

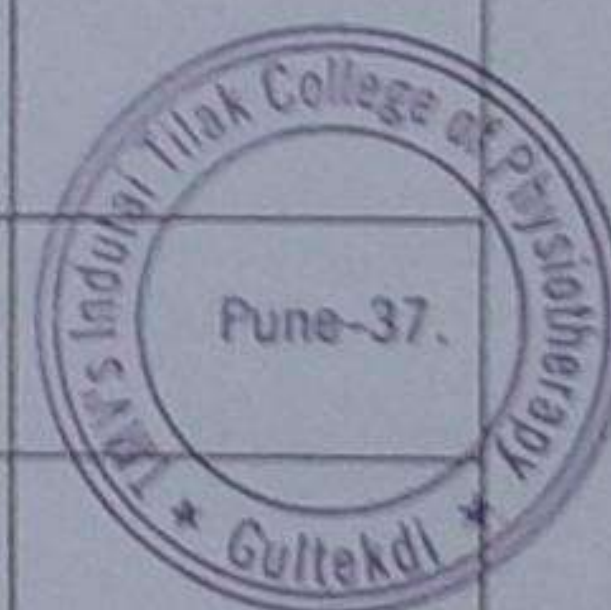
**Maharashtra University of Health  
Sciences, Nashik Inspection Committee Report  
for Academic Year 2022 - 2023**

**Clinical Material in Hospital**

**Faculty : Physiotherapy**

**Name of College/Institute TMV's Indutai Tilak College of Physiotherapy , Pune.**

| Sr. No.  | Particulars to be verified   | Adequate/ Inadequate                                   |                |                    |                |  |    |                  |    |    |      |    |                 |    |    |     |    |             |    |    |     |    |              |    |    |    |    |            |    |    |    |    |             |    |    |       |    |              |    |    |       |    |             |    |    |       |    |             |    |    |  |    |                  |    |    |    |    |           |    |    |  |       |  |     |     |      |  |
|----------|--|--|----------------|--------------------|----------------|--|----|------------------|----|----|------|----|-----------------|----|----|-----|----|-------------|----|----|-----|----|--------------|----|----|----|----|------------|----|----|----|----|-------------|----|----|-------|----|--------------|----|----|-------|----|-------------|----|----|-------|----|-------------|----|----|--|----|------------------|----|----|----|----|-----------|----|----|--|-------|--|-----|-----|------|--|
| a.       | There must be a parent Hospital with minimum 300 beds Indoor & Outdoor<br>Facility with Physiotherapy exposure in the broad specialty areas including Intensive care to provide practical experience to the student.:  | 554<br>Adequate  |                |                    |                |  |    |                  |    |    |      |    |                 |    |    |     |    |             |    |    |     |    |              |    |    |    |    |            |    |    |    |    |             |    |    |       |    |              |    |    |       |    |             |    |    |       |    |             |    |    |  |    |                  |    |    |    |    |           |    |    |  |       |  |     |     |      |  |
| b.       | The student to patient ratio should be minimum 1:5, the first part being student & second part patient.  | 1:5<br>Adequate  |                |                    |                |  |    |                  |    |    |      |    |                 |    |    |     |    |             |    |    |     |    |              |    |    |    |    |            |    |    |    |    |             |    |    |       |    |              |    |    |       |    |             |    |    |       |    |             |    |    |  |    |                  |    |    |    |    |           |    |    |  |       |  |     |     |      |  |
| c.       | The desirable breakup of beds shall be as follows :<br><b>Student Patient Ratio</b> (as per M.S.R., it must be 1:5) :  | Adequate   |                |                    |                |  |    |                  |    |    |      |    |                 |    |    |     |    |             |    |    |     |    |              |    |    |    |    |            |    |    |    |    |             |    |    |       |    |              |    |    |       |    |             |    |    |       |    |             |    |    |  |    |                  |    |    |    |    |           |    |    |  |       |  |     |     |      |  |
|          | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Sr. N o.</th><th style="width: 35%;">Specialty</th><th style="width: 20%;">For 30 &amp; 60 Intake</th><th style="width: 20%;">For 100 Intake</th><th style="width: 20%;"></th></tr> </thead> <tbody> <tr><td>01</td><td>General Medicine</td><td>60</td><td>90</td><td>1020</td></tr> <tr><td>02</td><td>General Surgery</td><td>60</td><td>90</td><td>170</td></tr> <tr><td>03</td><td>Orthopedics</td><td>60</td><td>90</td><td>370</td></tr> <tr><td>04</td><td>Obst &amp; Gynac</td><td>30</td><td>60</td><td>10</td></tr> <tr><td>05</td><td>Pediatrics</td><td>30</td><td>60</td><td>35</td></tr> <tr><td>06</td><td>Medical ICU</td><td>10</td><td>15</td><td>C 160</td></tr> <tr><td>07</td><td>Surgical ICU</td><td>10</td><td>15</td><td>N 160</td></tr> <tr><td>08</td><td>PICU + NICU</td><td>10</td><td>15</td><td>Rao 8</td></tr> <tr><td>09</td><td>ICCU + RICU</td><td>10</td><td>10</td><td></td></tr> <tr><td>10</td><td>Burns Unit / ICU</td><td>10</td><td>05</td><td>20</td></tr> <tr><td>11</td><td>Emergency</td><td>10</td><td>10</td><td></td></tr> <tr><td colspan="2">Total</td><td>300</td><td>450</td><td>1953</td></tr> </tbody> </table> | Sr. N o.   | Specialty      | For 30 & 60 Intake | For 100 Intake |  | 01 | General Medicine | 60 | 90 | 1020 | 02 | General Surgery | 60 | 90 | 170 | 03 | Orthopedics | 60 | 90 | 370 | 04 | Obst & Gynac | 30 | 60 | 10 | 05 | Pediatrics | 30 | 60 | 35 | 06 | Medical ICU | 10 | 15 | C 160 | 07 | Surgical ICU | 10 | 15 | N 160 | 08 | PICU + NICU | 10 | 15 | Rao 8 | 09 | ICCU + RICU | 10 | 10 |  | 10 | Burns Unit / ICU | 10 | 05 | 20 | 11 | Emergency | 10 | 10 |  | Total |  | 300 | 450 | 1953 |  |
| Sr. N o. | Specialty  | For 30 & 60 Intake                                     | For 100 Intake |                    |                |  |    |                  |    |    |      |    |                 |    |    |     |    |             |    |    |     |    |              |    |    |    |    |            |    |    |    |    |             |    |    |       |    |              |    |    |       |    |             |    |    |       |    |             |    |    |  |    |                  |    |    |    |    |           |    |    |  |       |  |     |     |      |  |
| 01       | General Medicine   | 60   | 90             | 1020               |                |  |    |                  |    |    |      |    |                 |    |    |     |    |             |    |    |     |    |              |    |    |    |    |            |    |    |    |    |             |    |    |       |    |              |    |    |       |    |             |    |    |       |    |             |    |    |  |    |                  |    |    |    |    |           |    |    |  |       |  |     |     |      |  |
| 02       | General Surgery  | 60   | 90             | 170                |                |  |    |                  |    |    |      |    |                 |    |    |     |    |             |    |    |     |    |              |    |    |    |    |            |    |    |    |    |             |    |    |       |    |              |    |    |       |    |             |    |    |       |    |             |    |    |  |    |                  |    |    |    |    |           |    |    |  |       |  |     |     |      |  |
| 03       | Orthopedics  | 60   | 90             | 370                |                |  |    |                  |    |    |      |    |                 |    |    |     |    |             |    |    |     |    |              |    |    |    |    |            |    |    |    |    |             |    |    |       |    |              |    |    |       |    |             |    |    |       |    |             |    |    |  |    |                  |    |    |    |    |           |    |    |  |       |  |     |     |      |  |
| 04       | Obst & Gynac   | 30   | 60             | 10                 |                |  |    |                  |    |    |      |    |                 |    |    |     |    |             |    |    |     |    |              |    |    |    |    |            |    |    |    |    |             |    |    |       |    |              |    |    |       |    |             |    |    |       |    |             |    |    |  |    |                  |    |    |    |    |           |    |    |  |       |  |     |     |      |  |
| 05       | Pediatrics   | 30   | 60             | 35                 |                |  |    |                  |    |    |      |    |                 |    |    |     |    |             |    |    |     |    |              |    |    |    |    |            |    |    |    |    |             |    |    |       |    |              |    |    |       |    |             |    |    |       |    |             |    |    |  |    |                  |    |    |    |    |           |    |    |  |       |  |     |     |      |  |
| 06       | Medical ICU  | 10   | 15             | C 160              |                |  |    |                  |    |    |      |    |                 |    |    |     |    |             |    |    |     |    |              |    |    |    |    |            |    |    |    |    |             |    |    |       |    |              |    |    |       |    |             |    |    |       |    |             |    |    |  |    |                  |    |    |    |    |           |    |    |  |       |  |     |     |      |  |
| 07       | Surgical ICU   | 10   | 15             | N 160              |                |  |    |                  |    |    |      |    |                 |    |    |     |    |             |    |    |     |    |              |    |    |    |    |            |    |    |    |    |             |    |    |       |    |              |    |    |       |    |             |    |    |       |    |             |    |    |  |    |                  |    |    |    |    |           |    |    |  |       |  |     |     |      |  |
| 08       | PICU + NICU  | 10   | 15             | Rao 8              |                |  |    |                  |    |    |      |    |                 |    |    |     |    |             |    |    |     |    |              |    |    |    |    |            |    |    |    |    |             |    |    |       |    |              |    |    |       |    |             |    |    |       |    |             |    |    |  |    |                  |    |    |    |    |           |    |    |  |       |  |     |     |      |  |
| 09       | ICCU + RICU  | 10   | 10             |                    |                |  |    |                  |    |    |      |    |                 |    |    |     |    |             |    |    |     |    |              |    |    |    |    |            |    |    |    |    |             |    |    |       |    |              |    |    |       |    |             |    |    |       |    |             |    |    |  |    |                  |    |    |    |    |           |    |    |  |       |  |     |     |      |  |
| 10       | Burns Unit / ICU   | 10   | 05             | 20                 |                |  |    |                  |    |    |      |    |                 |    |    |     |    |             |    |    |     |    |              |    |    |    |    |            |    |    |    |    |             |    |    |       |    |              |    |    |       |    |             |    |    |       |    |             |    |    |  |    |                  |    |    |    |    |           |    |    |  |       |  |     |     |      |  |
| 11       | Emergency  | 10   | 10             |                    |                |  |    |                  |    |    |      |    |                 |    |    |     |    |             |    |    |     |    |              |    |    |    |    |            |    |    |    |    |             |    |    |       |    |              |    |    |       |    |             |    |    |       |    |             |    |    |  |    |                  |    |    |    |    |           |    |    |  |       |  |     |     |      |  |
| Total    |  | 300  | 450            | 1953               |                |  |    |                  |    |    |      |    |                 |    |    |     |    |             |    |    |     |    |              |    |    |    |    |            |    |    |    |    |             |    |    |       |    |              |    |    |       |    |             |    |    |       |    |             |    |    |  |    |                  |    |    |    |    |           |    |    |  |       |  |     |     |      |  |
| d.       | <b>Student : Bed Ratio (Undergraduate) :</b> .....   | 1:5  |                |                    |                |  |    |                  |    |    |      |    |                 |    |    |     |    |             |    |    |     |    |              |    |    |    |    |            |    |    |    |    |             |    |    |       |    |              |    |    |       |    |             |    |    |       |    |             |    |    |  |    |                  |    |    |    |    |           |    |    |  |       |  |     |     |      |  |
| e.       | <b>Average Bed Occupancy in % :</b> .....  | 65 -68%  |                |                    |                |  |    |                  |    |    |      |    |                 |    |    |     |    |             |    |    |     |    |              |    |    |    |    |            |    |    |    |    |             |    |    |       |    |              |    |    |       |    |             |    |    |       |    |             |    |    |  |    |                  |    |    |    |    |           |    |    |  |       |  |     |     |      |  |
| f.       | Whether separate Registration room is available at OPD?<br>a. Number of total patients registered in last Year:<br>b. Number of New Patients registered on daily average:<br>c. Number of Old patient registered on daily average:<br>d. Average Number of patients attending OPD (current year):<br>e. Whether records of patient registration are well maintained:   | Yes<br>93633<br>425 - 512<br>748 - 852<br>36731<br>Yes |                |                    |                |  |    |                  |    |    |      |    |                 |    |    |     |    |             |    |    |     |    |              |    |    |    |    |            |    |    |    |    |             |    |    |       |    |              |    |    |       |    |             |    |    |       |    |             |    |    |  |    |                  |    |    |    |    |           |    |    |  |       |  |     |     |      |  |
| g.       | <b>Indoor Physiotherapy Department Areas as per Clinical Load and Intake :</b> (as per M.S.R.) Clinical Load, Total Strength of Hospital Beds, Outdoor Physiotherapy Load per specialty, Indoor Physiotherapy Load per Specialty, Student : Patient ratio per specialty.   |  |                |                    |                |  |    |                  |    |    |      |    |                 |    |    |     |    |             |    |    |     |    |              |    |    |    |    |            |    |    |    |    |             |    |    |       |    |              |    |    |       |    |             |    |    |       |    |             |    |    |  |    |                  |    |    |    |    |           |    |    |  |       |  |     |     |      |  |
| h.       | <b>Outdoor Physiotherapy Department Areas as per Clinical Load and Intake :</b> (as per M.S.R.)  |  |                |                    |                |  |    |                  |    |    |      |    |                 |    |    |     |    |             |    |    |     |    |              |    |    |    |    |            |    |    |    |    |             |    |    |       |    |              |    |    |       |    |             |    |    |       |    |             |    |    |  |    |                  |    |    |    |    |           |    |    |  |       |  |     |     |      |  |
| i.       | <b>Physiotherapy OPD Services (as per M.S.R.) :</b> The hospital shall have functional physiotherapy department providing services on outpatient & in patient department at least since 12 Months prior application & shall maintain required OPD and IPD records for verification.  |  |                |                    |                |  |    |                  |    |    |      |    |                 |    |    |     |    |             |    |    |     |    |              |    |    |    |    |            |    |    |    |    |             |    |    |       |    |              |    |    |       |    |             |    |    |       |    |             |    |    |  |    |                  |    |    |    |    |           |    |    |  |       |  |     |     |      |  |
|          | <ul style="list-style-type: none"> <li>As per Central Council Norms/ University Norms, above Infrastructure must be available at College</li> <li>If Infrastructure is available, then mark "Adequate" &amp; do not attach any documents.</li> <li>In case of "Inadequate", it must be mark as "Inadequate" with evidence.</li> </ul>  |  |                |                    |                |  |    |                  |    |    |      |    |                 |    |    |     |    |             |    |    |     |    |              |    |    |    |    |            |    |    |    |    |             |    |    |       |    |              |    |    |       |    |             |    |    |       |    |             |    |    |  |    |                  |    |    |    |    |           |    |    |  |       |  |     |     |      |  |



*Mahesh Kumar*  
Principal  
Tilak Maharashtra Vidyapeeth  
Indutai Tilak College of Physiotherapy  
Gultekdi, Pune - 411 037.



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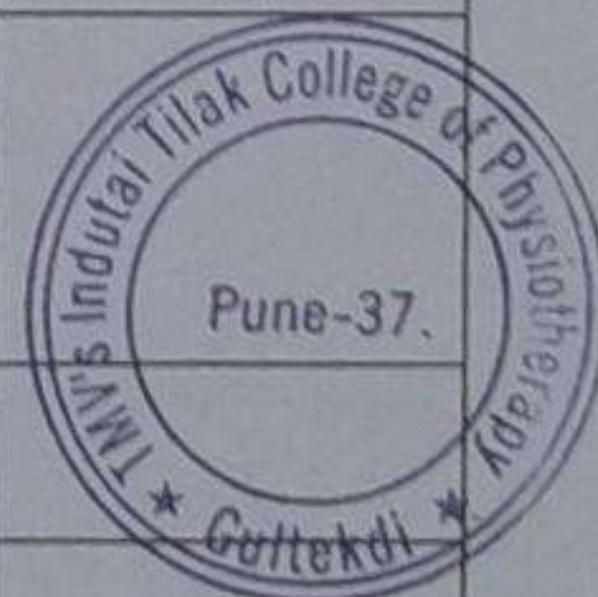
**Clinical Material in Hospital**

**Faculty : Physiotherapy**

**Name of College/Institute TMV Trust's Indutai Tilak College of Physiotherapy ,  
Pune.**

**Name of Hospital : Ranka Hospital**

| Sr. No.   | Particulars to be verified  | Adequate/ Inadequate              |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |      |     |     |  |  |       |       |  |  |  |  |      |
|-----------|---|-----------------------------------|----------------|--------------------|----------------|----|------------------|----|----|----|-----------------|----|----|----|-------------|----|----|----|--------------|----|----|----|------------|----|----|----|-------------|----|----|----|--------------|----|----|----|-------------|----|----|----|-------------|----|----|----|------------------|----|----|----|-----------|----|----|-------|--|-----|-----|--|------|-----|-----|--|--|-------|-------|--|--|--|--|------|
| a.        | There must be a parent Hospital with minimum 300 beds Indoor & Outdoor Facility with Physiotherapy exposure in the broad specialty areas including Intensive care to provide practical experience to the student.:  | 101                               |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |      |     |     |  |  |       |       |  |  |  |  |      |
| b.        | The student to patient ratio should be minimum 1:5, the first part being student & second part patient.   | 1:5<br>Adequate                   |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |      |     |     |  |  |       |       |  |  |  |  |      |
| c.        | The desirable breakup of beds shall be as follows<br><b>Student Patient Ratio</b> (as per M.S.R., it must be 1:5) :   | Adequate                          |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |      |     |     |  |  |       |       |  |  |  |  |      |
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| Sr.No.    | Specialty   | For 30 & 60 Intake                | For 100 Intake |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |      |     |     |  |  |       |       |  |  |  |  |      |
| 01        | General Medicine  | 60                                | 90             |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |      |     |     |  |  |       |       |  |  |  |  |      |
| 02        | General Surgery   | 60                                | 90             |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |      |     |     |  |  |       |       |  |  |  |  |      |
| 03        | Orthopedics   | 60                                | 90             |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |      |     |     |  |  |       |       |  |  |  |  |      |
| 04        | Obst & Gynac  | 30                                | 60             |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |      |     |     |  |  |       |       |  |  |  |  |      |
| 05        | Pediatrics  | 30                                | 60             |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |      |     |     |  |  |       |       |  |  |  |  |      |
| 06        | Medical ICU   | 10                                | 15             |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |      |     |     |  |  |       |       |  |  |  |  |      |
| 07        | Surgical ICU  | 10                                | 15             |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |      |     |     |  |  |       |       |  |  |  |  |      |
| 08        | PICU + NICU   | 10                                | 15             |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |      |     |     |  |  |       |       |  |  |  |  |      |
| 09        | ICCU + RICU   | 10                                | 10             |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |      |     |     |  |  |       |       |  |  |  |  |      |
| 10        | Burns Unit / ICU  | 10                                | 05             |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |      |     |     |  |  |       |       |  |  |  |  |      |
| 11        | Emergency   | 10                                | 10             |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |      |     |     |  |  |       |       |  |  |  |  |      |
| Total     |   | 300                               | 450            |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |      |     |     |  |  |       |       |  |  |  |  |      |
| 1000      |   |                                   |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |      |     |     |  |  |       |       |  |  |  |  |      |
| 150       |   |                                   |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |      |     |     |  |  |       |       |  |  |  |  |      |
| 350       |   |                                   |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |      |     |     |  |  |       |       |  |  |  |  |      |
|           |   |                                   |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |      |     |     |  |  |       |       |  |  |  |  |      |
|           |   |                                   |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |      |     |     |  |  |       |       |  |  |  |  |      |
| C 150     |   |                                   |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |      |     |     |  |  |       |       |  |  |  |  |      |
| N 150     |   |                                   |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |      |     |     |  |  |       |       |  |  |  |  |      |
|           |   |                                   |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |      |     |     |  |  |       |       |  |  |  |  |      |
|           |   |                                   |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |      |     |     |  |  |       |       |  |  |  |  |      |
|           |   |                                   |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |      |     |     |  |  |       |       |  |  |  |  |      |
|           |   |                                   |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |      |     |     |  |  |       |       |  |  |  |  |      |
| 1800      |   |                                   |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |      |     |     |  |  |       |       |  |  |  |  |      |
| d.        | <b>Student : Bed Ratio (Undergraduate) : .....</b>  | 1:5                               |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |      |     |     |  |  |       |       |  |  |  |  |      |
| e.        | <b>Average Bed Occupancy in % : .....</b>   | 65 -68%                           |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |      |     |     |  |  |       |       |  |  |  |  |      |
| f.        | Whether separate Registration room is available at OPD?<br>p. Number of total patients registered in last Year:<br>q. Number of New Patients registered on daily average:<br>r. Number of Old patient registered on daily average:<br>s. Average Number of patients attending OPD (current year):<br>t. Whether records of patient registration are well maintained:  | Yes<br>2400<br>15<br>8 -10<br>Yes |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |      |     |     |  |  |       |       |  |  |  |  |      |
| g.        | <b>Indoor Physiotherapy Department Areas as per Clinical Load and Intake</b> : (as per M.S.R.) Clinical Load, Total Strength of Hospital Beds, Outdoor Physiotherapy Load per specialty, Indoor Physiotherapy Load per Specialty, Student : Patient ratio per specialty.  |                                   |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |      |     |     |  |  |       |       |  |  |  |  |      |
| h.        | <b>Outdoor Physiotherapy Department Areas as per Clinical Load and Intake</b> : (as per M.S.R.)   |                                   |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |      |     |     |  |  |       |       |  |  |  |  |      |
| i.        | Physiotherapy OPD Services (as per M.S.R.) : The hospital shall have functional physiotherapy department providing services on outpatient & in patient department at least since 12 Months prior application & shall maintain required OPD and IPD records for verification.  |                                   |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |      |     |     |  |  |       |       |  |  |  |  |      |
| Principal | • As per Central Council Norms/ University Norms, above Infrastructure must be available at College.<br>• If Infrastructure is available, then mark "Adequate" & do not attach any documents.<br>• In case of "Inadequate", it must be mark as "Inadequate" with evidence.  |                                   |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |      |     |     |  |  |       |       |  |  |  |  |      |



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**Maharashtra University of Health  
Sciences, Nashik Inspection Committee Report  
for Academic Year 2022 - 2023**

**Clinical Material in Hospital**

**Faculty : Physiotherapy**

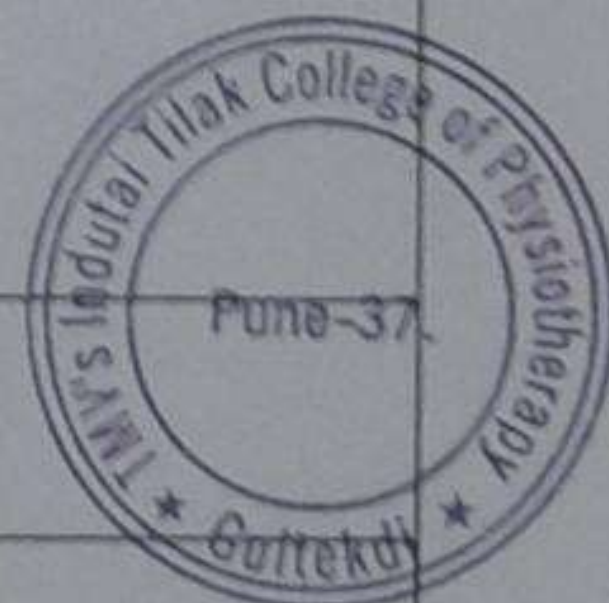
**Name of College/Institute TMV Trust's Indutai Tilak College of Physiotherapy ,  
Pune.**

**Name of Hospital : Rao Nursing Home**

| Sr. No.   | Particulars to be verified  | Adequate/ Inadequate  |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |          |
|-----------|---|---|----------------|--------------------|----------------|----|------------------|----|----|----|-----------------|----|----|----|-------------|----|----|----|--------------|----|----|----|------------|----|----|----|-------------|----|----|----|--------------|----|----|----|-------------|----|----|----|-------------|----|----|----|------------------|----|----|----|-----------|----|----|-------|--|-----|-----|----------|
| a.        | There must be a parent Hospital with minimum 300 beds Indoor & Outdoor Facility with Physiotherapy exposure in the broad specialty areas including Intensive care to provide practical experience to the student.:  | 123   |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |          |
| b.        | The student to patient ratio should be minimum 1:5, the first part being student & second part patient.   | 1:5<br>Adequate   |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |          |
| c.        | <p>The desirable breakup of beds shall be as follows :<br/> <b>Student Patient Ratio</b> (as per M.S.R., it must be 1:5) :</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Sr. N o.</th><th style="width: 35%;">Specialty</th><th style="width: 20%;">For 30 &amp; 60 Intake</th><th style="width: 20%;">For 100 Intake</th></tr> </thead> <tbody> <tr><td>01</td><td>General Medicine</td><td>60</td><td>90</td></tr> <tr><td>02</td><td>General Surgery</td><td>60</td><td>90</td></tr> <tr><td>03</td><td>Orthopedics</td><td>60</td><td>90</td></tr> <tr><td>04</td><td>Obst &amp; Gynac</td><td>30</td><td>60</td></tr> <tr><td>05</td><td>Pediatrics</td><td>30</td><td>60</td></tr> <tr><td>06</td><td>Medical ICU</td><td>10</td><td>15</td></tr> <tr><td>07</td><td>Surgical ICU</td><td>10</td><td>15</td></tr> <tr><td>08</td><td>PICU + NICU</td><td>10</td><td>15</td></tr> <tr><td>09</td><td>ICCU + RICU</td><td>10</td><td>10</td></tr> <tr><td>10</td><td>Burns Unit / ICU</td><td>10</td><td>05</td></tr> <tr><td>11</td><td>Emergency</td><td>10</td><td>10</td></tr> <tr> <td colspan="2" style="text-align: right;">Total</td><td>300</td><td>450</td></tr> </tbody> </table> | Sr. N o.  | Specialty      | For 30 & 60 Intake | For 100 Intake | 01 | General Medicine | 60 | 90 | 02 | General Surgery | 60 | 90 | 03 | Orthopedics | 60 | 90 | 04 | Obst & Gynac | 30 | 60 | 05 | Pediatrics | 30 | 60 | 06 | Medical ICU | 10 | 15 | 07 | Surgical ICU | 10 | 15 | 08 | PICU + NICU | 10 | 15 | 09 | ICCU + RICU | 10 | 10 | 10 | Burns Unit / ICU | 10 | 05 | 11 | Emergency | 10 | 10 | Total |  | 300 | 450 | Adequate |
| Sr. N o.  | Specialty   | For 30 & 60 Intake  | For 100 Intake |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |          |
| 01        | General Medicine  | 60  | 90             |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |          |
| 02        | General Surgery   | 60  | 90             |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |          |
| 03        | Orthopedics   | 60  | 90             |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |          |
| 04        | Obst & Gynac  | 30  | 60             |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |          |
| 05        | Pediatrics  | 30  | 60             |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |          |
| 06        | Medical ICU   | 10  | 15             |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |          |
| 07        | Surgical ICU  | 10  | 15             |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |          |
| 08        | PICU + NICU   | 10  | 15             |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |          |
| 09        | ICCU + RICU   | 10  | 10             |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |          |
| 10        | Burns Unit / ICU  | 10  | 05             |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |          |
| 11        | Emergency   | 10  | 10             |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |          |
| Total     |   | 300   | 450            |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |          |
| d.        | <b>Student : Bed Ratio (Undergraduate) : .....</b>  | 1:5   |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |          |
| e.        | <b>Average Bed Occupancy in % : .....</b>   | 65 - 70%  |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |          |
| f.        | <p>Whether separate Registration room is available at OPD?<br/>           k. Number of total patients registered in last Year:<br/>           l. Number of New Patients registered on daily average:<br/>           m. Number of Old patient registered on daily average:<br/>           n. Average Number of patients attending OPD (current year):<br/>           o. Whether records of patient registration are well maintained:</p>   | <p>Yes<br/>           5033<br/>           10 - 12<br/>           40 - 42<br/>           43<br/>           Yes</p> |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |          |
| g.        | <b>Indoor Physiotherapy Department Areas as per Clinical Load and Intake : (as per M.S.R.)</b> Clinical Load, Total Strength of Hospital Beds, Outdoor Physiotherapy Load per specialty, Indoor Physiotherapy Load per Specialty, Student : Patient ratio per specialty.  |   |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |          |
| h.        | <b>Outdoor Physiotherapy Department Areas as per Clinical Load and Intake : (as per M.S.R.)</b>   |   |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |          |
|           | Physiotherapy OPD Services (as per M.S.R.) : The hospital shall have functional physiotherapy department providing services on outpatient & in patient department at least since 12 Months prior application & shall maintain required OPD and IPD records for verification.  |   |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |          |
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**Clinical Material in Hospital**

**Faculty : Physiotherapy**

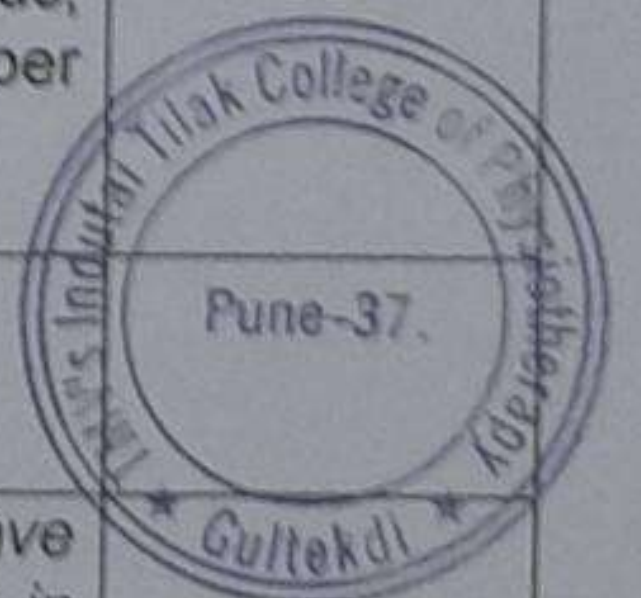
**Name of College/Institute TMV Trust's Indutai Tilak College of Physiotherapy ,  
Pune.**

**Name of Hospital : NobleHospital**

| Sr. No. | Particulars to be verified   | Adequate/ Inadequate                                   |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |    |    |    |    |    |      |      |    |     |
|---------|--|--|----------------|--------------------|----------------|----|------------------|----|----|----|-----------------|----|----|----|-------------|----|----|----|--------------|----|----|----|------------|----|----|----|-------------|----|----|----|--------------|----|----|----|-------------|----|----|----|-------------|----|----|----|------------------|----|----|----|-----------|----|----|-------|--|-----|-----|--|----|----|----|----|----|------|------|----|-----|
| a.      | There must be a parent Hospital with minimum 300 beds Indoor & Outdoor Facility with Physiotherapy exposure in the broad specialty areas including Intensive care to provide practical experience to the student.:   | 330<br>Adequate  |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |    |    |    |    |    |      |      |    |     |
| b.      | The student to patient ratio should be minimum 1:5, the first part being student & second part patient.  | 1:5<br>Adequate  |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |    |    |    |    |    |      |      |    |     |
| c.      | The desirable breakup of beds shall be as follows :<br><b>Student Patient Ratio</b> (as per M.S.R., it must be 1:5) :  | Adequate   |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |    |    |    |    |    |      |      |    |     |
|         | <table border="1"> <thead> <tr> <th>Sr. No.</th><th>Specialty</th><th>For 30 &amp; 60 Intake</th><th>For 100 Intake</th></tr> </thead> <tbody> <tr><td>01</td><td>General Medicine</td><td>60</td><td>90</td></tr> <tr><td>02</td><td>General Surgery</td><td>60</td><td>90</td></tr> <tr><td>03</td><td>Orthopedics</td><td>60</td><td>90</td></tr> <tr><td>04</td><td>Obst &amp; Gynac</td><td>30</td><td>60</td></tr> <tr><td>05</td><td>Pediatrics</td><td>30</td><td>60</td></tr> <tr><td>06</td><td>Medical ICU</td><td>10</td><td>15</td></tr> <tr><td>07</td><td>Surgical ICU</td><td>10</td><td>15</td></tr> <tr><td>08</td><td>PICU + NICU</td><td>10</td><td>15</td></tr> <tr><td>09</td><td>ICCU + RICU</td><td>10</td><td>10</td></tr> <tr><td>10</td><td>Burns Unit / ICU</td><td>10</td><td>05</td></tr> <tr><td>11</td><td>Emergency</td><td>10</td><td>10</td></tr> <tr><td colspan="2">Total</td><td>300</td><td>450</td></tr> </tbody> </table> | Sr. No.  | Specialty      | For 30 & 60 Intake | For 100 Intake | 01 | General Medicine | 60 | 90 | 02 | General Surgery | 60 | 90 | 03 | Orthopedics | 60 | 90 | 04 | Obst & Gynac | 30 | 60 | 05 | Pediatrics | 30 | 60 | 06 | Medical ICU | 10 | 15 | 07 | Surgical ICU | 10 | 15 | 08 | PICU + NICU | 10 | 15 | 09 | ICCU + RICU | 10 | 10 | 10 | Burns Unit / ICU | 10 | 05 | 11 | Emergency | 10 | 10 | Total |  | 300 | 450 | <table border="1"> <tbody> <tr><td>20</td></tr> <tr><td>20</td></tr> <tr><td>20</td></tr> <tr><td>10</td></tr> <tr><td>35</td></tr> <tr><td>C 10</td></tr> <tr><td>N 10</td></tr> <tr><td>20</td></tr> <tr><td>145</td></tr> </tbody> </table> | 20 | 20 | 20 | 10 | 35 | C 10 | N 10 | 20 | 145 |
| Sr. No. | Specialty  | For 30 & 60 Intake                                     | For 100 Intake |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |    |    |    |    |    |      |      |    |     |
| 01      | General Medicine   | 60   | 90             |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |    |    |    |    |    |      |      |    |     |
| 02      | General Surgery  | 60   | 90             |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |    |    |    |    |    |      |      |    |     |
| 03      | Orthopedics  | 60   | 90             |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |    |    |    |    |    |      |      |    |     |
| 04      | Obst & Gynac   | 30   | 60             |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |    |    |    |    |    |      |      |    |     |
| 05      | Pediatrics   | 30   | 60             |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |    |    |    |    |    |      |      |    |     |
| 06      | Medical ICU  | 10   | 15             |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |    |    |    |    |    |      |      |    |     |
| 07      | Surgical ICU   | 10   | 15             |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |    |    |    |    |    |      |      |    |     |
| 08      | PICU + NICU  | 10   | 15             |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |    |    |    |    |    |      |      |    |     |
| 09      | ICCU + RICU  | 10   | 10             |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |    |    |    |    |    |      |      |    |     |
| 10      | Burns Unit / ICU   | 10   | 05             |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |    |    |    |    |    |      |      |    |     |
| 11      | Emergency  | 10   | 10             |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |    |    |    |    |    |      |      |    |     |
| Total   |  | 300  | 450            |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |    |    |    |    |    |      |      |    |     |
| 20      |  |  |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |    |    |    |    |    |      |      |    |     |
| 20      |  |  |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |    |    |    |    |    |      |      |    |     |
| 20      |  |  |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |    |    |    |    |    |      |      |    |     |
| 10      |  |  |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |    |    |    |    |    |      |      |    |     |
| 35      |  |  |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |    |    |    |    |    |      |      |    |     |
| C 10    |  |  |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |    |    |    |    |    |      |      |    |     |
| N 10    |  |  |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |    |    |    |    |    |      |      |    |     |
| 20      |  |  |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |    |    |    |    |    |      |      |    |     |
| 145     |  |  |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |    |    |    |    |    |      |      |    |     |
| d.      | <b>Student : Bed Ratio (Undergraduate) : .....</b>   | 1:5  |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |    |    |    |    |    |      |      |    |     |
| e.      | <b>Average Bed Occupancy in % : .....</b>  | 91.2%  |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |    |    |    |    |    |      |      |    |     |
| f.      | Whether separate Registration room is available at OPD?<br>f. Number of total patients registered in last Year:<br>g. Number of New Patients registered on daily average:<br>h. Number of Old patient registered on daily average:<br>i. Average Number of patients attending OPD (current year):<br>j. Whether records of patient registration are well maintained:   | Yes<br>91000<br>400 - 500<br>700 - 800<br>36688<br>Yes |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |    |    |    |    |    |      |      |    |     |
| g.      | <b>Indoor Physiotherapy Department Areas as per Clinical Load and Intake : (as per M.S.R.)</b> Clinical Load, Total Strength of Hospital Beds, Outdoor Physiotherapy Load per specialty, Indoor Physiotherapy Load per Specialty, Student : Patient ratio per specialty.   |  |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |    |    |    |    |    |      |      |    |     |
| h.      | <b>Outdoor Physiotherapy Department Areas as per Clinical Load and Intake : (as per M.S.R.)</b>  |  |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |    |    |    |    |    |      |      |    |     |
| i.      | Physiotherapy OPD Services (as per M.S.R.) : The hospital shall have functional physiotherapy department providing services on outpatient & in patient department at least since 12 Months prior application & shall maintain required OPD and IPD records for verification.   |  |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |    |    |    |    |    |      |      |    |     |
|         | <ul style="list-style-type: none"> <li>As per Central Council Norms/ University Norms, above Infrastructure must be available at College</li> <li>If Infrastructure is available, then mark "Adequate" &amp; do not attach any documents.</li> <li>In case of "Inadequate", it must be mark as "Inadequate" with evidence.</li> </ul>  |  |                |                    |                |    |                  |    |    |    |                 |    |    |    |             |    |    |    |              |    |    |    |            |    |    |    |             |    |    |    |              |    |    |    |             |    |    |    |             |    |    |    |                  |    |    |    |           |    |    |       |  |     |     |  |    |    |    |    |    |      |      |    |     |

*(Signature)*

Principal  
Tilak Maharashtra Vidyapeeth  
Indutai Tilak College of Physiotherapy  
Gultekdi, Pune - 411 037.





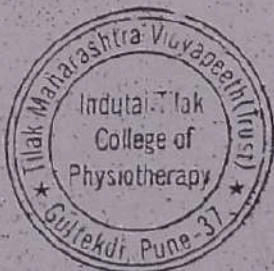




Noble Hospital, Pune through Dr. Sidram Kerrapa Raut Director having office at 153, Magarpatta City Road Pune - 411013 hereinafter called as Party of the second part (which expression unless repugnant to the context or meaning thereof shall mean and includes his/her/their heirs, successors, executors assigns, administrators, etc. )

Whereas the Tilak Maharashtra Vidyapeeth (Trust) is willing to start Bachelor of Physiotherapy course (4 and ½ year course) at Indutai College of Physiotherapy , Pune under Maharashtra University of Health Sciences and as per the norms of Maharashtra State Council of Occupational Therapy & Physiotherapy (MSCOTPT), affiliation with well-equipped hospital having multi speciality / super-specialty with the capacity of more than 300 beds is must for clinical training. Whereas the Party of the Second Part running the super specialty hospital in Pune area more than twelve year and having the capacity of 330 beds and the infrastructure required for requisite training to the students of Physiotherapy course. One of the members of party of second part shall be appointed as invitee member of board of studies of TMV (Trust). The said member shall coordinate activity of the training of students of the TMV. The Party of the Second Part has agreed to give the co-operation to the First Part for providing clinical training to the students regularly under certain terms and conditions which have been mutually agreed by and between the parties.

As per the MOU party of the Second Part shall provide clinical /hospital training to the students from Tilak Maharashtra Vidyapeeth (Trust), for period of 5 years and the Party of the First Part shall send Physiotherapy students for the purpose of training and experience to the hospital of the party of the Second Part. The party of the Second Part hereby assures to provide the said training to the Physiotherapy course without any interruption Party of the Second part if due to any case the reasons unable to provide such training in their hospital, then in such case the Party of the Second Part shall give the full co-operation for making alternative arrangement for training to the students of the Party of the First Part on the same terms and conditions.



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Tilak Maharashtra Vidyapeeth (Trust)  
Gulekdi, Pune - 411 037



## STUDENTS TO BE PLACED / OR CLINICAL EXPERIENCE

Physiotherapy students will be sent from the time period 1<sup>st</sup> July 2019 and it will be continued till next 5 years.

## HOURS OF PLACEMENT IN THE CLINICAL AREAS

Generally 9.00 am to 1.00 pm. From Monday to Friday except during vacation tests and examinations and shift duty and holiday of the hospital.

Shift Duty – According to the duty hours followed by the Physiotherapy staff of the hospital for a period of 3 to 5 or 6 weeks towards the end of the academic year before the commencement of revision classes and the Vidyapeeth examinations.

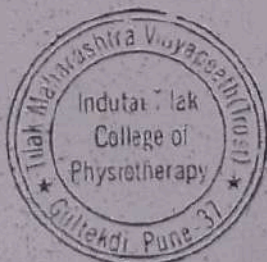
## CLINICAL AREAS

The students of the Physiotherapy course shall be receiving training in Medical Surgical and Orthopedic Wards, Pediatric (medical surgical and intensive care) and OPDs, Oncology, Cardiology, Neurology, Endocrinology, Nephrology, Disorders. Deficiency and Communicable disease and other specialized units.

All the students in every wards and OPDs etc. would be accompanied by their supervisors on the wards for guiding teaching and demonstrating physiotherapy treatment procedures to the students. No students will be left in any ward or department without being supervised by the supervisor appointed for that purpose by the Foundation.

Rotation of students will be planned in consultation with the physiotherapy Department of the Hospital

Physiotherapy, clinical training requirements of the programme needed to be met in terms of hours will be provided on or before 5<sup>th</sup> of every month.



Principal  
Indutai Tilak College of Physiotherapy  
Tilak Maharashtra Vidyapeeth (Trust)  
Gultekdi, Pune - 411 037.



## INSPECTION

The authorities appointed by the Government for the purpose of inspecting the Clinical Specialties for the Physiotherapy program are as under.

- Maharashtra University of Health Sciences, Nashik.
- Maharashtra State Council of Occupational Therapy & Physiotherapy (MSCOTPT)
- State Government

These authorities may inspect the clinical facilities in the course duration for the program of Physiotherapy course and then from time to time for recognition of the program.

## DEMOGRAPHIC DATA OF THE HOSPITAL

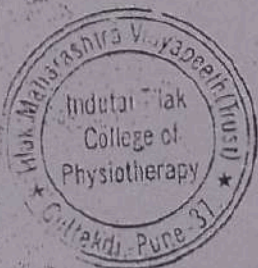
The demographic data of the hospital are required to be furnished in the Vidyapeeth's application to the Governing Council if required.

## ASSISTANCE FROM HOSPITAL

The hospital physiotherapist, Nursing Medical and Paramedical personnel shall assist the students of the Indutai College of Physiotherapy, Pune in Clinical Teaching as and when found necessary and shall guide the students and staff in hospital policies and routine.

The Hospital allows the use of hospital equipment and supplies for Physiotherapy treatment of patient and demonstration of treatment procedures shall be given by the hospital staff.

The Hospital shall not be responsible for any act of negligence of any of the students of the Indutai College of Physiotherapy, Pune.



Principal  
Indutai Tilak College of Physiotherapy  
Tilak Maharashtra Vidyapeeth (Trust)  
Gultekdi, Pune - 411 037.



## TERMINATION

In case this understanding not viable to the parties here to for any reasons what so ever the part shall be liberty to terminate this MOU by giving one month notice in advance in writing to the other party after completion of academic year.

Notwithstanding any of the conditions stated above the Vidyapeeth and the Hospitals shall work in unison vis-a vis the student learning experience with mutual consent.

In case any damage or loss to the Hospital through any students, the Vidyapeeth will legal obligation to make good the same in totality. The decision of Hospital shall be final in this regard. In case of any dispute the parties, the same will be subject to jurisdiction of Pune Court.

*Ajit Khadilkar*  
Ajit Khadilkar

Secretary

Signed on behalf of

Tilak Maharashtra Vidyapeeth

Pune

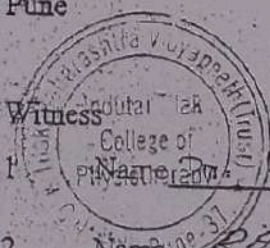
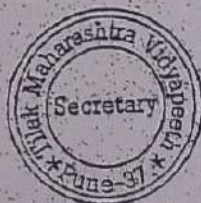
Witness

1

2

Name: *Ujwal Yeole*

Name: *RAVI GHIMIRAY*

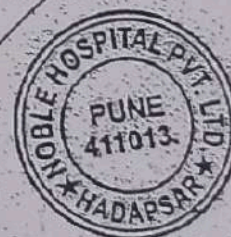


*Dr Sidram Kerappa Raut*  
Dr Sidram Kerappa Raut

Director

Signed on behalf of

Noble Hospital Pune



Principal

Indutai Tilak College of Physiotherapy  
Tilak Maharashtra Vidyapeeth (Trust)

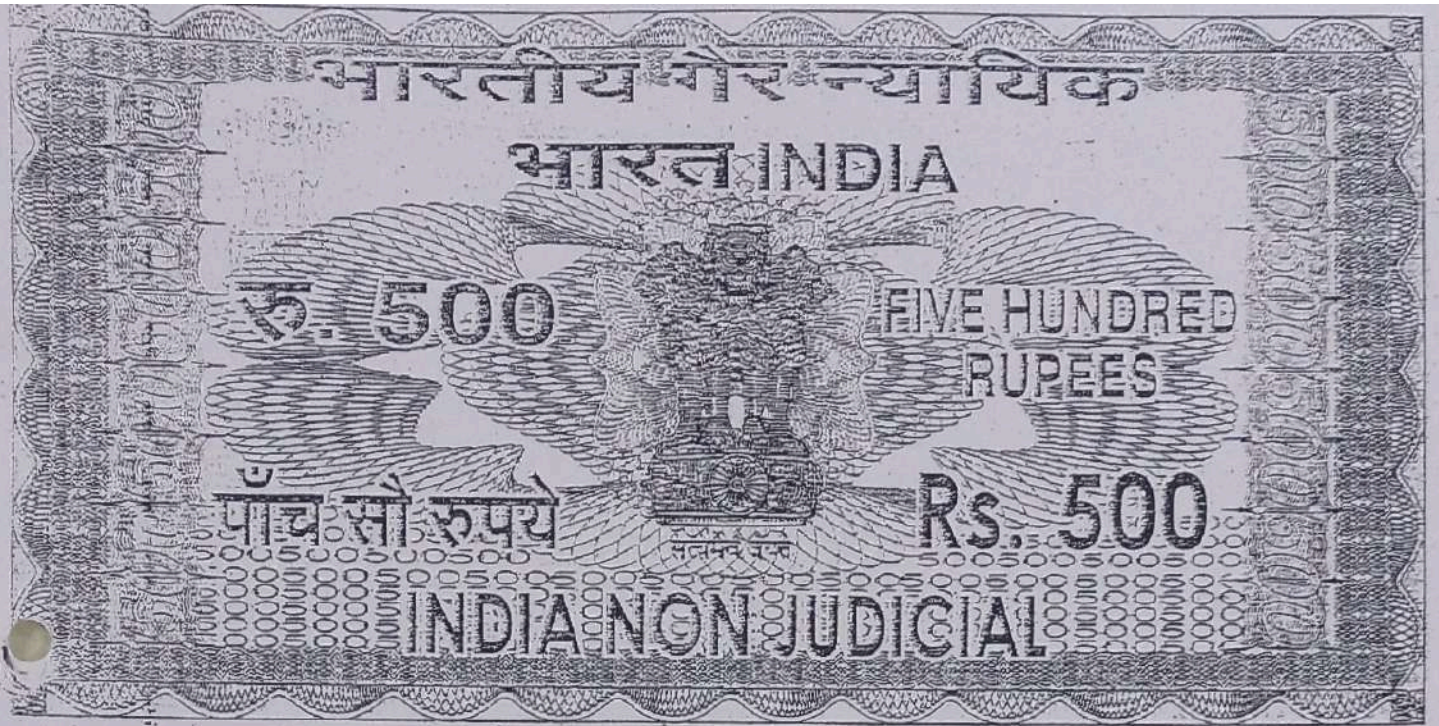
Gatke, Pune - 411 037

Signature

Signature

*Ravi Ghimiray*





महाराष्ट्र MAHARASHTRA

2018

AP 328735

मनु.क्र. 6.117 दि. - 3 JUL 2019 मूल्य :-

१) दस्तावेज प्रकार : M.O.U.

२) दस्त नोंदणी कारण आहेत का :- होय/नाही

३) मिळकतीचे वर्णन :

४) मुद्रांक विकत घेणाऱ्याचे नाव : Indutai Tilak Maharashtra Vidyapeeth

५) पत्ता : Indutai Tilak Maharashtra Vidyapeeth

६) हस्ते व्यक्तीचे नाव : A. A. Nis

७) पत्ता : Indutai Tilak Maharashtra Vidyapeeth

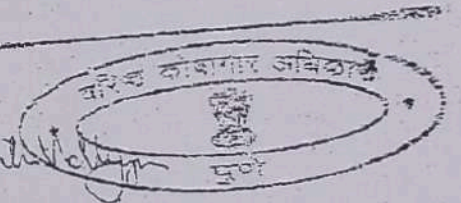
८) दुसऱ्या व्यक्तीचे नाव : Siddham. Shant

मुद्रांक घेणाऱ्याची सही

विजय वसंतराव भालेकर

पत्रांका क्र. २२०१०२७

७५/५९०, महर्लीनगर, पुणे-३७



- 1 JUL 2019

प्रथम मुद्रांक लिपीक  
कार्यालय पुणे करिता

### MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding is made and executed on 1/9/2019 between Tilak Maharashtra Vidyapeeth (Trust) Pune (Maharashtra) registered under the Bombay Public Trust Act 1950 (Registration No. 42) under Societies Registration Act 1860 (Regd. No. 1029) and having its registered office at Vidyapeeth Bhavan, Mukundnagar (Gultekdi), Pune 411037 through Anil Khadilkar, Secretary, hereafter called as Party No. 1 (which expression unless repugnant to the successors, executors, assigns, administrations, etc.)

Principal

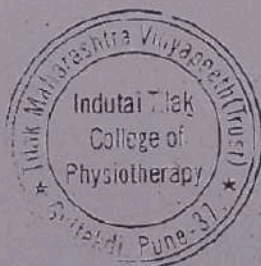
Indutai Tilak College of Physiotherapy  
Tilak Maharashtra Vidyapeeth(Trust)  
Gultekdi, Pune - 411 037.



Rao Nursing Home, Pune through Dr. Harishchandra Sakhare. Medical Superintendent having office at . 691A- . CTB no.1867, Pune- Satara road . Bibwewadi . Pune-411037 hereinafter called as Party of the second part (which expression unless repugnant to the context or meaning thereof shall mean and includes his/her/their heirs, successors, executors assigns, administrators, etc. )

Whereas the Tilak Maharashtra Vidyapeeth (Trust) is willing to start Bachelor of Physiotherapy course (4 and ½ year course) at Indutai Tilak College of Physiotherapy, Pune under Maharashtra University of Health Sciences and as per the norms of Maharashtra State Council of Occupational Therapy & Physiotherapy (MSCOTPT), affiliation with well-equipped hospital having multi specialty / super specialty with the capacity of more than 300 beds is must for clinical training. Whereas the Party of the Second Part running the super specialty hospital in Pune area more than one year and having the capacity of 123 beds and the infrastructure required for requisite training to the students of Physiotherapy course. The said member shall coordinate activity of the training of students of the TMV. The Party of the Second Part has agreed to give the co-operation to the First Part for providing clinical training to the students regularly under certain terms and conditions which have been mutually agreed by and between the parties.

As per the MOU party of the Second Part shall provide clinical /hospital training to the students from Tilak Maharashtra Vidyapeeth (Trust), for period of 5 years and the Party of the First Part shall send Physiotherapy students for the purpose of training and experience to the hospital of the party of the Second Part. The party of the Second Part hereby assures to provide the said training to the Physiotherapy course without any interruption Party of the Second part if due to any case the reasons unable to provide such training in their hospital. then in such case the Party of the Second Part shall give the full co-operation for making alternative arrangement for training to the students of the Party of the First Part on the same terms and conditions.



Principal  
Indutai Tilak College of Physiotherapy  
Tilak Maharashtra Vidyapeeth (Trust)  
Gultekdi, Pune - 411 037.

Principal  
Indutai Tilak College of Physiotherapy  
Tilak Maharashtra Vidyapeeth (Trust)  
Gultekdi, Pune - 411 037.



## STUDENTS TO BE PLACED / OR CLINICAL EXPERIENCE

Physiotherapy students will be sent from the time period 1/9/2019 and it will be continued till next 5 years.

## HOURS OF PLACEMENT IN THE CLINICAL AREAS

Generally 9.00 am to 1.00 pm. From Monday to Friday except during vacation tests and examinations and shift duty and holiday of the hospital.

Shift Duty – According to the duty hours followed by the Physiotherapy staff of the hospital for a period of 3 to 5 or 6 weeks towards the end of the academic year before the commencement of revision classes and the Vidyapeeth examinations.

## CLINICAL AREAS

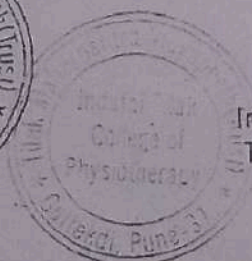
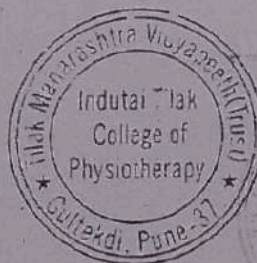
The students of the Physiotherapy course shall be receiving training in Medical Surgical and Orthopedic Wards. Pediatric (medical surgical and intensive care) and OPDs, Oncology, Cardiology, Neurology, Endocrinology, Nephrology, Disorders. Deficiency and Communicable disease and other specialized units.

All the students in every wards and OPDs etc. would be accompanied by their supervisors on the wards for guiding teaching and demonstrating physiotherapy treatment procedures to the students. No students will be left in any ward or department without being supervised by the supervisor appointed for that purpose by the Foundation.

Rotation of students will be planned in consultation with the physiotherapy Department of the Hospital

Physiotherapy. clinical training requirements of the programme needed to be met in terms of hours will be provided on or before 5<sup>th</sup> of every month.

Principal  
Indutai Tilak College of Physiotherapy  
Tilak Maharashtra Vidyapeeth (Trust)  
Gultekdi, Pune - 411 037.



Principal  
Indutai Tilak College of Physiotherapy  
Tilak Maharashtra Vidyapeeth (Trust)  
Gultekdi, Pune - 411 037.



## INSPECTION

The authorities appointed by the Government for the purpose of inspecting the Clinical Specialties for the Physiotherapy program are as under.

- Maharashtra University of Health Sciences, Nashik.
- Maharashtra State Council of Occupational Therapy & Physiotherapy (MSCOTPT)
- State Government

These authorities may inspect the clinical facilities in the course duration for the program of Physiotherapy course and then from time to time for recognition of the program. These Authorities may inspect Bombay Shop Act 1948 And Bombay Nursing Home Registration Act 1949 of the Hospital.

## DEMOGRAPHIC DATA OF THE HOSPITAL

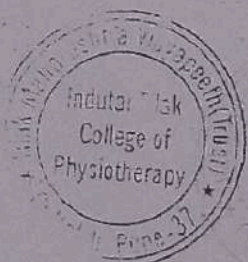
The demographic data of the hospital are required to be furnished in the Vidyapeeth's application to the Governing Council if required.

## ASSISTANCE FROM HOSPITAL

The hospital physiotherapist, Nursing Medical and Paramedical personnel shall assist the students of the Indutai Tilak College of Physiotherapy, Pune in Clinical Teaching as and when found necessary and shall guide the students and staff in hospital policies and routine.

The Hospital allows the use of hospital equipment and supplies for Physiotherapy treatment of patient and demonstration of treatment procedures shall be given by the hospital staff.

The Hospital shall not be responsible for any act of negligence of any of the students of the Indutai Tilak College of Physiotherapy, Pune.



Principal  
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Tilak Maharashtra Vidyapeeth(Trust)  
Gultekdi, Pune - 411 037.

Principal

Indutai Tilak College of Physiotherapy  
Tilak Maharashtra Vidyapeeth(Trust)  
Gultekdi, Pune - 411 037.



## TERMINATION

In case this understanding not viable to the parties here to for any reasons what so ever the part shall be liberty to terminate this MOU by giving one month notice in advance in writing to the other party after completion of academic year.

Notwithstanding any of the conditions stated above the Vidyapeeth and the Hospitals shall work in unison vis-a vis the student learning experience with mutual consent.

In case any damage or loss to the Hospital through any students, the Vidyapeeth will legal obligation to make good the same in totality. The decision of Hospital shall be final in this regard. In case of any dispute the parties, the same will be subject to jurisdiction of Pune Court.

Ajit Khadikar

Secretary

Signed on behalf of

Tilak Maharashtra Vidyapeeth(Trust)  
Pune

Dr Harishandra Sakhare

Medical Superintendent

Signed on behalf of

Rao Nursing Home, Pune

MEDICAL SUPERINTENDENT  
RAO NURSING HOME  
Sr. No. 591A-1A-1, CTS No.1897-B,  
Bibvewadi, Pune-411 037.

Witness

1

Dr. Yashwantrao Yashwantrao

2

Manoj Ghoderao

Signature

Signature

Principal

Indutai Tilak College of Physiotherapy  
Tilak Maharashtra Vidyapeeth(Trust)  
Gultekdi, Pune - 411 037.



मु.न.ली.क.०१ (२०२७ ते २४)

३/१८२६

मुमादामु. १११२ (१०० पानी २० पुस्तके) १२-०९

आरोप/अन परवाना

**पुणे महानगरपालिका**  
**PUNE MUNICIPAL CORPORATION**

सन १९४९ च्या दि बॉम्बे नर्सिंग होम्स रजिस्ट्रेशन अक्टच्या कलम ५ अन्वये दिलेले  
रजिस्ट्रेशन सर्टिफिकेट

Certificate of Registration under Section 5 of the Bombay Nursing Homes  
Registration Act, 1949  
(नियम ५ अन्वये) (Under Rule 5)

क्रमांक No. : **N<sup>o</sup> 2729**

दि बॉम्बे नर्सिंग होम्स रजिस्ट्रेशन अक्ट, १९४९ अन्वये श्री / श्रीमती **श्री. नदीस पं. ली. पटेल**  
**श्री. नदीस पं. ली. पटेल** यांचे **श्री. नदीस पं. ली. पटेल**  
वेथील नर्सिंग होम / नॅटर्नल होम रजिस्ट्रेशन केले असून सदर नर्सिंग होम व नॅटर्नल होम बालविण्यास परवाना  
देण्यात येत आहे.

This is to certify that **श्री. नदीस पं. ली. पटेल** has been registered under the  
Bombay Nursing Homes Registration Act, 1949 in respect of **श्री. नदीस पं. ली. पटेल**  
situated at **श्री. नदीस पं. ली. पटेल**  
and has been authorised to carry on the said Nursing Home.

रजिस्ट्रेशन क्र. **LCBP-2012-00003** प्रसूतीसाठी  
Registration No. Maternity

रजिस्ट्रेशन दि. : **१३.०९.०४.२०२१** इतर रुग्णांसाठी **१२३**  
Date of Registration Other Nursing Patients

ठिकाण Place : **पुणे**

सर्टिफिकेट दिल्याचा दिनांक Date of issue of Certificate : **१३.०३.२०२४**

सदर सर्टिफिकेट दिनांक ३१ मार्च **२०२४** पर्यंत कार्यवाहीत राहील.

This Certificate shall be valid up to 31st March

**पुणे महानगरपालिका**  
जिल्हा नगरपालिका  
पुणे महानगरपालिका

**पुणे महानगरपालिका**  
Medical Officer of Health, Pune Municipal Corporation  
आरोग्य अधिकारी  
पुणे महानगरपालिका

Principal  
Hospital Tilak College of Physiotherapy  
Tilak Maharashtra Vidyapeeth (Trust)  
Guntakur, Pune - 411 037.



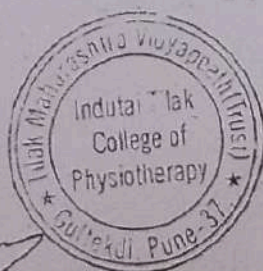




Ranka Hospital, Pune through Dr. Ramesh Pukhraj Ranka, Medical Superintendent, having office at . 157/5, near Swargate, Mukund Nagar, Pune-411037 hereinafter called as Party of the second part (which expression unless repugnant to the context or meaning thereof shall mean and includes his/her/their heirs, successors, executors assigns, administrators, etc. )

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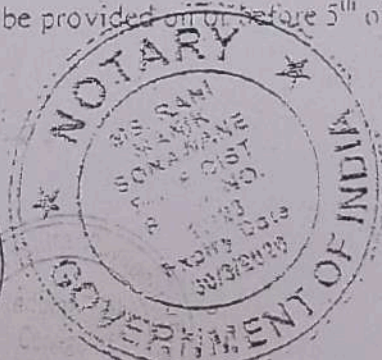
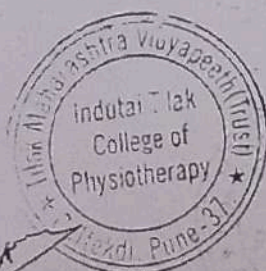
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Tilak Maharashtra Vidyapeeth (Trust)  
Gultekdi, Pune - 411 037.

Principal  
Indutai Tilak College of Physiotherapy  
Tilak Maharashtra Vidyapeeth (Trust)  
Gultekdi, Pune - 411 037.



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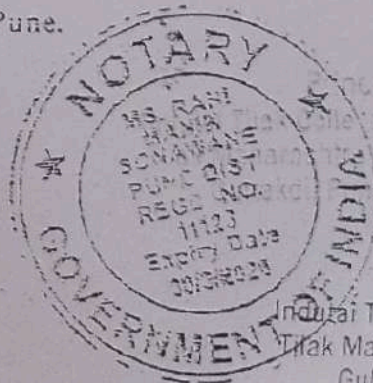
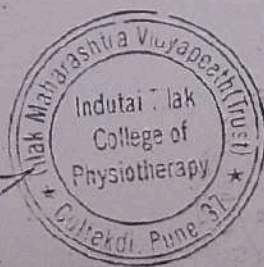
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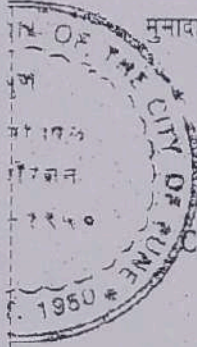


Principal  
Indutai Tilak College of Physiotherapy  
Tilak Maharashtra Vidyapeeth (T)  
Gultekdi, Pune - 411 037.



मु.म.नं. १०१ (२०२१ ते २४)

२/१२५६



मुमादामु. १११२ (१०० पानी ३० पुस्तके) १२-०९

आरोग्य/अन्न परवाना

पुणे महानगरपालिका  
PUNE MUNICIPAL CORPORATION

सन १९४९ च्या दि बॉम्बे नर्सिंग होम्स रजिस्ट्रेशन ॲक्टच्या कलम ५ अन्वये दिलेले  
रजिस्ट्रेशन सर्टिफिकेट

Certificate of Registration under Section 5 of the Bombay Nursing Homes  
Registration Act, 1949  
(नियम ५ अन्वये) (Under Rule 5)

क्रमांक No. : No 2803

दि बॉम्बे नर्सिंग होम्स रजिस्ट्रेशन ॲक्ट, १९४९ अन्वये श्री. / श्रीमती

डॉ. रमेश पुखराज

श्री. /

यांचे

श्री. / श्रीमती

येथील नर्सिंग होम / मॅटर्निटी होम रजिस्टर केले असून सदरचे नर्सिंग होम व मॅटर्निटी होम चालविण्यास परवाना  
देण्यात येत आहे.

This is to certify that Shri / Shrimati

Dr. Ramesh Pukhraj

has been registered under the

Bombay Nursing Homes Registration Act, 1949 in respect of

मु.म.नं. १०१

situated at

मु.म.नं. १०१

and has been authorised to carry on the said Nursing Home.

रजिस्ट्रेशन क्र. LCP-0001-00031

प्रसूतीसाठी

कॉट्स

Registration No.

Maternity

Cots

रजिस्ट्रेशन दि. दि. ०१.०४.२०२१

इतर रुग्णांसाठी

१०१

कॉट्स

Date of Registration ११.०३.२०२४

Other Nursing Patients

Cots

ठिकाण Place : पुणे

मु.म.नं. १०१ (१०१ बेड्स)

सर्टिफिकेट दिल्याचा दिनांक Date of issue of Certificate :

सदरचे सर्टिफिकेट दिनांक ३१ मार्च २०२४ पर्यंत कार्यवाहीत राहील.

This Certificate shall be valid up to 31st March

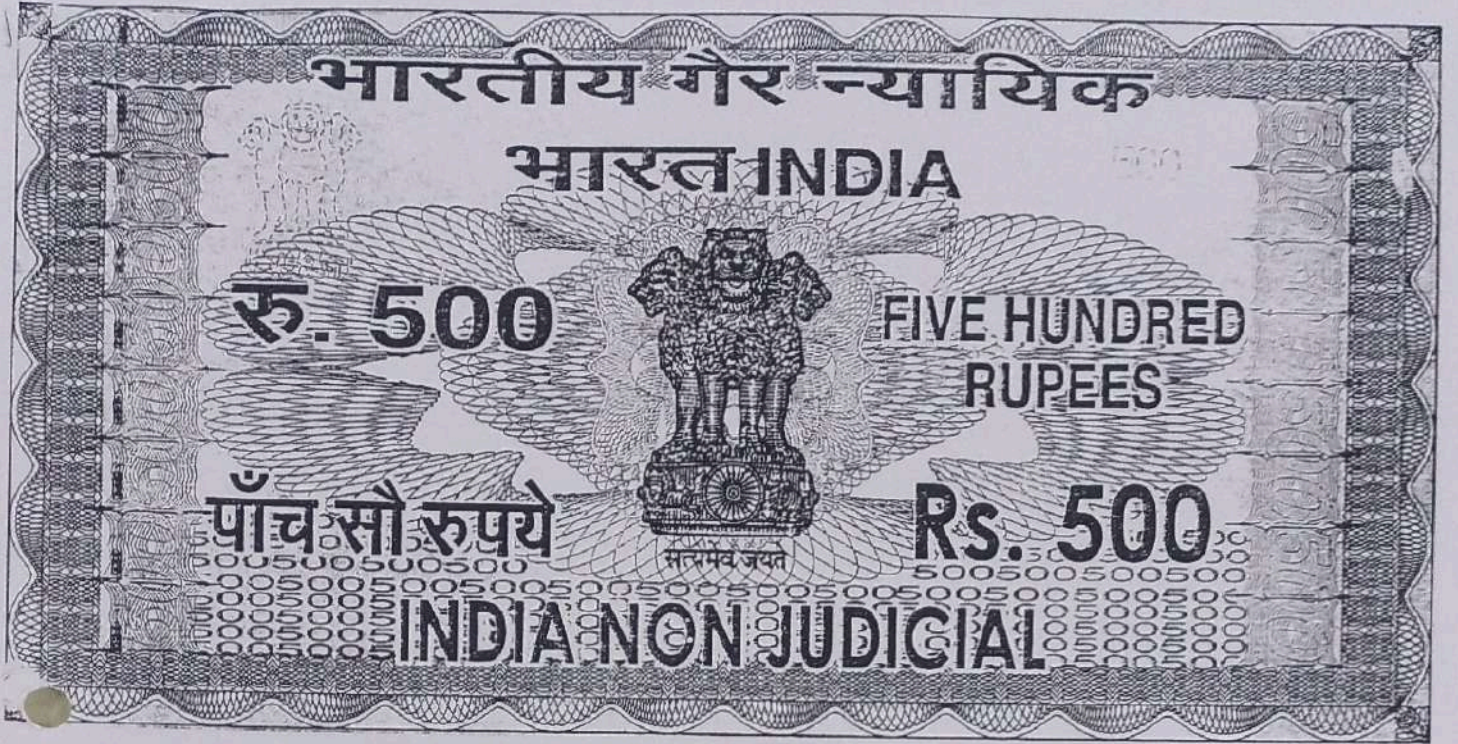
(डॉ. मनिषा विनोद नाईक)  
सहाय्यक आरोग्य अधिकारी,  
पुणे महानगरपालिका

डॉ. आशिष भारती  
Medical Officer of Health, Pune Municipal Corporation.  
आरोग्य अधिकारी  
पुणे महानगरपालिका



Principal  
Tilak College of Physiotherapy  
Tilak Maharashtra Vidyapeeth (Trust)  
Gultekdi, Pune - 411 007.





महाराष्ट्र MAHARASHTRA

2021

BG 485659

अनु. क्र. 1116 दि. 7 JAN 2022

१) दस्ताचा प्रकार : मुल्य : 1000

२) दस्त मोंदणी काणार आहेत का :- होय/नाही

३) मिळकतीचे वर्गन :

४) मुद्रांक विकत घेणाऱ्याचे नाव : Mr. K. K. Halim

५) पत्ता : T. M. V. Road

६) हस्त व्यक्तीचे नांव : Mr. K. K. Halim

७) पत्ता : T. M. V. Road

८) मुद्रा पत्रकाराचे नांव : St. Andrews Education Foundation

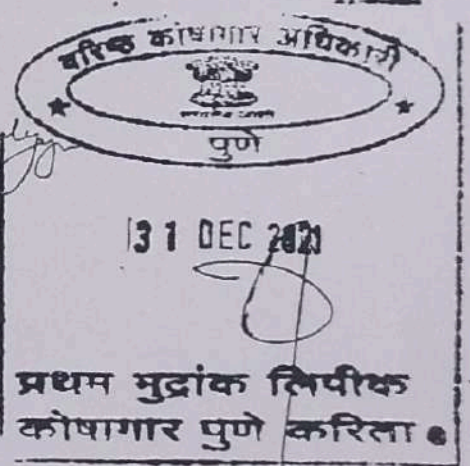
म. क. देव  
मुद्रांक घेणाऱ्याची सही

विजय बबनराव भालेकर

परवाना क्र. २२०१०२७

७५/५९०, म. म. नगर, पुणे-४१

Memorandum of Understanding



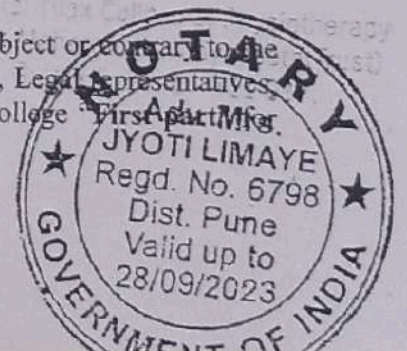
This Memorandum of Understanding (MOU) is signed on the 1<sup>st</sup> day of January 2022.

Between

St. Andrews Education Foundation, Manjari Phata, Indraprashtha Society, Hadapsar, Pune, Maharashtra 411028, represented by its duly authorized signatory Mr Kadwin K Pillai, CEO, St. Andrews Education Foundation.

Which expression shall unless there be anything repugnant to the subject or contrary to the context mean and include its present and future Trustees, their Heirs, Legal Representatives, Executors, Administrators and Assigns, herein after referred to as College (First part of the sake of brevity) The party of the first part.

And





Trust's, Indutai Tilak College of Physiotherapy, Mukundnagar Gultekdi Pune - 411037 represented by its duly authorized signatory Mr. Ajit Khadilkar, Secretary, Tilak Maharashtra Vidyapeeth (Trust), Pune.

Which expression shall unless there be anything repugnant to the subject or contrary to the context mean and include its present and future Trustees, their Heirs, Legal representatives, Executors, Administrators and Assigns, herein after referred to as College "Second part" for the sake of brevity) The party of the Second part.

WHEREAS Mr. Kadwin K Pillai, CEO, St.Andrews Education Foundation is having the authority to execute contracts on behalf of St.Andrews Education Foundation whereas St.Andrews Education Foundation, Manjari Phata, Indraprastha Society, Hadapsar, Pune, Maharashtra 411028 owns and manages the college within its territorial jurisdiction.

AND

WHEREAS Mr Ajit Khadilkar, Secretary, Tilak Maharashtra Vidyapeeth, Pune is having the authority to execute contract on behalf of Tilak Maharashtra Vidyapeeth Trust Pune whereas Tilak Maharashtra Vidyapeeth Trust Pune owns and manages the college within its territorial Jurisdiction

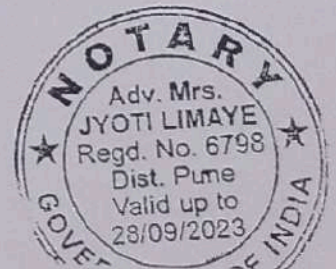
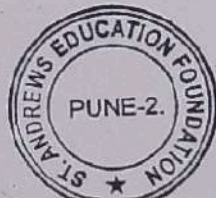
Tilak Maharashtra Vidyapeeth, Trust's, Indutai Tilak College of Physiotherapy, Pune established in the year 2019 duly Approved by Government of Maharashtra vid G. R. No. PSO-219/PRA.KRA.36/19/ shikshan-1 And Mr Ajit Khadilkar, Secretary, Tilak Maharashtra Vidyapeeth Trust, Pune with intake capacity of 50 students

Tilak Maharashtra Vidyapeeth, Trust Pune has powers to entering to agreement anatomy practical training for the 1<sup>st</sup> year BPT students of Tilak Maharashtra Vidyapeeth, Trust's Indutai Tilak College of Physiotherapy, Pune - 37.

(The said Colleges may be individually referred to as "Party" and collectively as Parties)

#### 1. SCOPE

The Scope of this understanding extends only to send the students by the said College (Second Part) Up to intake capacity for all classes for imparting of anatomy practical training and examination as contemplated by the concerned by the concerned syllabus for the discipline/s, in batches each comprising of about 50 students accompanied by its faculty members to the said college (First part) and other incidental and ancillary matters related there to



Principal  
Indutai Tilak College of Physiotherapy  
Tilak Maharashtra Vidyapeeth (Trust)  
Gultekdi, Pune - 411 037.



## 2. DURATION

The duration of this understanding shall be for a period of 5 Academic Years from 1<sup>st</sup> January 2022 to 31<sup>st</sup> December 2027 unless expressly extended, commencing from the date of its execution and to be renewed every year accordingly

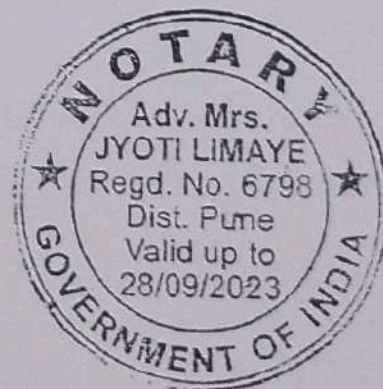
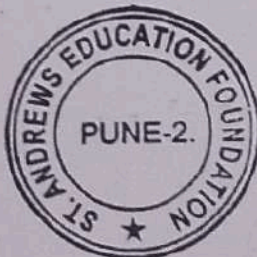
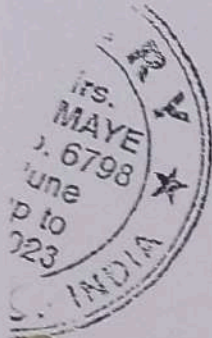
Both the parties may cancel or terminate the present MOU by giving Three Months prior notice in writing to each other

## 3. AGREEMENT

The FIRST PART: hereby agrees and permits the said College SECOND PART to send students up to its intake capacity, each comprising of about 50 students led by its faculty members to the said Hospital for imparting of Practical training and examination of students as contemplated by the concerned syllabus.

The said College shall acquaint the students with the norms of discipline to be followed while on the premises of the said College First Part with appropriate notice that in case of any indiscipline by any of the students, the College First Part shall have right to restrict her/him from entering the premises of the said College First Part

In order to effectuate the said practical training, the said College second part is permitted to hold its practical training in consonance with the syllabus prescribed for the course syllabus and to hold



Principal  
Industrial Tilak College of Physiotherapy  
Tilak Maharashtra Vidyapeeth (Trust)  
Gultekdi, Pune - 411 007.



examination, in the said College First Part, without however disturbing the working of the said College First Part.

All the communication in respect of the present agreement shall be through Principal, of the said college First part.

The Present agreement does not create any right upon the students of the said college second part. The students and staffs of the said College Second part shall be students and staffs, shall not be construed as employees of the said College First part and shall not receive any stipend of salary.

#### 4. SCHEDULE OF AGREEMENT

4.1 The said College second part shall pay the fees to the said college First Part as follows:

| Students                            | Amount   | No. of Students |
|-------------------------------------|----------|-----------------|
| 1 <sup>st</sup> Year B.P. Th (MUHS) | 25,000/- | 50 Students     |

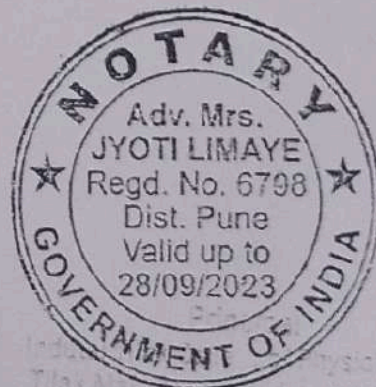
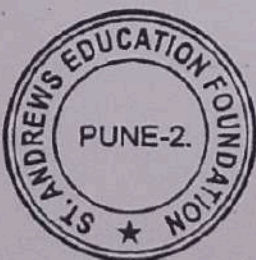
4.2 The Practical training under the present agreement shall be for the two days in a week for 1<sup>st</sup> year B. P. Th for 50 Students students form 10.00 am to 12.00 noon (morning shift) for anatomy

#### 5. CONSIDERATION:

5.1 It is agreed by and between the parties that the said College Second Part shall

make the payment to the said college first Part by an account payee Cheque be

drawn on favour of .....



Physiotherapy  
Tilak Maharashtra Vastusamiti Trust  
Gurukul, Pune - 411 007.