

INSPECTION REPORT: OCCUPATIONAL THERAPY FACULTY

To,
The Registrar,
Maharashtra State OT & PT Council,
Mumbai.

Subject:-Submission of inspection report. _____

OT PT Council Letter Reference No: _____

1. Name of Institution: _____

2. Year of

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| D | D | / | M | M | / | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|

 Establishment:-

Status : Government/ Corporation/Private/Deemed to be

3. Prescribed Fees for Inspection Deposited By College:- (Please Attach Photo Copies of the Receipt)

| Course | Department (Applicable for PG Course) | Rs/- | In Words |
|------------------|---|------|----------|
| UG (B.O.Th) | | | |
| PG (M.O.Th):- | | | |

4. Particulars of Inspectors:

Inspection Date: _____

Name: _____
Designation: _____
Qualification: _____
Name & Address of Institute/College -OT

Mobile No: _____
E-mail: _____

Name: _____
Designation : _____
Qualification: _____
Name & Address of Institute/College OT

Mobile no. _____
E-mail: _____

1. _____

2. _____

Signature of the Council Inspector

5. Institutional Information:-

A) Particulars of College:-

| Item | College | Chairman / Secretary | Director/Dean/Principal |
|---|----------------|-----------------------------|--------------------------------|
| Name | | | |
| Address of institute with Pin code | | | |
| Phone (Off) | | | |
| Mobile No. | | | |
| E-mail ID | | | |

B) Particulars of Affiliated University:

| | | | |
|--|--|--|--|
| University Name & type. | | | |
| Address of University with Pin code | | | |
| Phone (Off) | | | |
| Mobile No. | | | |
| E-mail ID | | | |

1. _____

2. _____

Signature of the Council Inspector

6) **Budget Provision (Current Year) :** _____

Figures in Rupees progressive (Cumulative) up to the end of the visiting month.

7) Teachers information

a) Total number of available Teachers:-

(Please attach separate and detailed list of Teachers including Librarian / Assistant Librarian. For intake 50 Librarian mandatory, assistant librarian for intake up to 50. The approved experience should be counted up to the date of inspection)

8) Total Teachers available in the institute as per Intake Capacity : - (Appendix –A)

Tick **whichever is applicable-** (Attached Separate Copy)

| | | | | | | | | | | | |
|----|--|--|---------|--|--|---------|--|--|-----------|--|--|
| 10 | | | 11to 40 | | | 41to 60 | | | 61 to 100 | | |
|----|--|--|---------|--|--|---------|--|--|-----------|--|--|

| Designation | Intake | | | | | | | | | | | | Excess/ Additional Staff | Teacher Approval of concern University |
|--------------------------------|--------|---|---|----------|---|---|---------|---|---|-----------|---|---|--------------------------------|--|
| | 10 | | | 11 to 40 | | | 41to 60 | | | 61 to 100 | | | | |
| | R | E | D | R | E | D | R | E | D | R | E | D | | |
| Principal cum Professor | 01 | | | 01 | | | 01 | | | 01 | | | | |
| Professor | 01 | | | 02 | | | 04 | | | 05 | | | | |
| Associate Professor | 01 | | | 04 | | | 06 | | | 10 | | | | |
| Assistant Professor | 03 | | | 07 | | | 08 | | | 17 | | | | |

*As per OT & PT Council Norms

*Approved Qualified Principal from recognized University is mandatory for recognition

9) Clinical Workload of the Institution during Previous Three Years:-

| Years | New (Patients) | | Total | Old (Patients) | | Total |
|-------|----------------|-----|-------|----------------|-----|-------|
| | OPD | IPD | | OPD | IPD | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

No. of Patients average per day:

Student's patient Ratio:

1. _____

2. _____

Signature of the Council Inspector

10) Information of Infrastructure:

| Space Allotment | Up to 10 intake | | 11 to 40 | | 41 to 50 Intake | | 51 to 60 Intake | |
|--|---------------------------------------|--|--------------|--|-----------------|--|-----------------|--|
| | Required | | Required | | Required | | Required | |
| Administrative office | 500 | | 500 | | 500 | | 100 | |
| Director/dean/principal / H.O.D.'s office | 400 | | 400 | | 400 | | 400 | |
| Professor's office | 0 | | 300 | | 600 | | 600 | |
| Associate Professor's office | 100 | | 400 | | 600 | | 600 | |
| Assistant Professor's office | 225 | | 525 | | 600 | | 600 | |
| Conference room | 300 | | 300 | | 300 | | 500 | |
| Mini auditorium | 1500 | | 1500 | | 1500 | | 2500 | |
| Class rooms | 3000 | | 3000 | | 3000 | | 4800 | |
| Students common room (Girls) | 1000 | | 1000 | | 1000 | | 1500 | |
| Students common room (Boys) | 250 | | 250 | | 250 | | 300 | |
| *Library with reading room | 1200 | | 1200 | | 1200 | | 2000 | |
| Discussions /Interaction room | 200 | | 200 | | 200 | | 300 | |
| Hostels for Girls | Separate /Shared with Medical College | | | | | | | |
| Hostels for Boys | | | | | | | | |
| Core laboratories | 1200 | | 2400 | | 2400 | | 3000 | |
| Clinical skill labs/Fitness Lab | 1200 | | 1200 | | 1200 | | 1500 | |
| Indoor –Occupational department | 1200 | | 1200 | | 1200 | | 1200 | |
| Recreational Area | 1000 | | 1000 | | 1000 | | 1200 | |
| Total area required excluding the hostel area | 19475 | | 20375 | | 20375 | | 29000 | |

Overall remark on infrastructure , Clinical load & staff:

1. _____

2. _____

Signature of the Council Inspector

11) Library Information:

| Library | Total no. Text Book | Total No. of Reference Book | Total no. of Books (Under Bookbank scheme) if any | Total no. of Donated Books (if any) | Total no. of Journals | | Remark |
|----------------------|---------------------|-----------------------------|---|-------------------------------------|-----------------------|---------|--------|
| | | | | | Indian | Foreign | |
| Central Library | | | | | | | |
| Departmental Library | | | | | | | |

- 1) Audio Visual Facilities : **Yes / No**
- 2) Computer/LCD Projector : **Yes / No**
- 3) Medline, Internet Facility available (shared with medical college) : **Yes / No**
- 4) Web or digital Library account of the university : **Yes / No**

Remark of Inspectors:

| Sr. No. | Name | Signature |
|---------|------|-----------|
| | | |
| | | |



MAHARASHTRA STATE COUNCIL
FOR OCCUPATIONAL THERAPY & PHYSIOTHERAPY, MUMBAI

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St. George's Hospital, Behind C.S.T. Station, Ph. 22620408 Mobil No. 9594377772
Email ID - otptcouncil@gmail.com, Web site www.msotptcouncil.org

Inspection details leaflet for office purpose Under graduate course

| | |
|---|---|
| Inspection done for | New college 1 st recognition/ continuation of recognition / increase in intake UGSeats |
| Date of inspection | |
| Name of college | |
| Previous Council recognition validity | |
| Name of course | Bachelor of Occupational Therapy (B.O.Th) |
| University Affiliation | |
| Intake capacity / Increased intake capacity | |

Inspection details leaflet for office purpose Post graduate course

Tick appropriate.

| | |
|---------------------------------------|--|
| Inspection done for | New college 1 st recognition/ continuation of recognition / increase in intake (write subject wise PG Seats details). |
| Subject wise PG Seats details. | 1) M.O.Th in Musculoskeletal Sciences :seats 2) M.O.Th in Neurosciences :seats 3) M.O.Th in Developmental Disabilities :seats 4) M.O.Th in Mental Health Sciences :seats 5) M.O.Th. in Cardio Vascular and Respiratory Sciencesseats 6) M.O.Th. in Community Medical Sciencesseats 7) If Other Specify.....seats |
| Date of inspection | |
| Name of college | |
| Previous Council recognition validity | |
| Name of course | Master of Occupational Therapy (M.O.Th) |
| University Affiliation | |

1. _____

2. _____

Signature of the Council Inspector