

KERALA UNIVERSITY OF HEALTH SCIENCES
THRISSUR – 680 596
INSPECTION PROFORMA FOR CONTINUATION OF PROVISIONAL AFFILIATION
(B.Sc. Optometry)

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 institution with full postal address :
(with telephone No. Mobile No. & E mail)

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

3. Name of the Principal :
Address :

Phone No. :
E mail ID :

4. Web site address of the college :

VII. 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 Outpatient/Day :
- f. Total inpatient/Day :
- g. Achievements of the Hospital :
- h. Name of the specialities available :

VIII. Details of clinical lab facilities available.

- 1. No. of Clinical Laboratories in the hospital :
- 2. 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. Routine tests :
 - b. Biochemistry analysis :
 - c. Special Biochemistry :
 - d. Bacteriology :
 - e. Mycology :
 - f. Parasitology :
 - g. Virology :
 - h. Clinical Pathology :
 - i. Cytology :
 - j. Histopathology :
- 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 :

IX. Details of non-teaching staff in the clinical laboratories attached to the hospital

Name of the occupant	Designation	Qualification	Date of joining	Experience	Whether the qualification is PMC approved or not

X. Hostel facility available or not :

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XI. 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 journals are subscribed :

h. Annual budget of Library :

**XII. a) Whether the equipments, furniture :
Glass wares, chemical and other
requirements are available or not**

XIII. Teaching facilities:

a. Whether sufficient Lecture Halls available :
or not

b. Availability of teaching aids like :
OHP :
LCD :
Charts, Models etc. :

XIV. Attendance

a. Attendance of faculties :
b. Attendance of students :

XV. Feedback from the students

1. Theoretical training :
2. Practical Training :
3. Clinical Lab. Posting :
4. Conduct of Examination :
5. Hostel / Food :
6. Transportation :

XVI. Cardinal Deficiencies

1. Infrastructure:
2. Equipments:
3. Clinical Material:
4. Faculty:
5. Academic Training:

XVI. Specific Remarks of the Inspectors:

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

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