

## Instructional Manual

Before fill up the form on line refer carefully the Resolution of health & family welfare department vide No. 6215–DC & MA-Misc. 21/2014/H. dated 29<sup>th</sup> March, 2016 on Guideline for granting no-objection Certificates to Physiotherapy Institutions for conducting Bachelor degree of Physiotherapy course (BPT) in the State, published in Odisha Gazette No. 619, Cuttack, Monday, April 04, 2016 which is available in <http://www.dmetodisha.gov.in/Allied%20Med%20Science.html>

Select the Programme for which applying :	Select any one from dropdown list
Enter Advertisement No.	It is available in the DMET website
Enter Advertisement Date	It is available in the DMET website
Application for the Academic Session of	Enter 2020-21
Select Application Type	Select any one from dropdown list (Ex. NOC to open new institution/Renewal of NOC/ Recognition/ Renewal of recognition/Revalidation etc.)
<b>COURSE DETAILS FOR WHICH YOU ARE APPLYING</b>	
Course Name	Select any one from dropdown list
Current Intake (Nos)	No. of seats available in the applied course
Applied for Intake	No. of seats want to apply
Affiliated to University / Board	Name of the university/Board to which the applied course is affiliated
<b>PAYMENT DETAILS</b>	
Mode of Payment	<p>SB Collect (The payment has to be made through SB Collect only)</p> <p><a href="https://www.onlinesbi.com/sbicollect/icollecthome.htm">https://www.onlinesbi.com/sbicollect/icollecthome.htm</a></p> <p><b>Proceed – Select Odisha – Select Govt. Department – Go – State Allied Medical Council – Submit - Select Inspection Fee – Enter your Name - Enter your Mobile No. - Enter NOC - Writeyour Remars - Enter your Name - Enter your Date of Birth - Enter your Mobile No. – Enter your e-mail ID - Enter the text as shown in the image - Submit and pay as per your convenience.</b></p> <p><b>Fees to be Paid:</b></p> <p><b>For six month course – Rs. 20,000/- per course</b></p> <p><b>For one Year Course – Rs. 30,000/- per course</b></p> <p><b>For two years Course – Rs. 40,000/- per course</b></p> <p><b>For three years Course – Rs. 50,000/- per course</b></p> <p><b>For four years Course – Rs. 60,000/- per course</b></p>
Payment ID	Put the payment ID (Ex. DU ****)
Total amount	Enter total amount you have paid
Transaction Date	Enter the date of Payment
<b>INSTITUTION DETAILS</b>	
Name of the Institution	Enter the complete name of the Institution in capital Letter

Address of the Institution	Enter the complete address
Town/Village	Enter the name of Town/Village
District	Enter the name of district
State/UT	Enter the name of State/UT
Name of Authority/Principal	Enter the full name of Authority/Principal
Mobile no of Authority/Principal	Enter the Mobile no of Authority/Principal
Email of Authority	Enter E-mail ID of Authority/Principal
Website	Enter Website (Ex. www. dtyra.org)
Institution Type	Select Govt. / private
Approval year of first course	Select the appropriate year from dropdown list
Name of the council approved the first course	Enter complete name council which approved your first course
Whether institute is operating from permanent site / Temporary Site	Select one from drop down list
<b>DETAILS ABOUT APPLICANT ORGANISATION (TRUST / SOCIETY etc)</b>	
Name of the Applicant Organization	Enter the name of Trust / Society etc. in capital letter
Type of the Organization	Select one from drop down list
Registration Date	Enter the date of registration
Address	Enter the complete address of the Trust/ Society etc. as mentioned on trust deed or memorandum of society etc.
Town/Village	Enter the name of Town / village
District	Enter the name of district
State/UT	Enter the name of State
Pin Code	Enter the Postal Pin Code
Name of Chairperson/President/Secretary	Enter the full name of Chairperson/President/Secretary
Cell Number Chairperson / President / Secretary	Enter Cell Number Chairperson / President / Secretary
Email of Chairperson/President/Secretary	Enter Email of Chairperson/President/Secretary
<b>LAND DETAILS (ON WHICH INSTITUTION ESTABLISHED / GOING TO BE ESTABLISHED)</b>	
Location	Select one from drop down list
Total area in Sq Ft	Enter Total area in Sq Ft (in number only)
Type of Ownership	Select one from drop down list
Land registered with	Enter whether it is deed of agreement/ROR/Lease agreement/Rent Agreement
Land registration no	Enter Land registration No. written on land registration document

Land registration date	Enter Land registration date written on land registration document
Land registered in the name of	Enter on which name land has been registered
Khata No	Enter Khata No written on land registration document
Plot No	Enter Plot No written on land registration document
Mouza	Enter Mouza written on land registration document
<b>BUILDING DETAILS (ACADEMIC BUILDING)</b>	
Ownership of building	Select one from drop down list
Type of building	Select one from drop down list
Name of the Building Owner	Enter the full name of owner of the building
Total built up area ready for the current session (Sq ft)	Enter Total built up area ready for the current session (Sq ft)
Name of the building plan approving authority	Enter Name of the building plan approving authority which has approved the plan
Building plan approval No.	Enter Building plan approval No.
Building plan approval Date	Enter Building plan approval Date
Rent/Lease agreement Date	Enter Rent/Lease agreement Date
Rent / Lease agreement valid up to	Enter Rent / Lease agreement valid up to
Fire safety certificate from fire department	Enter the authority which has issued fire safety certificate
<b>BUILDING DETAILS (Cont.)</b>	
Course	Select one from drop down list
Course Level	Select one from drop down list
Building No	Enter the building No. if multiple buildings are available in the campus
Room No	Enter Room No.
Room Type	Select one from drop down list
Area in S.ft	Enter the area of the selected room in sq.ft.
<b>DETAILS ABOUT PARENT / AFFILIATED HOSPITAL</b>	
Name of the Parent Hospital / Affiliated Hospital	Enter the name of Parent Hospital / Affiliated Hospital in capital letter with which your institution has agreement for the practical training
Address of the Hospital	Enter Address of the Parent Hospital / Affiliated Hospital
No of Beds in the Hospital	Enter No of Beds in the Parent Hospital / Affiliated Hospital
No of departments in the Hospital	No of departments in the Parent Hospital / Affiliated Hospital
<b>UPLOAD THE DOCUMENTS (ONLY PDF COPIES)</b>	
Trust Deed/Certificate of Society etc.	Scan all pages of the original document in pdf. Format and upload
Rent / Lease Agreement	Scan all pages of the original document in pdf. Format and upload
Building Completion Certificate	Scan all pages of the original document in pdf. Format and upload
Building Plan	Scan all pages of the original document in pdf. Format and upload
Fire Certificate	Scan all pages of the original document in pdf. Format and upload
Pollution Certificate	Scan all pages of the original document in pdf. Format

	and upload
Consent for Clinical Facilities with Affiliating Hospital Letter	Scan all pages of the original document in pdf. Format and upload
Library Book catalogue details	Scan all pages of the original document in pdf. Format and upload