### KERALA UNIVERSITY OF HEALTH SCIENCES THRISSUR – 680 596

INSPECTION PROFORMA FOR CONTINUATION OF PROVISIONAL AFFILIATION (B.Sc. Optometry)

I. DETAILS OF INSPECTORS	
Inspection Date	:
Name of the Inspector (1)	:
Designation	:
Address	:
Contact No.	:
E mail ID	
: Name of the Inspector (2)	
Designation	
Address	
Address	•
Contact No.	:
E mail ID	:
Order No. And date in which inspection committee was appointed	:
II. DETAILS OF THE COLLEGE	
1. Name of the institution with full postal address (with telephone No. Mobile No. & E mail)	:
2. Administrative status of the institution (Society/Trust/Institution or any other)	:
3. Name of the Principal	:
Address	:
Phone No.	:
E mail ID:	
4. Web site address of the college	:

	Road Distance	from R	Railway stati	on:							
	Road Distance	from E	Bus station	:							
6. Nam	e of the authori	ity or p	ublic body t	hat							
	(a) Finance to t	•	•	:							
	(b) Manages fu applied for		the course t	hat :							
III. a) l	Details of Cou	rses co	nducted in	the college							
Sl No.	Name of t	he	Duration of the course		ned	Year starti the cou	ng		. orde		ails of a copy,
								_	tter of ent		etter of mission
	ails of course a	ses)	iversity ord ne of the co		n affili	ation v		btained ersity o		with o	late
								v			
	ils of the existi				1						
Sl No.	Name of the course		etioned	Month & Year of starting the course	bate	. of ches itted	Pas	_	_	e in th exams	e last 4
							Ι	I	[	III	IV

5. Location of the college

### IV. Details of teaching staff for the basic subject

Name of the faculty	Designation	Qualification	Experience	Subject Teaching	Full/ Part time

## V. Details of teaching staff for the main subject

Name of the faculty	Designation	Qualification	Experience	Subject Teaching	Full/ Part time

## VI. Details of non-teaching staff in the students laboratories

Name of the occupant	Designation	Qualification	Date of joining	Experience	Whether the qualification is PMC approved or not

# VII. Details of hospital facilities available a. Name and address of the Hospital : b. Whether the hospital is owned by the same management or not If not, specify the details. c. Road distance from the college to the hospital d. No. of Beds e. Total Outpatient/Day f. Total inpatient/Day g. Achievements of the Hospital h. Name of the specialities available VIII. Details of clinical lab facilities available. 1. No. of Clinical Laboratories in the hospital 2. Facilities of the Clinical laboratories 3. Availability of work benches to accommodate the trainees 4. Maximum No. of trainees possible to be accommodated etc should be mentioned 5. No. of specimens received/month for a. Routine tests b. Biochemistry analysis c. Special Biochemistry d. Bacteriology e. Mycology f. Parasitology g. Virology h. Clinical Pathology i. Cytology j. Histopathology 6. Whether Blood Bank is available or not If yes, mention the facilities available

No. of transfusion / month	:
No. of patients for Blood grouping/month	:
No. of cross matching / month	:
If no, give the details	:

#### IX. Details of non-teaching staff in the clinical laboratories attached to the hospital

Name of the occupant	Designation	Qualification	Date of joining	Experience	Whether the qualification is PMC approved or not

### X. Hostel facility available or not:

Χ.	Hostel	facility	available	or not	:

### XI. Library

a. Whether department libraries are available
If so number of titles and copies

b. Details of books available in the central library : and the no. of titles and copies

c. Seating capacity of students

d. Whether sufficient no. of standard text books are available

e. Library timings :

f. Whether journals are available. If so no. of National or international journals

g. Whether journals are subscribed :

h. Annual budget of Library :

**XII.** a) Whether the equipments, furniture Glass wares, chemical and other requirements are available or not

## XIII. Teaching facilities: a. Whether sufficient Lecture Halls available or not b. Availability of teaching aids like OHP LCD Charts, Models etc. XIV. Attendance a. Attendance of faculties b. Attendance of students **XV.** Feedback from the students 1. Theoretical training 2. Practical Training 3. Clinical Lab. Posting 4. Conduct of Examination 5. Hostel / Food 6. Transportation **XVI. Cardinal Deficiencies** 1. Infrastructure: 2. Equipments: 3. Clinical Material: 4. Faculty:

5. Academic Training:

XVI. Specific Remarks of the Inspectors:

Name and Signature of Inspector (1)

Name and Signature of Inspector (2)