

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

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

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)

Sl. No	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

Sl. No	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/ BScMLT/ MScMLT)

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 BScMLT 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			
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 TEACHING STAFF FOR THE MSc. MLT-BIOCHEMISTRY DEGREE

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-BIOCHEMISTRY 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					
3					
4					
5					
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 BScMLT 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 Clinical Biochemistry Laboratories in the hospital:

- 2) Infrastructure facilities of the Clinical Biochemistry 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 Biochemistry investigations

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

**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					
3					
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 following facilities are available or not

Equipments

Furniture

Glass wares

Chemical

Other requirements.

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 Furniture :
- 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)**