

DIPLOMA IN OPHTHALMIC ASSISTANT (DOA)

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.	General store with facilities		
d	Common toilet-a) for Boys b) for Girls		
e	Faculty rooms & staff rooms		

27. Whether the Ophthalmic hospital have the facility of
 24 hour casualty unit :
 If yes, Total number of out patients/month :
28. Whether the hospital have ophthalmic clinic :
 If yes, Total number of out patients/month :
 Total number of in-patients/month :
29. Whether the staff members are posted :
 If yes, give the details :
30. List the number of ophthalmic investigations and procedure done in the last two years :
 (Mention its average number of cases /month)
31. Name of the nearest hospitals/community health centre/
 Block primary health centre and its distance from the institute :

32. Teaching faculties

No.	Designation	Name	Qualification	Experience	Date of joining	Full/Part time
1	Course Director					
3	Lecturer					
4	Tutor Technician					
5	Optometrician					
6	Lab Assistant					
5	Administrative officer					
6	Assistant					

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

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

34. Enclose the list of equipment and therapeutic 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)