b> degree course in the same academic complex at the time of <b>Grant of Provisional Affiliation</b>	Yes / No
	b) Whether the Trust has obtained any prior permission from the <b>University / Government</b> for change of academic complex if any made	University Permission : Yes / No  Government Permission : Yes / No

12.	State Government Orders in which permission was accorded to start the Occupational Therapy college/course. (Copy of Orders be enclosed)	G.O.(MS) No. .... H&FW Department Dated .....			
13.	University's Proceedings No. and Date in which the Provisional Affiliation was issued to start the B.O.T. Degree Course (Copy of letter to be enclosed)	Proc..No. : ..... Dated : ..... Annual Intake : ..... Academic year : .....			
14.	University's Proceedings No. and Date in which the Continuance of Provisional Affiliation was issued for the last year. (Copy of letter to be enclosed)	Proc..No. : ..... Dated : ..... Annual Intake : ..... Academic year : .....			
15.	No. of candidates registered for the <b>Last three years</b>	Quota	Year-I	Year - II	Year - III
		Government			
		Management			
		Total			
16.	<b><u>LAND DETAILS</u></b> Ear marked extent of land allotted for Occupational Therapy course and also for other courses if any. (Original Sworn Affidavit in the enclosed format to be furnished)	Furnished / Not Furnished			
17.	<b><u>READY BUILT AREA :</u></b> (not less than 1,000 sq.mt. for B.O.T. Degree Course proposed to be started)				
	a) Whether the college have the following rooms with the dimensions indicated against each				

Sl. No.	Particulars	Dimension	Required	Available	Shortfall
	<b><u>STAFF OFFICE</u></b>				
1.	Principal's room	10'x20'	1		
2.	College office	40'x20'	1		
	<b><u>FACULTY ROOM</u></b>				
1.	Staff (Men & Women)	10'x20'	2		
2.	Students (Men & Women)	10'x20'	2		
3.	Non Teaching Staff	10'x20'	1		
	<b><u>LIBRARY</u></b>				
1.	Hall	60'x40'	1		
	<b><u>OTHERS</u></b>				
1.	Anatomy & Physiology Museum	20'x40'	1		
2.	Demonstration Room (for Manipulative and Massage Therapy)	20'x20'	1		
3.	Class Room	20'x20'	3		
4.	Seminar	60'x20'	1		
5.	Activity Therapy room	40'x20'	1		
	b. Whether sufficient infrastructural facilities are made available <b>separately</b> for conducting BOT Degree Course.				
	c. State whether the academic complex is in <b>own/rental/leased building</b> . Furnish <b>Sale Deed/Rental Receipt and agreement/Lease</b> agreement accordingly.				

	<p><b>d. Whether the Ready built area is provided for conducting BOT Degree Course.</b></p>	<p style="text-align: center;">Yes / No</p> <p>Total Ready Built Area available ..... sq.ft.</p> <p>Additionally provided for B.O.T. .....sq.ft.</p>
	<p><b>e. Copy of the approved building plan of the Teaching Block and Hostel Block by the Competent Municipal / Panchayat authority duly indicating the office ref.no. with date, Office seal and covering letter for the approval. (Copy of reference to be enclosed)</b></p>	<p><u>For Academic Complex</u></p> <p>Approved by: .....</p> <p>Date of Approval : .....</p> <p>Approval issued vide Lr.No.</p> <p><u>For Hostel Building</u></p> <p>Approved by: .....</p> <p>Date of Approval : .....</p> <p>Approval issued vide Lr.No.</p>
<p>18.</p>	<p><b><u>HOSTEL</u></b></p> <p>State Whether the hostel building is in <b>own/rental/leased building.</b> Furnish <b>Sale Deed/Rental Receipt and agreement/ Lease agreement</b> accordingly.</p> <p>Whether Own / Rental / Leased</p> <p>If it is not own furnish the following</p> <p>i. Building Plan : ii. Proof of Ownership</p>	<p>The Hostel is</p> <p>Within the Campus / Outside the Campus</p> <p>If it is outside furnish full address</p> <p>iii. Agreement between ..... and .....</p> <p>iv. Date of Agreement made .....</p> <p>v. Expiry of Agreement .....</p> <p>vi. Years of Agreement .....</p>

	Whether the hostel facility is provided separately for Boys and Girls	Girls : ..... No. of Rooms Boys : ..... No. of Rooms
19.	<b><u>RESIDENTIAL QUARTERS</u></b>  Details of residential quarters provided to the staff and whether this facility is provided in the same complex or outside.	Within the College campus / Outside If it is outside furnish full address
20.	<b><u>EXTRA CURRICULAR</u></b>  a. Whether adequate space and equipment have been provided for extra curricular activities for the students.	
	<b>b. Whether play ground facilities is available</b> in the same campus; if not provided in the same campus, where the same is available?	If it is outside the college campus Address:
	<b>c. List of sports articles provided to the Physiotherapy students by the college.</b>	
21.	<b><u>HOSPITAL ARRANGEMENTS:</u></b>  (a) Whether the Trust has <b>Own / Tie-up</b> Hospital is having not less than <b>150 beds</b> in the following speciality:  Furnish xerox copy of License given by the Government to set up the <b>Own Hospital</b> .	<b><u>Own Hospital</u></b> Name : ..... License / Registration No. .... Dt. .... Full Address :

	<b>Departments</b>	<b>Required</b>	<b>Available</b>	<b>Shortfall</b>	
	General Medical and Surgical Beds	60			
	Orthopaedics and Traumatology and Burns	30			
	Ophthalmology	20			
	Paediatrics	20			
	Neurology	20			
<b><u>(b). Tie-up Hospital</u> (Furnish the upto date tie-up binding evidence)</b>					
	Name of the Hospital	Bed Strength	Consent Lr.No. & Dt. Issued by the Hospital	Period of Tie-up	
				From	To
	(c). <b>Number of Beds</b> available in the Own Hospital.				
	(d).State whether the <b>Own / Tie-up Hospital</b> situated within a radius of 30 km.				
	(e).No. of <b>Out-Patient section</b> in the Hospital.				
	(f). Daily <b>Out-Patient turnover</b> in the Hospital.				
	(g). Furnish <b>Average Monthly Out-Patient</b> turnover in the Hospital.				



	(h). <b>Bed Occupancy on the day of Inspections.</b>	
	(i).Furnish bed <b>Occupant percentage</b> for the last one year.	
	(j). Furnish binding evidence for providing necessary facilities for imparting training to the students has been furnished by tie-up hospital. <b>(copy of the current consent letter to be enclosed).</b>	
	(k). 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.	
	(l). A whether set up field teaching center is available close to the institution.	Yes / No
<b>22.</b>	<b><u>CLINICAL FACILITIES</u></b>  A well set up field teaching centre in a near by rural area for teaching community based rehabilitation.	
<b>23.</b>	<b><u>Equipment</u></b>  List of Equipments provided to be enclosed.	
<b>24.</b>	<b><u>LIBRARY</u></b>  a. Whether provision of minimum 500 books for BOT course made available.  Details regarding total number of books/journals available for Occupational Therapy course in different specialties available for the students <b>(List of books with titles and journals (Indian and Foreign) to be enclosed with rules of Library)</b>	Total No. of Books : .....  Total No. of titles : .....  <u>Journals</u> (Subscribed) :  No. of Indian Journals : .....  No. of International Journals : .....

25.	<b>AUDIO – VISUAL EQUIPMENTS</b>	<b>Required</b>	<b>Available</b>	<b>Shortfall</b>
	1. Over Head Projector / LCD Projector	1		
	2. Slide Projector	1		
	3. Video Projector etc.,	1		
26.	<p><b><u>TRANSPORT FACILITIES</u></b></p> <p>Transportation facilities like Type of vehicle Seating capacity, Copy of R.C. Book and Driver details to be enclosed</p>			
27.	<p><b><u>FURNITURE</u></b></p> <p>Details of Furniture available in the Occupational Therapy College for Faculty, Students, Office Staff, Class room, Laboratory, Library etc., <b>(List of Furniture to be enclosed).</b></p>			
28.	<p><b><u>TEACHING FACULTY</u></b></p> <p>Qualification and Teaching Experience of Professor, Reader/Associate Professor, Lecturer, Tutor/Clinical Instructor as per <b>Statutes of the BOT Degree Course.</b></p> <p>The following evidences to be furnished in the enclosed format.</p> <ol style="list-style-type: none"> <li>1. Age, Year of Qualification and Institution, Registration Number, Speciality (if B.O.T.), Teaching experience, appointment order, Joining report to be mentioned in the faculty list.</li> <li>2. Recent Passport size colour Photograph to be affixed in the Form B.</li> <li>3. Relevant documents should be submitted along with the duly filled in Form B</li> </ol>			

**FULL TIME:****Principal and Professor**

Master of Occupational Therapy/ M.Sc., Occupational Therapy with 5 years experience  
Desirable 3 years of administrative experience (or)  
BOT/B.Sc. Occupational Therapy with 10 years experience Desirable 3 years of  
administrative experience

**Vice – Principal / Professor**

Master of Occupational Therapy/ M.Sc., Occupational Therapy with 5 years  
experience Desirable 3 years of administrative experience (or)  
BOT/B.Sc. Occupational Therapy with 8 years experience Desirable 3 years of  
administrative experience

**Associate Professor in Occupational Therapy**

Master of Occupational Therapy/ M.Sc., Occupational Therapy with 3 years  
experience Desirable 3 years of administrative experience (or)  
BOT/B.Sc. Occupational Therapy with 6 years experience Desirable 3 years of  
administrative experience

**Assistant Professor in Occupational Therapy**

Master of Occupational Therapy/ M.Sc., Occupational Therapy with 5 years  
experience (or) BOT/B.Sc. Occupational Therapy with 5 years experience

**Lecturer in Occupational Therapy:**

one for every 10 students

Master of Occupational Therapy/ M.Sc., Occupational Therapy (or)  
BOT/B.Sc. Occupational Therapy with 3 years experience

**Tutor in Occupational Therapy :** (one for every 20 students)

B.O.T. / B.Sc. Occupational Therapy

**Staff for workshop for Therapeutic Activity Instructor :**

Computer Science, Leather work, Tailoring

Sl. No.	Designation	Reqd.	Available	Shortfall
1.	Principal/Professor	1		
2.	Vice – Principal / Professor	1		
3.	Reader / Associate Professor			
4.	Assistant Professor	7		
	Lecturer	1		
5.	Tutor	5		
6.	Staff for workshop	3		

	Part Time Staff	18*		
	<b><u>Other Staff</u></b>			
	Occupational Therapist	2		
7.	Male Nursing Assistant	2		
8.	Driver cum Cleaner	2		
9.	Librarian (Part Time)	1		
	List of <b>Part-time teachers</b> to be enclosed.			
	<b>* <u>PART – TIME STAFF :</u></b> 1. Assistant Professor of Sociology - 1 No. 2. Assistant Professor of Psychology - 1 No. 3. Assistant Professor of Anatomy - 1 No. 4. Assistant Professor of Physiology - 1 No. 5. Assistant Professor in Bio Mechanics - 1 No. 6. Assistant Professor of Community Medicine - 1 No. 7. Assistant Professor in Psychiatry - 1 No. 8. Assistant Professor in Cardiology - 1 No. 9. Assistant Professor in Pulmonary Medicine - 1 No. 10. Assistant Professor in Physical Medicine and Rehabilitation - 1 No. 11. Assistant Professor in Medical Subject - 8 Nos.  (Medicine, Surgery, Orthopaedics, Paediatrics, Neurology, Ophthalmology, Plastic and Reconstructive Surgery, Rheumatology, Psychiatry, ENT, Microbiology, Radiology, Pathology and Pharmacology)			
29.	<b>Percentage of pass in the final year exam of B.O.T. Degree Course for the last three years</b>	<b>20 - 20</b>	<b>20 - 20</b>	<b>20 - 20</b>
30	<b><u>REDUCTION OF SANCTIONED STRENGTH</u></b> Furnish the details of <b>Reduction of sanctioned strength</b> if any	<b>No. of seats reduced</b>	<b>Year</b>	<b>University Lr. No.and date</b>

31.	<b><u>SECURITY DEPOSIT</u></b>					
	<b>Instalment</b>	<b>Amount</b>	<b>FDR No. &amp; Date</b>	<b>Bank Address</b>	<b>Maturity Date</b>	<b>Whether Refunded to the Institution</b>
	<b>I</b>					
	<b>II</b>					
32.	<b><u>PAST DEFICIENCIES:</u></b>  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.			(To be furnished in a separate sheet annexed)		
31.	<b><u>INSPECTION FEES</u></b> Payment of prescribed fees for <b>current Inspection. (Copy to be enclosed)</b>			Amount paid Rs. ....		

32.	<b>UNIVERSITY ADMINISTRATIVE EXPENSES FEE</b>	Remitted upto the year -----  Amount : .....
33.	<u><b>GENERAL REQUIREMENTS:-</b></u>  1. Whether the <b>Number of admission</b> is based on the number of <b>intake sanctioned</b> .  2. Whether <b>Ratio of Faculty and Students</b> is followed as per the Statutes of this University.  3. Whether <b>Ratio of Student and Patients</b> is followed as per the Statutes of this University.  4. Whether the adequate Office/ Ministerial Staff is 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

34.	<p><b><u>OBSERVATION OF THE INSPECTION COMMISSION</u></b></p> <p>a) Whether the Institution/College has fulfilled all the requirements to grant Continuance of Provisional Affiliation for conducting B.O.T. degree course.</p> <p>b) Observation of Inspection Commission may be recorded in a separate sheet along with remarks if any.</p>	<p>Yes / No</p> <p>(Furnish in a separate sheet)</p>
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PLACE:

SIGNATURE OF THE MEMBER:

DATE:

(NAME IN BLOCK LETTERS) (.....)

SIGNATURE OF THE CONVENOR:

(NAME IN BLOCK LETTERS) (.....)

## DETAILS OF THE TEACHING FACULTY

Name	Date of Birth (Age)	Qualification	Year of passing	Council Registration No.	Teaching Experience	Date of Joining in the present Institution / Post
		UG PG	UG PG	UG PG	UG PG	
<b>Principal cum Professor</b>						
<b>Vice-Principal / Professor</b>						
<b>Assistant Professor</b>						
Sl No						
<b>Lecturer in Occupational Therapy</b>						
Sl No						
<b>Tutor</b>						
Sl No						
<b>Part Time Staff</b>						
Sl No						



<b>Librarian (Part time Staff)</b>							
Sl No							

Certified that the details furnished above are verified and found to be correct.

Signature of the Principal

**(To be furnished in the Rs.20/- Non-judicial stamp paper duly signed by the Managing Trustee and counter signed by the Notary Public with seal)**

**SWORN AFFIDAVIT**

We hereby declared that the following lands owned by us have been ear-marked for the purpose of starting B.O.T. Degree Course at the ..... College at ..... run by ..... Trust.

<b>Sl.No.</b>	<b>Lands registered under document No. and date</b>	<b>Survey No.</b>	<b>Land in Acres</b>	<b>Location of the lands</b>

Signature of the Managing Trustee  
with Seal & date

Signature of Notary Public  
with seal & date