



**Report of Local Inquiry Committee for Grant of Continuation of Affiliation for  
Paramedical & Allied Health Science faculty**

(Note: Local Inquiry Committee report should be duly completed in all respect and required documents should be attached as annexure with the report)

Name of the Course with intake capacity: 1-----2-----  
3-----4-----5-----  
6-----7-----8-----

|   |   |                        |  |
|---|---|------------------------|--|
| 1 | A | Name of the College    |  |
|   | B | Address of the College |  |
|   | C | Phone No.              |  |
|   | D | Mobile No.             |  |
|   | E | Fax No.                |  |
|   | F | Email                  |  |

|   |  |     |    |   |
|---|--|-----|----|---|
| 2 | Permission letter received from Paramedical Council to start Course/ increase in Intake capacity<br>(If, yes attach a copy of Permission letter) | Yes | No | A |
|   |  |     |    |   |

|   |   |     |    |   |
|---|---|-----|----|---|
| 3 | Madhya Pradesh Government Resolution received to start, new Course/ increase in Intake capacity<br>(If, yes attach a copy of Resolution letter) | Yes | No | B |
|   |   |     |    |   |

|  |   |  |     |  |    |
|--|---|--|-----|--|----|
|  | Date of last inspection done for the Course by the University   |  |     |  |    |
|  | Any deficiency pointed out by University (If, yes attach copy of letter of deficiencies by University)                      |  | Yes |  | No |
|  | Compliance of deficiencies pointed out by University (If, yes attach copy of letter of Compliance by the Institute/college) |  | Yes |  | No |

| 4                          |        |   |  |                                       |
|----------------------------|--------|---|--|---------------------------------------|
| Sanctioned intake capacity |        |   |  |                                       |
| Sr. No.                    | Degree | Permission of Seats by Government of Madhya Pradesh | Permission of Seats by the Paramedical council | Paramedical council letter no. & date |
| 1                          |        |   |  |                                       |
| 2                          |        |   |  |                                       |
| 3                          |        |   |  |                                       |
| 4                          |        |   |  |                                       |
| 5                          |        |   |  |                                       |
| 6                          |        |   |  |                                       |
| 7                          |        |   |  |                                       |
| 8                          |        |   |  |                                       |

(Please attach subject wise list separately as per above proforma)

|   |                                      |  |
|---|--------------------------------------|--|
| 5 | Name of the principal of the College |  |
|   | Date of joining the College          |  |
|   | Qualification                        |  |
|   | Teaching Experience :                |  |

|   |   |   |
|---|---|---|
| 6 | <b>Availability of the teaching staff</b><br>(Detail list should be attached, course wise, subject wise, with Name of the P.G. teacher, Qualification and Experience):- | C |
|---|---|---|

**(A) Teaching staff**

| No. of students | Professor |   |   | Asso Professor or Reader |   |   | Lecturer |   |   | Clinical Instructor |   |   | Total |
|-----------------|-----------|---|---|--------------------------|---|---|----------|---|---|---------------------|---|---|-------|
|                 | R         | A | D | R                        | A | D | R        | A | D | R                   | A | D |       |
|                 |           |   |   |                          |   |   |          |   |   |                     |   |   |       |
|                 |           |   |   |                          |   |   |          |   |   |                     |   |   |       |

**7. College Building: -**

a) **Teaching Block :- Attach details as per Paramedical Council norms in the bellow mentioned proforma**

| Sr. No. | Teaching block | required Area (in sq. ft.) | Actual area available (In sq.ft.) |   |
|---------|----------------|----------------------------|-----------------------------------|---|
| 1       |                |                            |                                   | D |
| 2       |                |                            |                                   |   |
| 3       |                |                            |                                   |   |
| 4       |                |                            |                                   |   |
| 5       |                |                            |                                   |   |
| 6       |                |                            |                                   |   |
| 7       |                |                            |                                   |   |
| 8       |                |                            |                                   |   |

b) **Hostel Block :- Attach details as per Paramedical Council norms in the bellow mentioned proforma**

| Sr. No. | Hostel Block | required Area (in sq. ft.) | Actual area available (In sq.ft.) |   |
|---------|--------------|----------------------------|-----------------------------------|---|
|         |              |                            |                                   | E |
|         |              |                            |                                   |   |
|         |              |                            |                                   |   |

**8. Hospital Detail (for own hospital)**

|     |   |          |
|-----|---|----------|
| [A] | Name of Own hospital(s)   |          |
|     | Number of beds  |          |
|     | If hospital is own, whether it is recognized by Government (submit hospital registration) | Yes / No |

**8 [B] if Attached hospital(s):- ( submit hospital registration, notarized MOU between institute and the hospital/permission letter for attachment of each hospital)**

**How many attached hospital(s)** .....

| Attached hospital(s) Detail |                  |              |                  |  | G |
|-----------------------------|------------------|--------------|------------------|--|---|
| Sr. No.                     | Name of Hospital | Bed strength | Type of Hospital | Distance of Hospital from college building |   |
| 1                           |                  |              |                  |  |   |
| 2                           |                  |              |                  |  |   |
| 3                           |                  |              |                  |  |   |
| 4                           |                  |              |                  |  |   |

|       |   |  |          |
|-------|---|--|----------|
| 8 [C] | <b>Specific Remarks regarding the clinical facilities available in the above each hospital separately (Attach separate list of Para-Medical staff, Non-teaching staff, equipments etc.)</b> |  | <b>H</b> |
| I     | O.P.D (Daily)   |  |          |
| ii    | I.P.D (Daily )  |  |          |
| iii   | Annual Occupancy  |  |          |
| Iv    | ICCU Bed Strength   |  |          |
| V     | Laboratories  |  |          |
| Vi    | Casualty Department   |  |          |
| Vii   | Equipments  |  |          |
| viii  | Paramedical Staff   |  |          |
| Ix    | Space   |  |          |

**9. Provision for Transport for students: - Yes / No.**

*If Yes, the type of vehicle available: .....*

|           |  |                      |           |          |
|-----------|--|----------------------|-----------|----------|
| <b>10</b> | <b>a) Laboratories:- Attach details of equipments as per Paramedical Council norms along with detailed list of Instruments available</b> | <b>List attached</b> |           | <b>I</b> |
|           |  | <b>Yes</b>           | <b>No</b> |          |
|           |  |                      |           |          |

|           |   |                           |          |
|-----------|---|---------------------------|----------|
| <b>11</b> | <b>Library (Attach separate list of Books and Journals available)</b> | Available / Not available | <b>J</b> |
|           | No. of Text books   |                           |          |
|           | No. reference books   |                           |          |
|           | No. journals for Medical subjects                                     |                           |          |
|           | No. journals for Allied subject                                       |                           |          |

|           |  |                           |          |
|-----------|--|---------------------------|----------|
| <b>12</b> | <b>Computer (Attach separate list)</b>                 | Available / Not available | <b>K</b> |
|           | Number of computers available                          |                           |          |
|           | High speed Internet connection                         | Available / Not available |          |
|           | Email facilities                                       | Available / Not available |          |
|           | One Webcam   | Available / Not available |          |
|           | One laser Printer (for 100 students)                   | Available / Not available |          |
|           | One Photocopy Machine (Min. 35 ppm) (for 100 students) | Available / Not available |          |
|           | One Scanner  | Available / Not available |          |
|           | One Generator  | Available / Not available |          |

**13. NON TEACHING/ ADMINISTRATIVE STAFF FULL TIME (Attach list):-**

|                |                    |                    |                  |          |
|----------------|--------------------|--------------------|------------------|----------|
| <b>Sr. No.</b> | <b>Designation</b> | <b>Requirement</b> | <b>Available</b> | <b>L</b> |
|                |                    |                    |                  |          |
|                |                    |                    |                  |          |

## 14. Inspection Report

### 1. Subject Expert Comment

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### 2. Government Representative Comment

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-----  
-----  
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### 3. University Representative / D.C.D.C. Comment

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### **Names & Signatures**

- 1) Subject Experts Member (i) .....  
(ii).....
- 2) Government Representative .....
- 3) University Representative / D.C.D.C. ....

**15. OVERALL REMARKS BY THE COMMITTEE:**

**(Please attach separate sheet, if required)**

.....  
.....  
.....  
.....  
.....  
.....

*Place:* .....

*Date of Inspection:* .....

**Signature of LIC Inspectors:**

**(Member)**

**(Member)**

**(Member)**

**(Member Cordinator)**

**CERTIFICATE OF PRINCIPAL**

This is to certify that the information furnished in above Performa is actually based on facts and as per available record of the College and Hospital is very true.

It is further certified that nothing has been neither hidden nor exaggerated while providing information.



Signature .....

Name of Principal .....

Name of College.....

Place : .....

Date :.....

**CERTIFICATE/REMARKS OF THE LOCAL INQUIRY COMMITTEE**

We the Local Inquiry Committee members hereby certify that, we have thoroughly inspected the College and Hospital on the date mentioned. We have verified the statements made in the proforma and hereby agree with information supplied by the authorities of the institute.

We do not agree with the information supplied by the authorities of the institutes. The statements / data / figures which are not found correct or not based on facts, are encircled by red ink the correct figures are entered near the circle in red ink.

*(Scratch whichever is not applicable)*

Place: - .....

Date: - .....

**Names & Signatures**

2) Subject Experts Member

(i) .....

(ii) .....

4) Government Representative .....

5) University Representative / D.C.D.C. ....

