



**Baba Farid University of Health Sciences  
Faridkot**

**Master of Physiotherapy Course**

Note: To be submitted along with proforma for inspection of Affiliated Physiotherapy Colleges, if the college is undergoing inspections for MPT courses

1. Name of the College running M.P.T. Course :- .....
- Year of establishment :- .....
- Status :- Govt / Private / Aided / Non-Aided
- Address :- .....
- E-mail Address :- .....
2. Date of Affiliation to the University ... ..
3. Period of existing affiliation From..... To.....
4. Name of the MPT course already available 1) 2)  
in the college 3) 4)
5. Space : (Separate space for P.T. is mandatory)

**Classroom/Seminar room:-** in addition to space provided for the undergraduate program, the institute should have additional 2 rooms of 400 sq.ft., each to accommodate minimum 15 students with audio-visual aids. Size of the room should be increased as per intake.

Comments of the Inspection Committee:  
\_\_\_\_\_  
\_\_\_\_\_  
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**Laboratory:** The space provided for as per undergraduate guidelines must have an additional area of 600 sq.ft. to accommodate the equipment required for post graduate teaching.

Comments of the Inspection Committee:  
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**6. Clinical facilities :** The institution must provide in house facility for clinical training as a preferred choice. In absence of this a Memorandum of Understanding (MOU) with access to hands on clinical training should be made with specialty hospitals and institutions in each of the areas of Musculoskeletal/Trauma Units, Neurology/Neurosurgery, Cardio pulmonary unit with intensive care facilities, Paediatrics, Community Physiotherapy and Sports unit. In either case it is strongly recommended that each teaching unit accommodate a maximum of 6 PG students only. Both training on in-door as well as out- door patients should be provided for.

Inspection report on sufficient clinical facilities available/not available for the P.G. course in order to train the students:

**Hospitals Status Own/Attached if attached give details**

**7. No. of admissions done in M.P.T. Course in the various subjects during the previous years:**

Sr. no.	Name of the subject	Seats (type: if any)	

**8. Teaching Faculty**

Sr. no.	Designation	Required Qualification	Qualifications	Experience as	Experience		
					From	To	Total

A PG guide must have at-least 5 years of full time teaching and clinical experience in the core subject area after post-graduation. Not withstanding the above clause in any case of acute shortage of qualified post graduate guides, a PG teacher with 3 years teaching experience after Masters can be considered.

The **Guide : Student** ratio should be such that the number of post graduate teachers to the number of postgraduate students admitted per year is **1:4**. The maximum intake of students shall be proportionate to the number of post graduate teachers available with the college.

**9. Non-teaching staff: In addition to already existing staff for UG, following should be added**

<b>Sr. no.</b>	<b>Designation</b>	<b>Required</b>	<b>Available</b>	<b>Deficit/Excess</b>
1.	Asstt. Librarian	1		
2.	Office Supdt.	1		
3.	Research Lab for each specialty	1 for each specialty		

**10. Name of the equipments available for P.G course in the college**

The laboratories should be provided with the following mandatory equipments.

**1. Neuro-Physiotherapy Laboratory**

- (a) 2 Channel EMG with nerve-conduction testing facility
- (b) Biofeedback unit with the facility to do quantitative analysis and therapy.
- (c) Sensory integration kits
- (d) Balance boards
- (e) Video camera and player (with jog shuttle facility) for movement analysis-desirable
- (f) Motion Analyser – desirable
- (g) Balance master –desirable

**2. Orthopaedic Physiotherapy Laboratory**

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

**3. Cardio-Pulmonary Laboratory**

- (a) Ergometer (Treadmill/Bicycle with arm and leg unit)
- (b) Spirometer Portable
- (c) Peak Flow meters
- (d) Mannequin for CPR Training
- (e) Body composition Analyser – desirable
- (f) Energy consumption analyzer – desirable

**4. Paediatric Laboratory**

- (a) Well equipped Play room
- (b) Sensory integration kit
- (c) Swiss balls
- (d) Positioning devices

**5. Sports Physiotherapy Laboratory**

- (a) Fitness measurement instrumentation
- (b) Access to sports centre/gym
- (c) Tie up with a sports team

11. Financial status : Whether additional funds is provided for P.G. course by the management

Details : .....  
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12. **Library facilities** : In addition to books available for undergraduate teaching additional adequate reference books to cater to the post graduate studies should be provided. Minimum 5 indexed international journals should be provided for with additional journal in each elective area.

No.of books    Journal-National & International online

Text books                            : Core sub : Other medical sub :

a) Reference book                            No. of books..... Journals .....

b) Audio visual facility                    :        Yes / No

f. OHP, Slide projector, Computer:

g. Med line, Internet facility computer

h. X-ray viewers                            :

i. Internet facility available :        Yes/ No

j. Web or digital library account of the university availed                    : Yes / No

13. Comments/Deficiencies observed by the Inspection Committee.

(Attach separate sheet if necessary)

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Place :

Date :

	Name	Signature
Member	1. _____	_____
Member	2. _____	_____

**CERTIFICATE OF DEAN / PRINCIPAL**

This is to certify that the information furnished in above Performa is actually based on facts and as per available record of the College and Hospital is very true. It is further certified that, nothing has been neither hidden nor exaggerated while providing information.

Seal

Signature .....

Name of Principal/Dean.....

Name of College.....

Place : .....

Date :.....

**CERTIFICATE/REMARKS OF THE INSPECTION COMMITTEE**

We the Inspection Committee member hereby certify that, we have thoroughly inspected the College and Hospital on the date mentioned. We have verified the statements made in the proforma and hereby agree with information supplied by the authorities of the institute/We do not agree with the information supplied by the authorities of the institutes.

(Scratch which ever is not applicable.)

Place :- .....

Date :- .....

	Name	Signatures
1) Member .....		.....
2) Member .....		.....

**Any other remarks/information, the inspection committee wants to give, regarding MPT courses:**

Inspector 1

Inspector 2