



## V.S.P.M.'S COLLEGE OF PHYSIOTHERAPY

OFFICE : DIGDOH HILLS, HINGNA ROAD, NAGPUR - 440 019. ☎ : 07104 - 244290, 244291, 665000  
E-mail : vspmscop@gmail.com Fax No.: (07104) 232905

### Learning Management System

V.S.P. M's College of Physiotherapy, Nagpur has Learning Management System (LMS)

- Students' admission related documents and maintenance of documents are in student section (ERP)
- For academic learning LRMs are displayed in Institutional Website under student's corner.
- Students' attendance for theory & practical classes are maintained in attendance register.
- Students' internal assessment records along with theory and practical answer sheets are maintained by their respective subject teacher and departments in internal assessment record registers.
- Ethical Committee of the Institute maintains the record of UG, PG & PhD Research Projects & QR Codes are generated for the same purpose.
- Academic management systems are in line with academic calendar and are followed accordingly.
- Patients' data is uploaded and maintained in Yuvicare Software.
- Institutional Library Committee is responsible for maintaining the utilization of books by the students
- Student feedback related to curriculum is assessed through online feedback system which is also displayed on the website of Institute.
- Year wise Parent Teacher Meetings (PTM) are regularly conducted to convey the progress report of students to their guardians & their records are kept by respective year co-ordinators.



**Principal**  
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Admission B.P.TH

Admission MPT

Admission Ph.D

➔ PHY FEES PROPOSAL- 2025-26

➔ New Registration For B.P.TH Admission  
2024-25 **NEW**

➔ Fees Structure B.P.TH 2024-25 **NEW**  
(English & Marathi Format)

**Notification**

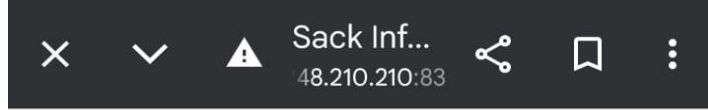


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## Pre Admission Information VSPM Academy of Higher Education V.S.P.M's College of Physiotherapy

Academic Year  -

Institute ID \*

PHYSIO

Batch \*

2024

Course \*

BPTH

Branch : \*

BPTH

Year : \*

1ST YEAR

Admission Category : \*



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dd/mm/yyyy

Mobile No : \*

Enter MobileNo.

Name : \*

Father : \*

Surname : \*

Name As Per HSC Certificate : \*

Email Id : \*

Declaration : \* I hereby declare that the information filled above is true & correct and I shall be responsible if anything is found false or incorrect.

Send OTP



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