

CHECKLIST FOR NOC

- Name of the hospital:

- Address with contact number:

- E-mail id:

- Speciality:

- Number of beds:

- Monthly average number of inpatients and outpatients:

- Name and phone number of the person dealing with the interns:

Details of the hospitals	Yes , if yes specify number	No
Fully functioning PT department		
Major electrotherapy equipments		
Major exercise therapy equipments		
ICU facility with PT services		
Full time Physiotherapists		
Will the student be eligible for any kind of stipend		

Willingness to accommodate the internee Yes/No:

Name:

Designation:

Contact no:

Official seal

Signature