

**MAHARASHTRA STATE OCCUPATIONAL THERAPY &
PHYSIOTHERAPY COUNCIL, MUMBAI**
Format for Inspection by Local Inquiry Committee for
Continuation / Extension of Affiliation for A.Y. 20 - 20
Course: Physiotherapy

Name of L.I.C. Members :- _____ DATE OF VISIT : / /20

Chairperson : - _____

Member : - _____

Member :- _____

COLLEGE NAME : _____

Name of Management : _____

Name & Qualification of the Principal of the Physiotherapy College / HOD of Physiotherapy Department : _____

Govt. permission obtained (Mandatory) - Attach copy. _____

Intake capacity :- _____

Attachment with the M.C.I. recognized Medical College: Yes / No. _____

“Status of payment of previous affiliation fee:

(i) Detail of outstanding affiliation fee (Yearwise) : _____

(ii) Payment of affiliation fee for the year
Continuation / Extension affiliation is sought : _____

(iii) Reasons for non-payment of above affiliation Fee :

YEAR OF AFFILIATION SEEKING : 20 ---- 20 ---- FOR INTAKE CAPACITY:----- Seats

Affiliation Sought for:- Continuation of Affiliation Extension of Affiliation

1. First B.PTh.	<input type="text"/>	<input type="text"/>
2. Second B.PTh.	<input type="text"/>	<input type="text"/>
3. Third B.PTh.	<input type="text"/>	<input type="text"/>
4. Fourth B.PTh.	<input type="text"/>	<input type="text"/>
5. Intership	<input type="text"/>	<input type="text"/>

AFFILIATION FEES DEPOSITED : Rs. -----

OTPT Council Receipt No.----- Dated-----

(Please attach Xerox copies of receipt)

Details of outstanding affiliation fee (Yearwise). : _

1. College Information: _____

Name of the College : _____

a) Address : _____

b) Telephone Numbers with STD Code : _____

c) Fax Number with STD Code : _____

d) E-mail Address : _____

Whether independent Physiotherapy college or

as part of Medical college : _____

IF ATTACHED : _____

a) Name of Parent Institute : _____

b) Address : _____

c) Telephone Numbers with STD Code : _____

d) Fax Number with STD Code : _____

e) E-mail Address : : _____

Remarks regarding Maharashtra State OT/PT Council approval & it's details:

Whether separate mandatory budget for Physiotherapy undergraduate education is made:

If any - Amount: _ _____ for the year _

2. Management Institute \ Parent Body :

Name : _____

a) Address : _____

- b) Telephone Numbers with STD Code: _____
- c) Fax Number with STD Code : _____
- d) E-mail Address : _____
- e) Year of Establishment : _____
- f) Whether registered under Society Act\ Public trust Act: _____
- (Please attach Xerox copy of registration cert.)

3. Status of College : - (Please attach proof documents)

- a) Government\ Govt. Aided Private\ Private Non aided /Deemed : _____
- b) Whether has minority status : _____
- c) Year / Date of Establishment \ Starting of College : _____
- d) Permission of State Govt. to start College : _____
- e) Date of First affiliation by the MUHS : _____
- f) Permission of Maharashtra State OT/PT Council : _____

4. Whether Compliance report of last LIC report submitted to University :

(Please attach copy of compliance report)

5. Year of first admissions \ first batch : _____

6. Year of Passing out of 1st batch : _____

7. Yearly intake as permitted by Central Council : _____

8. Yearly intake as permitted by University : _____

9. Method of admitting students : Through MHCET \ ASS.CET \ OTHER

10. Number of students studying in the college (Current year) :

1st year :

2nd year :

3rd year :

4th Year :

Interns :

Total :

11. Financial Status (Attach balance sheet of last three years).

a. Total Income from all sources : Rs.

- i) Fees :
- ii) Hospital income :
- iii) Grants from Government & others . :
- iv) Donations
- v) Other

b. Total Expenditure :

- i) College Salary expenditure :
- ii) College Non- Salary expenditure :

c. Movable assets :

d. Non movable assets :

e. Liabilities :

12 . Budget Provision (Current Year) :

Figures in Rupees progressive (Cumulative) up to the end of the visiting month.

13 . Teachers information :

a) Total number of available teachers :

14. Information about Non-teaching Staff:

Total number of available Non-teaching Employees :

(Please attach separate list of non-teaching Employees)

Post	Required		61 to 100 Intake	Available	Deficit/excess
	Up to 40 Intake	41 to 60 Intake			
PA / Academic Clerk	01	01	01+01		
Store Keeper / Jr. Clerk	01	01+01	01+01		
Registration and data entry operator	01	01	02		
Peon	02	03	04		
Lab Asst.	02	02	03		
Account Clerk	01	01	02		
Librarian	01	01	02		
Total	09	11	17		

15 Pay Scales & Other information:

- a) Whether the Pay scales applicable to Teachers and actual salary & wages are drawn as per Pay scales and rules of Government \ University from time to time?
- b) Whether the Pay scales applicable to Non-teaching employees are drawn as per pay scales and rules of Government\University from time to time?
- c) Mode of disbursement of salary: -
- d) Whether Service Books of Teachers and Non-teaching Employees are prepared and well maintained, from time to time as per Rules? :
- e) Whether Provident fund is deducted from the salary of employee?

16. Local Managing Committee :

17. Principal/HOD :

- a) Name of Principal\HOD :
- b) Nature of appointment :
- c) Qualification :
- d) Total Experience as a Principal :
- e) Whether Approved by MUHS / Deemed University :
Approval letter No. :
- f) Contact No..Mobile :

Office: Res. : E-mail: _

18. College Building

Total built up area available for college building: _____sq.ft.

Minimum area required according to intake capacity: _____ (follow respective annexure)

{10 intake: 19475 sq.ft / 11 to 40 intake: 20600 sq.ft/ 41 to 50 intake: 21025/ 51 to 60 intake: 28775 sq.ft / 61 to 100 intake: 30850 sq.ft }

Space allotment	Upto 50 intake	51 to 100 intake	No of units	Total area required in sq.ft	Actual area available
Administrative office	500	1000	1	500/1000	
Director/dean/principal /H.O.D.'s office	400	400	1	400	
Professor's office	150 per unit	150 per unit	3/4/6	450/600/900	
Associate Professor's office	100 per unit	100 per unit	1/4/6/11	100/400/600/1100	
Assistant Professor's office	75 per unit	75 per unit	3/8/9/13/22	225/600/675/975/1650	
Conference room	300	500	1	300/500	
Mini auditorium	1500	2500	1	1500/2500	
Class Rooms	750	1200	4	3000/4800	
Student Common room (Girls)	1000	1500	1	1000/1500	
Student common room (Boys)	250	300	1	250/300	
*Library with reading room	1200	2000	1	1200/2000	

Discussion/ Interaction room	200	300	1	200/300	
Hostels for Girls	Mandatory	Mandatory	Separate /share d with medical college		
Hostels for Boys	Mandatory	Mandatory	Separate /share d with medical college		
Core laboratories	1200	1500	2	2400	
Clinical skill labs/Fitness Lab	1200	1500	1	1200	
Indoor physiotherapy department	1200	1200	1	1200	
Outdoor physiotherapy department areas as per work load	5000	7000	1	5000	
Recreational Area	1000	1200	1	1000	

* In absence of attached Medical College:

1 Library space should be 2000 Sq.Ft.

2. Anatomy & Physiology labs to be developed: $1200 + 1200 = 2400$ Sq.Ft.

Department	Year	Area in sq ft	
		Up to 50 intake	51 to 100 intake
Anatomy	I B.P.Th	1200	1500
Physiology	I B.P.Th	1200	1500
Electrotherapy & electrodiagnosis	I & III B.P.Th	1200	1500
Therapeutic gymnasium /kinesiotherapy	I & II B.P.Th	1200	1500
Yoga laboratory /clinical skills	I,III & IV B.P.Th	1200	1500
Exercise fitness & functional diagnosis	III B.P.Th		
Indoor + Outdoor physiotherapy department	I/II/III/IV B.P.Th	1200 +5000	1200 +7000

19. DEPARTMENTAL LIBRARY: Annexure-M

REQUIREMENT		ACTUALLY AVAILABLE	DEFICIT/ EXCESS
Text Books	As per syllabus One copy of Book per 10 students.		
Reference books	As per syllabus		
Advanced Books	Adequate		
E-Books			
CDs			
Journals	APTA.		
	Archives of Physical Medicine & Rehabilitation [American]		
	Australian Journal of P.T.		
	C.S.P. Physiotherapy		
	Year book of Sports Medicine		
	Spine		
	Applied Biomechanics	Available	
	Developmental Medicine & child neurology	Not Available	
Mandatory Internet facility with minimum 3 computer terminals Access to e-library Equipment	Medline & MUHS digital library	Available	
Audio-Visual Aids	OHP/Slide Projector – One per class room	Yes, 03	
	LCD – One per classroom	Yes, 06	

20. TEACHING DEPARTMENT:

Following departments should be set-up at the commencement of First year BPTTh:.

1. Dept. of Kinesiotherapy and Physical Diagnosis
2. Dept. of Electrotherapy and Electro-Diagnosis

Following departments should be set-up at the commencement of Third year BPTTh:

3. Dept. of Musculoskeletal Sciences Physiotherapy
4. Dept. of Neurosciences Physiotherapy
5. Dept. of Cardio-Pulmonary Physiotherapy
6. Dept. of Physiotherapy in Community Health

Staffing Pattern for Physiotherapy Course

Desired teacher student ratio: Govt. GR No. H&D/1080/979/H.O-A

A) Required teaching staff up to 10 intake :

PT Year Wise	Departments	Principal cum Professor	Professor	Asso. Prof.	Asst. Prof / Lecturer
I & II	Any Subject	01	--	01	03
	Electrotherapy & Electrodiagnosis	--	--	--	
	Kinesiotherapy & Physical Diagnosis	--	--	--	
III & IV	Any one of the following Clinical Subjects	--		01	02
	Musculoskeletal Sciences PT	--			
	Neurosciences PT	--			
	Community PT	--			
	Cardiovascular respiratory PT	--			
	Total	01		01+01	03+ 01

B) Required teaching staff up 11 to 40 intake :

PT Year Wise	Departments	Principal Cum Professor	Professor	Asso. Prof.	Asst. Prof / Lecturer
I & II	Any Subject	01	--	01	
	Electrotherapy & Electrodiagnosis	--	--	--	02
	Kinesiotherapy & Physical Diagnosis	--	--	--	02
III & IV	Any one of the following Clinical Subjects	--	03	--	--
	Musculoskeletal Sciences PT	--		01	01
	Neurosciences PT	--		01	01
	Community PT	--		01	01
	Cardiovascular respiratory PT	--		01	01
	Total	01	03	04	08

C) Required teaching staff up 41 to 50 intake :

PT Year Wise	Departments	Principal Cum Professor	Professor	Asso. Prof.	Asst. Prof / Lecturer
I & II	Any Subject	01	--	--	--
	Electrotherapy & Electrodiagnosis	--	--	01	02
	Kinesiotherapy & Physical Diagnosis	--	--	01	03
III & IV	Any one of the following Clinical Subjects	--		--	--
	Musculoskeletal Sciences PT	--	01	01	01
	Neurosciences PT	--	01	01	01
	Community PT	--	01	01	01
	Cardiovascular respiratory PT	--	01	01	01
	Total	01	04	06	08

**Note : Every Clinical subject department should
headed by a Professor**

D) Required teaching staff up 41 to 50 intake :

PT Year Wise	Departments	Principal Cum Professor	Professor	Asso. Prof.	Asst. Prof / Lectur er
I & II	Any Subject	01	--	01	
	Electrotherapy & Electrodiagnosis	--	--	01	02
	Kinesiotherapy & Physical Diagnosis	--	--		03
III & IV	Any one of the following Clinical Subjects	--		--	--
	Musculoskeletal Sciences PT	--	01	01	02
	Neurosciences PT	--	01	01	02
	Community PT	--	01	01	02
	Cardiovascular respiratory PT	--	01	01	02
	Total	01	04	06	13

Note : Every Clinical subject department should be headed by a Professor

E) Required teaching staff up 61 to 1000 intake :

PT Year Wise	Departments	Principal Cum Professor	Professor	Asso. Prof.	Asst. Prof / Lecturer
I & II	Any Subject	01	--		
	Electrotherapy & Electrodagnosis	--	01	01	03
	Kinesiotherapy & Physical Diagnosis	--	01	02	03
III & IV	Any one of the following Clinical Subjects	--		--	--
	Musculoskeletal Sciences PT	--	01	02	04
	Neurosciences PT	--	01	02	04
	Community PT	--	01	02	04
	Cardiovascular respiratory PT	--	01	02	04
	Total	01	06	11	22

Note : All departments should be headed by a professor

Teachers of Specialty Medical Subjects:

- These teachers should be necessarily post graduates in the specialty Medical subjects.
- These teachers can be part time or external teachers.

b) Qualification & Experience of Physiotherapy Teachers :-

Sr. No.	Designation	Revised Norms	
		Qualification	Full time teaching Experience
01	Principal / Director / Dean / Superintendent	Master Degree in Physiotherapy	03 yrs. experience as Professor
			OR 12 yrs. total experience as teacher after post-graduation in physiotherapy. However he must have Post Graduation qualification or Ph.D or equivalent of it under the faculty of health sciences.
02	Professor	Master Degree in Physiotherapy	04 yrs. experience as Asso. Professor
			OR 09 yrs. total experience as teacher after post-graduation in physiotherapy. However he must have Post Graduation qualification or Ph.D or equivalent of it under the faculty of health sciences.
03	*Asso. Professor	Master Degree in Physiotherapy	05 yrs. as Lecturer after post- Graduation
			OR 8 yrs total experiences as teacher after graduation in physiotherapy. However he must have Post Graduation qualification or Ph.D or equivalent of it under the faculty of health sciences.
04	Assistant Professor	Master Degree in Physiotherapy	Nil
05	Assistant Lecturer	Bachelors Degree in Physiotherapy	Nil

(Information regarding infrastructure available)

1. DEPARTMENTS & LABORATORIES

A. DEPARTMENT OF ELECTROTHERAPY & ELECTRODIAGNOSIS :

- Name of H.O.D. : _____
- a. Space available for department : _____
- b. Whether w/c facility is attached? : _____
- c. Number of Professors : _____
- d. Number of Asso. Professor : _____
- e. Number of Asst. Professor/Lecturer : _____
- f. Whether Departmental Library is maintained : _____
If yes ,then number of available books : _____
- g. Whether Stock book registers are available? : _____
Whether Certified and well maintained? : _____
- h. Whether students attendance record is available ? : _____
- i. Whether record of internal Assessment is well maintained? : _____
- j. Number of Charts available : _____
- k. Number of Models available : _____
- l. Whether term wise distributed syllabus is followed ? : _____
- m. Any other important thing to specify ? : _____

(Please attach detail list of available furniture, chart, models, samples, specimen, photographs, instruments, equipments available at department for teaching and academic purposes.)

*: The candidate not holding Master degree in Physiotherapy but already approved / recognized by the Maharashtra University of Health Sciences as UG / PG teacher for BPTH / MPTh (sp) programme, shall be continued in the current post till his / her superannuation as per UGC norms. However for his / her any further promotion in the cadre, acquisition of higher qualification as relevant to physiotherapy shall be mandatory, and these norms are **applicable from academic year 2016-17 to 2020-21**.

- All Teachers should be registered under the Maharashtra State Occupational Therapy and Physiotherapy Council.

Please note : Additional weightage will be given to clinical experience in teaching institution by ratio of 4: 1
(Four years clinical experience in the teaching institution is equal to one year teaching experience).

Teachers of speciality Medical subjects:-

- These teachers should be necessarily post graduates in the speciality Medical subjects & may be attached to MCI recognized Medical College.

OR

- The Physiotherapy College should develop its own laboratories in Anatomy & Physiology
The infrastructure should be as per MCI guidelines .

B .DEPARTMENT OF KINESIOTHERAPY & PHYSICAL DIAGNOSIS :

- Name of H.O.D : _____
- a. Space available for department : _____.
- b. Whether w/c facility is attached? :_____
- c. Number of Professors : _____
- d. Number of Asso. Professor : _____
- e. Number of Asst. Professor/Lecturer :_____
- f. Whether Departmental Library is maintained
If yes, then number of available books : _____
- g. Whether Stock book registers are available?
Whether Certified and well maintained? :_____
- h. Whether students attendance record is available ? :_____
- i. Whether record of internal Assessment is well maintained? :_____
- j. Number of Charts available : _____
- k. Number of Models available : _____
- l. Whether term wise distributed syllabus is followed ? :_____
- m. Any other important thing to specify ? :_____

(Please attach detail list of available furniture, chart, models, samples, specimen, photographs, instruments, equipments available at department for teaching and academic purposes.)

C. DEPARTMENT OF MUSCULOSKELETAL PHYSIOTHERAPY :

- Name of H.O.D. : _____
- a. Space available for department : _____
- b. Whether w/c facility is attached? : _____
- c. Number of Professors : _____
- d. Number of Asso. Professor : _____
- e. Number of Asst. Professor/Lecturer : _____
- f. Whether Departmental Library is maintained : _____
- If yes, then number of available books : _____
- g. Whether Stock book registers are available? : _____
- Whether Certified and well maintained? : _____
- h. Whether students attendance record is available ? : _____
- i. Whether record of internal Assessment is well maintained? : _____
- j. Number of Charts available : _____
- k. Number of Models available : _____
- l. Whether term wise distributed syllabus is followed ? : _____
- m. Any other important thing to specify ? : _____

(Please attach detail list of available furniture, chart, models, samples, specimen, photographs, instruments, equipments available at department for teaching and academic purposes.)

D. DEPARTMENT OF COMMUNITY PHYSIOTHERAPY:

- Name of H.O.D. : _____
- a. Space available for department : _____
- b. Whether w/c facility is attached? : _____
- c. Number of Professors : _____
- d. Number of Asso. Professor : _____
- e. Number of Asst. Professor/Lecturer : _____
- f. Whether Departmental Library is maintained
then number of available books : _____
- g. Whether Stock book registers are available?
Whether Certified and well maintained? : _____
- h. Whether students attendance record is available ? : _____
- i. Whether record of internal Assessment is well maintained? : _____
- j. Number of Charts available : _____
- k. Number of Models available : _____
- l. Whether term wise distributed syllabus is followed ? : _____
- m. Any other important thing to specify ? : _____

(Please attach detail list of available furniture, chart, models, samples, specimen, photographs, instruments, equipments available at department for teaching and academic purposes.)

E. DEPARTMENT OF NEUROSCIENCES PHISIOTHERAPY :

- Name of H.O.D. : _____
- a. Space available for department : _____
- b. Whether w/c facility is attached? : _____
- c. Number of Professors : _____
- d. Number of Asso. Professor : _____
- e. Number of Asst. Professor/Lecturer : _____
- f. Whether Departmental Library is maintained : _____
If yes, then number of available books : _____
- g. Whether Stock book registers are available? : _____
Whether Certified and well maintained? : _____
- h. Whether students attendance record is available ? : _____
- i. Whether record of internal Assessment is well maintained? : _____
- j. Number of Charts available : _____
- k. Number of Models available : _____
- l. Whether term wise distributed syllabus is followed ? : _____
- m. Any other important thing to specify ? : _____

(Please attach detail list of available furniture, chart, models, samples, specimen, photographs, instruments, equipments available at department for teaching and academic purposes.)

F. DEPARTMENT OF CARDIOVASCULAR / RESPIRATORY PHYSIOTHERAPY :

Name of H.O.D. : -----

a. Space available for department : -----

b. Whether w/c facility is attached? :-----

c. Number of Professors : -----

d. Number of Asso. Professor : -----

e. Number of Asst. Professor/Lecturer :-----

f. Whether Departmental Library is maintained : -----

If, yes then number of available books : -----

g. Whether Stock book registers are available? :-----

Whether Certified and well maintained? :-----

h. Whether students attendance record is available ? :-----

i. Whether record of internal Assessment is well maintained? :-----

j. Number of Charts available : -----

k. Number of Models available : -----

l. Whether term wise distributed syllabus is followed ? :-----

m. Any other important thing to specify ? :-----

(Please attach detail list of available furniture, chart, models, samples, specimen, photographs, instruments, equipments available at department for teaching and academic purposes.)

21.LIBRARY.:

A) SYSTEM :- 1. Open access\Card window\Others

2. Stamp of library for identification of each book is placed on

Page Number

- a) Total Space Available :
- b) Reading Room (General) :
- c) Teachers Reading Room :
- e) Catalogue\Counter Room :
- f) Librarian Room :

B) AVAILABLE BOOKS.:

a) Total books as per central accession register :

b) Total books under scheme of Book bank from register :

c) Total books available at Library :

i) Total number of books on Physiotherapy :

ii) Total Number of books on Basic Medical & Clinical Sciences:

iii) Number of other books :

d) Journal / Magazines/ periodicals subscribed per month:

International:

National:

State:

e) Number of available Newspaper :

Marathi:

English:

Hindi:

National:

State :

Local :

f) Number of other magazines :

g) Total cost of available Books in Rupees :

22. SPORTS FACILITIES :

Name of the Sports Teacher:

Qualification:

Space available for sport department:

23. HOSTEL

A) Boys Hostel :

Total Capacity :

B) Girls Hostel :

Total Capacity :

24. OTHER FACILITIES.

a) Ladies common room with attached w/c :

b) Canteen facility for students and staff :

c) Water Cooler/safe drinking water facility :

d) Internet facility inside campus :

e) Cycle \ Motorcycle \ Car Parking :

25. Details of the Research activities carried out in last three years

Research by the faculty-

HOSPITAL - INFORMATION

CLINICAL FACILITIES : Attached Hospital (Govt. / Civil / Private) must be within 10 km. radius of the college.

1. Name of the Hospital: _____
2. Address : _____

3. Telephone No.----- Fax No.-----

4. Whether the Hospital is owned by the College\Management or Rented?

5. Total number of Beds (minimum required 500)_:

6. Total built up area of Hospital :-----

7. Student Bed Ratio (Under graduate) : -----

8.. Average Bed Occupancy in% :-----

9. Whether Hospital is registered under any act under Local authority such as Corporation, Municipality, Grampanchayat, etc.:

10. Distance of Hospital from the college to which it is attached (In kms):

11 Whether Casualty is available and functional

12 Whether separate Registration room is available at OPD ?

a. Number of total patients registered in last year :

b. Number of New Patient registered on daily average :

c. Number of Old patient registered on daily average :

d. Average Number of patients attending OPD(current year) :

e. Whether records of patient registration are well maintained :

LABORATORIES

II. ELECTRO THERAPY & ELECTRODIAGNOSIS LAB

SN	Equipment / Facility	Required		Available	Fulfills/ Lacunae
		Up to 50	51 to 100		
1	Cubicles with separate power line (earthed)	10	15		
2	Hot Packs	12	12		
3	Cold packs	12	12		
4	PWB	2	3		
5	Open circuit stimulator	1	2		
6	SWD	3	6		
7	UVR	3	6		
8	Ultrasound	3	6		
9	I.R.	3	6		
10	Whirl pool	1	1		
11	Diagnostic Stimulators	10	15		
12	TENS Unit	5	10		
13	Interferential Current Therapy Unit	3	5		
14	Lasers (desirable)	1	1		
15	Cervical & lumbar traction Units	1+1	2+2		
16	Contrast Bath	1	1		

Requirement for Electrodagnosis

SN	Equipment / Facility	Required	Available	Fulfills/ Lacunae
		Up to 50	51 to 100	
17	Two channeled EMG with IP analyzer	01	01	
18	Biofeedback / Multi stimulator	01	01	

2. THERAPEUTIC GYMNASUM & KINESIOTHERAPY LAB
(Non-skid flooring - Mandatory)

SN	Equipment / Facility	Required		Available	Fulfills/Lacun
		Up to 50	51 to 100		
1	Cubicles	10	15		
2	Parallel Bar with Mirror	01	02		
3	Wall Bar	01	02		
4	Stair Case	01	01		
5	Suspension App.	03	05		
6	Tilt Table	02	02		
7	Ergocycles	03	05		
8	Rowing Machine	03	03		
9	Exam couches	15	20		
10	Exs mats-	Adequate	Adequate		
11	Dumbbells and Spings	Adequate	Adequate		
12	Weights / Wedges	Adequate	Adequate		
13	Sand Bags	Adequate	Adequate		
14	Medicine Balls	02	05		
15	Therabands	1 set of all	2 set of all		
16	Swiss Balls 24" & 36"	01 each	02 each		
17	Hand Dynamometer	01	01		
18	Hand Evaluation Kit	01	01		
19	Delorm's Boot with weights	02	05		
20	Hand Exercise Unit	01	01		
21	CPM	01	02		
22	Shoulder Wheel	01	02		

23	Finger ladder	01	03		
24	Skates	Adequate	Adequate		
25	Axillary / Elbow Crutches & Walkers	Adequate	Adequate		
26	Wobble Board	02	04		
27	Quadriceps Table	01	02		
28	Ankle Exerciser	02	04		
29	Bed Cycle	01	02		
30	Racet	01	02		
31	Wrist Roller / Wrist Exerciser	Adequate	Adequate		
32	Wheel Chairs	Adequate	Adequate		
33	Pelvic Inclometers	01	02		

3. EXERCISE PHYSIOLOGY & FITNESS LAB:

SN	Equipment / Facility	Required		Available	Fulfills / Lacunae
		Up to 50	51 to 100		
1	Computerized treadmill	1	3		
2	Bicycle ergometer with speedometer	1	3		
3	Skin fold caliper	2	4		
4	Body composition analyzer [Desirable]	1	1		
5	Body Fat Analyzer	1	1		
6	Pelvic inclinometer				
7	Weighing scale with height measurement	1	2		
8	Spirometer	1	2		
9	Peak flow meter	3	6		

10	Energy consumption analyzer [Desirable]	1	1		
11	Pulse Oxymeter	4	6		
12	ECG [Desirable]	1	2		
13	Flutter	2	4		
14	Inspiratory Muscle Trainer	2	4		
15	Oxygen Cylinder	1	1		
16	Nebulizer				
	A) Ultra Sound	1	1		
	B) JET	1	1		
17	Portable Suction Machine	1	1		
18	B.P. Apparatus & Stethoscope	3	6		
19	Shuttle Walk Test Software (Desirable)	1	1		

4 YOGA / CLINICAL SKILLS LAB

SN	Equipment / Facility	Required		Available	Fulfills / Lacunae
		Up to 50	51 to 100		
1	Yoga Mats / Pediatric Mats / Mats for Training Neurotherapeutic Skills	20	30		
2	Adjustable Manual Therapy Plinth	02	04		
3	Therabands & Theratubes	Adequate	Adequate		
4	Swiss balls	Adequate	Adequate		
5	Stability Trainers	Adequate	Adequate		
6	Sensory Assessment Kit	Adequate	Adequate		
7	Balance Assessment & Training Equipment	Adequate	Adequate		
8	Equipment for Training of Hand Function	Adequate	Adequate		
9	Stools, Benches, Wheel Chairs, Stairs Ramps For Training Transfers	Adequate	Adequate		

Other Requirements :

R)	<ul style="list-style-type: none"> Use of MKCL Software (For Student Registration) 		Yes / No		
S)	<ul style="list-style-type: none"> Strong Room <ul style="list-style-type: none"> a) Area-300 sq.ft b) Shelf c) Steel cupboard-1 d) CCTV 		Available / Not available Yes / No Yes / No Yes / No Yes / No		
	About online transmission equipment		Yes / No		
T)	1) Student Welfare Related * Establishment VISHAKA (Sexual Harassment redressal) Committee • Whether Anti Ragging Committee is formed: • Whether report of the said committee sent to the University : • No. of Meetings conducted and. No. of complains received :		Yes / No		
	<ul style="list-style-type: none"> Games and Sports Facilities with P.T. Teacher or Instructor. 		Yes / No		
	Data of Student from your college, those who had the beneficiary of the schemes run/given by Student Welfare Department MUHS, Nashik.				
	Particular				
	Earn and Learn Scheme				
	DhanwntriVidyadhan Scheme				
	Sanjivani Student Safety Scheme				
	Book Bank Scheme				
	SavitribaiPhuleVidyadhan Scheme				
	External Scheme				
	No. of Student(s) from your college had the participation University level Avishkar competition, organized by MUHS.				
	Your College has NSS Unit ?				
	If Yes, then provide the submission date, on which the last year's NSS expenditure audited report submitted to University.				

1. Date of college data uploaded on web portal (<http://aishe.gov.in>)
Regarding “All India Survey on Higher Education”

i) For the survey year AISHE : 2011-12 Date :

/	/20
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ii) For the survey year AISHE : 2012-13 Date :

/	/20
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iii) For the survey year AISHE : 2013-14 Date :

/	/20
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iv) For the survey year AISHE : 2014-15 Date :

/	/20
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/	/20
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2. Whether “Swaccha Bharat Abhiyan” implemented in college:

CERTIFICATE OF PRINCIPAL / H.O.D.

This is to certify that the information furnished in above proforma is actually based on facts and as per available record of the College and Hospital is very true. It is further certified that, nothing has been neither hidden nor exaggerated while providing information.

Seal Signature _____

Name of

Principal/HOD.:-----

College name:-----

Place:-----

Date:-----

CERTIFICATE\ REMARKS OF THE LOCAL INQUIRY COMMITTEE .

We the Local Inquiry Committee member here by certifies that, we have thoroughly inspected the College and Hospital on the date mentioned. We have verified the statements made in the proforma. We hereby agree with the information supplied by the authorities of the institute. / We do not agree with the information supplied by the authorities of the institutes. The statements\data\ figures which are not found correct or not based on facts, are encircled by red ink the correct figures are entered near the circle in red ink.

(Scratch which ever is not applicable.) Place --

Date -----

Names

Signatures

1. Chairman/Chairperson :

2.Member :

3.Member :

Annexure - A**The List of “Approved” teachers who were present on the day of Inspection**

(If teacher is absent, please attach Leave application)

SN	Name of the teacher	Designation	Subject	Date of Birth & Category	Mobile No / E. mail Id	Status of approval	Signature

Chairman
(Name & Signature)

Member
(Name & Signature)

Member
(Name & Signature)

Annexure - B**The List of “Non- Approved” teachers who were present on the day of Inspection**

(If teacher is absent, please attach Leave application)

SN	Name of the teacher	Designation	Subject	Date of Birth & Category	Mobile No / E. mail Id	Status of approval	Signature

Chairman

(Name & Signature)

Member

(Name & Signature)

Member

(Name & Signature)

DECLARATION

I, the Dean / Director / Principal of the.....College / Institute solemnly states on affirmation, that the information provided by me in the format attached to this declaration as **Annexure-I**, is true and correct to the best of my knowledge. Said information is provided to me by the concerned teachers and duly verified by me. The teachers in the Annexure-I are not working in /at any other college / Institute or presented themselves at any inspection for the academic year 2016-2017, as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure-I are staying in the same city / town / village where the College / Institute is situated or adjacent to the city / town / village where the College / Institute is situated and having the valid proof of residence of the said city / town / village. The teachers in the Annexure-I are not practicing in College working hours or out-side the City where the College / Institute is situated.

I am further hereby declaring that every information or contents of this declaration is based on the information provided by the concerned teachers and endorsed by me after due verification and the same is / are absolutely true and correct. If at any stage it is revealed that any information or content given in this declaration is not true and correct, in such event the undersigned / the concerned teacher, as the case may be, shall be liable for disciplinary action or penal action, as the case may be.

This declaration is voluntarily signed by me onday of, 2016 at

Date : -----

Place:-----

Signature of Dean / Director / Principal

Name of the Signatory-

(with Seal of the College / Institute)

Name of the College
Statement Showing Information of Approved Teaching Staff:
Intake Capacity

[illegible]