

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



**MASTER OF PHYSIOTHERAPY DEGREE COURSE**

**INSPECTION REPORT**

**FOR THE GRANT OF  
CONTINUANCE OF PROVISIONAL AFFILIATION  
FOR MASTER OF PHYSIOTHERAPY DEGREE COURSE**

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

**MASTER OF PHYSIOTHERAPY DEGREE COURSE**

**CONTINUANCE OF PROVISIONAL AFFILIATION**

**INSPECTION REPORT FOR THE ACADEMIC YEAR -**

1.	Name of the <b>Convenor</b> with Designation and Address Phone No: Office Residence  Mobile No.	
2.	Names of the <b>Member</b> with Designation and address Phone No: Office Residence  Mobile No.	
3.	University Letter No. & date in which the Inspection Commission Constituted	
4.	Date of Inspection	
5.	Place and details of authorities representing the Management present at the time of Inspection	
6.	Name of the Society/Trust and its Full registered address with telephone numbers. Fax and e-mail. (Copy of Trust deed to be enclosed)	
7.	Whether the college is a minority institution.	Minority / Non Minority  If it is minority furnish the following details.  G.O.(MS.)No.  Dept.  Dated :

8.	Name of Physiotherapy College, Full Address with Telephone, Fax and e-mail, where the Physiotherapy College is located	
9.	Name of the <b>Principal</b> of the Physiotherapy College i)Qualification  ii)Teaching Experience  iii)Working as Principal from  iv) Residential Address  v) Phone No: Office Residence Mobile No.	
10.	Specify the Physiotherapy courses conducted in the same complex	
11.	Name of the other courses run by the Trust.  <u>Note:</u> 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.	
	a) State whether the college is conducting <b>M.P.T.</b> degree course in the same academic complex at the time of <b>Grant of Provisional Affiliation</b>	Yes / No
	b) Whether the Trust has obtained any prior permission from the <b>University / Government</b> for change of academic complex if any made	University Permission : Yes / No  Government Permission : Yes / No

12.	State Government Orders in which permission was accorded to start the Physiotherapy college/course. (Copy of Orders be enclosed)	G.O.(MS) No. .... H&FW Department Dated .....			
13.	University letter in which the Provisional Affiliation was issued for M.P.T. Degree Course (Copy of letter to be enclosed)	Lr.No. : ..... Dated : .....			
		<b>Annual Intake</b>			
		<b>Name of the Speciality</b>	<b>No. of Intake</b>		
14.	University letter in which the Continuance of Provisional Affiliation was issued for M.P.T. Degree Course (Copy of letter to be enclosed)	Lr.No. : ..... Dated : .....			
		<b>Annual Intake</b>			
		<b>Name of the Speciality</b>	<b>No. of Intake</b>		
15.	No. of candidates registered for the <b>Last three years</b>	Quota	Year-I	Year - II	Year - III
		Government			
		Management			
		Total			
16.	<b>LAND DETAILS</b> Ear marked extent of land allotted for Physiotherapy course and also for other courses if any. (Original Sworn Affidavit in the enclosed format to be furnished)	Furnished / Not Furnished			
17.	<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		

	<p>b. Whether sufficient infrastructural facilities are made available <b>separately</b> for conducting MPT Degree Course.</p>	
	<p>c. State whether the academic complex is in <b>own/rental/leased building</b>. Furnish <b>Sale Deed/Rental Receipt and agreement/ Lease</b> agreement accordingly.</p>	
	<p>d. Whether the <b>Ready built area</b> is provided exclusively for conducting <b>MPT</b> Degree Course.</p>	<p style="text-align: center;">Yes / No</p> <p>Total Ready Built Area available ..... sq.ft.</p> <p>Additionally provided for M.P.T. ....sq.ft.</p>
	<p>e. Copy of the <b>approved building plan</b> of the <b>Teaching Block and Hostel Block</b> by the Competent <b>Municipal / Panchayat authority</b> duly indicating the <b>office ref.no. with date, Office seal and covering letter</b> for the approval. <b>(Copy of reference to be enclosed)</b></p>	<p><u>For Academic Complex</u></p> <p>Approved by: .....</p> <p>Date of Approval : .....</p> <p>Approval issued vide Lr.No.</p> <p><u>For Hostel Building</u></p> <p>Approved by: .....</p> <p>Date of Approval : .....</p> <p>Approval issued vide Lr.No.</p>
<p>18.</p>	<p><b><u>HOSTEL</u></b></p> <p>State Whether the hostel building is in <b>own/rental/leased building</b>. Furnish <b>Sale Deed/Rental Receipt and agreement/ Lease</b> agreement accordingly.</p>	<p>The Hostel is</p> <p>Within the Campus / Outside the Campus</p> <p>If it is outside furnish full address</p>

	<p>Whether Own / Rental / Leased</p> <p>If it is not own furnish the following</p> <p>i. Building Plan :</p> <p>ii. Proof of Ownership</p> <p>Whether the hostel facility is provided separately for Boys and Girls</p>	<p>iii. Agreement between ..... and .....</p> <p>iv. Date of Agreement made .....</p> <p>v. Expiry of Agreement .....</p> <p>vi. Years of Agreement .....</p> <p>Girls : ..... No. of Rooms</p> <p>Boys : ..... No. of Rooms</p>
19.	<p><b><u>RESIDENTIAL QUARTERS</u></b></p> <p>Details of residential quarters provided to the staff and whether this facility is provided in the same complex or outside.</p>	<p>Within the College campus / Outside</p> <p>If it is outside furnish full address</p>
20.	<p><b><u>EXTRA CURRICULAR</u></b></p> <p>a. Whether adequate space and equipment have been provided for extra curricular activities for the students.</p>	
	<p><b>b. Whether play ground facilities is available</b></p> <p>in the same campus; if not provided in the same campus, where the same is available?</p>	<p>If it is outside the college campus</p> <p>Address:</p>

21.	<b><u>HOSPITAL ARRANGEMENTS:</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:		<u>Own Hospital</u> Name : ..... License / Registration No. .... Dt. .... Full Address :			
	<b>Departments</b>	<b>Required</b>	<b>Available</b>	<b>Shortfall</b>		
	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><u>(b). Tie-up Hospital</u> (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		
(c).Number of Beds available in the Own Hospital.							
(d).State whether the Own / Tie-up Hospital situated within a radius of 30 km.							
(e).No. of Out-Patient section in the Hospital.							

	(f). Daily <b>Out-Patient turnover</b> in the Hospital.	
	(g). Furnish <b>Average Monthly Out-Patient</b> turnover in the Hospital.	
	(h). <b>Bed Occupancy on the day of</b> Inspections.	
	(i).Furnish bed <b>Occupant percentage</b> for the last one year.	
	(j). Furnish binding evidence for providing necessary facilities for imparting training to the students has been furnished by tie-up hospital. ( <b>copy of the current consent letter to be enclosed</b> ).	
	(k). Letter from the tie-up hospital regarding tie-up arrangements has given to any other affiliated institutions. If so, mention the name of such institution.	
	(l). A whether set up field teaching center is available close to the institution.	Yes / No
<b>22.</b>	<b><u>CLINICAL FACILITIES &amp; EQUIPMENTS</u></b>	
	<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	
	e) Equipment Therapeutic Gymnasium consisting of <ul style="list-style-type: none"> <li>- Therapeutic Mat</li> <li>- Wall bars</li> <li>- Therapeutic Ball</li> <li>- Equilibrium/ Wobble board</li> <li>- Parallel bars posture mirrors</li> </ul>	

	<p>f) Exercise tolerance – testing devices like</p> <ul style="list-style-type: none"> <li>• Treadmill</li> <li>• Bicycle Ergometer</li> <li>• Balances Master Equipment</li> <li>• Gait analysis Laboratory</li> <li>• Isokinetic unit</li> <li>• Computer</li> <li>• Digital Video – Camera</li> </ul>	
	<p><u>g). For Physiotherapy in Orthopaedics</u>  a. Goniometry pelvic, general  b. Muscle testing apparatus.</p>	
	<p><u>h). For Neurology</u>  a. Treatment units in Gymnasium Mats, Therapeutic Balls, Bolster, Re-education Mirror.  b. Sensory-Motor integration equipment</p>	
	<p><u>i). For Cardio Pulmonary Diseases</u>  a. PFT unit, Pulse meter  b. Spiro meters, Oximeters  c. Peak flow meters  d. Nebulizer/Humidifier</p>	
	<p><u>j). For Community Physiotherapy elective</u>  a. Infrastructure for CBR  b. Equipped therapeutic Gym  c. Equipped Electro therapy clinical setting.</p>	
	<p><u>k). For OBS &amp; Gynaecology</u>  a. Bio feed back equipment  b. Pelvic Floor meter  c. Muscle testing apparatus</p>	
	<p><u>l). Hand Conditions</u>  Algometer</p>	
	<p><u>m). Sports</u></p> <p><b><u>NOTE:</u></b> The institution should also furnish the list of equipments required for the elective subjects with documentary evidence.</p>	

23.	<p><b><u>LIBRARY</u></b></p> <p>a. Whether provision of minimum 1000 books for BPT/MPT course made available.</p> <p>Details regarding total number of books/journals available for Physiotherapy course in different specialties available for the students (<b>List of books with titles and journals (Indian and Foreign) to be enclosed with rules of Library</b>)</p>	<p>Total No. of Books : .....</p> <p>Total No. of titles : .....</p> <p><u>Journals</u> (Subscribed) :</p> <p>No. of Indian Journals : .....</p> <p>No. of International Journals : .....</p>		
	<p>The Institution shall also provide atleast any five of the following Journals.</p>			
	<ol style="list-style-type: none"> <li>1. Physiotherapy – British Journal</li> <li>2. Physical Therapy – American Journal</li> <li>3. Australian Journal of Physiotherapy</li> <li>4. Physiotherapy research international</li> <li>5. Physiotherapy in theory and practice</li> <li>6. American Physical Therapists Journal (APTA)</li> <li>7. Paediatric Physical Therapy</li> <li>8. Journal of Orthopaedic &amp; Sports Physical therapy</li> <li>9. Physiotherapy – Canada</li> <li>10. Physical therapy perspective</li> </ol> <p><b><u>Desirable</u> : To have internet facilities</b></p>			
24.	<b>AUDIO – VISUAL EQUIPMENTS</b>	<b>Required</b>	<b>Available</b>	<b>Shortfall</b>
	1. Over Head Projector / LCD Projector	1		
	2. Slide Projector 35 mm	1		
	3. Screen for Projection	1		
25.	<p><b><u>TRANSPORT FACILITIES</u></b></p> <p>Transportation facilities like Type of vehicle Seating capacity, Copy of R.C. Book and</p>			

	Driver details to be enclosed	
26.	<p><b><u>FURNITURE</u></b></p> <p>Details of Furniture available in the Physiotherapy College for Faculty, Students, Office Staff, Class room, Laboratory, Library etc.,  <b>(List of Furniture to be enclosed).</b></p>	
27.	<p><b><u>TEACHING FACULTY</u></b></p> <p>Qualification and Teaching Experience of Professor, Reader/Associate Professor, Lecturer, Tutor/Clinical Instructor as per <b>Statutes of the MPT Degree Course.</b></p> <p>The following evidences to be furnished in the enclosed format.</p> <ol style="list-style-type: none"> <li>1. Age, Year of Qualification and Institution, Registration Number, Speciality (if M.P.T.), Teaching experience, appointment order, Joining report to be mentioned in the faculty list.</li> <li>2. Recent Passport size colour Photograph to be affixed in the Form B.</li> <li>3. Relevant documents should be submitted along with the duly filled in Form B</li> </ol> <p><b><u>NOTE : FULL TIME:</u></b></p> <p>There shall be minimum of two teachers with M.Sc., P.T. (or) MPT for each speciality with requires teaching experience as specified below:</p> <p><b><u>Principal - 1 No.</u></b>  BPT,MPT with 5 years of Post PG teaching experience with a overall total 10 years of teaching experience.</p> <p><b><u>Professor – 1 No.</u></b>  BPT,MPT/M.Sc.PT degree with minimum 5 years Post PG teaching experience with total 8 years of teaching experience.</p> <p><b><u>Reader/Associate Professor – 3 Nos. :</u></b>  BPT,MPT/M.Sc.PT degree with minimum 3 years Post PG teaching experience with total 6 years of teaching experience.</p> <p><b><u>Lecturer / Assitant Professor – 5 Nos.:</u></b></p>	

	<p>BPT degree with minimum 3 years teaching experience Or MPT/M.Sc.PT  <b><u>Clinical Instructor – 6 Nos.:</u></b>  BPT or MPT degree  <b><u>PART – TIME STAFF: (Minimum 4 hours per week)</u></b></p> <p>1. Assistant Professor of Statistics  2. Assistant Professor of Teaching Methodology/ Management  3. Assistant Professor of Anatomy  4. Assistant Professor of Physiology</p>			
Sl. No.	Designation	Reqd.	Available	Shortfall
1.	Principal	1		
2.	Professor	1		
3.	Reader / Associate Professor	3		
4.	Lecturer / Assistant Profesor	5		
5.	Clinical Instructor	6		
6	<u>Whether additional Assistant Professor in Medical Subjects required for existing batch MPT degree course for each optional subjects.</u>			
	<b>Assistant Professor in Medical Subjects for teaching:</b>	<b>Required</b>	<b>Available</b>	<b>Shortfall</b>
	(1) Orthopaedics	2		
	(2) Paediatrics	2		
	(3) Neurology and Neurosurgery	2		
	(4) Surgery including Cardio Pulmonary disease	2		
	(5) Medicine including Plastic Surgery	1		
	(6)Obstetrics/Gynaecology	2		
	List of <b>Part-time teachers</b> to be enclosed.			
28.	<b>Percentage of pass in the final year exam of M.P.T. Degree Course fir the last three years</b>	<b>20 - 20</b>	<b>20 - 20</b>	<b>20 - 20</b>
29	<b><u>REDUCTION OF SANCTIONED STRENGTH</u></b> Furnish the details of <b>Reduction of sanctioned strength</b> if any	<b>No. of seats reduced</b>	<b>Year</b>	<b>University Lr. No.and date</b>
30.	<b><u>SECURITY DEPOSIT</u></b>			

	<b>Instalment</b>	<b>Amount</b>	<b>FDR No. &amp; Date</b>	<b>Bank Address</b>	<b>Maturity Date</b>	<b>Whether Refunded to the Institution</b>
	<b>I</b>					
	<b>II</b>					
30.	<b><u>PAST DEFICIENCIES:</u></b>			(To be furnished in a separate sheet annexed)		
	<p>a. Details of rectification of past deficiencies observed by the previous year Inspection Commission (Please furnish remarks item wise in a separate sheet and enclose along with the inspection report)</p> <p>b. (The college should furnish the deficiencies pointed out in the previous year Inspection Report and the rectification report submitted by them to the University for verification by the Inspection Team, the Inspection team must verify the Rectification Report and furnish the details about the rectification done by the college.</p>					
31.	<b><u>INSPECTION FEES</u></b>			Amount paid Rs. ....		
	Payment of prescribed fees for <b>current Inspection. (Copy to be enclosed)</b>					
32.	<b><u>UNIVERSITY ADMINISTRATIVE EXPENSES FEE</u></b>			Remitted upto the year -----		
				Amount : .....		
33.	<b><u>GENERAL REQUIREMENTS:-</u></b>			No. of intake sanctioned.....		
	1. Whether the <b>Number of admission</b> is based on the number of <b>intake sanctioned</b> .			No. of admissions made .....		
	2. Whether <b>Ratio of Faculty and</b>			Yes / No		

	<p><b>Students</b> is followed as per the Statutes of this University.</p> <p>3. Whether <b>Ratio of Student and Patients</b> is followed as per the Statutes of this University.</p> <p>4. Whether the adequate Office/ Ministerial Staff is available.</p> <p>5. Whether adequate staff are available for the maintenance of the hostel.</p> <p>6. Whether the institution is involved in inspection / examination / valuation of answer papers of this University.</p>	<p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p>
34.	<p><b><u>OBSERVATION OF THE INSPECTION COMMISSION</u></b></p> <p>a) Whether the Institution/College has fulfilled all the requirements to grant provisional affiliation for starting M.P.T. degree course.</p> <p>b) Observation of Inspection Commission may be recorded in a separate sheet along with remarks if any.</p>	<p>Yes / No</p> <p>(Furnish in a separate sheet)</p>

PLACE:

SIGNATURE OF THE MEMBER:

DATE:

(NAME IN BLOCK LETTERS) (.....)



SIGNATURE OF THE CONVENOR:  
(NAME IN BLOCK LETTERS) (.....)

## DETAILS OF THE TEACHING FACULTY

Name	Date of Birth (Age)	Qualification  UG PG	Year of passing  UG PG	Council Registration No.  UG PG	Teaching Experience  UG PG	Date of Joining in the present Institution / Post
<b>Professor –cum Principal</b>						
<b>Reader/Associate Professor</b>						
Sl No						
<b>Lecturer/Assistant Professor</b>						
Sl No						
<b>Clinical Instructor</b>						
Sl No						
<b>Part – Time Staff</b>						
Sl No						


Certified that the details furnished above are verified and found to be correct.

Signature of the Principal