



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES

म्हसरुळ, वणी रोड, नाशिक - ४२२ ००४
Mhasrul, Vani Road, Nashik - 422 004.

Dr. S. H. Fugare
M.Sc. Ph.D
Dy. Registrar

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No. MUHS/E-6(UG)/ 229/641B/३८०२/ 2007

Date: 17 /08/2007

To,
✓ **The Dean / Principal,**
Maharashtra Institute of Physiotherapy
Vishwanathpuram,
Ambajogai Road,
Latur

Sub :- Continuation & Extension of Affiliation for the academic year 2007-08.

Sir/Madam,

1. As per the provision under Section 65(4) of Maharashtra University of Health Sciences Act, 1998, I am directed to communicate the decision of the Academic Council, taken in its meeting held on 08/08/2007. The Academic Council has unanimously resolved to grant continuation and extension of affiliation to the **Physiotherapy** course of your College for the academic year 2007-08, subject to following conditions :

- The Intake capacity shall be **30**
- Grant of permission from Central Govt. / Central Council and / State Government (as applicable).
- Fulfilment of following deficiencies and submission of its compliance report within **six months** :

(i) **Teaching Staff #:**

PT Year wise	Subject	Professor			Asso. Prof.			Lecturer			Asst. Lect.		
		R	E	D	R	E	D	R	E	D	R	E	D
I	Fundamentals of PT	1	0	1	-	-	-	1	1	0	1	2	0
II	Modalities & Therapeutics	-	-	-	1	1	0	-	-	-	1	2	0
III	Electro Functional diagnosis OR Clinical core Medical & Surgical subjects	-	-	-	1	1	0	1	1	0	-	-	-
TOTAL		1	0	1	2	2	0	2	2	0	2	2+2	0

R : Required E : Existing D : Deficient

Indicates teaching staff deficiencies shown as per the LIC report, however kindly note that it is ^enecessary to obtain the approval to the appointments to be made against deficit teachers as well as non-approved teachers of your college as per rules. Otherwise, it will be treated as deficiency, and accordingly suitable decision will be taken.

(ii) **Hospital** : More patient should be treated in physiotherapy OPD & IPD.

(iii) **Library** : More books & journals to be made available as per syllabus.

(iv) **Overall Remarks**: Professor & Principal should be appointed as per norms.

2. You are requested to do the needful and submit compliance within stipulated time.

Thanking you,

Yours Faithfully

Dy. Registrar 13/8

Copy to :-

1. The Principal Secretary, Medical Education & Drugs Department, Mumbai
2. The Controller of Examinations, M.U.H.S., Nashik
3. The Dy. Registrar, Eligibility Section, M.U.H.S., Nashik

22 SEP 2007

MIP College of Physiotherapy, Latur	
Co-Ordinator _____	
Principal _____	
A. O. _____	
Section _____	
Inward No. _____	

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