



**Bolan University of Medical and Health Sciences,  
Quetta**

**INSPECTION PERFORMA  
DOCTOR OF PHYSICAL THERAPY  
(DPT)**

**INSTITUTE:**

**Name of Institute:**

**Date of Establishment of Institute.**

**Head of Institute:-----**

**Designation:-----**

**Mailing Address:-----**

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**Cell No.-----**

**E-mail address-----**

**Office No: (with extension if available)-----**

**Fax No:-----**

**Official E-mail:-----**

**Type of College: Public Sector-----**

**Private Sector-----**

**Regulating authority.**

**(Please attach the Certificate of Recognition)**

**Vision and a Mission Statement (if yes please mention below):**

**Please submit Organizational Structure along with Necessary explanatory  
Notes.**



## **Bolan University of Medical and Health Sciences, Quetta**

### **Admission process:**

**(Please give detail of admission policy)**

Number of students presently enrolled.-----

Maximum number of students that can be enrolled-----

Admission policy for the students.

(Please give details including fee structure and provisions if any, for assisting deserving students)

Financial Resources.

(Please attach a copy of the approved Budget highlighting Expenditure heads along with a certificate duly signed by the bankers about the financial position of the Institute. Also attach a copy of Bank statement)

Human Resources.

Number of teaching staff.

Male:

Female:

**Total:**

Non-Teaching Staff

Male:

Female:

**Total:**

**(Please give detail of all the staff members on the proforma given in annexure A)**

**Code of conduct/Disciplinary Rules governing the Employees:**

**Governmental**



# Bolan University of Medical and Health Sciences, Quetta

## Institutional

### Hospital/s:

a) Single Hospital

b) Multiple sites

### Programs Offered:

a) M.B.B.S

b) B.D.S

c) Postgraduate Programs:

FCPS

MCPS

### Attendance System:

Biometric

Manual.

Record of attendance.

### Infrastructure.

(Please give accurate information)

Institution \_\_\_\_\_

Affiliated Teaching Hospital \_\_\_\_\_

Date of visit \_\_\_\_\_



# **Bolan University of Medical and Health Sciences, Quetta**

## **Guidelines for members of the Inspection Committee**

1. All the relevant columns may please be filled
2. Individual members of the inspection committee are required to submit the filled in proforma duly signed on the completion of inspection/visit.
3. Additional sheets may be used if required.

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## Bolan University of Medical and Health Sciences, Quetta

HUMAN RESOURCE (TEACHING FACULTY & SUPPORTING STAFF)					Yes	No
Teaching Faculty	Required Qualification	Require	Available	Deficiency		
Principal / Director (BPS-20) Head of the programme must be a physical Therapist	<ul style="list-style-type: none"> <li>• MPH</li> <li>• MSC. Physiotherapy</li> <li>• DPT Physiotherapy</li> <li>• 15 Years experience as</li> </ul>	01				
Additional Director (BPS-19)	<ul style="list-style-type: none"> <li>• MPH</li> <li>• MSC. Physiotherapy</li> <li>• DPT Physiotherapy</li> </ul>	01				
Deputy Director (BPS-18)	<ul style="list-style-type: none"> <li>• DPT</li> <li>• 12 Years experience as Physiotherapist</li> </ul>	01				
Deputy Director (Student Affairs) (BPS-18)	<ul style="list-style-type: none"> <li>• MPH</li> <li>• DPT</li> <li>• 10 Years experience as</li> </ul>	01				
Lecturer	BSPT/ DPT	04				
Assistant Accounts Officer (BPS-17)	<ul style="list-style-type: none"> <li>• B.Com / M.Com</li> <li>• 5 Years experience</li> </ul>	01				
Administrative Officer (BPS-17)	<ul style="list-style-type: none"> <li>• MBA in HRM</li> <li>• 5 Years experience</li> </ul>	01				
Kinesiology – Electrotherapy Technologist (BPS-16)	<ul style="list-style-type: none"> <li>• Diploma in Kinesiology &amp; Electrotherapy</li> <li>• 5 Years experience</li> </ul>	01				
PS to Director (BP-16)	<ul style="list-style-type: none"> <li>• BSCS</li> <li>• 3 Years experience</li> </ul>	01				
Librarian (BPS-16)	<ul style="list-style-type: none"> <li>• BS (Library Sciences)</li> <li>• 3 Years experience</li> </ul>	01				
Computer Programmer (BPS-16)	<ul style="list-style-type: none"> <li>• BSCS</li> <li>• 3 Years experience</li> </ul>	01				
Assistant (BPS-14)	<ul style="list-style-type: none"> <li>• B.A</li> <li>• 3 Years experience</li> </ul>	01				



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Lab Technician (BPS-12)	<ul style="list-style-type: none"> <li>• 2 Years Diploma in Physiotherapy</li> <li>• 2 Years experience as Lab Technician</li> </ul>	01				
Computer Operator (BPS-12)	<ul style="list-style-type: none"> <li>• BSC / DIT</li> <li>• 3 Years experience as computer programmer</li> </ul>	04				
Artist (BPS-11)	<ul style="list-style-type: none"> <li>• Diploma in Arts</li> <li>• 2 Years experience</li> </ul>	01				
Senior Clerk (BPS-09)	<ul style="list-style-type: none"> <li>• BA / FA</li> <li>• Typing Speed (30-wpm)</li> <li>• 5 Years experience</li> </ul>	01				
Junior Clerk (BPS-07)	<ul style="list-style-type: none"> <li>• BA / FA</li> <li>• Typing Speed (30-wpm)</li> <li>• 3 Years experience</li> </ul>	01				
Key Punch Officer (BPS-07)	<ul style="list-style-type: none"> <li>• FA</li> <li>• 3 Years experience</li> </ul>	01				
Receptionist (BPS-05)	<ul style="list-style-type: none"> <li>• FA</li> <li>• 3 Years experience</li> </ul>	01				
PA to Director (BPS-05)	<ul style="list-style-type: none"> <li>• Matriculation</li> <li>• 03 Years experience</li> </ul>	02				
Driver (BPS-05)	<ul style="list-style-type: none"> <li>• Matriculation</li> <li>• 5 Years experience</li> </ul>	02				
Security Guard (BPS-05)	<ul style="list-style-type: none"> <li>• Matriculation</li> <li>• 3 Years experience</li> </ul>	02				
Peon (BPS-01)	<ul style="list-style-type: none"> <li>• Middle</li> <li>• 2 Years experience</li> </ul>	06				
Sweeper (BPS-01)	<ul style="list-style-type: none"> <li>• Middle</li> <li>• 2 Years experience</li> </ul>	02				



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<u>PARAMETER</u>	<u>CAPACITY</u>	<u>AREA PERPERSON</u>	<u>MIN.AREA</u>	Yes	No
Director/HOD Room	-		200 sqft		
Personal Assistance To Director/Record Room	1 to 2 Persons		200 sqft		
Admin Staff area	Must have capacity of 6 persons		500 sqft		
Faculty Area	Must have capacity of 20 persons		2000 sqft		
Meeting Room	Must have capacity of 25 persons		500 sqft		
AUDITORIUM □ capacity	(1) 300 Seats	12 sqft/person	7200 sqft		
LECTURE HALL □ capacity	(5) 100 Seats	12 sqft/person	12000 sqft		
LIBRARY □ capacity	(1) 100 Seats	20 sqft/person	4000 sqft		
COMMON ROOM FOR GRILS/ BOYS	(2) 500 sqft each	Lump sum	2000 sqft		
CAFETERIA	(1)		1000 sqft		
SKILL LAB	(1) 100 capacity		4000 sqft		
Kinesiology/ Biomechanics Lab	(1) 100 capacity		4000 sqft		
Medical Physics/Electrotherapy Lab	(1) 100 capacity	Lump sum	4000 sqft		
Computer Lab	(1) 100 capacity	Lump sum	4000 sqft		
Open/Covered SPACE for MISCELLANEOUS purposes		Lump sum	5000 sqft		
		<b>Total</b>	<b>50600 sqft</b>		

### INFRASTRUCTURE



## Bolan University of Medical and Health Sciences, Quetta

Sr.#	Parameter	Required	Yes	No
1.	<b>Teaching Hospital</b>	<p>Minimum 200 Hundred Bedded Hospital with Well Equipped Physical Therapy Departments. Any attached hospital must have well established Following departments. Physiotherapy, Orthopedics, Medicine, Surgery, Gynecology, Chest medicine, pediatrics, ENT, Radiology, Dermatology, Neurology, ICU, Burns &amp; Plastic surgery, Emergency, and trauma care.</p> <p><b>Note:</b> The attached hospital must not be able to sign any agreement/MUA with any other institute of Physiotherapy during this period of agreement.</p>		
2.	<b>Physiotherapy Department</b>	<p>The Attached Hospital must have</p> <ol style="list-style-type: none"> <li>i. Separate Physiotherapy Department having more than 150 patient/day turnover for at least last 1 year for clinical placement and practice of students.</li> <li>ii. Separate department of Physiotherapy for male and Female able to manage simultaneously</li> <li>iii. 20 patients of orthopedic/sports pathologies</li> <li>iv. 15 patients with neurological problems</li> <li>v. 15 patients with pediatric problems</li> </ol>		
3.	<b>Faculty to Students Ratio</b>	1:12		
4.	<b>Area of Premises</b>	<p><b>Minimum Total Covered Area = 5 Acres.</b> <b>The Covered Area Should include:</b></p> <ul style="list-style-type: none"> <li>• Office for Head of the College attached with it PS/PA room,</li> <li>• 8 Lecture Theaters</li> <li>• Kinesiology/Biomechanics</li> <li>• Medical Physics/ Electrotherapy Lab</li> <li>• Skill lab for practice and demonstrations of Physiotherapy Skills.</li> <li>• One Computer Lab</li> <li>• Specialized Area for Faculty Rooms including separate Washrooms for Male/Female Faculty.</li> <li>• Staff Meeting Room.</li> <li>• Students Library</li> <li>• Separate area for Administrative staff rooms and Washrooms.</li> <li>• Separate Common Rooms For Boys and</li> </ul>		





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	Girls. <ul style="list-style-type: none"> <li>Student Cafeteria</li> <li>Separate Area for Male/Female Student washrooms</li> </ul> An Auditorium for Workshops and Seminars.		
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<b>REQUIRMENTS FOR THE AFFILIATED TEACHING HOSPITAL</b>					
S No.	Name	Quantity	Area	Yes	No
	M.O.U with teaching hospital				
1	Treatment cubicles	03			
2	Assessment Room	01			
3	Main Hall / Gymnasium	01	30 x50 Feet		
4	Short Wave Diathermy.	01			
5	Micro Wave Diathermy.	01			
6	Electrical Stimulator.	01			
7	Ultra Sonic Therapy Unit	01			
8	Couches for Practical Demonstratio	04			
9	Wall bar	01			
10	Parallel Bar.	01			
11	Large Mirror for posture correction	01			
12	Steps with	01			
13	Weights/ Swiss ball				
14	Shoulder Wheel	01			
15	Quads Drill	01			
16	Stationary bicycle	01			
17	Treadmill	01			



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18	Walking aids	01	Crutches and walking frames		
19	Shoulder pulley	01			
20	Mechanical traction table	01			

### PHYSIOTHERAPY OUT PATIENT DEPARTMENT

<u>DEPARTMENT</u>	<u>CAPACITY</u>	<u>AREA</u>	Yes	No
<b><u>ESSENTIAL SPECIALITIES</u></b>				
<b>ORTHOPEDICS &amp; SPORTS PHYSICAL THERAPY</b>	(2) Halls(1) for male and (1) for female each having 5 cabins and a gym.	1000 sqft each Lump sum 2000 sqft.		
<b>NEUROLOGICAL REHABILITATION</b>	(2) Halls (1) for male and (1) for female each having 3 cabins and a gym.	1000 sqft each Lump sum 2000 sqft		
<b>PEADIATRIC REHABILITATION</b>	(1) Gym	Lump sum 1000 sqft.		
<b>MUSCULOSKELETAL/ SPORTS REHABILITATION</b>	(1) Gym	Lump sum 1000 sqft		

### OTHER REQUIREMENTS

<u>Sr.#</u>	<u>PARAMETER</u>	<u>REQUIRED</u>	Yes	No
1	Library	<input type="checkbox"/> Minimum 5 Copies of each Text book. <input type="checkbox"/> Minimum I set of each reference book		
2	INTERNET/ COMPUTER LABS	Minimum ratio of 01 computer per 2 student on roll		
3	MULTIPURPOSE PLAY GROUND/SPORTS GYM ( At least 5 games 2 outdoor and 3 indoor games)	Must develop within first three years of affiliation but must show the necessary documents of land and plan of gym at the time of affiliation.		
4	ELECTROTHERAPY LAB	Modalities mentioned in Physiotherapy department list		
5	THERAPEUTICS/ KINESIOLOGY LAB	Equipment's mentioned in Physiotherapy department list		



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<b>6</b>	<b>PHYSIOLOGY LAB</b>	Counting chamber Microscope Syringes Lancets Clotting paper Whitman filter paper ESR stand WBC pipette RBC pipette Capillary tubes Stethoscope Sphygmomanometer		
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EQUIPMENT FOR INSTITUTE									
S. #	List of Models, full body	Qty	Yes	No	S. #	Equipment/ Apparatus for clinical Lab	Qty	Yes	No
1.	Movable shoulder in pieces.	01			1.	Short Wave Diathermy.	01		
2.	Movable Hip.	01			2.	Ultra Sonic Therapy Unit	01		
3.	Movable Ankle & Foot.	01			3.	Electrical stimulation	01		
4.	Movable Elbow.	01			4.	Parallel bar	01		
5.	Movable Wrist & Fingers.	02			5.	Couches for practical Demonstration	04		
6.	Movable Brain Parts.	02			6.	Large mirror for posture correction	01		
7.	Movable Vertebral Column with Spinal Nerves.	01			7.	Treadmill	01		
8.	Movable Human Skeleton Body Complete.	01			8.	Stationary bicycle	01		
	<b>Anatomical Charts</b>	<b>Qty</b>			9.	Steps with rail	01		
1.	Upper Limb Skeleton	01			10	Walking aids	06		
2.	Lower Limb Skeleton	01			11	EMS	02		
3.	Upper Limb Muscles Chart	01			12	TENS	02		
4.	Lower Limb Muscles Chart	01			13	Swiss Ball	02		
5.	Pelvis Chart.	01			14	Exercise Mats	02		
6.	Skull Chart	01							
7.	Brain Chart	02							
8.	Spinal Cord & Spinal Branches.	02							



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9.	Body Arterial System.	02							
10.	Body Venous System.	06							
11.	Body Urinary System.	01							

### FINANCIAL RESOURCE

### CONCLUSIVE REMARKS



# Bolan University of Medical and Health Sciences, Quetta

<p>Name: _____</p> <p>Designation: _____</p>	<p>Signature: _____</p> <p>Date : _____</p>
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