

Maharashtra University of Health Sciences, Nashik

Inspection Committee Report for Academic Year-

Allied Faculty

(For Grant of Continuation / Extension of Affiliation for affiliated UG and PG Occupational Therapy Colleges/Institutes & Hospitals)

Date of establishment of the Institute : -----

COLLEGE DETAILS

Date of Inspection	:	
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Name of Trust / Society	:	
Name of the College / Institute (As Per First Affiliation Letter)	:	
Address	:	
Email ID	:	
Telephone / Mobile No.(s)	:	
Website	:	
College Code	:	

Details of the Dean/Principal		:	
Name of the Dean/ Principal		:	
Mobile No.		:	
Office Landline		:	
E-mail		:	
Nature of Appointment		:	Approved / Not Approved / Officiating

College Type	College Location	Year of Establishment		
(Government/Corporation/ Private-Aided/Private/Private Minority)	Urban / Rural / Tribal	UG	PG	Super Specialty

Courses Details: (UG/ PG/Other). (Verified Seat Matrix on College Website and attached herewith Annexure-“I”).	Details on College Website (Yes/No)
Whether College is Approved By O.T. Association, State Council & Central Govt. with year of Approval	Yes/No

Status of NAAC Accreditation :		
Accredited (Yes / No)	If Yes, Grade & Date of last Inspection	If No, what is current status/ progress of work

Note : 1) Attach NAAC Accreditation Certificate, if applicable.
2) NAAC Accreditation Applicable for those colleges, whose first admitted batch, has passed out from the college.
3) NAAC Accreditation Certificate must be uploaded on College Website.

1. **Details of the College are available on the College website in the Prescribed format?** Yes / No
2. **Whether the Information is complete in all respect (As per M.S.R.).** Yes / No

Requirement	Availability	Deficient	Remarks.

3. If incomplete information please write the points from prescribed format regarding unavailable / insufficient information (LIC to Physical verify) the infrastructure /available facilities regarding those points and write the observation below:

Sr. No.	Points Number in Prescribed format	Particulars of the point	Observation of LIC

PART I: INFRASTRUCTURE

Sr. No.	Particulars to be verified	Actual Available	Lacuna
College			
1	Permission obtained for Occupational Therapy College from Government for Intake Capacity.....		
2	Space details : (UG) (Space for Occupational Therapy College with minimum 10000 Sq.ft.) Total Area available.....Sq.ft. (Separate Space for O.T.is Mandatory) Required Total Area (PG) 20000 Sq.ft.) Total Area available.....Sq.ft. <i>(Verify land documents & Government permissions documents are uploaded on College Website.)</i> <i>(No Land/ Construction documents shall be submitted to the University. Only deficit information to be pointed out to the University).</i>		
3	Dean / Director / Principal's office, Professor's Office, Associate Professor's Office, Lecturer's Office/Assistant Professor , Sr. Teacher's Office, Jr. Teacher's Office, Staff / Faculty Room.		
4	All DEPARTMENTS : (3000 Sq.Ft.) Fundamentals of O.T., Ergotherapeutics, O.T. Application in Medical Conditions, O.T. Application in Surgical Conditions, O.T. in Orthopedic Conditions, O.T. in Neurological & Developmental Conditions, O.T. in Psychiatry, Community Based Occupational Therapy and Industrial Rehabilitation, Occupational Therapy in Musculoskeletal Conditions, Occupational Therapy in Community Medical Sciences, Occupational Therapy in Cardiovascular & Respiratory Sciences, Occupational Therapy in Development Disabilities, Occupational Therapy in Neurosciences, Occupational Therapy in Mental Health Sciences.		
5	Library : Area (700 Sq.Ft.), Central Library (PG) (600 Sq.Ft.), Departmental Library (UG), Departmental Library (PG) (400 Sq.Ft.), No. of Text Books, No. of Reference Books, Number of Journals (As per Syllabus), Audio Visual : O.H.P./ Slide LCD Projector, X-Ray Viewers, Computer Lab, No.of Computers, Internet Facility. (Multiple volumes / issues of one title should be counted as ONE). No. of books added in last year: No. of Journals titles added in last year : [Bills shall be verified by the Committee.]		
6	Seminar Room : UG - (1000 Sq.Ft.) PG - (600 Sq.Ft.)		
7	Class Rooms: (400 Sq.Ft./04 Class Room for UG) (600 Sq.Ft./06 Class Room for PG)		
8	Laboratories: UG - (1000 Sq.Ft.) For Core Subjects PG - (16000 Sq.Ft.) (Minimum 75% of the Following equipment in each area should be available.) Functional Assessment kit for A.D.L., Ergonomically devised adopted equipment for home, work place and leisure, Self-help adapted equipment, Wheelchair modifications, Mobility aids, Electrical Drill machine, Sewing machine, Heat bath, Heat gun Bench vice, Tools for orthotics, Bicycle Fretsaw /Exercise cycle, Quadriceps Exerciser / Chair, Cut out table, Full length mirror, Inclined and horizontal Sand boards, Sand Blocks, weight and pulleys, Rowing Machine, Shoulder Wheel, Shoulder ladder, U.E. & L.E.C.P.M., Pronation-Supination board, Tilt Table, Sand Bags, Parallel Bars, Medicine Balls, Gross & Fine motor hand activities, Twister, Examination Plinths, Floor mats,		

	Jebson's hand function test, Minnesota rate of manipulation test, Purdue pegboard test, Crawford small part dexterity test, Pinchometer, Dynamometer, Physical Agent modalities, Grip exerciser, Isolated finger exerciser, Hand ergograph, Tailoring equipment, Carpentry Tools, Typewriter, Printing Press, Treadmill, Work Simulator, Bicycle Ergometer, Spirometer, Work Sample tests, Cerebral Palsy Chair, Indoor and Outdoor play equipment, Vestibulo-Proprioceptive equipment, Tactile Games, Neuro therapeutics modalities, Perception Testing batteries, EMG biofeedback machine.																																																												
9	Total Strength of Hospital																																																												
10	<p>Indoor Occupational Therapy Department Areas as per Clinical Load and Intake: Mandatory For UG & PG (1000 Sq.Ft.) Work Load Mandatory Student to Patient Ratio for UG & PG.</p> <p>Outdoor Occupational Therapy Department Areas as per Clinical Load and Intake: (4000 Sq.Ft.) Work Load Mandatory Student to Patient Ratio for UG & PG.</p> <p>Departmental Infrastructure for First to Fourth Year of Occupational Therapy :</p> <table border="1"> <thead> <tr> <th rowspan="2">Departments</th> <th rowspan="2">Space Available for Faculty</th> <th colspan="4">Details of Clinical Facility / Workload / Special Clinics / Groups conducted</th> </tr> <tr> <th>Indoor</th> <th>Outdoor</th> <th>Community</th> <th>Intensive Care</th> </tr> </thead> <tbody> <tr> <td>1. Functional Intervention & Assistive Technology</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2. Ergo Therapeutics</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3. Musculoskeletal Occupational Therapy</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4. Neuro Occupational Therapy</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>5. Cardiovascular & Pulmonary Occupational Therapy</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>6. Paediatric Occupational Therapy</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>7. Occupational Therapy for Mental Health</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>8. Community Based Occupational Therapy & Industrial Rehabilitation</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Departments	Space Available for Faculty	Details of Clinical Facility / Workload / Special Clinics / Groups conducted				Indoor	Outdoor	Community	Intensive Care	1. Functional Intervention & Assistive Technology						2. Ergo Therapeutics						3. Musculoskeletal Occupational Therapy						4. Neuro Occupational Therapy						5. Cardiovascular & Pulmonary Occupational Therapy						6. Paediatric Occupational Therapy						7. Occupational Therapy for Mental Health						8. Community Based Occupational Therapy & Industrial Rehabilitation							
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11	Workshop for Orthotics & Prosthetics : (1200 Sq.Ft.)																																																												
Departmental Equipment																																																													
12	Musculo-skeletal Occupational Therapy : Jebson Taylor Hand Function Test, Complete Minnesota Dexterity test, Purdue Pegboard test, Crawford Small Part Dexterity test, Pinchometer, Dynamometer, Physical Agent Modalities, Grip exercise, Isolated finger exerciser, Hand Ergograph.																																																												
13	Neuro Occupational Therapy: Cognition & Perception testing batteries, Sensory assessment kits, Balance assessment tools, Neuro-therapeutic modalities, stability Trainers.																																																												
14	Cardiovascular & Pulmonary Occupational Therapy : Basic tools of assessment-for Cardio-Pulmonary parameters, Bicycle Ergometer, Treadmill, Fat pad measurement tools, Body composition assessment tool, ECG machine, Spirometer, Stadiometer.																																																												
15	Paediatric Occupational Therapy : Cerebral Palsy Chair, Floor mats, Play Equipment, Vestibular –Proprioceptive Equipment, Gross motor activities, Fine motor games, mobility aids, Perception assessment tools,																																																												
16	Occupational Therapy for Mental Health : Reaction Time machine, Tests for fine motor skills, Motor accuracy Test, Psychomotor activities, Indoor Outdoor games, Projective activities, Gross & fine motor activities, Cognitive retraining activities.																																																												

17	Community Based O T & Industrial Rehabilitation : Tailoring Equipment, Carpentry Tools, Typewriter / Computer, Printing press, Work sample test, Staircase, Work simulator.		
18	University Examination Infrastructure: Strong Room a) (Area- 300 sq.ft, b) Shelf, c) Steel cupboard – 1, d) CCTV, Examination hall with benches, Parking Facility for University vehicle, Guest house facility.		
19	Residential quarter facility for staff: Teaching, Non-teaching, Paramedical & Nursing staff		
20	Other facilities: Indoor & Outdoor Recreational Area, Common Rooms for Boys, Common Room for Girls, Cafeteria, Gymnasium / Gymkhana Facility, Games & Sports Facilities with P.T. Teacher or Instructor.		
21	Hostel Facility: Boys (UG), Girls (UG), Interns, Canteen Facility, Warden/ Rector, Hygiene, etc. [Note: Verify Canteen Facility is monitored as per MUHS Circular No.18/2019 dated 19/03/2019.]		
	<ul style="list-style-type: none"> • As per Central Council Norms/ University Norms, above Infrastructure must be available at College and all information with photographs must be uploaded on College Website. • If Infrastructure is available, then mark “Adequate” & do not attach any documents. • In case of “Inadequate”, it must be mark as “Inadequate” with evidence. 		

HOSPITAL																																	
22	Hospital Details	Actual Available	Lacuna																														
	Name of the Hospital :																																
	Bed Strength : (300 Beds)																																
	Attachment with Hospital : Govt. / Private..... Own / Leased (Please attach document to that effect)/ Rented																																
	Daily Patient Work Load of the Hospital : Indoor..... Outdoor.....																																
	Any MOU Signed with the Hospital ---																																
	<i>Number of beds registered as per BNH act:</i>																																
	<i>Total construction area in square meters (completion, occupancy, MPCB environmental clearance, fire safety audit certificates from appropriate Government authorities).</i>																																
23	Clinical Facilities :																																
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	b. Total built up area of Hospital (in Sq.Ft.) :																																
	c. Student Bed Ratio (Undergraduate) :																																
	d. Average Bed Occupancy in % :																																
	e. Whether Hospital is registered under any act under Local Authority such as Corporation, Municipality, Gram Panchayat etc.: <i>(Please attach copy of registration certificate)</i>																																
24	Whether Casualty is available and functional :																																
25	Whether separate Registration room is available at OPD? a. Number of total patients registered in last Year : b. Number of New Patients registered on daily average : c. Number of Old patient registered on daily average : d. Average Number of patients attending OPD (current year) : e. Whether records of patient registration are well maintained :																																
	Any other																																
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PART II: FACULTY AND STAFF

Details of Teaching Staff :

1) The College is required to furnish Total Teaching Staff information (Approved + Not approved to the College. Copy of **Annexure " II"** is attached herewith & chart is made available in Software System. Hard copy of this information must be submitted to the University alongwith Inspection Report.

2) The College is required to submit Subject wise Teacher list (Approved + Not Approved) as per **Annexure- "III"**. Hard copy & Soft copy of this information must be submitted to the University alongwith Inspection Report. (Verify whether information of all teachers is updated in University Online Teacher Database). (All Govt./Corp. Colleges teachers are to be treated as Approved Teachers).

Details of Non-Teaching Staff :

The College is required to furnish Total Non-Teaching Staff information on College Website & it shall be verified by the Inspection Committee. Copy of **Annexure "IV"** is attached herewith and chart is made available in Software System (Hard Copy of this information is not required).

Details of Total Hospital Staff including Paramedical (Ancillary) Staff.

The College is required to furnish Total Hospital Staff including Paramedical Staff information as per applicable MSR on College Website & it shall be verified by the Inspection Committee. Copy of **Annexure "V"** is attached herewith and chart is made available in Software System (Hard Copy of this information is not required).

Academic OTD Co-ordinator details (Automation In-charge)			
Name	Mobile No.	Email id	Whether OTD is updated on Monthly basis (Yes/No)

Verification of Salary details (Applicable to only Private Colleges) :

Staff	Whether regularly Salary is paid (Yes/No)	Salary is paid through Bank (Yes/No)	PF deduction is submitted to concerned Authority (Yes/No)	Remarks
Teaching Staff				
Non-Teaching including Paramedical staff				

PART III: HOSPITAL DETAILS

Sr. No.	Particulars to be verified	Adequate / Inadequate																																																				
26	Clinical Material requirement for New Physiotherapy College:																																																					
27	Required Beds (UG & PG) Indoor and Outdoor Facility :																																																					
28	Student Patient Ratio : <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Sr.No.</th> <th>Specialty</th> <th>For 30 & 60 Intake</th> <th>For 100 Intake</th> </tr> </thead> <tbody> <tr><td>01</td><td>General Medicine</td><td>60</td><td>90</td></tr> <tr><td>02</td><td>General Surgery</td><td>60</td><td>90</td></tr> <tr><td>03</td><td>Orthopedics</td><td>60</td><td>90</td></tr> <tr><td>04</td><td>Obst & Gynac</td><td>30</td><td>60</td></tr> <tr><td>05</td><td>Pediatrics</td><td>30</td><td>60</td></tr> <tr><td>06</td><td>Medical ICU</td><td>10</td><td>15</td></tr> <tr><td>07</td><td>Surgical ICU</td><td>10</td><td>15</td></tr> <tr><td>08</td><td>PICU + NICU</td><td>10</td><td>15</td></tr> <tr><td>09</td><td>ICCU + RICU</td><td>10</td><td>10</td></tr> <tr><td>10</td><td>Burns Unit / ICU</td><td>10</td><td>05</td></tr> <tr><td>11</td><td>Emergency</td><td>10</td><td>10</td></tr> <tr><td colspan="2" style="text-align: center;">Total</td><td>300</td><td>450</td></tr> </tbody> </table>	Sr.No.	Specialty	For 30 & 60 Intake	For 100 Intake	01	General Medicine	60	90	02	General Surgery	60	90	03	Orthopedics	60	90	04	Obst & Gynac	30	60	05	Pediatrics	30	60	06	Medical ICU	10	15	07	Surgical ICU	10	15	08	PICU + NICU	10	15	09	ICCU + RICU	10	10	10	Burns Unit / ICU	10	05	11	Emergency	10	10	Total		300	450	
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30	Ambulances: Owned, Hired.																																																					
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PART IV: ACADEMIC DETAILS

Sr. No.	Particulars to be verified	Actual Available	Lacuna
31	Teaching Program & Attendance details of each department: Whether Conducted as per Plan, Whether Information published on Website, Whether Biometric Attendance is maintained for teachers and students. (Atleast 10 randomly chosen dates over a previous 3 months). [As per University Circular No. 20/2020 dated 29/07/2020 and Biometric Attendance is monitored as per University Circular No. 01/2020 dated 14/01/2020.]		
32	Faculty development programs : Basic MET/Health Science Education Technology(HSET), Advanced MET/HSET, AETCOM, Basic RM, Advanced RM, Leadership skills in Health Sciences, Education, Communication skills in Health Care (Previous academic year and total cumulative).		

33	MUHS Faculty Evaluation Status: (Refer University Circular No. 99/2022 (MUHS/Acad/EO/UG & PG/3869/2022 dt.21/10/2022))			
	Faculty Evaluation carried out at College level	Total No. of Teachers	Total Evaluation Carried Out	Remaining pending with reasons
34	Research work/ Project details (Students and teachers): Particulars of Research Undertaken, Completed Projects, Ongoing Projects, Research Papers Presented/ Published			
35	Availability of Functional Committees constituted at College level: VISHAKA (Sexual Harassment Redressal) Committee, Anti Ragging Committee, Pharmacovigilance committee, Institutional Ethics Committee (whether it is registered with CDSCO) Local Management Committee (as per u/s 67(i) of MUHS Act,1998), Student Council as per University Rules, BORS Committee. [Note: Verify above information of Committees is published on Website]			
36	Curricular Activities in the College- a. Whether master time table is available b. Whether the lectures, Practicals, Clinical Sessions etc. are conducted as per the master time table? (LIC to randomly choose atleast 10 dates over previous 3 months and attach its copies to the report.)			
37	Utilization of Student Welfare Schemes: Earn and Learn Scheme, Dhanwantri Vidyadhan Scheme, Sanjivani Student Safety Scheme, Book Bank Scheme, Savitribai Phule Vidyadhan Scheme, And External Scheme.			
38	Information of Student(s) who participated University level Avishkar Competition organized by MUHS & Research activities.			
	Information of Student(s) who participated in Regional Sport Competition & State level Sports Organized by MUHS.			
	Information of Student(s) who participated in Cultural Activities			
	Does the college have NSS Unit?			
39	Whether “Swaccha Bharat Abhiyan” implemented in college			
40	Date of college data uploaded on web portal (http://aishe.gov.in) regarding “All India Survey on Higher Education” .			

41	Continuation / Extension of Affiliation Fees Details:				
	Course (s)	Paid / Not paid	Amount	Outstanding (if any)	Reasons of Non-payment

Observations of Inspection Committee: (If required separate sheet to be attached).

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Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Information to be provided by the College for verification of Local Inquiry Committee

List of Annexure for LIC (Occupational Therapy)

No. of Annexures	Particulars	Verified by Committee
ANNEXURE- I	Seat Matrix 1. Hard copy & soft copy of this Annexure must be submitted to the University. 2. The information must be made available on the College website.	Yes/ No
ANNEXURE-II	Infrastructure details (The information must be made available on the College website).	Yes/ No
ANNEXURE- III	Trust Deed / Bylaws / Registration Certificate (The information must be made available on the College website).	Yes/ No
ANNEXURE-IV	Library details (The information must be made available on the College website).	Yes/ No
ANNEXURE-V	Clinical Material in Hospital (The information must be made available on the College website).	Yes/ No
ANNEXURE-VI	Details of Equipment and Instruments Required For Physiotherapy Laboratory as per MSR 1. Hard copy & soft copy of this Annexure must be submitted to the University. 2. The information must be made available on the College website.	Yes/ No
ANNEXURE- VII	Total Teaching Staff Information (Approved + Not approved) as per MSR 1. Hard copy & soft copy of this Annexure must be submitted to the University. 2. The information must be made available on the College website	Yes/ No
ANNEXURE- VIII	Total Subject-wise Teacher List (Approved + Not approved) 1. Hard copy & soft copy of this Annexure must be submitted to the University. 2. The information must be made available on the College website.	Yes/ No
ANNEXURE- IX	Total Non-Teaching Staff & Ancillary Services Information as per MSR (The information must be made available on the College website).	Yes/ No
ANNEXURE- X	Details of Part Time Teachers/ External Teachers (Occupational Therapy Course) 1. Hard copy & soft copy of this Annexure must be submitted to the University. 2. The information must be made available on the College website.	Yes/ No
ANNEXURE- XI	Information of Workshops, Activities performed in last one year (The information must be made available on the College website).	Yes/ No
ANNEXURE-XII	Information of Biometric Attendance, Research Articles, Student Welfare Schemes (Hard copy of this Annexure must be submitted to the University).	Yes/ No
ANNEXURE-XIII	AISHE (All India Survey of Higher Education) Certificate (The information must be made available on the College website with date of uploading).	Yes/ No
ANNEXURE-XIV	Declaration by the Dean / Principal of the College / Institute (Hard copy of this Annexure must be submitted to the University).	Yes/ No

(P.T.O.)

Important Instructions & Declarations:

1. Our College is fully aware that our college is responsible to fulfil and maintain norms including the infrastructure both physical and human resources, teaching faculty and clinical material throughout Academic Year as per MSR/Council norms/University norms. In case false/wrong declaration or fabricated documents is submitted for purpose of Affiliation of the University by the College and if it is found by the University at any stage, then our college is fully aware that affiliation will be withdrawn by the University with immediate effect with penal action.
2. It is certified that our college has uploaded all above Annexures on our college website and it will be kept ready for verification of Local Inquiry Committee (LIC). Our college is fully aware that University will not grant Continuation of Affiliation, in case if required information, is not uploaded on college website.
3. Our College hereby undertake that all Annexures information will be made available on college website for a period of next 05 years. Year-wise information of all Annexures will be made available on college website for a period of 05 years from time to time. In case if any information (Annexurewise) is called-for by the University in intermittent period, our college will furnish required information to the University immediately.

Date :

Signature of Dean/Principal

Place :

Name of the Signatory-

(with Seal of the College / Institute)

DECLARATION BY LIC

We hereby certify that, the College has uploaded Annexures as prescribed by University on College Website and it is duly verified by our Committee. Details of Information of Annexure/s which is not uploaded on College Website is mentioned in LIC Report.

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

Note : All Annexures must be certified by LIC Team & Principal of Respective College.

Short Report

To,
The Registrar
M.U.H.S., Nashik

Sub: - Short Report of Local Inquiry Committee for Continuation of Affiliation for the Academic Year 2025-26.

Sir,

With reference to above mentioned subject and letter we are visiting College on dated and sending a **Short Report** regarding present Teaching Staff and IPD in your prescribed format as follows at 11.00 a.m.

1. Number of Teaching Staff present:
2. Number of IPD patients on Bed:

(Photocopy of Attendance of Teacher and IPD at the time 11:00 a.m.)

1)
(Name & Sign of LIC Member)

2)
(Name & Sign of LIC Member)

3)
(Name & Sign of LIC Member)

4)
(Name & Sign of LIC Chairman)

Maharashtra University of Health Sciences, Nashik
Occupational Faculty
Information of Subject-wise Intake as per College & University Recognition,
Permitted
Seat-Matrix Chart Academic Year -

Name of College :

UG Degree/PG Degree	Intake as per University /Council	Max. Seats Permitted by MUHS as per Teacher: Student Ratio (1:2)
	Degree	Degree
UG Degree (B.O.Th.)		
PG Degree	Intake as per University /Council	Max. Seats Permitted by MUHS as per Teacher: Student Ratio (1:2)
Occupational Therapy in Musculoskeletal conditions		
Occupational Therapy in Community Medical Sciences		
Occupational Therapy in Cardiovascular & Respiratory Sciences		
Occupational Therapy in Neurosciences		
Occupational Therapy in Developmental Disabilities		
Occupational Therapy in Mental Health Sciences		

Any Other, Please Specify (Any reductions in Seats allotted by University)

Dean/ Principal Stamp & Signature

Verified by The LIC Committee Members

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Occupational Therapy

INFRASTRUCTURE DETAILS OF COLLEGE AND HOSPITAL

Sr. No.	Particulars to be verified	Actual Available	Lacuna
College			
1	Permission obtained for Occupational Therapy College from Government for Intake Capacity.....		
2	Space details : (UG) (Space for Occupational Therapy College with minimum 10000 Sq.ft.) Total Area available.....Sq.ft. (Separate Space for O.T.is Mandatory) Required Total Area (PG) 20000 Sq.ft.) Total Area available.....Sq.ft. (Verify land documents & Government permissions documents are uploaded on College Website.) (No Land/ Construction documents shall be submitted to the University. Only deficit information to be pointed out to the University).		
3	Department Office (UG - 600 Sq.Ft), College Office (PG - 400 Sq.Ft.), Dean / Director / Principal's office (UG - 300 Sq.Ft., PG - 600 Sq.Ft.), Professor's Office (UG - 150 Sq.Ft./Each), Associate Professor's Office (UG - 100 Sq.Ft./Each), Lecturer's Office/Assistant Professor (UG - 50 Sq.Ft./Each) , Sr. Teacher's Office (PG - 400 Sq.Ft.), Jr. Teacher's Office (PG - 400 Sq.Ft.), Staff / Faculty Room (UG - 600 Sq.Ft.).		
4	All DEPARTMENTS : (3000 Sq.Ft.) Fundamentals of O.T., Ergotherapeutics, O.T. Application in Medical Conditions, O.T. Application in Surgical Conditions, O.T. in Orthopedic Conditions, O.T. in Neurological & Developmental Conditions, O.T. in Psychiatry, Community Based Occupational Therapy and Industrial Rehabilitation, Occupational Therapy in Musculoskeletal Conditions, Occupational Therapy in Community Medical Sciences, Occupational Therapy in Cardiovascular & Respiratory Sciences, Occupational Therapy in Development Disabilities, Occupational Therapy in Neurosciences, Occupational Therapy in Mental Health Sciences.		
5	Library : Area (700 Sq.Ft.), Central Library (PG) (600 Sq.Ft.), Departmental Library (UG), Departmental Library (PG) (400 Sq.Ft.), No. of Text Books, No. of Reference Books, Number of Journals (As per Syllabus), Audio Visual : O.H.P./ Slide LCD Projector, X-Ray Viewers, Computer Lab, No. of Computers, Internet Facility. (Multiple volumes / issues of one title should be counted as ONE).		
	No. of books added in last year: No. of Journals titles added in last year : [Bills shall be verified by the Committee.]		
6	Seminar Room : UG - (1000 Sq.Ft.) PG - (600 Sq.Ft.)		
7	Class Rooms: (400 Sq.Ft./04 Class Room for UG) (3600 Sq.Ft. (600 X 06 Class Room for PG))		
8	Laboratories: UG - (1000 Sq.Ft.) For Core Subjects PG - (6000 Sq.Ft.) (Minimum 75% of the Following equipment in each area should be available.) Functional Assessment kit for A.D.L., Ergonomically devised adopted equipment for home, work place and leisure, Self-help adapted equipment, Wheelchair modifications, Mobility aids, Electrical Drill machine, Sewing machine, Heat bath, Heat gun Bench vice, Tools for orthotics, Bicycle Fretsaw		

	/Exercise cycle, Quadriceps Exerciser / Chair, Cut out table, Full length mirror, Inclined and horizontal Sand boards, Sand Blocks, weight and pulleys, Rowing Machine, Shoulder Wheel, Shoulder ladder, U.E. & L.E.C.P.M., Pronation-Supination board, Tilt Table, Sand Bags, Parallel Bars, Medicine Balls, Gross & Fine motor hand activities, Twister, Examination Plinths, Floor mats, Jebson's hand function test, Minnesota rate of manipulation test, Purdue pegboard test, Crawford small part dexterity test, Pinchometer, Dynamometer, Physical Agent modalities, Grip exerciser, Isolated finger exerciser, Hand ergograph, Tailoring equipment, Carpentry Tools, Typewriter, Printing Press, Treadmill, Work Simulator, Bicycle Ergometer, Spirometer, Work Sample tests, Cerebral Palsy Chair, Indoor and Outdoor play equipment, Vestibulo-Proprioceptive equipment, Tactile Games, Neuro therapeutics modalities, Perception Testing batteries, EMG biofeedback machine.																																																												
9	<p>Indoor Occupational Therapy Department Areas as per Clinical Load and Intake: Mandatory For UG & PG (1000 Sq.Ft.) Work Load Mandatory Student to Patient Ratio for UG & PG.</p> <p>Outdoor Occupational Therapy Department Areas as per Clinical Load and Intake: (4000 Sq.Ft.) Work Load Mandatory Student to Patient Ratio for UG & PG.</p> <p>Departmental Infrastructure for First to Fourth Year of Occupational Therapy :</p> <table border="1"> <thead> <tr> <th rowspan="2">Departments</th> <th rowspan="2">Space Available for Faculty</th> <th colspan="4">Details of Clinical Facility / Workload / Special Clinics / Groups conducted</th> </tr> <tr> <th>Indoor</th> <th>Outdoor</th> <th>Community</th> <th>Intensive Care</th> </tr> </thead> <tbody> <tr> <td>1. Functional Intervention & Assistive Technology</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2. Ergo Therapeutics</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3. Musculoskeletal Occupational Therapy</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4. Neuro Occupational Therapy</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>5. Cardiovascular & Pulmonary Occupational Therapy</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>6. Paediatric Occupational Therapy</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>7. Occupational Therapy for Mental Health</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>8. Community Based Occupational Therapy & Industrial Rehabilitation</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Departments	Space Available for Faculty	Details of Clinical Facility / Workload / Special Clinics / Groups conducted				Indoor	Outdoor	Community	Intensive Care	1. Functional Intervention & Assistive Technology						2. Ergo Therapeutics						3. Musculoskeletal Occupational Therapy						4. Neuro Occupational Therapy						5. Cardiovascular & Pulmonary Occupational Therapy						6. Paediatric Occupational Therapy						7. Occupational Therapy for Mental Health						8. Community Based Occupational Therapy & Industrial Rehabilitation							
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10	Workshop for Orthotics & Prosthetics : (1200 Sq.Ft.)																																																												
11	University Examination Infrastructure: Strong Room a) (Area- 300 sq.ft, b) Shelf, c) Steel cupboard – 1, d) CCTV, Examination hall with benches, Parking Facility for University vehicle, Guest house facility.																																																												
12	Residential quarter facility for staff: Teaching, Non-teaching, Paramedical & Nursing staff																																																												
13	Other facilities: Indoor & Outdoor Recreational Area (For PG Indoor 1000 Sq.Ft., Outdoor 4000 Sq.Ft.), Workshop for Orthotics & Prosthetics (For PG 1200 Sq.Ft.) Common Rooms for Boys, Common Room for Girls, Cafeteria, Gymnasium / Gymkhana Facility, Guest House, Games & Sports Facilities with P.T. Teacher or Instructor.																																																												
14	Hostel Facility: Boys (UG), Girls (UG), Interns, Canteen Facility, Warden/ Rector, Hygiene, etc. [Note: Verify Canteen Facility is monitored as per MUHS Circular No.18/2019 dated 19/03/2019.]																																																												
	<ul style="list-style-type: none"> As per Central Council Norms/ University Norms, above Infrastructure must be available at College and all information with photographs must be uploaded on College Website. If Infrastructure is available, then mark "Adequate" & do not attach any documents. In case of "Inadequate", it must be mark as "Inadequate" with evidence. 																																																												

HOSPITAL

Sr. No.	Hospital Details	Actual Available	Lacuna
15	Name of the Hospital :		
	Address :		
	Bed Strength : 300 Beds		
	Number of beds registered as per BNH act:		
16	Attachment with Hospital : Govt. / Private..... Own / Leased (Please attach document to that effect)/ Rented		
17	Total Strength of Hospital		
18	Daily Patient Work Load of the Hospital : Indoor..... Outdoor.....		
19	Any MOU Signed with the Hospital ---		
20	Required Beds (UG & PG) Indoor and Outdoor Facility :		
21	Student Patient Ratio :		
22	Total built up area of Hospital (in Sq.Ft.) :		
a.	Whether Hospital is registered under any act under Local Authority such as Corporation, Municipality, Gram Panchayat etc.: (Please attach copy of registration certificate)		
b.	Whether Casualty is available and functional :		
c.	OPD Services :		
23	Ambulances : Owned, Hired.		
	Any other		
	<ul style="list-style-type: none"> As per Central Council Norms/ University Norms, above Infrastructure must be available at College and all information with photographs must be uploaded on College Website. If Infrastructure is available, then mark "Adequate" & do not attach any documents. In case of "Inadequate", it must be mark as "Inadequate" with evidence. 		

Infrastructure

College Building: Own / Rented _____

Total built up are a available for college building: _____ sq.ft.
intake capacity: _____

Dean/ Principal Stamp & Signature

Verified by The LIC Committee Members

Maharashtra University of Health Sciences, Nashik
Occupational Therapy
Trust Deed / Bylaws / Registration Certificate
Registration Certificate (Trust / Hospital (Bombay Nursing Act))

Faculty.....

Name of College/Institute.....

Name of Trust / Society		
Registration Certificate		Trust / Society :- Hospital (Bombay Nursing Act) :-
Name of the College / Institute (As per First Affiliation letter)	:	
Address	:	
Email ID	:	
Telephone / Mobile No.(s)	:	
Website	:	
College Code	:	

Dean/ Principal Stamp & Signature

Verified by The LIC Committee Members

Maharashtra University of Health Sciences, Nashik
Occupational Therapy
Inspection Committee Report for Academic Year 202 --- - 202---

Details of Library

Name of College/Institute.....

1	Total Books	
2	Last year purchase	
3	Invoice & payment details	
4	List of Journal subscribed year	

Dean/ Principal Stamp & Signature

Verified by The LIC Committee Members

Maharashtra University of Health Sciences, Nashik
Occupational Therapy
 Inspection Committee Report for Academic Year 202 --- - 202---
Clinical Material in Hospital

Name of College/Institute

Sr. No.	Particulars to be verified	Actual Available	Lacuna
01	Name of Hospital :		
02	Student : Bed Ratio :		
03	Average Bed Occupancy in % :		
04	Whether separate Registration room is available at OPD? f. Number of total patients registered in last Year : g. Number of New Patients registered on daily average : h. Number of Old patient registered on daily average : i. Average Number of patients attending OPD (current year) : j. Whether records of patient registration are well maintained :		
05	OPD Services :		
	<ul style="list-style-type: none"> • As per Central Council Norms/ University Norms, above Infrastructure must be available at College. • If Infrastructure is available, then mark "Adequate" & do not attach any documents. • In case of "Inadequate", it must be mark as "Inadequate" with evidence. 		

Dean/ Principal Stamp & Signature

Verified by The LIC Committee Members

DETAILS OF EQUIPMENT AND INSTRUMENTS REQUIRED FOR OCCUPATIONAL THERAPY LABORATORY

Faculty : Occupational Therapy

YEAR 20..... – 20.....

Name of College: College Code :

Equipment's required for laboratories (as per M.S.R.)			
Sr.No.	Particulars to be verified	Actual Available	Lacuna
01	Musculo-skeletal Occupational Therapy : Jebson Taylor Hand Function Test, Complete Minnesota Dexterity test, Purdue Pegboard test, Crawford Small Part Dexterity test, Pinchometer, Dynamometer, Physical Agent Modalities, Grip exercise, Isolated finger exerciser, Hand Ergograph.		
02	Neuro Occupational Therapy: Cognition & Perception testing batteries, Sensory assessment kits, Balance assessment tools, Neuro-therapeutic modalities, stability Trainers.		
03	Cardiovascular & Pulmonary Occupational Therapy : Basic tools of assessment-for Cardio-Pulmonary parameters, Bicycle Ergometer, Treadmill, Fat pad measurement tools, Body composition assessment tool, ECG machine, Spirometer, Stadiometer.		
04	Paediatric Occupational Therapy : Cerebral Palsy Chair, Floor mats, Play Equipment, Vestibular –Proprioceptive Equipment, Gross motor activities, Fine motor games, mobility aids, Perception assessment tools.		
05	Occupational Therapy for Mental Health : Reaction Time machine, Tests for fine motor skills, Motor accuracy Test, Psychomotor activities, Indoor Outdoor games, Projective activities, Gross & fine motor activities, Cognitive retraining activities.		
06	Community Based O T & Industrial Rehabilitation : Tailoring Equipment, Carpentry Tools, Typewriter / Computer, Printing press, Work sample test, Staircase, Work simulator.		

Dean/ Principal Stamp & Signature

Verified by The LIC Committee Members

Maharashtra University of Health Sciences, Nashik
Occupational Therapy Faculty

Name of College:College Code: YEAR 20.... - 20....

(i) Teaching Staff:

Sr. No.	Name Of Department	Intake	Principal cum Professor			Professor			Associate Professor			Assistant Professor		
			Req.	Exist	Deficit	Req	Exist	Deficit	Req.	Exist	Deficit	Req.	Exist	Deficit
	Any Subject	Up to 10	1*			-			1*			1*		
		Upto 11 to 40	1*			1*			1*			3*		
		Upto 41 to 50	1*			1*			2*			3*		
1	Fundamentals of O.T.	Up to 10												
		Upto 11 to 40												
		Upto 41 to 50												
2	Ergotherapeutics	Up to 10												
		Upto 11 to 40												
		Upto 41 to 50												
Any of other following clinical Subject	Up to 10				-			-			2**			
	Upto 11 to 40				1**			2**			3**			
	Upto 41 to 50				1**			4**			5**			
3	O.T. – Application in Medical Conditions	Up to 10												
		Upto 11 to 40												
		Upto 41 to 50												
4	O.T. – Application in Surgical Conditions	Up to 10												
		Upto 11 to 40												
		Upto 41 to 50												
5	O.T. in Orthopedic Conditions	Up to 10												
		Upto 11 to 40												
		Upto 41 to 50												
6	O.T. in Neurological & Developmental Conditions	Up to 10												
		Upto 11 to 40												
		Upto 41 to 50												
7	O. T. in Psychiatry	Up to 10												
		Upto 11 to 40												
		Upto 41 to 50												
8	Community Based Occupational Therapy & Industrial Rehabilitation	Up to 10												
		Upto 11 to 40												
		Upto 41 to 50												
TOTAL: 05		Up to 10												
TOTAL: 12		Upto 11 to 40												
TOTAL: 17		Upto 41 to 50												

* Required one from the any subject

**Required any two from Clinical Subjects

Date:

Dean/ Principal Stamp & Signature

Verified by The LIC Committee Members

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved)
UG Degree/ PG Degree) AS ON:/...../.....

Occupational Therapy Faculty

Subject :.....

Whether UG/ UG+PG.....

Name of College:

College Code:

Intake Capacity

S. N.	Name of the Teaching Staff	Designation	Mob. No.	E-mail ID	Date of Birth	Whether belongs to Reserved category (if Yes, specify category)	Date of appointment	Teaching Experience				Total Teaching Experience in years of PG	Type of Appointment	University Approval Status (Yes/No)	Details of PG teacher Recognition by MUHS (Yes/No)		Photograph with Signature
								UG (yrs)							Temp./Regular/ Contractual	Temp/Regular	
								Asst. prof.	Asso. Prof.	Prof.	Total						

• Note: The College shall submit one hard copy & soft copy (in Excel Format) of the list from Academic Online Teacher Database (OTD).

Signature of Dean / Principal

Verified by The LIC Committee Members

Maharashtra University of Health Sciences, Nashik
Occupational Therapy
Information of Non Teaching Staff Academic Year 20..... - 20....

Name of the College:

Total Non-Teaching / Administrative Staff required

PA / Academic Clerk			Clerk			Registration Assistant / Store Keeper			Ward Assistant			Laboratory Assistants			Peon			Sweeper		
Req	Ext	Def	Req	Ext	Def	Req	Ext	Def	Req	Ext	Def	Req	Ext	Def	Req	Ext	Def	Req	Ext	Def
01			01			01			02			02			01			01		
TOTAL																				

Req. - As per M.S.R. Ext. - Existing Def. - Deficiency

Signature of Principal with Seal

Verified by The LIC Committee Members

Maharashtra University of Health Sciences, Nashik

Occupational Therapy Faculty

Inspection Committee Report for Academic Year 20 – 20....

Attendance Details/ Research Details/ Welfare Scheme Details

Faculty.....

Name of College/Institute.....

1	Attendance	} Month-wise Biometric attendance to be uploaded by the college on College Website (No hard copies of attendance to be submitted to the University)
	Teaching Staff	
	Non teaching staff	
	Hospital Staff	
	UG & PG Students	
2	Project	
	Research Articles/Publications	
	Research Award (Student/Teacher)	
3	Utilization of Student Welfare Schemes :-	
	Earn and Learn Scheme	
	Dhanwantri Vidyadhan Scheme	
	Sanjivani Student Safety Scheme	
	Student Safety Scheme	
	Book Bank Scheme	
	Savitribai Phule Vidyadhan Scheme	
	Bahishal Shikshan Mandal Scheme	
4	Sport participants/Other Activities:	
	i) Information of Student(s) who participated University level & State level Avishkar Competition.	
	ii) Information of Student(s) who participated in Regional Sport Competition & State level Sports Competition.	
	iii) Information of Student(s) who participated in Cultural Activities.	
	iv) Does the college have NSS Unit?	
5	Whether "Swaccha Bharat Abhiyan" implemented in college	

Dean/ Principal Stamp & Signature

Verified by The LIC Committee Members

Maharashtra University of Health Sciences, Nashik
Occupational Therapy Faculty
Inspection Committee Report for Academic Year 20 – 20.....
AISHE Certificate Details

Name of College/Institute.....

College / Institute Code of AISHE

Certificate Date with reference No.

The Certificate details to be verified on the College web site

Verified by The LIC Committee Members

Dean/ Principal Stamp & Signature

DECLARATION
Occupational Therapy Faculty
(To be prepared on a Stamp Paper Rs.100)

I, the Dean / Director/ Principal of the College / Institute solemnly states on affirmation, that the information provided by me in Inspection Format as well as uploaded on College Website alongwith all Annexures is true and correct to the best of my knowledge. The said information is provided to me by the concerned teachers and duly verified by me. It is further submitted the teachers information attached in respective **Annexure- &** are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 20.....-20....., as per my knowledge and information provided by the concerned teachers. The teachers in the **Annexure- &** are staying in the same city / town / village where the College / Institute is situated or adjacent to the city / town / village, where the College/Institute is situated and having the valid proof of residence of the said city / town / village. The teachers in the **Annexure- &** are not practicing in College working hours or out-side the City where the College /Institute is situated.

I am further hereby declare that every information or contents in this Inspection Format is based on the information provided by the concerned teachers and endorsed by me after due verification and the same is/are absolutely true and correct. If at any stage it is revealed that any information or content given in this declaration is not true and correct, in such event the undersigned/ the concerned teacher as the case may be, shall be liable for disciplinary action or penal action or Affiliation of the College shall be withdrawal, as the case may be.

This declaration is voluntarily signed by me on day of20..... at.....

Date :

Place :

Signature of Dean/Principal
 Name of the Signatory-
 (with Seal of the College / Institute)