Maharashtra University of Health Sciences, Nashik
Inspection Committee Report for Academic Year 2023 -24
Attendance Details/ Research Details/ Welfare Scheme Details

Faculty-PHYSIOTHERAPY
Name of College/Institute-DHOLE PATIL COLLEGE OF PHYSIOTHERAPY

1	Attendance	YES	Month-wise Biometric attendance to be uploaded by the college on College Website (No hard copies of attendance to be submitted to the University)
	Teaching Staff		
	Non teaching staff		
	Hospital Staff		
	UG & PG Students		
2	Project	NA	
	Research Articles/Publications	Attached	
	Research Award (Student/Teacher)	Nil	
3	**Utilization of Student Welfare Schemes :-**		
	Earn and Learn Scheme	In Process	
	Dhanwantri Vidyadhan Scheme	OC Attached	
	Sanjivani Student Safety Scheme	Nil	
	Student Safety Scheme	Nil	
	Book Bank Scheme	Nil	
	Savitribai Phule Vidyadhan Scheme	Nil	
	Bahishal Shikshan Mandal Scheme	Nil	
4	**Sport participants/Other Activities:**		
	i) Information of Student(s) who participated University level & State level Avishkar Competition.	Nil	
	ii) Information of Student(s) who participated in Regional Sport Competition & State level Sports Competition.	Attached	
	iii) Information of Student(s) who participated in Cultural Activities.	Attached	
	iv) Does the college have NSS Unit?	Nil	
5	Whether "Swaccha Bharat Abhiyan" implemented in college	Attached	

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

Dean/ Principal Stamp & Signature

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

DPES
Dhole Patil Education Society

Monthly Status Report (Detailed Work Duration)

Jan 01 2023

Company: DPCOP

Days: 1 SUN | 2MON | 3 TU | 4 W | 5 TH | 6FR | 7SAT | 8SUN | 9MON | 10TU | 11W | 12TH | 13FR | 14SA | 15SU | 16MO | 17TUE | 18W | 19TH | 20F | 21SAT | 22SUN | 23MON | 24TUE | 25W | 26TH | 27FR | 28SAT | 29SUN | 30MO | 31TUE

Departmer Physiotherapy

Employee Dr. Akshay Khatavkar

Status	WO	A	A	A	A	A	A	WO	A	A	A	A	A	A	WO	A	A	A	A	A	A	WO	A	A	A	A	A	A	WO	A	A
InTime		9:00	9:00	9:00	9:00	9:00	9:00		9:00	11:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00
OutTime		5:00	7:00	5:00	5:00	5:00	5:00		5:00	7:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00
Late By																															
Early By																															
OT																															

Employee Dr. N. Gunshekharan

Status	WO	A	A	A	P	A	A	WO	A	A	A	A	A	A	WO	A	A	P	A	P	P	WO	P	WO	P	P	P	P	WO	A	A
InTime		9:00	9:00	9:00	9:00	9:00	9:00		9:00	11:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00
OutTime		5:00	7:00	5:00	5:00	5:00	5:00		5:00	7:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00
Late By																															
Early By																															
OT																															

Employee Dr. Snehal Khalegaonkar

Status	WO	A	A	A	A	P	P	WO	P	WO	P	P	P	A	WO	A	A	A	A	P	P	WO	P	WOP	P	P	P	A	WO	P	A
InTime		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00
OutTime		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00
Late By																															
Early By																															
OT																															

Employee Dr. Ajay Malshikar

Status	WO	A	A	A	A	P	P	WO	P	A	P	P	P	P	WO	A	WO	P	P	P	A	WO	A	A	P	P	P	P	WO	P	P
InTime		9:00	9:00		9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00
OutTime		5:00	5:00		5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00
Late By																															
Early By																															
OT																															

Employee Dr. Supriya Raikwar

Status	WO	A	A	A	A	P	P	WO	P	WO	A	P	A	A	WO	A	A	A	P	P	WO	P	WO	P	P	P	P	WO	A	A
InTime		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00
OutTime		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00
Late By																															
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Employee Dr. Trusha Kulkarni

Status	WO	A	A	A	P	P	P	WO	A	A	A	A	P	A	WO	A	A	A	A	A	A	WO	A	A	A	P	A	A	WO	A	A
InTime		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00
OutTime		5:00	7:00	5:00	7:00	7:00	7:00		5:00	5:00	5:00	5:00	7:05	7:00		7:00	7:00	5:00	7:00	7:00	7:00		5:00	5:00	5:00	7:00	7:00	7:00		5:00	5:00
Late By																															
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Employee Dr. Shardul Sutar

Status	WO	A	A	A	P	P	P	WO	A	A	A	A	P	A	WO	A	A	A	A	A	A	WO	A	A	A	P	A	A	WO	A	A
InTime		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00
OutTime		5:00	7:00	5:00	7:00	7:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	8:00		5:00	5:00
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D P E S, Dhole Patil College of Physiotherapy
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Principal
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erated By:essl

DPES
Dhole Patil Education Society

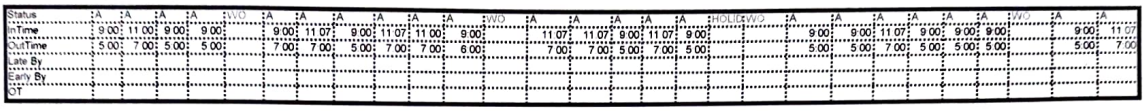
Monthly Status Report (Detailed Work Duration)

FEB 01 2023

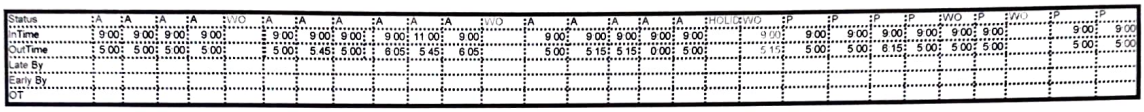
Company: DPCOP

Department: Physiotherapy

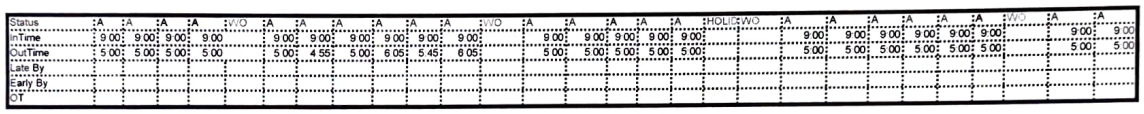
Employee: Dr. Akshay Khatavkar



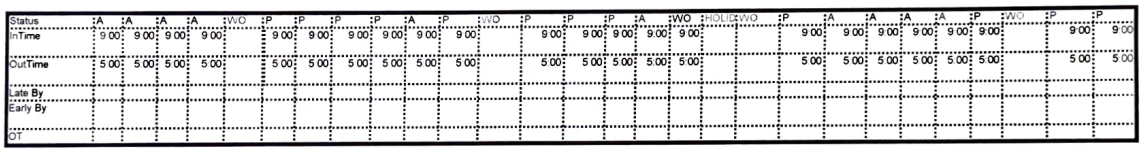
Employee: Dr. N. Gunshekharan



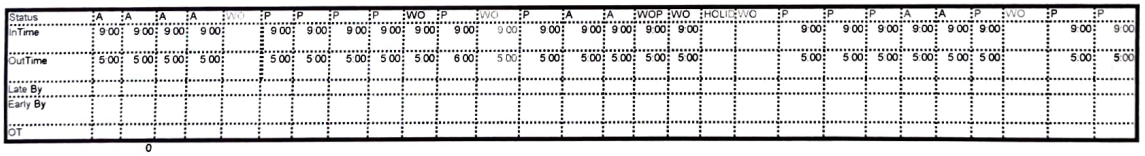
Employee: Dr Shweta Naidu



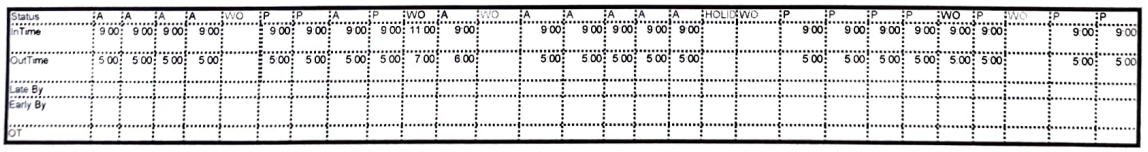
Employee: Dr. Ajay Malshikar



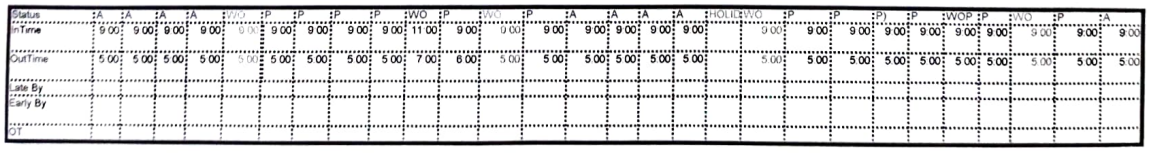
Employee: Dr. Priyanka Patil



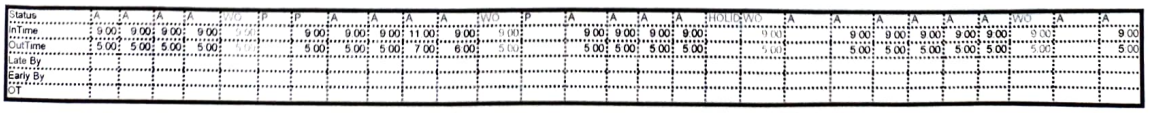
Employee: Dr Shardul Sutar



Employee: Dr. Snehal Khalegaonkar



Employee: Dr. Trusha Kulkarni



erated By:essl

Dhole Patil College of Physiotherapy
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Pune-412207

Monthly Status Report (Detailed Work Duration)

DPES
Dhole Patil Education Society

MAR 01 2023

DPCOP

Days	1W	2TH	3F	4SAT	5SUN	6MOM	7TUE	8W	9TH	10FR	11SA	12SU	13MON	14TUE	15W	16TH	17FR	18SAT	19SU	20MO	21TUE	22W	23TH	24FR	25SAT	26SUN	27MON	28TUE	29W	31FR

Departmer Physiotherapy

Employee Dr Akshay Khatavkar

Status	A	A	A	A	WO	A	A	A	A	A	WO	A	A	A	A	A	WO	A	A	A	A	A	WO	A	A				
InTime	9:00	11:00	9:00	9:00		9:00	11:07	9:00	11:07	11:00	9:00		11:07	11:07	9:00	11:07	9:00	11:07		9:00	9:00	11:07	9:00	9:00	9:00		9:00	11:07	9:00	9:00
OutTime	5:00	7:00	5:00	5:00		7:00	7:00	5:00	7:00	7:00	6:00		7:00	7:00	5:00	7:00	5:00	7:00		5:00	5:00	7:00	5:00	5:00	5:00		5:00	7:00	5:00	5:00
Late By																														
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Employee Dr N Gunshekharan

Status	A	A	A	A	WO	A	A	A	A	A	WO	A	A	A	A	P	WO	P	P	P	P	WO	P	WO	P	P				
Time	9:00	9:00	9:00	9:00		##	9:00	9:00	9:00	11:00	9:00		9:00	9:00	9:00	9:00	9:00	9:02	9:00	9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00
OutTime	5:00	5:00	5:00	5:00		##	5:45	5:00	6:05	5:45	6:05		5:00	5:15	5:15	0:00	5:00	5:15	5:15	5:00	5:00	6:15	5:00	5:00	5:00		5:00	5:00	5:00	5:00
Late By																														
Early By																														
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Employee Dr Shweta Naidu

Status	A	A	A	A	WO	A	A	A	A	A	WO	A	A	A	A	A	WO	A	A	A	A	A	WO	A	A				
InTime	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00
OutTime	5:00	5:00	5:00	5:00		5:00	4:55	5:00	6:05	5:45	6:05		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00
Late By																														
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Employee Dr Ajay Malshikar

Status	A	A	A	A	WO	P	P	P	P	A	P	WO	P	P	P	A	WO	P	WO	P	A	A	A	A	P	WO	P	P		
InTime	9:00	9:00	9:00	9:00		##	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00
OutTime	5:00	5:00	5:00	5:00		##	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00
Late By																														
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Employee Dr Priyanka Patil

Status	A	A	A	A	WO	P	P	P	P	WO	P	WO	P	A	A	WOP	WO	P	WO	P	P	P	A	A	P	WO	P	P		
InTime	9:00	9:00	9:00	9:00		##	9:00	9:00	9:00	9:00	9:00	9:00	9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00
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Late By																														
Early By																														
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Employee Dr Shardul Sutar

Status	A	A	A	A	WO	P	P	A	P	WO	A	WO	A	A	A	A	A		WO	P	P	P	P	WO	P	WO	P	P		
InTime	9:00	9:00	9:00	9:00		##	9:00	9:00	9:00	11:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00
OutTime	5:00	5:00	5:00	5:00		##	5:00	5:00	5:00	7:00	6:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00
Late By																														
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Employee Dr Snehal Khalegaonkar

Status	A	A	A	A	WO	P	P	P	P	WO	P	WO	P	A	A	A	A	A	WO	P	P	P	P	WO	P	WO	P	A		
InTime	9:00	9:00	9:00	9:00	9:00	###	##	9:00	9:00	9:00	11:00	9:00	9:00	9:00	9:00	9:00	9:00	9:00	9:00	9:00	9:00	9:00	9:00	9:00	9:00	9:00	9:00	9:00	9:00	9:00	9:00
OutTime	5:00	5:00	5:00	5:00	5:00	###	##	5:00	5:00	5:00	7:00	6:00	5:00	5:00	5:00	5:00	5:00	5:00	5:00	5:00	5:00	5:00	5:00	5:00	5:00	5:00	5:00	5:00	5:00	5:00	5:00
Late By																														
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Employee Dr Trusha Kulkarni

Status	A	A	A	A	WO	P	P	A	A	A	WO	P	A	A	A	A	A	WO	A	A	A	A	A	WO	A	A				
InTime	9:00	9:00	9:00	9:00		##	9:00	9:00	9:00	11:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	
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Dhole Patil College of Physiotherapy Pune 412207

Principal
DPES, Dhole Patil
College of Physiotherapy
Pune - 412207

erated By:essl

DPES
Dhole Patil Education Society

Monthly Status Report (Detailed Work Duration)

APRIL 01 2023

Company: DPCOP

Days	1SAT	2SUN	3MON	4TUE	5W	6TH	7FR	8SAT	9SUN	10MON	11TUE	12W	13TH	14FR	15SAT	16SUN	17MO	18TUE	19W	20TH	21FR	22S	23SUI	24MON	25TU	26W	27TH	28FR	29SAT	30SUN

Department: Physiotherapy

Employee: Dr Akshay Khatavkar

Status	A	WO	A	HOL	P	A	HOLID	A	WO	P	A		A	HOLIDAY	A	WO	P	A		A	A	HOL	WO	P		A		A		WO
InTime	9:00		9:00		11:00	9:00	11:07	9:00			11:00	9:00	9:00	11:07		9:00		9:00	11:07	9:00	9:00	9:00			9:00	9:00	9:00	9:00	11:07	9:00	
OutTime	5:00		5:00		7:00	7:00	7:00	5:00			7:00	6:00	6:00	7:00		5:00		5:00	7:00	6:00	5:00	5:00			5:00	5:00	6:00	5:00	7:00	5:00	
Late By																														
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Employee: Dr N Gunshekharan

Status	A	WO	A	A	A	HOLID	A	WO	A		A	HOLIDAY	A	WO	A	P		P	A	HOL	WO	A	A	A	A	A	WO
InTime	9:00		9:00	9:00	9:00		9:00		11:00	9:00	9:00	9:00		9:00		9:00	9:02	9:00	9:00								
OutTime	5:00		5:00	5:00	5:00		5:00		5:45	6:05	5:00	5:00		5:15		5:00	5:15	5:00	5:00								
Late By																											
Early By																											
OT																											

Employee: Dr Shweta Naidu

Status	A	WO	A	A	A	HOLID	A	WO	A		A	HOLIDAY	A	WO	A	A	A	A	A	HOL	WO	A	A	A	A	A	WO
InTime	9:00		9:00	9:00	9:00		9:00		9:00	9:00	9:00	9:00		9:00		9:00	9:00	9:00	9:00								
OutTime	5:00		5:00	5:00	5:00		5:00		5:45	6:05	5:00	5:00		5:00		5:00	5:00	5:00	5:00								
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Employee: Dr Ajay Malshikar

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InTime	9:00		9:00	9:00	9:00		9:00		9:00	9:00	9:00		9:00		9:00	9:00	9:00	9:00			9:00	9:00	9:00	9:00	9:00	
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OT																											

Employee: Dr Priyanka Patil

Status	A	WO	A	A	A	A	HOLID	A	WO	A	A	A	A	HOLIDAY	A	WO	A	A	A	A	A	HOL	WO	A	A	A	A	A	A	WO
InTime																														
OutTime																														
Late By																														
Early By																														
OT																														

0

Employee: Dr Shardul Sutar

Status	A	WO	A	A	P	HOLID	A	WO	A		A	HOLIDAY	A	WO		P	P	HOL	WO	P		P		WO
InTime	9:00		9:00	9:00	9:00		9:00		11:00	9:00	9:00	9:00		9:00		9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00	
OutTime	5:00		5:00	5:00	5:15		5:00		7:00	6:00	5:15	5:00		5:00		5:00	5:00	5:15	5:00	5:00		5:00	5:00	5:15	5:00	5:00	5:00	
Late By																											
Early By																											
OT																											

Employee: Dr Snehal Khalegaonkar

Status	A	WO	A	A	P	HOLID	P	WO	P	P	HOLIDAY	A	WO	A	P	P	HOL	WO	P	P	A	WO
InTime	9:00		9:00	9:00	9:00		9:00	9:00	11:00	9:00	9:00	9:00		9:00		9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00	
OutTime	5:00		5:00	5:00	5:00		5:00	5:00	7:00	6:00	5:00	5:00		5:00		5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00	
Late By																											
Early By																											
OT																											

Employee: Dr Trusha Kulkarni

Status	A	WO	A	A	P	HOLID	A	WO	A	P	HOLIDAY	A	WO	A	A	A	HOL	WO	A	A	A	A	A	A	WO
InTime	9:00		9:00	9:00	9:00		9:00		11:00	9:00	9:00	9:00		9:00		9:00	9:00	9:00	9:00								
OutTime	5:00		5:00	5:00	5:15		5:00		7:00	6:00	5:15	5:00		5:00		5:00	5:00	5:15	5:15	5:00							
Late By																											
Early By																											
OT																											

erated By:essl

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

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

DPES
Dhole Patil Education Society

Monthly Status Report (Detailed Work Duration)

APRIL 01 2023

Company: DPCOP

Days	1SAT	2SUN	3MON	4TUE	5W	6TH	7FR	8SAT	9SUN	10MON	11TUE	12W	13TH	14FR	15SAT	16SUN	17MO	18TUE	19W	20TH	21FR	22S	23SUN	24MON	25TU	26W	27TH	28FR	29SAT	30SUN

Department: Physiotherapy

Employee: Dr Akshay Khatavkar

Status	A	WO	A	HOL	P	A	HOLID	A	WO	P	A		A	HOLIDAY	A	WO	P	A		A	A	HOL	WO	P	A		A	A		WO
InTime	9:00		9:00		11:00	9:00	11:07	9:00		11:00	9:00	9:00	11:07		9:00		9:00	11:07	9:00	9:00	9:00			9:00	9:00	9:00	9:00	11:07	9:00	
OutTime	5:00		5:00		7:00	7:00	7:00	5:00		7:00	6:00	6:00	7:00		5:00		5:00	7:00	6:00	5:00	5:00			5:00	5:00	6:00	5:00	7:00	5:00	
Late By																														
Early By																														
OT																														

Employee: Dr N Gunshekharan

Status	A	WO	A	A		A	HOLID	A	WO	A	A		A	HOLIDAY	A	WO	A	P		P	A	HOL	WO	A	A	A	A	A		WO
InTime	9:00		9:00	9:00	9:00			9:00		11:00	9:00	9:00	9:00		9:00		9:00	9:02	9:00	9:00										
OutTime	5:00		5:00	5:00	5:00			5:00		5:45	6:05	5:00	5:00		5:15		5:00	5:15	5:00	5:00										
Late By																														
Early By																														
OT																														

Employee: Dr Shweta Naidu

Status	A	WO	A	A		A	HOLID	A	WO	A	A		A	HOLIDAY	A	WO	A	P		P	A	HOL	WO	A	A	A	A	A		WO
InTime	9:00		9:00	9:00	9:00	9:00		9:00		9:00	9:00	9:00	9:00		9:00		9:00	9:00	9:00	9:00				9:00	9:00	9:00	9:00	9:00	9:00	
OutTime	5:00		5:00	5:00	5:00	5:00		5:00		5:45	6:05	5:00	5:00		5:00		5:00	5:00	5:00	5:00				5:00	5:00	5:00	5:00	5:00	5:00	
Late By																														
Early By																														
OT																														

Employee: Dr Ajay Malshikar

Status	A	WO	A	A	P	HOLID	P	WO	P	P		P	HOLIDAY	P	WO	P		P	A	HOL	WO		P	P	P			WO
InTime	9:00		9:00	9:00	9:00		9:00		9:00	9:00	9:00	9:00		9:00		9:00	9:00	9:00	9:00	9:00			9:00	9:00	9:00	9:00	9:00	9:00	
OutTime	5:00		5:00	5:00	5:15		5:00		5:00	5:00	5:15	5:00		5:00		5:00	5:00	5:15	5:00	5:00			5:00	5:00	5:15	5:00	5:00	5:00	
Late By																														
Early By																														
OT																														

Employee: Dr Priyanka Patil

Status	A	WO	A	A	A	A	HOLID	A	WO	A	A	A	A	HOLIDAY	A	WO	A	A	A	A	A	HOL	WO	A	A	A	A	A		WO
InTime																														
OutTime																														
Late By																														
Early By																														
OT																														

0

Employee: Dr Shardul Sutar

Status	A	WO	A	A	P	HOLID	A	WO	A	A		A	HOLIDAY	A	WO			P	P	HOL	WO		P	P	P			WO
InTime	9:00		9:00	9:00	9:00		9:00		11:00	9:00	9:00	9:00		9:00		9:00	9:00	9:00	9:00	9:00			9:00	9:00	9:00	9:00	9:00	9:00	
OutTime	5:00		5:00	5:00	5:15		5:00		7:00	6:00	5:15	5:00		5:00		5:00	5:00	5:15	5:00	5:00			5:00	5:00	5:15	5:00	5:00	5:00	
Late By																														
Early By																														
OT																														

Employee: Dr Snehal Khalegaonkar

Status	A	WO	A	A	P	HOLID	P	WO	P	P		P	HOLIDAY	A	WO	A	P	P	HOL	WO		P	P	A		WO
InTime	9:00		9:00	9:00	9:00		9:00	9:00	11:00	9:00	9:00	9:00		9:00		9:00	9:00	9:00	9:00			9:00	9:00	9:00	9:00	9:00	9:00	
OutTime	5:00		5:00	5:00	5:00		5:00	5:00	7:00	6:00	5:00	5:00		5:00		5:00	5:00	5:00	5:00			5:00	5:00	5:00	5:00	5:00	5:00	
Late By																														
Early By																														
OT																														

Employee: Dr Trusha Kulkarni

Status	A	WO	A	A	P	HOLID	A	WO	A	P	HOLIDAY	A	WO	A	A	HOL	WO	A	A	A	A	A	A		WO
InTime	9:00		9:00	9:00	9:00		9:00		11:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00							
OutTime	5:00		5:00	5:00	5:15		5:00		7:00	6:00	5:15	5:00		5:00	5:00	5:00	5:15	5:15	5:00							
Late By																										
Early By																										
OT																										

erated By:essl

Dhole Patil College of Physiotherapy
Pune
412207

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

DPES
Dhole Patil Education Society

Monthly Status Report (Detailed Work Duration)

APRIL 01 2023

Company: DPCOP

Days	1SAT	2SUN	3MON	4TUE	5W	6TH	7FR	8SAT	9SUN	10MON	11TUE	12W	13TH	14FR	15SAT	16SUN	17MO	18TUE	19W	20TH	21FR	22S	23SUN	24MON	25TU	26W	27TH	28FR	29SAT	30SUN
Employee	Dr Ankita Shukla																												
Status	A	WO	A	A		P	HOLID	A	WO		A		P	HOLIDAY	A	WO		A		A	A	HOL	WO		A		A		WO
InTime	9:00		9:00	9:00	9:00			9:00		11:00	9:00	9:00	9:00		9:00		9:00	9:00	9:00	9:00	9:00			9:00	9:00	9:00	9:00	9:00	9:00	
OutTime	5:00		5:00	5:00	5:15			5:00		7:00	6:00	5:15	5:00		5:00		5:00	5:00	5:15	5:15	5:00			5:00	5:00	5:15	5:00	5:00	5:00	
Late By																													
Early By																													
OT																													

Employee	Dr Apurva Jadhav																												
Status	A	WO	A	A		P	HOLID	A	WO		A		P	HOLIDAY	A	WO		A		A	A	HOL	WO		A		A		WO
InTime	9:00		9:00	9:00	9:00			9:00		11:00	9:00	9:00	9:00		9:00		9:00	9:00	9:00	9:00	9:00			9:00	9:00	9:00	9:00	9:00	9:00	
OutTime	5:00		5:00	5:00	5:15			5:00		7:00	6:00	5:15	5:00		5:00		5:00	5:00	5:15	5:15	5:00			5:00	5:00	5:15	5:00	5:00	5:00	
Late By																													
Early By																													
OT																													

Employee	Dr Simran Kalra																												
Status	A	WO	A	A		P	HOLID	A	WO		A		P	HOLIDAY	A	WO		A		A	A	HOL	WO		A		A		WO
InTime	9:00		9:00	9:00	9:00			9:00		11:00	9:00	9:00	9:00		9:00		9:00	9:00	9:00	9:00	9:00			9:00	9:00	9:00	9:00	9:00	9:00	
OutTime	5:00		5:00	5:00	5:15			5:00		7:00	6:00	5:15	5:00		5:00		5:00	5:00	5:15	5:15	5:00			5:00	5:00	5:15	5:00	5:00	5:00	
Late By																													
Early By																													
OT																													

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

Principal
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College of Physiotherapy
Pune-412207

DPES
Dhole Patil Education Society

Monthly Status Report (Detailed Work Duration)

May 01 2023

Company: DPCOP

Days: 1 Mo | 2 Tue | 3 W | 4 Th | 5 Fr | 6 Sat | 7 Sun | 8 Mon | 9 Tue | 10 W | 11 TH | 12 Fri | 13 Sa | 14 Su | 15 M | 16 Tu | 17 w | 18 th | 19 Fr | 20 Sa | 21 Su | 22 M | 23 Tu | 24 W | 25 Th | 26 Fri | 27 Sa | 28 Su | 29 Mo | 30 Tu | 31 w

Department Physiotherapy

Employee 2001 Dr Akshay Khatavkar

Status	HOLI	P	P	P	HOLI	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime		9:00	9:00	9:00		9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00
OutTime		5:00	5:00	5:00		5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00
Late By																															
Early By																															
OT																															

Employee 2002 Dr N Gunshekharan

Status	HOLI	A	A	A	HOLI	A	WO	A	A	A	A	A	A	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime															9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00
OutTime															5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00
Late By																															
Early By																															
OT																															

Employee 200-- Dr Shweta Naidu

Status	HOLI	A	A	A	HOLI	A	WO	A	A	A	A	A	A	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime															9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00
OutTime															5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00
Late By																															
Early By																															
OT																															

Employee 2004 Dr Ajay Malshikar

Status	HOLI	A	A	P	HOLI	P	WO	P	P	P	P	P	P	WO	A	A	A	A	A	A	WO	P	P	P	P	P	P	WO	P	P	P
InTime				9:00		9:00		9:00	9:00	9:00	9:00	9:00	9:00									9:00	9:00	9:00	9:00	9:00			9:00	9:00	
OutTime				5:00		5:00		5:00	5:00	5:00	5:00	5:00	5:00									5:00	5:00	5:00	5:00	5:00			5:00	5:00	
Late By																															
Early By																															
OT																															

Employee 2023 Dr Priyanka Patil

Status	HOLI	A	A	A	HOLI	A	WO	A	A	A	A	A	A	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime																															
OutTime																															
Late By																															
Early By																															
OT																															

Employee Dr Shardul Sutar

Status	HOLI	P	P	P	HOLI	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime		9:00	9:00	9:00		9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00
OutTime		5:00	5:00	5:00		5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00
Late By																															
Early By																															
OT																															

Employee Dr Snehal Khalegoankar

Status	HOLI	P	P	P	HOLI	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime		9:00	9:00	9:00		9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00
OutTime		5:00	5:00	5:00		5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00
Late By																															
Early By																															
OT																															

Employee 2031 Dr Trusha Kulkarni

Status	HOLI	A	A	A	HOLI	A	WO	A	A	A	A	A	A	WO	A	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime																9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00
OutTime																5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00
Late By																															
Early By																															
OT																															

erated By:essl

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

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

DPES
Dhole Patil Education Society

Monthly Status Report (Detailed Work Duration)

May 01 2023

Company: DPCOP

Days	1 Mo	2 Tue	3 W	4 Th	5 Thr	6 Sat	7 Sun	8 Mon	9 Tue	10 W	11 TH	12 Fri	13 Sa	14 Su	15 M	16 Tu	17 w	18 th	19 Fr	20 Sa	21 Su	22 M	23 Tu	24 W	25 Th	26 Fri	27 Sa	28 Su	29 Mo	30 Tue	31 w

Employee Dr Ankita Shukla

Status	HOLID	P	P	P	P	HOLID	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9.00		9.00	9.00	9.00				9.00		11.00	9.00	9.00	9.00		9.00		9.00	9.00	9.00	9.00	9.00			9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00
OutTime	5.00		5.00	5.00	5.15				5.00		7.00	6.00	5.15	5.00		5.00		5.00	5.00	5.15	5.15	5.00			5.00	5.00	5.15	5.00	5.00	5.00	5.00	5.00
Late By																																
Early By																																
OT																																

Employee Dr Apurva Jadhav

Status	HOLID	P	P	P	P	HOLID	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9.00		9.00	9.00	9.00				9.00		11.00	9.00	9.00	9.00		9.00		9.00	9.00	9.00	9.00	9.00			9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00
OutTime	5.00		5.00	5.00	5.15				5.00		7.00	6.00	5.15	5.00		5.00		5.00	5.00	5.15	5.15	5.00			5.00	5.00	5.15	5.00	5.00	5.00	5.00	5.00
Late By																																
Early By																																
OT																																

Employee Dr Simran Kalra

Status	HOLID	P	P	P	P	HOLID	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9.00		9.00	9.00	9.00				9.00		11.00	9.00	9.00	9.00		9.00		9.00	9.00	9.00	9.00	9.00			9.00	9.00	9.00	9.00	9.00	9.00	9.00	9.00
OutTime	5.00		5.00	5.00	5.15				5.00		7.00	6.00	5.15	5.00		5.00		5.00	5.00	5.15	5.15	5.00			5.00	5.00	5.15	5.00	5.00	5.00	5.00	5.00
Late By																																
Early By																																
OT																																

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

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

Monthly Status Report (Detailed Work Duration)

June 01 2023

Company: DPCOP

Days	1TH	2FR	3SAT	4SUN	5MON	6TUE	7W	8TH	9FR	10SA	11SU	12MO	13TU	14W	15TH	16FR	17SA	18SU	19MO	20TU	21W	22TH	23FR	24SA	25SU	26MO	27TU	28W	29TH	30FR

Department Physiotherapy

Employee Dr Akshay Khatavkar

Status	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00
OutTime	5:00	5:00	5:00			5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00
Late By																														
Early By																														
OT																														

Employee Dr N. Gunshekharan

Status	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:00	9:00	9:00	9:00	9:00	9:00	9:00	9:00	9:00	9:00	9:00	9:00	9:00	9:00	9:00	9:00	9:00	9:00	9:00	9:00	9:00	9:00	9:00	9:00	9:00	9:00	9:00	9:00	9:00	9:00
OutTime	5:00	5:00	5:00	5:00	5:00	5:00	5:00	5:00	5:00	5:00	5:00	5:00	5:00	5:00	5:00	5:00	5:00	5:00	5:00	5:00	5:00	5:00	5:00	5:00	5:00	5:00	5:00	5:00	5:00	5:00
Late By																														
Early By																														
OT																														

Employee Dr Shweta Naidu

Status	A	A	A	WO	A	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime						9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00
OutTime						5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00
Late By																														
Early By																														
OT																														

Employee Dr Ajay Malshikar

Status	A	A	A	WO	A	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime						9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00
OutTime						5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00
Late By																														
Early By																														
OT																														

Employee Dr Priyanka Patil

Status	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00
OutTime	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00
Late By																														
Early By																														
OT																														

Employee Dr Ankita Shukla

Status	P	P	P	WO	P	P	P	P	P	P	WO	P	P	A	A	A	A	WO	A	A	P	P	P	P	WO	P	P	P	P	P
InTime	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00								9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00
OutTime	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00								5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00
Late By																														
Early By																														
OT																														

Employee 2027 Dr Shardul Sutar

Status	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00
OutTime	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00
Late By																														
Early By																														
OT																														

Employee Dr Snehal Khalegoankar

Status	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00
OutTime	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00
Late By																														
Early By																														
OT																														

erated By:essl

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

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

DPES
Dhole Patil Education Society

Monthly Status Report (Detailed Work Duration)

June 01 2023

Company: DPCOP

Days	1TH	2FR	3SAT	4SUN	5MON	6TUE	7W	8TH	9FR	10SA	11SU	12MO	13TU	14W	15TH	16FR	17SA	18SU	19MO	20TU	21W	22TH	23FR	24SA	25SU	26MO	27TU	28W	29TH	30FR

Employee Dr Apurva Jadhav

Status	A	A	A	WO	A	A	A	A	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	A	WO	A	A	A	A	A
InTime									9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00								
OutTime									5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00								
Late By																														
Early By																														
OT																														

Employee Dr Simran Kalra

Status	P	P	P	WO	P	P	P	P	P	P	WO	A	A	A	A	P	A	WO	A	P	P	P	P	P	WO	A	A	A	A	A
InTime	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00						9:00				9:00	9:00	9:00	9:00	9:00						
OutTime	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00						5:00				5:00	5:00	5:00	5:00	5:00						
Late By																														
Early By																														
OT																														

Employee Dr Aathira Pillai

Status	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00
OutTime	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00
Late By																														
Early By																														
OT																														

Employee Dr Sneha Joy

Status				P	P	P	A	A	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime				9:00	9:00	9:00			9:00	9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00
OutTime				5:00	5:00	5:00			5:00	5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00
Late By																													
Early By																													
OT																													

Employee Dr P Senthil

Status										P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime										9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00
OutTime										5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00
Late By																													
Early By																													
OT																													

Employee Dr Lokesh R

Status										P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime										9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00
OutTime										5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00
Late By																													
Early By																													
OT																													

Employee Dr K C Gayatri

Status										P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime										9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00
OutTime										5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00
Late By																													
Early By																													
OT																													

Employee Dr Vijayan G

Status										P	P	P	P	P	P	WO	P	P	P	P			WO	P	P	P	P	P
InTime										9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00	9:00		9:00	9:00	9:00	9:00	9:00
OutTime										5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00	5:00		5:00	5:00	5:00	5:00	5:00
Late By																													
Early By																													
OT																													

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

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

erated By:essl

Monthly Status Report (Detailed Work Duration)

DPES
Dhole Patil Education Society

Apr-23

Company: DPCOP

Department: Physiotherapy

Student: 1.BHATTAD AASTHA

Days	1SAT	2SUN	3MON	4TUE	5W	6TH	7FR	8SAT	9SUN	10MON	11TUE	12W	13TH	14FR	15SA	16SUN	17MON	18TUE	19W	20TH	21FR	22SA	23SUN	24MON	25TUE	26W	27TH	28FR	29SAT	30SUN
Status	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO
InTime	9:02	9:02	9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02	
OutTime	4:33	4:32	4:30	4:33	4:33	4:33				4:33	4:31	4:30	4:55		5:00		4:33	5:02	4:33	4:33	4:33			4:33	4:33	4:33	4:33	4:33	4:33	
Late By																														
Early By																														
OT																														

Student: 2.BHOSALE SAKSHI

Days	1SAT	2SUN	3MON	4TUE	5W	6TH	7FR	8SAT	9SUN	10MON	11TUE	12W	13TH	14FR	15SA	16SUN	17MON	18TUE	19W	20TH	21FR	22SA	23SUN	24MON	25TUE	26W	27TH	28FR	29SAT	30SUN
Status	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO
InTime	9:02	9:02	9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02	
OutTime	4:33	4:32	4:30	4:33	4:33	4:33				4:33	4:31	4:30	4:55		5:00		4:33	5:02	4:33	4:33	4:33			4:33	4:33	4:33	4:33	4:33	4:33	
Late By																														
Early By																														
OT																														

Student: 3.BORA PRITI

Days	1SAT	2SUN	3MON	4TUE	5W	6TH	7FR	8SAT	9SUN	10MON	11TUE	12W	13TH	14FR	15SA	16SUN	17MON	18TUE	19W	20TH	21FR	22SA	23SUN	24MON	25TUE	26W	27TH	28FR	29SAT	30SUN
Status	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO
InTime	9:02	9:02	9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02	
OutTime	4:33	4:32	4:30	4:33	4:33	4:33				4:33	4:31	4:30	4:55		5:00		4:33	5:02	4:33	4:33	4:33			4:33	4:33	4:33	4:33	4:33	4:33	
Late By																														
Early By																														
OT																														

Student: 4.CHATE RAMPRABHU

Days	1SAT	2SUN	3MON	4TUE	5W	6TH	7FR	8SAT	9SUN	10MON	11TUE	12W	13TH	14FR	15SA	16SUN	17MON	18TUE	19W	20TH	21FR	22SA	23SUN	24MON	25TUE	26W	27TH	28FR	29SAT	30SUN
Status	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO
InTime	9:02	9:02	9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02	
OutTime	4:33	4:32	4:30	4:33	4:33	4:33				4:33	4:31	4:30	4:55		5:00		4:33	5:02	4:33	4:33	4:33			4:33	4:33	4:33	4:33	4:33	4:33	
Late By																														
Early By																														
OT																														

Student: 5.CHAUHAN AAYUSHI

Days	1SAT	2SUN	3MON	4TUE	5W	6TH	7FR	8SAT	9SUN	10MON	11TUE	12W	13TH	14FR	15SA	16SUN	17MON	18TUE	19W	20TH	21FR	22SA	23SUN	24MON	25TUE	26W	27TH	28FR	29SAT	30SUN
Status	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO
InTime	9:02	9:02	9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02	
OutTime	4:33	4:32	4:30	4:33	4:33	4:33				4:33	4:31	4:30	4:55		5:00		4:33	5:02	4:33	4:33	4:33			4:33	4:33	4:33	4:33	4:33	4:33	
Late By																														
Early By																														
OT																														

Student: 6.DATIR DNYANESHWARI

Days	1SAT	2SUN	3MON	4TUE	5W	6TH	7FR	8SAT	9SUN	10MON	11TUE	12W	13TH	14FR	15SA	16SUN	17MON	18TUE	19W	20TH	21FR	22SA	23SUN	24MON	25TUE	26W	27TH	28FR	29SAT	30SUN
Status	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO
InTime	9:02	9:02	9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02	
OutTime	4:33	4:32	4:30	4:33	4:33	4:33				4:33	4:31	4:30	4:55		5:00		4:33	5:02	4:33	4:33	4:33			4:33	4:33	4:33	4:33	4:33	4:33	
Late By																														
Early By																														
OT																														

Student: 7.DESHMUKH SHRADHA

Days	1SAT	2SUN	3MON	4TUE	5W	6TH	7FR	8SAT	9SUN	10MON	11TUE	12W	13TH	14FR	15SA	16SUN	17MON	18TUE	19W	20TH	21FR	22SA	23SUN	24MON	25TUE	26W	27TH	28FR	29SAT	30SUN
Status	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO
InTime	9:02	9:02	9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02	
OutTime	4:33	4:32	4:30	4:33	4:33	4:33				4:33	4:31	4:30	4:55		5:00		4:33	5:02	4:33	4:33	4:33			4:33	4:33	4:33	4:33	4:33	4:33	
Late By																														
Early By																														
OT																														

Student: 8.DHANVIJAY SAMIKSHA

Days	1SAT	2SUN	3MON	4TUE	5W	6TH	7FR	8SAT	9SUN	10MON	11TUE	12W	13TH	14FR	15SA	16SUN	17MON	18TUE	19W	20TH	21FR	22SA	23SUN	24MON	25TUE	26W	27TH	28FR	29SAT	30SUN
Status	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO
InTime	9:02	9:02	9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02	
OutTime	4:33	4:32	4:30	4:33	4:33	4:33				4:33	4:31	4:30	4:55		5:00		4:33	5:02	4:33	4:33	4:33			4:33	4:33	4:33	4:33	4:33	4:33	
Late By																														
Early By																														
OT																														

Student: 9.DONGRE SAKSHI

Days	1SAT	2SUN	3MON	4TUE	5W	6TH	7FR	8SAT	9SUN	10MON	11TUE	12W	13TH	14FR	15SA	16SUN	17MON	18TUE	19W	20TH	21FR	22SA	23SUN	24MON	25TUE	26W	27TH	28FR	29SAT	30SUN
Status	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO
InTime	9:02	9:02	9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02	
OutTime	4:33	4:32	4:30	4:33	4:33	4:33				4:33	4:31	4:30	4:55		5:00		4:33	5:02	4:33	4:33	4:33			4:33	4:33	4:33	4:33	4:33	4:33	
Late By																														
Early By																														
OT																														

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

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

Student

10.HARSHAL SHINDE

Status	P	WO	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO
InTime	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02
OutTime	4.33	4.32	4.30	4.33	4.33	4.33	4.33	4.31	4.30	4.55	5.00	4.33	5.02	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33
Late By																										
Early By																										
OT																										

Student

11.JAISWAL SARGAM

Status	P	WO	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO
InTime	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02
OutTime	4.33	4.32	4.30	4.33	4.33	4.33	4.33	4.31	4.30	4.55	5.00	4.33	5.02	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33
Late By																										
Early By																										
OT																										

Student

12.JODAGUDRI SONALI

Status	P	WO	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO
InTime	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02
OutTime	4.33	4.32	4.30	4.33	4.33	4.33	4.33	4.31	4.30	4.55	5.00	4.33	5.02	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33
Late By																										
Early By																										
OT																										

Student

13.JOSHI GANESH

Status	P	WO	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO
InTime	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02
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Late By																										
Early By																										
OT																										

Student

14.KALWALE ANJALI

Status	P	WO	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO
InTime	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02
OutTime	4.33	4.32	4.30	4.33	4.33	4.33	4.33	4.31	4.30	4.55	5.00	4.33	5.02	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33
Late By																										
Early By																										
OT																										

Student

15.KAMBALE YASH

Status	P	WO	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO
InTime	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02
OutTime	4.33	4.32	4.30	4.33	4.33	4.33	4.33	4.31	4.30	4.55	5.00	4.33	5.02	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33
Late By																										
Early By																										
OT																										

Student

16.KAMBLE SHRUTI

Status	P	WO	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO
InTime	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02
OutTime	4.33	4.32	4.30	4.33	4.33	4.33	4.33	4.31	4.30	4.55	5.00	4.33	5.02	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33
Late By																										
Early By																										
OT																										

Student

17.KAREGAONKAR SALONI

Status	P	WO	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO
InTime	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02
OutTime	4.33	4.32	4.30	4.33	4.33	4.33	4.33	4.31	4.30	4.55	5.00	4.33	5.02	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33
Late By																										
Early By																										
OT																										

Student

18.KSHIRSAGAR JANHAVI

Status	P	WO	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO
InTime	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02
OutTime	4.33	4.32	4.30	4.33	4.33	4.33	4.33	4.31	4.30	4.55	5.00	4.33	5.02	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33
Late By																										
Early By																										
OT																										

Student

19 KSHIRSAGAR OM

Status	P	WO	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO
InTime	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02
OutTime	4.33	4.32	4.30	4.33	4.33	4.33	4.33	4.31	4.30	4.55	5.00	4.33	5.02	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33	4.33
Late By																										
Early By																										
OT																										

Student

20. LODHA SAKSHI

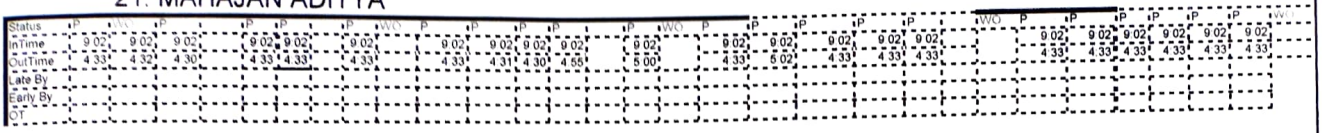
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Late By																										
Early By																										
OT																										

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

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

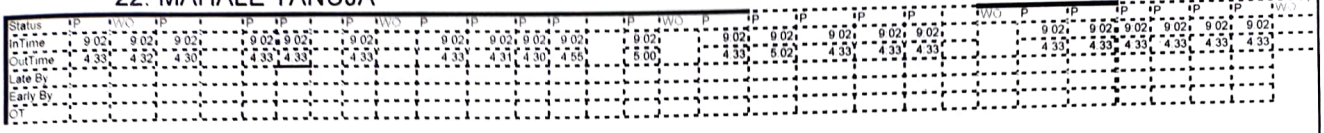
Student

21. MAHAJAN ADITYA



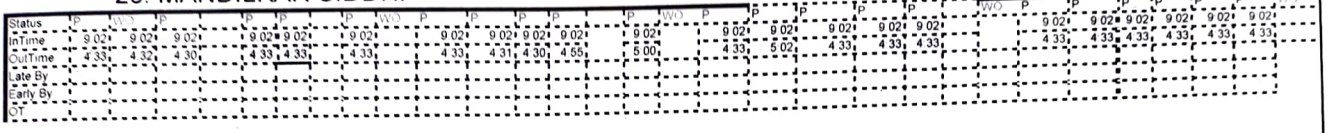
Student

22. MAHALE TANUJA



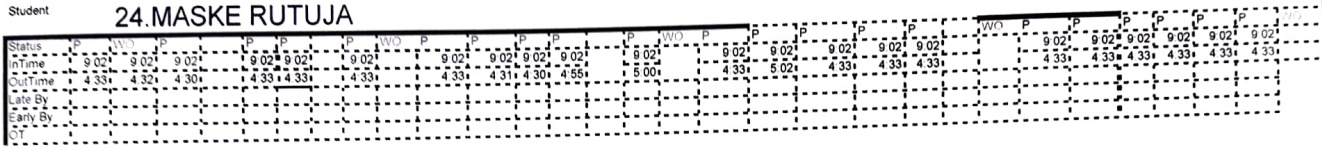
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23. MANDILKAR SIDDHI



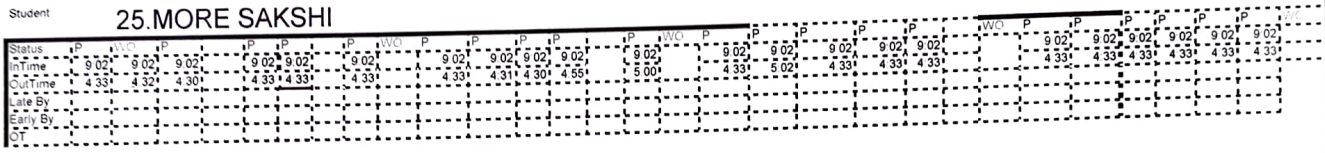
Student

24.MASKE RUTUJA



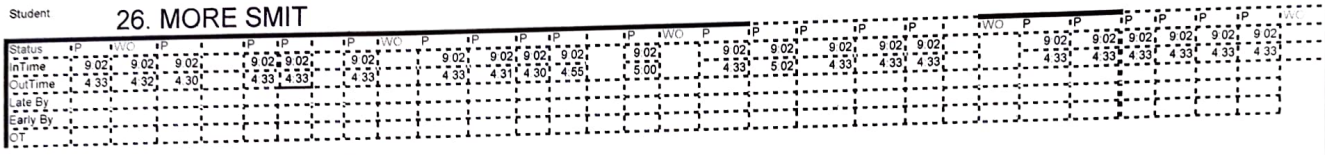
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25.MORE SAKSHI



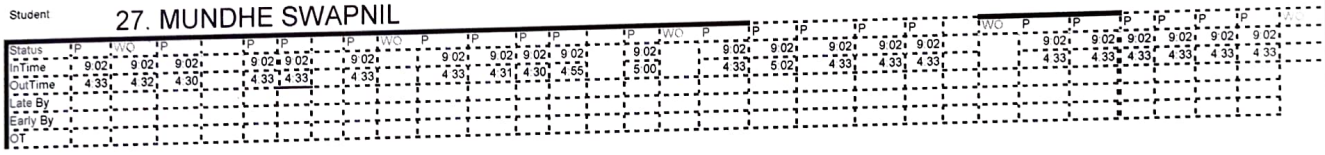
Student

26. MORE SMIT



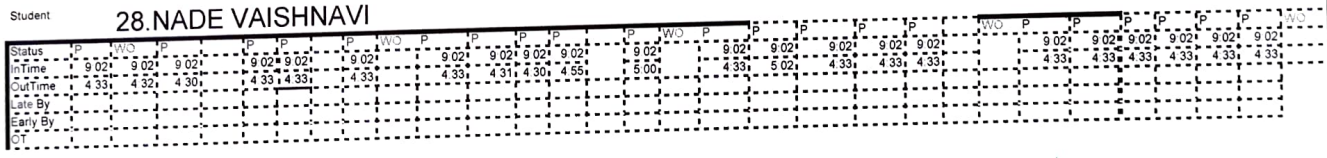
Student

27. MUNDHE SWAPNIL



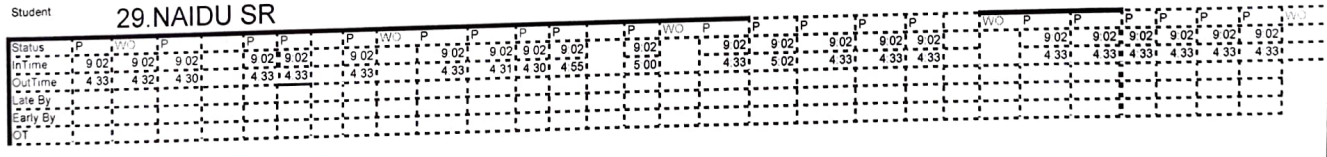
Student

28.NADE VAISHNAVI



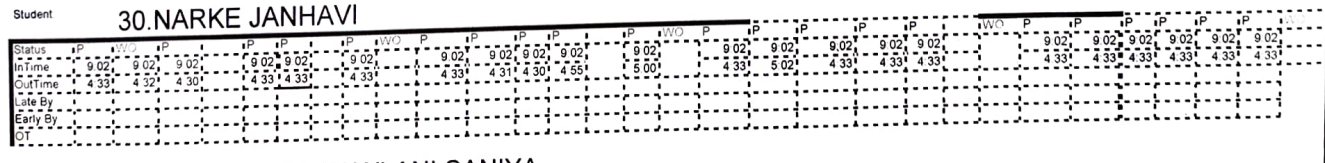
Student

29.NAIDU SR



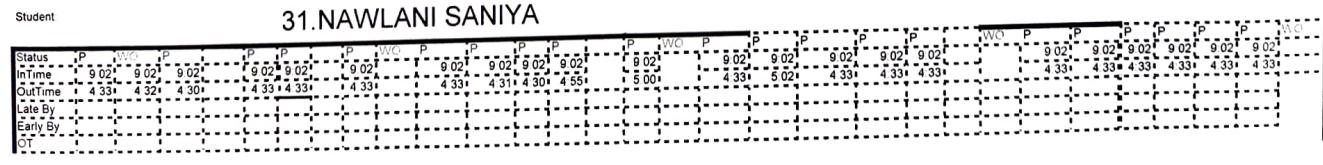
Student

30.NARKE JANHAVI



Student

31.NAWLANI SANIYA

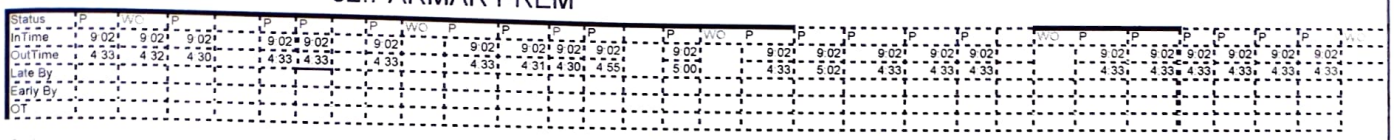


D.P.E.S. Dhole Patil College of Physiotherapy
Pune
412207

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

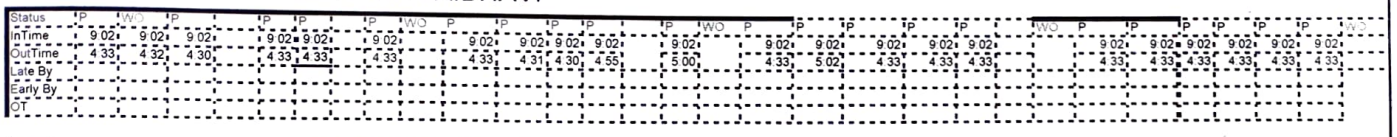
Student

32.PARMAR PREM



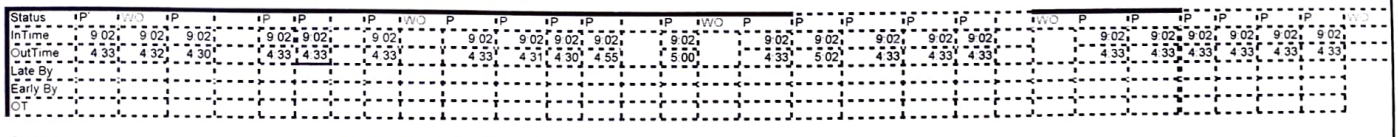
Student

33.PATIL VAIBHAVI



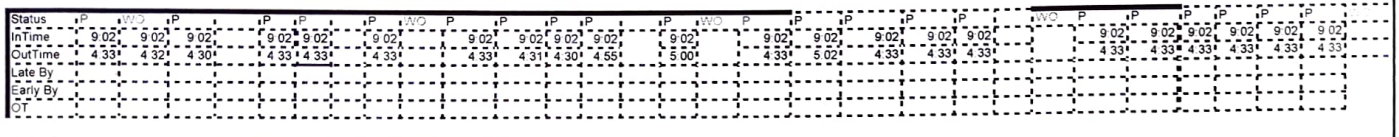
Student

34.PAWAR NIKITA



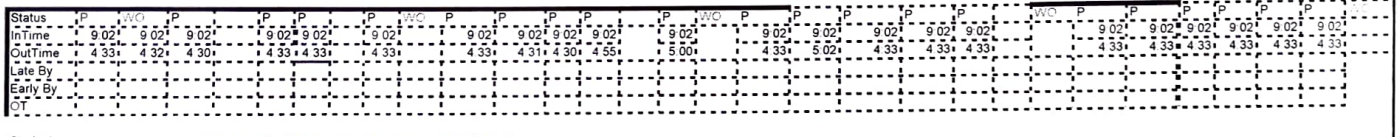
Student

35.PAWAR SHRAVANI



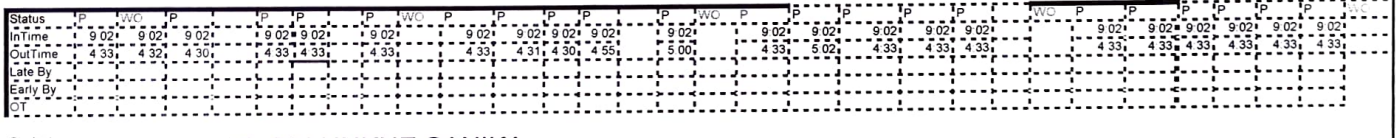
Student

36.SAGADE HRISHKESH



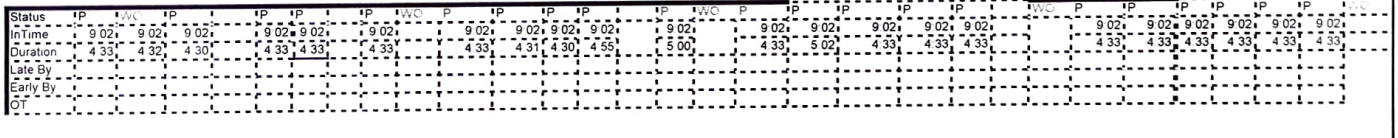
Student

37.SAJJANWAR ANJALI



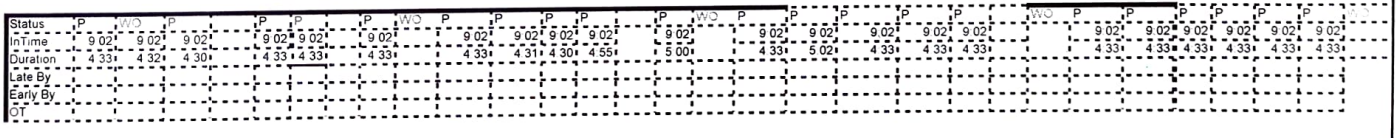
Student

38. SALUNKHE SANIKA



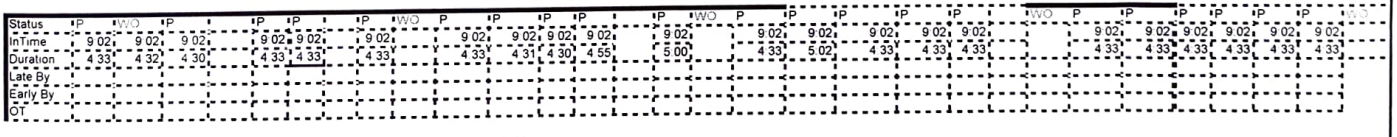
Student

39. SHAIKH ARSHEEN



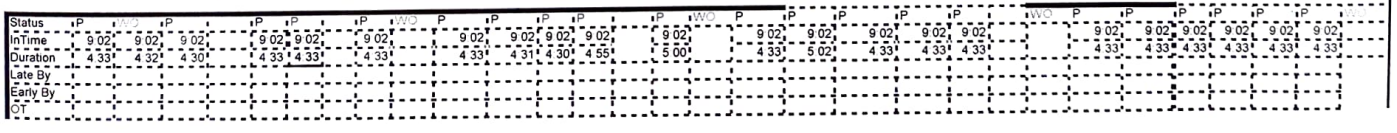
Student

40. SHIVANI KORDE



Student

41. SOLKAR SHRADDHA



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

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

Monthly Status Report (Detailed Work Duration)

DPES
Dhole Patil Education Society

May-23

Company: DPCOP

Days: 1 Mon | 2 Tue | 3 W | 4 Th | 5 Fri | 6 Sat | 7 Sun | 8 Mon | 9 Tue | 10 W | 11 TH | 12 Fri | 13 Sat | 14 S | 15 M | 16 Tue | 17 w | 18 th | 19 Fr | 20 Sat | 21 Sun | 22 M | 23 Tue | 24 W | 25 Th | 26 Fri | 27 Sat | 28 Sun | 29 Mon | 30 Tue | 31 w

Departmen Physiotherapy

Student 1.BHATTAD AASTHA

Status	P	P	P		P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P		
InTime	9.02	9.02	9.02		9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02		
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Late By																																
Early By																																
OT																																

Student 2.BHOSALE SAKSHI

Status	P	P	P		P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P		
InTime	9.02	9.02	9.02		9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02		
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Late By																																
Early By																																
OT																																

Student 3.BORA PRITI

Status	P	P	P		P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P		
InTime	9.02	9.02	9.02		9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02		
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Late By																																
Early By																																
OT																																

Student 4.CHATE RAMPRABHU

Status	P	P	P		P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P		
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Late By																																
Early By																																
OT																																

Student 5.CHAUHAN AAYUSHI

Status	P	P	P		P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P		
InTime	9.02	9.02	9.02		9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02		
OutTime	4.32	4.30	4.30		4.33		4.33	4.33	4.33	5.33	4.31	4.30		5.00	4.33	5.02	4.33	5.02	4.33		4.33	4.33	4.33	4.33	4.33	4.33		4.33	4.33	4.33		
Late By																																
Early By																																
OT																																

Student 6.DATIR DNYANESHWARI

Status	P	P	P		P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P		
InTime	9.02	9.02	9.02		9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02		
OutTime	4.32	4.30	4.30		4.33		4.33	4.33	4.33	5.33	4.31	4.30		5.00	4.33	5.02	4.33	5.02	4.33		4.33	4.33	4.33	4.33	4.33	4.33		4.33	4.33	4.33		
Late By																																
Early By																																
OT																																

Student 7.DESHMUKH SHRADHA

Status	P	P	P		P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P		
InTime	9.02	9.02	9.02		9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02		
OutTime	4.32	4.30	4.30		4.33		4.33	4.33	4.33	5.33	4.31	4.30		5.00	4.33	5.02	4.33	5.02	4.33		4.33	4.33	4.33	4.33	4.33	4.33		4.33	4.33	4.33		
Late By																																
Early By																																
OT																																

Student 8.DHANVIJAY SAMIKSHA

Status	P	P	P		P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P		
InTime	9.02	9.02	9.02		9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02		
OutTime	4.32	4.30	4.30		4.33		4.33	4.33	4.33	5.33	4.31	4.30		5.00	4.33	5.02	4.33	5.02	4.33		4.33	4.33	4.33	4.33	4.33	4.33		4.33	4.33	4.33		
Late By																																
Early By																																
OT																																

Student 9.DONGRE SAKSHI

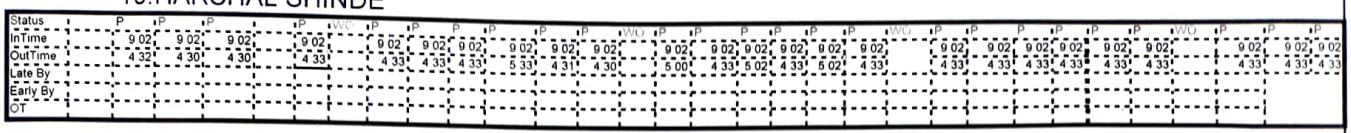
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InTime	9.02	9.02	9.02		9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02		
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Late By																																
Early By																																
OT																																

D P E S Dhole Patil College of Physiotherapy Pune 412207

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

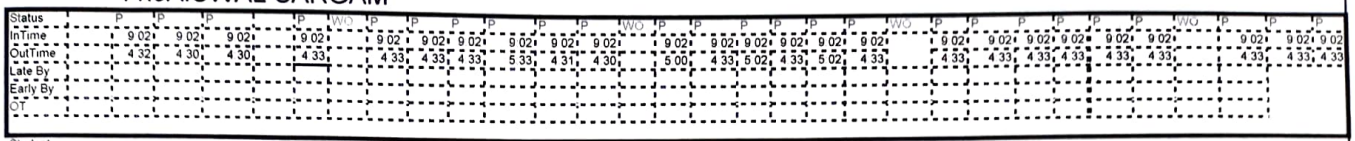
Student

10.HARSHAL SHINDE



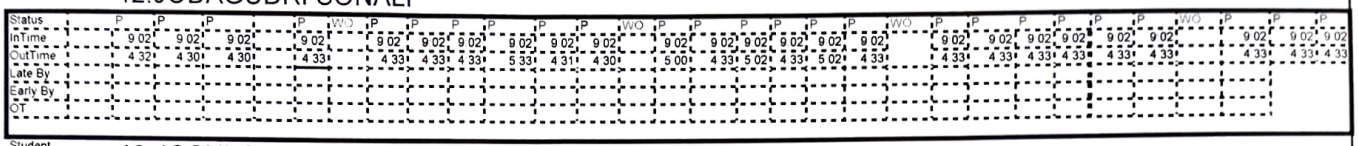
Student

11.JAISWAL SARGAM



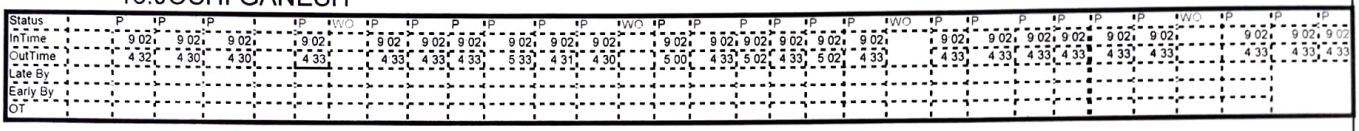
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12.JODAGUDRI SONALI



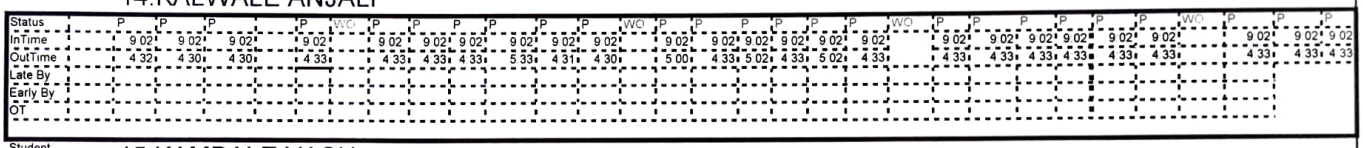
Student

13.JOSHI GANESH



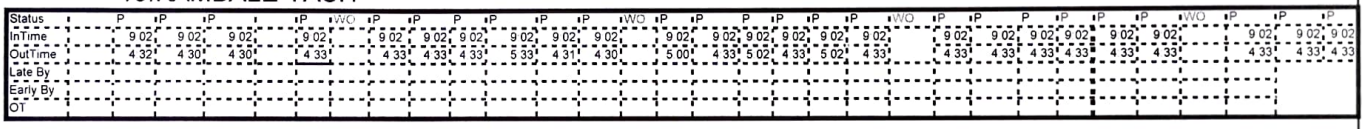
Student

14.KALWALE ANJALI



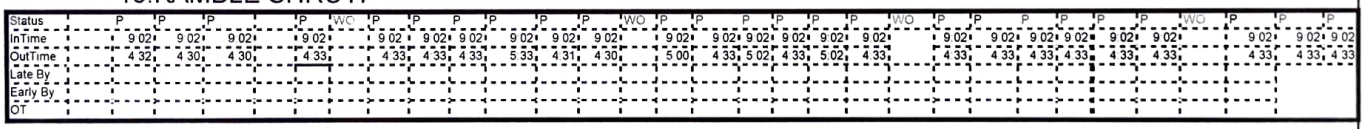
Student

15.KAMBALE YASH



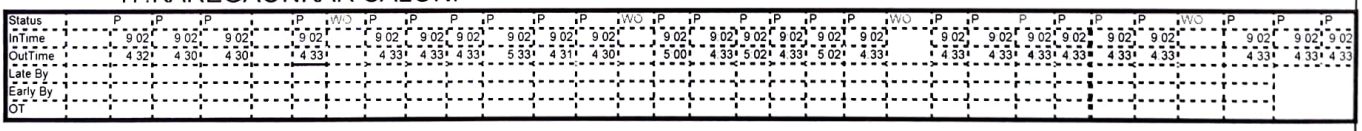
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16.KAMBLE SHRUTI



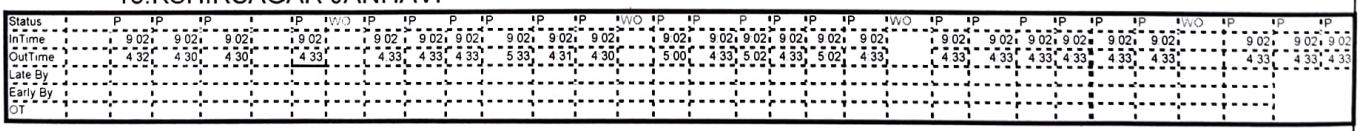
Student

17.KAREGAONKAR SALONI



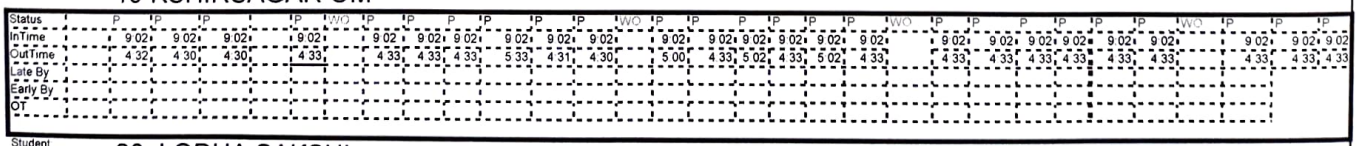
Student

18.KSHIRSAGAR JANHAVI



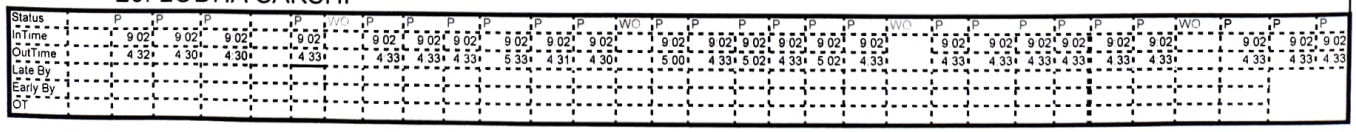
Student

19 KSHIRSAGAR OM



Student

20. LODHA SAKSHI



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

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

Student

21. MAHAJAN ADITYA

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02
OutTime	4.32	4.30	4.30	4.33		4.33	4.33	4.33	5.33	4.31	4.30		5.00	4.33	5.02	4.33	5.02	4.33		4.33	4.33	4.33	4.33	4.33	4.33		4.33	4.33	4.33
Late By																													
Early By																													
OT																													

Student

22. MAHALE TANUJA

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02
OutTime	4.32	4.30	4.30	4.33		4.33	4.33	4.33	5.33	4.31	4.30		5.00	4.33	5.02	4.33	5.02	4.33		4.33	4.33	4.33	4.33	4.33	4.33		4.33	4.33	4.33
Late By																													
Early By																													
OT																													

Student

23. MANDILKAR SIDDHI

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02
OutTime	4.32	4.30	4.30	4.33		4.33	4.33	4.33	5.33	4.31	4.30		5.00	4.33	5.02	4.33	5.02	4.33		4.33	4.33	4.33	4.33	4.33	4.33		4.33	4.33	4.33
Late By																													
Early By																													
OT																													

Student

24.MASKE RUTUJA

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02
OutTime	4.32	4.30	4.30	4.33		4.33	4.33	4.33	5.33	4.31	4.30		5.00	4.33	5.02	4.33	5.02	4.33		4.33	4.33	4.33	4.33	4.33	4.33		4.33	4.33	4.33
Late By																													
Early By																													
OT																													

Student

25.MORE SAKSHI

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02
OutTime	4.32	4.30	4.30	4.33		4.33	4.33	4.33	5.33	4.31	4.30		5.00	4.33	5.02	4.33	5.02	4.33		4.33	4.33	4.33	4.33	4.33	4.33		4.33	4.33	4.33
Late By																													
Early By																													
OT																													

Student

26. MORE SMIT

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02
OutTime	4.32	4.30	4.30	4.33		4.33	4.33	4.33	5.33	4.31	4.30		5.00	4.33	5.02	4.33	5.02	4.33		4.33	4.33	4.33	4.33	4.33	4.33		4.33	4.33	4.33
Late By																													
Early By																													
OT																													

Student

27. MUNDHE SWAPNIL

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02
OutTime	4.32	4.30	4.30	4.33		4.33	4.33	4.33	5.33	4.31	4.30		5.00	4.33	5.02	4.33	5.02	4.33		4.33	4.33	4.33	4.33	4.33	4.33		4.33	4.33	4.33
Late By																													
Early By																													
OT																													

Student

28.NADE VAISHNAVI

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02
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Late By																													
Early By																													
OT																													

Student

29.NAIDU SRUSHTI

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02
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Late By																													
Early By																													
OT																													

Student

30.NARKE JANHAVI

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02
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Late By																													
Early By																													
OT																													

Student

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
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Late By																													
Early By																													
OT																													

D P E S Dhole Patil College of Physiotherapy
Pune
412207

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

Student

32.PARMAR PREM

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02
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Late By																													
Early By																													
OT																													

Student

33.PATIL VAIBHAVI

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02
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Late By																													
Early By																													
OT																													

Student

34.PAWAR NIKITA

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02
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Late By																													
Early By																													
OT																													

Student

35.PAWAR SHRAVANI

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02
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Late By																													
Early By																													
OT																													

Student

36.SAGADE HRISHKESH

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02
OutTime	4.32	4.30	4.30	4.33		4.33	4.33	4.33	5.33	4.31	4.30		5.00	4.33	5.02	4.33	5.02	4.33		4.33	4.33	4.33	4.33	4.33	4.33		4.33	4.33	4.33
Late By																													
Early By																													
OT																													

Student

37.SAJJANWAR ANJALI

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02
OutTime	4.32	4.30	4.30	4.33		4.33	4.33	4.33	5.33	4.31	4.30		5.00	4.33	5.02	4.33	5.02	4.33		4.33	4.33	4.33	4.33	4.33	4.33		4.33	4.33	4.33
Late By																													
Early By																													
OT																													

Student

38. SALUNKHE SANIKA

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02
Duration	4.32	4.30	4.30	4.33		4.33	4.33	4.33	5.33	4.31	4.30		5.00	4.33	5.02	4.33	5.02	4.33		4.33	4.33	4.33	4.33	4.33	4.33		4.33	4.33	4.33
Late By																													
Early By																													
OT																													

Student

39. SHAIKH ARSHEEN

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02
Duration	4.32	4.30	4.30	4.33		4.33	4.33	4.33	5.33	4.31	4.30		5.00	4.33	5.02	4.33	5.02	4.33		4.33	4.33	4.33	4.33	4.33	4.33		4.33	4.33	4.33
Late By																													
Early By																													
OT																													

Student

40. SHIVANI KORDE

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02
Duration	4.32	4.30	4.30	4.33		4.33	4.33	4.33	5.33	4.31	4.30		5.00	4.33	5.02	4.33	5.02	4.33		4.33	4.33	4.33	4.33	4.33	4.33		4.33	4.33	4.33
Late By																													
Early By																													
OT																													

Student

41. SOLKAR SHRADDHA

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02
Duration	4.32	4.30	4.30	4.33		4.33	4.33	4.33	5.33	4.31	4.30		5.00	4.33	5.02	4.33	5.02	4.33		4.33	4.33	4.33	4.33	4.33	4.33		4.33	4.33	4.33
Late By																													
Early By																													
OT																													

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

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

Monthly Status Report (Detailed Work Duration)

DPES
Dhole Patil Education Society

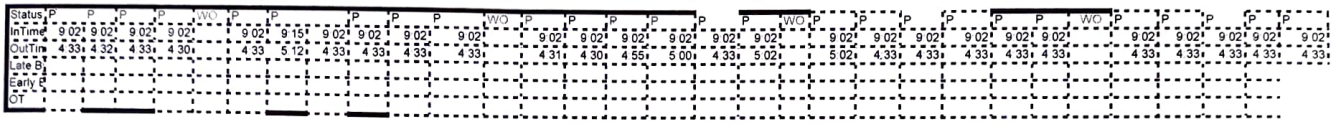
Jun-23

Company DPCOP

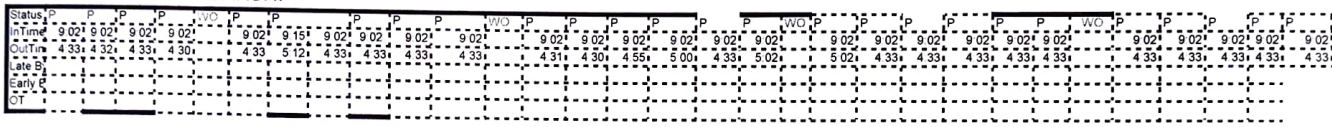
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Departm Physiotherapy

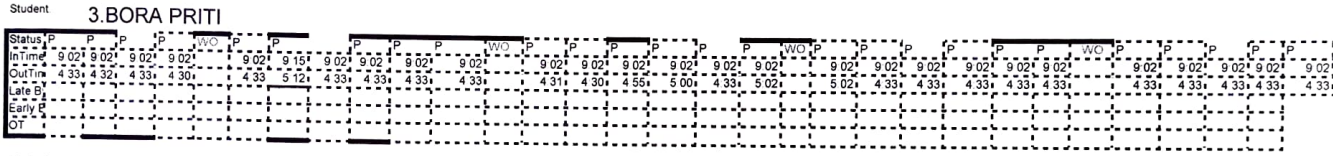
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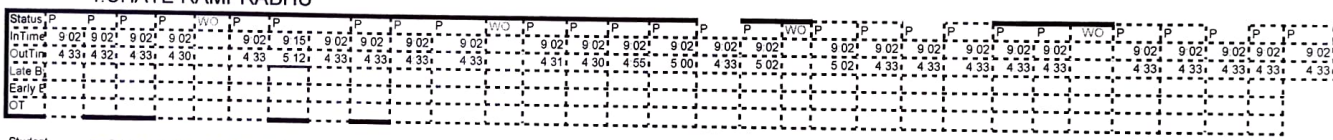
Student 2.BHOSALE SAKSHI



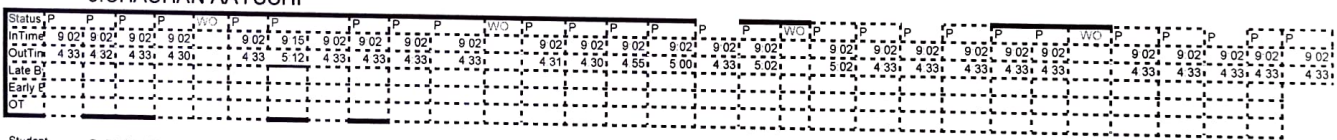
Student 3.BORA PRITI



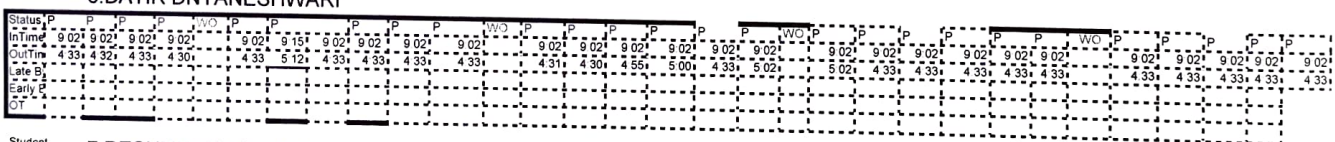
Student 4.CHATE RAMPRABHU



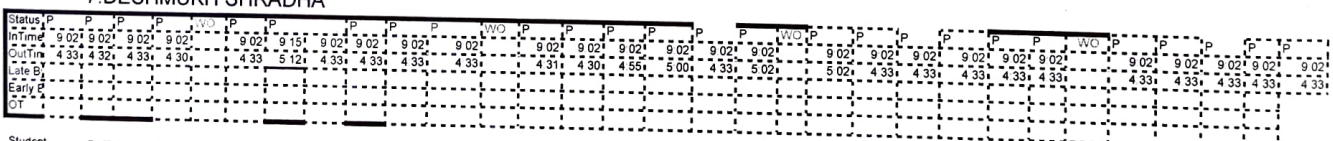
Student 5.CHAUHAN AAYUSHI



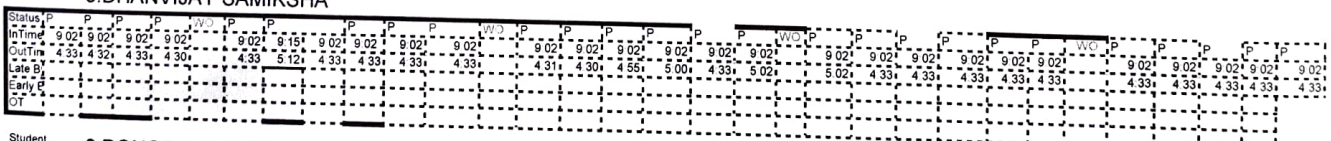
Student 6.DATIR DNYANESHWARI



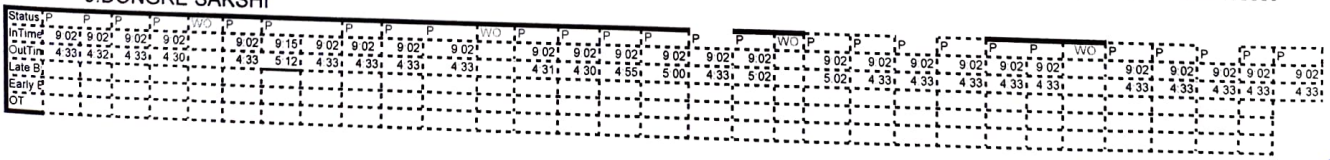
Student 7.DESHMUKH SHRADHA



Student 8.DHANVIJAY SAMIKSHA



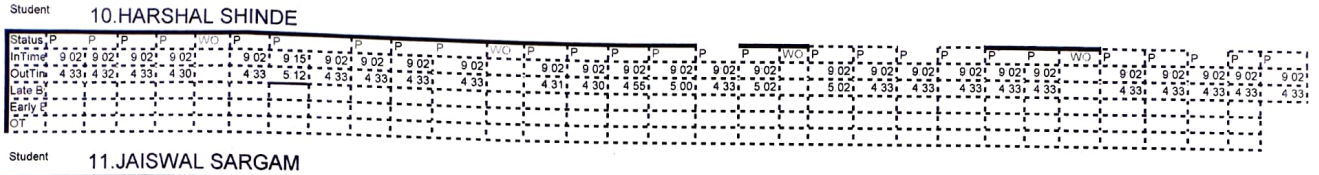
Student 9.DONGRE SAKSHI



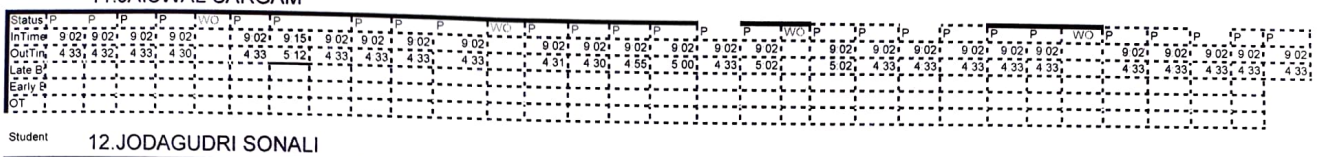
D P E S Dhole Patil College of Physiotherapy Pune 412207

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

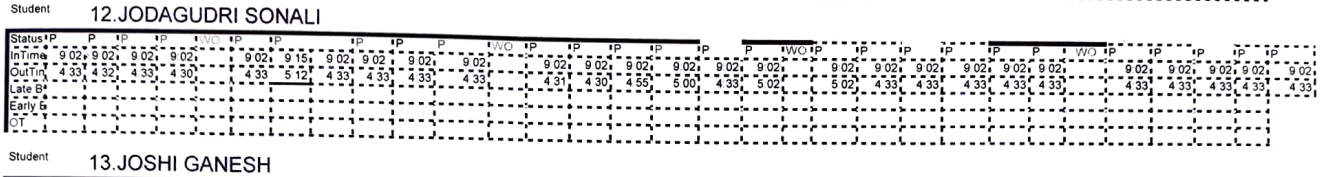
Student 10.HARSHAL SHINDE



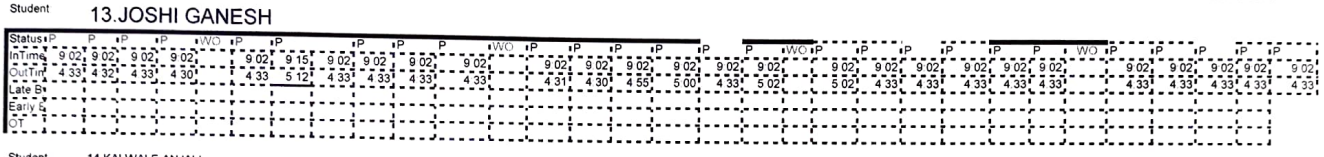
Student 11.JAISWAL SARGAM



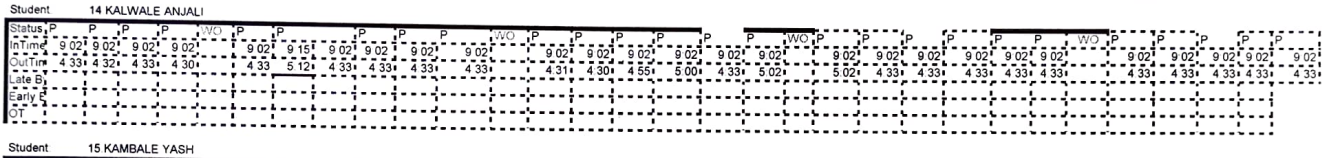
Student 12.JODAGUDRI SONALI



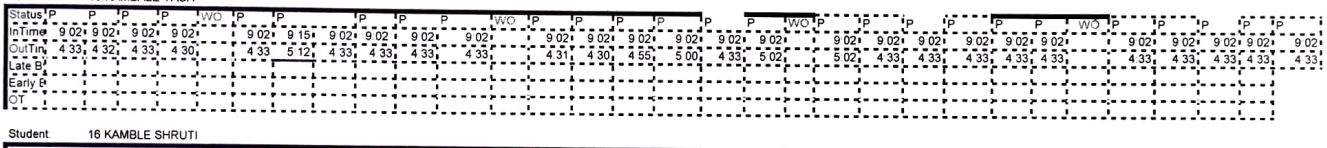
Student 13.JOSHI GANESH



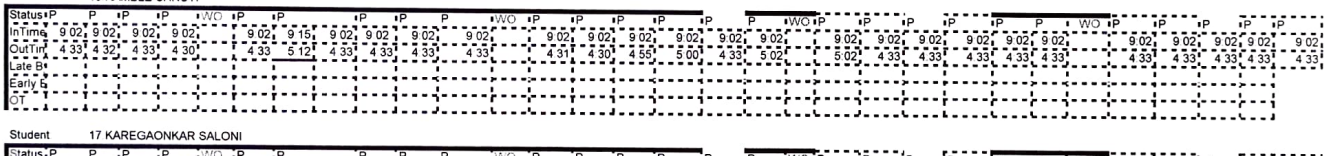
Student 14 KALWALE ANJALI



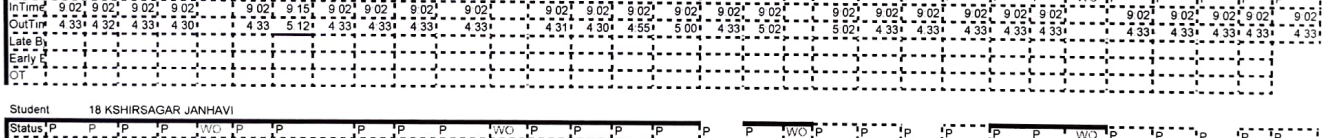
Student 15 KAMBALE YASH



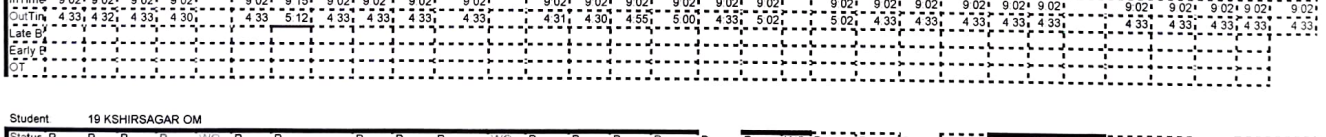
Student 16 KAMBLE SHRUTI



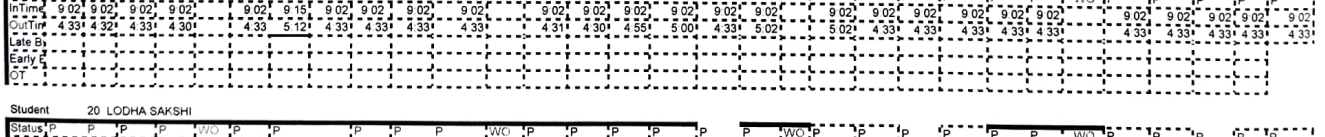
Student 17 KAREGAONKAR SALONI



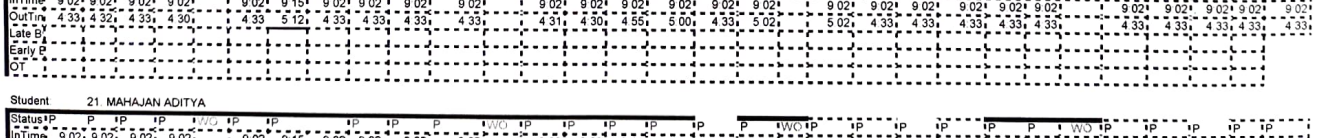
Student 18 KSHIRSAGAR JANHAVI



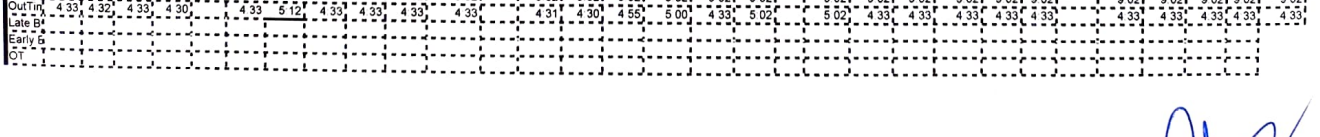
Student 19 KSHIRSAGAR OM



Student 20 LODHA SAKSHI



Student 21 MAHAJAN ADITYA



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

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

Student 22 MAHALE TANUJA

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
OutTim	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late Bf																															
Early Bf																															
OT																															

Student 23 MANDILKAR SIDDHI

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
OutTim	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late Bf																															
Early Bf																															
OT																															

Student 24 MASKE RUTUJA

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
OutTim	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late Bf																															
Early Bf																															
OT																															

Student 25 MORE SAKSHI

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
OutTim	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late Bf																															
Early Bf																															
OT																															

Student 26 MORE SMIT

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
OutTim	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late Bf																															
Early Bf																															
OT																															

Student 27 MUNDHE SWAPNIL

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
OutTim	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late Bf																															
Early Bf																															
OT																															

Student 28 NADE VAISHNAVI

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
OutTim	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late Bf																															
Early Bf																															
OT																															

Student 29 NAIDU SRUSHTI

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
OutTim	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late Bf																															
Early Bf																															
OT																															

Student 30 NARKE JANHAVI

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
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Late Bf																															
Early Bf																															
OT																															

Student 31 NAWLANI SANIYA

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
OutTim	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late Bf																															
Early Bf																															
OT																															

Student 32 PARMAR PREM

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
OutTim	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late Bf																															
Early Bf																															
OT																															

Student 33 PATIL VAIBHAVI

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
OutTim	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late Bf																															
Early Bf																															
OT																															

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

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

Student 34 PAWAR NIKITA

Status	P	P	P	P	WO	P	P		P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
OutTin	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late B																															
Early B																															
OT																															

Student 35 PAWAR SHRAVANI

Status	P	P	P	P	WO	P	P		P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
OutTin	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late B																															
Early B																															
OT																															

Student 36 SAGADE HRISHKESH

Status	P	P	P	P	WO	P	P		P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
OutTim	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late B																															
Early B																															
OT																															

Student 37 SAJJANWAR ANJALI

Status	P	P	P	P	WO	P	P		P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
OutTin	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late B																															
Early B																															
OT																															

Student 38 SALUNKHE SANIKA

Status	P	P	P	P	WO	P	P		P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
Duratic	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late B																															
Early B																															
OT																															

Student 39 SHAIKH ARSHEEN

Status	P	P	P	P	WO	P	P		P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
Duratio	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late B																															
Early B																															
OT																															

Student 40 SHIVANI KORDE

Status	P	P	P	P	WO	P	P		P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
Duratic	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late B																															
Early E																															
OT																															

Student 41 SOLKAR SHRADDHA

Status	P	P	P	P	WO	P	P		P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
Duratio	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late B																															
Early B																															
OT																															

Student 42 SONALI A DANGE

Status	P	P	P	P	WO	P	P		P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
Duratic	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late B																															
Early E																															
OT																															

Student 43 SONTAKKE SANJANA

Status	P	P	P	P	WO	P	P		P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
Duratic	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late B																															
Early E																															
OT																															

Student 44 SOUMYA SNAGAMNERKAR

Status	P	P	P	P	WO	P	P		P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
Duratio	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late B																															
Early E																															
OT																															

Student 45 TILEKAR SHRAVANI

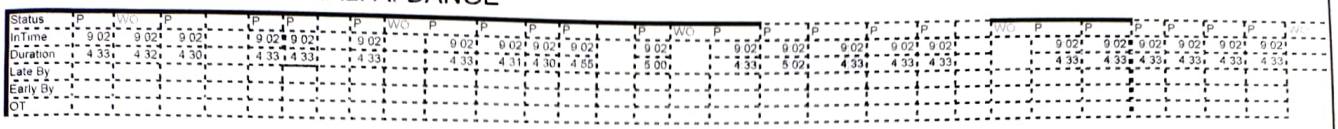
Status	P	P	P	P	WO	P	P		P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
Duratio	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late B																															
Early E																															
OT																															

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

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

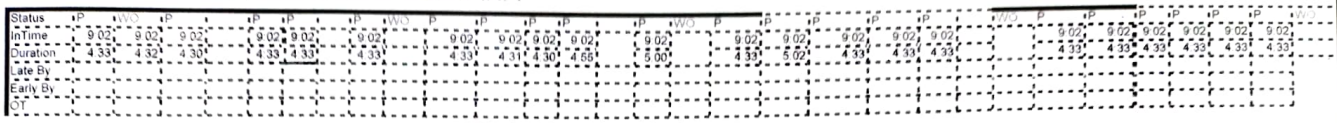
Student

42. SONALI A. DANGE



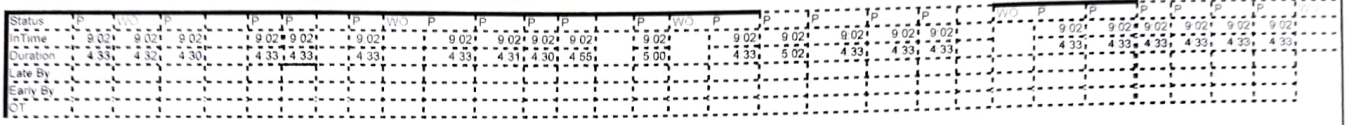
Student

43. SONTAKKE SANJANA



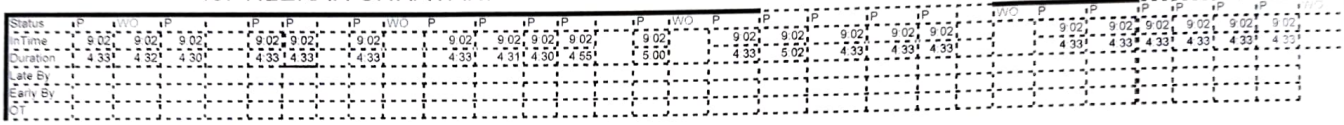
Student

4. SOUMYA SNAGAMNERKAI



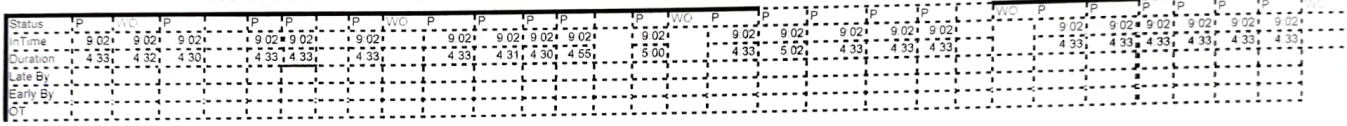
Student

45. TILEKAR SHRAVANI



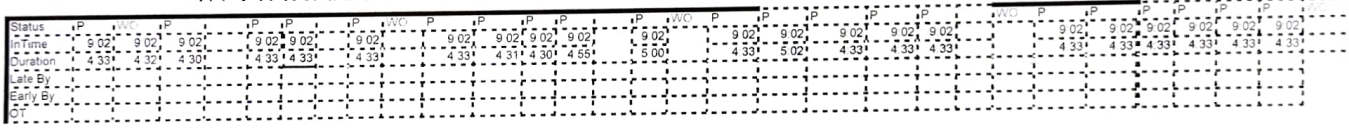
Student

46. VALANJU POONAM



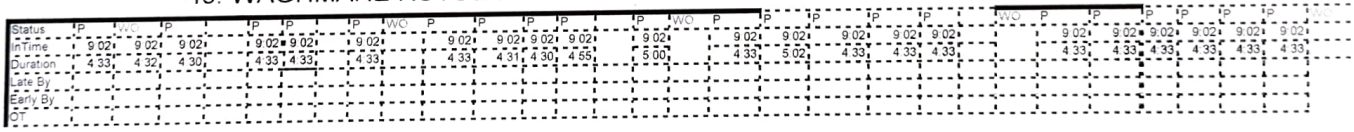
Student

47. VYAWAHARE PAYAL



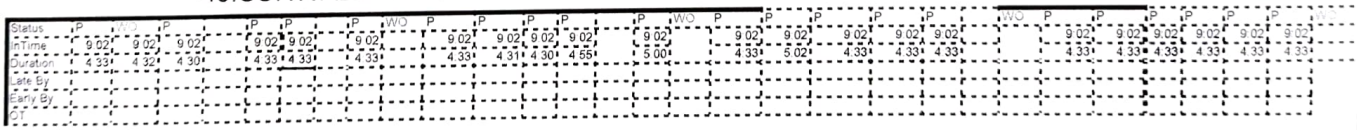
Student

48. WAGHMARE RUTUJA



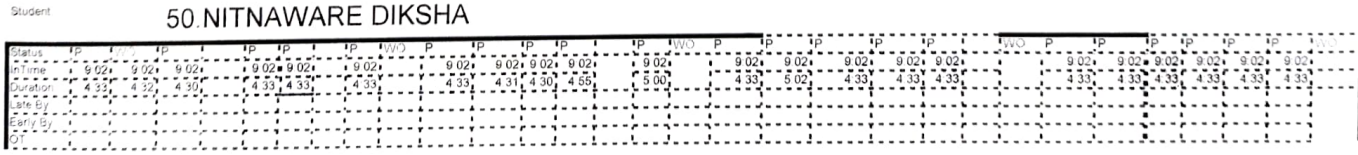
Student

49.SURWADE SIMRAN



Student

50.NITNAWARE DIKSHA



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

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

06/05/2023

Student

42. SONALI A. DANGE

Status		P	P	P		P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime		9:02	9:02	9:02		9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02
Duration		4:32	4:30	4:30		4:33		4:33	4:33	4:33	5:33	4:31	4:30		5:00	4:33	5:02	4:33	5:02	4:33		4:33	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33
Late By																															
Early By																															
OT																															

Student

43. SONTAKKE SANJANA

Status		P	P	P		P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime		9:02	9:02	9:02		9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02
Duration		4:32	4:30	4:30		4:33		4:33	4:33	4:33	5:33	4:31	4:30		5:00	4:33	5:02	4:33	5:02	4:33		4:33	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33
Late By																															
Early By																															
OT																															

Student

44. SOUMYA SNAGAMNERKAR

Status		P	P	P		P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime		9:02	9:02	9:02		9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02
Duration		4:32	4:30	4:30		4:33		4:33	4:33	4:33	5:33	4:31	4:30		5:00	4:33	5:02	4:33	5:02	4:33		4:33	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33
Late By																															
Early By																															
OT																															

Student

45. TILEKAR SHRAVANI

Status		P	P	P		P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime		9:02	9:02	9:02		9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02
Duration		4:32	4:30	4:30		4:33		4:33	4:33	4:33	5:33	4:31	4:30		5:00	4:33	5:02	4:33	5:02	4:33		4:33	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33
Late By																															
Early By																															
OT																															

Student

46. VALANJU POONAM

Status		P	P	P		P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime		9:02	9:02	9:02		9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02
Duration		4:32	4:30	4:30		4:33		4:33	4:33	4:33	5:33	4:31	4:30		5:00	4:33	5:02	4:33	5:02	4:33		4:33	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33
Late By																															
Early By																															
OT																															

Student

47. VYAWAHARE PAYAL

Status		P	P	P		P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime		9:02	9:02	9:02		9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02
Duration		4:32	4:30	4:30		4:33		4:33	4:33	4:33	5:33	4:31	4:30		5:00	4:33	5:02	4:33	5:02	4:33		4:33	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33
Late By																															
Early By																															
OT																															

Student

48. WAGHMARE RUTUJA

Status		P	P	P		P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime		9:02	9:02	9:02		9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02
Duration		4:32	4:30	4:30		4:33		4:33	4:33	4:33	5:33	4:31	4:30		5:00	4:33	5:02	4:33	5:02	4:33		4:33	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33
Late By																															
Early By																															
OT																															

Student

49.SURWADE SIMRAN

Status		P	P	P		P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime		9:02	9:02	9:02		9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02
Duration		4:32	4:30	4:30		4:33		4:33	4:33	4:33	5:33	4:31	4:30		5:00	4:33	5:02	4:33	5:02	4:33		4:33	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33
Late By																															
Early By																															
OT																															

Student

50.NITNAWARE DIKSHA

Status		P	P	P		P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime		9:02	9:02	9:02		9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02
Duration		4:32	4:30	4:30		4:33		4:33	4:33	4:33	5:33	4:31	4:30		5:00	4:33	5:02	4:33	5:02	4:33		4:33	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33
Late By																															
Early By																															
OT																															

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

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

07/06/2017

Student: 46. VALANJU POONAM

Status	P	P	P	P	WO	P	P		P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
Duratio	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late B																															
Early B																															
OT																															

Student: 47. VYAWAHARE PAYAL

Status	P	P	P	P	WO	P	P		P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
Duratio	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late B																															
Early B																															
OT																															

Student: 48. WAGHMARE RUTUJA

Status	P	P	P	P	WO	P	P		P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
Duratio	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late B																															
Early B																															
OT																															

Student: 49 SURWADE SIMRAN

Status	P	P	P	P	WO	P	P		P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
Duratio	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late B																															
Early B																															
OT																															

Student: 50 NITNAWARE DIKSHA

Status	P	P	P	P	WO	P	P		P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
Duratio	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late B																															
Early B																															
OT																															

05/07/2023

Monthly Status Report (Detailed Work Duration)

DPES

Apr-23

Company: DPCOP

Department Physiotherapy

Days	1SAT	2SUN	3MON	4TUE	5W	6TH	7FR	8SAT	9SUN	10MON	11TUE	12W	13TH	14FR	15SAT	16SUN	17MON	18TUE	19W	20TH	21FR	22SA	23SUN	24MON	25TUE	26W	27TH	28FR	29SAT	30SUN

Student 1 BAGNE RUPAL

Status	P	WO	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	WO
InTime	9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02		9.02	9.02		9.02	9.02	9.02	9.02	9.02			9.02	9.02	9.02	9.02	9.02	9.02	
OutTime	4.33	4.32	4.30	4.33	4.33	4.33		4.33	4.31	4.30	4.55	5.00		4.33	5.02	4.33	4.33	4.33						4.33	4.33	4.33	4.33	4.33	4.33	
Late By																														
Early By																														
OT																														

Student 2 BAJARE SANJANA

Status	P	WO	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	WO
InTime	9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02		9.02	9.02		9.02	9.02	9.02	9.02	9.02			9.02	9.02	9.02	9.02	9.02	9.02	
OutTime	4.33	4.32	4.30	4.33	4.33	4.33		4.33	4.31	4.30	4.55	5.00		4.33	5.02	4.33	4.33	4.33						4.33	4.33	4.33	4.33	4.33	4.33	
Late By																														
Early By																														
OT																														

Student 3 BHADANE CHETNA

Status	P	WO	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	WO
InTime	9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02		9.02	9.02		9.02	9.02	9.02	9.02	9.02			9.02	9.02	9.02	9.02	9.02	9.02	
OutTime	4.33	4.32	4.30	4.33	4.33	4.33		4.33	4.31	4.30	4.55	5.00		4.33	5.02	4.33	4.33	4.33						4.33	4.33	4.33	4.33	4.33	4.33	
Late By																														
Early By																														
OT																														

Student 4 BHUTE DEVESH

Status	P	WO	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	WO
InTime	9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02		9.02	9.02		9.02	9.02	9.02	9.02	9.02			9.02	9.02	9.02	9.02	9.02	9.02	
OutTime	4.33	4.32	4.30	4.33	4.33	4.33		4.33	4.31	4.30	4.55	5.00		4.33	5.02	4.33	4.33	4.33						4.33	4.33	4.33	4.33	4.33	4.33	
Late By																														
Early By																														
OT																														

Student 5 CHANNA AISHWARYA

Status	P	WO	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	WO
InTime	9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02		9.02	9.02		9.02	9.02	9.02	9.02	9.02			9.02	9.02	9.02	9.02	9.02	9.02	
OutTime	4.33	4.32	4.30	4.33	4.33	4.33		4.33	4.31	4.30	4.55	5.00		4.33	5.02	4.33	4.33	4.33						4.33	4.33	4.33	4.33	4.33	4.33	
Late By																														
Early By																														
OT																														

Student 6 CHAUDHARYA JAYASHR

Status	P	WO	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	WO
InTime	9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02		9.02	9.02		9.02	9.02	9.02	9.02	9.02			9.02	9.02	9.02	9.02	9.02	9.02	
OutTime	4.33	4.32	4.30	4.33	4.33	4.33		4.33	4.31	4.30	4.55	5.00		4.33	5.02	4.33	4.33	4.33						4.33	4.33	4.33	4.33	4.33	4.33	
Late By																														
Early By																														
OT																														

Student 7 CHORAGHE AKSHITA

Status	P	WO	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	WO
InTime	9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02		9.02	9.02		9.02	9.02	9.02	9.02	9.02			9.02	9.02	9.02	9.02	9.02	9.02	
OutTime	4.33	4.32	4.30	4.33	4.33	4.33		4.33	4.31	4.30	4.55	5.00		4.33	5.02	4.33	4.33	4.33						4.33	4.33	4.33	4.33	4.33	4.33	
Late By																														
Early By																														
OT																														

Student 8 DHAKULKAR KANCHAN

Status	P	WO	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	WO
InTime	9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02		9.02	9.02		9.02	9.02	9.02	9.02	9.02			9.02	9.02	9.02	9.02	9.02	9.02	
OutTime	4.33	4.32	4.30	4.33	4.33	4.33		4.33	4.31	4.30	4.55	5.00		4.33	5.02	4.33	4.33	4.33						4.33	4.33	4.33	4.33	4.33	4.33	
Late By																														
Early By																														
OT																														

Student 9 DHAYGUDE SAYALI

Status	P	WO	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	WO
InTime	9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02		9.02	9.02		9.02	9.02	9.02	9.02	9.02			9.02	9.02	9.02	9.02	9.02	9.02	
OutTime	4.33	4.32	4.30	4.33	4.33	4.33		4.33	4.31	4.30	4.55	5.00		4.33	5.02	4.33	4.33	4.33						4.33	4.33	4.33	4.33	4.33	4.33	
Late By																														
Early By																														
OT																														

Student 10 FUTUNKAR APARNA

Status	P	WO	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	WO
InTime	9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02		9.02	9.02		9.02	9.02	9.02	9.02	9.02			9.02	9.02	9.02	9.02	9.02	9.02	
OutTime	4.33	4.32	4.30	4.33	4.33	4.33		4.33	4.31	4.30	4.55	5.00		4.33	5.02	4.33	4.33	4.33						4.33	4.33	4.33	4.33	4.33	4.33	
Late By																														
Early By																														
OT																														

Student 11 GAIKWAD SNEHAL

Status	P	WO	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	WO
InTime	9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02		9.02	9.02		9.02	9.02	9.02	9.02	9.02			9.02	9.02	9.02	9.02	9.02	9.02	
OutTime	4.33	4.32	4.30	4.33	4.33	4.33		4.33	4.31	4.30	4.55	5.00		4.33	5.02	4.33	4.33	4.33						4.33	4.33	4.33	4.33	4.33	4.33	

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

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

Late By																														
Early By																														
OT																														

Student 12 GAIKWAD RUTUJA

Status	P	WO	P		P	P		P	WO	P	P	P	P		P	WO	P	P	P	P	P		WO	P	P	P	P	P	P	WO
InTime	9 02	9 02	9 02		9 02	9 02		9 02		9 02	9 02	9 02	9 02		9 02		9 02	9 02	9 02	9 02	9 02			9 02	9 02	9 02	9 02	9 02	9 02	
OutTime	4 33	4 32	4 30		4 33	4 33		4 33		4 33	4 31	4 30	4 55		5 00		4 33	5 02	4 33	4 33	4 33			4 33	4 33	4 33	4 33	4 33	4 33	
Late By																														
Early By																														
OT																														

Student 13 GARG VAISHNAVI

Status	P	WO	P		P	P		P	WO	P	P	P	P		P	WO	P	P	P	P	P		WO	P	P	P	P	P	P	WO
InTime	9 02	9 02	9 02		9 02	9 02		9 02		9 02	9 02	9 02	9 02		9 02		9 02	9 02	9 02	9 02	9 02			9 02	9 02	9 02	9 02	9 02	9 02	
OutTime	4 33	4 32	4 30		4 33	4 33		4 33		4 33	4 31	4 30	4 55		5 00		4 33	5 02	4 33	4 33	4 33			4 33	4 33	4 33	4 33	4 33	4 33	
Late By																														
Early By																														
OT																														

Student 14 GAWLI TANVI

Status	P	WO	P		P	P		P	WO	P	P	P	P		P	WO	P	P	P	P	P		WO	P	P	P	P	P	P	WO
InTime	9 02	9 02	9 02		9 02	9 02		9 02		9 02	9 02	9 02	9 02		9 02		9 02	9 02	9 02	9 02	9 02			9 02	9 02	9 02	9 02	9 02	9 02	
OutTime	4 33	4 32	4 30		4 33	4 33		4 33		4 33	4 31	4 30	4 55		5 00		4 33	5 02	4 33	4 33	4 33			4 33	4 33	4 33	4 33	4 33	4 33	
Late By																														
Early By																														
OT																														

Student 15 GHAVARE ADITI

Status	P	WO	P		P	P		P	WO	P	P	P	P		P	WO	P	P	P	P	P		WO	P	P	P	P	P	P	WO
InTime	9 02	9 02	9 02		9 02	9 02		9 02		9 02	9 02	9 02	9 02		9 02		9 02	9 02	9 02	9 02	9 02			9 02	9 02	9 02	9 02	9 02	9 02	
OutTime	4 33	4 32	4 30		4 33	4 33		4 33		4 33	4 31	4 30	4 55		5 00		4 33	5 02	4 33	4 33	4 33			4 33	4 33	4 33	4 33	4 33	4 33	
Late By																														
Early By																														
OT																														

Student 16 GOSAVI SHARVARI

Status	P	WO	P		P	P		P	WO	P	P	P	P		P	WO	P	P	P	P	P		WO	P	P	P	P	P	P	WO
InTime	9 02	9 02	9 02		9 02	9 02		9 02		9 02	9 02	9 02	9 02		9 02		9 02	9 02	9 02	9 02	9 02			9 02	9 02	9 02	9 02	9 02	9 02	
OutTime	4 33	4 32	4 30		4 33	4 33		4 33		4 33	4 31	4 30	4 55		5 00		4 33	5 02	4 33	4 33	4 33			4 33	4 33	4 33	4 33	4 33	4 33	
Late By																														
Early By																														
OT																														

Student 17 JAWADE SURAJ

Status	P	WO	P		P	P		P	WO	P	P	P	P		P	WO	P	P	P	P	P		WO	P	P	P	P	P	P	WO
InTime	9 02	9 02	9 02		9 02	9 02		9 02		9 02	9 02	9 02	9 02		9 02		9 02	9 02	9 02	9 02	9 02			9 02	9 02	9 02	9 02	9 02	9 02	
OutTime	4 33	4 32	4 30		4 33	4 33		4 33		4 33	4 31	4 30	4 55		5 00		4 33	5 02	4 33	4 33	4 33			4 33	4 33	4 33	4 33	4 33	4 33	
Late By																														
Early By																														
OT																														

Student 18 KADAM VAISHNAVI

Status	P	WO	P		P	P		P	WO	P	P	P	P		P	WO	P	P	P	P	P		WO	P	P	P	P	P	P	WO
InTime	9 02	9 02	9 02		9 02	9 02		9 02		9 02	9 02	9 02	9 02		9 02		9 02	9 02	9 02	9 02	9 02			9 02	9 02	9 02	9 02	9 02	9 02	
OutTime	4 33	4 32	4 30		4 33	4 33		4 33		4 33	4 31	4 30	4 55		5 00		4 33	5 02	4 33	4 33	4 33			4 33	4 33	4 33	4 33	4 33	4 33	
Late By																														
Early By																														
OT																														

Student 19 KAMBLE SAMARTH

Status	P	WO	P		P	P		P	WO	P	P	P	P		P	WO	P	P	P	P	P		WO	P	P	P	P	P	P	WO
InTime	9 02	9 02	9 02		9 02	9 02		9 02		9 02	9 02	9 02	9 02		9 02		9 02	9 02	9 02	9 02	9 02			9 02	9 02	9 02	9 02	9 02	9 02	
OutTime	4 33	4 32	4 30		4 33	4 33		4 33		4 33	4 31	4 30	4 55		5 00		4 33	5 02	4 33	4 33	4 33			4 33	4 33	4 33	4 33	4 33	4 33	
Late By																														
Early By																														
OT																														

Student 20 KAMBLE AISHWARYA

Status	P	WO	P		P	P		P	WO	P	P	P	P		P	WO	P	P	P	P	P		WO	P	P	P	P	P	P	WO
InTime	9 02	9 02	9 02		9 02	9 02		9 02		9 02	9 02	9 02	9 02		9 02		9 02	9 02	9 02	9 02	9 02			9 02	9 02	9 02	9 02	9 02	9 02	
OutTime	4 33	4 32	4 30		4 33	4 33		4 33		4 33	4 31	4 30	4 55		5 00		4 33	5 02	4 33	4 33	4 33			4 33	4 33	4 33	4 33	4 33	4 33	
Late By																														
Early By																														
OT																														

Student 21 KAMBLE AARTI

Status	P	WO	P		P	P		P	WO	P	P	P	P		P	WO	P	P	P	P	P		WO	P	P	P	P	P	P	WO
InTime	9 02	9 02	9 02		9 02	9 02		9 02		9 02	9 02	9 02	9 02		9 02		9 02	9 02	9 02	9 02	9 02			9 02	9 02	9 02	9 02	9 02	9 02	
OutTime	4 33	4 32	4 30		4 33	4 33		4 33		4 33	4 31	4 30	4 55		5 00		4 33	5 02	4 33	4 33	4 33			4 33	4 33	4 33	4 33	4 33	4 33	
Late By																														
Early By																														
OT																														

Student 22 KHIRE NIVEDITA

Status	P	WO	P		P	P		P	WO	P	P	P	P		P	WO	P	P	P	P	P		WO	P	P	P	P	P	P	WO
InTime	9 02	9 02	9 02		9 02	9 02		9 02		9 02	9 02	9 02	9 02		9 02		9 02	9 02	9 02	9 02	9 02			9 02	9 02	9 02	9 02	9 02	9 02	
OutTime	4 33	4 32	4 30		4 33	4 33		4 33		4 33	4 31	4 30	4 55		5 00		4 33	5 02	4 33	4 33	4 33			4 33	4 33	4 33	4 33	4 33	4 33	
Late By																														
Early By																														
OT																														

Student 23 KHOLE ISHA

Status	P	WO	P		P	P		P	WO	P	P	P	P		P	WO	P	P	P	P	P		WO	P	P	P	P	P	P	WO
InTime	9 02	9 02	9 02		9 02	9 02		9 02		9 02	9 02	9 02	9 02		9 02		9 02	9 02	9 02	9 02	9 02			9 02	9 02	9 02	9 02	9 02	9 02	
OutTime	4 33	4 32	4 30		4 33	4 33		4 33		4 33	4 31	4 30	4 55		5 00		4 33	5 02	4 33	4 33	4 33			4 33	4 33	4 33	4 33	4 33	4 33	
Late By																														
Early By																														
OT																														

Student 24 KULKARNI SAMPADA

Status	P	WO	P		P	P		P	WO	P	P	P	P		P	WO	P	P	P	P	P		WO	P	P	P	P	P	P	WO

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Pune 412207

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College of Physiotherapy
Pune-412207

InTime	9 02	9 02	9 02		9 02	9 02		9 02		9 02	9 02	9 02	9 02		9 02		9 02	9 02	9 02	9 02	9 02			9 02	9 02	9 02	9 02	9 02	9 02	
OutTime	4 33	4 32	4 30		4 33	4 33		4 33		4 33	4 31	4 30	4 55		5 00		4 33	5 02	4 33	4 33	4 33			4 33	4 33	4 33	4 33	4 33	4 33	
Late By																														
Early By																														
OT																														

Student 25 KUMBHAR SWARANJI

Status	P	WO	P		P	P		P	WO	P	P	P	P		P	WO	P	P	P	P	P		WO	P	P	P	P	P	P	WO
InTime	9 02	9 02	9 02		9 02	9 02		9 02		9 02	9 02	9 02	9 02		9 02		9 02	9 02	9 02	9 02	9 02			9 02	9 02	9 02	9 02	9 02	9 02	
OutTime	4 33	4 32	4 30		4 33	4 33		4 33		4 33	4 31	4 30	4 55		5 00		4 33	5 02	4 33	4 33	4 33			4 33	4 33	4 33	4 33	4 33	4 33	
Late By																														
Early By																														
OT																														

Student 26 LOKHANDE PRITAM

Status	P	WO	P		P	P		P	WO	P	P	P	P		P	WO	P	P	P	P	P		WO	P	P	P	P	P	P	WO
InTime	9 02	9 02	9 02		9 02	9 02		9 02		9 02	9 02	9 02	9 02		9 02		9 02	9 02	9 02	9 02	9 02			9 02	9 02	9 02	9 02	9 02	9 02	
OutTime	4 33	4 32	4 30		4 33	4 33		4 33		4 33	4 31	4 30	4 55		5 00		4 33	5 02	4 33	4 33	4 33			4 33	4 33	4 33	4 33	4 33	4 33	
Late By																														
Early By																														
OT																														

Student 27 MAHAJAN MANAN

Status	P	WO	P		P	P		P	WO	P	P	P	P		P	WO	P	P	P	P	P		WO	P	P	P	P	P	P	WO
InTime	9 02	9 02	9 02		9 02	9 02		9 02		9 02	9 02	9 02	9 02		9 02		9 02	9 02	9 02	9 02	9 02			9 02	9 02	9 02	9 02	9 02	9 02	
OutTime	4 33	4 32	4 30		4 33	4 33		4 33		4 33	4 31	4 30	4 55		5 00		4 33	5 02	4 33	4 33	4 33			4 33	4 33	4 33	4 33	4 33	4 33	
Late By																														
Early By																														
OT																														

Student 28 MHAPSEKAR SNEHAL

Status	P	WO	P		P	P		P	WO	P	P	P	P		P	WO	P	P	P	P	P		WO	P	P	P	P	P	P	WO
InTime	9 02	9 02	9 02		9 02	9 02		9 02		9 02	9 02	9 02	9 02		9 02		9 02	9 02	9 02	9 02	9 02			9 02	9 02	9 02	9 02	9 02	9 02	
OutTime	4 33	4 32	4 30		4 33	4 33		4 33		4 33	4 31	4 30	4 55		5 00		4 33	5 02	4 33	4 33	4 33			4 33	4 33	4 33	4 33	4 33	4 33	
Late By																														
Early By																														
OT																														

Student 29 MOHITE SRUSHTI

Status	P	WO	P		P	P		P	WO	P	P	P	P		P	WO	P	P	P	P	P		WO	P	P	P	P	P	P	WO
InTime	9 02	9 02	9 02		9 02	9 02		9 02		9 02	9 02	9 02	9 02		9 02		9 02	9 02	9 02	9 02	9 02			9 02	9 02	9 02	9 02	9 02	9 02	
OutTime	4 33	4 32	4 30		4 33	4 33		4 33		4 33	4 31	4 30	4 55		5 00		4 33	5 02	4 33	4 33	4 33			4 33	4 33	4 33	4 33	4 33	4 33	
Late By																														
Early By																														
OT																														

Student 30 MOHITE VAISHNAVI

Status	P	WO	P		P	P		P	WO	P	P	P	P		P	WO	P	P	P	P	P		WO	P	P	P	P	P	P	WO
InTime	9 02	9 02	9 02		9 02	9 02		9 02		9 02	9 02	9 02	9 02		9 02		9 02	9 02	9 02	9 02	9 02			9 02	9 02	9 02	9 02	9 02	9 02	
OutTime	4 33	4 32	4 30		4 33	4 33		4 33		4 33	4 31	4 30	4 55		5 00		4 33	5 02	4 33	4 33	4 33			4 33	4 33	4 33	4 33	4 33	4 33	
Late By																														
Early By																														
OT																														

Student 1 MOTEWAD PRANAI

Status	P	WO	P		P	P		P	WO	P	P	P	P		P	WO	P	P	P	P	P		WO	P	P	P	P	P	P	WO
InTime	9 02	9 02	9 02		9 02	9 02		9 02		9 02	9 02	9 02	9 02		9 02		9 02	9 02	9 02	9 02	9 02			9 02	9 02	9 02	9 02	9 02	9 02	
OutTime	4 33	4 32	4 30		4 33	4 33		4 33		4 33	4 31	4 30	4 55		5 00		4 33	5 02	4 33	4 33	4 33			4 33	4 33	4 33	4 33	4 33	4 33	
Late By																														
Early By																														
OT																														

Student 32 NANNAWARE RI1

Status	P	WO	P		P	P		P	WO	P	P	P	P		P	WO	P	P	P	P	P		WO	P	P	P	P	P	P	WO
InTime	9 02	9 02	9 02		9 02	9 02		9 02		9 02	9 02	9 02	9 02		9 02		9 02	9 02	9 02	9 02	9 02			9 02	9 02	9 02	9 02	9 02	9 02	
OutTime	4 33	4 32	4 30		4 33	4 33		4 33		4 33	4 31	4 30	4 55		5 00		4 33	5 02	4 33	4 33	4 33			4 33	4 33	4 33	4 33	4 33	4 33	
Late By																														
Early By																														
OT																														

Student 33 NASARE RUTUJA

Status	P	WO	P		P	P		P	WO	P	P	P	P		P	WO	P	P	P	P	P		WO	P	P	P	P	P	P	WO
InTime	9 02	9 02	9 02		9 02	9 02		9 02		9 02	9 02	9 02	9 02		9 02		9 02	9 02	9 02	9 02	9 02			9 02	9 02	9 02	9 02	9 02	9 02	
OutTime	4 33	4 32	4 30		4 33	4 33		4 33		4 33	4 31	4 30	4 55		5 00		4 33	5 02	4 33	4 33	4 33			4 33	4 33	4 33	4 33	4 33	4 33	
Late By																														
Early By																														
OT																														

Student 34 OSWAL HINAL

Status	P	WO	P		P	P		P	WO	P	P	P	P		P	WO	P	P	P	P	P		WO	P	P	P	P	P	P	WO
InTime	9 02	9 02	9 02		9 02	9 02		9 02		9 02	9 02	9 02	9 02		9 02		9 02	9 02	9 02	9 02	9 02			9 02	9 02	9 02	9 02	9 02	9 02	
OutTime	4 33	4 32	4 30		4 33	4 33		4 33		4 33	4 31	4 30	4 55		5 00		4 33	5 02	4 33	4 33	4 33			4 33	4 33	4 33	4 33	4 33	4 33	
Late By																														
Early By																														
OT																														

Student 35 PADALKAR LOKE!

Status	P	WO	P		P	P		P	WO	P	P	P	P		P	WO	P	P	P	P	P		WO	P	P	P	P	P	P	WO
InTime	9 02	9 02	9 02		9 02	9 02		9 02		9 02	9 02	9 02	9 02		9 02		9 02	9 02	9 02	9 02	9 02			9 02	9 02	9 02	9 02	9 02	9 02	
OutTime	4 33	4 32	4 30		4 33	4 33		4 33		4 33	4 31	4 30	4 55		5 00		4 33	5 02	4 33	4 33	4 33			4 33	4 33	4 33	4 33	4 33	4 33	
Late By																														
Early By																														
OT																														

Student 36 PANHALKAR AJAY

Status	P	WO	P		P	P		P	WO	P	P	P	P		P	WO	P	P	P	P	P		WO	P	P	P	P	P	P	WO
InTime	9 02	9 02	9 02		9 02	9 02		9 02		9 02	9 02	9 02	9 02		9 02		9 02	9 02	9 02	9 02	9 02			9 02	9 02	9 02	9 02	9 02	9 02	
OutTime	4 33	4 32	4 30		4 33	4 33		4 33		4 33	4 31	4 30	4 55		5 00		4 33	5 02	4 33	4 33	4 33			4 33	4 33	4 33	4 33	4 33	4 33	
Late By																														
Early By																														
OT																														

Student 37 PATIL SHRUTI

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

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

Status	P	WO	P		P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO
InTime	9.02	9.02	9.02		9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02	
OutTime	4.33	4.32	4.30		4.33	4.33	4.33		4.33	4.31	4.30	4.55	5.00		4.33	5.02	4.33	4.33	4.33		4.33	4.33	4.33	4.33	4.33	4.33	
Late By																											
Early By																											
OT																											

Student 38 PATIL SIDDHI

Status	P	WO	P		P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO
InTime	9.02	9.02	9.02		9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02	
Duration	4.33	4.32	4.30		4.33	4.33	4.33		4.33	4.31	4.30	4.55	5.00		4.33	5.02	4.33	4.33	4.33		4.33	4.33	4.33	4.33	4.33	4.33	
Late By																											
Early By																											
OT																											

Student 39 PAUL VAISHNAVI

Status	P	WO	P		P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO
InTime	9.02	9.02	9.02		9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02	
Duration	4.33	4.32	4.30		4.33	4.33	4.33		4.33	4.31	4.30	4.55	5.00		4.33	5.02	4.33	4.33	4.33		4.33	4.33	4.33	4.33	4.33	4.33	
Late By																											
Early By																											
OT																											

Student 40 PAWAR SAKSHI

Status	P	WO	P		P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO
InTime	9.02	9.02	9.02		9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02	
Duration	4.33	4.32	4.30		4.33	4.33	4.33		4.33	4.31	4.30	4.55	5.00		4.33	5.02	4.33	4.33	4.33		4.33	4.33	4.33	4.33	4.33	4.33	
Late By																											
Early By																											
OT																											

Student 41 PAWAR SWARAL

Status	P	WO	P		P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO
InTime	9.02	9.02	9.02		9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02	
Duration	4.33	4.32	4.30		4.33	4.33	4.33		4.33	4.31	4.30	4.55	5.00		4.33	5.02	4.33	4.33	4.33		4.33	4.33	4.33	4.33	4.33	4.33	
Late By																											
Early By																											
OT																											

Student 42 PIND VIJETA

Status	P	WO	P		P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO
InTime	9.02	9.02	9.02		9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02	
Duration	4.33	4.32	4.30		4.33	4.33	4.33		4.33	4.31	4.30	4.55	5.00		4.33	5.02	4.33	4.33	4.33		4.33	4.33	4.33	4.33	4.33	4.33	
Late By																											
Early By																											
OT																											

Student 43 RAIBAN ANKITA

Status	P	WO	P		P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO
InTime	9.02	9.02	9.02		9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02	
Duration	4.33	4.32	4.30		4.33	4.33	4.33		4.33	4.31	4.30	4.55	5.00		4.33	5.02	4.33	4.33	4.33		4.33	4.33	4.33	4.33	4.33	4.33	
Late By																											
Early By																											
OT																											

Student 44 RATHOD RITESH

Status	P	WO	P		P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO
InTime	9.02	9.02	9.02		9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02	
Duration	4.33	4.32	4.30		4.33	4.33	4.33		4.33	4.31	4.30	4.55	5.00		4.33	5.02	4.33	4.33	4.33		4.33	4.33	4.33	4.33	4.33	4.33	
Late By																											
Early By																											
OT																											

Student 45 SABALE TANUJA

Status	P	WO	P		P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO
InTime	9.02	9.02	9.02		9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02	
Duration	4.33	4.32	4.30		4.33	4.33	4.33		4.33	4.31	4.30	4.55	5.00		4.33	5.02	4.33	4.33	4.33		4.33	4.33	4.33	4.33	4.33	4.33	
Late By																											
Early By																											
OT																											

Student 46 SAIKH SOUFIYA

Status	P	WO	P		P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO
InTime	9.02	9.02	9.02		9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02	
Duration	4.33	4.32	4.30		4.33	4.33	4.33		4.33	4.31	4.30	4.55	5.00		4.33	5.02	4.33	4.33	4.33		4.33	4.33	4.33	4.33	4.33	4.33	
Late By																											
Early By																											
OT																											

Student 47 SAIKH SARAH

Status	P	WO	P		P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO
InTime	9.02	9.02	9.02		9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02	
Duration	4.33	4.32	4.30		4.33	4.33	4.33		4.33	4.31	4.30	4.55	5.00		4.33	5.02	4.33	4.33	4.33		4.33	4.33	4.33	4.33	4.33	4.33	
Late By																											
Early By																											
OT																											

Student 48 SHITOLE RADHIK

Status	P	WO	P		P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO
InTime	9.02	9.02	9.02		9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02	
Duration	4.33	4.32	4.30		4.33	4.33	4.33		4.33	4.31	4.30	4.55	5.00		4.33	5.02	4.33	4.33	4.33		4.33	4.33	4.33	4.33	4.33	4.33	
Late By																											
Early By																											
OT																											

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

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

Student: 49.WANI MANALI

Status	P	WO	P		P	P		P	WO	P	P	P	P		P	WO	P	P	P	P	P		WO	P	P	P	P	P	P	WO
InTime	9:02	9:02	9:02		9:02	9:02		9:02		9:02	9:02	9:02	9:02		9:02		9:02	9:02	9:02	9:02	9:02			9:02	9:02	9:02	9:02	9:02	9:02	
Duration	4:33	4:32	4:30		4:33	4:33		4:33		4:33	4:31	4:30	4:55		5:00		4:33	5:02	4:33	4:33	4:33			4:33	4:33	4:33	4:33	4:33	4:33	
Late By																														
Early By																														
OT																														

Student: 50.YADAV SARASWA

Status	P	WO	P		P	P		P	WO	P	P	P	P		P	WO	P	P	P	P	P		WO	P	P	P	P	P	P	WO
InTime	9:02	9:02	9:02		9:02	9:02		9:02		9:02	9:02	9:02	9:02		9:02		9:02	9:02	9:02	9:02	9:02			9:02	9:02	9:02	9:02	9:02	9:02	
Duration	4:33	4:32	4:30		4:33	4:33		4:33		4:33	4:31	4:30	4:55		5:00		4:33	5:02	4:33	4:33	4:33			4:33	4:33	4:33	4:33	4:33	4:33	
Late By																														
Early By																														
OT																														

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

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

06/05/2023

Monthly Status Report (Detailed Work Duration)

DPES

May-23

Company: DPCOP

Days	1 Mon	2 Tu	3 W	4 Th	5 TFr	6 Sat	7 Sun	8 Mon	9 Tue	10 W	11 TH	12 Fri	13 Sat	14 Sun	15 M	16 Tue	17 w	18 th	19 Fr	20 Sat	21 Sun	22 M	23 Tue	24 W	25 Th	26 Fri	27 Sat	28 Sun	29 Mon	30 Tue	31 w

Departmen Physiotherapy

Student 1 BAGNE RUPAL

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9.02	9.02	9.02	9.02		9.02		9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02
OutTime	4.32	4.30	4.30	5.33		4.33		4.33	4.33	4.33	5.33		4.31	4.30	5.00	4.33	5.02	4.33	5.02		4.33	4.33	4.33	4.33	4.33	4.33		4.33	4.33	4.33
Late By																														
Early By																														
OT																														

Student 2 BAJARE SANJANA

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9.02	9.02	9.02	9.02		9.02		9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02
OutTime	4.32	4.30	4.30	5.33		4.33		4.33	4.33	4.33	5.33		4.31	4.30	5.00	4.33	5.02	4.33	5.02		4.33	4.33	4.33	4.33	4.33	4.33		4.33	4.33	4.33
Late By																														
Early By																														
OT																														

Student 3 BHADANE CHETNA

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9.02	9.02	9.02	9.02		9.02		9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02
OutTime	4.32	4.30	4.30	5.33		4.33		4.33	4.33	4.33	5.33		4.31	4.30	5.00	4.33	5.02	4.33	5.02		4.33	4.33	4.33	4.33	4.33	4.33		4.33	4.33	4.33
Late By																														
Early By																														
OT																														

Student 4 BHUTE DEVESH

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9.02	9.02	9.02	9.02		9.02		9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02
OutTime	4.32	4.30	4.30	5.33		4.33		4.33	4.33	4.33	5.33		4.31	4.30	5.00	4.33	5.02	4.33	5.02		4.33	4.33	4.33	4.33	4.33	4.33		4.33	4.33	4.33
Late By																														
Early By																														
OT																														

Student 5 CHANNA AISHWARYA

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9.02	9.02	9.02	9.02		9.02		9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02
OutTime	4.32	4.30	4.30	5.33		4.33		4.33	4.33	4.33	5.33		4.31	4.30	5.00	4.33	5.02	4.33	5.02		4.33	4.33	4.33	4.33	4.33	4.33		4.33	4.33	4.33
Late By																														
Early By																														
OT																														

Student 6 CHAUDHARYA JAYASI

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9.02	9.02	9.02	9.02		9.02		9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02
OutTime	4.32	4.30	4.30	5.33		4.33		4.33	4.33	4.33	5.33		4.31	4.30	5.00	4.33	5.02	4.33	5.02		4.33	4.33	4.33	4.33	4.33	4.33		4.33	4.33	4.33
Late By																														
Early By																														
OT																														

Student 7 CHORAGHE AKSHITA

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9.02	9.02	9.02	9.02		9.02		9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02
OutTime	4.32	4.30	4.30	5.33		4.33		4.33	4.33	4.33	5.33		4.31	4.30	5.00	4.33	5.02	4.33	5.02		4.33	4.33	4.33	4.33	4.33	4.33		4.33	4.33	4.33
Late By																														
Early By																														
OT																														

Student 8 DHAKULKAR KANCHAN

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9.02	9.02	9.02	9.02		9.02		9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02
OutTime	4.32	4.30	4.30	5.33		4.33		4.33	4.33	4.33	5.33		4.31	4.30	5.00	4.33	5.02	4.33	5.02		4.33	4.33	4.33	4.33	4.33	4.33		4.33	4.33	4.33
Late By																														
Early By																														
OT																														

Student 9 DHAYGUDE SAYALI

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9.02	9.02	9.02	9.02		9.02		9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02
OutTime	4.32	4.30	4.30	5.33		4.33		4.33	4.33	4.33	5.33		4.31	4.30	5.00	4.33	5.02	4.33	5.02		4.33	4.33	4.33	4.33	4.33	4.33		4.33	4.33	4.33
Late By																														
Early By																														
OT																														

Student 10 FUTUNKAR APARNA

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9.02	9.02	9.02	9.02		9.02		9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02
OutTime	4.32	4.30	4.30	5.33		4.33		4.33	4.33	4.33	5.33		4.31	4.30	5.00	4.33	5.02	4.33	5.02		4.33	4.33	4.33	4.33	4.33	4.33		4.33	4.33	4.33
Late By																														
Early By																														
OT																														

Student 11 GAIKWAD SNEHAL

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9.02	9.02	9.02	9.02		9.02		9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02
OutTime	4.32	4.30	4.30	5.33		4.33		4.33	4.33	4.33	5.33		4.31	4.30	5.00	4.33	5.02	4.33	5.02		4.33	4.33	4.33	4.33	4.33	4.33		4.33	4.33	4.33

D P E S Dhole Patil College of Physiotherapy Pune 412207

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

Late By																															
Early By																															
OT																															

Student 12 GAIKWAD RUTUJA

Status		P	P	P		P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime		9 02	9 02	9 02		9 02		9 02	9 02	9 02	9 02	9 02	9 02		9 02	9 02	9 02	9 02	9 02	9 02		9 02	9 02	9 02	9 02	9 02	9 02		9 02	9 02	9 02
OutTime		4 32	4 30	4 30		5 33		4 33	4 33	4 33	5 33	4 31	4 30		5 00	4 33	5 02	4 33	5 02	4 33		4 33	4 33	4 33	4 33	4 33	4 33		4 33	4 33	4 33
Late By																															
Early By																															
OT																															

Student 13 GARG VAISHNAVI

Status		P	P	P		P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime		9 02	9 02	9 02		9 02		9 02	9 02	9 02	9 02	9 02	9 02		9 02	9 02	9 02	9 02	9 02	9 02		9 02	9 02	9 02	9 02	9 02	9 02		9 02	9 02	9 02
OutTime		4 32	4 30	4 30		5 33		4 33	4 33	4 33	5 33	4 31	4 30		5 00	4 33	5 02	4 33	5 02	4 33		4 33	4 33	4 33	4 33	4 33	4 33		4 33	4 33	4 33
Late By																															
Early By																															
OT																															

Student 14 GAWLI TANVI

Status		P	P	P		P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime		9 02	9 02	9 02		9 02		9 02	9 02	9 02	9 02	9 02	9 02		9 02	9 02	9 02	9 02	9 02	9 02		9 02	9 02	9 02	9 02	9 02	9 02		9 02	9 02	9 02
OutTime		4 32	4 30	4 30		5 33		4 33	4 33	4 33	5 33	4 31	4 30		5 00	4 33	5 02	4 33	5 02	4 33		4 33	4 33	4 33	4 33	4 33	4 33		4 33	4 33	4 33
Late By																															
Early By																															
OT																															

Student 15 GHAVARE ADITI

Status		P	P	P		P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime		9 02	9 02	9 02		9 02		9 02	9 02	9 02	9 02	9 02	9 02		9 02	9 02	9 02	9 02	9 02	9 02		9 02	9 02	9 02	9 02	9 02	9 02		9 02	9 02	9 02
OutTime		4 32	4 30	4 30		5 33		4 33	4 33	4 33	5 33	4 31	4 30		5 00	4 33	5 02	4 33	5 02	4 33		4 33	4 33	4 33	4 33	4 33	4 33		4 33	4 33	4 33
Late By																															
Early By																															
OT																															

Student 16 GOSAVI SHARVARI

Status		P	P	P		P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime		9 02	9 02	9 02		9 02		9 02	9 02	9 02	9 02	9 02	9 02		9 02	9 02	9 02	9 02	9 02	9 02		9 02	9 02	9 02	9 02	9 02	9 02		9 02	9 02	9 02
OutTime		4 32	4 30	4 30		5 33		4 33	4 33	4 33	5 33	4 31	4 30		5 00	4 33	5 02	4 33	5 02	4 33		4 33	4 33	4 33	4 33	4 33	4 33		4 33	4 33	4 33
Late By																															
Early By																															
OT																															

Student 17 JAWADE SURAJ

Status		P	P	P		P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime		9 02	9 02	9 02		9 02		9 02	9 02	9 02	9 02	9 02	9 02		9 02	9 02	9 02	9 02	9 02	9 02		9 02	9 02	9 02	9 02	9 02	9 02		9 02	9 02	9 02
OutTime		4 32	4 30	4 30		5 33		4 33	4 33	4 33	5 33	4 31	4 30		5 00	4 33	5 02	4 33	5 02	4 33		4 33	4 33	4 33	4 33	4 33	4 33		4 33	4 33	4 33
Late By																															
Early By																															
OT																															

Student 18 KADAM VAISHNAVI

Status		P	P	P		P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime		9 02	9 02	9 02		9 02		9 02	9 02	9 02	9 02	9 02	9 02		9 02	9 02	9 02	9 02	9 02	9 02		9 02	9 02	9 02	9 02	9 02	9 02		9 02	9 02	9 02
OutTime		4 32	4 30	4 30		5 33		4 33	4 33	4 33	5 33	4 31	4 30		5 00	4 33	5 02	4 33	5 02	4 33		4 33	4 33	4 33	4 33	4 33	4 33		4 33	4 33	4 33
Late By																															
Early By																															
OT																															

Student 19 KAMBLE SAMARTH

Status		P	P	P		P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime		9 02	9 02	9 02		9 02		9 02	9 02	9 02	9 02	9 02	9 02		9 02	9 02	9 02	9 02	9 02	9 02		9 02	9 02	9 02	9 02	9 02	9 02		9 02	9 02	9 02
OutTime		4 32	4 30	4 30		5 33		4 33	4 33	4 33	5 33	4 31	4 30		5 00	4 33	5 02	4 33	5 02	4 33		4 33	4 33	4 33	4 33	4 33	4 33		4 33	4 33	4 33
Late By																															
Early By																															
OT																															

Student 20 KAMBLE AISHWARY/

Status		P	P	P		P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime		9 02	9 02	9 02		9 02		9 02	9 02	9 02	9 02	9 02	9 02		9 02	9 02	9 02	9 02	9 02	9 02		9 02	9 02	9 02	9 02	9 02	9 02		9 02	9 02	9 02
OutTime		4 32	4 30	4 30		5 33		4 33	4 33	4 33	5 33	4 31	4 30		5 00	4 33	5 02	4 33	5 02	4 33		4 33	4 33	4 33	4 33	4 33	4 33		4 33	4 33	4 33
Late By																															
Early By																															
OT																															

Student 21 KAMBLE AARTI

Status		P	P	P		P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime		9 02	9 02	9 02		9 02		9 02	9 02	9 02	9 02	9 02	9 02		9 02	9 02	9 02	9 02	9 02	9 02		9 02	9 02	9 02	9 02	9 02	9 02		9 02	9 02	9 02
OutTime		4 32	4 30	4 30		5 33		4 33	4 33	4 33	5 33	4 31	4 30		5 00	4 33	5 02	4 33	5 02	4 33		4 33	4 33	4 33	4 33	4 33	4 33		4 33	4 33	4 33
Late By																															
Early By																															
OT																															

Student 22 KHIRE NIVEDITA

Status		P	P	P		P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime		9 02	9 02	9 02		9 02		9 02	9 02	9 02	9 02	9 02	9 02		9 02	9 02	9 02	9 02	9 02	9 02		9 02	9 02	9 02	9 02	9 02	9 02		9 02	9 02	9 02
OutTime		4 32	4 30	4 30		5 33		4 33	4 33	4 33	5 33	4 31	4 30		5 00	4 33	5 02	4 33	5 02	4 33		4 33	4 33	4 33	4 33	4 33	4 33		4 33	4 33	4 33
Late By																															
Early By																															
OT																															

Student 23 KHOLE ISHA

Status		P	P	P		P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime		9 02	9 02	9 02		9 02		9 02	9 02	9 02	9 02	9 02	9 02		9 02	9 02	9 02	9 02	9 02	9 02		9 02	9 02	9 02	9 02	9 02	9 02		9 02	9 02	9 02
OutTime		4 32	4 30	4 30		5 33		4 33	4 33	4 33	5 33	4 31	4 30		5 00	4 33	5 02	4 33	5 02	4 33		4 33	4 33	4 33	4 33	4 33	4 33		4 33	4 33	4 33
Late By																															
Early By																															
OT																															

Student 24 KULKARNI SAMPADA

Status		P	P	P		P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P

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

InTime		9:02	9:02	9:02		9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02
OutTime		4:32	4:30	4:30		5:33		4:33	4:33	4:33	5:33	4:31	4:30		5:00	4:33	5:02	4:33	5:02	4:33		4:33	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33
Late By																															
Early By																															
OT																															

Student 25 KUMBHAR SWARANJ

Status		P	P	P		P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime		9:02	9:02	9:02		9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02
OutTime		4:32	4:30	4:30		5:33		4:33	4:33	4:33	5:33	4:31	4:30		5:00	4:33	5:02	4:33	5:02	4:33		4:33	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33
Late By																															
Early By																															
OT																															

Student 26. LOKHANDE PRITAM

Status		P	P	P		P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime		9:02	9:02	9:02		9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02
OutTime		4:32	4:30	4:30		5:33		4:33	4:33	4:33	5:33	4:31	4:30		5:00	4:33	5:02	4:33	5:02	4:33		4:33	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33
Late By																															
Early By																															
OT																															

Student 27 MAHAJAN MANAN

Status		P	P	P		P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime		9:02	9:02	9:02		9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02
OutTime		4:32	4:30	4:30		5:33		4:33	4:33	4:33	5:33	4:31	4:30		5:00	4:33	5:02	4:33	5:02	4:33		4:33	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33
Late By																															
Early By																															
OT																															

Student 28 MHAPSEKAR SNEHAL

Status		P	P	P		P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime		9:02	9:02	9:02		9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02
OutTime		4:32	4:30	4:30		5:33		4:33	4:33	4:33	5:33	4:31	4:30		5:00	4:33	5:02	4:33	5:02	4:33		4:33	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33
Late By																															
Early By																															
OT																															

Student 29 MOHITE SRUSHTI

Status		P	P	P		P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime		9:02	9:02	9:02		9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02
OutTime		4:32	4:30	4:30		5:33		4:33	4:33	4:33	5:33	4:31	4:30		5:00	4:33	5:02	4:33	5:02	4:33		4:33	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33
Late By																															
Early By																															
OT																															

Student 30 MOHITE VAISHNAVI

Status		P	P	P		P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime		9:02	9:02	9:02		9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02
OutTime		4:32	4:30	4:30		5:33		4:33	4:33	4:33	5:33	4:31	4:30		5:00	4:33	5:02	4:33	5:02	4:33		4:33	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33
Late By																															
Early By																															
OT																															

Student MOTEWAD PRANA

Status		P	P	P		P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime		9:02	9:02	9:02		9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02
OutTime		4:32	4:30	4:30		5:33		4:33	4:33	4:33	5:33	4:31	4:30		5:00	4:33	5:02	4:33	5:02	4:33		4:33	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33
Late By																															
Early By																															
OT																															

Student 32 NANNAWARE R

Status		P	P	P		P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime		9:02	9:02	9:02		9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02
OutTime		4:32	4:30	4:30		5:33		4:33	4:33	4:33	5:33	4:31	4:30		5:00	4:33	5:02	4:33	5:02	4:33		4:33	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33
Late By																															
Early By																															
OT																															

Student 33 NASARE RUTUJA

Status		P	P	P		P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime		9:02	9:02	9:02		9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02
OutTime		4:32	4:30	4:30		5:33		4:33	4:33	4:33	5:33	4:31	4:30		5:00	4:33	5:02	4:33	5:02	4:33		4:33	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33
Late By																															
Early By																															
OT																															

Student 34 OSWAL HINAL

Status		P	P	P		P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime		9:02	9:02	9:02		9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02
OutTime		4:32	4:30	4:30		5:33		4:33	4:33	4:33	5:33	4:31	4:30		5:00	4:33	5:02	4:33	5:02	4:33		4:33	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33
Late By																															
Early By																															
OT																															

Student 35 PADALKAR LOKESH

Status		P	P	P		P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime		9:02	9:02	9:02		9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02
OutTime		4:32	4:30	4:30		5:33		4:33	4:33	4:33	5:33	4:31	4:30		5:00	4:33	5:02	4:33	5:02	4:33		4:33	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33
Late By																															
Early By																															
OT																															

Student 36 PANHALKAR AJAY

Status		P	P	P		P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime		9:02	9:02	9:02		9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02
OutTime		4:32	4:30	4:30		5:33		4:33	4:33	4:33	5:33	4:31	4:30		5:00	4:33	5:02	4:33	5:02	4:33		4:33	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33
Late By																															
Early By																															
OT																															

Student 37 PATIL SHRUTI

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

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

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02
OutTime	4:32	4:30	4:30	5:33		4:33	4:33	4:33	5:33	4:31	4:30		5:00	4:33	5:02	4:33	5:02	4:33		4:33	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33
Late By																													
Early By																													
OT																													

Student 38 PATIL SIDDHI

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02
Duration	4:32	4:30	4:30	5:33		4:33	4:33	4:33	5:33	4:31	4:30		5:00	4:33	5:02	4:33	5:02	4:33		4:33	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33
Late By																													
Early By																													
OT																													

Student 39 PAUL VAISHNAVI

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02
Duration	4:32	4:30	4:30	5:33		4:33	4:33	4:33	5:33	4:31	4:30		5:00	4:33	5:02	4:33	5:02	4:33		4:33	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33
Late By																													
Early By																													
OT																													

Student 40 PAWAR SAKSHI

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02
Duration	4:32	4:30	4:30	5:33		4:33	4:33	4:33	5:33	4:31	4:30		5:00	4:33	5:02	4:33	5:02	4:33		4:33	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33
Late By																													
Early By																													
OT																													

Student 41 PAWAR SWARALI

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02
Duration	4:32	4:30	4:30	5:33		4:33	4:33	4:33	5:33	4:31	4:30		5:00	4:33	5:02	4:33	5:02	4:33		4:33	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33
Late By																													
Early By																													
OT																													

Student 42 PIND VIJETA

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02
Duration	4:32	4:30	4:30	5:33		4:33	4:33	4:33	5:33	4:31	4:30		5:00	4:33	5:02	4:33	5:02	4:33		4:33	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33
Late By																													
Early By																													
OT																													

Student 43 RAIBAN ANKITA

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02
Duration	4:32	4:30	4:30	5:33		4:33	4:33	4:33	5:33	4:31	4:30		5:00	4:33	5:02	4:33	5:02	4:33		4:33	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33
Late By																													
Early By																													
OT																													

Student 44 RATHOD RITESH

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02
Duration	4:32	4:30	4:30	5:33		4:33	4:33	4:33	5:33	4:31	4:30		5:00	4:33	5:02	4:33	5:02	4:33		4:33	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33
Late By																													
Early By																													
OT																													

Student 45 SABALE TANUJA

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02
Duration	4:32	4:30	4:30	5:33		4:33	4:33	4:33	5:33	4:31	4:30		5:00	4:33	5:02	4:33	5:02	4:33		4:33	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33
Late By																													
Early By																													
OT																													

Student 46 SAIKH SOUFIYA

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02
Duration	4:32	4:30	4:30	5:33		4:33	4:33	4:33	5:33	4:31	4:30		5:00	4:33	5:02	4:33	5:02	4:33		4:33	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33
Late By																													
Early By																													
OT																													

Student 47 SAIKH SARAH

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02
Duration	4:32	4:30	4:30	5:33		4:33	4:33	4:33	5:33	4:31	4:30		5:00	4:33	5:02	4:33	5:02	4:33		4:33	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33
Late By																													
Early By																													
OT																													

Student 48 SHITOLE RADHIKA

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02
Duration	4:32	4:30	4:30	5:33		4:33	4:33	4:33	5:33	4:31	4:30		5:00	4:33	5:02	4:33	5:02	4:33		4:33	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33
Late By																													
Early By																													
OT																													



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

Student 49 WANI MANALI

Status		P	P	P		P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime		9:02	9:02	9:02		9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02
Duration		4:32	4:30	4:30		5:33		4:33	4:33	4:33	5:33	4:31	4:30		5:00	4:33	5:02	4:33	5:02	4:33		4:33	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33
Late By																															
Early By																															
OT																															

Student 50 YADAV SARASWATI

Status		P	P	P		P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime		9:02	9:02	9:02		9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02
Duration		4:32	4:30	4:30		5:33		4:33	4:33	4:33	5:33	4:31	4:30		5:00	4:33	5:02	4:33	5:02	4:33		4:33	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33
Late By																															
Early By																															
OT																															

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

Principal
D P E S, Dhole Patil
College of Physiotherapy
Pune-412207 07/2/2023

Monthly Status Report (Detailed Work Duration)

DPES
Dhole Patil Education Society

Jun-23

Company DPCOP

Days	1TH	2FR	3SAT	4SUN	5MON	6TUE	7W	8TH	9FR	10SAT	11SUN	12MON	13TUE	14W	15TH	16FR	17SAT	18SUN	19MON	20TUE	21W	22TH	23FR	24SAT	25SUN	26MON	27TUE	28W	29TH	30FR

Departm Physiotherapy

Student 1.BAGNE RUPAL

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
OutTim	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late B																														
Early E																														
OT																														

Student 2.BAJARE SANJANA

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
OutTim	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late B																														
Early E																														
OT																														

Student 3.BHADANE CHETNA

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
OutTim	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late B																														
Early E																														
OT																														

Student 4.BHUTE DEVESH

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
OutTim	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late B																														
Early E																														
OT																														

Student 5.CHANNA AISHWAR`

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
OutTim	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late B																														
Early E																														
OT																														

Student 6.CHAUDHARYA J/

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
OutTim	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late B																														
Early E																														
OT																														

Student 7.CHORAGHE AKSHIT

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
OutTim	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late B																														
Early E																														
OT																														

Student 8.DHAKULKAR KA

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
OutTim	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late B																														
Early E																														
OT																														

Student 9.DHAYGUDE SAYALI

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
OutTim	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late B																														
Early E																														
OT																														

Student 10.FUTUNKAR APARN

Status	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
OutTim	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late B																														
Early E																														
OT																														

Dhole Patil College of Physiotherapy
Pune
412207

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

Student 11.GAIKWAD SNEHAL

Status	P	P	P	P	WO	P	P		P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
OutTim	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late By																															
Early B																															
OT																															

Student 12.GAIKWAD RUTUJA

Status	P	P	P	P	WO	P	P		P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
OutTim	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late By																															
Early B																															
OT																															

Student 13.GARG VAISHNAVI

Status	P	P	P	P	WO	P	P		P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
OutTim	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late By																															
Early B																															
OT																															

Student 14.GAWLI TANVI

Status	P	P	P	P	WO	P	P		P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
OutTim	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late By																															
Early B																															
OT																															

Student 15.GHAVARE ADITI

Status	P	P	P	P	WO	P	P		P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
OutTim	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late By																															
Early B																															
OT																															

Student 16.GOSAVI SHARVAR

Status	P	P	P	P	WO	P	P		P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
OutTim	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late By																															
Early B																															
OT																															

Student 17.JAWADE SURAJ

Status	P	P	P	P	WO	P	P		P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
OutTim	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late By																															
Early B																															
OT																															

Student 18.KADAM VAISHNAV

Status	P	P	P	P	WO	P	P		P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
OutTim	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late By																															
Early B																															
OT																															

Student 19 KAMBLE SAMARTH

Status	P	P	P	P	WO	P	P		P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
OutTim	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late By																															
Early B																															
OT																															

Student 20 KAMBLE AISHWAI

Status	P	P	P	P	WO	P	P		P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
OutTim	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late By																															
Early B																															
OT																															

Student 21 KAMBLE AARTI

Status	P	P	P	P	WO	P	P		P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
OutTim	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late By																															
Early B																															
OT																															

Student 22 KHIRE NIVEDITA

Status	P	P	P	P	WO	P	P		P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
OutTim	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late By																															
Early B																															
OT																															

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

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

Student 23 KHOLE ISHA

Student 24.KULKARNI SAMPA

Student 25.KUMBHAR SWARA

Student 26. LOKHANDE PRITA

Student 27. MAHAJAN MANAN

Student 28.MHAPSEKAR SNEI

Student 29.MOHITE SRUSHTI

Student 30.MOHITE VAISHNAV

Student MOTEWAD PRAN

Student 32.NANNAWARE R

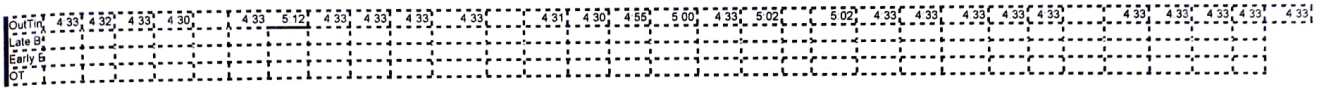
Student 33.NASARE RUTUJA

Student 34.OSWAL HINAL

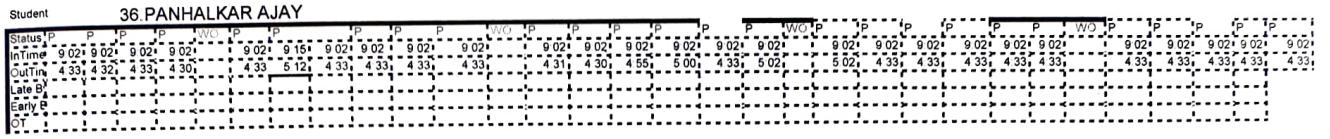
Student 35.PADALKAR LOKESH

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

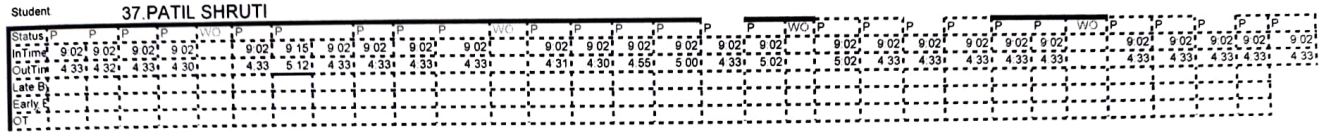
D.P.E.S. Dhole Patil College of Physiotherapy
Pune
412207



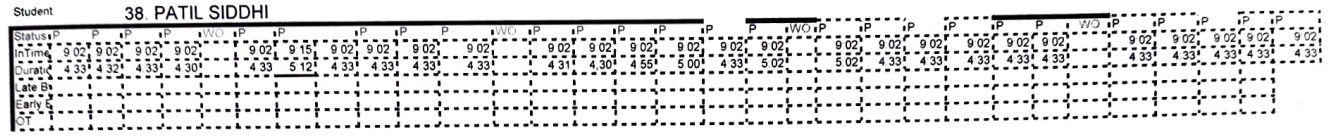
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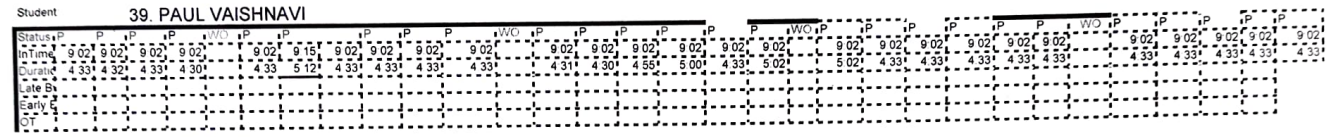
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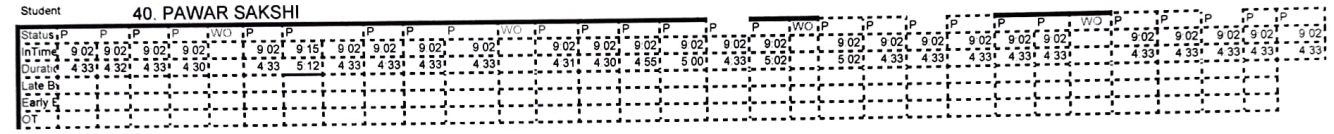
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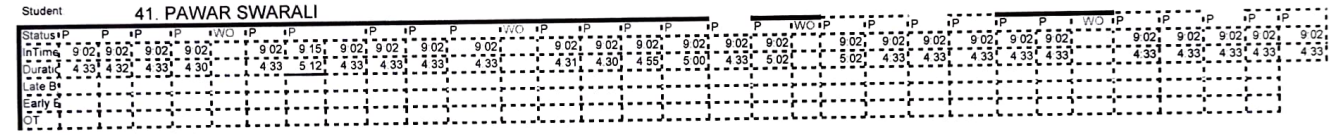
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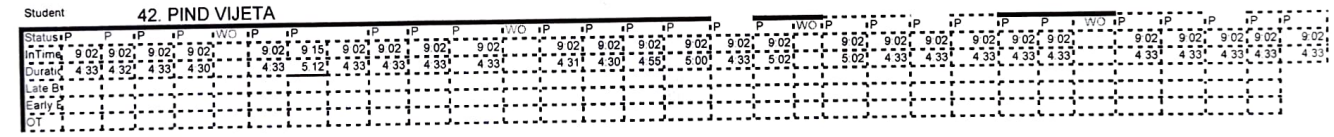
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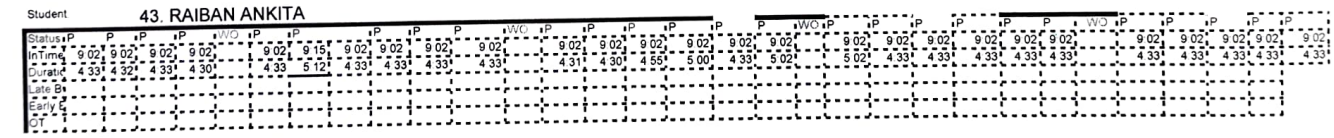
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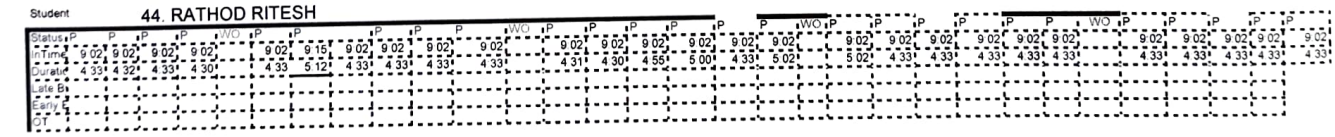
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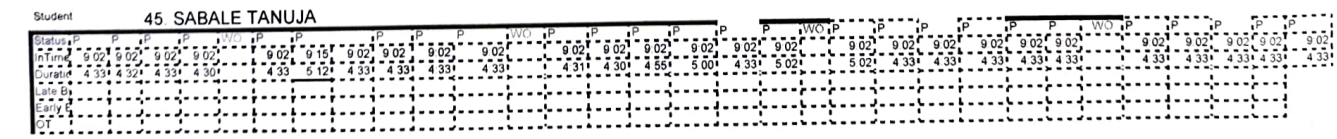
Student 43. RAIBAN ANKITA



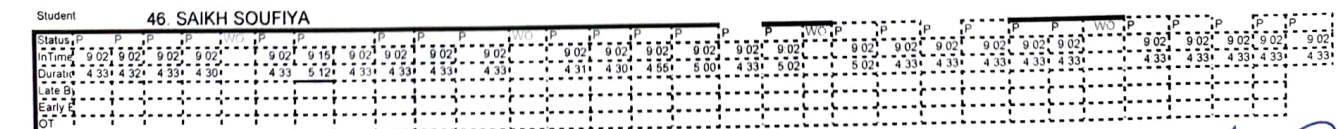
Student 44. RATHOD RITESH



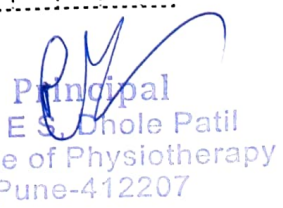
Student 45. SABALE TANUJA



Student 46. SAIKH SOUFIYA







Student: 47.SAIKH SARAH

Status	P	P	P	P	WO	P	P		P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
Duratio	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late By																															
Early E																															
OT																															

Student: 48. SHITOLE RADHIKA

Status	P	P	P	P	WO	P	P		P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
Duratio	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late By																															
Early E																															
OT																															

Student: 49.WANI MANALI

Status	P	P	P	P	WO	P	P		P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
Duratio	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late By																															
Early E																															
OT																															

Student: 50.YADAV SARASWAT

Status	P	P	P	P	WO	P	P		P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
InTime	9:02	9:02	9:02	9:02		9:02	9:15	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02
Duratio	4:33	4:32	4:33	4:30		4:33	5:12	4:33	4:33	4:33	4:33		4:31	4:30	4:55	5:00	4:33	5:02		5:02	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33
Late By																															
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D P E S, Dhole Patil College of Physiotherapy
Pune
412207

05/07/2023

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

Monthly Status Report (Detailed Work Duration)

DPES
Dhole Patil Education Society

Apr-23

Company: DPCOP

Days: 1SAT | 2SUN | 3MON | 4TUE | 5W | 6TH | 7FR | 8SAT | 9SUN | 10MON | 11TUE | 12W | 13TH | 14FR | 15SAT | 16SUN | 17MO | 18TUE | 19W | 20TH | 21FR | 22SA | 23SU | 24MON | 25TU | 26W | 27TH | 28FR | 29SAT | 30SUN

Departmei Physiotherapy

Student 1 Ansar Manzar Ramzanali

Status	P	WO	P		P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO		
InTime	9:02	9:02	9:02		9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02			
OutTime	4:33	4:33	4:30		4:33	4:33	4:33		4:33	4:31	4:30	4:55	5:00		4:33	5:02	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33	4:33			
Late By																													
Early By																													
OT																													

Student 2 Bandikolla Nandini Yeduku

Status	A	WO	A		P	P	A	WO	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO		
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OutTime	4:33	4:33	4:30		4:33	4:33	4:33		4:33	4:31	4:30	4:55	5:00		4:33	5:02	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33	4:33			
Late By																													
Early By																													
OT																													

Student 3 Bhandari Prathmesh Nitin

Status	A	WO	A		P	P	A	WO	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO		
InTime	9:02	9:02	9:02		9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02			
OutTime	4:33	4:33	4:30		4:33	4:33	4:33		4:33	4:31	4:30	4:55	5:00		4:33	5:02	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33	4:33			
Late By																													
Early By																													
OT																													

Student 4 Botre Neha Suresh

Status	A	WO	A		P	P	A	WO	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO		
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OutTime	4:33	4:33	4:30		4:33	4:33	4:33		4:33	4:31	4:30	4:55	5:00		4:33	5:02	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33	4:33			
Late By																													
Early By																													
OT																													

Student 5 Chavan Sayali satish

Status	A	WO	A		P	P	A	WO	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO		
InTime	9:02	9:02	9:02		9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02			
OutTime	4:33	4:33	4:30		4:33	4:33	4:33		4:33	4:31	4:30	4:55	5:00		4:33	5:02	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33	4:33			
Late By																													
Early By																													
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Student 6 Deotake Komal Ramesh

Status	A	WO	A		P	P	A	WO	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO		
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OutTime	4:33	4:33	4:30		4:33	4:33	4:33		4:33	4:31	4:30	4:55	5:00		4:33	5:02	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33	4:33			
Late By																													
Early By																													
OT																													

Student 7 Ghodge Kanchan Vijay

Status	A	WO	A		P	P	A	WO	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO		
InTime	9:02	9:02	9:02		9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02			
OutTime	4:33	4:33	4:30		4:33	4:33	4:33		4:33	4:31	4:30	4:55	5:00		4:33	5:02	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33	4:33			
Late By																													
Early By																													
OT																													

Student 8 Gore Shruti Vikas

Status	A	WO	A		P	P	A	WO	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO		
InTime	9:02	9:02	9:02		9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02			
OutTime	4:33	4:33	4:30		4:33	4:33	4:33		4:33	4:31	4:30	4:55	5:00		4:33	5:02	4:33	4:33	4:33		4:33	4:33	4:33	4:33	4:33	4:33			
Late By																													
Early By																													
OT																													

Student 9 Gupta Vishal Hukumchand

Status	A	WO	A		P	P	A	WO	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO		
InTime	9:02	9:02	9:02		9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02			

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

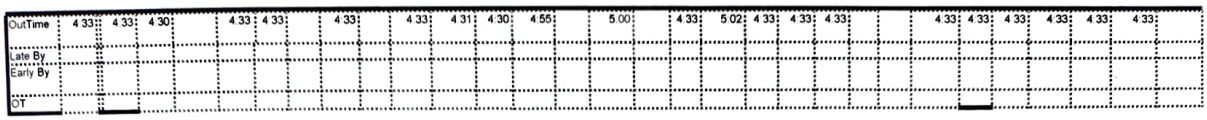
D P E S, Dhole Patil College of Physiotherapy
Pune
412207

Monthly Status Report (Detailed Work Duration)

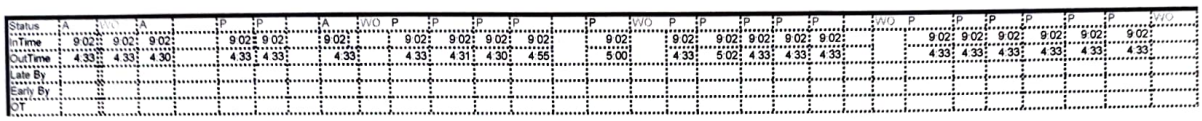
DPES
Dhole Patil Education Society

Apr-23

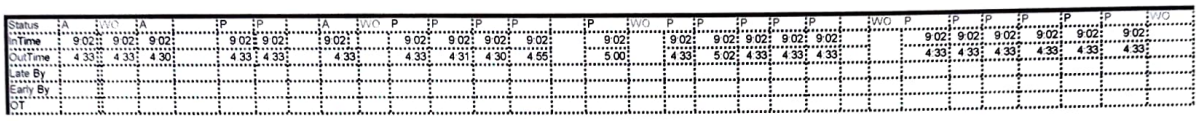
Company: DPCOP



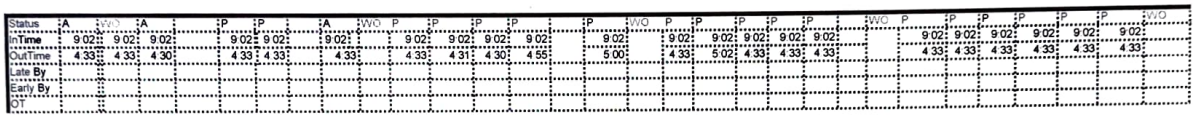
Student: 10 Kadam Kunal Rajendra



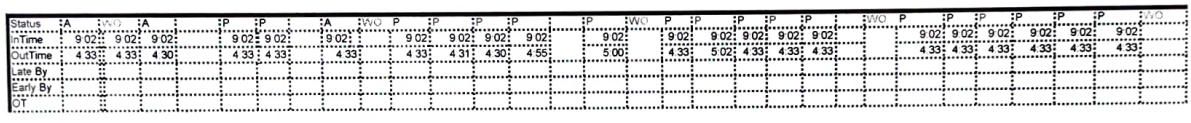
Student: 11 Kale Kalyani Narendra



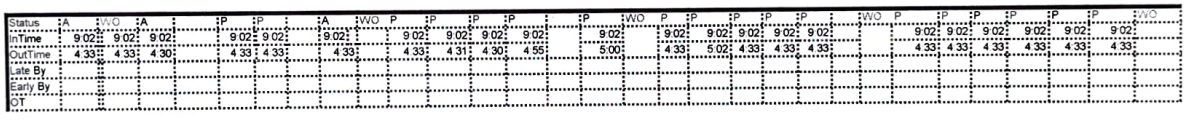
Student: 12 Kamble Shraddha Bhagwan



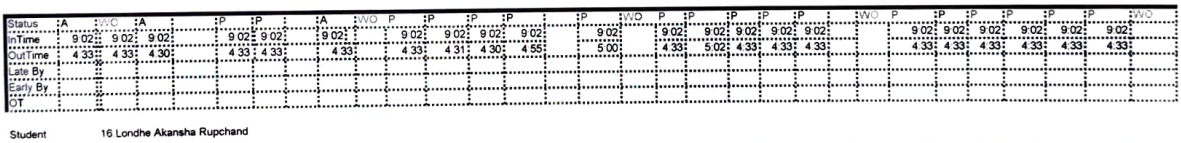
Student: 13 Kamble Srushti Raju



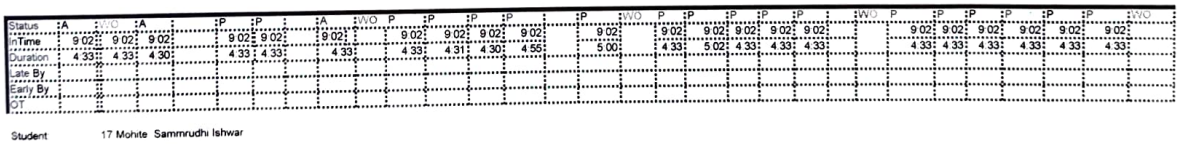
Student: 14 Kurapati Girija Sidram



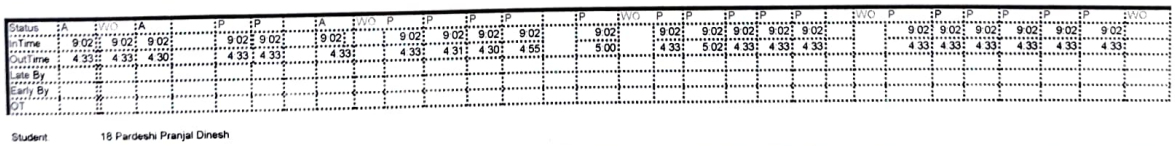
Student: 15 Lende Reshma Vitthal



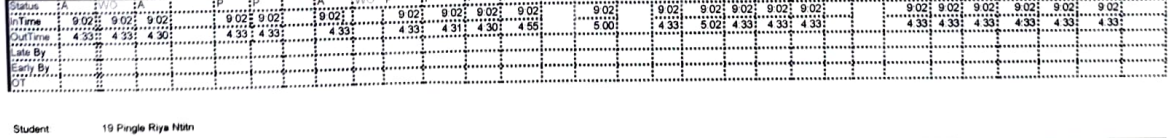
Student: 16 Londhe Akansha Rupchand



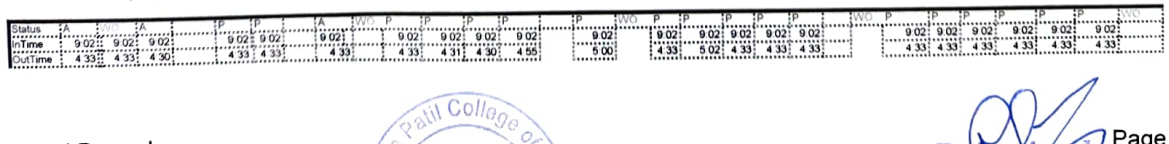
Student: 17 Mohite Sammrudhi Ishwar



Student: 18 Pardeshi Pranjal Dinesh



Student: 19 Pingle Riya Nitin



erated By:essl

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Dhole Patil Education Society

Apr-23

Company: DPCOP

Late By
Early By
OT

Student 20 Pote Daksha Kalidas

Status	A	WO	A		P	P	A	WO	P	P	P	P		P	WO	P	P	P	P		WO	P	P	P	P	P	P	WO
InTime	9:02	9:02	9:02		9:02	9:02	9:02		9:02	9:02	9:02	9:02		9:02		9:02	9:02	9:02	9:02	9:02			9:02	9:02	9:02	9:02	9:02	9:02	
OutTime	4:33	4:33	4:30		4:33	4:33	4:33		4:33	4:31	4:30	4:55		5:00		4:33	5:02	4:33	4:33	4:33			4:33	4:33	4:33	4:33	4:33	4:33	
Late By																													
Early By																													
OT																													

Student 21 Pujari Abhishek Hanumantra

Status	A	WO	A		P	P	A	WO	P	P	P	P		P	WO	P	P	P	P		WO	P	P	P	P	P	P	WO
InTime	9:02	9:02	9:02		9:02	9:02	9:02		9:02	9:02	9:02	9:02		9:02		9:02	9:02	9:02	9:02	9:02			9:02	9:02	9:02	9:02	9:02	9:02	
OutTime	4:33	4:33	4:30		4:33	4:33	4:33		4:33	4:31	4:30	4:55		5:00		4:33	5:02	4:33	4:33	4:33			4:33	4:33	4:33	4:33	4:33	4:33	
Late By																													
Early By																													
OT																													

Student 22 Raut Shruti Kisan

Status	A	WO	A		P	P	A	WO	P	P	P	P		P	WO	P	P	P	P		WO	P	P	P	P	P	P	WO
InTime	9:02	9:02	9:02		9:02	9:02	9:02		9:02	9:02	9:02	9:02		9:02		9:02	9:02	9:02	9:02	9:02			9:02	9:02	9:02	9:02	9:02	9:02	
OutTime	4:33	4:33	4:30		4:33	4:33	4:33		4:33	4:31	4:30	4:55		5:00		4:33	5:02	4:33	4:33	4:33			4:33	4:33	4:33	4:33	4:33	4:33	
Late By																													
Early By																													
OT																													

Student 23 Rohida Kanchi Vijay

Status	A	WO	A		P	P	A	WO	P	P	P	P		P	WO	P	P	P	P		WO	P	P	P	P	P	P	WO
InTime	9:02	9:02	9:02		9:02	9:02	9:02		9:02	9:02	9:02	9:02		9:02		9:02	9:02	9:02	9:02	9:02			9:02	9:02	9:02	9:02	9:02	9:02	
OutTime	4:33	4:33	4:30		4:33	4:33	4:33		4:33	4:31	4:30	4:55		5:00		4:33	5:02	4:33	4:33	4:33			4:33	4:33	4:33	4:33	4:33	4:33	
Late By																													
Early By																													
OT																													

Student 24Sapa Vaishnavi Rajendra

Status	A	WO	A		P	P	A	WO	P	P	P	P		P	WO	P	P	P	P		WO	P	P	P	P	P	P	WO
InTime	9:02	9:02	9:02		9:02	9:02	9:02		9:02	9:02	9:02	9:02		9:02		9:02	9:02	9:02	9:02	9:02			9:02	9:02	9:02	9:02	9:02	9:02	
OutTime	4:33	4:33	4:30		4:33	4:33	4:33		4:33	4:31	4:30	4:55		5:00		4:33	5:02	4:33	4:33	4:33			4:33	4:33	4:33	4:33	4:33	4:33	
Late By																													
Early By																													
OT																													

Student 25 Sarode Radhika Vivek

Status	A	WO	A		P	P	A	WO	P	P	P	P		P	WO	P	P	P	P		WO	P	P	P	P	P	P	WO
InTime	9:02	9:02	9:02		9:02	9:02	9:02		9:02	9:02	9:02	9:02		9:02		9:02	9:02	9:02	9:02	9:02			9:02	9:02	9:02	9:02	9:02	9:02	
OutTime	4:33	4:33	4:30		4:33	4:33	4:33		4:33	4:31	4:30	4:55		5:00		4:33	5:02	4:33	4:33	4:33			4:33	4:33	4:33	4:33	4:33	4:33	
Late By																													
Early By																													
OT																													

Student 26 Satav Prajwal Sanjay

Status	A	WO	A		P	P	A	WO	P	P	P	P		P	WO	P	P	P	P		WO	P	P	P	P	P	P	WO
InTime	9:02	9:02	9:02		9:02	9:02	9:02		9:02	9:02	9:02	9:02		9:02		9:02	9:02	9:02	9:02	9:02			9:02	9:02	9:02	9:02	9:02	9:02	
OutTime	4:33	4:33	4:30		4:33	4:33	4:33		4:33	4:31	4:30	4:55		5:00		4:33	5:02	4:33	4:33	4:33			4:33	4:33	4:33	4:33	4:33	4:33	
Late By																													
Early By																													
OT																													

Student 27 Shah Riya Amit

Status	A	WO	A		P	P	A	WO	P	P	P	P		P	WO	P	P	P	P		WO	P	P	P	P	P	P	WO
InTime	9:02	9:02	9:02		9:02	9:02	9:02		9:02	9:02	9:02	9:02		9:02		9:02	9:02	9:02	9:02	9:02			9:02	9:02	9:02	9:02	9:02	9:02	
OutTime	4:33	4:33	4:30		4:33	4:33	4:33		4:33	4:31	4:30	4:55		5:00		4:33	5:02	4:33	4:33	4:33			4:33	4:33	4:33	4:33	4:33	4:33	
Late By																													
Early By																													
OT																													

Student 28 Sharma Aditi Ashwinikumar

Status	A	WO	A		P	P	A	WO	P	P	P	P		P	WO	P	P	P	P		WO	P	P	P	P	P	P	WO
InTime	9:02	9:02	9:02		9:02	9:02	9:02		9:02	9:02	9:02	9:02		9:02		9:02	9:02	9:02	9:02	9:02			9:02	9:02	9:02	9:02	9:02	9:02	
OutTime	4:33	4:33	4:30		4:33	4:33	4:33		4:33	4:31	4:30	4:55		5:00		4:33	5:02	4:33	4:33	4:33			4:33	4:33	4:33	4:33	4:33	4:33	
Late By																													
Early By																													
OT																													

Student 29 Sheguri Rutika Anita

Status	A	WO	A		P	P	A	WO	P	P	P	P		P	WO	P	P	P	P		WO	P	P	P	P	P	P	WO
InTime	9:02	9:02	9:02		9:02	9:02	9:02		9:02	9:02	9:02	9:02		9:02		9:02	9:02	9:02	9:02	9:02			9:02	9:02	9:02	9:02	9:02	9:02	
OutTime	4:33	4:33	4:30		4:33	4:33	4:33		4:33	4:31	4:30	4:55		5:00		4:33	5:02	4:33	4:33	4:33			4:33	4:33	4:33	4:33	4:33	4:33	
Late By																													
Early By																													
OT																													

Student 30 Shinde Bhavika Gajanan

Status	A	WO	A		P	P	A	WO	P	P	P	P		P	WO	P	P	P	P		WO	P	P	P	P	P	P	WO
InTime	9:02	9:02	9:02		9:02	9:02	9:02		9:02	9:02	9:02	9:02		9:02		9:02	9:02	9:02	9:02	9:02			9:02	9:02	9:02	9:02	9:02	9:02	
OutTime	4:33	4:33	4:30		4:33	4:33	4:33		4:33	4:31	4:30	4:55		5:00		4:33	5:02	4:33	4:33	4:33			4:33	4:33	4:33	4:33	4:33	4:33	

erated By:essl

Dhole Patil College of Physiotherapy Pune 412207

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

Monthly Status Report (Detailed Work Duration)

DPES
Dhole Patil Education Society

Apr-23

Company: DPCOP

Late By																														
Early By																														
OT																														

Student 31 shinde Gargi Shailesh

Status	A	WO	A		P	P		A	WO	P	P	P	P		P	WO	P	P	P	P	P		WO	P	P	P	P	P	P	WO
InTime	9:02	9:02	9:02		9:02	9:02		9:02		9:02	9:02	9:02	9:02		9:02		9:02	9:02	9:02	9:02	9:02			9:02	9:02	9:02	9:02	9:02	9:02	
OutTime	4:33	4:33	4:30		4:33	4:33		4:33		4:33	4:31	4:30	4:55		5:00		4:33	5:02	4:33	4:33	4:33			4:33	4:33	4:33	4:33	4:33	4:33	
Late By																														
Early By																														
OT																														

Student 31 shinde Gargi Shailesh

Status	A	WO	A		P	P		A	WO	P	P	P	P		P	WO	P	P	P	P	P		WO	P	P	P	P	P	P	WO
InTime	9:02	9:02	9:02		9:02	9:02		9:02		9:02	9:02	9:02	9:02		9:02		9:02	9:02	9:02	9:02	9:02			9:02	9:02	9:02	9:02	9:02	9:02	
OutTime	4:33	4:33	4:30		4:33	4:33		4:33		4:33	4:31	4:30	4:55		5:00		4:33	5:02	4:33	4:33	4:33			4:33	4:33	4:33	4:33	4:33	4:33	
Late By																														
Early By																														
OT																														

Student 32 Shirodhankar Rohini Rajabhı

Status	A	WO	A		P	P		A	WO	P	P	P	P		P	WO	P	P	P	P	P		WO	P	P	P	P	P	P	WO
InTime	9:02	9:02	9:02		9:02	9:02		9:02		9:02	9:02	9:02	9:02		9:02		9:02	9:02	9:02	9:02	9:02			9:02	9:02	9:02	9:02	9:02	9:02	
OutTime	4:33	4:33	4:30		4:33	4:33		4:33		4:33	4:31	4:30	4:55		5:00		4:33	5:02	4:33	4:33	4:33			4:33	4:33	4:33	4:33	4:33	4:33	
Late By																														
Early By																														
OT																														

Student 33 Solanke Anushka Baban

Status	A	WO	A		P	P		A	WO	P	P	P	P		P	WO	P	P	P	P	P		WO	P	P	P	P	P	P	WO
InTime	9:02	9:02	9:02		9:02	9:02		9:02		9:02	9:02	9:02	9:02		9:02		9:02	9:02	9:02	9:02	9:02			9:02	9:02	9:02	9:02	9:02	9:02	
OutTime	4:33	4:33	4:30		4:33	4:33		4:33		4:33	4:31	4:30	4:55		5:00		4:33	5:02	4:33	4:33	4:33			4:33	4:33	4:33	4:33	4:33	4:33	
Late By																														
Early By																														
OT																														

Student 34 Tidke Sakshi Dyaneshwar

Status	A	WO	A		P	P		A	WO	P	P	P	P		P	WO	P	P	P	P	P		WO	P	P	P	P	P	P	WO
InTime	9:02	9:02	9:02		9:02	9:02		9:02		9:02	9:02	9:02	9:02		9:02		9:02	9:02	9:02	9:02	9:02			9:02	9:02	9:02	9:02	9:02	9:02	
OutTime	4:33	4:33	4:30		4:33	4:33		4:33		4:33	4:31	4:30	4:55		5:00		4:33	5:02	4:33	4:33	4:33			4:33	4:33	4:33	4:33	4:33	4:33	
Late By																														
Early By																														
OT																														

Student 35 Vibhute Gayatri Bharat

Status	A	WO	A		P	P		A	WO	P	P	P	P		P	WO	P	P	P	P	P		WO	P	P	P	P	P	P	WO
InTime	9:02	9:02	9:02		9:02	9:02		9:02		9:02	9:02	9:02	9:02		9:02		9:02	9:02	9:02	9:02	9:02			9:02	9:02	9:02	9:02	9:02	9:02	
OutTime	4:33	4:33	4:30		4:33	4:33		4:33		4:33	4:31	4:30	4:55		5:00		4:33	5:02	4:33	4:33	4:33			4:33	4:33	4:33	4:33	4:33	4:33	
Late By																														
Early By																														
OT																														

Student 36 Waghmare Sushma Kishore

Status	A	WO	A		P	P		A	WO	P	P	P	P		P	WO	P	P	P	P	P		WO	P	P	P	P	P	P	WO
InTime	9:02	9:02	9:02		9:02	9:02		9:02		9:02	9:02	9:02	9:02		9:02		9:02	9:02	9:02	9:02	9:02			9:02	9:02	9:02	9:02	9:02	9:02	
OutTime	4:33	4:33	4:30		4:33	4:33		4:33		4:33	4:31	4:30	4:55		5:00		4:33	5:02	4:33	4:33	4:33			4:33	4:33	4:33	4:33	4:33	4:33	
Late By																														
Early By																														
OT																														

Student 37 Yadav Mrunal Prabhakar

Status		WO	A		P	P		A	WO	P	P	P	P		P	WO	P	P	P	P	P		WO	P	P	P	P	P	P	WO
InTime	9:02	9:02	9:02		9:02	9:02		9:02		9:02	9:02	9:02	9:02		9:02		9:02	9:02	9:02	9:02	9:02			9:02	9:02	9:02	9:02	9:02	9:02	
OutTime	4:33	4:33	4:30		4:33	4:33		4:33		4:33	4:31	4:30	4:55		5:00		4:33	5:02	4:33	4:33	4:33			4:33	4:33	4:33	4:33	4:33	4:33	
Late By																														
Early By																														
OT																														

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

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

06/05/2023

Monthly Status Report (Detailed Work Duration)

23-May

DPES
Dhole Patil Education Society

Company: DPCOP

Days	1 M	2 Tue	3 W	4 Th	5 TFr	6 Sat	7 Sun	8 Mo	9 Tue	10 W	11 TH	12 Fri	13 Sat	14 Sun	15 M	16 Tue	17 w	18 th	19 Fr	20 Sat	21 Sun	22 M	23 Tue	24 W	25 Th	26 Fri	27 Sat	28 Sun	29 Mon	30 Tue	31 w

Departme Physiotherapy

Student 1 Ansar Manzar Ramzanali

Status	P	P	P	P	P	WO	P	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9.02	9.02	9.02		9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02
OutTime	4.33	4.30	4.30		4.33		4.33	4.33	4.33	5.33	4.31	4.30		5.00	4.33	5.02	4.33	5.02	4.33		4.33	4.33	4.33	4.33	4.33	4.33		4.33	4.33	4.33
Late By																														
Early By																														
OT																														

Student 2 Bandikolla Nandini Yeduk

Status	P	P	P	P	P	WO	P	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02
OutTime	4.33	4.30	4.30	4.33	4.33		4.33	4.33	4.33	5.33	4.31	4.30	4.55	5.00	4.33	5.02	4.33	5.02	4.33		4.33	4.33	4.33	4.33	4.33	4.33		4.33	4.33	4.33
Late By																														
Early By																														
OT																														

Student 3 Bhandari Prathmesh Niti

Status	P	P	P	P	P	WO	P	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02
OutTime	4.33	4.30	4.30	4.33	4.33		4.33	4.33	4.33	5.33	4.31	4.30	4.55	5.00	4.33	5.02	4.33	5.02	4.33		4.33	4.33	4.33	4.33	4.33	4.33		4.33	4.33	4.33
Late By																														
Early By																														
OT																														

Student 4 Botre Neha Suresh

Status	P	P	P	P	P	WO	P	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02
OutTime	4.33	4.30	4.30	4.33	4.33		4.33	4.33	4.33	5.33	4.31	4.30	4.55	5.00	4.33	5.02	4.33	5.02	4.33		4.33	4.33	4.33	4.33	4.33	4.33		4.33	4.33	4.33
Late By																														
Early By																														
OT																														

Student 5 Chavan Sayali satish

Status	P	P	P	P	P	WO	P	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02
OutTime	4.33	4.30	4.30	4.33	4.33		4.33	4.33	4.33	5.33	4.31	4.30	4.55	5.00	4.33	5.02	4.33	5.02	4.33		4.33	4.33	4.33	4.33	4.33	4.33		4.33	4.33	4.33
Late By																														
Early By																														
OT																														

Student 6 Deotake Komal Ramesh

Status	P	P	P	P	P	WO	P	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02
OutTime	4.33	4.30	4.30	4.33	4.33		4.33	4.33	4.33	5.33	4.31	4.30	4.55	5.00	4.33	5.02	4.33	5.02	4.33		4.33	4.33	4.33	4.33	4.33	4.33		4.33	4.33	4.33
Late By																														
Early By																														
OT																														

Student 7 Ghodge Kanchan Vijay

Status	P	P	P	P	P	WO	P	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02
OutTime	4.33	4.30	4.30	4.33	4.33		4.33	4.33	4.33	5.33	4.31	4.30	4.55	5.00	4.33	5.02	4.33	5.02	4.33		4.33	4.33	4.33	4.33	4.33	4.33		4.33	4.33	4.33
Late By																														
Early By																														
OT																														

Student 8 Gore Shruti Vikas

Status	P	P	P	P	P	WO	P	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02	9.02	9.02	9.02		9.02	9.02	9.02
OutTime	4.33	4.30	4.30	4.33	4.33		4.33	4.33	4.33	5.33	4.31	4.30	4.55	5.00	4.33	5.02	4.33	5.02	4.33		4.33	4.33	4.33	4.33	4.33	4.33		4.33	4.33	4.33
Late By																														
Early By																														
OT																														

erated By:essl

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

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

Monthly Status Report (Detailed Work Duration)

23-May

DPES
Dhole Patil Education Society

Company: DPCOP

Student: 9 Gupta Vishal Hukumchar

Status	P	P	P	P	P	WO	P	P	P	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02
OutTime	4:33	4:30	4:30	4:33	4:33		4:33	4:33	4:33	5:33	4:31	4:30	4:55	5:00		4:33	5:02	4:33	5:02	4:33		4:33	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33
Late By																																
Early By																																
OT																																

Student: 10 Kadam Kunal Rajendra

Status	P	P	P	P	P	WO	P	P	P	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02
OutTime	4:33	4:30	4:30	4:33	4:33		4:33	4:33	4:33	5:33	4:31	4:30	4:55	5:00		4:33	5:02	4:33	5:02	4:33		4:33	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33
Late By																																
Early By																																
OT																																

Student: 11 Kale Kalyani Narendra

Status	P	P	P	P	P	WO	P	P	P	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02
OutTime	4:33	4:30	4:30	4:33	4:33		4:33	4:33	4:33	5:33	4:31	4:30	4:55	5:00		4:33	5:02	4:33	5:02	4:33		4:33	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33
Late By																																
Early By																																
OT																																

Student: 12 Kamble Shraddha Bhag

Status	P	P	P	P	P	WO	P	P	P	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02
OutTime	4:33	4:30	4:30	4:33	4:33		4:33	4:33	4:33	5:33	4:31	4:30	4:55	5:00		4:33	5:02	4:33	5:02	4:33		4:33	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33
Late By																																
Early By																																
OT																																

Student: 13 Kamble Srushti Raju

Status	P	P	P	P	P	WO	P	P	P	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
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OutTime	4:33	4:30	4:30	4:33	4:33		4:33	4:33	4:33	5:33	4:31	4:30	4:55	5:00		4:33	5:02	4:33	5:02	4:33		4:33	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33
Late By																																
Early By																																
OT																																

Student: 14 Kurapati Girija Sidram

Status	P	P	P	P	P	WO	P	P	P	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02
OutTime	4:33	4:30	4:30	4:33	4:33		4:33	4:33	4:33	5:33	4:31	4:30	4:55	5:00		4:33	5:02	4:33	5:02	4:33		4:33	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33
Late By																																
Early By																																
OT																																

Student: 15 Lende Reshma Vitthal

Status	P	P	P	P	P	WO	P	P	P	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02
OutTime	4:33	4:30	4:30	4:33	4:33		4:33	4:33	4:33	5:33	4:31	4:30	4:55	5:00		4:33	5:02	4:33	5:02	4:33		4:33	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33
Late By																																
Early By																																
OT																																

Student: 16 Londhe Akansha Rupch

Status	P	P	P	P	P	WO	P	P	P	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02
Duration	4:33	4:30	4:30	4:33	4:33		4:33	4:33	4:33	5:33	4:31	4:30	4:55	5:00		4:33	5:02	4:33	5:02	4:33		4:33	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33
Late By																																
Early By																																
OT																																

Student: 17 Mohite Sammrudhi Ish

Status	P	P	P	P	P	WO	P	P	P	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02
OutTime	4:33	4:30	4:30	4:33	4:33		4:33	4:33	4:33	5:33	4:31	4:30	4:55	5:00		4:33	5:02	4:33	5:02	4:33		4:33	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33
Late By																																
Early By																																
OT																																

Student: 18 Pardeshi Pranjal Dinesh

Status	P	P	P	P	P	WO	P	P	P	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P
InTime	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02	9:02	9:02	9:02		9:02	9:02	9:02
OutTime	4:33	4:30	4:30	4:33	4:33		4:33	4:33	4:33	5:33	4:31	4:30	4:55	5:00		4:33	5:02	4:33	5:02	4:33		4:33	4:33	4:33	4:33	4:33	4:33		4:33	4:33	4:33
Late By																																
Early By																																
OT																																

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Pune
412207

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Pune-412207

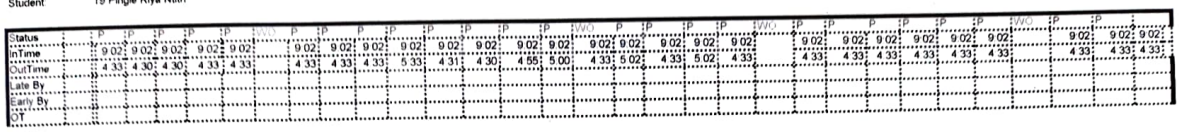
Monthly Status Report (Detailed Work Duration)

23-May

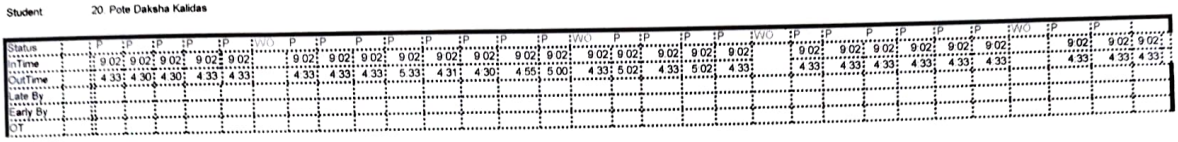
DPES
Dhole Patil Education Society

Company: DPCOP

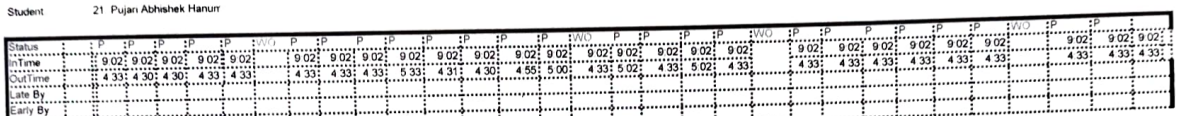
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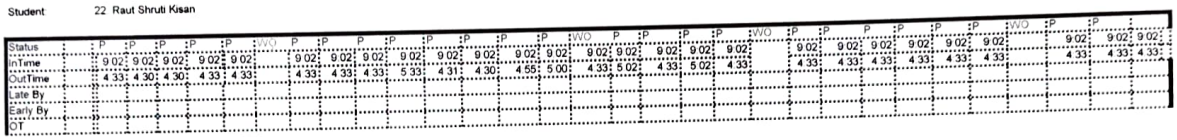
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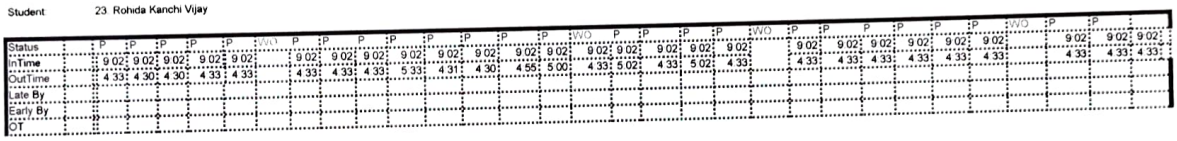
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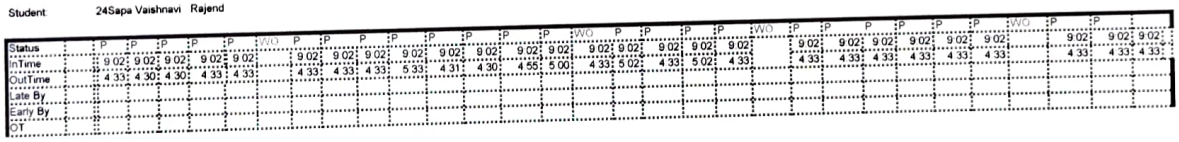
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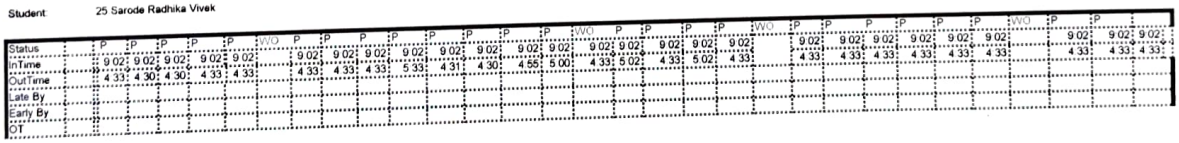
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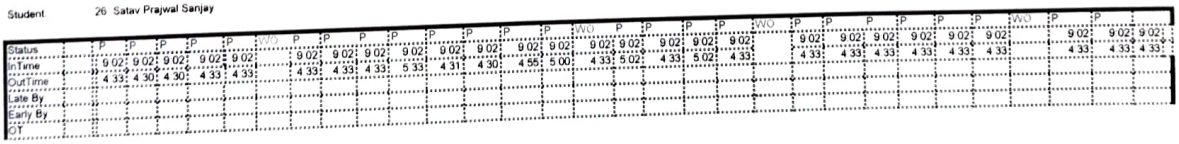
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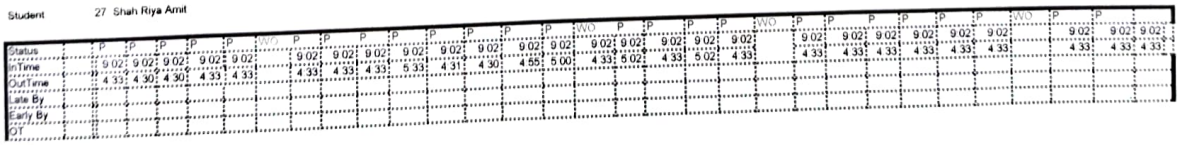
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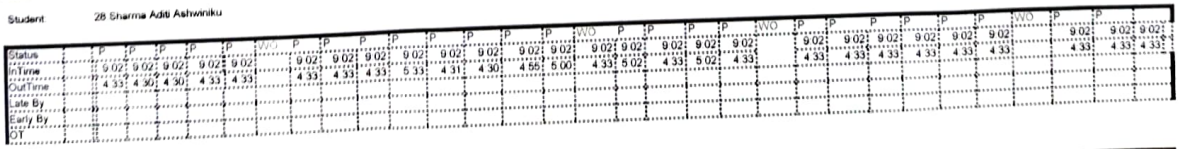
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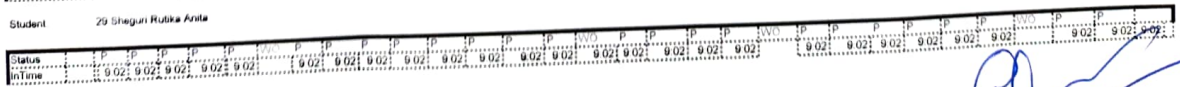
Student 27 Shah Riya Amit



Student 28 Sharma Aditi Ashwiniku



Student 29 Shegun Rutika Anita



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

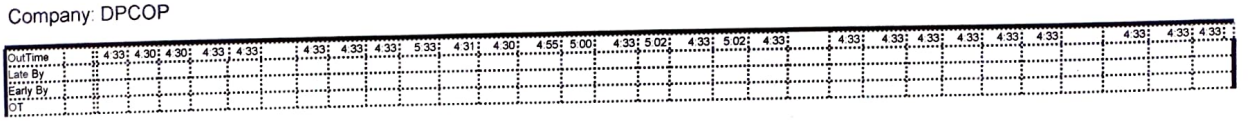
D P E S, Dhole Patil College of Physiotherapy
Pune
412207

Monthly Status Report (Detailed Work Duration)

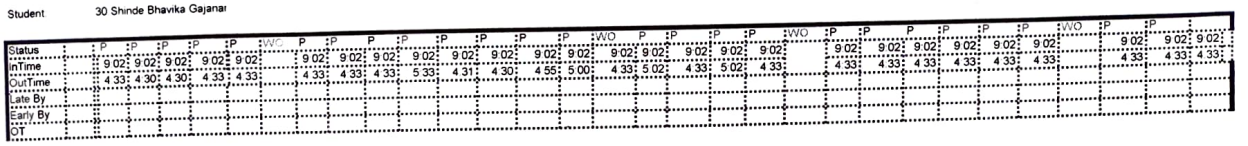
23-May

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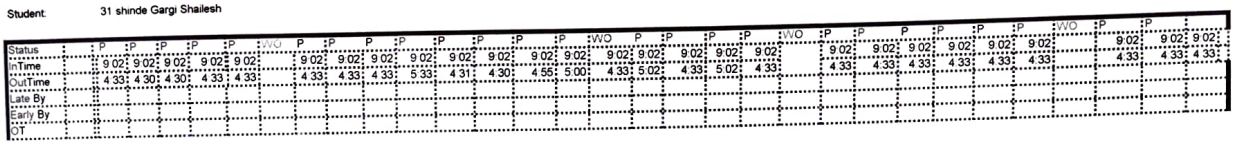
Company: DPCOP



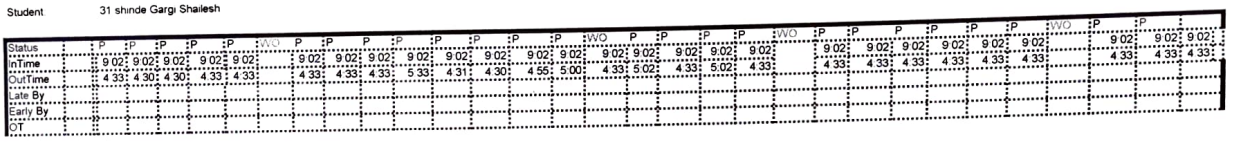
Student: 30 Shinde Bhavika Gajanar



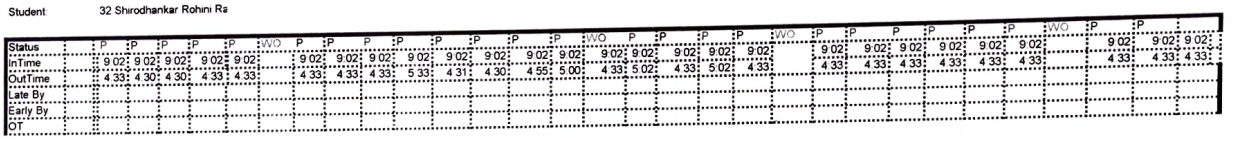
Student: 31 shinde Gargi Shailesh



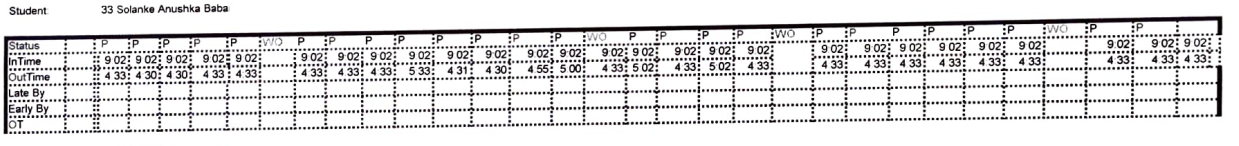
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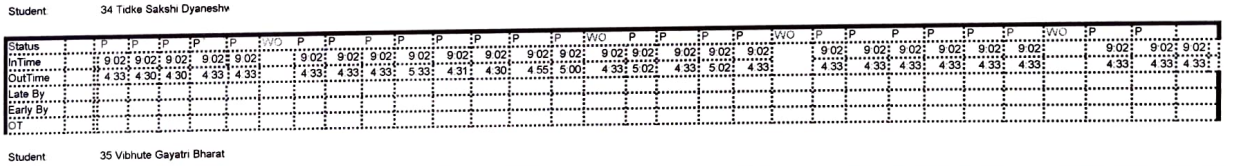
Student: 32 Shirodhankar Rohini Ra



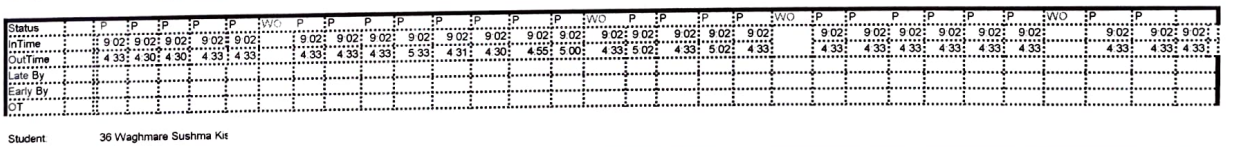
Student: 33 Solanke Anushka Baba



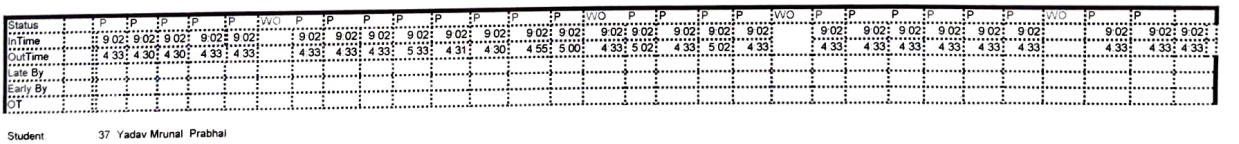
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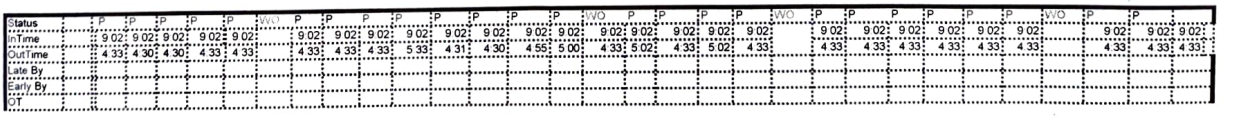
Student: 35 Vibhute Gayatri Bharat



Student: 36 Waghmare Sushma Kis



Student: 37 Yadav Mrunal Prabhal



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Pune-412207

07/06/2023

Monthly Status Report (Detailed Work Duration)

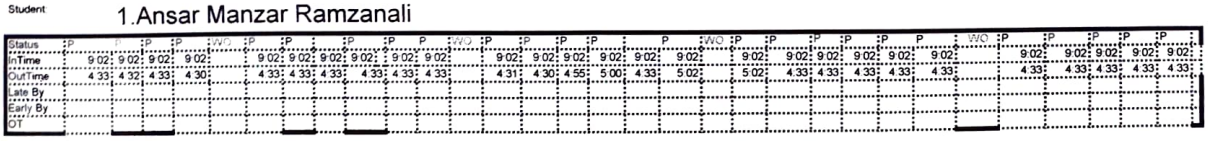
DPES
Dhole Patil Education Society

Jun-23

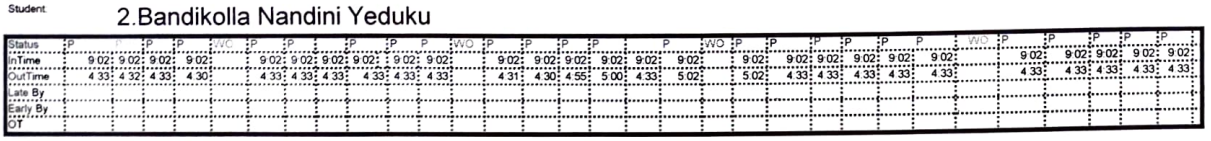
Company: DPCOP

Department: Physiotherapy

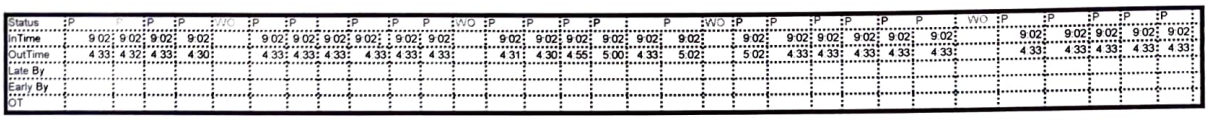
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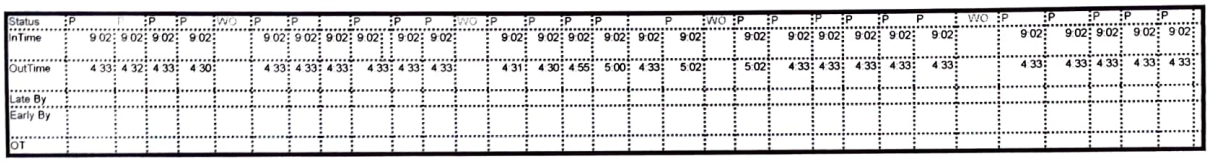
Student: 2.Bandikolla Nandini Yeduku



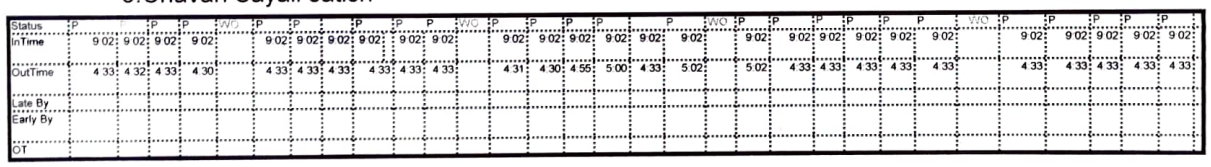
Student: 3.Bhandari Prathmesh Nitin



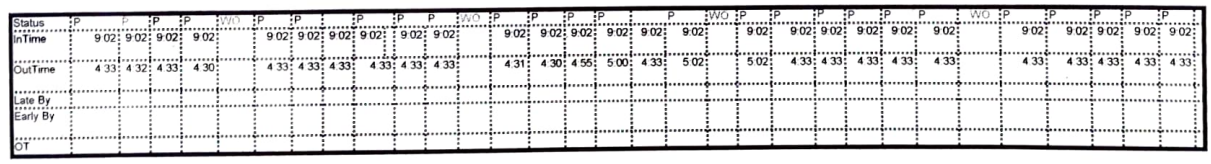
Student: 4.Botre Neha Suresh



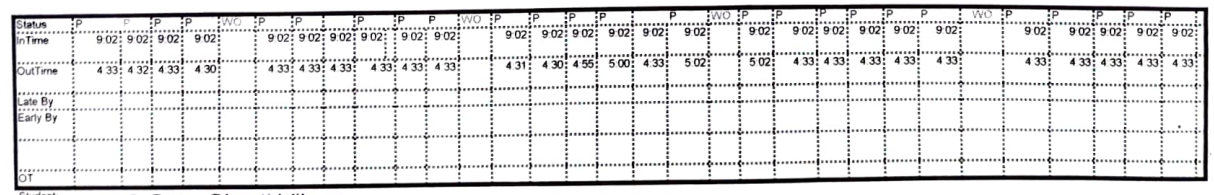
Student: 5.Chavan Sayali satish



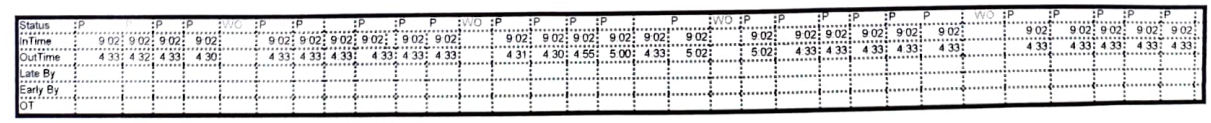
Student: 6.Deotake Komal Ramesh



Student: 7.Ghodge Kanchan Vijay



Student: 8.Gore Shruti Vikas



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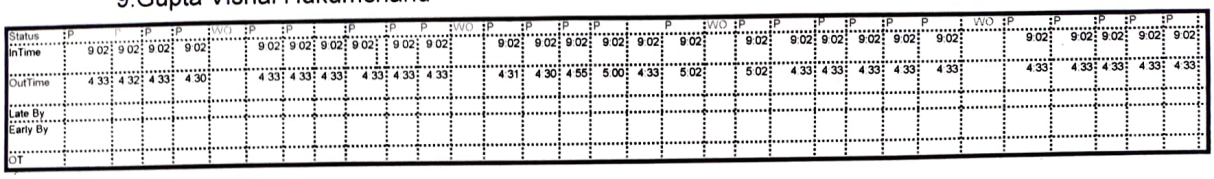
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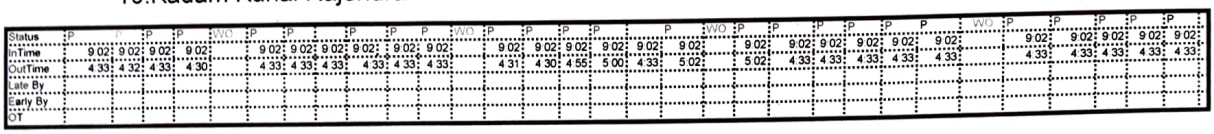
Jun-23

Company: DPCOP

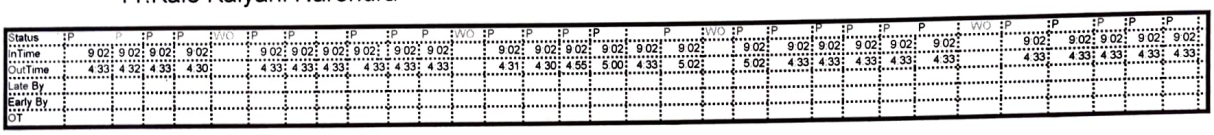
Student 9.Gupta Vishal Hukumchand



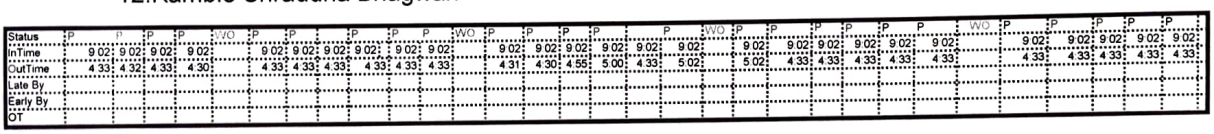
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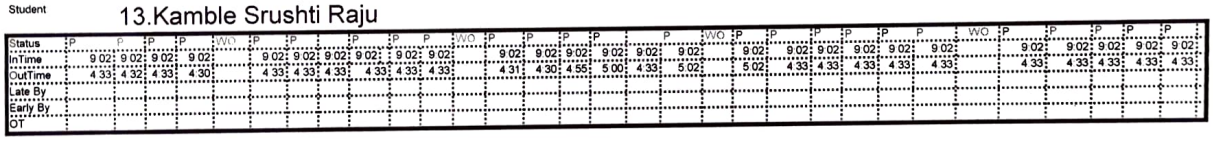
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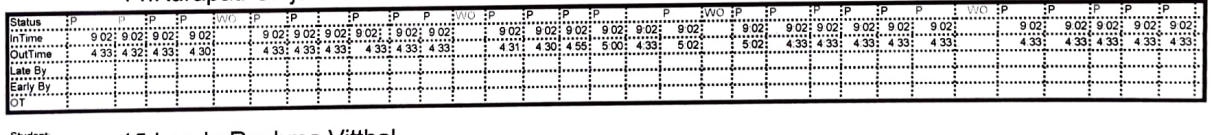
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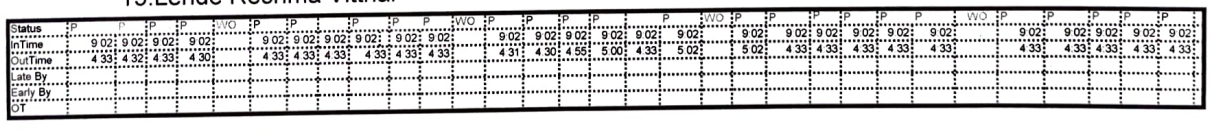
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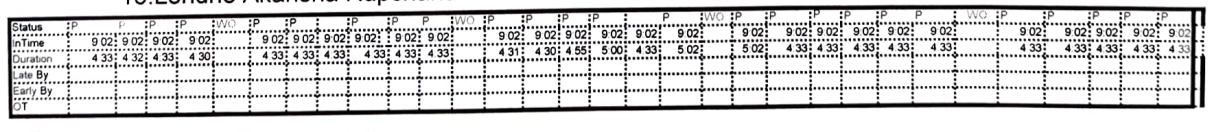
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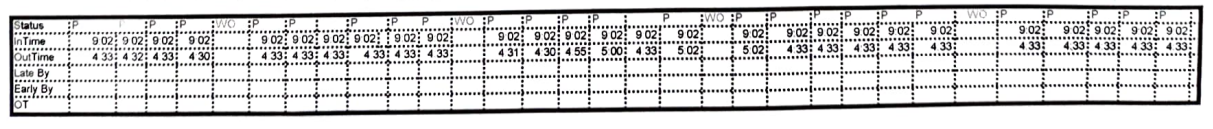
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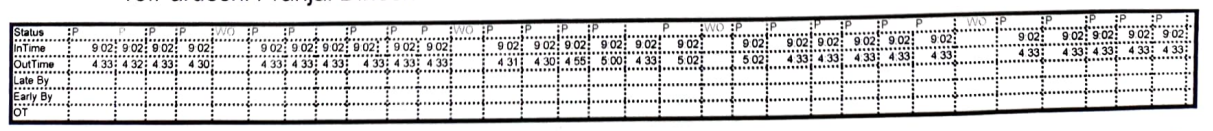
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Student 17.Mohite Sammrudhi Ishwar



Student 18.Pardeshi Pranjal Dinesh



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Jun-23

Company: DPCOP

Student: 19 Pingle Riya Ntitn

Status	P	P	P	P	WO	P	P		P	P	P	WO	P	P	P	P		P	WO	P	P	P	P	P	P	WO	P	P	P	P	P
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Student: 21. Pujari Abhishek Hanumantraya

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Student: 22. Raut Shruti Kisan

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Student: 23. Rohida Kanchi Vijay

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Student: 24Sapa Vaishnavi Rajendra

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Student: 25.Sarode Radhika Vivek

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Student: 26. Satav Prajwal Sanjay

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Student: 28.Sharma Aditi Ashwinikumar

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Monthly Status Report (Detailed Work Duration)

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Jun-23

Company: DPCOP

Student: 29.Sheguri Rutika Anita

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Student: 30.Shinde Bhavika Gajanan

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Student: 31.shinde Gargi Shailesh

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DPES
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DHOLE PATIL COLLEGE OF PHYSIOTHERAPY
Affiliated To Maharashtra University Of Health Sciences (MUHS), Nashik.
1284, Near Eon IT Park Kharadi, Dhole Patil College Road, Wagholi, Pune-412207
Website:https://dpcop.inE-mail: dholepatilphysiotherapy@gmail.com, Phone:020-66059900

Date: 26.6.2023

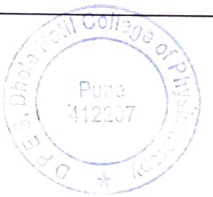
STAFF PUBLICATIONS

SR NO	STAFF NAME	Year of publication	DETAILS
1	Dr. N. Gunasekaran	2018 2017 2018 2020	• A comparative study of Physical Fitness level among Municipal Corporation and Semi- Private School Going Adoloscent Male students • A prevalence study of Depression among Physiotherapy students in Pune • Study of prevalence of musculoskeletal problems amongst classical versus western dancers • Psychological skills training to adolescence footballers- Today's perspective, Guide to plan and conduct
2	Dr. P. Senthil	2016 2015 2017 2016 2017 2018	• Normative Data and Intra rater reliability of scapula humaeral muscle strength using push-pull hydraulic type hand hold dynamometer in healthy college students • Effectiveness of global posture re-education on pain and improving quality of life in women with chronic neck pain • Implication of posture analyzing software to evaluate the postural changes after corrective exercise strategy on subjects with upper bosy dysfunction- A randomized controlled trial • Effect of thoracic correction exercises in upper body dysfunction of 94 year old male participant- a case report • Efficacy of corrective exercise strategy in subjects with hyperkyphosis • Inter rater reliability of posture Pro 8 Software analysis in upper body dysfunction : A Prospective Study
3	Dr. Shweta Naidu	2022 2016 2019	• Impact of menopausal symptoms on QOL in Indian Women • Effect of mobilization/manipulation directed at cervical spine and thoracic spine in patients with mechanical neck pain • A comparative study of incidence of musculoskeletal injuries in amateur and professional boxers.
4	Dr. Ajay Malshikare	2019 2018	• EFFECT OF Passive stretching vs myofascial release in improving Piriformis flexibility in females- a comparative study published in Indian Journal of Physiotherapy and Occupational Therapy (October-December 2019, Vol. 13, No. 4) • A Study on Hand Arm Vibration Syndrome in Body Shop Workers in Pune Area published in IJSRST | Volume 4 | Issue 7 |

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		2019 2019 2021	Print ISSN: 2395-6011 | Online ISSN: 2395-602X Themed Section: Science and Technology • To Check 10% Rule of Dominance in Hand Grip Strength of Physiotherapy Students in Indian Journal of Physiotherapy and Occupational Therapy, April-June 2019, Vol.13, No. 2 • Comparison of Yoga versus Swiss Ball Activity Training in Peri Menopausal Females with Low Back Ache in International Journal of Health Sciences & Research Vol.9; Issue: 5; May 2019 • Effect of Tai Chi and Stepping Exercise for Balance Training in Geriatrics: Randomized Control Trial published in International Journal of Health Sciences and Research Vol.11; Issue: 6; June 2021
5	Dr. Lokesh R	2020 2020 2018 2022 2021 2018 2022 2020 2018 2018	• Effect of stretching and strengthening on Low back pain among high heels using young females • Efficacy of high intensity interval training and progressiveresistance exercise for prediabetes in adult population • Effects of self myofascial release and static stretching of hamstring flexibility among the male athelets- a comapartive study • Effects of high intensity interval training with resistance exs and moderate intensity interval training with breathing exercises to improve cardio respiratory edurance among amteur athletes • Effect of breathing techniques and inspiratory muscle training to improve peak expiratory flow rate and QOL in asthmatic patients • Evaluation physical functional disability in relation to diabetes among middle age male and female gender • A comparative study of of high intensity interval training with resistance and inspiratory muscle training with concurrent training to improve the pulmonary function among over weight young adults • Correlation of immediate effect of inverse ratio breathing on inspiratory vital capacity, blood pressure and resting heart rate in healthy adults. • Effect of heavy smoking on pulmonary function for professional air conditioner and non- air conditioner users • A comparative study of nerve gliding exercise vs self mobilization for sciatica with LBP • Effectiveness of respiratory muscle training among smart phone users in collegiates • A comparative study on the effect of Macqueen's Progressive resisted exercise and breathing control training on hypertensives • A comparative study of mirror therapy and sham therapy



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		2020	with conventional rehabilitation in balance ability for geriatric patients
6	Dr. Gayathri	2022 2022 2018 2018 2022	• Knowledge of early intervention in developmental delay among parents- questionnaire development and content validation • A comparative study of sports specific balance training versus plyometric balance training • A study to find the effect of mental imagery training promoting relearning in post stroke subjects • A case presentation on acute ischemic stroke • Intelligent trust based artificial intelligence for Identification of Covid-19
7	Dr. Akshay Khatavkar	2015	• Comparative study of Kinesiotaping Vs Intrinsic muscle strengthening and cryotherapy in the treatment of chronic Plantar fasciatis
8	Dr. Priyanka Patil	2015	• Effectiveness of physical activity promotion programme on quality of life for old people
9	Dr.Apurva Jadhav	2021	• Comparison between the effect of knowledge of result and knowledge of performance on task oriented motor activity in the elderly population
10	Dr. Aathira Pillai	2021	• Impact of Pelvic floor muscle training on post operative third degree pelvic organ prolapsed management: a case report

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Inter-rater Reliability of Posture Pro 8 Software Analysis in Upper Body Dysfunction: A Prospective Study

PURUSHOTHAMAN SENTHIL[1], SUDHAKAR SUBRAMANIAN[2], PANNIRSELVAM SENTHILSELVAM[3], PERISAMY SIVAKUMAR[4], RADHAKRISHANAN[5], RANGASAMY SARALA[6]

ABSTRACT

Introduction: Postural compensatory movement impairment is the most common musculoskeletal problem in all age-related population. Upper body dysfunction is a new terminology of movement impairment where the subjects have discomfort in either the neck, shoulder, or upper back region mainly due to poor postural adaptation. Varying postural analysis methods are in practice, however, photography of subjects on posture software analysis is very rarely used. The literature on using this postural analysis software is also not adequately available.

Aim: To evaluate inter-rater reliability of the Posture Pro 8 software for measuring the postural changes from digital photos of subjects with upper body dysfunction.

Materials and Methods: This study has a prospective cross-sectional study design and obtained ethical consent from the Institutional Ethical Committee before participants enrolment. Sixty participants of both sexes (28 males and 32 females) with neck, shoulder, or upper back problems for more than three months participated in this reliability study. The lateral-view photos of the participants in a relaxed standing posture were taken. Postural evaluations of the photos of the participants were performed by three observers with a repetition after a week. In this study, postural abnormalities of the participants were evaluated by the three observers using the Posture pro 8 software.

Results: Inter-rater reliabilities were calculated using Intraclass Correlation Coefficients (ICC). ICC value of 0.774 and 0.972 were found to be in the range of acceptable to excellent between the observers.

Conclusion: Postural evaluations of the participants with upper body dysfunction using the Posture pro 8 software were found to be a reliable and repeatable. The present method was an easy and non-invasive method and may be utilised by researchers who are in search of an alternative method for postural assessments.

Keywords: Dysfunction, Musculoskeletal problem, Posture analysis.

INTRODUCTION

One of the hallmarks of a healthy musculoskeletal system is maintaining the correct upright posture. The Posture Committee of the American Academy of Orthopaedic Surgeons defines good posture as the balance of the musculoskeletal system that protects the supporting structures of the body against injury or progressive deformity, irrespective of the body position [1]. The increase in incidence rate with gradual rise in the cost of musculoskeletal injuries leads to an increase in research studies investigating ways to maintain correct upright posture. In previous studies, several methods for performing more accurate postural assessments such as X-ray scanners and computerised photographic systems [2,3] were used. Due to radiation side effects, the X-ray method of imaging is avoided in the extended study literature. Even though, the 3D motion analysis is a rational and results in images good in quality, it is too expensive method and occupies more space. Therefore, it is not used very often [4]. The photographic posture analysis method enables angular calculations using anatomical reference points and is a digital, more objective measurement method, whereas other methods such as observational analysis using the line of gravity and flexible ruler are considered as basic and observational measurement methods [5,6]. Photogrammetry is a widely used non-invasive technique for postural evaluation and, in the future, will be more useful for healthcare professionals and researchers in the field of postural assessment [7]. In general, this method allows a concise and exact quantitative evaluation by recording subtle changes in posture [8], and reliability studies of photographic manual posture analysis have been performed only on normal subjects. The accuracy of photographic method of posture analysis has been recommended in the health care practice with evidence [9]. The present study aimed to investigate the inter-rater reliability of the participants with upper body dysfunction using Posture Pro 8 software. In this study, we sought to address whether the postural evaluation by the three observers will be more reliable and correlate with each observer using the Posture pro 8 software.

MATERIALS AND METHODS

This is a prospective double-blinded cross-sectional study with a sample size calculated from average value of population participated in previous studies [3]. The study was conducted for five months (August 2016 to January 2017). Participants were randomised (60 participants) in equal proportions to three groups using random numbering methods, stratified by age and sex. After explaining the procedure and its benefits, an informed consent was taken from the participants (35-55 years). Subjects with recent trauma, poor balance and neurological problems were excluded from the study. An Institutional Ethics Committee approval was obtained. Participants were randomly allocated into three groups based on the time convenience of participants (each group with 20 participants). Each participant in the three groups was given a prior appointment slot at the outpatient orthopaedic department, and erect standing sagittal plane photographs have been taken by a three investigators using a digital camera. Photographs were taken at a distance of 2 m, who were educated about the Posture pro 8 software one week before the posture analysis of the participants took the photos using the software. In the present study, the Posture pro 8 software was used as it was

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Efficacy of corrective exercise strategy in subjects with hyperkyphosis

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Abstract.
BACKGROUND: Age-related hyperkyphosis causes deleterious effects on health, physical function, and quality of life. Recently, health care providers recognized it as a major health concern.
OBJECTIVE: To identify the effect of corrective exercise strategy on hyperkyphosis and compare it with that of conventional exercise.
METHODS: Subjects were randomly categorized into two groups. Each group comprised 30 subjects. Group A received the corrective exercise strategy, and group B received conventional exercises for 8 weeks of the study duration (15 repetitions of each exercise for three sessions/day for a total duration of 45 min and 4 days/week. Pre- and post-interventional hyperkyphosis were analyzed according to posture number using the Posture Pro 8 postural analysis software. In addition, pectoralis minor flexibility was assessed using the ruler scale method in centimeters.
RESULTS: Both groups showed highly significant postural alteration and changes in pectoralis minor muscle length ($p < 0.001$)
CONCLUSIONS: The corrective exercise strategy seems to promote scapular stability and produce a more upright posture of the upper thoracic spine.

Keywords: Hyperkyphosis, corrective exercise strategy, postural analysis, pectoralis minor muscle length test

1. Introduction

1.1. Objectives

This study aims (1) to identify whether the corrective exercise strategy improves hyperkyphosis according to the posture number value obtained using a posture analysis software and (2) to determine whether the corrective exercise strategy improves secondary outcome measures of pectoralis minor flexibility using muscle length testing in subjects with hyper-kyphosis.

1.2. Background of the study

An abnormal forward curvature of the thoracic spine is a common progressive deformity of the spine, and it affects up to 50% of older adults due to aging [1]. Hyperkyphosis can cause lower walking speeds, difficulty in climbing stairs, impaired balance, and greater risk of falls, fractures, and mortality in community dwelling women as age increases [2]. Age-related hyperkyphosis causes delirious effect on health, physical function, and quality of life. Recently, health care providers started to recognize it as a major health concern [3]. Poor posture, decreased physical activity, and spinal muscle exercise are other commonly cited potential causes of age-related hyperkyphosis, which can be improved with appropriate exercise [4]. Current treat-

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Effect of Thoracic Correction Exercises in Upper Body Dysfunction of 94-Year-old Male Participant – A Case Report

P. SENTHIL[1], S. SUDHAKAR[2], R. RADHAKRISHNAN[3]

ABSTRACT

This case report has been presented to show the effects of thoracic correction exercises on flexed posture in older men with upper body dysfunction using posture analysis software and pectoralis minor muscle length test. The present case is that of a 94-year-old male. He was guided for a specific thoracic correction exercises for 12 weeks. The program included breathing correction, thorax mobility, scapular stability, passive stretching of Pectoralis [Major and Minor] by prone lying, 3 weeks, 30 min each session, for 12 weeks. Outcome measures included the upper body dysfunction changes by posture analysis software and pectoralis minor muscle length test. The Pre and Post–test of the patient demonstrated significantly greater improvement in hyperkyphosis (forward head posture) and pectoralis minor muscle length. This case study provides a promising exercise intervention that may improve flexed posture in older men with age-related upper body dysfunction.

Keywords: Hyperkyphosis, Posturo analysis, Thorax mobility

CASE REPORT

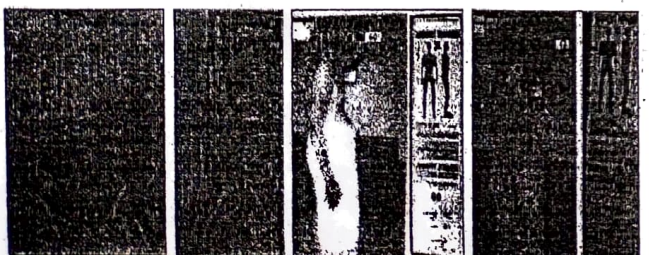
A 94-year-old male with complain on lower back region for past three months was referred to physiotherapy treatment after the routine investigation of MRI whole spine, spine and pelvis x-ray, bone density test. Reports of both X-ray [Table/Fig-1,2] and MRI showed normal degenerative changes, abnormal Kyphotic changes in thoracic spine and bone density with osteopenia stage.

The patient complained of a forwarded posture due to the pain that worsened while walking and sitting for a prolonged time. On examination, he had a slouched posture and forwarded head posture. After receiving an informed consent from the subject, he participated in the thoracic correction exercises for 30 minutes. It consisted of a five-minute warm-up and five-minute cool down period followed by 20 minutes of primary exercises. The exercises were conducted thrice a week for 12 weeks. These thoracic correction exercises aimed to correct the thorax, which is the structure most affected by thoracic kyphosis, in contrast to existing thorax improvement exercise. The program consisted of four sub-exercises including 5 minutes of Pectoralis muscles passive stretching, 15 minutes of thorax mobility, scapular stability and neck strengthening exercises.

The 12-week exercise program was structured to include an initial phase for 1–2 weeks, an improvement phase for 3–8 weeks, and a maintenance phase for 9–12 weeks with the aim of gradually improving posture and strength [1]. The collected data were statistically processed using percentage difference method.

Pre and Post – test of the upper body dysfunction of the participant was measured using posture pro eight software analysis, where the photo images of initial and after 12 weeks of intervention were taken and analysed through the posture pro eight software [Table/Fig-3&4]. In standing, the lateral view of subject photo was taken and incorporated in the posture analysis software by marking the ear lobe, tip of the shoulder and the centre of hip joint. It provided the result in terms of posture number (where nearing the zero value of posture number is considered the normal posture). In this case, the posture number initially was 60 and after the intervention it reached 43.

Similarly, Pre and Post – test of the Pectoralis minor muscle length was 6 inches at baseline and 3 inches after intervention which was measured using ruler's scale, with patient in supine position and head supported with a towel roll or cushion. The distance between the couch and the tip of shoulder exactly over the posterior tip of acromion process was measured [2].



[Table/Fig-1]: AP View of lumbar and thoracic spine showing Kyphotic changes in thoracic spine. **[Table/Fig-2]:** A Lateral View of lumbar and thoracic spine. **[Table/Fig-3]:** Pre – test value of Posture number using posture pro 8 software. **[Table/Fig-4]:** Post – test value of Posture number using posture pro 8 software.

DISCUSSION

Age-related hyperkyphosis is an exaggerated anterior curvature of the thoracic spine and forward headed posture that is associated with aging and frequently observed in older men [3]. Hyperkyphosis occurs commonly in men older than 55 years, regardless of vertebral fractures, with the incidence increasing 6%–11% for every 10 years of increasing age [4]. Age related hyperkyphosis is multifactorial and although the precise aetiology is not fully understood, poor posture, dehydration of the intervertebral disks and reduced back extensor muscle strength have been reported as general causes [5].

Elderly men with hyper kyphosis often report difficulties with physical performance because of changes in vertebral column alignment, which affects the quality of life of patients in relation to their health [6]. In addition, forward head posture limits the movement of the rib cage, which is connected to the thoracic spine, resulting in difficulties with pulmonary function [7]. Although changes in vertebral column alignment in elderly men are clinically important to health and quality of life and a basic protocol for the treatment of age related hyperkyphosis has only recently been released [6].

Therapeutic exercises for forward head posture include back extensor strengthening and flexibility exercises, as well as postural training to improve postural awareness [8]. However, most currently available exercise strategies apply only a single exercise or routine exercises that target the whole body but do not focus on the thorax

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Implication of Posture Analysing Software to Evaluate the Postural Changes after Corrective Exercise Strategy on Subjects with Upper Body Dysfunction-A Randomized Controlled Trial

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ABSTRACT

Introduction: The postural adaptation is very common now a days in school going children, office desk oriented job, computer users and frequent mobile users, and in all major industrial workers. Several studies have documented a high incidence of postural abnormalities in a given population, however, methods of postural measurement were poorly defined. The implication of postural pro software to analysis the postural imbalance of upper body dysfunction is very rare and literature studies says that the kinematic changes in particular segment will produce pain/discomfort and thereby lesser productivity of subjects.

Aim: To evaluate the postural changes in subjects with upper body dysfunction after a corrective exercise strategy using postural analysis software and pectoralis minor muscle length testing.

Materials and Methods: After explaining the procedure and benefits, informed consent was taken from the participating subjects (age 25-55years). Subjects with upper body dysfunction were randomly allocated into two groups, (each group 30 subjects). The Group-A received the corrective exercise strategy and Group-B received the conventional exercise for eight weeks of study duration (15 reps each exercise, total duration of 40 min, four days/week). Pre and Post posture analysis were analysed using posture pro software along with flexibility of pectoralis minor was assessed using ruler scale method.

Results: After interpretation of data, both the group showed the postural alteration and pectoralis minor muscle length changes, p-value $(p<0.01)$ of both group showed highly significant changes. But comparing the both groups, the subjects who received the corrective exercise strategy shown more percentage of improvement in posture alteration (56.25%), pectoralis minor muscle length changes (68.69%) than the conventional exercise received subjects in posture alteration (24.86%) and pectoralis minor muscle length changes (21.92%).

Conclusion: Altered postural changes and pectoralis minor muscle flexibility before and after the corrective exercise strategy evaluated by postural analysis software method shown to be a significant tool in clinical practice which is easier and reproducible method.

Keywords: Intervention, Posture deviation, Pectoralis minor flexibility

INTRODUCTION

People will have habitual posture, such as slouching and crossing the legs, and they maintain a bad posture regardless of their recognition of incorrect posture and unable to maintain correct posture. These habitual postures may adapt and consider them comfortable, and this can cause strain on the spine, pelvis, muscles, tendons, joints, bones, and discs, which can lead to fatigue and deformation [1]. Thus, incorrect habits, such as excessive uses of computers, desks and chairs without proper height, lack of exercise, carrying heavy school bags, and inappropriate postures when studying or watching television, affect the musculoskeletal system and cause abnormal development, which prohibit the maintenance of correct posture [2]. Moreover, such a posture indicates an imbalance among the body parts owing to stress on the supporting structures of the body and prevents proper functioning of the structures of the body. This can cause problems in appearance as well as pain and physical disability [3]. Brown LT and few other researcher documented a high incidence of postural abnormalities in a young adult's population; however, methods of postural measurement were poorly defined [4,5]. The upper body dysfunction is the component of discomfort over the neck, shoulder or scapular region which leads to poor performance of upper extremity function [6]. The postural abnormalities in upper body dysfunction is mainly due to underactive and overactive muscle adaptation in the neck, shoulder or upper back region for a long period which leads to several postural alterations like forward headed posture, rounded shoulder, kyphotic posture etc. Kyphotic deviation can even have deleterious effect on physical performance, the ability to perform activities of daily living, and overall quality of life [7]. The implication of postural pro 8 software to analysis the postural imbalance of upper body dysfunction is very rare and Martin AR et al., states that women with excessive kyphosis report more physical difficulty, more adaptations to their lives, and greater generalized fears [8] and community-dwelling men and women aged 65 years and older with excessive kyphosis report poorer satisfaction with subjective health, family relationships, economic conditions, and their lives in general [9].

The methods of evaluation of subject with upper body dysfunction using the posture analysis software are inadequate in the clinical practice.

However, not enough corrective exercise strategy for posture correction is available to the public with poor postural adaptation. Therefore, the present study aimed to evaluate the postural changes

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Effectiveness of global posture re-education on pain and improving quality of life in women with chronic neck pain

R. Radhakrishnan, P. Senthil, D. Rathnamala, P.Shyamala Gandhi

Abstract
Objective: To find out the effectiveness of Global posture re-education method on pain and improving quality of life in women with chronic neck pain.

Study Design: Quasi experimental study.
Method: 60 female patients aged 35 to 45 yrs old selected according to the inclusion and exclusion criteria, were randomly divided into two groups. The experimental group (n=30) performed breathing exercise, active muscle chain stretching and active exercise, while control group (n=30) performed home exercise. Patients were evaluated before and after intervention which lasted for six weeks. Both the groups were tested for pain by VAS scoring and quality of life by SF-36 questionnaire. The treatment program consisted of 50 minutes per session, 3 sessions per week for 6 weeks. Data were statistically analysed to find the significance level.
Result: Significant reduction of pain and improvement of quality of life were observed after treatment in experimental group.
Conclusion: Global posture re-education method is effective in reducing pain, and improving quality of life in female patients with chronic neck pain.

Keywords: global posture re-education, chronic neck pain, SF-36 questionnaire, quality of life.

1. Introduction

Pain is an unpleasant sensation associated with actual or potential tissue damage. The origin and exact pathophysiologic mechanisms of chronic neck pain often remain changing because trauma or severe degenerative conditions at working age are found only in a few cases. Women are more likely than men to develop and suffer from persistent neck pain, who experience sensations of localized muscle pain, tenderness at palpation, stiffness, and constant muscle fatigue. Cervical muscle imbalance is considered an important factor to cause chronic neck pain and disabilities during work, sport or daily activities. Chronic neck decreases neck muscle strength and health-related quality of life (HRQoL).

In most cases, neck pain can be managed with some combinations of rest, physical therapy and pain control medications. GPR is an option to manage postural deviations, treating aches and pains. The principal aim is to restore correct alignment of posture and re-establish biodynamics of the body movement, in order to treat or prevent musculoskeletal problems.

Global posture re-education comprises of global stretching positions, which evolves gradually from an initial position with minimum tension, to a final position with progressive stretching. The main goal is to improve the progressive reeducation of normal body functioning.

Hence in this study, an effort has been made to find the effectiveness of global posture reeducation method in reducing pain and improving quality of life in women with chronic neck pain.

2. Materials and Methods

The study was conducted in clinic setup. The study period has been carried out for 6 weeks. All subjects were selected according to the inclusion and exclusion criteria. They were randomly assigned to the experimental and control group. In each group 30 patients were allotted and explained treatment procedure to the experimental group. All subjects selected for the study will undergo pre-assessment and post-assessment by VAS and SF-36.

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Original Research Article

Normative Data and Intra-- Rater Reliability of Scapula - Humeral Muscle Strength Using Push - Pull Hydraulic Type Hand Held Dynamometer in Healthy College Students

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ABSTRACT

Objective: To establish normative clinical data for Scapula-humeral muscle strength of men and women, ages 18-24 years, using a Push-Pull hydraulic type hand held Dynamometer (500 lb) and to find the intra-rater reliability of this device too.
Design: The study collected 5bjective 5Scapula-humeral muscle strength data for 40 healthy boys and girls using the Push-Pull hydraulic type hand held Dynamometer (500 lb).
Setting: The study was conducted in Out-Patient Physiotherapy department, MSAJ College of Physiotherapy.
Subjects: 40 normal volunteers (14 boys and 26 girls).
Methods: 5 muscle groups of Scapula-humeral muscles were tested using standardized methodology. Main Outcome Measurements: Data were recorded by the Single Physiotherapist for each muscle group in each subject twice session in same day.
Results: This study presents data from 40 healthy, normal subjects, unequally divided by gender and age. Means standard deviations were determined for each group and further categorized by age, gender, and hand dominance. These data confirm some expected patterns: In all the muscle group's boys have significantly higher strength than girls, and the dominant side is stronger than the non-dominant side in both genders. Relative values for various muscle groups are analysed and presented. Intra-rater reliability of dynamometer was checked with Cronbach's Alpha based formula and the intra-rater reliability of dynamometer were highly significant on all 5 scapula-humeral muscles (Reliability value is 0-1, highly significant).
Conclusions: This study provides an initial normative database across in healthy college students for scapula-humeral muscle strength for monitoring clinical care and research for injured and impaired patients. These data are an essential and initial step toward comprehensive normative databases for upper extremity objective ordinal strength measurements with the Push- Pull hydraulic type Hand held Dynamometer (500 lb) and having a high reliability of using this device in this study. Even this device can be utilized further in subjects with muscle dysfunction.

Key words: Normative clinical data, Intra-rater reliability, Push-Pull dynamometer, scapula-humeral muscle strength, healthy subjects.

INTRODUCTION

Muscle strength is the most important predictor of function, mobility, independence, and activities of daily living. Assessment of muscle strength in clinical settings is usually quantified by manual muscle testing. [1] Different systems and scales have been developed over the decades like modified Kendall systems (variously called the Medical Research

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Original Article

KNOWLEDGE OF EARLY INTERVENTION IN DEVELOPMENTAL DELAY AMONG PARENTS (KEIDDAP)-QUESTIONNAIRE DEVELOPMENT AND CONTENT VALIDATION

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Abstract

Aim: To develop questionnaire which measure knowledge of early intervention in developmental delay among parents in the questionnaire form and its content validation .

Method: Professional experts like pediatricians, neonatologists, pediatric physiotherapists, and early intervention therapists. To know how much of knowledge regarding early intervention, parents are expressive. Developing the question and validating the questionnaires. Members from the regional level, national and international levels were in the content validation process and suggested and rated the questionnaires. The question was sent through the mail and got the reply focusing group to establish the content validity. Knowledge about Early Intervention in development delays questionnaires contains about 45 questions. Each question was validated on the content validity of maximum score of 100%.

Conclusion: Valid score of content was accepted for the questionnaire which each of questionnaire has the latent to evoke knowledge respect the necessarily and potential unfilled services detected in the childhood developmental delay and the importance of early intervention among the parents.

Keywords: Early intervention, developmental milestone, delayed milestone. content validity.

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Research Article

A Comparative Study of Sports-specific Balance Training versus Plyometric Balance Training

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ABSTRACT

Introduction: Football is a sport that involves running as the foremost part in which the lower limb plays a vital role in participation. Balance training is vital to athletic performance and should be integrated into an athlete's daily training. Plyometric represents the performance of stretch-shortening cycle (SSC) activities that involve a high-intensity eccentric contraction straightaway after a rapid and powerful concentric contraction.

Method: It is an experimental study with 30 college male football players in the age group of 18-25 years. Based on inclusion and exclusion criteria, they were divided into 2 groups. Group A consisted of 15 individuals who were trained with sports-specific balance training programmes. Group B consisted of 15 individuals who were trained with plyometric balance training. The individuals were trained for 4 weeks with 3 sessions per week (12 sessions). The pre-test and post-test measurements were measured using the triple hop test, stork balance test, and modified star excursion balance test (MSEBT).

Results: Pre-test and post-test results of both groups were compared. The results showed a highly significant difference in mean values at $p \leq 0.001$.

Conclusion: 4 weeks of sports-specific balance training and plyometric balance training showed significant improvement in lower limb muscle strength in collegiate football players.

Keywords: Football Players, Triple Hop Test, Stork Balance Test, Modified Star Excursion Balance Test (MSEBT), Plyometric Balance Training, Sports Specific Balance Training

Introduction

Football is a sport that includes running as a major part; lower limbs play a vital role in football participation. Sport offers many benefits such as improvement in physical and psychological health. The ankle helps in bearing weight and in the adjustment of lower limb movements while exercising and walking,[1] which are essential in daily

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Review article | Medical research

A study to find the effect of mental imagery training for promoting relearning in post stroke subjects

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ABSTRACT

Objectives

To find the effect of mental imagery training for promoting relearning in post stroke subjects.

Study design

Experimental study design.

Subjects

Subject with post unilateral stroke patient

Intervention

Giving of mental imagery training for total 3 weeks with 1 hour session each week. Patients trained to perform 3 sets of daily tests and five task in each session.

Outcome measures

Daily living activities

Results

Mann Whitney "u" test is used.

Conclusion

Cortical re organisation and functional improvement can be seen in mental practice.

Keywords: Fugl Meyer motor assessment, 7 points Likert scale, Conventional Physiotherapy, Mental imagery training.

INTRODUCTION

Stroke is defined as a clinical syndrome characterized by rapidly developing signs of focal or global disturbance of cerebral functions, lasting for more than 24 h or leading to death, with no apparent causes other than vascular origin. It is the leading cause of long term disability in adults [1].

This study aims to evaluate a new therapy for improving arm function in acute stroke patients based on mental practice theories and functional task oriented training arm to study the predictors for a positive treatment results. movement imagery has emerged, targeting the cognitive processes associated with enhanced motor performance and specific skilled movement in healthy persons [11] Humans have the ability to generate mental

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Case Study | Medical research

A case presentation on acute ischemic stroke

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ABSTRACT

Background information

A 52 years old male patient has been admitted in the hospital with the chief complaints of slurred speech, weakness in right extremities and he does have a medical history of hypertension, diabetes mellitus. As the patient is a hypertensive he is on Tab. Telmesartan 40mg and insulin. inj because of the diabetic condition. Patient is not on any kind of the anti-platelets drugs. When subject is admitted into the hospital emergency ward it was found that he is having global aphasia, hemisensory loss and right hemiplegia.

Investigations

Physical examination, laboratory tests, multimodal brain MRI scan, an echocardiogram, continuous cardiac monitoring.

Diagnosis

Acute ischemic stroke caused by distal left internal carotid artery occlusion, with salvageable penumbral tissue and a persistent large-vessel occlusion.

Treatment

Medical management with anti-platelet drugs, HMG-co-a reductase inhibitors and anti-epileptic drugs.

INTRODUCTION

Stroke is a medical condition where oxygenated blood is not supplied to brain and that leads to the death of that specific part of the brain. It is of two types they are ischemic and haemorrhagic ischemic condition occurred due to the lack of blood flow decrease in the blood flow can be due to the blockage of the blood vessels which carries blood to brain blockage can be occurred due to the formation of the thrombi or embolus formation in the blood vessels [1]. Where as in the cases of the hemorrhagic stroke condition may be due to the leakage of the blood from the blood vessels to the brain and in some condition due to raised in the intracranial hypertension that occurs due to the bleeding. Complications of stroke include high blood pressure, smoking, obesity [2]

In case of Ischemic strokes treatment will be focused on restoring an adequate blood flow to brain is main criteria. Generally, treatment starts with a drugs that can break down clots and also

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Intelligent Trust-based Artificial Intelligence for Identification of COVID-19

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Abstract

AI has the potential to be a highly effective weapon in combating the COVID-19 virus. Since the outbreak began, many individuals have expressed a desire to employ AI, and they want it done as soon as possible. This article provides an early, and inevitably biased, look at how artificial intelligence may aid in the battle against COVID-19, as well as the existing limitations. AI might be effective in the battle against COVID-19 in a variety of ways, including early warnings and alarms, monitoring and prediction, data dashboards, diagnosis and prognosis, medicines and cures, and social control. AI might also be utilized in the following six ways: COVID-19 has yet to be affected by AI. Its use is constrained by both a scarcity of data and an abundance of data. To overcome these constraints, it will be necessary to strike a balance between data privacy and public health, as well as engage in extensive human-AI interaction. These issues will not be resolved in time for the present pandemic to be alleviated. Meanwhile, a large amount of data regarding who is infectious will need to be collected in order to save lives, train AI, and protect companies from losing money.

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Introduction:

Artificial intelligence (AI) is becoming more and more popular in the field of healthcare [1]. AI is the process of making complex algorithms that can do a lot of different things quickly and well. There are a lot of different types of artificial intelligence in healthcare, but the main goal is to help policymakers and doctors make good treatment decisions [2]. Other than that, it is quickly being used to diagnose illnesses, screen cancer patients, pick therapies, cut down on pharmaceutical errors, and improve productivity [3–6]. AI has also played a bigger role in COVID-19 research, especially when it comes to diagnosis, classification, detection,

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EFFICACY OF HIGH INTENSITY INTERVAL TRAINING AND PROGRESSIVERESISTANCE EXERCISE FOR PREDIABETES INADULT POPULATION

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Research Article
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A Comparative Study of High Intensity Interval Training and Inspiratory Muscle Training with concurrent Training to Improve the Pulmonary function among over Weight Young Adults

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Abstract:

OBJECTIVE: To compare the effects of high intensity interval training and inspiratorymuscletrainer with concurrent training to improve pulmonary function among overweight youngadults. MATERIALS AND METHODOLOGY: 30 Overweight young adults aged 18 to23wereselected through random sampling and assigned into two groups. Each groups consists of 15subjects. Group A done high intensity interval training and inspiratory muscle training. GroupB done done high intensity interval training with resisted exercise. OUTCOME MEASURES: Forced vital capacity, Forced expiratory volume in one secondand maximum voluntary ventilation measures was taken using spirometer. RESULTS: Statistical analysis are done using paired 't' test which showed significantimprovement in forced vital capacity, forced expiratory volume in one second and

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Effects of High Intensity Interval Training with Resistance Exercise and Moderate Intensity Interval Training with Breathing Exercises to Improve Cardio Respiratory Endurance Among Amateur Athletes

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ABSTRACT

BACKGROUD OF THE STUDY: Cardiorespiratory Endurance is the factor where the heart , lungs and muscles of the body work together during the physical activity for a period of time. poor cardiovascular endurance will leads to higher illness therefore this study helps to improve the cardiorespiratory endurance.

AIM: Aim of the study To find out the Effectiveness of high intensity interval training and moderate intensity interval training with resistance training and breathing exercises to improve cardio respiratory endurance among amateur athletes.

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EFFECT OF BREATHING TECHNIQUES AND INSPIRATORYMUSCLE TRAINING TO IMPROVE PEAK EXPIRATORY FLOW RATE AND QUALITY OF LIFE IN ASTHMATIC PATIENTS

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ABSTRACT

AIM: To compare the effect of Buteyko breathing with inspiratory muscle training and pap worth breathing with inspiratory muscle trainer in improving Peak expiratory flow rate (PEFR) and ASTHMA QUALITY OF LIFE QUESTIONNARE (AQLQ) among Asthmatic patients. NEED OF THE STUDY: The study is to compare the effect

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EFFECT OF HEAVY SMOKING ON PULMONARY FUNCTION FOR PROFESSIONAL AIR CONDITIONER AND NON- AIR CONDITIONER USERS

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ABSTRACT

Background: The cigarette smoking has extensive effect on respiratory function so the risk of respiratory mortality / morbidity is high with smoking. Pulmonary function in young healthy air conditioner (AC) users have 25-75% of vital capacity reduced between the FEF and PEFR. Objectives: 1. To find out the pulmonary function of professional Air Conditioner users with heavy smoking. 2.To find out the pulmonary function of non-air conditioner with heavy smoking. 3.To compare the pulmonary function for professional Air Conditioner and non-air conditioner users with heavy smoking. Methodology: setting: AV modular furniture (India private limit); study design: observational study. Materials & methods: The pulmonary function tests were assessed on Peak flow meter, Spirometer & Pulse oximeter in 80 subjects (40-AC smokers & 40 - non - AC smokers) and results were compared. Result: The mean values for AC smokers PEFR - 383.13, Inspiratory capacity - 4562.50, SPO_2-95.08 pulmonary function levels were significantly reduced than non-AC smokers. Conclusion : The mean PEFR, Inspiratory capacity & SPO_2 were lower in AC smokers.

KEY WORDS

Air Conditioner, smokers, Pulmonary function tests, Peak flow meter, Spirometer & Pulse oximeter.

INTRODUCTION:

Over 5 million people are killed annually due to smoking. As reported by the 'WHO', by 20th century 100 million people were died and is predicted that by the end of 21st century more than 1 million people will be the victims of smoking[4]. It has firm roots over the rural and urban provinces of India in the form of bidis, pipes, cigar etc. [6] Consumed mainly in the form of bidis (54%), smokeless tobacco (27%), and cigarettes (9%) [6].The major constituents of cigarette named nicotine can cause arteriosclerosis, coronary artery disease, COPD etc[11]. Basic respiratory functions are extensively affected and causes chronic bronchitis, emphysema, bronchial carcinoma [1,6]. Pulmonary functions are also damaged due to smoking and lead to oxygen insufficiency in cells as a result of elevated carbon monoxide in the blood and decrease the oxygen carrying capacity of hemoglobin [12].

Considerable evidence has been obtained that the neutrophils are important in mediating lung damage due to smoking. It has been observed that the circulating leucocyte counts and broncho alveolar lavage(BAL) neutrophil counts are much higher in the current smokers as compared to the ex-smokers/non-smokers and there is an invensive correlation between circulating leucocyte count and one second forced expiratory volume(FEV1) and forced vital capacity(FVC).The experimental studies carried out in hamsters came to a conclusion that even four hours of exposure to cigarette smoke causes extensive recruitment of leucocytes in to the airway walls. In

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EVALUATION PHYSICAL FUNCTIONAL DISABILITY IN RELATION TO DIABETES AMONG MIDDLE AGE MALE AND FEMALE GENDER

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ABSTRACT

BACKGROUND OF STUDIES: The risk of disability as a result of diabetes varies from none to double, disability is an important measure of health and an estimate of the risk of disability as a result of diabetes is crucial in view of the global diabetes epidemic in middle age male and female genders. AIM AND OBJECTIVE OF STUDY: The aim of this study is to evaluate physical and functional disabilities in middle age male and female genders with Diabetes Mellitus. METHODS: In the study 60 diabetes mellitus subjects will be selected from various Physiotherapy clinics, based on the inclusion and exclusion criteria. After getting informed consent form from the subjects, the are allowed to fill the questionnaire which is based on the ADL. Katz Index Of Independence in Activities Of Daily Living, Lawton Instrument Activates Of Daily Living Scale. RESULT: The result of the study shows a high dependence among the Male gender, Mean of 31.000 to the Female gender of 25. CONCULSION: This study concludes that middle age females are more dependent than middle age males

KEY WORDS

Functional disability, Physical disability, Actives of daily living, Diabetes Mellitus

INTRODUCTION

Diabetes an international pandemic, is a growing public health concern, and its prevalence is escalating exponentially with a high frequency of morbidity, premature mortality, disability, loss of productivity and socio-economic challenges[2]. Diabetes mellitus increases the risk of disabling disorders including cardiovascular disease, retinopathy, renal failure, and peripheral vascular disease, Physical disability is a useful measure of the overall effect of diabetes on health[19]. The risk of disability as a result of diabetes varies from none to double, disability is an important measure of health and an estimate of the risk of disability as a result of diabetes is crucial in view of the global diabetes epidemic[10].

Disability can be defined in several ways, including difficulties with activities of daily living (ADL), difficulties with instrumental activities of daily living (IADL), and mobility limitations[18]. The threats of physical disability, loss of independence, and diminished quality of life may ultimately be the greatest concern for many with the disease[3]. Diabetes Mellitus increases the risk for disorders that predispose individuals to hospitalization, coronary artery, cerebrovascular and peripheral vascular diseases, infections and lower extremities amputations[16].Adults with diabetes not only experience greater levels of physical disability but also faster rates of deterioration over time.

Diabetes is a major cause of functional disability, defined as difficulty performing activities of daily living and routine social activities, is a common problem in ambulatory patients' Functional disability is highly prevalent in individuals with chronic diseases and it predicts functional dependence, increased health services use, increased health care costs, and increased risk of death[2].Diabetes is common chronic conditions that are significantly associated with increased odds of functional disability. So therefore, in other to successfully manage and rehabilitate individuals with diabetes a proper assessment of their physical and functional ability should be carried out because a good

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EFFECTS OF SELF MYOFASCIAL RELEASE AND STATIC STRETCHING ON HAMSTRING FLEXIBILITY AMONG THE MALE ATHLETES – A COMPARITIVE STUDY

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ABSTRACT

Background: The effect of myofascial release and static stretching shows significant changes in the hamstring flexibility. Aim and Objective: To compare the effectiveness of self-myofascial release and static stretching on hamstring flexibility on adult male athletes. Methods: 56 Participants were divided into two groups 28 in each. Group A were allowed to do hamstring stretching with foam roller. Group B were allowed to do hamstring stretching with foam roller and static stretching for about 20 secs with 3repetitions for four times in a week for a month. Hamstring flexibility was checked for both groups before and after the study and statistically analysed. Results: Group A right leg mean post value is 70.46 and left leg mean post value is 71.39. Group B right leg mean post value is 71.93 and left leg mean post value is 73.04. Conclusion: This study concludes, after the interventions the hamstring flexibility was markedly increased for both groups. But comparatively group B shows better changes in hamstring flexibility.

KEY WORDS

Hamstring flexibility, foam roller, static stretching, athletes, self-myofascial release

INTRODUCTION

Flexibility is considered as the essential component of injury prevention and rehabilitation [1]. Flexibility is the ability to move the muscles and joints through their full range of motion. Flexibility depends upon number of factors. Factors can change the frequency and intensity of stretching, choosing the right exercises and executing them correctly, increasing strength with flexibility. Factors which cannot change the genetics, body structure, a serious injury or disability, age, and gender. YAN HO CHEUNG et al stated that flexibility is not a general characteristic that someone possesses but it is specific to each area of the body. Body has the ability to briefly store and utilize the tension created by a rapid muscle stretch. An example to the stretch-shortening cycle is an elastic band. When an elastic material is stretched, it becomes taut and ready to snap back with force when released. The more pliable the elastic and farther can stretch it, the force it will generate when released [2]. The muscles in the body, has slightly have same process, based on the same principle. When a muscle lengthens rapidly, it stores a reserve of potential kinetic energy, which can be delivered much more effectively and with less expenditure of effort than a simple concentric contraction [3]. Athletes have intense muscle strain for a period as a result of their strenuous training routines, repetitive movements and lifestyles [1]. But there is a method in which fascial tissue can be manipulated by stretching protocol. Athletes are more concerned about increasing or maintaining flexibility because it can help to prevent injury or to be fit. The author Clark, Sutton and Lucett in

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A COMPARITIVE STUDY OF NERVE GLIDING EXERCISE VS SELF MOBILIZATION FOR SCIATICA WITH LOW BACK PAIN

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ABSTRACT

Background: The effect of self-mobilization techniques and nerve gliding exercises for the sciatic nerves helps the patients with lower limb radiating pain. Low back pain is the most common condition which prevails among this decade. To relieve pain and the progression of the condition by using the self-mobilization and nerve gliding exercises are used. Objectives: The objectives of the study are to compare the effects of self-mobilization and nerve gliding exercises for low back pain. Methodology : Study design is Experimental study. 50 members of sciatica with low back pain were selected and divided into two groups, 25 in each (Group A and Group B). group A were treated with Nerve gliding exercise and group b were treated with self-mobilization exercises, daily 15 min for about 3 months. Pain assessment was done before and after the treatment by using Numerical pain rating scale and the readings were statistically analyzed. Result: Group A (nerve gliding) pre mean value was 6.76 and post mean value was (3.96) and GROUP B (self-mobilization) pre mean value was 6.32 and post mean value was (5.28). and p- value for GROUP A was 0.0001 and p-value for group B was 0.0008. Conclusion: This study shows the nerve gliding exercise and self-mobilization exercise was effective for low back pain. But comparing the both techniques the nerve gliding exercise was more effective than self-mobilization in reducing the symptoms and improving the Quality of Life in persons with sciatica.

KEY WORDS

Self-mobilization exercise, nerve gliding exercise, sciatica, low back pain, numerical pain rating scale

INTRODUCTION

Low back pain is experienced by 80% of the population at least once and is one of the most common causes of visiting a hospital. Such low back pain triggers symptoms of the lower limbs such as radiating pain and is associated with decrease in strength and flexibility of the lumbar and lower limb muscles.

The 4th and 5th lumbar vertebrae and 1st sacral vertebra, where low back pain largely occurs, are neurologically areas where peripheral nerves of the lower limbs pass, and dynamic problems of this area trigger weakening of the muscles of the hip and knee joints due to neurological disability; when this occurs over a long period of time, it triggers changes in vertebrae posture, decreasing joint range of motion and causing joint degeneration, and in order to prevent this, maintenance of appropriate posture and of range of motion through normal muscle tone is important. When muscle are shortened for a long period of time, they trigger muscle atrophy, a reduction in cross-sectional area, a decrease in myomeres, accumulation of connective tissues, and an increase accumulation of fat in the tendons and bring about proliferation of connective tissues within the articular capsule, union between to cartilage surface and connective tissues, atrophy of the cartilage, and mal alignment of the

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EFFECTIVENESS OF RESPIRATORY MUSCLE TRAINING AMONG SMART PHONE USERS IN COLLEGIATES

Physiotherapy

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ABSTRACT

Background: Prolong usage of smartphone leads to musculoskeletal disorders such as upper cross syndrome or otherwise called as forward head posture or text neck. Prolonged improper posture leads to increased load on the cervical muscles and joints which leads to reduction of cervical muscle strength followed by weakening of respiratory muscles and alters the expansion of thoracic spine during inspiration and to rest during exhalation. **Materials and methods:** 50 participants were selected and they were divided into two groups (Group A, Group B) each group consisted of 25 participants. Lung functions (Forced vital capacity and forced expiratory volume in one second of both groups (Group A, Group B) were measured using spirometer (pre test and post tests). **Conclusion:** Group-A (stretching) has improved significantly than Group-B (controlled breathing exercise).so it is concluded statistically that group-A (stretching) improved respiratory functions among smartphone using collegiate.

KEY WORDS

Respiratory muscle training, pulmonary function, smart phone users, spirometer.

INTRODUCTION:

Recently the number of smartphone users has been increasing worldwide. The total number of smartphone users among worldwide is about 6.1 billion worldwide [1]. With the introduction of modern technologies such as new age computers and other communication devices such as hand held devices like smart phones are available to everyone even youths. Individuals frequently use these devices in a bad sitting posture[2].It is stated that different postures such as forward head postures have shown altered breathing mechanism.

Prolong usage of smartphone leads to musculoskeletal disorders such as upper cross syndrome or otherwise called as forward head posture or text neck. This leads to tightening of upper trapezius muscles, pectoralis major muscle and weakening of muscles used for cervical flexion [3]

The forward head posture is a poor habitual neck posture that is defined by hyperextension of the upper cervical vertebrae and forward translation of the cervical vertebrae and the centre of the gravity of head in this posture is positioned at the front rather than the vertebral body. [4]

Prolonged improper posture leads to increased load on the cervical muscles and joints which leads to reduction of cervical muscle strength followed by weakening of respiratory muscles and alters the expansion of thoracic spine during inspiration and to rest during exhalation [5]

Such posture leads to weakness of the respiratory muscles and decreases lung capacity and normal respiration is a very intricate function which consists of mechanical and non mechanical components.

Forward head posture is one of the most common musculoskeletal disorders associated with the hand held techniques .When the head comes forward muscles in the front of the neck and immediately below the head at the back contracts.

The scalene muscle and the sternocleidomastoid muscles are flexors of the neck and play a vital role in the posture control of neck [6] .This muscles also acts as an inspiratory muscle .This helps to lift the chest wall with breathing. Prolong forward head posture shortens and weakens these muscles resulting in weakened breathing. Forced vital capacity and forced expiratory volume in 1 second and the accessory respiratory muscle activity is said to be affected.

In addition forward head posture is known to have a large influence on respiratory function by weakening the respiratory muscles .The sternocleidomastoid muscle, scalene muscle, upper trapezius, pectoralis major, serratus anterior, latismus dorsi are important accessory muscles involved in inspiration. Hence a forward head posture shortens, weakens these muscles and decreases their respiratory function [7].

Accessory muscles of respiration are those muscles which assist in respiration. Accessory muscles are the sternocleidomastoid, upper trapezius, pectoralis major, scalene ,serratus anterior, latismus dorsi.

PROCEDURE:

70 smartphone using college students for more than 1 hour/day were selected. After getting the informed consent from the participants, based on inclusion criteria and exclusion criteria 50 participants were selected and they were divided into two groups (Group A, Group B) each group consisted of 25 participants. INCLUSION CRITERIA: Age: 19-25 , Smartphone users of one year (one hour per day) EXCLUSION CRITERIA: orthopedic conditions , Herniated disc, Rheumatiod arthritis, History of cervical fracture , Cardiac conditions , COPD exacerbation, Neurological conditions, Cervical Rediculopathy.

Lung functions (Forced vital capacity and forced expiratory volume in one second of both groups (Group A, Group B) were measured using spirometer (pre test and post tests).

Group A was given stretching (to accessory muscles)
Duration : 15seconds/Muscles
Repetitions : 10 times/Minute
Frequency : 4 times a week.

Group B was given control breathing exercises
4:6ratio, 6 cycles (per minute)
Repetitions: 10 times
Frequency: 4 times a week.

After the intervention period, the lung functions values (Forced vital capacity and Forced expiratory volume in 1second) of both the groups (A, B) were evaluated by using spirometer (post-test).

Pre and post values of both groups (A, B) were statistically analysed and results were interpretad.

RESULT:

The mean values for (Group A) FVC was P<0.0006 and t-value was 3.9287 and FEV1 was P<0.0008 and t-value 3.8362. The mean value located for (Group B) FVC was P<0.0024 and tvalue 3.3812 and FEV1 was P<0.2595 and t- value 1.1547.

DISCUSSION:

Frequent smartphone use can lead to adaption of a non-neutral neck posture or development of musculoskeletal disorders. people use it with head shifted forward and the smart phones placed on waist or lap

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Effect of Stretching and Strengthening on Low Back Pain among High Heels Using Young Females

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Abstract: ***Low back pain is common problem that affect the public health. Low back pain can be avoided by maintenance of good posture and good transferring technique using foot wear. This study aim's to know about the effect of stretching and strengthening on Low Back Pain among high heels using young females. To reduce Low back pain and also calf muscle tightness, improve the calf flexibility and strengthen the abdominal muscle.*** *Materials and methods: **A comparative experimental study was conducted at School Of Physiotherapy VISTAS. 30 participants were selected based on inclusion criteria using convenient sampling method were divided into two groups Group A – Stretching (Experimental group) & Group B – Strengthening (Experimental group),both groups 4weeks of intervention period.*** *Result: **The result showing that there was a significant improvement in both groups $p<0.05$.*** *Conclusion: **The results were showing although both groups were showing significant improvement, but when comparing both groups statically Group B is effective than Group A.***

Keywords: Low back pain, High heels, Stretching Exercises, Strengthening Exercises.

1. Introduction

Low back pain is common problem that affect the public health. Low back pain (LBP) is characterized by pain or discomfort in the lumbar region, occur below the costal margin and above the gluteus fold that may or may not radiate to the thigh.

Classification based on the duration or symptoms.
1) Acute: less than six weeks
2) Sub-acute: 6-12 weeks
3) chronic: more than 12 weeks

During the early 21st century, woman started to wear high heels in order to satisfy their desire to be more beautiful and fashionable.[1]The use of high heels is being a common habit increasing gradually among the adults High heels is the one of essential part of woman's fashion that reflects the personality. The foot wear change the woman's posture and gait. Low back pain can be avoided by maintenance of good posture and good transferring technique using foot wear. This result is similar with previous research by pannell SL, where the percentage of female who wear high-heels were found highest between the age group of 18-21 years, as much as49%.[2]As is known, the etiology of LBP, is multifactorial ,be it anatomical position or pathological process.

High heels greatly affects the lumbar curve, increase loading on tibialis anterior muscle & distrub center of body. High heels causing increased weight bearing on toes, ankle sprains and leg pain and back pain. It affects the stride length, walking speed, abormal gait. High heels wearing also increase lumbar lordosis and increase compressive forces on lumbar vertebrae's that leading to Lumbar spondylosis. During stance phase with high heel and increased weight bearing on ankle, knee & hip joints. Most high heels users were between the age of 20 to 25 years old, as much as 65%.This age is a productive age.

Anatomically the most often etiology of LBP include any disease or injury of the muscle, fascia, ligament, bone, joint, disc and spinal nerve. The negative side effects of high heels shoes on the body mechanics and might related to other factors such as malnutrition, deficiency of vitamin D, Lack of physical exercise and transferring or carry objects with wrong posture.[4]

Weak abdominal muscle cause hip flexor, muscles to tighten causing an increase in the curve of Low back. Unhealthy posture and muscle imbalances can lead to Low back ache. The good abdominal muscle strength maintaining the pulmonary function and reducing low back pain.

- **Stretching:** Any therapeutic maneuver designed to lengthen pathogically shortened soft-tissue structures and thereby increase range of motion (kisner and Colby 1996).
- **Strengthening Exercises:** Strengthening Exercises at increasing the torque-producing capacity (or) endurance at a specific muscle (or)muscle group.

2. Methodology

Study Design: Experimental study.
Study Type: Comparative study.
Sampling Technique: Convenient sampling.
Sample size: 30 Females.
Study Duration: 4Weeks.
Study Setting: School Of Physiotherapy, VISTAS.

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A Comparative Study of Mirror Therapy and Sham Therapy with Conventional Rehabilitation in Balance Ability for Geriatric Patients

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Abstract: *Background of the studies: implication of mirror therapy.and shyam therapy for stroke patients proves the changes in their functional activities. Aim and objective of the study: Aim of the study is to compare the effect of shyam therapy and mirror therapy with conventional rehabilitation in balance ability for geriatrics. Methods: 50 old aged peoples were selected based on criterias, splitted into two groups, and assessed with balance. Group A with shyam and conventional rehabilitation, then Group B with mirror and conventional rehabilitation, after 6 weeks again re assessed and results were interpreted. Results: Group A pre test value was 8.36 and post valve was 10.52, Group B pre test value was 7 and post test value was 11.28. Conclusion: The statistical report reveals that Group b (mirror therapy) shows significant changes when compared to group A*

Keywords: balance training, geriatrics, mirror therapy, shyam therapy

1. Introduction

Geriatric is a specialty that focuses on health care of the elderly people. It aims to promote health by preventing and treating diseases and disability in older adultd there is no set age at which patient may be under the care of a geriatrician or geriatric physician, a physician who specializes in the care of elderly people. [1] Balance problems and falls are common among the elderly and are a leading institutionalization in this Group that result in over 5 million patient out patient visits per year .[3] it is estimated that between 28% and 35 % of individual over age 65 falls each year, with a fifth of those requiring medical attention. The number of falls increases to over 40% for those 65 and older. [2] Balance disorder in the geriatric population are often a multifactorial condition. Weakness in the core stabilizing muscles, altered muscle activation pattern, loss of proprioception, and an inability to control normal postural sway can all result in decreased balance in the elderly. [5]

A mirror is placed in the patient's mid sagittal plane, with the affected limb in front of it, so that the affected limb is blocked and the patient can only se the reflection of the intact limb.[4] Movement of the intact limb gives the patient the illusion in which inputs are perceived through the affected limb behind the mirror[7]

Mirror therapy, with its low cost and simplicity, may be a suitable alternative. Ramachandran and Rogers Ramchandran introduced the use of visual illusions created by a mirror as a treatment for phantom pain. Mirror therapy has been used in patients suffering from stroke, cerebral palsy, complex regional pain syndrome, phantom limb pain and fracture rehabilitation.[9.11] Three particular conditions that have been studied the most are stroke, CRPS and phantom limb pain. During mirror therapy, a mirror is placed in the patient's mid sagittal plane, thus reflecting movements of the non paretic side as if it were the affected side .[12] This arrangement is suited to create a visual illusion whereby movement of or touch to the intact limb may be perceived as affecting the paretic or painful limb[8]

The underlying mechanisms of the effects in these three patient groups have mainly been related to the activation of mirror neurones. which may also be activated when observing others perform movements and also during mental practice of motor tasks.[15] Mirror neurons were found in areas of the ventral and inferior premotor cortex associated with observation and imitation of movements and in somato sensory cortices associated with observation of touch. Mirror therapy in geriatric patients [10].

Motor networks may become activated because of increased attention towards the affected limb, which is mediated by the illusion of a paretic / amputated limb that has been "healed" Geriatrics patients may end up in a state of "learned non-use" of the paretic limb, therefore similar to the rationale for constraint induced therapy MT is said to increase the patient's attention toward the limb, which in turn increases use of that limb and enhances limb function. These ipsilateral projections may become unmasked and MT may promote the recruitment of these pathways for movement of the limb.

Mirror neurons are unique neurons in the premotor cortex that activate when an individual perform s and action and when that individual observes that action being performed. Since MT is a form of action observation, it is therefore believed to activate the mirror neuron. system. Areas of the brain that include the mirror neuron system activated through action observation excite the cortico spinal pathway inducing motor learning and neuro rehabilitation.

2. Methodology

Study design : Observational study
Study type : Random sampling

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EFFECT OF GLENOHUMERAL GLIDING WITH CRYO FOR SHOULDER IMPINGEMENT SYNDROME

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ABSTRACT

Shoulder impingement syndrome is the third most common musculoskeletal syndrome among human population. it is usually a non-traumatic unilateral shoulder pain which causing reduced functional ability in shoulder. This study aim's to know about the effect of glenohumeral gliding with cryotherapy and isometric strengthening of rotator cuff muscles with cryotherapy. To reduce pain and improve functional status and range of motion of shoulder. **Materials and methods:** A comparative experimental study was conducted on CSK physiotherapy and fitness clinic. 40 participants were selected based on inclusion criteria using randomized control trail method participants were divided in to two groups Group – A Experimental & Group –B Control group, both group received 4 weeks of intervention period. **Result:** The results showing that there was a significant improvement in both experimental and control group $p<0.05$. **Conclusion:** The results were showing although both groups were showing significant improvement but experimental group were having higher significant difference than control group.

KEYWORDS: Shoulder impingement syndrome, glenohumeral gliding, isometric exercises.

INTRODUCTION

Shoulder pain is the third most common musculoskeletal disorder among human Population.[1] Shoulder impingement syndrome has more prevalence in shoulder pain comparing with other shoulder disorders. Shoulder impingement syndrome is also called as subacromial pain syndrome.[2] It is a non-traumatic, usually unilateral, shoulder pain and

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Correlation of immediate effect of inverse-ratio breathing on inspiratory vital capacity, blood pressure and resting heart rate in healthy adults

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Abstract— Breathing techniques since have become popular due to a rising interest in holistic and wellness approaches to healthcare and have claimed for health benefits and treat a range of medical conditions. However, very few studies document the efficacy and potential clinical benefits of breathing techniques, predominantly in disease state and due to their physiological significance, there will be difficulty in refining a breathing technique suitable in time of intense physical or mental stress activity. With this inverse concerns this study aims about implementing the effect of inverse-ratio breathing involuntary breathing individuals and their effects on vital parameters to predetermine the mortality chances due to poor breathing techniques and its association to physiological factors and reduce the death due to CRD and also applied to hospital set up to know the effects of breathing on vital parameters and co-relate to each conditions. 100 healthy adults fulfilling the inclusion criteria were selected for the study. They were initially assessed with resting heart rate, blood pressure and inspiratory vital capacity followed by performing one minute of inverse ratio breathing then again, the measurements were done. The evidence is sufficient to conclude that there is significant effect of Inverse Ratio Breathing in increasing the value of Inspiratory Vital Capacity and Heart Rate from Pre-test to Post-test and decreasing the value of systolic and diastolic blood pressure from Pre-test to Post-test. Thus, this Inverse Ratio Breathing can be used as adjunct to other forms of breathing exercises and can be correlated to breathing exercise training for various individuals, considering the physiological basis of each conditions.

Keywords— Inverse-ratio breathing, inspiratory vital capacity, blood pressure, resting heart rate.

1. Introduction

Respiration is a physiological process(mechanism) during which air is inhaled into the lungs and then exhaled through the nose or mouth [1]. It is a biomechanical process in which the cells of an organism obtain energy by combining oxygen and glucose, resulting in the release of carbon-dioxide water and ATP. Generally, normal breathing is involuntary and rhythmic. Major muscles of respiration are diaphragm and intercostal muscles. During inspiration with oxygen inhaled within the body the intercostal muscles contract expanding the rib cage and diaphragm contracts, pulling down to increase the volume of the chest [1, 2].

During this process, the increases in volume lower the air pressure in the alveoli to below the atmospheric

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Study of Prevalance of Musculoskeletal Problems amongest Classical Versus Western Dancers

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ABSTRACT

Aim: To study the prevalence of musculoskeletal problems in classical versus western dancers

Objective: To find out the musculoskeletal pain in classical and western dancers by using the Nordiac pain questionnaire.

Method: One hundred and eighty subjects participated in the study. All subjects were asked to fill the consent form, demographic details, and a questionnaire which included a year of dance experience, use of protective device, adherent to warm up and cool down exercises and a detailed explanation was given to them about the Nordiac pain questionnaire, they were asked to fill it without any mistakes.

Results: The study found out that the prevalence of musculoskeletal problem encountered by classical and western dancers has involved different percentage at various anatomical site. Percentage of sites involved in classical and western dancers are, Ankle 31% & 16%; Lower back 29% & 26%; Knee 16% & 14%; Hip / Thigh 14% & 13%; Shoulder 7% & 9%; Upper back 1% & 4%; Neck 1% & 11%; Elbow 1% & 4% respectively, and there was no wrist pain respectively. Nordiac pain questionnaire, which consists of discomfort, ache, pain, numbness with difficulty in doing normal work in 12 months and with difficulty in doing normal work in 7 days, has shown a weak positive correlation.

Conclusion: The study concludes that there is higher rate and prevalence observed in western dancers as compared with classical dancers.

Keywords: *musculoskeletal pain, western dancers, classical dancers, nordiac pain questionnaire.*

INTRODUCTION

Dance involves combination of complete body, emotions and mind together with physical activity and also a means of expression and communication. Different type of dance involves movement of the various segments or joints. Dance is described as a conscious effort to create different visual designs and imaginations over space by continuous movement of the body through a series of different poses and pattern in symmetry and should follow a particular rhythm. Though practiced over centuries, Indian classical dance has undergone many changes with change in times. In today's time, it is facing new challenges in order to meet the demands of the present world. Injuries have become a more prominent threat to the dancers as in the case of athletes and sports persons [1]. Classical and western dance groups are commonly accepted under dance studies [2]. In relation to this transition of the dancing style, while dancing, more complex movements are introduced may overload some of the weak zone which may get injured. As a beginner lack of flexibility of different muscle groups may lead to produce early muscle fatigue or alter the normal joint movements leading to injury. The demands placed on dancer's lower extremities leave them at risk of musculoskeletal injuries. Approximately 64 to 80% of ballet dancers injured their lower extremity such as muscles strain and tear and about 64 - 75% of these injuries affect the muscles and soft tissues. Apart from lower extremities, dancers also have a high number of lumbar spine, knees, ankle, and foot injuries. 28%

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A Comparative Study of Physical Fitness Level among Municipal Corporation and Semi-Private School Going Adolescent Male Students

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ABSTRACT

Background and Objective: Physical fitness is the overall capacity or capability to perform any form of physical activity. Aim of this study is to find out the level of physical fitness of adolescent male studentsamong Municipal Corporation and semi-private school.

Method: A sample size of 100, aged (12-17) was taken into consideration. The samples were divided into two groups. Group A (n=50, selected from municipal corporation) and Group B (n=50, selected from semi-private school) in Pune. The author assessed muscular fitness, speed/agility, flexibility and cardiorespiratory fitness using different performance tests are as follows, handgrip, standing long jump, 4 by 10 meter shuttle run, back saver sit and reach and 20 meter shuttle run test.

Result: The author compared the values of each test between Group A and Group B by using ANOVA statistical method. The result showed that the P value of standing long jump test and 20 meter shuttle run test is much better in semi-private school as compared to Municipal Corporation.

Conclusion: This study concludedthat the subjects in Group B have better results in the 20 meter shuttle run test and standing long jump test with a P value of 0.000 and 0.001 respectively as compared to Group A.

Keywords: *Physical Fitness Level, Adolescent, Semi-private School, Municipal Corporation School*

INTRODUCTION

Physical fitness is defined as an ability to perform occupational, recreational and daily activities without becoming unduly fatigue[1]. It is an overall measure of body function which is involved in daily physical activity and also an important health marker affected by level of physical activity and other lifestyle factors.[2,3,4,5] Physical fitness level should be maintained as it helps a person to reduce injury risk, work efficiently and participate in various physical activities. A level of physical fitness determines the onset of various diseases and associated musculoskeletal problems which occur commonly because of lack of activity.[3,6-8]Physical fitness is very important physical wellness marker in childhood and adolescent as well, a high fitness level results in decreasing the risk of obesity, cardiovascular disease, musculoskeletal and mental health.[9,10]

Physical activity is defined as any body movement produced by a muscle action that increases energy expenditure. The physical activity pattern which is practiced during childhood period forms a basis for habits of activity in future life. [11,12,13,14,15] There are many benefits of physical activity for child and youth such as reduction of risk from various chronic ailments or diseases, obesity, enhanced cognitive function and academic performances.

The basic components of physical fitness are cardio-respiratory fitness, muscular fitness, speed/agility and flexibility.

Cardiorespiratory fitness, otherwise known as maximal aerobic power is the overall capacity or capability of cardiovascular and respiratory system and the ability to carry out, less strenuous exercise over prolonged period of time.

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A Prevalence Study of Depression among Physiotherapy Students in Pune

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ABSTRACT

Background and Objective: Depression is a common but serious mental illness typically marked by sad or anxious feelings. According to WHO by 2020 Depression would be 2nd most prevalent condition world wide.2 There is considerable evidence that rates of Depression and suicide are high in medical students.

Method: A sample size of 400, Undergraduate Physiotherapy students and interns were taken into consideration. All the sampleswere asked to complete the Beck's Depression Inventory (BDI) scale.

Result: Using ANOVA statistical method, The result showed the prevalenceof 21.4% with varying severity of depression amongPhysiotherapy students.

Conclusion: This study concludes that the prevalence of depression is considerable i.e. 21.4% in undergraduate physiotherapy students, and are gradually increasing from first year to Internship course.

Keywords: Depression,Physiotherapy Students

INTRODUCTION

Depression is a very common but serious mental illness typically marked by sad or anxious feelings and an emotion, characterized by "sadness", crying, withdrawal from others, and feelings of inadequacy. In this computer era, stress is the most common psycho-somatic disorder which equally affect each and every individual irrespectively. The term stress can be defined as "an Internal state which can be caused by physical demands on the body or by environmental and social situations which are evaluated as potentially harmful, uncontrollable, or exceeding our responses for coping." On other hand, stress resulting from number of physical and bodily responses.[1]According to WHO by 2020 Depression would be the 2nd most prevalent condition world wide.[2] In 2009 the American College Health Association-National College Health Assessment (ACHA-NCHA)- a nationwide survey of college students at 2 and 4 year institutions found that nearly 30 percent of college students reported feeling "so depressed that it was difficult to function"[3],and also it affects the academic performance in college.[4] There is considerable evidence that rates of Depression and suicide are high in medical students and that these rates continue to remain elevated when these students become practioners.[5] Many Studies have shown a high prevalence of depression in medical students.[6] This high level of stress has a negative effect on the academic curriculum, by reducing concentration, problem solving, decision making, completion of work and other abilities necessary for student learning.[7] A study among Medical students of a private Medical College in India revealed that 49.1% of them were suffering from Depression.[8] In Chinese medical students, nearly half of them were depressed with 2% having severe Depression.[9] Although some degree of stress is a normal part of medical training and can be a motivator for some individuals, not all students find stress constructively.[10] For many individuals, stress arouses feelings of fear, incompetence, uselessness,

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Psychological Skills Training to Adolescence Footballers – Today's Perspective, Guide to Plan and Conduct

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Abstract

Background: The relationship between athletic peak performance and psychological training is well studied in various literatures on sports psychology. Insufficient awareness of the practical application of psychological skills training to athletes may not effective in handling psychological barriers. **Methods**: To encourage the benefit of sports players, a study may consist of all possible aspects of evaluation and a unique approach to address the psychological factors, such as stress, anxiety, etc. The purpose of this article is to fill the gap in the field of sport psychology and to meet the demand of sports players. This presented guidelines and suggestions could be useful for the researchers to import knowledge of psychological skill training to improve the mental skills of adolescent footballers. **Conclusion:** The practical application involves a systematic approach applied in a progressive manner in terms of the type of skills, volume of training, working intensity, specific need, and its recovery pattern.

Keywords: Psychological skill training, mental training, adolescence, football

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1. Introduction:

In recent days sports and its participation has been given a lot of importance by children to the geriatric population and all genders, due to various health benefits and improvement in the quality of life [(1)]. Players of various levels of competition are working with their trainers, coaches, team players, and family members, to enhance their performances during and prior to the competition [(2)]. Many studies have pointed out that more emphasis on physical skills training such as sprint, jump, etc, which results in overtraining leading to mild to severe injuries and may interfere and deteriorate athletic performances [(2,3)]. According to Dr. Max Gerson, a successful combination of training requires synchrony of the physiological and psychological functions of the body to achieve restoration in its entirety. Psychological skill training is defined as a set of approaches addressing the mental, physical and psychological aspects of a person which causes an increase in performance during practice sessions and competition. It is a unique program consisting of well organized mental strategies by systematic training of different psychological skills, such as progressive relaxation, mental imagery, motivational self-talk, etc [(4)]. Physical trainingis more beneficial if it could be combined with psychological skill training (PST),which may enhance the recovery process, and enhances performance, which includes progressive relaxation training by Jacobson, mental imagery training. All these techniques are of applied psychology help athletes to cope up with stressful situations and reduce arousal and anxiety.[(5, 6)]. Researchers in sports psychology has revealed that mental skills strategies are used to enhance athletic performance by

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Research Article

Assessing hand grip strength and screening of performance related upper limb injuries experienced by Indian musicians

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Abstract

The objective of this study were to assess Hand Grip Strength and screen for performance related upper limb injuries experienced by Guitar, Sitar, Keyboard, Harmonium, and Tabla players.100 Musicians from age group of 20-60 years participated in this survey. Every musician was given a questionnaire to fill as per their experience about performance related symptoms and problem faced in past or present in upper limb. After this, Hand grip strength (B/L) was measured in sitting position with elbow flexed in 90^0, shoulder adducted, forearm in mid prone position with wrist in neutral position and cuff of Modified Mercurial type Adult Sphygmomanometer inflated to 20 mmHg. Every participant musician was told to press the cuff as hard as possible for 3 times. Rest period of 5 minutes was given in-between every trail. The Mean score among 3 trails was recorded. The result showed, 66 Musicians out of 100 were having performance related symptom or problem experienced in upper limb. The information about musician's hand grip strength, showed significant difference between the dominant and non-dominant hand grip strength ($p = 0.034$). Musicians participated in survey experienced symptoms like significant pain in musculoskeletal system, abnormal sensations in finger tips, weakness in muscles and loss of sensation in fingers. Assessment of grip strength is an essential evaluation method and it's useful to keep normative data of hand grip strength for musicians and also for physiotherapist.

Keywords: Modified Mercurial type Adult Sphygmomanometer, Hand grip strength, Significant pain.

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INTRODUCTION

Many aspiring peoples of any age are interested in playing any musical instrument, but they don't know a silent side of various performance related upper limb injury which comes as the side effect of their passion. To play any musical instrument good muscle memory is required. Muscle memory is best achieved by consistent repetition of the intended task, by asking the muscles to perform. Hand is the most important and key body part involved to create sound from any musical instrument. Thus upper limb is more exposed to injuries due to over practice or because of performing professionally for many years and for much of the time. These injuries result when a biological tissue (e.g., muscle, bone, tendon, ligament) is stressed beyond its physiological limit. Also included under the umbrella of overuse injuries are specific diagnoses such as lateral epicondylitis, De Quervain's syndrome or tenosynovitis, carpal tunnel syndrome, thoracic outlet syndrome (TOS), focal hand dystonia, neuritis, and bursitis.[1] Musician's hands are vital to their musical performance. Musicians often have to perform to the limit of their abilities physically, emotionally, and spiritually. They utilize rapid, complex, coordinated movements. Sometimes they are required to play in less than ideal environments and usually they do not have a medical team to support them in the way sports medicine supports athletes.[2] Musician is assessed on and off their instrument and, once a diagnosis has been made, a short and long-term treatment plan can be established. The focus of performing arts medicine is to prevent injury.

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Comparative Study of Conventional Tens Versus Phonophoresis Along With Exercises in Lateral Epicondylitis

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ABSTRACT:

The estimated annual incidence in the general population is 1-3% among them most patients are between the ages 30 and 55 years. In clinical practice the condition is found more often in non-athelets than atheletes; probably less than 5% of patients with epicondylitis are golf or tennis players.There is scant data available regarding the relative efficacy of TENS, Phonophoresis and Exercises in the management of Lateral Epicondylitis. So this study was design to compare the effectiveness of TENS versus Phonophoresis along with Exercises in Lateral Epicondylitis.60 subjects were selected according to inclusion criteria and VAS, ROM and Grip Strength were measured on Day1 pre-treatment, Day6 and Day12 post-treatment. Patients were divided randomly into two groups by simple random sampling. Group A received Phonophoresis and exercises & Group B received Conventional TENS and exercises. Exercises included static stretching and eccentric strengthening. Each group was treated 6days a week for 2weeks.Results of this study showed significant improvement in Group A when compared to Group B with significant p value<0.0001

Keywords: *Lateral epicondylitis, Phonophoresis, Conventional TENS, Grip Strength.*

INTRODUCTION:

Lateral epicondylitis, also known as tennis elbow, is a condition in which the outer part of the elbow that attaches the Extensor Carpi Radialis Brevis (ECRB) sore and tender[1].In addition, the anterior edge of the origin of the Extensor Digitorum Communis is involved in 30% of cases and rarely, the underside of the Extensor Carpi Radialis Longus or the origin of the Extensor carpi ulnaris is involved. Dr R. Nirschl and Pettrone was the first to describe this condition as a degenerative more than inflammatory process involving primarily the Extensor Carpi Radialis Brevis. Cyriax stated that the Extensor Carpi Radialis Brevis is involved at the tenoperiosteal insertion at the humeral lateral epicondyle at the body of the tendon or at the muscle belly[2]

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A Study on Hand Arm Vibration Syndrome in Body Shop Workers in Pune Area

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ABSTRACT

Background: Vibration is defined as oscillatory motion. Oscillatory movements involves velocity in the opposite direction alternate velocity in one direction and then a velocity in the opposite direction. This change of velocity means that the object is constantly accelerating, first in one direction and then in the opposite direction.The oscillatory motion from a source, e.g., a vehicle or a tool, may be simple harmonic sine wave or a multiple wave complex differing in frequency and acceleration; or a random non-repeating series of complex waves. The human response of vibration depend on the part of the body that is exposed. There are two broad types of vibrations that workers are exposed to i.e vibration transmitted to the whole body (whole-body vibration or WBV) through a supporting surface, for example, the feet of a standing person or the buttocks of a seated person and vibration applied to a part of the body, i.e. segmental vibration. vibration is applied to the hand, it is called as 'hand-arm vibration' or HAV.

Objective: To find out the effect of HAVS on hand of car mechanics using vibration machines. To find how many car mechanics are affected with HAVS .

Materials And Methods: Age group:20-40. Only males Work experience of more than 1 years.. Workers using hand arm vibratory tools . Working hours: 8hours per day with 2hrs minimum of vibration exposure.Questionnaire, Jamar., Aesthesiometer were used. Visual analogue scale, Stockholm scale, Quick DASH and Patient Specific Functional Scale. Two point discrimination,. Superficial and deep sensations, Grip strength were assessed.

Result: , out of 217 subjects 142 subjects had no discomfort and were working healthily. on the other side 50 subjects had pain in hand while working, 22 subjects suffered from tingling during work and only 3 subjects showed symptom of numbness during work.. 156 doesn't have pain on activity and 181 doesn't have pain on rest. no significant difference is seen in grip strength when compared right and left.. on dash scale 167 subjects had no difficulty , 28 subjects had mild , 3 subjects had moderate and 3 were unable to perform any activity.

Conclusion: The study concludes that there is very less prevalence of hand arm vibration syndrome in body shop workers using hand arm vibratory machines in pune area.

Keywords: Havs, Body Shop Wokers.

I. INTRODUCTION

Vibration is defined as oscillatory motion. Oscillatory displacement involves alternate velocity in one direction and then a velocity in the opposite direction. This change of velocity means that the object is constantly accelerating, first in one direction and then in the opposite direction.[1] The oscillatory motion from a source, e.g., a vehicle or a tool, may be simple harmonic sine wave or a multiple wave complex differing in frequency and acceleration; or a random non-repeating series of complex waves.[2]

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To Check 10% Rule of Dominance in Hand Grip Strength of Physiotherapy Students

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ABSTRACT

The objective of this study was to check whether the dominant hand has 10% more grip strength than the non-dominant hand and provide normative data of hand grip strength in physiotherapy students. 100 students between 18-25 years participated in this survey. After obtaining written consent from the students they were asked to sit on the chair with straight back, with armrest with the feet flat on the floor, shoulder adducted and neutrally rotated, elbow flexed at 90°, forearm resting on the arm rest in mid prone position and wrist without support between 0° – 10° of ulnar deviation. Then the handle of dynamometer was set at setting of 3.8 cm apart and kept constant for all. Subjects were asked to hold the dynamometer first in the dominant hand in above said position and were instructed to squeeze for 3 seconds or less to initiate the optimal handgrip strength. Three attempts for each subject were conducted, alternating right and left hands with 30 seconds rest between two attempts to overcome the fatigue.100 students (72 females & 28 males) were provided with their normative data of hand grip strength. We concluded after obtaining results that there is an overall 9.10% difference between the dominant and the non-dominant hand which is approximately 10%. Thus our study supports the 10% rule of hand dominance of physiotherapy students.

Keywords: *10% rule of hand dominance, Physiotherapy students, Jamar dynamometer*

INTRODUCTION

Human beings have been unable to construct a machine which can be more perfectly balance and coordinated than human hand. The hand is a complex, multiple organ. The hand is irreplaceable when it comes to performing any kind of movement, may it be gross or skilled. Human hand is a complex instrument that has many aims. Only the hand is capable of making distinctions about external characteristics because it combines strength and accuracy. The hand has a central role in many activities of daily life like eating, writing, typing etc. the list is endless. Loss of optimal hand function does not merely hamper practical tasks such as personal hygiene it affects other areas of life.[1]

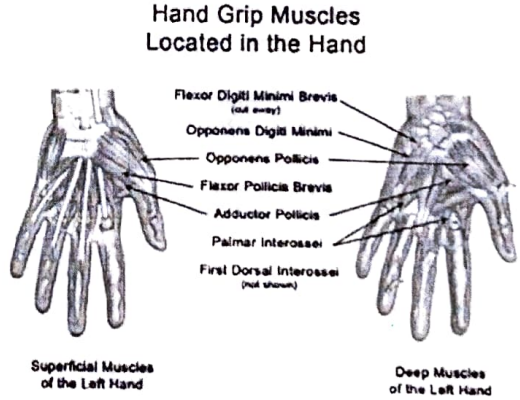


Figure 1

Many daily activities involve interaction with objects that are grasped in the hand. The manipulative ability of the human hand requires effective force and dexterity.[2]

Metacarpo Phalangeal flexors, abductors and adductors i.e. introssei helps in strong grip as same as

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Effect of Passive Stretching v/s Myofascial Release in Improving Piriformis Flexibility in Females – A Comparative Study

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Abstract

Study Design: Comparative Study Design.

Background: Piriformis, a key internal rotator of the hip which develops muscular imbalance due to overuse and pressure. The eccentric contraction lead to loading of the piriformis muscle when the hip is excessively abducted and internally rotated causing over lengthening and compression on the muscle, which in turn causes several disabling conditions like low back pain, sciatica and much more.

Objective: Hence, the present study was conducted to see the prevalence of Piriformis tightness in young adult females, to compare the effects between two definitive forms of treatments which are passive stretching (STR) and myofascial release (MFR) on improving the flexibility of Piriformis muscles.

Procedure: In this study, 30 individuals were assessed for tightness and then recruited on the basis of inclusion and exclusion criteria. Individuals were sorted into two groups A and B. Pre and post assessment was taken by Range of Motion.

Result: Significant improvement in flexibility of Piriformis muscle was found post intervention compared to pre-intervention in both the groups ($p<0.001$). However greater improvement in flexibility was seen in group B (Myofascial Therapy) when compared to group A (passive stretching).

Conclusion: The effect of Myofascial release on piriformis flexibility is a more effective than passive stretching.

Keywords: *Flexibility, Internal Rotator, Myofascial Release (MFR), Piriformis, Passive Stretching (STR), Range of Motion (ROM).*

Introduction

Piriformis muscle is flat muscle which lies below and parallel to the posterior border of the gluteus medius. The muscle originates of the from the pelvic surface of the middle three pieces of the sacrum, by three digitations and upper margins of the greater sciatic notch and insertion of the rounded tendon occurs at the apex of the greater trochanter of the femur.[1] It acts as external rotator of the hip below 60 degrees and internal rotator above 60 degrees, thus making it a key internal rotator of the hip joint.[2]

Piriformis muscle tightness is often confused with Piriformis Syndrome which is defined as neuritis of sciatic never caused by an injured or irritated piriformis muscle[3] whereas tightness is simply the shortening of the length of the muscle due to sedentary lifestyle. There are various disabling conditions caused due to a simple tightness of Piriformis muscle like low back pain, sciatic nerve pain through muscle hypertrophy or a nearby anomaly due to its anatomically closeness to the sciatic nerve, pain and allesthesia in hip, thigh, calf and foot are symptoms that commonly occur in Piriformis

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Original Research Article

Comparison of Yoga versus Swiss Ball Activity Training in Peri Menopausal Females with Low Back Ache

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ABSTRACT

Purpose- Low back ache has found to be the most common and highly susceptible condition; prevalence is higher in females than males. As estrogen level tends to drop down with age rendering the bones to become more osteoporotic. Measures must be taken to improve the quality of life after menopause to avoid risk for further complication of ageing by the most beneficial treatment. Yoga helps more in improving the flexibility of the muscles whereas exercising on Swiss ball provides dynamic and immediate activation and strengthening of muscles. The study can give us the knowledge of which of the treatment is more beneficial and effective. This study can help us design a standard treatment protocol with the above techniques for low back ache females transiting towards menopause. Subjects were randomly allotted into two groups of 15 each. One group underwent yoga training whereas the other group underwent Swiss ball training exercises. Pre and post outcome measured was administered -NPRS, MENQOL questionnaire and lumbar range of motion.

Results: Significant improvement in pain relief and physical component of MENQOL scale was seen in the Swiss ball activity group compared with the group who underwent yoga training. Whereas increase of lumbar ranges of motion was seen in yoga group.

Conclusion: The result of this study showed that Swiss ball training holds the advantage of reducing pain in peri menopausal women with improvement in the physical component of MENQOL scale as well. Whereas, when it comes to improving lumbar range of motion, yoga outperformed owing to its own nature of performance.

Keywords: Menopause, Surya Namaskar, Swiss ball, low back ache.

INTRODUCTION

Low back pain is the most common and important clinical, social, economic, and public health problem affecting the population indiscriminately across the world. Low back pain is known to be one of multi-factorial causes, employment and workplace factors, both physical and psychological, such as heavy lifting, pushing, pulling, vehicle driving, and prolonged walking or standing. These were also found to be predictors of low back pain and there are similar associations with stressful and monotonous work and dissatisfaction with work. This condition has been reported consistently in a higher proportion of females than males. The overall prevalence of low back pain is higher in women than in men. That post-menopausal woman has higher incidence of

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Original Article | Open Access

Effect of Mobilization/Manipulation Directed At Cervical Spine & Thoracic Spine in Patients with Mechanical Neck Pain

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Abstract: Mechanical neck pain is a major health problem in modern society. Intervertebral joint dysfunctions are defined as a reduction of mobility of cervical segment and if identified on clinical examination, is often the focus of treatment of mobilization/ manipulation. The purpose of this study is to compare the effects of conventional treatment alone with added effect of cervical mobilization/ manipulation with conventional treatment and cervical and thoracic spine mobilization /manipulation in patients with mechanical neck pain. Methods: 60 participants of mechanical neck pain were selected by purposive sampling method and randomly allocated to three groups. 6 treatment sessions over a period of 2 weeks were given. The Numerical Pain Rating Scale and the Neck Disability Index score was considered in pre and post assessment. Statistical comparison amongst the groups was made using the one way ANOVA & POST Hoc analysis. Result: The present experiments indicate that both mobilization/ manipulation were equally effective as compared to conventional treatment.

Background: Neck pain is a major health problem in modern society [1]. One of the most common causes of neck pain is related to mechanical dysfunction of the cervical spine [2]. Intervertebral joint dysfunctions are defined as a reduction of mobility of cervical segment [3] and if identified on clinical examination, is often the focus of treatment of mobilization /manipulation [4].

Normal functioning of the cervical spine depends on normal biomechanics of the upper thoracic spine. If there is any functional disturbance in the upper thoracic spine, the capacity of the muscles decreases and the range of motion of the cervical spine is impaired[5].

While several randomized clinical trials have examined the effectiveness of thoracic spine thrust manipulation (TSM) for patients with neck pain, patients in these studies also received cervical manipulation [6, 7, 8]. Due to the biomechanical relationship between the cervical and thoracic spine perhaps disturbance in joint mobility in the thoracic spine, serve as an underlying contributor to the development of neck disorders [9].

Hence the purpose of this study is to compare the effects of conventional treatment alone with added effect of cervical mobilization/ manipulation with conventional treatment and cervical and thoracic spine mobilization/manipulation in patients with mechanical neck pain.

Aim: To compare the effects of conventional treatment with mobilization/ manipulation directed at cervical & thoracic spine in patients with mechanical neck pain

Methods/Design: The study has received ethical approval from the Ethics Committee. Enrollment and eligibility criteria: An experimental trial done on group of 60 participants of mechanical neck pain who were selected by purposive sampling technique from physiotherapy opd with inclusion criteria as- presence of acute or sub acute neck pain; aged 20-40 years; Baseline Neck Disability index score of 10% or greater; no previous manual therapy applied to the thoracic spine; and interested in participating in the study. Disc prolapsed, spinal stenosis, history of severe trauma; spasmodic torticollis; frequent migraine headaches; osteoporosis; and previous cervicothoracic surgery were excluded from the study.

60 participants of mechanical neck pain randomly divided into three groups.

Group A: - includes 20 participants who had received conventional treatment.

Group B: - includes 20 participants who had received conventional treatment with cervical mobilization/manipulation

Group C: - includes 20 participants who had received conventional treatment with cervical & thoracic mobilization/manipulation.

At baseline the participant fill out the Numerical Pain Rating Scale[14] and the Neck Disability Index (NDI) [15]. There were 6 treatment sessions over a period of 2 weeks for each group.

- **Conventional exercise program** consist of following exercises.
  - Hot packs
  - Isometric neck exercises (10 REP X 5 times)
  - Stretching to trapezius & pectorals(10 REP X 5 times)
  - Active neck exercises(10 REP X 5 times)
  - Upper back extension exercises(10 REP X 5 times)

  The number of repetitions and amount of resistance were started on a pain free level and were increased throughout the treatment period. These exercises were intended to reduce pain and discomfort, to improve cervical mobility and to promote relaxation through active movements. Ergonomic advice was also given.
- **Starting position for cervical and thoracic manipulations:-**

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Impact of Menopausal Symptoms on Quality of Life in Indian Women

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Abstract

Menopause is a normal physiologic process, defined as the permanent cessation of menses for 12 months or more due to cessation of ovarian hormone production. The age at natural menopause is between 45 years and 50 years. Early menopause is defined as menopause occurring before the age of 45 years, while premature menopause occurs before the age of 40 years. Around 20% of the patients suffer from severe menopausal symptoms, 60% suffer from mild symptoms and 20% may have no symptoms at all. Health workers are searching for different ways to manage menopause to minimize discomfort and inconvenience during menopausal transition, so as to improve the quality of life of these women. The aim of the study was to study the impact of menopausal symptoms on quality of life using MRS scale, HFRDIS scale, WHO-BRFE scale. In Western India very few studies have been done on menopause and no published literature has been found among these females. Thus, the present study focuses on the various climacteric symptoms on quality of life using the Greene climacteric scale and Menopause Specific Quality Of Life Scale among females of Pune Maharashtra.

Keywords: MRS scale, HFRDIS scale, WHO-BRFE scale, Menopause, Premenopausal, perimenopausal.

Introduction

Etymologically, the origin of the word menopause lies in the Greek words, "meno" (menses, month) and "pause" (stop, cease)[1].

Menopause is a normal physiologic process, defined as the permanent cessation of menses for 12 months or more due to cessation of ovarian hormone production. According to the World Health Organization (WHO) classification, premenopausal women are those who have experienced regular menstrual bleeding within the last 12 months, perimenopausal women are defined as those women who have experienced irregular menses within the last 12 months or the absence of menstrual bleeding for more than 3 months but less than 12 months, and postmenopausal women are those who have not experienced menstrual bleeding for 12 months or more. The age at natural menopause is between 45 years and 50 years. Early menopause is defined as menopause occurring before the age of 45 years, while premature menopause occurs before the age of 40 years[2].

Menopause is a critical period in a woman's life that not only marks the end of reproductive ability but is also associated with multiple physical, vasomotor, psychological, and sexual complaints [3].

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A Comparative Study of Incidence of Musculoskeletal Injuries in Amateur and Professional Boxers

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Abstract

Boxing is the physical skill of fighting with fists.Boxing involves fusion of coordinated fast paced movements of hands and feet, dodging skill, muscular strength and high aerobic capacity. Boxing is similar to other physical activities in that there is a presumed risk of injury through participation. Previous literature suggests that 27.1-93.4 % of injuries involve the head in which most injuries are minor, with lacerations and contusions being most common.In the opinion of the authors that head and hand/wrist related injuries should be considered an inherent risk to boxing, caused by impact and equipment related factors. Thus, the present study focuses on injuries in boxers during training sessions.

Keywords: *Boxers, Amature, Professional, Injuries.*

Introduction

Boxing is the physical skill of fighting with fists. It is believed to have originated as a sport around 800BC[1], with the first historical reference being an account from the 23rd Ancient Olympic Games in 688BC[2]. The modern day sport has developed from rules and standards established since this time. Boxing involves fusion of co-ordinated fast paced movements of hands and feet, dodging skill, muscular strength and high aerobic capacity.

Boxing has two participation forms: Professional & Amateur. Each has its own rules, and analysis of the injuries in each is important, as different injury patterns may exist[1] For both forms of boxing, a win is achieved by scoring more points than an opponent by delivering more blows to the designated scoring regions of the body (trunk and head), or by an opponent being unable to complete a bout[2]. Boxing is similar to other physical activities in that there is a presumed risk of injury through participation.

Previous literature suggests that 27.1-93.4 % of injuries involve the head in which most injuries are minor, with lacerations and contusions being most common. There is paucity of literature about risk factors associated with the development of injuries in either professional or amateur boxers. Scientific data is limited due the fact that most studies have used retired participants rather than currently participating boxers as well as amateur competitors.

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Research Article

Effectiveness of physical activity promotion programme on quality of life for old people

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ABSTRACT

Background: The purpose is to evaluate the effectiveness of the Physical Activity Promotion Programme (PAPP) on quality of life for old people.
Methods: A total of 43 subjects of both genders participated in the experimental study with convenient sampling; all were aged 55-70 years from Dhanori road, Pune. Participants received the PAPP for 50 minutes daily. The effectiveness of PAPP was measured by short-form 36 questionnaire.
Results: This experimental study had a significant impact on quality of life (P = 0.001), in both gender, which was increased. The overall changes improved to 82.3% from 47.8% and mainly in physical functioning & general health by 12.5% and 12% respectively after PAPP and pain was reduced to 26%.Thus, quality of life improved significantly for old people who carried out the PAPP.
Conclusion: Quality of life measured with SF- 36 in the group of old people were improved after PAPP.

Keywords: Physical activity promotion programme, Quality of life, Short form-36

INTRODUCTION

An essential public health goal is to reduce age-related disabilities in the elderly. Regular exercise and increased aerobic fitness are associated with a decrease in all-cause mortality and morbidity, and are proven to reduce disease and disability, and improve quality of life in older persons.[1] Observational studies have suggested that inactive people have more death risk due to no specific cause and from specific diseases (e.g., cardiovascular disease, diabetes, obesity and others) associated with physical inactivity.[2] There is evidence that regular physical activity contributes to the primary and secondary prevention of several chronic diseases and is associated with a reduced risk of premature death.[3] Non-pharmacological interventions, such as physical exercise may have a great impact on the quality of life, but this remains poorly studied. In particular, the studies carried out have used very heterogeneous exercise programmes, have evaluated quality of life in very different ways and have reported inconsistent results.[4] Exercise and physical activity have been suggested as effective means to maintain independent living in old age.Epidemiological studies have showed that physical activity has a protective effect towards cardiovascular disease. The physical activity helps to regulate the blood pressure. There are previous studies about the physician's role in promoting physical activity. However, it is necessary to clarify the power of promoting physical activity for inactive people. An essential public health goal is to reduce age-related disabilities in the elderly. Inactivity is an important contributor to impaired functioning and disability with age. Although many of the chronic conditions plaguing older populations are preventable through appropriate lifestyle interventions such as regular physical activity, persons in this age group represent the most sedentary segment of the adult population. The recommended intensity of aerobic activity takes into

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Research Article

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COMPARATIVE STUDY OF KINESIOTAPING VERSUS INTRINSIC MUSCLE STRENGTHENING AND CRYOTHERAPY IN THE TREATMENT OF CHRONIC PLANTAR FASCITIS

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ABSTRACT

Plantar fascitis is a common chronic overuse injury of the plantar fascia worldwide. A Comparative study was conducted with a total of 30 subjects where subjects were divided equally into two groups by lottery method. Patients in Group B received intrinsic muscle strengthening exercises and cryotherapy and the Group A received only Kinesiotaping. Each patient was assessed on day 1st i.e.pre-treatment and on day 7th i.e.post-treatment with Plantar fascitis pain scale (PFPS), Foot function index (FFI) and the changes in the Ultrasonography (USG). Group A and Group B were compared using Chi-square test and the Student t test. In relation to USG, PFPS and FFI, Group A shows lesser pain with the decreased plantar fascial thickness than Group B on Day 7, with the P value <0.001. Thus, this study concludes that, Group A shows significant improvement in all parameters than Group B.

KEYWORDS: Kinesiotaping, Plantar fascitis, Cryotherapy, Ultrasonography



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Original Research Article

Correlation Between Hand Grip Strength and Scapular Muscle Strength of Affected Upper Extremity in Female Breast Cancer Survivors Post Modified Radical Mastectomy

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ABSTRACT

Background: Proximal joint stability is required to perform distal movements. Good grip strength might require adequate shoulder stability which will be dependent upon its musculature.

Purpose: To find the relation of hand grip strength with scapular muscle strength in breast cancer survivors post modified radical mastectomy (MRM).

Methodology: An observational cross sectional study was conducted in a tertiary care hospital. A total of 33 breast cancer survivors who underwent MRM before 6 months or more were included. Their affected side hand grip strength along with serratus anterior muscle strength and strength of upper, middle and lower fibers of trapezius was measured using hand held dynamometer.

Results: Karl Pearson's correlation coefficient was used to find the correlation between hand grip strength and scapular muscle strength. Strong positive correlation was found between hand grip strength and serratus anterior muscle ($r = 0.848$) as well as lower trapezius ($r = 0.868$) strength. Whereas moderate positive correlation was found between hand grip strength and upper trapezius ($r = 0.665$) as well as middle trapezius ($r = 0.444$) muscle strength which was statistically significant ($p<0.05$).

Conclusion: Hand grip strength was significantly correlated with the scapular muscle strength in breast cancer survivors post MRM.

Keywords: Breast cancer survivors, hand grip strength, hand held dynamometer, Modified Radical Mastectomy, Scapular muscle.

INTRODUCTION

Cancer describes the abnormal growth of cells that results in a large mass known as a tumour. Worldwide, Breast Cancer (BC) is the most common cancer in women, other than non melanoma skin cancer. Over 100,000 new breast cancer subjects are estimated to be diagnosed annually in India.[1] Over the last 10 years or so, breast cancer has been rising steadily.

Most women with early-stage breast cancer have 3 surgical options: (1) breast-conserving therapy (BCT), (2) mastectomy, or (3) mastectomy with breast reconstruction (immediate or delayed).[1]

There are no survival differences between BCT followed by radiation therapy or mastectomy alone. However, the number of women electing mastectomy is increasing with an estimated 39% mastectomy rate in women with early stage breast cancer [2,3,4].

Mastectomy is a surgery to remove one or both breasts; there are many types of mastectomy, such as simple mastectomy, subcutaneous mastectomy, skin-sparing mastectomy, nipple-sparing mastectomy,

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Original Research Article

Correlation between Shoulder Range of Motion, Upper Extremity Disability and Quality of Life in Female Breast Cancer Survivors Post Modified Radical Mastectomy: A Pilot Study

Priya S.[1], Shenoy Kamalaksha K[2], Trusha Pushkar Kulkarni[3]

[1]Master of Physiotherapy (Musculoskeletal and Sports Physiotherapy), Associate Professor, Laxmi Memorial College of Physiotherapy, Mangalore
[2]MD, DNB, Professor and HOD, Department of Radiation Oncology, A. J Institute of Medical Science and Research, Mangalore, Karnataka, India.
[3]Post Graduate Student (Musculoskeletal and Sports Physiotherapy)

Corresponding Author: Trusha Pushkar Kulkarni

ABSTRACT

Background: Many complications may occur after modified radical mastectomy (MRM) such as restricted shoulder mobility, wound infection, seroma formation, pain and lymph edema.
Purpose: To find the correlation between shoulder flexion and abduction range of motion (ROM) with upper extremity disability and quality of life in female post MRM.
Methodology: A cross section observation study was conducted in a tertiary care hospital. A total of 20 breast cancer survivors who underwent MRM before 6 months or more were included. Their affected side shoulder flexion and abduction ROM was measured using universal goniometer, upper extremity disability was assessed using Upper Extremity Functional Index (UEFI) and Quality of Life was assessed using WHOQoL-BREF questionnaire.
Results: Karl Pearson's correlation coefficient was used to find the correlation. Strong positive correlation was found between shoulder flexion ROM and UEFI score, physical, psychological and environmental domains, whereas moderate positive correlation was found between shoulder flexion ROM and overall QoL, these were statistically significant ($p<0.001$). But there was weak positive correlation found between shoulder flexion ROM and social domain of WHOQoL-BREF which was statistically not significant ($p>0.001$). Further strong positive correlation was found between shoulder abduction ROM and UEFI score, overall QoL, physical and psychological domain and moderate positive correlation was found between shoulder abduction ROM and environmental domain whereas again weak positive correlation found with social domain which was statistically not significant ($p>0.001$).
Conclusion: Decreased shoulder ROM can increase upper extremity disability and affect overall QoL in breast cancer survivors post MRM.

Key words: Breast cancer survivors, Modified Radical Mastectomy, Quality of Life, Shoulder ROM, Upper extremity disability.

INTRODUCTION

According to World Health Organization "Cancer is a group of diseases involving abnormal cell growth with the potential to invade or spread to other parts of the body." Worldwide, Breast Cancer (BC) is the most common cancer in women, other than non melanoma skin cancer.[1,2] Asia has 44% of world's BC deaths with 39% of overall new BC cases diagnosed.[3]

The primary treatment for BC may include Breast conserving treatment (BCT), Mastectomy, Radiation therapy, Induction chemotherapy, adjuvant chemotherapy, hormonal therapy and targeted therapy.[4] Through the years, the management of BC

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Ref. No.: DPCOP/Dhanvantari Yojana/2022-23/245 Date : 15/5/2023

To:

The Director

Student welfare department

MUHS, Nashik.

Subject:- Dhanvantari Yojana for Students of Dhole Patil College of Physiotherapy, PUNE

REF:- मआविवि/एसडब्ल्यू/स्कीम/ ४७२ /२०१९ दिनांक: ०१/०४/२०१९

Respected Sir,

Greetings, With reference to the subject mentioned above I Dr. N. Gunasekaran, Principal, Dhole Patil College of Physiotherapy, Pune would like to request you to kindly accept and acknowledge the documents of Dhanvantari Yojana of our students of Dhole Patil College of Physiotherapy, PUNE.

Enclosures:
Total Number of Dhanvantari Yojana –: 02
Students Name:-

1. Gargi Shinde
2. Kalyani kale

Thanking You.

Principal

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College of Physiotherapy
Pune-4122..

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Pune
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वणी-दिंडोरी रोड, नाशिक -४२२ ००४

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Website:https://dpcop.in E-mail:dholepatilphysiotherapy@gmail.com,
Phone:020-66059900

DATE-03-03-2023

KSHITIJ 2023-24

Sr No	Name of Students	Year	Signature
1	ANSARI MANZAR RAMZANALI	TYBPTh	
2	BANDIKOLLA NANDINI YEDUKU	TYBPTh	
3	BHANDARI PRATHAMESH NITIN	TYBPTh	
4	BOTRE NEHA SURESH	TYBPTh	
5	CHAVAN SAYALI SATISH	TYBPTh	AB
6	DEOKATE KOMAL RAMESH	TYBPTh	
7	GHADGE KANCHAN VIJAY	TYBPTh	
8	GORE SHRUTI VIKAS	TYBPTh	
9	GUPTA VISHAL HUKUMCHAND	TYBPTh	
10	KADAM KUNAL RAJENDRA	TYBPTh	
11	KALE KALYANI NARENDRA	TYBPTh	
12	KAMBLE SHRADDHA	TYBPTh	
13	KAMBLE SRUSHTI RAJU	TYBPTh	AB
14	KURAPATI GIRIJA SIDRAM	TYBPTh	
15	LENDE RESHMA VITTHAL	TYBPTh	
16	LONDHE AKANSHA RUPCHAND	TYBPTh	
17	MOHITE SAMRUDDHI ISHWAR	TYBPTh	
18	PARDESHI PRANJAL DINESH	TYBPTh	
19	PINGLE RIYA NITIN	TYBPTh	
20	POTE DAKSHA KALIDAS	TYBPTh	
21	PUJARI ABHISHEK	TYBPTh	AB
22	RAUT SHRUTI KISAN	TYBPTh	
23	ROHIDA KANCHI VIJAY	TYBPTh	
24	SAPA VAISHNAVI RAJENDRA	TYBPTh	
25	SARODE RADHIKA VIVEK	TYBPTh	
26	SATAV PRAJWAL SANJAY	TYBPTh	
27	SHAH RIYA AMIT	TYBPTh	
28	SHARMA ADITI	TYBPTh	
29	SHEGURI RUTIKA ANITA	TYBPTh	AB
30	SHINDE BHAVIKA GAJANAN	TYBPTh	
31	SHINDE GARGI SHAILESH	TYBPTh	
32	SHIRADHONKAR ROHINI	TYBPTh	AB

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33	SOLANKE ANUSHKA BABAN	TYBPTh	AB
34	TIDKE SAKSHI DNYANESHWAR	TYBPTh	
35	VIBHUTE GAYATRI	TYBPTh	
36	WAGHMARE SUSHMA	TYBPTh	AB
37	YADAV MRUNAL	TYBPTh	
38	BAVIASKAR SUNISHA	SYBPTh	
39	DHAPATE AISHWRYA	SYBPTh	
40	NADAF MUSKAN	SYBPTh	
41	TANDALE TEJAS	SYBPTh	
42	THORAT SWAPNIL	SYBPTh	
43	WADE NIHARIKA	SYBPTh	
44	PAWAR HARSHADA	SYBPTh	AB
45	SALVI SANKET	SYBPTh	AB
46	SANCHETI YASH	SYBPTh	AB
47	PARHAR VAISHNAVI	SYBPTh	
48	BAGNE RUPAL MANOJ	SYBPTh	
49	BAJARE SANJANA SHIVAJI	SYBPTh	
50	BHADANE CHETNA YOGESH	SYBPTh	
51	BHUTE DEVESH AMOL	SYBPTh	
52	CHANNA AISHWARYA AMBADAS	SYBPTh	
53	CHAUDHARY JAYASHRI PRASHANT	SYBPTh	
54	CHORAGHE AKSHITA SANJAY	SYBPTh	
55	DHAKULKAR KANCHAN SOPANRAO	SYBPTh	
56	DHAYGUDE SAYALI SANTOSH	SYBPTh	
57	FUTANKAR APARANA GAJANAN	SYBPTh	
58	GAIKWAD SNEHAL PRAKASH	SYBPTh	AB
59	GAIKWAD RUTUJA MADHUSUDAN	SYBPTh	AB
60	VAISHNAVI MAYANK GARG	SYBPTh	
61	GAWALI TANVI SUNIL	SYBPTh	
62	GHAVARE ADITI MANGESH	SYBPTh	
63	GOSAVI SHARVARI YOGIRAJ	SYBPTh	
64	JAWADE SURAJ VIJAY	SYBPTh	AB
65	KADAM VAISHNAVI ASHOKKUMAR	SYBPTh	
66	KAMBLE SAMARTH NAGESH	SYBPTh	
67	KAMBLE AISHWARYA TANAJI	SYBPTh	
68	KAMBLE AARTI ASHOK	SYBPTh	
69	KHIRE NIVEDITA PRABODH	SYBPTh	
70	KOLHE ISHA SHAMKANT	SYBPTh	
71	KULKARNI SAMPADA SHRIPAD	SYBPTh	AB

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72	KUMBHAR SWARANGI SUDHIR	SYBPTh	
73	LOKHANDE PRITAM DNYANESHWAR	SYBPTh	
74	MAHAJAN MANAN UMESH	SYBPTh	
75	MHAPSEKAR SNEHAL VISHWANATH	SYBPTh	M. Snehal
76	MOHITE SRUSHTI SANTOSH	SYBPTh	
77	MOHITE VAISHNAVI PRADIP	SYBPTh	
78	MOTEWAD PRANALI	SYBPTh	Pranali
79	NANNAWARE RITU KAILAS	SYBPTh	
80	NASRE RUTUJA ASHOK	SYBPTh	— AB
81	OSWAL HINAL BHARAT	SYBPTh	
82	PADALKAR LOKESH HITENDRA	SYBPTh	
83	PANHALKAR AJAY NILKANTH	SYBPTh	Ajay Patil
84	PATIL SHRUTI TEJKUMAR	SYBPTh	
85	PATIL SIDDHI UMAKANT	SYBPTh	
86	PAUL VAISHNAVI ASHOK	SYBPTh	Pawar
87	PAWAR SAKSHI SANJAY	SYBPTh	Swarali
88	PAWAR SWARALI	SYBPTh	
89	PIND VIJETA DATTATRAY	SYBPTh	Ankita
90	RAIBAN ANKITA	SYBPTh	— AB
91	RATHOD RITESH VISHAL	SYBPTh	Babale
92	SABALE TANUJA CHANDAR	SYBPTh	Soufiya
93	SHAIKH SOUFIYA HUSEN	SYBPTh	
94	SHAIKH SARAH INNUS	SYBPTh	Radhika
95	SHITOLE RADHIKA JAWAHAR	SYBPTh	— AB
96	WANI MANALI MANOJ	SYBPTh	
97	YADAV SARASWATI	SYBPTh	Sakshi
98	LODHA SAKSHI	FYBPTh	Anjali
99	KALWALE ANJALI	FYBPTh	
100	PAWAR NIKITA	FYBPTh	Sonali
101	SAGADE HRISHIKESH	FYBPTh	
102	SONALI DANGE	FYBPTh	Korde
103	VYAWAHARE PAYAL	FYBPTh	Bhate
104	SHIVANI KORDE	FYBPTh	
105	RAMPRABHU CHATE	FYBPTh	Ganesh
106	SRUSHTI NAIDU	FYBPTh	
107	GANESH JOSHI	FYBPTh	Saloni
108	MORE SMIT	FYBPTh	
109	KAREGAONKAR SALONI	FYBPTh	
110	AAYUSHI CHAUHAN	FYBPTh	

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111	SHRADDHA SOLKAR	FYBPTh	
112	PRITI BORA	FYBPTh	
113	DESHMUKH SHRADHA	FYBPTh	
114	SAMIKSHA DHANVIJAY	FYBPTh	– AB
115	SANIYA NAWLANI	FYBPTh	
116	ADITYA MAHAJAN	FYBPTh	
117	SOUMYA SANGAMNERKAR	FYBPTh	
118	SAKSHI MORE	FYBPTh	
119	YASH KAMBLE	FYBPTh	
120	PREM PARMAR	FYBPTh	
121	SIDDHI MANDILKAR	FYBPTh	
122	SWAPNIL MUNDHE	FYBPTh	
123	HARSHAL SHINDE	FYBPTh	
124	SHRUTI KAMBLE	FYBPTh	
125	ANJALI SAJJANWAR	FYBPTh	
126	SAKSHI DONGR	FYBPTh	– AB
127	SAKSHI BHOSALE	FYBPTh	
128	SANIKA SALUNKE	FYBPTh	
129	SANJANA SONTAKKE	FYBPTh	
130	NADE VAISHNAVI	FYBPTh	
131	SARGAM JAISWAL	FYBPTh	
132	AASTHA BHATTAD	FYBPTh	
133	OM KSHIRSAGAR	FYBPTh	
134	MAHALE TANUJA	FYBPTh	– AB
135	JANHAVI NARKE	FYBPTh	
136	ARSHEEN SHAIKH	FYBPTh	
137	KSHIRSAGAR JANHAVI	FYBPTh	
138	TILEKAR SHRAVANI	FYBPTh	– AB
139	MASKE RUTUJA	FYBPTh	– AB
140	SHRAVANI PAWAR	FYBPTh	
141	DNYANESHWARI DATIR	FYBPTh	
142	VAIBHAVI PATIL	FYBPTh	
143	POONAM VALANJU	FYBPTh	
144	SONALI JODAGUDRI	FYBPTh	
145	SIMRAN SURWADE	FYBPTh	
146	RUTUJA WAGHMARE	FYBPTh	
147	DIKSHA NITNAWARE	FYBPTh	
148	NADGAM OMKAR	FYBPTh	
149	GAIKWAD SHREYAS	FYBPTh	AB

PRINCIPAL

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DPCOP/A.Y 2022-23/Ext.Acti/ 14-D

Kshitij 2K23 Cultural event

(DAY 1) 6th March 2023

COMPETITION

"Every canvas has a journey of its own."
Students were encouraged to flair their creativity in Hand Painting and T-shirt Painting. The judges from Dhole Patil School for excellence were invited as judges for the competitions. Hidden talents of many were revealed in these events.





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DPCOP/ A.Y 2022-23/ Ext-Acti/ 15-B

Kshitij 2K23 Cultural event

(DAY 2) 8th March 2023

FISHPOND

"Only people can read people."

Fishpond was a sneaky way for students to express their ideas on anyone and anything in the campus anonymously. Surprising thoughts were discovered from every single chit along with the students' skills to be poetic.

SPORTS

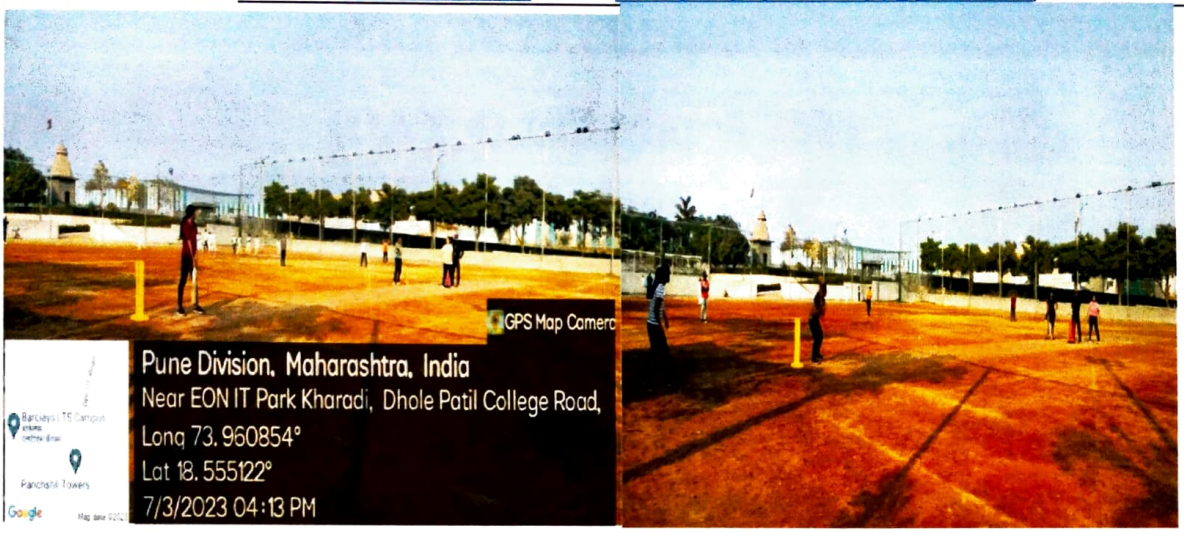
"What keeps me going is my goal."

Four teams in Girls Cricket Tournament and two teams in Boys Cricket Tournament had a healthy competition with each other in an electrifying game of Cricket with cheers from everyone, Mr. Swapnil Thorat & Ms. Vaishnavi Sapa of SYBPTh as the quirky commentator. Staff and students alike enjoyed to the fullest in this day.

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Kshitij 2K23 Cultural event

(DAY 3) 9th March 2023

MISMATCH DAY

Students of Dhole Patil College Of Physiotherapy organized Day 3 of Kshitij 2K23 ,the cultural event, under the guidance of DPCOP Principal and Staff .The day begins with mismatch day followed by Treasure Hunt and Athletics sports event. Mismatch Day and Open Mic An imaginary outfit for the day...!!The day began with mismatch day, students of DPCOP participated and with their creative mindset created amazing mismatch outfits. A ramp walk was conducted by all the three batches and was followed by Open mic, where students were given mic and were free to light up the stage with their hidden talents.All of them performed with great enthusiasm.

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Kshitij 2K23 Cultural event

(DAY 4) 10th March 2023

Badminton (Singles)

After the Kho-Kho matches there were badminton matches for all girls and boys who were conducted at the badminton court in the afternoon and energetic participation was shown by all the participants .Matches were ended by the evening.



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DPCOP/A.Y. 2022-23/Ext.Acti/13-B

SWACH BHARAT ABHIYAN

Date -25/02/2023

Content of Report

- Introduction
- Objective
- Schedule
- Details
- Acknowledgement
- Photographs

Introduction

"Cleanliness is next to Godliness " ,a thought which we have been hearing since our childhood and knowing the importance of cleanliness. Keeping up this thought in mind a cleanliness drive was conducted at Dhole Patil Education Society's ,Dhole Patil College of Physiotherapy on 24th February 2023.The program was arranged under the guidance of Hon.Chairman Shri Sagar Dhole Patil Sir and Secretary ma'am Uma Dhole Patil Ma'am .It was headed by Principal of Dhole Patil College of Physiotherapy Dr.N Gunasekaran (PT),and managed by staff of Students of DPCOP participated in the programme with great zeal and zest.Entire premises of the college were cleaned including classrooms,labs ,OPD and hostel.

Objective

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- Awareness regarding importance of cleanliness was created amongst students.
- The self responsibility of cleaning and maintaining cleanliness of the campus was learned by students.
- The unity amongst the students was generated while cleaning the campus together.

Schedule

SR.NO.	ACTIVITY	TIME
1	Alloting students with respective departments for cleaning	3:45pm 3:50pm
2	Students reporting to respective places	3:50pm-3:55pm
3	Cleaning the campus and college area	3:55pm-4:25pm
4	Reporting to respective incharge	4:25pm-4:30pm

Details

Each Staff of DPCOP was responsible for certain departments within the campus for cleaning.

The students were guided by their respective staff incharge for the cleanliness of that particular department. The allotment of the schedule was as follows

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Sr.no	Staff In charge	Place	Students
1.	Dr. Trusha Kulkarni (PT)	Principal Cabin Classroom 1 Electrotherapy Lab Girls Hostel	Ansari Manzar Ramzanali Botre Neha Suresh Chavan Sayali Satish Deokate Komal Ramesh Ghadge Kanchan Vijay Lende Reshma Vitthal Raut Shruti Kisan Shinde Gargi Shailesh Vibhute Gayatri Bharat Kadam Kunal Rajendra Kale Kalyani Narendra Pardeshi Pranjal Dinesh Sheguri Rutika Anita Nadaf Muskan Dhapate Aishwarya Tandale Tejas
2.	Dr. Snehal Khalegaonkar (PT)	Physiology Lab Classroom 2 Clasroom 3 Girls hostel	Thorat Swapnil Gupta Vishal Hukumchand Bandikolla Nandidi Yeduku Kamble Shraddha Bhagwan Kamble Srushti Raju Kurapati Girija Sidram Bhandari Prathamesh Nitin Londhe Akansha Rupchand Mohite Samruddhi Ishwar Gore Shruti Vikas

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Pune-41[illegible]07

			Pingle Riya Nitin Pote Dkasha Kalidas Pujari Abhishek Rohida Kanchi Vijay Vaishnavi Parhar Wade Niharika
3.	Dr. Shardul Sutar (PT)	Kinesiology Lab Anatomy Lab Boys Hostel	Pawar Harshada Sapa Vaishnavi Rajendra Sarode Radhika Vivek Satav Prajwal Sanjay Shah Riya Amit Sharma Aditi Ashwinikumar Shinde Bhavika Gajanan Shiradhonkar Rohini Solanke Anushka Baban Tidke Sakshi Dnyaneshwar Waghmare Sushma Kishor Yadav Mrunal Prabhakar Sancheti Yash Salvi Sanket Sunisha Baviskar

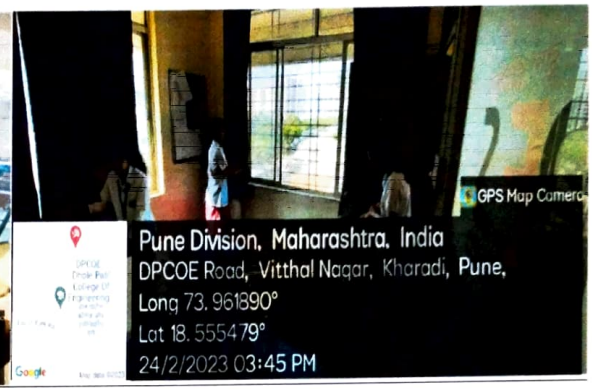
Acknowledgement

The entire team of DPCOP would like to thank Hon.Chairman Shri Sagar Dhole Patil Sir and Secretary ma'am for their guidance and support to conduct this event.It was great team effort by the entire staff and students of DPCOP .The students of DPCOP took extra efforts to clean the entire premises of the campus

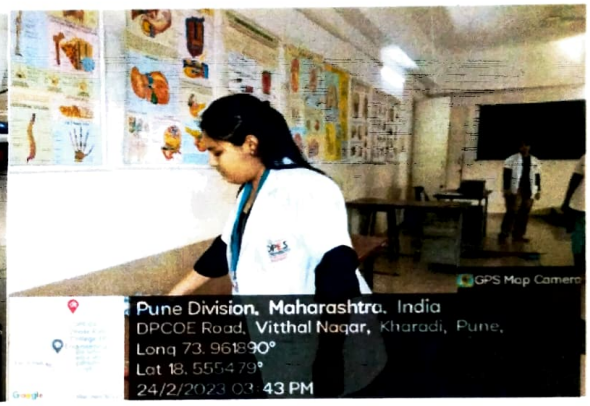
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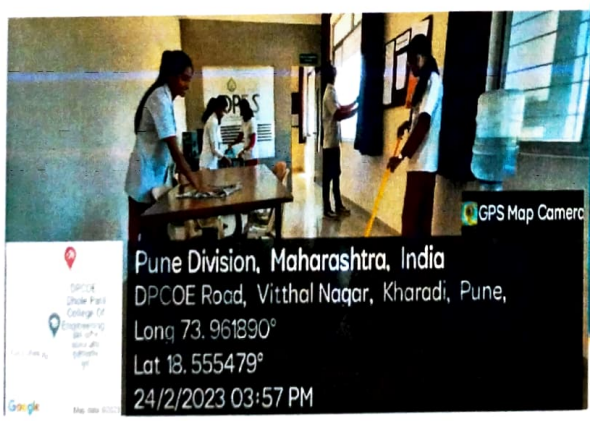
Photographs

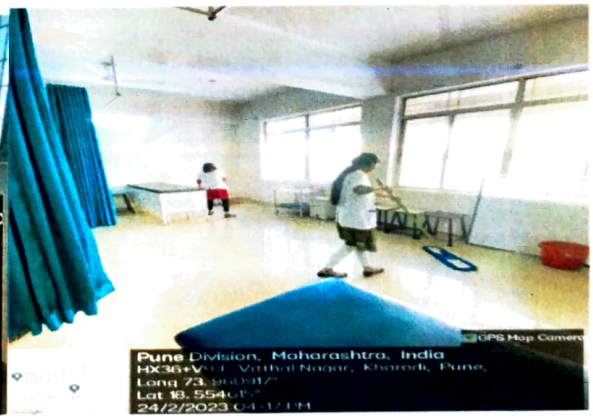












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Ref. No.:

Date :

डिपीसीओपी/NSS युनिट /२०२२–२३/२६३

दि: ०५.०६.२०२३

प्रति,

संचालक,राष्ट्रीय सेवा योजना/
विद्यार्थी कल्याण विभाग
एम.यु.एच.एस. नाशिक.

विषयः ढोले पाटील कॉलेज ऑफ फिजिओथेरपी पुणे या महाविद्यालयामध्ये राष्ट्रीय सेवा योजना (NSS) युनिट सुरु करणेबाबत...

मा. महोदय,

आमच्या ढोले पाटील एज्युकेशन सोसायटीच्या अंतर्गत ढोले पाटील कॉलेज ऑफ फिजिओथेरपी पुणे कार्यरत असुन महाविद्यालयास ३ वर्ष पुर्ण झालेली आहेत.

आमच्या विद्यार्थ्यांच्या सर्वांगीण विकासासाठी व सामाजिक भावना प्रगल्भ होण्यासाठी विविध सामाजिक, आरोग्य, शैक्षणिक उपक्रम आमच्या महाविद्यालयाच्या वतीने राबविले जातात. तसेच संस्थेचे ढोले पाटील अभियांत्रिकी महाविद्यालय कार्यरत असुन राष्ट्रीय सेवा योजनेच्या वतीने १३ वर्षापासुन विविध उपक्रम राबविले जातात. या युनिट ला सावित्रीबाई फुले पुणे विद्यापीठाचा प्रशंसा पुरस्कार देखील प्राप्त झाला आहे.

आमच्या फिजिओथेरपी च्या विद्यार्थ्यांसाठी आम्ही राष्ट्रीय सेवा योजना (NSS) युनिट घेऊ इच्छितो तरी आपण आमच्या ढोले पाटील कॉलेज ऑफ फिजिओथेरपी या महाविद्यालयास राष्ट्रीय सेवा योजना युनिट सुरु करण्याची परवानगी दयावी ही विनंती.

धन्यवाद!

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प्राचार्य
ढोले पाटील कॉलेज ऑफ फिजिओथेरपी
Principal
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