

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

**INSPECTION PROFORMA FOR AFFILIATION/CONTINUATION OF
PROVISIONAL AFFILIATION OF BScMLT DEGREE COURSE**

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 (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 courses and University order by which affiliation was obtained
(Existing courses if any-Medical/Dental/Nursing/Pharmacy)**

SNo	Name of the course	Name of the University	University order with date
1			
2			
3			
4			

c). Details of the Existing Paramedical Courses in the College

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								
5								

d) Details of MLT programs (if existing -DMLT/BScMLT/MScMLT)

SNo	Name of the courses	No. of seats sanctioned	Month& Year of starting the course	No.of batches admitted	Name and qualification of faculties (attach annexure)	Details of infrastructure available (attach annexure)
1						
2						
3						
4						
5						

IV. DETAILS OF TEACHING STAFF FOR BASIC SUBJECT

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 for Anatomy, Physiology, Biomedical Instrumentation / Computer application/Biostatistics)

V. DETAILS OF TEACHING STAFF FOR THE MAIN SUBJECTS

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						
4						
5						
6						

7						
8						
9						
10						
11						
12						

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

VI. DETAILS OF NON-TEACHING STAFF IN THE STUDENTS' LABORATORIES

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					
5					
6					
7					
8					
9					

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

VII. DETAILS OF INFRASTRUCTURE

- 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

VIII. 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

IX. DETAILS OF CLINICAL LAB FACILITIES AVAILABLE

- 1) No. of Clinical Laboratories in the hospital:
- 2) Infrastructure 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) Biochemistry analysis

b) Special Biochemistry

c) Bacteriology

d) Mycology

e) Parasitology

f) Virology

g) Clinical Pathology

f) Cytology

g) Histopathology

h) Serology

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 of training

X. 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					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

(Details of staffs Qualified with MSc (MLT) /BSc (MLT) /DMLT) - Govt./PMC and KUHS approved qualifications only)

XI Hostel facility available or not

Facilities in the hostel

XII. 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 :
- g) Whether the journal are subscribed :
- h) Whether the internet facility is available or not
:
- i) Annual budget of Library :

XIII. a). Whether the following facilities are available or not

Equipments

Furniture

Glass wares

Chemical

Other requirements.

If not, give the details

XIV. TEACHING FACILITIES

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

XV. 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)
- d) Statement of details of classes given for BSc. MLT course in the previous year, in case of existing batches if any.

(i) First year BSc. MLT (..... Admission Batch)

Subjects	Theory (Hours)	Practical (Hours)	Posting (Hours)	Total (Hours)	Specific Remarks on comparing with the syllabus
Anatomy					
Physiology					
Biochemistry-I					
Basic Microbiology & Immunology					
Basic Medical Laboratory Science & Haematology – I					

(ii) Second year BScMLT (..... Admission Batch)

Subjects	Theory (Hours)	Practical (Hours)	Posting (Hours)	Total (Hours)	Specific Remarks on comparing with the syllabus
Biochemistry II					
General Microbiology					
Parasitology & Entomology					
Haematology-II & Clinical Pathology					

(iii) Third year BScMLT (..... Admission Batch)

Subjects	Theory (Hours)	Practical (Hours)	Posting (Hours)	Total (Hours)	Specific Remarks on comparing with the syllabus
Biochemistry III					
Bacteriology					
Cytology and Transfusion technology					
Computer Application, Research methodology, Biostatistics & Laboratory management / Electronics & BMI					

(iv) Fourth year BSc. MLT (..... Admission Batch)

Subjects	Theory (Hours)	Practical (Hours)	Posting (Hours)	Total (Hours)	Specific Remarks on comparing with the syllabus
Biochemistry IV					
Mycology, Virology and Applied Microbiology					
Histotechnology and Cytogenetics					
Project					
Training at reputed external Hospitals / National Institutions					

(Inspectors should verify the above from the available documents and from the student's feedback .Also give specific remarks)

XVI. 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 :

XVII. Cardinal Deficiencies

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

XVIII. Specific Remarks of the Inspectors:

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

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