



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक  
Maharashtra University of Health Sciences, Nashik

दिंडोरी रोड, म्हस्रुळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik- 422 004

Tel : (0253) 2539325/6659325, 268 Student Helpline : (0253) 2539111/6659111

Website: www.muhs.ac.in, E-mail : [academicallied@muhs.ac.in](mailto:academicallied@muhs.ac.in)



डॉ. राजेंद्र शिवाजी बंगाळ

एम.बी.बी.एस. एम.डी.(न्यायवैद्यकशास्त्र), डी.एन.बी, एल.एल.बी.

कुलसचिव

Dr. Rajendra Shivaji Bangal

M.B.B.S, M.D.( Forensic Medicine), D.N.B. L.L.B.

Registrar

Out No.: MUHS/Acad/E6-UG/ 2401 /2023

Date: 27/10/2023

To,  
The Dean / Principal,  
Deccan Education Society's,  
Brijlal Jindal College of Physiotherapy  
Fergusson College Campus,  
F. C. Road, Shivajinagar,  
Dist. Pune - 411 004.

Sub.: Continuation / Extension of Affiliation for Academic Year 2023-24  
(Issued under provision No. 05 & 13 of University Direction No. 02/2016)  
Ref.: Academic Council Resolution No. 41/2023, dated 04/09/2023

Sir / Madam,

With reference to above cited subject, I am directed to communicate that as per Academic Council Resolution No. 41/2023 dated 04/09/2023 and as per your proposal of Continuation of Affiliation/Extension of Affiliation, the Academic Council unanimously resolved to grant Continuation of Affiliation / Extension of Affiliation for Academic Year 2023-2024 as per the provision u/s 68 and 65 (4) of MUHS Act 1998, for the Physiotherapy (Under Graduate) **B. P. Th.** course of your college.

- The intake capacity of students shall be **B. P. Th. 40**
- It is mandatory to obtain the State Government permission as per GR dated 28/02/2018 (as applicable).
- Fulfillment of following deficiencies shall be strictly complied within sixty days without fail.
- Your total approval teaching staff is 80% and your total teaching staff is 90%

Year	Professor cum Principal			Professor			Reader/Asso. Professor			Assistant Professor/ Lecturer		
	R	E	D	R	E	D	R	E	D	R	E	D
First to Final Year	01	01	0	02	01	01	04	04	0	07	07	0

Req. : Indicates no. of required teaching staff as per Council norms.

Ext. : Indicates no. of Existing approved teaching staff.

Def. : Indicates no. of deficit teaching staff as per Council norms.

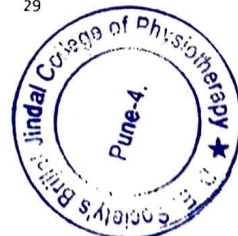
(ii) **Deficiencies for compliance :**


(a) Deficiency of 01 Professor in Cardiorespiratory Physiotherapy.

(iii) Other :- Fees NIL, Fine/Penalty NIL (if any pending with College)

(iv) **Other:**

The College shall submit Affidavit in the prescribed format as per Academic Council's Resolution No. 229/2013 (format attached).



  
**PRINCIPAL**  
D E Society's Brijlal Jindal  
College of Physiotherapy  
Pune - 4


In view of above, you are requested to comply with the above mentioned deficiencies within the stipulated time without fail and submit compliance report. Compliance report will be verified by the University.

**Important Note:**

**Important Note:**

- 1) Although the Continuation / Extension of Affiliation is granted to your College for the Academic Year 2023-24. You are not allowed to admit students for First Year B.P.Th Course without receipt of permission from State Government (as applicable).
- 2) In case of any irregular admissions, University shall not be responsible for any academic or pecuniary loss or damages of the concerned.
- 3) The admission shall be done through the Competent Authorities only.

Thanking you.

  
26-10-23  
Registrar

**Copy to:**

1. The Competent Authority, Admission Regulating Authority, Mumbai.
2. The Controller of Examinations, MUHS, Nashik
3. The H.O.D., Eligibility Section, MUHS, Nashik
4. The H.O.D., Computer Section, MUHS, Nashik



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

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Website: www.muhs.ac.in, E-mail : academicallyied@muhs.ac.in



MUHS

डॉ. संदीप सिताराम कडू

एम.बी.बी.एम., एम.डी. (न्यायवेचकशास्त्र)

एम.बी.ए., पी.जी.डी., एच.एच.एम., पी.जी.डी.एम.एल.एम., सी.एफ.एम.जे.

प्र.कुलसचिव

Dr. Sandeep Sitaram Kadu

M.B.B.S., M.D. (Forensic Medicine)

M.B.A., PGDHHM, PGDMLS, CFMJ

Offg. Registrar

Out No.: MUHS/Acad/PG/E-6 / 2577 / 2023

Date: 03 / 10 / 2023

By E-mail/Speed Post

To,  
The Principal,  
D. E. Society's,  
Brijlal Jindal College of Physiotherapy,  
Fergusson College Campus,  
Shivajinagar, Pune - 411 004

Sub. : Continuation / Extension of Affiliation for Academic Year 2023-24

Ref. : Academic Council Resolution No. 41/2023, dated 04/09/2023

Sir/Madam,

With reference to above cited subject, I am directed to communicate that as per Academic Council Resolution No. 41/2023 dated 04/09/2023 and as per your proposal of Continuation of Affiliation &/ or Extension of Affiliation, the Academic Council unanimously resolved to grant **Continuation of Affiliation & / Extension of Affiliation for Academic Year 2023-24** as per the provision u/s 65 (4) of MUHS Act 1998, for the Master of Physiotherapy (Post Graduate) Courses of your College in the following subject(s) :

Sr. No.	PG Degree Courses	Intake as per Council/University	Max. Seats Permitted as per Teacher : Student Ratio #
		Degree	Degree
1	Musculoskeletal Physiotherapy	06	06
2	Neurophysiotherapy	06	06
3	Community Physiotherapy	06	03#
4	Cardiovascular Respiratory Physiotherapy	06	06

# No. of seats may Increase / Decrease as per availability of Recognized PG Teacher on or before the cut off date of admission.

**Deficiencies observed in respect of Teaching Staff in the P.G. Department(s)**

Deficiencies pointed out in Undergraduate Affiliation letter, which include Postgraduate course requirement, must be complied with by the college within stipulated time period.

Your College is required to submitted Undertaking in prescribed format (Copy attached) towards liability of non-compliance of above teachers and thereby causing any academic loss to the students shall rest with the Dean/Principal of the College.

(1) Working File 23-24 Affiliation Letter 23-24 (1) Affiliation Letter (MPT) Affiliation Letter do



*[Signature]*

**PRINCIPAL**

D. E. Society's Brijlal Jindal  
College of Physiotherapy  
Pune - 4

**The above subject & intake wise affiliation is subject to the following conditions;**

1. Grant of permission from Central Govt. / Central Council / State Government (as applicable).
2. Fulfillment of the required teaching staff as per the Teacher : Student ratio prescribed by Central Council / University norms.
3. Admission of students is subject to availability of Recognized PG Teachers.
4. It will be mandatory to fulfill the prescribed minimum requirements for Undergraduate training as per the norms of Central Council and obtain Continuation of Affiliation for the UG Course also.

You are requested to do the needful & submit the **compliance report within One month.**

**Important Note:**

- 1) **Although the Continuation / Extension of Affiliation is granted to your College for the Academic Year 2023-24, you are not allowed to admit students for First Year without receipt of permission from Central Govt./Central and / State Government (as applicable).**
- 2) **In case of any irregular admissions, University shall not be responsible for any academic or pecuniary loss or damages of the concern.**
- 3) **The admissions shall be done only through the Competent Admitting Authorities.**

  
Offg. Registrar

**Copy to:**

1. The Competent Authority, Admission Regulating Authority, Mumbai.
2. The Controller of Examinations, M.U.H.S., Nashik.
3. The HOD, Eligibility Section, M.U.H.S., Nashik.
4. The HOD, Computer Dept., M.U.H.S., Nashik



**MAHARASHTRA STATE COUNCIL**  
**FOR OCCUPATIONAL THERAPY & PHYSIOTHERAPY, MUMBAI**  
**महाराष्ट्र राज्य व्यवसायोपचार व भौतिकोपचार परिषद, मुंबई**  
St. George's Hospital, Behind C.S.T. Station, Ph. 7045029945  
Email ID - otptcouncil@gmail.com

OTPT/Insp/Recog/PT PG/DES Pune / 311 / 2023

Date: 11/05/2023.

Continuation of recognition of Post graduate course

To,  
Principal  
DES Brijlal Jindal  
College of Physiotherapy,  
fergusson College Campus,  
Pune - 411004.

**Subject : - Continuation of recognition of Post graduate course offered by your college.**

**Ref., :- council letter No. : OTPT/Insp/Recog./PT PG/DES Pune /2080/2020, Date: 24/08//2020.**

**Sir/Madam,**

The report of the inspection of your institute for continuation of recognition dated 08/05/2023 was before Administrator of Maharashtra State Occupational therapy & Physiotherapy council, Mumbai for approval on 10/05/2023. As per decision of the Administrator, I am directed to convey the grant of continuation of recognition to the under graduate course offered at your institute with following details.

Name of college	DES Brijlal Jindal, College of Physiotherapy, Pune .
Name of course	Master of Physiotherapy ( M.P.Th)
University Affiliation	Maharashtra University of Health Science, Nashik.
Intake capacity	1)M. P.Th ( Musculoskeletal Physiotherapy) : 02 2) M. P.Th (Neuro Physiotherapy): 06 3) M. P.Th ( Cardio respiratory Physiotherapy ) : 06 4) M. P.Th ( Community Physiotherapy) : 06 <b>Total : 20 Seats</b>
Recognition Duration	<b>Five years.</b> From 01/08/2023 to 31/07/2028.

The Continuation of recognition of council is exclusively for above mentioned course, subject, affiliated university, intake& duration.

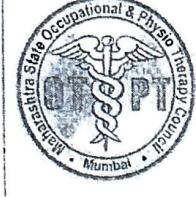
  
Registrar

Maharashtra State Occupational therapy & Physiotherapy  
Council, Mumba





**PRINCIPAL**  
D E Society's Brijlal Jindal  
College of Physiotherapy  
Pune - 4



**MAHARASHTRA STATE COUNCIL**  
**FOR OCCUPATIONAL THERAPY & PHYSIOTHERAPY, MUMBAI**  
**महाराष्ट्र राज्य व्यवसायोपचार व भौतिकोपचार परिषद, मुंबई**  
St. George's Hospital, Behind C.S.T. Station, Ph. 7045029945  
Email ID - otptcouncil@gmail.

OTPT/Insp/Recog/PT UG/DES Pune 15483/2022

Date: 11/11/2022

Continuation of recognition of under graduate course

To,  
Principal  
DES Brijlal Jindal  
College of Physiotherapy,  
fergusson College Campus,  
Pune - 411004.

<b>D. E. Society's</b> Brijlal Jindal College of Physiotherapy, Pune
Inward No. 47
Date: 12/10/2022
Sign: [Signature]

**Subject: - Continuation of recognition of under graduate course offered by your college.**

**Sir/Madam,**

The report of the inspection of your institute for Continuation of recognition of under graduate course dated 06/06/2022 was placed in general body meeting of Maharashtra State Occupational therapy & Physiotherapy council, Mumbai for approval on 02/09/2022. As per decision of the committee, I am directed to convey the grant of continuation of recognition to the under graduate course offered at your institute with following details.

Name of college	DES Brijlal Jindal, College of Physiotherapy, Pune.
Name of course	Bachelor of Physiotherapy (B.P.Th)
University Affiliation	Maharashtra University of Health Science Nashik
Intake capacity	40 Seats
Recognition Duration	Five year. From 01/08/2022 to 31/07/2027.

The Continuation of recognition of council is exclusively for above mentioned course, subject, affiliated university, intake & duration.

[Signature]  
Registrar

Maharashtra State Occupational therapy & Physiotherapy  
Council, Mumbai



[Signature]

**PRINCIPAL**  
D. E. Society's Brijlal Jindal  
College of Physiotherapy  
Pune - 4

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# LOCAL INSPECTION COMMITTEE FORMAT

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**MAHARASHTRA STATE OCCUPATIONAL THERAPY &  
PHYSIOTHERAPY COUNCIL, MUMBAI**  
**Format for Inspection by Local Inquiry Committee for  
Continuation / Extension of Affiliation for A.Y. 20 - 20**  
**Course: Physiotherapy**

Name of L.I.C. Members :- \_\_\_\_\_ DATE OF VISIT : / /20

Chairperson : - \_\_\_\_\_

Member : - \_\_\_\_\_

Member :- \_\_\_\_\_

COLLEGE NAME : \_\_\_\_\_

Name of Management : \_\_\_\_\_

Name & Qualification of the Principal of the Physiotherapy College / HOD of Physiotherapy Department : \_\_\_\_\_

Govt. permission obtained (Mandatory) - Attach copy. \_\_\_\_\_

Intake capacity :- \_\_\_\_\_

Attachment with the M.C.I. recognized Medical College: Yes / No. \_\_\_\_\_

**“Status of payment of previous affiliation fee:**

(i) Detail of outstanding affiliation fee (Yearwise) : \_\_\_\_\_

(ii) Payment of affiliation fee for the year  
Continuation / Extension affiliation is sought : \_\_\_\_\_

(iii) Reasons for non-payment of above affiliation Fee : .....

YEAR OF AFFILIATION SEEKING : 20 ---- 20 ---- FOR INTAKE CAPACITY:----- Seats

Affiliation Sought for:- Continuation of Affiliation Extension of Affiliation

1. First B.PTh.	<input type="checkbox"/>	<input type="checkbox"/>
2. Second B.PTh.	<input type="checkbox"/>	<input type="checkbox"/>
3. Third B.PTh.	<input type="checkbox"/>	<input type="checkbox"/>
4. Fourth B.PTh.	<input type="checkbox"/>	<input type="checkbox"/>
5. Intership	<input type="checkbox"/>	<input type="checkbox"/>



AFFILIATION FEES DEPOSITED : Rs. -----

OTPT Council Receipt No.----- Dated-----

(Please attach Xerox copies of receipt)

Details of outstanding affiliation fee (Yearwise). : \_

**1. College Information:** \_\_\_\_\_

Name of the College : \_\_\_\_\_

a) Address : \_\_\_\_\_

b) Telephone Numbers with STD Code : \_\_\_\_\_

c) Fax Number with STD Code : \_\_\_\_\_

d) E-mail Address : \_\_\_\_\_

Whether independent Physiotherapy college or

as part of Medical college : \_\_\_\_\_

IF ATTACHED : \_\_\_\_\_

a) Name of Parent Institute : \_\_\_\_\_

b) Address : \_\_\_\_\_

c) Telephone Numbers with STD Code : \_\_\_\_\_

d) Fax Number with STD Code : \_\_\_\_\_

e) E-mail Address : : \_\_\_\_\_

Remarks regarding Maharashtra State OT/PT Council approval & it's details:

Whether separate mandatory budget for Physiotherapy undergraduate education is made:

If any - Amount: \_ \_\_\_\_\_ for the year \_  
\_\_\_\_\_

**2. Management Institute \ Parent Body :**

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

a) Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- b) Telephone Numbers with STD Code: \_\_\_\_\_
- c) Fax Number with STD Code : \_\_\_\_\_
- d) E-mail Address : \_\_\_\_\_
- e) Year of Establishment : \_\_\_\_\_
- f) Whether registered under Society Act\ Public trust Act: \_\_\_\_\_
- (Please attach Xerox copy of registration cert.)

**3. Status of College** : - (Please attach proof documents )

- a) Government\ Govt. Aided Private\ Private Non aided /Deemed :
- b) Whether has minority status :
- c) Year / Date of Establishment \ Starting of College . :
- d) Permission of State Govt. to start College :
- e) Date of First affiliation by the MUHS :
- f) Permission of Maharashtra State OT/PT Council :

**4. Whether Compliance report of last LIC report submitted to University :**

(Please attach copy of compliance report) \_\_\_\_\_

**5. Year of first admissions \ first batch** : \_\_\_\_\_

**6. Year of Passing out of 1st batch** : \_\_\_\_\_

**7. Yearly intake as permitted by Central Council** : \_\_\_\_\_

**8. Yearly intake as permitted by University** : \_\_\_\_\_

**9. Method of admitting students** : Through MHCET \ ASS.CET \ OTHER

**10. Number of students studying in the college (Current year) :**

1<sup>st</sup> year :

2<sup>nd</sup> year :

3<sup>rd</sup> year :

4<sup>th</sup> Year :

Interns :

Total :

**11. Financial Status** (Attach balance sheet of last three years).

a. Total Income from all sources : Rs.

- i) Fees :
- ii) Hospital income :
- iii) Grants from Government & others . :
- iv) Donations
- v) Other

b. Total Expenditure :

- i) College Salary expenditure :
- ii) College Non- Salary expenditure :

c. Movable assets :

d. Non movable assets :

e. Liabilities :

**12 . Budget Provision** (Current Year) :

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

**13 . Teachers information** :

a) Total number of available teachers :

**14. Information about Non-teaching Staff:**

Total number of available Non-teaching Employees :

**(Please attach separate list of non-teaching Employees)**

Post	Required		61 to 100 Intake	Available	Deficit/excess
	Up to 40 Intake	41 to 60 Intake			
PA / Academic Clerk	01	01	01+01		
Store Keeper / Jr. Clerk	01	01+01	01+01		
Registration and data entry operator	01	01	02		
Peon	02	03	04		
Lab Asst.	02	02	03		
Account Clerk	01	01	02		
Librarian	01	01	02		
<b>Total</b>	09	11	17		

**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?
- 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?
- c) Mode of disbursement of salary: -
- 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?

**16. Local Managing Committee :**

### 17. Principal/HOD :

- a) Name of Principal/HOD :
- b) Nature of appointment :
- c) Qualification :
- d) Total Experience as a Principal :
- e) Whether Approved by MUHS / Deemed University :  
Approval letter No. :
- f) Contact No..Mobile :

Office: Res. : E-mail: \_

### 18. College Building

Total built up area available for college building: \_\_\_\_\_sq.ft.

Minimum area required according to intake capacity: \_\_\_\_\_ (follow respective annexure)

{10 intake: 19475 sq.ft / 11 to 40 intake: 20600 sq.ft/ 41 to 50 intake: 21025/ 51 to 60 intake: 28775 sq.ft / 61 to 100 intake: 30850 sq.ft }

Space allotment	Upto 50 intake	51 to 100 intake	No of units	Total area required in sq.ft	Actual area available
Administrative office	500	1000	1	500/1000	
Director/dean/principal /H.O.D.'s office	400	400	1	400	
Professor's office	150 per unit	150 per unit	3/4/6	450/600/900	
Associate Professor's office	100 per unit	100 per unit	1/4/6/11	100/400/600/1100	
Assistant Professor's office	75 per unit	75 per unit	3/8/9/13/22	225/600/675/975/1650	
Conference room	300	500	1	300/500	
Mini auditorium	1500	2500	1	1500/2500	
Class Rooms	750	1200	4	3000/4800	
Student Common room (Girls)	1000	1500	1	1000/1500	
Student common room (Boys)	250	300	1	250/300	
*Library with reading room	1200	2000	1	1200/2000	

Discussion/ Interaction room	200	300	1	200/300	
Hostels for Girls	Mandatory	Mandatory	Separate /share d with medical college		
Hostels for Boys	Mandatory	Mandatory	Separate /share d with medical college		
Core laboratories	1200	1500	2	2400	
Clinical skill labs/Fitness Lab	1200	1500	1	1200	
Indoor physiotherapy department	1200	1200	1	1200	
Outdoor physiotherapy department areas as per work load	5000	7000	1	5000	
Recreational Area	1000	1200	1	1000	

\* In absence of attached Medical College:

1 Library space should be 2000 Sq.Ft.

2. Anatomy & Physiology labs to be developed:  $1200 + 1200 = 2400$  Sq.Ft.

Department	Year	Area in sq ft	
		Up to 50 intake	51 to 100 intake
Anatomy	I B.P.Th	1200	1500
Physiology	I B.P.Th	1200	1500
Electrotherapy & electrodiagnosis	I & III B.P.Th	1200	1500
Therapeutic gymnasium /kinesiotherapy	I & II B.P.Th	1200	1500
Yoga laboratory /clinical skills	I,III & IV B.P.Th	1200	1500
Exercise fitness & functional diagnosis	III B.P.Th		
Indoor + Outdoor physiotherapy department	I/II/III/IV B.P.Th	1200 +5000	1200 +7000

**19. DEPARTMENTAL LIBRARY:** Annexure-M

REQUIREMENT		ACTUALLY AVAILABLE	DEFICIT/ EXCESS
Text Books	As per syllabus One copy of Book per 10 students.		
Reference books	As per syllabus		
Advanced Books	Adequate		
E-Books			
CDs			
Journals	APTA.		
	Archives of Physical Medicine & Rehabilitation [American]		
	Australian Journal of P.T.		
	C.S.P. Physiotherapy		
	Year book of Sports Medicine		
	Spine		
	Applied Biomechanics	Available	
	Developmental Medicine & child neurology	Not Available	
Mandatory Internet facility with minimum 3 computer terminals Access to e-library Equipment	Medline & MUHS digital library	Available	
Audio-Visual Aids	OHP/Slide Projector – One per class room	Yes, 03	
	LCD – One per classroom	Yes, 06	

**20. TEACHING DEPARTMENT:**

Following departments should be set-up at the commencement of First year BPTH:.

1. Dept. of Kinesiotherapy and Physical Diagnosis
2. Dept. of Electrotherapy and Electro-Diagnosis

Following departments should be set-up at the commencement of Third year BPTH:

3. Dept. of Musculoskeletal Sciences Physiotherapy
4. Dept. of Neurosciences Physiotherapy
5. Dept. of Cardio-Pulmonary Physiotherapy
6. Dept. of Physiotherapy in Community Health

### Staffing Pattern for Physiotherapy Course

Desired teacher student ratio: Govt. GR No. H&D/1080/979/H.O-A

#### A) Required teaching staff up to 10 intake :

PT Year Wise	Departments	Principal cum Professor	Professor	Asso. Prof.	Asst. Prof / Lecturer
I & II	Any Subject	01	--	01	03
	Electrotherapy & Electrodiagnosis	--	--	--	
	Kinesiotherapy & Physical Diagnosis	--	--	--	
III & IV	Any one of the following Clinical Subjects	--		01	02
	Musculoskeletal Sciences PT	--			
	Neurosciences PT	--			
	Community PT	--			
	Cardiovascular respiratory PT	--			
	<b>Total</b>		01		01+01

#### B) Required teaching staff up 11 to 40 intake :

PT Year Wise	Departments	Principal Cum Professor	Professor	Asso. Prof.	Asst. Prof / Lecturer
I & II	Any Subject	01	--	01	
	Electrotherapy & Electrodiagnosis	--	--	--	02
	Kinesiotherapy & Physical Diagnosis	--	--	--	02
III & IV	Any one of the following Clinical Subjects	--	03	--	--
	Musculoskeletal Sciences PT	--		01	01
	Neurosciences PT	--		01	01
	Community PT	--		01	01
	Cardiovascular respiratory PT	--		01	01
	<b>Total</b>		01	03	04



**C) Required teaching staff up 41 to 50 intake :**

PT Year Wise	Departments	Principal Cum Professor	Professor	Asso. Prof.	Asst. Prof / Lecturer
I & II	Any Subject	01	--	--	--
	Electrotherapy & Electrodiagnosis	--	--	01	02
	Kinesiotherapy & Physical Diagnosis	--	--	01	03
III & IV	Any one of the following Clinical Subjects	--		--	--
	Musculoskeletal Sciences PT	--	01	01	01
	Neurosciences PT	--	01	01	01
	Community PT	--	01	01	01
	Cardiovascular respiratory PT	--	01	01	01
	<b>Total</b>		<b>01</b>	<b>04</b>	<b>06</b>

**Note : Every Clinical subject department should headed by a Professor**

**D) Required teaching staff up 41 to 50 intake :**

PT Year Wise	Departments	Principal Cum Professor	Professor	Asso. Prof.	Asst. Prof / Lecturer
I & II	Any Subject	01	--	01	
	Electrotherapy & Electrodiagnosis	--	--	01	02
	Kinesiotherapy & Physical Diagnosis	--	--		03
III & IV	Any one of the following Clinical Subjects	--		--	--
	Musculoskeletal Sciences PT	--	01	01	02
	Neurosciences PT	--	01	01	02
	Community PT	--	01	01	02
	Cardiovascular respiratory PT	--	01	01	02
	<b>Total</b>		<b>01</b>	<b>04</b>	<b>06</b>

**Note : Every Clinical subject department should be headed by a Professor**

**E) Required teaching staff up 61 to 1000 intake :**

<b>PT Year Wise</b>	<b>Departments</b>	<b>Principal Cum Professor</b>	<b>Professor</b>	<b>Asso. Prof.</b>	<b>Asst. Prof / Lecturer</b>
<b>I &amp; II</b>	Any Subject	01	--		
	Electrotherapy & Electrodiagnosis	--	01	01	03
	Kinesiotherapy & Physical Diagnosis	--	01	02	03
<b>III &amp; IV</b>	Any one of the following Clinical Subjects	--		--	--
	Musculoskeletal Sciences PT	--	01	02	04
	Neurosciences PT	--	01	02	04
	Community PT	--	01	02	04
	Cardiovascular respiratory PT	--	01	02	04
	<b>Total</b>		<b>01</b>	<b>06</b>	<b>11</b>

**Note : All departments should be headed by a professor**

**Teachers of Specialty Medical Subjects:**

- These teachers should be necessarily post graduates in the specialty Medical subjects.
- These teachers can be part time or external teachers.

b) Qualification & Experience of Physiotherapy Teachers :-

Sr. No.	Designation	Revised Norms	
		Qualification	Full time teaching Experience
01	Principal / Director / Dean / Superintendent	Master Degree in Physiotherapy	03 yrs. experience as Professor
			OR 12 yrs. total experience as teacher after post-graduation in physiotherapy. However he must have Post Graduation qualification or Ph.D or equivalent of it under the faculty of health sciences.
02	Professor	Master Degree in Physiotherapy	04 yrs. experience as Asso. Professor
			OR 09 yrs. total experience as teacher after post-graduation in physiotherapy. However he must have Post Graduation qualification or Ph.D or equivalent of it under the faculty of health sciences.
03	*Asso. Professor	Master Degree in Physiotherapy	05 yrs. as Lecturer after post- Graduation
			OR 8 yrs total experiences as teacher after graduation in physiotherapy. However he must have Post Graduation qualification or Ph.D or equivalent of it under the faculty of health sciences.
04	Assistant Professor	Master Degree in Physiotherapy	Nil
05	Assistant Lecturer	Bachelors Degree in Physiotherapy	Nil

**(Information regarding infrastructure available)**

**1. DEPARTMENTS & LABORATORIES**

**A. DEPARTMENT OF ELECTROTHERAPY & ELECTRODIAGNOSIS :**

- Name of H.O.D. : \_\_\_\_\_
- a. Space available for department : \_\_\_\_\_
- b. Whether w/c facility is attached? : \_\_\_\_\_
- c. Number of Professors : \_\_\_\_\_
- d. Number of Asso. Professor : \_\_\_\_\_
- e. Number of Asst. Professor/Lecturer : \_\_\_\_\_
- f. Whether Departmental Library is maintained : \_\_\_\_\_  
If yes ,then number of available books : \_\_\_\_\_
- g. Whether Stock book registers are available? : \_\_\_\_\_  
Whether Certified and well maintained? : \_\_\_\_\_
- h. Whether students attendance record is available ? : \_\_\_\_\_
- i. Whether record of internal Assessment is well maintained? : \_\_\_\_\_
- j. Number of Charts available : \_\_\_\_\_
- k. Number of Models available : \_\_\_\_\_
- l. Whether term wise distributed syllabus is followed ? : \_\_\_\_\_
- m. Any other important thing to specify ? : \_\_\_\_\_

(Please attach detail list of available furniture, chart, models, samples, specimen, photographs, instruments, equipments available at department for teaching and academic purposes.)

\*: The candidate not holding Master degree in Physiotherapy but already approved / recognized by the Maharashtra University of Health Sciences as UG / PG teacher for BPTH / MPTH (sp) programme, shall be continued in the current post till his / her superannuation as per UGC norms. However for his / her any further promotion in the cadre, acquisition of higher qualification as relevant to physiotherapy shall be mandatory, and these norms are **applicable from academic year 2016-17 to 2020-21**.

- All Teachers should be registered under the Maharashtra State Occupational Therapy and Physiotherapy Council.

**Please note :** Additional weightage will be given to clinical experience in teaching institution by ratio of 4: 1  
(Four years clinical experience in the teaching institution is equal to one year teaching experience).

**Teachers of speciality Medical subjects:-**

- These teachers should be necessarily post graduates in the speciality Medical subjects & may be attached to MCI recognized Medical College.

**OR**

- The Physiotherapy College should develop its own laboratories in Anatomy & Physiology  
The infrastructure should be as per MCI guidelines .

**B .DEPARTMENT OF KINESIOTHERAPY & PHYSICAL DIAGNOSIS :**

- Name of H.O.D : -----
- a. Space available for department : -----
- b. Whether w/c facility is attached? :-----
- c. Number of Professors : -----
- d. Number of Asso. Professor : -----
- e. Number of Asst. Professor/Lecturer :-----
- f. Whether Departmental Library is maintained  
If yes, then number of available books : -----
- g. Whether Stock book registers are available?  
Whether Certified and well maintained? :-----
- h. Whether students attendance record is available ? :-----
- i. Whether record of internal Assessment is well maintained? :-----
- j. Number of Charts available : -----
- k. Number of Models available : -----
- l. Whether term wise distributed syllabus is followed ? :-----
- m. Any other important thing to specify ? :-----

(Please attach detail list of available furniture, chart, models, samples, specimen, photographs, instruments, equipments available at department for teaching and academic purposes.)

**C. DEPARTMENT OF MUSCULOSKELETAL PHISIO THERAPY :**

- Name of H.O.D. :
- a. Space available for department :-----
- b. Whether w/c facility is attached? :-----
- c. Number of Professors :-----
- d. Number of Asso. Professor :-----
- e. Number of Asst. Professor/Lecturer :-----
- f. Whether Departmental Library is maintained :-----  
If yes,then number of available books :-----
- g. Whether Stock book registers are available? :-----  
Whether Certified and well maintained? :-----
- h. Whether students attendance record is available ? :-----
- i. Whether record of internal Assessment is well maintained? :-----
- j. Number of Charts available :-----
- k. Number of Models available :-----
- l. Whether term wise distributed syllabus is followed ? :-----
- m. Any other important thing to specify ? :-----

(Please attach detail list of available furniture, chart, models, samples, specimen, photographs, instruments, equipments available at department for teaching and academic purposes.)

**D. DEPARTMENT OF COMMUNITY PHISIO THERAPY:**

- Name of H.O.D. : -----
- a. Space available for department : -----
- b. Whether w/c facility is attached? :-----
- c. Number of Professors : -----
- d. Number of Asso. Professor : -----
- e. Number of Asst. Professor/Lecturer :-----
- f. Whether Departmental Library is maintained  
then number of available books : -----
- g. Whether Stock book registers are available?  
Whether Certified and well maintained? :-----
- h. Whether students attendance record is available ? :-----
- i. Whether record of internal Assessment is well maintained? :-----
- j. Number of Charts available : -----
- k. Number of Models available : -----
- l. Whether term wise distributed syllabus is followed ? :-----
- m. Any other important thing to specify ? :-----

(Please attach detail list of available furniture, chart, models, samples, specimen, photographs, instruments, equipments available at department for teaching and academic purposes.)



**E. DEPARTMENT OF NEUROSCIENCES PHISIO THERAPY :**

- Name of H.O.D. : -----
- a. Space available for department : -----
- b. Whether w/c facility is attached? :-----
- c. Number of Professors : -----
- d. Number of Asso. Professor : -----
- e. Number of Asst. Professor/Lecturer :-----
- f. Whether Departmental Library is maintained : -----
- If yes, then number of available books : -----
- g. Whether Stock book registers are available? :-----
- Whether Certified and well maintained? :-----
- h. Whether students attendance record is available ? :-----
- i. Whether record of internal Assessment is well maintained? :-----
- j. Number of Charts available : -----
- k. Number of Models available : -----
- l. Whether term wise distributed syllabus is followed ? :-----
- m. Any other important thing to specify ? :-----

(Please attach detail list of available furniture, chart, models, samples, specimen, photographs, instruments, equipments available at department for teaching and academic purposes.)

**F. DEPARTMENT OF CARDIOVASCULOR / RESPIRATORY PHISIO THERAPY :**

- Name of H.O.D. : -----
- a. Space available for department : -----
- b. Whether w/c facility is attached? :-----
- c. Number of Professors : -----
- d. Number of Asso. Professor : -----
- e. Number of Asst. Professor/Lecturer :-----
- f. Whether Departmental Library is maintained : -----
- If, yes then number of available books : -----
- g. Whether Stock book registers are available? :-----
- Whether Certified and well maintained? :-----
- h. Whether students attendance record is available ? :-----
- i. Whether record of internal Assessment is well maintained? :-----
- j. Number of Charts available : -----
- k. Number of Models available : -----
  
- l. Whether term wise distributed syllabus is followed ? :-----
  
- m. Any other important thing to specify ? :-----

(Please attach detail list of available furniture, chart, models, samples, specimen, photographs, instruments, equipments available at department for teaching and academic purposes.)

**21.LIBRARY.:**

- A) SYSTEM :- 1. Open access\Card window\Others  
2. Stamp of library for identification of each book is placed on

Page Number

- a) Total Space Available :
- b) Reading Room (General) :
- c) Teachers Reading Room :
- e) Catalogue\Counter Room :
- f) Librarian Room :

B) AVAILABLE BOOKS.:

- a) Total books as per central accession register :
- b) Total books under scheme of Book bank from register :
- c) Total books available at Library :
- i) Total number of books on Physiotherapy :
- ii) Total Number of books on Basic Medical & Clinical Sciences:
- iii) Number of other books :
- d) Journal / Magazines/ periodicals subscribed per month:
- |                |           |        |
|----------------|-----------|--------|
| International: | National: | State: |
|----------------|-----------|--------|
- e) Number of available Newspaper :
- |           |          |         |
|-----------|----------|---------|
| Marathi:  | English: | Hindi:  |
| National: | State :  | Local : |
- f) Number of other magazines :
- g) Total cost of available Books in Rupees :

**22. SPORTS FACILITIES :**

Name of the Sports Teacher:

Qualification:

Space available for sport department:

**23. HOSTEL**

A) Boys Hostel :

Total Capacity :

B) Girls Hostel :

Total Capacity :

**24. OTHER FACILITIES.**

a) Ladies common room with attached w/c :

b) Canteen facility for students and staff :

c) Water Cooler/safe drinking water facility :

d) Internet facility inside campus :

e) Cycle \ Motorcycle \ Car Parking :

**25.** Details of the Research activities carried out in last three years

**Research by the faculty-**

## HOSPITAL - INFORMATION

**CLINICAL FACILITIES** : Attached Hospital (Govt. / Civil / Private) must be within 10 km. radius of the college.

1. Name of the Hospital: \_\_\_\_\_  
2. Address : \_\_\_\_\_  
\_\_\_\_\_

3. Telephone No.----- Fax No.-----

4. Whether the Hospital is owned by the College\Management or Rented?

5. Total number of Beds (minimum required 500 ):

6. Total built up area of Hospital :-----

7. Student Bed Ratio (Under graduate) : -----  
-----

8.. Average Bed Occupancy in% :-----

9. Whether Hospital is registered under any act under Local authority such as Corporation, Municipality, Grampanchayat, etc.:

10. Distance of Hospital from the college to which it is attached ( In kms):

11 Whether Casualty is available and functional

12 Whether separate Registration room is available at OPD ?

a. Number of total patients registered in last year :

b. Number of New Patient registered on daily average :

c. Number of Old patient registered on daily average :

d. Average Number of patients attending OPD( current year) :

e. Whether records of patient registration are well maintained :

## LABORATORIES

### II. ELECTRO THERAPY & ELECTRODIAGNOSIS LAB

SN	Equipment / Facility	Required		Available	Fulfills/ Lacunae
		Up to 50	51 to 100		
1	Cubicles with separate power line (earthed)	10	15		
2	Hot Packs	12	12		
3	Cold packs	12	12		
4	PWB	2	3		
5	Open circuit stimulator	1	2		
6	SWD	3	6		
7	UVR	3	6		
8	Ultrasound	3	6		
9	I.R.	3	6		
10	Whirl pool	1	1		
11	Diagnostic Stimulators	10	15		
12	TENS Unit	5	10		
13	Interferential Current Therapy Unit	3	5		
14	Lasers (desirable)	1	1		
15	Cervical & lumber traction Units	1+1	2+2		
16	Contrast Bath	1	1		

Requirement for Electrodiagnosis

SN	Equipment / Facility	Required	Available	Fulfills/ Lacunae
		Up to 50	51 to 100	
17	Two channeled EMG with IP analyzer	01	01	
18	Biofeedback / Multi stimulator	01	01	

2. THERAPEUTIC GYMNASUM & KINESIOTHERAPY LAB  
(Non-skid flooring - Mandatory)

SN	Equipment / Facility	Required		Available	Fulfills/Lacun
		Up to 50	51 to 100		
1	Cubicles	10	15		
2	Parallel Bar with Mirror	01	02		
3	Wall Bar	01	02		
4	Stair Case	01	01		
5	Suspension App.	03	05		
6	Tilt Table	02	02		
7	Ergocycles	03	05		
8	Rowing Machine	03	03		
9	Exam couches	15	20		
10	Exs mats-	Adequate	Adequate		
11	Dumbbells and Spings	Adequate	Adequate		
12	Weights / Wedges	Adequate	Adequate		
13	Sand Bags	Adequate	Adequate		
14	Medicine Balls	02	05		
15	Therabands	1 set of all	2 set of all		
16	Swiss Balls 24" & 36"	01 each	02 each		
17	Hand Dynamometer	01	01		
18	Hand Evaluation Kit	01	01		
19	Delorm's Boot with weights	02	05		
20	Hand Exercise Unit	01	01		
21	CPM	01	02		
22	Shoulder Wheel	01	02		

23	Finger ladder	01	03		
24	Skates	Adequate	Adequate		
25	Axillary / Elbow Crutches & Walkers	Adequate	Adequate		
26	Wobble Board	02	04		
27	Quadriceps Table	01	02		
28	Ankle Exerciser	02	04		
29	Bed Cycle	01	02		
30	Racet	01	02		
31	Wrist Roller / Wrist Exerciser	Adequate	Adequate		
32	Wheel Chairs	Adequate	Adequate		
33	Pelvic Inclometers	01	02		

### 3. EXERCISE PHYSIOLOGY & FITNESS LAB:

SN	Equipment / Facility	Required		Available	Fulfills / Lacunae
		Up to 50	51 to 100		
1	Computerized treadmill	1	3		
2	Bicycle ergometer with speedometer	1	3		
3	Skin fold caliper	2	4		
4	Body composition analyzer [Desirable]	1	1		
5	Body Fat Analyzer	1	1		
6	Pelvic inclinometer				
7	Weighing scale with height measurement	1	2		
8	Spirometer	1	2		
9	Peak flow meter	3	6		



10	Energy consumption analyzer [Desirable]	1	1		
11	Pulse Oxymeter	4	6		
12	ECG [Desirable]	1	2		
13	Flutter	2	4		
14	Inspiratory Muscle Trainer	2	4		
15	Oxygen Cylinder	1	1		
16	Nebulizer				
	A ) Ultra Sound	1	1		
	B) JET	1	1		
17	Portable Suction Machine	1	1		
18	B.P. Apparatus & Stethoscope	3	6		
19	Shuttle Walk Test Software (Desirable)	1	1		

#### 4 YOGA / CLINICAL SKILLS LAB

SN	Equipment / Facility	Required		Available	Fulfills / Lacunae
		Up to 50	51 to 100		
1	Yoga Mats / Pediatric Mats / Mats for Training Neurotherapeutic Skills	20	30		
2	Adjustable Manual Therapy Plinth	02	04		
3	Therabands & Theratubes	Adequate	Adequate		
4	Swiss balls	Adequate	Adequate		
5	Stability Trainers	Adequate	Adequate		
6	Sensory Assessment Kit	Adequate	Adequate		
7	Balance Assessment & Training Equipment	Adequate	Adequate		
8	Equipment for Training of Hand Function	Adequate	Adequate		
9	Stools, Benches, Wheel Chairs, Stairs Ramps For Training Transfers	Adequate	Adequate		

## Other Requirements :

R)	<ul style="list-style-type: none"> <li>• Use of MKCL Software (For Student Registration)</li> </ul>		Yes / No		
S)	<ul style="list-style-type: none"> <li>• Strong Room               <ol style="list-style-type: none"> <li>a) Area-300 sq.ft</li> <li>b) Shelf</li> <li>c) Steel cupboard-1</li> <li>d) CCTV</li> </ol> </li> </ul>		Available / Not available Yes / No Yes / No Yes / No Yes / No		
	<b>About online transmission equipment</b>		Yes / No		
T)	<b>1) Student Welfare Related</b> * Establishment VISHAKA (Sexual Harassment redressal) Committee • Whether Anti Ragging Committee is formed: • Whether report of the said committee sent to the University : • No. of Meetings conducted and. No. of complains received :		Yes / No		
	<ul style="list-style-type: none"> <li>• Games and Sports Facilities with P.T. Teacher or Instructor.</li> </ul>		Yes / No		
	Data of Student from your college, those who had the beneficiary of the schemes run/given by Student Welfare Department MUHS, Nashik.				
	<b>Particular</b>				
	Earn and Learn Scheme				
	DhanwntriVidyadhan Scheme				
	Sanjivani Student Safety Scheme				
	Book Bank Scheme				
	SavitribaiPhuleVidyadhan Scheme				
	External Scheme				
	No. of Student(s) from your college had the participation University level Avishkar competition, organized by MUHS.				
	Your College has NSS Unit ?				
	If Yes, then provide the submission date, on which the last year's NSS expenditure audited report submitted to University.				

1. Date of college data uploaded on web portal (<http://aishe.gov.in>)  
Regarding "All India Survey on Higher Education"

i) For the survey year AISHE : 2011-12      Date :

/	/20
---	-----

ii) For the survey year AISHE :2012-13      Date :

/	/20
---	-----

iii) For the survey year AISHE : 2013-14      Date :

/	/20
---	-----

iv) For the survey year AISHE : 2014-15      Date :

/	/20
---	-----

/	/20
---	-----

**2. Whether "Swaccha Bharat Abhiyan" implemented in college:**

**CERTIFICATE OF PRINCIPAL / H.O.D.**

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/HOD.:-----

College                      name:-----

Place:-----

Date:-----



**CERTIFICATE\ REMARKS OF THE LOCAL INQUIRY COMMITTEE .**

We the Local Inquiry Committee member here by certifies that, we have thoroughly inspected the College and Hospital on the date mentioned. We have verified the statements made in the proforma. We hereby agree with the information supplied by the authorities of the institute. / We do not agree with the information supplied by the authorities of the institutes. The statements\data\ figures which are not found correct or not based on facts, are encircled by red ink the correct figures are entered near the circle in red ink.

(Scratch which ever is not applicable.) Place --

-----  
Date -----

Names

Signatures

1. Chairman/Chairperson :

\_\_\_\_\_

2.Member :

\_\_\_\_\_

3.Member :

\_\_\_\_\_

\*\*\*\*\*

**Annexure - A**

**The List of “Approved” teachers who were present on the day of Inspection**

(If teacher is absent, please attach Leave application)

<b>SN</b>	<b>Name of the teacher</b>	<b>Designation</b>	<b>Subject</b>	<b>Date of Birth &amp; Category</b>	<b>Mobile No / E. mail Id</b>	<b>Status of approval</b>	<b>Signature</b>

**Chairman**  
(Name & Signature)

**Member**  
(Name & Signature)

**Member**  
(Name & Signature)

**The List of “Non- Approved” teachers who were present on the day of Inspection**  
(If teacher is absent, please attach Leave application)

SN	Name of the teacher	Designation	Subject	Date of Birth & Category	Mobile No / E. mail Id	Status of approval	Signature

**Chairman**  
(Name & Signature)

**Member**  
(Name & Signature)

**Member**  
(Name & Signature)

DECLARATION

I, the Dean / Director / Principal of the.....College / Institute solemnly states on affirmation, that the information provided by me in the format attached to this declaration as **Annexure-I**, is true and correct to the best of my knowledge. Said information is provided to me by the concerned teachers and duly verified by me. The teachers in the Annexure-I are not working in /at any other college / Institute or presented themselves at any inspection for the academic year 2016-2017, as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure-I are staying in the same city / town / village where the College / Institute is situated or adjacent to the city / town / village where the College / Institute is situated and having the valid proof of residence of the said city / town / village. The teachers in the Annexure-I are not practicing in College working hours or out-side the City where the College / Institute is situated.

I am further hereby declaring that every information or contents of this declaration is based on the information provided by the concerned teachers and endorsed by me after due verification and the same is / are absolutely true and correct. If at any stage it is revealed that any information or content given in this declaration is not true and correct, in such event the undersigned / the concerned teacher, as the case may be, shall be liable for disciplinary action or penal action, as the case may be.

This declaration is voluntarily signed by me on .....day of ....., 2016 at .....

Date : -----

Place:-----

Signature of Dean / Director / Principal

Name of the Signatory-

(with Seal of the College / Institute)





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Permission for use of  
Simulation lab of Smt.  
Subhadra Jindal  
College of Nursing

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D. E. SOCIETY'S

# Smt. Subhadra K. Jindal College of Nursing

Fergusson College Campus, Shivajinagar Pune - 411 004

• Ph.: (020) 67656480 / 81 / 70 / 68 • Fax : 67656478 / 67656120

• Email : office.skjcn@despune.org • Website : www.desnursingcollege.edu.in

Approved by Govt. of Maharashtra, Indian Nursing Council & Maharashtra Nursing Council  
and Affiliated to Maharashtra University of Health Sciences, Nashik

Ref.No.: 165A/21-22

Date : 03/08/2021

To,

Dr. Snehal Joshi

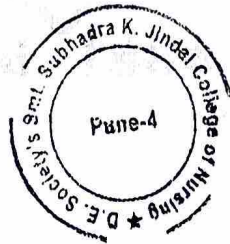
Principal,


D.E.Society's Brijlal Jindal College of Physiotherapy, Pune

Subject- Permission for using skills laboratory

Dear Ma'am

With respect to your request letter no.181/A dated 02.08.2021, I hereby grant you the permission to use skills lab/ Foundation Lab at D.E.Society's Smt. Subhadra K. Jindal college of Nursing for demonstration and training purpose



  
Dr. Sharad Agarkhedkar,  
Chairman, LMC

DES, Smt. Subhadra K. Jindal college of Nursing



C. C



Principal,  
D.E. Society's

Brijlal Jindal College of Physiotherapy, Pune

Copy to Principal, DES, Smt. Subhadra K. Jindal college of Nursing