

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



BACHELOR OF PHYSIOTHERAPY DEGREE COURSE

INSPECTION REPORT

**FOR THE ISSUE OF
CERTIFICATE OF REGISTRATION FOR STARTING
BACHELOR OF PHYSIOTHERAPY DEGREE COURSE**

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

BACHELOR OF PHYSIOTHERAPY DEGREE COURSE

CERTIFICATE OF REGISTRATION

INSPECTION REPORT FOR THE ACADEMIC YEAR - _____

1.	Name of the Convenor with Designation and Address <u>Phone No</u> : Office : Residence : Mobile No:	
2.	Names of the Member with Designation and address <u>Phone No</u> : 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. (Copy of Registered Trust Deed to be enclosed)	

7.	Whether the proposed college is a minority institution.	<p style="text-align: center;">Minority / Non Minority</p> <p>If it is minority furnish the following details.</p> <p>G.O.(MS.)No.</p> <p>Dept.</p> <p>Dated :</p>
8.	Name of the proposed Physiotherapy College and full address with Telephone Nos. where the Physiotherapy College is located.	
9.	<p>Name of the other courses run by the Trust.</p> <p>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.</p>	
10.	<p>State Government Order No. & Date in which permission was accorded to start the Physiotherapy college/course.</p> <p>(Copy of Orders be enclosed)</p>	<p>G.O.(MS.)No.</p> <p>Dept.</p> <p>Dated :</p>
11.	<p><u>GOVERNMENT ENDOWMENT:</u> Whether Trust/ Society created required endowment for running the course with the Government of Tamil Nadu/ Director of Medical Education. (Copy to be enclosed)</p>	
12 i)	<p><u>LAND:</u> Whether the Academic and Hostel block are located in an area of not less than 3 acres of land.</p> <p><u>Type of Location :</u> City/Corporation - 1 acre Town/Municipality - 2 acres</p>	<p>Type of Location :</p> <p>Total area in acres</p>

	Semi Urban/Rural areas - 3 acres	
ii)	<u>Registered Sale Deed</u> regarding proof of ownership of land. (Copy to be enclosed).	
iii)	<u>Original Sworn Affidavit</u> in Rs.100/- Non - Judicial stamp paper to be furnished in the enclosed format.	
iv)	<u>Legal Opinion</u> of the Government Pleader for the earmarked land with Survey Nos.	Name of the Govt. Pleader: Date of issue :
v)	<u>Latest Encumbrance Certificate</u> obtained from the Registering Authority	E.C. No. Dated : Issued by :
vi)	<u>Certificate of evidence obtained from the Revenue Authority</u> stating that the ear-marked land at the proposed Physiotherapy College does not attract the T.N. Urban Land Ceiling and Regulations Act 1978, T.N. Town Country Planning Act 1971 and T.N. Land Reforms Act 1961. (Copy to be enclosed)	
vii)	<u>Location of the Land</u> Furnish full address	
viii)	<u>Approved Building Plan</u> for the proposed Physiotherapy College issued by the Competent Municipal /Panchayat authority duly indicating their office ref.no. and date along with date and office seal including covering letter for approval should be enclosed for the i. Academic Block ii. Hostels for boys and girls iii. staff Quarters.	Approved by : Date of approval : Approval issued vide Lr. No.
xi)	<u>Building Completion Certificate</u> Issued by the competent authority viz., Corporation, MMDA, Municipality and Panchayat Board etc.,	Issued by : Ref. No. : Date :

13.	<u>READY BUILT AREA :</u> (not less than 1,000 sq.mt. B.P.T. Degree Course proposed to be started)					
	a) Whether the college have the following rooms with the dimensions indicated against each					
	Sl. No.	Particulars	Dimension	Required	Available	Shortfall
		<u>STAFF OFFICE</u>				
	1.	Principal's room	20'x20'	1		
	2.	College office with computer for student records	40'x20'	1		
		<u>FACULTY ROOM</u>				
	1.	Staff (Men & Women)	10'x20'	2		
	2.	Students (Men & Women)	10'x20'	2		
	3.	Non Teaching Staff	10'x20'	1		
	4.	Record Room	10'x20'	1		
		<u>LIBRARY</u>				
	1.	Hall	60'x40'	1		
		<u>OTHERS</u>				
	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/Clinical Demonstrations with Audio Visual aids	60'x20'	1		
	5.	Exercise Therapy room	60'x20'	1		
	6.	Electrotherapy with cubicles	60'x20'	1		
	7.	Walking School for Gait Training	40'x20'	1		
	8.	Community Lab	20'x20'	1		
	9.	Psychomtric Lab	20'x10'	1		

14.	<p><u>RESIDENTIAL QUARTERS</u></p> <p>Details of residential quarters provided to the staff and whether this facility is provided in the same complex or outside.</p>	<p>Within the College campus / Outside</p> <p>If it is outside furnish full address</p>
15. a)	<p><u>EXTRA CURRICULAR</u></p> <p>a. Whether adequate space and equipment have been provided for extra curricular activities for the students.</p>	
b)	<p>Whether play ground facilities is available in the same campus; if not provided in the same campus, where the same is available?</p>	<p>If it is outside the college campus</p> <p>Address:</p>
c)	<p>List of Sports articles provided to the Physiotherapy students by the College.</p>	
16.	<p><u>HOSPITAL ARRANGMENTS</u></p> <p>a) Whether the <u>Trust/Society owns a hospital being run by it with minimum of 150 beds</u> with an administrative block.</p> <p>or</p> <p>Shall <u>have a tie-up with a General Hospital with a minimum of 150 beds within a radius of 30 km from the academic complex.</u></p>	

	<p>(a) Whether the Trust has Own / Tie-up Hospital is having not less than 150 beds in the following speciality:</p>	<p><u>Own Hospital</u> Name : License / Registration No. Dt. Full Address :</p>		
	Departments	Required	Available	Shortfall
	General Medical and Surgical Beds	50		
	Orthopaedics and Traumatology and Burns	30		
	Obstetrics and Gynaecology	20		
	Paediatrics	20		
	Neurology	20		
	Chest and Thoracic Medicine	10		
<u>(b). Tie-up Hospital</u> (Furnish the upto date tie-up binding evidence)				
	Name of the Hospital	Bed Strength	Consent Lr.No. & Dt. Issued by the Hospital	Period of Tie-up From To

17.	<u>EARMARKED ASSETS:</u> Details of earmarked assets and resources exclusively available to run the Physiotherapy College. (Produce evidence like Fixed Deposit receipts etc.)				
18..	<u>FINANCIAL SOUNDNESS</u> The Management of the Physiotherapy college shall show evidence of an annual income of not less than Rs.10,00,000/- (Rupees Ten Lakhs only) to facilitate the proper running of the Post Graduate Course in Physiotherapy College.				
19	<u>BALANCE SHEET</u> <u>Latest Balance sheet duly certified by a Chartered Accountant</u> showing the financial soundness to run the Physiotherapy college to be enclosed.				
20..	<u>LIBRARY</u> Details regarding <u>total number of books/journals</u> for Physiotherapy course <u>in different specialities available</u> (List of books with titles and journals to be enclosed)		Total No. of Books : Total No. of Titles : Journal (Subscribed) Indian Journals : Nos. International Journals : Nos.		
21.	<u>LABORATORY</u> Whether the <u>Pre-clinical and Laboratory facilities are available in the same campus</u> in which the academic complex is located.				

22.	<u>EQUIPMENT</u> List of Equipments provided to be enclosed.			
	<u>AUDIO VISUAL EQUIPMENTS:</u> <u>Mandatory</u>	Requ red	Available	Shortfall
	1. Over Head Projector / LCD Projector.	1		
	2. Slide Projector 35 mm	1		
	3. Screen for Projection	1		
23.	<u>Details of Transportation</u> No. of vehicles with seating capacity (Copy of Driver's details with licence and RC book to be enclosed)			
24	<u>Furniture</u> List of furniture provided to be enclosed.			
25	<u>Payment</u> of Current Inspection Fees			
	<u>Note:-</u> The inspection commission is requested to make sure that <u>no recommendations or comments whatsoever made by yourself in the report . Other than this to enclose Confidential report on the basis of observations are made separately.</u>			

PLACE :

DATE:

SIGNATURE OF THE MEMBER

(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