

**KERALA UNIVERSITY OF HEALTH SCIENCES  
THRISSUR**



**INSPECTION PROFORMA FOR CONTINUATION OF AFFILIATION OF  
MPT NEURO PHYSIOTHERAPY DEGREE COURSE**

# KERALA UNIVERSITY OF HEALTH SCIENCES

## THRISSUR

### Inspection Performa for provisional affiliation to new MPT Neuro 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 Inspection (if any):** \_\_\_\_\_

**Name and Address of Inspectors**

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part – I Permission and Affiliation Status**

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

**Inspector 1**

**Inspector 2**

**Inspector 3**

**Part – II Documents and Registers**

<b>S. No.</b>	<b>Type of document</b>	<b>Available/ Not Available</b>	<b>Remarks</b>
<b>1.</b>	<b>Registration certificate and byelaw of the trust</b>		
<b>2.</b>	<b>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</b>		
<b>3.</b>	<b>Registered document of the land Land Area: 2 Acre ( In corporation Limit) 5 Acres ( Municipality or Panchayat Limit)</b>		
<b>4.</b>	<b>Site Plan of the land with boundaries of all survey number certified by the village officer Area:</b>		
<b>5.</b>	<b>Possession certificate of the land issued by the village officer</b>		
<b>6.</b>	<b>Land Tax certificate of the current year</b>		
<b>7.</b>	<b>Site Plan and Building plan including hostels, play ground and Administrative block approved by concerned local body</b>		
<b>8.</b>	<b>Audited balance sheet of society/trust for the last 3 years.</b>		

**Inspector 1**

**Inspector 2**

**Inspector 3**

**Part – III Documents and Registers**

<b>S. No.</b>	<b>Type of Register</b>	<b>Available/ Not Available</b>	<b>Remarks</b>
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		

Inspector 1

Inspector 2

Inspector 3

**Part – III: Land and Buildings**

<b>S. No</b>	<b>Infrastructure Facilities required</b>	<b>Available / Not Available</b>	<b>Remarks</b>
<b>01</b>	<p><b>Land owned by the Institute:</b></p> <p>1. <b>Area:</b>                    <b>2 Acre ( In corporation Limit)</b>                    <b>5 Acres ( Municipality or Panchayat Limit)</b></p> <p>2. <b>Building area - 16000 Sq. Ft.</b></p> <p>3. <b>Ground for future expansion</b></p> <p>4. <b>Building area should be increased proportionately when increasing the number of seats.</b></p>		
<b>02</b>	<p><b>Hospital ( Minimum 250 Bed Capacity)</b></p> <p><b>Own or Tie up with Orthopedic, Neurology and neurosurgery, General Medicine, Surgery, 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)</b></p>		
<b>03</b>	<p><b>Urban or rural Community care centre / Field Practice Area: Own or Tie Up (Needed from third year onwards)</b></p>		

**Inspector 1**

**Inspector 2**

**Inspector 3**

**Part – III: Land and Buildings**

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

**Inspector 1**

**Inspector 2**

**Inspector 3**



**Part – III: Land and Buildings**

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

**Inspector 1**

**Inspector 2**

**Inspector 3**

**Part – III: Land and Buildings**

<b>S. No</b>	<b>Infrastructure Facilities required</b>	<b>Available / Not Available</b>	<b>Remarks</b>
16	<b>Confidential Room:(for Online transmission of exam papers and related work) Minimum of 350 Sq. Ft</b>		
17	<b>Play Ground: Own or Tie Up (verify present permission status in case of tie-up attach MOU certificate from attached Institution)</b>		
18	<b>Vehicles for transportation: Own/ Tie Up 1. Mini Bus - 1 2. Car - 1</b>		
19	<b>Toilets: Sufficient separate space and number for males and females</b>		

**Inspector 1**

**Inspector 2**

**Inspector 3**

**Part IV-Clinical Material**

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

**Inspector 1**

**Inspector 2**

**Inspector 3**

**Part V: Equipments**

**Basic Sciences**

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

**General**

<b>Equipment</b>	<b>Required</b>	<b>Available</b>	<b>Remarks</b>
<b>Weighing machine</b>	<b>2</b>		
<b>Height measurement tape</b>	<b>2</b>		
<b>Goniometers and Inclometers</b>	<b>1 set</b>		
<b>Measurement tape</b>	<b>5</b>		

**Inspector 1**

**Inspector 2**

**Inspector 3**

**Part V: Equipments**

**Exercise Therapy**

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

**Inspector 1**

**Inspector 2**

**Inspector 3**

**Part V: Equipments**

**Exercise Therapy**

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

**Inspector 1**

**Inspector 2**

**Inspector 3**

**Part V: Equipments**

**Prostheses and Orthoses**

<b>Required Equipment</b>	<b>Required</b>	<b>Available</b>	<b>Remarks</b>
<b>HKAFO</b>	<b>1</b>		
<b>KAFO</b>	<b>1</b>		
<b>AFO</b>	<b>1</b>		
<b>SACH Foot</b>	<b>1</b>		
<b>Jaipur Foot</b>	<b>1</b>		
<b>TLSO</b>	<b>1</b>		
<b>Lumbar Corset</b>	<b>1</b>		
<b>ASHE Brace</b>	<b>1</b>		
<b>Milwaukee Brace</b>	<b>1</b>		
<b>Cervical Collar (Hard &amp; Soft)</b>	<b>1</b>		
<b>Dennis Brown Splint</b>	<b>1</b>		
<b>Cock up splint (Static &amp; dynamic)</b>	<b>1</b>		
<b>Aeroplane splint</b>	<b>1</b>		
<b>AK Prosthesis</b>	<b>1</b>		
<b>BK Prosthesis</b>	<b>1</b>		
<b>UL Prosthesis</b>	<b>1</b>		

**Inspector 1**

**Inspector 2**

**Inspector 3**

**Part V: Equipments**

**Gait and Posture Lab**

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

**Inspector 1**

**Inspector 2**

**Inspector 3**



**Part V: Equipments**

**Electrotherapy and Physical Modalities**

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

**Inspector 1**

**Inspector 2**

**Inspector 3**

**Part V: Equipments**

**Additional Equipments Required for MPT Neuro Physiotherapy Course**

<b>Specialty</b>	<b>Equipment</b>	<b>Required for MPT I Year</b>	<b>Available</b>	<b>Remarks</b>
MPT Neuro Physiotherapy	EMG / NCV	1 unit		
	Bio feed back	1 unit		
	Gait lab (Desirable)	1 Unit		

**Inspector 1**

**Inspector 2**

**Inspector 3**

**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 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		
	<b>Total</b>	<b>14</b>		

Inspector 1

Inspector 2

Inspector 3

**Part VI: Human Resource**

**Library Staff**

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

**Office Staff**

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

**Lab Assistants**

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

**Inspector 1**

**Inspector 2**

**Inspector 3**

**Part VII: Learning Resources**

**Books and Journals**

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

- 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**

**Inspector 3**

**Part VIII: Cardinal Deficiencies**

**1. Infrastructure**

**2. Equipments**

**3. Clinical material**

**4. Faculty**

**5. Academic training**

**Inspector 1**

**Inspector 2**

**Inspector 3**

**Part IX: Report of interaction with Students**

**Inspector 1**

**Inspector 2**

**Inspector 3**

**Part X: Check list for the Inspectors**

- |  |         |
|--|---------|
| 1. Is the Inspection Proforma filled completely and each page signed by all the inspectors   | Yes /No |
| 2. 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?<br>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 Neuro Physiotherapy 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: