



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES

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

Deepak R Shelke

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No. MUHS/E-6(UG)/279/641B/ 2881 / 2008

Date: 16 /09/2008

To

The Dean / Principal

Maharashtra Institute of Physiotherapy

Vishwanathpuram,

Ambajogai Road,

Latur

Sub :- Continuation & Extension of Affiliation for the academic year 2008-09.

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 29/07/2008. The Academic Council has unanimously resolved to grant continuation and extension of affiliation to the **Physiotherapy** course of your College for the academic year 2008-09, subject to following conditions:

(a) The Intake capacity shall be **30**

(b) Grant of permission from Central Govt. / Central Council and / State Government (as applicable).

(c) 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	2	0	1	1	0
II	Modalities & Therapeutics	-	-	-	1	1	0	-	-	-	1	1	0
III	Electro Functional diagnosis OR Clinical core Medical & Surgical subjects	-	-	-	1	1	0	1	1	0	-	-	-
IV	Clinical core PT in Medical Surgical Conditions Musculoskeletal Neurosciences, Community Health, Psychiatry.	1	0	1	-	-	-	1	1	0	1	2	0
TOTAL		2	0	2	2	2	0	3	3+1	0	3	3+1	0

R : Required E : Existing D : Deficient

Indicates teaching staff deficiencies shown as per the LIC report, however kindly note that it is necessary 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.

2. You are requested to comply with the above mentioned deficiencies within a stipulated time without fail.

3. Kindly note the above and do the needful.

Thanking you,

MIP College of Physiotherapy, Latur
Co-Ordinator
Principal
A. O. *[Signature]*
A/Con/514
218
17/09/08

Yours Faithfully,

[Signature]
I/C Allied Faculty
Academic Section

Copy to :-

- The Hon'ble Secretary, Medical Education & Drugs Department, Mumbai
- The Controller of Examinations, M.U.H.S., Nashik
- The Dy. Registrar, Eligibility Section, M.U.H.S., Nashik