



# महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

Maharashtra University of Health Sciences, Nashik

दिंडोरी रोड, म्हसळ, नाशिक - ४२२००४, Dindori Road, Mhasrul, Nashik- 422 004

Tel : (0253) 2539325/6659325 Student Helpline : (0253) 2539111/6659111

Website: www.muhs.ac.in, E-mail : academicallied@muhs.ac.in



**डॉ. राजेंद्र शिवाजी बंगाळ**

एम.बी.बी.एस., एम.डी.(न्यायवैद्यकशास्त्र), डी.एन.बी., एल.एल.बी.

**कुलसचिव**

**Dr. Rajendra Shivaji Bangal**

M.B.B.S, M.D.( Forensic Medicine), D.N.B, L.L.B.

**Registrar**

Ref.No.: MUHS/Acad/E-6 A/UG/165110/ 1167 /2024

Date: 06 /06/2024

To  
**The Dean / Principal,**  
Bhausahab Mulak College of Physiotherapy  
K.D.K. Campus, Great Nag Road,  
Nandanwan,  
Nagpur - 444 009

**Sub.: Continuation / Extension of Affiliation for Academic Year 2024-25**  
(Issued under provision No. 05 & 13 of University Direction No. 02/2016)

**Ref.:** Academic Council Resolution No. 110/2024, dated 23/04/2024

Sir / Madam,

With reference to above cited subject, I am directed to communicate that, as per the University laid down procedure & your proposal for Continuation of Affiliation & / or Extension of Affiliation, the Hon'ble Academic Council is pleased to grant Continuation of Affiliation & / or Extension of Affiliation for Academic Year 2024-25 as per the provision u/s 68 and 65(4) of MUHS Act, 1998, for the Physiotherapy Under Graduate B. P. Th. Course of your College, as under:

- The intake capacity of students shall be **50**
- It is mandatory to obtain the State Government permission as per GR dated 28/02/2018 (as applicable)
- Following deficiencies shall be strictly complied within Thirty Days, without fail.

**(vi) Teaching Staff:**

Year	Professor cum Principal			Professor			Reader/Asso. Professor			Assistant Professor/ Lecturer		
	R	E	D	R	E	D	R	E	D	R	E	D
First to Final Year	01	01	00	04	03	01	06	04	02	08	08	00

**(vii) Infrastructural Requirements:** Nil

**(viii) IPD / OPD / OT Workload:** Nil

**(ix) Other: Payment of all University dues including affiliation fees & submission of bank guarantee (wherever applicable).**

**(x) 1) 01 Professor & 02 Associate Professors are deficit.**

- The College shall submit Affidavit in the prescribed format as per Academic Council's Resolution No. 229/2013 (format attached).

You are requested to comply with the above mentioned deficiencies within the stipulated time without fail and submit compliance report.

**Important Note:**

- 1) This Continuation / Extension of affiliation is issued for the A.Y. 2024-2025 subject to the permission from State Government (as applicable) and if the permission is declined by the said authorities this Continuation / Extension of Affiliation shall be treated as cancelled. The College is not authorized to admit the students for 1<sup>st</sup> Year of the course until receipt of permission from State Government (as applicable)
- 2) The admission shall be done through the Competent Authority only.

Thanking you.

Yours,

  
05-6-24  
Registrar

Copy to:

1. The Hon'ble Secretary, Medical Education & Drugs Department, Mumbai
2. The Secretary, Admission Regulatory Authority, Mumbai
3. The Director, Directorate of Medical Education and Research, Mumbai
4. The Controller of Examinations, MUHS, Nashik
5. The H.O.D., Eligibility Section, MUHS, Nashik
6. The H.O.D., Computer Section, MUHS, Nashik