KARNATAKA NURSING & PARAMEDICAL SCIENCES EDUCATION (REGULATION) AUTHORITY ಕರ್ನಾಟಕ ನರ್ಸಿಂಗ್ ಹಾಗೂ ಅರೆ ವೈದ್ಯಕೀಯ ವಿಜ್ಞಾನಗಳ ಶಿಕ್ಷಣ (ನಿಯಂತ್ರಣ) ಪ್ರಾಧಿಕ್ಡಾರ

PARA MEDICAL BOARD

40/20A, Lakshmi Complex, First Floor, Opp. Vani Vilas Hospital, Fort, Bengaluru-560002

Infrastructure Requirement for Starting new Para Medical Colleges/Institutions

Building: Accommodation

For any one Para Medical Diploma Course: 3000 Sq. Ft. Area is compulsory

Laboratory: 500 Sq. Ft.
Lecture Halls: (3 Hall per course) 600 Sq. Ft.
Office & Staff Room: 700 Sq. Ft.
Library: 500 Sq. Ft.
Store Room: 400 Sq. Ft.
Non-Teaching: 200 Sq. Ft.

Separate Common Room with toilet: one for Boys and one for

Ladies/girls

If the same College/Institution is running more than one Para Medical Diploma course, the total area requirement is as follows:

For 2 Diploma Courses: 4000 Sq. Ft. For 3 Diploma Courses: 6000 Sq. Ft. For 4 Diploma Courses: 8000 Sq. Ft.

For 5 or more than

5 Diploma Courses: 10,000 Sq. Ft.

Teaching Staff requirement: for 20 Seats in each course

SUBJECT	COURSE	No. Of Teachers	No. of Lab Tech.	No. of Typist	No. of Group - D
Physics		1	Nil	Nil	Nil
Chemistry	ology I Diploma all Courses	1	Nil	Nil	Nil
Biology		1	Nil	Nil	Nil
English		1	Nil	Nil	Nil
	II DMIT		1	1	
	I DPT				
Anotomy	II DMLT	3			1
Anatomy	II DOT&AT	3			1
	II DMRT				
	II DDT				

SUBJECT	COURSE	No. Of Teachers	No. of Lab Tech.	No. of Typist	No. of Group - D
	II DMIT				
	I DPT				
Physiology	II DMLT	3	1	1	1
	II DMRT	_			
	II DDT				
	II DOT&AT				
	II DMLT				
D: 1 : /	III DMLT		1	1	1
Biochemistry	I DPT	3	1	1	1
	II DOT&AT				
	II DDT				
	II DMLT	3			
Migrahiology	III DMLT I DPT		1	1	1
Microbiology	II DDT				1
	II DOT&AT				
	II DMLT		1	1	
	III DMLT	3			
Pathology	II DMIT				1
1 amology	II DPT				1
	II DMRT				
	II DPT		Nil	1	
	II DDT				
Pharmacology	II DOT&AT	1			1
	II DDH	_			
	II DHI			1	
Community	Hospital & Biostatistics	4	1		1
Medicine	Hospital Administration				
Radiology	II DMIT & III DMIT	2	1	1	1
Medical Record	II DMRT & III DMRT	2	1	1	1
General Surgery	II DOT&AT & III DOT&AT	1	Nil	1	1
Anaesthesia	III DOT&AT	1	Nil	1	1
OPTHOMOLOGY	II DOT & III DOT	2	1	1	1
General Physics	II DMIT	1	Nil	Nil	Nil

SUBJECT	COURSE	No. Of Teachers	No. of Lab Tech.	No. of Typist	No. of Group - D
Dialysis	II DDT & III DDT	2		1	1
Dental Mechanic	II DDM & III DDM	2		1	1
Dental Hygiene	II DDH & III DDH	2		1	1
Computer Sciences	III DMRT	1	Nil	Nil	Nil
Physiotherapy	I DPT, II DPT & III DPT	6	1	1	1

Note:

- * Qualification for Principal post: MBBS with MD/ MS with 5 years of Experience MSc (Medical) with Ph.D(Medical) with 5 years of Experience
- * 1 Subject Expert is mandatory in the mentioned Qualification
- * 1 Tutor / Lecturer is mandatory in the mentioned Qualification for 20 to 40 intake and for more than 40 intake 2 Tutor / Lecturer
- * 1 Non-Teaching Staff is mandatory in the mentioned Qualification for 20 to 40 intake and for more than 40 intake 2 Non-Teaching Staff
- * 1 Typist and 1 Group D are mandatory for every Para Medical College

For Fresh DMLT Course

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 abrivated & 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	
	years (Trust)	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	Owner Details Property No (Local Body PID)	Yes/No Available/Not
		3. Building plan approved by the competent Authority	Yes/No
		Up to date Tax paid Any court cases pending against the	Yes/No Yes/No
	B. Rent/Leased Building details	property 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 2000 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.

Skeleton -- 01
 Sets of individual bones -- 02

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

lancets			02 boxes
Westergrins tubes			10
Wintrobe's tubes			10
Capillary tubes			
(Heparinised & Plain)			05 boxes each
Petridishes (diff. sizes)		100	
Pauster pippettes			100
Adjustible micro pippettes			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 Pippettes		40	
Glass rods (Diff. sizes)	 20		
Rubber gloves		01 box	[
Surgical gloves	 02 bo	xes	
Rubber teets (diff. sizes)	 20 No	os.	
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

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 abrivated & 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	
	yours (11abb)	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.T. (1) C. 1:		N. A.	
	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	Out Door Facility and Indoor Facility	Yes/No	
16	facilities LIC Report		In accordance/not	
	A. Name of the Inspector with designation & Address			
	B. Date of Inspection		_	
	C. Recommendation		-	
	D. Incorporation Circumstance			
	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

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 abrivated & 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 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) 3. Building plan approved by the	Available/Not Yes/No	
		competent Authority		
		4. Up to date Tax paid5. Any court cases pending against the	Yes/No Yes/No	
		property	I es/INO	
	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			
	l .	l		

For Fresh DOT& AT Course

SL	Particulars	Prescribed as per guidelines	Remarks Whether	Page no
No			complied or not	
01	Name and Complete Address		Full name or abrivated &	
	of the Institution		Unique in the state or not	
02	Course applied and with			
02	intake			
	ilitake			
03	Name of the Trust/Society &		Deed Submitted or not	
03	Deed		Beed Submitted of not	
	2004			
04	Date of registration			
	8			
05	Minimum Age of the	03 YEARS	Eligible or not	
	Trust/Society			
	٠			
06	If new course, courses			
	applied for			
07	Audit Statement for past 03	1)	Submitted or not	
	years (Trust)			
		2)	Submitted or not	
		3)	Submitted or not	
08	Financial Worthiness	Current Account with 15 Lakh-turnover	Eligible or not	
		for last 03 financial year (cumulative)		
09	Clinical Facilities	Number Operations. — (for Diploma in		
		Operation Theatre Technology) (Last 3		
		months)	***	
	A. Own Hospital/ Nursing	Minimum 100 Beds	Yes/No	
	Home	1	XZ AZ	
	i. OPD per day	Last 03 month	Yes/No	
	ii. IPD per day	Last 03 month	Yes/No	
	B. Affiliated	Minimum 100 Beds	Yes/No	
	Hospital/Nursing	Last 03 month	Submitted or rest	
	i. OPD per day	Last 03 month Last 03 month	Submitted or not Submitted or not	
	ii. IPD per day iii. Distance from Institution			
	III. Distance from institution	City limit 0-10 KM Radius if rural area 0-20 KM Radius	Yes/No	
	iv. MOU Particulars		Yes/No	
	IV. IVIOU Farticulars	Minimum for 03 years	I es/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	 Owner Details Property No (Local Body PID) Building plan approved by the 	Yes/No Available/Not Yes/No	
		competent Authority 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	Out Door Facility and Indoor Facility	Yes/No	
	facilities	Out Door Facility and Indoor Facility		
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 DMRT Course

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 abrivated & 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	
	yours (11dst)	2)	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	 Owner Details Property No (Local Body PID) Building plan approved by the 	Yes/No Available/Not Yes/No	
		competent Authority 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	Out Door Facility and Indoor Facility	Yes/No	
16	facilities 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 **DDT** Course

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 abrivated & 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 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 Available/Not
		2. Property No (Local Body PID) 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

SL	Particulars	Prescribed as per guidelines	Remarks Whether	Page no
No 01	Name and Complete Address		complied or not Full name or abrivated &	
UI	of the Institution		Unique in the state or not	
			•	
02	Course applied and with			
	intake			
03	Name of the Trust/Society &		Deed Submitted or not	
03	Deed		Deed Submitted of not	
04	Date of registration			
05	Minimum Age of the	03 YEARS	Eligible or not	
03	Trust/Society	03 TEARS	Engione of not	
06	If new course, courses			
	applied for			
07	Audit Statement for past 03 years (Trust)	1)	Submitted or not	
		2)	Submitted or not	
		2)	Submitted of not	
		3)	Submitted or not	
08	Financial Worthiness	Current Account with 15 Lakh-turnover	Eligible or not	
		for last 03 financial year (cumulative)		
09	Clinical Facilities	Number of Eye Camps, Cataract of		
		Surgery (Last 3 months)	Y/ AY	
	A. Own Hospital/ Nursing	Minimum 100 Beds	Yes/No	
	Home i. OPD per day	Last 03 month	Yes/No	
	ii. IPD per day	Last 03 month	Yes/No	
	B. Affiliated	Minimum 100 Beds	Yes/No	
	Hospital/Nursing			
	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	Yes/No	
	iv. MOU Particulars	0-20 KM Radius Minimum for 03 years	Yes/No	
	IV. IVIOU I articulals	Triminum for 03 years	1 05/110	
10	Infrastructure		 	

	A. Total No of teaching		Yes/No	
	rooms		105/110	
	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	
1.5	Charte and Danietian	Out Door Facility and Indoor Facility	Vaa/Na	
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			
	1		1	·

For Fresh DDH & DDM Course

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 abrivated & 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	
	Julia (11450)	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		Yes/No	
	rooms		I es/No	
	B. Laboratory details		Yes/No	
	C. Details of Equipments		Submitted or not	
	(course Wise) D. Hostel facility for students		Yes/No	
	D. Hoster racinty for students		103/110	
11	Building Details	Internal and Outer photo's of the	Submitted or not	
		building with college name board		
	A. Own Building details	1. Owner Details	Yes/No	
	A. Own Building details	2. Property No (Local Body PID)	Available/Not	
		3. Building plan approved by the	Yes/No	
		competent Authority		
		4. Up to date Tax paid	Yes/No	
		5. Any court cases pending against the	Yes/No	
	B. Rent/Leased Building	property 1. Rent/Lease Agreement	In order/not	
	details	(Minimum 05 Years)	III Order/ not	
		2. Owner Details	Yes/No	
12	Information of Density of	Minimum Distance B/W location of 02		
	Para Medical College in the location	colleges should be more than 10 KMs		
13	Faculty details (Course wise)	Adhaar Number Compulsory	Yes/No	
13	racuity details (Course wise)	Adilaai Number Compulsory	105/140	
14	Vehicle Facility	Bus facility	Yes/No	
	-	·		
15	Sports and Recreation	Out Door Facility and Indoor Facility	Yes/No	
16	facilities LIC Report		In accordance/not	
10	_		in accordance/not	
	A. Name of the Inspector			
	with designation & Address			
	B. Date of Inspection			
	C. Recommendation			
	D. Inspects of Classic			
	D. Inspector Signature			
17	Opinion of special officer,		Accept/reject with remarks	
	PMB		-	
18	Opinion of DME			