



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

(An ISO 9001:2008 Certified University)

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डॉ. कशिनार्थ दा. गर्कळ

पीएच्.डी.

कुलसचिव

Dr. Kashinath D. Garkal

Ph.D.

Registrar

No. MUHS/E-6(UG) /6401001/ 3320 /2014

Date: 21/07/2014

Continuation / Extension of Affiliation letter for Academic Year 2014-15
(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 2014-2015

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 21/05/2014. The Academic Council has unanimously resolved vide its resolution Nos. 08/2014 to grant Continuation of affiliation to the **Physiotherapy** course of your college for the academic year 2014-15, 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**:
 - 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.

(ii) Overall remarks:-

- 1) Use of MKCI software for student registration
 - 2) Strong room to be made available
 - 3) Online transmission equipment to be made available
 - 4) Vishaka and Anti Ragging committee to be appointed
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.

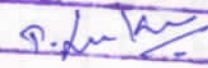
Thanking you,

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 Niyantaran 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.

MIP College of Physiotherapy, Latur
Co-Ordinator _____
Principal 
A. O. _____
Section <u>Est. Section</u>
Inward No. <u>267/3017/14</u>