



**APPLICATION FORM FOR THE PERMISSION/RECOGNITION FOR THE B.P.T COURSE BY THE
INDIAN ASSOCIATION OF PHYSIOTHERAPISTS(R.)
FORM – I**

1. NAME OF THE COLLEGE _____

2 ADDRESS _____

3. MANAGEMENT: GOVT/PVT. (NAME) _____

2 ADDRESS _____
_____ **Tel. No.** _____

FAX: _____ **E-mail.** _____

5.NATURE OF THE COURSE: Degree/P.G.) _____

6.DURATION OF THE COURSE _____

7.COURSE AFFILIATION (University) _____

8.GOVERNMENT PERMISSION VIDE ORDER NO. _____

9.INTAKE ADMISSION CAPACITY _____

10.NAME OF THE PRINCIPAL _____

10 (a). QUALIFICATIONS _____ **10 (b). I. A.P No** _____

11. INFRASTRUCTURE: PERMANENT / TEMPORARY (Please give approved plan copy)

12.INFRASTRUCTURE FACILITIES AVAILABLE:

a)ACADEMIC: (Attach approved plan)

b)**CLINICAL :Own/ Tie-up** (attach copy of the MOU'S with Hospitals)

13. Recognition fees paid Vide

D.D No. _____ **Drawn on** _____ **Bank.**

Dated _____

We hereby certify that to the best our knowledge the information given above is true.

SIGNATURE OF THE PRINCIPAL

SIGNATURE OF THE CHAIRMAN

ANNEXURES TO BE ENCLOSED WITH DETAILS (Use Separate Paper)

- 1.OBJECTIVE OF THE COURSE AND THE COLLEGE.
2. CRITERIA FOR ADMISSION.
3. BIO-DATA OF THE PRINCIPAL
4. COPY OF GOVERNMENT APPROVAL
5. COPY OF THE AFFILIATION ORDER FROM THE UNIVERSITY.
6. COPY OF THE TRASCRIPT APPROVED BY THE UNIVERSITY.
7. DETAILS OF THE TEACHING STAFF WITH CADRE AND PAY STRUCTURE
8. DETAILS OF THE HOSPITAL WITH DEPARTMENT WISE BED DISTRIBUTION
9. EXISTING INFRASTRUCTURE AND FUTURE EXPANSION PLAN OF THE COLLEGE.
10. SOURCE OF FOUNDING FOR THE PHYSIOTHERAPY COLLEGE.
(Please attach copy of the audited balance sheet of latest assessment year)
- 11.DETAILS OF THE TRUST / MANAGEMENT

Applications for recognition of the Institute by "INDIAN ASSOCIATION OF PHYSIOTHERAPISTS" should be completed enclosing all the additional information as required and sent to

CONVENOR U.G COMMITTEE

Dr. Tapankanti Biswas (P.T)

Vice President

Convenor – UG Studies

625 ,Block- O, Flat No:2A

New Alipore

Kolkatta - 700053 , West Bengal (India)

Tel: 033-24002590

Mobile No.- +91 9830262253

Email: tapan_iap@hotmail.com

Dr. Anand Mishra

Flat No. 202 Unique Park

Scheme No. 54 Vijay Nagar

Indore-452010, Madhya Pradesh (INDIA)

Cell +91 98272-52576

Kindly enclose a Demand Draft for **Rs.20,000/-** favoring "**The Indian Association of Physiotherapists**" and the Demand Draft payable at "**Indore**" as the inspection fees.

Draft to be sent to

Dr. Anand Mishra

Flat # 202, Unique Park, 8 FF Scheme No. 54 Vijaynagar

Indore-452010, Madhya Pradesh (INDIA)

Kindly download the criteria of recognition of institutions by IAP from the website **www.physiotherapyindia.org** or write to the secretary for the needful.