

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



MASTER OF PHYSIOTHERAPY DEGREE COURSE

INSPECTION REPORT

**FOR THE GRANT OF
PERMISSION FOR THE INCREASE OF SEATS IN
MASTER OF PHYSIOTHERAPY DEGREE COURSE**

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

MASTER OF PHYSIOTHERAPY DEGREE COURSE

PERMISSION FOR THE INCREASE OF INTAKE

INSPECTION REPORT FOR THE ACADEMIC YEAR -

1.	Name of the Convenor with Designation and Address Phone No: Office Residence Mobile No.	
2.	Names of the Member 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 Principal 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. Note: 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.	
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 :	
		Annual Intake	
		Name of the Speciality	No. of Intake
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 :	
		Annual Intake	
		Name of the Speciality	No. of Intake
15.	Increase of intake proposed	Annual Intake	
		Name of the Speciality	No. of intake
16.	(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)		
17.	<u>READY BUILT AREA :</u>		

	(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
		<u>STAFF OF OFFICE</u>				
	1.	Principal's room	20'x20'	1		
	2.	College office with computer for student records	40'x20'	1		
		<u>FACULTY ROOM</u>				
	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		
		<u>LIBRARY</u>				
	1.	Hall	60'x40'	1		
		<u>OTHERS</u>				
	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		
		<u>EXCLUSIVELY FOR M.P.T.</u>				
	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 separately for conducting MPT Degree Course.</p>	
	<p>c. State whether the academic complex is in own/rental/leased building. Furnish Sale Deed/Rental Receipt and agreement/ Lease agreement accordingly.</p>	
	<p>d. Whether the Ready built area is provided exclusively for conducting MPT 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 approved building plan of the Teaching Block and Hostel Block by the Competent Municipal / Panchayat authority duly indicating the office ref.no. with date, Office seal and covering letter for the approval. (Copy of reference to be enclosed)</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><u>HOSTEL</u></p> <p>State Whether the hostel building is in own/rental/leased building. Furnish Sale Deed/Rental Receipt and agreement/ Lease 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</p> <p>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><u>RESIDENTIAL QUARTERS</u></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><u>EXTRA CURRICULAR</u></p> <p>a. Whether adequate space and equipment have been provided for extra curricular activities for the students.</p>	
	<p>b. Whether play ground facilities is available</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.	<u>HOSPITAL ARRANGEMENTS:</u>					
	(a) Whether the Trust has Own / Tie-up Hospital is having not less than 150 beds in the following speciality:		<p><u>Own Hospital</u></p> <p>Name :</p> <p>License / Registration No.</p> <p style="text-align: right;">Dt.</p> <p>Full Address :</p>			
	Departments	Required	Availabl e	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		
	<u>(b). Tie-up Hospital</u> (Furnish the upto date tie-up binding evidence)					

	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 Out-Patient turnover in the Hospital.				
	(g). Furnish Average Monthly Out-Patient turnover in the Hospital.				
	(h). Bed Occupancy on the day of Inspections.				
	(i).Furnish bed Occupant percentage for the last one year.				

22.	<u>CLINICAL FACILITIES & EQUIPMENTS</u>	
	<u>Equipment – Mandatory</u>	
	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 - Therapeutic Mat - Wall bars - Therapeutic Ball - Equilibrium/ Wobble board - Parallel bars posture mirrors	
	f) Exercise tolerance – testing devices like • Treadmill • Bicycle Ergometer • Balances Master Equipment • Gait analysis Laboratory • Isokinetic unit • Computer • Digital Video – Camera <u>NOTE:</u> The institution should also furnish the list of equipments required for the elective subjects with documentary evidence.	
23.	<u>LIBRARY</u> a. Whether provision of minimum 1000 books for BPT/MPT course made available. Details regarding total number of books/journals available for Physiotherapy course in different specialties available for the students	Total No. of Books : Total No. of titles :

	(List of books with titles and journals (Indian and Foreign) to be enclosed with rules of Library)	<u>Journals</u> (Subscribed) : No. of Indian Journals : No. of International Journals :		
	The Institution shall also provide atleast any five of the following Journals.			
	1. Physiotherapy – British Journal 2. Physical Therapy – American Journal 3. Australian Journal of Physiotherapy 4. Physiotherapy reseach international 5. Physiotherapy in theory and practice 6. American Physical Therapists Journal (APTA) 7. Paediatric Physical Therapy 8. Journal of Orthopaedic & Sports Physical therapy 9. Physiotherapy – Canada 10. Physical therapy perspective <u>Desirable</u> : To have internet facilities			
24.	AUDIO – VISUAL EQUIPMENTS	Required	Available	Shortfall
	1. Over Head Projector / LCD Projector	1		
	2. Slide Projector 35 mm	1		
	3. Screen for Projection	1		
25.	<u>TRANSPORT FACILITIES</u> Transportation facilities like Type of vechicle Seating capacity, Copy of R.C. Book and Driver details to be enclosed			

26.	<p><u>FURNITURE</u></p> <p>Details of Furniture available in the Physiotherapy College for Faculty, Students, Office Staff, Class room, Laboratory, Library etc., (List of Furniture to be enclosed).</p>	
27.	<p><u>TEACHING FACULTY</u></p> <p>Qualification and Teaching Experience of Professor, Reader/Associate Professor, Lecturer, Tutor/Clinical Instructor as per Statutes of the MPT Degree Course.</p> <p>The following evidences to be furnished in the enclosed format.</p> <ol style="list-style-type: none"> 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. 2. Recent Passport size colour Photograph to be affixed in the Form B. 3. Relevant documents should be submitted along with the duly filled in Form B <p><u>NOTE : FULL TIME:</u> 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><u>Principal - 1 No.</u> BPT,MPT with 5 years of Post PG teaching experience with a overall total 10 years of teaching experience.</p> <p><u>Professor – 1 No.</u> BPT,MPT/M.Sc.PT degree with minimum 5 years Post PG teaching experience with total 8 years of teaching experience.</p> <p><u>Reader/Associate Professor – 3 Nos. :</u> BPT,MPT/M.Sc.PT degree with minimum 3 years Post PG teaching experience with total 6 years of teaching experience.</p> <p><u>Lecturer / Assitant Professor – 5 Nos.:</u> BPT degree with minimum 3 years teaching experience Or MPT/M.Sc.PT</p> <p><u>Clinical Instructor – 6 Nos.:</u> BPT or MPT degree</p> <p><u>PART – TIME STAFF: (Minimum 4 hours per week)</u></p> <ol style="list-style-type: none"> 1. Assistant Professor of Statistics 2. Assistant Professor of Teaching Methodology/ Management 3. Assistant Professor of Anatomy 4. Assistant Professor of Physiology 	

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		
	List of Part-time teachers to be enclosed.			
28.	<u>GENERAL REQUIREMENTS:-</u> 1. Proportionate increase in the staff pattern 2. Proportionate increase in the equipment and laboratory facilities. 3. Proportionate increase in the accommodation and 4. Expansion of Library			Yes / No Yes / No Yes / No Yes / No
29.	<u>GOVERNMENT ENDOWMENT:</u> Whether Trust/ Society has created a required endowment for running the course in the joint Name of The Director of Medical Education, Chennai Vide G.O.Ms.No.13 Health and Family Welfare Department dated 05.01.1993 (Copy to be enclosed)			
30.	<u>EARMARKED ASSETS</u> Details of earmarked assets and resources exclusively available to run the Physiotherapy College. (Produce copy of evidence like Fixed Deposit receipts etc.)		FDR created in the Name of the Trust only. FDR No. Amount Bank Date of Deposit Date of Maturity	

31.	<p><u>FINANCIAL SOUNDNESS</u> 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 Physiotherapy College.</p>	
32.	<p>Whether the applicant college shall furnish the budget for first year program and a separate budget is proposed which will meet the expenditure for the fulfillment of the requirements prescribed for the second year program. (Copy to be enclosed)</p>	<p style="text-align: center;">Yes / No</p> <p>Last year Audited budget - Year Amount</p> <p>Current year Proposed budget - Year Amount</p>
33.	<p><u>BALANCE SHEET</u> Latest Balance sheet duly certified by a Chartered Accountant showing the financial soundness to run the Physiotherapy College. (Copy to be enclosed).</p>	<p>Issued by</p> <p>Dated</p> <p>Chartered Accountant Regn. No.</p>
34.	<p>Payment of prescribed fees for current Inspection. (Copy to be enclosed)</p>	<p style="text-align: center;">Amount paid Rs.</p>

35.	<p><u>OBSERVATION OF THE INSPECTION COMMISSION</u></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>
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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	Year of passing	Council Registration No.	Teaching Experience	Date of Joining in the present Institution / Post
Professor –cum Principal						
Reader/Associate Professor						
Sl No						
Lecturer/Assistant Professor						
Sl No						
Clinical Instructor						
Sl No						
Part – Time Staff						
Sl No						

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

Signature of the Principal