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

# CHENNAI-600 032.

## MASTER OF PHYSIOTHERAPY DEGREE COURSE

## INSPECTION REPORT

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

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

CHENNAI- 600 032.

MASTER OF PHYSIOTHERAPY DEGREE COURSE

CONTINUANCE OF PROVISIONAL AFFILIATION

INSPECTION REPORT FOR THE ACADEMIC YEAR-_____

| | | |
|---|---|---|
| 1. | Name of the Convenor with Designation and Address<br><br>PhoneNo: Office:<br>Email id: | |
| 2. | Names of the Member with Designation and address<br><br>PhoneNo: Office:<br>Email id: | |
| 3. | University Letter No.& date in which the Inspection<br>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<br>Telephone numbers.<br>(Copy of Registered Trust Deed to be enclosed) | |
| 7. | Whether the proposed college is a Minority institution. | Minority / NonMinority<br><br>If it is minority furnish the Following details.<br><br>G.O.(MS.)No.<br>Dept.<br>Dated : |
| 8. | Name of the proposed Physiotherapy College and full address with Telephone Nos. where the Physiotherapy College is located.<br>Email id: | |

<table>
<tr><td>9.</td><td>Name of the Principal<br>Qualifications<br>Teaching experience<br>Experience working as Principal<br>Residential Address<br><br>Office:<br>Mobile No:</td><td></td></tr>
<tr><td>10.</td><td>Specify the Physiotherapy course conducted in the same complex</td><td></td></tr>
<tr><td rowspan="3">11.</td><td>Name of the other courses run by the Trust<br><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.</td><td></td></tr>
<tr><td>a) State whether the college is conducting M.P.T degree course in the same academic complex at the time of Grant of Provisional Affiliation</td><td>Yes / No</td></tr>
<tr><td>b) Whether the Trust has obtained any prior permission from the University/ Government for change of academic complex if any made</td><td>University Permission: Yes/ No<br><br>Government Permission: Yes/ No</td></tr>
<tr><td>12.</td><td>State Government Orders in which permission was accorded to start the Physiotherapy college and course.<br><br>(Copy of orders be enclosed)</td><td>G.O. (MS.)No.<br>Dept.<br>Dated:</td></tr>
<tr><td>13.</td><td>University Proceedings No. and Date in which the Provisional Affiliation was issued to start the M.P.T. Degree Course (Copy of letter to be enclosed)</td><td>Lr No:…….<br>Dated:…….<br><br>Annual Intake
<table>
<tr><td>Name of the Speciality</td><td>No of Intake</td></tr>
<tr><td>MPT in Musculoskeletal Sciences</td><td></td></tr>
<tr><td>MPT in Neurosciences</td><td></td></tr>
<tr><td>MPT in Cardio-Pulmonary Sciences</td><td></td></tr>
<tr><td>MPT in Sports Sciences</td><td></td></tr>
<tr><td>MPT in Pediatrics and Neonatal Sciences</td><td></td></tr>
<tr><td>MPT in Obstetrics and Gynaecology Sciences</td><td></td></tr>
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<tr><td></td><td></td><td colspan="2">MPT in Oncology Sciences</td><td></td></tr>
<tr><td></td><td></td><td colspan="2">MPT in Community Rehabilitation Sciences</td><td></td></tr>
<tr><td rowspan="11">14.</td><td rowspan="11">University Proceedings No. and Date in which the Continuance of Provisional Affiliation was issued for last year<br>(Copy of letter to be enclosed)</td><td colspan="3">Lr No:…….<br>Dated:…….<br><br>Annual Intake</td></tr>
<tr><td colspan="2">Name of the Speciality</td><td>No of Intake</td></tr>
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<tr><td colspan="2">MPT in Community Rehabilitation Sciences</td><td></td></tr>
<tr><td rowspan="4">15.</td><td rowspan="4">No of candidates registered for the last two years</td><td>Quota</td><td>Year I</td><td>Year II</td></tr>
<tr><td>Government</td><td></td><td></td></tr>
<tr><td>Management</td><td></td><td></td></tr>
<tr><td>Total</td><td></td><td></td></tr>
<tr><td>16<br><br>i)</td><td><u>LAND AND BUILDING</u><br><br><u>Registered Sale Deed</u> regarding proof of ownership of land. (Copy to be enclosed).</td><td colspan="3"></td></tr>
<tr><td>ii)</td><td><u>Original Sworn Affidavit</u> in Rs.200/ -Non-Judicial stamp paper to be furnished in the enclosed format by the Management</td><td colspan="3"></td></tr>
<tr><td>iii)</td><td><u>Legal Opinion</u> of the Government Pleader for the earmarked land with Survey Nos.</td><td colspan="3">Name of the Govt. Pleader:<br><br>Date of issue :</td></tr>
<tr><td>iv)</td><td><u>Latest Encumbrance Certificate</u><br>Obtained from the Registering Authority</td><td colspan="3">E.C.No.:<br><br>Dated:<br><br>Issued by:</td></tr>
<tr><td>v)</td><td><u>Approved Building Plan</u> for the proposed Physiotherapy College issued by the Competent Municipal / Panchayat authority</td><td colspan="3">Approved by :<br><br>Date of approval:</td></tr>
</table>

| | | |
|---|---|---|
| | duly indicating their office ref. No. and date along with date and office seal including covering Letter for approval should be enclosed for the<br>i. Academic Block<br>ii. Hostels for boys and girls<br>iii. Staff Quarters<br>(Floor plan to be enclosed) | Approval issued vide Lr.No. |
| vi) | **Building Completion Certificate**<br>Issued by the competent authority viz., Corporation, MMDA, Municipality and Panchayat Board etc., | Issued by:<br><br>Ref. No.:<br><br>Date : |
| vii) | Whether the Academic and Hostel block are located in an area of not less than 5 acres of land. | Type of Location: _____<br><br>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<br>laboratories, office space, class rooms, hostel and other ancillary facilities | |
| xi) | READY BUILT AREA:<br>Build up area not less than 35,000 sq.ft. for 50 seats BPT<br><br>**Exclusive for MPT**<br>Two class rooms – 400 sq. ft. each<br>(400 X 2 = 800 sq.ft.)<br>Laboratory – 800 sq. ft. per speciality<br>(For 2 specialities, 800 X 2 = 1600 sq.ft.<br>For 3 specialities, 800 X 3 = 2400 sq.ft.<br>For 4 specialities, 800 X 4 = 3200 sq.ft) | |
| xii) | Building should be barrier free accessible to persons with disability and as per<br>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-<br>i. Fire NOC,<br>ii. structural stability certificate,<br>(Copy to be enclosed) | |

| | | |
|---|---|---|
| xv) | Building must have CCTV camera for surveillance for every area of common use as can be prescribed. | |
| **17**. | Installation of Biometric System to monitor the attendance | |

**18. Space allotment for an annual intake of 50 students of B.P.T.**

| **SI. NO** | **Particulars (per speciality)** | **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 Office | 300 | 1 | 300 | | |
| | Professor's Office | 200 | 1 | 200 | | |
| | Associate Professor's Office | 100 | 1 | 100 | | |
| | Assistant Professor's Office | 50 | 2 | 100 | | |
| | Common Room for Staff | 500 | 1 | 500 | | |
| | Room for Visiting Faculty | 300 | 1 | 300 | | |
| | Seminar room/ Mini Audito-rium | 1000 | 1 | 1000 | | |
| | Conference Room | 1500 | 1 | 1500 | | |
| | Class Rooms with LCD projector/ smart class rooms / Slide Projectors demonstration couches | 1200 | 4 | 4800 | | |
| | **Exclusive for MPT** Class rooms with LCD demonstration couches | **400** | **2** | **800** | | |
| | 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 | | |
| **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 | 1 | 1200 | | |
| | Electrotherapy and electro diagnosis Department | 1200 | 1 | 1200 | | |
| **iv)** | **EXCLUSIVE FOR MPT**<br>Each speciality lab | 800 (per speciality lab) | 1 | 800 | | |
| | As applicable to number of MPT speciality. | **800** | **2** | **1600** | | |
| | | **800** | **3** | **2400** | | |
| | | **800** | **4** | **3200** | | |
| **v)** | **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, List of Sports articles to be enclosed | | | Minimum 3000 | | |
| **vi)** | **Residential Quarters**<br>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<br>If it is outside furnish the full address | | | |

| vii) | **Library** | **Requirement (Sq feet)** | **Available (Sq feet)** | **Shortfall (Sq feet)** |
|---|---|---|---|---|
| | 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 | Minimum 5 indexed international journals should be provided for with additional journal in each elective area/specialty. | | |
| | Subscription to electronic data base / e-journals | Required | | |
| | Mandatory Internet facility access to e-library | Adequate computer terminals for postgraduate students | | |
| **viii)** | Canteen facility for Student and Staff | | | |
| **ix)** | Water Cooler / safe drinking water facility | | | |
| **x)** | Internet facility inside campus | | | |
| **xi)** | Cycle/ Motor cycle/ car parking | | | |
| **xii)** | **PHYSICAL INFRASTRUCTURE**<br>Whole Campus should be accessible for persons with disabilities | | | |
| **19**. | **PHYSIOTHERAPY DEPARTMENT / OPD**<br>A well-equipped OPD facility in physiotherapy department with instruments of all specialties, should be available at the college premises<br>(Copy to be enclosed) | | | |
| **20**. | **HOSPITAL ARRANGEMENTS** | | | |
| i) | **a) Own Hospital**<br><br>Whether the Trust/ Society owns a hospital being run by it with minimum of 250 beds.<br>(or) | | | |

| | | | | |
|---|---|---|---|---|
| ii) | Whether the Trust has Own Hospital is having not less than 250 beds in the following speciality | Own Hospital<br>Name:…….<br>License/ Registration No.……<br>Dt.……<br>Full Address:<br>(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 | **Additional bed strength for MPT** | | | |
| | -According to NCAHP norms the patients-student ratio is 1:5 per speciality, i.e. 5 beds for a MPT seat.<br><br>-For maximum of 6 seats intake in a MPT specialty (6 X 5 = 30 beds)<br>-For maximum of 4 seats intake in a MPT specialty (4 X 5 = 20 beds)<br>-For maximum of 2 seats intake in a MPT specialty (2 X 5 = 10 beds**)**<br>- For a maximum of 24 seats in an academic year (24 X 5 = 120)<br><br>Total Bed Strength = 120 | | | |
| | a) Orthopaedics / Musculoskeletal departments | | | |
| | b) Neurology / Neurosurgery | | | |
| | c) Respiratory medicine & Cardiology including critical care and cardiothoracic surgery | | | |
| | d) Sports medicine & department admitting sport injuries | | | |

| | | | | |
|---|---|---|---|---|
| | e) Pediatrics, pediatric surgery and neonatal ICUs | | | |
| | f) Gynecology and Obstetrics | | | |
| | g) Oncology and Radiotherapy | | | |
| | h) Rural community centres & PHC | | | |
| **i)** | **b. Tie-up Hospital**<br><br>Shall have a tie-up with a Hospital with a minimum of 250beds within a radius of 20km from the academic complex. | | | |
| **ii)** | Whether the Trust has Tie-up Hospital is having not less than 250 beds in the following speciality:<br>Copy of MOU to be enclosed | **Tie – up Hospital**<br>Name: ……..<br>License/ Registration No……..<br>Dt ……<br>Full address:<br>(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 | | | |
| | Trauma Units, Neurology / Neurosurgery | | | |
| | Cardio Pulmonary unit with intensive care facilities | | | |
| | Pediatrics, pediatric surgery and neonatal ICUs | | | |
| | Community Physiotherapy and Sports Unit | | | |
| | Respiratory medicine | | | |
| | Cardiology including critical care and cardiothoracic surgery | | | |
| | Oncology and Radiotherapy | | | |
| | Total Bed Strength = 250 | | | |
| **iv)** | Additional bed strength for MPT<br>MOU should specify that tie up hospital bed strength must meet the additional patients load for MPT program. | | | |
| | - According to NCAHP norms the patients-student ratio is 1:5 per speciality, i.e. 5 beds for a MPT seat.<br>- For maximum of 6 seats intake in a MPT | | | |

| | | | | |
|---|---|---|---|---|
| | specialty (6 X 5 = 30 beds)<br>- For maximum of 4 seats intake in a MPT specialty (4 X 5 = 20 beds)<br>- For eg. Maximum of 2 seats intake in a MPT specialty (2 X 5 = 10 beds)<br>- For a maximum of 24 seats in an academic year (24 X 5 = 120 beds)<br><br>Total Bed Strength = 120 | | | |
| | a) Orthopaedics / Musculoskeletal departments | | | |
| | b) Neurology / Neurosurgery | | | |
| | c) Respiratory medicine & Cardiology including critical care and cardiothoracic surgery | | | |
| | d) Sports medicine & department admitting sport injuries | | | |
| | e) Pediatrics, pediatric surgery and neonatal ICUs | | | |
| | f) Gynecology and Obstetrics | | | |
| | g) Oncology and Radiotherapy | | | |
| | h) Rural community centres & PHC | | | |
| **iv)** | **Name of the Hospital (Tie-up)** | **Bed Strength** | **Consent Lr. No. &Dt. Issued by Hospital** | **Period of Tie-up**<br>**From**<br>**To** |
| | (i)<br><br>(ii)<br><br>(iii)<br><br>(iv)<br><br>(v) | | | |

| | | |
|---|---|---|
| **v)** | 1. **The MOU should mention the available clinical specialties, patient loads and availability of required equipment for clinical training with names.**<br>2. **The MOU should specify additional bed strength for MPT program proportionate to seats intake besides 250 beds for 50 seats BPT program.**<br>3. **The MOU should mention designations of the faculties responsible for the training in the hospital.** | |
| vi) | No. of **Out-Patient section** in the Hospital | |
| vii) | Daily **Out-Patient turnover** 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 **Occupant 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. | |
| xiii) | **Each training unit shall accommodate 6 PGs only.**<br>**Furnish the details of unit patients (IP No. & diagnosis) attended by the PGs and countersigned by the supervising faculty.** | |
| **21** | **<u>CLINICAL FACILITIES</u>**<br><br>A well set up field teaching centre in a nearby rural area for teaching Community based rehabilitation. | |

| 22 | **EQUIPMENTS** |
|---|---|

**Laboratories-ANATOMY**

| SN | COMPONENTS | LABORATORY 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 | LABORATORY 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 | | |
| 1( | Polygraphs | 1 | | |
| 1 | Spirometer | 20 | | |
| 1 | Gas analysis apparatus. Halden's student type | 1 | | |
| 1 | Van Slyke's apparatus manometric | 1 | | |
| 1 | Shenington Starling kymograph (electrically driven) | 2 | | |
| 1 | Gas analyser automatic for CO2, 02, N2 | 1 | | |
| 1( | Basal metabolism apparatus | 1 | | |
| 1 | Mosso's Ergograph | 5 | | |
| 1 | Clinical thermometer | 20 | | |
| 1 | Compass aesthesiometer | 1 | | |
| 2( | Thermo-aesthesiometer | 1 | | |
| 2 | Algometer | 1 | | |
| 2 | Knee hammer | 25 | | |
| 2 | Bicycle Ergometer | 2 | | |
| 2 | Schematic eye | 1 | | |
| 2 | Newtons color wheel | 1 | | |
| 2( | Tuning fork to test hearing 32-10000 cps(sets-100.256.512Hz) | 1 | | |
| 2 | Dynamometer | 1 | | |
| 2 | Perimeter with charts (Lister"s) | 1 | | |
| 2 | Color perception lantern Edridge green | 1 | | |

**ELECTROTHERAPY & ELECTRODIAGNOSIS LAB**

| SN | NAME OF INSTRUMENTS | REQUIRED | | AVAILABLE | | SHORTFALL | |
|---|---|---|---|---|---|---|---|
| | | LAB | OPD | LAB | OPD | 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 different 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 | | | | |

**MANDATORY GENERAL EQUIPMENTS FOR MPT COURSE**

| S. No | Name of the Equipments | Required | Available | Shortfall |
|---|---|---|---|---|
| 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 | 2 | | |
| 6. | Laser printer/ Ink jet printer | 2 | | |
| 7. | 5 KVA UPS with a minimum of 3 hours of backup | 2 | | |
| 8. | Copier machine with minimum of 90PPM | 1 | | |
| 9. | Broad band internet | 1 | | |
| 10. | Wireless phone with internet cable USB wireless<br>Internet data card (as alternative to broad band internet failure) | 1 | | |
| 11. | Power generator | 1 | | |
| 12. | Camera for recording the examination | 4 | | |
| 13. | Mobile phone Jammer(5G) | 1 | | |
| 14. | Metal detector | 2 | | |
| 15. | Storage cabinets | 6 | | |

**Equipment for Specific-Electives: - Mandatory (minimum one unit)**

1. **Neurological Physiotherapy**

| S.NO. | EQUIPMENT | REQUIRED | AVAILABLE | SHORTFALL |
|---|---|---|---|---|
| 1. | Neuro- Exercise Unit | 1 | | |
| 2. | 4 Channel EMG with nerve-conduction testing facility | 1 | | |
| 3. | Biofeedback unit with the facility to do quantitative analysis and therapy | 1 | | |
| 4. | Sensory integration kits | 1 | | |
| 5. | Balance boards | 1 | | |
| 6. | Gait analyser | 1 | | |
| 7. | Balance analyser and balance trainer | 1 | | |
| 8. | Functional Electrical Stimulator | 1 | | |
| 9. | Trancranial Magnetic stimulation device | 1 | | |
| 10. | Transcranial Direct current stimulation device | 1 | | |
| 11. | Mirror therapy | 1 | | |
| 12. | Unweighing harness system with treadmill | 1 | | |
| 13. | Tilt table | 1 | | |
| 14. | Dynamometer | 1 | | |
| 15. | Gait belts | 1 | | |
| 16. | Robotics for upper limb and lower limbs- Desirable | 1 | | |
| 17. | Video camera and player (with jog shuttle facility) for movement analysis desirable | 1 | | |
| 18. | Virtual/ augmented reality device | 1 | | |
| | Remarks: | | | |

## 2. Musculoskeletal Physiotherapy

| S.No. | EQUIPMENT | REQUIRED | AVAILABLE | SHORTFALL |
|---|---|---|---|---|
| 1. | Dynamometer – myometre | 1 | | |
| 2. | Electronic goniometry | 1 | | |
| 3. | Algometre | 1 | | |
| 4. | Hand Evaluation kit | 1 | | |
| 5. | Biofeedback unit with facility EMG unit with integrated analysis software provided | 1 | | |
| 6. | Video camera and player (with jog shuttle facility) for movement analysis | 1 | | |
| 7. | Isokinetic Unit – desirable | 1 | | |
| 8. | Motion analysis | 1 | | |
| 9. | Continuous passive motion devices. | 1 | | |
| 10. | Shock wave unit | 1 | | |
| 11. | Spinal Decompression unit | 1 | | |
| 12. | Attachment with prosthetic orthotic unit | 1 | | |
| | Remarks: | | | |

**3. Cardio Vascular- Respiratory Physiotherapy**

| S.No. | EQUIPMENT | REQUIRED | AVAILABLE | SHORTFALL |
|---|---|---|---|---|
| 1. | Treadmill / Bicycle Ergo meter with facility for TMT | 1 | | |
| 2. | Spiro meter Portable | 1 | | |
| 3. | Pulmonary function test unit | 1 | | |
| 4. | Suction apparatus | 1 | | |
| 5. | Peak Flow meters | 1 set | | |
| 6. | Pulse Oximeters | 1 set | | |
| 7. | Mannequin for CPR training | 1 | | |
| 8. | Flutter | 1 | | |
| 9. | Fat fold caliper 6 | 1 | | |
| 10. | BiPAP/CPAP – desirable | 1 | | |
| 11. | Body Composition analyzer- desirable | 1 | | |
| 12. | Energy Consumption analyzer – desirable | 1 | | |
| 13. | Couches pillows bed sheets chairs | 1 | | |
| | Remarks: | | | |

**4. Paediatric physiotherapy**

| S.No. | EQUIPMENT | REQUIRED | AVAILABLE | SHORTFALL |
|---|---|---|---|---|
| 1. | Well-equipped Play room | 1 | | |
| 2. | Sensory Integration Room | 1 | | |
| 3. | Swiss balls | 1 set | | |
| 4. | Positioning devices | 1 set | | |
| 5. | Attachment to a CHC is a must | As required | | |
| 6. | Ball pool | 1 | | |
| 7. | Mannequin for pediatric CPR training | 1 | | |
| 8. | Audio-Visual room | As required | | |
| 9. | Accessibility to a mobile Physiotherapy Unit is desirable | As required | | |
| 10. | Attachment with prosthetic orthotic unit | As required | | |
| 11. | Couches pillows bed sheets chairs | As required | | |
| | Remarks: | | | |

**5. Sports physiotherapy**

| S.No. | EQUIPMENT | REQUIRED | AVAILABLE | SHORTFALL |
|---|---|---|---|---|
| 1. | Fitness measurement instrumentation | 1 | | |
| 2. | Access to advanced sports centre/gymnasium | As required | | |
| 3. | Hydrotherapy pool for underwater treadmill /bicycle | 1 | | |
| 4. | Sauna bath | 1 | | |
| 5. | Medicine ball/ Swiss balls Thera bands | 1 set | | |
| 6. | Equipment for anthrometric measurements | 1 | | |
| 7. | Body composition analyser | 1 | | |
| 8. | Mannequin for CPR training | 1 | | |
| 9. | Biofeedback unit with facility EMG unit with integrated analysis software provided | 1 | | |
| 10. | Video camera and player (with jog shuttle facility) for movement analysis desirable | 11 | | |
| 11. | Isokinetic Unit – desirable | 1 | | |
| 12. | Equipment for Motion analysis – desirable | 1 | | |
| 13. | Tie up with recognized sports academy/ center | As required | | |
| | Remarks: | | | |

## 6. Obstetrics & Gynaecology Physiotherapy

| S.No. | EQUIPMENT | REQUIRED | AVAILABLE | SHORTFALL |
|---|---|---|---|---|
| 1. | Mirror | 1 | | |
| 2. | Ultrasound machine | 1 | | |
| 3. | TENS | 1 | | |
| 4. | IFT | 1 | | |
| 5. | Electrical stimulator with vaginal electrode | 1 | | |
| 6. | Perineometer | | | |
| 7. | Vaginal cones with different weights | 1 | | |
| 8. | Pressure biofeedback | 1 | | |
| 9. | Medicine ball/ Swiss balls | 1 set | | |
| 10. | Dumbbells set/Therabands/Theratubes | 1 set | | |
| 11. | Weighing machine | 1 | | |
| 12. | Low mats/Chairs | As required | | |
| | Remarks: | | | |

**7. Oncological Physiotherapy-**

| S.No. | EQUIPMENT | REQUIRED | AVAILABLE | SHORTFALL |
|---|---|---|---|---|
| 1. | Pneumatic compression therapy unit with accessories for upper and lower limbs | 1 | | |
| 2. | EMG Bio feedback Unit | 1 | | |
| 3. | Muscle stimulator | 1 | | |
| 4. | Interferential therapy Unit | | | |
| 5. | Attachment with tertiary are oncological hospital | 1 | | |
| | Remarks: | | | |

**8. Community Physiotherapy**

| S.No. | EQUIPMENT | REQUIRED | AVAILABLE | SHORTFALL |
|---|---|---|---|---|
| 1. | Attachment to a PHC is a must | Mandatory | | |
| 2. | Accessibility to a mobile physiotherapy unit | Mandatory | | |
| 3. | Basic rehabilitation set up in college building | Mandatory | | |
| | Remarks: | | | |

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|---|---|---|---|---|---|
| **23** | **<u>TRANSPORT FACILITIES</u>**<br>Transportation facilities like Type of vehicle, Seating capacity, Copy of R.C. Book and Driver details to be enclosed | | | | |
| **24** | **<u>FURNITURE</u>**<br>Details of Furniture available in the Physiotherapy College for Faculty, Students, Office Staff, Class room, Laboratory, Library etc., (List of Furniture to be enclosed). | | | | |
| **25** | **TEACHING FACULTY** | **Experience required (as per Statues of the BPT Degree Course)** | **Required** | **Available** | **Shortfall** |
| | **Physiotherapy Faculty (Core)** | | | | |
| 1 | Professor | MPT in any specialty with 10 years of post PG Teaching experience, including 5 years experience as Associate Professor<br>Mandatory – PhD in Physiotherapy***** | 1:3 (per speciality) | | |
| 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)<br>Mandatory – PhD in Physiotherapy***** | 1:2 (per speciality) | | |
| 4 | Assistant Professor | MPT in any specialty | 1:2 (per speciality) | | |
| 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. | | | | | |
| iv. | Maximum number students admitted per academic year in an institution.<br>Mention the number of intake in academic year | | 24 | | |
| v. | Teaching faculty per specialisation for a minimum of 5 students per year (total 10 students for the MPT program) | | | | |
| | Professor | | 1 | | |
| | Associate Professor | | 1 | | |
| | Assistant Professor | | 2 | | |
| vi. | Whether adequate core PT faculty are available proportionate to PG seats intake? | | As required | | |

| | | | | |
|---|---|---|---|---|
| **Teaching faculty (part-time or full time) for the non-Physiotherapy subjects (biostatistics, pedagogy, clinical/medical, etc.)** | | | | |
| i. | Research methodology and Biostatistics | 1 | | |
| ii. | Teaching Methodology/ Management | 1 | | |
| iii. | Pre. Para and Clinical/ Medical | As required | | |
| **Non – Teaching Staff for Institution** | | | | |
| i. | Office Superintendent/ assistant | 1 | | |
| ii. | Computer operator | 1 | | |
| iii. | Lab Assistant/ demonstrator – BPT | 1 | | |
| **26** | **Percentage of pass** in the **final year exam** of M.P.T Degree Course for the **last three years** | 20 - 20 | 20 -20 | 20 -20 |
| | | | | |
| **27** | **Reduction of Sanctioned Strength**<br>Furnish the details of Reduction of Sanctioned Strength if any | No of Seats reduced | Year | University Lr. No. & Date |
| | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| **28** | **Security Deposit** | | | | | |
| | **Instalment** | **Amount** | **FDR No & Date** | **Bank Address** | **Maturity Date** | **Whether Refunded to the Institution** |
| | I | | | | | |
| | II | | | | | |

| | | |
|---|---|---|
| **29** | PAST DEFICIENCIES<br>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)<br>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 furnish remarks item wise in a separate | (To be furnished in a separate sheet annexed) |
| **30** | **Inspection Fees**<br>Payment of prescribed fees for Current Inspection (Copy to be enclosed) | Amount Paid Rs…… |
| **31** | **University Administrative Expenses Fee** | Remitted upto the year ……<br><br>Amount: ……. |

| | | |
|---|---|---|
| **32** | **General Requirement**<br><br>1. Whether the **Number of admission** is based on the number of **intake sanctioned**<br>2. Whether **Ratio of Faculty and Students** is followed as per the Statues of this University<br>3. Whether **Ratio of Student and Patients** is followed as per the Statues of this University<br>4. Whether the adequate Office/ Ministerial staff available<br>5. Whether adequate staff are available for the maintenance of the hostel<br>6. Whether the institution is involved in inspection / examination/ valuation of answer papers of this university | No of Intake sanctioned:……..<br><br>No of Admissions made:……<br><br>Yes / No<br><br>Yes / No<br><br>Yes / No<br><br>Yes / No<br><br>Yes / No<br><br>Yes / No |
| **33** | <u>OBSERVATION OF THE INSPECTION COMMISSION</u><br>a) Whether the Institution/College has fulfilled all the requirements to grant of Provisional Affiliation for starting M.P.T. degree course.<br><br>b) Observation of Inspection Commission may be recorded in a Separate sheet along with remarks If any. | Yes/ No<br><br>(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 M.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 |
|---|---|---|---|---|
| | | | | |
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Signature of the Managing Trustee
With Seal & date

Signature of Notary
Public with seal& date