

KERALA UNIVERSITY OF HEALTH SCIENCES

THRISSUR

Inspection Proforma for starting new Physiotherapy College

(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: _____

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-Details of proposed institution

1.	Name of the Manager Postal Address of the Manager Phone No: E-mail ID:	
2.	Address proof of the Manager Aadhaar card No./Voter's ID No:/ Pan Card No: /Latest Telephone Bill)	
3.	Name of Educational Agency /Department/Authority/ Soceity/ Trust/ Company with register number	
4.	If Non Govt. a. Proof of renewed registration for previous 3 years b. Audit Report of previous 3 years	
5.	Name of the proposed college	
6.	Details of NOC from Govt.	
7.	Name of the proposed course with seats	
8.	Name of the proposed location	
9.	Environment clearance certificate from pollution control board	

Part – II: Land and Buildings

S. No	Infrastructure Facilities required to start Bachelor in Physiotherapy course (For an intake of 30 students).	Available / Not Available	Remarks
01	Land owned by the Institute: 1. Area: 2 Acre (In corporation Limit) 5 Acres (Municipality or Panchayat Limit) 2. Building area - 10000 Sq. Ft. 3. Ground for future expansion 4. Building area should be increased proportionately when increasing the number of seats.		
02	Hospital (Minimum 250 Bed Capacity) Own or Tie up with Orthopedic, Neurology, General Medicine, Surgery, Cardiology, Pulmonology and Pediatric and ICU care. (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)		
04	Laboratories:		
	a. Anatomy Laboratory (should be well equipped lab of minimum 900 Sq. ft area for every 30 student)		
	b. Physiology Laboratory (should be well equipped lab of minimum 900 Sq. ft area for every 30 student)		
	c. Exercise Therapy Department - including Posture and Gait Laboratory + Storage (An area of minimum 1200 sq. ft – for every 30 students)		
05	Class Room: Total No. 2 (each of 600 Sq. ft)		

Inspector 1

Inspector 2

Inspector 3

Part – II: Land and Buildings

S. No	Infrastructure Facilities required to start Bachelors in Physiotherapy course (For an intake of 30 students)	Available / Not Available	Remarks
06	Library: Reading, Storage, Display and Issue Counter (2000 Sq. ft)		
07	Computer laboratory: Five computers and Internet connection (500 Sq. Ft)		
08	Students Hostel:		
	Men: Own or Tie Up		
	Women: Own or Tie Up		
09	Principal Room (with record room) Minimum 450 Sq. ft with attached toilet		
10	Staff Rooms (Minimum Area of 400 Sq. ft for 4 staff at the rate of 100 Sq. Ft per staff. With minimum 2 Computers having Internet facility)		
11	Office Room (Minimum 300sq. ft to accommodate 3 members: 1Accountant, 2 clerks and 1 peon)		
12	Conference Hall (Minimum 600 Square feet) With Audio Visual system including LCD		
13	Common Rooms		
	Men (Minimum 600 Sq. ft)		
	Women Minimum 600 Sq. ft)		
14	Store Room (minimum 200 Sq. Ft)		
15	Multipurpose Room with Electronic AV System (Hall of minimum 2500 sq. ft)		
16	Confidential Room:(for Online transmission of exam papers and related work) Minimum of 350 Sq. Ft		
17	Play Ground: Own or Tie Up (verify present permission status in case of tie-up attach MOU certificate from attached Institution)		
18	Vehicles for transportation: Own/ Tie Up 1. Mini Bus - 1 2. Car - 1		
19	Toilets: Sufficient separate space and number for males and females		

Inspector 1

Inspector 2

Inspector 3

Part – II: Land and Buildings

Hospital facility

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

Remarks if any -

Inspector 1

Inspector 2

Inspector 3

Part III: Equipments

Basic Sciences

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

General

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

Inspector 1

Inspector 2

Inspector 3

Part III: Equipments

Exercise Therapy

Required Equipment	Required	Available	Remarks
Suspension unit with accessories	1		
Shoulder pulley with weights	1		
Quadriceps table	1		
Dumbbells	1 set		
Weight cuffs	1 set		
Delorme boot and Quadriceps table	1 Set		
Ankle exerciser	1		
Marine wheel Full Circle	1		
Finger ladder	1		
Mobilization belts	2 set		
Wall bars	1		
Exercise mats	5		
Bolsters 3 sizes	1 each		
Balance boards	2		
Re-education boards	1		
Peg boards	1 set		
Tilt table Manual	1		
Vestibular balls 3 sizes	1set		
Couches	10		

Inspector 1

Inspector 2

Inspector 3

Part III: Equipments

Gait and Posture Lab

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

Inspector 1

Inspector 2

Inspector 3

Part III: Equipments

Electrotherapy and Physical Modalities

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

Inspector 1

Inspector 2

Inspector 3

Part IV: Human Resource

Permanent Physiotherapy Faculty

S No.	Designation	Required	Available	Remarks
Requirement for I Year				
01	Professor & Principal/HOD	01		
02	Associate Professor/ Vice Principal	01		
03	Assistant Professor	02		
04	Tutor / clinical Instructor	01		

Inspector 1

Inspector 2

Inspector 3

Part IV: Human Resource

Permanent Physiotherapy Faculty

Qualifications

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

Master of Physiotherapy with minimum 3 years teaching experience post PG.

Inspector 1

Inspector 2

Inspector 3

Part IV: Human Resource

Part Time Faculty for I Year

Subject	Available / Not available	Subject	Available/ Not available
Anatomy		Nursing	
Physiology		First Aid	
Biochemistry		English	
Sociology		Nutrition	
Psychology			

Library Staff

Designation	Qualification	Experience	Required	Available/ Not available
Senior Librarian	BLISc or Equivalent	3 years	1	
Library Attender	X standard	--	1	

Inspector 1

Inspector 2

Inspector 3

Part IV: Human Resource

Lab Assistants

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

Part V: Learning Resources

Books and Journals for I Year

S No.	Title	Required	Available	Remarks
1	Basic Sciences	150		
2	Medicine & Surgery	50		
3	Physiotherapy	50		
4	Allied Sciences	20		
5	Physiotherapy Journal	2		

Inspector 1

Inspector 2

Inspector 3

Part VI: Cardinal Deficiencies

1. Infrastructure

2. Equipments

3. Clinical material

4. Faculty

5. Academic training

Inspector 1

Inspector 2

Inspector 3

Part VII-Check list of enclosures for starting new course

S.No.	Enclosures	Available/ Not Available
1.	Letter of permission from Govt. of Kerala	
2.	Copy of agreement with Govt. of Kerala	
3.	Registration certificate and byelaw of the trust	
4.	Registered document of the land Land Area: 2 Acre (In corporation Limit) 5 Acres (Municipality or Panchayat Limit)	
5.	Name, Address and Telephone numbers of trustees/Board of Directors with attested copies of Aadhaar card No./Voter's ID No:/ Pan Card No: /Latest Telephone Bill	
6.	Site Plan of the land with boundaries of all survey number certified by the village officer Area:	
7.	Certificate from pollution control board.	
8.	Possession certificate of the land issued by the village officer	
9.	Land Tax certificate of the current year	
10.	Location certificate issued by the Village officer	
11.	Encumbrance certificate issued by the Sub Registrar for the last 30 years.	
12.	Site Plan and Building plan including hostels, play ground and Administrative block approved by concerned local body	
13.	Latest audited balance sheet of society/trust for the last 3 years.	
14.	Photocopy of the minutes of the meeting of society/ resolution of the trust to establish the college.	
15.	Details of facilities including staff, library, hospital etc. as per norms of KUHS	

Inspector 1

Inspector 2

Inspector 3

Part VIII: 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 academic year (attach copy) | Yes/ No |
| 5. Is the attached hospital (250 bedded) located within 10 kms. from the College? | Yes/ No |
| 6. Have the Physiotherapy faculty been checked for the following?
a. Appointment & Joining letter
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 BPT? | 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: