ANNEXURE– VIII

MAHARASHTRAUNIVERSITYOFHEALTHSCIENCES,NASHIK

DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved)

(UG Degree/PG Degree) ASON: 2 6 / 06/ 2023

Faculty: PHYSIOTHERAPY **Subject: MUSCULOSKELETAL SCIENCE**

Name of College: DHOLE PATIL COLLEGE OF PHYSIOTHERAPY **College Code: 162116 Intake Capacity: 50**

S. N.	Name of the Teaching Staff	Designation	Mob. No.	E-mailID	Date ofBirth	Whether belongs to Reserved category (if Yes,specify category)	Date of Appointment	TeachingExperience				Total Teaching Experience in years Of PG	Type of Appointment	University Approval Status (Yes/No)	Details of PG teacher Recognition by MUHS (Yes/No)		Photograph with Signature
								UG(yrs)									
								Asst. prof.	Asso. Prof.	Prof.	Total		Temp./RegularContractual		Temp /Regular	Letter No. &date	
1.	GUNASEKARAN NITHIYANANTHAM	Principal cum Professor	9970503568	principal_dpcop@dpcoepune.edu.in	22-05-80	open	27-11-20	05 Y - 07 M - 19 D	05 Y - 06 M - 00 D	05 Y - 10 M - 18 D	17 Y - 00 M - 07 D	9 yrs	Temporary		No		

- **Note: The College shall submit one hard copy & soft copy (in Excel Format) of the list from Academic Online Teacher Database (OTD).**

Signature of Dean/Principal

Principal
D P E S, Dhole Patil
College of Physiotherapy
Pune-412207

ANNEXURE– VIII

MAHARASHTRAUNIVERSITYOFHEALTHSCIENCES, NASHIK

DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved)

(UG Degree/PG Degree) ASON: 2 6 / 06/ 2023

Faculty:PHYSIOTHERAPY **Subject: ELECTROTHERAPY PHYSIOTHERAPY**

Name of College: DHOLE PATIL COLLEGE OF PHYSIOTHERAPY **CollegeCode: 162116** **IntakeCapacity: 50**

Sr. No.	Name of the Teaching Staff	Designation	Mob .No.	E-mailID	Date ofBirth	Whether belongs to Reserved category (if Yes,specify category)	Date of appointment	Teaching Experience UG(yrs)				Total Teaching Experience in years Of PG	Type of Appointment	University Approval Status (Yes/No)	Details of PG teacher Recognition by MUHS (Yes/No)		Photograph with Signature
								Asst.prof.	Asso.Prof.	Prof.	Total		Temp./RegularContractual		Temp/Regular	Letter No. &date	
1.	DR. SNEHA JOY	Associate Professor	9916148467	sneha4joy1991@gmail.com	04/1/1991	Open	05/06/2023	5.3 Yrs	-	-	5.3 Yrs		Temporary		No		
2.	DR.AKSHAY KHATAVKAR	Assistant professor	9595309594	physioopddpes@gmail.com	30/12/1990	Open	13/02/2020	2.7Yrs	-	-	2.7Yrs	-	Temporary		No		
3.	DR.AATHIRA PILLAI	Assistant Professor	8898131263	aathirasvnco@gmail.com	18/08/1996	Open	01/06/2023	26Days	-	-	26Days	-	Temporary		No		

- **Note: The College shall submit one hard copy& softcopy (in Excel Format) of the list from Academic Online Teacher Database(OTD).**

Signature of Dean/Principal

Principal
D P S's Dhole Patil
College of Physiotherapy
Pune-412207

ANNEXURE– VIII

MAHARASHTRAUNIVERSITYOFHEALTHSCIENCES, NASHIK

DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved+ Not Approved)

(UG Degree/PG Degree) AS ON: 2 6 / 06/ 2023

Faculty: PHYSIOTHERAPY **Subject: KINESIOTHERAPY PHYSIOTHERAPY**

Name of College: DHOLE PATIL COLLEGE OF PHYSIOTHERAPY **CollegeCode: 162116** **IntakeCapacity: 50**

Sr. No.	Name of the Teaching Staff	Designation	Mob. No.	E-mailID	Date of Birth	Whether belongs to Reserved category (if Yes, specify category)	Date of appointment	TeachingExperience UG(yrs)				Total Teaching Experience in years Of PG	Type of Appointment	University Approval Status (Yes/No)	Details of PG teacher Recognition by MUHS (Yes/No)		Photograph with Signature
								Asst.prof.	AsSo. Prof.	Prof.	Total		Temp./RegularContractual		Temp/Regular	Letter No. &date	
1.	DR. VIJAYAN	Associate Professor	9916443289	vijayan.ganesh86@gmail.com	10/03/1985	Open	09/06/2023	7.2Yrs	-	-	7.2 Yrs	-	Temporary		No		
2.	DR.PRIYANKA PATIL	Assistant professor	8087957917	priyanka.patil16.pp@gmail.com	04/04/1991	Open	24/03/2021	2.4Yrs	-	-	2.4Yrs	-	Temporary		No		
3.	DR.SHARDUL SUTAR	Assistant Professor	9699087297	shardulsutar@gmail.com	07/09/1998	Open	21/11/2022	7 Months	-	-	7 Months	-	Temporary		No		

Principal
D P E S Dhole Patil
College of Physiotherapy
Pune-412207

ANNEXURE– VIII

MAHARASHTRAUNIVERSITYOFHEALTHSCIENCES, NASHIK

DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved)

UG Degree/PG Degree) AS ON: 2 6 / 06/ 2023

Faculty: PHYSIOTHERAPY **Subject: MUSCULOSKELETAL PHYSIOTHERAPY**

Name of College: DHOLE PATIL COLLEGE OF PHYSIOTHERAPY **College Code: 162116** **Intake Capacity: 50**

Sr. No.	Name of the Teaching Staff	Designation	Mob .No	E-mailID	Date of Birth	Whether belongs to Reserved category (if Yes,specify category)	Date of appointment	Teaching Experience UG(yrs)				Total Teaching Experience in years ofPG	Type of Appointment	University Approval Status (Yes/No)	Details of PG teacher Recognition by MUHS (Yes/No)		Photographwithsignature
								Asst.prof.	Asso.Prof.	Prof.	Total		Temp./RegularContractual		Temp/Regular	Letter No. &date	
1.	DR. SHWETA	Professor	9372707381	dr.shweta0509@gmail.com	05/09/1982	Open	27/04/2022	9.2Yrs	1.1 Yrs	-	10.3Yrs	-	Temporary		No		
2.	DR.AJAY MALSHIKARE	Associate professor	8806054107	ajaymalu29@gmail.com	15/07/1981	Open	19/11/2020	5.2Yrs	2.7 yRS	-	7.9Yrs	-	Temporary		No		
3.	DR.SNEHAL KHALEGOANKAR	Assistant Professor	9767401109	khalegaonkarsnehal1109@gmail.com	26/10/1995	Open	01/11/2022	1.11 Yr	-	-	1.11Yr	-	Temporary		No		

Principal
D P E S, Dhole Patil
College of Physiotherapy
Pune-412207

ANNEXURE– VIII

MAHARASHTRAUNIVERSITYOFHEALTHSCIENCES, NASHIK

DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved+ Not Approved)

UG Degree/PG Degree) AS ON: 2 6 / 06/ 2023

Faculty: PHYSIOTHERAPY **Subject: COMMUNITY PHYSIOTHERAPY**

Name of College: DHOLE PATIL COLLEGE OF PHYSIOTHERAPY **College Code: 162116** **Intake Capacity: 50**

Sr. No.	Name of the Teaching Staff	Designation	Mob. No.	E-mailID	Date of Birth	Whether belongs to Reserved category (if Yes, specify category)	Date of appointment	Teaching Experience UG(yrs)				Total Teaching Experience in years Of PG	Type of Appointment	University Approval Status (Yes/No)	Details of PG teacher Recognition by MUHS (Yes/ No)		Photograph with Signature
								Asst.prof.	Asso. Prof.	Prof.	Total		Temp./Regular Contractual		Temp /Regular	Letter No. &date	
1.	DR. SIMRAN KALRA	Assistant Professor	94201-11185	dr.simran_kalra@dpcoepune.edu.in	30/09/1997	EWS	03/04/2023	2 Months	-	-	2Months	-	Temporary		No		

- **Note: The Collegeshallsubmit one hard copy& softcopy (inExcelFormat)ofthelistfromAcademicOnlineTeacherDatabase(OTD).**

Signature of Dean/Principal

Principal
D P E S, Dhole Patil
College of Physiotherapy
Pune-412207

ANNEXURE– VIII

MAHARASHTRAUNIVERSITYOFHEALTHSCIENCES, NASHIK

DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved +Not Approved)

(UG Degree/PG Degree) ASON: 2 6 / 06/ 2023

Faculty: PHYSIOTHERAPY **Subject: CARDIO RESPIRATORY PHYSIOTHERAPY**

Name of College: DHOLE PATIL COLLEGE OF PHYSIOTHERAPY **CollegeCode: 162116** **IntakeCapacity: 50**

Sr. No.	Name of the Teaching Staff	Designation	Mob. No.	E-mail ID	Date of Birth	Whether belongs to Reserved category (if Yes,specify category)	Date of appointment	TeachingExperience UG(yrs)				Total Teaching Experience in years ofPG	Type of Appointment	University Approval Status (Yes/No)	Details of PG teacher Recognition by MUHS (Yes/No)		Photograph with Signature
								Asst.prof.	Asso.Prof.	Prof.	Total		Temp./RegularContractual		Temp/Regular	Letter No. &date	
1.	DR. SENTHIL	Professor	9841667912	senthilp101010@gmail.com	07/11/1980	Open	12/06/2023	6./069Yrs	10Months	7.5 Yrs	15.1Yrs	-	Temporary		No		
2.	DR.LOKESH	Associate professor	9962705502	drlokeshpt@gmail.com	25/04/1990	Open	12/06/2023	6.8Yrs	-	-	6.8Yrs	-	Temporary		No		

Principal
D P E S, Dhole Patil
College of Physiotherapy
Pune-412207

3.	DR.ANKITA SHUKLA	Assistant Professor	8446219099	ankitashukla2294@gmail.com	02/02/1994	Open	03/04/2023	2 Months	-	-	2 Months	-	Temporary		No		

Principal
D P E S, Dhole Patil
College of Physiotherapy
Pune-412207

ANNEXURE– VIII

MAHARASHTRAUNIVERSITYOFHEALTHSCIENCES, NASHIK

DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved)

(UG Degree/PG Degree) AS ON: 2 6 / 06/ 2023

Faculty:PHYSIOTHERAPY **Subject: NEURO PHYSIOTHERAPY**

NameofCollege:DHOLE PATIL COLLEGE OF PHYSIOTHERAPY **CollegeCode: 162116** **IntakeCapacity: 50**

Sr. No.	Name of the Teaching Staff	Designation	Mob. No.	E-mailID	Date of Birth	Whether belongs to Reserved category (if Yes,specify category)	Date of appointment	TeachingExperience				Total Teaching Experience in years Of PG	Type of Appointment	University Approval Status (Yes/No)	Details of PGteacher RecognitionbyMUHS (Yes/No)		Photograph with Signature
								UG(yrs)									
								Asst.prof.	Asso.Prof.	Prof.	Total		Temp./RegularContractual		Temp/Regular	Letter No. &date	
1.	DR. K.C.GAYATRI	Associate Professor	9840188744	gaybhava@gmail.com	24/03/1986	Open		5.2 Yrs	1.8Yrs	-	6.10Yrs	-	Temporary		No		
2.	DR.APURVA JADHAV	Assistant professor	9156474343	jadhavapurva18@gmail.com	18/07/1997	Open	03/04/2023	2 Months			2 Months				No		

- **Note: The College shall submit one hard copy &soft copy(in Excel Format)of the list from Academic Online Teacher Database (OTD).**

Signature of Dean/Principal

Principal
D P E S's Dhole Patil
College of Physiotherapy
Pune-412207

DPES
Dhole Patil Education Society

DHOLE PATIL COLLEGE OF PHYSIOTHERAPY

Approved by Govt. of Maharashtra,
Affiliated to Maharashtra University of Health Science, **(MUHS)** Nashik

Campus - Near EON IT Park, Kharadi, Dhole Patil College Road, Wagholi,Pune - 412207., India. Tel. : +91-20-66059900 Email : dholepatilphysiotherapy@gmail.com Web. : www.dpcop.in

Ref. No.: Dpcop/Acad/Staff Selection/2022-23/330 Date : 26/06/2023

To:
The Registrar
MUHS
Nashik.

Subject: Submission of Local Staff Selection Report of Dhole Patil College of Physiotherapy, PUNE conducted on 26/06/2023 at 12 Noon.

Respected Sir,

Greetings, With reference to the subject mentioned above I Dr. N. Gunasekaran, Principal, Dhole Patil College of Physiotherapy, Pune hereby submitting the Local Staff Selection Report of Dhole Patil College of Physiotherapy PUNE, conducted on 26/06/2023 at 12 Noon.
I request you to kindly accept the same and do the needful.

Total Number of Posts Filled - Sixteen (16)
Thanking you

1. Principal cum Prof - 01
2. Prof – 02
3. Asso. Prof – 05
4. Asst. Prof- 08

Total: 16 Posts

D P E S, Dhole Patil College of Physiotherapy ★ Pune 412207

Principal
~~Principal~~
D P E S, Dhole Patil
College of Physiotherapy
Pune-412207

o/c

Read
26/06/2023

Maharashtra University of Health Sciences
Regional Centre, Pune
3rd Floor, Old ESIS Hospital Comp.
Near Hospital, Aundh (Camp), Pune-411 027

MUHS

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
Maharashtra University of Health Sciences, Nashik
वणी - दिंडोरी रोड, म्हसरुळ, नाशिक - ४२२००४, Vani-Dindori Road, Mhasrul, Nashik- 422 004
EPABX: 0253-2539100-300 **Fax** – 0253-2539195 **Phone:** 0253-2539268, 198
E-mail : academic2@muhs.ac.in **Web.:** www.muhs.ac.in

डॉ. कालिदास द. चव्हाण
एम.बी.बी.एस., एम.डी. (न्यायवैद्यकशास्त्र) पीएच.डी.,डी.एस्सी.
कुलसचिव

Dr. Kalidas D. Chavan
M.B.B.S., M.D.(Forensic Medicine), Ph.D, D.Sc.
Registrar

Out No.: MUHS/UG/E-6/53/162116/1288/2021 Date: 27/07/2021

[Temporary approval for the post(s) of Open Category]

To
The Principal,
Dhole Patil College of Physiotherapy
Dhole Patil Education Society,
Near Eon IT Park,
Kharadi,
Pune – 412 207

Sub. : Temporary Approval to the Appointment of Teacher(s).
Ref. : 1) University Direction No. 01/2017 dated 13/04/2017
2) University letter No. MUHS/SC-PT/478/2017 dt.29/07/2017
3) Your letter No. DPCOP/AO/2020-21/68, dt.01/07/2021

Sir/Madam,

With reference to the subject cited above, I am directed to inform you that, the proposal of approval to the appointment of the following teacher(s) has / have been considered by the University and it has been decided to grant the approval, as indicated below:-

Sr. No.	Subject	Name of the Teacher	Designation	Status of Approval
1	Physiotherapy in Musculoskeletal Sciences	Mr. N. Gunasekaran (Open)	Principal cum Professor (Open)	Temporary up to 30/06/2023 w.e.f. date of joining i.e. 01/07/2021 subject to following condition
2	Electrotherapy & Electrodiagnosis	Ms. Sharma Pooja Shiv Charan (Open)	Associate Professor (Open)	Temporary up to 30/06/2023 w.e.f. date of joining i.e. 01/07/2021 subject to following condition
3	Kinesiotherapy & Physical Diagnosis	Mr. Malshikare Ajay Anandrao (Open)	Associate Professor (Open)	Temporary up to 30/06/2023 w.e.f. date of joining i.e. 01/07/2021 subject to following condition
4	Electrotherapy & Electrodiagnosis	Mr. Khatavkar Akshay Vinay (Open)	Assistant Professor / Lecturer (Open)	Temporary up to 30/06/2023 w.e.f. date of joining i.e. 01/07/2021 subject to following condition
5	Kinesiotherapy & Physical Diagnosis	Ms. Patil Priyanka (Open)	Assistant Professor / Lecturer (Open)	Temporary up to 30/06/2023 w.e.f. date of joining i.e. 01/07/2021 subject to following condition

1) The approval granted by the University is subject to successful completion of at least one Medical Education Technology (MET) workshop conducted by the University, within the period of one year from the date of approval. If any teacher fails to comply with the said provision, the approval granted by the Vice-Chancellor may be cancelled.
2) The approval granted by the University is valid till the above said teacher(s) is / are in the services (teaching) of your College or attains the age of superannuation, whichever happens

Dhole Patil College of Physiotherapy Pune 412207

Principal
D P E S, Dhole Patil
College of Physiotherapy
Pune-412207

earlier. However, it is mandatory to prepare the Reservation Roster and get it approved from the appropriate authorities & fill up the post permanently as early as possible.

3) This temporary approval is granted subject to the rules and regulations of the University, from time to time, and shall be liable to be cancelled or amended, at any time, without prior notice.

Registrar

Copy to: 1) Concerned Teacher
2) Examination Section, MUHS, Nashik

D P E S, Dhole Patil College of Physiotherapy
Pune
412207

Principal
D P E S, Dhole Patil
College of Physiotherapy
Pune-412207

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
Maharashtra University of Health Sciences, Nashik
दिंडोरी रोड, म्हसरूळ, नाशिक - ४२२००४. Dindori Road, Mhasrul, Nashik- 422 004
MUHS Tel : (0253) 2539325/6659325, 268 Student Helpline : (0253) 2539111/6659111
Website: www.muhs.ac.in, E-mail : academic2@muhs.ac.in

डॉ. राजेंद्र शिवाजी बंगाळ
एम.बी.बी.एस, एम.डी.(न्यायवैद्यकशास्त्र),डी.एन.बी, एल.एल.बी
कुलसचिव

Dr. Rajendra Shivaji Bangal
M.B.B.S, M.D (Forensic Medicine), D.N.B, L.L.B.
Registrar

MUHS MUHS MUHS MUHS MUHS MUHS MUHS MUHS MUHS MUHS MUHS MUHS MUHS MUHS MUHS MUHS MUHS MUHS MUHS MUHS MUHS MUHS MUHS MUHS MUHS MUHS MUHS

Out No.: MUHS/UG/E-6/1604/2022

Date : 01/09/2022

[Temporary approval for the post(s) of Open Category]

To
The Principal,
Dhole Patil College of Physiotherapy
Dhole Patil Education Society,
Near Eon IT Park,
Kharadi,
Pune – 412 207

Sub. : **Temporary Approval to the Appointment of Teacher(s).**
Ref. : 1) University Direction No. 01/2017 dated 13/04/2017
2) University letter No. MUHS/SC-PT/478/2017 dt.29/07/2017
3) Your letter No. DPCOP/T.S.S.I/2021-22/28 दि. १३/०७/२०२२.

Sir/Madam,

With reference to the subject cited above, I am directed to inform you that, the proposal of approval to the appointment of the following teacher(s) has / have been considered by the University and it has been decided to grant the approval, as indicated below:-

Sr. No.	Subject	Name of the Teacher	Designation	Status of Approval
1	Electrotherapy & Electrodignosis	Ms. Shweta Rajendra kumar Naidu (Open)	Associate Professor (Open)	Temporary approved for two years i.e. up to 12/07/2024 w.e.f. date of joining i.e. 13/07/2022 subject to following condition

1) The approval granted by the University is subject to successful completion of at least one Medical Education Technology (MET) workshop conducted by the University, within the period of one year from the date of approval. If any teacher fails to comply with the said provision, the approval granted by the Vice-Chancellor shall stand cancelled automatically.
2) The approval granted by the University is valid till the above said teacher(s) is / are in the services (teaching) of your College or attains the age of superannuation, whichever happens earlier. However, it is mandatory to prepare the Reservation Roster and get it approved from the appropriate authorities & fill up the post permanently as early as possible.
3) This temporary approval is granted subject to the rules and regulations of the University, from time to time, and shall be liable to be cancelled or amended, at any time, without prior notice.

Dhole Patil College of Physiotherapy Pune 412207

01/9/22
Registrar

Copy to: 1) Concerned Teacher
2) Examination Section, MUHS, Nashik

Principal
D P E S, Dhole Patil
College of Physiotherapy
Pune-412207

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
Maharashtra University of Health Sciences, Nashik
दिंडोरी रोड, म्हसरुळ, नाशिक - ४२२००४, Dindori Road, Mhasrul, Nashik- 422 004
Tel : (0253) 2539325/6659325, 268 Student Helpline :(0253) 2539111/6659111
Website: www.muhs.ac.in, E-mail : academic2@muhs.ac.in

डॉ. राजेंद्र शिवाजी बंगाळ
एम.बी.बी.एस, एम.डी.(न्यायवैद्यकशास्त्र),डी.एन.बी, एल.एल.बी.
कुलसचिव

Dr. Rajendra Shivaji Bangal
M.B.B.S, M.D.(Forensic Medicine). D.N.B, L.L.B.
Registrar

Out No.: MUHS/UG/E-6/162116/ 454 /2023 Date: 20/03/2023

[Temporary approval against the reserved post(s)]

To
The Principal,
Dhole Patil College of Physiotherapy,
Near EON IT Park, Kharadi,
Wagholi,
Pune – 412207

Sub. : Temporary Approval to the Appointment of Teacher(s).
Ref. : 1) University Direction No. 01/2017 dated 13/04/2017
2) Your letter No. DPCOP/Local Staff Selection/2022-23/182 dated 01/03/2023

Sir/Madam,

With reference to the subject cited above, I am directed to inform you that, the proposal of approval to the appointment against the reserved posts of the following teacher(s) has / have been considered by the University and it has been decided to grant the approval, as indicated below: -

Sr. No.	Subject	Name of the Teacher	Designation	Status of Approval
1	**Electrotherapy & Electrodiagnosis**	**Ms. Khalegaonkar Snehal Suhas**	Assistant Professor/ Lecturer	w.e.f. 01/03/2023 for one year only against reserve category
2	**Kinesiothersapy & Physical Diagnosis**	**Mr. Sutar Shardul Suryakant**	Assistant Professor/ Lecturer	w.e.f. 01/03/2023 for one year only against reserve category

1) The approval granted by the University is subject to successful completion of at least one Medical Education Technology (MET) workshop conducted by the University, within the period of one year from the date of approval. If any teacher fails to comply with the said provision, the approval granted by the Vice-Chancellor shall stand cancelled automatically.

2) The selection, appointment and approval granted against the reserved post due to non-availability of candidate of concerned category, for which the post is reserved, is only for the sake of continuation of educational activities of the admitted students and it is mandatory to advertise the reserved post minimum two times in one academic year.

3) This temporary approval shall be automatically cancelled when the duly appointed candidate of the concerned category, for which the post is reserved, assumes the duty. However, it is mandatory to prepare the Reservation Roster and get it approved from the appropriate authorities & fill up the post permanently as early as possible.