# INSPECTION PROFORMA FOR AFFILIATION OF SPEECH AND HEARING COLLEGES-BASLP

## PART A (GENERAL INFORMATION)

Application for the academic year :

Name of College :

Name of Principal :

Phone No :

E-mail ID :

Name of the proposed course :

Type of Application : Continuation of affiliation/ New course

No. of Seats applied for :

No of Existing seats :
(In case of Continuation of affiliation)

Date of Inspection :

University order No & Date :


Date of Last KUHS Affiliation Inspection
 (if any)                                                    :


Name and Address of Inspectors
1.




2.

## DETAILS OF THE COLLEGE:

1.  Name of the college with full postal address:

    (With telephone no, Email &Fax)

2.  Administrative status of the institution:

    (Society, trust, institution or any other)

3. Name of the principal          :

        Address          :

        Phone No          :

        Email ID          :

4. Web site address of the college    :

5. Year of Establishment          :

6. Location of the college

    Road distance from railway station :

    Road distance from bus station     :

7. Name of the authority or public body that

        a. Finance to the institute      :

        b. Manages the funds for the course:

8. RCI Recognition letter No. & Date :

9. State Government NOC No & date :

10. Details of the course conducted in the college:

| SNo | Name of the course | Duration of the course | No of seats sanctioned/applied for | Year of starting the course | University order No with date |
|---|---|---|---|---|---|
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# Part B(SPECIFIC INFORMATION)

## 1. Physical Infrastructure

| Sl No | Item | Available |
|---|---|---|
| 1. | Class Rooms | |
| 2. | Room for reception where Patients are registered | |
| 3. | Room for case history, Speech diagnostic room and interviews | |
| 4. | Speech lab(Quiet room)for diagnostic purposes | |
| 5. | Recording room(sound proof) | |
| 6. | Speech therapy /Cabins | |
| 7. | Single sound treated room  Two room audiometric suite with control and test room situation (Sound proof. ANSI 1977) | |
| 8. | Room for hearing aid trial | |
| 9. | Ear mould lab | |
| 10. | Staff room | |
| 11. | Individual work space (with provision for storage facility) | |
| 12. | Hearing aid repair lab | |
| 13. | Principal's office room | |
| 14. | Sanitary facilities | |
| 15. | Hostel facilities | |
| 16. | Administrative staff room | |

## 2. Faculty

| Sl No | Designation | Available | Full time/ part time/guest |
|---|---|---|---|
| 1. | Professor | | |
| 2. | Associate professor | | |
| 3. | Assistant professor/ Lecturer | | |
| 4. | Speech pathologist/ audiologist grade I | | |
| 5. | Speech pathologist/ audiologist grade II | | |

| | | | |
|---|---|---|---|
| 6. | Lecturer in Clinical Psychology | | |
| 7. | Asst. professor - Anatomy | | |
| 8. | Asst. professor - Physiology | | |
| 9. | Asst. professor - Pathology | | |
| 10. | Asst. professor - Linguistics | | |
| 11. | Asst. professor - Electronics | | |
| 12. | Asst. professor - Genetics | | |
| 13. | Asst. professor - Pediatrics | | |
| 14. | Asst. professor - Neurology | | |
| 15. | Asst. professor - ENT | | |
| 16. | Asst. professor - Statistics | | |
| 17. | Ear mould technician | | |
| 18. | Librarian/Staff | | |

( Details of teaching staff should be attached in the format given)

## 3. Instruments

| Sl no | Instrument | Available |
|---|---|---|
| | **Audiology** | |
| 1. | 2 Channel audiometer | |
| 2. | Portable audiometer | |
| 3. | Clinical Immittance Audiometer | |
| 4. | Portable/Screening Impedence Audiometer | |
| 5. | BERA | |
| 6. | Otoacoustic Emission | |
| 7. | Calibration Equipment for AC, BC and free field | |

| 8. | Different types of Hearing aids | |
|---|---|---|
| 9. | Hearing aid Analyser | |
| 10. | Otoscope | |
| 11. | Proformae | |
| 12. | Auditry training material | |
| 13. | Ear mould lab | |
| **Speech Language Pathology** | | |
| 14. | Speech and Language tests(English and Local Language) | |
| 15. | Proformae | |
| 16. | Speech therapy  Material | |
| 17. | Mirrors | |
| 18. | Expirograph/Aerophone | |
| 19. | Computers | |
| 20. | Software for diagnostic and therapeutic use | |
| 21. | Audiovisual Materials | |
| 22. | Tongue Depressor | |

# 4.. Library Facility

| Sl No | Facility | Available |
|---|---|---|
| 1. | Reading Room | |
| 2. | Internet Facility | |
| **Books** | | |
| 3. | Audiology | |
| 4. | Speech Language Pathology | |
| 5. | Allied Subjects | |
| **Journals** | | |
| 6. | Audiology | |

| | | | |
|---|---|---|---|
| 7. | Speech Language Pathology | | |
| 8. | General | | |

(The details of the books should be attached)

## 5. CURRICULUM TRANSACTION *(Documents should be verified by the inspectors)*

| Sl No | Domain | Yes/No | Remark |
|---|---|---|---|
| 1. | Student guidance programs/clinical teaching | | |
| 2. | Internal examinations( Minimum 3 in an academic year) | | |
| 3. | Assignments | | |
| 4. | Clinical Practicum/project | | |
| 5. | Student evaluation format | | |
| 6. | Clinical conference | | |
| 7. | Academic Calendar & Time table | | |
| 8. | Community promotional activities( Camps/Early identification program/exhibition/public education program) | | |

## 6. Research and Development *(Documents should be verified by the inspectors)*

| Sl No | Domain | Yes/No | Remark |
|---|---|---|---|
| 1. | Scientific presentations/lectures | | |
| 2. | Participation in seminars/ workshops/ conferences | | |
| 3. | Seminars/ workshops/ conferences conducted | | |
| 4. | Publications(National & International) | | |
| 5. | Projects undertaken(funded/not funded) | | |

## DETAILS OF THE TEACHING STAFF

| Name of the Faculty | Designation | Qualification | Experience | | Experience in the current post |
|---|---|---|---|---|---|
| | | | Teaching | Clinical | |
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