

For Seat Enhancement DMLT Course

Check list

SL No	Particulars	Prescribed as per guidelines	Remarks Whether complied or not	Page no
01	Name and Complete Address of the Institution		Full name or abrivated & Unique in the state or not	
02	Course applied and with intake			
03	Name of the Trust/Society & Deed		Deed Submitted or not	
04	Date of registration			
05	Minimum Age of the Trust/Society	03 YEARS	Eligible or not	
06	If new course, courses applied for			
07	Audit Statement for past 03 years (Trust)	1)	Submitted or not	
		2)	Submitted or not	
		3)	Submitted or not	
08	Financial Worthiness	Current Account with 15 Lakh-turnover for last 03 financial year (cumulative)	Eligible or not	
09	Clinical Facilities	Number of blood samples in case of lab (for Diploma in Medical Laboratory Technology) (Last 3 months)		
	A. Own Hospital/ Nursing Home	Minimum 100 Beds	Yes/No	
	i. OPD per day	Last 03 month	Yes/No	
	ii. IPD per day	Last 03 month	Yes/No	
	B. Affiliated Hospital/Nursing	Minimum 100 Beds	Yes/No	
	i. OPD per day	Last 03 month	Submitted or not	
	ii. IPD per day	Last 03 month	Submitted or not	
	iii. Distance from Institution	City limit 0-10 KM Radius if rural area 0-20 KM Radius	Yes/No	
iv. MOU Particulars	Minimum for 03 years	Yes/No		
10	Infrastructure			
	A. Total No of teaching rooms		Yes/No	
	B. Laboratory details		Yes/No	
	C. Details of Equipments (course Wise)		Submitted or not	
	D. Hostel facility for students		Yes/No	

11	Building Details	Internal and Outer photo's of the building with college name board	Submitted or not	
	A. Own Building details	1. Owner Details	Yes/No	
		2. Property No (Local Body PID)	Available/Not	
		3. Building plan approved by the competent Authority	Yes/No	
		4. Up to date Tax paid	Yes/No	
		5. Any court cases pending against the property	Yes/No	
	B. Rent/Leased Building details	1. Rent/Lease Agreement (Minimum 05 Years)	In order/not	
		2. Owner Details	Yes/No	
12	Information of Density of Para Medical College in the location	Minimum Distance B/W location of 02 colleges should be more than 10 KMs		
13	Faculty details (Course wise)	Adhaar Number Compulsory	Yes/No	
14	For Seat enhancement minimum 75% of admission is require in respective course for last 03 years		Yes/No	
15	For Seat enhancement minimum 40% of passing percentage is require in respective course for last 03 years		Yes/No	
16	Vehicle Facility	Bus facility	Yes/No	
17	Sports and Recreation facilities	Out Door Facility and Indoor Facility	Yes/No	
18	LIC Report		In accordance/not	
	A. Name of the Inspector with designation & Address			
	B. Date of Inspection			
	C. Recommendation			
	D. Inspector Signature			
19	Opinion of special officer, PMB		Accept/reject with remarks	
20	Opinion of DME			

For Seat Enhancement DHI Course

Check list

SL No	Particulars	Prescribed as per guidelines	Remarks Whether complied or not	Page no
01	Name and Complete Address of the Institution		Full name or abrivated & Unique in the state or not	
02	Course applied and with intake			
03	Name of the Trust/Society & Deed		Deed Submitted or not	
04	Date of registration			
05	Minimum Age of the Trust/Society	03 YEARS	Eligible or not	
06	If new course, courses applied for			
07	Audit Statement for past 03 years (Trust)	1)	Submitted or not	
		2)	Submitted or not	
		3)	Submitted or not	
08	Financial Worthiness	Current Account with 15 Lakh-turnover for last 03 financial year (cumulative)	Eligible or not	
09	Clinical Facilities	For Health Inspector (Diploma in Health Inspector) course minimum of one Primary Health Centre (MOU with Government) (Last 3 months)		
	A. Own Hospital/ Nursing Home	Minimum 100 Beds	Yes/No	
	i. OPD per day	Last 03 month	Yes/No	
	ii. IPD per day	Last 03 month	Yes/No	
	B. Affiliated Hospital/Nursing	Minimum 100 Beds	Yes/No	
	i. OPD per day	Last 03 month	Submitted or not	
	ii. IPD per day	Last 03 month	Submitted or not	
	iii. Distance from Institution	City limit 0-10 KM Radius if rural area 0-20 KM Radius	Yes/No	
iv. MOU Particulars	Minimum for 03 years	Yes/No		
10	Infrastructure			
	A. Total No of teaching rooms		Yes/No	
	B. Laboratory details		Yes/No	
	C. Details of Equipments (course Wise)		Submitted or not	
	D. Hostel facility for students		Yes/No	

11	Building Details	Internal and Outer photo's of the building with college name board	Submitted or not	
	A. Own Building details	1. Owner Details	Yes/No	
		2. Property No (Local Body PID)	Available/Not	
		3. Building plan approved by the competent Authority	Yes/No	
		4. Up to date Tax paid	Yes/No	
		5. Any court cases pending against the property	Yes/No	
B. Rent/Leased Building details	1. Rent/Lease Agreement (Minimum 05 Years)	In order/not		
	2. Owner Details	Yes/No		
12	Information of Density of Para Medical College in the location	Minimum Distance B/W location of 02 colleges should be more than 10 KMs		
13	Faculty details (Course wise)	Adhaar Number Compulsory	Yes/No	
14	For Seat enhancement minimum 75% of admission is require in each course from last 03 years		Yes/No	
15	For Seat enhancement minimum 40% of passing percentage is require in each course from last 03 years		Yes/No	
16	Vehicle Facility	Bus facility	Yes/No	
17	Sports and Recreation facilities	Out Door Facility and Indoor Facility	Yes/No	
18	LIC Report		In accordance/not	
	A. Name of the Inspector with designation & Address			
	B. Date of Inspection			
	C. Recommendation			
	D. Inspector Signature			
19	Opinion of special officer, PMB		Accept/reject with remarks	
20	Opinion of DME			

For Seat Enhancement DMIT Course

Check list

SL No	Particulars	Prescribed as per guidelines	Remarks Whether complied or not	Page no
01	Name and Complete Address of the Institution		Full name or abrivated & Unique in the state or not	
02	Course applied and with intake			
03	Name of the Trust/Society & Deed		Deed Submitted or not	
04	Date of registration			
05	Minimum Age of the Trust/Society	03 YEARS	Eligible or not	
06	If new course, courses applied for			
07	Audit Statement for past 03 years (Trust)	1)	Submitted or not	
		2)	Submitted or not	
		3)	Submitted or not	
08	Financial Worthiness	Current Account with 15 Lakh-turnover for last 03 financial year (cumulative)	Eligible or not	
09	Clinical Facilities	Number of X-Ray, CT Scan, Ultra sound &MRI - (for Diploma in Imaging Technology) (Last 3 months)		
	A. Own Hospital/ Nursing Home	Minimum 100 Beds	Yes/No	
	i. OPD per day	Last 03 month	Yes/No	
	ii. IPD per day	Last 03 month	Yes/No	
	B. Affiliated Hospital/Nursing	Minimum 100 Beds	Yes/No	
	i. OPD per day	Last 03 month	Submitted or not	
	ii. IPD per day	Last 03 month	Submitted or not	
	iii. Distance from Institution	City limit 0-10 KM Radius if rural area 0-20 KM Radius	Yes/No	
iv. MOU Particulars	Minimum for 03 years	Yes/No		
10	Infrastructure			
	A. Total No of teaching rooms		Yes/No	
	B. Laboratory details		Yes/No	
	C. Details of Equipments (course Wise)		Submitted or not	
	D. Hostel facility for students		Yes/No	

11	Building Details	Internal and Outer photo's of the building with college name board	Submitted or not	
	A. Own Building details	1. Owner Details	Yes/No	
		2. Property No (Local Body PID)	Available/Not	
		3. Building plan approved by the competent Authority	Yes/No	
		4. Up to date Tax paid	Yes/No	
		5. Any court cases pending against the property	Yes/No	
B. Rent/Leased Building details	1. Rent/Lease Agreement (Minimum 05 Years)	In order/not		
	2. Owner Details	Yes/No		
12	Information of Density of Para Medical College in the location	Minimum Distance B/W location of 02 colleges should be more than 10 KMs		
13	Faculty details (Course wise)	Adhaar Number Compulsory	Yes/No	
14	For Seat enhancement minimum 75% of admission is require in respective course for last 03 years		Yes/No	
15	For Seat enhancement minimum 40% of passing percentage is require in respective course for last 03 years		Yes/No	
16	Vehicle Facility	Bus facility	Yes/No	
17	Sports and Recreation facilities	Out Door Facility and Indoor Facility	Yes/No	
18	LIC Report		In accordance/not	
	A. Name of the Inspector with designation & Address			
	B. Date of Inspection			
	C. Recommendation			
	D. Inspector Signature			
19	Opinion of special officer, PMB		Accept/reject with remarks	
20	Opinion of DME			

For Seat Enhancement DOT & AT Course

Check list

SL No	Particulars	Prescribed as per guidelines	Remarks Whether complied or not	Page no
01	Name and Complete Address of the Institution		Full name or abrivated & Unique in the state or not	
02	Course applied and with intake			
03	Name of the Trust/Society & Deed		Deed Submitted or not	
04	Date of registration			
05	Minimum Age of the Trust/Society	03 YEARS	Eligible or not	
06	If new course, courses applied for			
07	Audit Statement for past 03 years (Trust)	1)	Submitted or not	
		2)	Submitted or not	
		3)	Submitted or not	
08	Financial Worthiness	Current Account with 15 Lakh-turnover for last 03 financial year (cumulative)	Eligible or not	
09	Clinical Facilities	Number Operations. — (for Diploma in Operation Theatre Technology) (Last 3 months)		
	A. Own Hospital/ Nursing Home	Minimum 100 Beds	Yes/No	
	i. OPD per day	Last 03 month	Yes/No	
	ii. IPD per day	Last 03 month	Yes/No	
	B. Affiliated Hospital/Nursing	Minimum 100 Beds	Yes/No	
	i. OPD per day	Last 03 month	Submitted or not	
	ii. IPD per day	Last 03 month	Submitted or not	
	iii. Distance from Institution	City limit 0-10 KM Radius if rural area 0-20 KM Radius	Yes/No	
iv. MOU Particulars	Minimum for 03 years	Yes/No		
10	Infrastructure			
	A. Total No of teaching rooms		Yes/No	
	B. Laboratory details		Yes/No	
	C. Details of Equipments (course Wise)		Submitted or not	
	D. Hostel facility for students		Yes/No	

11	Building Details	Internal and Outer photo's of the building with college name board	Submitted or not	
	A. Own Building details	1. Owner Details	Yes/No	
		2. Property No (Local Body PID)	Available/Not	
		3. Building plan approved by the competent Authority	Yes/No	
		4. Up to date Tax paid	Yes/No	
		5. Any court cases pending against the property	Yes/No	
B. Rent/Leased Building details	1. Rent/Lease Agreement (Minimum 05 Years)	In order/not		
	2. Owner Details	Yes/No		
12	Information of Density of Para Medical College in the location	Minimum Distance B/W location of 02 colleges should be more than 10 KMs		
13	Faculty details (Course wise)	Adhaar Number Compulsory	Yes/No	
14	For Seat enhancement minimum 75% of admission is require in each course from last 03 years		Yes/No	
15	For Seat enhancement minimum 40% of passing percentage is require in each course from last 03 years		Yes/No	
16	Vehicle Facility	Bus facility	Yes/No	
17	Sports and Recreation facilities	Out Door Facility and Indoor Facility	Yes/No	
18	LIC Report		In accordance/not	
	A. Name of the Inspector with designation & Address			
	B. Date of Inspection			
	C. Recommendation			
	D. Inspector Signature			
19	Opinion of special officer, PMB		Accept/reject with remarks	
20	Opinion of DME			

For Seat Enhancement DMRT Course

Check list

SL No	Particulars	Prescribed as per guidelines	Remarks Whether complied or not	Page no
01	Name and Complete Address of the Institution		Full name or abrivated & Unique in the state or not	
02	Course applied and with intake			
03	Name of the Trust/Society & Deed		Deed Submitted or not	
04	Date of registration			
05	Minimum Age of the Trust/Society	03 YEARS	Eligible or not	
06	If new course, courses applied for			
07	Audit Statement for past 03 years (Trust)	1)	Submitted or not	
		2)	Submitted or not	
		3)	Submitted or not	
08	Financial Worthiness	Current Account with 15 Lakh-turnover for last 03 financial year (cumulative)	Eligible or not	
09	Clinical Facilities	Permission letter by DHO or MOU with private hospital from 300 bedded hospital		
	A. Own Hospital/ Nursing Home	Minimum 100 Beds	Yes/No	
	i. OPD per day	Last 03 month	Yes/No	
	ii. IPD per day	Last 03 month	Yes/No	
	B. Affiliated Hospital/Nursing	Minimum 100 Beds	Yes/No	
	i. OPD per day	Last 03 month	Submitted or not	
	ii. IPD per day	Last 03 month	Submitted or not	
	iii. Distance from Institution	City limit 0-10 KM Radius if rural area 0-20 KM Radius	Yes/No	
iv. MOU Particulars	Minimum for 03 years	Yes/No		
10	Infrastructure			
	A. Total No of teaching rooms		Yes/No	
	B. Laboratory details		Yes/No	
	C. Details of Equipments (course Wise)		Submitted or not	
	D. Hostel facility for students		Yes/No	
11	Building Details	Internal and Outer photo's of the building	Submitted or not	

		with college name board		
	A. Own Building details	1. Owner Details	Yes/No	
		2. Property No (Local Body PID)	Available/Not	
		3. Building plan approved by the competent Authority	Yes/No	
		4. Up to date Tax paid	Yes/No	
		5. Any court cases pending against the property	Yes/No	
	B. Rent/Leased Building details	1. Rent/Lease Agreement (Minimum 05 Years)	In order/not	
		2. Owner Details	Yes/No	
12	Information of Density of Para Medical College in the location	Minimum Distance B/W location of 02 colleges should be more than 10 KMs		
13	Faculty details (Course wise)	Adhaar Number Compulsory	Yes/No	
14	For Seat enhancement minimum 75% of admission is require in respective course for last 03 years		Yes/No	
15	For Seat enhancement minimum 40% of passing percentage is require in respective course for last 03 years		Yes/No	
16	Vehicle Facility	Bus facility	Yes/No	
17	Sports and Recreation facilities	Out Door Facility and Indoor Facility	Yes/No	
18	LIC Report		In accordance/not	
	A. Name of the Inspector with designation & Address			
	B. Date of Inspection			
	C. Recommendation			
	D. Inspector Signature			
19	Opinion of special officer, PMB		Accept/reject with remarks	
20	Opinion of DME			

For Seat Enhancement DDT Course

Check list

SL No	Particulars	Prescribed as per guidelines	Remarks Whether complied or not	Page no
01	Name and Complete Address of the Institution		Full name or abrivated & Unique in the state or not	
02	Course applied and with intake			
03	Name of the Trust/Society & Deed		Deed Submitted or not	
04	Date of registration			
05	Minimum Age of the Trust/Society	03 YEARS	Eligible or not	
06	If new course, courses applied for			
07	Audit Statement for past 03 years (Trust)	1)	Submitted or not	
		2)	Submitted or not	
		3)	Submitted or not	
08	Financial Worthiness	Current Account with 15 Lakh-turnover for last 03 financial year (cumulative)	Eligible or not	
09	Clinical Facilities	For Dialysis (Diploma in Dialysis Technology) - 10 dialysis per day (Last 3 months)		
	A. Own Hospital/ Nursing Home	Minimum 100 Beds	Yes/No	
	i. OPD per day	Last 03 month	Yes/No	
	ii. IPD per day	Last 03 month	Yes/No	
	B. Affiliated Hospital/Nursing	Minimum 100 Beds	Yes/No	
	i. OPD per day	Last 03 month	Submitted or not	
	ii. IPD per day	Last 03 month	Submitted or not	
	iii. Distance from Institution	City limit 0-10 KM Radius if rural area 0-20 KM Radius	Yes/No	
iv. MOU Particulars	Minimum for 03 years	Yes/No		
10	Infrastructure			
	A. Total No of teaching rooms		Yes/No	
	B. Laboratory details		Yes/No	
	C. Details of Equipments (course Wise)		Submitted or not	
	D. Hostel facility for students		Yes/No	

11	Building Details	Internal and Outer photo's of the building with college name board	Submitted or not	
	A. Own Building details	1. Owner Details	Yes/No	
		2. Property No (Local Body PID)	Available/Not	
		3. Building plan approved by the competent Authority	Yes/No	
		4. Up to date Tax paid	Yes/No	
		5. Any court cases pending against the property	Yes/No	
B. Rent/Leased Building details	1. Rent/Lease Agreement (Minimum 05 Years)	In order/not		
	2. Owner Details	Yes/No		
12	Information of Density of Para Medical College in the location	Minimum Distance B/W location of 02 colleges should be more than 10 KMs		
13	Faculty details (Course wise)	Adhaar Number Compulsory	Yes/No	
14	For Seat enhancement minimum 75% of admission is require in respective course for last 03 years		Yes/No	
15	For Seat enhancement minimum 40% of passing percentage is require in respective course for last 03 years		Yes/No	
16	Vehicle Facility	Bus facility	Yes/No	
17	Sports and Recreation facilities	Out Door Facility and Indoor Facility	Yes/No	
18	LIC Report		In accordance/not	
	A. Name of the Inspector with designation & Address			
	B. Date of Inspection			
	C. Recommendation			
	D. Inspector Signature			
19	Opinion of special officer, PMB		Accept/reject with remarks	
20	Opinion of DME			

For Seat Enhancement DOT Course

Check list

SL No	Particulars	Prescribed as per guidelines	Remarks Whether complied or not	Page no
01	Name and Complete Address of the Institution		Full name or abrivated & Unique in the state or not	
02	Course applied and with intake			
03	Name of the Trust/Society & Deed		Deed Submitted or not	
04	Date of registration			
05	Minimum Age of the Trust/Society	03 YEARS	Eligible or not	
06	If new course, courses applied for			
07	Audit Statement for past 03 years (Trust)	1)	Submitted or not	
		2)	Submitted or not	
		3)	Submitted or not	
08	Financial Worthiness	Current Account with 15 Lakh-turnover for last 03 financial year (cumulative)	Eligible or not	
09	Clinical Facilities	Number of Eye Camps, Cataract of Surgery (Last 3 months)		
	A. Own Hospital/ Nursing Home	Minimum 100 Beds	Yes/No	
	i. OPD per day	Last 03 month	Yes/No	
	ii. IPD per day	Last 03 month	Yes/No	
	B. Affiliated Hospital/Nursing	Minimum 100 Beds	Yes/No	
	i. OPD per day	Last 03 month	Submitted or not	
	ii. IPD per day	Last 03 month	Submitted or not	
	iii. Distance from Institution	City limit 0-10 KM Radius if rural area 0-20 KM Radius	Yes/No	
iv. MOU Particulars	Minimum for 03 years	Yes/No		
10	Infrastructure			
	A. Total No of teaching rooms		Yes/No	
	B. Laboratory details		Yes/No	
	C. Details of Equipments (course Wise)		Submitted or not	
	D. Hostel facility for students		Yes/No	

11	Building Details	Internal and Outer photo's of the building with college name board	Submitted or not	
	A. Own Building details	1. Owner Details	Yes/No	
		2. Property No (Local Body PID)	Available/Not	
		3. Building plan approved by the competent Authority	Yes/No	
		4. Up to date Tax paid	Yes/No	
		5. Any court cases pending against the property	Yes/No	
	B. Rent/Leased Building details	1. Rent/Lease Agreement (Minimum 05 Years)	In order/not	
		2. Owner Details	Yes/No	
12	Information of Density of Para Medical College in the location	Minimum Distance B/W location of 02 colleges should be more than 10 KMs		
13	Faculty details (Course wise)	Adhaar Number Compulsory	Yes/No	
14	For Seat enhancement minimum 75% of admission is require in respective course for last 03 years		Yes/No	
15	For Seat enhancement minimum 40% of passing percentage is require in respective course for last 03 years		Yes/No	
16	Vehicle Facility	Bus facility	Yes/No	
17	Sports and Recreation facilities	Out Door Facility and Indoor Facility	Yes/No	
18	LIC Report		In accordance/not	
	A. Name of the Inspector with designation & Address			
	B. Date of Inspection			
	C. Recommendation			
	D. Inspector Signature			
19	Opinion of special officer, PMB		Accept/reject with remarks	
20	Opinion of DME			

For Seat Enhancement DDH & DDM Course

Check list

SL No	Particulars	Prescribed as per guidelines	Remarks Whether complied or not	Page no
01	Name and Complete Address of the Institution		Full name or abrivated & Unique in the state or not	
02	Course applied and with intake			
03	Name of the Trust/Society & Deed		Deed Submitted or not	
04	Date of registration			
05	Minimum Age of the Trust/Society	03 YEARS	Eligible or not	
06	If new course, courses applied for			
07	Audit Statement for past 03 years (Trust)	1)	Submitted or not	
		2)	Submitted or not	
		3)	Submitted or not	
08	Financial Worthiness	Current Account with 15 Lakh-turnover for last 03 financial year (cumulative)	Eligible or not	
09	Clinical Facilities	Only Dental college are eligible to apply for Diploma in Dental Mechanics and Diploma in Dental Hygiene course		
	A. Own Hospital/ Nursing Home	Minimum 100 Beds	Yes/No	
	i. OPD per day	Last 03 month	Yes/No	
	ii. IPD per day	Last 03 month	Yes/No	
	B. Affiliated Hospital/Nursing	Minimum 100 Beds	Yes/No	
	i. OPD per day	Last 03 month	Submitted or not	
	ii. IPD per day	Last 03 month	Submitted or not	
	iii. Distance from Institution	City limit 0-10 KM Radius if rural area 0-20 KM Radius	Yes/No	
iv. MOU Particulars	Minimum for 03 years	Yes/No		
10	Infrastructure			
	A. Total No of teaching rooms		Yes/No	
	B. Laboratory details		Yes/No	
	C. Details of Equipments (course Wise)		Submitted or not	
	D. Hostel facility for students		Yes/No	

11	Building Details	Internal and Outer photo's of the building with college name board	Submitted or not	
	A. Own Building details	1. Owner Details	Yes/No	
		2. Property No (Local Body PID)	Available/Not	
		3. Building plan approved by the competent Authority	Yes/No	
		4. Up to date Tax paid	Yes/No	
		5. Any court cases pending against the property	Yes/No	
	B. Rent/Leased Building details	1. Rent/Lease Agreement (Minimum 05 Years)	In order/not	
		2. Owner Details	Yes/No	
12	Information of Density of Para Medical College in the location	Minimum Distance B/W location of 02 colleges should be more than 10 KMs		
13	Faculty details (Course wise)	Adhaar Number Compulsory	Yes/No	
14	For Seat enhancement minimum 75% of admission is require in respective course for last 03 years		Yes/No	
15	For Seat enhancement minimum 40% of passing percentage is require in respective course for last 03 years		Yes/No	
16	Vehicle Facility	Bus facility	Yes/No	
17	Sports and Recreation facilities	Out Door Facility and Indoor Facility	Yes/No	
18	LIC Report		In accordance/not	
	A. Name of the Inspector with designation & Address			
	B. Date of Inspection			
	C. Recommendation			
	D. Inspector Signature			
19	Opinion of special officer, PMB		Accept/reject with remarks	
20	Opinion of DME			

