



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

(An ISO 9001:2008 Certified University)

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

Tel : (0253) 2539198, Fax : (0253) 2539195

Website : www.muhs.ac.in, E-mail : ugacademic@muhs.ac.in

डॉ. कशिनाथ दा. गर्कळ

पीएच.डी.

कुलसचिव

Dr. Kashinath D. Garkal

Ph.D.

Registrar

No. MUHS/E-6(UG) /6401001/2883 /2015

Date: 23/7/2015

Continuation / Extension of Affiliation letter for Academic Year 2015-16

(Issued under provision No. 11 & 12 of University Direction No. 03/2014)

To
The Dean / Principal
Maharashtra Institute of Physiotherapy
Vishwanathpuram,
Ambajogai Road,
Latur-413 512

Subject : Continuation / Extension of Affiliation for the Academic Year 2015-2016

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 24/04/2015. The Academic Council has unanimously resolved vide its resolution Nos. 13/2015 to grant Continuation of affiliation to the **Physiotherapy** course of your college for the academic year 2015-16, 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	1	0	1	1	0	4	3	1	6	5	1
Total	1	1	0	1	1	0	4	3	1	6	5	1

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.

MIP College of Physiotherapy, Latur

Co-Ordinator _____

Principal _____

A. O. _____

Section _____

Inward No. _____

2. Uploading of eligible data within three months from the date of admission of first year students.
3. Adequate facilities regarding Hostel and Library to be provided to the students.
4. You are requested to comply with the above mentioned deficiencies within a stipulated time without fail and submit compliance report.
5. 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.