

DRAFT ACCREDITATION FORM FOR DIPLOMA AND CERTIFICATE LEVEL
PROGRAMS OF ALLIED HEALTH PROFESSIONALS

1. INSTITUTE

a.	Name of Institute_____
b.	Location and Address_____ _____
c.	(1) Phone No._____ (2) Fax No._____ (3) Email:_____
d.	Name of Head of Institute_____ (1) Cell No._____ (2) Fax No._____ (3) _____
e.	Date of commencement of classes_____
f.	Please attach a copy of building plan as Annexure

2. TECHNOLOGIES AND COURSES OFFERED

Ser	Name of Course	Duration (From / To)	Number of enrolled trainees
a.			
b.			
c.			
d.			

e.			
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Note:- Please attach additional sheet if required.

When does the academic session start for each course/ technology? *(Please attach academic session's calendar as Annexure)*

3.

CLASSROOMS / LECTURE HALLS

a.	Number and size of classrooms (Course wise): <i>(Please attach required details as per below mentioned format in the form of annexure)</i>		
	Technology / Program Name	No. of classroom(s) / lecture hall(s)	Size of classroom(s) / lecture hall(s) in (sq ft)
b.	Capacity of students per classroom (Technology wise): <i>(Please attach required details as per below mentioned format in the form of annexure)</i>		
	Technology / Program Name	Classroom capacity (No. of trainees per class)	
c.	Facilities available including class room aids, teaching aids etc. (Details): -		
	(Please √ or X) Comments, if any		
(10)	White Boards	<input type="checkbox"/>	
(11)	Projectors	<input type="checkbox"/>	
(12)	Black Boards	<input type="checkbox"/>	
(13)	Computers & Software	<input type="checkbox"/>	
(14)	Internet	<input type="checkbox"/>	
(15)	Are the classrooms properly equipped with sufficient / appropriate furniture?	<input type="checkbox"/>	

	(16)	Are the classrooms properly equipped with sufficient / appropriate ventilation?	<input type="text"/>	
	(17)	Are the classrooms properly equipped with sufficient / appropriate lightning?	<input type="text"/>	
	(18)	Any other	<input type="text"/>	

4.

LABORATORIES

	a. Number and size of laboratories (Technology wise): <i>(Please attach required details as per below mentioned format in the form of annexure)</i>		
	Technology / Program Name	No. of Skill lab(s) / Workshop(s)	Size of Skill lab(s) / Workshop(s) in (sq ft)
	b. Capacity of students per laboratory (Technology wise): <i>(Please attach required details as per below mentioned format in the form of annexure)</i>		
	Technology / Program Name	Skill lab / Workshop Capacity (No. of trainees per lab)	

c. **Type of facilities / equipment available in lab:** (*Technology wise details to be attached as annexures*)

(Please √ or X) **Comments, if any**

(6)	Is laboratory properly equipped with tools and equipment? (<i>Attach list of equipment as annexure with this form</i>)	<input type="checkbox"/>	
(7)	Is the laboratory properly equipped with sufficient / appropriate furniture?	<input type="checkbox"/>	
(8)	Is the laboratory properly ventilated?	<input type="checkbox"/>	
(9)	Is the laboratory well lighted?	<input type="checkbox"/>	
(10)	Any other	<input type="checkbox"/>	

d. **Technology wise details of Laboratory staff:** (Number, Qualification, Experience, Student / Staff Ratio)

Name	Technology / Program	Designation	Qualification	Experience

5. **LIBRARY**

a. (Please √ or X) **Comments, if any**

(1)	Does the institute have a library?	<input type="checkbox"/>	
(2)	Does the books in library cover all courses offered by the institution?	<input type="checkbox"/>	
(3)	Does the institution update the library with new books and materials?	<input type="checkbox"/>	
(4)	Is the library properly equipped with relevant books? (<i>Attach list of books as annexure with this form</i>)	<input type="checkbox"/>	
(5)	Any other	<input type="checkbox"/>	

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6. **FACULTY** Please attach required details as per below mentioned format in the form of annexures

a.	Technology wise faculty strength with their qualifications and experience. (Full Time)		
	Names with Designation	Qualification	Experience
b.	Technology wise faculty strength with their qualifications and experience. (Part Time or visiting)		
	Names with Designation	Qualification	Experience
c.	Details of administrative staff.		
	Names with Designation	Qualification	Experience
d.	Technology wise teacher's student ratio.		
	Technology / Program	No. of Instructors	No. of Students
e.	Is there any capacity building program for Teachers / Instructors?		

7. **RESEARCH AND DEVELOPMENT**

a. Does the Institute have any R&D Program? _____

b. If yes, what are the dissemination and utilization of R&D outputs?

8. **PHYSICAL FACILITIES**

(Please √ or X)

Comments, if any

i.	Hostel/Living Area for Trainees	<input type="checkbox"/>	
j.	Playground	<input type="checkbox"/>	
k.	Library	<input type="checkbox"/>	

l.	Common/Recreation Room	<input type="checkbox"/>	
m.	Washrooms/bathrooms	<input type="checkbox"/>	
n.	Firefighting equipment	<input type="checkbox"/>	
o.	Medical Aid	<input type="checkbox"/>	
p.	Any other	<input type="checkbox"/>	

9. **STUDENT SUPPORT**

		(Please √ or X)	<u>Comments, if any</u>
g.	Stipend	<input type="checkbox"/>	
h.	Uniform	<input type="checkbox"/>	
i.	Transport	<input type="checkbox"/>	
j.	Guidance Counselor	<input type="checkbox"/>	
k.	Stationery	<input type="checkbox"/>	
l.	Any other	<input type="checkbox"/>	

10. **TEACHING AND LEARNING**

Please provide the following documents as annexure(s) to this form.

		(Please √ or X)	<u>Comments, if any</u>
f.	Curriculum	<input type="checkbox"/>	
g.	Syllabus	<input type="checkbox"/>	
h.	Lesson plans / Time Table	<input type="checkbox"/>	
i.	Instruction manuals	<input type="checkbox"/>	
j.	Teaching methods and techniques (Details of proofs) ➤ Lecture Hall / Class Room Teaching ➤ Hospital based bed side teaching	<input type="checkbox"/> <input type="checkbox"/>	

11. **AFFILIATED TEACHING HOSPITAL(S)**

- a. Name of the Hospital _____
b. Total Number of Beds in Hospital _____

Date: _____

(Signature of Head of Institute)

Appointment

Name