

### CARDIOVASCULAR TECHNICIAN'S DIPLOMA (DCVT)

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	Number of Lecture hall (With its available / proposed facilities).		
c	Seminar room with facilities i) Table ii) Chair iii) Audiovisual aids –OHP iv) LCD projector v) Computer		
d	Common toilet-a) for Boys b) for Girls c) for staff		
e	Faculty rooms & staff rooms		

27. Whether the institute has a functional hospital of your own :  
 If yes, Total number of out patients/month :  
 Total number of in-patients/month :
28. Whether the hospital have the facility of 24 hour casualty:  
 If yes, Total number of out patients/month :
29. Whether the hospital has a well functioning cardiology department  
 If yes, Total number of out patients/month :  
 Total number of in-patients/month :
30. Whether the hospital has a well functioning cardiothoracic Surgery department:  
 If yes, Total number of out patients/month :  
 Total number of in-patients/month :  
 Average number of cardiothoracic surgery/month :  
 Total no.of cases done for the last 2 years :
31. Total working area in the theatre for cardiothoracic surgery :
32. Total number of operation table in the theatre :
33. Whether the hospital has a well functioning intensive cardiac coronary unit :  
 If yes, Total number of bed available in the ICCU :  
 Mention the facilities available in the ICCU :
34. Whether the hospital has post operative care unit in each department :  
 If yes, Give the details :  
 Total number of bed available :  
 Mention the facilities available :
35. Whether the hospital has invasive and non-invasive laboratory :  
 If yes, Mention the year of installation :

- Facilities available in the labs. :
- Total number of test per month :
36. Whether the hospital has a functional Echo laboratory :  
 If yes, Mention the year of installation: :  
 Make/model of machine :  
 Name of the person who operate the machine :  
 Total number of test per month :
37. Whether the hospital has a functional Treadmill exercise laboratory:  
 If yes, Mention the year of installation :  
 Make /model of the machine :  
 Name of the person who operate the machine :  
 Total number of test per month :
38. Whether the hospital has a functional Holter laboratory :  
 If yes, Mention the year of installation :  
 Make/model of meschine :  
 Name of the person who operate the meschine :  
 Total number of test per month :
39. Whether the hospital has a functional cardiac catheterization laboratory :  
 If yes, Mention the year of starting function :  
 Name of the person who operate the machines :  
 Total number of cases done in the last 2years :
40. Whether the hospital has a functional ECG laboratory :  
 If yes, Number and types of machine used :  
 Total number of cases done in the last 2years :
41. Whether the staff members are posted for teaching DCVT course :  
 If yes, give the details :

Teaching faculties

No.	Designation	Name	Qualification	Experience	Date of joining	Full/Part time
1	Director					
2	Assistant Professor(medical)					
3	Instructor					
4	Administrative officer					
5	Assistant					

42. Give the detailed list of staffs presently available in the concerned department.

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

43. Enclose the list of Equipments(with its make/model, year of installation, working status etc) available for the conduct of the concerned course in the institute /hospital.

**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)