MAHARASHTRA UNIVERSITY OF HEALTH SCIENCS NASHIK

DETAIL INFORMATION OF SUBJECTIVISE TEACHING STAFF (APPROVED + NON APPROVED)

(UG Degree/ Pg Degree) AS ON:---: 16 - 03-2023

Subject:- Electrotherapy & Electro Diagnosis

p		Sr. No		Faculty :
Dr. Shweta S. D. Phadke		Name of the Teacher		Faculty :- UG Physiotherapy Name of the college:- TMV's Lokmanya Tilak College of Physiotherapy
Professor & Principal		Designati on		
<u>phadkesh</u> 9869157186 <u>weta7@g</u> <u>mail.com</u>		Mob. No.		Subject:- Physiotherap
phadkesh weta7@g mail.com		E-mail		— *
02-02-82		Date of Birth		Electrotherapy of Wh
2 O	if so specify category)	Whether belongs to to Reserved category (if so specify category)		Electrotherapy & Electro Diagnosis Whether UG
04-12-17	2	Date of Appointme nt		o Diagnosis JG
6 years	Asst Prof.			/ ug
4years	Asst Prof. Asso Prof.	UG years	Teaching E	
5 years	Prof.	ears	Teaching Experience	
15 Years 9 monts	Total			
5 years	of PG	Total Teaching Experienc		
Regular	Temp./ Regular /Contract ual	Type of Appointm ent		
yes	Yes/ No	University approval status		Intake capacity:- 50
	Temp/ Regular	Type of University Appointm approval ent status Details of PG teacher Recognition by MUHS (Yes/ No)		
00	Letter No. & date	og teacher tion by res/ No)		College Code:- 161110
	Photograph with Signature			e:- 161110

Annexure :-VIII

Subject:-Name of the college: TMV's Lokmanya Tilak College of Physiotherapy

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCS NASHIK

DETAIL INFORMATION OF SUBJECTIVISE TEACHING STAFF (APPROVED + NON APPROVED)

(UG Degree) AS ON:
(UG Degree) AS ON:
(UG Degree) AS ON:
Whether UG _ UG / UG-PG
Whether UG _ UG / UG-PG-

Annexure :-VIII

College Code:- 161110 Intake capacity:- 50

			1		
ω	2	μ		Sr. No	
Dr Vaishali Ingole	Dr Trupti Deshmukh	Dr Keerthika Ranji		Name of the Teacher	
Assistant Professor	Assistant Professor	Associate Professor		r Designation	
8275197242	9867631730	9870116838		Mob. No.	
vaishali.ingole55@gm ail.com	tkulkarni1110@gmail. com	keerthika.ranii@gmail. com		E-mail	
5-May-92	11-Oct-91	9-Apr-87		Date of	
Yes (SC)	S	No	specify category)	Whether belongs to Reserved	
22-11-21	26-09-17	12-10-20	1	Date of Appointment	
1 YEAR 3 MONTH	5 YRS 7 MONTH S	5.9	Asst Prof.		
		2.5	Asso Prof.	UG	Teaching
		,	Prof.	UG years	Teaching Experience
1 YEAR 3 MONTH	5 YEARS 7 MNTHS	8.4	Total		ë
			in years of PG		
TEMPORARY	REGULAR	TEMPORARY	Temp./ Regular /Contractual	Appointment	Type of
YES	Yes	Yes	Yes/ No	approval status	University
		ě	Temp/ Regular		
		į.	Letter No. & date	Recognition by MUHS (Yes/No)	Details of PG teacher
	Pr.		Photograph with Signature		2

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCS NASHIK

DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (APPROVED + NON APPROVED)

(UG Degree / Pg Degree) AS ON: 1 (- 6 3 - 2,02 3

Name of the college: TMV's Lokmanya Tilak College of Physiotherapy

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCS NASHIK

DETAIL INFORMATION OF SUBJECTIVES TEACHING STAFF (APPROVED + NON APPROVED)

(UG Degree / Pg Degree) AS ON: 1 (- 6 3 - 2,02 3)

Name of the college: TMV's Lokmanya Tilak College of Physiotherapy

X D		-=	Sr. No		
Or Monali Mahendra Kashyap	Dr .Rutuja Vilas Kamble	Dr.Tejashree Ajit Dabholkar	Name of the Teacher		
Assistant Professor	Assistant Professor	Associate Professor	Designation		
7498361935	9766918986	9167047445	Mob. No.		
monak9324@gmai Lcom	drrutuja021@gma il.com	tejashreedabholka r81@gmail.com	E-mail		
12-08-92	26/01/1994	18-08-81	Date of Birth		
open	Yes(SC)	Yes(SC)	Reserved category (if so specify category)	belongs to	Whether
24-04-22	25-02-22	21-11-21	Date of Appointment		
2 years	1 year 3 weeks	5 YRS 1 MONTH	t Asst Prof.		
N	N _A	9 YRS 8 MONTH	Asso Prof.	9U	Teaching
	N	11 MONTH	Prof.	years	Teaching Experience
11mont hs	1 year 3 weeks	15 YRS 8 MONTH S	Total		Ĉe .
			Teaching Experience in years of PG	Total	
Temporary	TEMPORARY	TEMPORARY	Temp./ Regular /Contractual	Appointment	Type of
Ĕ	Ϋ́ES	Yes	Yes/ No	status	University
			Temp/ Regular	Yes	Details of Recognitio
			Letter No. & date	/No)	Details of PG teacher Recognition by MUHS (
			Photograph with Signature		
	i Mahendra Assistant Professor 7498361935	Assistant Professor 9766918986 drutuia021@gma 26/01/1994 Ves/SCI) 25-02-22 1/year 3 NA 1 1/year 3 NA weeks TEMPORARY YES I Mahendra Assistant Professor 7498361935 drum 12-08-92 open 24-04-22 2/years NA NA hs Temporary YES	Associate 9167047445	the Teacher Designation Mob. No. E-mail Date of Reserved Date of Regular Very No. 8 Prof. Pro	the Teacher Designation Mod. No. E-mail Date of Record R

Annexure :-VIII

College Code:- 161110 Intake capacity:- 50

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCS NASHIK

DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (APPROVED + NON APPROVED)

Faculty:- Physiotherapy

Subject:- Musculoskeletal Physiotherapy

Name of the college:- TMV's Lokmanya Tilak College of Physiotherapy

A STATE OF THE PARTY OF THE PAR						
ω	N	H		Sr. No		
Dr. Anushree	Dr. Deepali Rathod	Dr. Sibi Joseph		Name of the Teacher		
Assistant Professor	Associate Professor	Professor		Designation		
07 <i>\\$38</i> 69.k	9082390287	9096834592		Mob. No.		
anugawde2@gmail.c	dr.deepali.pankai.rat hod@amail.com	sibid.joseph@gmail.c om		E-mail		
28-Oct-96	10-11-84	04-02-82		Date of Birth		
Open	Yes (SC)	Open		Whether belongs to Reserved category (if so specify category)		
10-10-22	27-06-19	10-02-20		Date of Appointment		
5 months	5 YRS	6Y 10M	Asst Prof.			
1	1 YR	2Y 1M	Asso Prof.	reaching Expen		
I	1	3Y 1M	Prof.	Teaching Experience		
5 months	6 YR	12Y 1M	Total	TO .		
		MS.AT		Total Teaching Experience in years of PG		
Contractual	Contractual	TEMPORARY	Temp./ Regular /Contractual	Type of Appointment		
Yes	YES	Yes	Yes/ No	University approval status		
N.			Temp/ Regular	Details Recogni		
N A			Letter No. & date	Details of PG teacher Recognition by MUHS (Yes/ No)		
			Photograph with Signature			

Faculty: Physiotherapy Subject: Community PT Name of the college: TMV's Lokmanya Tilak College of Physiotherapy

Whether UG _ UG / UG +PG

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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCS NASHIK

DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (APPROVED + NON APPROVED)

(UG Degree/ Pg Degree) AS ON: 16 - 03 - 2023

Neuro Physiotherapy

Whether UG 💆

Faculty:- UG Physiotherapy
Name of the college:- TMV's Lokmanya Tilak College of Physiotherapy

/ UG +PG

3 Dr	2 Dr. Pir	1 Dr.		S	
Dr.Apoona Dilip Dighe	Dr.Satish Kanhyalal Pimpale	Dr.Pranjal Grover		Name of the Teacher	
Assistant	Associate	Professor	Designation		
9579350191	9082194223	9619064917		Mob. No.	
9579350191 <u>apoorvadikhe@k</u> 15-May-94	9082194223 <u>(dr.satishpimpale</u> <u>@kmail.com</u>	9619064917 <u>drpranjal grover</u> @gmail.com		E-mail	
15-May-94	22-11-86	18-01-82		Date of Birth	
N	Yes (SC)	N _O	specify category)	Whether belongs to Reserved category (if so Date of Appointment	
01-10-19	21-10-20	19-09-18	Date of Appointmen		
3 years 5 months	Syears 1month	11 years	Asst Prof.		
	2 years 4 months	2 years 1 months	Asso Prof.	UG years	eaching I
		2 years 2 years 15 years 1 7 8 months months months	Prof.	ears	Teaching Experience
3 years 5 months	7 years 6 months	15 years 8 months	Total		
NA	NA		in years of PG	Total Teaching Experience	
Contractual	Contractual	TEMPORARY	Appointment Temp./ Regular /Contractual		
Y es	Yes	Yes	status Yes/ No		University
		Regular (with old college)	Temp/ Regular	Recognit	Detai
		MUHS/PG/E- 6/M.P.Th/649/13 (with old college)	Letter No. & date	Recognition by MUHS (Yes/ No)	Details of PG teacher
			Photograph with Signature		
113	113	Tex			

Faculty :- UG Physiotherapy Subject:Name of the college:- TMV's Lokmanya Tilak College of Physiotherapy MAHARASHTRA UNIVERSITY OF HEALTH SCIENCS NASHIK

DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (APPROVED + NON APPROVED)

(UG Degree/ Pg Degree) AS ON: 16-03-2023

Cardiovascular and Respiratory Physiotherapy

Whether UG 19

Annexure :-VIII

2	н н	Sr.			
Dr. Sabina Salim Hakim	Dr Vijayendra Rajguru	Name of the Teacher			
Assistant Professor	Professor	Designati on			
9167859875	Professor 9769944908	Mob. No.			
9167859875 drsabinas@gmail.com	<u>viiendrarajguru777@gmail.co</u> <u>m</u>	E-mail			
15-01-81	18-06-83	Date of Birth			
open	yes (SC)	Whether belongs to Reserved category(if so specify category)			
01-10-19	21-10-22	Date of Appointmen t			
3Years 5Months	9 years 1 months	Asst Prof. Asso Prof.			
	1 yr 4 months	Asso Prof.	UG years	Teaching E	
	2 years 3 months	Prof.	ears	Teaching Experience	
3Years 5Months	12 years 8 months	Total			
	2 years	Total Teaching Experience in years of PG			
temporary	Temporary	Temp./ Regular /Contractual	Type of Appointment		
Yes	yes	Yes/ No	University approval status		
		Temp/ Regular	Details of PG teacher Recognition by MUHS (Yes/ No)		
		Letter No. & date			
		Photograph with Signature			
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