

**APPLICATION FORM FOR THE CONTINUATION OF RECOGNITION BY THE  
INDIAN ASSOCIATION OF PHYSIOTHERAPISTS  
FORM – II**

1. NAME OF THE COLLEGE \_\_\_\_\_

2. ADDRESS \_\_\_\_\_

3. MANAGEMENT: GOVT/PVT(NAME) \_\_\_\_\_

4. ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Tel.No. \_\_\_\_\_

FAX: \_\_\_\_\_ e-mail. \_\_\_\_\_

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

6. DURATION OF THE COURSE \_\_\_\_\_

7. COURSE AFFILIATION (University/Board) \_\_\_\_\_

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. STAFF STRENGTH: Attach list of Staff Members with cadre and Pay structure (Teaching and Clinical)

12. CONDITIONS LAID BY EARLIER INSPECTION TEAM

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

13. COMPLIANCE REPORT: (Attach the copy of the report)

14. Continuation Recognition fees paid Vide D.D No. \_\_\_\_\_ drawn on \_\_\_\_\_  
\_\_\_\_\_ dtd \_\_\_\_\_

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

**SIGNATURE OF THE PRINCIPAL**

**SIGNATURE OF THE CHAIRMAN**

**DETAILED ANNEXURES TO BE ENCLOSED WITH THE FORM-II  
(Use Separate Paper)**

1. BIO-DATA OF THE PRINCIPAL.
2. DETAILS OF THE TEACHING STAFF WITH CADRE AND PAY STRUCTURE.
3. DETAILS OF THE HOSPITAL WITH DEPARTMENT WISE BED STRENGTH.
4. EXISTING INFRASTRUCTURE AND FUTURE EXPANSION PLAN OF THE COLLEGE.
5. COPY OF THE LATEST AUDITED BALANCE SHEET OF THE COLLEGE