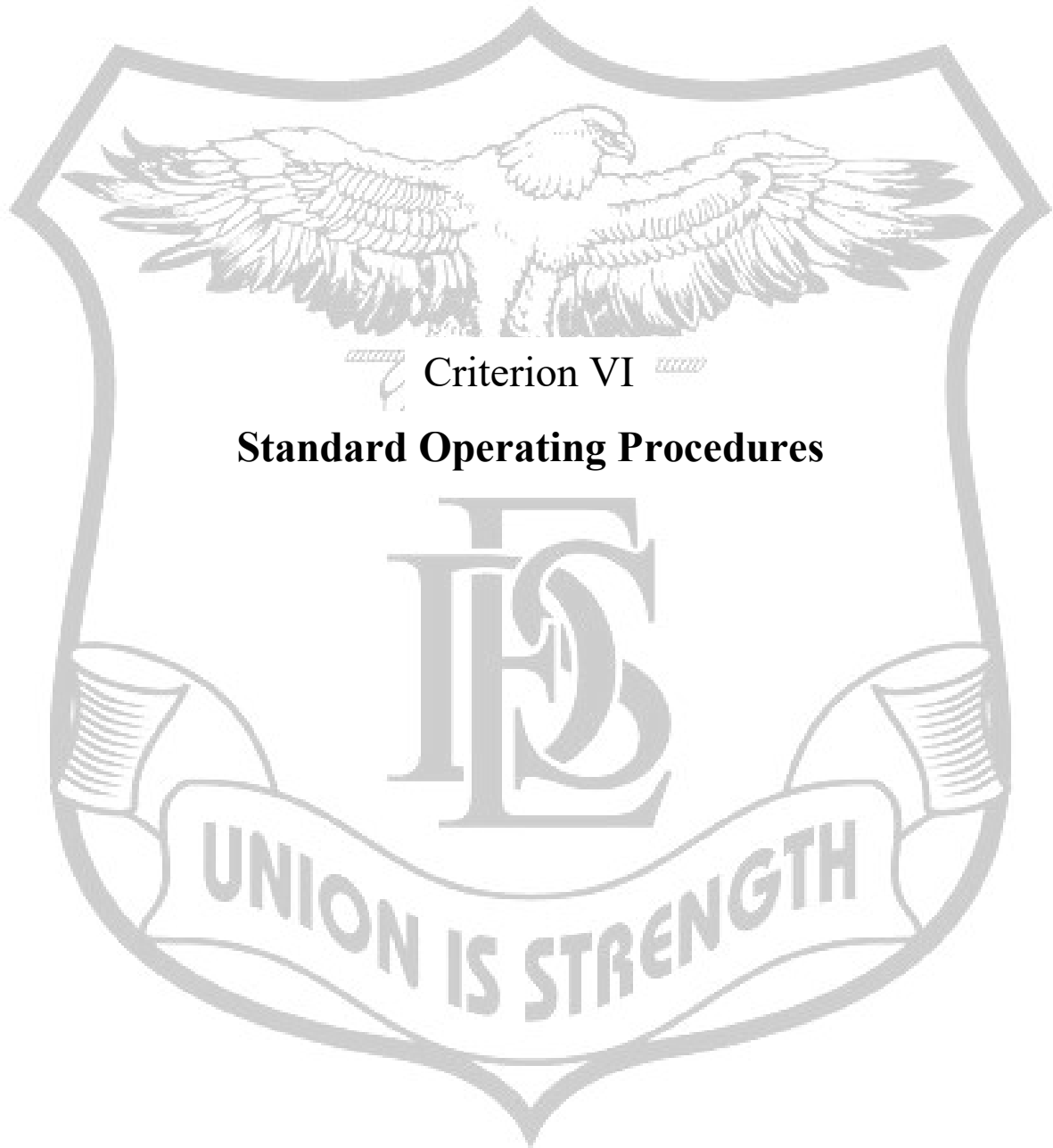


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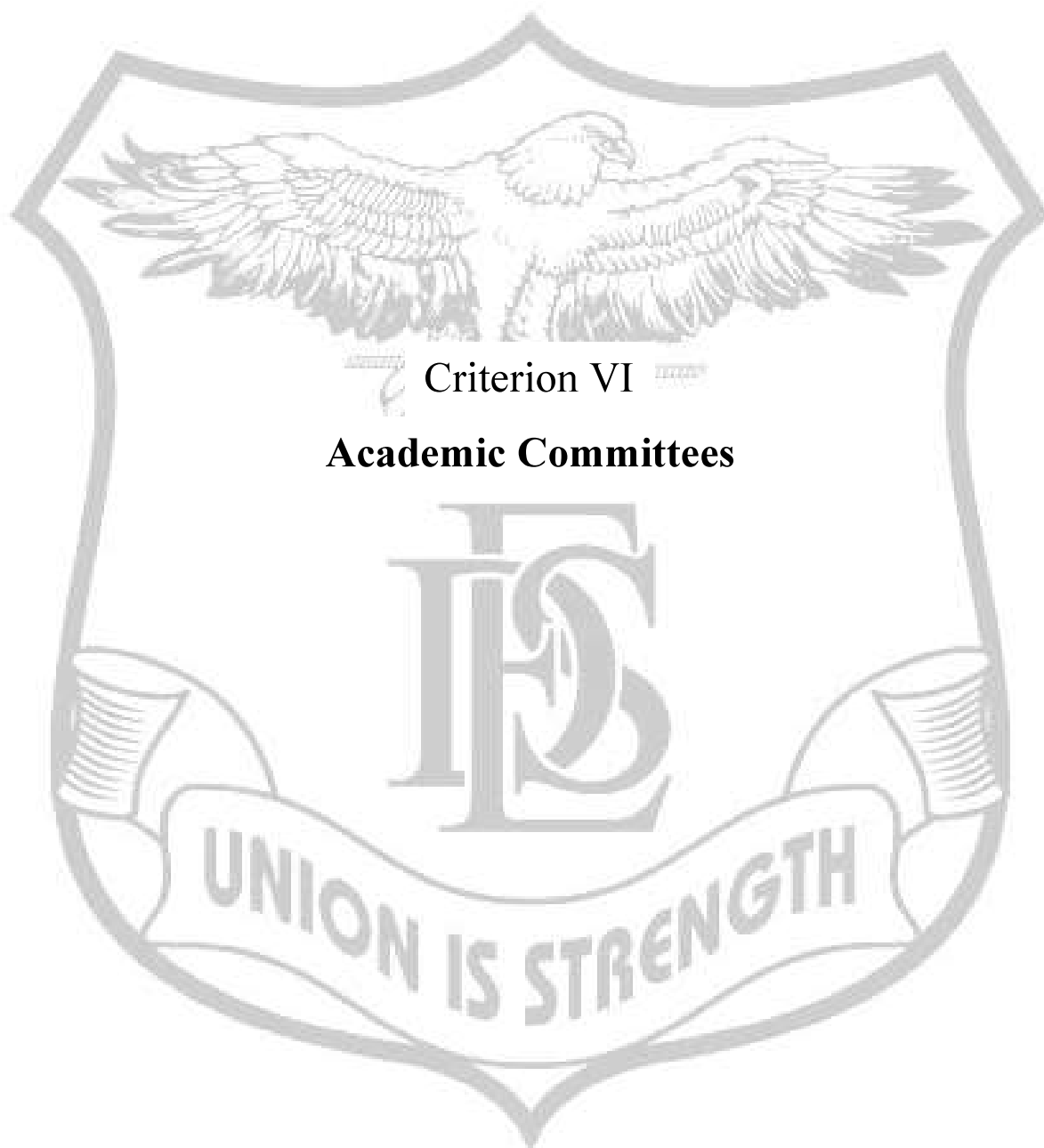
## Standard Operating Procedures

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**BRIJLAL JINDAL COLLEGE OF PHYSIOTHERAPY**

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**Approved by Govt. of Maharashtra, Maharashtra State Council of OT/ PT, Indian Association of Physiotherapist & affiliated to Maharashtra University of Health Sciences, Nashik**

**COLLEGE CURRICULUM COMMITTEE**

**Standard Operating Procedures**

**Curriculum Planning and Implementation:**

**DESBJCOP**, being affiliated to the Maharashtra University of Health Sciences (MUHS), Nashik, receives and follows the curriculum for the Bachelor's and Master's in Physiotherapy courses that is formulated by the MUHS. Thus, the curriculum is established by the MUHS and undergoes periodic revisions to keep abreast with the changing trends in the fraternity of physiotherapy.

Owing to this, the committee only plays a role in ensuring its smooth execution, effective implementation while monitoring and ensuring its completion in the stipulated period.

In fulfilment of the above, the institution has the following provisions:

**Formulation of a Curriculum Committee:**

**Composition:**

The committee is formed before the beginning of each academic year (Usually the month of May)

The composition of the committee is as follows:

Sr. No.		Designation in committee
1	Principal	Co-ordinator
2	1 Senior staff	Secretary
3	Class co-ordinators, 4 for UG, 1 for PG	Member
4	Student representatives, 1 from each academic year	Member

The student members continue till they leave the college upon the completion of their course. They are thus replaced by new student from the I B.P.Th. / MPT

In addition, at the time of curriculum revision as proposed by MUHS, Visiting members, which are Subject Experts for external subjects may be invited.

**Frequency of meetings:**

1<sup>st</sup> meeting after the constitution of the committee and briefing new student members (1<sup>st</sup> BPTth) about their responsibilities and forming the academic calendar.

2<sup>nd</sup> meeting: before terminal examination, to monitor progress of the syllabus completion as planned.

3<sup>rd</sup> meeting: after the completion of the prelim examination to ensure the completion of the syllabus. With this meeting, the student members also endorse the completion of the syllabus by signing on the attendance registers of the respective subjects.

More as required by the committee.

### **Objectives:**

- ensure effective curriculum planning, delivery and evaluation through a well-defined process.

### **Roles and Responsibilities:**

#### **Of the Teacher Members:**

#### **Planning:**

- A) The committee forms an academic calendar of the college for the entire year. This is to define the general timelines for the following:
  - i. 1<sup>st</sup> and 2<sup>nd</sup> terms
  - ii. Schedule of the terminal and preliminary exam
  - iii. Distribution of the topics between the two terms
  - iv. Formation of the academic schedule
- B) The academic schedule of each year is planned by the class coordinators of the respective years before the beginning of the new academic year. This involves
  - i. Incorporation of inputs from the external faculty members.
  - ii. Distribution of the topics of all the subjects (internal and external) between the two terms
  - iii. Assignment of lecture slots (days and dates) based on the daily timetable and the number of lectures required in the previous academic year and with inputs from the concerned teacher.
  - iv. Once ready, the class coordinators make it available to the other staff members and the schedule is also put on the notice boards of the respective classes and on the ERP for the students to access.
  - v. Thus, the students are made aware of the teaching plan for the 1<sup>st</sup> term.
  - vi. During the terminal exams, before the term break, the schedule for the 2<sup>nd</sup> term is displayed / uploaded.

#### **Delivery:**

- C) The curriculum committee ensures a timely completion of the syllabus. This is verified by cross checking the academic calendar with the attendance sheets that also maintain a record of the topics taught. The class coordinator and student members of

the curriculum committee confirm this by endorsing the completion of the syllabus on the attendance sheets, along with the concerned external faculty.

Apart from the above, the committee also discusses, as circumstances arise, about different factors that may affect the effective implementation of the above.

### **Of the Student Members:**

Provide timely feedback about the progress of curriculum delivery as planned

### **Curriculum Evaluation**

This is ensured through the structured feedbacks devised by the Internal Quality Assurance System (IQAC). These feedbacks receive inputs from all the stake holders listed as follows:

- Students: primary stakeholders
- Teachers: provide necessary upgradation in content of syllabus aligning with current trends in various areas and reduce the outdated portion of the syllabus from curriculum
- Employers: to understand expectations of industry and cater to its needs by creating competencies required
- Alumni: to understand the real challenges faced by the alumni while working in the industry
- Parents: to ensure their satisfaction with respect to their wards' academic and overall learning

Stakeholders feedback on programmes received thus, is recorded, analysed systematically and consolidated for presentation to the IQAC and eventually to the MUHS in the event of a periodic Curricular Revision held to improve the quality of curriculum offered. It also recommends subsequent action, when necessary, and devises a mechanism to monitor the action taken. The Action Taken Report is made for the feedback taken from the Alumni and Parents through the open-ended question. This may involve a modification in the implementation at the College, within the scope permitted by the university. The responses received through the close ended questions are presented in tabular / graphical manner.

### **Procedure of obtaining feedback:**

The feedback form is uploaded on the official email ([office.physiotherapy@despune.org](mailto:office.physiotherapy@despune.org)) and shared through student members of the Curriculum committee and responses are received.

### **Frequency of obtaining feedback:**

Students: at the end of their UG / PG, as applicable

Teachers: Before a revision of the curriculum by the MUHS

Employers: once during the tenure of the curriculum

Alumni: 2 years after having passed out from the college

Parents: after the completion of their ward's under / post-graduation

The systematic procedure followed, helps to maintain the quality and standard set by the college and is also the hallmark of the Deccan Education Society.

The feedback thus obtained is presented in the Curriculum committee for the necessary deliberation and notified to IQAC.

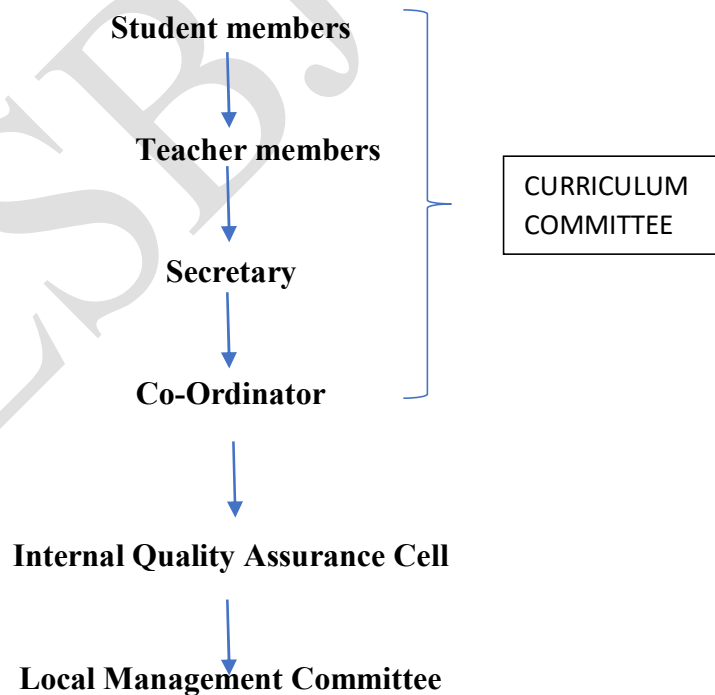
### **Recordkeeping**

The Curriculum Committee must document the performance of its designated functions. This documentation also serves to ensure that the education competencies are fulfilled and that the education program is progressing appropriately.

#### **Recordkeeping Functions:**

- Curriculum Committee attendance and minutes
  - Feedback obtained; data analysis; action taken report
  - Curriculum completion: the student members and class coordinators of the respective academic year endorse the completion of syllabus by signing on each subject's attendance record.
  - Student checklist

#### **Organogram:**



## Template for Student representative checklist

Academic year: \_\_\_\_\_

Sr. No.	Criteria	I B.P.Th.	II B.P.Th.	III B.P.Th.	IV B.P.Th.	I MPT	II MPT
1	Academic Calendars were formed and shared						
2	Syllabus planned for the terminal exams was completed						
3	Endorsed by student in attendance register						
4	Syllabus planned for the prelim exams was completed						
5	Syllabus was completed						
6	Endorsed by student in attendance register						
	<b>Signature of student</b>						

*Jany*

**Signature of Principal**



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# POLICY DOCUMENT FOR BETTERMENT/MID COURSE IMPROVEMENT

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A.Y 20-21 Onwards

## **Purpose**

This document is for guidelines for betterment /mid-course improvement of students who have failed in first attempt of university examination.

## **Operational Definitions**

### **Mid-course improvement/ Betterment candidate-**

Any student who fails in university exam is a mid-course improvement/ betterment exam candidate. This student may have failed in his internal assessment at college level or at final examination on university level.

### **Mid course improvement / Betterment Exam-**

This includes exams taken for students in order to clear the internal assessment which is to be sent to university.

## **Procedure-Implementation and Operation**

- ❖ As per university guidelines, only 2 exams for internal Assessment are to be conducted each year for each student. If a student is unable to secure minimum 40% marks in IA for any subject, repeat exam for that subject to clear IA can be taken after university results are announced. These exams will be called as Betterment Exams.
- ❖ Frequency- once a year for each student who needs to clear internal assessment after a failed university exam. Other students who have failed in university exam but have cleared internal exam can skip this exam but should be encouraged to appear for their practice.
- ❖ Marking system and consideration for IA calculation-  
Marks of previous and latest exam should be compared and best of the two should be considered and sent as IA of that subject to university.
- ❖ Time lines-
  - i. Each exam should be announced well in advance and time table should be shared at least two weeks before the exam.
  - ii. Answer sheets and ideal answers should be shared within two/three weeks after exam is over.
  - iii. Queries should be solved for each student. If required, they should be encouraged for one to one revision, peer learning, use of question banks and model answer records by their mentor/in-charges.

- ❖ These exams can be scheduled with regular exams and Internal Auditors should check these records while doing internal audit.
- ❖ All SOPs of exam conduction and audit should be followed for these exams too.

#### **Accountability**

1. Student who is identified
2. Parents of the student
3. Class coordinators
4. Designated staff/ mentor
5. UG/PG coordinators
6. Principal

#### **Responsibility**

1. Student who is identified
2. Parents of the student
3. Class coordinators
4. Designated staff/ mentor

### **Steps to be taken for academic betterment of student and midcourse improvement**

- **Betterment exam –**

All students who fail in university exam have to give internal exam/betterment exam if they are not clear in their internal assessment. Time table for these exams should be displayed at least 2 weeks before the exam. Students who have cleared internal assessment should also be encouraged to appear for exam for practice. Ideal answers should be discussed within 2-3 weeks of the exam. Best between previous and latest exam marks should be chosen to send to university as internal assessment marks.

- **Guidance through Mentor Mentee Program –**

The students should be guided throughout the year under mentor mentee program for any academic/personal issues faced. Record of these sessions is maintained in Mentor-Mentee file. Mentors encourage peer learning, suggest different ways to study and solve queries of students. SOP for the program should be followed strictly.

- **Timely update about attendance and academic performance to parents and students-**  
Parent teacher meeting should be conducted each year at least twice. One at start of the year and one/two meetings as per requirement should be conducted after terminal and prelim examination. Teachers should share attendance and marks of internal assessment along with other issues in these meetings. Letters/mails should be sent after exams to ensure parents are about the student's attendance and academic performance. Academic audit should be done by internal, external auditors to ensure communication and feedback. SOP for mentor mentee program and parent teacher meeting should be followed strictly.
- **Revisions on one to one basis if required-**  
Students identified as potential learners/those who have been behind in internal assessment/identified for mid-course improvement/betterment exam should be encouraged by their class in-charges/mentors to take one to one revision with their mentor/subject experts to clear their doubts/ understand the concept thoroughly.
- **Practice class tests/surprise assignments, Seminars for revision topics-**  
Such tests should be arranged by subject experts/class in-charge for students identified for betterment exam as per the need.
- **Timely administrations and result declaration for exams-**  
All exams should be announced well in advance, time table is displayed at-least 15 days before the exam for all students. Ideal answers should be discussed and results should be declared within 2-3 weeks of the exam. This will benefit to regular as well as betterment students.
- **Paper discussions in class and on one-to-one basis-**  
Ideal answers should be discussed in class for all students. Potential learner should be encouraged and given one to one discussion sessions as per requirement/approach of the student by mentor/subject expert.  
These should be arranged throughout the year after the topic is taught for all students to encourage better learning.
- **Practice for each topic (theory as well as practical)-**

These should be arranged throughout the year after the topic is taught, before terminal/prelim and university exam. At least one revision should be taken for all topics before university exam by subject experts.

Practice exam can be conducted for students who need to give betterment exam.

- **Supervised practice and revisions before exam for practical-**

At least one revision should be taken for topics for potential learner before university exam by subject experts.

- **Library Hours-**


Potential learner/betterment candidates should be encouraged to sit in library and study by class in-charges.

- **Question banks available in library for reference-**

Question bank should be kept easily available for all students throughout the year. Students who need to midcourse improvement should be encouraged to use it to improve their performance by their mentors and class in-charges.

- **Model answer available in library and with class in-charges for reference-**

Model answer papers should be kept easily available for all students throughout the year. Students who need to midcourse improvement should be encouraged to use it to improve their performance by their mentors and class in-charges.

  
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# **DES'S BRIJLAL JINDAL COLLEGE OF PHYSIOTHERAPY, PUNE**

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**STANDARD OPERATING PROCEDURE FOR  
IDENTIFYING LEARNING LEVEL OF STUDENTS AND  
PROGRAMS TO BE CONDUCTED FOR THEM**

**18-19 ONWARDS**

## SOP FOR IDENTIFYING LEARNING LEVEL OF STUDENTS

Identification of potential learners and proficient learners and assessment Methodology.

First year BPTTh Admission as per NEET criteria



Previous examination marks (NEET/CET Exam)



Less than 50 percentile → Potential Learners  
51 percentile– 84 percentile → Average Learners  
85 percentile and more Proficient learners



Reassessment of the same next year as per criteria set for II<sup>nd</sup> BPTTh to IV<sup>th</sup> BPTTh

### II BPTTh ,III BPTTh, IV BPTTh

University examination marks of previous year



Less than 50% marks → Potential Learners  
51% marks – 74% → Average Learners  
75% and more marks → Proficient learners



Reassessment of the same in each year as per the same criteria

## **PROCEDURE:-**

- All students will be screened based on their performance of previous examination to find out Potential and Proficient Learners for each year using above-mentioned criteria by class in-charge and reported to Principal and concerned teachers after university results are declared for that class and before start of academic year for I BPT. Th.
- Teachers will ensure not to discriminate students as per their learning level and conduct classes and other activities mentioned below as per learning level of that student.
- Record of outcome of student's performance in university examination of that year should be maintained by principal, class incharge and mentor.


## **ACTIVITIES TO BE CONDUCTED FOR POTENTIAL LEARNERS:**

- 1) Remedial/Extra classes - with appropriate focus on the subject/topic(either by mentor or by subject expert as per requirement)
- 2) Individual academic counselling -by mentor/ subject teacher /year coordinator
- 3) If required, evaluation by institutional psychologist/expert depending on the issue.
- 4) Mentor guide for Students study groups for peer-to-peer learning.
- 5) Personal counselling through mentoring -Mentors should maintain the entire academic record of the student which should be conveyed to the parents time to time by class in-charge/mentor.
- 6) Seminar, class test, group discussion & assignment – as per requirement at the discretion of subject teacher/class in charge
- 7) Advice for reference to question banks, model answers, practical checklists, library hour
- 8) Betterment exams/practice tests/assignments as and when required
- 9) Practice/revision class before exam with more focus on potential learners



## **ACTIVITIES TO BE CONDUCTED FOR PROFICIENT LEARNERS:**

- 1) Discussion or seminar on the advanced topic in class as per students understanding level
- 2) Involving in research and other related activities if student is interested
- 3) Guiding and encouraging communicating research papers in conferences e.g. short term research program, university research competitions, national international conferences etc for 4<sup>th</sup> BPTth students.
- 4) Guiding them for participation in training programs such as workshop for their skill development.
- 5) Encouraging participating in various symposiums like quiz, poster presentation, Conferences, inter institution competition etc.
- 6) In-house competitions
- 7) Encouragement to those who excel/top in competitions/academics by felicitation

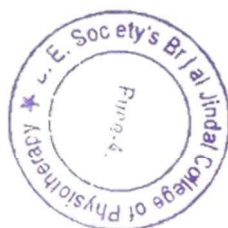
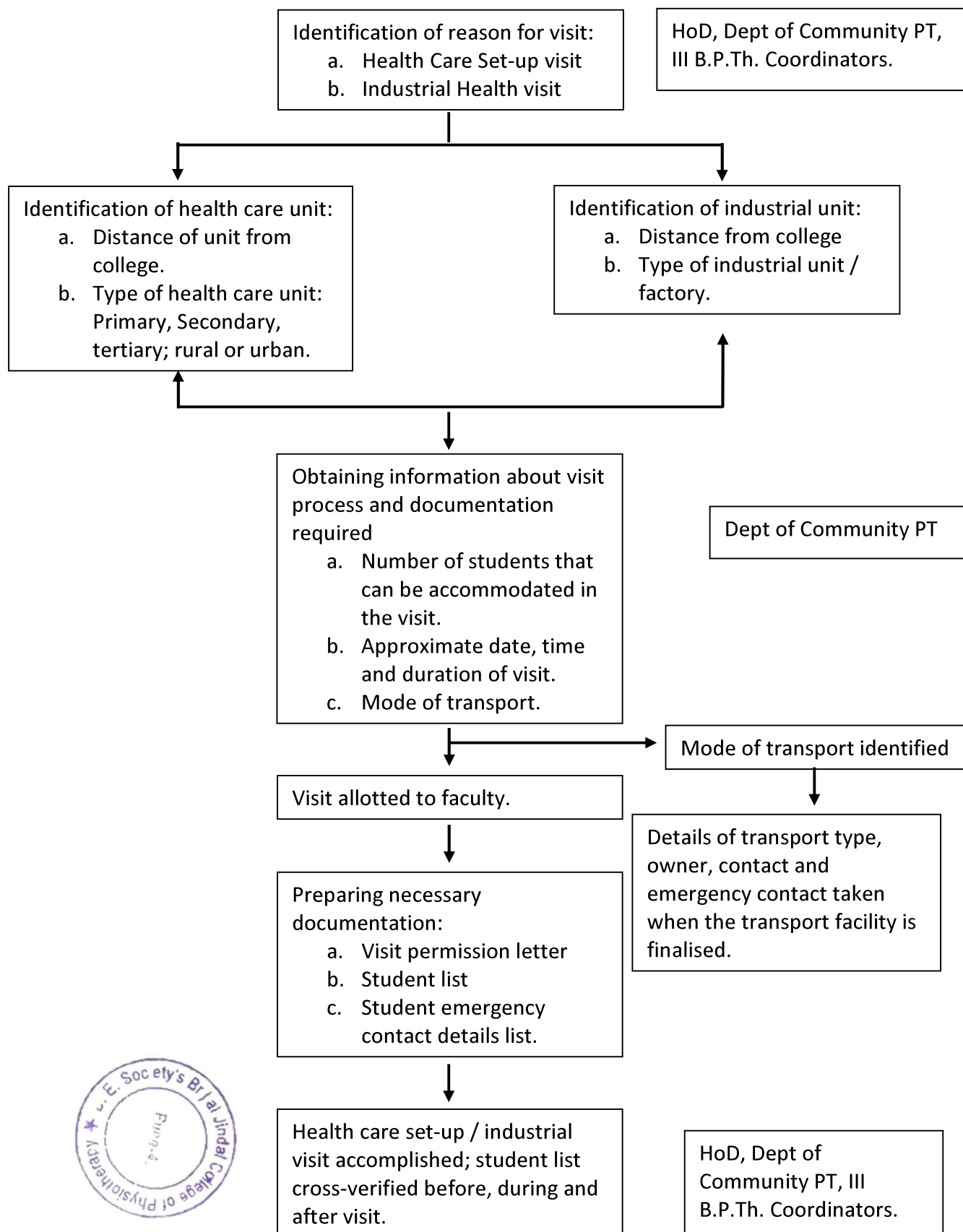
  
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Process Title: Industry Visits Process



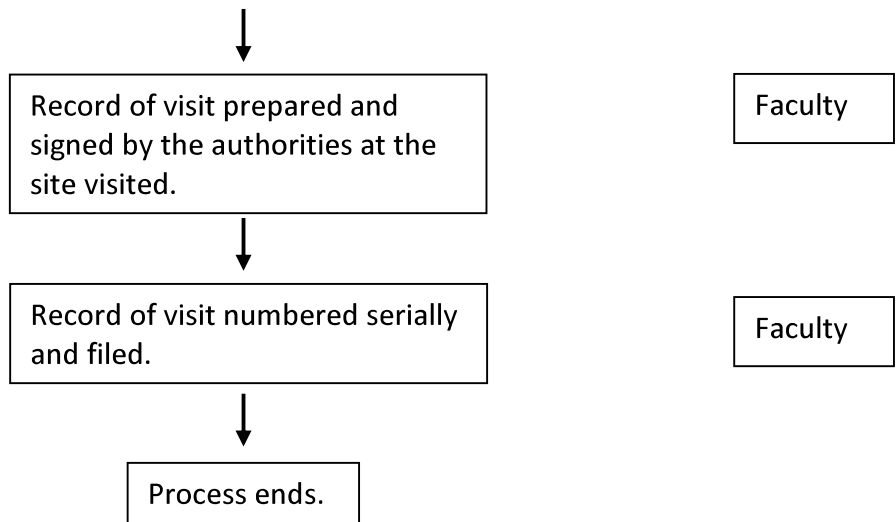
This Document is


1. Prepared by: Abha Dhupkar
2. Verified by:
3. Approved by the Unit Head:

Signature  
Signature  
Signature

Date: 04.09.2020  
Date:  
Date:

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Name of the Unit: Brijlal Jindal College of Physiotherapy  
Process Title: Industry Visits Process



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

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|-------------------------------|--------------|-----------|------------------|
| 1. Prepared by:               | Abha Dhupkar | Signature | Date: 04.09.2020 |
| 2. Verified by:               |              | Signature | Date:            |
| 3. Approved by the Unit Head: |              | Signature | Date:            |



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### **SOPs FOR THE EXAMINATION COMMITTEE**

- Separate roles and responsibilities have been assigned to all the faculty members, internal auditors and students
  - Examination committee will be formed every year by electing student representatives of every batch of the undergraduate students
  - All the junior faculty coordinators of each class will also be members of the examination committee
  - Regular meetings will be held to discuss the policies regarding the same and also issues or grievances if any
  - All the student members of the committee are expected to communicate the proceedings of the meeting to their respective class members.
- **Faculty members:**
1. Time table for all the exams i.e. summer and winter batches should be prepared and displayed in time; at least 10 days prior to the commencement of examination.
  2. Ensuring the answer sheets are checked within a period of maximum three weeks after the examination. This will include internal and external subjects,
  3. Ensuring mark sheets are prepared, duly signed and are ready for further processing of Internal Assessment.
  4. Ensuring templates for question papers are ready for all the subjects.
  5. Ensuring students have seen and duly signed their answer sheets before submission.
  6. Prepare checklist for the internal auditors.

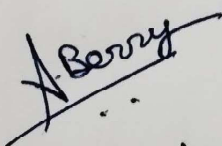
• **Internal auditors:**

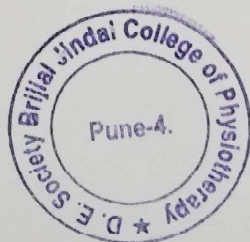
Dr. Harshada Sonawane (PT) will be supervising exam related work for I and II BPTTh and Dr. Diptee Bhole(PT) for III and IV th BPTTh as internal auditors. Once examination, either for summer or winter batch is planned & conducted, the checklist made for internal auditors, which would be encompassing the following parameters is signed and documented.

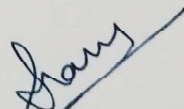
- ✓ Time table was made and displayed at least 10 days prior to the commencement of examination
- ✓ Answer sheets for all the internal and external subjects are assessed within a maximum period of 3 weeks.
- ✓ All the mark sheets are entered and duly signed and are ready for further processing of Internal Assessment.

• **Students:**

1. Students should not ask for any change in the scheduled examination dates on basis of any personal/ social / religious grounds.
2. No such requests shall be entertained and no re- examination will be conducted on such grounds.
3. Students not able to attend examination due to some serious medical condition would have to submit all the reports, prescription and investigations along with the Medical Certificate.
4. Fine will be charged in case re-examination is to be held due any reason.
5. Students should not leave the city, under any circumstances, until the final Internal Assessment mark sheets are signed by them.
6. Students will also have to pay fine if they are not able to come on the designated date of Internal Assessment signing.
7. Internal assessment related grievances:

  
Coordinator.



  
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**Association of Physiotherapist & affiliated to Maharashtra University of Health Sciences, Nashik**

### **SOPs for the STUDENT'S COUNCIL**

- Student's council committee members will be elected every year from all the four batches of the undergraduate and the postgraduate course in accordance with the guidelines laid down by the Maharashtra State OTPT council.
- Representatives will include college toppers from each class and cultural and sports representatives
- Regular meetings will be held with all the council representatives and the faculty representatives of the students council
- Students council secretary will be elected amongst the members of the students council
- The students council secretary of the college will also represent college at the Maharashtra University of Health Sciences level
- Members of the students council will be actively involved in all the curricular/ extracurricular activities organized by the college
- It is expected that they communicate all the proceedings of the meetings to their respective class members

### ❖ Role/ Objectives of Students Council

- To coordinate the extracurricular and welfare activities of the students
- To promote participation in academic, extracurricular and welfare activities
- To train students for democratic process for better corporate life and to be a better citizen
- To strive for overall welfare and personality development of the students
- To create anti ragging awareness amongst the students

### ❖ Obligations

- Student council shall play constructive and positive role in overall academic, welfare and other extracurricular activities of University/ college
- Members of student council shall behave in decent and disciplined manner and also set an example for other students.

*A. Berry*  
Coordinator.



*Jany*  
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### Redressal system for STUDENTS COUNCIL related grievances

Any Students Council related grievances raised by the students can be represented by them individually or through the council representative of that respective class

↓  
Student's Council coordinators

↓  
Head of respective committee

↓  
Principal

All the members of the Student's Council are informed about the same and are asked to convey it to their classmates. It is thereby requested to all the members to strictly abide by this system.

Students Council Coordinator

Dr. Aditi Berry(PT)



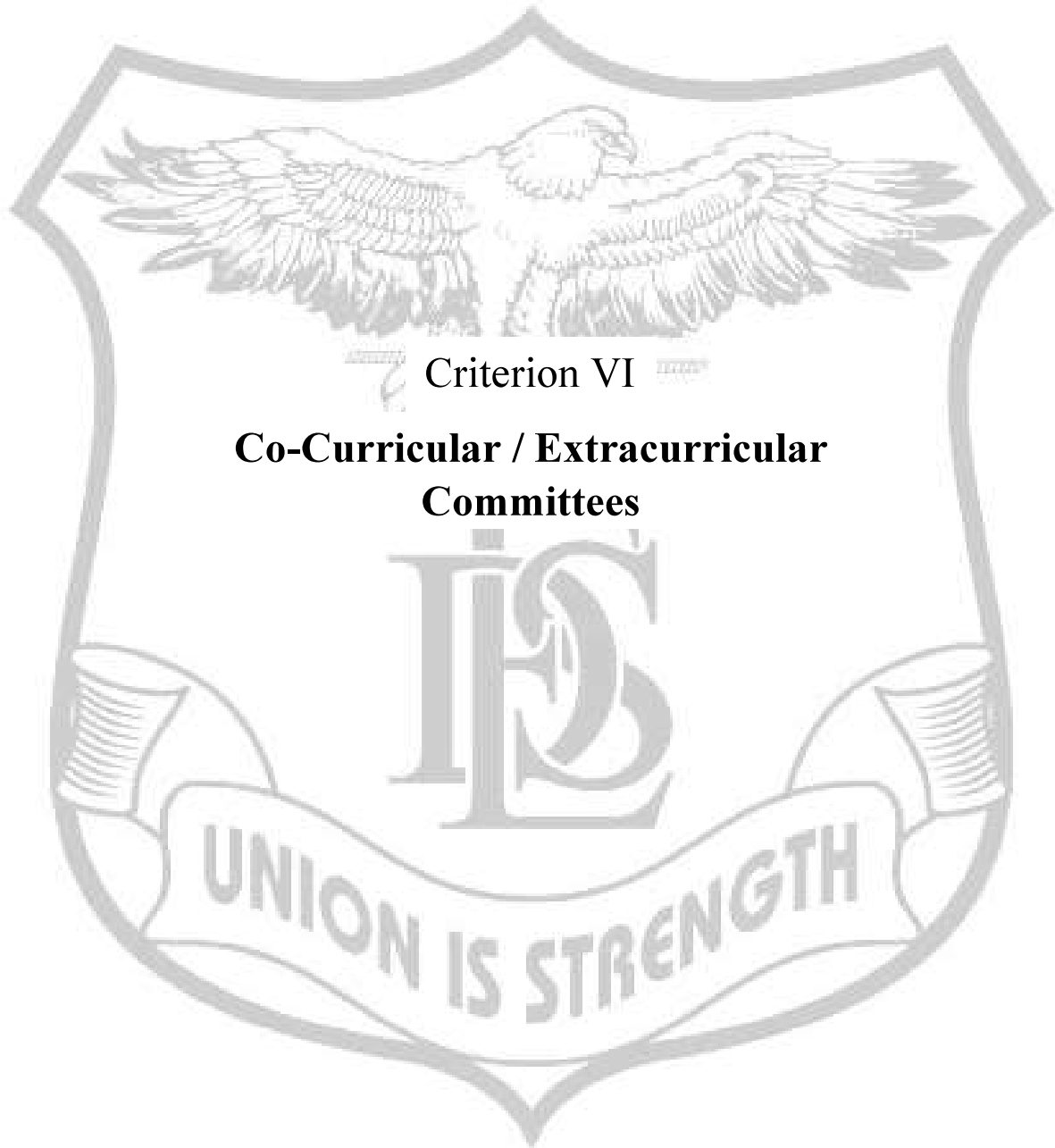
Dr. Snehal Joshi(PT)

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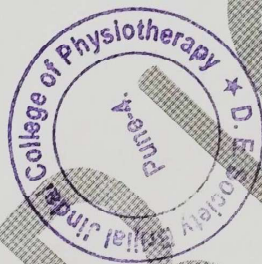
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**SOPs for the cultural committee**

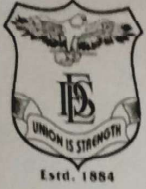
- Cultural committee members will be elected every year from each of the four batches of undergraduate students
- There will also be a representative from the postgraduates
- Cultural program will constitute of ANNUAL GATHERING and the cultural week which will have traditional day/ retro day/ digital day and so on
- Themes for these days will be decided by the cultural committee members in discussion with their respective classes
- Timely meetings will be conducted with the cultural committee faculty coordinators to ensure everything is planned and executed properly
- Advanced booking of the auditorium for the ANNUAL GATHERING to be done
- Budget and finances for the same to be planned and to be approved from the Principal

- It is expected that they communicate all the proceedings of the meetings to their respective class members.
- Notices will be displayed in advance to ensure enthusiastic participation from all the students
- Utmost care will be taken to respect the values of our prestigious institution while celebrating all the days and also in the annual gathering performances

*A. Berry*  
Coordinator



*Jay*  
PRINCIPAL  
D. E. Society's B. Sc. (Hons) College of Physiotherapy,  
Pune.



D.E. Society's

## BRIJLAL JINDAL COLLEGE OF PHYSIOTHERAPY

Fergusson College Campus, Pune - 411 004 • Phone: (020) 67656471, 67656467

• Fax: (91) (020) 67656494, 67656120 • E-mail:

office.physiotherapy@despune.org

• Web-site: [www.desphysiotherapycollege.com](http://www.desphysiotherapycollege.com), [www.despune.org](http://www.despune.org)

Approved by Govt. of Maharashtra, Maharashtra State Council of OT/ PT, Indian Association of Physiotherapist & affiliated to Maharashtra University of Health Sciences, Nashik

### Redressal system for cultural related grievances

Any cultural related grievances raised by the students can be represented by them individually or through the cultural representative of that respective class



Cultural Committee coordinators



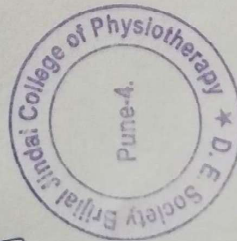
Head of respective departments



Principal

All the members of the cultural committee are informed about the same and are asked to convey it to their classmates. It is thereby requested to all the members to strictly abide by this system.

Cultural Committee Coordinator



Dr Atiya Shaikh(PT) Dr. Aditi Berry(PT)

Dr. Snehal Joshi (PT)

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College of Physiotherapy,  
Pune.

**D.E.Society's Brijlal Jindal College of Physiotherapy**  
Fergusson college campus, Shivajinagar, Pune- 411030

## **Sports Committee**

### **Standard Operating Procedure**

The Sports committee was formed to cater to various indoor and outdoor activities that involve physical activity and focus. The committee serves as a source of recreation for the students by attempting to break the routine of classroom lectures and encouraging physical activity. It imparts and disciplines the students to maintain health and fitness, enhances team-building skills and improves cognitive function of the brain.

At DESBJCOP, we push our students to participate in various indoor and outdoor sports. The college team takes part in various inter-collegiate competitions. It also conducts intra and inter collegiate events to encourage students from various classes to participate and showcase their skills and talents. The sports committee is committed to promote healthy and balanced lifestyles changes in the present sedentary environment.

- Sports committee has 2 sports in charges and 2-4 students per year including interns and master students of the college. Criteria for selection of players is active player of the any sport and willingness to work designated by the committee.
- The sports committee members decide on the events to be conducted at the beginning of the Financial year by making a strategic perspective plan and send the same to the IQAC for approval.
- After approval of activities the budget provision is made for the respective financial year
- The students are notified on the dates and events such as indoor and outdoor games.
- Student who wish to participate in the events give their names to the members of the sports committee



A handwritten signature in blue ink, appearing to read "Shraw".

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

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

Sports Committee 2023-24

Sr. No.	Name of Member
1	Dr. Namrata Sidhaye Bhadbhade
2	Dr. Apoorva Pavanaskar
3	Alfaiz Tamboli
4	Pravin Chavan
5	Yash Choudhari
6	Isha Galgali
7	Rahul Dhavale
8	Laukik Kulkarni
9	Vaidehi Watve
10	Sammruddhi Deshpande
11	Shreya Jaygond
12	Isha Shepal
13	Bhargav Patil
14	Teesha Shah
15	Urja Bal



*[Signature]*  
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College of Physiotherapy,  
Pune.



## LIBRARY

### STANDARD OPERATING PROCEDURE (SOP)

#### **Preamble:**

An integral part of the college infrastructure, a library provides a suitable learning environment and an access to an extensive range of informative resources like books, e-books, journals, e-journals, magazines, question banks, to improve the knowledge and thought process of the academic fraternity and students.

#### **Objectives of the library:**

1. Library serves the information needs of college students, faculty, and researchers. College libraries typically provide access to a broad range of resources, including books, journals, digital resources, and other materials that support the college's academic programs and research interests.
2. It develops a habit of the deep and advanced studies of subjects beyond the textbooks of subjects in students.
3. It informs the teacher of the latest updates in their respective subject area
4. To provide materials to support the curriculum to enhance the understanding of different subjects among the students,
5. To foster effective study habits among the students and teachers.
6. To provide the teachers and students with updates in their respective subject area.

#### **Roles and Responsibilities of the Librarian:**

- To issue the library cards to the students at the time of admissions and conduct orientation for use of Library facilities.
- To issue library resources and services to the staff and students.
- To update Library database as and when the new books are purchased and assign appropriate accession numbers to the books.
- Cataloguing and record keeping of library materials
- To organize collection and acquisition of new library material, i.e. Ordering books, journals and other resources
- To serve the users information about online facilities.
- To monitor the usage of computers of the library.
- To carry out stock verification and loss of books periodically.
- To write off and weed out the old books, journals, magazines, after following standard procedures
- Acting as a link between students and faculty members.
- Making sure all users can access library resources
- To monitor discipline in the library premises and maintain the footfall.

## **Library Committee:**

### **Constitution**

<b>Sr. No.</b>		<b>Designation in committee</b>
1	Principal	Chairperson
2	Faculty member	Committee Coordinator
3	Librarian	Secretary
4	4 HODs	Member
5	Student members 1 from each I, II, III, IV B.P.Th. and I, II MPT	Member

### **Roles and Responsibilities**

- To setting policies related to the library's operations and services, including issues such as access to materials, behavior within the library, and use of technology.
- To overseeing the library's budget and allocating resources to various areas, such as collection development, technology, and programming.
- To serve as a forum for user input and feedback, allowing library users to provide input on issues such as collection development, programming, and policies.
- To work towards the modernization and improvement of library and documentation services.
- To adopt the measures to enhance the maximum utilization of the resources
- To arrange for the stock checking of the library.
- To recommend the authorities the fees and other charges for the use of library
- To recommend the departments in procuring the books, journals etc.

### **SOP for Purchase of Library Books: (Acquisition)**

1. Faculty recommendations
2. Reviews of professional literature
3. Price and date of publication
4. Relation to current trends
5. Reputation of author and/or publisher
6. Quotations invited from the vendors
7. Finalised by the Principal
8. The order will given to the vendor whose quotation is lowest.

### **After procurement: Cataloguing functions**

1. Cataloging and classification.
2. Physical preparation of material for use.
3. Maintaining catalog records.

Processing of the books includes pasting of the issuing slips, placing the barcode tags and stamping the books. After that recording all the information about the book in Accession Register and ERP..

The books are then display in the new arrival shelf kept outside the library and later placed in the shelves according to their classification number.

Books are ready to issuing transaction



## **Integrated Library Management System -ILMS**

A library management system is software that is designed to manage all the functions of a library. It helps librarian to maintain the database of new books and the books that are borrowed by members along with their due dates.

This system completely automates for all library's activities. The best way to maintain, organize, and handle countless books systematically is to implement a library management system software.

A library management system is used to maintain library records. It tracks the records of the number of books in the library, how many books are issued, or how many books have been returned or renewed or late fine charges, etc.

Also, librarian can find books in an instant, issue/reissue books quickly, and manage all the data efficiently and orderly using this system. The purpose of a library management system is to provide instant and accurate data regarding any type of book, thereby saving a lot of time and effort.

The acquisition & cataloguing module of the library management system enables the librarian to select & buy books, journals, and other resources and create a database of the same for easy book search.

The serial control module of the library software enables the librarians to handle or control processes such as subscription, renewals of books or their cancellations and generate accurate. The circulation module enables the librarian to create and manage borrower types along with keeping a tab on their book issue date, return date, dues and fines. It enables a smooth circulation of books in the library.

Management information systems or MIS reports related to the library allow the librarian to extract crucial data & information of all the library transactions at a few clicks. Accurate MIS reports fostering better decision-making.

Deccan Education Society purchased ERP software from MasterSoft Education in 2020-21 academic year. ERP Software is cloud-based software for schools and colleges that automates all major processes of an educational institute.

## **M-OPAC (Mobile-Online Public Access Catalogue)- Library Mobile App**

M-OPAC is a digital catalogue that enables the users to search for books, journals, or any other material by entering keywords such as the name of the book, its title, author's name, etc.

Mobile - Online Public Access Catalogue or **M-OPAC** is a mobile-based smartphone app that enables users to search for any book via their smart phones by entering keywords such as author's name, title, etc.

- Users have to download M-OPAC app free from Google Play store and register himself/herself.
- When students enter in the library they should scan **QR code** for check in and checkout time.
- Many types of reports have become easier with the help of ERP.

### **Rules regarding issue and reissue of books:**

1. One book can be issued to a BPTH (UG) student for a period of 8 days.
2. Two books can be issued to MPTH (PG) student for the period of 8 days.
3. A book can be reissue at a one time
4. Three books can be issued to the teaching staff for a period of 365 days.
5. Student library card to be submitted during the period of issue the book.

### **Return of books:**

1. Books are physically checked
2. Fine of Rs 10 per day will be charged to the students in case of delay in returning the book

## **Stock Taking:**

Stock verification in a library is a very important function and involves checking of books that are in stock. The stock verification in library is performed to count the number of missing books and the ones that are in circulation along with those books that exist at the library shelves.

The library staff will also go through the book lists that are available in the library and physically checked the books.

I would like to quote Dr Ranganathan, the father of Library Science in India that "It is better to lose a book than to lose a reader"

## **E Resources**

### **MUHS Digital Library Institutional registration of e-resources**

1. National Digital Library India
2. SWAYAM
3. KNIMBUS
4. E-shodhganga –Free access
5. E-Shodhsindhu
6. Others as purchased

## **Library Services**

1. Borrowing and Issuing of Books / Journals/Projects/CDs
2. Access to e-resources (e-Journals /e-books)
3. Reference Service
4. Internet Browsing
5. Reprographic Service (Xeroxing, Printing and Scanning)
6. Old Question Papers
7. Library OPAC
8. Book Bank Service
9. Library Orientation Programme
10. Departmental Library
11. Interlibrary Loan

## **Library Activities:**

- Vachan Prerna Diwas

- World Book Day (Visit to Wadia Library)
- Book Exhibition

### **Strengths:**

1. The Library has the good collection of books
2. The library is equipped with internet facilities
3. The library has an open access system
4. Print out facilities is provided with minimal charges.
5. Is frequently updated.



A handwritten signature in blue ink, appearing to read "Jany".

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Pune



D.E. Society's

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Association of Physiotherapist & affiliated to Maharashtra University of Health Sciences, Nashik

### 4.3.1 RELEVANT INFORMATION

**LIBMAN-MasterSoft-**

<https://libcloud.mastersofterp.in/Homepage/Index/ESTllyGgcVY=>

**OPAC is available through ERP -** <https://libcloud.mastersofterp.in/OPAC V3/>

**All books bar-coded & barcode generated through ERP-**

<https://libcloud.mastersofterp.in/BarcodeOnA4Paper/Index/00005j>

### ERP –Home Page, Librarian portal

The screenshot displays the MasterSoft ERP Librarian portal. The top navigation bar includes 'File', 'Edit', 'View', 'History', 'Bookmarks', 'Tools', and 'Help'. The browser address bar shows the URL: <https://libcloud.mastersofterp.in/QRCodeGenerator/Index/00006n>. The page title is 'QR Code - Library Visitor's Management System'. The main content area features a large QR code on the left and a message on the right: 'Library Visitor's Management' and 'D.E.Society's Brijlal Jindal College Of Physiotherapy Pune'. Below the QR code, it says 'Scan Library QR Code through MOPAC App'. A yellow box contains an important notice: 'Important - Scan your Library QR code from MOPAC App to checkin and checkout into the Library Information Center and mark your attendance/visit in library to get benefits of readers rooms, reference books and many more facilities available in our library. Thank You.' At the bottom, there is a link to download the 'Library - MOPAC App' from Google Play. The footer mentions 'Designed and Developed by MasterSoft ERP Solution Pvt. Ltd.' and a 'Help' button.

# ERP Librarian portal

# For Book Issue and Return Transaction

# OPAC Search

# ERP- Librarian login

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

**College Magazine Committee**

**Name of the magazine: 'SYNERGY'**

**Logo of the Magazine:**



**Email of the magazine: [magazine.descop@gmail.com](mailto:magazine.descop@gmail.com)**



D.E. Society's

## **BRIJLAL JINDAL COLLEGE OF PHYSIOTHERAPY**

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**Approved by Govt. of Maharashtra, Maharashtra State Council of OT/ PT, Indian Association of Physiotherapist & affiliated to Maharashtra University of Health Sciences, Nashik**

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### **SOP:**

The committee is responsible for the designing and publishing of the annual magazine of the college.

### **Objectives:**

1. A platform like the Magazine encourages students to participate, think and write, thus developing their creative and literary talents.
2. Carry an educative value.
3. The students find it encouraging having their name / photo in the magazine.
4. May serve as an incentive / source of motivation.
5. Exchange of ideas and constructive interaction amongst the members and beyond.
6. Serves as an official record of activities taken up by the college.

Thus, serves as an essential activity taken up by the college to ensure a holistic development of the student.

### **Content:**

- 1) Articles: In the form of essays, Poems, experiences written by the students (Present and past) and teachers (Full time / Visiting).
- 2) Records, achievements of the students, teachers and the college.
- 3) Information about activities conducted by and other facilities provided by the college
- 4) May have additional features like Opinion Polls / Photography Contest / Cross word / Word search as supported by the theme.
- 5) Information about the governance of the Deccan Education Society and DESBJCOP



6) Group photos: Year wise and of committees, staff, achievements and events

**Policy:**

The Magazine ‘Synergy’ will be available for private circulation only.

Publisher of magazine: D. E. Society’s Brijlal Jindal College of Physiotherapy

Place of publication: Fergusson College Campus, Fergusson College Road, Pune-411004

Periodicity of publication: Annual

Disclaimer: Particulars stated in the magazine are true to the best of our knowledge and belief. Opinions expressed in the magazine are those of the authors and do not necessarily reflect the opinion of the publishers. The publishers intend no harm to anyone’s personal, religious, social or any other beliefs.

**Budget:**

The faculty will be responsible for accounting for the budgetary requirements related to the magazine. These may include charges for designing (even for E copy) and / or printing of the issue. Any additional expenses, based on the requirement of that specific issue, may be accounted for. Discussions will be done with the Principal and accounts clerk for the same. Quotations will be requested from the Central Purchase Committee.

**Theme:**

The theme will change every year. Will usually address an important and relevant event, academic/ social, of the previous year.

**Formulation of Committee:**

The Magazine committee is constituted at the beginning of each academic year and consists of:

Sr. No.	Designation	
1	Chairperson	Principal
2	Convener	Faculty member
3	Editors	Faculty members
4	Student members	2 students from each class.

\*The committee may seek guidance and opinions of experts in the field as is necessary.

Appointment of student members:

Appointment of the student members in the committee proceedings is based on students' flair for literary interests. 2 students from each class, who volunteer to participate will be included in the committee. In case of more than 2 volunteers, the candidates will be chosen with Chit method.

The same students will continue in the committee till their internship. New I B.P.Th. and I MPT students will be included each year.

**Roles and responsibilities of the faculty members of the committee:**

- Initiate proceedings for the upcoming issue of Synergy and conduct timely meetings for discussion / brainstorming within members of the committee.
- Record keeping function: record of meetings, agenda, minutes, attendance, policies
- Archive soft copies and / or hard copies of all previous issues.
- Archive soft copies of submissions made towards the magazine.
- Generate specific requirements related to the magazine viz. Physical or E copy, Paper (thickness/ type), Number of pages / copies, Colour schemes, Layout, Design
- Inviting quotations from printers through the Central Purchase Committee
- Invite literary and art contributions for the magazine.
- Guide student representatives
- Editing of received contributions and communication with Designers and printers
- Ensure correctness of information

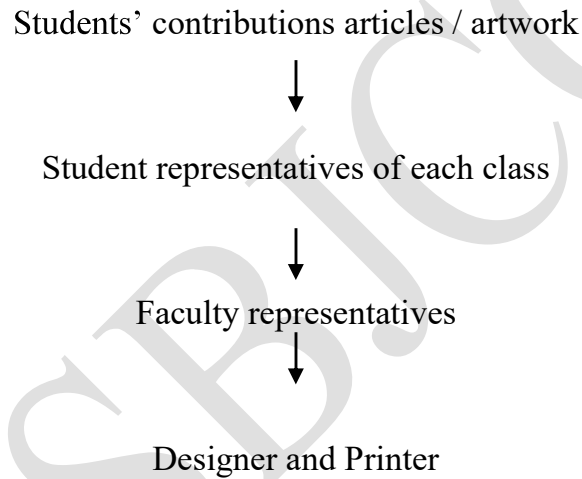
**Roles and responsibilities of the student members:**

As important stake holders, the student members are expected to:

- Attend meetings to provide inputs related to Theme, Layout etc of the magazine.
- receive information and disburse it to the respective classes.
- Generate a list of the contributors from each class and maintain a follow up.
- Update the committee, in a timely manner, about the activities conducted and maintain a record of the same.
- Assist with collection of information / write ups / photographs of events facilitating a smooth progress of the publication.

- Take feedback about previous issue and share in the meetings, to facilitate improvisation in the subsequent issues.
- Guide batchmates about mode of submission based of the type of contribution:  
 (English write ups: to be emailed to magazine address in Word format  
 Marathi / Hindi write ups: to be submitted as hard copy / to be emailed to magazine address in Word format in Shree Lipi  
 Artwork: to be submitted as hard copy / good quality photograph  
 Photos: to be emailed to magazine address in JPEG/ JPG/ PNG format)

**Organogram:**

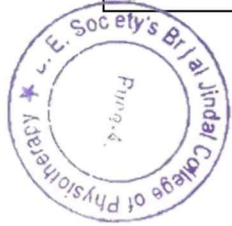
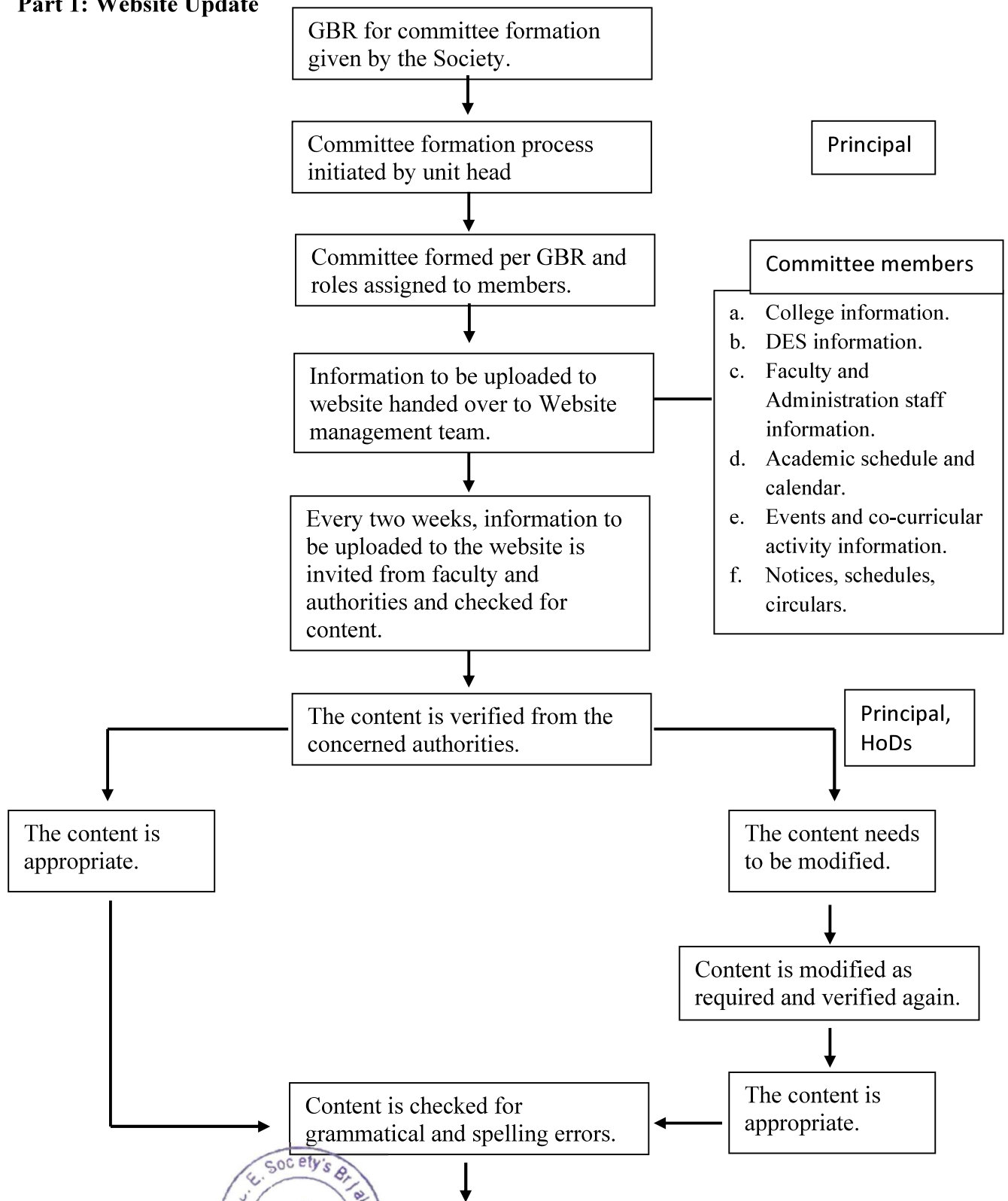


*Adhale*

Sign of Principal

**PRINCIPAL**  
 D. E. Society's Brijlal Jind  
 College of Physiotherapy  
 Pune

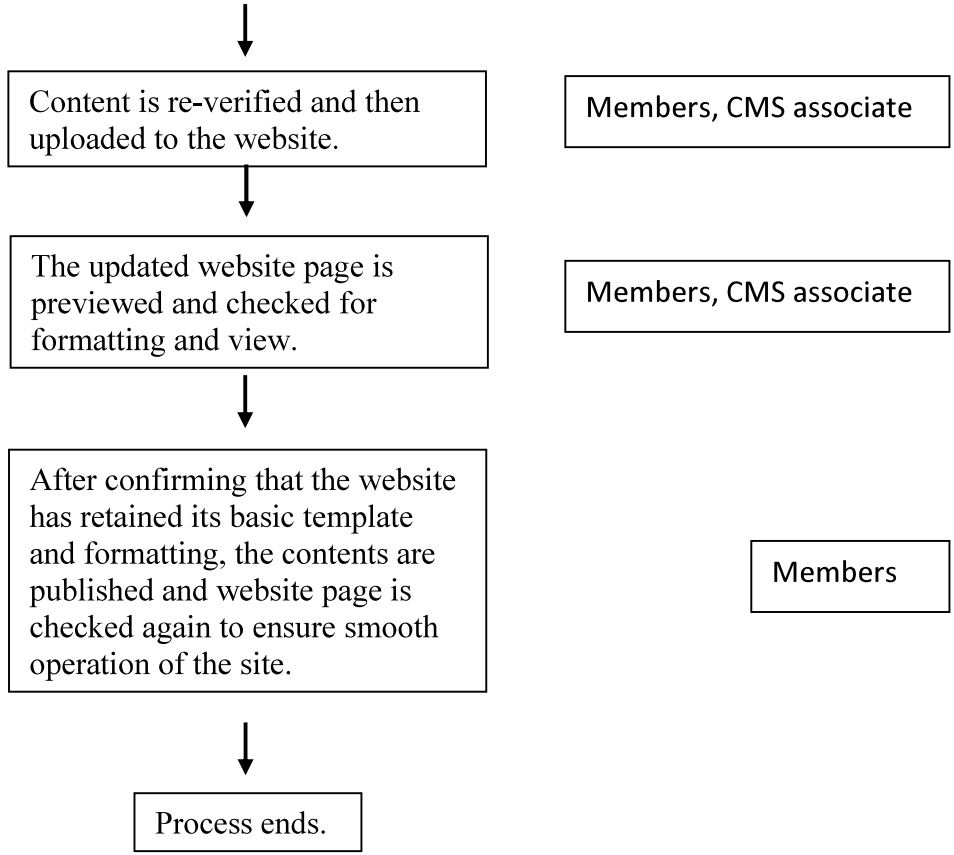
**Part 1: Website Update**




This Document is

1. Prepared by: Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_
2. Verified by: Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_
3. Approved by the Unit Head: Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Deccan Education Society's  
Name of the Unit: Brijlal Jindal College of Physiotherapy  
Process Title: Website Update and Maintenance Process



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

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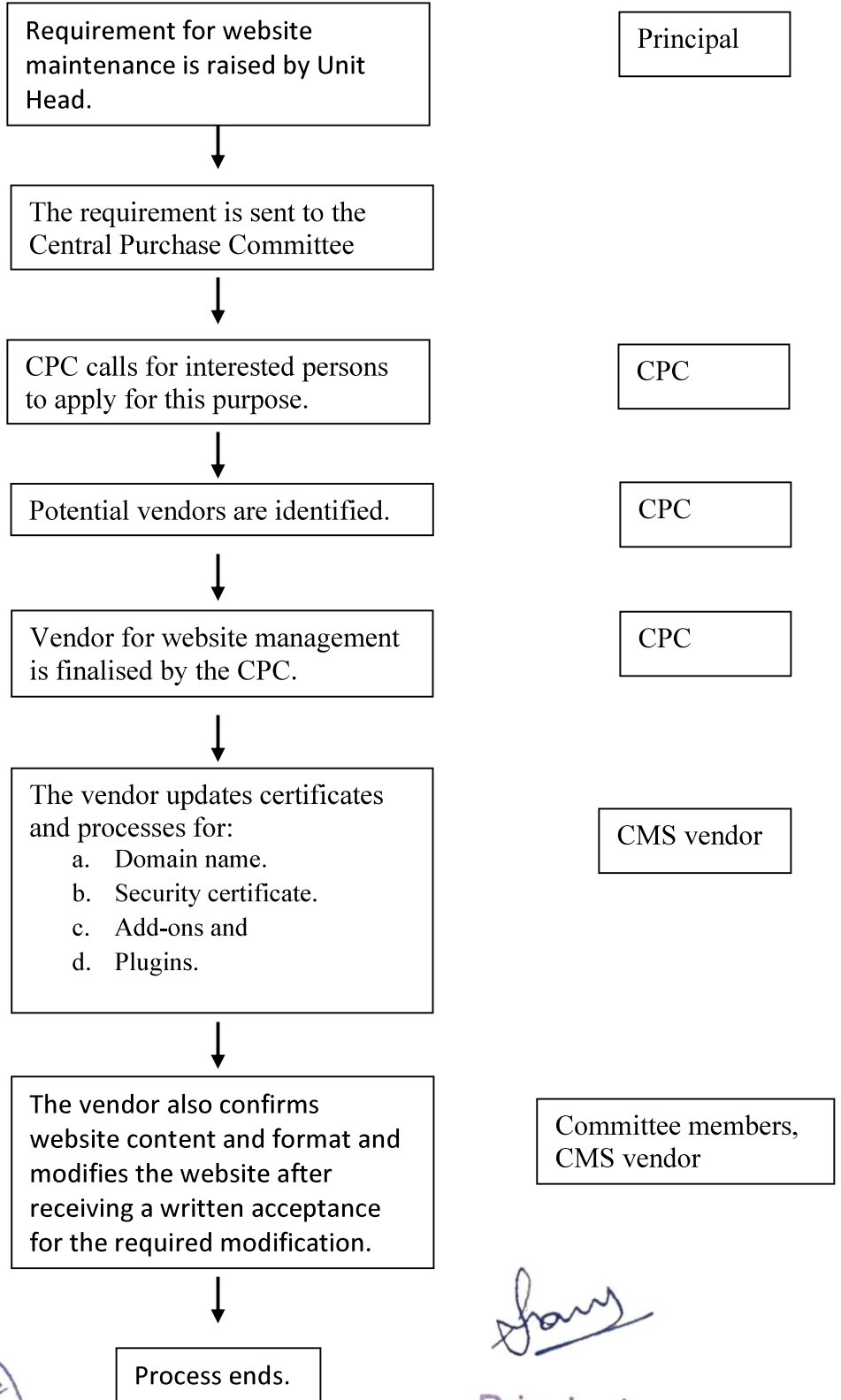
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3. Approved by the Unit Head: Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Deccan Education Society's

Name of the Unit: Brijlal Jindal College of Physiotherapy

Process Title: Website Update and Maintenance Process

Part 2: Maintenance of the website



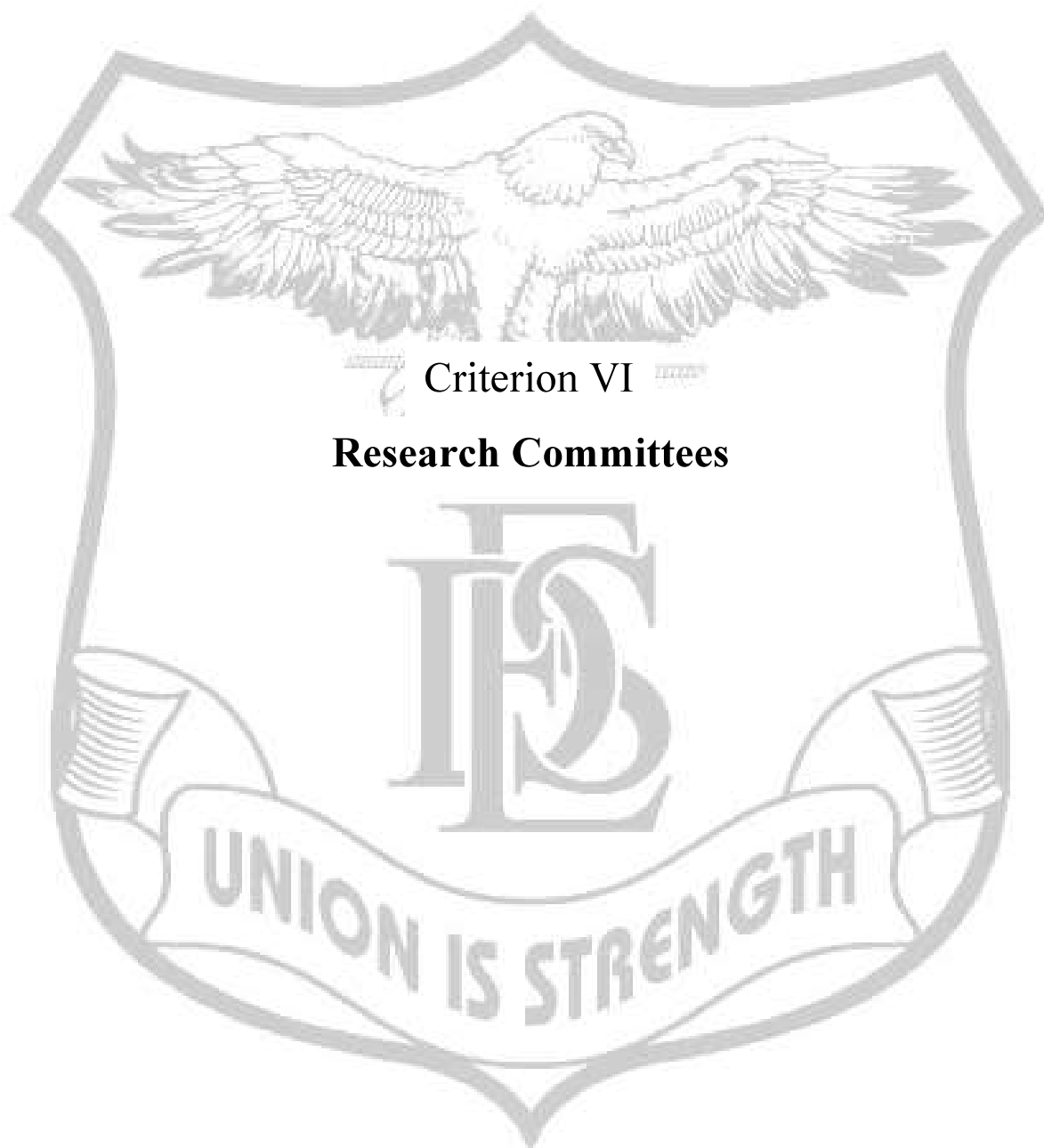
Principal,  
D.E. Society's  
Brijlal Jindal College of Physiotherapy, Pune

This Document is

1. Prepared by: Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_
2. Verified by: Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_
3. Approved by the Unit Head: Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

# D.E.Society's

Brijlal Jindal College of Physiotherapy, Pune



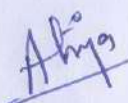

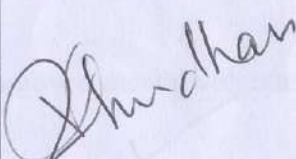

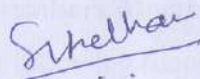
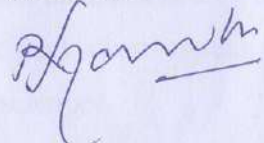


**DES'S  
BRIJLAL JINDAL COLLEGE  
OF PHYSIOTHERAPY,  
PUNE**

**INSTITUTIONAL ETHICS COMMITTEE  
STANDARD OPERATING  
PROCEDURE DOCUMENT**



<b>Title</b>	<b>Standard Operating Procedures(SOPs) for Institutional ethics Committee of DES Brijlal Jindal College of Physiotherapy, Pune(IECDESBJCOP)</b>
<b>Version</b>	<b>SOP version 1</b>
<b>Effective</b>	<b>From: 1 Aug 2020 Upto:31 July 2025</b>

<b>Prepared by</b>	<b>Reviewed by</b>	<b>Approved by</b>	<b>Accepted by</b>
<b>Dr Atiya Shaikh(PT)</b>  <b>Member Secretary- IECDESBJCOP</b>  	<b>Dr Snehal Joshi(PT)</b>  <b>Professor-DESBJCOP</b>  	<b>Dr Vivek Patwardhan</b>  <b>Chairperson- IECDESBJCOP</b>  	<b>IECBESBJCOP</b>  
	<b>Dr Savita Kelkar</b>  <b>Member- IECDESBJCOP</b>  		
	<b>Dr Sharad Agarkhedkar</b>  <b>LMC Chairman, DESBJCOP</b>  		



Deccan Education Society's

**BRIJLAL JINDAL COLLEGE OF PHYSIOTHERAPY, PUNE**

**INSTITUTIONAL ETHICS COMMITTEE**

Registered with Department of Health Research, Ministry of Health & Family Welfare, Govt of India NECRBHR

**SECTION 1- CONSTITUTION OF IEC**

**I** IEC will be established by head of the Institution.

**II** IEC will have members as per guidelines of ICMR ,i.e

- a) Chairperson
- b) Member secretary
- c) Basic medical scientists
- d) Clinician/s
- e) Legal expert
- f) Social scientist/representative of non-governmental voluntary agency/Philosopher/ethicist
- g) Educated person from the community
- h) Members
- i) The IEC may invite member(s) of specific patient groups or other special interest groups for an IEC meeting

**III** **Qualification of members/Membership requirements**

The members should meet following requirements before being appointed by HOI

- a) Chairperson-A well respected person from any background with prior experience of serving in IEC and should not be affiliated to the institute. He/She will be appointed by HOI.
- b) Member secretary-He/she will staff of institute, should have knowledge and experience in clinical research ethics, be motivated and have good communication skills. He/she should be able to devote adequate time to this activity which should be protected by institution. He/She can be appointed by EC/suggested by HOI and Chairman .
- c) Basic medical scientist/s-can be affiliated/non-affiliated. Should have qualification in basic medical sciences.



Deccan Education Society's

**BRIJLAL JINDAL COLLEGE OF PHYSIOTHERAPY, PUNE**

**INSTITUTIONAL ETHICS COMMITTEE**

Registered with Department of Health Research, Ministry of Health & Family Welfare, Govt of India NECRBHR

- d) Clinician/s- can be affiliated/non-affiliated. Should have recognized medical qualification, expertise and training.
- e) Legal expert- can be affiliated/non-affiliated. Should have recognized medical qualification, expertise and training.
- f) Social scientist /theologian Philosopher/ethicist -can be affiliated/non-affiliated. Should have recognized appropriate qualification, expertise and training. Should be sensitive to local cultural and moral values. Can be from NGO.
- g) Lay person-Should be non-affiliated .Should be a lay person from community. Should not have persuaded medical career in last 5 yrs. should be aware of local language, cultural and moral values of community.

1. All IEC members should be certified in Good clinical practice (GCP)
2. The external members shall be in majority to ensure the independence of the committee.
3. The Member Secretary will be a chosen staff from DESBJCOP, Pune. He/She will conduct the committee proceedings on behalf of institute.

**IV Hierarchy-**

1. There will be one Chairperson, one Member Secretary. A Joint Member Secretary may be appointed amongst the members if necessary.
2. The Chairperson will be the head of the committee.
3. The Member Secretary and the Joint Member Secretary (whenever applicable) will be the guardian of all documents and funds in the possession of the committee.
4. Other IEC members will be regular committee members with equal ranking.
5. The Chairperson will be appointed by the Head of the Institute,
6. The Member-secretary, Joint Member-Secretary (if necessary) will be nominated from amongst the IEC members by HOI at first time .Should they resign or be disqualified; the IEC members will elect a replacement for him/her.



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#### V Roles and Responsibilities of IEC members

1. To attend IEC Meetings and participate in discussions and deliberations so that appropriate decisions can be arrived at.
2. To review, discuss and consider research Proposals submitted for evaluation.
3. To monitor Serious Adverse Event reports and recommend appropriate action(s)
4. To review clinical trial agreement, Insurance policy and informed consent document
5. To maintain confidentiality of the documents and deliberations of IEC meetings.
6. To declare any conflict of interest.
7. To provide information and documents related to training obtained in biomedical ethics and biomedical research to the IEC secretariat
8. To provide an updated CV when requested for by the IEC secretariat
9. To carry out the work delegated by Chairperson, Member-secretary and Jt. Member-secretary.
10. To assist Chairperson, Member-secretary and Jt. Member-secretary in carrying out IEC work as per SOPs

#### Individual roles of members are as follows-

- A) Chairperson- Conduct EC meetings and be accountable for independent and efficient functioning of the committee
- Ensure active participation of all members in all discussions
  - Ratify minutes of the previous meetings
  - In case of anticipated absence of both Chairperson at a planned meeting, the Chairperson should nominate a committee member as Acting Chairperson or the members present may elect an Acting Chairperson on the day of the meeting. The Acting Chairperson should be a non-affiliated person and will have all the powers of the Chairperson for that meeting.
  - Seek Conflict of Interest (COI) declaration from members and ensure quorum and fair decision making.



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- Handle complaints against researchers, EC members, conflict of interest issues and requests for use of EC data, etc.
- b) Organize an effective and efficient procedure for receiving, preparing, circulating and maintaining each proposal for review
  - Schedule EC meetings, prepare the agenda and minutes
  - Organize EC documentation, communication and archiving
  - Ensure training of EC secretariat and EC members
  - Ensure SOPs are updated as and when required
  - Ensure adherence of EC functioning to the SOPs
  - Prepare for and respond to audits and inspections
  - Ensure completeness of documentation at the time of receipt and timely inclusion in agenda for EC review.
  - Assess the need for expedited review/ exemption from review or full review. Assess the need to obtain prior scientific review, invite independent consultant, patient or community representatives.
  - Ensure quorum during the meeting and record discussions and decisions.
- c) Basic Medical Scientist/s-
  - Scientific and ethical review with special emphasis on the intervention, benefit-risk analysis, research design, methodology and statistics, continuing review process, SAE, protocol deviation, progress and completion report
  - For clinical trials, pharmacologist to review the drug safety and pharmacodynamics.
- D) . Clinician-
  - Scientific review of protocols including review of the intervention, benefit-risk analysis, research design, methodology, sample size, site of study and statistics
  - Ongoing review of the protocol (SAE, protocol deviation or violation, progress and completion report)



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- Review medical care, facility and appropriateness of the principal investigator, provision for medical care, management and compensation.
- Thorough review of protocol, investigators brochure (if applicable) and all other protocol details and submitted documents
- d) Legal expert/s-
  - Ethical review of the proposal, ICD along with translations, MoU, Clinical Trial Agreement (CTA), regulatory approval, insurance document, other site approvals, researcher's undertaking, protocol specific other permissions, such as, stem cell committee for stem cell research, HMSC for international collaboration, compliance with guidelines etc.
  - Interpret and inform EC members about new regulations if any
- e) Social scientist/ philosopher/ ethicist/theologian-
  - Ethical review of the proposal, ICD along with the translations.
  - Assess impact on community involvement, socio-cultural context, religious or philosophical context, if any
  - Serve as a patient/participant/ societal / community representative and bring in ethical and societal concerns.
- e) Lay person-
  - Ethical review of the proposal, ICD along with translation(s).
  - Evaluate benefits and risks from the participant's perspective and opine whether benefits justify the risks.
  - Serve as a patient/participant/ community representative and bring in ethical and societal concerns.
  - Assess on societal aspects if any

**VI Responsibilities of the Institutional Ethics Committee**

1. Protection of safety, rights and confidentiality of the research participants.



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2. Participation in activities that promote ethical research in the institution and community.
3. The Committee will participate in and organize programs aimed at educating and training community members, members of the public, investigators, IEC members in ethical research

**VII Terms of reference of Ethics Committee**

- The head of the institution will appoint all EC members, including the Chairperson.
- The appointment letter issued to all members will specify the TORs. The letter issued by the head of the institution will include, the following:
  - ❖ Role and responsibility of the member in the committee
  - ❖ Duration of appointment
  - ❖ Conditions of appointment
- EC members may be given a reasonable honorarium for attendance at the meeting.
- Members to be appointed on the EC should be willing to fulfil the EC requirements as below-
  1. provide a recent signed CV and training certificates on human research protection and good clinical practice (GCP) guidelines, if applicable
  2. either be trained in human research protection and/or GCP at the time of induction into the EC, or must undergo training and submit training certificates within 6 months of appointment
  3. be willing to undergo training or update their skills/knowledge during their tenure as an EC member
  4. be aware of relevant guidelines and regulations
  5. read, understand, accept and follow the COI policy of the EC and declare it, if applicable, at the appropriate time
  6. sign a confidentiality and conflict of interest agreement/s



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7. be willing to place her/his full name, profession and affiliation to the EC in the public domain; and be committed and understanding to the need for research and for imparting protection to research participants in research

#### **VIII Quorum Requirements-**

- At least 60% members are required. Preferably, one regular member (preferably medical faculty, the social worker, a clinician, the lay person and the legal expert besides Member Secretary and Chairperson.

#### **IX Condition of appointment-**

- HOI will invite the chairman. Chairman and HOI will invite member secretary (for first time appointment) and EC as per ICMR guidelines.
- Members will be selected in their personal capacities based on their interest, ethical and/or scientific knowledge and expertise, as well as on their commitment and willingness to volunteer the necessary time and effort for the IEC work
- This appointment term will be for 5 years which can be extended as per HOI,EC decision and willingness of the member.

#### **X Registration/replacement/removal of members-**

New members can be invited by EC by consensus as per requirement. A member can be removed/replaces by consensus of EC in case of breach of IEC policies or conflict of interest policies. Once appointed a member can be a part of IEC till he voluntarily withdraws or is replaced/removed by EC.

#### **XI Training of members-**





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1. Care will be taken that all members will be trained in human research protection, EC functions and SOPs, and will be conversant with ethical guidelines, GCP guidelines (if applicable) and relevant regulations of the country.
2. All EC members will undergo initial and continuing training in human research protection, applicable EC SOPs and related regulatory requirements.
3. Any change in the relevant guidelines or regulatory requirements will be brought to the attention of all EC members. Any training related to that will be carried out if required.
4. EC members will be made aware of local, social and cultural norms and emerging ethical issues time to time. Any training related to that will be carried out if required.
5. All trainings will be documented.

**XII Remuneration/Honorarium of members-**

1. Members will be given honorarium as per institute guidelines for each sitting.

**XIII IEC Charges for processing of proposed studies-**

1. Investigators will have to pay IEC processing charges at the time of submission of proposal
2. These charges will be decided by institution policy from time to time.

**XIV Registration/removal/replacement of members**

**1. Tenure of Membership-**

- a) The tenure of Institutional Ethics Committee members will be for a continuous period of five years from the date of appointment and can be extended in future as per willingness of the member to continue in future. Final decision will be of the EC members and HOI.
- b) The IEC member secretary and HOI will initiate the process of filling up the forthcoming vacancies three months prior to the end of tenure of a member, The Chairperson will recommend names of individuals to the HOI. The HOI will select and appoint a member for the new tenure from the list



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provided by the IEC or otherwise. The retiring member will be eligible to be appointed for the new tenure any number of times.

2. Appointment of new members and alternate members-

The IEC members will be appointed by the HOI. New members will be appointed under the following circumstances:

- (i) When a regular member completes his/ her tenure.
- (ii) If a regular member resigns before the tenure is completed.
- (iii) If a regular member ceases to be a member for any reason including death or disqualification.

3. Resignation and Disqualification of Members-

a) Resignation: An IEC member may resign from membership by submitting a letter of resignation to the Chairperson.

- The member may or may not assign reasons for resignation. The resignation will become effective from the day it is accepted by the Chairperson.

b) Disqualification for conduct unbecoming of an IEC member:

A member may be disqualified from continuance should IEC determine by a three-fourth majority specifically called for the purpose that the member's conduct has been unbecoming of an IEC member.

- (i) The process will be initiated if IEC Chairperson or Member-secretary receives a communication in writing (provided by IEC member or a member of the public) alleging misconduct by a member.
- (ii) The Chairperson will satisfy himself/ herself that a prima facie case exists before initiating action. If, in the opinion of the Chairperson, the matter is of grave significance where integrity of IEC could be questioned, the Chairperson may suspend the membership of the concerned IEC member till final decision is taken by IEC. During the period of suspension, the concerned individual will not have any



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- rights, privileges or responsibilities of an IEC member and will not perform any duties of IEC member.
- (iii) The Chairperson may call for a meeting of the IEC specifically to discuss this issue or the matter will be taken up for discussion. The meeting convened will follow the usual rules of quorum. The allegation will be discussed at the IEC meeting and the member alleged of misconduct will be provided adequate opportunity to defend himself / herself.
- (iv) The member would stand disqualified if members present approve of disqualification by voting (voting by 2/3rd of majority of members present in the meeting and voting). The Chairperson will convey the disqualification to the concerned member through a written communication.
- c) Disqualification for not attending IEC meetings: A member may be disqualified from IEC membership if the member fails to attend more than 3 regular consecutive IEC meetings without prior intimation. The process conducted will be as follows:
- d) The member-secretary will inform Chairperson, in writing, if a member has not attended more than three consecutive regular meetings of the IEC.
- The Chairperson will initiate the process of review of membership of such a member by including the matter in the Agenda of the next regular IEC meeting
- (i) A written communication will be sent to the concerned IEC member informing him/ her that the issue of disqualification would be discussed at the meeting inviting the member to be present at the meeting to put up his/ her case. Alternately, the concerned IEC member will be allowed to state his/ her arguments regarding unauthorized absence in writing by a letter addressed to the Chairperson
- (ii) The matter will be discussed and reviewed at the IEC meeting. The concerned member will be provided adequate opportunity to represent his/ her case. A written communication, if received from the concerned member will be read and reviewed at the meeting.



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- e) The Chairperson or Member-Secretary will inform the IEC members about the cessation of membership by a confidential written communication to other members of IEC or at the next meeting of IEC
4. Replacement of member-  
This will be done in case of either termination or resignation of the member or when a member is disqualified to fulfill the required member quorum.

**SECTION 2- SOP FOR IEC WORKING**

**1 Regular Meeting-**

1. DESBJCOP will have IEC meeting as per requirement .Minimum one per year.
2. Meeting will be announced by member secretary after consulting with the chairperson and after considering availability of members
3. IEC meeting will be held after 1 year MPT admissions as per availability of members and preparedness of students.
4. Emergency IEC meeting can be called in case of any SAE/breach in protocol or as per the need during academic year.
5. Proposed studies of MPT/interns/students/staff/any other departmental studies can be presented in IEC.
6. Proposals have to be submitted in a prescribed format. Incomplete proposals will not be entertained.
7. Proposals submitted in prescribed format and with all annexures will be accepted for IEC review.
8. Proposed protocols will be mailed/sent by post in desired format to all IEC members by secretary 15 days prior to meeting.
9. Meeting will be conducted once quorum of 60% members is fulfilled
10. MPT Proposal has to be approved by Departmental Review Board (DRB)/Board of Studies (BORS) of that subject to be discussed in IEC.
11. Investigator/guide should be available at the time of IEC to provide clarifications if required.



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12. IEC will discuss proposed study in view of ICMR ,GCP,MUHS guidelines before giving its decision.
13. IEC will review the proposal with reference to IEC checklist before giving decision i.e accepted/Not accepted/Accepted with modifications/suggested for expedited review(in case of modifications suggested by IEC).
14. Revised proposals may be subjected to an expedited review as per suggestion by IEC which will be done by BORS/DRB of same subject/chosen IEC members. The report should be sent to IEC within 15 days from IEC meeting.
15. Proposals which are recommended for minor revisions will be reviewed and approved after submission of revised proposal. The revised proposal should be submitted to IEC within 15 days.IEC should issue permission letter within 15 days of receiving this revised proposal.
16. Revisions/Modifications will be conveyed to Investigator at the time of meeting in written format. Acceptance for conducting the study will be given only after ensuring that those modifications have been done by the Investigator.
17. Independent consultants/Experts may be invited to offer their opinion on specific research proposals.
18. A member shall withdraw from the meeting during the decision procedure concerning an application where a conflict of interest arises.
19. The decisions of the meeting shall be recorded in a separate book and shall be confirmed during the next meeting with signature of Chairperson.
20. The Member Secretary will be responsible for organizing the meetings, maintaining the records and communicating with all concerned members. He/she will prepare the minutes of the meetings and get them approved by the Chairperson before communicating to the Investigators.
21. Investigator has to submit study results once the study is complete.
22. All documents will be preserved for 10 yrs after IEC approval.



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## 2 Review of submitted protocol

1. Proposed protocol should be reviewed by subject expert and should have a departmental review board certificate(DRB)/Board of studies(BORS)(committee already existing at institute level as per MUHS norms.
2. The protocol will be reviewed as per guidelines given by MUHS.(Maharashtra University of Health Sciences) by BORS/DRB
3. Following criteria should be considered while reviewing the proposed protocol
  - a) Qualification of investigator to conduct assessment
  - b) Appropriateness of study design, work plan and structure to achieve the stated objectives
  - c) Adequacy of proposed sample size in view of proposed study
  - d) Adequacy of study site for meeting required sample size
  - e) Risk benefit ratio to participants
  - f) Explanation/Consent/assent in relation to participant and study
  - g) Guidelines related to patient safety and confidentiality and GCP will be followed
  - h) Criteria for prematurely withdrawing research participants, and for suspending or terminating the research
  - i) informed consent is adequate, easy to understand and properly documented
  - j) information is given about the contact persons with phone numbers for questions about research participants rights and study or injury
4. Primary investigator will be informed about decision of IEC in following manner- Accepted/rejected/accept with modification in 15 days.
5. A letter will be issued after acceptance of proposal within a months time.PG students will also be provided with letter of acceptance in prescribed format of MUHS .



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**SECTION-3- DOCUMENTS TO BE MANTAINED BY IEC FOR RECORDS**

Following documents will be maintained by IEC –

**1. Administrative documents**

- a) Constitution and composition of the EC
- b) Appointment letters
- c) Signed and dated copies of the most recent curriculum vitae of all EC members at the time of appointment
- d) Signed confidentiality agreements
- e) COI declarations of members
- f) Training records of EC members
- g) Financial records of EC
- h) Registration/accreditation documents, as required
- i) A copy of national and international guidelines and applicable regulations
- j) Regulatory notifications
- k) Meeting-related documents
- l) Agenda and minutes
- m) All communications received or made by the EC
- n) SOPs

**2. Proposal-related documents**

- a) One hard copy and a soft copy of the initial research proposal and all related documents
- b) Decision letters
- c) Any amendments submitted for review and approval
- d) Regulatory approvals
- e) SAE, AE reports



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- f) Protocol deviations/violations
- g) Progress reports, continuing review activities, site monitoring reports
- h) All correspondence between the EC and researchers
- i) Record of notification issued for premature termination of a study with a summary of the reasons
- j) Final report of the study

#### **SECTION 4-EMERGENCY MEETING**

Definition: When IEC meeting is called out of scheduled time it will be called as emergency meeting

Events when such meeting will be called are as follows:

- SAE
- Protocol violation
- Safety of participant/public is being compromised
- Any event deemed appropriate by chairman/secretary
- Expedited review in case of emergency eg covid 19

#### **Guidelines for conducting Emergency meeting**

1. Chairman/secretary will call for such meeting
2. Review of DRB/BORS committee/selected members on SAE/related issues will be considered in this meeting.
3. Investigator may have to be present on the day of meeting if called for explanation. It should be informed to the investigator prior to the meeting.
4. Meeting will be held within a 15 days duration as per convenience of members.
5. Relevant details/information will be provided to members by secretary when the meeting is called for.





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6. 60 % quorum will have to be present to start the meeting or minimum 5 members of the committee.
7. If the quorum is not met, meeting will be started with one scientific committee member, member from community/chairman and secretary.
8. Decision will be taken as per IEC SOPs,ICMR guidelines.
9. Decision will be informed to concerned parties by IEC letter.
10. Minutes of meeting and all other communication will be maintained by secretary.

#### **SECTION 5- CONFIDENTIALITY AND CONFLICT OF INTEREST**

##### **Conflict of interest**

Definition- Conflict of interest is a set of conditions in which professional judgment concerning a primary interest like patient's welfare or the validity of research ends to be or appears to be unduly influenced by a secondary interest like non-financial (personal, academic or political) or financial gain.

[[http://icmr.nic.in/ethical\\_guidelines.pdf](http://icmr.nic.in/ethical_guidelines.pdf) accessed on 23rd Nov 2015].

##### **Types of COI**

a) A personal COI will be considered if,

- There is immediate family relationship (spouse, parent or parent of a spouse, child or child of a spouse, sibling or sibling of a spouse, or a dependent -who resides with an IEC member or consultant or who receives 50% or more support from an IEC member, regardless of age) or other close personal relationship with the investigator, or with co-investigators.
- IEC member or his/her immediate family member is a contributor in the research project

b) A professional COI if,

- The IEC member or his/her immediate family member serves as trustee, director, manager, or scientific advisor of the funding agency sponsoring the research.



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- c) A financial COI if,
- For IEC members and immediate family exists the IEC member or the spouse or dependent of a member receives monetary benefits including salary or payments for other services (e.g., consulting fees or honoraria), equity interests (e.g., stock, stock options, or any other ownership interests) and intellectual property rights (e.g., patents, copyrights, product or service being valued).

There should be no conflict of interest of any type.

The members shall voluntarily withdraw from the Ethic committee meeting while making a decision on an application which evokes conflict of interest and will not participate any proceedings related to such proposal.

**CONFIDENTIALITY AGREEMENT**

**Confidentiality-**The nonoccurrence of unauthorized disclosure of information

**Confidentiality Agreement-** Sometimes called Secrecy or Non-disclosure agreement. It is an agreement designed to protect trade secrets, information and expertise from being misused by those who have learned about them. The type of information that can be included under the umbrella of confidential information is virtually unlimited.

- IEC will prove appropriate Confidentiality and / or Conflict of Interest Agreement Form to the IEC member, Guest attendee, Observer and Independent Consultant
- IEC member, Guest attendee, observer, Independent Consultant, advisory committee/ board member will fill up the details such as name, designation and official address and sign conflict of interest form before starting the meeting.



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- If any of the IEC members/Guests /observers for IEC meetings/Independent Consultants have any doubts, need clarifications or if any part or sentences is not clear, they will seek clarifications or additional information from the Secretariat. The Member Secretary will provide explanations, additional information and / or clarifications. If any further explanations are needed they can be provided by the Chairperson / Legal expert/other IEC members.
- The newly appointed IEC member, before the beginning of their tenure, Guests /observers for IEC meetings, Independent Consultants / advisory committee/ board member will sign and date the document before joining.
- The form will also have signature of the IEC Chairperson.
- A copy of this form will be provided to IEC member, Guests or observers for IEC meetings, Independent Consultants for their records (duly signed and dated by them and IEC Chairperson) and acknowledge the receipt of agreement by their signature.
- Original copies will be stored safely.
- It is mandatory for the IEC members/Guests /observers for Institutional Ethics Committee meetings/Independent Consultants / advisory committee/ board member that they must implement the clauses of the signed Confidentiality Agreement Form.

**Confidentiality Agreement Form for IEC Members of DESBJCOP, Pune**

In recognition of the fact, that \_\_\_\_\_

(Member's name, and his/her affiliation) herein referred to as the "undersigned", have been appointed as a member of the IEC, have been asked to assess research studies involving research participants in order to ensure that they are conducted in a humane and ethical manner, adhering to the highest standards of care as per the national, and local regulations and institutional policies and guidelines and international and national guidelines; Whereas, the appointment of the undersigned as a member of the IEC is based on



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individual merits and not as an advocate or representative of a home province, territory or community nor as a delegate of any organization or private interest;

Whereas, the fundamental duty of an IEC member is to independently review both scientific and ethical aspects of research protocols involving human subjects and make a determination and the best possible objective recommendations, based on the merits of the submissions under review;

Whereas, the IEC must meet the highest ethical standards in order to merit the trust and confidence of the communities in the protection of the rights and well-being of research participants;

The undersigned, as a member of the IEC, is expected to meet the same high standards of ethical behavior to carry out its mandate.

This Agreement thus encompasses any information deemed Confidential or Proprietary provided to the Undersigned in conjunction with the duties as a member of the IEC. Any written information provided to the undersigned that is of a Confidential, Proprietary, or Privileged nature shall be identified accordingly. As such, the undersigned agrees to hold all Confidential or Proprietary trade secrets ("information") in trust or confidence and agrees that it shall be used only for contemplated purposes and shall not be used for any other purpose or disclosed to any third party. Written Confidential information provided for review shall not be copied or retained. All Confidential information (and any copies and notes thereof) shall remain the sole property of the IEC.

The Undersigned agrees not to disclose or utilize, directly or indirectly, any Confidential or Proprietary information belonging to a third party in fulfilling this agreement. Furthermore, the Undersigned confirms that his/her performance of this agreement is consistent with the institute's policies and any contractual obligations they may have to third parties.

#### **Agreement on Confidentiality**

- *Please sign and date this Agreement, if the Undersigned agrees with the terms and conditions set forth above. The original (signed and dated Agreement) will be kept on file in the custody of the IEC.*
- *A copy will be given to you for your records.*

Fergusson College Campus, Shivaji Nagar 411004

Contact: [iec.desbjcop@despune.org](mailto:iec.desbjcop@despune.org) / 020-67656467/469



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- In the course of my activities as a member of the IEC, I may be provided with confidential information and documentation (which we will refer to as the Confidential Information; subject to applicable legislation, including the Access to "Confidential Information"). I agree to take reasonable measures to protect the Information Act, not to disclose the Confidential Information to any person; not to use the Confidential Information for any purpose outside the Committee's mandate, and in particular, in a manner which would result in a benefit to myself or any third party; and to destroy all

Confidential Information (including any minutes or notes I have made as part of my duties) to the Chairperson upon termination of my functions as a Committee member.

I, \_\_\_\_\_ (name of the member) have read and accept the aforementioned terms and conditions as explained in this Agreement.

Signature with date:

Chairperson's Signature with Date:

Acknowledgement by member-

I acknowledge that I have received a copy of this Agreement signed by the IEC Chairperson and me.

Signature with Date:

### **Conflict of Interest Agreement Form for IEC Members**

It is recognized that the potential for conflict of interest will always exist but has faith in the IEC and its Chairperson to manage the conflict issues so that the ultimate outcome is the protection of research participants.

Fergusson College Campus, Shivaji Nagar 411004

Contact: [iec.desbjcop@despune.org](mailto:iec.desbjcop@despune.org) / 020-67656467/469



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It is the policy of the IEC that no member may participate in the review, comment or approval of any activity in which he/she has a conflict of interest except to provide information as requested by the IEC. The Undersigned will immediately disclose to the Chairperson of the IEC any actual or potential conflict of interest that he/she may have in relation to any particular proposal submitted for review by the Committee, and to abstain from any participation in discussions or recommendations or decision making in respect of such proposals.

If an applicant submitting a protocol believes that an IEC member has a potential conflict, the investigator may request that the member be excluded from the review of the protocol.

The request must be in writing and addressed to the Chairperson. The request must contain evidence that substantiates the claim that a conflict exists with the EC member(s) in question. The Committee may elect to investigate the applicant's claim of the potential conflict.

When a member has a conflict of interest, the member should notify the Chairperson and may not participate in the IEC review or approval except to provide information requested by the Committee.

Examples of conflict of interest cases may be any of the following:

- A member is involved in a potentially competing research program.
- Access to funding or intellectual information may provide an unfair competitive advantage.
- A member's personal biases may interfere with his or her impartial judgment.

#### **Agreement on Conflict of Interest**

- *Please sign and date this Agreement, if the Undersigned agrees with the terms and conditions set forth above. The original (signed and dated Agreement) will be kept on file in the custody of the IEC.*
- *A copy will be given to you for your records.*

Whenever I have a conflict of interest, I shall immediately inform the Chairperson not to count me for discussion or decision making in respect of such proposal.



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I, \_\_\_\_\_ (name) have read and accept the aforementioned terms and conditions as explained in this Agreement.

Signature of member with Date:

Chairperson's Signature with Date:

Acknowledgement-

I acknowledge that I have received a copy of this Agreement signed by the IEC Chairperson and me.

Signature of member with Date:

**Confidentiality Agreement Form**

**For Guest / Observer Attendees to IEC Meetings/ Subject Experts/ advisory committee/ board member (Affiliated / nonaffiliated to the institution)**

I, \_\_\_\_\_ (name), understand that I am being allowed to attend the Institutional Ethics Committee meeting scheduled on \_\_\_\_\_ at \_\_\_\_\_ am/ pm as a Guest. The meeting will be conducted in the \_\_\_\_\_, DES Brijlal Jindal College of Physiotherapy, Pune. In the course of the meeting of the Institutional Ethics Committee some confidential information may be disclosed or discussed. Upon signing this form, I ensure to take reasonable measures to keep the information as confidential.

Signature of the Guest with date:

Signature of Chairperson with date:

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Acknowledgement-

I, \_\_\_\_\_ (name) acknowledge that I have received a copy of this Agreement signed by the IEC Chairperson and me.

Signature of the Guest with date:

Signature of Chairperson with date:

**SECTION 6-PROTOCOL DEVIATION/NON COMPLIANCE/VIOLATION/SERIOUS ADVERSE EFFECT**

**Definitions**

**Protocol Deviation** - A protocol deviation is any change, divergence, or departure from the study design or procedures of a research protocol that is under the investigator's control and that has not been approved by the IEC. Upon discovery, the Investigator is responsible for reporting protocol deviations to the IEC using the standard reporting form.

**Protocol Violation** :If the deviation meets any of the following criteria, it is considered a protocol violation.

I. The deviation has harmed or posed a significant or substantive risk of harm to the research subject.

II. The deviation compromises the scientific integrity of the data collected for the study.(eg eligibility criteria,outcome measure,changing protocol without IEC permission)

III. The deviation is a willful or knowing breach of human subject protection regulations, policies, or procedures on the part of the investigator(s). For example

- Inadequate /improper consent obtaining method /Failure to obtain informed consent prior to initiation of study-related procedures.
- Falsifying research or medical records.





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- Performing tests or procedures beyond the individual's professional scope or privilege status.
- A breach of confidentiality.
- Any serious or continuing noncompliance with federal, state, local or institutional human subject protection regulations, policies, or procedures.

**1. Protocol deviation/ non-compliance/ violation will be considered when,**

- a) Communication (oral/written) received from the Head of the Institution/site of data collection/participants informing IEC about such event.
- b) The IEC members/guide performing monitoring of the project at trial site may detect protocol deviation/non-compliance/violation
- c) Any report/ communication brought to the notice of Member, Secretary/ Chairperson of IEC by some independent person/guide/investigator.

**2. Review of protocol deviation/non compliance/violation/SAE**

Subject BORS/DRB/ 2 independent reviewers from IEC will review ,prepare a report and discuss the issue in upcoming IEC meeting/chairperson/secretary within 10 days of such reporting . Action will be taken according to IEC decision.

**3. Guidelines for actions**

- a) The Chairperson / member secretary / BORS/DRB will review the submitted protocol deviations and assess the impact of the deviation on the safety wellbeing of the participants and data integrity of the study.
- b) Committee will send the comments to the member secretary with the decision.
- c) The Chairperson/member secretary / IEC members will review the information available and take a decision depending on the seriousness of the deviation / violation. The decision will be taken to



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ensure that the safety and rights of the research participants are safeguarded. The decision will be taken by consensus.

#### **4. IEC action**

IEC will take action based on seriousness of such event/frequency of such deviations by investigator in same study and previous studies.

It could include one or more of the following:

- a) Inform the Investigator that IEC has noted the deviation / violation
- b) Direct the PI to ensure that deviations/violations do not occur in future and follow IEC recommendations.
- c) Reprimand the PI.
- d) Call for additional information.
- e) Suspend the study till additional information is made available /study is scrutinized/investigator implements the recommendations/satisfactory steps have been taken by investigator.
- f) Revoke approval of the current study.
- g) Review and/ or inspect other studies undertaken by that investigator.
- h) Refuse to review subsequent applications from an investigator cited for non-compliance for a specified duration of time.
- i) Any other action considered appropriate by the IEC.

#### **5. Record and communication of the decision to the Investigator**

- Proceedings will be recorded in Minutes of meeting of IEC.
- IEC decision will be conveyed to investigator in a month's time .
- SAE report will be given as per prescribed format.



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**PROTOCOL DEVIATION/VIOLATION/NON COMPLIANCE RECORD DOCUMENTATION**

(To be filled by relatives/participant/site manager/PI/Guide/HOI/any other informant)

Title of Project:

IEC Approval letter No and date:

Investigators: ( name/dept/designation)

Description of deviation (s)/violation(s):

Impact of the deviation on:

- Safety wellbeing of the participants
- Data integrity
- Methodology

Measures taken by Instigator in case of such event :

Reported by (Name and designation):

Signature with date: \_\_\_\_\_

**IEC DECISION RECORD/LETTER TO INVESTIGATOR**

Title of Project:

IEC Approval letter No and date:

Investigators: ( name/dept/qualification)

Protocol deviation report No and date:

Informed by:

BORS/DRB committee/review committee members: (name/designation/date)

Description of deviation (s)/violation(s):

Impact of the deviation as per BORS/DRB:

- Safety wellbeing of the participants

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- Data integrity
- Methodology
- Any other

IEC decision:

Signature of Chairperson with Date: \_\_\_\_\_

#### **Serious Adverse Effect**

1. In case of any SAE being reported, chairperson and member secretary will appoint a subcommittee which will evaluate the SAE as per guidelines by ICMR and WHO. They will present a report to IEC and appropriate decision will be taken.
2. The committee will consist of members who collectively have the qualifications and experience to review and evaluate the scientific, medical and ethical aspects of adverse event reports involving human participants.
3. Members will be selected in their personal capacities based on their interest, ethical and/or scientific knowledge and expertise, as well as on their commitment and willingness to volunteer the necessary time and effort for the SAE Subcommittee work.
4. Members will be appointed to the SAE Subcommittee if they accept the following conditions.
  - Willingness to publicize his/her full name, profession and affiliation.
  - Willingness to sign the Confidentiality and Conflict of Interest Agreements regarding meeting, deliberations, applications, information on research participation and related matters.
  - Willingness and commitment in terms of time to perform the role and responsibility as SAE Subcommittee member.
5. Main role of this committee will be to ensure the protection of the rights, safety and wellbeing of human participants involved in a research project.



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6. Minutes of SAE subcommittee meeting, decision taken and all the paperwork will be prepared by SAE committee and will be stored separately .

**SAE REPORTING AND DECISION FORMAT**

(To be filled by PI/relative of participant/participant/HOI/site incharge/any other informant)

Title of study:

Investigators:

IEC approval letter no:

Date of reporting:

To be filled by Investigator		To be filled by respective authority
Was it one of the expected risks mentioned in proposal	Did precautionary measures mentioned in proposal were followed by investigator. Explain in detail.	Comments of BORS/DRB



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To be filled by Investigator							To be filled by respective authority	
S	Date of occurrence	Place of occurrence	Steps taken to avoid SAE	Expected/unexpected event	Repercussions of SAE	Explanation by PI	Comments of DRB/BO RS	IEC comments

Compensations provided:

IEC decision:

Signature of Chairperson with Date: \_\_\_\_\_

**SECTION-7- VULNERABLE POPULATION REVIEW**

**1. Definition:**

Vulnerable persons are those who are relatively (or absolutely) incapable of protecting their own interests.

These may be the subjects who;

- a) May have insufficient power, intelligence, education, resources, strength, or other needed attributes to protect their own interests.



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- b) Whose willingness to volunteer in a research study may be unduly influenced by the expectation, of benefits associated with participation, or fear of response from senior members of a hierarchy in case of refusal to participate
- c) Some patients with incurable diseases, nursing homes residents, unemployed or impoverished people, patients in emergency situations, ethnic minority groups, homeless people, nomads, refugees, minors, and those incapable of giving consent.
  - a. Following are some examples of vulnerable populations or groups:
- d) economically and socially disadvantaged (unemployed individuals, orphans, abandoned individuals, persons below the poverty line, ethnic minorities, sexual minorities – lesbian/ gay/bisexual and transgender (LGBT), etc.)
- e) unduly influenced either by the expectation of benefits or fear of retaliation in case of refusal to participate which may lead them to give consent
- f) children (up to 18 years)
- g) women in special situations (pregnant or lactating women, or those who have poor decision-making powers/poor access to healthcare)
- h) tribal and marginalized communities;
- i) refugees, migrants, homeless, persons or populations in conflict zones, riot areas or disaster situations
- j) afflicted with mental illness and cognitively impaired individuals, differently abled –mentally and physically disabled;
- k) terminally ill or are in search of new interventions having exhausted all therapies;
- l) suffering from stigmatizing or rare diseases; or
- m) have diminished autonomy due to dependency or being under a hierarchical system
- n) (students, employees, subordinates, defence services personnel, healthcare workers,
- o) Institutionalized individuals, under trials and prisoners).



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**2. Principles of research among vulnerable populations**

- a) Vulnerable populations have an equal right to be included in research so that benefits accruing from the research apply to them as well.
- b) If any vulnerable group is to be solely recruited then the research should answer the health needs of the group.
- c) Participants must be empowered, to the maximum extent possible, to enable them to decide by themselves whether or not to give assent/consent for participation.
- d) In vulnerable populations, when potential participants lack the ability to consent, a LAR should be involved in decision making.
- e) Special care must be taken to ensure participant's privacy and confidentiality, especially because breach of confidentiality may lead to enhancement of vulnerability.
- f) If vulnerable populations are to be included in research, all stakeholders must ensure that additional protections are in place to safeguard the dignity, rights, safety and wellbeing of these individuals.

**3. Additional safeguards/protection mechanisms**

- a) When vulnerable individuals are to be recruited as research participants additional precaution should be taken to avoid exploitation/retaliation/reward/credits, etc., as they may either feel intimidated and incapable of disagreeing with their caregivers, or feel a desire to please them. In the first case, they may be subjected to undue pressure, while in the second, they may be easily manipulated. If they perceive that their caregivers want them to participate in research, or if the caregiver stands to benefit from the dependant's participation, the feeling of being pressed to participate may be irresistible which will undermine the potential voluntariness of the consent to participate.
- b) Researchers must justify the inclusion of a vulnerable population in the research.
- c) IECs must satisfy themselves with the justification provided and record the same in the proceedings of the EC meeting.
- d) Additional safety measures should be strictly reviewed and approved by the IECs.





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- e) The informed consent process should be well documented. Additional measures such as recording of assent and re-consent, when applicable, should be ensured.
- f) IECs should also carefully determine the benefits and risks of the study and examine the risk minimization strategies.
- g) As potential participants are dependent on others, there should be no coercion, force, duress, undue influence, threat or misrepresentation or incentives for participation during the entire research period.
- h) Vulnerable persons may require repeated education/information about the research, benefits, risks and alternatives, if any.
- i) Research on sensitive issues such as mental health, sexual practices/preferences, HIV/ AIDS, substance abuse, etc. may present special risks to research participants.
- j) Researchers should be cognisant of the possibility of conflicting interests between the prospective participant and LAR and should be more careful.
- k) Participants may be prone to stigma or discrimination, specifically when the participant is enrolled as a normal control or is recruited from the general population in certain types of research.
- l) Efforts should be made to set up support systems to deal with associated medical and social problems.
- m) Protection of their privacy, confidentiality and rights is required at all times – during conduct of research and even after its completion.
- n) Whenever possible, ancillary care may be provided such as setting up of a facility, school for unattended children of the participants or a hospital, or counseling centre.

#### **4. IEC action guidelines**

- a) IEC will review the check list before discussion of such study.
- b) IEC will refer guidelines provided by ICMR as per concerned vulnerable population before taking any decision.
- c) IEC will consider autonomy protection, risk/benefit determinations



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- d) If such people are willing to participate and are selected, then the means of protecting their rights and welfare must be strictly reviewed and followed.
- e) IEC may recommend written / verbal Informed consent /audio –visual consent /audio consent
- f) Assent and parent's consent in case of children, both parents consent in case of cognitively impaired child and consent of care taker/ relative in case of a unconscious/cognitively impaired adult or any other condition when the subject is unable to give consent.

**CHECKLIST FOR VULNERABLE POPULATION**

(To be filled by PI/IEC)

Title of study:

Need of study in one line:

Investigators: (name/designation/dept)

Value addition by proposed research:

Considerations	Benefit	IEC action
The participant will be benefited from proposed research	Direct benefit /no direct benefit/harmful	Approvable/Not approvable
Risks that the participant may face(enlist )		
1)		Approvable/Not approvable
2)		Approvable/Not approvable
3)		Approvable/Not approvable
4)		Approvable/Not approvable
Availability of scientifically	Yes/No/NA	Approvable/Not approvable



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appropriate, preclinical and clinical studies provide sufficient evidence about risks and benefits involved in case of current vulnerable population		
Supervision by PI/parent/care taker is required while doing data collection	Yes/No/NA	Approvable/Not approvable
Patient confidentiality is maintained	Yes/No	Approvable/Not approvable
In case of pregnant woman, prospective participant or her legally authorized representative, is fully informed regarding the reasonably foreseeable impact of the research on the fetus/child/her health	Yes/No/NA	Approvable/Not approvable/NA
In case of research involving new born or an infant, the guardian is completely informed about impact of study on infant currently and in future	Yes/No/NA	Approvable/Not approvable/NA
In case of a cognitively	Yes/No/NA	Approvable/Not

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<p>impaired child, the guardian is completely informed about impact of study on the child currently and in future</p>		<p>approvable/NA</p>
<p>In case of an adolescent, 1) Participant is well explained about the study and its implications on him/her in his language 2) Guardian consent and child ascent is available</p>	<p>Yes/No/NA</p>	<p>Approvable/Not approvable/NA</p>
<p>In case of unconscious patients, 1) Participant is well explained about the study and its implications 2)Participant will be closely monitored for discomfort 3)Participants will be withdrawn if they appear to be unduly distressed 4) Participants have a disease or condition for which the procedures in the research are intended</p>	<p>Yes/No/NA</p>	<p>Approvable/Not approvable/NA</p>



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IEC decision: Approved/Not approved/Approved with revisions

Signature of Chairperson with date:

### **SECTION-8-INFORMED CONSENT PROCESS**

The researcher must obtain voluntary written informed consent from the prospective participant for any biomedical and health research involving human participants. This requirement is based on the principle that competent individuals are entitled to choose freely whether or not to participate or continue to participate in the research. Informed consent is a continuous process involving three main components – providing relevant information to potential participants, ensuring competence of the individual, ensuring the information is easily comprehended by the participants and assuring voluntariness of participation. Informed voluntary consent protects the individual's freedom of choice and respects the individual's autonomy.

#### **1. Requisites**

1. The participant must have the capacity to understand the proposed research, be able to make an informed decision on whether or not to be enrolled and convey her/his decision to the researcher in order to give consent.
2. The consent should be given voluntarily and not be obtained under duress or coercion of any sort or by offering any undue inducements.
3. In the case of an individual who is not capable of giving voluntary informed consent, the consent of LAR must be obtained.
4. It is mandatory for a researcher to administer consent before initiating any study related procedures involving the participant.
5. It is necessary to maintain privacy and confidentiality of participants at all stages.



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## 2. Essential information for prospective research participants

Before requesting an individual's consent to participate in research, the researcher must provide the individual with detailed information and discuss her/his queries about the research in the language she/he is able to understand. The language should not only be scientifically accurate and simple, but should also be sensitive to the social and cultural context of the participant.

- The ICD has two parts – patient/participant information sheet (PIS) and the informed consent form (ICF). Information on known facts about the research, which has relevance to participation, is included in the PIS. This is followed by the ICF in which the participant acknowledges that she/he has understood the information given in the PIS and is volunteering to be included in that research.
- Adequate time should be given to the participant to read the consent form, if necessary discuss it with family and friends, and seek clarification of her/his doubts from the researchers/research team before deciding to enroll in the research.

## 3. Essential and additional elements of an informed consent document

1. Statement mentioning that it is research
2. Purpose and methods of the research in simple language
3. Expected duration of the participation and frequency of contact with estimated number of participants to be enrolled, types of data collection and methods
4. Benefits to the participant, community or others that might reasonably be expected as an outcome of research
5. Any foreseeable risks, discomfort or inconvenience to the participant resulting from participation in the study
6. Extent to which confidentiality of records could be maintained, such as the limits to which the researcher would be able to safeguard confidentiality and the anticipated consequences of breach of confidentiality
7. Payment/reimbursement for participation and incidental expenses depending on the type of study
8. Free treatment and/or compensation of participants for research-related injury and/ or harm



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9. Freedom of the individual to participate and/or withdraw from research at any time without penalty or loss of benefits to which the participant would otherwise be entitled
10. The identity of the research team and contact persons with addresses and phone numbers (for example, PI/Co PI for queries related to the research and Chairperson/Member Secretary/ or helpline for appeal against violations of ethical principles and human rights)

**4. In addition, the following elements may also be required, depending on the type of study:**

1. Any alternative procedures or courses of treatment that might be as advantageous to the participant as the ones to which she/he is going to be subjected
2. If there is a possibility that the research could lead to any stigmatizing condition, for example HIV and genetic disorders, provision for pretest- and post-test counseling
3. Insurance coverage if any, for research-related or other adverse events
4. Foreseeable extent of information on possible current and future uses of the biological material and of the data to be generated from the research. Other specifics are as follows:
  5. period of storage of the sample/data and probability of the material being used for secondary purposes.
  6. whether material is to be shared with others, this should be clearly mentioned.
  7. right to prevent use of her/his biological sample, such as DNA, cell-line, etc., and related data at any time during or after the
  8. conduct of the research.
  9. risk of discovery of biologically sensitive information and provisions to safeguard confidentiality.
  10. post research plan/benefit sharing, if research on biological material and/or data leads to commercialization.
11. Publication plan, if any, including photographs and pedigree charts.

**5. Responsibility of researchers**

1. The researcher should only use the EC approved version of the consent form, including its local translations.

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2. Adequate information necessary for informed consent should be communicated in a language and manner easily understood by prospective participants.
3. In case of differently abled participants, such as individuals with physical, neurological or mental disabilities, appropriate methods should be used to enhance the participants' understanding, for example, braille for the visually impaired.
4. There should be no restriction on the participant's right to ask questions related to the study or to discuss with family and friends or take time before coming to a decision.
5. The researcher should not give any unjustifiable assurances or influence or intimidate a prospective participant to enroll in the study.
6. The researcher must ensure that the participant is competent and has understood all aspects of the study and that the consent is given voluntarily. Where the participant and/or the LAR are illiterate, an impartial literate person, not connected to the research, should be present throughout the consent process as witness.
7. The researcher should administer a test of understanding whenever possible for sensitive studies. If need be, the test may be repeated until the participant has really understood the contents.
8. When a participant is willing to participate but not willing to sign or give a thumb
9. Impression or cannot do so, then verbal/oral consent may be taken on approval by the EC, in the presence of an impartial witness who should sign and date the consent document. This process can be documented through audio or video recording of the participant, the PI and the impartial witness, all of whom should be seen in the frame.
10. However, verbal/oral consent should only be taken in exceptional circumstances and for specific, justifiable reasons with the approval of the EC. It should not to be practiced routinely

**6. Re-consent/Fresh Consent-**

Re-consent or fresh informed consent of each participant must be taken under circumstances described below-





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1. The researcher must assure prospective participants that their decision whether or not to participate in the research will not affect their rights, the patient-clinician relationship or any other benefits to which they are entitled.
2. Reimbursement may be given for travel and incidental expenses/participation in research after approval by the EC.
3. The researcher should ensure free treatment for research related injury (disability, chronic life-threatening disease and congenital anomaly or birth defect) and if required, payment of compensation over and above medical management by the investigator and/institution and sponsor(s), as the case may be.
4. The researcher should ensure that the participant can continue to access routine care even in the event of withdrawal of the participant.

**7. Online Consent-**

Online consent may be obtained, for example, in research involving sensitive data such as unsafe sex, high risk behavior, use of contraceptives (condoms, oral pills) etc or in any case/survey where participant is not seen in person and the information is being collected.

1. Prior approval of IEC is mandatory for such situation.
2. Investigators must ensure that privacy of the participant and confidentiality of related data is maintained.

**8. Conditions for granting waiver of consent**

1. research cannot practically be carried out without the waiver and the waiver is scientifically justified
2. retrospective studies, where the participants are de-identified or cannot be contacted
3. research on anonymized biological samples/data
4. certain types of public health studies/surveillance programmes/programme evaluation studies
5. research on data available in the public domain



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6. research during humanitarian emergencies and disasters, when the participant may not be in a position to give consent. Attempt should be made to obtain the participant's consent at the earliest.

**SECTION 9- STUDY COMPLETION REPORTING**

1. Once the study is complete the Investigators will submit the study report to IEC within 3 months of completion.
2. It should be reported in given format (Annexure 10.13) in hard copy and soft copy.
3. These reports will be stored for 10 years.

**STUDY COMPLETION REPORTING FORMAT**

Title of study:

IEC Approval No:

Investigators: (name/designation/dept)

1)

2)

1. Date of Start of Study:

Date of completion of Study:

2. Provide details of:

a) Total number of study participants approved by the EC for recruitment:

b) Total number of study participants recruited:

c) Total number of participants withdrawn from the study (if any):



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3. Provide the reasons for withdrawal of participants:
  
4. Describe in brief the publication/ presentation/dissemination plans of the study findings. (Also, mention if both positive and negative results will be shared)
  
5. Describe the main ethical issues encountered in the study (if any)
  
6. State the number (if any) of Deviations/Violations/ Amendments made to the study protocol during the study period  
Deviations:  
Violation:  
Amendments:
  
7. Describe in brief plans for archival of records / record retention:
  
8. Is there a plan for post study follow-up? Yes/ No ( If yes, describe in brief):
  
9. Do you have plans for ensuring that the data from the study can be shared/ accessed easily? Yes/No (If yes, describe in brief):



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10. Is there a plan for post study benefit sharing with the study participants? Yes/no

(If yes, describe in brief):

11. Describe results (summary) with Conclusion:

12. Number of SAEs that occurred in the study:

13. Have all SAEs been intimated to the EC ? Yes/No(if no give explanation)

14. Is medical management or compensation for SAE provided to the participants? Yes/No If yes, provide details

Signature of Investigator with date:



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**SECTION 10- ANNEXURES**

**10.1 BORS/DRB APPROVAL LETTER**

Date \_\_\_\_\_

To,

Dr. \_\_\_\_\_ (name, designation, dept of the  
Guide/ Investigator/ Student)

Sub: BORS/DRB approval for project entitled, \_\_\_\_\_

Dear Dr. \_\_\_\_\_,

The meeting of the BORS/DRB of \_\_\_\_\_ department was held on \_\_\_\_\_ at \_\_\_\_\_ with Dr. \_\_\_\_\_ as  
Chairperson and \_\_\_\_\_ as members.

It is hereby confirmed that, you have submitted study proposal titled, \_\_\_\_\_ as  
per prescribed format and neither you nor any of the study team members have participated in the  
voting/decision making procedures of the DRB/BORS.

It is understood that,

- 1) Proposed study will be undertaken by \_\_\_\_\_ (name of the student/investigator) under the guidance  
of \_\_\_\_\_ during \_\_\_\_\_ (period) .
- 2) All investigators will follow the principle of Good Clinical Practices(GCP) and cause no harm in  
any form to participants while collecting required data

The BORS/DRB hereby approves the given study proposal at the meeting.

Sincerely yours

**Signature of Chairperson of BORS/DRB with date:**

Fergusson College Campus, Shivaji Nagar 411004

Contact: [lec.desbjcop@despune.org](mailto:lec.desbjcop@despune.org) / 020-67656467/469



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**10.2 INITIAL SUBMISSION FORM FOR IEC REVIEW**

Title:

Details of Primary investigator: Name:

Qualification:

Email for correspondence:

Co-investigators: Name:

Qualification:

Email for correspondence:

Course:

Department:

Date of submission:

BORS/DRB approval letter attached: Yes/No/NA/Awaited

Duration of study:

Conflict of interest:

Funding: Self/Institution/Other funding agency

Site of study/data collection:

Benefits of proposed study:

STUDY RELATED DETAILS

Fergusson College Campus, Shivaji Nagar 411004

Contact: [lec.desbjcop@despune.org](mailto:lec.desbjcop@despune.org) / 020-67656467/469



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Need of study:

Aims and Objectives:

Hypothesis:

Type of study:

Sample size with formula and reasoning:

Outcome measures with psychometric properties:

Statistical analysis:

**PARTICIPANT RELATED INFORMATION**

Type of participants: healthy/vulnerable

If vulnerable specify the population and fill checklist of proposed study on vulnerable population

Participant recruitment method: direct approach/posters,pamphlets/social media/centers/referral/other

Duration of assessment:

Risks involved in participation/data collection:

Risks involved	Precautionary measure to avoid it
1)	
2)	
3)	
4)	



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Reimbursement/participation incentive/compensation for participant: Yes/No provide details

**CONSENT FORM**

Form with information sheet:

Type of consent: Informed/written/oral/ascent

Who will give consent? : self/guardian/care taker-nurse/administrator

**Elements**

Easy language	Yes/No/NA
Study details	Yes/No/NA
Risks and benefits involved	Yes/No/NA
Compensation/reimbursement/incentive details	Yes/No/NA
Contact details for queries	Yes/No/NA
Voluntary participation	Yes/No/NA
Confidentiality	Yes/No/NA

**DATA MANAGEMENT**

Who will do the analysis:

Use of data in future? Provide details

Measures to avoid duplicating/tampering with data:

How long will the data be stored?





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**10.3 IEC CHECKLIST**

Title:

Details of Primary investigator: Name:

Qualification:

Email for correspondence:

Co-investigators: Name:

Qualification:

Email for correspondence:

Course:

Department:

Date of review:

BORS/DRB approval letter attached: Yes/No/NA/Awaited

	IEC decision			Modification suggested
	Accepted	Not accepted	NA	
Conflict of interest:				
Funding:				
Site of study/data collection:				
Benefits of proposed study:				
Need of study:				

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Contact: [iec.desbicop@despune.org](mailto:iec.desbicop@despune.org) / 020-67656467/469



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Aims and Objectives:				
Hypothesis:				
Type of study:				
Sample size with formula and reasoning:				
Outcome measures with psychometric properties:				
Statistical analysis:				
checklist of proposed study on vulnerable population:				
Participant recruitment method:				
Duration of assessment:				
Risks involved in participation/data collection:				
Reimbursement/participation incentive/compensation for participants:				
Consent Form with information sheet:				
Type of consent:				
Who will give consent? :				
Who will do the analysis:				
Use of data in future?				
Measures to avoid duplicating/tampering with data:				
Other issues raised during IEC review:				



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#### **10.4 UNDERTAKING BY INVESTIGATOR**

1. Study will be initiated only after obtaining all regulatory clearances.
2. Care will be taken not to implement any deviation from the approved protocol. If so it will be informed to IEC at the earliest and definitely within 7 days of such event.
4. Utmost care will be taken to ensure that ethical requirements of ICMR and National Regulatory Guidelines and MUHS are adhered to.
5. Accurate and complete record of all cases in accordance with GCP provisions will be made. They will be made available for audit/inspection by regulatory authorities.
6. Unexpected or serious adverse event/protocol deviation will be informed to IEC at the earliest and definitely within seven days of its occurrence.
7. Confidentiality /security of the participants and security/confidentiality of data will be maintained.
8. Full compliance with statutory obligations, requirements and guidelines provided by IEC, MUHS, ICMR and other regulatory bodies will be done.
9. Results of the study will be submitted to IEC once the study is over and before my course is over.

Name of the Investigator:

Sign with date:

Fergusson College Campus, Shivaji Nagar 411004

Contact: [iec.desbjcop@despune.org](mailto:iec.desbjcop@despune.org) / 020-67656467/469



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**10.5 GUIDELINES FOR INVESTIGATORS**

All MPT studies, any other personal studies and other departmental studies have to be submitted to IEC in prescribed format (refer form attached in annexures)

All prescribed forms, checklists, IEC processing fees has to be submitted at the time of study proposal submission.

The submission has to be done 4 weeks before IEC meeting which will be announced in advance.

Investigators should refer GCP,ICMR ,MUHS guidelines ,IEC SOPs before submitting the proposal.

For, studies involving vulnerable population, separate checklist has to attached with the proposal (refer form given in annexure)

BORS/DRB approval certificate is must before submission to IEC.

Incomplete forms/proposals will not be accepted. Acceptance/Non acceptance will not be informed separately.

PI should be present during IEC meeting for clarifications related to proposal if required.

IEC will review the protocol and related documents and will take the decision regarding the proposal .It will be in accepted/not accepted /accepted with modification format.

Proposals which are suggested modification/minor changes by IEC will have to undergo Expedited review.

IEC certificate will be issues only after acceptance from expedited review/BORS/DRB committee.

**Once approval for a study is granted,**



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- a) An approval will be granted for the entire duration of the study.
- b) It is the responsibility of the investigator to protect patient confidentiality, protect the data report SAE, protocol violation/breach and submit the results /findings at the end of the study to IEC.
- c) Investigator has to inform study results to IEC in prescribed format (refer form given in annexures)

**IEC CONTACT DETAILS:**

IEC mail ID: [Ethics.desbjcop@despune.org](mailto:Ethics.desbjcop@despune.org)

Contact person: Dr. Atiya Shaikh (PT)

Day: Wednesday, Thursday

Time: 2PM -4PM

Fergusson College Campus, Shivaji Nagar 411004

Contact: [iec.desbjcop@despune.org](mailto:iec.desbjcop@despune.org) / 020-67656467/46



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**10.6 CONFIDENTIALITY AGREEMENT FORM FOR IEC MEMBERS OF DESBJCOP,PUNE**

In recognition of the fact, that \_\_\_\_\_

(Member's name, and his/her affiliation) herein referred to as the "undersigned", have been appointed as a member of the IEC, have been asked to assess research studies involving research participants in order to ensure that they are conducted in a humane and ethical manner, adhering to the highest standards of care as per the national, and local regulations and institutional policies and guidelines and international and national guidelines; Whereas, the appointment of the undersigned as a member of the IEC is based on individual merits and not as an advocate or representative of a home province, territory or community nor as a delegate of any organization or private interest;

Whereas, the fundamental duty of an IEC member is to independently review both scientific and ethical aspects of research protocols involving human subjects and make a determination and the best possible objective recommendations, based on the merits of the submissions under review;

Whereas, the IEC must meet the highest ethical standards in order to merit the trust and confidence of the communities in the protection of the rights and well being of research participants;

The undersigned, as a member of the IEC, is expected to meet the same high standards of ethical behavior to carry out its mandate.

This Agreement thus encompasses any information deemed Confidential or Proprietary provided to the Undersigned in conjunction with the duties as a member of the IEC. Any written information provided to the undersigned that is of a Confidential, Proprietary, or Privileged nature shall be identified accordingly. As such, the undersigned agrees to hold all Confidential or Proprietary trade secrets ("information") in trust or confidence and agrees that it shall be used only for contemplated purposes and shall not be used for any other purpose or disclosed to any third party. Written Confidential information provided for review shall not be copied or retained. All Confidential information (and any copies and notes thereof) shall remain the sole property of the IEC.

The Undersigned agrees not to disclose or utilize, directly or indirectly, any Confidential or Proprietary information belonging to a third party in fulfilling this agreement. Furthermore, the Undersigned confirms

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that his/her performance of this agreement is consistent with the institute's policies and any contractual obligations they may have to third parties.

#### **Agreement on Confidentiality**

- *Please sign and date this Agreement, if the Undersigned agrees with the terms and conditions set forth above. The original (signed and dated Agreement) will be kept on file in the custody of the IEC.*
- *A copy will be given to you for your records.*
- *In the course of my activities as a member of the IEC, I may be provided with confidential information and documentation (which we will refer to as the Confidential Information; subject to applicable legislation, including the Access to "Confidential Information"). I agree to take reasonable measures to protect the Information Act, not to disclose the Confidential Information to any person; not to use the Confidential Information for any purpose outside the Committee's mandate, and in particular, in a manner which would result in a benefit to myself or any third party; and to destroy all Confidential Information (including any minutes or notes I have made as part of my duties) to the Chairperson upon termination of my functions as a Committee member.*

I, \_\_\_\_\_ (name of the member) have read and accept the  
aforementioned terms and conditions as explained in this Agreement.

Signature with date:

Chairperson's Signature with Date:

Acknowledgement by member-

I acknowledge that I have received a copy of this Agreement signed by the IEC Chairperson and me.

Signature with Date:



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**10.7 CONFLICT OF INTEREST AGREEMENT FORM FOR IEC MEMBERS OF**  
**DESBJCOP,PUNE**

**Agreement on Conflict of Interest**

- Please sign and date this Agreement, if the Undersigned agrees with the terms and conditions set forth above. The original (signed and dated Agreement) will be kept on file in the custody of the IEC.
- A copy will be given to you for your records.

Whenever I have a conflict of interest, I shall immediately inform the Chairperson not to count me for discussion or decision making in respect of such proposal.

I, \_\_\_\_\_ (name) have read and accept the aforementioned terms and conditions as explained in this Agreement.

Signature of member with Date:

Chairperson's Signature with Date:

**Acknowledgement-**

I acknowledge that I have received a copy of this Agreement signed by the IEC Chairperson and me.

Signature of member with Date:

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**10.8 CONFIDENTIALITY AGREEMENT FORM**

**(For Guest / Observer Attendees to IEC Meetings/ Subject Experts/ advisory committee/ board member (Affiliated / nonaffiliated to the institution))**

I, \_\_\_\_\_ (name), understand that I am being allowed to attend the Institutional Ethics Committee meeting scheduled on \_\_\_\_\_ at \_\_\_\_\_ am/ pm as a Guest. The meeting will be conducted in the \_\_\_\_\_, DES Brijlal Jindal College of Physiotherapy, Pune. In the course of the meeting of the Institutional Ethics Committee some confidential information may be disclosed or discussed. Upon signing this form, I ensure to take reasonable measures to keep the information as confidential.

Signature of the Guest with date:

Signature of Chairperson with date:

**Acknowledgement-**

I, \_\_\_\_\_ (name) acknowledge that I have received a copy of this Agreement signed by the IEC Chairperson and me.

Signature of the Guest with date:

Signature of Chairperson with date:



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**10.9 PROTOCOL DEVIATION/VIOLATION/NON COMPLIANCE RECORD**

**DOCUMENTATION**

(To be filled by relatives/participant/site manager/PI/Guide/HOI/any other informant)

Title of Project:

IEC Approval letter No and date:

Investigators: ( name/dept/designation)

Description of deviation (s)/violation(s):

Impact of the deviation on:

- Safety wellbeing of the participants
- Data integrity
- Methodology

Measures taken by Instigator in case of such event :

Reported by (Name and designation):

Signature with date: \_\_\_\_\_



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10.10 IEC DECISION RECORD/LETTER TO INVESTIGATOR

Title of Project:

IEC Approval letter No and date:

Investigators: ( name/dept/qualification)

Protocol deviation report No and date:

Informed by:

BORS/DRB committee/review committee members: (name/designation/date)

Description of deviation (s)/violation(s):

Impact of the deviation as per BORS/DRB:

- Safety wellbeing of the participants
- Data integrity
- Methodology
- Any other

IEC decision:

Signature of Chairperson/secretary with Date: \_\_\_\_\_



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**10.11 SAE REPORTING AND DECISION FORMAT**

(To be filled by PI/relative of participant/participant/HOI/site incharge/any other informant)

Title of study:

Investigators:

IEC approval letter no:

Date of reporting:

To be filled by Investigator		To be filled by respective authority
Was it one of the expected risks mentioned in proposal	Did precautionary measures mentioned in proposal were followed by investigator. Explain in detail.	Comments of DRB/BORS

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To be filled by Investigator							To be filled by respective authority	
S A E	Date of occurrence	Place of occurrence	Steps taken to avoid SAE	Expected/unexpected event	Repercussions of SAE	Explanation by PI	Comments of BORS/DRB	IEC comments

Compensations provided:

IEC decision:

Signature of Chairperson/secretary with Date: \_\_\_\_\_



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**10.12 CHECKLIST FOR VULNERABLE POPULATION**

(To be filled by PI/IEC)

Title of study:

Need of study in one line:

Investigators: (name/designation/dept)

Value addition by proposed research:

Considerations	Benefit	IEC action
The participant will be benefited from proposed research	Direct benefit /no direct benefit/harmful	Approvable/Not approvable
Risks that the participant may face(enlist ) 1) 2) 3) 4)		Approvable/Not approvable Approvable/Not approvable Approvable/Not approvable Approvable/Not approvable
Availability of scientifically appropriate, preclinical and clinical studies provide sufficient evidence about risks and benefits involved in case of current vulnerable population	Yes/No/NA	Approvable/Not approvable



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Supervision by PI/parent/care taker is required while doing data collection	Yes/No/NA	Approvable/Not approvable
Patient confidentiality is maintained	Yes/No	Approvable/Not approvable
In case of pregnant woman, prospective participant or her legally authorized representative, is fully informed regarding the reasonably foreseeable impact of the research on the fetus/child/her health	Yes/No/NA	Approvable/Not approvable/NA
In case of research involving new born or an infant, the guardian is completely informed about impact of study on infant currently and in future	Yes/No/NA	Approvable/Not approvable/NA
In case of a cognitively impaired child, the guardian is completely informed about impact of study on the child currently and in future	Yes/No/NA	Approvable/Not approvable/NA
In case of an adolescent, 1) Participant is well	Yes/No/NA	Approvable/Not approvable/NA



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<p>explained about the study and its implications on him/her in his language</p> <p>2) Guardian consent and child ascent is available</p>		
<p>In case of unconscious patients,</p> <p>1) Participant is well explained about the study and its implications</p> <p>2) Participant will be closely monitored for discomfort</p> <p>3) Participants will be withdrawn if they appear to be unduly distressed</p> <p>4) Participants have a disease or condition for which the procedures in the research are intended</p>	<p>Yes/No/NA</p>	<p>Approvable/Not approvable/NA</p>

IEC decision: Approved/Not approved/Approved with revisions

Signature of Chairperson with Date: \_\_\_\_\_





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**10.13 STUDY COMPLETION REPORTING FORMAT**

(To be filled by PI)

Title of study:

IEC Approval No:

Investigators: (name/designation/dept)

1)

2)

1. Date of Start of Study:

Date of completion of Study:

2. Provide details of:

a) Total number of study participants approved by the EC for recruitment:

b) Total number of study participants recruited:

c) Total number of participants withdrawn from the study (if any):

3. Provide the reasons for withdrawal of participants :

4. Describe in brief the publication/ presentation/dissemination plans of the study findings. (Also, mention if both positive and negative results will be shared)

5. Describe the main ethical issues encountered in the study (if any)

6. State the number (if any) of Deviations/Violations/ Amendments made to the study protocol during the study period  
Deviations:

Violation:

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Contact: [iec.desbjcop@despune.org](mailto:iec.desbjcop@despune.org) / 020-67656467



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Amendments:

7. Describe in brief plans for archival of records / record retention:

8. Is there a plan for post study follow-up? Yes/ No ( If yes, describe in brief):

9. Do you have plans for ensuring that the data from the study can be shared/ accessed easily? Yes/No(If yes, describe in brief):

10. Is there a plan for post study benefit sharing with the study participants? Yes/no (If yes, describe in brief):

11. Describe results (summary) with Conclusion:

12. Number of SAEs that occurred in the study:

13. Have all SAEs been intimated to the EC ? Yes/No(if no give explanation)

14. Is medical management or compensation for SAE provided to the participants? Yes/No If yes, provide details

Signature of Investigator with date: \_\_\_\_\_



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**10.14 IEC APPROVAL LETTER**

To,

Name of Investigator,

Ref: Your project entitled, \_\_\_\_\_

Dear Dr.

IEC meeting for IEC review of studies submitted in year \_\_\_\_\_ month \_\_\_\_\_ was conducted on \_\_\_\_\_ (date of IEC review) with following members:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Following documents of the above mentioned project were reviewed and approved:

1. Synopsis
2. Information sheet and consent form
3. Evaluation form

It is understood that the study will be conducted under your direction as per the submitted protocol.

The IEC approves the above mentioned study.

This approval is valid for the entire duration of the study.

It is expected that the investigator follows the directions given by IEC i.e:

- No deviations from, or changes of the protocol and Informed Consent Document should be initiated without prior written approval by the IEC of an appropriate amendment.
- The investigator should promptly report to the IEC any deviations, changes or any new information that may affect adversely the safety of the research participants during study period.
- Investigator will submit copy of report to IEC after completion of project.

Sincerely,

Signature of Chairman with Date: \_\_\_\_\_

Fergusson College Campus, Shivaji Nagar 411004

Contact: [iec.desbjcop@despune.org](mailto:iec.desbjcop@despune.org) / 020-67656467/

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22-23 ONWARDS

## OBJECTIVE

DESBJCOP, Pune will provide full/partial financial assistance to deserving faculty/student for presenting/ publishing their research work in order to promote research culture and sharing their views/ideas with peers. The main objective of the 'Financial Assistance' is to support and motivate the faculty/students for presenting their research work in International/National conferences/Journals.

## **ELIGIBILITY OF TEACHERS**

1. MUHS permanent approved full-time teachers - Professor / Associate Professor / Assistant Professor
2. Should not have availed similar assistance a) in last 5 years for paper presentation b) in last 3 years for paper publication c) in last 2 years for travelling assistance

### PREREQUISITES

1. The Teacher should have IEC approved and accepted paper by the organiser for presentation as a "First Author".
2. The theme of the Conference/ Seminar/ Symposium/ Workshop should be related to field /Speciality of the teacher
3. Teacher can avail only one type of assistance at a given time.

### NATURE OF ASSISTANCE:

#### I ]TRAVELLING ASSISTANCE-

- a) Maximum of Rs. 5,000. In case of travel by car 7rs/km or 5,000 Rs (whichever is the lowest amount that will be given )
- b) Travel ticket/bills should be submitted to the office for the same.
- c) Details of the vehicles such as RC Book, Type of Vehicle such as Petrol / Diesel, Toll Receipt must be mentioned on the TA Claim Form when travelled by own vehicle.
- d) It can be availed once in a year.

#### II] REGISTRATION FEES:

- a) If a research paper is accepted, registration fees assistance can be availed by the candidate provided he/she is first author.
- b) It can be availed once in 3 years.
- c) Assistance will be as follows –
  - State level/university level conference/competition-up to 3000 Rs
  - National conference-up to 5,000 Rs
  - International conference-up to 15,000 Rs

#### III] PUBLICATION ASSISTANCE

- a) Assistance will be provided for IEC approved study of first author for national/international indexed journal .Care should be taken to avoid predatory journal publication.

Deccan Education Society's Brijlal Jindal College of Physiotherapy ,Pune –Policy document for "Research presentation financial assistance"

- b) Assistance will be as follows –
- c) It can be availed once in 3 years.
  - National journal-up to 5,000 Rs
  - International journal-up to 10,000 Rs

### **ELIGIBILITY OF STUDENTS**

1. The student should have IEC approved and accepted paper by the organiser for presentation as a “First Author”.
2. The theme of the Conference/ Seminar/ Symposium/ Workshop should be related to field of physiotherapy.
3. Assistance will be provided for Paper ONLY. Assistance for poster presentation/key note address may be provided as the discretion of Principal on time-to-time basis.
4. Student can avail only one type of assistance at a given time for a year.
5. Assistance will be provided only for current students.

#### **NATURE OF ASSISTANCE:**

##### **I ] TRAVELLING ASSISTANCE-**

- a) Travel ticket/bills should be submitted to the office for the same.
- b) Details of the vehicles such as RC Book, Type of Vehicle such as Petrol / Diesel, Toll Receipt must be mentioned on the TA Claim Form when travelled by own vehicle.

##### **II] REGISTRATION FEES:**

- a) If a research paper is accepted in a conference or won by the student for given paper, registration fees assistance can be availed by the candidate provided he/she is first author.
- b) Assistance will be as follows –
  - State level/university level conference/competition-up to 1,000 Rs
  - National conference-up to 3,000 Rs
  - International conference-up to 10,000 Rs

##### **III] PUBLICATION ASSISTANCE**

- d) Assistance will be provided for IEC approved study of first author for national/international indexed journal .Care should be taken to avoid predatory journal publication.
- e) Assistance will be as follows –
  - National journal-up to 5,000 Rs
  - International journal-up to 10,000 Rs

### **POINTS TO BE NOTED-**

- Application in prescribed format should be done to avail assistance.
- The assistance will be provided only if all documents are submitted on time.
- Assistance will be provided for Paper presentation ONLY. Assistance for poster presentation/key note address may be provided as the discretion of Principal on time-to-time basis.

DESBICOP, Pune

## APPLICATION FORM

Date:

Name of the applicant:

Post/Year of studying:

### For Teachers only-

University approval: Yes/no

No of Experience: \_\_\_\_\_ Yrs.

Last assistance availed date and type:

### For students only-

Year: I/II/III/IV/Internship/MPT

Name of Guide:

Last assistance availed date and type:

Purpose of application: Assistance for- Presentation/Publication/Travelling

### Details-

Name of conference/Journal:

Type of conference/Journal: State/National /International

Title of research:

IEC approval: Yes/No

Authorship: First/second/third/other \_\_\_\_\_

Name of co-authors: 1)

2)

3)

Mode of presentation: Oral/poster/key note speaker/ delegate/other \_\_\_\_\_ (provide documentary evidence/acceptance letter)

Enclosures: 1)

2)

3)

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"Research presentation financial assistance"



### UNDER TAKING BY FACULTY/STUDENT

I certify that,

- The details given above are correct.
- If the information furnished in this application is found to be incorrect at a later date, I shall reimburse the entire money to the Institute
- In case financial assistance is received from the organiser or any other agency, I shall pay back the amount granted by the Institute
- I shall abide by the decision of the Institute.

Name and Signature of Faculty/Student:

Date:

### FOR OFFICE USE

Application No:

Date of application:

Documents submitted by the candidate: 1) Form: Acceptable/needs modification/unacceptable

2) Enclosures: appropriate/need further documental proof/unacceptable

3) Last availed assistance details: Date: \_\_\_\_\_

Amount: \_\_\_\_\_ Rs

Type: \_\_\_\_\_

Name and Signature of authority:

Date:

**RECOMMENDATION OF PRINCIPAL**

Approved/Not approved/Approved with special consideration

Remarks:

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Name and Signature of Principal:

Seal:

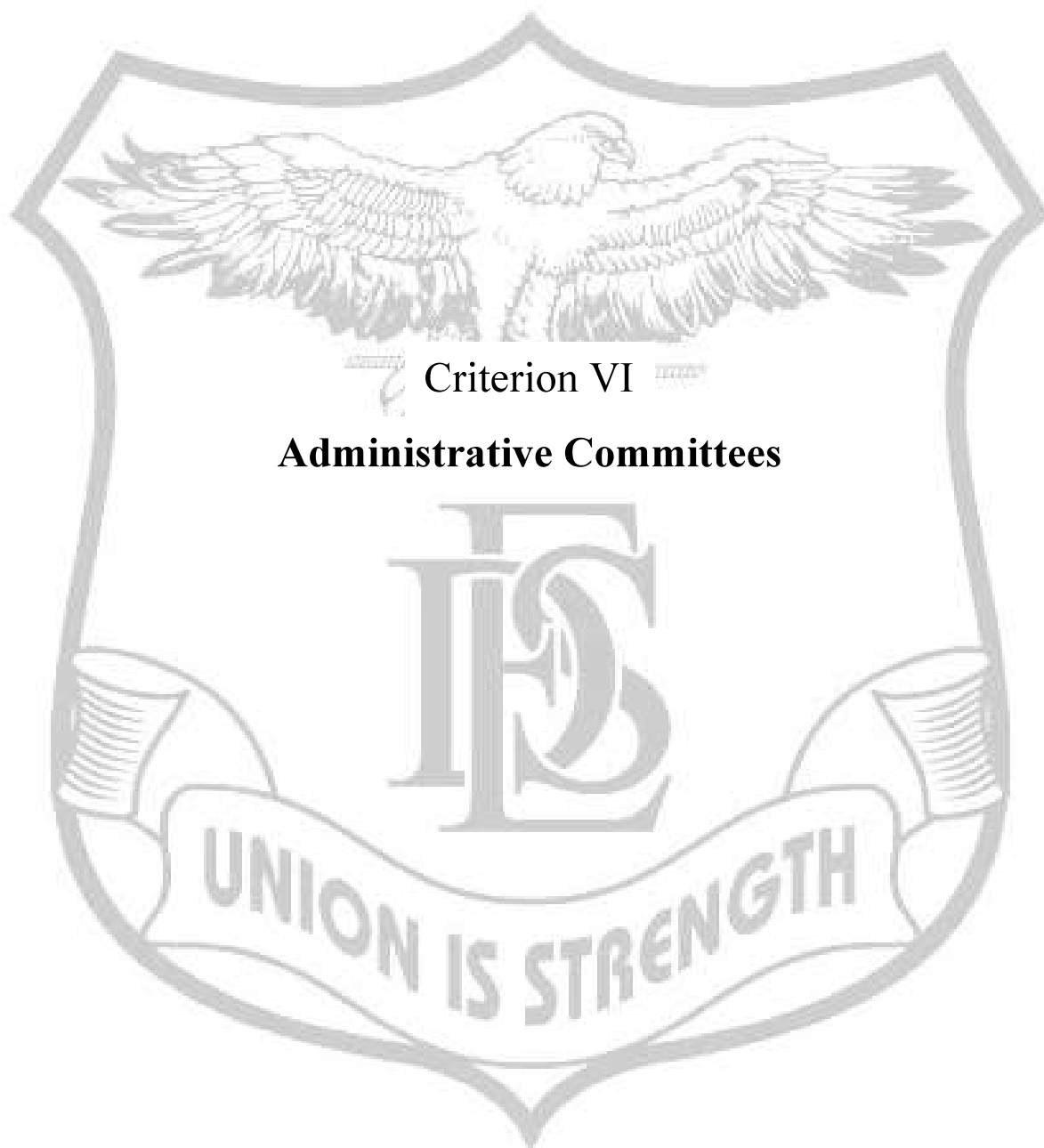
Date:



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

# D.E.Society's

Brijlal Jindal College of Physiotherapy, Pune





D.E. Society's

## **BRIJLAL JINDAL COLLEGE OF PHYSIOTHERAPY**

Fergusson College Campus, Pune - 411 004 • Phone: (020) 67656471, 67656467

• Fax: (91) (020) 67656494, 67656120 • E-mail: office.physiotherapy@despune.org

• Web-site: [www.desphysiotherapycollege.com](http://www.desphysiotherapycollege.com), [www.despune.org](http://www.despune.org)

**Approved by Govt. of Maharashtra, Maharashtra State Council of OT/ PT, Indian**

**Association of Physiotherapist & affiliated to Maharashtra University of Health Sciences, Nashik**

### **SOPs for the STUDENT'S COUNCIL**

- Student's council committee members will be elected every year from all the four batches of the undergraduate and the postgraduate course in accordance with the guidelines laid down by the Maharashtra State OTPT council.
- Representatives will include college toppers from each class and cultural and sports representatives
- Regular meetings will be held with all the council representatives and the faculty representatives of the students council
- Students council secretary will be elected amongst the members of the students council
- The students council secretary of the college will also represent college at the Maharashtra University of Health Sciences level
- Members of the students council will be actively involved in all the curricular/ extracurricular activities organized by the college
- It is expected that they communicate all the proceedings of the meetings to their respective class members

### ❖ Role/ Objectives of Students Council

- To coordinate the extracurricular and welfare activities of the students
- To promote participation in academic, extracurricular and welfare activities
- To train students for democratic process for better corporate life and to be a better citizen
- To strive for overall welfare and personality development of the students
- To create anti ragging awareness amongst the students

### ❖ Obligations

- Student council shall play constructive and positive role in overall academic, welfare and other extracurricular activities of University/ college
- Members of student council shall behave in decent and disciplined manner and also set an example for other students.

*A. Berry*  
Coordinator.



*Jany*  
**PRINCIPAL**  
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Pune.



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### Redressal system for STUDENTS COUNCIL related grievances

Any Students Council related grievances raised by the students can be represented by them individually or through the council representative of that respective class

↓  
Student's Council coordinators

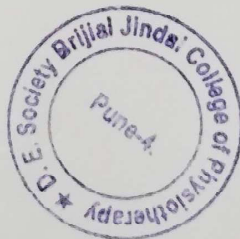
↓  
Head of respective committee

↓  
Principal

All the members of the Student's Council are informed about the same and are asked to convey it to their classmates. It is thereby requested to all the members to strictly abide by this system.

Students Council Coordinator

Dr. Aditi Berry(PT)



Dr. Snehal Joshi(PT)

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**PARENT TEACHERS' ASSOCIATION**

**STANDARD OPERATING PROCEDURE**

The Association is responsible for keeping track of academic proceedings in the college.

**Objectives:**

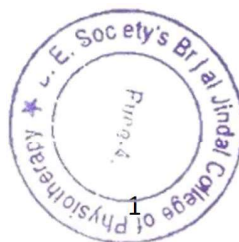
1. To keep track of completion of syllabi as planned.
2. To assist college in planning and organizing educational programs pertaining to syllabus.
3. To promote understanding and co-operation between parents and faculty members to facilitate learning process of students.
4. To build a sense of community at college through increased and sustained parental participation and involvement in all curricular activities.

**Policy:**

**Formulation of Committee:**

The members of PTA are revised at the beginning of each academic year and consists of:

Sr. No.	Designation	No. of members
1	Chairperson	1, Principal
2	Faculty Member	UG: 4(Sr. Class in-charge of each year) PG: 1(PG coordinator) Any 1 of the faculty member is elected as committee coordinator.
3	Parent Members	UG: 4 (1 voluntary representative from each year) PG: 1 (voluntary representative)



### **Appointment of Parent members/Representatives:**

Appointment of the Parent members in the committee proceedings is based on their flair for literary interests, 1 from each class, who volunteer to participate will be included in the committee. In case of more than 2 volunteers, the candidates will be chosen with Chit method.

The same Parent will continue in the committee till their ward continues the course if the parent is willing to do so. New I B.P.Th. and M.P.T parents will be included each year.

### **Roles and responsibilities of the faculty members of the committee:**

- Conduct timely meetings and Initiate proceedings for the upcoming meeting.
- Record keeping function: record of meetings, agenda, minutes, attendance, policies will be done by committee coordinator.
- Receive feedback from parent representatives about newly implemented strategies.

### **Roles and responsibilities of the student members:**

As important stake holders, the Parent members are expected to:

- Act as liaison between institute and parents for effective functioning of PTA.
- Attend meetings to provide inputs related to the issues concerning the parent body at large and take it up with college authority for satisfactory resolution.
- Solicit new ideas and suggestions from the parent body to help enhance the overall education experience of students at DESBJCOP.
- Review and help in implementation of the strategies planned and accepted in previous meeting.
- Disburse the information to the parents of respective class.
- Take feedback about various strategies after its implication, to facilitate improvisation in the subsequent issues.



A handwritten signature in blue ink, appearing to read "Snehal Joshi".

Dr. Snehal Joshi (PT)

Principal





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### **POLICY DOCUMENT FOR OBTAINING CURRICULAR FEEDBACK**

One of the important functions of the Curriculum committee is to perform periodic Evaluation of the Curriculum. This is ensured through the structured feedbacks devised by the Internal Quality Assurance System (IQAC).

These feedbacks receive inputs from all the stake holders listed as follows:

- Students: primary stakeholders
- Teachers: provide necessary upgradation in content of syllabus aligning with current trends in various areas and reduce the outdated portion of the syllabus from curriculum.
- Employers: to understand expectations of industry and cater to its needs by creating competencies required.
- Alumni: to understand the real challenges faced by the alumni while working in the industry.
- Professionals: to understand their perspective about how well the curriculum prepares students for the industry.
- Parents: to ensure their satisfaction with respect to their wards' academic and overall learning.

#### **Procedure of obtaining feedback:**

The feedback form is uploaded on the official email ([office.physiotherapy@despune.org](mailto:office.physiotherapy@despune.org)) and shared through student members of the Curriculum committee and responses are received.

#### **Frequency of obtaining feedback:**

- Students: at the end of their UG / PG, as applicable
- Teachers: Before a revision of the curriculum by the MUHS
- Employers: once during the tenure of the curriculum
- Alumni: 2 years after having passed out from the college
- Professionals: once during the tenure of the curriculum
- Parents: after the completion of their ward's under / post-graduation

**Analysis of feedback:**

Stakeholders feedback on programmes received thus, is recorded, analysed systematically and consolidated for presentation to the IQAC and eventually to the MUHS in the event of a periodic Curricular Revision held to improve the quality of curriculum offered.

It also recommends subsequent action, when necessary, and devises a mechanism to monitor the action taken. The Action Taken Report is made for the feedback taken from the Alumni and Parents through the open-ended question. This may involve a modification in the implementation at the College, within the scope permitted by the university or presentation to the MUHS through the proper channel.

The responses received through the close ended questions are presented in tabular / graphical manner. No action is recommended if more than 90% students respond with an overall satisfaction towards the programme.

The systematic procedure followed, helps to maintain the quality and standard set by the college and is also the hallmark of the Deccan Education Society.

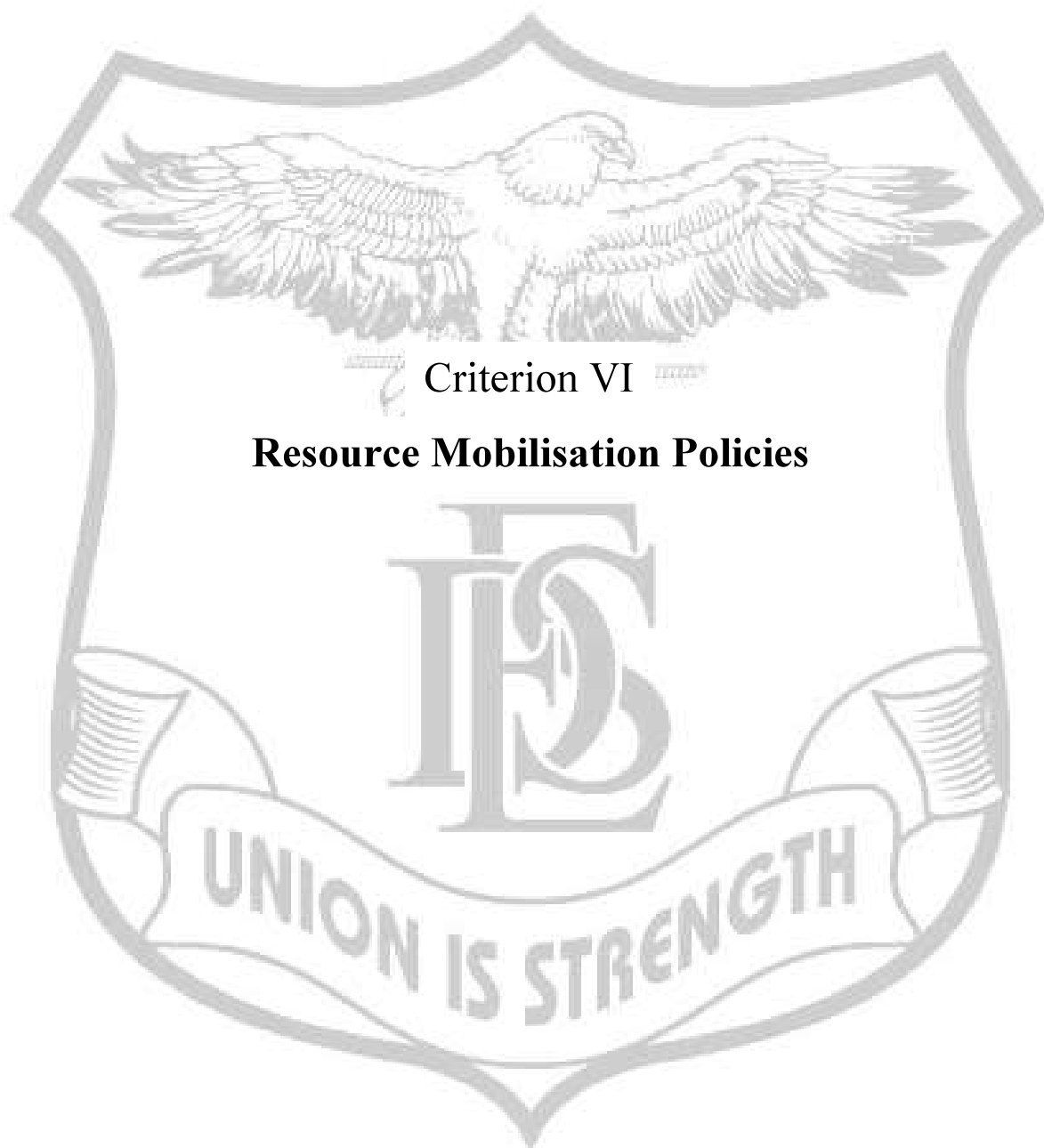


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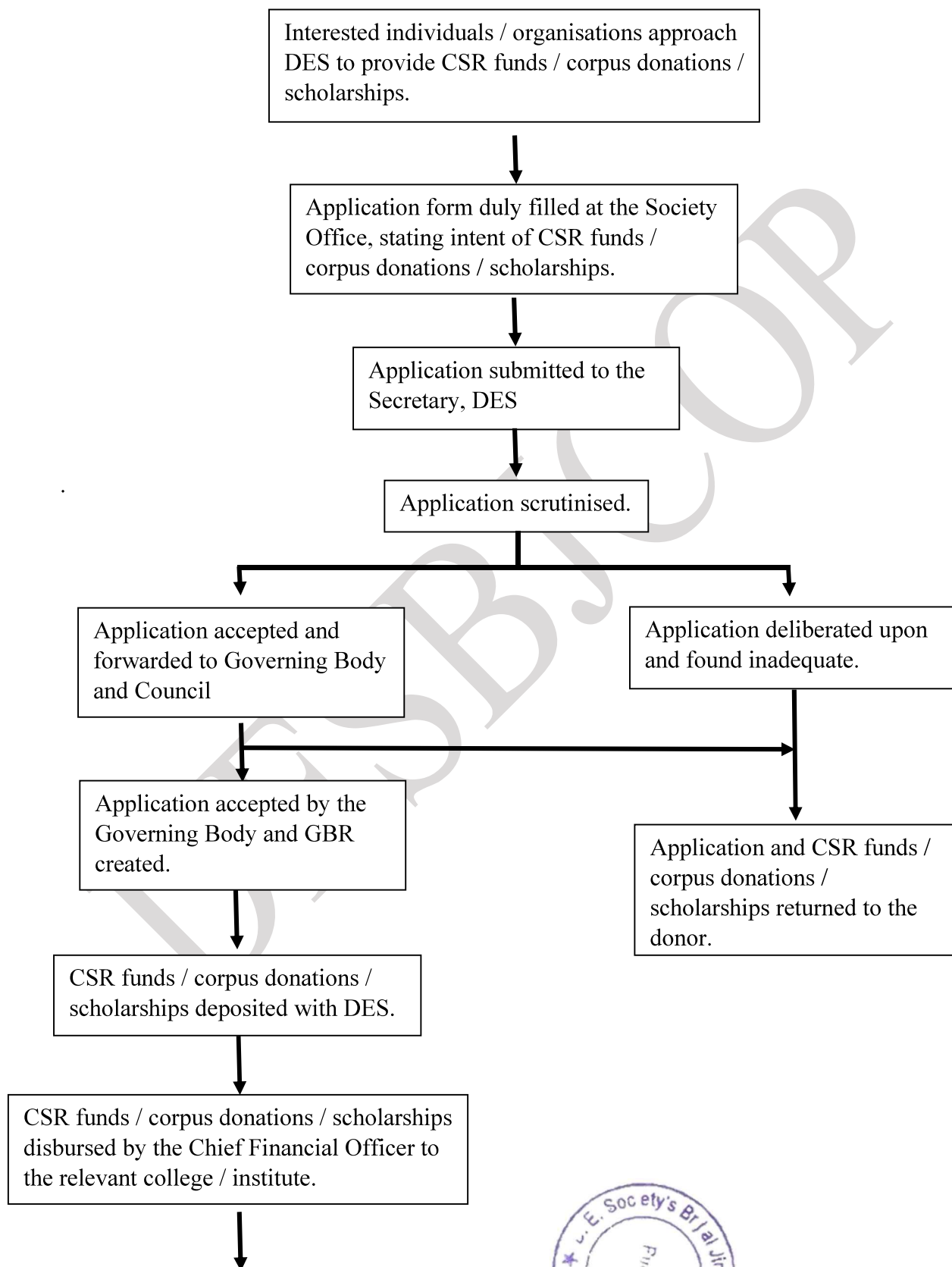
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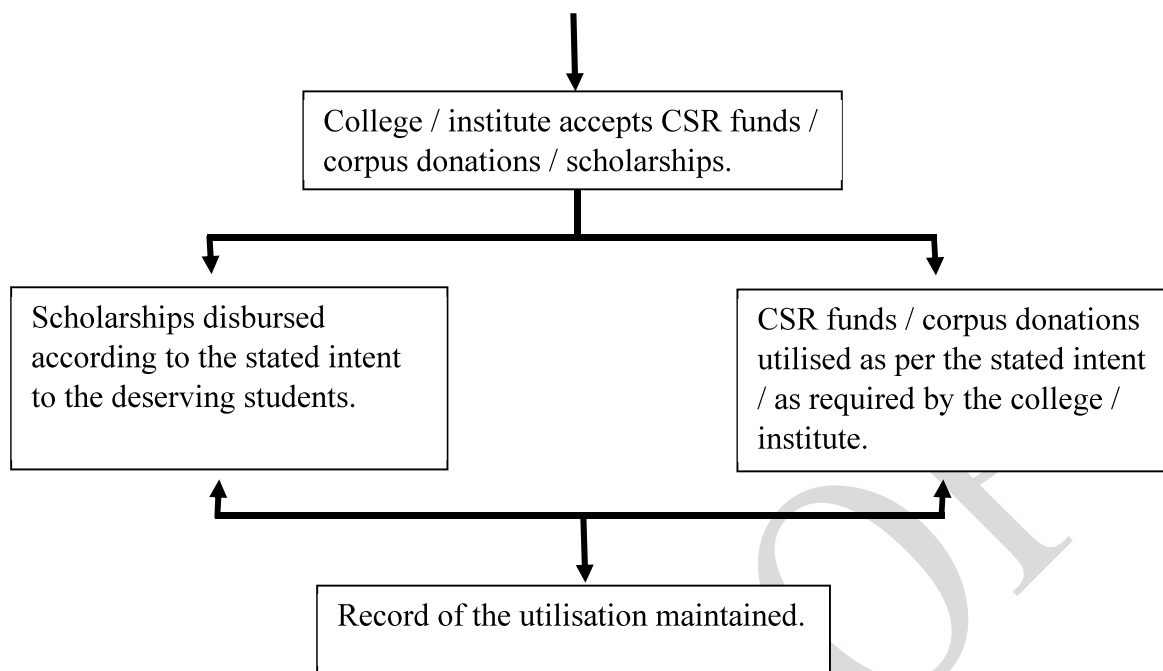
## Resource mobilisation policy


### Standard Operating Policy





Deccan Education Society's  
Name of the Unit: Brijlal Jindal College of Physiotherapy  
Process Title: Resource mobilisation policy



  
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## Internal Resource Mobilisation Policy

1. Tuition fees fixed by the Fee Regulation Authority for the upcoming academic year.
2. Fee displayed on the notice board for all years.
3. Students pay fees as follows:
  - a. II, III, IV B.P.Th. and I M.P.T. students perform an online transaction of the total amount directly to the college account.
  - b. I B.P.Th. and I M.P.T. students pay total fees through DD drawn on the college account name, as per the State CET Cell rules.
  - c. Reservation category students can pay fees as follows:
    - i. EWS and OBC: 50 % of the amount can be paid to the college,
    - ii. SC, ST, VJ, NT: can pay fees as per their ability.
  - d. Reservation category students apply for scholarships as per eligibility criteria.
  - e. If documentation is approved, Samaj Kalyan Vibhag (Student Welfare Department, State Government) disburses amount to the student or college.
  - f. If Samaj Kalyan Vibhag disburses scholarship amount to student, the student performs an online transaction to the college account and completes the fee payment.
4. Total amount of fees received is distributed under the relevant budget heads as approved in the yearly budget under the following heads:
  - a. Salary
    - i. Teaching
    - ii. Non-teaching
    - iii. Employee provident fund
    - iv. Group medical insurance
    - v. Gratuity
    - vi. Group gratuity
    - vii. Leave encashment
    - viii. Honorarium for CHB faculty
  - b. Non-salary
    - i. Repairs and maintenance
    - ii. Office expenses
    - iii. Electricity charges
    - iv. Audit fees
    - v. Administrative expenses
    - vi. Course-related expenses
    - vii. Extra and co-curricular activities expenses
5. Resources as required by college are obtained through Central Purchase Committee, DES, after approvals from LMC, PB and GB.
6. Repairs and maintenance costs are paid after presentation of bill.
7. Capital expenses above Rs.5000/- are forwarded to the Finance Committee for further processing.





8. Increase in expenses application is submitted to Finance Committee for new, non-budgeted expense. On receipt of funds from DES, expense performed.
9. Receipts of all transactions maintained meticulously and submitted for internal audit and external audit in a timely manner.

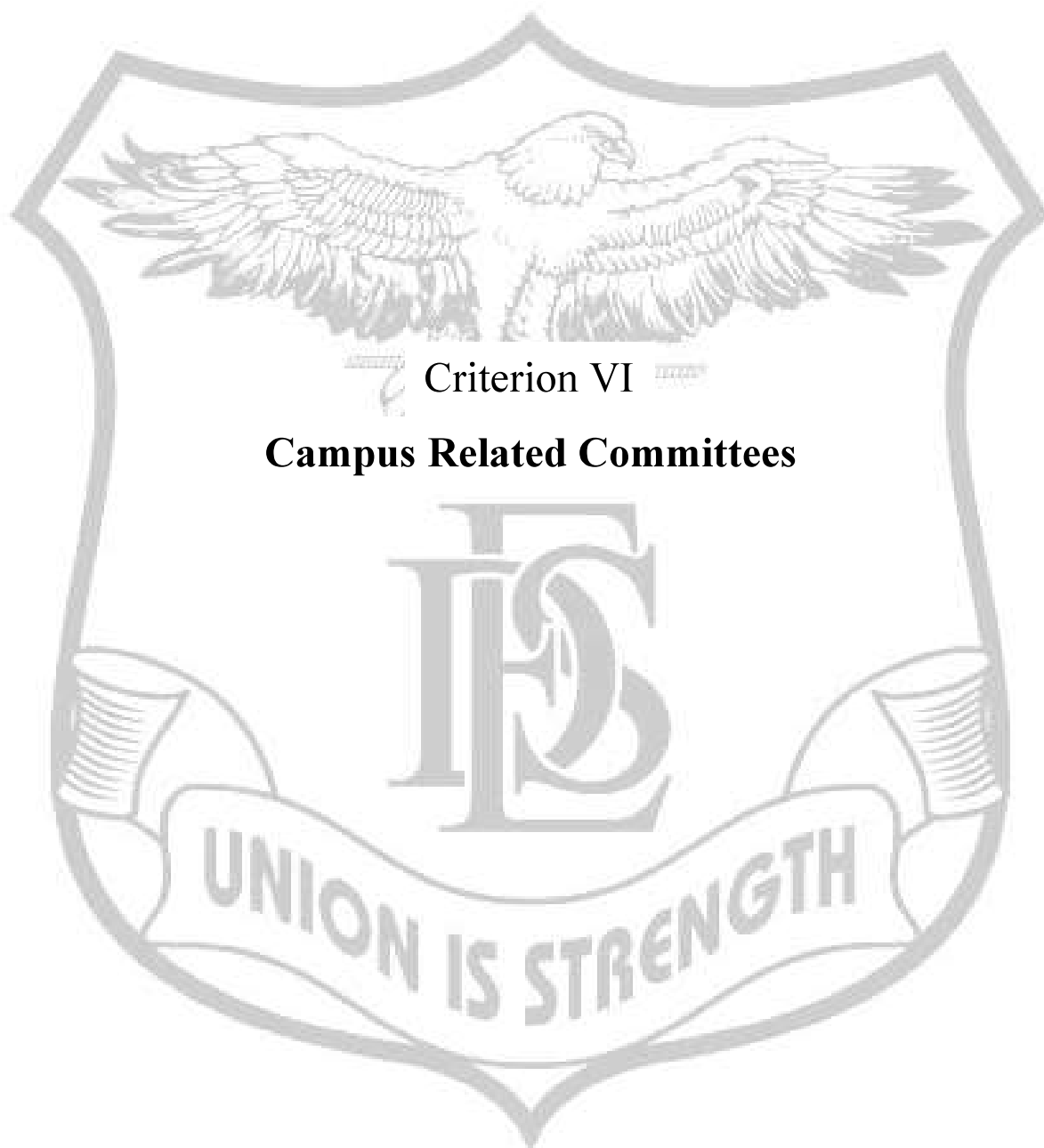


  
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### **Maintenance Committee**

Policies of the Committee:

1. Objective:

The objective is to maintain & improve infrastructural facilities, amenities, instrumental facilities & other support systems.

To ensure proper maintenance of physical property & campus facilities.

Plans for repairs/replacement of equipment.

2. Rules & Responsibilities:

Campus facility services includes building & ground maintenance, material handling, utilities, safety & security. Request for maintenance & services are generated through HOD's of each department.

Campus facilities are protected with security systems. Internal processes, policies & procedures are developed & revised on continuous basis to address current & future security concerns. The security incharge provides periodic brief detailing of current security concerns & facility information, which is evaluated & used for continuous improvement.

3. Campus Operation, Development & Improvement Planning:

Development & improvement of the college is undertaken in accordance with college code & procedures, which defines a process for the request, approval & capital generation for the development & implementation. After the maintenance committee approval, the maintenance work would be processed further to the estate department. Depending upon the nature of expense incurred either the principal can go for direct expenses after the approval from LMC or the resolution is passed through estate through finance to Governing body

#### 4. Facility & Equipment Maintenance & Repair:

The staff member submits requests for facility & equipment maintenance &/or repair to maintenance committee. When requests are submitted the committee contacts appropriate maintenance personnel to respond to the request.

Requests that require advanced or specialized knowledge &/or skill, vendors & 3<sup>rd</sup> party vendors are contacted to oversee the project.

#### 5. Equipment & Supplies:

Equipment & supplies are requested annually as a part of the college budget process. Facilities, equipment & supplies needs are revised & approved by the college purchase committee.

Important equipment's & services are on Annual Maintenance Contract (AMC), where the company representatives visit regularly for the same, where as some lab equipment's are maintained by the dedicated technicians on a periodic basis.

Policy states that current relevant, sufficient & up-to-date equipment's & materials used is acquired, repaired or replaced in a timely manner to support program goals. Purchase & maintenance committee evaluates equipment & supply needs & submit annual budget requests for required purchases.

If the expenditure is less than 5000 Rs, approving authority is the principal of the institute. If more than 5000 Rs, the requirement is raised by the unit head & approved by the Governing Body of the institute.

Committee ensures quality & safety standards in accordance with requirements, codes, laws & regulation pertaining to specialized materials & equipment & their intended use.

All the purchases are made after GB approval and after receiving CPR.

## Functions:

Periodic maintenance of Classroom, Corridors, Washrooms, Labs, Library, Sports Facilities, OPD, Pantry & Equipment's including tubes/bulbs/fans/tables/chairs.

The committee's objective is to coordinate with the people responsible for the maintenance & monitor the quality & given time frame of the job.

Maintaining Inventory & Usage.

Identifying & repairing faulty equipment.

To monitor routine annual maintenance of the Institute & related infrastructure

Maintenance of cleanliness & sanitation of premises.

Referring, through proper channel, to the Central departments as necessary for Electrical/Plumbing/Civil/Computer work/Ground & Gym maintenance & expert/vendors for specific equipment used.

Appropriate disposal of equipment/material.

Maintain the records of the above.

## Maintenance Committee Team:

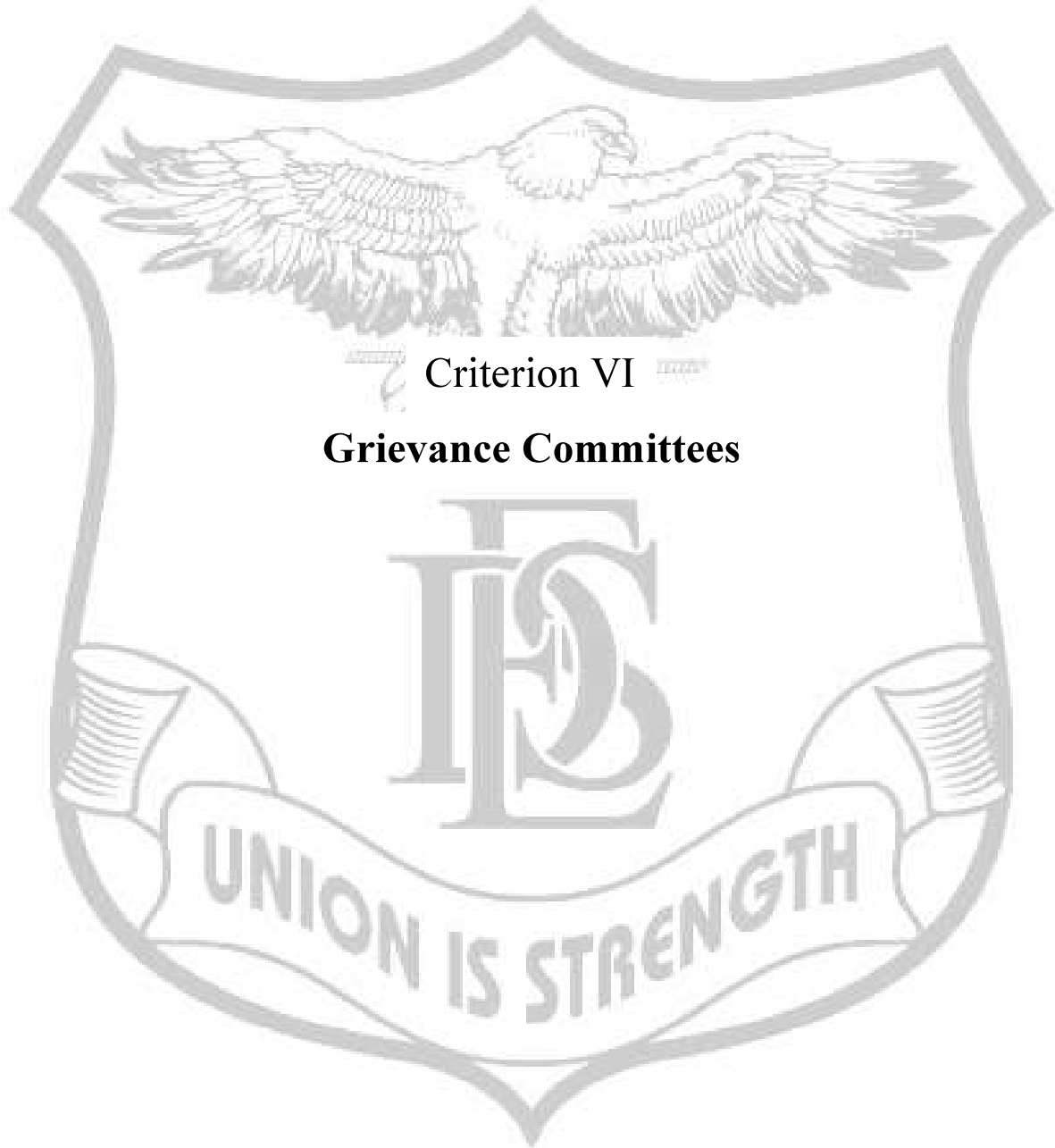
Principal	Dr Snehal Joshi (PT).
Teaching Staff Representative	Dr Rutuja Kowale (PT).
Non-Teaching Staff Representative	Smt Radhika Apte. Smt Nilam Nikam. Shri Pranav Yele.
Members	Shri Santosh More Shri Sunil Gajmal.
Housekeeping	Smt Meena Mandlik. Smt Kantabai Mane.



*A. Dhale*  
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College of Physiotherapy  
Pune-4.

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Brijlal Jindal College of Physiotherapy, Pune

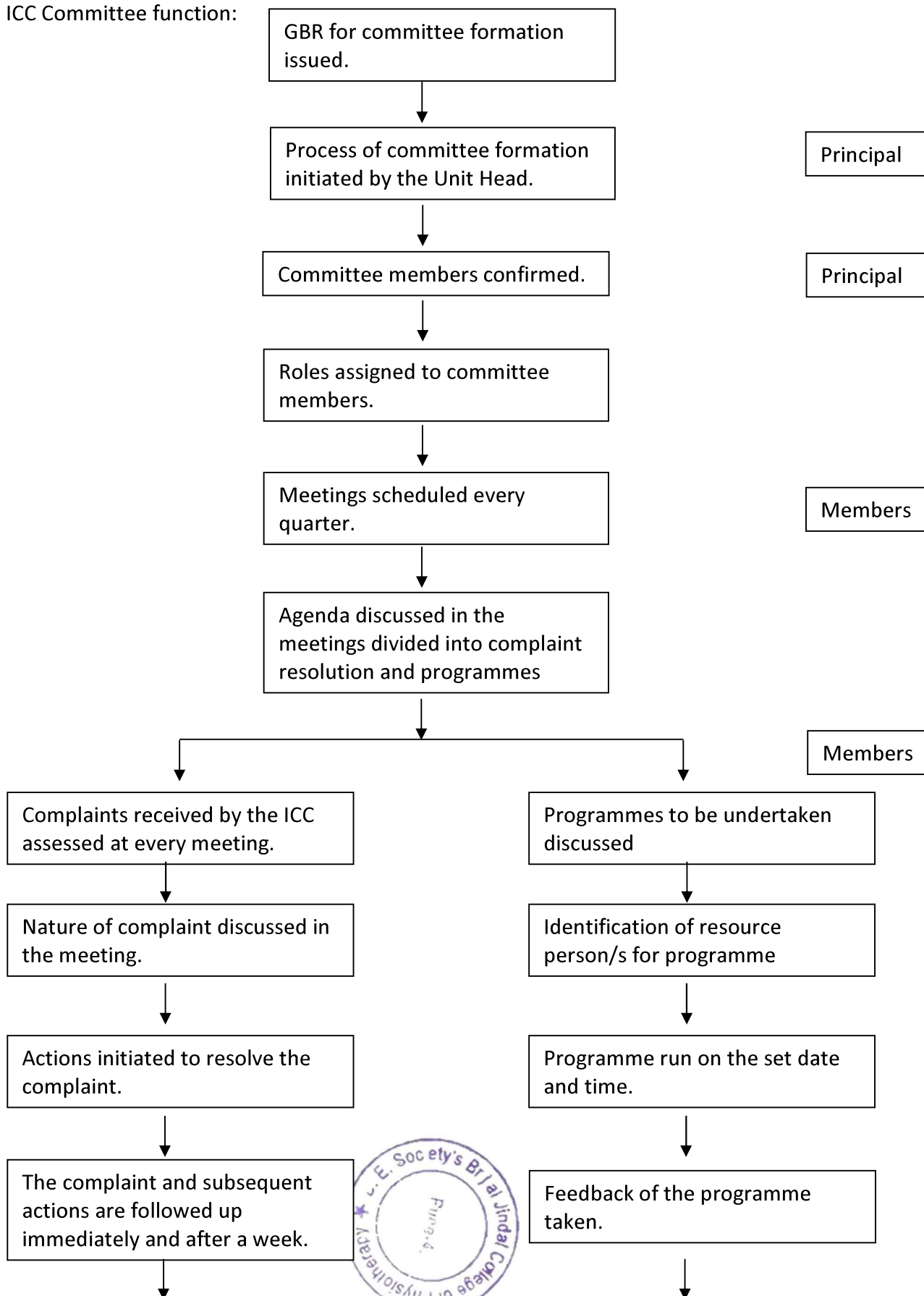


Deccan Education Society's

Name of the Unit: Brijlal Jindal College of Physiotherapy

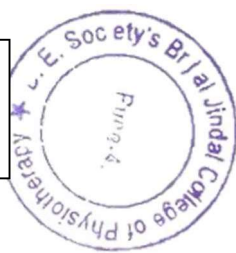
Process Title: ICC Functioning and Record Keeping Process

ICC Committee function:



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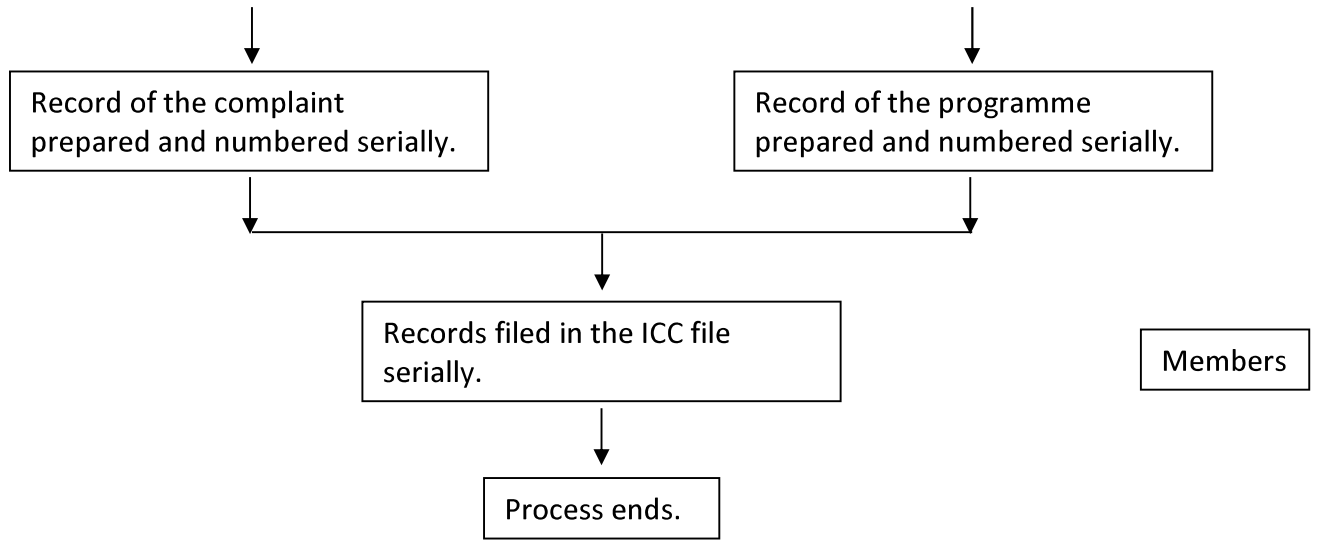
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|--|-----------------|------------|
| 1. Prepared by: Name _____               | Signature _____ | Date _____ |
| 2. Verified by: Name _____               | Signature _____ | Date _____ |
| 3. Approved by the Unit Head: Name _____ | Signature _____ | Date _____ |




Deccan Education Society's

Name of the Unit: Brijlal Jindal College of Physiotherapy

Process Title: ICC Functioning and Record Keeping Process



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

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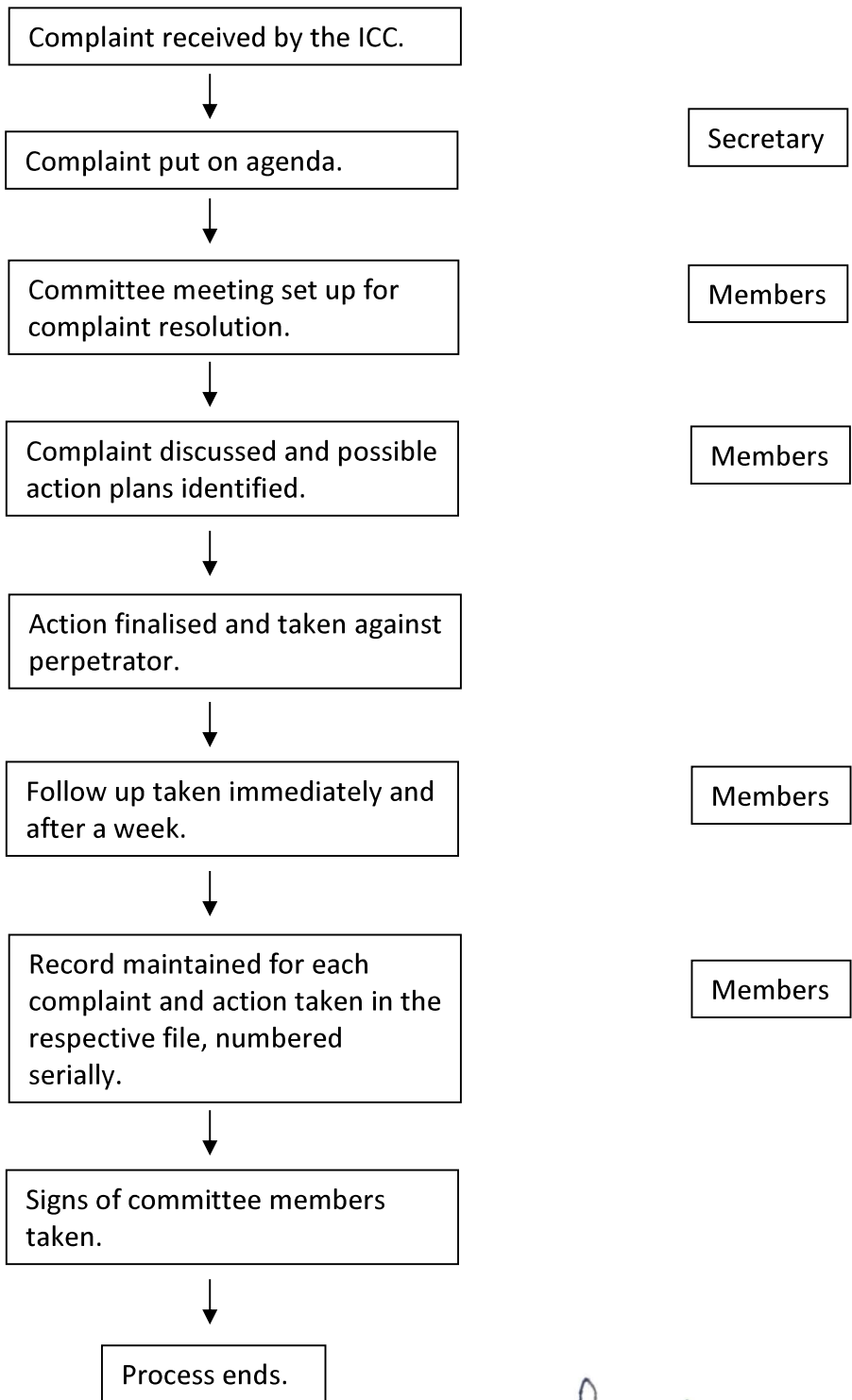
1. Prepared by: Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_
2. Verified by: Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_
3. Approved by the Unit Head: Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_


Deccan Education Society's

Name of the Unit: Brijlal Jindal College of Physiotherapy

Process Title: ICC Functioning and Record Keeping Process

ICC Record Keeping Process:

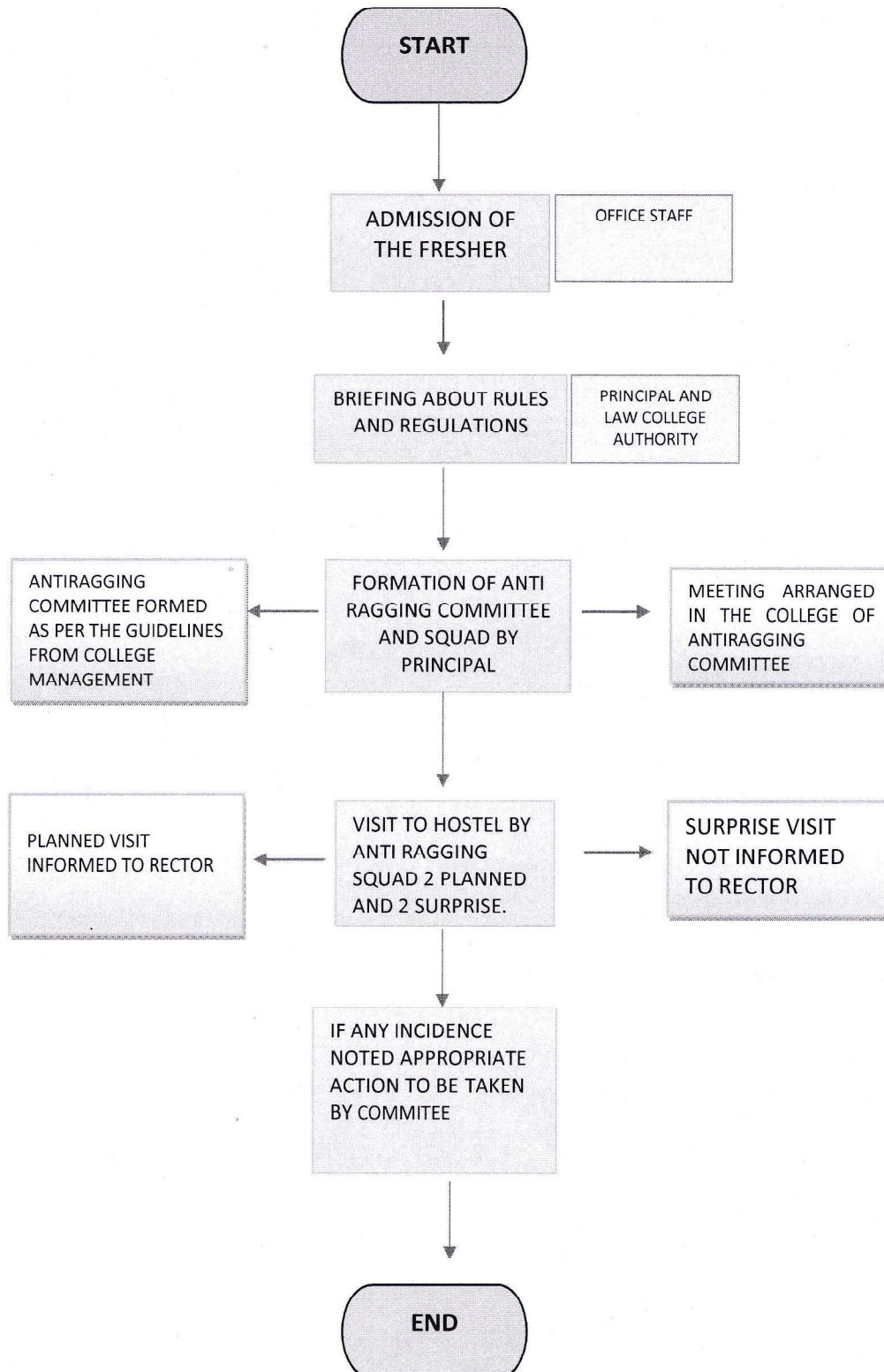


  
Principal,  
D.E. Society's  
Brijlal Jindal College of Physiotherapy, Pune

This Document is

1. Prepared by: Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_
2. Verified by: Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_
3. Approved by the Unit Head: Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### Anti Ragging Committee Functioning and Record Keeping Process



This Document is

1. Prepared by: Name Dr RUTUJA KOWALE (PT)

Signature *Rutuja*

Date 16/09/2020

2. Verified by: Name \_\_\_\_\_

Signature *R. Kowale*

Date 16.9.2020

3. Approved by the Unit Head: Name \_\_\_\_\_

Signature *R. Kowale*

Date 16.9.2020

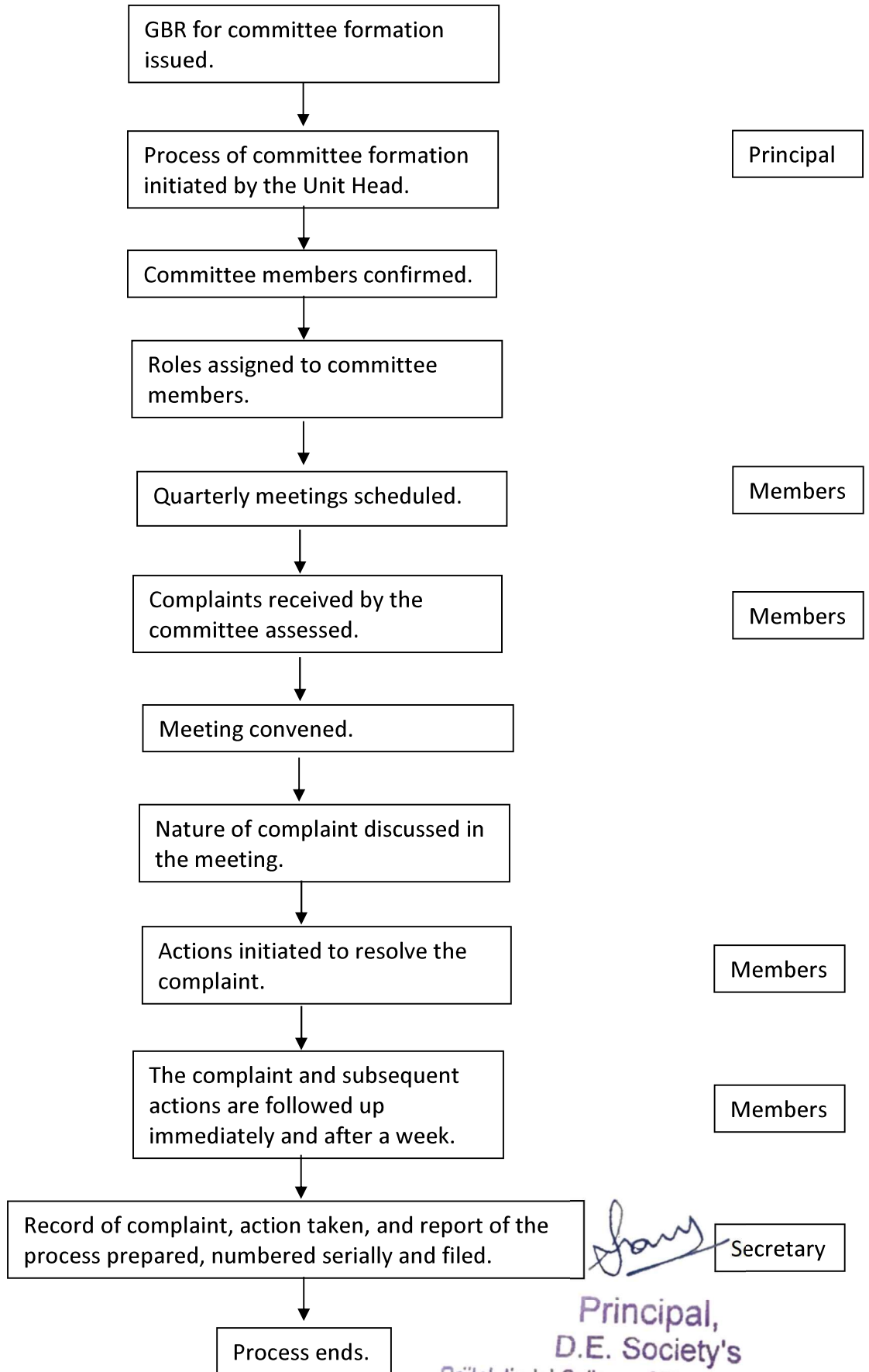


Deccan Education Society's

Name of the Unit: Brijlal Jindal College of Physiotherapy

Process Title: Staff Grievance Process

Staff Grievance Committee function:



This Document is

1. Prepared by: Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_
2. Verified by: Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_
3. Approved by the Unit Head: Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

*[Signature]*  
Principal,  
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D.E. Society's

## BRIJLAL JINDAL COLLEGE OF PHYSIOTHERAPY

Fergusson College Campus, Pune - 411 004 • Phone: (020) 67656471, 67656467

• Fax: (91) (020) 67656494, 67656120 • E-mail: office.physiotherapy@despune.org

• Web-site: www.desphysiotherapycollege.com, www.despune.org

Approved by Govt. of Maharashtra, Maharashtra State Council of OT/ PT, Indian Association of Physiotherapist & affiliated to Maharashtra University of Health Sciences, Nashik

### Redressal system for EXAMINATION related grievances

All the internal assessment related grievances would have to be submitted in a written form by the students.

These grievances will go through the following hierarchy:

Teacher / faculty who has assessed the answer sheet



Head of the Department of that respective subject



Class coordinators



Principal

*A. Berry*

EXAMINATION COMMITTEE COORDINATOR

Dr. Aditi Berry(PT)



*Joshi*

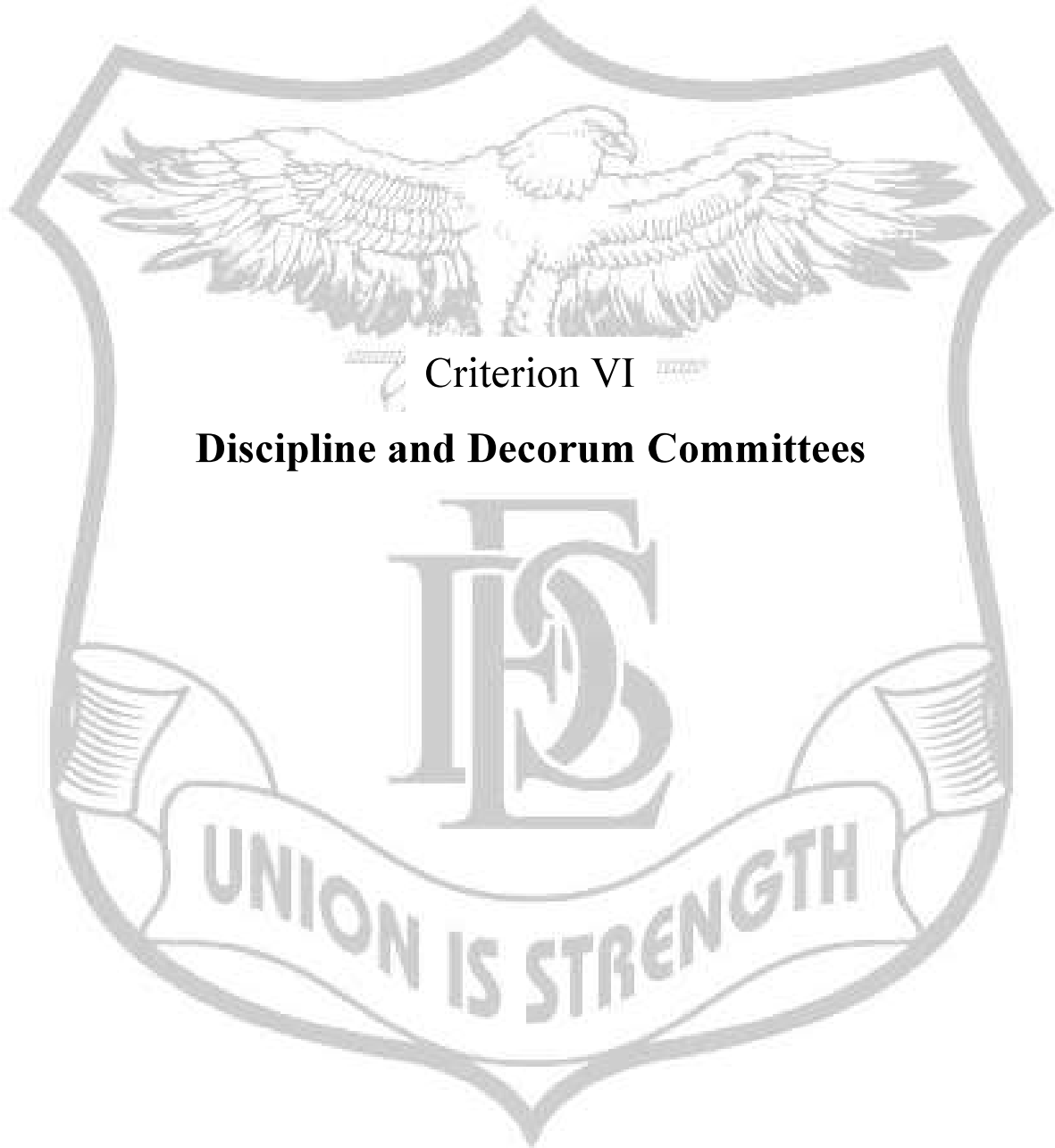
Dr. Snehal Joshi (PT)

**PRINCIPAL**

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

# D.E.Society's

Brijlal Jindal College of Physiotherapy, Pune





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## Code of Conduct Committee

### Members

1. Dr. Sharad Agarkhedkar (Chairperson)
2. Dr. Snehal Joshi (Incharge Principal)
3. Mr. Bhagwan Mane (Parent Representative)
4. Mr. Yash Chaudhari (UG Student Representative)
5. Mr. Venkatesh Mane (PG Student Representative)
6. Ms. Siddhi Dhumal (UG Student Representative)
7. Ms. Aarya Kunte (PG Student Representative)
8. Dr. Harshada Sonawane (Staff Representative)
9. Dr. Shreya Dhake (Staff Representative)
10. Mrs. Deepa Bagade (Non-teaching Staff Representative)

### Code of conduct

Code of conduct sets out the standards of conduct expected of the students, Staff and Parents/ Visitors. It holds individual and groups responsible for consequences of their actions. Failure to fulfil these responsibilities may result in withdrawal of privileges or imposition of sanctions. College is a community of students and staff involved in learning, teaching, research, and other activities. In accordance with the **DES's Brijlal Jindal College of Physiotherapy's, Code of Conduct**, all members of this community are expected to conduct themselves in a manner that contributes positively to an environment in which respect, civility, diversity, opportunity, and inclusiveness are valued, to assure success of both individual and community.

### Code of conduct for Teaching Staff

1. All teaching staff should adhere to the legitimate academic and administrative decisions taken by the authorities of Deccan Education Society and DES's Brijlal Jindal College of Physiotherapy.
2. Teachers should adhere and follow their duty timings.
3. Teachers should actively perform their academic duties including theoretical teaching, practical demonstrations, and clinical work along with required guidance to students for research work.
4. Apart from teaching responsibilities, teaching staff should fulfil administrative responsibilities assigned to them by college and MUHS.
5. Teaching faculty should not involve in any kind of discrimination on political grounds for reasons of race, religion, caste, language, or sex.
6. No faculty should involve in discrimination against student for personal or any arbitrary reason.
7. Teachers should not deliberately favour, discriminate, or victimize any student on any grounds in their academic assessment.
8. They should not indulge in inciting students or teachers against other students and teachers, colleagues, or administrative body of Deccan Education Society and DES's Brijlal Jindal College of Physiotherapy.

9. If have witnessed any discrimination or ragging, they should report that incidence and facilitate further necessary action.
10. Teachers should not directly or indirectly be involved in any kind of malpractice or unfair means while performing their academic and administrative duties.
11. Facilities provided by Deccan Education Society & DES's Brijlal Jindal College of Physiotherapy should not be misused by any faculty for personal, commercial, political, or religious purposes.

#### **Code of conduct for Non-teaching staff**

1. All non-teaching staff should adhere to legitimate administrative decisions taken by the authorities of Deccan Education Society and DES Brijlal Jindal College of Physiotherapy.
2. All non-teaching staff should adhere and follow their duty timings.
3. They are expected to perform their duties as and when assigned by Deccan Education Society authorities and DES Brijlal Jindal College of Physiotherapy, Principal and College staff.
4. They should be proactively involved in arranging various college events, workshops, and fulfil their duties during college and university examinations.
5. Non-teaching staff should not involve in any kind of discrimination on political grounds for reasons of race, religion, caste, language, or sex.
6. None of them should be involved in discrimination against student for personal or any arbitrary reason. They should not indulge in inciting students or teachers against other students and teachers, colleagues or administrative body of Deccan Education Society authorities and DES Brijlal Jindal College of Physiotherapy.
7. If have witnessed any discrimination or ragging, they should report that incidence and facilitate further necessary action.
8. Facilities provided by Deccan Education Society authorities and DES Brijlal Jindal College of Physiotherapy, should not be misused by any member of non-teaching staff for personal, commercial, political, or religious purposes.

#### **Code of conduct for Parents/ Guardians/ Visitors**

1. Parents/ Guardians/ Visitors are requested to take prior appointments by calling administrative office staff for visiting Principal or Teaching staff.
2. Parents/ Guardians/ Visitors should park their vehicles in the allotted parking area.
3. Parents should attend yearly Parent teacher meetings to know the timely assessment and progress of their ward.
4. Deccan Education Society authorities, DES's Internal Compliance Committee (ICC) and DES Brijlal Jindal College of Physiotherapy prohibits the following behaviour of parents/guardians/visitors:
  - Abusive, threatening, or harassing communication, either in person, by email or text *voice mail*/phone or other written or verbal communication.
  - Disruptive behaviour that interferes or threatens to interfere with college operations, including effective operation of classroom, an employee's office or duty station, a campus lobby or college grounds, parking slots etc
  - Threatening to do a bodily harm to college employees, visitors, fellow parents, or guardians
  - Threatening to damage the property of college employee, visitors, fellow parents, or guardians
  - Excessive unscheduled college visits, phone calls emails or text messages or any other oral or written communication
  - Any concerns that you have regarding any matter must be made through the appropriate channels so they can be dealt with fairly, appropriately & effectively for all.
  - Parents should cooperate for the decision taken for the welfare of students.



## Code of conduct for Students

1. All the students shall follow the highest standard of discipline and dignified manner of behaviour inside and outside the college campus and shall abide by the rules and regulation of DES's Internal Compliance Committee (ICC) and DES Brijlal Jindal College of Physiotherapy, Pune.
2. Use of Identity cards is mandatory in College Campus and at various Clinical postings.
3. No student will be allowed entry without a valid college ID. Every student will have to wear their own ID while in the campus & / or produce upon demand.
4. All communication with staff should be done during college working hours and days, either in person or on college landlines.
5. Students are not allowed to get 4 wheelers in the campus. 2 wheelers will be parked only in the space designated for the same.
6. A six-working day schedule from Monday to Saturday to be followed as per the timetable.
7. Appropriate dress code should be followed by all students as and when informed by College Authorities/ teachers. Students should wear apron during clinical postings & for practical.
8. It is mandatory for students to follow the rules and regulation of respective hospitals during clinical postings. They should be well equipped with the clinical assessment kits.
9. All students should remain present for their theory and practical examinations whenever announced by the college & MUHS.
10. Students should timely submit their assignments, journals, seminars, and clinical case work.
11. Entry of Students in Principal's office and all staffrooms is prohibited, prior permission is needed.
12. Academic (Tuition & Exam) fees should be paid within given period to avoid late fees.
13. Ragging in any form is prohibited under Acts given by MUHS.
14. Students are expected to maintain silence in the academic buildings to maintain the decorum and, any deviant behaviour such as hooting, whistling, loitering etc. will be treated as an instance of indiscipline.
15. For independent study, students are expected to use the classrooms, library and shall not resort to sitting in staircases or circulation areas where they could interfere with the free movement.
16. Students are encouraged to make use of the library and should use M-OPAC software for issuing the books & other study material.
17. Strict Silence to be observed in the library and reading room.
18. Students should not crowd in common passages & corridors.
19. To use common computing facilities, students should follow IT policy by DES
20. All leave applications (Regular & Medical) shall be submitted in time, for sanction by HOD and concerned teachers. Application for medical leave shall be accompanied by valid medical certificates.
21. It is strongly advised to refrain from activities such as scribbling or noting on walls, door or furniture which could deface the college and destroy the academic ambience.
22. Carefully handle the furniture, plinths, mats, therapeutic equipments, fixtures and appliances of the college and lab. Careless handling/misuse of the above could result personal injuries or damage to property. Follow safety precautions near moving machines and electrical installations. In the event of damage of property, the responsible students or class will have to bear the cost of replacement/repair with fine.
23. Students should refrain use of mobile phone during theory and practical classes as well as during clinical postings.
24. Keeping the college campus neat and clean is responsibility of every student. Do not loiter anywhere in the campus.



25. Consumption of intoxicants / psychotropic substances in any form or smoking or using chewing gum, pan masala, tobacco etc. are strictly prohibited.
26. Students are not allowed to arrange any unauthorised celebration and decorations of any magnitude in campus. Students are not permitted to distributed or display (both physically and electronically) materials such as notices, banners etc in campus.

❖ **The Code applies to the on-campus conduct of all students and staff at all the locations/ campus of the college:**

- ✓ Academic course requirements or any credit-bearing experiences, such as internships, field trips, study abroad / student exchange.
- ✓ Any activity supporting pursuit of a degree, such as research at another institution or a professional practice assignment.
- ✓ Any activity sponsored, conducted, or authorized by the university or by registered student organizations.
- ✓ Any activity that causes substantial destruction of property belonging to the university or members of the university community or causes serious harm to the health or safety of members of the university community; or
- ✓ Any activity in which a police report has been filed, a summons or indictment has been issued, or an arrest has occurred for any act or omission.

❖ **Any faculty member, student, parent, or visitor found guilty of contravening this code of conduct, after following the due procedure laid down in this regard, be liable for the appropriate penalties as specified by regulations/guidelines for the time being in force.**

Principal




**PRINCIPAL**  
D. E. Sothi's Brijlal Jindal  
College of Physiotherapy,  
Pune.



D.E. Society's

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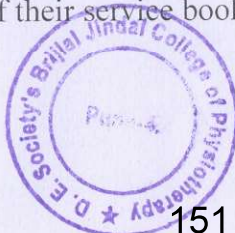
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### **Code of conduct for Principal**

1. Principal should abide by the legitimate administrative decisions taken by the authorities of Deccan Education Society and academic decisions by the Maharashtra University of Health sciences, Nashik.
2. Principal is responsible for academic growth of college and hard work for improving the quality of health sciences education.
3. Principal should be actively involved in teaching, research, and training programmes of the College & University.
4. Principal should be a part of planning and implementation of academic programmes such as orientation courses, seminars, in service and other training programmes organised by the University, Department & College, for academic competence of the Faculty Members
5. Principal should be involved in the admission, registration and eligibility issued by the university to students and maintenance of discipline in college, as per prevailing rules. They shall also be responsible for curbing incidences of ragging, managing the college, libraries, laboratories, hospitals, hostel, gymkhana
6. Principal should monitor the conduct of discipline in the College
7. Principal should be responsible for the expenditures and maintenance of accounts and submission of quarterly statement of accounts to the Local Managing Committee
8. Principal should be involved in correspondence related to the administration of the University & College
9. Principal should be involved in administration and supervision of curricular, co-curricular/extra-curricular or extramural activities, and welfare of the College, and maintenance of records
10. Observance of said Act, Statues, Ordinances, Directions, Regulations, Rules, Notifications and Orders issued thereunder by the university from time to time.
11. Principal should be involved in observance of regulation of various committees like ICC, Anti-ragging, IQAC, Examination committee etc.
12. Principal should supervise the work related to conduction of examinations, setting of question papers, moderation and assessment of answer papers for College and University examinations.
13. Principal should assess the performance of teaching and non teaching faculty on valid grounds and maintenance of their service books and looking for general welfare of teaching and non teaching staff.





14. Any other work relating to the college or recognised institution ,as maybe assigned to him or them by the university and appointing authority,from time to time.Allow or relive the teacher for performing the duty assigned by the university,from time to time and assign his duties to other suitable teacher during the period of his duty leave.
15. Observe and implementation of directives issued by the Government of India, respective Central councils, the Government of Maharashtra and Government Authorities,Director of Medical Education/State CET Cell / ARA / University and other concerned authorities.
16. Regular submission of information to different authorities viz. Government/University/Management etc. especially regarding scholarships, admissions, results etc.
17. Principal should not deliberately favour, discriminate or victimize any student, teaching, non-teaching staff or parents.
18. Principal ,Dean or Director of the concerned affiliated college shall be held responsible for submission of any false information or forged information to the University and shall be held responsible for any act done by him,which is contrary to the provision of the said Act, Statues, Ordinances, Rule s& Regulations, Directions,Instructions,Resolution or Notifications ,Decisions of University authority,Committees and Vice Chancellor,as the case may be.
19. Principal should safe-guard the interests of teaching/non-teaching staff members and the Management.

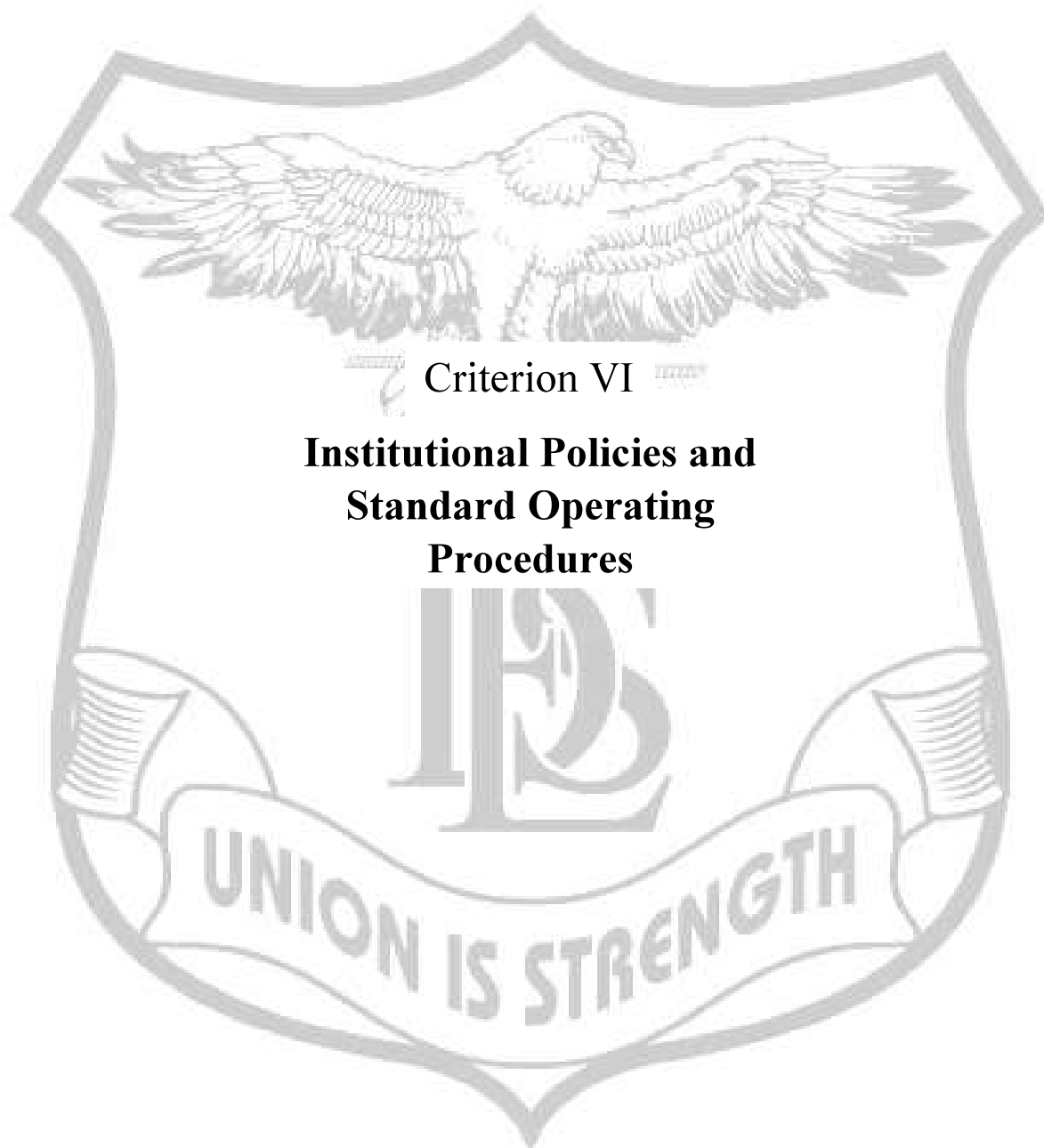


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**PRINCIPAL**  
D. E. Society Brijlal Jindal  
College of Physiotherapy  
Pune.

D.E.Society's

Brijlal Jindal College of Physiotherapy, Pune





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# Institutional Policies and Standard Operating Procedures

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Version 1

D.E.SOCIETY'S BRIJLAL JINDAL COLLEGE OF PHYSIOTHERAPY, PUNE  
Fergusson College Campus, Shivajinagar, Pune 411046

Sr. No.	Item	Date	Name	Sign
1.	Document prepared by			
2.	Document checked by			



## Institutional Policies and Standard Operating Procedures

This document informs the stakeholders of the institute of the policies and standard operating procedures followed in the institute.

Policies have been defined and standard operating procedures laid down for the following:

- I. Employee Recruitment
- II. Employee Termination
- III. Leaves
- IV. Appraisals
- V. Benefits and facilities
- VI. Salary and Increments
- VII. Retirement

Institutional Policies and  
Standard Operating Procedures

Sl. No.	Item	Date	Prepared by
1	HR Policies	1	Abha Dhupkar



## I. Recruitment:

### A. Policy:

Recruitment is based on MUHS rules and regulations.

The MUHS has laid down guidelines for appointment of faculty to various posts in the college based on the intake strength. Hence, for an intake of 40 students, as per the University guidelines, 14 faculty are to be appointed to posts as follows:

Sr. No.	Subject	Principal and Professor	Professor	Associate Professor	Assistant Professor		
1.	Kinesiotherapy	1 from either subject	2 professors of separate specialties	1	1		
2.	Electrotherapy				1 Open Category 1 Reservation Category		
3.	Musculoskeletal Physiotherapy				1	1	
4.	Neurosciences Physiotherapy				1	1	
5.	Cardiovascular and Respiratory Physiotherapy				1	1	
6.	Community Physiotherapy				1	1	
	<b>Total</b>	<b>1</b>	<b>2</b>	<b>4</b>	<b>7</b>	<b>14</b>	

1. In case of vacancy at any post, an advertisement will be released regarding that particular post in local newspapers, college website and University website as required.
2. Interested candidates must apply in the prescribed format (available on [muhs.ac.in](http://muhs.ac.in)), with the required documents attached to the application.
3. Recruitments take place as follows:
  - a. College level recruitment
  - b. University approval.
    - i. Temporary approval
    - ii. Permanent approval
4. Pool of candidates will be formed; interview dates will be set up and candidates will be informed of interview dates well within time. Candidates are required to report to the college for interviews on the date and at the time selected. All candidates who are present at the appointed time are interviewed.




5. A college level recruitment committee, comprising of Principal, Chairman of the Local Management Committee, Finance Controller, the subject HoD and subject expert will interview the candidates in case of college level recruitment.
6. Depending on the number of posts, candidates are selected. Selected candidates are offered the job, and appointment letters are provided. On accepting the appointment, the candidate submits documents as required for the process and also submits an acceptance letter. On the day of joining, candidate submits a joining report and commences work with the college. Joining date must be within two months of receiving appointment order.
7. As per MUHS guidelines, any faculty member working in MUHS affiliated colleges need to be approved by the University. This approval is carried out by a staff selection committee, comprising of Chairperson, Vice-chancellor's nominee, Vice-chancellor's nominee for Reservation categories, Subject Expert. This committee is appointed by the University. The Committee members are selected by the University and hold posts in other colleges which are similar to the post advertised. The college recruitment committee also attends the interviews. Staff selection recommends candidates to the college from the available pool. The college can, on this basis, offer an appointment letter to the candidate. Once the appointment is accepted by the candidate, they are required to submit the following documents to the college:
  - a. Degree certificates
    - i. Undergraduate
    - ii. Postgraduate
    - iii. PhD (if applicable)
  - b. Birth proof
  - c. MSOTPT council certificate.
  - d. Relieving letters from previous organisation (if applicable)
  - e. Job acceptance letter
  - f. Joining letter

On successful submission of the documents, the candidate is eligible to join the college. On the day of joining, the candidate submits a joining report and commences their tenure with the college. Joining date must be within two months of receiving appointment letter.

8. A report of the whole interview process, with requisite documentation, appointment letters, acceptance letters and joining reports is sent to the University within 72 hours of the interview process.
9. University approvals are of two types:
  - a. Temporary for 2 years
  - b. Permanent.

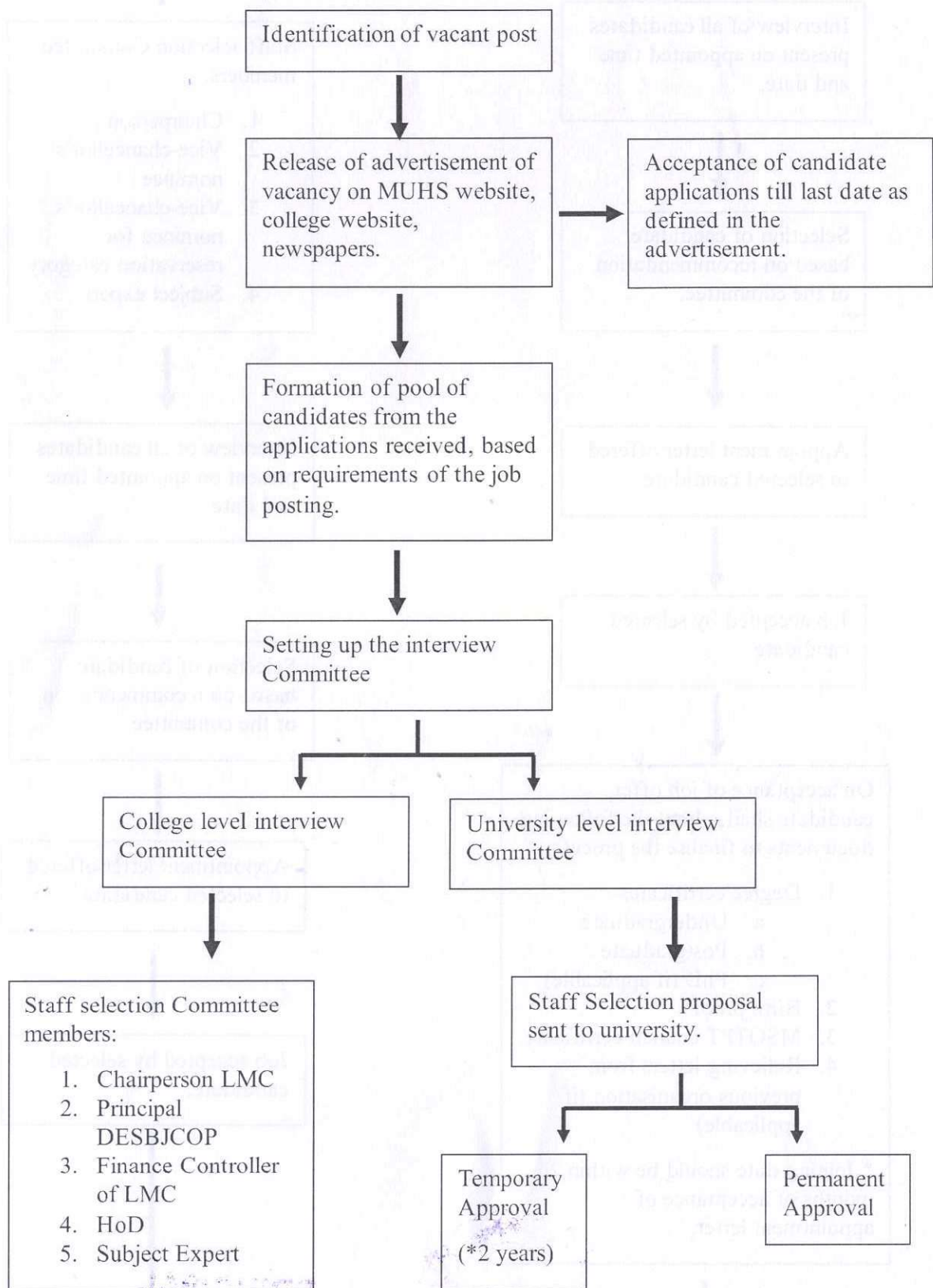
For both these approvals, process followed is as documented in point nos.3 to 8.

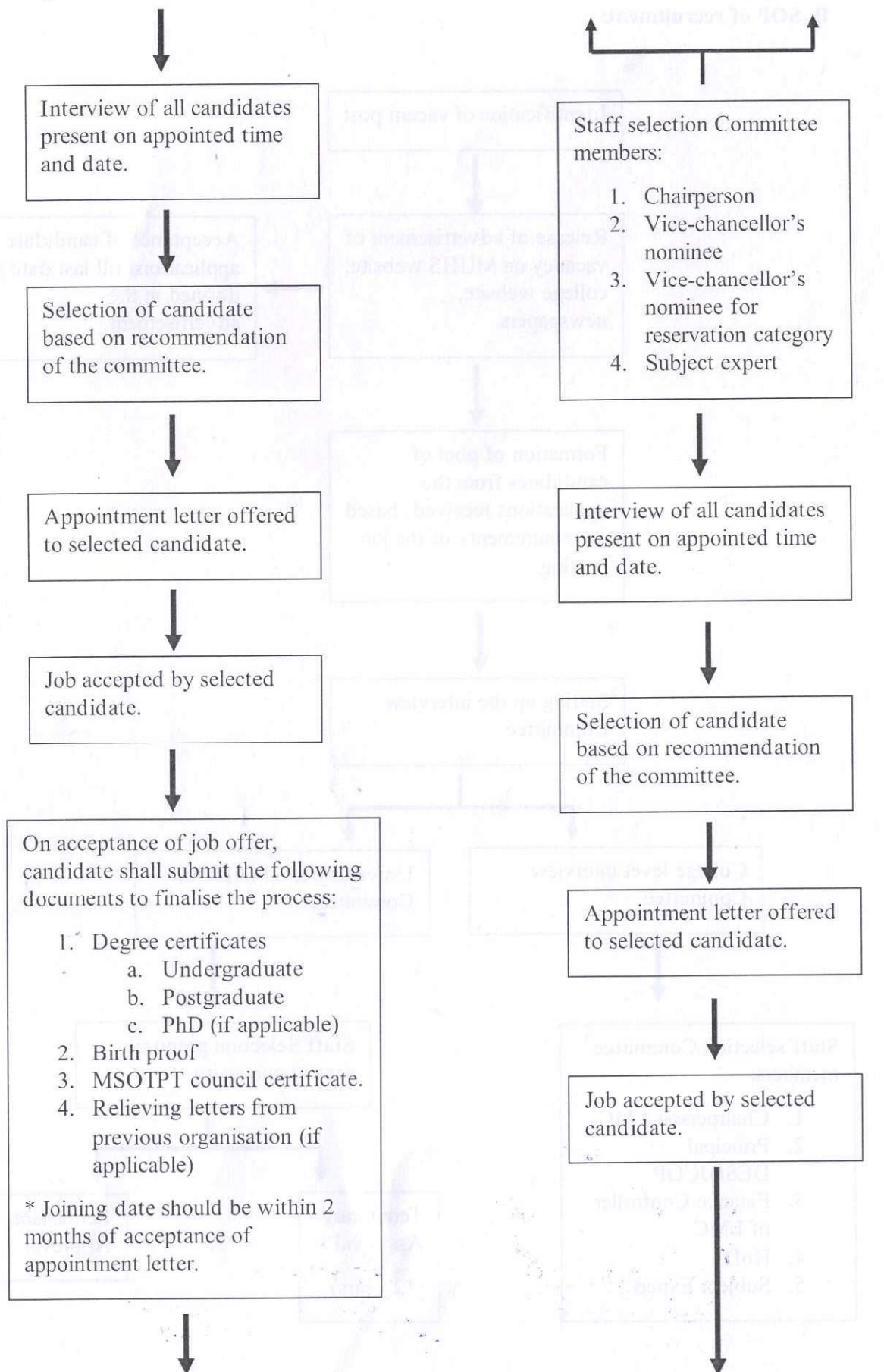


  
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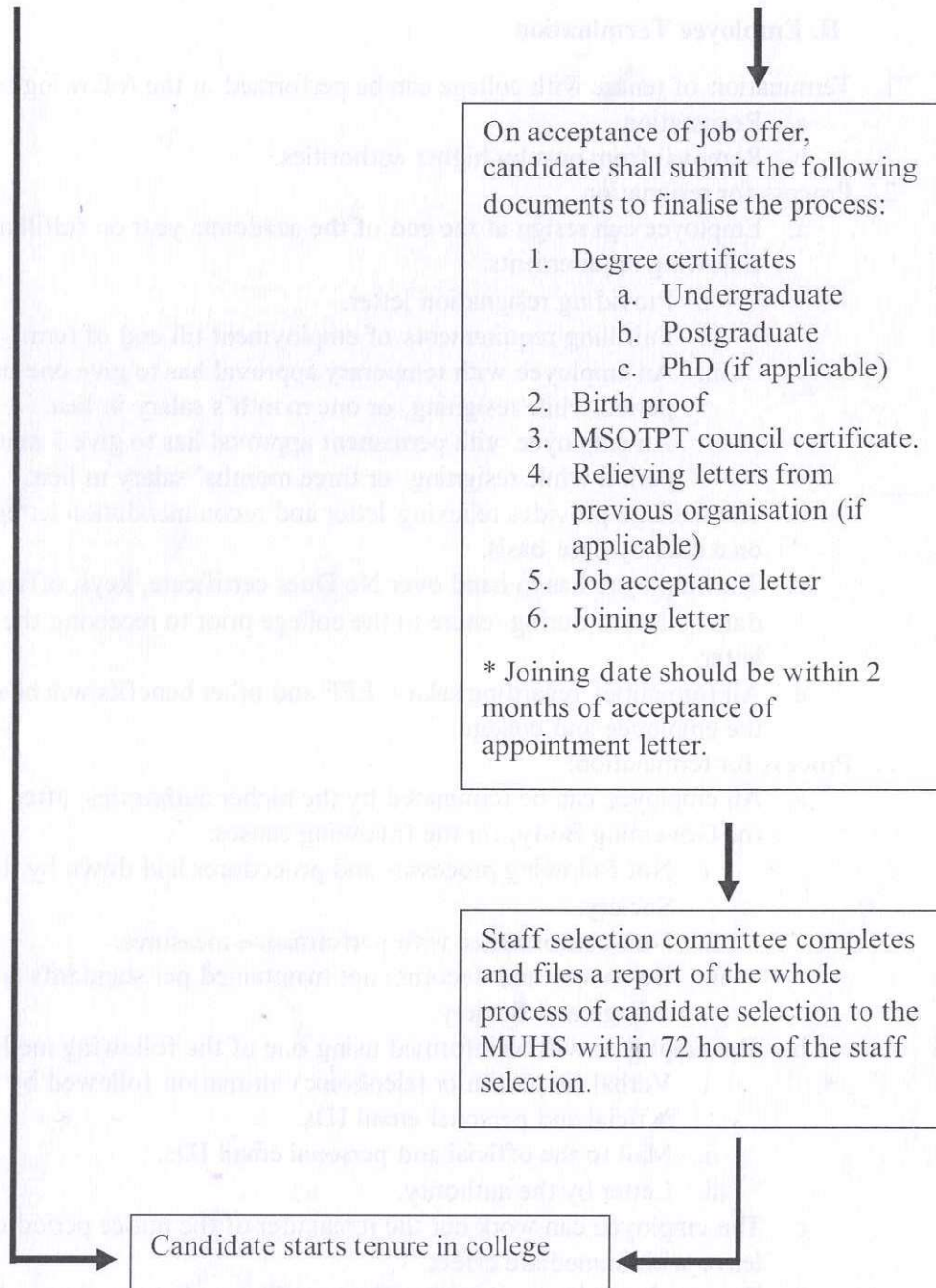


**B. SOP of recruitment:**










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



## II. Employee Termination

1. Termination of tenure with college can be performed in the following two ways:
  - a. Resignation.
  - b. Removal from post by higher authorities.
2. Process for resignation:
  - a. Employee can resign at the end of the academic year on fulfilling the following requirements:
    - i. Providing resignation letter.
    - ii. Fulfilling requirements of employment till end of term.
    - iii. An employee with temporary approval has to give one month's notice period while resigning, or one month's salary in lieu.
    - iv. An employee with permanent approval has to give 3 months' notice period while resigning, or three months' salary in lieu.
  - b. The College provides relieving letter and recommendation letter as appropriate on a case-by-case basis.
  - c. The employee has to hand over No Dues certificate, keys, office equipment, data collected during tenure to the college prior to receiving the relieving letter.
  - d. All formalities regarding salary, EPF and other benefits will be completed by the employee and college.
3. Process for termination:
  - a. An employee can be terminated by the higher authorities, after approval from the Governing Body, for the following causes:
    - i. Not following processes and procedures laid down by the institute and Society.
    - ii. Non-conformance with performance measures.
    - iii. Behaviour and decorum not maintained per standards laid down by the college and Society.
  - b. The employee will be informed using one of the following methods:
    - i. Verbal (in person or telephonic) intimation followed by a mail to the official and personal email IDs.
    - ii. Mail to the official and personal email IDs.
    - iii. Letter by the authority.
  - c. The employee can work out the remainder of the notice period or choose to leave with immediate effect.
  - d. The employee has to hand over keys, office equipment, data collected during tenure to the college prior to receiving the relieving letter.
  - e. All formalities regarding salary, EPF and other benefits will be completed by the employee and college.



  
**PRINCIPAL**  
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College of Physiotherapy  
Pune-4.



### III. Leaves:

#### Introduction:

Leaves are divided into the following categories:

1. Casual leave
2. Duty leave
3. Special leave
4. Medical leave
5. Earned leave
6. Maternity leave
7. Paternity leave
8. Leave without pay
9. Principal's leaves

#### Leaves:

##### General instructions:

1. An employee can only avail of leaves credited to them.
2. Leaves cannot be transferred.
3. Availing leaves beyond those credited will result in loss of pay.
4. Prior intimation is required for availing leaves.
5. Failure to intimate leaves can result in regulatory action being taken against that employee.
6. Leave taken for more than 2 weeks without prior intimation will result in termination of employee.
7. Employees in the first 1 year of service cannot avail of any leaves during the probation period. Casual leaves can be availed after completing one year of service. However, medical and earned leaves are credited to the employee for use later.

##### 1. Casual leave:

1. Casual leaves available are as follows:
  - i. Faculty: 8
  - ii. Administrative staff: 8
2. Leaves are to be applied using the ERP system.
3. The process is as follows:
  - i. Employee accesses their ERP account.
  - ii. They select the establishment tab>transaction>application>leave application>Casual leave
  - iii. They select leave type, enter dates of the leaves, reason for leave, address and contact details during leave and submit their application.
4. The leave application is accessed by leave administrator.
5. Leave administrator approves the leave application.
6. The leave is then forwarded to the Head of Institute/Unit.
7. HoI approves the leave.



8. Employee must inform HoD and team partners about the leave using at least one of the following media: email, WhatsApp, phone or verbally. Preferably an email communication following a verbal communication is to be performed.
9. Leave applications are to be submitted prior to taking leave.
10. In case of an emergency leave, leave application is to be submitted on the day of leave in the morning slot, after informing HoI, respective HoDs, and team partners.
11. 4 leaves are credited to the employee every 6 month in the calendar year.
12. In case the number of leaves availed exceeds the allotted leaves, the employee will have to apply for a leave without pay.

## 2. Duty leave:

1. Duty leaves available are as follows:
  - i. Faculty: As required.
  - ii. Administrative staff: As required
2. Leaves are to be applied using the ERP system.
3. The process is as follows:
  - i. Employee accesses their ERP account.
  - ii. They select the establishment tab>transaction>application>leave application>Duty leave
  - iii. They select leave type, enter dates of the leaves, reason for leave, address and contact details during leave and submit their application.
4. The leave application is accessed by leave administrator.
5. Leave administrator approves the leave application.
6. The leave is then forwarded to the Head of Institute/Unit.
7. HoI approves the leave.
8. Employee must inform HoD and team partners about the leave using at least one of the following media: email, WhatsApp, phone or verbally. Preferably an email communication following a verbal communication is to be performed.
9. Leave applications are to be submitted prior to taking leave.
10. Leave approval is obtained from the LMC for duty leaves.

## 3. Special leave:

1. Special leaves available are as follows:
  - i. Faculty: 15
  - ii. Administrative staff: 15
2. Leaves are to be applied using the ERP system.
3. The process is as follows:
  - i. Employee accesses their ERP account.
  - ii. They select the establishment tab>transaction>application>leave application>Special leave
  - iii. They select leave type, enter dates of the leaves, reason for leave, address and contact details during leave and submit their application.
4. The leave application is accessed by leave administrator.
5. Leave administrator approves the leave application.
6. The leave is then forwarded to the Head of Institute/Unit.



7. HoI approves the leave.
8. Employee must inform HoD and team partners about the leave using at least one of the following media: email, WhatsApp, phone or verbally. Preferably an email communication following a verbal communication is to be performed.
9. Leave applications are to be submitted prior to taking leave.
10. Leave approval is obtained from the LMC for duty leaves.

#### 4. Medical leave:

1. Medical leaves available are as follows:
  - a. Faculty: 10 full pay or 20 half pay
  - b. Administrative: 10 full pay or 20 half pay
2. Employee can avail medical leave if leaves are taken for a medical condition and if it persists for 3 days and more.
3. Medical leaves are to be applied using the ERP system.
4. The process is as follows:
  - i. Employee accesses their ERP account.
  - ii. They select the establishment tab>transaction>application>leave application>Medical leave
  - iii. They select leave type, enter dates of the leaves, reason for leave, address and contact details during leave and submit their application.
5. The leave application is accessed by leave administrator.
6. Leave administrator approves the leave application.
7. The leave is then forwarded to the Head of Institute/Unit.
8. HoI approves the leave.
9. Employee has to inform HoD and team partners about the leave using at least one of the following media: email, WhatsApp, phone or verbally. Preferably an email communication following a verbal communication is to be performed.
10. A medical certificate and fitness to join work are to be provided with the leave application.
11. In case of an emergency leave, leave application is to be submitted on the day of leave in the morning slot, after informing HoI, respective HoDs, and team partners.
12. 5 leaves are credited to the employee every 6 month in the calendar year.
13. In case the number of leaves availed exceeds the allotted leaves, the employee will have to apply for a leave without pay.
14. Leaves which are not availed are carried forward into the next year.
15. Leave approval is obtained from the LMC for medical leaves.

#### 5. Earned leave:

1. Earned leaves available are as follows:
  - a. Faculty: 0
  - b. Principal: 30
  - c. Administrative: 30
2. Employee can avail earned leave for 3 days and more.
3. Earned leaves are to be applied using the ERP system.
4. The process is as follows:



- i. Employee accesses their ERP account.
  - ii. They select the establishment tab>transaction>application>leave application>Earned leave
  - iii. They select leave type, enter dates of the leaves, reason for leave, address and contact details during leave and submit their application.
5. The leave application is accessed by leave administrator.
  6. Leave administrator approves the leave application.
  7. The leave is then forwarded to the Head of Institute/Unit.
  8. HoI approves the leave.
  9. Employee has to inform HoD and team partners about the leave using at least one of the following media: email, WhatsApp, phone or verbally. Preferably an email communication following a verbal communication is to be performed.
  10. In case of an emergency leave, leave application is to be submitted on the day of leave in the morning slot, after informing HoI, respective HoDs, and team partners.
  11. 15 leaves are credited to the employee every 6 month in the calendar year.
  12. In case the number of leaves availed exceeds the allotted leaves, the employee will have to apply for a leave without pay.
  13. Leaves which are not availed are carried forward into the next year.
  14. There is a cap of 300 days for earned leaves that are carried forward.
  15. At the end of tenure, employee can cash the remaining leaves.

#### 6. Maternity leave:

1. Maternity leaves available are as follows:
  - a. Faculty: 180 days
  - b. Administrative: 180
2. Employee can avail full pay maternity leave for a total period of 180 consecutive days during pregnancy and after delivery.
3. The employee can avail of maternity leaves for a total of 2 children.
4. Maternity leaves are to be applied using the ERP system.
5. The process is as follows:
  - i. Employee accesses their ERP account.
  - ii. They select the establishment tab>transaction>application>leave application>Maternity leave
  - iii. They select leave type, enter dates of the leaves, reason for leave, address and contact details during leave and submit their application.
6. The leave application is accessed by leave administrator.
7. Leave administrator approves the leave application.
8. The leave is then forwarded to the Head of Institute/Unit.
9. HoI approves the leave.
10. Employee has to inform HoD and team partners about the leave using at least one of the following media: email, WhatsApp, phone or verbally. Preferably an email communication following a verbal communication is to be performed.
11. The employee has to ensure that her tasks are completed to the fullest prior to proceeding on leave.



12. Charge handover is required for all continuous duties.
13. In case the number of leaves availed exceeds the allotted leaves, the employee will have to apply for a leave without pay.
14. Employee may be asked to report to work, in person or via video call, in case of the following:
  - a. Inspections from University, MSOTPT council, other regulatory bodies.
  - b. Examinations of the students.
15. Leave approval is obtained from the LMC for maternity leaves.

#### 7. Paternity Leave:

1. Paternity leaves available are as follows:
  - a. Faculty: 15 days
  - b. Administrative: 15 days
2. Employee can avail full pay paternity leave for a total period of 15 consecutive days during pregnancy and after delivery.
3. The employee can avail of maternity leaves for a total of 2 children.
4. paternity leaves are to be applied using the ERP system.
5. The process is as follows:
  - i. Employee accesses their ERP account.
  - ii. They select the establishment tab>transaction>application>leave application>Paternity leave
  - iii. They select leave type, enter dates of the leaves, reason for leave, address and contact details during leave and submit their application.
6. The leave application is accessed by leave administrator.
7. Leave administrator approves the leave application.
8. The leave is then forwarded to the Head of Institute/Unit.
9. HoI approves the leave.
10. Employee has to inform HoD and team partners about the leave using at least one of the following media: email, WhatsApp, phone or verbally. Preferably an email communication following a verbal communication is to be performed.
11. The employee has to ensure that her tasks are completed to the fullest prior to proceeding on leave.
12. Charge handover is required for all continuous duties.
13. In case the number of leaves availed exceeds the allotted leaves, the employee will have to apply for a leave without pay.
14. Employee may be asked to report to work, in person or via video call, in case of the following:
  - a. Inspections from University, MSOTPT council, other regulatory bodies.
  - b. Examinations of the students.
15. Leave approval is obtained from the LMC for paternity leaves.

#### 8. Leave without pay:

1. Any leaves over and above those allotted to the employee will be counted as leave without pay.



2. Employee applies for leave without pay on ERP.
3. The process is as follows:
  - i. Employee accesses their ERP account.
  - ii. They select the establishment tab>transaction>application>leave application>Leave without pay
  - iii. They select leave type, enter dates of the leaves, reason for leave, address and contact details during leave and submit their application
4. The leave application is accessed by the leave administrator.
5. The leave administrator accepts the leave.
6. The leave is then forwarded to the Head of Institute/Unit.
7. HoI approves the leave.
8. Employee has to inform HoD and team partners about the leave using at least one of the following media: email, WhatsApp, phone or verbally. Preferably an email communication following a verbal communication is to be performed.
9. Leave approval is obtained from the LMC for leave without pay.

#### 9. Principal's Leave:

Process for leaves for Principal is as follows:

##### A. Casual leave:

1. The Principal applies for casual leave from their ERP account.
2. The leave is directed to the Secretary.
3. Leave is approved by the Secretary.

##### B. Medical leave:

1. Principal applies for medical leave from their ERP account.
2. The leave is approved by the LMC and forwarded to the Pune Body.
3. The Pune Body approves leave and forwards to the Governing Body.
4. The Governing Body approves leave.

##### C. Earned leave:

1. Principal applies for medical leave from their ERP account.
2. The leave is approved by the LMC and forwarded to the Pune Body.
3. The Pune Body approves leave and forwards to the Governing Body.
4. The Governing Body approves leave.

#### IV. Appraisals

- a. Form of appraisal
- b. Person in charge of appraisal
- c. Process of appraisal
- d. Results of appraisal
- e. Follow-up / feedback of appraisal.

1. Appraisal is the process of reviewing an employee's job performance and contribution to the institution.





## VI. Salary and Increments

1. The institute utilises the VI pay schedule for payment of salaries of regularised employees. (Attached GBR, pay scale schedule with basic pay and gross pay details)
2. Employees with temporary approval and contracted employees receive consolidated salary based on years of experience and work performed and Governing Body approval.
3. Increments are annual paid in July.
4. The employee will receive 3% increment to the basic pay for the VI pay scale.



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## VII. Retirement

1. Age of retirement is based on Government guidelines.
2. Age of retirement is 62 years for all cadres except Principal.
3. Employee can avail of voluntary retirement.
4. Employee benefits as follows will be provided to the employee on retirement:
  - a. Employee provident fund.
  - b. Gratuity
  - c. Pension applicable after age 58.
  - d. Cash against accrued earned leaves.
  - e. Other benefits as decided by the Society.



  
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