

INSPECTION REPORT: PHYSIOTHERAPY FACULTY

To,
The Registrar,
Maharashtra State OT & PT Council,
Mumbai.

Subject:-Submission of inspection report. _____

OT PT Council Letter Reference No:_____

1. Name of Institution:_____

2. Year of

D	D	/	M	M	/	Y	Y	Y	Y
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 Establishment:-
Status : Government/ Corporation/Private/Deemed to be

3. Prescribed Fees for Inspection Deposited By College:- (Please Attach Photo Copies of the Receipt)

Course	Department (Applicable for PG Course)	Rs/-	In Words
UG (B.P.Th)			
PG (M.P.Th):-			

4. Particulars of Inspectors:

Inspection Date:_____

Name:_____
Designation : _____
Qualification:_____
Name & Address of Institute/College _____ _____
Mobile no. _____
E-mail:_____

Name:_____
Designation:_____
Qualification:_____
Name & Address of Institute/College - _____ _____
Mobile No:_____
E-mail:_____

1. _____

2. _____

Signature of the Council Inspector

5. Institutional Information:-

A) Particulars of College:-

Item	College	Chairman / Secretary	Director/Dean/Principal
Name			
Address of institute with Pin code			
Phone (Off)			
Mobile No.			
E-mail ID			

B) Particulars of Affiliated University:

University Name & type.			
Address of University with Pin code			
Phone (Off)			
Mobile No.			
E-mail ID			

1. _____

2. _____

Signature of the Council Inspector

6) **Budget Provision (Current Year) :** _____

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

7) **Teachers information**

a) Total number of available Teachers:-

(Please attach separate and detailed list of Teachers including Librarian / Assistant Librarian. For intake 50 Librarian mandatory, assistant librarian for intake up to 50. The approved experience should be counted up to the date of inspection)

8) **Total Teachers available in the institute as per Intake Capacity: - (Appendix –A)**

Tick **whichever is applicable-** (Attached Separate Copy)

10	<input type="text"/>	11to 40	<input type="text"/>	41to 60	<input type="text"/>	61 to 100	<input type="text"/>
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Designation	Intake												Excess / Additional Staff	Teacher Approval of concern University
	10			11 to 40			41 to 60			61 to 100				
	R	E	D	R	E	D	R	E	D	R	E	D		
Principal cum Professor	01			01			01			01				
Professor	00			02			04			05				
Associate Professor	01			04			06			10				
Assistant Professor	03			07			08			17				

* As per OT & PT Council Norms

* Approved Qualified Principal from recognized University is mandatory for recognition

9) **Clinical Workload of the Institution during Previous Three Years:-**

Years	New (Patients)		Total	Old (Patients)		Total
	OPD	IPD		OPD	IPD	

No. of Patients average per day:

Student's patient Ratio:

1. _____

2. _____

Signature of the Council Inspector

10) Information of Infrastructure:

Space Allotment	Up to 10 intake		11 to 40		41 to 50 Intake		51 to 60 Intake	
	Required		Required		Required		Required	
Administrative office	500		500		500		100	
Director/dean/principal / H.O.D.'s office	400		400		400		400	
Professor's office	0		300		600		600	
Associate Professor's office	100		400		600		600	
Assistant Professor's office	225		525		600		600	
Conference room	300		300		300		500	
Mini auditorium	1500		1500		1500		2500	
Class rooms	3000		3000		3000		4800	
Students common room (Girls)	1000		1000		1000		1500	
Students common room (Boys)	250		250		250		300	
*Library with reading room	1200		1200		1200		2000	
Discussions /Interaction room	200		200		200		300	
Hostels for Girls	Separate/Shared with Medical College							
Hostels for Boys	Separate/Shared with Medical College							
Core laboratories	1200		2400		2400		3000	
Clinical skill labs/Fitness Lab	1200		1200		1200		1500	
Indoor –physiotherapy department	1200		1200		1200		1200	
Out-door physiotherapy department areas as per work load	5000		5000		5000		7000	
Recreational Area	1000		1000		1000		1200	
Total area required excluding the hostel area	19475		20375		20375		29000	

Overall remark on infrastructure, Clinical load & staff:

1. _____

2. _____

Signature of the Council Inspector

11) Library Information:

Library	Total no. Text Book	Total No. of Reference Book	Total no. of Books (Under Bookbank scheme) if any	Total no. of Donated Books (if any)	Total no. of Journals		Remark
					Indian	Foreign	
Central Library							
Departmental Library							

- 1) Audio Visual Facilities : Yes / No
- 2) Computer/LCD Projector : Yes / No
- 3) Medline, Internet Facility available (shared with medical college) : Yes / No
- 4) Web or digital Library account of the university : Yes / No

• **Remark of Inspectors:**

Sr. No.	Name	Signature



MAHARASHTRA STATE COUNCIL

FOR OCCUPATIONAL THERAPY & PHYSIOTHERAPY, MUMBAI

महाराष्ट्र राज्य व्यवसायोपचार व भौतिकोपचार परिषद, मुंबई

St. George's Hospital, Behind C.S.T. Station, Ph. 22620408 Mobil No.9224586392

Email ID - otptcouncil@gmail.com, www.msotptcouncil.org

Inspection details leaflet for office purpose Under graduate course

Tick appropriate.

Inspection done for	New college 1 st recognition/ continuation of recognition / increase in intake UGSeats
Date of inspection	
Name of college	
Previous Council recognition validity	
Name of course	Bachelor of Physiotherapy (B.P.Th)
University Affiliation	
Intake capacity / Increased intake capacity	

Inspection details leaflet for office purpose Post graduate course

Tick appropriate.

Inspection done for	New college 1 st recognition/ continuation of recognition / increase in intake (write subject wise PG Seats details).
Subject wise PG Seats details.	1) M.P.Th (Musculoskeletal Physiotherapy):seats 2) M.P.Th (Neuro Physiotherapy) :seats 3) M.P.Th (Cardiorespiratory Physiotherapy):seats 4) M.P.Th (Community Physiotherapy) :seats 5) If Other Specify.....
Date of inspection	
Name of college	
Previous Council recognition validity	
Name of course	Master of Physiotherapy (M.P.Th)
University Affiliation	

1. _____

2. _____

Signature of the Council Inspector