



# Haryana Government Gazette

## EXTRAORDINARY

Published by Authority

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No. 157-2023/Ext.] CHANDIGARH, FRIDAY, SEPTEMBER 1, 2023 (BHADRA 10, 1945 SAKA)

### HARYANA GOVERNMENT

#### MEDICAL EDUCATION AND RESEARCH DEPARTMENT

#### Notification

The 1st September, 2023

**No. 16/6/2021-6HB-IV.**— The Governor of Haryana is pleased to issue this Policy that aims to set up and regulate institutions providing Physiotherapy Education in the State.

#### 1. Aims And Objectives-

The policy aims at:-

- (1) Providing quality physiotherapy instructions & Training Education in the field of Physiotherapy in the State of Haryana by way of prescribing comprehensive procedure to ensure establishment of Institutes as per the requirement of present era of high technology and technique.
- (2) Regulation of such and existing Institutes as per the norms to ensure uniformity.
- (3) To maintain standards of Education to produce clinically competent Physiotherapists.

The policy has two parts:-

- (A) Issuance of Letter of Intent (LOI) and No Objection Certificate (NOC) for Establishment of New self financing/ Private Institutions desirous of starting Physiotherapy Education as Bachelor of Physiotherapy Course (BPT Course)- 4.5 years duration (including 6 months of compulsory rotatory internship) / Masters in Physiotherapy Course (MPT Course)- 2 years /Ph.D in Physiotherapy Course- Duration as specified by the UGC; in the State;
- (B) Issuance of No Objection Certificate (NOC) for Enhancement of seats in already running institutes offering various Physiotherapy courses in the State of Haryana.

#### 2. Procedure For Application-

##### A. Establishment of New self financing/ Private BPT Institution in the State

- (a) Any Private Self Financing Educational Trust/Charitable Trust/Society/Company registered under the relevant Act, hereafter referred as applicant will be eligible to apply provided that the instruments of the Act under which it is registered permits it as a function.
- (b) The process of establishment of New self financing/ Private BPT Institution in the State of Haryana will be two stage:
  - (i) issuance of Letter of Intent (LOI)
  - (ii) issuance of No Objection Certificate (NOC).

- (c) Applications for establishment of new BPT Institution in the State of Haryana will be received online through department portal and processed by the Directorate of Medical Education and Research as per the time frame prescribed as under:-

| Sr. No. | Event/Process                  | Time Frame                    |
|---------|--------------------------------|-------------------------------|
| 1       | Receipt of Application for LOI | 1st December to 31st December |
| 2       | Issuance of LOI                | 1st January to 28th February  |
| 3       | Receipt of application of NOC  | 1st January to 31st March     |
| 4       | Inspection for NOC             | 1st April to 31st May         |
| 5       | Issuance of NOC                | 15th April to 31st July       |

- (a) Processing Fee of Rs. 25,000/- as Non-Refundable fee shall have to be deposited in the account of Haryana State Medical Education Society in the shape of Demand Draft in favour of Member Secretary, Haryana State Medical Education Society along with the application/RTGS/NEFT A/c no. 33321835884, SBI, SCO-133, Sector-25, Panchkula.

**Procedure For Issuance of Letter of Intent (LOI)/Essential Requirements For Establishment of New BPT Institution.**

**i. ELIGIBILITY**

**ii. ESSENTIAL REQUIREMENTS**

**(a) Land:-**

- (i) The applicant must provide the land details on which the institution will be established for providing Physiotherapy education. Minimum 1 acre land is required for starting the institution. It should be in the name of society/ trust/company applying for the same (sale deed/lease/gift deed etc.).
- (ii) The land should be free from all encumbrances. Affidavit in this regard shall be furnished.
- (iii) Deed- sale deed/lease deed/gift deed etc. shall be furnished duly verified by Revenue Department.
- (iv) Map/Aks Sizra of the land shall be furnished duly verified by Revenue Department.
- (v) Village Map/Location Map/Index Map/Topographic Sketch/City Road Map for easy location/identification of land/Building.
- (vi) Original Land-Use-Certificate/Land Conversion Certificate, allowing the land to be used for educational purpose verified by DTP.
- (vii) If the course is intended to be started from the premises of NMC permitted/ recognized medical college, no separate land is required. Existing norms of land for medical college will suffice, provided that constructed area/Building norms have been fulfilled as per Clause 5 & 6 of this policy.

**(b) Financial status of the applicant:-**

- i. Sources of financing of capital and revenue expenditure.
- ii. Resource projection and its utilization schedule.
- iii. Positive net worth for last five years.
- iv. Applicant should be able to furnish Bank Guarantee required as per clause 9 of this policy.
- v. There should be no loan default of the applicant.

**(c) Building Plan:-**

- (i) Master plan of the proposed site indicating the land use pattern for the proposed institution duly certified by an Architect registered at the Council of Architecture.
- (ii) Architect must also certify that the proposed plan is as per zonal regulation issued by statutory body and is as per Haryana building Code.
- (iii) Building plan should conform to the norms prescribed in clause 5 and 6 of this policy.

**(d) Hospital:-**

- Proof of affiliation with NABH accredited minimum 100 beds or with Government Hospital with minimum 100 beds for clinical training of the students shall be furnished.

No NABH hospital or Government Hospital less than 100 beds will be considered as affiliating hospital. College can be attached to maximum two (02) hospitals having indoor and outdoor facility in the following specialties:

| <b>Sr. No.</b>    | <b>Specialties</b>                                    |
|-------------------|---|
| 1.                | Orthopedics   |
| 2.                | Surgery including plastic surgery and burns           |
| 3.                | Gynecology and Obstetrics                             |
| 4.                | Medicine including rheumatology                       |
| 5.                | Neurology   |
| 6.                | Pediatrics  |
| 7.                | Respiratory medicine                                  |
| 8.                | Cardiology including critical care and cardiothoracic |
| 9.                | Radiology   |
| 10.               | Neurosurgery  |
| <b>Total Beds</b> | <b>100</b>  |

- The attached hospital(s) must be NABH accredited and registered under the Haryana Clinical Establishments (Registration and Regulation) Adoption Act, 2018 as applicable.
- The affiliating NABH accredited hospital must be located within 30 KM (shortest distance by road) or the affiliating Government Hospital must be located within 30 km, from the institute. One NABH accredited hospital can affiliate number of educational institutions, however, 1:3 student patient ratio is to be maintained. MOU shall be signed by the institute with the affiliated hospital & MOU should be for at least five years.
- Hospital found issuing affiliation certificates in excess of the ratio of beds: students will be proceeded with the penal action, including black listing the said hospital. All the courses affiliated to such hospital shall be debarred from operating unless they seek fresh affiliation in terms of this policy.
- Hospitals affiliating institutions offering courses in terms of this policy shall install/have Biometric enabled attendance facility for the students assigned to it. The hospital shall furnish six monthly of the attendance record (Biometrically obtained) to Director, Medical Education & Research or any authority appointed by him for this purpose. If found deficient on his account, permissible penal action, including blacklisting of the Hospital, shall be taken against the Hospital.
- The Chairman/President of the Hospital run by society/trust/company must give the Hospital information in prescribed format (**Annexure-B**) and shall submit an undertaking of association with institute only in prescribed format (**Annexure-C**).
- If the course is intended to be commenced from the premises of NMC permitted/recognized Medical College as constituent college, then, there is no requirement for attachment of any other hospital.

### 3. Issue of Letter of Intent (LOI)

- (a) After evaluation of documents, Letter of Intent (LOI) may be issued with approval of the State Government, which shall be valid for three years from the date of issuance of LOI. During this 3 year time period the applicant shall apply for No Objection Certificate (NOC) after fulfilling the norms and other conditions prescribed from time to time by the State Government/affiliating University etc. failing which LOI stands cancelled automatically.

- (b) In cases where Letter of Intent is denied for non-fulfillment of norms/minimum standards the applicant will be informed accordingly.
- (c) Mere applying for LOI doesn't confer any right on the applicant for grant of NOC. State Government reserves the right to give NOC or otherwise depending upon its own assessment of requirement of Health care professionals.

**4. Essential Requirements for NOC for Establishment of New BPT Institution:**

- (a) The applicant shall apply for grant of No Objection Certificate (NOC) after fulfilling the norms and other conditions prescribed by the State Government from time to time.
- (b) The proposed institution shall be constructed/opened on the land for which LOI is issued. If any discrepancy is found, the NOC/LOI shall be withdrawn in immediate effect.
- (c) The applicant institution must fulfill the minimal norms with respect to college building, Hostel building, staffing pattern, requirement of non-teaching staff, lab equipment's etc. as per Appendix-I which may be modified from time to time by the state Government.

**For addition of MPT Course & Ph.D course and Enhancement of seats in already running BPT institutes in the State of Haryana.**

The issuance of No Objection Certificate for addition of MPT Course & Ph.D course and enhancement of seats in already running BPT institutes in the State of Haryana will be one stage process i.e. issuance of No Objection Certificate. Interested applicants may apply online directly for issuance of No Objection Certificate to Directorate of Medical Education and Research as per the time frame prescribed as under: -

| Sr.No. | Event/Process  | Time Frame                |
|--------|--|---------------------------|
| 1      | Receipt of application of NOC for MPT/Ph.D/ enhancement of seats | 1st January to 31st March |
| 2      | Inspection for NOC for MPT/Ph.D/ enhancement of seats            | 1st April to 31st May     |
| 3      | Issuance of NOC  | 15th April to 31st July   |

**5. Essential Requirements for NOC for Starting MPT Course.**

NOC for MPT course will be granted for following specialities:

| S. No. | Specialty Subject                               |
|--------|---|
| 1      | PT in Orthopedic conditions                     |
| 2      | PT in Neurological conditions                   |
| 3      | PT in Cardiovascular and Respiratory conditions |
| 4      | PT in Sports and Fitness                        |
| 5      | PT in Pediatrics                                |
| 6      | PT in Community Rehabilitation                  |
| 7      | PT in Geriatrics                                |
| 8      | PT in Gynecology & Obstetrics                   |

The interested applicants shall submit the following along with the request application for NOC. The information provided shall be verified by inspection committee.

**Processing Fee** of Rs.25,000/- as Non-Refundable fee shall have to be deposited in the account of Haryana State Medical Education Society in the shape of Demand Draft in favour of Member Secretary, Haryana State Medical Education Society along with the application/ RTGS/NEFT A/c no. 33321835884, SBI, SCO-133, Sector-25, Panchkula.

The applicant institution must fulfill the minimal norms with respect to College building, Hostel building, staffing pattern, requirement of non-teaching staff, lab equipment's as per Appendix-I which may be modified from time to time by the state Government.

**6. Essential Requirements for starting Ph.D Course.**

- (d) Only those applicants are eligible to apply for Ph.D Course who are already running BPT and MPT courses and 1st batch of MPT Course is already passed out. The interested applicants shall submit the request application and Processing Fee of Rs.25000/- as Non-Refundable fee which shall have to be deposited in the account of Haryana State Medical Education Society in the shape of Demand Draft in favour of Member Secretary, Haryana State Medical Education Society along with the application/RTGS/NEFT A/c no. 33321835884, SBI, SCO-133, Sector-25, Panchkula.
- The Ph.D Programme shall be regulated as per University Grants Commission (Minimum Standards and Procedure for Award of Ph.D Degree) Regulations, 2016 or as amended from time to time.

**7. Enhancement of Seats:**

- Any Institute will be considered for enhancement of seat on application after one year of smooth conduct of the approved course with no enhancement more than twice the existing batch strength in one course. The enhancement will be considered only in the specialty which is already continued by the institute.
- The applicant will deposit the application for Enhancement of seats along with non-refundable processing fee Rs.25,000/-. The fee shall have to be deposited in the account of Haryana State Medical Education Society in the shape of Demand Draft in favour of Member Secretary, Haryana State Medical Education Society/ RTGS/NEFT A/c no. 33321835884, SBI, SCO-133, Sector-25, Panchkula.
- No Institute will be allowed more than two batch unit size as the enhancement, i.e. total seats will not exceed 120 for BPT course and 20 per speciality for MPT course.
- Institute will provide the faculty, infrastructure etc. double to that specified for the single unit if seeking enhancement for two batch unit size.
- NOC will be issued by the State Government for enhancement of seats after conducting inspection.

**Inspection:**

- There will be no inspection for issuance of Letter of Intent (LOI). LOI will be issued by the Government on the basis of scrutiny and subsequent verification of the documents submitted with the application as per the requirement of the policy. If documents are found incorrect/incomplete LOI application shall be rejected under intimation to the applicant.
- Inspection will be carried out by the inspection committee constituted by the Director Medical Education & Research for issuance of NOC by the State Government for establishment of New self financing/ Private BPT Institutions, for addition of New course (MPT and Ph.D) in already functional private BPT institutions and for enhancement of seats in already running institutes offering various Physiotherapy courses in the State of Haryana. Inspection committee shall inspect the institutes taking into consideration the requirements of NOC in the prescribed format attached as **Annexure – D**.

**8. Bank guarantee:**

Security in the shape of Bank Guarantee issued by any scheduled commercial bank should be pledged in favour of the Director Medical Education & Research, Haryana valid for 05 years at first instance. No Objection Certificate shall not be issued to any applicant, if found suitable, till the deposition of bank guarantee of the requisite amount by the applicant. The applicant will apply for renewal of bank guarantee for another term of five years, at least six months in advance before the date of expiry. No admission shall be allowed in any institute in absence of valid bank guarantee deposited with the department. The amount for each course is as under:

| Sr. No. | Course | Bank Guarantee                   |
|---------|--------|----------------------------------|
| 1       | BPT    | Rs.25.00 lac.                    |
| 2       | MPT    | Rs.10.00 lac./per specialization |
| 3       | Ph.D   | Rs.10.00 lac.                    |

State Govt. reserves the right to receive the bank guarantees to meet out any eventuality for the completion of course of the students by any means. An undertaking shall have to be submitted by the applicant to this effect. The amount of Bank Guarantee may be decided by the government through its policy for Bank Guarantee from time to time.

**9. Issuance of NOC:**

- i. The applicant to whom LOI has been issued for establishment of new BPT institution shall be required to submit application to the Director Medical Education & Research, conveying its readiness for inspection for issuance of NOC well within time before the expiry of the Letter of Intent (i.e. within 3 years). Based on the Inspection Report, application will be considered for issuance of No Objection Certificate (NOC) by the State Government. If no admissions are made by the institute after 3 years of issuance of NOC (counted from the date of issuance), the NOC stands withdrawn.

**10. Regulation under Haryana Private Health Science Educational Institutions (Regulation of Admission, fixation of fee and maintenance of Educational Standards) Act, 2012:**

Notwithstanding anything contained in this policy, if any institute fails to comply with the directions issued by State Government, Haryana State Physiotherapy Council, or affiliating University, the applicant shall be liable to be regulated and penalized under the Haryana Private Health Sciences Educational Institutions (Regulation of Admission, fixation of fee and maintenance of Educational Standards) Act, 2012 in addition to any other civil or penal enforcement.

**11. Admission and Fees:**

- a. Admission of students shall be made as per the rules/procedure notified by the State Government for each academic year.
- b. Tuition fees and other charges admissible for Physiotherapy Courses shall be as notified by the State Government from time to time.

**12. Seats:**

State Government may allocate seats as per unit size shown below.

| <b>Courses</b> | <b>Batch strength</b>  |
|----------------|--|
| BPT            | 40/ 60/ 100 seats  |
| MPT            | 10 seats per specialty                                       |
| Ph.D           | As per availability of guides as per norms of UGC/University |

**10. Commencement of Course:**

No Institute will be allowed to commence the course or seek admissions without obtaining affiliation from Haryana State Physiotherapy Council/affiliating University as the case may be or any other Regulatory Body authorized by the State Government/Central Government. Admission of students shall be made as per the rules/procedure notified by the State Government for each academic year.

**14. Appeal:**

Appeal against any order of Director Medical Education and Research issued from time to time may be preferred before Administrative Secretary of the Department of Medical Education & Research.

Chandigarh:  
The 31st August, 2023.

DR. SUMITA MISHRA,  
Additional Chief Secretary to Government Haryana,  
Medical Education & Research Department, Chandigarh.

**Appendix-I****Requirement and norms for BPT Course****College Building:- for one batch of unit size of 40/60/100 students**

| Space allotment                                     | Minimum norms for upto 40 seats | Total        | Minimum norms for 41 to 60 seats | Total               | Minimum norms for 61 to 100 seats | Total                |
|---|---------------------------------|--------------|----------------------------------|---------------------|-----------------------------------|----------------------|
| Main Office   | 300 sq.ft.x 1                   | 300 sq.ft.   | 400 sq.ft. x 1                   | 400 sq.ft.          | 400 sq.ft. x 1                    | 400 sq.ft.           |
| Principal Office                                    | 300 sq.ft.x 1                   | 300 sq.ft.   | 300 sq.ft. x 1                   | 300 sq.ft.          | 300 sq.ft. x 1                    | 300 sq.ft.           |
| Professor's Office                                  | 250 sq.ft.x 1                   | 250 sq.ft.   | 250 sq.ft. x 2                   | 500 sq.ft.          | 250 sq.ft. x 3                    | 750 sq.ft.           |
| Associate Professor's office                        | 150 sq.ft.x 1                   | 150 sq.ft.   | 150 sq.ft. x 4                   | 600 sq.ft.          | 150 sq.ft. x 4                    | 600 sq.ft.           |
| Assistant Professor's office                        | 100 sq.ft. x 3                  | 300 sq.ft.   | 100 sq.ft. x 6                   | 600 sq.ft.          | 100 sq.ft. x 10                   | 1000 sq.ft.          |
| Staff Room  | 300 sq.ft. x 1                  | 300 sq.ft.   | 400 sq.ft. x 1                   | 400 sq.ft.          | 400 sq.ft. x 1                    | 400 sq.ft.           |
| Room for other staff                                | 300 sq.ft. x 1                  | 300 sq.ft.   | 400 sq.ft. x 1                   | 400 sq.ft.          | 400 sq.ft. x 1                    | 400 sq.ft.           |
| Seminar / Audio-visual Hall                         | 1200 sq.ft. x 1                 | 1200 sq.ft.  | 2000 sq.ft. x 1                  | 2000 sq.ft.         | 2000 sq.ft. x 1                   | 2000 sq.ft.          |
| Examination Hall                                    | 1800 sq.ft. x 1                 | 1800 sq.ft.  | 2000 sq.ft. x 1                  | 2000 sq.ft.         | 2200 sq.ft. x 1                   | 2200 sq.ft.          |
| Class Rooms   | 450 sq.ft. x 4                  | 1800 sq.ft.  | 650 sq.ft. x 4                   | 2600 sq.ft.         | 650 sq.ft. x 6                    | 3900 sq.ft.          |
| Demonstration Room                                  | 600 sq.ft. x 1                  | 600 sq.ft.   | 400 sq.ft. x 2                   | 800 sq.ft.          | 400 sq.ft. x 2                    | 800 sq.ft.           |
| Library   | 1200 sq.ft. x 1                 | 1200 sq.ft.  | 1500 sq.ft. x 1                  | 1500 sq.ft.         | 1500 sq.ft. x 1                   | 1500 sq.ft.          |
| Computer Lab  | 600 sq.ft. x 1                  | 600 sq.ft.   | 800 sq.ft. x 1                   | 800 sq.ft.          | 800 sq.ft. x 1                    | 800 sq.ft.           |
| Common Room (Boys)                                  | 300 sq.ft. x 1                  | 300 sq.ft.   | 400 sq.ft. x 1                   | 400 sq.ft.          | 400 sq.ft. x 1                    | 400 sq.ft.           |
| Common Room (Girls)                                 | 300 sq.ft. x 1                  | 300 sq.ft.   | 400 sq.ft. x 1                   | 400 sq.ft.          | 400 sq.ft. x 1                    | 400 sq.ft.           |
| <b>Laboratories</b>                                 |                                 |              |                                  |                     |                                   |                      |
| Anatomy   | 900 sq.ft. x 1                  | 900 sq.ft.   | 800 sq.ft. x 1                   | 800 sq.ft.          | 800 sq.ft. x 1                    | 800 sq.ft.           |
| Physiology  | 900 sq.ft. x 1                  | 900 sq.ft.   | 800 sq.ft. x 1                   | 800 sq.ft.          | 800 sq.ft. x 1                    | 800 sq.ft.           |
| Exercise Therapy Lab                                | 1300 sq.ft. x 1                 | 1300 sq.ft.  | 1750 sq.ft. x 1                  | 1750 sq.ft.         | 2000 sq.ft. x 1                   | 2000 sq.ft.          |
| Electrotherapy Lab                                  | 1300 sq.ft. x 1                 | 1300 sq.ft.  | 1750 sq.ft. x 1                  | 1750 sq.ft.         | 2000 sq.ft. x 1                   | 2000 sq.ft.          |
| Biomechanics & Kinesiology Lab                      | 700 sq.ft. x 1                  | 700 sq.ft.   | 900 sq.ft. x 1                   | 900 sq.ft.          | 1000 sq.ft. x 1                   | 1000 sq.ft.          |
| Medical Physics & Fundamental of Electrotherapy lab | 600 sq.ft. x 1                  | 600 sq.ft.   | 800 sq.ft. x 1                   | 800 sq.ft.          | 800 sq.ft. x 1                    | 800 sq.ft.           |
| Functional Diagnostic Lab                           | 700 sq.ft. x 1                  | 700 sq.ft.   | 900 sq.ft. x 1                   | 900 sq.ft.          | 1000 sq.ft. x 1                   | 1000 sq.ft.          |
| Wax Therapy unit                                    | 300 sq.ft. x 1                  | 300 sq.ft.   | 450 sq.ft. x 1                   | 450 sq.ft. (XXX)    | 450 sq.ft. x 1                    | 450 sq.ft. (XXX)     |
| Hydrotherapy unit                                   | 450 sq.ft. x 1                  | 450 sq.ft.   | 650 sq.ft. x 1                   | 650 sq.ft.          | 650 sq.ft. x 1                    | 650 sq.ft.           |
| Mechanotherapy unit                                 | 300 sq.ft. x 1                  | 300 sq.ft.   | 450 sq.ft. x 1                   | 450 sq.ft. (XXX)    | 450 sq.ft. x 1                    | 450 sq.ft. (XXX)     |
| <b>Total</b>  |                                 | 16600 sq.ft. |                                  | <b>22,050sq.ft.</b> |                                   | <b>24,900 sq.ft.</b> |

**Every Physiotherapy College should have its own running Physiotherapy OPD in the Institute for the training of Physiotherapy students.**

**Hostel Building:-**

| Sr. No. | Hostel Block                  | Area (Figures in Sq feet)  |
|---------|-------------------------------|--|
| 1       | Single Room/ Double Room      | 20000 sq.ft.   |
| 2       | Sanitary                      | One WC (water closet) & One Bath Room (for 5 students)- 500 sq.ft. |
| 3       | Visitor Room/ Recreation Room | 500 sq.ft.   |
| 4       | Reading Room                  | 250 sq.ft.   |
| 5       | Dining Hall                   | 1500 sq.ft.  |
| 6       | Kitchen & Store               | 1000 sq.ft.  |
|         | <b>Total</b>                  | <b>23750 Sq. Ft.</b>   |

- ❖ Hostel accommodation on lease for hostels is permissible subject to the condition of fulfillment of the norms.
  - ❖ There shall be separate girls and boys hostel.
- (a) **Staffing Pattern:**  
Following teaching faculty shall be present in the institution before the admission will be carried out in the respective year:-

**For Bachelor of Physiotherapy Course****Norms upto 40 seats**

|   |  |
|---|--|
| <b>Before the start of 1st year of BPT course</b> | Professor – 1<br>Assoc. Prof. – 1<br>Asst. Prof. – 3<br>Demonstrator – 2 |
| <b>Total</b>                                      | <b>07</b>  |
| <b>Before the start of 2nd year of BPT course</b> | Professor – 1<br>Assoc. Prof. – 1<br>Asst. Prof. – 5<br>Demonstrator – 3 |
| <b>Total</b>                                      | <b>10</b>  |
| <b>Before the start of 3rd year of BPT course</b> | Professor – 2<br>Assoc. Prof. – 2<br>Asst. Prof. – 5<br>Demonstrator – 3 |
| <b>Total</b>                                      | <b>12</b>  |
| <b>Before the start of 4th year of BPT course</b> | Professor – 2<br>Assoc. Prof. – 3<br>Asst. Prof. – 6<br>Demonstrator – 4 |
| <b>Total</b>                                      | <b>15</b>  |

**Norms for intake of 41-60 seats**

|   |  |
|---|--|
| <b>Before the start of 1st year of BPT course</b> | Professor – 1<br>Assoc. Prof. – 2<br>Asst. Prof. – 3<br>Demonstrator – 2 |
| <b>Total</b>                                      | <b>08</b>  |



|   |  |
|---|--|
| <b>Before the start of 2nd year of BPT course</b> | Professor – 1<br>Assoc. Prof. – 2<br>Asst. Prof. – 5<br>Demonstrator – 3 |
| <b>Total</b>                                      | 11   |
| <b>Before the start of 3rd year of BPT course</b> | Professor – 2<br>Assoc. Prof. – 3<br>Asst. Prof. – 5<br>Demonstrator – 3 |
| <b>Total</b>                                      | 13   |
| <b>Before the start of 4th year of BPT course</b> | Professor – 2<br>Assoc. Prof. – 4<br>Asst. Prof. – 6<br>Demonstrator – 4 |
| <b>Total</b>                                      | 16   |

**Norms upto 61-100 seats**

|   |  |
|---|--|
| <b>Before the start of 1st year of BPT course</b> | Professor – 1<br>Assoc. Prof. – 2<br>Asst. Prof. – 4<br>Demonstrator -4  |
| <b>Total</b>                                      | <b>11</b>  |
| <b>Before the start of 2nd year of BPT course</b> | Professor – 2<br>Assoc. Prof. – 3<br>Asst. Prof. – 6<br>Demonstrator -4  |
| <b>Total</b>                                      | <b>14</b>  |
| <b>Before the start of 3rd year of BPT course</b> | Professor – 3<br>Assoc. Prof. – 4<br>Asst. Prof. -9<br>Demonstrator -4   |
| <b>Total</b>                                      | 20   |
| <b>Before the start of 4th year of BPT course</b> | Professor – 3<br>Assoc. Prof. – 4<br>Asst. Prof. – 13<br>Demonstrator -4 |
| <b>Total</b>                                      | 24   |

**Qualification & Experience of Staff in the Physiotherapy subject: -**

| Sr No. | Designation         | Qualification   |
|--------|---------------------|---|
| 1)     | Dean/Principal      | As per UGC Regulation on Minimum Qualification for appointment of Teachers and other Academic Staff in Universities and Colleges till the Haryana Medical, Paramedical, Allied Health Sciences, Non-Medical Education & Ministerial (Group A, B & C) Service rules, 2023 be notified. |
| 2)     | Professor           |   |
| 3)     | Associate Professor |   |
| 4)     | Assistant Professor |   |
| 5)     | Tutor               |   |

All Teachers should be registered under the Haryana State Council for Physiotherapy

**Teachers of Specialty Medical Subjects:**

These Teachers should be necessarily Post Graduate in specialty Subjects preferably attached to NMC recognized Medical College. These teachers can be part time or external teachers.

A photo declaration should be given by part time teachers indicating their willingness/working at the said Institution and declaration of working with other colleges.

\*\*\* It is recommended to have Biometric Attendance of all staff.

**Required Non-teaching Staff.**

| Sr. No. | Post                   | 60 seats                     |
|---------|------------------------|------------------------------|
| 1       | Librarian              | 01                           |
| 2       | Asst. Librarian        | 01                           |
| 3       | Superintendent         | 01                           |
| 4       | Accountant             | 01                           |
| 5       | Assistant              | 01                           |
| 6       | Clerk/DEO              | 02                           |
| 7       | Lab Attendants         | 04                           |
| 8       | Peon/Sweepers/Cleaners | as per the requirement basis |

(b) Hospital/clinical facilities attached with the institute will be verified on physical inspection. Any discrepancy in declaration form and on physical inspection will lead to cancellation of LOI/non-grant of NOC.

(c) **LAB EQUIPMENTS-**

BIS certification is recommended for all lab equipments

**FOR BPT COURSE**

**A. FUNCTIONAL DIAGNOSTIC LAB (ELECTRODIAGNOSIS LAB):**

| S. No. | Name of Equipment   | Number of Equipments required |             |              |
|--------|---|-------------------------------|-------------|--------------|
|        |   | Up to 40 seats                | 41-60 Seats | 61-100 Seats |
| 1      | Diagnostic Electrical Stimulator with Facility to draw SD Curve | 4                             | 8           | 12           |
| 2      | Biofeedback Unit  | 1                             | 1           | 1            |
| 3      | E.M.G./NCV/EP Unit  | 1                             | 1           | 2            |

**B. EXERCISE TOLERANCE AND FITNESS LAB:**

| Sr. No. | Name of Equipment  | Number of Units required |             |                |
|---------|--|--------------------------|-------------|----------------|
|         |  | Up to 40 seats           | 41-60 seats | 61 – 100 Seats |
| 1       | TMT Unit   | 1                        | 1           | 2              |
| 2       | Bicycle Ergometer Having speedometer and Adjustable Load | 1                        | 2           | 3              |
| 3       | Skin Fold Calipers                                       | 3                        | 5           | 7              |
| 4       | Weighing Scale with Height Measuring Facility            | 3                        | 5           | 5              |

|    |   |        |        |        |
|----|---|--------|--------|--------|
| 5  | Spiro meter and Peak flow meter         | 2 each | 3 each | 4 each |
| 6  | Pulse Oximeter                          | 2each  | 3 each | 4 each |
| 7  | Mannequins for CPR training             | 1      | 2      | 3      |
| 8  | Hand Evaluation Kit                     | 1      | 2      | 3      |
| 9  | Dynamometer (Hand, Back-leg-chest)      | 1      | 2      | 3      |
| 10 | Sensory Integration Kit                 | 1      | 2      | 3      |
| 11 | Body Composition Analyser               | 1      | 1      | 1      |
| 12 | Inspiratory Muscle Trainer              | 2      | 4      | 6      |
| 13 | Shuttle walk Test Software ( Desirable) | 1      | 1      | 1      |

**C. BIOMECHANICS and KINESIOLOGY:**

| Sr. No. | Name of Equipment                              | Number of Units required |             |                |
|---------|--|--------------------------|-------------|----------------|
|         |  | Up to 40 seats           | 41-60 seats | 61 – 100 Seats |
| 1       | Full Size Postural Mirrors                     | 1                        | 2           | --- (XXX)      |
| 2       | Plumb Line                                     | 8                        | 12          | 16             |
| 3       | Various Orthosis & Proshesis for demonstration | 1 set                    | 2 sets      | 3 sets         |
| 4       | Goniometers (360, 180 & Finger)                | 6 sets                   | 8 sets      | ----(XXX)      |
| 5       | Stadiometer                                    | 1                        | 2           | 3              |
| 6       | Weighing machine                               | 1                        | 2           | ----(XXX)      |
| 7       | Measuring Tapes                                | 6                        | 8           | 10             |

**Desirable Units:** Isokinetic Unit & Gait Analysis Unit.

**D. MEDICAL PHYSICS AND FUNDAMENTALS OF ELECTROTHERAPY LAB:**

| Sr. No. | Name of Equipment               | Number of Units required |             |              |
|---------|---------------------------------|--------------------------|-------------|--------------|
|         |                                 | Up to 40 seats           | 41-60 seats | 61-100 Seats |
| 1       | Galvanometer                    | 1                        | 2           | 2            |
| 2       | Ammeter                         | 1                        | 2           | 2            |
| 3       | Voltmeter                       | 1                        | 2           | 2            |
| 4       | Potentiometer                   | 1                        | 2           | 2            |
| 5       | Multimeter (Analogue & Digital) | 4                        | 8           | 8            |
| 6       | Variable Resistance (Rheostat)  | 2                        | 3           | 3            |
| 7       | Variable Capacitance            | 2                        | 3           | 3            |
| 8       | Batteries (6 V, 12 V)           | 2                        | 4           | 4            |
| 9       | Dry Cells (1.5 V, 3 V)          | 2                        | 4           | 4            |
| 10      | Oscilloscope                    | 2                        | 4           | 4            |
| 11      | Votaic Cell                     | 1                        | 2           | 2            |
| 12      | Daniel cell                     | 1                        | 2           | 2            |

| Sr. No. | Name of Equipment                | Number of Units required |             |              |
|---------|----------------------------------|--------------------------|-------------|--------------|
|         |                                  | Up to 40 seats           | 41-60 seats | 61-100 Seats |
| 13      | Lechlanche Cell                  | 1                        | 2           | 2            |
| 14      | Lead Acid Accumulator            | 1                        | 2           | 2            |
| 15      | Edison Cell                      | 1                        | 2           | 2            |
| 16      | Transformer (Step down)          | 2                        | 4           | 4            |
| 17      | Transformer (Step up)            | 2                        | 4           | 4            |
| 18      | Dynamo model AC/DC               | 2                        | 4           | 4            |
| 19      | Safety devices (Fuses- 5A, 15 A) | 4                        | 6           | 6            |
| 20      | Magnetic needle                  | 4                        | 6           | 6            |
| 21      | Bar magnet                       | 4                        | 6           | 6            |
| 22      | Electromagnet                    | 4                        | 6           | 6            |

**ELECTROTHERAPY LAB:**

| Sr. No. | Name of Equipment  | Number of Units required |             |              |
|---------|--|--------------------------|-------------|--------------|
|         |  | Up to 40 seats           | 41-60 seats | 61-100 Seats |
| 1       | Hydrocollator Hot Pack Unit  | 1                        | 2           | 3            |
| 2       | Paraffin Wax Bath  | 1                        | 2           | 3            |
| 3       | Short Wave Diathermy – 500 watts with both Disc and pad electrodes | 2                        | 2           | 3            |
| 4       | Microwave Diathermy  | 1                        | 1           | 2            |
| 5       | Diagnostic Electrical Stimulator                                   | 4                        | 8           | 8            |
| 6       | Interferential Therapy   | 2                        | 3           | 4            |
| 7       | T.E.N.S (Four Channel)   | 3                        | 5           | 7            |
| 8       | Ultrasound Therapy Unit  | 2                        | 4           | 6            |
| 9       | Electronic Traction Unit (Cervical & Lumbar)                       | 2                        | 4           | 3 each       |
| 10      | Whirlpool Bath   | 1                        | 1           | 1            |
| 11      | Contrast Bath  | 1                        | 1           | 1            |
| 12      | UVR Lamp   | 2                        | 2           | 2            |
| 13      | IRR Lamp   | 2                        | 4           | 6            |
| 14      | Laser Therapy Unit   | 1                        | 1           | 1            |
| 15      | Cryotherapy Unit   | 1                        | 2           | 3            |
| 16      | CPM Unit (Lower Limb)  | 1                        | 1           | 2            |
| 17      | CPM Unit (Upper Limb)  | 1                        | 1           | 2            |

**E. EXERCISE THERAPYLAB:**

| Sr. No. | Name of Equipment          | Number of Units required |             |              |
|---------|----------------------------|--------------------------|-------------|--------------|
|         |                            | Up to 40 Seats           | 41-60 Seats | 61-100 Seats |
| 1       | Parallel Bars with Mirrors | 2                        | 2           | 3            |
| 2       | Wall Ladder                | 1                        | 2           | 3            |
| 3       | Static Cycles              | 3                        | 4           | 5            |
| 4       | Suspension Apparatus       | 1                        | 1           | 2            |
| 5       | Shoulder Wheel             | 3                        | 4           | 4            |
| 6       | T-Pulley                   | 2                        | 2           | 2            |

|    |   |         |         |        |
|----|---|---------|---------|--------|
| 7  | Finger Ladder                                       | 2       | 2       | 2      |
| 8  | Hand Exercise Kit                                   | 1       | 2       | 2      |
| 9  | Multiple Exercise Chair/Machine                     | 1       | 2       | 2      |
| 10 | Tilt Table  | 1       | 2       | 2      |
| 11 | Exercise Mat 4"Thick (6'x 3')                       | 1 pair  | 2 pair  | 3 pair |
| 12 | Walkers of Adjustable Height with and Casters       | 3       | 5       | 5      |
| 13 | Elbow Crutches                                      | 3 pairs | 4 pairs | 5 pair |
| 14 | Axillary Crutches                                   | 3 pairs | 4 pairs | 5 pair |
| 15 | Walking sticks                                      | 4       | 6       | 6      |
| 16 | Wheel Chairs-Adult size Paediatric size             | 1<br>1  | 2<br>2  | 2<br>2 |
| 17 | Medicine Balls (1 Kg-5 Kg)                          | 1 set   | 2 sets  | 3 sets |
| 18 | Dumbells (1/2 Kg – 5 Kg)                            | 2 sets  | 3 sets  | 4 sets |
| 19 | Quadriceps Table                                    | 1       | 2       | 3      |
| 20 | Self-exercising equipment for all peripheral joints | 1 set   | 2 sets  | 3 sets |
| 21 | Swiss Balls & Bolsters                              | 2 sets  | 4 sets  | 6      |
| 22 | Trampoline (various sizes)                          | 1 set   | 1 set   | 1 set  |
| 23 | Weight Cuffs  | 1 set   | 2 sets  | 3 set  |
| 24 | Balance Board (Adult & Paediatric                   | 2       | 4       | 6      |
| 25 | Goniometers (360, 180 & Finger)                     | 4 sets  | 6 sets  | 8 sets |
| 26 | Treatment Couches                                   | 8       | 10      | 12     |
| 27 | Standing Frame                                      | 1       | 2       | 2      |
| 28 | CP Chairs   | 1       | 2       | 2      |
| 29 | Wedges  | 1 Set   | 2 Sets  | 3 sets |
| 30 | Peg Boards  | 2       | 3       | 4      |

**F. ANATOMY LAB**

Anatomy Lab should be well equipped with minimum 15 dissected specimens, 4 Mannequins, minimum 20 models and a museum as requirement of syllabus and strength of students.

**G. PHYSIOLOGY LAB:**

Adequate facility for experiments and demonstrations as per the requirement of the syllabus i.e. blood studies, Nerve muscle studies, spirometry, exercise physiology etc.

**H. COMPUTER LAB**

There should be well equipped Computer Lab with Broadband Internet Connectivity. Ratio should be maintained as 1 computer for 3 students.

**Requirement and norms for starting MPT Course**

- **Land-** There shall be no separate land required for starting MPT course. Requirement must be furnished in terms of physical infrastructure, Manpower etc.
- **College Building** – In addition to the space mentioned for undergraduate programme, the following are the requirements:
  - i. **Classroom** - 02 rooms of 400 sq.ft. (each) in addition to the infrastructure of BPT.
  - ii. **Laboratory** - In addition to the space mentioned for Undergraduate programme, each lab shall have an adequate additional area to accommodate the equipment required for Postgraduate teaching as under:-

The laboratories should be provided with the following mandatory equipments.

- a. Neuro-Physiotherapy Laboratory- 800 sq.ft. area**
  - i. 4 Channel EMG with nerve-conduction testing facility
  - ii. Biofeedback unit with the facility to do quantitative analysis and therapy
  - iii. Swiss balls and stability trainers
  - iv. Therabands , Theratubes etc
  - v. Sensory integration kits
  - vi. Balance boards
  - vii. Video camera and player (with jog shuttle facility) for movement analysis-desirable
  - viii. Motion Analyzer–desirable
  - ix. Balance master–desirable
  - x. Functional Electrical Stimulator - desirable
- b. Orthopedic Physiotherapy Laboratory- 800 sq. ft. area**
  - i. Dynamometer
  - ii. Hand Evaluation kit
  - iii. Therabands and theratubes
  - iv. Biofeedback unitwith facility EMG unit with integrated analysis software provided
  - v. Video camera and player (with jog shuttle facility) for movement analysis desirable
  - vi. Isokinetic Unit–desirable
  - vii. Motion analysis–desirable
- c. Cardio-PulmonaryLaboratory- 800 sq.ft. area**
  - i. Ergometer(Treadmill/Bicycle with arm and leg unit)
  - ii. Spirometer Portable
  - iii. Peak Flow meters
  - iv. Pulse Oximeters
  - v. Mannequin for CPR Training
  - vi. Flutter
  - vii. Fat fold caliper
  - viii. BiPAP/CPAP – desirable
  - ix. Body composition Analyzer – desirable
  - x. Energy consumption analyzer – desirable
- d. Paediatric Laboratory- 800 sq.ft. area**
  - i. Well-equipped Play room
  - ii. Sensory integration kit
  - iii. Swiss balls
  - iv. Positioning devices
  - v. Attachment to a CHC is a must
  - vi. Ball pool
  - vii. Audio-Visual room
  - viii. Accessibility to a mobile Physiotherapy Unit is desirable
- e. Sports Physiotherapy Laboratory- 800 sq.ft. area**
  - i. Fitness measurement instrumentation
  - ii. Access to sports center/gym
  - iii. Tie up with a sports team
- f. Geriatrics Physiotherapy Laboratory- 800 sq.ft. area**
  - i. Well-ventilated and well lighted room
  - ii. Wall to wall carpet in department/Non slippery surface
  - iii. Set of all assistive devices including walkers/sticks etc
  - iv. Low height steps and slops.
  - v. Different weights with different colors and shapes



**Annexure-A**  
**APPLICATION FORM FOR ISSUANCE OF LETTER OF INTENT**  
**(TO BE FILLED IN CAPITAL LETTERS ONLY)**

1. Name of the Society/Trust/Company etc. **(Trust deed/Registration Certificate attested by the notary to be attached)**

**(Members registered under Society/Trust in the sub-registrar office shall be submitted).**

2. Name of the Chairperson/Secretary of Trust

Contact No. (O) \_\_\_\_\_

Fax: \_\_\_\_\_

(M): \_\_\_\_\_

E-mail: \_\_\_\_\_

3. Address of the Society/Trust/Mission etc.

City/Town

Tehsil/Taluk

District

Pin Code

State

4. Registration No. of Society \_\_\_\_\_

5. PAN No. \_\_\_\_\_

6. Registration under section 12 A of the IT Act- Yes/No  
 Exemption claimed, if any- \_\_\_\_\_

7. Name of the Institution \_\_\_\_\_

8. Address of the Institution

City/Town

Tehsil/Taluk

District

Pin Code

State

9. Course applied for (Please mark)     
 Name of the BPT MPT Ph.D  
 course



10. In case of MPT or Ph.D, details of BPT Course located in the same building duly approved by State Government and is affiliated/ recognized by HSPC/University

| Sr. No. | Course Name | NOC No. & Date | Unit Size | HSPC letter No. & Date | Consent | Name of the affiliating University |
|---------|-------------|----------------|-----------|------------------------|---------|------------------------------------|
|---------|-------------|----------------|-----------|------------------------|---------|------------------------------------|

1. BPT

11. Land details \_\_\_\_\_

12. CLU from concerned competent authority (if applicable)- \_\_\_\_\_

13. Proof of Land Deed \_\_\_\_\_

14. Sources of finances, resource projection and utilization schedule \_\_\_\_\_

15. Building Plan/Architectural Master Plan \_\_\_\_\_

16. Clinical Facilities

1. - Name of the Parent Hospital : \_\_\_\_\_

- No. of Beds : \_\_\_\_\_

- Proof of the Hospital being a Parent Hospital : \_\_\_\_\_

- Pollution control board certificate of the Hospital : \_\_\_\_\_

2. - Name of the Affiliated Hospital(s), if any with no. of Beds (total 100 beds) : \_\_\_\_\_

- Pollution control board certificate of the affiliated Hospital(s) to be attached : \_\_\_\_\_

**(All Documents duly attested by Notary)**

17. Detail of the Fee Deposited in the account of Haryana State Medical Education Society

I/we \_\_\_\_\_ hereby certify that above application has been submitted with best of my knowledge and no facts have been concealed. I/We hereby abide by all the instructions and directions issued by Government/DMER from time to time and admit to be governed by Haryana Private Health Sciences Educational Institutions (Regulation of Admission, fixation of fee and maintenance of Educational Standard) Act, 2012.

Sd/-

Name/Designation of applicant

**Annexure-B**  
**HOSPITAL -INFORMATION**

1. Name of the Hospital: \_\_\_\_\_
2. Address: \_\_\_\_\_  
\_\_\_\_\_
3. Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_
4. Whether the Hospital is
  - Owned
  - Attached Hospital (Govt. / Civil / Private)
5. **DISTANCE FROM THE COLLEGE:**.....
6. **SPECIALITIES AVAILABLE:**

| Sr. No            | Specialties   | ✓ (Tick the available facility) | No. of beds in the specialty |
|-------------------|---|---------------------------------|------------------------------|
| 1                 | Orthopedics   |                                 |                              |
| 2                 | Surgery including plastic surgery and burns           |                                 |                              |
| 3                 | Gynecology and Obstetrics                             |                                 |                              |
| 4                 | Medicine including rheumatology                       |                                 |                              |
| 5                 | Neurology   |                                 |                              |
| 6                 | Pediatrics  |                                 |                              |
| 7                 | Respiratory medicine                                  |                                 |                              |
| 8                 | Cardiology including critical care and cardiothoracic |                                 |                              |
| 9                 | Radiology   |                                 |                              |
| 10                | Neurosurgery  |                                 |                              |
| <b>Total Beds</b> |   |                                 |                              |
7. Student Bed Ratio (Under graduate) : \_\_\_\_\_
8. Average Bed Occupancy in% :- \_\_\_\_\_
9. Whether Hospital is registered under:
  - (a) any act under Local authority like Corporation, Municipality, Grampanchayat, etc.:  
(Please attach copy of registration certificate)
  - (b) The Haryana Clinical Establishments (Registration and Regulation) Adoption Act, 2018: Yes/No  
(Please attach copy of registration certificate)
  - 2) Whether casualty is available and functional: Yes/No
  - 3) NABH Accreditation : Yes/No
  - 4) Whether separate Registration room is available at OPD?: \_\_\_\_\_
    - a. Number of total patients registered in last year: \_\_\_\_\_
    - b. Number of New Patient registered on daily average: \_\_\_\_\_
    - c. Number of Old patient registered on daily average: \_\_\_\_\_
    - d. Average Number of patients attending OPD (current year): \_\_\_\_\_
    - e. Whether records of patient registration are well maintained: \_\_\_\_\_

**Annexure-C****DECLARATION TO BE SUBMITTED BY THE ATTACHED HOSPITAL**  
**(TO BE FURNISHED ON OFFICAL LETTER HEAD)**

Name of the Hospital: \_\_\_\_\_

Address of the Hospital: \_\_\_\_\_

I in the capacity of .....is the authorized signatory for this Hospital.

- 1) I declare that this hospital is not attached to any Nursing School/College or Physiotherapy College for providing practical training facilities to students.

I.....Designation.....hereby give consent for attachment of this hospital to.....(Name of the Physiotherapy Institution).....for running.....(BPT/MPT/Ph.D). Adequate No. of Beds/distribution of beds and other facilities as per the Norms are available in the Hospital. All arrangements for training of students as per the Norms shall be ensured.

I declare that the desirable student patient ratio shall be maintained.

Number of Beds strength of our Hospital is \_\_\_\_\_.

The hospital is NABH Accredited and registered under The Haryana Clinical Establishments (Registration and Regulation ) Adoption Act, 2018.

Name in Block Letters \_\_\_\_\_

Signature \_\_\_\_\_

Designation \_\_\_\_\_

Pan No. \_\_\_\_\_

E.mail ID \_\_\_\_\_

Mobile No. \_\_\_\_\_

**Annexure-D****College Building:-**

| <b>Space allotment</b>                              | <b>Units</b> | <b>Total</b>          |  |
|---|--------------|-----------------------|--|
| Main Office   | 1            | 400 sq.ft.            |  |
| Principal Office                                    | 1            | 300 sq.ft.            |  |
| Professor's Office                                  | 2            | 500 sq.ft.            |  |
| Associate Professor's office                        | 4            | 600 sq.ft.            |  |
| Assistant Professor's office                        | 6            | 600 sq.ft.            |  |
| Staff Room  | 1            | 400 sq.ft.            |  |
| Room for other staff                                | 1            | 400 sq.ft.            |  |
| Seminar / Audio-visual Hall                         | 1            | 2000 sq.ft.           |  |
| Examination Hall                                    | 1            | 2000 sq.ft.           |  |
| Class Rooms   | 4            | 2600 sq.ft.           |  |
| Demonstration Room                                  | 2            | 800 sq.ft.            |  |
| Library   | 1            | 1500 sq.ft.           |  |
| Computer Lab  | 1            | 800 sq.ft.            |  |
| Common Room (Boys)                                  | 1            | 400 sq.ft.            |  |
| Common Room (Girls)                                 | 1            | 400 sq.ft.            |  |
| <b>Laboratories</b>                                 |              |                       |  |
| Anatomy   | 1            | 800 sq.ft.            |  |
| Physiology  | 1            | 800 sq.ft.            |  |
| Exercise Therapy Lab                                | 1            | 1750 sq.ft.           |  |
| Electrotherapy Lab                                  | 1            | 1750 sq.ft.           |  |
| Biomechanics & Kinesiology Lab                      | 1            | 900 sq.ft.            |  |
| Medical Physics & Fundamental of Electrotherapy lab | 1            | 800 sq.ft.            |  |
| Functional Diagnostic Lab                           | 1            | 900 sq.ft.            |  |
| Wax Therapy unit                                    | 1            | 450 sq.ft.            |  |
| Hydrotherapy unit                                   | 1            | 650 sq.ft.            |  |
| Mechanotherapy unit                                 | 1            | 450 sq.ft.            |  |
| <b>Total</b>  |              | <b>22,050 sq. ft.</b> |  |

**Hostel Building:-**

| Sr. No.      | Hostel Block                  | Area (Figures in Sq feet)  |
|--------------|-------------------------------|--|
| 1            | Single Room/ Double Room      | 20000 sq.ft.   |
| 2            | Sanitary                      | One WC (water closet) & One Bath Room (for 5 students)- 500 sq.ft. |
| 3            | Visitor Room/ Recreation Room | 500 sq.ft.   |
| 4            | Reading Room                  | 250 sq.ft.   |
| 5            | Dining Hall                   | 1500 sq.ft.  |
| 6            | Kitchen & Store               | 1000 sq.ft.  |
| <b>Total</b> |                               | <b>23750 Sq. Ft.</b>   |

- ❖ Hostel accommodation on lease for hostels is permissible subject to the condition of fulfillment of the norms.
- ❖ There shall be the separate girls and boys hostel.

LABORATORIES- FOR BPT COURSE (BIS certification is recommended for equipments)

**A. FUNCTIONAL DIAGNOSTIC LAB(ELECTRODIAGNOSIS LAB):**

- a. Space available for department -----sq.ft.
- b. Whether w\c facility is attached?-----
- c. Whether Departmental Library is maintained -----  
If yes, then number of available books -----
- d. Whether Stock book registers are available? -----  
Whether Certified and well maintained? -----
- e. Whether students attendance record is available ? :-----
- f. Whether record of internal Assessment is well maintained? :-----
- g. Number of Charts available : -----
- h. Number of Models available -----
- i. Whether term wise distributed syllabus is followed? :-----
- j. Any other important thing to specify?-----

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

| S. No. | Name of Equipment   | Number of Equipments required |             |              | Available |
|--------|---|-------------------------------|-------------|--------------|-----------|
|        |   | Up to 40 seats                | 41-60 Seats | 60-100 seats |           |
| 1      | Diagnostic Electrical Stimulator with Facility to draw SD Curve | 4                             | 8           | 12           |           |
| 2      | Biofeedback Unit  | 1                             | 1           | 1            |           |
| 3      | E.M.G./NCV/EP Unit  | 1                             | 1           | 2            |           |

**B. EXERCISE TOLERANCE AND FITNESS LAB:**

| Sr. No. | Name of Equipment | Number of Units required |             |              | Available |
|---------|-------------------|--------------------------|-------------|--------------|-----------|
|         |                   | Up to 40 seats           | 41-60 seats | 60-100 seats |           |
| 1       | TMT Unit          | 1                        | 1           | 2            |           |

|    |  |        |        |        |  |
|----|--|--------|--------|--------|--|
| 2  | Bicycle Ergometer Having speedometer and Adjustable Load | 1      | 2      | 3      |  |
| 3  | Skin Fold Calipers                                       | 3      | 5      | 7      |  |
| 4  | Weighing Scale with Height Measuring Facility            | 3      | 5      | 5      |  |
| 5  | Spiro meter and Peak flow meter                          | 2 each | 3 each | 4 each |  |
| 6  | Pulse Oximeter   | 2each  | 3 each | 4 each |  |
| 7  | Mannequins for CPR training                              | 1      | 2      | 3      |  |
| 8  | Hand Evaluation Kit                                      | 1      | 2      | 3      |  |
| 9  | Dynamometer (Hand, Back-leg-chest)                       | 1      | 2      | 3      |  |
| 10 | Sensory Integration Kit                                  | 1      | 2      | 3      |  |
| 11 | Body Composition Analyser                                | 1      | 1      | 1      |  |
|    |  |        |        | 6      |  |
|    |  |        |        | 1      |  |

**C. BIOMECHANICS and KINESIOLOGY:**

Name of H.O.D.-----

k. Space available for department :-----

b. Whether w\c facility is attached? :-----

c. Whether Departmental Library is maintained :-----

If yes, then number of available books :-----

d. Whether Stock book registers are available? :-----

Whether Certified and well maintained? :-----

e. Whether students attendance record is available?:-----

f. Whether record of internal Assessment is well maintained? :-----

g. Number of Charts available:-----

h. Number of Models available:-----

i. Whether term wise distributed syllabus is followed? :-----

j. Any other important thing to specify?-----

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

**BIOMECHANICS and KINESIOLOGY:**

| Sr. No. | Name of Equipment                              | Number of Units required |             |                | Available |
|---------|--|--------------------------|-------------|----------------|-----------|
|         |  | Up to 40 seats           | 41-60 seats | 61 – 100 Seats |           |
| 1       | Full Size Postural Mirrors                     | 1                        | 2           | --- (XXX)      |           |
| 2       | Plumb Line                                     | 8                        | 12          | 16             |           |
| 3       | Various Orthosis & Proshesis for demonstration | 1 set                    | 2 sets      | 3 sets         |           |
| 4       | Goniometers (360, 180 & Finger)                | 6 sets                   | 8 sets      | ----(XXX)      |           |
| 5       | Stadiometer                                    | 1                        | 2           | 3              |           |
| 6       | Weighing machine                               | 1                        | 2           | ----(XXX)      |           |
| 7       | Measuring Tapes                                | 6                        | 8           | 10             |           |

**Desirable Units:** Isokinetic Unit & Gait Analysis Unit.

**D. MEDICAL PHYSICS AND FUNDAMENTALS OF ELECTROTHERAPY LAB:**

Name of  
H.O.D.:

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

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

| Sr. No. | Name of Equipment | Number of Units required |             |              | Available |
|---------|-------------------|--------------------------|-------------|--------------|-----------|
|         |                   | Up to 40 seats           | 41-60 seats | 61-100 Seats |           |
| 1       | Galvanometer      | 1                        | 2           | 2            |           |
| 2       | Ammeter           | 1                        | 2           | 2            |           |
| 3       | Voltmeter         | 1                        | 2           | 2            |           |
| 4       | Potentiometer     | 1                        | 2           | 2            |           |

|    |                                  |   |   |   |  |
|----|----------------------------------|---|---|---|--|
| 5  | Multimeter (Analogue & Digital)  | 4 | 8 | 8 |  |
| 6  | Variable Resistance (Rheostat)   | 2 | 3 | 3 |  |
| 7  | Variable Capacitance             | 2 | 3 | 3 |  |
| 8  | Batteries (6 V, 12 V)            | 2 | 4 | 4 |  |
| 9  | Dry Cells (1.5 V, 3 V)           | 2 | 4 | 4 |  |
| 10 | Oscilloscope                     | 2 | 4 | 4 |  |
| 11 | Voltaic Cell                     | 1 | 2 | 2 |  |
| 12 | Daniel cell                      | 1 | 2 | 2 |  |
| 13 | Lechlanche Cell                  | 1 | 2 | 2 |  |
| 14 | Lead Acid Accumulator            | 1 | 2 | 2 |  |
| 15 | Edison Cell                      | 1 | 2 | 2 |  |
| 16 | Transformer (Step down)          | 2 | 4 | 4 |  |
| 17 | Transformer (Step up)            | 2 | 4 | 4 |  |
| 18 | Dynamo model AC/DC               | 2 | 4 | 4 |  |
| 19 | Safety devices (Fuses- 5A, 15 A) | 4 | 6 | 6 |  |
| 20 | Magnetic needle                  | 4 | 6 | 6 |  |
| 21 | Bar magnet                       | 4 | 6 | 6 |  |
| 22 | Electromagnet                    | 4 | 6 | 6 |  |

**E. ELECTROTHERAPY LAB**

Name of  
H.O.D.:

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

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



| Sr. No. | Name of Equipment  | Number of Units required |             |              | Available |
|---------|--|--------------------------|-------------|--------------|-----------|
|         |  | Up to 40 seats           | 41-60 seats | 61-100 Seats |           |
| 1       | Hydrocollator Hot Pack Unit  | 1                        | 2           | 3            |           |
| 2       | Paraffin Wax Bath  | 1                        | 2           | 3            |           |
| 3       | Short Wave Diathermy – 500 watts with both Disc and pad electrodes | 2                        | 2           | 3            |           |
| 4       | Microwave Diathermy  | 1                        | 1           | 2            |           |
| 5       | Diagnostic Electrical Stimulator                                   | 4                        | 8           | 8            |           |
| 6       | Interferential Therapy   | 2                        | 3           | 4            |           |
| 7       | T.E.N.S (Four Channel)   | 3                        | 5           | 7            |           |
| 8       | Ultrasound Therapy Unit  | 2                        | 4           | 6            |           |
| 9       | Electronic Traction Unit (Cervical & Lumbar)                       | 2                        | 3           | 3 each       |           |
| 10      | Whirlpool Bath   | 1                        | 1           | 1            |           |
| 11      | Contrast Bath  | 1                        | 1           | 1            |           |
| 12      | UVR Lamp   | 2                        | 2           | 2            |           |
| 13      | IRR Lamp   | 2                        | 4           | 6            |           |
| 14      | Laser Therapy Unit   | 1                        | 1           | 1            |           |
| 15      | Cryotherapy Unit   | 1                        | 2           | 3            |           |
| 16      | CPM Unit (Lower Limb)  | 1                        | 1           | 2            |           |
| 17      | CPM Unit (Upper Limb)  | 1                        | 1           | 2            |           |

**E. EXERCISE THERAPYLAB:**

Name of H.O.D.: \_\_\_\_\_

- a. Space available for department :-----
- b. Whether w/c facility is attached? :-----
- c. Whether Departmental Library is maintained :-----  
If yes, then number of available books :-----
- d. Whether Stock book registers are available? :-----  
Whether Certified and well maintained? :-----
- e. Whether students attendance record is available? :-----
- f. Whether record of internal Assessment is well maintained? :-----
- g. Number of Charts available :-----
- h. Number of Models available :-----
- i. Whether term wise distributed syllabus is followed? :-----

Any other important thing to specify? -----

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

| Sr. No. | Name of Equipment                                   | Number of Units required |             |              | Available |
|---------|---|--------------------------|-------------|--------------|-----------|
|         |   | Up to 40 Seats           | 41-60 Seats | 61-100 Seats |           |
| 1       | Parallel Bars with Mirror                           | 2                        | 2           | 3            |           |
| 2       | Wall Ladder   | 1                        | 2           | 3            |           |
| 3       | Static Cycles                                       | 3                        | 4           | 5            |           |
| 4       | Suspension Apparatus                                | 1                        | 1           | 2            |           |
| 5       | Shoulder Wheel                                      | 3                        | 4           | 4            |           |
| 6       | T-Pulley  | 2                        | 2           | 2            |           |
| 7       | Finger Ladder                                       | 2                        | 2           | 2            |           |
| 8       | Hand Exercise Kit                                   | 1                        | 2           | 2            |           |
| 9       | Multiple Exercise Chair/Machine                     | 1                        | 2           | 2            |           |
| 10      | Tilt Table  | 1                        | 2           | 2            |           |
| 11      | Exercise Mat 4"Thick (6'x 3')                       | 1 pair                   | 2 pair      | 3 pair       |           |
| 12      | Walkers of Adjustable Height with and Casters       | 3                        | 5           | 5            |           |
| 13      | Elbow Crutches                                      | 3 pairs                  | 4 pairs     | 5 pair       |           |
| 14      | Axillary Crutches                                   | 3 pairs                  | 4 pairs     | 5 pair       |           |
| 15      | Walking sticks                                      | 4                        | 6           | 6            |           |
| 16      | Wheel Chairs-Adult size Paediatric size             | 1<br>1                   | 2<br>2      | 2<br>2       |           |
| 17      | Medicine Balls (1 Kg-5 Kg)                          | 1 set                    | 2 sets      | 3 sets       |           |
| 18      | Dumbells (1/2 Kg – 5 Kg)                            | 2 sets                   | 3 sets      | 4 sets       |           |
| 19      | Quadriiceps Table                                   | 1                        | 2           | 3            |           |
| 20      | Self exercising equipment for all peripheral joints | 1 set                    | 2 sets      | 3 sets       |           |
| 21      | Swiss Balls & Bolsters                              | 2 sets                   | 4 sets      | 6            |           |
| 22      | Trampoline (various sizes)                          | 1 set                    | 1 set       | 1 set        |           |
| 23      | Weight Cuffs  | 1 set                    | 2 sets      | 3 set        |           |
| 24      | Balance Board (Adult &Paediatric                    | 2                        | 4           | 6            |           |
| 25      | Goniometers (360, 180 & Finger)                     | 4 sets                   | 6 sets      | 8 sets       |           |
| 26      | Treatment Couches                                   | 3                        | 4           | 12           |           |
| 27      | Standing Frame                                      | 1                        | 2           | 2            |           |
| 28      | CP Chairs   | 1                        | 2           | 2            |           |
| 29      | Wedges  | 1 Set                    | 2 Sets      | 3 sets       |           |
| 30      | Peg Boards  | 2                        | 3           | 4            |           |

**G. ANATOMY LAB**

Whether well equipped? Yes/No

Number of Dissected Specimens (minimum 15 are required) \_\_\_\_\_

-Number of Mannequins (Minimum 2, 3 &amp; 4 Nos for 30, 40/50 &amp; 60 students respectively)

-Number of Models (Minimum 20 are required) \_\_\_\_\_

-Museum (as per requirement of syllabus &amp; strength of students) Yes / No

**F. PHYSIOLOGY LAB:**

Adequate facility for experiments and demonstrations as per the requirement of the syllabus i.e. blood studies, Nerve muscle studies, spirometry, exercise physiology etc.

Available/Deficient

**G. COMPUTER LAB**

No. of Computers: \_\_

(Ratio should be maintained as 1 computer for 3 students) Broadband Internet Connectivity Yes /No)

**LABORATORY REQUIREMENTS FOR MPT COURSE**

The laboratories should be provided with the following mandatory equipments.

**a. Neuro-Physiotherapy Laboratory- 800 sq.ft. area**

| <b>Sr. No.</b> | <b>Name of Equipment</b>  | <b>Available</b> |
|----------------|---|------------------|
| 1              | 4 Channel EMG with nerve-conduction testing facility                                |                  |
| 2              | Biofeedback unit with the facility to do quantitative analysis and therapy          |                  |
| 3              | Swiss balls and stability trainers  |                  |
| 4              | Therabands, Theratubes etc  |                  |
| 5              | Sensory integration kits  |                  |
| 6              | Balance boards  |                  |
| 7              | Video camera and player (with jog shuttle facility) for movement analysis-desirable |                  |
| 8              | Motion Analyzer-desirable   |                  |
| 9              | Balance master-desirable  |                  |
| 10             | Functional Electrical Stimulator - desirable  |                  |

**b. Orthopedic Physiotherapy Laboratory- 800 sq. ft. area**

| <b>Sr. No.</b> | <b>Name of Equipment</b>  | <b>Available</b> |
|----------------|---|------------------|
| 1              | Dynamometer   |                  |
| 2              | Hand Evaluation kit   |                  |
| 3              | Therabands and theratubes   |                  |
| 4              | Biofeedback unit with facility EMG unit with integrated analysis software provided  |                  |
| 5              | Video camera and player (with jog shuttle facility) for movement analysis desirable |                  |
| 6              | Isokinetic Unit-desirable   |                  |
| 7              | Motion analysis-desirable   |                  |

**c. Cardio-Pulmonary Laboratory- 800 sq.ft. area**

| <b>Sr. No.</b> | <b>Name of Equipment</b>                            | <b>Available</b> |
|----------------|---|------------------|
| 1              | Ergometer (Treadmill/Bicycle with arm and leg unit) |                  |
| 2              | Spirometer Portable                                 |                  |
| 3              | Peak Flow meters                                    |                  |
| 4              | Pulse Oximeters                                     |                  |
| 5              | Mannequin for CPR Training                          |                  |
| 6              | Flutter   |                  |
| 7              | Fat fold caliper                                    |                  |
| 8              | BiPAP/CPAP – desirable                              |                  |
| 9              | Body composition Analyzer– desirable                |                  |
| 10             | Energy consumption analyzer– desirable              |                  |

**d. Paediatric Laboratory- 800 sq.ft. area**

| <b>Sr. No.</b> | <b>Name of Equipment</b>                                  | <b>Available</b> |
|----------------|---|------------------|
| 1              | Well equipped Playroom                                    |                  |
| 2              | Sensory integration kit                                   |                  |
| 3              | Swiss balls   |                  |
| 4              | Positioning devices                                       |                  |
| 5              | Attachment to a CHC is a must                             |                  |
| 6              | Ball pool   |                  |
| 7              | Audio-Visual room   |                  |
| 8              | Accessibility to a mobile Physiotherapy Unit is desirable |                  |

**e. Sports Physiotherapy Laboratory- 800 sq.ft. area**

| <b>Sr. No.</b> | <b>Name of Equipment</b>            | <b>Available</b> |
|----------------|-------------------------------------|------------------|
| 1              | Fitness measurement instrumentation |                  |
| 2              | Access to sports centre/gym         |                  |
| 3              | Tie up with a sports team           |                  |

**f. Geriatrics Physiotherapy Laboratory- 800 sq.ft. area**

| <b>Sr. No.</b> | <b>Name of Equipment</b>  | <b>Available</b> |
|----------------|---|------------------|
| 1              | Well ventilated and well lighted room   |                  |
| 2              | Wall to wall carpet in department/Non slippery surface  |                  |
| 3              | Set of all assistive devices including walkers/sticks etc   |                  |
| 4              | Low height steps and slops  |                  |
| 5              | Different weights with different colors and shapes  |                  |
| 6              | Department must be having some basic emergency facilities like sphygmomanometer, glucose, ECG machine |                  |
| 7              | Facility for on call Medical Officer  |                  |
| 8              | Low mats  |                  |
| 9              | Mirror  |                  |

**g. Gynecology Physiotherapy Laboratory- 800 sq.ft. area**

| <b>Sr. No.</b> | <b>Name of Equipment</b>                     | <b>Available</b> |
|----------------|--|------------------|
| 1              | Ultrasound machine                           |                  |
| 2              | TENS   |                  |
| 3              | IFT  |                  |
| 4              | Electrical stimulator with vaginal electrode |                  |
| 5              | Perineometer                                 |                  |
| 6              | Vaginal cones with different weights         |                  |
| 7              | Pressure biofeedback                         |                  |
| 8              | Medicine ball/swiss balls                    |                  |
| 9              | Mirror                                       |                  |
| 10             | Dumbbells set/Therabands/Theratubes          |                  |
| 11             | Weighing machine                             |                  |
| 12             | Facility for on call Medical Officer         |                  |
| 13             | Low mats/Chairs                              |                  |

**STAFFING PATTERN FOR PHYSIOTHERAPY COURSE**

Following teaching faculty shall be present in the institution before the admission will be carried out in the respective year:-

|  | <b>Required</b>   | <b>Available</b> |
|--|---|------------------|
| Before the start of 1st year of BPT course | Professor – 1<br>Assoc. Prof. – 2<br>Asst. Prof. – 3<br>Demonstrator – 2<br><b>08</b> |                  |
| Before the start of 2nd year of BPT course | Professor – 1<br>Assoc. Prof. – 2<br>Asst. Prof. – 5<br>Demonstrator – 3              |                  |
| Before the                                 |   |                  |

|   |  |  |
|---|--|--|
| start of 3rd<br>year of BPT<br>course               | Professor – 2<br>Assoc. Prof. – 3<br>Asst. Prof. – 5<br>Demonstrator – 3 |  |
| Before the<br>start of 4th<br>year of BPT<br>course | Professor – 2<br>Assoc. Prof. – 4<br>Asst. Prof. – 6<br>Demonstrator – 4 |  |

**Teachers of Specialty Medical Subjects:**

1. For 1st year BPT, 1 Assistant Professor each for Anatomy, Physiology, Biochemistry, English & Computer Applications is required.
2. For 2nd year BPT, 1 Assistant Professor each for Pathology, Microbiology, Pharmacology, Psychology & Sociology is required.
3. For 3rd year BPT, 1 Assistant Professor each for Orthopaedics, General Medicine and Research Methodology & Biostatistics is required.
4. For 4th year BPT, 1 Assistant Professor each for General Surgery & Neurology is required.

**(Staff for Medical subjects can be appointed as visiting faculty.)**

**Required Non-teaching Staff.**

| Sr. No. | Post                   | Requirement                  | Available |
|---------|------------------------|------------------------------|-----------|
| 1       | Librarian              | 01                           |           |
| 2       | Asst. Librarian        | 01                           |           |
| 3       | Superintendent         | 01                           |           |
| 4       | Accountant             | 01                           |           |
| 5       | Assistant              | 01                           |           |
| 6       | Clerk/DEO              | 02                           |           |
| 7       | Lab Attendants         | 04                           |           |
| 8       | Peon/Sweepers/Cleaners | as per the requirement basis |           |