

**MAHARASHTRA STATE COUNCIL FOR OCCUPATIONAL THERAPY &  
PHYSIOTHERAPY**

PROFORMA FOR L.I.C. REPORT AND MINIMUM REQUIREMENT FOR REGISTRATION

DATE OF VISIT:- .....

NAMES OF L.I.C. MEMBERS :

Chairperson :

Member :

Member :

NAME OF THE COLLEGE : .....

Name of the Management .....

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

Govt. permission obtained (Mandatory) – Attach copy.

Intake capacity / Deficit / Excess

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

COUNCIL Registration fees :

Status of Registration

New  Continuation

Previous Inspection Date :

Scrutiny Report :

Compliance Report :

YEAR OF SEEKING Registration 2 0 0 ----- 2 0 0 ---- FOR INTAKE CAPACITY:-----Seats

Continuation/Extension of affiliation Sought for: - 1. First B.P.Th

2. Second B.P.Th.

3. Third B.P.Th.

4. Fourth B.P.Th.

5. Internship

Registration FEES DEPOSITED: Rs. -----

Receipt No. ----- Dated -----

( Attach Xerox copies of receipt)

Details of outstanding registration fee (Yearwise) :Rs.: \_\_\_\_\_

**1. College Information :**

Name of the College : -----

a) Address : -----

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b) Telephone Numbers with STD Code: - -----

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c) Fax Number with STD Code : -----

d) E-mail Address : -----

a) Whether independent Physiotherapy College/ as part of Medical College

IF ATTACHED:

a) Name of Parent Institute: \_\_\_\_\_

\_\_\_\_\_

b) Address : -----

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c) Telephone Numbers with STD Code: - -----

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 d) Fax Number with STD Code : -----

e) E-mail Address : -----

Remarks regarding Maharashtra State OTPT Council approval & its details:

(Attach necessary documents) \_\_\_\_\_

Whether separate mandatory budget for Physiotherapy undergraduate education is made: Yes / No

Amount: \_\_\_\_\_ for the year \_\_\_\_\_

## 2. Management:

Name : -----

a) Address : -----  
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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 :-----

c) Date & Year / of Establishment of College.: -----

d) Date of First affiliation by the MUHS : -----

e) Permission of State Govt. to start College :-----

f) Permission of Maharashtra OTPT Council : -----

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**4. Whether Compliance report of last LIC report submitted to MUHS**

(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 Maharashtra OTPT Council** : -----

**8. Yearly intake as permitted by University** : -----

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

1<sup>st</sup> year ----- 2<sup>nd</sup> year -----

3<sup>rd</sup> year ----- 4<sup>th</sup> year \_\_\_\_\_

Interns-----Total-----

**13. Financial Status** (Attach Balance sheet of last three years)

a. Total Income from all sources : Rs. -----

i) Fees Rs. ----- ii) Hospital income : Rs. -----

iii) Grants from Government & others Rs. -----

iv) Donations Rs. ----- v) Other Rs. -----.

b. Total Expenditure :Rs. -----

i) College Salary expenditure : Rs-----

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

c. Movable assets : Rs. -----

d. Non movable assets : Rs. -----

e. Liabilities : Rs. -----

(Please attach audited statements of income & expenditure for last three financial years)

**14. Budget Provision** (Current Year) :

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

**15. Information about Teaching faculty.**

a) Total number of available teachers : -----

(Please attach separate and detail list of Teachers including Librarian and sport teacher. The approved experience should be counted up to the date of inspection)

**16. Information about Non-teaching Staff.**

Total number of available Non-teaching Employees : -----

(Please attach separate list of N.T. Employees.

Designation	Required	Available	Deficit/excess
PA / Academic Clerk	1		
Registration Assistant	1		
Peons	4		
Store keeper / Clerk	1		
Lab Asst.	4		
Word boys	Adequate		
Sweeper	2		
Accountant	1		
Asstt. Librarian	1		

**17. 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?  
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If No, then justify: -----  
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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?  
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If No, then justify: -----  
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c) Mode of disbursement of salary: - By cash /By Cheque / through Nationalized bank by Pay order/ through Cooperative bank by Pay order/ No specific method followed. -----

d) Whether Service Books of Teachers and Non-teaching Employees are prepared and well maintained, as per Rules? :-----

e) Whether Provident fund is deducted from the salary of employee? :-----

If No, then please Justify: -----

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**18. Local Managing Committee :** (attach copy of LMC )

**19. Principal / HOD :**

a) Name of Principal/HOD :-----

b) Nature of appointment : Full time/ Officiating /Acting

c) Qualification:-----

d) Total Experience as a Principal :-----

e) Whether Approved by MUHS :----- (Attach copy)

Approval letter No. ----- dated-----

f) Contact No. Mobile: \_\_\_\_\_

Office: \_\_\_\_\_ Res.: \_\_\_\_\_ .

E-mail: \_\_\_\_\_

**20. College Building**

Total built up area available for college building :-----sq.ft.

(minimum required area :20, 000 sq. ft)

Space allotment	Requirement per unit	No. of Units	Total area required in sq ft	Actual area available
*Department Office	750	1	750	
* Director/Dean/ Principal /H. O. D`s Office	600	1	600	
Professor`s Office	150	2	300	
Associate Professor`s office	100	4	400	
Assistant Professor`s office	50x8	6+2	400	

Common room for Staff	150	1	150	
Seminar room/ Mini Auditorium	500	1	500	
Conference Room	600	1	600	
Class Rooms	400	4	1600	
Students` common room [Girls]	500	1	500	
Students` common room [Boys]	200	1	200	
*Library with Reading Room	1200	1	1200	
Discussions /Interaction room	200	1	200	
Hostel for Girls	Mandatory	Separate / shared with Medical College		shared with Medical College
Hostel for Boys	Mandatory	shared with Medical College		
CORE Laboratories	1200	6	7200	
Indoor-Physio therapy department	1200	1	1200	
Out-door Physio therapy department area as per the work load	3000	1	3000	
Gymkhana	1200	1	1200	

\* In absence of attached Medical College Library space should be 2000 sq.ft.

**Laboratories –5600 sq. ft.**

Department	Year	Area
Anatomy	I B.P.Th.	1200 sq.ft.
Physiology	I B.P.Th.	1200 sq.ft.
Electrotherapy & Electro-diagnosis	I B.P.Th. / III B.P.Th	1200 sq.ft.
Therapeutic gymnasium / kinesiotherapy	I B.P.Th. / II B.P.Th.	1200 sq.ft.
Yoga laboratory / clinical skills	I B.P.Th. / III B.P.Th. & IV B.P.Th.	1200 sq.ft.
Excises fitness & functional diagnosis.	III B.P.Th.	1200 sq. ft.

## 21. COLLEGE LIBRARY:

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		
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		
	Developmental Medicine & child neurology		
Mandatory Internet facility with minimum 3 computer terminals Access to e-library Equipments	Medline & MUHS digital Library		
	Medline& MUHS digital Library		
Audio Visual Aids	OHP/ Slide Projector – One per class room LCD – One per classroom		

## 22. TEACHING DEPARTMENTS :

Following departments should be set-up at the commencement of First year BPTTh/B.P.T

- 1) Dept. of Kinesiotherapeutics and Movement Sciences.
- 2) Dept. of Electrotherapeutics and Electro-Diagnosis.

Following departments should be set-up at the commencement of Third year BPTTh/B.P.T

- 1) Dept. of Musculoskeletal Physiotherapy
- 2) Dept. of Neuro Physiotherapy
- 3) Dept. of Cardio-Pulmonary Physiotherapy
- 4) Dept. of Physiotherapy in Community Health

**There will be 6 departments and it is desirable that each department should have minimum of 1 Professor, 1 Associate Professor & 1 Lecturer; however considering, the scarcity of senior teachers in Maharashtra, minimum no. of teachers for capacity upto 40 students are described below.**

**If college is conducting PG curriculum, it will be necessary to have all heads as Professors.**



<b>Department</b>	<b>Staff</b>	<b>Clinical Facility</b>
Dept. of Kinesiotherapeutics & Movement Sciences	01 Professor 01 Assistant Professor + Resident	N.A.
Dept. of Electro Therapeutics & Electro – Diagnosis	01 Associate Professor 01 Assistant Professor + Resident	N.A.
Dept. of Musculo-skeletal Physiotherapy	01 Professor 01 Assistant professor + Resident	Outpatient & Inpatient Departments of the Hospital
Dept. of Neuro Physiotherapy	01 Professor 01 Assistant professor + Resident	Outpatient & Inpatient Departments of the Hospital
Dept. of Cardio-Pulmonary Physiotherapy	01 Associate Professor 01 Assistant Professor + Resident	Outpatient & Inpatient Departments of the Hospital
Dept. of Physiotherapy in Community Health	01 Associate Professor 01 Assistant Professor + Resident	Outpatient & Inpatient Departments of the Hospital

**Qualifications & Pay Scale of Staff :**

<b>Designation</b>	<b>Qualification</b>	<b>Pay Scale</b>
Principal of the Physiotherapy College or Head of the Physiotherapy Department	Master of Physiotherapy from any Recognized University with 3 years full time experience as Professor or 12 year total teaching experience.	As per latest pay commission
Professor	Master of Physiotherapy from any Recognized University with 4 year full time experience as Assoc. Professor or 09 year total teaching experience.	As per latest pay commission
Assoc. Professor	Master of Physiotherapy from any Recognized University with 5 year full time experience as Assistant Professor.	As per latest pay commission
Assistant professor	Master of physiotherapy from any Recognized University. Mandatory Probating period of 1 year (2 year Clinical Experience desirable)	As per latest pay commission

Pay scale – teachers should be paid as per latest pay commission applicable to the Medical and dental faculty. Non practicing allowance should be paid

**Non- teaching staff- (Full Time)**

Designation	Requirement	Available	Deficit / excess
1. Clerk (well versed with computer operation)	Two	-	
2. Registration Assistant	One	-	
3. Assistance Librarian	One	-	
4. Asst. Store keeper	One		
5. Peon	Three	-	
6. Sweeper	One		

**Teaching Staff for intake upto 40 students.**

Year	Department	Professor	Asso. Professor	Asst. Professor
I	1) Electrotherapy & Electrodiagnosis	01*	--	02
	2) Kinesiotherapy & Physical Diagnosis	01	--	01
II	1) Electrotherapy & Electrodiagnosis	--	--	--
	2) Kinesiotherapy & Physical Diagnosis	--	--	01
	3) Musculoskeletal PT	--	--	01
	4) Community PT	--	--	01
III	1) Electrotherapy & Electrodiagnosis	--	--	--
	2) Kinesiotherapy & Physical Diagnosis	--	--	--
	3) Musculoskeletal PT	01	--	--
	4) Community PT	--	01	--
	5) Neurosciences PT	--	01	--
	6) Cardiovascular respiratory PT	--	01	--
	TOTAL	03	03	06

\* Professor & Principal

For Pre & Para clinical / clinical medical subjects attachment to MCI recognized Medical College is mandatory.

OR

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

For every additional 10 students 1 senior ( Professor / Assoc. Professor) & 1 junior (Assistant Professor) teacher should be appointed.

**23. QUALIFICATION OF STAFF IN THE CORE SUBJECTS - [ALL FULL TIME]**

<b>Designation</b>	<b>Qualification</b>	<b>Pay Scale</b>
Dean/ Principal / Director/Superintendent of the Physiotherapy College or Head of the Physiotherapy Department	Master of Physiotherapy from any Recognized University with 5 year full time experience as Professor or 14 year total teaching experience.	As per latest pay commission
Professor	Master of Physiotherapy from any Recognized University with 4 year full time experience as Assoc. Professor or 09 year total teaching experience.	As per latest pay commission
Assoc. Professor	Master of Physiotherapy from any Recognized University with 5 year full time experience as Assistant Professor	As per latest pay commission
Assistant professor	Master of physiotherapy from any Recognized University. Mandatory Probating period of 1 year (2 year Clinical Experience desirable)	As per latest pay commission

Pay scale – teachers should be paid as per UGC, applicable to the Medical and dental faculty. Non practicing allowance should be paid.

**(Information regarding infrastructure available)****1. DEPARTMENTS & LABORATORIES****A. DEPARTMENT OF ELECTROTHERAPY & ELECTRODIAGNOSIS :**

- . Space available for department : -----sq.ft.
- b. Whether w/c facility is attached? :-----
- c. Number of Professors :-----
- d. Number of Asso. Professor :-----
- e. Number of Asst. Professor :-----
- h. Whether Departmental Library is maintained :-----  
 If yes, then number of available books :-----
- i. Whether Stock book registers are available? :-----  
 Whether Certified and well maintained? :-----
- j. Whether students attendance record is available ? :-----
- k. Whether record of internal Assessment is well maintained? :-----
- l. Number of Charts available :-----
- m. Number of Models available :-----
- n. Whether term wise distributed syllabus is followed ? :-----
- o. 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.)

**B .DEPARTMENT OF KINESIOTHERAPY & PHYSICAL DIAGNOSIS:**

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

- . Space available for department : -----sq.ft.
- b. Whether w/c facility is attached? :-----
- c. Number of Professors :-----
- d. Number of Asso. Professor :-----
- e. Number of Asst. Professor :-----
- h. Whether Departmental Library is maintained :-----  
If yes, then number of available books :-----
- i. Whether Stock book registers are available? :-----  
Whether Certified and well maintained? :-----
- j. Whether students attendance record is available ? :-----
- k. Whether record of internal Assessment is well maintained? :-----
- l. Number of Charts available :-----
- m. Number of Models available :-----
- n. Whether term wise distributed syllabus is followed ? :-----
- o. 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 : -----sq.ft.
- b. Whether w/c facility is attached? :-----
- c. Number of Professors :-----
- d. Number of Asso. Professor :-----
- e. Number of Asst. Professor :-----
- h. Whether Departmental Library is maintained :-----  
 If yes, then number of available books :-----
- i. Whether Stock book registers are available? :-----  
 Whether Certified and well maintained? :-----
- j. Whether students attendance record is available ? :-----
- k. Whether record of internal Assessment is well maintained? :-----
- l. Number of Charts available :-----
- m. Number of Models available :-----
- n. Whether term wise distributed syllabus is followed ? :-----
- o. 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 : -----sq.ft.
- b. Whether w/c facility is attached? :-----
- c. Number of Professors :-----
- d. Number of Asso. Professor :-----
- e. Number of Asst. Professor :-----
- h. Whether Departmental Library is maintained :-----  
 If yes, then number of available books :-----
- i. Whether Stock book registers are available? :-----  
 Whether Certified and well maintained? :-----
- j. Whether students attendance record is available ? :-----
- k. Whether record of internal Assessment is well maintained? :-----
- l. Number of Charts available :-----
- m. Number of Models available :-----
- n. Whether term wise distributed syllabus is followed ? :-----
- o. 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 NEURO PHYSIOTHERAPY :**

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

- a. Space available for department : -----sq.ft.
- b. Whether w/c facility is attached? :-----
- c. Number of Professors :-----
- d. Number of Asso. Professor :-----
- e. Number of Asst. Professor :-----
- h. Whether Departmental Library is maintained :-----  
 If yes, then number of available books :-----
- i. Whether Stock book registers are available? :-----  
 Whether Certified and well maintained? :-----
- j. Whether students attendance record is available ? :-----
- k. Whether record of internal Assessment is well maintained? :-----
- l. Number of Charts available :-----
- m. Number of Models available :-----
- n. Whether term wise distributed syllabus is followed ? :-----
- o. 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 CARDIOVASCULOR / RESPIRATORY PHISIO THERAPY :**

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

- a. Space available for department : -----sq.ft.
- b. Whether w/c facility is attached? :-----
- c. Number of Professors :-----
- d. Number of Asso. Professor :-----
- e. Number of Asst. Professor :-----
- h. Whether Departmental Library is maintained :-----  
If yes, then number of available books :-----
- i. Whether Stock book registers are available? :-----  
Whether Certified and well maintained? :-----
- j. Whether students attendance record is available ? :-----
- k. Whether record of internal Assessment is well maintained? :-----
- l. Number of Charts available :-----
- m. Number of Models available :-----
- n. Whether term wise distributed syllabus is followed ? :-----
- o. 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.)

**2. 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 : ----- Sq. Ft.  
 b) Reading Room (General) : Available/ Not available Capacity : -----  
 c) Teachers Reading Room : Available / Not available.  
 d) Catalogue\Counter Room : Available / Not available.  
 e) Librarian Room : Available /Not available.

**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-----  
 (Attach the list of Journals)  
 e) Number of available Newspaper :-----  
 Marathi ----- English ----- Hindi -----  
 National ----- State ----- Local -----  
 f) Number of other magazines : -----  
 g) Total cost of available Books in Rupees : -----

**I. SPORTS FACILITIES :**

Name of the Sports Teacher :-----Qualification :-----

Space available for sport department :-----sq.ft.

A) Facilities Available/ Not Available (Please mark appropriate box)

**5. HOSTEL**

**A) Boys Hostel-** Available\Not available

Independent / shared with Medical College.

Total Capacity - -----

**II. Girls Hostel-** Available\Not available

Independent / shared with Medical College .

Total Capacity - -----

**6. OTHER FACILITIES.**

a) Ladies common room with attached w/c : Available / not available

b) Canteen facility for students and staff : Available / not available

c) Water Cooler/safe drinking water facility : Available / not available

d) Internet facility inside campus : Available / not available

e) Cycle /Motorcycle / Car Parking : Available / not available

**7. Details of the Research activities carried out in last three years ( please don't include the activities of P.G. Students carried out under P.G. Course) if any -----**

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## PART- III.

### HOSPITAL - INFORMATION

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

Bus service is mandatory to the hospital located more than 1 km away from the College.

Should include Orthopedic, Burns, General Surgery, Neurological, Cardio-respiratory, Medical, Psychiatric & Pediatric patients having student to patient ratio of minimum 1:5 per day per discipline at indoor as well as outdoor P.T. services.

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 :----- sq.ft
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.: -----  
(Please attach copy of registration certificate)
- 10 Distance of Hospital from the College to which it is attached (In kms)-----
11. Whether casualty is available and functional : Yes\No
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 :-----

## 2. LABORATORIES

### II. ELECTRO THERAPY & ELECTRODIAGNOSIS LAB

Sl.No	Equipments /Facility	Available	Fulfills /Lacunae
1	15cubicles separate power line [earthed]		
2	Hot Packs [12]		
3	Cold packs[12]		
4	PWB		
5	Multimeter		
6	Oscilloscope		
7	Open circuit stimulator		
8	SWD		
9	UVR		
10	Ultrasound		
11	I.R.		
12	Whirl pool		
13	Diagnostic Stimulators		
14	TENS Unit		
15	Interferential Current Therapy Unit		
16	Lasers (desirable)		
17	Cervical & lumbar traction Units		

#### Requirement for Electrodiagnosis

13	Two channeled EMG with IP analyser		
14	Biofeedback /Multi stimulator		

## 2. THERAPEUTIC GYMNASIUM & KINESIOTHERAPY LAB

(Preferably non-skid flooring)

Sr.No.	Equipment/Facility	Required	Available	Fulfills/Lacunae
1	Cubicles	03		
2	Parallel Bar with Mirror	01		
3	Wall Bar	01		
4	Stair Case	01		
5	Suspension App.	03		
6	Tilt Table	02		
7	Ergocycles	03		
8	Rowing Machine	01		
9	Exam couches	10		
10	Exs mats-	10		

11	Dumbbells and Spings	Adequate		
12	Weights/Wedges	Adequate		
13	Manual Cervical & Lumbar Traction	01		
14	Sand Bags	Adequate		
15	Medicine Balls	02		
16	Therabands	1 set of all colours		
17	Swiss Balls 24" & 36"	01 each		
18	Hand Dynamometer	01		
19	Delorm's Boot with weights	02		
20	Hand Exercise Kit	01		
21	CPM	01		
22	Shoulder wheel	01		
23	Finger ladder	01		
24	Skates	02		
25	Axillary /Elbow Crutches & Walkers & Canes	Adequate		
26	Wobble Board	01		
27	Quadriceps Table	01		
28	Ankle Exerciser	01		
29	Bed Cycle	01		
31	Rachet	01		
32	Wrist Roller / Wrist Exerciser	01		
33	Wheel Chairs	03		
34	Pelvic Inclinator(Desirable)	01		

## 3. EXERCISE PHYSIOLOGY &amp; FITNESS LAB:

Sr.No.	Equipment/Facility	Required	Available	Fulfills/Lacunae
1	Computerized treadmill	1		
2	Bicycle ergometer with speedometer	1		
3	Skin fold caliper	1		
4	Body composition analyzer[Desirable]--	1		
5	Body Fat Analyzer	1		
6	Pelvic inclinometer	1		
7	Weighing scale with height measurement scale	1		
8	Spirometer	1		
9	Peak flow meter	1		
10	Energy consumption analyzer [Desirable]	1		
11	Pulse Oxymeter	1		
12	ECG	1		
13	Flutter	2		
14	Inclinatory Muscle Trainer	2		
15	Oxygen Cylinder	1		
16	Nebulizer			
	A) Ultra Sound	1		
	B) JET	1		
17	Portable Suction Machine	1		
18	B.P. Apparatus & Stethoscope	3		
19	Shuttle Walk Test Kit	1		



## 4. YOGA / CLINICAL SKILLS LAB

1	Yoga Mats / Pediatric Mats / Mats for Training Neurotherapeutic Skills			
2	Adjustable Manual Therapy Tables			
3	Therabands & Theratubes			
4	Swiss balls			
5	Stability Trainers			
6	Sensory Assessment Kit			
7	Balance Assessment & Training Equipment			
8	Equipment for Training of Hand Function			
9	Stools,Benches,Wheel Chairs, Stairs Ramps For Training Transfers			

**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/H.O.D.:-----

College name:-----

Place:-----

Date:-----.

**CERTIFICATE\ REMARKS OF THE LOCAL INQUIRY COMMITTEE .**

We the Local Inquiry Committee members hereby certify 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: Dr.-----.	-----
2.Member : Dr.-----.	-----
3.Member: Dr.-----.	-----

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## INDEX OF ENCLOSURES.

SR. NO	NAME OF ENCLOSURE	ENCLOSED YES\ NO	PAGE NO.
1	Receipt of registration fees		
2	Copy of registration certificate of management		
3	Copy of state govt. permission letter		
4	Copy of University first affiliation		
5	Copy of previous L.I.C. report of University		
6	Copy of compliance report		
7	Copies of last 3 financial years Audit reports.		
8	List of teaching staff		
9.	Copies of certificates of teachers appointed at College(alongwith appointment letter and joining report.)		
10.	List of College office Non teaching staff		
11.	Copy of LMC members		
12.	Copy of College building approved plan		
13.	List of instrument\equipment\charts\models etc. at department of Electrotherapy & Electrodiagnosis		
14.	List of instrument\equipment\charts\models etc. at department of Kinesiotherapy & Physical diagnosis		
15.	List of instrument\equipment\charts\models etc. at department of Musculoskeletal PT		
16.	List of instrument\equipment\charts\models etc. at department of community PT		
17.	List of instrument\equipment\charts\models etc. at department of Neurosciences PT		
18.	List of instrument\equipment\charts\models etc. at department of CardioRespiratory PT		
19.	Any other(Please specify)		

Place :-----

Date :-----

Seal.

Signature Of  
Director/Principal/H.O.D.