

**THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY,  
CHENNAI-600 032.**



**BACHELOR OF PHYSIOTHERAPY  
DEGREE COURSE**

**INSPECTION REPORT**

**FOR THE GRANT OF  
PROVISIONAL AFFILIATION FOR STARTING  
BACHELOR OF PHYSIOTHERAPY  
DEGREE COURSE**

**THE TAMIL NADU Dr. M.G.R. MEDICAL UNIVERSITY,**  
**CHENNAI – 600 032.**

**BACHELOR OF PHYSIOTHEAPY DEGREE COURSE**

**PROVISIONAL AFFILIATION**

**INSPECTION REPORT FOR THE ACADEMIC YEAR - \_\_\_\_\_**

1.	Name of the <b>Convenor</b> with Designation and Address Phone No: Office Residence  Mobile No.	
2.	Names of the <b>Member</b> with Designation and address Phone No: Office Residence  Mobile No.	
3.	University Letter No. & date in which the Inspection Commission Constituted	
4.	Date of Inspection	
5.	Place and details of authorities representing the Management present at the time of Inspection	
6.	Name of the Society/Trust and its Full registered address with telephone numbers. Fax and e-mail. (Copy of Trust deed to be enclosed)	
7.	Whether the college is a minority institution.	Minority / Non Minority  If it is minority furnish the following details.  G.O.(MS.)No.  Dept.  Dated :

8.	Name of Physiotherapy College, Full Address with Telephone, Fax and e-mail, where the Physiotherapy College is located	
9.	Name of the <b>Principal</b> of the Physiotherapy College  i)Qualification  ii)Teaching Experience  iii)Working as Principal from  iv) Residential Address  v) Phone No: Office Residence Mobile No.	
10.	Specify the Physiotherapy courses conducted in the same complex	
11.	Name of the other courses run by the Trust.  Note: Where more than one course is conducted by the Trust, the Inspection Commission may ensure that the course under reference has got sufficient infrastructural facilities separately.	
12.	State Government Orders in which permission was accorded to start the Physiotherapy college/course. (Copy of Orders be enclosed)	G.O.(MS) No. .... H&FW Department Dated .....
13.	University letter in which the Certificate of Registration was issued for <b>B.P.T.</b> Degree Course (Copy of letter to be enclosed)	Lr.No. : ..... Dated : .....

14.	<b><u>READY BUILT AREA :</u></b>					
	a) Whether the college have the following rooms with the dimensions indicated against each					
	Sl. No.	Particulars	Dimension	Required	Available	Shortfall
		<b><u>STAFF OFFICE</u></b>				
	1.	Principal's room	10'x20'	1		
	2.	College office	40'x20'	1		
		<b><u>FACULTY ROOM</u></b>				
	1.	Staff separately for Men & Women	10'x20'	2		
	2.	Students separate for Men & Women	10'x20'	2		
	3.	Non Teaching Staff	10'x20'	1		
		<b><u>LIBRARY</u></b>				
	1.	Hall	60'x40'	1		
		<b><u>OTHERS</u></b>				
	1.	Anatomy & Physiology Museum	20'x40'	1		
	2.	Demonstration Room (for Manipulative and Massage Therapy)	20'x20'	1		
	3.	Class Room	20'x20'	3		
	4.	Seminar	60'x20'	1		
	5.	Activity Therapy room	40'x20'	1		
15.	<b><u>HOSTEL</u></b>		<p>The Hostel is</p> <p>Within the Campus / Outside the Campus</p> <p>If it is outside furnish full address</p> <p>iii. Agreement between .....</p>			
	State Whether the hostel building is in <b>own/rental/leased building</b> . Furnish <b>Sale Deed/Rental Receipt and agreement/ Lease agreement</b> accordingly.					
	Whether Own / Rental / Leased					

	If it is not own furnish the following	and .....
	i. Building Plan : ii. Proof of Ownership	iv. Date of Agreement made ..... v. Expiry of Agreement ..... vi. Years of Agreement .....
	Whether the hostel facility is provided separately for Boys and Girls	Girls : ..... No. of Rooms Boys : ..... No. of Rooms
16.	<b><u>RESIDENTIAL QUARTERS</u></b>  Details of residential quarters provided to the staff and whether this facility is provided in the same complex or outside.	Within the College campus / Outside  If it is outside furnish full address
17.	<b><u>EXTRA CURRICULAR</u></b>  a. Whether adequate space and equipment have been provided for extra curricular activities for the students.	
	<b>b. Whether play ground facilities is available</b> in the same campus; if not provided in the same campus, where the same is available?	If it is outside the college campus  Address:
	<b><u>HOSPITAL ARRANGEMENTS:</u></b>	<b><u>Own Hospital</u></b>

<b>(a) Whether the Trust has Own / Tie-up Hospital is having not less than 150 beds in the following speciality:</b>	Name : .....			
	License / Registration No. .... Dt. .... Full Address :			
	Departments	Required	Available	Shortfall
	General Medical and Surgical Beds	60		
	Orthopaedics and Traumatology and Burns	30		
	Ophthalmology	20		
	Paediatrics	20		
	Neurology	20		
<b>(b) The hospital shall have a full fledged Department with the following sections:-</b>				
1. Physiotherapy section fully equipped for				
1. Activity Therapy		Yes/No		
2. Hand Function Therapy		Yes/No		
3. Walking School (Optional)		Yes/No		
4. Developmental Therapy		Yes/No		
5. ADL (Activities of Daily Living)		Yes/No		
6. Psychiatry		Yes/No		
7. Hand splinting Unit		Yes/No		
2. Prosthetic and Orthotic Department		Yes/No		
3. Medical Social work department		Yes/No		
<b>(c) The management should have tie-up with the following other speciality institutions to provide for posting of the trainees.</b>				
(1) Leprosy		Yes/No		
(2) Hand Surgery Service		Yes/No		
(3) Speech Therapy		Yes/No		

	(4) Rheumatology	Yes/No		
	(5) Burns Unit	Yes/No		
	(6) Psychiatry and Mental Health	Yes/No		
<b>(b). Tie-up Hospital (Furnish the upto date tie-up binding evidence)</b>				
	Name of the Hospital	Bed Strength	Consent Lr.No. & Dt. Issued by the Hospital	Period of Tie-up
				From      To
	(c). <b>Number of Beds</b> available in the Own Hospital.			
	(d).State whether the <b>Own / Tie-up Hospital</b> situated within a radius of 30 km.			
<b>19.</b>	<b>EQUIPMENTS</b> (list to be enclosed)			
<b>20.</b>	<b>LIBRARY</b> Whether provision of minimum 500 books covering all subjects .(List of books with titles and journals to be enclosed) Journals in - 1. Indian Journal of Physiotherapy 2. Physiotherapy International 3. Australian Journal of Physiotherapy 4. Indian Journal of Physiotherapy and Occupational Therapy			
			Total No. of Books : Total No. of Titles : Journal (Subscribed) Indian Journals : Nos. International Journals: Nos.	
<b>1.</b>	<b>DETAILS OF TRANSPORTATION</b> No. of vehicles with seating capacity (Copy of Driver's details with licence and RC book to be enclosed)			

22.	<p><b><u>FURNITURE</u></b>  Details of Furniture available in the Physiotherapy College for Faculty, Students, Office Staff, Class room, Laboratory, Library etc.,  <b>(List of Furniture to be enclosed).</b></p>	
23.	<p><b><u>TEACHING FACULTY</u></b>  Qualification and Teaching Experience of Professor, Reader/Associate Professor, Lecturer, Tutor/Clinical Instructor as per <b>Statutes of the BPT Degree Course.</b></p> <p>The following evidences to be furnished in the enclosed format.</p> <ol style="list-style-type: none"> <li>1. Age, Year of Qualification and Institution, Registration Number, Speciality (if M.P.T.), Teaching experience, appointment order, Joining report to be mentioned in the faculty list.</li> <li>2. Recent Passport size colour Photograph to be affixed in the Form B.</li> <li>3. Relevant documents should be submitted along with the duly filled in Form B</li> </ol> <p><b><u>NOTE : FULL TIME:</u></b>  <b><u>Principal &amp; Professor of Physiotherapy:</u></b>  MPT/M.Sc., Physiotherapy with 5 years experience  Desirable : 3 years of administrative experience.    (OR)    BPT/B.Sc., Physiotherapy with 10 years experience  Desirable : 3 years of administrative experience.</p> <p><b><u>Vice Principal and Professor :</u></b>  MPT/M.Sc., Physiotherapy with 5 years experience  Desirable : 3 years of administrative experience.  (OR)  BPT/B.Sc., Physiotherapy with 8 years experience  Desirable : 3 years of administrative experience.</p>	



**Associate Professor :**

MPT/M.Sc., Physiotherapy with 3 years  
experience Desirable : 3 years of administrative  
experience.

(OR)

BPT/B.Sc., Physiotherapy with 6 years experience  
Desirable : 3 years of administrative experience.

**Assistant Professor of Physiotherapy:**

MPT/M.Sc., Physiotherapy with 5 years experience

(OR)

BPT/B.Sc., Physiotherapy with 5 years experience

**Lecturer:**

MPT/M.Sc., Physiotherapy  
(OR)

BPT/B.Sc., Physiotherapy with 3 years experience

**Tutor in Physiotherapy:**

BPT/ B.Sc., Physiotherapy

**PART – TIME STAFF:**

1. Assistant Professor of Sociology
2. Assistant Professor of Psychology
3. Assistant Professor of Anatomy
4. Assistant Professor of  
Physiology

Sl. No.	Designation			
		Reqd.	Available	Shortfall
1.	Principal / Professor	1		

2.	Vice Principal / Professor	1		
3.	Assistant Professor	2		
4.	Lecturer in Physiotherapy	1		
5.	Tutor in Physiotherapy (1 for every 20 students)	2		
6.	Librarian (Part Time)	1		
7.	List of <b>Part-time teachers</b> to be enclosed.	4		
24.	<b><u>GOVERNMENT ENDOWMENT:</u></b>  Whether <b>Trust/ Society has created a required endowment for running the course in the joint Name of The Director of Medical Education, Chennai Vide G.O.Ms.No.13 Health and Family Welfare Department dated 05.01.1993 (Copy to be enclosed)</b>			
25.	<b><u>EARMARKED ASSETS</u></b>  Details of <b>earmarked assets and resources exclusively</b> available to run the Physiotherapy College. (Produce copy of evidence like Fixed Deposit receipts etc.)	FDR created in the Name of the Trust only.  FDR No.  Amount  Bank  Date of Deposit  Date of Maturity		
26.	<b><u>FINANCIAL SOUNDNESS</u></b>  The Management of the Physiotherapy college shall <b>show evidence of an annual income of not less than Rs.10,00,000/-</b> (Rupees Ten Lakhs only) to facilitate the proper running of the Physiotherapy College.			

27.	<b><u>BALANCE SHEET</u></b> <b>Latest Balance sheet</b> duly certified by a <b>Chartered Accountant</b> showing the financial soundness to run the Physiotherapy College. (Copy to be enclosed).	Issued by ..... Dated ..... Chartered Accountant Regn. No. ....
28.	Payment of prescribed fees for <b>current Inspection. (Copy to be enclosed)</b>	Amount paid Rs. ....
30.	<b><u>OBSERVATION OF THE INSPECTION COMMISSION</u></b>  a) Whether the Institution/College has fulfilled all the requirements to grant Provisional Affiliation for starting B.P.T. Degree Course.  b) Observation of Inspection Commission may be recorded in a separate sheet along with remarks if any.	Yes / No   (Furnish in a separate sheet)

PLACE:

SIGNATURE OF THE MEMBER:

DATE:

(NAME IN BLOCK LETTERS) (.....)

SIGNATURE OF THE CONVENOR:

(NAME IN BLOCK LETTERS) (.....)

**(To be furnished in the Rs.20/- Non-judicial stamp paper duly signed by the Managing Trustee and counter signed by the Notary Public with seal)**

**SWORN AFFIDAVIT**

We hereby declared that the following lands owned by us have been ear-marked for the purpose of starting B.P.T. Degree Course at the ..... college at ..... run by ..... Trust.

Sl.No.	Lands registered under document No. and date	Survey No.	Land in Acres	Location of the lands

Signature of the Managing Trustee  
with Seal & date

Signature of Notary Public  
with seal & date