



BABA FARID UNIVERSITY OF HEALTH SCIENCES, FARIDKOT

(PROFORMA FOR INSPECTION OF AFFILIATED - **PHYSIOTHERAPY** COLLEGE BY INSPECTION COMMITTEE, TO BE DULY FILLED BY COLLEGE AUTHORITIES, BEFORE VISIT OF INSPECTION COMMITTEE AND TO BE SUBMITTED THROUGH INSPECTION COMMITTEE TO UNIVERSITY ON THE DAY OF VISIT

DATE OF VISIT : / /20

Name of Inspection Committee

Member :

Member :

COLLEGE NAME :

Name of Management :

Name & Qualification of the Principal of the Physiotherapy College / HOD of Physiotherapy Department :

Govt. permission obtained (Mandatory) - Attach copy.

Intake capacity

Attachment with the M.C.I. recognized Medical College: Yes / No.

"Status of payment of previous affiliation fee:

(i) Detail of outstanding affiliation fee (Yearwise) : Rs.

(ii) Payment of affiliation fee for the year
Continuation / Extension affiliation is sought : Paid / Not Paid

(iii) Reasons for non-payment of above affiliation Fee :

YEAR OF AFFILIATION SEEKING : 2 0 ----- 2 0 ---- FOR INTAKE CAPACITY:-----Seats

Affiliation Sought for:-

AFFILIATION FEES DEPOSITED : Rs. -----

BFUHS Receipt No. -----

Dated -----

(Please attach Xerox copies of receipt)

Details of outstanding affiliation fee (Yearwise) :Rs. : _____

1. College Information :

Name of the College :

a. Address :

b. Telephone Numbers with STD Code:

c. Fax Number with STD Code :

d. Website:

e. E-mail Address :

2. Management Institute \ Parent Body :

Name :

a.Address :

b.Telephone Numbers with STD Code:

c.Fax Number with STD Code :

d. Website :

e.E-mail Address :

f.Year of Establishment :

g.Whether registered under Society Act\ Public trust Act:

(Please attach Xerox copy of registration cert.)

3. Status of College : - (Please attach proof documents)

a. Government \ Govt. Aided Private \ Private Non aided :

b. Whether has minority status :

c. Year / Date of Establishment \ Starting of College. :

c. Date of First affiliation by the BFUHS :

d. Permission of State Govt. to start College :

4. Whether Compliance report of last Inspection committee report submitted to University :
(Please attach copy of compliance report)

5. Year of first admissions \ first batch :

6. Year of Passing out of 1st batch :

7. Yearly intake as permitted by University :

8. Number of students studying in the college (Current year) :

1st year _____ 2nd year _____ 3rd year _____

4th year _____ Interns _____ Total _____

11. Financial Status (Attach balance sheet of last three years).

a. Total Income from all sources : Rs.

i. Fees Rs.

ii) Hospital income : Rs.

iii) Grants from Government & others Rs.

iv) Donations Rs.

v. Other Rs.

b. Total Expenditure: Rs.

i. College Salary expenditure : Rs _____

ii) College Non- Salary expenditure : Rs _____

c. Movable assets : Rs. _____

d. Non movable assets : Rs. _____

e. Liabilities : Rs. _____

(Please attach audited statements of income & expenditure for last three financial years)

12. **Budget Provision** (Current Year) :

13. Teachers information

a. Total number of available teachers : _____

(Please attach separate and detail list of Teachers including Librarian and sport teacher. The approved experience should be counted up to the date of inspection)

14. Information about Non-teaching Staff.

Total number of available Non-teaching Employees : _____

(Please attach separate list of N.T. Employees.)

Post	Required as per intake				Available
	30	40	50	60	
Librarian	01	01	01	01	
Asst. Librarian	01	01	01	01	
Office Superintendent	01	01	01	01	
Accountant	01	01	01	01	
Office Assistant	01	01	01	01	
Office clerk	01	01	02	02	
Computer operator	01	01	02	02	
Lab Attendants	03	03	04	04	
Attendants/Daftry/Peons	04	04	05	05	
Sweepers/cleaners	02	02	03	03	

15. Pay Scales & Other information :

a. Whether the Pay scales applicable to Teachers and actual salary & wedges are drawn as per Pay scales and rules of Government\ University from time to time?

If No, then justify

b. Whether the Pay scales applicable to Non-teaching employees are drawn as per pay scales and rules of Government\University from time to time?

If No, then justify:

c. Mode of disbursement of salary: - By cash \By Cheque \ through Nationalized bank by Pay order\ through Cooperative bank by Pay order\ No specific method followed.

d. Whether Service Books of Teachers and Non-teaching Employees are prepared and well maintained, from time to time as per Rules? :

e. Whether Provident fund is deducted from the salary of employee? If

No, then please Justify :

16. Principal/HOD :

- a.Name of Principal\HOD : _____
- c. Nature of appointment : Full time\ Officiating \Acting
- b.Qualification: _____
- e.Total Experience as a Principal : _____
- d.Whether Approved by BFUHS ? : _____ (Attach copy)
- Approval letter No. _____ dated _____
- e.Contact No. Mobile: _____
- Office: _____ Res.: _____ .
- E-mail: _____

18. College Building

Total built up area available for college building : _____ sq.ft.
(Minimum required area : 25, 000 sq. ft)

Space allotment	Upto 30 seats	31-40	41-50	51-60	Available
Main Office	300 sq.ft.x 1	300 sq.ft.x 1	400 sq.ft.x 1	400 sq.ft.x 1	
Principal Office	300 sq.ft.x 1	300 sq.ft.x 1	300 sq.ft.x 1	300 sq.ft.x 1	
Professor's Office	250 sq.ft.x 1	250 sq.ft.x 1	250 sq.ft.x 2	250 sq.ft.x 2	
Associate Professor's office	150 sq.ft.x 1	150 sq.ft.x 1	150 sq.ft.x 2	150 sq.ft.x 2	
Assistant Professor's office	100 sq.ft. x 1	100 sq.ft. x 2	100 sq.ft. x 2	100 sq.ft. x 2	
Staff Room	300 sq.ft. x 1	300 sq.ft. x 1	300 sq.ft. x 2	300 sq.ft. x 2	
Room for other staff	300 sq.ft. x 1	300 sq.ft. x 1	300 sq.ft. x 2	300 sq.ft. x 2	
Seminar / Audio-visual Hall	1000 sq.ft.	1200 sq.ft.	1500 sq.ft.	2000 sq.ft.	
Examination Hall	1500 sq.ft.	1800 sq.ft.	2000 sq.ft.	2200 sq.ft.	
Class Rooms	350 sq.ft.	450 sq.ft.	550 sq.ft.	650 sq.ft.	
Demonstration Room	500 sq.ft.	600 sq.ft.	700 sq.ft.	800 sq.ft.	
Library	1000 sq.ft.	1200 sq.ft.	1500 sq.ft.	1800 sq.ft.	
Computer Lab	500 sq.ft.	600 sq.ft.	700 sq.ft.	800 sq.ft.	
Laboratories					
Anatomy	700 sq.ft.	900 sq.ft.	1000 sq.ft.	1200 sq.ft.	
Physiology	700 sq.ft.	900 sq.ft.	1000 sq.ft.	1200 sq.ft.	
Exercise Therapy Lab	1000 sq.ft.	1200 sq.ft.	1400 sq.ft.	1600 sq.ft.	
Electrotherapy Lab	1000 sq.ft.	1200 sq.ft.	1400 sq.ft.	1600 sq.ft.	
Biomechanics & Kinesiology Lab	500 sq.ft.	600 sq.ft.	700 sq.ft.	800 sq.ft.	
Medical Physics & Fundamental of Electrotherapy lab	500 sq.ft.	600 sq.ft.	700 sq.ft.	800 sq.ft.	
Functional Diagnostic Lab	500 sq.ft.	600 sq.ft.	700 sq.ft.	800 sq.ft.	

-Class Rooms	Airy/Ventilated	Yes / No
-Toilets for staff		Yes / No
-Toilets for Students		
Male		Yes / No
Female		Yes / No
-Common Room		
Boys		Yes / No
Girls		Yes / No
-Canteen		Yes / No
-Transport Facility for Students		Yes / No
-Playgrounds		Yes / No

19. LIBRARY:

	REQUIREMENT	ACTUALLY AVAILABLE	DEFICIT/EXCESS
Text Books	As per syllabus		
Reference books	As per syllabus		
Total Books			

- (i) On Physiotherapy :
(ii) On Basic Medical &
Clinical Sciences:
(iii) Other books :

Journals	3 International Journals Of Physiotherapy & Rehabilitation. 5 National Journals of Physiotherapy & Rehabilitation. Audio Visual Aids & Internet Facility
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Audio-Visual Aids	LCD,OHP/Slide Projector, multimedia DVDs, CDs, Computer with multimedia facility & internet connection
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System: 1. Open access\Card window\ Others

2. Stamp of library for identification of each book is placed on page number _____.

(a)Reading Room (General)	:	Available/Not Available	capacity: _____.
(b)Teachers Reading Room	:	Available/Not Available	
(c)Catalogue\Counter Room	:	Available/Not Available	
(d)Librarian Room	:	Available/Not Available	

Staffing Pattern for Physiotherapy Course

Required teaching staff:

	Upto 30 seats	31-40 seats	41-50 seats	51-60 seats
Before the start of 1 st year of BPT course	Professor – 1 Assoc. Prof. – 1 Asst. Prof. – 2 Demonstrator – 1 Jr. Physiotherapist - 2	Professor – 1 Assoc. Prof. – 1 Asst. Prof. – 3 Demonstrator – 2 Jr. Physiotherapist - 3	Professor – 1 Assoc. Prof. – 1 Asst. Prof. – 3 Demonstrator – 2 Jr. Physiotherapist - 3	Professor – 1 Assoc. Prof. – 2 Asst. Prof. – 3 Demonstrator – 2 Jr. Physiotherapist -4
Before the start of 2 nd year of BPT course	Professor – 1 Assoc. Prof. – 1 Asst. Prof. – 3 Demonstrator – 1 Jr. Physiotherapist - 3	Professor – 1 Assoc. Prof. – 2 Asst. Prof. – 3 Demonstrator – 2 Jr. Physiotherapist - 4	Professor – 1 Assoc. Prof. – 2 Asst. Prof. – 4 Demonstrator – 2 Jr. Physiotherapist - 4	Professor – 1 Assoc. Prof. – 2 Asst. Prof. – 5 Demonstrator – 3 Jr. Physiotherapist -5
Before the start of 3 rd year of BPT course	Professor – 1 Assoc. Prof. – 2 Asst. Prof. – 3 Demonstrator – 2 Jr. Physiotherapist - 3	Professor – 1 Assoc. Prof. – 2 Asst. Prof. – 4 Demonstrator – 3 Jr. Physiotherapist - 4	Professor – 2 Assoc. Prof. – 2 Asst. Prof. – 4 Demonstrator – 3 Jr. Physiotherapist - 5	Professor – 2 Assoc. Prof. – 3 Asst. Prof. – 5 Demonstrator – 3 Jr. Physiotherapist -6
Before the start of 4 th year of BPT course	Professor – 1 Assoc. Prof. – 2 Asst. Prof. – 3 Demonstrator – 2 Jr. Physiotherapist - 4	Professor – 1 Assoc. Prof. – 3 Asst. Prof. – 4 Demonstrator – 3 Jr. Physiotherapist - 5	Professor – 2 Assoc. Prof. – 3 Asst. Prof. – 5 Demonstrator – 4 Jr. Physiotherapist - 5	Professor – 2 Assoc. Prof. – 4 Asst. Prof. – 6 Demonstrator – 4 Jr. Physiotherapist -6

Teachers of Specialty Medical Subjects:

1. For 1st year BPT, 1 Assistant Professor each for Anatomy, Physiology, Biochemistry, English & Computer Applications is required.
2. For 2nd year BPT, 1 Assistant Professor each for Pathology, Microbiology, Pharmacology, Psychology & Sociology is required.
3. For 3rd year BPT, 1 Assistant Professor each for Orthopaedics, General Medicine and Research Methodology & Biostatistics is required.
4. For 4th year BPT, 1 Assistant Professor each for General Surgery & Neurology is required.

(Staff for Medical subjects can be appointed on part time basis.)

TEACHING FACULTY

Principal

Master's degree in any branch of Physiotherapy MPT/M.S.P.T from a recognized University as a full time regular candidate after Basic qualification of BPT and a total of 8 years of teaching experience, out of which minimum 5 years should be after P.G. Candidates with higher qualification like M.Phil or Ph.D will be given preference.

Professor

Master's degree in any branch of Physiotherapy MPT/M.S.P.T from a recognized University as a full time regular candidate after Basic qualification of BPT and a total of 8 years of teaching experience, out of which minimum 5 years should be after P.G.

Associate Professor

Master's degree in any branch of Physiotherapy MPT/M.S.P.T from a recognized University as a full time regular candidate after Basic qualification of BPT and a total of 5 years of teaching experience, out of which minimum 3 years should be after P.G.

Assistant Professor

Master's degree in any branch of Physiotherapy MPT/M.S.P.T from a recognized University as a full time regular candidate after Basic qualification of BPT.

Demonstrator & Junior Physiotherapist

Bachelor degree in Physiotherapy from a recognized University as a full time regular candidate.

QUALIFICATIONS OF PRECLINICAL / PARACLINICAL / CLINICAL AND ALLIED SUBJECTS:

- Assistant Professor: Post Graduate in the same subject specialty for pre, para and allied subjects.
- MD/MS for clinical subjects.
- For the subject of Neurology, an Assistant professor with MD (Medicine) qualification can be appointed.

1.LABORATORIES

A.FUNCTIONAL DIAGNOSTIC LAB

A.1. ELECTRODIAGNOSIS LAB:

a. Space available for department : -----sq.ft.

b. Whether w/c facility is attached? :-----

c.Whether Departmental Library is maintained : -----

If yes, then number of available books : -----

d.Whether Stock book registers are available? :-----

Whether Certified and well :-----

maintained?

e.Whether students attendance record is available ? :-----

f.Whether record of internal Assessment is well maintained? :-----

g. Number of Charts available : -----

h.Number of Models available : -----

i.Whether term wise distributed syllabus is followed ? :-----

j.Any other important thing to specify ? :----- (Please attach detail list of available furniture, chart, models, samples, specimen, photographs, instruments, equipments available at department for teaching and academic purposes.)

S.No.	Name of Equipment	Number of Equipments required				Available
		Upto 30 seats	31-40 seats	41-50 seats	51-60 seats	
1	Diagnostic Electrical Stimulator with Facility to draw SD Curve	2	4	6	8	
2	Biofeedback Unit	1	1	1	1	
3	E.M.G./NCV/EP Unit	1	1	1	1	

A.2. EXERCISE TOLERANCE AND FITNESS LAB :

S.No.	Name of Equipment	Number of Units required				Available
		Upto 30 seats	31-40 seats	41-50 seats	51-60 seats	
1	TMT Unit	1	1	1	1	
2	Bicycle Ergometer Having Speedometer and Adjustable Load	1	1	2	2	
3	Skin Fold Calipers	2	3	4	5	
4	Weighing Scale with Height Measuring Facility	2	3	4	5	
5	Spiro meter and Peak flow meter	2 each	2 each	3 each	3 each	
6	Pulse Oximeter	2 each	2each	3 each	3 each	
7	Mannequins for CPR training	1	1	2	2	
8	Hand Evaluation Kit	1	1	2	2	
9	Dynamometer (Hand, Back-leg-chest)	1	1	2	2	
10	Sensory Integration Kit	1	1	2	2	
11	Body Composition Analyser	1	1	1	1	

B .BIOMECHANICS And KINESIOLOGY:

Name of H.O.D. : _____

a. Space available for department : -----
sq ft

b. Whether w/c facility is attached? :-----

c. Whether Departmental Library is maintained : -----

If yes, then number of available books : -----

d. Whether Stock book registers are available? :-----

Whether Certified and well maintained? :-----

e. Whether students attendance record is available ? :-----

f. Whether record of internal Assessment is well maintained? :-----

g. Number of Charts available : -----

h. Number of Models available : -----

i. Whether term wise distributed syllabus is followed ? :-----

j. Any other important thing to specify ? :----- (Please attach detail list of available furniture, chart, models, samples, specimen, photographs, instruments, equipments available at department for teaching and academic purposes.)

S.No.	Name of Equipment	Number of Units required				
		Upto 30 seats	31-40 seats	41-50 seats	51-60 seats	Available
1	Full Size Postural Mirrors	1	1	2	2	
2	Plumb Line	6	8	10	12	
3	Various Orthosis & Proshesis for demonstration	1 set	1 set	2 sets	2 sets	
4	Goniometers (360, 180 & Finger)	6 sets	6 sets	8 sets	8 sets	
5	Stadiometer	1	1	2	2	
6	Weighing machine	1	1	2	2	
7	Measuring Tapes	6	6	8	8	

Desirable Units: Isokinetic Unit & Gait Analysis Unit.**C.MEDICAL PHYSICS AND FUNDAMENTALS OF ELECTROTHERAPY LAB :**

Name of H.O.D. : _____

a. Space available for department : -----

sq ft

b. Whether w/c facility is attached? :-----

c. Whether Departmental Library is maintained : -----

If yes, then number of available books : -----

d. Whether Stock book registers are available? :-----

Whether Certified and well maintained? :-----

e. Whether students attendance record is available ? :-----

f. Whether record of internal Assessment is well maintained? :-----

g. Number of Charts available : -----

h. Number of Models available : -----

i. Whether term wise distributed syllabus is followed ? :-----

j. Any other important thing to specify ? :----- (Please attach detail list of available furniture, chart, models, samples, specimen, photographs, instruments, equipments available at department for teaching and academic purposes.)

S.No.	Name of Equipment	Number of Units required				Available
		Upto 30 seats	31-40 seats	41-50 seats	51-60 seats	
1	Galvanometer	1	1	2	2	
2	Ammeter	1	1	2	2	
3	Voltmeter	1	1	2	2	
4	Potentiometer	1	1	2	2	
5	Multimeter (Analogue & Digital)	2	4	6	8	
6	Variable Resistance (Rheostat)	2	2	3	3	
7	Variable Capacitance	2	2	3	3	
8	Batteries (6 V, 12 V)	2	2	4	4	
9	Dry Cells (1.5 V, 3 V)	2	2	4	4	
10	Oscilloscope	2	2	4	4	
11	Voltaic Cell	1	1	2	2	
12	Daniel cell	1	1	2	2	
13	Lechlanche Cell	1	1	2	2	
14	Lead Acid Accumulator	1	1	2	2	
15	Edison Cell	1	1	2	2	
16	Transformer (Step down)	2	2	4	4	
17	Transformer (Step up)	2	2	4	4	
18	Dynamo model AC/DC	2	2	4	4	
19	Safety devices (Fuses- 5A, 15 A)	4	4	6	6	
20	Magnetic needle	4	4	6	6	
21	Bar magnet	4	4	6	6	
22	Electromagnet	4	4	6	6	

D. ELECTROTHERAPY Lab :

Name of H.O.D. : _____

- a. Space available for department : _____
sq.ft.
- b. Whether w/c facility is attached? : _____
- c. Whether Departmental Library is maintained : _____
If yes, then number of available books : _____
- d. Whether Stock book registers are available? : _____
Whether Certified and well maintained? : _____
- e. Whether students attendance record is available ? : _____
- f. Whether record of internal Assessment is well maintained? : _____
- g. Number of Charts available : _____
- h. Number of Models available : _____
- i. Whether term wise distributed syllabus is followed ? : _____
- j. Any other important thing to specify ? : _____ (Please
attach detail list of available furniture, chart, models, samples, specimen, photographs,
instruments, equipments available at department for teaching and academic purposes.)

S.No.	Name of Equipment	Number of Units required				Available
		Upto 30 seats	31-40 seats	41-50 seats	51-60 seats	
1	Hydrocollator Hot Pack Unit	1	1	2	2	
2	Paraffin Wax Bath	1	1	2	2	
3	Short Wave Diathermy – 500 watts with both Disc and pad electrodes	2	2	2	2	
4	Microwave Diathermy	1	1	1	1	
5	Diagnostic Electrical Stimulator	2	4	6	8	
6	Interferential Therapy	2	2	3	3	
7	T.E.N.S (Four Channel)	2	3	4	5	
8	Ultrasound Therapy Unit	2	2	4	4	
9	Electronic Traction Unit (Cervical & Lumbar)	2	2	3	3	
10	Whirlpool Bath	1	1	1	1	
11	Contrast Bath	1	1	1	1	
12	UVR Lamp	1	2	2	2	
13	IRR Lamp	2	2	4	4	

14	Laser Therapy Unit	1	1	1	1	
15	Cryotherapy Unit	1	1	2	2	
16	CPM Unit (Lower Limb)	1	1	1	1	
17	CPM Unit (Upper Limb)	1	1	1	1	

E. EXERCISE THERAPY LAB:

Name of H.O.D. : _____

- a. Space available for department : _____
sq.ft.
- b. Whether w/c facility is attached? : _____
- c. Whether Departmental Library is maintained : _____
If yes, then number of available books : _____
- d. Whether Stock book registers are available? : _____
Whether Certified and well maintained? : _____
- e. Whether students attendance record is available ? : _____
- f. Whether record of internal Assessment is well maintained? : _____
- g. Number of Charts available : _____
- h. Number of Models available : _____
- i. Whether term wise distributed syllabus is followed ? : _____

Any other important thing to specify ? : _____ (Please attach detail list of available furniture, chart, models, samples, specimen, photographs, instruments, equipments available at department for teaching and academic purposes.)

S.No.	Name of Equipment	Number of Units required				
		Upto 30 seats	31-40 seats	41-50 seats	51-60 seats	Available
1	Parallel Bars	1	2	2	2	
2	Wall Ladder	1	1	2	2	
3	Static Cycles	2	3	4	4	
4	Suspension Apparatus	1	1	1	1	
5	Shoulder Wheel	2	3	3	4	
6	T-Pulley	2	2	2	2	
7	Finger Ladder	2	2	2	2	
8	Hand Exercise Kit	1	1	2	2	
9	Multiple Exercise Chair/Machine	1	1	2	2	
10	Tilt Table	1	1	2	2	
11	Exercise Mat 4"Thick (6'x 3')	1 pair	1 pair	2 pair	2 pair	

12	Walkers of Adjustable Height with and Casters	3	3	5	5	
13	Elbow Crutches	3 pairs	3 pairs	4 pairs	4 pairs	
14	Axillary Crutches	3 pairs	3 pairs	4 pairs	4 pairs	
15	Walking sticks	4	4	6	6	
16	Wheel Chairs-Adult size – Paediatric size	1 1	1 1	2 2	2 2	
17	Medicine Balls (1 Kg-5 Kg)	1 set	1 set	2 sets	2 sets	
18	Dumbells (1/2 Kg – 5 Kg)	2 sets	2 sets	3 sets	3 sets	
19	Quadriceps Table	1	1	2	2	
20	Self exercising equipment for all peripheral joints	1 set	1 set	2 sets	2 sets	
21	Swiss Balls & Bolsters	2 sets	2 sets	4 sets	4 sets	
22	Trampoline (various sizes)	1 set	1 set	1 set	1 set	
23	Weight Cuffs	1 set	1 set	2 sets	2 sets	
24	Balance Board (Adult & Paediatric)	2	2	4	4	
25	Goniometers (360, 180 & Finger)	4 sets	4 sets	6 sets	6 sets	
26	Treatment Couches	3	3	4	4	
27	Standing Frame	1	1	2	2	
28	CP Chairs	1	1	2	2	
29	Wedges	1 Set	1 Set	2 Sets	2 Sets	
30	Peg Boards	2	2	3	3	

F. ANATOMY LAB

- Whether well equipped? Yes / No
- Number of Dissected Specimens (minimum 15 are required) _____
- Number of Mannequins (Minimum 2, 3 & 4 Nos for 30, 40/50 & 60 students respectively)

- Number of Models (Minimum 20 are required) _____
- Museum (as per requirement of syllabus & strength of students) Yes / No

G. PHYSIOLOGY LAB:

Available/Deficient

Adequate facility for experiments and demonstrations as per the requirement of the syllabus i.e. blood studies, Nerve muscle studies, spirometry, exercise physiology etc.

H. COMPUTER LAB

No. of Computers : _____

(Ratio should be maintained as 1 computer for 3 students)

Broadband Internet Connectivity Yes / No

I. SPORTS FACILITIES

-Indoor games Yes / No

-Outdoor games: Football, Hockey, Cricket, Basketball, Volleyball, Tennis, Badminton etc.

(Tick the games available in the college & specify if any other available)

20. HOSTEL

A. **Boys Hostel**- Available\Not available : _____

Independent / shared with any other College : _____

Total Capacity : _____

B. **Girls Hostel**- Available\Not available : _____

Independent / shared with any other College : _____

Total Capacity : _____

21.**OTHER FACILITIES.**

- | | |
|--|-----------------------------|
| a) Ladies common room with attached w\c | : Available / not available |
| b) Canteen facility for students and staff | : Available / not available |
| c) Water Cooler/safe drinking water facility | : Available / not available |
| d) Internet facility inside campus | : Available / not available |
| e) Cycle \ Motorcycle \ Car Parking | : Available / not available |

22. Details of the Research activities carried out in last three years (please don't include the activities of P.G Students carried out under P.G. Course) if any

HOSPITAL - INFORMATION

CLINICAL FACILITIES : Own / Attached Hospital (Govt. / Civil / Private) must be within 10 km. radius of the college.

Bus services is mandatory to the hospital located more than 1km away from the College.

Should include Orthopedic, Burns, General Surgery, Neurological, Cardio-respiratory, Medical, Psychiatric & Pediatric patients having student to bed ratio of minimum 1:5 per day per discipline at various hospital as well as 1:1 outdoor P.T. services.

1. Name of the Hospital: _____

2. Address: _____

3. Telephone No.----- Fax No.-----

4. Whether the Hospital is owned by the College\Management or Rented? _____

5. Total number of Beds (minimum 150, 200, 250 & 300 bedded hospital for intake of 30, 40, 50 & 60 students respectively) : _____

6. Total built up area of Hospital :----- sq.ft

7. Student Bed Ratio (Under graduate) : -----

8. Average Bed Occupancy in% : - -----

9. Whether Hospital is registered under any act under Local authority such as Corporation, Municipality, Grampanchayat, etc.: -----

---- (Please attach copy of registration certificate)

10. Distance of Hospital from the College to which it is attached (In kms)-----

11. Whether casualty is available and functional : Yes\No

12. Whether separate Registration room is available at OPD? :-----

a.Number of total patients registered in last year : -----

b.Number of New Patient registered on daily average :-----

c.Number of Old patient registered on daily average :-----

d.Average Number of patients attending OPD(current year):-----

e.Whether records of patient registration are well maintained :-----

Any other remarks/information, the inspection committee wants to give:

CERTIFICATE OF PRINCIPAL / H.O.D.

This is to certify that the information furnished in above proforma is actually based on facts and as per available record of the College and Hospital is very true. It is further certified that, nothing has been neither hidden nor exaggerated while providing information.

Seal

Signature -----

Name of Principal\HOD.:-----

College name:-----

Place:-----

Date:-----.

CERTIFICATE\ REMARKS OF THE INSPECTION COMMITTEE .

We the Inspection Committee member here by certifies that, we have thoroughly inspected the College and Hospital on the date mentioned. We have verified the statements made in the proforma. We hereby agree with the information supplied by the authorities of the institute. / We do not agree with the information supplied by the authorities of the institutes.

(Scratch which ever is not applicable.)

Place -----

Date -----

Names

Signatures

1. Member of inspection committee :

2. Member of inspection committee :
