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

CHENNAI – 600 032

MASTER OF PHYSIOTHERAPY DEGREE COURSE

INSPECTION REPORT

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

THE TAMILNADU DR. M.G.R MEDICAL UNIVERSITY,
CHENNAI- 600 032.
MASTER OF PHYSIOTHERAPY DEGREE COURSE
PROVISIONAL AFFILIATION
INSPECTION REPORT FOR THE ACADEMIC YEAR-_____

1.	Name of the Convenor with Designation and Address Phone No: 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:	

<table>
<tr><td>9.</td><td>Name of the Principal
Qualifications
Teaching experience
Experience working as Principal
Residential Address

Office:
Mobile No:</td><td colspan="2"></td></tr>
<tr><td>10</td><td>Specify the Physiotherapy course conducted in the same complex</td><td colspan="2"></td></tr>
<tr><td>11</td><td>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.</td><td colspan="2"></td></tr>
<tr><td>12.</td><td>State Government Orders in which permission was accorded to start the Physiotherapy college and course.

(Copy of Orders to be enclosed)</td><td colspan="2">G.O.(MS.) No.
Dept.
Dated:</td></tr>
<tr><td>13.</td><td>University letter in which the certificate of registration was issued for B.P.T Degree course (copy of letter to be enclosed)</td><td colspan="2">Lr. No : .....

Dated : .....</td></tr>
<tr><td rowspan="11">14.</td><td rowspan="11">Intake of students sanctioned by the University speciality wise in MPT Degree Course</td><td colspan="2">Annual Intake</td></tr>
<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>
<tr><td>MPT in Oncology Sciences</td><td></td></tr>
<tr><td>MPT in Community Rehabilitation Sciences</td><td></td></tr>
<tr><td>15.</td><td>(a) Whether the applicant has proposed to start MPT Degree Course after BPT Degree Course</td><td></td><td></td></tr>
</table>

	(b) Whether first batch of students of BPT Degree Course has successfully completed the course and has left the college (furnish month and year)		
16.	**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)		
17.	**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	Approved by : Date of approval: Approval issued vide Lr.No.	

	should be enclosed for the i. Academic Block ii. Hostels for boys and girls iii. Staff Quarters (Floor plan to be enclosed)	
viii)	**<u>Building Completion Certificate</u>** Issued by the competent authority viz., Corporation, MMDA, Municipality and Panchayat Board etc.,	Issued by: Ref. No.: Date :
ix)	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 _____
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)	<u>READY BUILT AREA:</u> Build up area not less than 35,000 sq.ft. for 50 seats BPT **<u>Exclusive for MPT</u>** **Two class rooms – 400 sq. ft. each (400 X 2 = 800 sq.ft.)** **Laboratory – 800 sq. ft. per speciality** **(For 2 specialities, 800 X 2 = 1600 sq.ft.** **For 3 specialities, 800 X 3 = 2400 sq.ft.** **For 4 specialities, 800 X 4 = 3200 sq.ft)**	
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.	
xvi)	Building must have requisite clearances from the respective civic and administrative authorities like-	

	i. Fire NOC ii. structural stability certificate iii. (Copy to be enclosed)	
xvii)	Building must have CCTV camera for surveillance for every area of common use as can be prescribed.	
18.	Installation Of Biometric System To Monitor The Attendance	

19.	**SPACE ALLOTMENT FOR INTAKE OF 50 STUDENTS OF BPT**					
Sr. 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 Auditorium	1000	1	1000		
	Conference Room	1500	1	1500		
	Class Rooms with LCD projector/ smart class rooms / Slide Projectors with demonstration couches	1200	4	4800		
	<u>Exclusive for MPT</u> **Class Rooms with LCD and demonstration couches**	**400**	**2**	**800**		
	Students common room [Girls]	500	1	500		
	Students common room	500	1	500		

	[Boys]					
	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)	**<u>EXCLUSIVE FOR MPT</u>** **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 per unit (Sq feet)**	**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)	**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		
(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			
20.	**PHYSIOTHERAPY DEPARTMENT / OPD** A well-equipped OPD facility in physiotherapy department with instruments of all specialities, should be available at the college premises (Copy to be enclosed)			
21.	**HOSPITAL ARRANGEMENTS**			
i)	**a. Own Hospital** Whether the Trust/ Society owns a hospital being run by it with minimum of 250 beds for clinical training of 50 BPT seats.			
ii)	Whether the Trust has Own Hospital is having not less than 250 beds in the following speciality for clinical training of 50 BPT seats	Own Hospital Name:……. License/ Registration No.…… Dt.…… Full Address: Copy of License and 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. **-For maximum of 6 seats intake in a MPT specialty (6 X 5 = 30 beds)** **-For maximum of 4 seats intake in a MPT specialty (4 X 5 = 20 beds)** **-For maximum of 2 seats intake in a MPT specialty (2 X 5 = 10 beds)** **- For a maximum of 24 seats in an academic year (24 X 5 = 120 beds)** **Additional 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** Shall have a Tie-up with a Hospital with a minimum of 250 beds for clinical training of 50 BPT seats 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 for clinical training of 50 BPT seats Copy of MOU to be enclosed	Tie-up Hospital Name:……. License/ Registration No.…… Dt.…… Full Address: Copy of License and 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			
	Additional bed strength for MPT **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.			

	- For maximum of 6 seats intake in a MPT specialty (6 X 5 = 30 beds) **- For maximum of 4 seats intake in a MPT specialty (4 X 5 = 20 beds)** **- For eg. Maximum of 2 seats intake in a MPT specialty (2 X 5 = 10 beds)**				
	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 The Hospital**	**Period of Tie-up**	
				From	**To**
	(i) (ii) (iii) (iv) (v)				

v)	1. The MOU should mention the available clinical specialties, patient loads and availability of required equipment for clinical training with names. 2. The MOU should specify additional bed strength for MPT program proportionate to seats intake besides 250 beds for 50 seats BPT program. 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 (furnish the details)			
vii)	Daily Out-Patient turn over in the Hospital (furnish the details)			
viii)	Furnish Average Monthly Out-Patient Turn over in the Hospital. (furnish the details)			
ix)	Bed Occupancy on the day of Inspections (furnish the details)			
x)	Furnish bed Occupant percentage for the last one year. (furnish the details)			
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 given to any other affiliated institutions. If so, mention the name of such Institution.			
xiii)	**Each training unit shall accommodate 6 PGs only. Furnish the details of unit patients (IP No. & diagnosis) attended by the PGs and countersigned by the supervising faculty.**			
22.	**CLINICAL FACILITIES** A well set up field teaching centre in a nearby rural area for teaching Community based rehabilitation.			
23.	**EQUIPMENTS**			
Laboratories – ANATOMY				
SN	**COMPONENTS**	**Required**	**Available**	**Shortfall**
1.	Dissection facility	Minimum 2 cadavers		
2.	Disarticulated bone set including spine set			
3.	Specimen/model for soft parts [heart,	Minimum 2		

	lung, brain, spinal cord, lower limb, upper limb, spine, GI system, male and female urogenital system]	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

S.No	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

S.NO	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 pediatric	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

S.NO	**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 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				

MANDATORY GENERAL EQUIPMENTS FOR MPT COURSE

SNO	Name of Equipment	Required	Available	Short fall
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	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)	1Nos		
11.	Power generator	1Nos		
12.	Camera for recording the examination	4 Nos		

13.	Mobile phone Jammer(5G)	1Nos		
14.	Metal detector	2Nos		
15.	Storage cabinets	6 Nos		
EQUIPMENT FOR SPECIFIC-ELECTIVES: MANDATORY (MINIMUM ONE UNIT)				
S.No	**Name of the instruments**	**Required**	**Available**	**Shortfall**
1. Neurological Physiotherapy				
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.	Dynamometers	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				
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				
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		
6.	Pulse Oximeters	1		
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	as adequate		
	Remarks:			
4. Paediatric physiotherapy				
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	Mandatory		
6.	Ball pool	1		
7.	Mannequin for pediatric CPR training	1		
8.	Audio-Visual room	1		
9.	Accessibility to a mobile Physiotherapy Unit is desirable	Desirable		
10.	Attachment with prosthetic orthotic unit	Mandatory		
11.	Couches pillows bed sheets chairs	as adequate		
	Remarks:			
5. Sports physiotherapy				
1.	Fitness measurement instrumentation	1		
2.	Access to advanced sports centre/gymnasium	Mandatory		
3.	Hydrotherapy pool for underwater treadmill /bicycle	1		
4.	Sauna bath	1		
5.	Medicine ball/ Swiss balls Thera bands	1 set each		
6.	Equipment for anthrometric measurements	1 set		
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	1		
11.	Isokinetic Unit – desirable	desirable		
12.	Equipment for Motion analysis – desirable	1		
13.	Tie up with recognized sports academy/ center	Mandatory		
	Remarks:			
6. Obstetrics & Gynaecology Physiotherapy				
1.	Mirror	1		
2.	Ultrasound machine	1		
3.	TENS	1		
4.	IFT	1		
5.	Electrical stimulator with vaginal electrode	1		
6.	Perineometer	1		
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	As adequate		
12.	Low mats/Chairs	As adequate		
	Remarks:			

7. Oncological Physiotherapy				
1.	Pneumatic compression therapy unit with accessories for upper and lower limbs	2		
2.	EMG Bio feedback Unit	1		
3.	Muscle stimulator	1		
4.	Interferential therapy Unit	1		
5.	Attachment with tertiary care oncological hospital	Mandatory		
	Remarks:			
8. Community Physiotherapy				
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:			
24.	**<u>TRANSPORT FACILITIES</u>** Transportation facilities like Type of vehicle, Seating capacity, Copy of R.C. book and Driver details to be enclosed			
25.	**<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 be enclosed)			

26.	**TEACHING FACULTY**	**Experience required**	**Required**	**Available**	**Shortfall**
Physiotherapy Faculty (Core)					
i.	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 (per speciality)		
ii.	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*	1:2 (per speciality)		
iii.	Assistant Professor	MPT in specialty	1:2 (per speciality)		
	***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. 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		
27.	**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		
28.	**FINANCIAL SOUNDNESS** The Management of the Physiotherapy college shall show Evidence of an annual income of Not less than Rs.15,00,000/- Rupees Fifteen Lakhs only) to Facilitate the proper running of the Physiotherapy College			
29.	Whether the applicant college shall furnish the budget for first year program and a separate budget is proposed which will meet the expenditure for the fulfilment of the requirements prescribed for the second year program (Copy to be enclosed)	Yes/ No Last year Audited Budget – year: Amount: Current year Proposed Budget –year: Amount:		
30.	**BALANCE SHEET** Latest Balance sheet duly certified by a Chartered Accountant showing the financial soundness to run the Physiotherapy College. (Copy to been closed).	Issued by…….. Dated…… … Chartered Accountant Regn. No.……		
	Payment of prescribed fees for Current Inspection.(Copy to be enclosed)	Amount paid Rs……..		
31.	**OBSERVATION OF THE INSPECTION COMMISSION** a) Whether the Institution/College has fulfilled all the requirements to grant of Provisional Affiliation for starting M.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 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

Signature of the Managing Trustee
With Seal & date

Signature of Notary
Public with seal& date