

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 of the Principal / Dean:-

Qualifications:-

Residential Address:-

Tel No. office:-

STD Code:-

Off Fax:-

Res

Mobile:-

3) Name of the Chairman / Secretary / 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)

4) 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

8) Name of the course already available
in the college

1)

2)

3) -

4) -

9) Whether college is approved by IAP

Yes / No

Year of approval (Please attach copy)
 Whether college is approved by Central / State Council Yes / No
 Year of approval (Please attach copy) (In Process.)

10) Whether the MPTh degree is recognized
 by IAP Yes / No
 By Central / State Council Yes / No (In Process)

11) Space : (Separate space for PG is mandatory)
 UG _____ sq. ft.
 PG ---_____sq. 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 / Excess
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			
6	PT in Paediatrics			

- * 1) Attachment to a PHC Yes / No
- 2) Geriatric Homes Yes / No
- 3) NGOs Yes / No
- 4) Camps (description of Camps) Yes / No
- 5) 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	Neurosciences					
3	Cardiovascular & respiratory					
4	Community Based Rehabilitation					
5	Sports and Fitness					
6	Paediatrics					

15) List of PG teachers

Sr. No	Name	Designation	Subject	Experience			UG approval Yes/No	PG approval Yes/No	Council Reg. No.
				UG	PG	Total			
1									

(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 facility EMG 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

- d) Paediatrics Laboratory
 - 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
 Details: Budget common with medical college

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 Yes / No
- d) **OHP / Slide Projector / Computer** / LCD Projector 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:

Date:

Inspection Committee:

Sr. No.	Name	Signature
1		
2		
3		