

DIPLOMA IN NEURO TECHNOLOGY (DNT)

26. Details of infrastructure facilities available in the institute

SNo	Details	detailed area in sq.metre	Available No.
a	Built in area of building proposed for the course (after excluding common area mentioned in the general proforma)		
b	Number of Lecture hall (With its available / proposed facilities).		
c	Number of students Practical laboratory (With its available / proposed work bench area for each student). <i>Attach details of available/proposed equipments in the students' laboratories</i>		
d	Seminar room with facilities i) Table ii) Chair iii) Audiovisual aids –OHP iv) LCD projector v) Computer		
e.	General store with facilities		
f	Common toilet-a) for Boys b) for Girls c) for staff		
g	Faculty rooms & staff rooms		

27. Whether the institute has a functional hospital of your own:
If yes, Total number of out patients/month
Total number of in-patients/month :
28. Whether the hospital have the facility of 24 hour casualty :
If yes, Total number of out patients/month :
29. Whether the hospital have the 24 hour trauma care unit:
If yes, Total number of out patients/month :
30. Whether surgical departments such as
Thorasic surgery, Neurosurgery, are available :
If yes, Total number of out patients in each unit/month :
Total number of in-patients in each unit/month :
Total number of surgery done in each unit/month :
Total number of surgery done in the last 2 years :
31. Whether the hospital have a functional Neuromedicine department:
If yes, Total number of out patients/month :
Total number of in patients/month :
Total number of patients treated in the last 2 years :
32. Give the details of neurological investigations and procedures :
Done in the last 2 years.

:

33. Total working area in the theatre for Neurology :
34. Total number of operation table in the theatre for Neurology :
35. Whether the hospital has Medical intensive care unit :
If yes, Total number of bed available in theM ICU
Mention the facilities available in theM ICU
36. Whether the hospital has post operative care unit in each department or common to all dept. :
If yes, Give the details :
Total number of bed available :
Mention the facilities available :
37. Whether the hospital has a functional EEG laboratory :
If yes, Mention the year of installation :
Make of meschine
Name of the person who operate the meschine:
Total number of test per month :
38. Whether the hospital has a functional EMG laboratory :
If yes, Mention the year of installation :
Make of meschine
Name of the person who operate the meschine:
Total number of test per month :
39. Whether the hospital has the facility of radiodiagnosis :
If yes, Give the details of procedures done in the last 2 years :
40. Whether the staff members are posted for teaching DNT course :
If yes, give the details

Teaching faculties

No.	Designation	Name	Qualification	Experience	Date of joining	Full/Part time
1	Course Director					
2	Assistant Professor					
3	Lecturer					
4	Tutors					
5	Lecturer in Biomedical engineer					
6	Administrative officer					
7	Assistant					
5	Cleaner/Sweeper					

41. Give the detailed list of staffs presently available in the concerned department.

No.	Designation	Name	Qualification	Experience	Date of joining	Full/Part time

42. Enclose the list of Equipments(with its make/model,year of installation,working status etc) available for the conduct of the concerned course in the institute /hospital.

Declaration

I, on behalf of do hereby state that the information given above is true to the best of my knowledge. Further I do agree to abide by future direction of the state Government/Paramedical council regarding mode of selection, minimum standards and fee structure of the proposed course.

Place:
Date:

Signature of the applicant
(Seal)