

**THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY,  
CHENNAI-600 032.**



**MASTER OF PHYSIOTHERAPY DEGREE COURSE**

## **INSPECTION REPORT**

**FOR THE ISSUE OF  
CERTIFICATE OF REGISTRATION FOR STARTING  
MASTER OF PHYSIOTHERAPY DEGREE COURSE**

**THE TAMIL NADU Dr. M.G.R. MEDICAL UNIVERSITY,**  
**CHENNAI – 600 032.**

**MASTER OF PHYSIOTHERAPY DEGREE COURSE**

**CERTIFICATE OF REGISTRATION**

**INSPECTION REPORT FOR THE ACADEMIC YEAR -**

<b>1.</b>	Name of the <b>Convenor</b> with Designation and Address  <b>Phone No :</b> Office      : Residence : Mobile No:	
<b>2.</b>	Names of the <b>Member</b> with Designation and address  <b>Phone No :</b> Office      : Residence : Mobile No:	
<b>3.</b>	<b>University Letter No. &amp; date</b> in which the Inspection Commission Constituted	
<b>4.</b>	<b>Date of Inspection</b>	
<b>5.</b>	Place and details of authorities representing the Management present at the time of Inspection.	
<b>6</b>	<b>Name of the Society/Trust</b> and its Full registered address with telephone numbers.  <b>(Copy of Registered Trust Deed to be enclosed)</b>	

7.	Whether the proposed college is a minority institution.	<p style="text-align: center;">Minority / Non Minority</p> <p>If it is minority furnish the following details.</p> <p>G.O.(MS.)No.</p> <p>Dept.</p> <p>Dated :</p>
8.	Name of the proposed Physiotherapy College and <b>full address with Telephone Nos.</b> where the Physiotherapy College is located.	
9.	<p>Name of <b>the other courses run by the Trust.</b></p> <p><b>Note:</b> Where more than one course is conducted by the Trust, the Inspection Commission may ensure that the course under reference has got sufficient infrastructural facilities separately.</p>	
10.	<p><b>State Government Order No. &amp; Date</b> in which permission was accorded to start the Physiotherapy college/course.</p> <p>(Copy of Orders be enclosed)</p>	<p>G.O.(MS.)No.</p> <p>Dept.</p> <p>Dated :</p>
	(a).Whether the applicant has proposed to start MPT Degree Course after BPT Degree Course.	
	(b). Whether first batch of students of BPT Degree Course has successfully completed the course and has left the college (furnish month and year)	
11.	<p><b><u>GOVERNMENT ENDOWMENT:</u></b></p> <p>Whether <b>Trust/ Society created required endowment for running the course with the Government of Tamil Nadu/ Director of Medical Education.</b> (Copy</p>	

	to be enclosed)	
12	<b>LAND:</b>	Type of Location : .....
i)	Whether the Academic and Hostel block are located in an area of not less than 3 acres of land. <u>Type of Location :</u> City/Corporation - 1 acre Town/Municipality - 2 acres Semi Urban/Rural areas - 3 acres	Total area in acres .....
ii)	<b>Registered Sale Deed</b> regarding proof of ownership of land. (Copy to be enclosed).	
iii)	<b>Original Sworn Affidavit</b> in Rs.20/- Non - Judicial stamp paper to be furnished in the enclosed format.	
iv)	<b>Legal Opinion</b> of the Government Pleader for the earmarked land with Survey Nos.	Name of the Govt. Pleader:  Date of issue :
v)	<b>Latest Encumbrance Certificate</b> obtained from the Registering Authority	E.C. No.  Dated :  Issued by :
vi)	<b>Certificate of evidence obtained from the Revenue Authority</b> stating that the ear-marked land at the proposed Physiotherapy College does not attract the T.N. Urban Land Ceiling and Regulations Act 1978, T.N. Town Country Planning Act 1971 and T.N. Land Reforms Act 1961. (Copy to be enclosed)	
vii)	<b>Location of the Land</b> Furnish full address	
viii)	<b>Approved Building Plan</b> for the proposed Physiotherapy College issued by the Competent Municipal /Panchayat authority duly indicating their office ref.no. and date along with date and office seal including covering letter for approval should be enclosed for the i. Academic Block ii. Hostels for boys and girls	Approved by :  Date of approval :  Approval issued vide Lr. No.

	iii. staff Quarters.					
xi)	<b><u>Building Completion Certificate</u></b> Issued by the competent authority viz., Corporation, MMDA, Municipality and Panchayat Board etc.,		Issued by :  Ref. No. :  Date :			
<b>13.</b>	<b><u>READY BUILT AREA :</u></b> (not less than 5,000 sq.ft. Exclusively for M.P.T. Degree Course proposed to be started)					
	a) Whether the college have the following rooms with the dimensions indicated against each					
	Sl. No.	Particulars	Dimension	Required	Available	Shortfall
		<b><u>STAFF OF OFFICE</u></b>				
	1.	Principal's room	20'x20'	1		
	2.	College office with computer for student records	40'x20'	1		
		<b><u>FACULTY ROOM</u></b>				
	1.	Staff (Men & Women)	10'x20'	2		
	2.	Students (Men & Women)	10'x20'	2		
	3.	Non Teaching Staff	10'x20'	1		
	4.	Record Room	10'x20'	1		
		<b><u>LIBRARY</u></b>				
	1.	Hall	60'x40'	1		
		<b><u>OTHERS</u></b>				
	1.	Anatomy & Physiology Museum	20'x40'	1		
	2.	Demonstration Room (for Manipulative and Massage Therapy)	20'x20'	1		
	3.	Class Room	20'x20'	3		
	4.	Seminar/Clinical Demonstrations with Audio Visual aids	60'x20'	1		
	5.	Exercise Therapy room	60'x20'	1		

	6.	Electrotherapy with cubicles	60'x20'	1		
	7.	Walking School for Gait Training	40'x20'	1		
	8.	Community Lab	20'x20'	1		
	9.	Psychometric Lab	20'x10'	1		
		<b><u>EXCLUSIVELY FOR M.P.T.</u></b>				
	1.	Demonstration Room for manipulating and massage therapy	20" x 20"	1		
	2.	Exercise Therapy room	20" x 20"	2		
	3.	Electro Therapy room with cubicles	20" x 20"	2		
	4.	Walking school for gait training		1		
14.	<b><u>RESIDENTIAL QUARTERS</u></b> Details of residential quarters provided to the staff and whether this facility is provided in the same complex or outside.		Within the College campus / Outside If it is outside furnish full address			
15.	<b><u>EXTRA CURRICULAR</u></b>					
a)	a. Whether adequate space and equipment have been provided for extra curricular activities for the students.					
b)	Whether play ground facilities is available in the same campus; if not provided in the same campus, where the same is available?		If it is outside the college campus Address:			
16.	<b><u>HOSPITAL ARRANGMENTS</u></b> a) Whether the <b><u>Trust/Society owns a hospital being run by it with minimum of 150 beds</u></b> with an administrative block. or Shall <b><u>have a tie-up with a General Hospital with a minimum of 150 beds within a radius of 30 km from the academic complex.</u></b>					

	(a) Whether the Trust has <b>Own / Tie-up</b> Hospital is having not less than <b>150 beds</b> in the following speciality:	<p><b><u>Own Hospital</u></b>  Name : .....  License / Registration No. ....  Dt. ....  Full Address :</p>			
	Departments	Required	Available	Shortfall	
	General Medical and Surgical Beds	50			
	Orthopaedics and Traumatology and Burns	30			
	Obstetrics and Gynaecology	20			
	Paediatrics	20			
	Neurology	20			
	Chest and Thoracic Medicine	10			
	Whether additional bed strength required for starting MPT degree course for each optional subjects and the student patient ratio are provided :				
			Required	Yes	No
	a.	Advance Physiotherapy in Orthopaedics	1:4		
	b.	Advance Physiotherapy in Neurology	1:4		
	c.	Advance Physiotherapy in Cardio Pulmonary Diseases	1:4		
	d.	Advance Physiotherapy in Obstetrics and Gynaecology	1:4		
	e.	Hand Condition	1:4		
	f.	Sports Physiotherapy	1:4		
	g.	Peadiatrics Neurology	1:4		
	h.	Advance Physiotherapy in Communized Based Physiotherapy.	1:4		

<b>(b). Tie-up Hospital (Furnish the upto date tie-up binding evidence)</b>					
	Name of the Hospital	Bed Strength	Consent Lr.No. & Dt. Issued by the Hospital	Period of Tie-up	
				From	To
17.	<b><u>EARMARKED ASSETS:</u></b> Details of earmarked assets and resources exclusively available to run the Physiotherapy College. (Produce evidence like Fixed Deposit receipts etc.)				
18..	<b><u>FINANCIAL SOUNDNESS</u></b> The Management of the Physiotherapy college shall show evidence of an annual income of not less than Rs.15,00,000/- (Rupees Fifteen Lakhs only) to facilitate the proper running of the Post Graduate Course in Physiotherapy College.				
19	<b><u>BALANCE SHEET</u></b> <b><u>Latest Balance sheet duly certified by a Chartered Accountant</u></b> showing the financial soundness to run the Physiotherapy college to be enclosed.				
20..	<b><u>LIBRARY</u></b> Details regarding <b><u>total number of books/journals</u></b> for Physiotherapy course <b><u>in different specialities available</u></b> (List of books with titles and journals to be enclosed)		Total No. of Books :  Total No. of Titles :  <b>Journal (Subscribed)</b>  <b>Indian Journals : Nos.</b>  <b>International Journals : Nos.</b>		



21.	<b><u>LABORATORY</u></b>  Whether the <b><u>Pre-clinical and Laboratory facilities are available in the same campus</u></b> in which the academic complex is located. The following clinical facilities and equipment shall be provided.			
22.	<b><u>EQUIPMENT - MANDATORY</u></b>			
	a) EMG – Biofeedback			
	b) Dynamometer			
	c) Pain management modalities like laser, middle frequency instruments, Didynamics			
	d) Gymnasium unit for training specific muscles			
	<b>e) Equipment Therapeutic Gymnasium consisting of</b> 1. Therapeutic Mat 2. Wall bars 3. Therapeutic Ball 4. Equilibrium/ Wobble board 5. Parallel bars posture mirrors			
	<b>f) Exercise tolerance – testing devices like</b> 1. Treadmill 2. Bicycle Ergometer 3. Balances Master Equipment 4. Gait analysis Laboratory 5. Isokinetic unit 6. Computer 7. Digital Video – Camera			
	<b><u>AUDIO VISUAL EQUIPMENTS: Mandatory</u></b>	Required	Available	Shortfall
	1. Over Head Projector / LCD Projector.	1		
	2. Slide Projector 35 mm	1		
	3. Screen for Projection	1		
	<b><u>NOTE:</u></b> The institution should also furnish the list of equipments required for the elective subjects with documentary evidence.			

23.	<b>Details of Transportation</b>  No. of vehicles with seating capacity (Copy of Driver's details with licence and RC book to be enclosed)	
24	<b><u>Furniture</u></b>  List of furniture provided to be enclosed.	
25	<b><u>Payment</u></b> of Current Inspection Fees	
<p><b><u>Note:-</u></b></p> <p>The inspection commission is requested to make sure that <b><u>no recommendations or comments whatsoever made by yourself in the report . Other than this to enclose Confidential report on the basis of observations are made separately.</u></b></p>		

PLACE :

DATE:

SIGNATURE OF THE MEMBER

(NAME IN BLOCK LETTERS)

SIGNATURE OF THE CONVENOR

(NAME IN BLOCK LETTERS)

**(To be furnished in the Rs.20/- Non-judicial stamp paper duly signed by the Managing Trustee and counter signed by the Notary Public with seal)**

**SWORN AFFIDAVIT**

We hereby declared that the following lands owned by us have been ear-marked for the purpose of starting M.P.T. Degree Course at the ..... College at ..... run by ..... Trust.

<b>Sl.No.</b>	<b>Lands registered under document No. and date</b>	<b>Survey No.</b>	<b>Land in Acres</b>	<b>Location of the land</b>

Signature of the Managing Trustee  
with Seal & date

Signature of Notary Public  
with seal & date