

**KERALA UNIVERSITY OF HEALTH SCIENCES
THRISSUR-680596**

INSPECTION PROFORMA FOR PROVISIONAL AFFILIATION

(BSc Medical Radiological Technology, BSc MRT)

1. DETAILS OF INSPECTORS

Inspection Date	
Name of the Inspector (1)	
Designation	
Address	
Contact No:	
E mail ID	
Name of the Inspector (2)	
Designation	
Address	
Contact No:	
E mail ID	
Order No. and date in which Inspection committee was appointed	

II DETAILS OF THE INSTITUTION

1	Name of the Institution with full Postal address.	
2	Administrative status of the Institution	
3	Head of the Institution/College	
	Name:	
	Address:	
	Phone no :	
	Email ID	

4	Name of the Person to whom communication is to be sent:	
	a) Location of the Institution	
	b) Whether the Institute belongs to the jurisdiction of corporation/Municipality/Panchayat	
5. Name of the authority or public body that,		
	(a) Finance to the Institute	
	(b) Manages funds for the course that applied for	
6	Name of the University with which the college is affiliated	

a) Details of Courses conducted in the college

Sl No	Name of the course	Duration of the course	No. of seats sanctioned	Year of starting the course	Furnish the details of G.O with a copy, if any	
					Letter of intent	Letter of Permission

b) Details of courses and University order by which affiliation was obtained (for the existing courses)

Sl No	Name of the course	University order with date
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c) DETAILS OF INSTITUTION / COLLEGE

1	Whether the agency is a registered Society (Attach copy of registration certificate)	
2	Whether the place/Institute belong to the Jurisdiction of Corporation/Municipality/Panchayat	
3	Name of the Village, Taluk and District in which the Institute is proposed.	
4	Whether the Institute has already constructed If yes, State the purpose for which it was constructed	
5	Date of completion of construction	
6	Total area of building-Plinth area Living area	
9	Whether the construction is as per the stipulation of the Paramedical Council	
10	Name of the Owner of the land	
11	Survey No with sub division	
12	Total area of the Land	
13	Total area of the land meant for the particular course applied for	
14	Whether the Land is suitable for the Institute /College	
15	Whether the land area is as per the Minimum standard fixed for the course	
16	Whether the Applicant has their own building or not If yes, give the following details	
17	Total plinth area of the building (Attach the approved plan of the building)	
18	Total working area of the building	
19	Total working area of the student's laboratories	
11	Total No. of Lecture Halls	
12	Total working area of each Lecture Hall	

VII. Hostel facility available or not	
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VIII. 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 journal are subscribed	
h)	Annual budget of Library	

IX. TEACHING FACILITIES

a)	a) Whether sufficient Lecture Halls available or not	
b)	Availability of Teaching aids like	
	OHP	
	LCD	
	Charts, Models etc.	

X. Any other information

XI. Specific Remarks of the Inspectors

Name, Designation and Signature of Inspectors

1) Dr/Mr./Mrs./Smt.

2) Dr/Mr./Mrs./Smt.

ANNEXURE-II

List of Equipment in Radiotherapy & Radio diagnosis department

RADIOTHERAPY EQUIPMENT:

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RADIODIAGNOSIS EQUIPMENT:

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TLD PERSONNEL MONITORING SERVICES

INSTITUTION No:

LIST OF EQUIPMENT IN PHYSICS DEPARTMENT

Electronic Equipment & Tools

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General Physics

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