



मध्यप्रदेश आयुर्विज्ञान विश्वविद्यालय जबलपुर

Madhya Pradesh Medical Science University, Jabalpur

Report of Local Inquiry Committee for Grant of Continuation of Affiliation for Paramedical & Allied Health Science faculty

(Note: Local Inquiry Committee report should be duly completed in all respect and required documents should be attached as annexure with the report)

Name of the Course with intake capacity:1-----2-----

3-----4 ----- 5-----

6-----7-----8-----

1	A	Name of the College	
	B	Address of the College	
	C	Phone No.	
	D	Mobile No.	
	E	Fax No.	
	F	Email	

2	Permission letter received from Paramedical Council to start Course/ increase in Intake capacity (If, yes attach a copy of Permission letter)	Yes	No	A

3	Madhya Pradesh Government Resolution received to start, new Course/ increase in Intake capacity (If, yes attach a copy of Resolution letter)	Yes	No	B

	Date of last inspection done for the Course by the University			
	Any deficiency pointed out by University (If, yes attach copy of letter of deficiencies by University)	Yes	No	
Compliance of deficiencies pointed out by University (If, yes attach copy of letter of Compliance by the Institute/college)	Yes	No		

4					
Sanctioned intake capacity					
Sr. No.	Degree	Permission of Seats by Government of Madhya Pradesh	Permission of Seats by the Paramedical council	Paramedical council letter no. & date	
1					
2					
3					
4					
5					
6					
7					
8					

(Please attach subject wise list separately as per above proforma)

5	Name of the principal of the College	
	Date of joining the College	
	Qualification	
	Teaching Experience :	

6	Availability of the teaching staff (Detail list should be attached, course wise, subject wise, with Name of the P.G. teacher, Qualification and Experience):-	C
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(A) Teaching staff

No. of students	Professor			Asso Professor or Reader			Lecturer			Clinical Instructor			Total
	R	A	D	R	A	D	R	A	D	R	A	D	

7. College Building: -

a) **Teaching Block :- Attach details as per Paramedical Council norms in the bellow mentioned proforma**

Sr. No.	Teaching block	required Area (in sq. ft.)	Actual area available (In sq.ft.)	
				D

b) **Hostel Block :- Attach details as per Paramedical Council norms in the bellow mentioned proforma**

Sr. No.	Hostel Block	required Area (in sq. ft.)	Actual area available (In sq.ft.)	
				E

8.	Hospital Detail (for own hospital)	
[A]	Name of Own hospital(s)	
	Number of beds	
	If hospital is own, whether it is recognized by Government (submit hospital registration)	Yes / No

8	if Attached hospital(s):- (submit hospital registration, notarized MOU between institute and the hospital/permission letter for attachment of each hospital)				F
[B]	How many attached hospital(s)			
	Attached hospital(s) Detail				G
Sr. No.	Name of Hospital	Bed strength	Type of Hospital	Distance of Hospital from college building	
1					
2					
3					
4					

8 [C]	Specific Remarks regarding the clinical facilities available in the above each hospital separately (Attach separate list of Para-Medical staff, Non-teaching staff, equipments etc.)		H
I	O.P.D (Daily)		
Ii	I.P.D (Daily)		
Iii	Annual Occupancy		
Iv	ICCU Bed Strength		
V	Laboratories		
Vi	Casualty Department		
Vii	Equipments		
viii	Paramedical Staff		
Ix	Space		

9. Provision for Transport for students: - Yes / No.

If Yes, the type of vehicle available:

10	a) Laboratories:- Attach details of equipments as per Paramedical Council norms along with detailed list of Instruments available	List attached		I
		Yes	No	

11	Library (Attach separate list of Books and Journals available)	Available / Not available	J
	No. of Text books		
	No. reference books		
	No. journals for Medical subjects		
	No. journals for Allied subject		

12	Computer (Attach separate list)	Available / Not available	K
	Number of computers available		
	High speed Internet connection	Available / Not available	
	Email facilities	Available / Not available	
	One Webcam	Available / Not available	
	One laser Printer (for 100 students)	Available / Not available	
	One Photocopy Machine (Min. 35 ppm) (for 100 students)	Available / Not available	
	One Scanner	Available / Not available	
	One Generator	Available / Not available	

13. NON TEACHING/ ADMINISTRATIVE STAFF FULL TIME (Attach list):-

Sr. No.	Designation	Requirement	Available	L

14. OVERALL REMARKS BY THE COMMITTEE:

(Please attach separate sheet, if required)

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Place:

Date of Inspection:

Signature of LIC Inspectors:

(Member)

(Member)

(Member Coordinator)

CERTIFICATE OF PRINCIPAL

This is to certify that the information furnished in above Performa is actually based on facts and as per available record of the College and Hospital is very true.

It is further certified that nothing has been neither hidden nor exaggerated while providing information.



Signature

Name of Principal

Name of College.....

Place :

Date :.....

CERTIFICATE/REMARKS OF THE LOCAL INQUIRY COMMITTEE

We the Local Inquiry Committee members hereby certify that, we have thoroughly inspected the College and Hospital on the date mentioned. We have verified the statements made in the proforma and hereby agree with information supplied by the authorities of the institute.

We do not agree with the information supplied by the authorities of the institutes. The statements / data / figures which are not found correct or not based on facts, are encircled by red ink the correct figures are entered near the circle in red ink.

(Scratch whichever is not applicable)

Place: -

Date: -

Names Signatures

1) Member

2) Member

3) Member Co-coordinator.....

