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	I
Name of the Institution with full P address.	ostal
2 Administrative status of the Instit	ution
3 Head of the Institution/College	
Name:	
Address:	
Phone no :	
Email ID	
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	-2-	
4	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	5. Name of the authority or public body that,	
((a) Finance to the Institute	
	(b) Manages funds for the course that applied for	
6	6 Name of the University with which the college is affiliated	

a) Details of Courses conducted in the college

Sl	Name of	Duratio	No. of	Year of		sh the details of G.O copy, if any
N O	the course	n of the course	seats sanctio ned	startin g the course	Lette r of inten t	Letter of Permission

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

Sl N o	Name of the course	University order with date
1		
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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

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I)	Library				
ii)	Common rooms				
iii)	Toilets				
iv)	Staff rooms				
v)	Auditorium				
vi)	Teaching aids				
vii)	Others				
14)	Whether the building meet the				
)	minimum standard of the				
	paramedical council or not				
	paramedical council or not If Yes or No, Give specific remarks				
II. I		5 AVAI	LABLE		
I II. I a)	If Yes or No, Give specific remarks DETAILS OF HOSPITAL FACILITIES Name and Address of the Hospital	S AVAI	LABLE		
a) b)	If Yes or No, Give specific remarks DETAILS OF HOSPITAL FACILITIES Name and Address of the Hospital Name of Owner of the Hospital	-	LABLE		
a) b)	If Yes or No, Give specific remarks DETAILS OF HOSPITAL FACILITIES Name and Address of the Hospital	-	LABLE		
a) b) c)	If Yes or No, Give specific remarks DETAILS OF HOSPITAL FACILITIES Name and Address of the Hospital Name of Owner of the Hospital Road Distance from the College to the	-	LABLE		
a) b) c) d) e)	If Yes or No, Give specific remarks DETAILS OF HOSPITAL FACILITIES Name and Address of the Hospital Name of Owner of the Hospital Road Distance from the College to the Hospital No. of Beds Total Outpatient/Day	-	LABLE		
a) b) c) d) e) f)	If Yes or No, Give specific remarks DETAILS OF HOSPITAL FACILITIES Name and Address of the Hospital Name of Owner of the Hospital Road Distance from the College to the Hospital No. of Beds Total Outpatient/Day Total Inpatient/Day	-	LABLE		
a) b) c) d) e) f)	If Yes or No, Give specific remarks DETAILS OF HOSPITAL FACILITIES Name and Address of the Hospital Name of Owner of the Hospital Road Distance from the College to the Hospital No. of Beds Total Outpatient/Day	-	LABLE		
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a) b) c) d) e) f) g)	If Yes or No, Give specific remarks DETAILS OF HOSPITAL FACILITIES Name and Address of the Hospital Name of Owner of the Hospital Road Distance from the College to the Hospital No. of Beds Total Outpatient/Day Total Inpatient/Day Achievements of the Hospital	-	LABLE		
a) b) c) d) e) f) g)	If Yes or No, Give specific remarks DETAILS OF HOSPITAL FACILITIES Name and Address of the Hospital Name of Owner of the Hospital Road Distance from the College to the Hospital No. of Beds Total Outpatient/Day Total Inpatient/Day Achievements of the Hospital	-			
a) b) c) d) e) f) g)	If Yes or No, Give specific remarks DETAILS OF HOSPITAL FACILITIES Name and Address of the Hospital Name of Owner of the Hospital Road Distance from the College to the Hospital No. of Beds Total Outpatient/Day Total Inpatient/Day Achievements of the Hospital	-			
a) b) c) d) e) f) g)	If Yes or No, Give specific remarks DETAILS OF HOSPITAL FACILITIES Name and Address of the Hospital Name of Owner of the Hospital Road Distance from the College to the Hospital No. of Beds Total Outpatient/Day Total Inpatient/Day Achievements of the Hospital	-			
a) b) c) d) e) f) g)	If Yes or No, Give specific remarks DETAILS OF HOSPITAL FACILITIES Name and Address of the Hospital Name of Owner of the Hospital Road Distance from the College to the Hospital No. of Beds Total Outpatient/Day Total Inpatient/Day Achievements of the Hospital	-			
a) b) c) d) e) f) g)	If Yes or No, Give specific remarks DETAILS OF HOSPITAL FACILITIES Name and Address of the Hospital Name of Owner of the Hospital Road Distance from the College to the Hospital No. of Beds Total Outpatient/Day Total Inpatient/Day Achievements of the Hospital	-			

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- i) Details of clinical works done per year for the last 2 years
- J) Details of equipment available

IV DETAILS OF TEACHING STAFF FOR BASIC SUBJECT (Annexure-II A)

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

V. DETAILS OF TEACHING STAFF FOR THE SPECIALITY SUBJECT

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

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Remarks

VI. DETAILS OF NON-TEACHING STAFF

Name of the Staff	Designation	Qualification	Date of Joining	Experience

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VII. Hostel facility available or not

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.	

$\boldsymbol{X}.$ 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.

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ANNEXURE-I

Radiological Investigations- statistics/Month.

RADIODIAGNOSIS:

No. of Conventional X-rays taken daily	
No. of CT examinations	
No. of MRI studies	
Mammography	
X-ray special investigations	
Ultrasonography	
Others	

RADIOTHERAPY:

External Beam Radiotherapy	
Brachytherapy	
CT Simulation	
TPS planning	
Others	

NUCLEAR MEDICINE:

Tc-99m Scans	
I-131 scans	
I-131 treatments as IP	
I-131 low dose therapy (as OP) :	
others	

ANNEXURE-II

List of Equipment in Radiotherapy & Radio diagnosis department

RADIOTHERAPY EQUIPMENT:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	2	
3 4 4 5 5 6 6 7 7 7 8 9 9 10 10 11 12 12 13 14 15 15 16 17 18 14		
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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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5 6 7 8 9 10 11 12 13 14	3	
6 7 8 9 10 11 12 13 14	4	
7 8 9 10 11 12 13 14	5	
8 9 10 11 12 13 14	6	
9 10 11 12 13 14	7	
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