



INTEGRAL UNIVERSITY, LUCKNOW
INTEGRAL INSTITUTE OF ALLIED HEALTH SCIENCES & RESEARCH
DEPARTMENT OF PHYSIOTHERAPY
FIRST MID SEMESTER TEST SCHEDULE (EVEN SEMESTER) SESSION: 2022-23

Bachelor of Physiotherapy
II Semester

Date	Day	Timing	Subject Code	Subject	Room No
3/11/2023	Saturday	9.30 AM-11.00 AM	PT110	Human Physiology-II	Medical Block Phase -3
3/11/2023	Saturday	1.30 PM-3.00 PM	LN131	Advanced Professional Communication	
3/13/2023	Monday	2.00 PM-3.30 PM	PT111	Basic of Exercise therapy	
3/13/2023	Monday	11.30 AM-1.00 PM	ES101	Environmental Studies	
3/14/2023	Tuesday	9.30 AM-11.00 AM	PT109	Human Anatomy-II	
3/14/2023	Tuesday	3.30 PM-5.00 PM	PT112	Sociology	

Bachelor of Physiotherapy
IV Semester

Date	Day	Timing	Subject Code	Subject Name	Room No
3/11/2023	Saturday	9.30 AM-11.00 AM	PT212	Therapeutic Techniques	Medical Block Phase -3
3/11/2023	Saturday	2.00 PM-3.30 PM	PT213	Electrotherapy & Electrodiagnosis	
3/13/2023	Monday	9.30 AM-11.00 AM	PT214	Basic of Biomechanics	
3/13/2023	Monday	3.30 PM-5.00 PM	PT215	Ethics in Physiotherapy	
3/14/2023	Tuesday	9.30 AM-11.00 AM	PT210	General Medicine	
3/14/2023	Tuesday	3.30 PM-5.00 PM	PT211	Pharmacology	

Bachelor of Physiotherapy
VI Semester

Date	Day	Timing	Subject Code	Subject Name	Room No
3/11/2023	Saturday	11.30 AM-1.00 PM	PT310	Clinical Neurology and Neurosurgery	Medical Block Phase -3
3/11/2023	Saturday	3.30 PM-5.00 PM	PT312	Physiotherapy in Medical, Surgical, Obstetrics and Gynecological Condition	
3/13/2023	Monday	11.30 AM-1.00 PM	PT311	Physical and Functional Diagnosis	
3/14/2023	Tuesday	11.30 AM-1.00 PM	PT309	Regional Orthopaedics	

Bachelor of Physiotherapy
VIII Semester

Date	Day	Timing	Subject Code	Subject Name	Room No
3/11/2023	Saturday	11.30 AM-1.00 PM	PT411	Sports Physiotherapy	Medical Block Phase -3
3/13/2023	Monday	11.30 AM-1.00 PM	PT412	Community Based Rehabilitation in Physiotherapy	
3/14/2023	Tuesday	11.30 AM-1.00 PM	PT410	Orthopedics Physiotherapy-II	

Prof. (Dr.) **Abdur Raheem Khan**
HOD, Physiotherapy Lucknow

Prof. (Dr.) **Ashfaque Khan**
Director, IIAHSR

CC To,

1. Executive Director, IMSR, IIAHSR, IINSR
2. Controller of Examination - For Kind information
3. Dean, IMSR- For Kind information
4. Director, Academic, IUL- For Kind information
5. Concerned Head/ Faculty Members- For Kind information & necessary Action please
6. Notice Board
7. Office File

