

**DIRECTORATE OF MEDICAL EDUCATION
GOVERNMENT OF KERALA, THIRUVANANTHAPURAM**

INSPECTION PROFORMA FOR PARAMEDICAL COURSES IN KERALA

(Inspection as per the order No.....)

I. DETAILS OF THE INSTITUTION

1. Name of the Institution with full Postal address. :
(with Telephone No, Mobile no&E mail)

2. Administrative status of the Institution :
(Society/Trust/Institution or any other)

3. Head of the Institution/College (Designation) :
Name:
Address:

Phone no :
Email ID :

3. Name of the Person to whom communication is to be sent:
(with Telephone No, Mobile no&E mail)

4. a) Location of the Institution
(Road and Railway route to reach the Institute / college):

b) Whether the Institute belongs to the jurisdiction of
Corporation/Municipality/Panchayath :

5. Name of the authority or public body that

(a) Finance to the Institute

(b) Manages funds for the course that applied for :

6. Name of the University with which the college is affiliated:
(for the existing courses)

SNo	Name of the course	Name of the university
1		
2		

7. Details of other Courses being conducted in the Institute/College

SNo	Name of the course	Duration of the course	No. of seats sanctioned	Year of starting the course	Furnish the details of Govt.Order with a copy ,if any	
					Letter of intent	Letter of Permission
1						
2						
3						
4						
5						

II. Details of the New Course applied for in the Institute/College

SNo	Name of the course	Duration of the course	No. of seats applied for	Month & Year of starting the course	Furnish the details of Govt.Order sanctioning the course with a copy	
					(1)	(2)
1						
2						

a. Name of the University with which the college is affiliated:
(For the New course applied for)

b. Furnish the details of Affiliation :
(Attach the copy of Affiliation letter)

c. DETAILS OF INSTITUTION / COLLEGE

1) Whether the agency is a registered Society
(Attach copy of registration certificate) :

2) Whether the place/Institute belong to the Jurisdiction of
Corporation/Municipality/Panchayath :

3) Name of the Village, Taluk and District in which the
Institute is proposed.

14) Whether the building meet the minimum standard of the Paramedical Council or not :

If Yes or No, Give Specific remarks.

III. DETAILS OF HOSPITAL FACILITIES AVAILABLE

a) Name and Address of the Hospital :

b) Name of Owner of the Hospital :

c) Road Distance from the College to the Hospital :

d) No. of Beds :

e) Total Out patient/Day :

f) Total Inpatient/Day :

h) Achievements of the Hospital :

i) Name the Specialties available

- | | |
|-----------|------------|
| (1) ----- | (7) ----- |
| (2) ----- | (8) ----- |
| (3) ----- | (9) ----- |
| (4) ----- | (10) ----- |
| (5) ----- | (11) ----- |
| (6) ----- | (12) ----- |

j) Details of clinical works done per year for the last 2 years:

k) Details of Basic subject departments :

- Anatomy,
- Physiology,
- Pharmacology,
- Pathology,
- Microbiology

1) No. of Clinical Laboratories in the hospital :

(Attach detailed facilities of the Clinical laboratories (as Annexure) in case of applying for MLT courses .Furnish the details of No. of qualified lab technicians, Qualification and experience, total no. of specimens / day, Average No. of specimens in each laboratories in the last two years, Infrastructural facilities, Availability of work benches to accommodate the trainees, Maximum No. of trainees possible to be accommodated etc should be mentioned)

IV. DETAILS OF TEACHING STAFF FOR BASIC SUBJECT

Name of the Occupant	Designation	Qualification	Experience	Subject-Teaching	Full time/Part time

(Attach separate list of faculties stating the Designation, Qualification, Experience, date of joining, whether exclusively for the course and with their signature)

Remarks:

V. DETAILS OF TEACHING STAFF FOR THE SPECIALITY SUBJECT

Name of the Occupant	Designation	Qualification	Experience	Subject-Teaching	Full time/Part time

(Attach separate list of faculties stating the designation, Qualification, Experience, date of joining, whether exclusively for the course and with their signature)

Remarks:

VI. DETAILS OF NON-TEACHING STAFF

Name of the Occupant	Designation	Qualification	Date of Joining	Experience	

(Attach separate list of faculties stating the designation, Qualification, Experience, date of joining, whether exclusively for the course and with their signature)

Remarks:

VII. a) Hostel facility available or not :

b) Library; separate or combined with the main College:

c) Details of books available for the course :
(Attach list of Books separately)

d) Seating capacity of students :

VIII. a). Equipments, Furniture, Glass wares, chemical and other requirements
(Attach List of equipments, Furniture, Glass wares, chemical and other Requirements and also attach copy of purchase bill separately) :

b). Teaching aids like OHP, LCD, Charts models etc. :
(Copy of bill to be attached)

IX. Any other information:

**X . Details of the Existing Paramedical Courses in the Institute /
College (in case of Periodic Inspection / Unnoticed Inspection /
.....)**

SNo	Name of the courses for which the inspection is conducted	Duration of the course	No. of seats sanctioned	Month& Year of starting the course	No.of batches admitted	No.of batches Passed out
1						
2						
3						

a) MODE OF SELECTION AND CONDUCT OF THE COURSE

- 1) No. of students admitted per year :
- 2) No. of students admitted by DME :
- 3) No. of students admitted by the Management :
- 4) Total Fee collected from Govt. merit students :
- 5) Total Fee collected from Management students :

b) Remarks regarding the conduct of the course

- 1) No. of students present in the first year :
- 2) No. of students present in the second year :
- 3) Theoretical training in the first year :
- 4) Theoretical training in the Second year :
- 5) Practical training in the first year :
- 6) Practical training in the second year :
- 7) Conduct of examination :
- 8) Maintenance of Practical record :
- 9) Maintenance of Log book :
- 10) Availability of teaching staff during the last 2 years:
- 11) Details of infrastructural facilities :

c) Feedback from the students

- 1) Theoretical training :
- 2) Practical training :
- 3) Hospital posting
- 4) Conduct of Examination :
- 5) Hostel / Food :
- 6) Transportation :

XI. Specific Remarks of the Inspectors:

Name, Designation and Signature of Inspectors

1)

2)