THE TAMILNADU DR. M.G.R MEDICAL UNIVERSITY,

CHENNAI-600 032.

BACHELOR OF PHYSIOTHERAPY DEGREE COURSE

INSPECTION REPORT – 50 seats

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

THE TAMILNADU DR. M.G.R MEDICAL UNIVERSITY,
CHENNAI- 600 032.
BACHELOR OF PHYSIOTHERAPY DEGREE COURSE
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/Company 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 Phone No: Office: Mobile:	
10	Specify the Physiotherapy course 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 and course. (Copy of Orders be enclosed)	G.O.(MS.) No. Dept. Dated:
13.	University letter in which the certificate of registration was issued for B.P.T Degree course (Copy of letter to be enclosed)	Lr. No : ..... Dated : .....
14	**GOVERNMENT ENDOWMENT:** Whether Trust/ Society/Company created required endowment for running the Course with the Government of Tamil Nadu/ Director of Medical Education. (Copy to be enclosed)	
15	**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)	**Certificate of evidence obtained From the Revenue Authority** 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 Act1971 and T.N. Land Reforms Act 1961. (Copy to be enclosed). Specify whether Plan or non Plan area	
vi)	Location of the Land Furnish full address	
vii)	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.
viii)	**Building Completion Certificate** Issued by the competent authority viz., Corporation, MMDA, Municipality and Panchayat Board etc.,	Issued by: Ref. No.: Date:
ix)	(a)Whether the Academic and Hostel block are located in an area of not less than 5 acres of land should in the name of the Trust. (b) No separate land is required, if the college is in the premises of NMC permitted medical college.	Type of Location: _____ Total area in acres _____
x)	The applicant Institution / Trust should have a separate facility for clinical Training	
xi)	Adequate parking space and recreational area or open space for students	
xii)	Adequate space for out-patient Physiotherapy department, various laboratories, office space, class rooms, hostel and other ancillary facilities	
xiii)	**READY BUILT AREA:** (not less than 35,000 sq.ft.B.P.T. Degree Course proposed to be started)	

xiv)	Building should be barrier free accessible to persons with disability and as per NBCI guidelines (National Building Code of India)	
xv)	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. The lease deed should be in the name of the Trust and not in the name of the individual/College.	
xvi)	Building must have requisite clearances from the respective civic and administrative authorities like- i. Fire NOC, ii. Structural Stability Certificate, iii. Land use Certificates etc., (Copy to be enclosed)	
xvii)	Building must have CCTV camera for surveillance for every area of common use.	
16	**INSTALLATION OF BIOMETRIC MACHINE TO MONITOR THE ATTENDANCE**	

17	**SPACE ALLOTMENT FOR AN ANNUAL INTAKE OF 50 STUDENTS OF B.P.T.**					
SN	**Particulars**	**Requirement per unit (Sq feet)**	**No of units**	**Total area required (Sq feet)**	**Available (Sq feet)**	**Shortfall (Sq feet)**
i)	Department Office	500	1	500		
	Dean/ Principal's Office	300	1	300		
	Professor's Office	200	2	400		
	Associate Professor's office	100	4	400		
	Assistant Professor's office	50	8	400		
	Common room for Staff	500	1	500		
	Room for visiting faculty	300	1	300		
	Seminar room/ Mini Auditorium	1000	1	1000		
	Conference Room	1500	1	1500		
	Class Rooms with LCD	1200	4	4800		

	projector/ smart class rooms with demonstration couches					
	Students` common room [Girls]	500	1	500		
	Students common room [Boys]	500	1	500		
	Library with Reading Room	2500	1	2500		
	Discussions /Interaction room	200	1	200		
	Out-door Physiotherapy Department	2500	1	2500		
	Therapeutic exercise Room	1000	1	1000		
ii)	**Laboratories**	**Requirement per unit (Sq feet)**	**No of units**	**Total area required**	**Available**	**Shortfall**
	Anatomy lab	1200	1	1200		
	Physiology lab	1200	1	1200		
iii)	**Departments**	**Requirement per unit (Sq feet)**	**No of units**	**Total area required**	**Available**	**Shortfall**
	Exercise Therapy/ Therapeutic Exercise/ Kinesiotherapy Department	1200	1	1200		
	Electrotherapy and electro diagnosis Department	1200	1	1200		
	Dept of musculoskeletal & Sports physiotherapy	1200	1	1200		
	Dept. of Neuro physiotherapy	1200	1	1200		
	Dept. Of Cardio-respiratory Physiotherapy	1200	1	1200		
	Dept. Of community physiotherapy	1200	1	1200		
	Department of Sports physiotherapy, exercise fitness & analysis	1200	1	1200		

iv)	**Other facilities**	**Requirement**	**No of units**	**Total area required**	**Available**	**Shortfall**
	Hostel for Girls	Separate / Shared with other institutions of the same management	1			
	Hostel for Boys		1			
	Play ground out door, List of Sports articles to be enclosed			Minimum 3000		
v)	**Library**	**Requirement**			**Available**	**Shortfall**
	Text Books as per syllabus one copy of book per 10 students per subject.	600-700				
	Reference books	300 Advanced books as per requirement				
	Journals	At least four international and four national journal				
	Subscription to electronic data base / ejournals	Required				
	Mandatory Internet facility Access to e-library equipment	Minimum 15 computer terminals for 50 students				
vi)	Canteen facility for Student and Staff					
vii)	Water Cooler / Safe drinking water facility					
viii)	Internet facility inside campus					
ix)	Cycle/ Motor cycle/ Car parking					
x)	**PHYSICAL INFRASTRUCTURE** Whole Campus should be accessible for persons with disabilities					

18	**PHYSIOTHERAPY DEPARTMENT / OPD** A well-equipped OPD facility with instruments of all specialties, should be available at the college premises (Copy to be enclosed)		
SN	**REQUIREMENTS**	**AVAILABLE**	**SHORTFALL**
1	Reception area		
2	Waiting hall with adequate sitting arrangements		
3	Consultation rooms		

4	Ancillary area: space for storage of records, reagents, consumables, stationary etc including eating area for staff shall be available in accordance with the workload		
5	Electrotherapy unit: six chambers for different modalities		
6	Separate space for Cryotherapy unit, Wax Bath and Hydrocollator		
7	Two consultation chambers with examination couches		
8	Exercise Therapy unit		
9	Minimum one consultation room (8 ft x 8 ft at least),		
10	Treatment rooms or cabins (three of 10ft x10ft each)		
11	Gymnasium for exercise training (25 ft x 20 ft)		
12	Adequate space for the Parallel bars, Gait training and Floor or mat exercises		
13	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 15ft x15ft along with the facility of changing room and wash room		
14	The centre should have essential facilities like washbasins, wash rooms, drinking water etc		
15	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			
16	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			
17	Fire extinguisher (as per the norms)			
19	**HOSPITAL ARRANGEMENTS**			
A.	**OWN HOSPITAL**			
i)	Whether the Trust/ Society owns a hospital being run by it with minimum of 250 beds.			
ii)	Whether the Trust has Own Hospital having not less than 250 beds in the following speciality: if tie-up hospitals MOU (Copy to be enclosed)	Own Hospital Name:……. License/ Registration No.…… Dt.…… Full Address: (Copy of license and 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 = 250			
B.	**TIE-UP HOSPITAL**			
i)	Shall have a tie-up with a General hospital with a minimum of 250beds within a radius of 20km from the academic complex.			

ii)	Whether the Trust has Tie-up Hospital having not less than 250 beds in the following speciality: if tie-up hospitals MOU (Copy of MOU to be enclosed)		Tie-up Hospital Name:……. License/ Registration No.…… Dt.…… Full Address: (Copy of license and 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 = 250				
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) The MOU should mention the available 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.	
20	CLINICAL FACILITIES A well set up field teaching centre in a nearby rural area for teaching Community based rehabilitation.	
21	**EQUIPMENTS**	

Laboratories – ANATOMY

SN	COMPONENTS	Required	Available	Shortfall
1	Dissection facility	Minimum 2 cadavers		
2	Disarticulated bone set including spine set	Minimum 5 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 2 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				
SN	**COMPONENTS**	**Required**	**Available**	**Shortfall**
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	5		
6	Tuning fork time marker	2		
7	Sphygmomanometer (mercury and digital)	10 each		
8	Stethoscopes	10		
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	1		
25	Newtons color wheel	1		
26	Tuning fork to test hearing 32-10000 cps(sets-100.256.512Hz)	1		
27	Dynamometer	1		
28	Perimeter with charts (Lister"s)	1		
29	Color perception lantern Edridge green	1		

EXERCISE THERAPY/ KINESIOTHERAPY/ GYMNASIUM

SN	Name of Instruments	Required		Available		Shortfall	
		LAB	OPD	LAB	OPD	LAB	OPD
1	Parallel bar	1	1				
2	Wall bar	1	1				
3	Suspension frame with apparatus	4	1				
4	Ergocycles	1	1				
5	Blood pressure apparatus	10	2				
6	Large full size mirrors	1	1				
7	Wrist roller/exercise	1	1				
8	Stepper	1	1				
9	Shoulder wheel	1	1				
10	Walker with adjustable heights	5	2				
11	Walker with adjustable heights with castor	2	1				
12	Axillary and elbow crutches (adjustable)	10 pairs each	2 pairs each				
13	Tripod stick, quadripod adjustable	10 each	2 each				
14	Aluminum sticks	10	2				
15	Vestibular balls – 26”, 30”, 34”	2 each	1 each				
16	Delorme shoes with weights	6 pairs	1 pair				
17	Staircase and slope	1	1				
18	Tilt table	1	1				
19	Goniometers – 180, 360	10	1				
20	Digital goniometres	5	1				
21	Inclinometer	5	1				
22	Spinal goniometer	1	1				
23	Reflex Hammers	10	1				
24	Quadriceps table with weights	1	1				
25	Equilibrium board both adult and pedi-atric	1	1				
26	Exercise mats	6	4				
27	Dumbbells, weightcuffs, sandbags, springs of different weights and strengths	4 sets each	1 set each				

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

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	3	1				
11	Interferential Theory unit	3	2				
12	Trans cutaneous nerve stimulator (TENS)	3	2				
13	E.M.G./N.C.V	1	1				
14	Diagnostic stimulator	2	2				
15	EMG Biofeedback unit	1	1				
16	Extracorporeal shock wave therapy	1	1				
17	Combination therapy	1	1				

DEPARTMENT OF MUSCULOSKELETAL & SPORTS PHYSIOTHERAPY

SN	Name of Instruments	Required		Available		Shortfall	
		LAB	OPD	LAB	OPD	LAB	OPD
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							
SN	**Name of Instruments**	**Required**		**Available**		**Shortfall**	
		LAB	**OPD**	**LAB**	**OPD**	**LAB**	**OPD**
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							
SN	**Name of Instruments**	**Required**		**Available**		**Shortfall**	
		LAB	**OPD**	**LAB**	**OPD**	**LAB**	**OPD**
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	5 each	2 each				
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

SN	Name of Instruments	Required		Available		Shortfall	
		LAB	OPD	LAB	OPD	LAB	OPD
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

SN	Name of Instruments	Required	Available	Shortfall
1	Couch	10		
2	Mannequin for CPR	1		
3	Bandages tapes	5 sets		
4	Thera bands	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		
22	TRANSPORT FACILITIES Transportation facilities like Type of vehicle Seating capacity, Copy of R.C. Book and Driver details to be enclosed			
23	Furniture Details of Furniture available in the Physiotherapy College for Faculty, Students, Office Staff, Class room, Laboratory, Library etc., (List of Furniture to be closed).			

MANDATORY GENERAL EQUIPMENTS FOR BPT/MPT COURSE

SN	NAME OF THE EQUPMENTS
1.	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- 2Nos
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)–1No.
11	Power generator–1No.
12	Camera for recording the examination–4Nos.
13	Mobile phone Jammer(5G)–1No.
14	Metal detector –2No.
15	Storage cabinets–6nos

24	**TEACHING FACULTY**	**Experience required**	**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*	1		

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 Physiotherapy*	2		
4	Assistant Professor	MPT in any specialty with atleast 55% of marks or an equivalent grade in a point scale.	3		
5	Demonstrator	BPT Degree of Indian University or an equivalent qualification with at least two year experience [Full time Regular mode only]	6		
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 in their respective institution.					
Teachers of Pre, Para and Clinical/ Medical Subjects					
	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 – post graduate with 55% marks in respective subject				
	English, Computer Applications: post graduate 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		
24	EARMARKED ASSETS Details of ear marked assets and Resources exclusively 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		
25	FINANCIAL SOUNDNESS 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 Physiotherapy College			
26	BALANCE SHEET Latest Balance sheet duly certified by a Chartered Accountant showing the financial soundness to run the Physiotherapy College. (Copy to be closed).	Issued by…….. Dated…… Chartered Accountant Regn. No.…… Amount paid Rs……..		
27	Payment of prescribed fees for Current Inspection. (Copy to be enclosed)			
28	OBSERVATION OF THE INSPECTION COMMISSION 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 document no.and date	Survey No.	Land in Acres	Location of the land

Signature of the Managing Trustee
With Seal & date

Signature of Notary
Public with seal& date