

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

**INSPECTION PROFORMA FOR AFFILIATION/ CONTINUATION OF
PROVISIONAL AFFILIATION OF MSc. MLT-PATHOLOGY**

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

Contact No

E mail ID:

Order No. and date in which
Inspection committee was appointed :

II. DETAILS OF THE COLLEGE

1. Name of the College with full Postal address. :
(With Telephone No, Mobile no & E mail)

2. Administrative status of the Institution :
(Society/Trust/Institution or any other)

3. Details of the Principal

Name & Official Address with Phone No: Mobile No Email ID	Qualification		Subject Specialisation	Year of Joining the College	Post PG Teaching Experience in each college
	Degree 1)Name of college 2)Name of University 3)Month & Year of Award of degree	PG degree 1)Name of college 2)Name of University 3)Month & Year of Award of degree			

4. Web site address of the College :

5. Location of the college :

Road Route& Distance from Railway station :

Road route & Distance from Bus station :

6. Name of the authority or public body that

(a) Finance to the Institute :

(b) Manages funds for the course that applied for :

III. a) Details of Courses conducted in the College Campus (Existing courses if any- Medical/Dental/Nursing/Pharmacy)

SNo	Name of the course	Duration of the course	No. of seats sanctioned	Year of starting the course	Furnish the details of Govt. Order with a copy ,if any	
					Letter of intent	Letter of Permission
1						
2						
3						
4						
5						

b). Details of the Existing Paramedical Courses in the College campus

SNo	Name of the courses	No. of seats sanctioned	Month& Year of starting the course	No.of Batches admitted	Pass percentage in the Last 4 KUHS exams			
					I	II	III	IV
1								
2								
3								
4								

c) Details of MLT programs (if existing -DMLT/ BSc. MLT/ MSc. MLT)

Sl. No	Name of the courses	No. of seats sanctioned	Month& Year of starting the course	No. of batches admitted	Name and qualification of faculties	Details of infrastructure available
1						
2						
3						
4						

IV. DETAILS OF TEACHING STAFF FOR BASIC SUBJECT for BSc. MLT DEGREE COURSE

S No	Name of the faculty Designation Mob. No. Email Id	Qualification		Date of Joining in the college	Experience in each college	Subject- Teaching
		Degree 1)Name of college 2)Name of University 3)Month &Year of Award of degree	PG degree 1)Name of college 2)Name of University 3)Month &Year of Award of degree			

(Details of faculties for Anatomy, Physiology, Biomedical Instrumentation /Computer application/Biostatistics)

V. DETAILS OF TEACHING STAFF FOR THE MAIN SUBJECTS FOR BSc.MLT COURSE

S No	Name of the faculty Designation Mob. No. Email Id	Qualification		Date of Joining in the college	Experience in each college	Subject- Teaching
		Degree 1)Name of college 2)Name of University 3)Month &Year of Award of degree	PG degree 1)Name of college 2)Name of University 3)Month &Year of Award of degree			
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10						
11						
12						

(Details of faculties for Biochemistry, Microbiology and Pathology with Govt./PMC and KUHS approved qualifications)

VI. DETAILS OF TEACHING STAFF FOR THE MSc. MLT-PATHOLOGY DEGREE COURSE

S No	Name of the faculty Designation Mob. No. Email Id	Qualification		Date of Joining in the college	Experience in each college	Subject-Teaching
		Degree 1)Name of college 2)Name of University 3)Month &Year of Award of degree	PG degree 1)Name of college 2)Name of University 3)Month &Year of Award of degree			
1						
2						
3						

(Details of faculties with Govt./PMC and KUHS approved qualifications only)

VII. DETAILS OF NON-TEACHING STAFF IN THE STUDENTS' LABORATORIES FOR MSc. MLT DEGREE COURSE

S No	Name of the faculty Designation	Qualification 1)Name of college 2)Name of University/Govt 3)Month &Year of Award of degree	Date of Joining in the college	Experience in each college	Whether the qualification is PMC/kuhs approved or not
1					
2					
3					
4					

(Details of supporting staffs with Govt./PMC and KUHS approved qualifications only)

VIII. DETAILS OF INFRASTRUCTURE FACILITIES FOR MSc MLT COURSE

- a) Lecture Hall
- b) Student's demonstration Laboratories
- c) Seminar Hall
- d) Auditorium
- e) Library
- f) Common rooms
- g) Toilets
- h) Staff Rooms
- i) Hostel

IX. 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:

X. DETAILS OF NON-TEACHING STAFF IN THE STUDENTS' LABORATORIES FOR BSc MLT COURSE

S No	Name of the faculty Designation	Qualification 1)Name of college 2)Name of University/Govt 3)Month &Year of Award of degree	Date of Joining in the college	Experience in each college	Whether the qualification is PMC/kuhs approved or not
1					
2					
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4					
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6					
7					
8					
9					

(Details of Laboratory technicians and other supporting staffs with Govt./PMC and KUHS approved qualifications only)

XI. DETAILS OF INFRASTRUCTURE FOR BSc MLT COURSE

- j) Lecture Hall
- k) Student's demonstration Laboratories
- l) Seminar Hall
- m) Auditorium
- n) Library
- o) Common rooms
- p) Toilets
- q) Staff Rooms
- r) Hostel

XII. 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 no. of outpatient/Day :

- f) Total no. of inpatient/Day :

- g) Achievements of the Hospital :

- h) Name the Specialties available

XIII. DETAILS OF CLINICAL LAB. FACILITIES AVAILABLE

- 1) No. of Laboratories under the Pathology dept. in the hospital:

- 2) Infrastructure facilities of the Clinical Pathology 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 clinical Pathology investigations

- 6) No. of specimens available per month in the Haematology laboratory

- 7) No. of specimens available per month in the Histopathology laboratory

- 8) No. of specimens available per month in the Cytology laboratory

- 9) No. of specimens available per month in the Immunopathology laboratory

10) No. of transfusions available per month in the Blood Bank.

11) No. of cases of component separation per month in the Blood bank

XIV. DETAILS OF NON-TEACHING STAFF IN THE CLINICAL LABORATORIES ATTACHED TO THE HOSPITAL

S No	Name of the faculty Designation	Qualification 1)Name of college 2)Name of University/Govt 3)Month &Year of Award of degree	Date of Joining in the college	Experience in each college	Whether the qualification is Govt./PMC & kuhs approved or not
1					
2					
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4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

(Details of faculties, Laboratory technicians and other supporting staffs with Govt./PMC and KUHS approved qualifications only)

XV Hostel facility available or not

Facilities in the hostel

XVI. 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 reference text books
are available :
- e) Library timings
- f) Whether journals are available.
If so no.of National or
International journals (attach the list) :
- g) Whether the journal are subscribed :
- h) Whether the internet facility is available or not
:
- i) Annual budget of Library :

XVII. a). Whether the Equipments, Furniture, Glass wares,
chemical and other requirements are available or not.

If not, give the details

XVIII. TEACHING FACILITIES

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

XIX. Attendance

- a) Attendance of Faculties (attach copies attested by Principal)
- b) Attendance of students (attach copies attested by Principal)

c) Time table of each year (attach copies attested by Principal)

XX. Feedback from the students

- 1) Theoretical training :
- 2) Practical training :
- 3) Clinical Lab. posting
- 4) Conduct of Examination
- 5) Hostel / Food
- 6) Details of Furnitre :
- 6) Transportation :

XXI. Cardinal Deficiencies

- 1) Infrastructure:**
- 2) Equipments**
- 3) Clinical materials**
- 4) Faculty**
- 5) Academic training**

XXII. Specific Remarks of the Inspectors:

**Name, and Signature
of Inspector(1)**

**Name, and Signature
of Inspector(2)**