

# For Fresh DMLT Course

## Check list

SL No	Particulars	Prescribed as per guidelines	Remarks Whether complied or not	Page no
01	Name and Complete Address of the Institution		Full name or abridged & Unique in the state or not	
02	Course applied and with intake			
03	Name of the Trust/Society & Deed		Deed Submitted or not	
04	Date of registration			
05	Minimum Age of the Trust/Society	03 YEARS	Eligible or not	
06	If new course, courses applied for			
07	Audit Statement for past 03 years (Trust)	1)	Submitted or not	
		2)	Submitted or not	
		3)	Submitted or not	
08	Financial Worthiness	Current Account with 15 Lakh-turnover for last 03 financial year (cumulative)	Eligible or not	
09	Clinical Facilities	Number of blood samples in case of lab ( for Diploma in Medical Laboratory Technology) ( Last 3 months)		
	A. Own Hospital/ Nursing Home	Minimum 100 Beds	Yes/No	
	i. OPD per day	Last 03 month	Yes/No	
	ii. IPD per day	Last 03 month	Yes/No	
	B. Affiliated Hospital/Nursing	Minimum 100 Beds	Yes/No	
	i. OPD per day	Last 03 month	Submitted or not	
	ii. IPD per day	Last 03 month	Submitted or not	
	iii. Distance from Institution	City limit 0-10 KM Radius if rural area 0-20 KM Radius	Yes/No	
iv. MOU Particulars	Minimum for 03 years	Yes/No		

10	Infrastructure			
	A. Total No of teaching rooms		Yes/No	
	B. Laboratory details		Yes/No	
	C. Details of Equipments (course Wise)		Submitted or not	
	D. Hostel facility for students		Yes/No	
11	Building Details	Internal and Outer photo's of the building with college name board	Submitted or not	
	A. Own Building details	1. Owner Details	Yes/No	
		2. Property No ( Local Body PID)	Available/Not	
		3. Building plan approved by the competent Authority	Yes/No	
		4. Up to date Tax paid	Yes/No	
		5. Any court cases pending against the property	Yes/No	
	B. Rent/Leased Building details	1. Rent/Lease Agreement (Minimum 05 Years)	In order/not	
2. Owner Details		Yes/No		
12	Information of Density of Para Medical College in the location	Minimum Distance B/W location of 02 colleges should be more than 10 KMs		
13	Faculty details ( Course wise)	Adhaar Number Compulsory	Yes/No	
14	Vehicle Facility	Bus facility	Yes/No	
15	Sports and Recreation facilities	Out Door Facility and Indoor Facility	Yes/No	
16	LIC Report		In accordance/not	
	A. Name of the Inspector with designation & Address			
	B. Date of Inspection			
	C. Recommendation			
	D. Inspector Signature			
17	Opinion of special officer, PMB		Accept/reject with remarks	
18	Opinion of DME			

## DIPLOMA IN MEDICAL LABORATORY TECHNOLOGY

### a. Building : Accommodation

Built up area 2800 Sq. Ft. for college comprising of Lecture Hall, Office Room, Library, Practical Hall, Staff Room, Store Room, Preparation /demonstration room, Toilets with power and water supply.

**Laboratory:** Each laboratory 10' x 15' one for each subject, i.e., One laboratory for Anatomy and Physiology, one for Pathology and Microbiology and one for Biochemistry.

**Lecture Hall:** 15' x 30' -- Three nos.

**Library:** 15' x 40' -- One Hall with proper furniture for 30 students.

**Play ground:** Preferable

**Separate Common Room with toilet :** one for Boys and one for Ladies/girls.

**Hostel:** Separate for boys and girls, but not mandatory.

**Transportation:** If the distance is more 3 kms. between the college and hospital, vehicle has to be provided for commutation.

### **b. Equipments**

Refrigerator	-- 04
Centrifuge	-- 03
Microscope	-- 20
Hand lens	-- 02
microtome working	-- 01
Histokinetic working	-- 01
Spirit lamps	-- 20
Sahli's Hemoblobinometer	-- 20
Hot air oven working	-- 02
Stabilizers	-- 04
Analytical balance	-- 01
Chemical balance	-- 01
Certified weight box	-- 01
pH meter	-- 01
Hot plates	-- 02
Dessicator	-- 01
Incubator (2' x 3')	-- 02
Timers	-- 03
Thermostatic water bath	-- 02
Improved Tripleruled neubauer counting chamber	-- 20
Safety spectacles	-- 02
Charts and Models	
Chemicals and Stains as per standard procedure book on lab. Medicine.	
Tripod stand and burner	
Autoclave	-- 01

VDRL Shaker	--	01
VDRL Slide	--	05
Loviband comparaters	--	01
Bacterial loop	--	10
Thermometer upto 200 <sup>o</sup> C	--	02
Candle Filter	--	01

**Anatomy:** parts of the human body and individual organs.

Charts: Models showing regions / parts of human body.

2 sets of Histological slides and which are mentioned in the syllabus.

1. Skeleton -- 01
2. Sets of individual bones -- 02

**Physiology:** Blood group antigens: anti-A, anti-B, anti-D

lancets	---	02 boxes
Westergrens tubes	---	10
Wintrobe's tubes	---	10
Capillary tubes (Heparinised & Plain)	---	05 boxes each
Petridishes (diff. sizes)	---	100
Pauster pipettes	---	100
Adjustible micro pipettes	---	02
Funnels - different sizes	---	10
Beakers - different sizes	---	10
Measuring jars - different sizes	---	10
Conical flasks	---	15
Round bottom flask	---	15
Watch glass	---	100
Volumetric flask	---	10
Test Tube holder	---	40
Centrifuge Tubes	---	100
Folin Wu Tubes	---	20
Test tube racks	---	40
Serological Pipettes	---	40
Glass rods (Diff. sizes)	---	20
Rubber gloves	---	01 box
Surgical gloves	---	02 boxes
Rubber teets (diff. sizes)	---	20 Nos.
Dropper bottles	---	40

## c. Recommended Text Books & References

### i) Anatomy:

1. Singh (Inderbir) Text book of Histology J.P. Brothers, New Delhi
2. Difore Atlas of normal Histology Ed. 6 Lea & Febiger - 1989
3. Anatomy & Physiology for Nurses

**Reference Books:**

- |   |    |                             |
|---|----|-----------------------------|
| 1. Human Anatomy                            | -- | Chaurasia Vol. I, II & III  |
| 2. Human Anatomy                            | -- | A.K. Dutta Vol. I, II & III |
| 3. Cunningham's Manual of Practical Anatomy | -- | Vol. I, II & III            |

**ii) Physiology:**

1. Fundamentals of Physiology - A text book for Nursing students by R.L. Bijalani -- Jay Pee Brothers Publications
2. Human Physiology and Biochemistry by Prof. A.J.Jain, Arya Publications
- 3.

**iii) Biochemistry:**Text Books:

1. Text book of Biochemistry for Dental Students-- Pattabhiraman
2. Text book of Biochemistry for Dental Students, Harbans lal
3. Text book of Chemistry prescribed for II P.U.C. (students may need the basic knowledge of chemistry)

Practical Books:

1. Practical manual of Biochemistry – Rajagopal
2. Practical manual of Biochemistry – Shivananda Nayak
3. Practical manual of Biochemistry – Pattabhiraman

**iv) Pathology:**

Books for faculty: One copy each

1. Medical laboratory Science - Theory and Practicals by J. OCHEI, A. KOLHATKAR Tata McGraw Hill Publishing Company Ltd.
2. Practical Haematology - SIR JOHN V. DACE, S.M. LEWIS, ELBS
3. Clinical Diagnosis Management by laboratory methods. Latest (19th) Edition. (Toff Sanford D Anderson) John Bernard Henry, W.B. Saunder Company, Prism Book Pvt. Ltd.
4. Theory and Practice of Histological Technique by John D Bancraft, Alan Stevens, Churchill livingstone Publishers.For students (multiple copies) (10, 20, 30):
5. Hand book of Medical laboratory technology, 2nd edition by Robert H Carman, Christian Medical Association of India (publishers)
6. Ramnik sood, Text book of laboratory medicine.
7. Text book of laboratory medicine by V.H. Talib

**v) Microbiology:**

1. Bacteriology by Ananthanarayanan
2. Bacteriology by Rajesh Bhatia
3. Parasitology by Chatterjee
4. Parasitology by Jayaram and Panicker
5. Hand book of laboratory technology by Scott
6. Hand book of laboratory technology, C.M.C. Vellore - 2 copies

# For Fresh DHI Course

## Check list

SL No	Particulars	Prescribed as per guidelines	Remarks Whether complied or not	Page no
01	Name and Complete Address of the Institution		Full name or abridged & Unique in the state or not	
02	Course applied and with intake			
03	Name of the Trust/Society & Deed		Deed Submitted or not	
04	Date of registration			
05	Minimum Age of the Trust/Society	03 YEARS	Eligible or not	
06	If new course, courses applied for			
07	Audit Statement for past 03 years (Trust)	1)	Submitted or not	
		2)	Submitted or not	
		3)	Submitted or not	
08	Financial Worthiness	Current Account with 15 Lakh-turnover for last 03 financial year (cumulative)	Eligible or not	
09	Clinical Facilities	For Health Inspector ( Diploma in Health Inspector ) course minimum of one Primary Health Centre (MOU with Government ) ( Last 3 months)		
	A. Own Hospital/ Nursing Home	Minimum 100 Beds	Yes/No	
	i. OPD per day	Last 03 month	Yes/No	
	ii. IPD per day	Last 03 month	Yes/No	
	B. Affiliated Hospital/Nursing	Minimum 100 Beds	Yes/No	
	i. OPD per day	Last 03 month	Submitted or not	
	ii. IPD per day	Last 03 month	Submitted or not	
	iii. Distance from Institution	City limit 0-10 KM Radius if rural area 0-20 KM Radius	Yes/No	
	iv. MOU Particulars	Minimum for 03 years	Yes/No	

10	Infrastructure			
	A. Total No of teaching rooms		Yes/No	
	B. Laboratory details		Yes/No	
	C. Details of Equipments (course Wise)		Submitted or not	
	D. Hostel facility for students		Yes/No	
11	Building Details	Internal and Outer photo's of the building with college name board	Submitted or not	
	A. Own Building details	1. Owner Details	Yes/No	
		2. Property No ( Local Body PID)	Available/Not	
		3. Building plan approved by the competent Authority	Yes/No	
		4. Up to date Tax paid	Yes/No	
		5. Any court cases pending against the property	Yes/No	
	B. Rent/Leased Building details	1. Rent/Lease Agreement (Minimum 05 Years)	In order/not	
2. Owner Details		Yes/No		
12	Information of Density of Para Medical College in the location	Minimum Distance B/W location of 02 colleges should be more than 10 KMs		
13	Faculty details ( Course wise)	Adhaar Number Compulsory	Yes/No	
14	Vehicle Facility	Bus facility	Yes/No	
15	Sports and Recreation facilities	Out Door Facility and Indoor Facility	Yes/No	
16	LIC Report		In accordance/not	
	A. Name of the Inspector with designation & Address			
	B. Date of Inspection			
	C. Recommendation			
	D. Inspector Signature			
17	Opinion of special officer, PMB		Accept/reject with remarks	
18	Opinion of DME			

# **DIPLOMA IN HEALTH INSPECTOR**

## **a. Field Training**

The college / Institution should have attachment of two PHC / PHUs for field training apart a vehicle for transport of students.

## **b. Equipments:**

1. Weighing Machine, Height Measuring Stand, Refrigerator, Microscopes, T.V. & V.C.R.

### ***Museum***

Spotters of :

- Entomology slides
- Nutrition
- Immunising Agents
- Family planning
- Meterological Instruments
- Protective devices
- Insecticides
- Disinfectants

Charts, Models, Diagrams, Chloratex apparatus and Horrocks Kit.

## **c. Books:**

1. Books on Community Medicine & Statistics
2. Text Book of Community Health Inspectors H.I.T. (JP Publishers, Delhi)
3. Text Book of Community Health for Nurses – Nursing Course (Pee Pee Pub., Delhi)
4. Lab Manual for technical courses-Paras Publications
5. Text book of Sociology
6. Text book of behavioural Science



# For Fresh DMIT Course

## Check list

SL No	Particulars	Prescribed as per guidelines	Remarks Whether complied or not	Page no
01	Name and Complete Address of the Institution		Full name or abridged & Unique in the state or not	
02	Course applied and with intake			
03	Name of the Trust/Society & Deed		Deed Submitted or not	
04	Date of registration			
05	Minimum Age of the Trust/Society	03 YEARS	Eligible or not	
06	If new course, courses applied for			
07	Audit Statement for past 03 years (Trust)	1)	Submitted or not	
		2)	Submitted or not	
		3)	Submitted or not	
08	Financial Worthiness	Current Account with 15 Lakh-turnover for last 03 financial year (cumulative)	Eligible or not	
09	Clinical Facilities	Number of X-Ray, CT Scan, Ultra sound & MRI - (for Diploma in Imaging Technology) ( Last 3 months)		
	A. Own Hospital/ Nursing Home	Minimum 100 Beds	Yes/No	
	i. OPD per day	Last 03 month	Yes/No	
	ii. IPD per day	Last 03 month	Yes/No	
	B. Affiliated Hospital/Nursing	Minimum 100 Beds	Yes/No	
	i. OPD per day	Last 03 month	Submitted or not	
	ii. IPD per day	Last 03 month	Submitted or not	
	iii. Distance from Institution	City limit 0-10 KM Radius if rural area 0-20 KM Radius	Yes/No	
iv. MOU Particulars	Minimum for 03 years	Yes/No		

10	Infrastructure			
	A. Total No of teaching rooms		Yes/No	
	B. Laboratory details		Yes/No	
	C. Details of Equipments (course Wise)		Submitted or not	
	D. Hostel facility for students		Yes/No	
11	Building Details	Internal and Outer photo's of the building with college name board	Submitted or not	
	A. Own Building details	1. Owner Details	Yes/No	
		2. Property No ( Local Body PID)	Available/Not	
		3. Building plan approved by the competent Authority	Yes/No	
		4. Up to date Tax paid	Yes/No	
		5. Any court cases pending against the property	Yes/No	
	B. Rent/Leased Building details	1. Rent/Lease Agreement (Minimum 05 Years)	In order/not	
2. Owner Details		Yes/No		
12	Information of Density of Para Medical College in the location	Minimum Distance B/W location of 02 colleges should be more than 10 KMs		
13	Faculty details ( Course wise)	Adhaar Number Compulsory	Yes/No	
14	Vehicle Facility	Bus facility	Yes/No	
15	Sports and Recreation facilities	Out Door Facility and Indoor Facility	Yes/No	
16	LIC Report		In accordance/not	
	A. Name of the Inspector with designation & Address			
	B. Date of Inspection			
	C. Recommendation			
	D. Inspector Signature			
17	Opinion of special officer, PMB		Accept/reject with remarks	
18	Opinion of DME			



# For Fresh DOT& AT Course

## Check list

SL No	Particulars	Prescribed as per guidelines	Remarks Whether complied or not	Page no
01	Name and Complete Address of the Institution		Full name or abridged & Unique in the state or not	
02	Course applied and with intake			
03	Name of the Trust/Society & Deed		Deed Submitted or not	
04	Date of registration			
05	Minimum Age of the Trust/Society	03 YEARS	Eligible or not	
06	If new course, courses applied for			
07	Audit Statement for past 03 years (Trust)	1)	Submitted or not	
		2)	Submitted or not	
		3)	Submitted or not	
08	Financial Worthiness	Current Account with 15 Lakh-turnover for last 03 financial year (cumulative)	Eligible or not	
09	Clinical Facilities	Number Operations. — (for Diploma in Operation Theatre Technology) ( Last 3 months)		
	A. Own Hospital/ Nursing Home	Minimum 100 Beds	Yes/No	
	i. OPD per day	Last 03 month	Yes/No	
	ii. IPD per day	Last 03 month	Yes/No	
	B. Affiliated Hospital/Nursing	Minimum 100 Beds	Yes/No	
	i. OPD per day	Last 03 month	Submitted or not	
	ii. IPD per day	Last 03 month	Submitted or not	
	iii. Distance from Institution	City limit 0-10 KM Radius if rural area 0-20 KM Radius	Yes/No	
iv. MOU Particulars	Minimum for 03 years	Yes/No		

10	Infrastructure			
	A. Total No of teaching rooms		Yes/No	
	B. Laboratory details		Yes/No	
	C. Details of Equipments (course Wise)		Submitted or not	
	D. Hostel facility for students		Yes/No	
11	Building Details	Internal and Outer photo's of the building with college name board	Submitted or not	
	A. Own Building details	1. Owner Details	Yes/No	
		2. Property No ( Local Body PID)	Available/Not	
		3. Building plan approved by the competent Authority	Yes/No	
		4. Up to date Tax paid	Yes/No	
		5. Any court cases pending against the property	Yes/No	
	B. Rent/Leased Building details	1. Rent/Lease Agreement (Minimum 05 Years)	In order/not	
2. Owner Details		Yes/No		
12	Information of Density of Para Medical College in the location	Minimum Distance B/W location of 02 colleges should be more than 10 KMs		
13	Faculty details ( Course wise)	Adhaar Number Compulsory	Yes/No	
14	Vehicle Facility	Bus facility	Yes/No	
15	Sports and Recreation facilities	Out Door Facility and Indoor Facility	Yes/No	
16	LIC Report		In accordance/not	
	A. Name of the Inspector with designation & Address			
	B. Date of Inspection			
	C. Recommendation			
	D. Inspector Signature			
17	Opinion of special officer, PMB		Accept/reject with remarks	
18	Opinion of DME			

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# For Fresh DMRT Course

## Check list

SL No	Particulars	Prescribed as per guidelines	Remarks Whether complied or not	Page no
01	Name and Complete Address of the Institution		Full name or abridged & Unique in the state or not	
02	Course applied and with intake			
03	Name of the Trust/Society & Deed		Deed Submitted or not	
04	Date of registration			
05	Minimum Age of the Trust/Society	03 YEARS	Eligible or not	
06	If new course, courses applied for			
07	Audit Statement for past 03 years (Trust)	1)	Submitted or not	
		2)	Submitted or not	
		3)	Submitted or not	
08	Financial Worthiness	Current Account with 15 Lakh-turnover for last 03 financial year (cumulative)	Eligible or not	
09	Clinical Facilities	Permission letter by DHO or MOU with private hospital from 300 bedded hospital		
	A. Own Hospital/ Nursing Home	Minimum 100 Beds	Yes/No	
	i. OPD per day	Last 03 month	Yes/No	
	ii. IPD per day	Last 03 month	Yes/No	
	B. Affiliated Hospital/Nursing	Minimum 100 Beds	Yes/No	
	i. OPD per day	Last 03 month	Submitted or not	
	ii. IPD per day	Last 03 month	Submitted or not	
	iii. Distance from Institution	City limit 0-10 KM Radius if rural area 0-20 KM Radius	Yes/No	
iv. MOU Particulars	Minimum for 03 years	Yes/No		

10	Infrastructure			
	A. Total No of teaching rooms		Yes/No	
	B. Laboratory details		Yes/No	
	C. Details of Equipments (course Wise)		Submitted or not	
	D. Hostel facility for students		Yes/No	
11	Building Details	Internal and Outer photo's of the building with college name board	Submitted or not	
	A. Own Building details	1. Owner Details	Yes/No	
		2. Property No ( Local Body PID)	Available/Not	
		3. Building plan approved by the competent Authority	Yes/No	
		4. Up to date Tax paid	Yes/No	
		5. Any court cases pending against the property	Yes/No	
	B. Rent/Leased Building details	1. Rent/Lease Agreement (Minimum 05 Years)	In order/not	
		2. Owner Details	Yes/No	
12	Information of Density of Para Medical College in the location	Minimum Distance B/W location of 02 colleges should be more than 10 KMs		
13	Faculty details ( Course wise)	Adhaar Number Compulsory	Yes/No	
14	Vehicle Facility	Bus facility	Yes/No	
15	Sports and Recreation facilities	Out Door Facility and Indoor Facility	Yes/No	
16	LIC Report		In accordance/not	
	A. Name of the Inspector with designation & Address			
	B. Date of Inspection			
	C. Recommendation			
	D. Inspector Signature			
17	Opinion of special officer, PMB		Accept/reject with remarks	
18	Opinion of DME			



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# For Fresh DDT Course

## Check list

SL No	Particulars	Prescribed as per guidelines	Remarks Whether complied or not	Page no
01	Name and Complete Address of the Institution		Full name or abridged & Unique in the state or not	
02	Course applied and with intake			
03	Name of the Trust/Society & Deed		Deed Submitted or not	
04	Date of registration			
05	Minimum Age of the Trust/Society	03 YEARS	Eligible or not	
06	If new course, courses applied for			
07	Audit Statement for past 03 years (Trust)	1)	Submitted or not	
		2)	Submitted or not	
		3)	Submitted or not	
08	Financial Worthiness	Current Account with 15 Lakh-turnover for last 03 financial year (cumulative)	Eligible or not	
09	Clinical Facilities	For Dialysis (Diploma in Dialysis Technology) - 10 dialysis per day ( Last 3 months)		
	A. Own Hospital/ Nursing Home	Minimum 100 Beds	Yes/No	
	i. OPD per day	Last 03 month	Yes/No	
	ii. IPD per day	Last 03 month	Yes/No	
	B. Affiliated Hospital/Nursing	Minimum 100 Beds	Yes/No	
	i. OPD per day	Last 03 month	Submitted or not	
	ii. IPD per day	Last 03 month	Submitted or not	
	iii. Distance from Institution	City limit 0-10 KM Radius if rural area 0-20 KM Radius	Yes/No	
iv. MOU Particulars	Minimum for 03 years	Yes/No		

10	Infrastructure			
	A. Total No of teaching rooms		Yes/No	
	B. Laboratory details		Yes/No	
	C. Details of Equipments (course Wise)		Submitted or not	
	D. Hostel facility for students		Yes/No	
11	Building Details	Internal and Outer photo's of the building with college name board	Submitted or not	
	A. Own Building details	1. Owner Details	Yes/No	
		2. Property No ( Local Body PID)	Available/Not	
		3. Building plan approved by the competent Authority	Yes/No	
		4. Up to date Tax paid	Yes/No	
		5. Any court cases pending against the property	Yes/No	
	B. Rent/Leased Building details	1. Rent/Lease Agreement (Minimum 05 Years)	In order/not	
2. Owner Details		Yes/No		
12	Information of Density of Para Medical College in the location	Minimum Distance B/W location of 02 colleges should be more than 10 KMs		
13	Faculty details ( Course wise)	Adhaar Number Compulsory	Yes/No	
14	Vehicle Facility	Bus facility	Yes/No	
15	Sports and Recreation facilities	Out Door Facility and Indoor Facility	Yes/No	
16	LIC Report		In accordance/not	
	A. Name of the Inspector with designation & Address			
	B. Date of Inspection			
	C. Recommendation			
	D. Inspector Signature			
17	Opinion of special officer, PMB		Accept/reject with remarks	
18	Opinion of DME			



# For Fresh DOT Course

## Check list

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04	Date of registration			
05	Minimum Age of the Trust/Society	03 YEARS	Eligible or not	
06	If new course, courses applied for			
07	Audit Statement for past 03 years (Trust)	1)	Submitted or not	
		2)	Submitted or not	
		3)	Submitted or not	
08	Financial Worthiness	Current Account with 15 Lakh-turnover for last 03 financial year (cumulative)	Eligible or not	
09	Clinical Facilities	Number of Eye Camps, Cataract of Surgery ( Last 3 months)		
	A. Own Hospital/ Nursing Home	Minimum 100 Beds	Yes/No	
	i. OPD per day	Last 03 month	Yes/No	
	ii. IPD per day	Last 03 month	Yes/No	
	B. Affiliated Hospital/Nursing	Minimum 100 Beds	Yes/No	
	i. OPD per day	Last 03 month	Submitted or not	
	ii. IPD per day	Last 03 month	Submitted or not	
	iii. Distance from Institution	City limit 0-10 KM Radius if rural area 0-20 KM Radius	Yes/No	
iv. MOU Particulars	Minimum for 03 years	Yes/No		
10	Infrastructure			

	A. Total No of teaching rooms		Yes/No	
	B. Laboratory details		Yes/No	
	C. Details of Equipments (course Wise)		Submitted or not	
	D. Hostel facility for students		Yes/No	
11	Building Details	Internal and Outer photo's of the building with college name board	Submitted or not	
	A. Own Building details	1. Owner Details	Yes/No	
		2. Property No ( Local Body PID)	Available/Not	
		3. Building plan approved by the competent Authority	Yes/No	
		4. Up to date Tax paid	Yes/No	
		5. Any court cases pending against the property	Yes/No	
	B. Rent/Leased Building details	1. Rent/Lease Agreement (Minimum 05 Years)	In order/not	
		2. Owner Details	Yes/No	
12	Information of Density of Para Medical College in the location	Minimum Distance B/W location of 02 colleges should be more than 10 KMs		
13	Faculty details ( Course wise)	Adhaar Number Compulsory	Yes/No	
14	Vehicle Facility	Bus facility	Yes/No	
15	Sports and Recreation facilities	Out Door Facility and Indoor Facility	Yes/No	
16	LIC Report		In accordance/not	
	A. Name of the Inspector with designation & Address			
	B. Date of Inspection			
	C. Recommendation			
	D. Inspector Signature			
17	Opinion of special officer, PMB		Accept/reject with remarks	
18	Opinion of DME			

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# For Fresh DDH & DDM Course

## Check list

SL No	Particulars	Prescribed as per guidelines	Remarks Whether complied or not	Page no
01	Name and Complete Address of the Institution		Full name or abridged & Unique in the state or not	
02	Course applied and with intake			
03	Name of the Trust/Society & Deed		Deed Submitted or not	
04	Date of registration			
05	Minimum Age of the Trust/Society	03 YEARS	Eligible or not	
06	If new course, courses applied for			
07	Audit Statement for past 03 years (Trust)	1)	Submitted or not	
		2)	Submitted or not	
		3)	Submitted or not	
08	Financial Worthiness	Current Account with 15 Lakh-turnover for last 03 financial year (cumulative)	Eligible or not	
09	Clinical Facilities	Only Dental college are eligible to apply for Diploma in Dental Mechanics and Diploma in Dental Hygiene course		
	A. Own Hospital/ Nursing Home	Minimum 100 Beds	Yes/No	
	i. OPD per day	Last 03 month	Yes/No	
	ii. IPD per day	Last 03 month	Yes/No	
	B. Affiliated Hospital/Nursing	Minimum 100 Beds	Yes/No	
	i. OPD per day	Last 03 month	Submitted or not	
	ii. IPD per day	Last 03 month	Submitted or not	
	iii. Distance from Institution	City limit 0-10 KM Radius if rural area 0-20 KM Radius	Yes/No	
	iv. MOU Particulars	Minimum for 03 years	Yes/No	



10	Infrastructure			
	A. Total No of teaching rooms		Yes/No	
	B. Laboratory details		Yes/No	
	C. Details of Equipments (course Wise)		Submitted or not	
	D. Hostel facility for students		Yes/No	
11	Building Details	Internal and Outer photo's of the building with college name board	Submitted or not	
	A. Own Building details	1. Owner Details	Yes/No	
		2. Property No ( Local Body PID)	Available/Not	
		3. Building plan approved by the competent Authority	Yes/No	
		4. Up to date Tax paid	Yes/No	
		5. Any court cases pending against the property	Yes/No	
	B. Rent/Leased Building details	1. Rent/Lease Agreement (Minimum 05 Years)	In order/not	
		2. Owner Details	Yes/No	
12	Information of Density of Para Medical College in the location	Minimum Distance B/W location of 02 colleges should be more than 10 KMs		
13	Faculty details ( Course wise)	Adhaar Number Compulsory	Yes/No	
14	Vehicle Facility	Bus facility	Yes/No	
15	Sports and Recreation facilities	Out Door Facility and Indoor Facility	Yes/No	
16	LIC Report		In accordance/not	
	A. Name of the Inspector with designation & Address			
	B. Date of Inspection			
	C. Recommendation			
	D. Inspector Signature			
17	Opinion of special officer, PMB		Accept/reject with remarks	
18	Opinion of DME			

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