

DIPLOMA IN RADIOLOGICAL TECHNIQUE (DRT)

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		
g	Faculty rooms & staff rooms		

27. Whether the hospital have the facility of 24 hour casualty :
If yes, Total number of out patients/month :

28. Whether the hospital have the 24 hour trauma care unit :
If yes, Total number of out patients/month :

29. Whether the hospital have Orthopaedic unit :
If yes, Total number of out patients/month :
Total number of in-patients/month :

30. Whether the hospital has separate Radiodiagnosis department :

31. Whether the hospital has separate Radiotherapy department :

32. Whether the hospital has the following specialty departments :

- a. Cardiology
- b. Thoracic surgery

- c. Neuromedicine,
- e. Respiratory medicine and chest diseases,
- f. Nephrology,
- g. Gastroenterology
- h. Nuclear medicine
- i. Onchology

:

If yes, Total number of out patients in each unit/month :
 Total number of in-patients in each unit/month :
 Total number of beds in each unit :

33. Give the details of radio diagnostic and therapeutic equipments available in the hospital in the following format

S.No.	Name	No	make /model	Year of purchases	status of the equipment

34. Mention the type of Radiological investigation done in the last 2 years

35. Average number of cases //month :

36. Whether the staff members are posted :
 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 in Anatomy					
4	Lecturer in Physiology					
5	Lecturer in Pathology					
6	Lecturer in Radiation physics					
7	Tutor-Radiographer					
8	Administrative officer					
9	Assistant					
10	Cleaner/Sweeper					

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

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

38. Enclose the list of Radio diagnostic and therapeutic 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)