THE TAMILNADU DR. M.G.R MEDICAL UNIVERSITY

CHENNAI-600 032.

BACHELOR OF PHYSIOTHERAPY DEGREE COURSE

INSPECTION REPORT – 100 seats

FOR THE GRANT OF
CONTINUANCE OF PROVISIONAL AFFILIATION FOR
BACHELOR OF PHYSIOTHERAPY DEGREE COURSE

THE TAMILNADU DR. M.G.R MEDICAL UNIVERSITY,
CHENNAI- 600 032.
BACHELOR OF PHYSIOTHERAPY DEGREE COURSE (100 SEATS BPT)
CONTINUANCE OF PROVISIONAL AFFILIATION
INSPECTION REPORT FOR THE ACADEMIC YEAR-

1	Name of the Convenor with Designation and Address PhoneNo: Office: Mobile No: Email id:	
2	Names of the Member with Designation and address PhoneNo: Office: Mobile No: Email id:	
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/ Companies 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.	Minority / NonMinority If it is minority furnish the Following details. G.O.(MS.) No. Dept. Dated:
8	Name of the proposed Physiotherapy College and full address with Telephone Nos. where the Physiotherapy College is located. Email id:	

9	Name of the Principal Qualifications Teaching experience Experience working as Principal Residential Address PhoneNo: Office: Mobile No:	
10	Specify the Physiotherapy course conducted in the same complex	
11	Name of the other courses run by the Trust <u>Note:</u> 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.	
	a) State whether the college is conducting B.P.T degree course in the same academic complex at the time of Grant of Provisional Affiliation	Yes / No
	b) Whether the Trust has obtained any prior permission from the University/ Government for change of academic complex if any made	University Permission: Yes/ No Government Permission: Yes/ No
12	State Government Orders in which permission was accorded to start the Physiotherapy college and course. (Copy of Orders be enclosed)	G.O.(MS.)No. Dept. Dated:
13	University Proceedings No. and Date in which the Provisional Affiliation was issued to start the B.P.T. Degree Course (Copy of letter to be enclosed)	Proc.. No: Dated: Annual Intake: Academic Year:
14	University Proceedings No. and Date in which the Continuance of Provisional Affiliation was issued for the last year. (Copy of letter to be enclosed)	Proc.. No: Dated: Annual Intake: Academic Year:

15	No of candidates registered for the last four years	Quota	Year - I	Year - II	Year - III	Year - IV
		Government				
		Management				
		Total				
16	**LAND AND BUILDING**					
i)	**Registered Sale Deed** regarding proof of ownership of land. (Copy to be enclosed).					
ii)	**Original Sworn Affidavit** in Rs.200/- Non- Judicial stamp paper to be furnished in the enclosed format. by the Management					
iii)	**Legal Opinion** of the Government Pleader for the earmarked land with Survey Nos.	Name of the Govt. Pleader: Date of issue :				
iv)	**Latest Encumbrance Certificate** Obtained from the Registering Authority	E.C.No. Dated: Issued by:				
v)	**Approved Building Plan** 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 (floor plan to be enclosed)	Approved by : Date of approval: Approval issued vide Lr.No.				
vi)	**Building Completion Certificate** Issued by the competent authority viz., Corporation, MMDA, Municipality and Panchayat Board etc.,	Issued by: Ref. No.: Date :				
vii)	Whether the Academic and Hostel block are located in an area of not less than 5 acres of land.	Type of Location: _____ Total area in acres _____				
viii)	The applicant Institution / Trust should have a separate facility for clinical Training					

ix)	Adequate parking space and recreational area or open space for students	
x)	Adequate space for out-patient Physiotherapy department, various laboratories, office space, class rooms, hostel and other ancillary facilities	
xi)	READY BUILT AREA: (not less than 55,000 sq.ft. B.P.T. Degree Course proposed to be started)	
xii)	Building should be barrier free accessible to persons with disability and as per NBCI guidelines (National Building Code of India)	
xiii)	Building must be recorded on the appellate institute name or if the land is under lease agreement, it must be for at least 10 years.	
xiv)	Building must have requisite clearances from the respective civic and administrative authorities like- i. Fire NOC, ii. structural stability certificate, (Copy to be enclosed)	
xv)	Building must have CCTV camera for surveillance for every area of common use.	
17	Installation of Biometric system to monitor the attendance	

18	**SPACE ALLOTMENT FOR AN ANNUAL INTAKE OF 50 STUDENTS OF B.P.T.**					
S.No	**Particulars**	**Requirement per unit (Sq feet)**	**No of units**	**Total area required (Sq feet)**	**Available (Sq feet)**	**Shortfall (Sq feet)**
i)	**Department Office**	1000	1	1000		
	Dean/ Principal Office	300	1	300		
	Professor's Office	200	4	800		
	Associate Professor's Office	100	8	800		
	Assistant Professor's Office	50	12	600		

	Common room for Staff	500	2	1000		
	Room for visiting faculty	300	1	300		
	Seminar room/ Mini Auditorium	2000	1	2000		
	Conference Room	3000	1	3000		
	Class Rooms with LCD projector/ smart class rooms with demonstration couches	1200	4	4800		
	Students` common room [Girls	500	2	1000		
	Students common room [Boys]	500	2	1000		
	Library with Reading Room	5000	1	5000		
	Discussions /Interaction room	400	1	400		
	Out-door Physiotherapy Department	5000	1	5000		
	Therapeutic exercise Room	2000	1	2000		
ii)	**Laboratories**	**Requirement per unit (Sq feet)**	**No of units**	**Total area required (Sq feet)**	**Available (Sq feet)**	**Shortfall (Sq feet)**
	Anatomy lab	1200	1	1200		
	Physiology lab	1200	1	1200		
iii)	**Departments**	**Requirement per unit (Sq feet)**	**No of units**	**Total area required (Sq feet)**	**Available (Sq feet)**	**Shortfall (Sq feet)**
	Exercise Therapy/ Therapeutic Exercise/ Kinesiotherapy Department	1200	2	2400		
	Electrotherapy and electro diagnosis Department	1200	2	2400		

	Department of Musculoskeletal & Sports physiotherapy	1200	1	1200		
	Department of Neurophysiotherapy	1200	1	1200		
	Department of Cardio-respiratory Physiotherapy	1200	1	1200		
	Department of Community physiotherapy	1200	1	1200		
	Department of Sports physiotherapy, exercise fitness & analysis	1200	1	1200		
	Space requirement for the core physiotherapy laboratories should increase proportionate to equipment installation and students' skill training. This minimum requirement is applicable until the further course of direction and regulations from NCAHP.					

iv)	**Other facilities**	**Requirement**	**No of units**	**Total area required (Sq feet)**	**Available (Sq feet)**	**Shortfall (Sq feet)**
	Hostel for Girls	Separate / Shared with other institutions of the same management	1			
	Hostel for Boys		1			
	Play ground out door			Minimum 6000		

	List of Sports articles	Copy to be enclosed
v)	**Residential Quarters** 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 the full address

vi)	**Library**	**Requirement**	**Available**	**Shortfall**
	Text Books as per syllabus one copy of book per 10 students per subject.	1200-1400		
	Reference books	600 Advanced Books as per requirement		
	Journals	At least four international and four national journal		

	Subscription to electronic data base / e - journals	Required		
	Mandatory Internet facility access to e - library Equipment	Minimum 30 computer terminals for 50 students		
vii)	Canteen facility for Student and Staff			
viii)	Water Cooler / safe drinking water facility			
ix)	Internet facility inside campus			
x)	Cycle/ Motor cycle/ car parking			
xi)	**PHYSICAL INFRASTRUCTURE** Whole Campus should be accessible for persons with disabilities			
19	**PHYSIOTHERAPY DEPARTMENT / OPD** A well-equipped OPD facility with instruments of all specialties, should be available at the college premises			
PHYSIOTHERAPY OUT PATIENT DEPARTMENT (PT – OPD)				
S.No	**REQUIREMENTS**	**AVAILABLE**	**SHORTFALL**	
i.	Reception area			
ii.	Waiting hall with adequate sitting arrangements			
iii.	Consultation rooms			
iv.	Ancillary area: space for storage of records, reagents, consumables, stationary etc including eating area for staff shall be available in accordance with the workload			
v.	Electrotherapy unit: six chambers for different modalities			
vi.	Separate space for Cryotherapy unit, Wax Bath and Hydrocollator			
vii.	Two consultation chambers with examination couches			
viii	Exercise Therapy unit			
ix.	Minimum one consultation room (8 ftX8 ft at least),			

x.	Treatment rooms or cabins (three of 10ftX10ft each)		
xi.	Gymnasium for exercise training (25 ft X 20 ft)		
xii.	Adequate space for the Parallel bars, Gait training and Floor or mat exercises		
xiii	Hydrotherapy/ aquatherapy unit: It should be placed in the separate chamber of the size as per the equipment specifications. For example, if Hubbard's equipment is used, it requires a chamber of not less than 15ftX15ft along with the facility of changing room and wash room		
xiv	The centre should have essential facilities like washbasins, wash rooms, drinking water etc		
xv.	Furniture and Fixtures for all the department (as per need) a) Table b) Chairs c) Patient examination revolving stool d) Examination Table or couch e) Blind Screens/ curtains f) Step-up stool g) Storage Cabinet for records etc., h) Biomedical Waste disposal bins		
xvi	List of Essential Equipment a) Stethoscope -1 b) Thermometer digital -1 c) Torch (flash lights) – 1 d) Sphygmomanometer (BP Apparatus) Digital– 1 e) Weighing machine - 1		
xvi	Fire extinguisher (as per the norms)		

20	HOSPITAL ARRANGEMENTS			
A.	**OWN HOSPITAL**			
i)	Whether the Trust/ Society owns a hospital being run by it with minimum of 500 beds			
ii)	Whether the Trust has Own Hospital having not less than 500 beds in the following speciality	Own Hospital Name:……. License/ Registration No.…… Dt.…… Full Address: (Copy of License & Certificate of Registration of Clinical Establishment to be enclosed)		
iii)	**Departments**	**Required**	**Available**	**Shortfall**
	Orthopaedics / Musculoskeletal departments			
	Medicine including rheumatology, geriatrics and emergency medicine			
	Surgery including plastic surgery and burns			
	Gynecology and Obstetrics			
	Neurology / Neurosurgery			
	Pediatrics, pediatric surgery and neonatal ICUs			
	Respiratory medicine			
	Cardiology including critical care and cardiothoracic surgery			
	Oncology and Radiotherapy			
	Total Bed Strength = 500			
B.	**TIE UP HOSPITAL**			
i.	Shall have a tie-up with a Hospital with a minimum of 500 beds. Within a radius of 20km from the academic complex.			
ii.	Whether the trust has Tie up Hospital having not less than 500 beds in the following speiclaity: if tie – up hospitals Copy of MOU to be enclosed	Tie – up Hospital Name:……. License/ Registration No.…… Dt.…… Full Address: (Copy of License & Certificate of Registration of Clinical Establishment to be enclosed)		

iii)	**Departments**	**Required**	**Available**	**Shortfall**
	Orthopaedics / Musculoskeletal departments			
	Medicine including rheumatology, geriatrics and emergency medicine			
	Surgery including plastic surgery and burns			
	Obstetrics and Gynecology			
	Neurology / Neurosurgery			
	Pediatrics, Pediatric surgery and neonatal ICUs			
	Respiratory medicine			
	Cardiology including critical care and cardiothoracic surgery			
	Oncology and Radiotherapy			
	Total Bed Strength = 500			

iv)	**Name of the Hospital (Tie-up)**	**Bed Strength**	**Consent Lr. No. &Dt. Issued by The Hospital**	**Period of Tie-up**	
				From	**To**
	i. ii. iii. iv. v.				

v)	i. The MOU should mention the available clinical specialties, patient loads and availability of required equipment for clinical training with names. ii. Designations of the faculties responsible for the training in the hospital.

vi)	No. of Out-Patient section in the Hospital	
vii)	Daily Out-Patient turn over in the Hospital	
viii)	Furnish Average Monthly Out-Patient Turn over in the Hospital.	

ix)	Bed Occupancy on the day of Inspections				
x)	Furnish bed Occupancy percentage for the last one year.				
xi)	Furnish binding evidence for providing necessary facilities for imparting training to the students has been furnished by tie-up hospital. (Copy of the current consent letter to be enclosed).				
xii)	Letter from the tie-up hospital regarding tie-up arrangements has given to any other affiliated institutions. If so, mention the name of such institution.				
21	**CLINICAL FACILITIES** A well set up field teaching centre in a near by rural area for teaching Community based rehabilitation.				
22	**EQUIPMENT**				
	LABORATORIES – ANATOMY				
S.No	**Name of the Instruments**	**Required**	**Available**	**Shortfall**	
1.	Dissection facility	Minimum 4 cadavers			
2.	Disarticulated bone set including spine set	Minimum 10 sets			
3.	Specimen/model for soft parts [heart, lung, brain, spinal cord, lower limb, upper limb, spine, GI system, male and female urogenital system]	Minimum 4 sets			
4.	Anatomy Software and Virtual Anatomy Models computer with internet connection along with multimedia projector and screen. PC should be installed with software and virtual anatomy models for teaching musculoskeletal and neurological anatomy.	Updated version of software			

LABORATORIES - PHYSIOLOGY				
1.	Microscope oil immersion with single and double demonstration eye piece	10		
2.	Westergren's pipette for E.S.R. on stand (with space pipette)	Minimum 50		
3.	Wintrobe's pipette for ESR and PCV with stand	Minimum 50		
4.	Hemoglobin-meter	Minimum 50		
5.	Hemocytometer	10		
6.	Tuning fork time marker	4		
7.	Sphygmomanometer (mercury and digital)	20 each		
8.	Stethoscopes	20		
9.	Stethoscopes for demonstration with multiple earpieces (desirable)	5		
10.	Polygraphs	1		
11.	Spirometer	20		
12.	Gas analysis apparatus. Halden's student type	1		
13.	Van Slyke's apparatus manometric	1		
14.	Shenington Starling kymograph (electrically driven)	2		
15.	Gas analyser automatic for CO2. 02, N2	1		
16.	Basal metabolism apparatus	1		
17.	Mosso's Ergograph	5		
18.	Clinical thermometer	20		
19.	Compass aesthesiometer	1		
20.	Thermo-aesthesiometer	1		
21.	Algometer	1		
22.	Knee hammer	25		
23.	Bicycle Ergometer	2		
24.	Schematic eye	2		
25.	Newtons color wheel	2		
26.	Tuning fork to test hearing 32-10000 cps(sets-100.256.512Hz)	2		
27.	Dynamometer	2		
28.	Perimeter with charts (Lister"s)	2		
29.	Color perception lantern Edridge green	2		

	EXERCISE THERAPY/ KINESIOTHERAPY/ GYMNASIUM						
S.No	**Name of the Instruments**	**Required**		**Available**		**Shortfall**	
		Lab	OPD	Lab	OPD	Lab	OPD
1.	Parallel bar	2	2				
2.	Wall bar	2	2				
3.	Suspension frame with apparatus	4	2				
4.	Ergocycles	1	2				
5.	Blood pressure apparatus	20	4				
6.	Large full size mirrors	2	2				
7.	Wrist roller/exercise	2	2				
8.	Stepper	2	2				
9.	Shoulder wheel	2	2				
10.	Walker with adjustable heights	10	4				
11.	Walker with adjustable heights with castor	4	2				
12.	Axillary and elbow crutches (adjustable)	20 pairs each	4 pairs each				
13.	Tripod stick, quadripod adjustable	20 each	4 each				
14.	Aluminum sticks	20	4				
15.	Vestibular balls – 26”, 30”, 34”	4 each	2 each				
16.	Delorme shoes with weights	12 pairs	2 pair				
17.	Staircase and slope	2	2				
18.	Tilt table	2	2				
19.	Goniometers – 180, 360	20	2				
20.	Digital goniometres	10	2				
21.	Inclinometer	10	2				
22.	Spinal goniometer	2	2				
23.	Reflex Hammers	20	2				
24.	Quadriceps table with weights	1	1				
25.	Equilibrium board both adult and pedi-atric	2	2				
26.	Exercise mats	12	8				
27.	Dumbbells, weightcuffs, sandbags,	8 sets	2 set				

	springs of different weights and strengths	each	each				
28.	Rope & Pulley set	30	10				
29.	Progressive resistance station /Multi Gym	2	1				
30.	Bolster 3 sizes	2 each	1				
31.	Rowing machine	1	1				
32.	Ankle exerciser	2	2				
33.	Wedge	4	2				
34.	Medicine balls	20	6				
35.	Resistive bands Different colors	20 each	10				
36.	Finger ladder	2	2				
37.	Skates	12	4				
38.	Pedo cycle	2	2				
39.	Wheel chairs with detachable arm rest	5	2				
40.	Wooden Plinth	12	6				
41.	Hand dynamo meter	2	2				
42.	Skin fold caliper	2	2				
43.	Body composition analyzer	1	1				
44.	Weighing scale	2	2				
45.	Stadiometer (Height Measuring scale)	2	2				
46.	Computerized Treadmill	1	1				
47.	Sensory assessment kit	2	2				
48.	Pain assessment instrument (PPT-Algometer)	6	2				
49.	Hydrotherapy Unit	1	1				
ELECTRO THERAPY & ELECTRODIAGNOSIS LAB							
1.	Short wave diathermy	4	2				
2.	Microwave Diathermy	2	1				
3.	Pulse Diathermy (PEME)	2	1				
4.	Diagnostic stimulator	12	8				
5.	Ultrasound therapy unit 1 &3 MHz	8	4				
6.	Paraffin wax bath unit	2	1				
7.	Infrared lamp- Luminous & non-luminous	8	4				
8.	Cold pack unit/ refrigerator with cryo pack of differenct sizes	1	1				

9.	Hot pack unit/ hydro collator unit with 6 packs	2	1				
10.	Laser Unit	4	2				
11.	Interferential Theory unit	6	4				
12.	Trans cutaneous nerve stimulator (TENS)	6	4				
13.	E.M.G./N.C.V	1	1				
14.	EMG Biofeedback unit	1	1				
15.	Extracorporeal shock wave therapy	1	1				
16.	Combination therapy	1	1				
DEPARTMENT OF MUSCULOSKELETAL & SPORTS PHYSIOTHERAPY							
1.	Wheel chair with detachable arm rest	1	1				
2.	Cambered wheel chair	1	1				
3.	Crutch axillary	5	5				
4.	Elbow crutch	5	5				
5.	Walking stick with adjustable height	5	5				
6.	Tripod /terapod walking stick	5	5				
7.	Set of orthosis and splints for upper limb	10	10				
8.	Set of orthosis and splints for lower limb	10	10				
9.	Set of orthosis and splints for spine	10	10				
10.	Treatment couch	10	10				
11.	Pillows	10	10				
12.	Tilt table	1	1				
13.	Articulated bone set	1	1				
14.	Articulated spine model	3	3				
15.	Balance board	1	2				
DEPARTMENT OF NEURO – PHYSIOTHERAPY							
1.	Suspension frame	1	1				
2.	Wheel chair	1	2				
3.	Parallel bar	1	1				
4.	Stair case	1	1				
5.	Sensory testing kit monofilament	1	1				
6.	Reflex Hammer	1	2				
7.	Balance board	1	1				

8.	Pillows	10	10				
9.	Transfer board	1	1				
10.	Wheel chair	1	2				
11.	Crutches	10	10				
12.	Mat	5	5				
13.	Gym ball	2	5				
14.	Bolsters	2	5				
15.	Wedge	5	5				
DEPARTMENT OF CARDIO – RESPIRATORY PHYSIOTHERAPY							
1.	Hand held Doppler and venogram	1	1				
2.	Motorized Treadmill with inclination control	1	1				
3.	Cardio-pulmonary exercise testing Unit	1	1				
4.	Nebulizer	4	1				
5.	Peak Flow Meter	1	1				
6.	Inspiratory Muscle trainer	5	5				
7.	Portable Oxygen Cylinder with accessories	1	1				
8.	Non invasive ventilation (BiPAP, CPAP, Auto PAP)	1	1				
9.	Ambu bag	2	1				
10.	Mechanical vibrator	4	1				
11.	Arm Ergometer	1	1				
12.	Suction Devices- Electronic and foot operated	2 each	1 each				
13.	Pulmonary Function Testing (PFT) System	1	1				
14.	Endotracheal tube, Tracheostomy tube of different sizes	1 each					
15.	Suction catheter of different sizes	5each	2each				
16.	Couch for postural drainer	4	2				
17.	Pillows	10	10				
18.	Pedometer	1	1				
19.	Pulmonary function test Machine	1	1				
20.	Incentive Spirometer (Volume and Flow each)	3 each	3 each				

DEPARTMENT OF COMMUNITY PHYSIOTHERAPY							
1.	Weighing machine	2	1				
2.	Baby weighing machine	2	1				
3.	Skin fold caliper	4 sets	5				
4.	Goniometer	4 sets	5				
5.	Height measuring stand	2	5				
6.	Vehicle for transport of students / interns and staff to community visits	1					
7.	Multimedia projector with screen	2	1				
8.	Portable Public address system	2	1				
9.	First aid kit	4 sets	4				
10.	Body Composition Analyzer	2	2				
11.	Portable couch	4	4				
12.	Portable table	4	4				
13.	Portable chair	4	4				

SKILL LAB				
S.No	**Name of the Instruments**	**Required**	**Available**	**Shortfall**
1.	Couch	10		
2.	Mannequin for CPR	1		
3.	Bandages tapes	5 sets		
4.	Therabands	5 sets		
5.	Bed having facility for propping up patient	2		
6.	Spine board	2		
7.	Bolsters	4		
8.	Mat	4		
9.	Gym ball	1 set		
	Availability of equipment in the core physiotherapy laboratories/OPD fulfil the students' skill training and clients' physiotherapy care.			

MANDATORY GENERAL EQUIPMENTS FOR BPT/MPT COURSE				
S.No.	**Name of the Instruments**	**Required**	**Available**	**Shortfall**
1.	Computer with Accessories Pentium-IV Computer/ Laptop Computer with windows 2000/ Windows XP with internet			
2.	Calculator			
3.	Laptop including Printing facility			
4.	Data card			

5.	Explorer/ Mozilla Firefox, Adobe Acrobat Reader, Anti virus software		2 Nos		
6.	Laser printer/ Ink jet printer		2 Nos		
7.	5KVA UPS with a minimum of 3 hours of backup		2Nos		
8.	Copier machine with minimum of 90PPM		1Nos		
9.	Broad band internet		1Nos		
10.	Wireless phone with internet cable USB wireless Internet data card (as alternative to broad band internet failure)		1Nos		
11.	Power generator		1Nos		
12.	Camera for recording the examination		4Nos.		
13.	Mobile phone Jammer(5G)		1No.		
14.	Metal detector		2No.		
15.	Storage cabinets		6nos		
23	**<u>TRANSPORT FACILITIES</u>** Transportation facilities like Type of vehicle Seating capacity, Copy of R.C. Book and Driver details to been closed				
24	**<u>FURNITURE</u>** Details of Furniture available in the Physiotherapy College for Faculty, Students, Office Staff, Class room, Laboratory, Library etc., (List of Furniture to been closed).				
25	**TEACHING FACULTY**	**Experience required** **(as per Statues of the BPT Degree Course)**	**Required**	**Available**	**Shortfall**
		Physiotherapy Faculty (Core)			
1.	Dean/ Principal/ Professor	**Essential** – MPT in any specialty with 10 years of post PG Teaching experience, with PhD including 5 years experience as Professor	**1**		
2.	Professor	MPT in any specialty with 10 years of post PG Teaching experience, including 5 years experience as Associate Professor Mandatory – PhD in Physiotherapy*	3		
3.	Associate Professor	MPT in any specialty with 5 years of post PG Teaching experience (out of which minimum 2 yrs as Senior AP preferably) Mandatory – PhD in	8		

		Physiotherapy*			
4.	Assistant Professor	MPT in any specialty	12		
5.	Demonstrator	BPT Degree of Indian University or an equivalent qualification with at least two-year experience [Full time Regular mode only]	20		
Note: ***Mandatory Ph.D. will be applicable after five years of implementation of Curriculum.** These qualifications are applicable for future recruitment. The case of teachers who are already holding teaching posts and have more than 10 years teaching experience will continue to hold their post/cadre in their respective institution.					
Teachers of Pre, Para and Clinical/ Medical Subjects on a full time or part time role					
	Anatomy Physiology Biochemistry Pathology Microbiology Pharmacology Orthopedics General Medicine General Surgery Neurology Neurosurgery Prosthetics and Orthotics Pediatrics Geriatrics Obstetrics and Gynecology Cardiology Cardiac surgery Plastic surgery -MD/MS/ M.Sc./ PhD/ DM/ M.Ch. in respective specialty				
	Psychology Sociology Biostatistics -Postgraduate with 55% marks in respective subject				
	English Computer Applications -Postgraduate with 55% marks in respective subject				
Non – Teaching Staff for Institution					
	Physiotherapists	6			
	Librarian	1			
	Office Superintendent	1			

	Accountant		1		
	Office Assistant Clerk/ DEO		1		
	Lab Attendants		8		
	Peon/ Sweepers/ Cleaners		As per requirement		
26	**Percentage of pass** in the **final year exam** of B.P.T Degree Course for the **last three years**		20 - 20	20 -20	20 -20
27	**Reduction of Sanctioned Strength** Furnish the details of Reduction of Sanctioned Strength if any		No of Seats reduced	Year	University Lr. No. and Date
28	**Security Deposit**				
	Instalment	**Amount**	**FDR No & Date**	**Bank Address**	**Maturity Date**	**Whether Refunded to the Institution**
	I					
	II					
29	**PAST DEFICIENCIES** a) Details of rectification of past deficiencies observed by the previous year Inspection Commission (Please furnish remarks item wise in a separate sheet and enclose along with the inspection report) b) The College should furnish the deficiencies pointed out in the previous year Inspection report and the rectification report submitted by them to the University for verification by the Inspection Team, the Inspection team must verify the Rectification report and furnish the details about the rectification done by the college		(To be furnished in a separate sheet annexed)		
30	**Inspection Fees** Payment of prescribed fees for Current Inspection (Copy to be enclosed)		Amount Paid Rs……		
31	**University Administrative Expenses Fee**		Remitted upto the year …… Amount: …….		
32	**General Requirement**		No of Intake sanctioned:…….. No of Admissions made:……		

	1. Whether the Number of admission is based on the number of intake sanctioned 2. Whether Ratio of Faculty and Students is followed as per the Statues of this University 3. Whether Ratio of Student and Patients is followed as per the Statues of this University 4. Whether the adequate Office/ Ministerial staff available 5. Whether adequate staff are available for the maintenance of the hostel 6. Whether the institution is involved in inspection / examination/ valuation of answer papers of this university	Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No
33	<u>OBSERVATION OF THE INSPECTION COMMISSION</u> a) Whether the Institution/College has fulfilled all the requirements to grant of 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:

DATE:

SIGNATURE OF THE MEMBER
(NAME IN BLOCKLETTERS)

SIGNATURE OF THE CONVENOR
(NAME IN BLOCKLETTERS)

(To be furnished in the Rs.200/- Non judicial stamp paper duly signed by the Managing Trustee and counter signed by the Notary Public with seal)

SWORN AFFIDAVIT

We here by 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.

Si. No	Lands registered under documentNo. anddate	Survey No.	Land in Acres	Location of the land

Signature of the Managing Trustee
With Seal & date

Signature of Notary
Public with seal& date