



Form D—Educational Credential and Qualifications Assessment Document Request Form

Applicant: Complete this section

APPLICANT FULL LEGAL NAME:

Last Name(s)/ Surname(s): Parikh

First Name(s)/ Given Name(s): Hinal

Middle Name(s): Manish

Former Last Name(s): _____

Date of Birth: 16 Sept 1998

Student ID Number: 11610200045

I agree to allow my physiotherapy institution to give the information asked for in the Document Request Form to the Canadian Alliance of Physiotherapy Regulators (CAPR) so that CAPR can complete my educational credential and qualifications assessment.

Note to Applicants:

If you received your physiotherapy education from the following countries: *Bangladesh, China, Cuba, Egypt, India, Nigeria, Pakistan, The Philippines, and Ukraine* please refer to *Appendix 1 – Educational Credential and Qualifications Assessment – Country Specific Document Requirements* on our website for information on documentation requirements.

Submit this form to the institution's Registrar, Controller of Examinations or other authorized school official.

Instructions to School for Completing and Submitting the Document Request Form and Other Required Documents:

The student named above has applied to CAPR for an educational credential and qualifications assessment. To help us complete the student's assessment, please provide the information asked for in the remainder of this document.

- 1) The institution's Registrar, Controller of Examinations or other authorized official, such as a Principal, Dean or Head of Department must complete the full Document Request Form below.
- 2) The institution must place this form and any other required documentation (please refer to the instructions on pages 1 and in an envelope, ensuring the institution stamps and seals the envelope, and the institution is listed as the sender of all packages, including courier packages.
- 3) The institution must send this information directly to the CAPR office, not to the student. We will not accept this form if the student or any relative or friend of the student completes it or sends it to us.



Documents to be sent directly to the Canadian Alliance of Physiotherapy Regulators:

Document Checklist for Institution Please check the box to ensure that you have enclosed all necessary items.	Please X the box
Completed Document Request Form <u>including this page</u> . We will only accept the original copy of this form; we will not accept documents by fax or e-mail.	<input type="checkbox"/> Attached
Official academic records (sometimes called transcripts or mark sheets or statement of marks) and the relevant grading scale must be issued and sent by the university in a stamped and sealed envelope. For China, Cuba, Pakistan and Ukraine, the applicant is responsible for arranging for their official academic records to be submitted to our office from the appropriate authority. Please refer to Appendix 1.	<input type="checkbox"/> Attached
Attested supporting supervised clinical practice hours information (e.g. placement hours or clinical practicum). <ul style="list-style-type: none"> • The school must provide an attested supporting supervised clinical practice document that indicates your clinical placement (location), dates, the areas of practice (e.g., musculoskeletal, neurological and cardiorespiratory conditions) and the hours you completed in each of your clinical placements. This document is required to support the supervised clinical practice information provided on Form D. • For students educated in Bangladesh, India, Pakistan and The Philippines, to fulfill this requirement the school must submit an attested copy of the clock hours documentation (also known as transcript of hours). The clock hours document must indicate the number of hours completed in supervised clinical practice. 	<input type="checkbox"/> Attached
Attested copy of the Clinical Internship Certificate (applicable only to graduates from Egypt, India, Pakistan, The Philippines - Please refer to Appendix 1.	<input type="checkbox"/> Attached

Send this form (including pages 1 and 2), along with the documents mentioned on the checklist on this form to CAPR (not the student) at the following address:

CANADIAN ALLIANCE OF PHYSIOTHERAPY REGULATORS
1243 Islington Avenue, Suite 501 Toronto, ON M8X 1Y9
CANADA

Telephone: (416) 234-8800

DO NOT FAX OR EMAIL THIS FORM.



Form D– Document Request Form

The physiotherapy institution must complete this section. Please use more paper if necessary.

This form must be completed by a program official such as a Registrar, Program Director, Program Dean, or Principal

Dr. Rajani Mullerpatan

Name of Person Completing the Form (Print)

Professor-Director

Position at Institution/Job Title

Date

Signature

R.M.



Full Name of Student: **Parikh Hinal Manish**

Date of birth: **16 / 09 / 1998**
day month year

Student ID Number: **11610200045**

Name of physiotherapy (PT) institution:

MGM School of Physiotherapy

Name of University if different from above:

MGM School of Physiotherapy, MGM Institute of Health Sciences, Plot No. 1 & 2, Sector-1, Kamothe, Navi Mumbai -410 209.

Address of PT institution:

MGM School of Physiotherapy, MGM Institute of Health Sciences, Plot No. 1 & 2, Sector-1, Kamo

Telephone #: **022 27437866**

Fax #:

Email address: **mgmschoolofphysiotherapy@mgmsopnm.edu.in**

Name of degree, diploma or certificate awarded: **Bachelor of Physiotherapy**

In native language: **English**

Minimum academic entrance requirement for the program: 10+2 from recognized board AISSCE/CBSE/ICSE/SS.E/HSCE or equivalent board with minimum 50 % taken together in PCB

Student's mode of entry/entrance data/ entrance qualifications (if different from above):

Entrance examination conducted by MGM Institute of Health Sciences

Date student started PT program: **17 August 2016**

Date student fulfilled all educational and clinical requirements for the PT program **10 June 2021**



Date PT degree/diploma/certificate was conferred: 29 August 2021

Length of physiotherapy program (you just need to complete one): Number of Years 4 yrs 6 months Number of Semesters _____

Number of credits transferred from previous education (if applicable): NA

Length of physiotherapy program the student completed at your institution: Number of Years 4 yrs 6 months Semesters _____

Number of Credits: - (do not include clinical practice/internship)

Was this an entry-level program in physiotherapy that prepares students for entry to practice? Yes No

Upon graduation, what higher-level university education (in the country of physiotherapy education) would this student be eligible to apply for?

MASTERS OF PHYSIOTHERAPY

Is there a designated authority that is legally entitled to accredit your institution? Please indicate the name of the accrediting body:

Ministry/Department of Education Ministry/Department of Health Other (specify):

Was the institution accredited at the time the student was admitted to the physiotherapy program? Yes No

Was the institution accredited at the time the student graduated from the physiotherapy program? Yes No

Is there a designated authority that is legally entitled to accredit the physiotherapy program at your institution that is different from above? If yes, please indicate the name of accrediting body.

Yes, Maharashtra State Occupational and Physiotherapy Council

Can the student work as a physiotherapist after she or he successfully completes your program? Yes No

What are the requirements for the student to be able to work as a physiotherapist after successfully completing your program?

For example, is the degree the only document the student would need in order to work as a physiotherapist after successfully completing your program? Or are there other requirements that the student must fulfill before she or he is eligible to work as a physiotherapist (e.g., national exam, licensing exams, a mandatory period of internship, registration with a regulatory body or the ministry of health or other authorities). Please provide as much information as possible.

1.6 Months of Mandatory Rotatory Internship

2. Registration with Maharashtra State Council Occupational and Physiotherapy (MSOTPT)



181109

Are physiotherapy students taught how to make a physiotherapy diagnosis?

Yes No

In the country of education:

Is a registered physiotherapist allowed to diagnose a patient's condition?

Yes No

Can a registered physiotherapist develop a treatment plan independent of a physician's prescription/direction?

Yes No

Can patients go to a physiotherapist without a physician's referral?

Yes No

Can a registered physiotherapist discharge a patient from physiotherapy care?

Yes No

Supervised Clinical Practice

Definition: Supervised clinical practice consists of supervised and evaluated experience as a physiotherapist-in-training within an entry to practice program, where the student gains practical experience and engages in a range of professional opportunities in various settings, for the purpose of learning and applying physiotherapy knowledge, skills, behaviours and clinical reasoning. Supervised clinical practice does not include academic classroom hours or practice on other students or staff.

Please include additional documentation to support the information below

Total hours of supervised clinical practice (practicum / internship) in physiotherapy: 1080 hrs

The breakdown of hours of supervised clinical practice in physiotherapy in the following conditions:

Musculoskeletal	<u>240</u>	hours
Neurological	<u>240</u>	hours
Cardiorespiratory	<u>320</u>	hours
Other	<u>240</u>	hours

Please describe area of practice:

1. Community Physiotherapy, Women's Health, Health Promotion Industry, Geriatric
2. Musculoskeletal, Neuro, Sports, Cardio respiratory PT OPD, Medicine and surgery wards, ICU

Send this form (including pages 1 and 2), along with the documents mentioned on the checklist on this form to CAPR (not the student) at the following address:

CANADIAN ALLIANCE OF PHYSIOTHERAPY REGULATORS
1243 Islington Avenue, Suite 501 Toronto, ON M8X 1Y9
CANADA

Telephone: (416) 234-8800

DO NOT FAX OR EMAIL THIS FORM.



Form D – Educational Credential and Qualifications Assessment Document Request Form

Applicant: Complete this section

APPLICANT FULL LEGAL NAME:

Last Name(s)/ Surname(s): Pande

First Name(s)/ Given Name(s): Mayanka

Middle Name(s): Parag

Former Last Name(s): _____

Date of Birth: 23 February 1997 Student ID Number: 11510200032

I agree to allow my physiotherapy institution to give the information asked for in the Document Request Form to the Canadian Alliance of Physiotherapy Regulators (CAPR) so that CAPR can complete my educational credential and qualifications assessment.

Note to Applicants:

If you received your physiotherapy education from the following countries: *Bangladesh, China, Cuba, Egypt, India, Nigeria, Pakistan, The Philippines, and Ukraine* please refer to *Appendix 1 – Educational Credential and Qualifications Assessment – Country Specific Document Requirements* on our website for information on documentation requirements.

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The student named above has applied to CAPR for an educational credential and qualifications assessment. To help us complete the student's assessment, please provide the information asked for in the remainder of this document.

- 1) The institution's Registrar, Controller of Examinations or other authorized official, such as a Principal, Dean or Head of Department must complete the full Document Request Form below.
- 2) The institution must place this form and any other required documentation (please refer to the instructions on pages 1 and in an envelope, ensuring the institution stamps and seals the envelope, and the institution is listed as the sender of all packages, including courier packages.
- 3) The institution must send this information directly to the CAPR office, not to the student. We will not accept this form if the student or any relative or friend of the student completes it or sends it to us.



Documents to be sent directly to the Canadian Alliance of Physiotherapy Regulators:

Document Checklist for Institution Please check the box to ensure that you have enclosed all necessary items.	Please X the box
Completed Document Request Form <u>including this page</u> . We will only accept the original copy of this form; we will not accept documents by fax or e-mail.	<input type="checkbox"/> Attached
Official academic records (sometimes called transcripts or mark sheets or statement of marks) and the relevant grading scale must be issued and sent by the university in a stamped and sealed envelope. For China, Cuba, Pakistan and Ukraine, the applicant is responsible for arranging for their official academic records to be submitted to our office from the appropriate authority. Please refer to Appendix 1.	<input type="checkbox"/> Attached
Attested supporting supervised clinical practice hours information (e.g. placement hours or clinical practicum). <ul style="list-style-type: none"> • The school must provide an attested supporting supervised clinical practice document that indicates your clinical placement (location), dates, the areas of practice (e.g., musculoskeletal, neurological and cardiorespiratory conditions) and the hours you completed in each of your clinical placements. This document is required to support the supervised clinical practice information provided on Form D. • For students educated in Bangladesh, India, Pakistan and The Philippines, to fulfill this requirement the school must submit an attested copy of the clock hours documentation (also known as transcript of hours). The clock hours document must indicate the number of hours completed in supervised clinical practice. 	<input type="checkbox"/> Attached
Attested copy of the Clinical Internship Certificate (applicable only to graduates from Egypt, India, Pakistan, The Philippines - Please refer to Appendix 1.	<input type="checkbox"/> Attached

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CANADA

Telephone: (416) 234-8800

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CAPR
Canadian Alliance
of Physiotherapy
Regulators

ACORP
Alliance canadienne des
organismes de réglementation
de la physiothérapie

1243 Islington Avenue, Suite 501
Toronto, Ontario M8X1Y9
P: 416 234 8800 | F: 416 234 8820
www.alliancept.org

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Form D- Document Request Form

The physiotherapy institution must complete this section. Please use more paper if necessary.

This form must be completed by a program official such as a Registrar, Program Director, Program Dean, or Principal

Dr. Rajani Mullerpatan

Name of Person Completing the Form (Print)

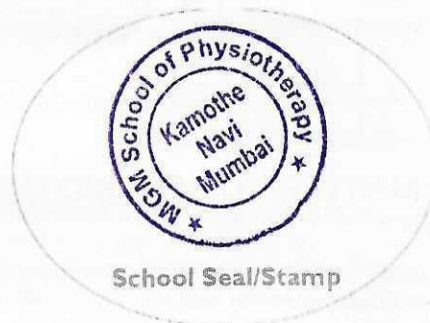
Professor-Director

Position at Institution/Job Title

Date

Signature

RJ



School Seal/Stamp

Full Name of Student **Pande Mayanka Parag**

Date of birth: **23 / 02 / 1997**
day month year

Student ID Number: **11510200032**

Name of physiotherapy (PT) institution:

MGM School of Physiotherapy

Name of University if different from above:

MGM School of Physiotherapy, MGM Institute of Health Sciences, Plot No. 1 & 2, Sector-1, Kamothe, Navi Mumbai -410 209.

Address of PT institution:

MGM School of Physiotherapy, MGM Institute of Health Sciences, Plot No. 1 & 2, Sector-1, Kamo

Telephone #: **022 27437866**

Fax #:

Email address: **mgmschoolofphysiotherapy@mgmsopnm.edu.in**

Name of degree, diploma or certificate awarded: **Bachelor of Physiotherapy**

In nativelanguage: **English**

Minimum academic entrance requirement for the program: 10+2 from recognized board AISSCE/CBSE/ICSE/ SS.E/HSCE or equivalent board with minimum 50% taken together in PCB

Student's mode of entry/entrance data/ entrance qualifications (if different from above):

Entrance examination conducted by MGM Institute of Health Sciences

Date student started PT program: **25th September 2015**

Date student fulfilled all educational and clinical requirements for the PT program **8th November 2020**



Date PT degree/diploma/certificate was conferred: 25th April 2021

Length of physiotherapy program (you just need to complete one): Number of Years 4 yrs 6 months Number of Semesters _____

Number of credits transferred from previous education (if applicable): NA

Length of physiotherapy program the student completed at your institution: Number of Years 4 yrs 6 months Semesters _____

Number of Credits: - (do not include clinical practice/internship)

Was this an entry-level program in physiotherapy that prepares students for entry to practice? Yes No

Upon graduation, what higher-level university education (in the country of physiotherapy education) would this student be eligible to apply for?

MASTERS OF PHYSIOTHERAPY

Is there a designated authority that is legally entitled to accredit your institution? Please indicate the name of the accrediting body:

Ministry/Department of Education

Ministry/Department of Health

Other (specify):

Was the institution accredited at the time the student was admitted to the physiotherapy program? Yes No

Was the institution accredited at the time the student graduated from the physiotherapy program? Yes No

Is there a designated authority that is legally entitled to accredit the physiotherapy program at your institution that is different from above? If yes, please indicate the name of accrediting body.

Yes, Maharashtra State Occupational and Physiotherapy Council

Can the student work as a physiotherapist after she or he successfully completes your program? Yes No

What are the requirements for the student to be able to work as a physiotherapist after successfully completing your program?

For example, is the degree the only document the student would need in order to work as a physiotherapist after successfully completing your program? Or are there other requirements that the student must fulfill before she or he is eligible to work as a physiotherapist (e.g., national exam, licensing exams, a mandatory period of internship, registration with a regulatory body or the ministry of health or other authorities). Please provide as much information as possible.

1.6 Months of Mandatory Rotatory Internship

2. Registration with Maharashtra State Council Occupational and Physiotherapy (MSOTPT)



181109

Are physiotherapy students taught how to make a physiotherapy diagnosis?

Yes No

In the country of education:

Is a registered physiotherapist allowed to diagnose a patient's condition?

Yes No

Can a registered physiotherapist develop a treatment plan independent of a physician's prescription/direction?

Yes No

Can patients go to a physiotherapist without a physician's referral?

Yes No

Can a registered physiotherapist discharge a patient from physiotherapy care?

Yes No

Supervised Clinical Practice

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Please include additional documentation to support the information below

Total hours of supervised clinical practice (practicum / internship) in physiotherapy: 1040 hrs

The breakdown of hours of supervised clinical practice in physiotherapy in the following conditions:

Musculoskeletal 240 hours

Neurological 240 hours

Cardiorespiratory 320 hours

Other 240 hours.

Please describe area of practice:

1. Preventative and Community Physiotherapy, Women's Health, Health Promotion Industry, Geriatric Care
2. Musculoskeletal -OPD PT, Neuro PT & Sports PT, Paraplegic Home, Special School

Send this form (including pages 1 and 2), along with the documents mentioned on the checklist on this form to CAPR (not the student) at the following address:

CANADIAN ALLIANCE OF PHYSIOTHERAPY REGULATORS
1243 Islington Avenue, Suite 501 Toronto, ON M8X 1Y9
CANADA

Telephone: (416) 234-8800

DO NOT FAX OR EMAIL THIS FORM.



New York State Credentials Verification
ACADEMIC CREDENTIALS VERIFICATION FORM

FOR SCHOOL REGISTRAR TO COMPLETE AND

Directions to Registrar: Please complete and send this form along with the educational records (transcripts/marksheets/grade lists/etc. and syllabus/course descriptions/detailed course content outlines) to:

FCCPT, 124 West Street South, 3rd Floor, Alexandria, VA 22314-2825

If there is no Registrar at the university or institution of higher learning, this form should be completed by the person charged with such duties. Should you have any questions please contact us at help@fccpt.org.

Name of University/Institution: MGM School of Physiotherapy, MGM Institute of Health Sciences, Kamothe, Navi Mumbai

Name/Title of Official Completing this form: Dr. Rajani Mullerpatan – Professor-Director

Institution Address: Plot No. 1 & 2, Sector -1, Kamothe, Navi Mumbai
Street City
Maharashtra 410209 India
State/Province Post/Zip Code Country

Email: mgmschoolofphysiotherapy@mgmsopnm.edu.in

Applicant's Name: **Parikh Hinal Manish**

(as a student)

Dates of Attendance: From*: 08/17/2016 To*: 06/10/2021 Graduation Date: 08/29/2021
(MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY)

Name of Degree/Diploma Awarded: Bachelor of Physiotherapy Check this box if applicant did not graduate from this institution.

Admission Requirements (years of education): 4 years 6 Months

Language of Instruction: English Language of Textbooks: English

If applicant cannot be cleared for graduation at this time, please indicate the reason, e.g., all requirements for the certificate, diploma or degree have not been met and/or the individual has outstanding financial obligations to the institution.

Signature and Seal are required for completion of this form

I hereby attest that my responses are complete and accurate to the best of my knowledge. In witness whereof, I hereby set my hand and seal of this institution this 1 day of August, 2022

Registrar's Name, or other Official: Dr. Rajani Mullerpatan – Professor-Director
(Please Print)

Registrar's /Official's Signature:



Please include ALL educational records belonging to the applicant named on this form. Records may include Transcripts, Transcript of Hours, Marksheetworks, Grade Lists, and Syllabus / Course Descriptions or Detailed Course Outlines.

NOTE: Marksheetworks must come with corresponding Transcript of Hours in order to be accepted for evaluation purposes.



CLINICAL INTERNSHIP FORM

INSTRUCTIONS FOR SCHOOL

Please mail all pages of this form directly to FCCPT along with the clinical internship information to the address below:

FCCPT
124 West Street South, 3rd Floor
Alexandria, VA 22314-2825, USA

This form should be completed by the person charged with administering the clinical internship experiences of physical therapy students. Should you have any questions, please contact us at: help@fccpt.org.

Applicant Name:	Parikh Last Name	Hinal First Name	Manish Middle Name
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Name of Degree/Diploma Awarded	: Bachelor of Physiotherapy (BPTTh)
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Total Number of Clinical Internship Hours Completed	:
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Clinical Internship Placements/Settings:

1.	Musculoskeletal Physiotherapy (Including OPD/Indoor orthopedics /Spine OPD) (including indoor-outdoor & Elective)	240 hrs	22/02/2021 02/06/2021	04/04/2021 02/06/2021
	Placement/Setting Description (Surgical/Amputation optional – Hand rehab/Sports injury /wound & skin Care)	Number of Hours	From: mm/dd/yyyy	To: mm/dd/yyyy

2.	Neuro-Physiotherapy (OPD/ Indoor Neurology / Neuorsurgery) (Including Adult Neuro Rehab, Pediatric Neuro Rehab & Elective)	240 hrs	02/12/2020 31/05/2021	10/01/2021 01/06/2021
	Placement/Setting Description	Number of Hours	From: mm/dd/yyyy	To: mm/dd/yyyy

3.	Cardio-vascular & pulmonary Physiotherapy (including Intensive Care Unit, COVID ICU and wards and Post COVID OPD)	320 hrs	11/01/2021	21/02/2021
	Placement/Setting Description	Number of Hours	From: mm/dd/yyyy	To: mm/dd/yyyy

4.	Preventive & Community Physiotherapy (Including Community, Women’s Health & Elective)	240 hrs	05/04/2021 03/06/2021	30/05/2021 10/06/2021
	Placement/Setting Description	Number of Hours	From: mm/dd/yyyy	To: mm/dd/yyyy

5.	Extension due to research project submission			
	Placement/Setting Description	Number of Hours	From: mm/dd/yyyy	To: mm/dd/yyyy

6.	-	-	-	-
	Placement/Setting Description	Number of Hours	From: mm/dd/yyyy	To: mm/dd/yyyy

7.	-	-	-	-
	Placement/Setting Description	Number of Hours	From: mm/dd/yyyy	To: mm/dd/yyyy

Name of University/Institution: MGM School of Physiotherapy, Navi Mumbai

Name/Title of Official Completing this form: Professor –Director

Institution Address : Plot No. 1 & 2 , Sector-1, Kamothe, Navi Mumbai

(Street)

(City)

Maharashtra

410 209

India

(State/Province)

(Post/Zip Code)

(Country)

Telephone: 022-2743 7866

Email: mgmschoolofphysiotherapy@mgmsopnm.edu.in

Signature and Seal are required for completion of this form.

I hereby attest that my responses are complete and accurate to the best of my knowledge.

Official's Name (Please Print): Dr. Rajani Mullerpatan

Official's Signature: _____



Date: _____

(Affix Official Seal or Stamp)





New York State Credentials Verification
ACADEMIC CREDENTIALS VERIFICATION FORM

FOR SCHOOL REGISTRAR TO COMPLETE AND

Directions to Registrar: Please complete and send this form along with the educational records (transcripts/marksheets/grade lists/etc. and syllabus/course descriptions/detailed course content outlines) to:

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Name of University/Institution: MGM School of Physiotherapy, MGM Institute of Health Sciences, Kamothe, Navi Mumbai

Name/Title of Official Completing this form: Dr. Rajani Mullerpatan – Professor-Director

Institution Address: Plot No. 1 & 2, Sector -1, Kamothe, Navi Mumbai
Street City
Maharashtra 410209 India
State/Province Post/Zip Code Country

Email: mgmschoolofphysiotherapy@mgmsopnm.edu.in

Applicant's Name: Aasini Riya Ashok Shetty
(as a student)

Dates of Attendance: From*: 09/30/2016 To*: 06/4/2021 Graduation Date: 08/29/2021
(MM DD YYYY) *(MM DD YYYY)* *(MM DD YYYY)*

Name of Degree/Diploma Awarded: Bachelor of Physiotherapy Check this box if applicant did not graduate from this institution:

Admission Requirements (years of education): 4 years 6 Months

Language of Instruction: English Language of Textbooks: English

If applicant cannot be cleared for graduation at this time, please indicate the reason, e.g., all requirements for the certificate, diploma or degree have not been met and/or the individual has outstanding financial obligations to the institution.

Signature and Seal are required for completion of this form

I hereby attest that my responses are complete and accurate to the best of my knowledge. In witness whereof, I hereby set my hand and seal of this institution this 1 day of August, 2022.

Registrar's Name, or other Official: Dr. Rajani Mullerpatan – Professor-Director
(Please Print)

Registrar's /Official's Signature:



Please include ALL educational records belonging to the applicant named on this form. Records may include Transcripts, Transcript of Hours, Marksheets, Grade Lists, and Syllabus / Course Descriptions or Detailed Course Outlines.

NOTE: Marksheets must come with corresponding Transcript of Hours in order to be accepted for evaluation purposes.

INSTRUCTIONS FOR SCHOOL

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 124 West Street South, 3rd Floor
 Alexandria, VA 22314-2825, USA

This form should be completed by the person charged with administering the clinical internship experiences of physical therapy students. Should you have any questions, please contact us at: help@fccpt.org.

Applicant Name:	Shetty	AasiniRiya	Ashok
	Last Name	First Name	Middle Name

Name of Degree/Diploma Awarded	: Bachelor of Physiotherapy (BPT)
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Total Number of Clinical Internship Hours Completed	: 1040 hrs
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Clinical Internship Placements/Settings:

	Placement/Setting Description (Surgical/Amputation optional – Hand rehab/Sports injury /wound & skin Care)	Number of Hours	From: mm/dd/yyyy	To: mm/dd/yyyy
1.	Musculoskeletal Physiotherapy (Including OPD/Indoor orthopedics /Spine OPD) (including indoor-outdoor & Elective)	260 hrs	22/02/2021	04/04/2021
2.	Neuro-Physiotherapy (OPD/ Indoor Neurology / Neuorsurgery) (Including Adult Neuro Rehab, Pediatric Neuro Rehab & Elective)	260 hrs	02/12/2020	10/01/2021
3.	Cardio-vascular & pulmonary Physiotherapy (including Intensive Care Unit, COVID ICU and wards and Post COVID OPD)	260 hrs	11/01/2021	21/02/2021
4.	Preventive & Community Physiotherapy (Including Community, Women's Health & Elective)	260 hrs	05/04/2021 31/05/2021	30/05/2021 04/06/2021
5.	Extension due to research project submission			-
6.	-	-	-	-
7.	-	-	-	-

Name of University/Institution: MGM School of Physiotherapy, Navi Mumbai

Name/Title of Official Completing this form: Professor –Director

Institution Address : Plot No. 1 & 2 , Sector-1, Kamothe, Navi Mumbai

(Street)

(City)

Maharashtra

410 209

India

(State/Province)

(Post/Zip Code)

(Country)

Telephone: 022-2743 7866

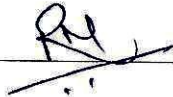
Email: mgmschoolofphysiotherapy@mgmsopnm.edu.in

Signature and Seal are required for completion of this form.

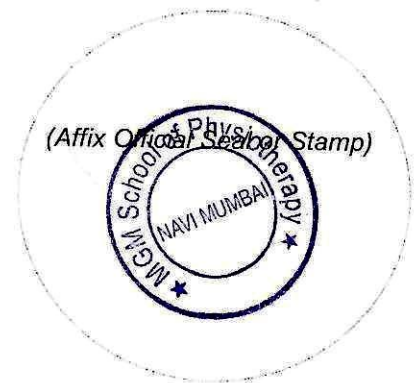
I hereby attest that my responses are complete and accurate to the best of my knowledge.

Official's Name (Please Print): Dr. Rajani Mullerpatan

Official's Signature: _____



Date: 27/10/2023



Course information form for international applicants (published July 2023)

Note to applicants: This form should be completed with the education provider providing your primary qualification to ensure it contains the level of detail we require. The completed form must then be uploaded as part of your online application as one document. Uploading sections of this document as separate files will not be accepted.

Information for education providers completing this form

The named applicant in section 1 has applied to register with the Health and Care Professions Council (HCPC), which would enable them to practice within the United Kingdom. We use this form to obtain details of the applicant's professional qualification they undertook at your institution which first enabled them to practise. **We refer to this as the applicant's 'primary qualification'** in our international application process.

Section 1: Education provider and qualification details

To verify the information provided in this form, the university or training institution must apply their stamp or seal to this section. Please note, **we do not accept copies of the seal or stamp.**

You must also include contact details for the course administrator or another appropriate member of staff who may be contacted as part of the application process. This person must also sign the form to confirm they have reviewed the information provided and can be contacted by us. Please note, **we only accept a handwritten signature or an electronic copy of a handwritten signature** (we do not accept signatures typed into this form).

Name of applicant: : Ms. Ashmita Das

Name and address of institution delivering the qualification: : MGM School of Physiotherapy,
MGM Institute of Health Sciences, Kamothe, Navi
Mumbai

Institution address: : Plot No. 1 & 2, Sector-1, Kamothe, Navi Mumbai -410
209.

Name and address of institution awarding the qualification: : MGM School of Physiotherapy,
MGM Institute of Health Sciences, Kamothe, Navi
Mumbai

Qualification awarded to the applicant: : Bachelor of Physiotherapy

Date qualification awarded : 29th August 2021

Date study commenced : 17th August 2016

Date study completed: : 5th June 2021

Course name and administrator email address : Bachelor of Physiotherapy
mgmschoolofphysiotherapy@mgmsopnm.edu.in

Course administrator signature:

Date signed:



Institute Seal or
Stamp

A handwritten signature in black ink, appearing to be "R. Das", written over a horizontal line.



MGM INSTITUTE OF HEALTH SCIENCES

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Sector-1, Kamothe, Navi Mumbai – 410209

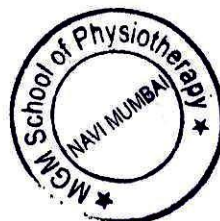
College level Examination

Name of Student	:	Mr. Aashmita Das
Year of Admission	:	2016-2017
Name of Program	:	Bachelor of Physiotherapy
PRN No.	:	11610200005

Name Course	Year	Minimum Passing Score	Maximum Score	Score Obtained
Obstetrics and Gynaecology (College Examination)	III BPT	20	50	13
Dermatology (College Examination)	III BPT	10	25	25
Professional Practice and Ethics & Administration, Marketing and Management (Examination is conducted at Final Year)	I BPT to IV BPT	25	50	26
Principles of Bioengineering	IV BPT	25	50	29
Research Methodology and Biostatistics	IV BPT	25	50	29

Rajani Mullerpatan

Dr. Rajani Mullerpatan
Professor-Director
MGM School of Physiotherapy, Navi Mumbai



Date: 31/10/2023



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Sector-1, Kamothe, Navi Mumbai – 410209

Academic Transcript: Bachelor of Physiotherapy (BPT)

Recent
Photograph

Name	:	Ms. Dadlani Hiya Anil
Date of admission	:	10 th August 2018
Date of completion	:	20 th November 2023
Actual date of leaving	:	14 th December 2023
Reason for delay	:	Academic <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Personal <input type="checkbox"/>
Date of degree awarded	:	30 th March 2024
Transcript Hours		
I BPT duration	One year	1400 hrs
II BPT duration	One year	1400 hrs
III BPT duration	One year	1400 hrs
IV BPT duration	One year	1465 hrs
Total training hours		5665 hrs
Mandatory internship	40 hrs /week x 26 weeks	1040 hrs
Internship project title	:	Physical Fitness in Adults

Distribution of Transcript Hours

I BPT	Didactic Training Hours	Practical/Demonstration/Clinical Training Hours	Total Training Hours
Subject			
Professional Practice			
Professional Practice and Ethics	15	-	15
Basic Medical Sciences			
Human Anatomy	150	60	210
Human Physiology	150	50	200
Biochemistry	46	04	50
Physiotherapy			
Fundamentals of Kinesiology and Kinesiotherapy	100	150	250
Fundamentals of Electrotherapy	95	105	200
Seminar	-	60	60
Observational Clinical Practice	-	415	415
Total Training hours			1400

II BPT	Didactic Training Hours	Practical/Demonstration/Clinical Training Hours	Total Training Hours
Subjects			
Professional Practice			
Professional Practice and Ethics	05	10	15
Medical Sciences			
Pathology	50	-	50
Microbiology	31	04	35
Pharmacology	50	-	50
Psychiatry including Psychology	30	20	50
Physiotherapy			
Kinesiology	80	-	80
Kinesiotherapy	80	160	240
Electrotherapy	100	200	300
Seminar		90	90
Supervised Clinical Practice		490	490
Total Training hours			1400

III BPT	Didactic Training Hours	Practical/Demonstration/Clinical Training Hours	Total Training Hours
Subjects			
Professional Practice			
Professional Practice and Ethics	10	05	15
Medical Sciences			
Surgery I(Cardiovascular and Thoracic Surgery, General surgery, Plastic/Reconstruction Surgery)	30	25	55
Surgery II (Orthopaedics)	40	20	60
Medicine I(Cardiovascular Respiratory Medicine, General Medicine, Rheumatology and Gerontology)	45	10	55
Medicine II (Neurology and Pediatrics)	45	20	65
Community Medicine and Sociology	50	10	60
Obstetrics and Gynaecology (College Examination)	20	10	30
Dermatology (College Examination)	10	-	10
Physiotherapy			
Functional Diagnosis and Physiotherapeutic Skills	135	325	460
Seminar (including ICF)	-	90	90
Supervised Clinical Practice	-	500	500
Total Training hours			1400

IV BPT	Didactic Training Hours	Practical/Demonstration/Clinical Training Hours	Total Training Hours
Professional Practice			
Professional Practice and Ethics	15	-	15
Administration, Marketing and Management	20	-	20
Physiotherapy			
Musculoskeletal Physiotherapy	60	140	200
Neuro Physiotherapy	65	135	200
Cardiovascular Respiratory Physiotherapy (including Intensive Care)	60	140	200
Community Physiotherapy	85	115	200
Principles of Bioengineering	30	-	30
Research Methodology and Biostatistics	40	0	40
Seminar (including ICF)	-	60	60
Supervised Clinical Practice	-	500	500
Total Training hours			1465

Internship

Sr. No.	Assignment	Discipline	Duration/ Hours
01	Musculoskeletal Physiotherapy	OPD/ Indoor Orthopedics/Burns /Surgical Amputations	4 weeks
		Optional-Hand rehab /Sports injury /wound & skin care	2 weeks
02	Neuro Physiotherapy	OPD/ Indoor Neurology /Neurosurgery	4 weeks
		Optional –Paediatrics /EMG	2 weeks
03	Cardiovascular Respiratory Physiotherapy	OPD/Indoor Medical/Surgical	4 weeks
		Intensive care	4 weeks
04	Community Physiotherapy	* Women’s health + Geriatric health at primary health Centre or community	4 weeks
		Optional – Industrial health / fitness clinic	2 weeks
This includes minimum 78 hours of Scientific project			
Total			26 Weeks/ 1040 Hours

Attempts

Attempt	First Year	Second Year	Third Year	Fourth Year
I st		✓		✓
II nd			✓	
III rd	✓			
More than Three				

“Certified that Ms. Dadlani Hiya Anil has successfully completed four years and six months program of Bachelor of Physiotherapy (BPT) from 2018 to 2023. She has completed compulsory rotating Internship training period of 26 weeks from 24/5/2023 to 14/12/2023. She has passed Bachelor of Physiotherapy (BPT) program from MGM Institute of Health Sciences, Navi Mumbai in the year 2023”

Date: 29/7/2024

Seal of College




 Signature of Director

Course information form for international applicants (published July 2023)

Note to applicants: This form should be completed with the education provider providing your primary qualification to ensure it contains the level of detail we require. The completed form must then be uploaded as part of your online application as one document. Uploading sections of this document as separate files will not be accepted.

Information for education providers completing this form

The named applicant in section 1 has applied to register with the Health and Care Professions Council (HCPC), which would enable them to practice within the United Kingdom. We use this form to obtain details of the applicant's professional qualification they undertook at your institution which first enabled them to practise.

We refer to this as the applicant's 'primary qualification' in our international application process.

Section 1: Education provider and qualification details

To verify the information provided in this form, the university or training institution must apply their stamp or seal to this section. Please note, **we do not accept copies of the seal or stamp.**

You must also include contact details for the course administrator or another appropriate member of staff who may be contacted as part of the application process. This person must also sign the form to confirm they have reviewed the information provided and can be contacted by us. Please note, **we only accept a handwritten signature or an electronic copy of a handwritten signature** (we do not accept signatures typed into this form).

Name of applicant: : Ms. Wangikar Manasi Milind

Name and address of institution delivering the qualification: : MGM School of Physiotherapy,
MGM Institute Of Health Sciences, Kamothe,
Navi Mumbai

Institution address: : Plot No. 1 &2, Sector-1, Kamothe, Navi Mumbai
-410 209.

Name and address of institution awarding the qualification: : MGM School of Physiotherapy,
MGM Institute Of Health Sciences, Kamothe,
Navi Mumbai

Qualification awarded to the applicant: : Bachelor of Physiotherapy

Date qualification awarded: : 27th August 2023

Date study commenced: : 20th August 2018

Date study completed: : 4th May 2023

Course administrator name and email address: : Dr. Rajani Mullerpatan
Professor- Director
MGM School of Physiotherapy

mgmschoolofphysiotherapy@mgmsopnm.edu.in



Institute Seal or
Stamp

Course administrator signature:

RJ

Date signed: 14/12/2023

Section 2: Information about your primary qualification

In this section we require content of the academic and practice-based learning undertaken in the qualification. This should include detail on academic content, learning hours, assessment methods, and the learning outcomes achieved. If filled in correctly, it is likely that the information you provide will take up several pages. Providing sufficient detail will enable our assessors to carry out an effective assessment and may reduce the need to require further information before reaching a final decision.

When completing this section, you **MUST**:

- input information into the tables below for each course component of the qualification;
- ensure each element of the qualification is included in a separate table; multiple sections have been provided. Copy and paste more tables into this document / remove unused tables as needed; and
- use the format we have set out below. Information not provided using this format will not be accepted, and this will cause delays to the application.

Terms used in this form	What we mean by this term and the information we require from you
Primary qualification	The professional qualification the applicant undertook which first enabled them to practice their profession in their respective country, outside the United Kingdom.
Course	Each unit of learning completed in the qualification. Other terms commonly used include 'Module', 'Session', 'Theme'. We are not referring to any other qualifications or programmes the applicant may have undertaken during their career.
Course year	The year of the qualification that the course was undertaken in. For example, Year 1, Year 2, Year 3, Year 4.
Learning undertaken at this institution	Answer 'Yes' or 'No' to this question for each course. In most cases the institution delivering the qualification will be responsible for all the courses included in it. Answer 'No' where this is not the case and detail the institution that delivered that course element of the qualification.
Assessment methods	The assessment methods used in each course to determine whether an individual has met the learning outcomes. Use the following references as needed to populate this field: Verbal = V, Written = W, Practical = P. You should also include detail on pass marks for each assessment element and any scores obtained under examination.
Learning outcomes achieved	Detail the outcomes achieved by the applicant on completion of the overall qualification (section 2b) and in relation to each course undertaken within it (section 2c). This should indicate what the applicant is able to do as a result of completing each part of the qualification and overall. Use bullet points or lists to clearly set out the learning outcomes which were met.
Course content	Detail the content that is covered in the specific course. We should be able to see how the course content supports the achievement of the learning outcomes. This may be taken from the syllabus but must only include the components of the qualification undertaken by the named applicant. Optional courses or content not undertaken by the applicant must not be included.
Practice based learning	Detail the practice-based learning undertaken as part of the specific course. We should be able to see how the practice-based learning was relevant to the learning outcomes for the specific course and overall qualification, and how this prepared the applicant to apply their knowledge and skills effectively in practice. You should indicate the range, scope and sites of clinical placements undertaken, and detail about procedures undertaken and department attended during practice-based learning.
Learning hours	The number of hours the applicant spent learning during the specific course. This is usually expressed in terms of academic and/or clinical hours.



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College level Examination

Name of Student	:	Ms. Wangikar Manasi Milind
Year of Admission	:	2018-2019
Name of Program	:	Bachelor of Physiotherapy
PRN No.	:	11810200069

The student has successfully passed examinations conducted for following subjects at college level :

1. Obstetrics and Gynecology
2. Dermatology
3. Professional Practice & Ethics
4. Administration, Management & Marketing
5. Principles of Bio- engineering
6. Research Methodology & Biostatistics.

Dr. Rajani Mullerpatan
Professor-Director
MGM School of Physiotherapy, Navi Mumbai

Professor - Director
MGM School of Physiotherapy
MGMIHS, Navi Mumbai



Date : 14/12/2023

Course information form for international applicants (published July 2023)

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Information for education providers completing this form

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Section 1: Education provider and qualification details

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Name of applicant: : Ms. Nishita Labaday

Name and address of institution delivering the qualification: : MGM School of Physiotherapy,
MGM Institute Of Health Sciences, Kamothe,
Navi Mumbai

Institution address: : Plot No. 1 & 2, Sector-1, Kamothe, Navi Mumbai
-410 209.

Name and address of institution awarding the qualification: : MGM School of Physiotherapy,
MGM Institute Of Health Sciences, Kamothe,
Navi Mumbai

Qualification awarded to the applicant: : Bachelor of Physiotherapy

Date qualification awarded: : 26th July 2022

Date study commenced: : 22nd August 2017

Date study completed: : 22th April 2022

Course administrator name and email address: : Dr. Rajani Mullerpatan
Professor- Director
MGM School of Physiotherapy

mgmschoolofphysiotherapy@mgmsopnm.edu.in



Institute Seal or
Stamp

Course administrator signature:

Date signed: 14/12/2023



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Sector-1, Kamothe, Navi Mumbai – 410209

College level Examination

Name of Student	:	Ms. Nishita Labaday
Year of Admission	:	2016-2017
Name of Program	:	Bachelor of Physiotherapy
PRN No.	:	11610200044

The student has successfully passed examinations conducted for following subjects at college level :

1. Obstetrics and Gynecology
2. Dermatology
3. Professional Practice & Ethics
4. Administration, Management & Marketing
5. Principles of Bio- engineering
6. Research Methodology & Biostatistics.

Dr. Rajani Mullerpatan
Professor-Director
MGM School of Physiotherapy, Navi Mumbai

Professor - Director
MGM School of Physiotherapy
MGM IHS, Navi Mumbai

Date : 14/12/2023



Course information form for international applicants (published July 2023)

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Name of applicant: : Ms. Surve Juhika Rajesh

Name and address of institution delivering the qualification: : MGM School of Physiotherapy,
MGM Institute Of Health Sciences, Kamothe,
Navi Mumbai

Institution address: : Plot No. 1 &2, Sector-1, Kamothe, Navi Mumbai
-410 209.

Name and address of institution awarding the qualification: : MGM School of Physiotherapy,
MGM Institute Of Health Sciences, Kamothe,
Navi Mumbai

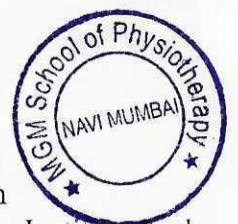
Qualification awarded to the applicant: : Bachelor of Physiotherapy

Date qualification awarded: : 27th August 2023

Date study commenced: : 20th August 2018

Date study completed: : 4th May 2023

Course administrator name and email address: : Dr. Rajani Mullerpatan
Professor- Director
MGM School of Physiotherapy
mgmschoolofphysiotherapy@mgmsopnm.edu.in



Institute Seal or
Stamp

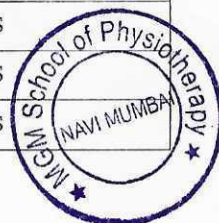
Course administrator signature:

Date signed: 14/12/2023

Section 2a: List of courses completed in the primary qualification

- Fill one row for each course completed, add more rows as needed and remove unused ones.
- Provide details of the institution providing learning where this was different.
- Only include courses the applicant undertook in the qualification.

Number	Courses completed in the qualification <i>Only include each unit of learning completed by the applicant in the qualification. Other terms commonly used include 'Module', 'Session', 'Theme'.</i>	Courseyear	Learning undertaken at the delivery institution <i>Answer 'Yes' or 'No' - If no, detailsite where learning took place.</i>
1.	Professional practice & Ethics	First Year	Yes
2.	Human Anatomy	First Year	Yes
3.	Human Physiology	First Year	Yes
4.	Biochemistry	First Year	Yes
5.	Fundamentals of Kinesiology & Kinesiotherapy	First Year	Yes
6.	Fundamentals of Electrotherapy	First Year	Yes
7.	Professional practice & Ethics	Second Year	Yes
8.	Pathology	Second Year	Yes
9.	Microbiology	Second Year	Yes
10.	Pharmacology	Second Year	Yes
11.	Psychiatry including Psychology	Second Year	Yes
12.	Kinesiology	Second Year	Yes
13.	Kinesiotherapy	Second Year	Yes
14.	Electrotherapy	Second Year	Yes
15.	Professional Practice & Ethics	Third Year	Yes
16.	Surgery-I(Cardiovascular & Thoracic Surgery, General Surgery & Plastic/Reconstructive Surgery)	Third Year	Yes
17.	Surgery-II (Orthopaedics)	Third Year	Yes
18.	Medicine-I (Cardiovascular Respiratory Medicine, General Medicine, Rheumatology & Gerontology)	Third Year	Yes
19.	Medicine-II (Neurology & Pediatrics)	Third Year	Yes
20.	Community Medicine & Sociology	Third Year	Yes
21.	Gynaecology & Obstetrics	Third Year	Yes
22.	Dermatology	Third Year	Yes
23.	Functional Diagnosis & Physiotherapeutic Skills	Third Year	Yes
24.	Professional Practice and Ethics	Fourth Year	Yes
25.	Administration, Management & Marketing	Fourth Year	Yes
26.	Musculoskeletal Physiotherapy	Fourth Year	Yes
27.	Neuro Physiotherapy	Fourth Year	Yes
28.	Cardio-vascular & respiratory physiotherapy	Fourth Year	Yes
29.	Community Physiotherapy	Fourth Year	Yes
30.	Principles of Bioengineering	Fourth Year	Yes



Section 2b: The learning outcomes achieved by the applicant on completion of all course elements

of the qualification

- Detail the overall outcomes an applicant achieved as whole by completing the qualification.
- These should be different to the learning outcomes listed for each course undertaken in the qualification.

Learning outcomes achieved on completion of the qualification

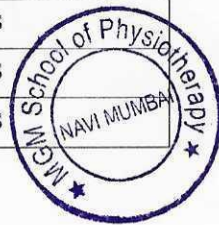
PO1	Be able to develop behavioral skills and humanitarian approach while communicating with patients, relatives, society at large and co-professionals.
PO2	To develop healthy physiotherapist-patient relationship.
PO3	To understand the moral and ethical values and apply in physiotherapy management.
PO4	To understand the structural and functional anatomy, physiology and co relate the applied anatomy, physiology in physiotherapy practice.
PO5	To understand the pathology of medical conditions in context with physiotherapy, interpret and use medical communication.
PO6	To understand the knowledge of biomechanics and apply in physiotherapy management.
PO7	Students acquire knowledge of all the clinical subjects like Orthopedics, General Surgery, Medicine, Neurology, Pediatrics, Dermatology and Gynecology and Obstetrics, Community Medicine and Sociology and apply in physiotherapy management.
PO8	To be able to demonstrate the maneuvers of passive movements, massage, stretching, strengthening and various manual therapy techniques. Student will organize the physiotherapeutic evaluation skills including electro diagnosis on patients to arrive at a Functional/ Physical Diagnosis in Neuromuscular, Cardiovascular conditions.
PO9	To understand and imbibe concepts of energy conservations, global warming and pollution and contribute in day to day work by optimally using available resources.



Section 2a: List of courses completed in the primary qualification

- Fill one row for each course completed, add more rows as needed and remove unused ones.
- Provide details of the institution providing learning where this was different.
- Only include courses the applicant undertook in the qualification.

Number	Courses completed in the qualification <i>Only include each unit of learning completed by the applicant in the qualification. Other terms commonly used include 'Module', 'Session', 'Theme'.</i>	Courseyear	Learning undertaken at the delivery institution <i>Answer 'Yes' or 'No' - If no, detailsite where learning took place.</i>
1.	Professional practice & Ethics	First Year	Yes
2.	Human Anatomy	First Year	Yes
3.	Human Physiology	First Year	Yes
4.	Biochemistry	First Year	Yes
5.	Fundamentals of Kinesiology & Kinesiotherapy	First Year	Yes
6.	Fundamentals of Electrotherapy	First Year	Yes
7.	Professional practice & Ethics	Second Year	Yes
8.	Pathology	Second Year	Yes
9.	Microbiology	Second Year	Yes
10.	Pharmacology	Second Year	Yes
11.	Psychiatry including Psychology	Second Year	Yes
12.	Kinesiology	Second Year	Yes
13.	Kinesiotherapy	Second Year	Yes
14.	Electrotherapy	Second Year	Yes
15.	Professional Practice & Ethics	Third Year	Yes
16.	Surgery-I(Cardiovascular & Thoracic Surgery, General Surgery & Plastic/Reconstructive Surgery)	Third Year	Yes
17.	Surgery-II (Orthopaedics)	Third Year	Yes
18.	Medicine-I (Cardiovascular Respiratory Medicine, General Medicine, Rheumatology & Gerontology)	Third Year	Yes
19.	Medicine-II (Neurology & Pediatrics)	Third Year	Yes
20.	Community Medicine & Sociology	Third Year	Yes
21.	Gynaecology & Obstetrics	Third Year	Yes
22.	Dermatology	Third Year	Yes
23.	Functional Diagnosis & Physiotherapeutic Skills	Third Year	Yes
24.	Professional Practice and Ethics	Fourth Year	Yes
25.	Administration, Management & Marketing	Fourth Year	Yes
26.	Musculoskeletal Physiotherapy	Fourth Year	Yes
27.	Neuro Physiotherapy	Fourth Year	Yes
28.	Cardio-vascular & respiratory physiotherapy	Fourth Year	Yes
29.	Community Physiotherapy	Fourth Year	Yes
30.	Principles of Bioengineering	Fourth Year	Yes



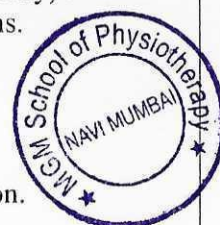
Section 2b: The learning outcomes achieved by the applicant on completion of all course elements

Section 2c: Detailed information about each course completed in the qualification

- One section must be completed for each subject listed in the table above in section 2a.
- Learning outcomes must be specific for each course undertaken in the qualification.
- Add more table sections as needed and remove unused ones.

Number (as per section 2a)	1
Course name	Professional practice & Ethics
Assessment Methods V = Verbal, W = Written, P= Practical	W The passing percentage for this course is 50 %. The student has scored more than 50% (Annexure Attached)
Learning outcomes achieved	Cognitive CO 1 Be able to understand the moral values and meaning of ethics and its application in Physiotherapy practice. CO 2 Acquire bedside manners and communication skills in relation with patients, peers, seniors and other professionals CO 3 Follow and maintain procedures to achieve a safe working environment. CO 4 Recognize and report unsafe situations, identify and take necessary precautions as per standard operating procedures. CO 5 Identify and observe policies and procedures with regard to illness or accident. CO 6 Identify personal protective equipment and use the same as per various Physiotherapy techniques. CO 7 Acquire knowledge of basic first-aid and life saving skills to use them under different circumstances. CO 8 Understand use of Physiotherapy techniques using optimal resources, avoidance of waste and environment friendly approach Psychomotor CO 9 Develop psychomotor skills or physiotherapist-patient relationship.
Course content and/or Practice based learning undertaken	<ul style="list-style-type: none"> • Introduction to the history of Physiotherapy • Orientation to the curriculum, Clinical areas and geographical location • Concept of morality and ethics • Concept of professionalism and Professional dress code
Learning hours completed	Didactic=10; Visits/Supervision=5; Total = 15 hours

Number (as per section 2a)	2
Course name	Human Anatomy
Assessment Methods V = Verbal, W = Written, P= Practical	W, P, V The passing percentage for this course is 50 %. The student has scored more than 50% (Annexure Attached)
Learning outcomes achieved	Musculoskeletal Anatomy CO1- The student should be able to identify & describe Anatomical aspects of muscles, bones, joints, their attachments & to understand and analyze movements. CO2- Application of knowledge of anatomy on the living (living anatomy) . CO3-To understand the Anatomical basis of various clinical conditions. Neuro Anatomy CO4- To identify & describe various parts of nervous system. CO5- To describe blood circulation of C.N.S. & spinal cord. CO6- Be able to identify the Structures of various C.N.S Trans-section. CO7- To identify and describe the course of peripheral nerves



	<p>CO8- To understand anatomical basis of clinical conditions of nervous system.</p> <p>Cardiovascular & Respiratory Anatomy</p> <p>CO9- To identify & describe various structures of the Cardiovascular and Respiratory system and the course of blood vessels.</p> <p>CO10- Identify and describe various structures of Thoracic cages and mechanisms of respiration.</p> <p>CO11- Be able to apply knowledge of living anatomy with respect to Cardiovascular and Respiratory system.</p> <p>CO12- To understand anatomical basis of clinical conditions of Cardiovascular & Respiratory .</p> <p>CO13- To obtain knowledge of other systems and sensory organs.</p>
<p>Course content and/or Practice based learning undertaken</p>	<ol style="list-style-type: none"> 1. General Anatomy and Histology (20 hrs) 2. Musculoskeletal System (90 hrs) 3. Neuro Anatomy (44 hrs) 4. Systemic Anatomy (12 hrs) 5. Cardio Vascular & Respiratory Anatomy (18 hrs) 6. Abdomen (6 hrs) 7. Sensory Organs (6 hrs) 8. Endocrine & Exocrine System (4 hrs) 9. Radiology (10 hrs)
<p>Learning hours completed</p>	<p>Didactic= 150; Practical/Laboratory = 60; Total = 210 hours</p>

<p>Number (as per section 2a)</p>	3
<p>Course name</p>	Human Physiology
<p>Assessment Methods V = Verbal, W = Written, P= Practical</p>	<p>W, P,V The passing percentage for this course is 50 %. The student has scored more than 50% (Annexure Attached)</p>
<p>Learning outcomes achieved</p>	<p>CO1- Acquire the knowledge of the relative contribution of each organ system in maintenance of the Milieu Interior (Homeostasis)</p> <p>CO2- Be able to describe physiological functions of various systems , with special reference to Musculoskeletal, Neuro-motor, Cardio-respiratory, Endocrine , Uro-genital function, & alterations in function with aging.</p> <p>CO3- Analyze physiological response & adaption to environmental stresses with special emphasis on physical activity, altitude, temperature.</p> <p>CO4- Acquire the skill of basis clinical examination, with special emphasis to Peripheral & Central Nervous System, Cardiovascular & Respiratory system& Exercise tolerance\Ergography.</p>





MGM INSTITUTE OF HEALTH SCIENCES

(Deemed to be University u/s 3 of UGC Act, 1956)

Grade 'A++' Accredited by NAAC

MGM SCHOOL OF PHYSIOTHERAPY

Sector-1, Kamothe, Navi Mumbai – 410209

College level Examination

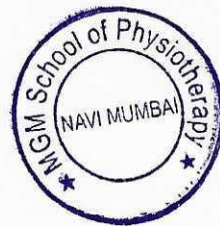
Name of Student	:	Ms. Surve Juhika Rajesh
Year of Admission	:	2018-2019
Name of Program	:	Bachelor of Physiotherapy
PRN No.	:	11810200060

The student has successfully passed examinations conducted for following subjects at college level :

1. Obstetrics and Gynecology
2. Dermatology
3. Professional Practice & Ethics
4. Administration, Management & Marketing
5. Principles of Bio- engineering
6. Research Methodology & Biostatistics.

Dr. Rajani Mullerpatan
Professor-Director
MGM School of Physiotherapy, Navi Mumbai

Professor - Director
MGM School of Physiotherapy
MGMHS, Navi Mumbai



Date : 14/12/2023



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MGM SCHOOL OF PHYSIOTHERAPY

Sector-1, Kamothe, Navi Mumbai – 410209

Academic Transcript: Bachelor of Physiotherapy (BPT)



Name	:	Mr. Khonde Hrishikesh Ajay
Date of admission	:	10 th August 2018
Date of completion	:	4 th May 2023
Actual date of leaving	:	4 th May 2023
Reason for delay	:	Academic - Medical - Personal -
Date of degree awarded	:	27 th August 2023
Transcript Hours		
I BPT duration	One year	1400 hrs
II BPT duration	One year	1400 hrs
III BPT duration	One year	1400 hrs
IV BPT duration	One year	1465 hrs
Total training hours		5665 hrs
Mandatory internship	40 hrs /week x 26 weeks	1040 hrs
Internship project title	:	Bell's Palsy Post Parotidectomy – A case study

Distribution of Transcript Hours

I BPT	Didactic Training Hours	Practical/Demonstration/Clinical Training Hours	Total Training Hours
Subject			
Professional Practice			
Professional Practice and Ethics	15	-	15
Basic Medical Sciences			
Human Anatomy	150	60	210
Human Physiology	150	50	200
Biochemistry	46	04	50
Physiotherapy			
Fundamentals of Kinesiology and Kinesiotherapy	100	150	250
Fundamentals of Electrotherapy	95	105	200
Seminar	-	60	60
Observational Clinical Practice	-	415	415
Total Training hours			1400

II BPT	Didactic Training Hours	Practical/Demonstration/Clinical Training Hours	Total Training Hours
Subjects			
Professional Practice			
Professional Practice and Ethics	05	10	15
Medical Sciences			
Pathology	50	-	50
Microbiology	31	04	35
Pharmacology	50	-	50
Psychiatry including Psychology	30	20	50
Physiotherapy			
Kinesiology	80	-	80
Kinesiotherapy	80	160	240
Electrotherapy	100	200	300
Seminar		90	90
Supervised Clinical Practice		490	490
Total Training hours			1400

III BPT	Didactic Training Hours	Practical/Demonstration/Clinical Training Hours	Total Training Hours
Subjects			
Professional Practice			
Professional Practice and Ethics	10	05	15
Medical Sciences			
Surgery I(Cardiovascular and Thoracic Surgery, General surgery, Plastic/Reconstruction Surgery)	30	25	55
Surgery II (Orthopaedics)	40	20	60
Medicine I(Cardiovascular Respiratory Medicine, General Medicine, Rheumatology and Gerontology)	45	10	55
Medicine II (Neurology and Pediatrics)	45	20	65
Community Medicine and Sociology	50	10	60
Obstetrics and Gynaecology (College Examination)	20	10	30
Dermatology (College Examination)	10	-	10
Physiotherapy			
Functional Diagnosis and Physiotherapeutic Skills	135	325	460
Seminar (including ICF)	-	90	90
Supervised Clinical Practice	-	500	500
Total Training hours			1400

IV BPT	Didactic Training Hours	Practical/Demonstration/Clinical Training Hours	Total Training Hours
Professional Practice			
Professional Practice and Ethics	15	-	15
Administration, Marketing and Management	20	-	20
Physiotherapy			
Musculoskeletal Physiotherapy	60	140	200
Neuro Physiotherapy	65	135	200
Cardiovascular Respiratory Physiotherapy (including Intensive Care)	60	140	200
Community Physiotherapy	85	115	200
Principles of Bioengineering	30	-	30
Research Methodology and Biostatistics	40	0	40
Seminar (including ICF)	-	60	60
Supervised Clinical Practice	-	500	500
Total Training hours			1465

Internship

Sr. No.	Assignment	Discipline	Duration/ Hours
01	Musculoskeletal Physiotherapy	OPD/ Indoor Orthopedics/Burns /Surgical Amputations	4 weeks
		Optional-Hand rehab /Sports injury /wound & skin care	2 weeks
02	Neuro Physiotherapy	OPD/ Indoor Neurology /Neurosurgery	4 weeks
		Optional –Paediatrics /EMG	2 weeks
03	Cardiovascular Respiratory Physiotherapy	OPD/Indoor Medical/Surgical	4 weeks
		Intensive care	4 weeks
04	Community Physiotherapy	* Women’s health + Geriatric health at primary health Centre or community	4 weeks
		Optional – Industrial health / fitness clinic	2 weeks
This includes minimum 78 hours of Scientific project			
Total			26 Weeks/ 1040 Hours

Attempts

Attempt	First Year	Second Year	Third Year	Fourth Year
I st	✓	✓	✓	✓
II nd				
III rd				
More than Three				

“Certified that Mr. Khonde Hrishikesh Ajay has successfully completed four years and six months program of Bachelor of Physiotherapy (BPT) from 2018 to 2023. He has completed compulsory rotating Internship training period of 26 weeks from 06/10/2022 to 04/05/2023. He has passed Bachelor of Physiotherapy (BPT) program from MGM Institute of Health Sciences, Navi Mumbai in the year 2023”

Date: 01/08/2024

Seal of College




 Signatufe of Director



MAHATMA GANDHI MISSION

MGM INSTITUTE OF HEALTH SCIENCES
MGM School of Physiotherapy

(Deemed University u/s 3 of UGC Act, 1956) | Grade 'A' Accredited by NAAC
(Constituent Unit)

LETTER OF RECOMMENDATION

To the Admission Committee,

I am pleased to recommend Esha S Karkhanis, a committed physiotherapy student, for admission to your prestigious university to pursue her Masters for higher education. Since the time I know her, as a student she has always outstood and as a professional she has been understanding and empathic towards the patients. Her critical thinking and experimenting for the betterment of the patients in her internship rotations has always made a positive impact on others. In terms of gaining the knowledge, academics, doubt solving, she has also excelled in co-curricular activities such as singing and dancing.

Considering her academic achievements, I am confident that Esha Sameer Karkhanis will thrive in your university's higher education program. She possesses the qualities that make for an exceptional student and a valuable contributor to the academic community.

If you have any further questions or require additional information, please feel free to contact me.

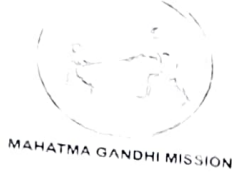
Thanking You.

Name: Dr. Rinkle Malani
Designation – Professor & Director
MGM School of Physiotherapy, Aurangabad
Email: rinkle.malani@mgmsop.edu.in
Contact: 0240 - 6482000 (Ext: 2912/2913)

Director

MGM School of Physiotherapy,
Chh. Sambhajinagar





MGM INSTITUTE OF HEALTH SCIENCES

MGM School of Physiotherapy

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(Constituent Unit)

Date: 13TH October, 2023

LETTER OF RECOMMENDATION

TO WHOMSOEVER IT MAY CONCERN

I am writing to recommend Sheetal Godbole for admission to your esteemed physiotherapy college. I have had the pleasure of witnessing Sheetal's academic and personal growth over the past few years, and I believe she possesses the qualities necessary for success in your program.

Sheetal stands out not only for her academic achievements but also for her active participation and excellent communication skills. Her eagerness to learn is truly commendable, and she approaches challenges with a positive and proactive mindset. As a class representative for three consecutive years, she demonstrated exceptional leadership qualities, effectively representing the concerns and ideas of her peers. Her confidence and poise while addressing the audience reflect not only her communication prowess but also her ability to engage and connect with people.

Whether coordinating events or managing group projects, she approaches tasks with efficiency and a keen eye for detail.

Sheetal Godbole is not only an exemplary student but also a dynamic individual with a passion for physiotherapy. Her blend of leadership, communication skills, and eagerness to learn make her a standout candidate for your program. I do not doubt that she will contribute positively to your institution and thrive in the challenging academic environment.

Please feel free to contact me if you require any further information.

Sincerely,

Name: Dr. Rinkle Malani

Designation – Professor & Director

MGM School of Physiotherapy, Aurangabad

Email: rinkle.malani@mgmsop.edu.in

Contact: 0240 - 6482000 (Ext: 2912/2913)

Director
MGM School of Physiotherapy
Aurangabad



0240-6482000 (Ext: 2912, 2913)

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MAHATMA GANDHI MISSION

MGM INSTITUTE OF HEALTH SCIENCES

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Date: 25/10/2023

Letter Of Recommendation

To whomsoever it may concern

Its my pleasure to recommend Ms. Neetya Jitendra Maheshmalkar an ambitious student who has improved significantly in knowledge, discipline, and all other professional qualities during the past 4.5 years under my supervision at MGM School of Physiotherapy, Chh. Sambhajinagar.

I see Neetya as someone who is highly committed to her work and studies, as well as someone who is eager to learn new things. She also participated in extracurricular activities and contributed to our cultural and athletic events, where she took second place in the dramatics category at the MGM Olympics. She performed a great job organizing our institute's sports event, in addition to demonstrating her passion in culture. She further demonstrated her leadership abilities by planning a sporting event for our Paralympics. Because of her politeness, well-mannered demeanor, and effective communication with her teachers and patients, her personality shines even more brightly. I can tell you that she will shine and demonstrate her talent in her working life by using her practical talents. I'm pleased to suggest her to such a known university, which will undoubtedly provide her with the necessary assistance and turn her into a dynamic physiotherapy professional.

Neetya also presented her research in International Conference Of Physiotherapy that shows her interest in the field of research. She designed a model on the occasion of stroke day to represent the treatment protocol in which she bagged the first prize.

All her past experiences and determination in fields of knowledge, research and practical representation assure her to be a well focused and observant wherever her chance of work is established.

I send her my best wishes for future happiness and prosperity.

Thanks and regards!

Name: Dr. Rinkle Malani

Designation: Professor & Director

MGM School of Physiotherapy, Aurangabad

Email: rinkle.malani@mgmsop.edu.in

Contact: 0240-6482000(Ext:2912/2913)



Director
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Aurangabad

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