Annexure-XIV(A)

For Online Transmission of Question Papers:

Sr. No.	InfrastructurefacilitiesatCollege	Yes/No
Strong Room:		
1	ItmusthaveSingleDoorEntry/Exit(withSafetyDoor/Grillfor windows)	Yes
2	Minimum Areashallbe20 x20sq.ft.	Yes
3	AdequateSteelAlmirah/CupboardforstorageofAnswer Books.	Yes
4	C.C.T.V.CamerawithrecordingfacilitythatcoversentireareaorDownloadin gandPrintingofonlinetransmissionofQuestionPaper process.	Yes
5	LatestversionComputer(Minimum4)andPrinter(Minimum4)with Inverter facility, MS Office, PDF Reader, Winrar or Winzip.	Yes
6	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class 'A' ISP, and alternate line with 1 : 1 dedicated line of50mpbsspeed,byananotherClass'A'ISPtoensureuninterrupted downloadingfacility,with2(two)staticIP's,InternetDongle.	Yes
7	Adequate Number of Paper Rims for printing Question Papers.	Yes
8	One Photocopy Machine, UPS Backup.	Yes
ScanningRoom:		
9	Separate Scanning Room for scanning Answer Books after end of Examination Session under CCTV Surveillance.(Laptops and Scanners will be provided by the University Appointed Agency)	Yes
10	Dual Internet service, Primary with 1:1 dedicated line of 100 mbpsspeed by class 'A' ISP, and alternate line with 1 : 1 dedicated line of50mpbsspeed,byananotherClass'A'ISPtoensureuninterrupted downloadingfacility,with2(two)staticIP's,InternetDongle.	Yes

To Set Up DEC for Onscreen Evaluation of Answer Books:

Sr. No.	InfrastructurefacilitiesatCollege	Yes / No
1	Computers(20) with latest licensed Operating System Software (OSS) with antivirus andfirewalls to provide all lock, work station withComputerchartsandkeyboardtray.	No
2	Wiring and Networking (with Raw Power Supply and UPS)and one Printer per DEC	No
3	Airconditioners,Biometricsystem,CCTVinstallation,Restrooms And 24 x7security.	No
4	Collapsible gate for the main entrance with Name board and locking facility.	No
5	Dual Internet service, Primary with 1:1 dedicated line of 100 mbpsspeed by class 'A' ISP, and alternate line with 1 : 1 dedicated line of50mpbsspeed,byananotherClass'A'ISPtoensureuninterrupted downloadingfacility,with2(two)staticIP's.	No
6	Appointment of one Professor as a **Examination Co-ordinator** to Co-ordinatethisOnlineprocess.	No
7	SeparateEvaluationRoomforEvaluatingtheAnswerBooksunder CCTV Surveillance	No

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Annexure-XIV (B)

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

Name of the College: DHOLE PATIL COLLEGE OF PHYSIOTHERAPY
Phone/Mobile No. : 020-66059900
Name of the Subject: Fundamentals of Electrotherapy

Sr. No.	CollegeName	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification& year of Passing	PG Qualification& Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dhole Patil College of physiotherapy	Fund. Electrotherapy	Dr. N.Gunasekaran	Principal	27-11-2020	June 2003	March2006	16 Y 8 M 7 D	No	On Process	965685165648	AOOPG1646L	22-05-1980 42 Year	Principal_dpcop@dpceopune.edu.in	9970503568	No
2	Dhole Patil College of physiotherapy	Fund. Electrotherapy	Dr. Sneha Joy	Associate Professor	05-06-2023	Mar 2014	Jun 2017	5 Y 5 M 9 D	No	On Process	787171478902	FZVPS4471L	11-04-1991 32 Year	Sneha4joy1991@gmail.com	9916148467	No

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Annexure-XIV (B)

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

Name of the College: DHOLE PATIL COLLEGE OF PHYSIOTHERAPY
Phone/Mobile No. : 020-66059900
Name of the Subject: Fundamentals of Kinesiology & Kinsiotherapy

Sr. No.	CollegeName	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification& year of Passing	PG Qualification& Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dhole Patil College of physiotherapy	Fund. Kinsiotherapy	Dr. N.Gunasekaran	Principal	27-11-2020	June 2003	March2006	16 Y 8 M 7 D	No	On Process	965685165648	AOOPG1646L	22-05-1980 42 Year	Principal_dpcop@dpceopune.edu.in	9970503568	No
2	Dhole Patil College of physiotherapy	Fund. Kinsiotherapy	Dr. Vijayan.G	Associate Professor	12-06-2023	Feb 2008	Apr 2011	7 Y 4 M 7 D	No	On Process	614662958174	AKNPV8300M	10-03-1985 38 Year	Vijayan.ganesh86@gmail.com	9916443289	No

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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

Name of the College: DHOLE PATIL COLLEGE OF PHYSIOTHERAPY
Phone/Mobile No. : 020-66059900
Name of the Subject: Electrotherapy

Sr. No.	CollegeName	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification& year of Passing	PG Qualification& Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dhole Patil College of physiotherapy	Fund. Electrotherapy	Dr. N.Gunasekaran	Principal	27-11-2020	June 2003	March2006	16 Y 8 M 7 D	No	On Process	965685165648	AOOPG1646L	22-05-1980 42 Year	Principal_dpcop@dpceopune.edu.in	9970503568	No
2	Dhole Patil College of physiotherapy	Fund. Electrotherapy	Dr. Sneha Joy	Associate Professor	05-06-2023	Mar 2014	Jun 2017	5 Y 5 M 9 D	No	On Process	787171478902	FZVPS4471L	11-04-1991 32 Year	Sneha4joy1991@gmail.com	9916148467	No

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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

Name of the College: DHOLE PATIL COLLEGE OF PHYSIOTHERAPY
Phone/Mobile No. : 020-66059900
Name of the Subject: Kinesiotherapy

Sr. No.	CollegeName	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification& year of Passing	PG Qualification& Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dhole Patil College of physiotherapy	Kinsiotherapy	Dr. N.Gunasekaran	Principal	27-11-2020	June 2003	March2006	16 Y 8 M 7 D	No	On Process	965685165648	AOOPG1646L	22-05-1980 42 Year	Principal_dpcop@dpceopune.edu.in	9970503568	No
2	Dhole Patil College of physiotherapy	Kinsiotherapy	Dr. Lokesh .R	Associate Professor	12-06-2023	Feb 2012	May 2014	6 Y 9 M 7 D	No	On Process	851318457236	ANXPL6484H	25-04-1990 33 Year	drlokeshpt@gmail.com	9962705502	No
3	Dhole Patil College of physiotherapy	Kinsiotherapy	Dr. Vijayan.G	Associate Professor	12-06-2023	Feb 2008	Apr 2011	7 Y 4 M 7 D	No	On Process	614662958174	AKNPV8300M	10-03-1985 38 Year	Vijayan.ganesh86@gmail.com	9916443289	No

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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

Name of the College: DHOLE PATIL COLLEGE OF PHYSIOTHERAPY
Phone/Mobile No. :020-66059900
Name of the Subject: Functional Diagnosis & Physiotherapeutic Skills

Sr.No.	CollegeName	Subject	Full name of theTeacher(First/Middle/Last)	Designation	Date ofJoining	UG Qualification&yearof Passing	PG Qualification& Year ofPassing	TeachingExperienceafter PGpassing	MUHS Approval(Yes/No)	If YesMUHS Approvalletter& Date	Adhar No.	Pan No.	Date ofBirth(Age Inyears	LatestEmailAddress	ContactNo.(Mob.)	DebarredYes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dhole Patil College of physiotherapy	Community Physiotherapy	Dr. N.Gunasekaran	Principal	27-11-2020	June 2003	March2006	16 Y 8 M 7 D	No	-	965685165648	AOOPG1646L	22-05-1980 42 Year	Principal_dpcop@dpceopune.edu.in	9970503568	No
2	Dhole Patil College of physiotherapy	Functional Diagnosis & Physiotherapeutic Skills	Dr. Lokesh R.	Associate Professor	12-16-2023	Feb 2012	May 2014	6 Y 9 M18D	No	-	851318457236	ANXPL6484H	25-04-1990 33Year	drlokeshpt@gmail.com	9962705502	No
3	Dhole Patil College of physiotherapy	Functional Diagnosis & Physiotherapeutic Skills	Dr. Sneha Joy	Associate Professor	05-06-2023	Mar 2015	June 2017	5 Y 5 M20D	No	-	787171478902	FZVPS4471L	04-11-1991 32 Year	sneha4joy1991@gmail.com	9916148467	No

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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

Name of the College: DHOLE PATIL COLLEGE OF PHYSIOTHERAPY
Phone/Mobile No. : 020-66059900
Name of the Subject: Musculoskeletal Physiotherapy

Sr. No.	CollegeName	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification& year of Passing	PG Qualification& Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dhole Patil College of physiotherapy	musculoskeletal	Dr. N.Gunasekaran	Principal	27-11-2020	June 2003	March2006	16 Y 8 M 7 D	No	On Process	965685165648	AOOPG1646L	22-05-1980 42 Year	Principal dpcop@dpceopune.edu.in	9970503568	No
2	Dhole Patil College of physiotherapy	musculoskeletal	Dr.Shweta Naidu	Associate Professor	May 2022	June 2006	June 2010	8 Y 10 M 4 D	No	On Process	791039879112	ALBPN2804P	05-09-1981 41 Year	dr.shweta0509@gmail.com	9372707381	No
3	Dhole Patil College of physiotherapy	musculoskeletal	Dr. Ajay Malshikare	Associate Professor	19-11-2020	Oct 2004	June 2014	7 Y 10 M 15 D	No	On Process	533672495935	ATAPM7655G	15-07-1981 42 Years	ajaymalu29@gmail.com	8806054107	No

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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

Name of the College: DHOLE PATIL COLLEGE OF PHYSIOTHERAPY
Phone/Mobile No. :020-66059900
Name of the Subject: Neuro Physiotherapy

Sr.No.	CollegeName	Subject	Full name of theTeacher(First/Middle/Last)	Designation	Date ofJoining	UG Qualification&yearof Passing	PG Qualification& Year ofPassing	TeachingExperienceafter PGpassing	MUHS Approval(Yes/No)	If YesMUHS ApprovalLetter& Date	Adhar No.	Pan No.	Date ofBirth(Age inyears	LatestEmailAddress	ContactNo.(Mob.)	DebarredYes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dhole Patil College of Physiotherapy	Neuro Physiotherapy	Dr. N.Gunasekaran	Principal	27-11-2020	June 2003	March2006	16 Y 8 M 7 D	No	-	965685165648	AOOPG1646L	22-05-1980 42 Year	Principal_dpcop@dpceopune.edu.in	9970503568	No
2	Dhole Patil College of Physiotherapy	Neuro Physiotherapy	Dr.K.C.Gayathri	Associate Professor	12-06-2023	Feb 2009	Apr 2016	6 Y 11 M 14 D	No	-	352534295897	BTLPG7368E	24-03-1986 37 Years	gaybhava@gmail.com	9840188744	No

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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

Name of the College: DHOLE PATIL COLLEGE OF PHYSIOTHERAPY
Phone/Mobile No. :020-66059900
Name of the Subject: Cardiovascular Respiratory Physiotherapy

Sr.No.	CollegeName	Subject	Full name of theTeacher(First/Middle/Last)	Designation	Date ofJoining	UG Qualification&yearof Passing	PG Qualification& Year ofPassing	TeachingExperienceafter PGpassing	MUHS Approval(Yes/No)	If YesMUHS ApprovalLetter& Date	Adhar No.	Pan No.	Date ofBirth(Age inyears	LatestEmailAddress	ContactNo.(Mob.)	DebarredYes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dhole Patil College of physiotherapy	Cardiovascular Respiratory Physiotherapy	Dr. N.Gunasekaran	Principal	27-11-2020	June 2003	March2006	16 Y 8 M 7 D	No	-	965685165648	AOOPG1646L	22-05-1980 42 Year	Principal_dpcop@dpceopune.edu.in	9970503568	No
2	Dhole Patil College of physiotherapy	Cardiovascular Respiratory Physiotherapy	Dr. P. Senthil	Professor	12-06-2023	Dec 2002	Sept 2006	15 Y 2 M 9D	No	-	305375324018	CRHPS597 0F	11-07-1980 43 Years	Senthilp101010@gmail.com	9841667912	No
3	Dhole Patil College of physiotherapy	Cardiovascular Respiratory Physiotherapy	Dr. Lokesh .R	Associate Professor	12-06-2023	Feb 2012	May 2014	6 Y 9 M 7D	No	-	851318457236	ANXPL6484H	25-04-1990 33 Year	drlokeshpt@gmail.com	9962705502	No

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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

Annexure-XIV(B)

Name of the College: DHOLE PATIL COLLEGE OF PHYSIOTHERAPY
Phone/Mobile No. :020-66059900
Name of the Subject: Community Physiotherapy

Sr.No.	CollegeName	Subject	Full name of theTeacher(First/Middle/Last)	Designation	Date ofJoining	UG Qualification&yearof Passing	PG Qualification& Year ofPassing	TeachingExperienceafter PGpassing	MUHS Approval(Yes/No)	If YesMUHS ApprovalLetter& Date	Adhar No.	Pan No.	Date ofBirth(Age inyears	LatestEmailAddress	ContactNo.(Mob.)	DebarredYes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dhole Patil College of physiotherapy	Community Physiotherapy	Dr. N.Gunasekaran	Principal	27-11-2020	June 2003	March2006	16 Y 8 M 7 D	No	-	965685165648	AOOPG1646L	22-05-1980 42 Year	Principal_dpcop@dpceopune.edu.in	9970503568	No

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