

## course concerned proforma B

### MSc(MLT)-Microbiology

26. Details of infrastructure facilities available in the institute

SNo	Details	Detailed area in sq.metre	Available No.
a	Built in area of building proposed for the course (after excluding common area mentioned in the general proforma)		
b	Lecture hall (With its available / proposed facilities).		
c	MSc(MLT)–Microbiology PG Practical laboratory (With its available / proposed work bench area for each student). <i>Attach details of available / proposed equipments in the PG' laboratory as Annexure No-I</i>		
d	Media & washing room and its facilities		
e	Seminar room with facilities i) Table ii) Chair iii) Audiovisual aids –OHP iv) LCD projector v) Computer (Seminar hall shall be shared for other MSc(MLT) courses)		
f	General store with facilities		
g	Department Chemical store		
h	Common toilet-a) for Boys b) for Girls		
i	Faculty rooms & staff rooms		

27. Whether Clinical lab facilities are available for the students in Clinical Bacteriology :  
If yes,  
Attach details of facilities available for the students in bacteriology and Average number of specimens /month for each test :  
(Attach as annexure no-II)
28. Whether Clinical lab facilities are available for the students in Parasitology :  
If yes,  
Attach details of facilities of Parasitology tests available and Average number of specimens /month for each test (Attach as Annexure no-III) :
29. Whether Clinical lab facilities are available for the students in Virology :  
If yes,  
Attach details of facilities of Virology tests available and Average number of specimens /month for each test (Attach as Annexure no-IV)  
If No, Give Details of its management :
30. Whether Clinical lab facilities are available for the students in Mycology :  
If yes,  
Attach details of facilities available in Mycology and Average number of specimens /month (Attach as Annexure no-V)
31. State whether the Institute have any sister institute Where additional clinical lab facilities or advanced facilities Available .  
If yes, give the details  
(Attach as Annexure no-VI)
- 32 . Whether specialty departments such as Cardiology, Thorasic surgery, Neuromedicine, Respiratory medicine and chest diseases, Nephrology, Gastroenterology , Nuclear medicine or more are available :

If yes,

Average number of Out Patients/month

Average number of in patient /month

in each Department ( Attach as Annexure No-VII) :

:

33. When did you start the BSc(MLT) course in your Institute :

If yes, No .of students admitted per year

State the Percentage of pass for the last 3 years

34. Whether the staff members are posted for the course proposed :

If yes, give the details :

Teaching faculties

No.	Designation	Name	Qualification	Experience	Date of joining	Full/Part time
1	Professor&Head					
2	Professor of MLT in Microbiology					
3	Associate Professor of MLT in Microbiology					
4						
5	Assistant Professor of MLT in Microbiology					
6						
7	Assistant Professor of MLT in Microbiology					
8						
Non-teaching staff						
1	Laboratory technician					
2	Administrative Officer					
3	Assistant					
4	Cleaner/Sweeper					
5						

35. Give the details of staffs presently available for the conduct of BSc(MLT)Degree course in the Institute

No.	Designation	Name	Qualification	Experience	Date of joining	Full/Part time

**Declaration**

I, ----- on behalf of ..... do hereby state that the information given above is true to the best of my knowledge. Further I do agree to abide by future direction of the state Government/Paramedical council regarding mode of selection, minimum standards and fee structure of the proposed course.

Place:

Date:

Signature of the applicant

(Seal)