

**BACHELOR DEGREE IN PHYSIOTHERAPY (BPT)**

26. Details of infrastructure facilities available in the institute

SNo	Details	detailed area in sq.metre	Available No.
a	Built in area of building proposed for the course (after excluding common area mentioned in the general proforma)		
b	Number of Lecture hall (With its available / proposed facilities).		
c	Number of students Practical laboratory (With its available / proposed work bench area for each student).  <i>Attach details of available/proposed equipments in the students' laboratories</i>		
d	Electrotherapy lab, out patient therapy area , Cubicles Other facilities available		
e	Seminar room with facilities i) Table ii) Chair iii) Audiovisual aids –OHP iv) LCD projector v) Computer		
f.	General store with facilities		
g	Common toilet-a) for Boys b) for Girls c) for staff		
h	Faculty rooms & staff rooms		

27. Whether the institute has a functional hospital of your own:

If yes, Total number of out patients/month

Total number of in-patients/month

:

28. Whether the hospital have the facility of 24 hour casualty:

If yes, Total number of out patients/month

:

29. Whether the hospital have the 24 hour trauma care unit:

If yes, Total number of out patients/month

:

30. Whether the hospital has Physical medicine and Rehabilitation Departments

If yes, Total number of out patients/month

Total number of in-patients/month

:

:

:

31. Whether the hospital has artificial limb centre

If yes, Give the details of facilities available

:

:

32. Whether the hospital has departments such as

Orthopaedic,Neuromedicine, Neurosurgery

,are available :

If yes, Total number of out patients in each unit/month :

Total number of in-patients in each unit/month :

Total number of patients treated in the last 2 years

in each unit :

33. Whether the hospital has a functional EMG laboratory :

If yes, Mention the year of installation :

Make of meschine

Name of the person who operate the meschine:

Total number of test per month :

34. Whether the course has ben affiliated to the university :

If yes, Give details of affiliation.

Number of seat allowed :

Eligibility for admission

35. Whether the course has ben affiliated to the AICTE :

If yes, Give details of affiliation.

36. Whether the staff members are posted for teaching

BPT course :

If yes, give the details

Teaching faculties

No.	Designation	Name	Qualification	Experience	Date of joining
1	Course Director				
2	Assistant Professor(Med)				
3	Assistant Professor(non-med)				
4	Lecturer (Medical)				
5	Lecturer (non-med)				
6	Administrative officer				
7	Assistant				
5	Cleaner/Sweeper				

37. Give the detailed list of staffs presently available in the concerned department.

No.	Designation	Name	Qualification	Experience	Date of joining	Full/Part time

38. Enclose the list of Equipments (with its make/model, year of installation, working status etc) available for the conduct of the concerned course in the institute /hospital.

**Declaration**

I, ..... on behalf of ..... do hereby state that the information given above is true to the best of my knowledge. Further I do agree to abide by future direction of the state Government/Paramedical council regarding mode of selection, minimum standards and fee structure of the proposed course.

Place:  
Date:

Signature of the applicant  
(Seal)