



# **ASSESSMENT REPORT FORMAT**

**M.Phil Clinical Psychology** 

# **REHABILITATION COUNCIL OF INDIA**

A Statutory Body of Ministry of Social Justice and Empowerment, DEPwD, Govt. of India B-22, Qutab Institutional Area, New Delhi-110016

### CONFIDENTIAL

## ASSESSMENT REPORT

### M.Phil Clinical Psychology (New & Extension proposal)

**Note:** The neatly handwritten / typed report must be completed jointly by the visiting experts and signed by them on each page. Additional sheets may be used, if required. Verification and Validation of the relevant documents and data must be thorough so that the entire evaluation processes enhance objectivity and transparency. The content of report including rating assigned must be robust and scalable.

### Section I(General Information)

1. Name and Address of the Institution (where inspection is carried out):
n case of Extension, enclose Previous Approval Status and intake
2. Date(s) of Inspection: Time of Inspection:
3. Name of the proposed/ongoing Training Course:
4. Online Proposal ID No.:
5. Prerequisites $(1-10)$ as outlined in the Syllabus has been met/not met in case of new proposal:
5. Name of the Head of the Institution:
Ph. No: Fax: Fax:
e-mail:
7. Name of the informantMobileno.:designationMobileno.:
8. Name of the Course Coordinator (with CRR Number)
9. Nature of Management: (Please tick)
Central Govt. : State Govt.: Govt. University: Pvt. University: Society: Trust :
10. Society/Trust Registration No:Date of Registration:Date of Renewal:
11. State NOC issued in the name of
State NOC issued for CourseNOC NoDate of Issue
Valid till(please attach the copy of State NOC)
12. Registered under PwD Act 1995 / RPwD Act 2016 : (copy enclose)
Certificate issued in the name ofaddressaddress
Date of Registration Valid till
13. Name of the affiliating University (applicable for UG, PG and above level courses):(Please enclose copy)
14. Details of the courses being offered (other than the above):

(Signature of Visiting Expert 1)

### **Section II**

## **M.Phil Clinical Psychology**

A.	Essential								
SI.	Items	Required size	Available Size	Points fo	or Matchin Norm	g with the	Raw Score	Weig htage	Score (AxB)
				(2) Above 80%	(1) 40 – 80%	(0) Below 40%	(A)	(B)	
1.1	ICT-enabled Classroom	300 Sq.ft. X1						4	
1.2	ICT -enabled Seminar Hall	600 Sq.ft. X1						4	
1.3	Faculty room	100 Sq.ft. X No.ofFaculty						5	
1.4	Office	300 Sq.ft. X1						3	
1.5	Multipurpose Hall	400 Sq.ft. X1						3	
1.6	Departmental Library	400 Sq.ft. X1						3	
1.7	Psychological Testing Cubicle	100 Sq.ft. X No.of Trainees						4	
1.8	Psychotherapy Room	100 Sq.ft. X No. of Trainees						4	
1.9	Biofeedback Room	100 Sq.ft. X1						3	
1.10	Behavior Therapy/ Relaxation Room	100 Sq.ft. X1						3	
1.11	Play Therapy Room	100 Sq.ft. X1						2	
1.12	Psychology Lab/Stock Room	220 Sq.ft.X 1						3	
1.13	Restroom for Male/Female	No.1						2	
1.14	Accessibility	Barrier free						3	
1.15	Is building duly furnished with s Fixture, Lighting, Furniture, Wh ventilated/humidity controlled	eel chair and well	ction,					4	

	,					
1.15	Is building duly furnished with	Signage, Notice, Dire	ction,		4	
	Fixture, Lighting, Furniture, Wh		,			
	ventilated/humidity controlled					
		·	L	L	Total	
Re	emark (on qualitative aspect/s o	of the building and a	dequacy):			

(Signature of Visiting Expert 1)

1 B.	Desirable								
SI.	Items	Required size	Available Size		sed on the ch the facil ort the Trai	ity	Raw Score (A)	Weig htage (B)	Score (AxB)
				(2) Good/ Adequate	(1) Average	(0) Poor/ Inadequate			
1.16	Space for recreation & sports							1	
L.17	Hostel for trainees (M/F)							1	
1.18	Staff quarters							1	
1.19	CCTV surveillance at critical areas							1	
1.20	Cafeteria for staff & patients							1	
1.21	Auditorium for CRE/Conference							2	
1.22	Fire safety Measures							1	
1.23	Power backup							1	
1.24	Disabled-friendly washroom							1	
	I	I	1	I	l			Total	
Rema	rk (on qualitative aspect/s of th	e building and a	adequacy):						

(Signature of Visiting Expert 1)

2. H	uman Resources:							
Refer	Syllabus for required <b>Cadre S</b>	trength (Norm) for the pr	oposed/sanction	onedintakeof	seats/an	num.		
Norm	:Professor/Addl.Professor:	, AssociateProfes	sor:,	AssistantPr	ofessor:	_		
Actua	I:Professor/Addl.Professor:	, Associa	teProfessor:	, As	ssistantProfess	or:		_
A.	Essential							
SI.	Name of the faculty* &	Qualification and	CRRNo.	Number of in	take	Raw	Weig	Score
2.1	Designation	Experience	and its	proposed in h	is/her name	Score	htage	(AxB)
			validity	(2) Eligible as per Norms for the proposed Intake	(0) Not Eligible	(A)**	(B)	
	* Attach PAN copy and last	nt from the ban	k authority			40		
	** Calculate average score (I from all faculty divided by no is the average. Existing but no average. Score AxB range from	uired as per No	orms for the inta	ake proposed				
2.2	Administrative Staff *	MI 0 to 00.,		(2) Yes	(0) No			
	1.Dept. Secretary (Reception	nist) cum System Operato	r					
	2.Lab technician/assistant							
	3.Trained librarian							
							10	
2.3	<u>Teacher Profile</u>	and Quality		on key indicator progress and fac				
	Faculty members strive for e	thical behavior, follow	(2)	(1)	(0)		10	
	professional code of conduc		Above	40 – 80% of	Below 40%			
	professional responsibility, of improvement and try best for		80% of faculty	faculty	of faculty			
2.4	Faculty members have credi and has NOT been charged f ethical principles or for profe	or violation of any					10	
2.5	Competency of faculty & sta						10	
	group interaction with traine							
	evaluation of each member, feedback and visiting team's							
	recupack and visiting tealli s	Obscivation)		l			Total	

Rema	rks (Specify Sl. No. for which the remark is made):						
Dh	otograph: a) group photo of core faculty with visiting ex	vnorts: h) gro	un nhoto of no	a-toaching sta	ff with vi	citing ov	norts
FIII	otograph. a) group photo of core faculty with visiting e.	xperts, b) gro	up photo of ho	i-teaciiiig sta	ii witii vi	siting exp	perts
В.	Desirable						
		D-1-t-		Ma	1		
			s based on the l				
		Contribu	itions to the pro training	Diessional			
		(2)	(1)	(0)	Raw	Weigh	Score
SI.	Items	Above	25-75% of	Below 25%	Score	tage	(AxB)
JI.	items	75% of	Cadre	of	(A)	(B)	(2.2.2)
		Cadre	strength	Cadre	` '	` ′	
		strength		strength			
2.6	Experience of the Core Faculty more than Prescribed					5	
	years						
2.7	Additional Qualification such as national &					5	
	international fellowship, visiting professorship,						
2.0	advisory to State/Central Govt. etc.	(2)	(1)	(0)		10	
2.8	Guest faculty is being appointed for teaching interdisciplinary topics eg. Neurologist/Physician/	Yes and	(1) Yes but	(0) No		10	
	Psychiatrist/Pediatrician/Statistician	adequate	inadequate				
	1 Systillatins, i Caratinatily statistician			I		Total	
Rema	rks (Specify Sl. No. for which the remark is made):						

(Signature of Visiting Expert 1)

3. Clin	ical Services								
A.	Essential								
SI.	Items	Norm	Actual Status		for Matchin Norm or ssional Requ		Raw Score (A)	Weig htage (B)	Score (AxB)
				(2) Above 80%	(1) 40 – 80%	(0) Below 40%	(* ')	(5)	
3.1	Clinical services for Mental Health problems/ Issues	Separate Dept. must be functioning atleast for past 6 month with average of 250 cases/month						8	
3.2	Liaison with other disciplines andpart ofinterdisciplinaryServices	Active liaison/ Collaborationwith Psychiatry.Pediatrics, Neurology, Medicine, Surgery, Cancer, OBG etc.						4	
3.3	Volume of Therapy Cases	75% of the total turnover						4	
3.4	Variety of Clinical Population	Cases for Psychotherapy, BT, Biofeedback, Marital/Family/ Sex/ Group therapy& for variety ofAssessment						6	
3.5	Psychological Tests and their accessibility	Updated tests/ battery/scales of all domains available & easily accessible						6	
3.6	Equipments/ Apparatus and their accessibility	Available in Workingcondition and Easilyaccessible						6	
3.7	Clinical Faculty (with valid CRR) and intake ratio	Professor/ Associate Professor 1:4 Assistant Professor 1:2						6	
3.8	Turnover of Cases per month and intake ratio	50:1						6	
3.9	Core Tests/ Equipment and intake ratio	1:2						2	
SI.	Ite	ms			bility and co sional traini	_			
			(2) Yesand Efficient	ine profes	(1) To some Degree	(0) Not at all			
3.10	Quality of Clinical Services	Services are effective, high quality, patient friendly, accessible, affordable, acceptable, confidential and timely			_			5	
3.11	Clinical approach	Follow standard clinical practice guidelines in all interventions						5	
3.12	Quality improvement system	Monitor quality & effectiveness of clinical services						4	
3.13	Record Keeping	Maintain case record for the continuity of care & legal purposes						2	
3.14	Rights and Confidentiality	Consent/Assent/ Advance Directives are						4	

	I				1		1	1	
		obtained and							
		Confidentiality							
		protected							
3.15	Benchmark Services	Implement evid	lence-					6	
		based intervent	ions and						
		universal practi	ce						
3.16	Code of Conduct and	Code of conduc						6	
0.10	Professional Ethics	professional eth							
	Troressional Etimes	outlined by RCI							
		implemented a							
		patients' safety							
			15						
		ensured						<b>T</b>	
	narks (specify Sl. No for w							Total	
Pho	tographs: 5 Photographs	of clinical service	set-up showing the	e facilities, ac	tivities, test	s/equipme	nts and re	ecord kee	eping
В	Desirable								
							1	1	
SI.	Items		Actual Status		oint is base		Raw	Weight	
				involve	ement in rer		Score	age(B)	(AxB)
				sup	porting the		(A)		
				sup	porting the activities		(A)		
				(2)			(A)		
					activities		(A)		
				(2)	activities (1) Some	(0)	(A)		
3.17	Dept. is a part of Menta	ıl Hospital/		(2)	activities (1)	(0)	(A)	4	
3.17	Dept. is a part of Menta Medical College/ Multi-			(2)	activities (1) Some	(0)	(A)	4	
3.17	Medical College/ Multi-			(2)	activities (1) Some	(0)	(A)	4	
	Medical College/ Multi- health set-up	disciplinary		(2)	activities (1) Some	(0)	(A)	·	
3.17	Medical College/ Multi- health set-up Implementing Schemes	disciplinary for MI/ID/SLD		(2)	activities (1) Some	(0)	(A)	4 5	
	Medical College/ Multi- health set-up Implementing Schemes and Certifying for Govt.	disciplinary for MI/ID/SLD		(2)	(1) Some	(0)	(A)	·	
3.18	Medical College/ Multi- health set-up Implementing Schemes and Certifying for Govt. Assistance/Aids	for MI/ID/SLD		(2)	(1) Some	(0)	(A)	5	
	Medical College/ Multi- health set-up Implementing Schemes and Certifying for Govt. Assistance/Aids Day care services for de	for MI/ID/SLD evelopmental		(2)	(1) Some	(0)	(A)	·	
3.18	Medical College/ Multi- health set-up Implementing Schemes and Certifying for Govt. Assistance/Aids Day care services for de disability/chronic psych	for MI/ID/SLD evelopmental		(2)	(1) Some	(0)	(A)	5	
3.18	Medical College/ Multi- health set-up Implementing Schemes and Certifying for Govt. Assistance/Aids Day care services for de disability/chronic psych substance use etc.	for MI/ID/SLD evelopmental otic/elderly/		(2)	(1) Some	(0)	(A)	5	
3.18	Medical College/ Multi- health set-up Implementing Schemes and Certifying for Govt. Assistance/Aids Day care services for de disability/chronic psych substance use etc. Advocacy for profession	for MI/ID/SLD evelopmental otic/elderly/		(2)	(1) Some	(0)	(A)	5	
3.18	Medical College/ Multi- health set-up Implementing Schemes and Certifying for Govt. Assistance/Aids Day care services for de disability/chronic psych substance use etc. Advocacy for profession regular meeting with sta	for MI/ID/SLD evelopmental otic/elderly/		(2)	(1) Some	(0)	(A)	5	
3.18 3.19 3.20	Medical College/ Multi- health set-up Implementing Schemes and Certifying for Govt. Assistance/Aids Day care services for de disability/chronic psych substance use etc. Advocacy for profession regular meeting with star	for MI/ID/SLD evelopmental otic/elderly/ nal services & aff at key		(2)	(1) Some	(0)	(A)	5 5	
3.18	Medical College/ Multi- health set-up Implementing Schemes and Certifying for Govt. Assistance/Aids Day care services for de disability/chronic psych substance use etc. Advocacy for professior regular meeting with star referral for feedback Coordination with nation	for MI/ID/SLD evelopmental otic/elderly/ nal services & aff at key onal/state MH		(2)	(1) Some	(0)	(A)	5	
3.18 3.19 3.20	Medical College/ Multi- health set-up Implementing Schemes and Certifying for Govt. Assistance/Aids Day care services for de disability/chronic psych substance use etc. Advocacy for profession regular meeting with star	for MI/ID/SLD evelopmental otic/elderly/ nal services & aff at key onal/state MH		(2)	(1) Some	(0)	(A)	5 3 3	
3.18 3.19 3.20	Medical College/ Multi- health set-up Implementing Schemes and Certifying for Govt. Assistance/Aids Day care services for de disability/chronic psych substance use etc. Advocacy for professior regular meeting with star referral for feedback Coordination with nation	for MI/ID/SLD evelopmental otic/elderly/ nal services & aff at key onal/state MH		(2)	(1) Some	(0)	(A)	5 5	
3.18 3.19 3.20 3.21	Medical College/ Multi-health set-up Implementing Schemes and Certifying for Govt. Assistance/Aids Day care services for de disability/chronic psych substance use etc. Advocacy for profession regular meeting with streferral for feedback Coordination with natio programs & referral net	for MI/ID/SLD evelopmental otic/elderly/ nal services & aff at key onal/state MH eworking	mado):	(2)	(1) Some	(0)	(A)	5 3 3	
3.18 3.19 3.20 3.21	Medical College/ Multi- health set-up Implementing Schemes and Certifying for Govt. Assistance/Aids Day care services for de disability/chronic psych substance use etc. Advocacy for professior regular meeting with star referral for feedback Coordination with nation	for MI/ID/SLD evelopmental otic/elderly/ nal services & aff at key onal/state MH eworking	made) :	(2)	(1) Some	(0)	(A)	5 3 3	
3.18 3.19 3.20 3.21	Medical College/ Multi-health set-up Implementing Schemes and Certifying for Govt. Assistance/Aids Day care services for de disability/chronic psych substance use etc. Advocacy for profession regular meeting with streferral for feedback Coordination with natio programs & referral net	for MI/ID/SLD evelopmental otic/elderly/ nal services & aff at key onal/state MH eworking	made) :	(2)	(1) Some	(0)	(A)	5 3 3	
3.18 3.19 3.20 3.21	Medical College/ Multi-health set-up Implementing Schemes and Certifying for Govt. Assistance/Aids Day care services for de disability/chronic psych substance use etc. Advocacy for profession regular meeting with streferral for feedback Coordination with natio programs & referral net	for MI/ID/SLD evelopmental otic/elderly/ nal services & aff at key onal/state MH eworking	made):	(2)	(1) Some	(0)	(A)	5 3 3	
3.18 3.19 3.20 3.21	Medical College/ Multi-health set-up Implementing Schemes and Certifying for Govt. Assistance/Aids Day care services for de disability/chronic psych substance use etc. Advocacy for profession regular meeting with streferral for feedback Coordination with natio programs & referral net	for MI/ID/SLD evelopmental otic/elderly/ nal services & aff at key onal/state MH eworking	made) :	(2)	(1) Some	(0)	(A)	5 3 3	
3.18 3.19 3.20 3.21	Medical College/ Multi-health set-up Implementing Schemes and Certifying for Govt. Assistance/Aids Day care services for de disability/chronic psych substance use etc. Advocacy for profession regular meeting with streferral for feedback Coordination with natio programs & referral net	for MI/ID/SLD evelopmental otic/elderly/ nal services & aff at key onal/state MH eworking	made) :	(2)	(1) Some	(0)	(A)	5 3 3	
3.19 3.20 3.21	Medical College/ Multi-health set-up Implementing Schemes and Certifying for Govt. Assistance/Aids Day care services for de disability/chronic psych substance use etc. Advocacy for profession regular meeting with streferral for feedback Coordination with natio programs & referral net	for MI/ID/SLD evelopmental otic/elderly/ nal services & aff at key onal/state MH eworking	made) :	(2)	(1) Some	(0)	(A)	5 3 3	

Signature of Visiting Expert 1)

4.Clin	ical Infrastructure								
A.	Essential								
SI.	Items	As per Norm	Actual Status	Norm	or Matching and Profess equirements	ional	Raw Score (A)	Weight age (B)	Score (AxB)
				(2) Yes and Efficient	(1) Yes but Inefficient	(0) Not at		(5)	
4.1	Physical	Adequately furnished room for every faculty & trainee to maintain confidentiality						6	
4.2	Service delivery and integration	Different services are divided into separate section and clinical training is co-located & integrated						4	
4.3	Appropriate Services for distinct population	Many Inter- disciplinary special clinics exist						6	
4.4	Psychological Tests	Soft & Hard copies of Clinical Tests with local norms, Computer- based Diagnostic & Therapy Manuals						6	
4.5	Equipments	Therapy/test Apparatus as per Norms, in working condition						6	
4.6	Infrastructure for laboratory-based learning Facility for Demo, Audio- visual, ICT enabled lab for acquiring assessment and therapy related soft skills							6	
SI.		Items		availabilit	is based on y and suppo essional train	rt to the			
				(2) Yes and Adequate	(1) To some Degree	(0) Not at all	Raw Score (A)	Weightag e (B)	Score (AxB)
4.7	reachable to all pati	services are easily acc ents/family/profession tions/schools/NGOs et	als of other					3	
4.8	1	exists for coordinating sand record maintenan						2	
4.9	·	up care exists and con						2	
4.10		mmunity-based learni reach services and coll	_					5	
4.11	Separate case-file fo	or psychotherapy work	& record room					3	
4.12	-	for retention, transfer records is followed as	-					3	
4.13	Basic amenities for I	Patients attending server, fans, cafeteria/whe	ices such as					3	

services available, charges (Fee) for services, organogram, specific notices etc. Helpline contact No., Grievances redressal system for patients/caregivers available and displayed  Total  Total  Trotal  Total  Total  Total  Total  Begraphs: 5 photographs of clinical infrastructure showing the facilities and activities  Desirable    Point is based on the Facility supportingService activities   Q  (1) (0) Raw Weight Not at Score age (AxB) and butnotef end butnotef all with all all (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	services available, charges (Fee) for services, organogram, specific notices etc.  4.15 Helpline contact No., Grievances redressal system for patients/caregivers available and displayed  Total  Photographs: 5 photographs of clinical infrastructure showing the facilities and activities  B Desirable  SI.No. Item  Point is based on the Facility supporting Service activities  (2) (1) (0) Not at John Secore John Sec			ı					
Helpline contact No., Grievances redressal system for patients/caregivers available and displayed   Total	A.15   Helpline contact No., Grievances redressal system for patients/caregivers available and displayed   Total	4.14	Display of Faculty & Trainees names, qualifications, services available, charges (Fee) for services, organogram,					3	
patients/caregivers available and displayed  Total  Total  Total  Total  Total  Total  Total  Total  Desirable  Item  Point is based on the Facility supportingService activities  (2) (1) (0) Raw Score age (B) Houtout all butnote efficient ficient	Photographs: 5 photographs of clinical infrastructure showing the facilities and activities  B Desirable  SI.No.  Item  Point is based on the Facility supportingService activities  (2) (1) (0) Raw Score age (A) Butnotef efficient ficient infrastructure showing the facilities and activities  (2) (1) (0) Raw Score age (A) (B) Butnotef efficient infrastructure showing the facilities and activities in the facility supportingService activities (A) (B) Butnotef efficient infrastructure available had butnotef efficient infrastructure available for Rehab. of other disabilities such as ID, SLD, ASD etc. for cross-disciplinarylearning such as ID, SLD, ASD etc. for cross-disciplinarylearning such as dormitory, rooms etc. are available within Center asspectives etc.  Total		specific notices etc.						
Desirable    Item	Remarks (specify SI. No for which the remark is made):  Photographs: 5 photographs of clinical infrastructure showing the facilities and activities  B Desirable  SI.No. Item Point is based on the Facility supporting Service activities  (2) (1) (0) Raw Weight Score (AxB) will all but note all ficient (Ficient ficient ficient (Ficient ficient (Ficient Supporting Service Service Service) (AxB) (B)  4.16 Innovation in Clinical services such as residential PMT for families, Special Aids/ appliances, skill training, develop, of new assessment tools etc.  4.17 Infrastructure available for Rehab. of other disabilities such as ID, SLD,ASD etc. for cross-disciplinarylearning such as dormitory, rooms etc. are available within Center 4.19 Easy reach of Bank, ATM, Post-office, Public/private transport, Parking facility, Lockers, Cloakroom, Emergency Medical Services etc.  Total	4.15						2	
Desirable    Item	Photographs: 5 photographs of clinical infrastructure showing the facilities and activities  B Desirable  SI.No. Item Point is based on the Facility supportingService activities  (2) (1) (0) Raw Weight Score Available Not at and abutnotef all butnotef all (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B				1	1		Total	
Desirable   Item   Point is based on the Facility supportingService activities   (2)	SI.No. Item    Point is based on the Facility supporting Service activities   (2)	Remar	ks (specify Sl. No for which the remark is made) :						
Desirable   Item   Point is based on the Facility supportingService activities   (2)	SI.No. Item    Point is based on the Facility supporting Service activities   (2)								
Desirable   Item   Point is based on the Facility supportingService activities   (2)	SI.No. Item    Point is based on the Facility supporting Service activities   (2)								
Desirable   Item   Point is based on the Facility supportingService activities   (2)	SI.No. Item    Point is based on the Facility supporting Service activities   (2)								
Desirable   Item   Point is based on the Facility supportingService activities   (2)	SI.No. Item    Point is based on the Facility supporting Service activities   (2)								
Desirable   Item   Point is based on the Facility supportingService activities   (2)	SI.No. Item    Point is based on the Facility supporting Service activities   (2)								
Desirable   Item   Point is based on the Facility supportingService activities   (2)	SI.No. Item    Point is based on the Facility supporting Service activities   (2)								
Desirable   Item   Point is based on the Facility supportingService activities   (2)	SI.No. Item    Point is based on the Facility supporting Service activities   (2)								
Desirable   Item   Point is based on the Facility supportingService activities   (2)	SI.No. Item    Point is based on the Facility supporting Service activities   (2)								
Desirable   Item   Point is based on the Facility supportingService activities   (2)	SI.No. Item    Point is based on the Facility supporting Service activities   (2)								
Desirable   Item   Point is based on the Facility supportingService activities   (2)	SI.No. Item    Point is based on the Facility supporting Service activities   (2)								
Desirable   Item   Point is based on the Facility supportingService activities   (2)	SI.No. Item    Point is based on the Facility supporting Service activities   (2)								
Point is based on the Facility supportingService activities  (2) (1) (0) Not at all ll	SI.No. Item  Point is based on the Facility supportingService activities  (2) (1) (0) Raw Score age (AxB)  Available and butnotef families, Special Aids/ appliances, skill training, develop. of new assessment tools etc.  4.16 Infrastructure available for Rehab. of other disabilities such as ID, SLD,ASD etc. for cross-disciplinarylearning  4.18 Affordable facilities for overnight stay for patients & family such as dormitory, rooms etc. are available within Center  4.19 Easy reach of Bank, ATM, Post-office, Public/private transport, Parking facility, Lockers, Cloakroom, Emergency Medical Services etc.  Total	Photo	graphs: 5 photographs of clinical infrastructure showing the faciliti	es and activit	ies				
Point is based on the Facility supportingService activities  (2) (1) (0) Not at all ll	SI.No. Item  Point is based on the Facility supportingService activities  (2) (1) (0) Raw Score age (AxB)  Available and butnotef families, Special Aids/ appliances, skill training, develop. of new assessment tools etc.  4.16 Infrastructure available for Rehab. of other disabilities such as ID, SLD,ASD etc. for cross-disciplinarylearning  4.18 Affordable facilities for overnight stay for patients & family such as dormitory, rooms etc. are available within Center  4.19 Easy reach of Bank, ATM, Post-office, Public/private transport, Parking facility, Lockers, Cloakroom, Emergency Medical Services etc.  Total	R	Desirable						
SupportingService activities  (2) (1) (0) Raw Weight Available and butnotef all butnotef ficient ficie	Supporting Service activities   (2)		Desii abie						
C2	4.16 Innovation in Clinical services such as residential PMT for families, Special Aids/ appliances, skill training, develop. of new assessment tools etc.  4.17 Infrastructure available for Rehab. of other disabilities such as ID, SLD,ASD etc. for cross-disciplinarylearning  4.18 Affordable facilities for overnight stay for patients & family such as dormitory, rooms etc. are available within Center  4.19 Easy reach of Bank, ATM, Post-office, Public/private transport, Parking facility, Lockers, Cloakroom, Emergency Medical Services etc.  Total	SI.No.	Item	Point is b	ased on the	Facility			
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Innovation in Clinical services such as residential PMT for families, Special Aids/ appliances, skill training, develop. of new assessment tools etc.   Infrastructure available for Rehab. of other disabilities such as ID, SLD,ASD etc. for cross-disciplinarylearning   Affordable facilities for overnight stay for patients & family such as dormitory, rooms etc. are available within Center   Easy reach of Bank, ATM, Post-office, Public/private transport, Parking facility, Lockers, Cloakroom, Emergency Medical Services etc.   Medical Services etc.   Infrastructure available within PMT for the provided in the provided	4.16 Innovation in Clinical services such as residential PMT for families, Special Aids/ appliances, skill training, develop. of new assessment tools etc.  4.17 Infrastructure available for Rehab. of other disabilities such as ID, SLD,ASD etc. for cross-disciplinarylearning  4.18 Affordable facilities for overnight stay for patients & family such as dormitory, rooms etc. are available within Center  4.19 Easy reach of Bank, ATM, Post-office, Public/private transport, Parking facility, Lockers, Cloakroom, Emergency Medical Services etc.  Total								(AxE
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families, Special Aids/ appliances, skill training, develop. of new assessment tools etc.  Infrastructure available for Rehab. of other disabilities such as ID, SLD,ASD etc. for cross-disciplinarylearning  Affordable facilities for overnight stay for patients & family such as dormitory, rooms etc. are available within Center  Easy reach of Bank, ATM, Post-office, Public/private transport, Parking facility, Lockers, Cloakroom, Emergency Medical Services etc.	families, Special Aids/ appliances, skill training, develop. of new assessment tools etc.  4.17 Infrastructure available for Rehab. of other disabilities such as ID, SLD,ASD etc. for cross-disciplinarylearning  4.18 Affordable facilities for overnight stay for patients & family such as dormitory, rooms etc. are available within Center  4.19 Easy reach of Bank, ATM, Post-office, Public/private transport, Parking facility, Lockers, Cloakroom, Emergency Medical Services etc.			efficient	ficient			1	
new assessment tools etc.  Infrastructure available for Rehab. of other disabilities such as ID, SLD,ASD etc. for cross-disciplinarylearning  Affordable facilities for overnight stay for patients & family such as dormitory, rooms etc. are available within Center  Easy reach of Bank, ATM, Post-office, Public/private transport, Parking facility, Lockers, Cloakroom, Emergency Medical Services etc.	new assessment tools etc.  4.17 Infrastructure available for Rehab. of other disabilities such as ID, SLD,ASD etc. for cross-disciplinarylearning  4.18 Affordable facilities for overnight stay for patients & family such as dormitory, rooms etc. are available within Center  4.19 Easy reach of Bank, ATM, Post-office, Public/private transport, Parking facility, Lockers, Cloakroom, Emergency Medical Services etc.  Total	4.16						4	
Infrastructure available for Rehab. of other disabilities such as ID, SLD,ASD etc. for cross-disciplinarylearning  Affordable facilities for overnight stay for patients & family such as dormitory, rooms etc. are available within Center  Easy reach of Bank, ATM, Post-office, Public/private transport, Parking facility, Lockers, Cloakroom, Emergency Medical Services etc.	4.17 Infrastructure available for Rehab. of other disabilities such as ID, SLD,ASD etc. for cross-disciplinarylearning 4.18 Affordable facilities for overnight stay for patients & family such as dormitory, rooms etc. are available within Center 4.19 Easy reach of Bank, ATM, Post-office, Public/private transport, Parking facility, Lockers, Cloakroom, Emergency Medical Services etc.  Total								
as ID, SLD,ASD etc. for cross-disciplinarylearning  Affordable facilities for overnight stay for patients & family such as dormitory, rooms etc. are available within Center  Easy reach of Bank, ATM, Post-office, Public/private transport, Parking facility, Lockers, Cloakroom, Emergency Medical Services etc.	as ID, SLD,ASD etc. for cross-disciplinarylearning  4.18 Affordable facilities for overnight stay for patients & family such as dormitory, rooms etc. are available within Center  4.19 Easy reach of Bank, ATM, Post-office, Public/private transport, Parking facility, Lockers, Cloakroom, Emergency Medical Services etc.  Total	117						4	
Affordable facilities for overnight stay for patients & family such as dormitory, rooms etc. are available within Center  Easy reach of Bank, ATM, Post-office, Public/private transport, Parking facility, Lockers, Cloakroom, Emergency Medical Services etc.	4.18 Affordable facilities for overnight stay for patients & family such as dormitory, rooms etc. are available within Center  4.19 Easy reach of Bank, ATM, Post-office, Public/private transport, Parking facility, Lockers, Cloakroom, Emergency Medical Services etc.  Total	4.17						-	
such as dormitory, rooms etc. are available within Center  Easy reach of Bank, ATM, Post-office, Public/private transport, Parking facility, Lockers, Cloakroom, Emergency Medical Services etc.	such as dormitory, rooms etc. are available within Center  4.19 Easy reach of Bank, ATM, Post-office, Public/private transport, Parking facility, Lockers, Cloakroom, Emergency Medical Services etc.  Total	4.18						1	
Easy reach of Bank, ATM, Post-office, Public/private transport, Parking facility, Lockers, Cloakroom, Emergency Medical Services etc.	4.19 Easy reach of Bank, ATM, Post-office, Public/private transport, Parking facility, Lockers, Cloakroom, Emergency Medical Services etc.								
transport, Parking facility, Lockers, Cloakroom, Emergency Medical Services etc.	transport, Parking facility, Lockers, Cloakroom, Emergency Medical Services etc.  Total	4.19	•					1	
	Total								
			Medical Services etc.						
Total								Total	
	Demonto (anacifo Cl. Na farrophiah the generali is made)	Da	the famousts CL No famous is the manager is associated.						
who formatify CLNo formulation the neurophic model.	Remarks (specify 5). No for which the remark is made):	Kemar	ks (specify 5). No for which the remark is made):						
Total	Demonto les estre Cl. No fer unhigh the remort is modely.		transport, Parking facility, Lockers, Cloakroom, Emergency Medical Services etc.						
rks (specify Sl. No for which the remark is made) :									
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rks (specify Sl. No for which the remark is made):									

Signature of Visiting Expert 1)

		and attach documentary	evidence where	e required)					
A.	Essential	T		I			_	l	
Sl.No.	Items	As per Norm	Actual Status	Norm and	or Matching watching was the matching was the desired in the matching was		Raw Score (A)	Weight age (B)	Score (AxB)
				(2) Above 80%	(1) 40 – 80%	(0) Below 40%			
5.1	TextBooks and Reference Books	Syllabus specific primary content and specialty areas such as Neuropsy., Biofeedback, Beh. Med.etc. (hard or softcopy)						18	
5.2	Journals in Core subject areas	Natl./Intl. peer- reviewed/ indexed Jrl. (hard/soft-copy)						8	
5.3	Computers	With Internet + Printer + Statistical software(SPSS) 1:4 Intakeratio						6	
5.4	Departmental Library	Quick Reference books, Therapy manuals, Diagnostic tools such as ICD, DSM, Interview schedule etc. as indicated in syllabus						6	
5.5	Professional Mana	ofessional Management of library services			sed on the ave port to profes training	-		2	
				(2) Yesand effective	(1) Yes but not effective	(0) Not at all			
5.6	Maintenance of Reservices	ecord related to extent o	f use of library	(2) Yes and used efficiently	(1) Available but not used	(0) Not Available		2	
5.7		re/services are made avautilization by staff & train		(2) Yes and efficiently	(1) Available but not used	(0) Not Available		2	
5.8		es for development, reviously for purpose of learning		(2) Yes and used efficiently	(1) Available but not used	(0) Not Available		2	
5.9	_	membership/ subscriptic tia, Shodhganga, disciplin	-	(2) Available & adequate	(1) Available butgrossly inadequate	(0) Not Available		4	
5.10	Reading room facil	ity for individual and grou	up learning	(2) Available and adequate	(1) Available but inadequate	(0) Not Available		4	
5.11	Library holdings &	acquisition register or dig	gital data	(2) Yes and adequate	(1) Available but Inadequate	(0) Not Available		2	

Photocopy/print/photo/video recording/stenci etc. at affordable charges  Remarks (specify SI. No for which the remark is made		(2) Yes and used Efficiently	(1) Available but not used	(0) Not Available		4 Total	
	e)	used	but not			Total	
emarks (specify SI. No for which the remark is made	e)			Available		Total	
emarks (specify Sl. No for which the remark is made	<u> </u>	Efficiently	used			Total	
marks (specify Sl. No for which the remark is made	e)					Total	
marks (specify Sl. No for which the remark is made	e)						
Desirable							
lo. Items		Point is ba	sed on the av	ailability	Raw	Weigh	Score
			port to profes		Score	tage	(AxB
			training		(A)	(B)	`
L3 Average annual expenditure for purchase of bo	oks and	(2)	(1)	(0)	• •	2	
	oks and	(2) Available	(±) Available	Not		2	
journals (including e-resources)							
		and	but	available			
		adequate	inadequate				
14 Automation of library using the ILMS providing	remote	(2)	(1)	(0)		2	
access to e-resources in the library		Fully	Partial	Not			
		Automate	Automation	undertak			
		d		en			
15 Arrangements for sharing of facilities with othe	er Lib. for	(2)	(1)	(0)		2	
interdisciplinary and multi-disciplinary research	1	Available	Available	Not			
		and Used	but not	Available			
			Used				
16 Organize and/or support educational programs	to	(2)	(1)	(0)		4	
develop trainees' skills in locating and using info		Yes and	Yes but not	No			
		adequate	adequate	Activity			
		'	•	, ,		Total	
emarks (specify SI. No. for which the remark is made):							
Remarks (specify SI. No. for which the remark is made) :							

collaborati 6.2 Communit awareness 6.3 Collaborat preventior identificati 6.4 Developmadio visua and empore 6.5 Conduct or such as hig children, e 6.6 Offering To Running A	Items on and/or outreach clinical services either own or in ration nity education programs on sensitization, ess etc. and health camps rations with School/NGO/Industry for primary ion, promotion of mental health and early	th	iven for match ne Professiona irements/Trai (1) Yes but not Efficient	ıl	Raw Score (A)	Weight age (B)	Score (AxB
6.1 Extension collaboration co	on and/or outreach clinical services either own or in ration nity education programs on sensitization, ess etc. and health camps rations with School/NGO/Industry for primary ion, promotion of mental health and early	(2) Yes and	ne Professiona irements/Trai (1) Yes but not	ning (0) Not Undert	Score	age	
6.1 Extension collaboration co	on and/or outreach clinical services either own or in ration nity education programs on sensitization, ess etc. and health camps rations with School/NGO/Industry for primary ion, promotion of mental health and early	(2) Yes and	(1) Yes but not	(0) Not Undert		_	(АХВ
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collaborati 6.2 Communit awareness 6.3 Collaborat preventior identificati 6.4 Development audio visus and emporence of the collaborat or such as hig children, etc. 6.6 Offering To Running A.  Remarks (specification)	ration nity education programs on sensitization, ess etc. and health camps rations with School/NGO/Industry for primary ion, promotion of mental health and early	Efficient					
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collaborati 6.2 Communit awareness 6.3 Collaborat preventior identificati 6.4 Development audio visus and emporence of the collaborat Conduct or such as hig children, e 6.6 Offering To Running A.  Remarks (specification)	ration nity education programs on sensitization, ess etc. and health camps rations with School/NGO/Industry for primary ion, promotion of mental health and early						
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6.2 Communit awareness 6.3 Collaborat preventior identificati 6.4 Development audio visus and emporentior such as his children, e 6.6 Offering To Running A.  Remarks (specification)	nity education programs on sensitization, ess etc. and health camps rations with School/NGO/Industry for primary ion, promotion of mental health and early						
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prevention identification identifica	ion, promotion of mental health and early					_	
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6.4 Developm audio visua and emporence of the conduct of such as high children, etc. and the conduct of such as high children, etc. and conduct of such as high children and conduct of such as high children, etc. and conduct of such as high children and	ation						
audio visua and empore 6.5 Conduct or such as hig children, e 6.6 Offering To Running A.  Remarks (specification of the such as hig children, e 6.6 Running A.							
and emporence of the second se	ment and distribution of resource material such as					6	
6.5 Conduct or such as hig children, e 6.6 Offering To Running A	sual/brochure/handbills etc. for public education						
6.5 Conduct or such as hig children, e 6.6 Offering To Running A	•						
such as hig children, e 6.6 Offering To Running A.  Remarks (specif	t of screening/assessment for at risk population					6	
children, e 6.6 Offering To Running A	highway drivers, CSWs, abused, vulnerable, street						
6.6 Offering To Running A. Remarks (specif	=						
Running A							
Remarks (specif	g Tele-counseling, Help-line, Crisis intervention,					6	
	g AA group etc.						
						Total	
B Desirable							
	<b>ble</b> (Verify with documentary proof such as Reports,	Photographs	s, and News Cl	ippings)			
	lk a man	Point is ba	ased on, initia	tives are	Raw	Weight	Score
	Items	sunnorti	ng service acti	ivities &	Score	age	/ A D
	items	3upporti			(4)	(B)	(AxB
	items		ncing the cove	erage	(A)	. ,	(AXB
	items	enhar	ncing the cove		(A)		(АХВ
	items	enhai (2)	(1)	(0)	(A)		(AXB
C 7 Dowinding	items	(2) Yes &	(1) Yes but	(0) Nil	(A)		(AXB
		enhai (2)	(1)	(0)	(A)	4	(AXB
	ically organize exhibition/street play/ skit for	(2) Yes &	(1) Yes but	(0) Nil	(A)	4	(AXB
	ically organize exhibition/street play/ skit for ness/education	(2) Yes &	(1) Yes but	(0) Nil	(A)	-	(АХВ
	ically organize exhibition/street play/ skit for ness/education tation/counseling services to family court, juvenile	(2) Yes &	(1) Yes but	(0) Nil	(A)	4 8	(АХВ
6.9 Capacity	ically organize exhibition/street play/ skit for ness/education	(2) Yes &	(1) Yes but	(0) Nil	(A)	-	(AXB
	ically organize exhibition/street play/ skit for ness/education tation/counseling services to family court, juvenile	(2) Yes &	(1) Yes but	(0) Nil	(A)	-	(AXB
services	ically organize exhibition/street play/ skit for ness/education tation/counseling services to family court, juvenile destitute home, prison, war veterans etc.	(2) Yes &	(1) Yes but	(0) Nil	(A)	8	(AXB
	ically organize exhibition/street play/ skit for ness/education tation/counseling services to family court, juvenile destitute home, prison, war veterans etc. ty building – training & involvement of staff, healthers, recovered clients and their families in MH	(2) Yes &	(1) Yes but	(0) Nil	(A)	8	(AXB
and polic	ically organize exhibition/street play/ skit for ness/education tation/counseling services to family court, juvenile destitute home, prison, war veterans etc. ty building – training & involvement of staff, healthers, recovered clients and their families in MH	enhar (2) Yes & Adequate	(1) Yes but	(0) Nil	(A)	8	(AXB
and polic	ically organize exhibition/street play/ skit for ness/education tation/counseling services to family court, juvenile destitute home, prison, war veterans etc. ty building – training & involvement of staff, healthers, recovered clients and their families in MH essect to increase clinical networking, service coverage	enhar (2) Yes & Adequate	(1) Yes but	(0) Nil	(A)	8	(AXB
	ically organize exhibition/street play/ skit for ness/education tation/counseling services to family court, juvenile destitute home, prison, war veterans etc. ty building – training & involvement of staff, healthers, recovered clients and their families in MH essect to increase clinical networking, service coverage	enhar (2) Yes & Adequate	(1) Yes but	(0) Nil	(A)	8 4	(AXB
Dama ::li-: / ''	ically organize exhibition/street play/ skit for ness/education tation/counseling services to family court, juvenile destitute home, prison, war veterans etc. ty building – training & involvement of staff, healthers, recovered clients and their families in MH essect to increase clinical networking, service coverage	enhar (2) Yes & Adequate	(1) Yes but	(0) Nil	(A)	8	(AXB
Remarks (specif	ically organize exhibition/street play/ skit for ness/education tation/counseling services to family court, juvenile destitute home, prison, war veterans etc. ty building – training & involvement of staff, healthers, recovered clients and their families in MH es acy to increase clinical networking, service coverage elicies	enhar (2) Yes & Adequate	(1) Yes but	(0) Nil	(A)	8 4	(AXB
	ically organize exhibition/street play/ skit for ness/education tation/counseling services to family court, juvenile destitute home, prison, war veterans etc. ty building – training & involvement of staff, healthers, recovered clients and their families in MH essect to increase clinical networking, service coverage	enhar (2) Yes & Adequate	(1) Yes but	(0) Nil	(A)	8 4	(AXE
	ically organize exhibition/street play/ skit for ness/education tation/counseling services to family court, juvenile destitute home, prison, war veterans etc. ty building – training & involvement of staff, healthers, recovered clients and their families in MH es acy to increase clinical networking, service coverage elicies	enhar (2) Yes & Adequate	(1) Yes but	(0) Nil	(A)	8 4	(AXE

Α.	Essential						
Sl.No.	Items		given dependi age of Faculty	_	Raw Score	Weight age	Score (AxB)
		(2) Above 80%	(1) 40 – 80%	(0) Below 40%	(A)	(B)	
7.1	Paper Presentation in National/ International Meet/Conf./Seminars					4	
7.2	Publications in National/International) Indexed Journals					7	
7.3	Authored Chapter/Book/Manual with ISBN number					7	
7.4	Invited participation in Workshop/Seminar/Conference/Symposium etc.					4	
7.5	Research/development collaborations with other agencies of professional & social relevance					8	
7.6	Faculty engagement in interdisciplinary and interdepartmental research activities and resource sharing					8	
7.7	Faculty organizing Seminars/ Symposia/ Workshops/CRE events					6	
7.8	Specific objectives and expectedLearning Outcome of Seminar/Workshop/CRE etc. are defined, measured andanalyzed					4	
7.9	Research/Scientific Award has been won by faculty members/trainees for innovation					6	
7.10	Research Guidance by the Faculty at Ph.D. level					6	
7.10	Research Guidance by the Faculty at Ph.D. level						6 Total

# Remarks (specify Sl. No. for which the remark is made)

В	Desirable						
•	Items	Point is given de Initiatives and in			Raw Score	Weight age	Score (AxB)
SI. No.		(2) Yes and Adequate	(1) Yes but inadequate	(0) Nil facility	(A)	(B)	
7.11	Projects are undertaken - Externally Funded					4	
7.12	Projects are undertaken - Internally Funded					3	
7.13	Administration is responsive and supportive in utilizing grants and resources available					2	
7.14	Infrastructure in terms of space and equipment, and seed money are made available for research					4	
7.15	Department conducts workshops/seminars for external agency for which the expertise of faculty is the major input					2	
7.16	Faculty development programs (FDPs) are organized by the department					3	
7.17	Resource mobilized by the Dept. (through donation, CSR, consultancy, sponsorship etc.) for research					2	
					·	Total	

Remarks (specify Sl. No. for which the remark is made):

**8. Curricular Transaction (Only for Extension Proposal)** (To be assessed based on observation and interaction with students and faculty members as well as by verifying records)

Α	Desirable							
SI.	Items	Actual Status	which t	given for he Dept. n ional Requ		Raw Score (A)	Weight age (B)	Score (AxB)
			(2) Yes and Adequ ate	(1) Yes but inadequ ate	(0) No or Inadequate			
8.1	Academic governance matches the institutional vision and mission						4	
8.2	Annual framework of teaching, learning, research, clinical training, postings, submissions, evaluation and administrative events are published/circulated on opening day of the program						4	
8.3	Evaluation of attainment of learning outcome (knowledge, skill and attitude) based on the program objectives as defined in the syllabus						2	
8.4	Periodic assessment of quality of involvement of trainees in clinical activities & patients' care						2	
8.5	Strategies in place to cater to diverse needs/career plan of trainees						2	
8.6	Supervised clinical experience: Each trainee shall have Min. 3600 hr. of direct patient contact over 2 year period with at least 4 hr. of face-to-face supervision/ week by qualified clinical faculty						10	
8.7	Diversity of clinical exposure: Adult, Child, Family/ Marital, Sexual, Substance Use, Psychodiagnostics, Neuropsych., Rehabilitation, Medical Diseases						10	
8.8	Didactic lectures in specific areas: Approx. 360 hr. of instruction over 2 year period on units outlined in the syllabus						4	
8.9	Lecture schedule for each theory paper is published in the beginning of the academic year						2	
8.10	Academic presentation by trainee: Each trainee shall present/discuss on topics as allotted for total 320 hr. Min., over 2 year period at least on Min.16 academic events						4	
8.11	Clinical research dissertation by trainees: Each trainee shall submit in II yr. a prospective research work of Approx. 15,000 words length putting Min. 150 hr. of work for data collection and analysis						4	

r t t	Psychodiagnostic and Psychotherapy records are submitted by I & II yr. trainees as outlined in the syllabus Trainees maintain a logbook for clinical work carried out under supervision for the entire 2-yr duration with sufficient details as outlined in the syllabus Progression of clinical training is periodically evaluated through theory & practical exams at least twice a year							
3.13 T t t t t t t t t t t t t t t t t t t	trainees as outlined in the syllabus Trainees maintain a logbook for clinical work carried out under supervision for the entire 2-yr duration with sufficient details as outlined in the syllabus Progression of clinical training is periodically evaluated through theory							
3.13 T t c c c c c c c c c c c c c c c c c c	Trainees maintain a logbook for clinical work carried out under supervision for the entire 2-yr duration with sufficient details as outlined in the syllabus  Progression of clinical training is periodically evaluated through theory							
3.14 F 8.15 F 8.15 F	work carried out under supervision for the entire 2-yr duration with sufficient details as outlined in the syllabus Progression of clinical training is periodically evaluated through theory						2	
t c c c c c c c c c c c c c c c c c c c	the entire 2-yr duration with sufficient details as outlined in the syllabus Progression of clinical training is periodically evaluated through theory							
3.14 F 8.15 F 6	details as outlined in the syllabus Progression of clinical training is periodically evaluated through theory							
3.14 F	Progression of clinical training is periodically evaluated through theory							
8.15 F 6	periodically evaluated through theory						4	
8.15 F f 8.8							_	
3.15 F f	& practical exams at least twice a year							
f 8	Periodically trainees evaluate the						2	
8							2	
	faculty members involved in teaching							
	& training, anonymously						_	
	Department follows objective system						2	
	of evaluation of academic							
1 -	presentations such as seminar, case							
0	conference, psychotherapy meeting,							
j	journal review, topic discussion by							
t	trainees & give feedback/guide							
3.17 F	Psychodiagnostic, psychotherapy and						2	
	dissertation submissions are evaluated							
I	objectively and the trainees are made							
I	known of the criteria & weightage							
I	before hand							
	Posting for extra-institutional learning						2	
	in specialty area has been worked out							
	The state of the s							
	and practiced as given in syllabus						-	
	Trainees are taught in Clinical Practice						5	
	Guidelines and keep updating							
	Standard of Practice for each							
	disorder/condition							
	Therapy outcome is assessed by						2	
F	patients/family/caregivers attending							
t	the services							
3.21   l	Use of ICT in all Academic events and						1	
0	classroom teaching							
3.22 ľ	Maintenance of Biometric attendance of						2	
9	Students, Faculties & Staffs							
	Overall impression of Curricular Transac	tion through	(2)	(1)	(0)		4	
	interaction with students and faculty	<b>.</b>	Efficient	Averag	Inefficient			
-	,			e				
						Total		
						TOtal		

	Items		d on availabili	-	Raw	Weight	Score
Sl. No.	nems	(2) Yes/ Adequate	(1) Average	(0) No or Inadequa	Score (A)	age (B)	(AxB)
8.24	Development of A-V/Accessible lessons by the faculty					4	
8.25	Interview of the exiting (retired/resigned) faculty is conducted by a third party and action taken on the feedback					2	
8.26	Road map for growth, quality assurance and enhancement over next 5 year is prepared and widely publicized					4	
8.27	At least 3 quality benchmark has been identified by the department in mental health service and training					4	
8.28	Registered & functional Alumni Association exists and support/ contribute to development and services					6	
					Total		
Rema	rks (specify SI. No for which the remark is made)						

#### **Section III**

## **Credentials of Training Institution**

(Documentary evidence in respect of each credential shall be enclosed. Do not score if evidence is not available)

SI.	Credentials	Yes	No	Maximum	Score
No				Score	Obtained
1	Experience of the Institute/university in the area of Disability Rehabilitation more than ten years			2	
2	Experience of the Institute/university conducting RCI approved courses			2	
	more than ten years				
3	Number of permanent approval (05 years) from RCI more than two			2	
	times for any program being conducted at the institute/university				
4	Achievement of the Institute/university – State level recognition by			1	
	Govt. (Eg. outstanding performance in sports, culture, academic,				
	service etc.)				
5	Achievement of the Institute/university – National Level recognition by			2	
	Govt. (Eg. outstanding performance in sports, culture, academic,				
	service etc.)				
6	State Level Govt. recognition to any of the Employee of the institute or			1	
	university working for not less than 05 years				
7	National Level Govt. recognition to any of the Employee of the			2	
	institute or university working for not less than 05 years				
8	Institute or university has several research collaborations and funding			2	
	by major Science & Technology Organizations at National &				
	International level (Eg.DST, CSIR, ICMR, DRDOetc.)				
9	Many Patents are awarded/filed by faculty members and/or			2	
	technology has been transferred for application by the institute or				
	university				
10	Accreditation by International bodies such as ASIC, WASC, QS, CIS etc.			2	
	at institute or university level				
11	Subject experts/authority visit on regular basis under International			2	
	faculty exchange program for the purposes of facilitating educational				
	andcultural exchanges				
12	Institute/university follows a set of organizational ethics according to			2	
	universal practice in health care delivery and demonstrates it through				
	acts of setting up patients' welfare fund, free admission, free clinic,				
	and scholarshipfor BPL, award for meritorious students, CSR fund etc.				
				Total	_
	Maximum Score can be credited is ONLY 10 (Not 22). If the training instit	ution sco	es 10 or	more, then to	otal score
	e only 10.				
Remar	ks:				

(Signature of Visiting Expert 1)

### **Section IV**

	S	Summary	of Scores (N	ew Pro	oposal)		
SL	Parameters		Essential (Part A)		1	irable art B)	Credentials (Part C)
		Max. Score	Obtained Score	%	Max. Score	Obtained Score	Obtained Score (out of 10)
1	Building	100			20		
2	Human Resources	160			40		
3	Clinical Services	160			40		
4	Clinical Infrastructure	120			20		
5	Library Services	120			20		
6	Community Promotional Activities	80			40		
7	Faculty Development & Research	120		_	40		
	Total	860			220		

	St	ımmary o	of Scores (E	xtens	ion Prop	osal)	
SL	Parameters	Esser	ntial (Part A	<b>A)</b>	Desira	able (Part B)	Credentials (Part
		Max. Score	Obtained Score	%	Max. Score	Obtained Score	Obtained Score (out of 10)
1	Building	100			20		
2	Human Resources	160			40		
3	Clinical Services	160			40		
4	Clinical Infrastructure	120			20		
5	Library Services	120			20		
6	Community Promotional Activities	80			40		
7	Faculty Development & Research	120			40		
8	Curriculum Transaction	160			40		
	Total	1020			260		

(Signature of Visiting Expert 1)

### **Section V**

# **Summary of Assessment**

Summarize your observation by stating 2 Strengths and 2 Opportunities for Improvement, if any, of the Training Institute. (Max 250 words)
<u>STRENGTHS</u>
ODDODTUNITIES FOR IMARROVEMENT
OPPORTUNITIES FOR IMPROVEMENT
*Total Number of Photographs enclosed (Please sign at the backside of each photograph):
*Details of all the Enclosures:
Any other point.
Any other point :

(Signature of Visiting Expert 1)

### **Section VI**

#### **Declaration**

- 1. I/We hereby declare that the assessment/inspection undertaken by us/me is as per the guidelines and the format. The format is duly filled and complete in all respect.
- 2. I/We have followed the code and conduct as specified by the Council during my/our assessment/inspection.
- 3. I/We undertake that if anything is left incomplete or filled incorrect, consciously/intentionally or stated in contrary to the existing facts, then I/we may be removed from the panel of visiting expert or debarred.

Name	Designation & Full Address with Email ID & Contact Numbers	Signature with date