KERALA UNIVERSITY OF HEALTH SCIENCES THRISSUR



INSPECTION PROFORMA FOR CONTINUATION OF AFFILIATION OF

MPT CARDIO RESPIRATORY PHYSIOTHERAPY DEGREE COURSE

KERALA UNIVERSITY OF HEALTH SCIENCES

THRISSUR

Inspection Performa for provision of affiliation to new MPT Cardio Respiratory Physiotherapy Degree Course

(All Points and parameters are to be verified and established in person by the designated Inspectors. All necessary documents to be verified and attested by the Principal for submission along with report)



Name of College:	
Address:	
College ID No.:	
Name of Principal/HOD:	
Phone No.:	E-mail ID:

Name of the course:	
Purpose of inspection:	
No. of Seats applied for:	
Date of Inspection:	
University order No:	Dated:
Date of Last KUHS Affiliation Inspecti	on (if any):
Name and Address of Inspectors	
2	
3	

	Part – I	Permission	and	Affiliation	Status
--	----------	------------	-----	-------------	--------

S. No.	Government permission and University Affiliation	Available/	Remarks
	Details	Not	
		Available	
1.	Letter of permission/NOC from Govt. of Kerala		
2.	Copy of agreement with Govt. of Kerala		
3.	Previous University affiliation order		
4.	Compliance Report if any		

S. No.	Type of document	Available/	Remarks
		Not	
		Available	
1.	Registration certificate and byelaw of the trust		
2.	Name, Address and Telephone numbers of		
	trustees/Board of Directors with attested copies of		
	Aadhaar card /Voter's ID/ Pan Card No: /Latest		
	Telephone Bill		
3.	Registered document of the land		
	Land Area:		
	2 Acre (In corporation Limit)		
	5 Acres (Municipality or Panchayat Limit)		
4.	Site Plan of the land with boundaries of all survey		
	number certified by the village officer Area:		
5.	Possession certificate of the land issued by the village		
	officer		
6.	Land Tax certificate of the current year		
7.	Site Plan and Building plan including hostels, play		
	ground and Administrative block approved by		
	concerned local body		
8.	Audited balance sheet of society/trust for the last 3		
	years.		

Part – II Documents and Registers

S. No.	Type of Register	Available/	Remarks
		Not	
		Available	
1.	Register of admissions and withdrawals		
2.	Register of student attendance		
3.	Register of staff attendance		
4.	Register of staff showing qualification, previous		
	experience, salaries, no. of hours of work and classes		
	and subjects taught		
5.	Register of fees paid with date of payment		
6.	Counterfoil of fee receipt book		
7.	Register of scholarship, prizes, grants and concessions		
	of tuition, boarding/lodging with dates of		
	disbursement duly attested by parties concerned		
8.	Counterfoil book of transfer certificate		
9.	Counterfoil book of certificates of medical inspection		
10.	Register of marks obtained by students at college		
	examination		
11.	Account book showing financial transactions of the		
	college separate from those of management		
12.	Acquaintance roll of members of the staff		

Part – III Documents and Registers

	Infrastructure Facilities required	Available /	
S. No		Not	Remarks
		Available	
	Land owned by the Institute:		
	1. Area:		
	2 Acre (In corporation Limit)		
01	5 Acres (Municipality or Panchayat Limit)		
	2. Building area - 16000 Sq. Ft.		
	3. Ground for future expansion		
	4. Building area should be increased		
	proportionately when increasing the number of		
	seats.		
	Hospital (Minimum 250 Bed Capacity)		
	Own or Tie up with Orthopedic, Neurology and		
	neurosurgery, General Medicine, Surgery,		
02	Cardiology, Pulmonology, Cardiothoracic surgery,		
	Pediatric, OBG, burns and ICU. (verify present		
	permission status in case of tie-up Hospital and		
	enclose certificate from attached hospital indicating		
	number of other physiotherapy colleges attached to		
	it)		
	Urban or rural Community care centre / Field		
03	Practice Area: Own or Tie Up (Needed from third		
	year onwards)		

Part – III: Land and Buildings

Part – III: Land and Buildings

S. No	Infrastructure Facilities required	Available / Not Available	Remarks
	Laboratories:		
	a. Anatomy Laboratory (should be well equipped lab of minimum 900 Sq. ft area		
04	b. Physiology Laboratory (should be well equipped lab of minimum 900 Sq. ft area)		
04	c. Exercise Therapy Department - including Posture and Gait Laboratory + Storage (An area of minimum 1200 sq. ft)		
	d. Electro Therapy Department (An area of minimum 1200 sq. ft)		
05	Class Room: Total No. 4 for BPT (each of 600 Sq. ft) and 2 No. for MPT (20 sq. ft. per student)		
06	Library: Reading, Storage, Display and Issue Counter (2000 Sq. ft)		
07	Computer laboratory: Five computers and Internet connection (500 Sq. Ft)		

Part – III: Land and Buildings

	Infrastructure Facilities required	Available /	
S. No		Not	Remarks
		Available	
	Students Hostel:	11	
	Men: Own or Tie Up		
08	Women: Own or Tie Up		
	Principal Room (with record room) Minimum 450		
09	Sq. ft with attached toilet		
	Staff Rooms (Minimum Area of 1200 Sq. ft for 12		
10	staff at the rate of 100 Sq. Ft per staff. With		
	minimum 2 Computers having Internet facility)		
	Office Room (Minimum 300sq. ft to accommodate 3		
11	members: 1Accountant, 2 clerks and 1 peon)		
	Conference Hall (Minimum 600 Square feet)		
12	With Audio Visual system including LCD		
	Common Rooms		
	Men (Minimum 600 Sq. ft)		
13	Women Minimum 600 Sq. ft)		
14	Store Room (minimum 200 Sq. Ft)		
	Multipurpose Room with Electronic AV System (Hall		
15	of minimum 2500 sq. ft)		

Infrastructure Facilities required	Available /	
	Not	
	Available	
Confidential Room:(for Online transmission of exam		

papers and related work) Minimum of 350 Sq. Ft

(verify present permission status in case of tie-up

attach MOU certificate from attached Institution)

Toilets: Sufficient separate space and number for

Vehicles for transportation: Own/ Tie Up

- 1

Play Ground: Own or Tie Up

1. Mini Bus - 1

males and females

2. Car

Part – III: Land and Buildings

Inspector 1

S. No

16

17

18

19

Remarks

Part IV-Clinical Material

Name/s of the Hospital/ Rehabilitation Centre	Own / Attached	No. of Beds Available	Daily average No. of In Patients referred to Physiotherapy in the past six months	Daily average No. of out Patients referred to Physiotherapy in the past six months

Inspector 1

Basic Sciences

Subject	Equipment	Required	Available	Remarks
	Mannequins	1		
	Articulated Skeleton	1		
Anatomy	Soft parts	All		
Anatomy	Histology slides	50		
	All other facilities required for			
	practical as per the syllabus			
	Microscopes	10		
	BP apparatus	10		
Physiology	Neurological testing kit	10		
	Stethoscopes	10		
	All other facilities required for			
	practical as per the syllabus			

General

Equipment	Required	Available	Remarks
Weighing machine	2		
Height measurement tape	2		
Goniometers and Inclinometers	1 set		
Measurement tape	5		

Inspector 1

Exercise Therapy

Required Equipment	Required	Available	Remarks
Suspension unit with accessories	1		
Shoulder pulley with weights	1		
Quadriceps table	1		
Multi-gym	1		
Dumbbells	1 set		
Weight cuffs	1 set		
Delorme boot with wights	1 Set		
Ankle exerciser	1		
Marine wheel Full Circle	1		
Finger ladder	1		
Mobilization belts	2 set		
Wall bars	1		
Exercise mats	10		
Bolsters 3 sizes	1 each		
Balance boards	2		
Re-education boards	1		
Peg boards	1 set		

Exercise Therapy

Required Equipment	Required	Available	Remarks
Tilt table Manual	1		
Vestibular balls 3 sizes	1set		
Whirlpool Tank for hydro therapy	1 unit		
Couches	10		
ADL and work simulation station	1 unit		
Incentive Spirometer	1 unit		
Inspiratory muscle trainer	1 unit		
Nebulizer	1 unit		
Ambu Bag	1 unit		
Tracheostomy tube	1unit		
Endotracheal tube	1		
Peak Flow meter	1		

Prostheses and Orthoses

Required Equipment	Required	Available	Remarks
НКАГО	1		
КАГО	1		
AFO	1		
SACH Foot	1		
Jaipur Foot	1		
TLSO	1		
Lumbar Corset	1		
ASHE Brace	1		
Milwaukee Brace	1		
Cervical Collar (Hard & Soft)	1		
Dennis Brown Splint	1		
Cock up splint (Static & dynamic)	1		
Aeroplane splint	1		
AK Prosthesis	1		
BK Prosthesis	1		
UL Prosthesis	1		

Gait and Posture Lab

Required Equipment	Required	Available	Remarks
Stairs	1		
Ramp	1		
Adjustable Parallel bar with mirror	1 set		
Adjustable Axilary crutch	2 pair		
Adjustable Elbow crutch	1 pair		
Walker – Adjustable & Fixed	2		
Wheel Chair	1		
Posture assessment kit (Wall grid, plumb line, Adjustment boards, Digital Still camera with stand of minimum 12 Mega Pixels)	1 unit		

Electrotherapy and Physical Modalities

Equipment	Required	Available	Remarks
Electrical Muscle stimulator			
having facility to perform Nerve	4 set		
function tests.			
Transcutaneous electrical nerve			
stimulator pocket version and			
standard version	2 each		
Interferential therapy machine	2		
with accessories	2 unit		
Shortwave Diathermy machine	1 unit		
with accessories	1 unit		
Wax bath with accessories Non	1unit		
stick version			
Traction machine with			
adjustable table and accessories	1 unit		
Ultrasound Machine	4 Units		
Hydrocollator packs machine	1 unit		
with accessories	1 unit		
5 litre Refrigerator (minimum)	1 unit		
with Cryotherapy packs	1 unit		
Laser	1 unit		
Infrared lamp	2 units		
Treatment stations separated			
by curtains (Couch + 2 Pillows			
+ Macintosh + Trolley + High	10 Sets		
Stool)			

Specialty	Equipment	Required for MPT I Year	Available	Remarks
MPT	Portable PFT	1 unit		
Cardio	Machine	1 unit		
Respiratory	Motorised			
Physiotherapy	treadmill with	1 Unit		
	monitoring	1 Unit		
	system			
	Cycle	1 unit		
	Ergometer	i ullit		

Equipments Required for MPT Cardio Respiratory Degree Course

Part VI: Human Resource

Permanent Physiotherapy Faculty Qualifications

Guide Student ratio 1: 5 for MPT and Teacher student ratio of 1:10 for BPT

Faculty appointed as part time/ guest/ on contract are not considered permanent faculty. 1 faculty at the level of Asst. Professor (After MPT 3 Years of Teaching experience is must to become guide) can guide 5 students in same specialty.

For every additional 5 seats in MPT and 10 seats in BPT an increase of 1 staff at the level of Assistant Professor is a must.

1.	Principal / Director / Dean/HOD	: Master of Physiotherapy with 10 years of post PG
		teaching experience.
2.	Professor	: Master of Physiotherapy with 8 years of post PG
		teaching experience.
3	Associate Professor	: Master of Physiotherapy with 5 years of post PG
5.	Associate I Toressor	teaching experience.
		teaching experience.
4.	Asst. Professor	: Master of Physiotherapy
5.	Tutor / Clinical Instructor	: Bachelor of Physiotherapy.

Eligibility for Examiners and Dissertation Guides

Master of Physiotherapy with minimum 3 years of teaching experience after PG. Guide should posses PG Qualification (MPT) in the same specialty which he intends to guide. Guide should be recognized by the university.

Permanent Physiotherapy Faculty

S No.	Designation	Required	Available	Remarks
01	Professor & Principal/HOD	01		
02	Professor & Vice Principal	01		
03	Associate Professor	02		
04	Assistant Professor	07		
05	Tutor/ clinical Instructor	03		
	Total	14		

Inspector 1

Inspector 2

Part VI: Human Resource

<u>Library Staff</u>

Designation	Qualification	Required	Available/ Not available
Senior Librarian	B L I Sc with 3 years experience	1	
Library Assistant	10 Std.	1	

Office Staff

Designation	Required	Available/ Not available
Administrative Officer	1	
Accounts Officer	1	
Clerks	2	
Attender / Peon	1	
Sweepers	2	

Lab Assistants

Laboratory	Qualification	Required	Available/ Not available
Anatomy/ Physiology	10 Std	1	
Electrotherapy/ Exercise therapy	10 Std	1	

Part VII: Learning Resources

Books and Journals

S No.	Title	Required	Available	Remarks
1	Basic Sciences	150		
2	Medicine & Surgery	200		
3	Physiotherapy	550		
4	Allied Sciences	100		
5	National Physiotherapy Journal	2		
6	International Physiotherapy Journal	2		

a) Total number of books of 1000 should only include Titles - That must include all the Recommended books in the syllabus of BPT

b) Copies of books should be counted separately and should not include in the main titles

c) Library accession up to date register should be maintained.

d) For 30 students intake 7 copies of any of the recommended books in each subject should be included and for 50 intake additional 3 copies should be included.

e) For MPT in addition to 1000 titles recommended and reference textbooks included in the syllabus should be included.

Inspector 1

Inspector 2

Part VIII: Cardinal Deficiencies

1. Infrastructure

2. Equipments

3. Clinical material

4. Faculty

5. Academic training

Inspector 1

Inspector 2

Part IX: Report of interaction with Students

Part X: Check list for the Inspectors

1.		Yes /No
2.	the inspectors Has the State Government essentiality certificate and NOC been checked and found in order? (Copies to be attached as annexure)	Yes/ No
3.	Has the details of trust, land and infrastructure documents etc. checked and found in order (copies to be attached as annexure)	Yes/ No
4.	Have you checked the Weekly Time Table programme for the entire last academic year (attach copy)	Yes/ No
5.	Is the attached hospital (250 bedded) located within 10 kms. from the College?	Yes/ No
6.	Have the Physiotherapy faculty been checked for the following?a. Appointment, b. Teaching Experience, c. Relieving certificates from previous Institution (Copies to be attached as Annexure)	Yes /No
7.	Have you checked clinical material given in the inspection proforma? (copies to be attached as annexure)	Yes/ No
8.	Have you checked the Library for Journals/Books and other facilities? (List to be attached as annexure)	Yes/ No
9.	Have you verified the list of equipments as per KUHS norms and found adequate (List to be attached as annexure)	Yes/ No
10	. Whether any case of ragging has been reported in the Institution during the last one year, if yes action taken thereon.	Yes/ No
11	. Whether the College fulfills all the requirements of faculty, infrastructure and Hospital required to conduct MPT Cardio Respiratory Degree Course.	Yes/ No

We hereby declare that all the documents regarding Building / Essentiality Certificate/University Affiliation/250 Bedded Hospital / Teaching Staff etc have been physically verified by us and the confidentiality of the inspection report will be maintained. (Inspector are requested not to write recommended/ not recommended)

Name & Signature of Inspector 1

Name & Signature of Inspector 2

Name & Signature of Inspector 3

Place:

Date: