



# महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हसळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

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डॉ. आदिनाथ सूर्यकर

पीएच्.डी., एफएसीबीआय

कुलसचिव

Dr. Adinath Suryakar

Ph.D., FACBI

Registrar

No. MUHS/E-6(UG) /6401001/ 3199 /2013

Date: 28/08/2013

To

The Dean / Principal

Maharashtra Institute of Physiotherapy

Vishwanathpuram,

Ambajogai Road,

Latur-413 512

**Subject : Continuation / Extension of Affiliation for the Academic Year 2013-2014**

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 09/05/2013 vide its resolution No. 255/2013, the Hon'ble Vice-Chancellor has pleased to grant Continuation of affiliation to the **Physiotherapy** course of your college for the academic year 2013-14, subject to following conditions:

- The intake capacity shall be **30**.
- Grant of permission from Central Govt./ Central Council and / State Government, (as applicable.)
- Fulfillment of following **deficiencies** and submission of its compliance report within **Three Months**:

(i) **Teaching Staff :**

Year	Principal cum Professor			Professor			Asso. Prof.			Asst. Prof / Lecturer		
	R	E	D	R	E	D	R	E	D	R	E	D
First to Final year	1	0	1	1	1	0	4	3	1	6	6	0
<b>Total</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>4</b>	<b>3</b>	<b>1</b>	<b>6</b>	<b>6</b>	<b>0</b>

R. indicates no. of required teaching staff as per University norms.

E. indicates no. of Existing approved teaching staff.

D. indicates no. of deficit teaching staff as per University norms.

2. Also kindly comply the requirements mentioned in the enclosed **Annexure "A"** **within Three months.**
3. You are requested to comply with the above mentioned deficiencies within a stipulated time without fail and submit compliance report.
4. Kindly note the above and do the needful.

Thanking you,

Yours faithfully,



**Registrar**

**Copy to:**

1. The Secretary, Medical Education & Drugs Department, Mantralaya, Mumbai.
2. The Director, Directorate of Medical Education & Research, Mumbai
3. The Secretary, Pravesh Niyamtran Samiti, Mumbai.
4. The Competent Authority, AMUPMDC, Mumbai.
5. The Controller of Examinations, M.U.H.S., Nashik.
6. The Dy. Registrar, Academic Section (PG), M.U.H.S., Nashik
7. The Asst. Registrar, Eligibility Section, M.U.H.S., Nashik.

<b>MIP College of Physiotherapy, Latur</b>	
Co-Ordinator	_____
Principal	_____
A. O.	_____
Section	EST & _____
Forward No.	66 / 02-09-13 2/19/13