



MUHS

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, Nashik
(An ISO 9001:2008 Certified University)

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डॉ. कलिदास द. चव्हाण

एम.बी.बी.एस., एम.डी. (न्यायवैद्यकास्त्र)

प्र.कुलसचिव

Dr. Kalidas D. Chavan

M.B.B.S. M.D. (Forensic Medicine)

Offg. Registrar

No. MUHS/UG/E-6/164104/ 5533

Date: 02/08/2016

Continuation / Extension of Affiliation for Academic Year 2016-17
(Issued under provision No. 11 & 12 of University Direction No. 03/2014)

To
The Dean / Principal,
M. I. P. College of Physiotherapy
MIMSR Medical College & Y.C.R.
Hospital Campus,
Vishwanath Puram, Ambajogai Road,
Dist. Latur - 413 512

Subject : Continuation / Extension of Affiliation for the Academic Year 2016-2017

Sir/Madam,

1. As per the provision under Section 68 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 16/05/2016. The Academic Council has unanimously resolved vide its resolution No. 46/2016 to grant Continuation of affiliation to the **Physiotherapy** course of your college for the academic year 2016-17, 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	4	0	6	5	1
Total	1	1	0	1	1	0	4	4	0	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 [Signature]
A. O. _____
Section Staff - 8th
Inward No. 483 - 10/8/2016

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,


Offg.Registrar

Copy to:

- 1 The Secretary, Medical Education & Drugs Department, Mantralaya, Mumbai
- 2 The Director, Directorate of Medical Education & Research, Mumbai
- 3 The Secretary, Admission Regulatory Authority, Mumbai
- 4 The Secretary, AMUPMDC, Mumbai
- 5 The Controller of Examinations, M.U.H.S., Nashik
- 6 The In-Charge, Academic Section (PG), M.U.H.S., Nashik
- 7 The In-Charge, Eligibility Section, M.U.H.S., Nashik