



# Gujarat State Council for Physiotherapy Gujarat State

ગુજરાત સ્ટેટ કાઉન્સિલ ફોર ફીઝિયોથેરાપી  
ગુજરાત રાજ્ય

Government Spine Institute, Civil Hospital Compound, Asarva, Ahmedabad - 380016  
ગવર્નમેન્ટ સ્પાઇન ઈન્સ્ટીટ્યુટ, સીવીલ હોસ્પિટલ કમ્પાઉન્ડ, અસારવા, અમદાવાદ-૩૮૦૦૧૬

(PROFORMA FOR INSPECTION – MASTER OF PHYSIOTHERAPY COLLEGE. TO BE DULY FILLED BY COLLEGE AUTHORITIES, BEFORE VISIT OF THE COMMITTEE AND TO BE SUBMITTED AT THE TIME OF INSPECTION TO THE COMMITTEE MEMBERS. (IN THREE COPIES))

## PROPOSED

### 1. College Information:

- a) Name of the College: \_\_\_\_\_  
b) Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
c) Telephone Numbers with STD Code: \_\_\_\_\_  
d) Fax Number with STD Code: \_\_\_\_\_  
e) E-mail Address: \_\_\_\_\_  
f) Intake capacity (FYMPT): \_\_\_\_\_ seats

➤ Whether independent Physiotherapy college or as part of M.C.I. recognized Medical college: Independent / attached

### IF ATTACHED:

- a) Name of the Medical College: \_\_\_\_\_  
b) Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
c) Telephone Numbers with STD Code: \_\_\_\_\_  
d) Fax Number with STD Code: \_\_\_\_\_  
e) E-mail Address: \_\_\_\_\_

➤ Whether separate mandatory budget for Physiotherapy postgraduate education is made: Yes / No If yes: Amount: \_\_\_\_\_ for the year \_\_\_\_\_

### ESSENTIALITY CERTIFICATE DETAILS:

- a) Year of seeking essentiality certificate: 20\_\_\_\_ -- 20\_\_\_\_ for intake capacity \_\_\_\_\_ seats  
b) Essentiality sought for: Starting/Continuation/Increase of seats  
c) Fees deposited for inspection:  
Rs. \_\_\_\_\_ Receipt No. \_\_\_\_\_ Dated \_\_\_\_\_  
(Attach Xerox copies of receipt)

### 2. Management Institute / Parent Body:

- a) Name of the Management Institute / Parent body: \_\_\_\_\_  
 \_\_\_\_\_
- b) Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- c) Telephone Numbers with STD Code: \_\_\_\_\_
- d) Fax Number with STD Code: \_\_\_\_\_
- e) E-mail Address: \_\_\_\_\_
- f) Year of Establishment: \_\_\_\_\_
- g) Whether registered under Society Act / Public trust Act: \_\_\_\_\_  
 (Attach Xerox copy of registration)
3. Status of College : - (Attach copies of relevant documents)
- a) Government / Govt. Aided Private / Private Non aided: \_\_\_\_\_
- b) Whether has minority status: \_\_\_\_\_
- c) Year / Date of Establishment / Starting of College. : \_\_\_\_\_
- d) Date of last essentiality Certificate: \_\_\_\_\_
4. Whether Compliance report of last inspection submitted to the Government/Council:  
 Yes/No (Tick whatever applicable)
5. Year of first admissions / first batch: \_\_\_\_\_
6. Year of passing out of first batch: \_\_\_\_\_
7. Yearly intake as permitted by Physiotherapy State Council: \_\_\_\_\_
8. Yearly intake as permitted by Government: \_\_\_\_\_
9. Yearly intake as permitted by University: \_\_\_\_\_
10. Method of admitting students:  
 Through Parent University Yes/No (Tick whatever applicable)  
 If No, then specify \_\_\_\_\_
11. Number of students studying in the college (Current year):  
 FYMPT: \_\_\_\_\_ SYMPT: \_\_\_\_\_
- No. of Admissions done in MPT Course for the Following subjects:

Sr No.	Specialty Subject	MPT I	MPT II
1	PT in Orthopedic conditions		
2	PT in Neurological conditions		
3	PT in Cardiovascular and Respiratory conditions		
4	PT in Community Rehabilitation		
5	PT in Sports and Fitness		
6	PT in Pediatrics		
7	PT in Geriatrics		

8	PT in Gynecology & Obstetrics		
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Maximum 3 Students can be given admission under 1 PG teacher per year.

Maximum 21 students can be admitted per academic year.

12. Financial Status (Attach audited 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. \_\_\_\_\_

13. Budget Provision (Current Year):

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

(Provide separate budget for M.P.T.)

14. Staff information

➤ Information about Teaching Staff:

Total number of available PG teachers: \_\_\_\_\_

(Attach separate and detail list of Teachers including Librarian. (Sr. No., Name of Teacher, Designation, Qualifications UG - PG, College/University of passing, Year of Passing, Clinical & teaching experience = Total experience, Gujarat State Council for Physiotherapy Reg. No. The approved experience should be counted up to the Date of inspection).

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.

➤ Information about Non-teaching Staff:

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

(Attach separate list of non-teaching staffs.)

15. 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? (Specify in detail with Salary slip and passbook entry, salary must be given in the account of teacher)

If No, then justify: \_\_\_\_\_

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? (Specify in detail with salary slip and passbook entry, salary must be given in the account of staff)

If No, then justify: \_\_\_\_\_

c) Mode of disbursement of salary: - 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, from time to time as per Rules? : \_\_\_\_\_

e) Whether Provident fund is deducted from the salary of employee? : Yes/No

If No, then please Justify: \_\_\_\_\_

16. Local Managing Committee: (Attach copy of LMC Members)

17. Principal:

a) Name of Principal: \_\_\_\_\_

b) Nature of appointment: Regular/Acting

c) Qualification: \_\_\_\_\_

d) Total Experience & as a Principal: \_\_\_\_\_

e) Whether Approved by Uni. \_\_\_\_\_ (Attach copy)

f) Approval letter No. \_\_\_\_\_ dated \_\_\_\_\_

g) Contact No.

Mobile: \_\_\_\_\_ Office: \_\_\_\_\_

Res.: \_\_\_\_\_ E-mail: \_\_\_\_\_

18. Space: (Separate space for PG is mandatory)

UG \_\_\_\_\_ sq. ft. PG \_\_\_\_\_ sq. ft

(800 sq. feet per specialty desirable)

19. Attached with 300 bedded hospital:

Type of attachment: Own / Lease (Please attach documents/MOU to that effect) / Rented

Name: \_\_\_\_\_

Address: \_\_\_\_\_

College must have own hospital of 30 beds capacity.

No. of beds: \_\_\_\_\_ Occupancy: \_\_\_\_\_ PT referral as per specialty: \_\_\_\_\_

20. Clinical Facilities :

Whether sufficient clinical facilities are available for the PG Course in order to train the students: (Student: Patients ratio should be more than 1:5)

Sr. No.	Clinical Facility	Outdoor	Indoor	Total
1	PT in Orthopedic conditions			
2	PT in Neurological conditions			
3	PT in Cardiovascular and Respiratory conditions			

4	PT in Community Rehabilitation			
5	PT in Sports and Fitness			
6	PT in Pediatrics			
7	PT in Geriatrics			
8	PT in Gynecology & Obstetrics			

- a) Attachment to a CHC: Yes / No
- b) Geriatric Homes: Yes / No
- c) NGOs: Yes / No
- d) Camps (description of Camps): Yes / No
- e) Mobile PT unit (desirable): Yes / No
- f) Any other information: \_\_\_\_\_

21. Name of Equipment available for PG Course in the college

• Orthopedic (Musculoskeletal) Lab

- a) Dynamometer
- b) Hand Evaluation Kit
- c) Therabands , Theratubes
- d) Biofeedback unit with the facility EMG unit with integrated analysis software provided
- e) Video camera and player (with jog shuttle facility) for movement analysis-desirable
- f) Motion analyzer –desirable
- g) Isokinetic Unit – desirable

• Neuro Physiotherapy Lab

- a) 4 channel Electrodiagnostic Equipment for EMG-NCV
- b) Biofeedback unit with the facility to do quantitative analysis and therapy
- c) Swiss balls and stability trainers
- d) Therabands , Theratubes etc
- e) Sensory Integration Kits
- f) Balance boards
- g) Video camera and player (with jog shuttle facility) for movement analysis – desirable
- h) Motion analyzer – desirable
- i) Balance Master – desirable
- j) Functional Electrical Stimulator - desirable

• Cardio-pulmonary Laboratory

- a) Treadmill / Bicycle Ergo meter
- b) Spiro meter Portable
- c) Peak Flow meters
- d) Pulse Oximeters
- e) Mannequin for CPR training

- f) Flutter
- g) Fat fold caliper
- h) BiPAP/CPAP – desirable
- i) Body Composition analyzer- desirable
- j) Energy Consumption analyzer – desirable
- Pediatrics Laboratory
- a) Well-equipped Play room
- b) Sensory Integration Room
- c) Swiss balls
- d) Positioning devices
- e) Attachment to a CHC is a must
- f) Ball pool
- g) Audio-Visual room
- h) Accessibility to a mobile Physiotherapy Unit is desirable
- Sports Physiotherapy
- a) Fitness measurement Instrumentation
- b) Access to sports center / gym
- c) Tie-up with a sports association
- Geriatrics Physiotherapy
- a) Well ventilated and well lighted room
- b) Wall to wall carpet in department/Non slippery surface
- c) Set of all assistive devices including walkers/sticks etc
- d) Low height steps and slops
- e) Different weights with different colors and shapes
- f) Department must be having some basic emergency facilities like sphygmomanometer, glucose, ECG machine
- g) Facility for on call Medical Officer
- h) Low mats
- i) Mirror
- Gynecology Physiotherapy:
- j) Ultrasound machine
- k) TENS
- l) IFT
- m) Electrical stimulator with vaginal electrode
- n) Perineometer
- o) Vaginal cones with different weights
- p) Pressure biofeedback
- q) Medicine ball/swiss balls
- r) Mirror
- s) Dumbbells set/Therabands/Theratubes
- t) Weighing machine
- u) Facility for on call Medical Officer

v) Low mats/Chairs

22. Library facilities:

a. Departmental Library

Yes / No

Total no. of books

Sr. No	Specialty Subject	No. of Books	No. of Journals
1	PT in Orthopedic conditions		
2	PT in Neurological conditions		
3	PT in Cardiovascular and Respiratory conditions		
4	PT in Community Rehabilitation		
5	PT in Sports and Fitness		
6	PT in Pediatrics		
7	PT in Geriatrics		
8	PT in Gynecology & Obstetrics		

(Please attach copy of list of books and journals)

b. Audio visual facility

Yes / No

c. Computer / LCD Projector

Yes / No

d. Internet facility available (shared with medical college)

Yes / No

e. X-ray viewers

Yes / No

f. Web or digital library account of the university availed

Yes / No

#### CERTIFICATE OF DECLARATION

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: -----

College name: -----

Seal

Signature: -----

Name of Owner/Trustee: -----

College name: -----

Place: -----

Date: -----.

Important instruction for the college and inspector

1. Photographs of college, staff and all equipment should be submitted with inspection file
2. No TA/DA or gift in any form to be given to inspectors by colleges or any other individual
3. The staff who are present will be counted, no excuse will be considered
4. Salary slip, passbook entry, income tax return form must be present with staff
5. Copy of bill of all books and instruments should be submitted with inspection file
6. The committee of council will decide the rejection or approval of colleges
7. Inspectors should not know the name of colleges before three days
8. For inspection fix date will not be given but fix period will be given to college
9. College seal or stamp should be present at least on 10 pages of each book

