PT- P.G. formote

MAHARASHTRA STATE COUNCIL OF OT/PT

Format for inspection by Local Inquiry Committee
For Continuation of Affiliation / Extension of Affiliation for PG Course

Faculty of Allied (Master of Physiotherapy)

Note: Please delete whatever is not applicable

1)	Name	of the	College	running	M.P.Th	Course:-
----	------	--------	---------	---------	--------	----------

Year of Establishment: Status:- Govt / Private / Aided / Non-aided Address: E-mail Address:-

2) Name pf the Principal / Dean:Qualifications:Residential Address:Tel No. office:Res

Mobile:-

3) Name of the Chairman / Secretory / Director :-Name of the Management:-Registration No of the trust,

Date & year of starting of BPTH Course: Date & Year of starting of MPTh Course:-Registered Address:-(Please attach copy of certificate)

a) Annual Budget of the trust / Society: (Please attach copy of last 3 years) fund code functionary code

b) Separate Budget of for PG Education (Mandatory)
Amount if any

5) Statement of Audited accounts
(Please attach copy of last 3 years) copy attached

6) Registration of Maharashtra State Council of OT/PT:-Date of application for permission to MUHS:-Affiliation to the University:-Amount paid:-

7) Period of Existing affiliation From to

Name of the course already available 1)

8) Name of the course already available 1) 2) in the college 3) - 4) -

9) Whether college is approved by IAP

Yes / No

Year of approval (Please attach copy) Whether college is approved by Central / State Cou Year of approval (Please attach copy)	recil Yes / No (In Process.)
10) Whether the MPTh degree is recognized	
by IAP By Central / State Council	Yes / No Yes / No (In Process)
11) Space: (Separate space for PG is mandatory)	
UGsq. ft.	
PGsq. ft	
(800 sq. ft per specialty desirable)	

12) Attached with 500 bedded hospital:

Type of attachment : Own / lease (Please attach documents/MOU to that effect) / Rented

Name:

Address:

No. of beds:

Occupancy:

PT referral as per specialty:

Facilities:

13) Clinical Facilities:

Whether sufficient clinical facilities are available for the PG Course in order to train the students:- Student:Patient -

(Student: Patient ratio – 1:5)			
Sr. No.	Clinical Facility	Outdoor	Indoor	Deficit -/
1	PT in Musculo-skeletal			
2	PT in Neuroscience Adult			
	PT in Neuroscience Paediatrics			
3	PT in Cardiovascular and Respiratory conditions			
4	PT in Community *			
5	PT in Sports and Fitness			1
6	PT in Paediatrics		residente de la companya della companya de la companya de la companya della companya della companya de la companya de la companya della compa	
* 1)	Attachment to a PHC		Yes / No	
2)	Geriatric Homes		Yes / No	
3)	NGOs		Yes / No	
4)	Camps (description of Camps)		Yes / No	
5) N	Mobile PT unit (desirable)		Yes / No	

14) No. of Admissions done in MPTh Course for the Following subjects:

Sr No.	Speciality Subject	MPTH I	MPTh II	MPTH III	Total	NRI
1	Musculoskeletal					

(2)

2	Neurosciences		
3	Cardiovascular & respiratory		
4	Community Based Rehabilitation		
5	Sports and Fitness	12 70	
6	Paediatrics		

15) List of PG teachers

Sr.	Name	Designat	Subject E				UG	PG ,	Council
No		ion		UG	PG	Total	approval Yes/No	Yes/No	Reg. No.
1	1.0								
					Trans.	0.00			

(Attach bio-data of Principal / teachers)

Pay: As per UGC & 6th Pay commission

Yes / No

For benefit of students services of visiting faculty can be utilized, so that teaching does not suffer; but these faculty members will not be counted in the PG teachers. They cannot register candidates.

16) Non-teaching staff:

Sr. No	Designation	Required	Available	Deficit / excess
1	Administrative Officer			
2	PA / Typist			
3	Typist / Clerk			
4	Registration Assistant			
5	Laboratory Nurse			
6	Staff Nurse			
7	Peon / attendant			
8	Ward boys			
9	Storekeeper			
10	Sweeper			

Whether pay scales are as per UGC and 5th pay commission

Yes / No

- 17) Name of Equipments available for PG Course in the college
 - a) Musculoskeletal Lab

Dynamometer

Hand Evaluation Kit

Therabands

Biofeedback unit with the facilityEMG unit with integrated analysis software provided Video camera and player (with jog shuttle facility) for movement analysis-desirable Motion analyser -desirable

Isokinetic Unit - desirable

b) Neuro physiotherapy Lab

2 channel EMG with nerve conduction testing facility

Biofeedback unit with the facility to do quantitative analysis and therapy

Swiss balls and stability trainers

Therabands

Sensory Integration Kits

Balance boards

Video camera and player (with jog shuttle facility) for movement analysis - desirable

Motion analyser - desirable

Balance Master - desirable

c) Cardio-pulmonary Laboratory

Treadmill / Bicycle Ergo meter with arm &/ Leg Unit

Spiro meter Portable

Peak Flow meters

Pulse Oximeters

Mannequin for CPR training

Body Composition analyser-desirable

Energy Consumption analyser - desirable

Paediatrics Laboratory d)

Well equipped Play room

Sensory Integration kit

Swiss balls

Positioning devices

e) Community Physiotherapy

Attachment to a PHC is a must

Accessibility to a mobile Physiotherapy Unit is desirable

f) Sports Physiotherapy

Fitness measurement Instrumentation

Access to sports center / gym

Tie-up with a sports team.

18) Financial status: Whether additional funding is provided for PG course by the management Budget common with medical college

Details:

19) Library facilities: a) Central Library

Yes / No

Total no. of books

Total no. of journals

b) Departmental Library

Yes / No

Total no. of books

Sr. No	Speciality Subject	No of Books	No. of Journals
1	Musculoskeletal		

2	Neurosciences	
3	Cardiovascular and Respiratory	
4	Community Based Rehabilitation	
5	Sports and Fitness	
6	Paediatrics	

(Please attach copy of list of books and journals)

c) Audio visual facility

d) OHP / Slide Projector / Computer / LCD Projector

e) Medline Internet facility available (aboved with modical callege)

Yes / No

e) Medline, Internet facility available (shared with medical college) Yes / No

f) X-ray viewers Yes / No g) Web or digital library account of the university availed Yes / No

20) Remarks of the Local Inquiry Committee: (Attach separate sheet if necessary)

Place:

Inspection Committee:

Sr. No.	Name	Signature
1		
2		
3		