

To

Place : Bangalore

The Chairman,
Para Medical Board,
Ananda Rao Circle,
BANGALORE.

Dated :

Sir,

Sub : Inspection Report of _____
for sanction of
Para Medical Courses
Ref : Your Official Memorandum No.
Dated:

With reference to the above, we the undersigned members of the
Inspection Committee hereby submit the inspection report in respect
of

1	DATE OF INSPECTION	March 2005
2	NAME OF THE INSTITUTION INSPECTED ALONGWITH ADDRESS	
3	COURSE APPLIED FOR	
4	OTHER COURSES RUN BY THE INSTITUTION	
5	WHETHER THE INSTITUTION IS A REGISTERED BODY, IF SO WHETHER RELEVANT DOCUMENTS ARE ENCLOSED.	
6	WHETHER THE INFRASTRUCTURE LIKE LAND AND BUILDING AVAILABLE FOR THE PROPOSED COURSES (TO BE SUPPORTED WITH RELEVANT DOCUMENTS)	

7	WHETHER THERE IS PROVISION FOR EQUIPMENTS, LIBRARY, HOSTELS, PLAYGROUND ETC. (TO BE SUPPORTED WITH RELEVANT DOCUMENTS)	
8	WHETHER A LIST OF STAFF MEMBERS WILLING TO WORK IS ENCLOSED.	
9	FINANCIAL STATUS OF THE INSTITUTION (TO BE SUPPORTED WITH RELEVANT DOCUMENTS).	
10	<p>CLINICAL FACILITIES : DOES THE INSTITUTION HAS ITS OWN HOSPITAL AND NURSING HOME? IF SO, NAME OF THE HOSPITAL AND NUMBER OF BEDS AVAILABLE</p> <p>IF NOT</p> <p>WHETHER A LETTER OF AGREEMENT FROM A PRIVATE OR GOVERNMENT HOSPITAL / NURSING HOME ON A RS.15/- RUPEE STAMP PAPER IS ENCLOSED FOR CLINICAL FACILITIES ALONG WITH THE NUMBER OF BEDS AVAILABLE.</p>	
11	REMARKS / RECOMMENDATION SHOULD BE FOR ZERO / 20/40/60 SEATS (BUT FOR THE NEW COLLEGE/INSTITUTION IT SHOULD NOT EXCEED MINIMUM OF 20 SEATS FOR EACH COURSE AT BEGINNING) (HOWEVER, FOR DIALYSIS COURSE THE NO. OF SEATS DEPENDS UPON DIALYSIS UNITS).	

SIGNATURE
NAME & DESIGNATION

SIGNATURE
NAME & DESIGNATION

SIGNATURE
NAME & DESIGNATION