

For Online Transmission of Question Papers:

Sr. No.	Infrastructure facilities at College	Yes /No
Strong Room :		
1	It must have Single Door Entry/Exit (with Safety Door/Grill for windows)	Yes
2	Minimum Area shall be 20 x 20 sq. ft.	Yes
3	Adequate Steel Almirah/Cupboard for storage of Answer Books.	Yes
4	C.C.T.V. Camera with recording facility that covers entire area or Downloading and Printing of online transmission of Question Paper process.	Yes
5	Latest version Computer (Minimum 4) and Printer (Minimum 4) 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 of 50 mbps speed, by an another Class 'A' ISP to ensure uninterrupted downloading facility, with 2(two) static IP's, Internet Dongle.	Yes
7	Adequate Number of Paper Rims for printing Question Papers.	Yes
8	One Photocopy Machine, UPS Backup.	Yes
Scanning Room :		
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 mbps speed by class 'A' ISP, and alternate line with 1 : 1 dedicated line of 50 mbps speed, by an another Class 'A' ISP to ensure uninterrupted downloading facility, with 2(two) static IP's, Internet Dongle.	Yes

To Set Up DEC for Onscreen Evaluation of Answer Books :


Sr. No.	Infrastructure facilities at College	Yes /No
1	Computers (20) with latest licensed Operating System Software (OSS) with antivirus and firewalls to provide all lock, work station with Computer charts and key board tray.	Yes
2	Wiring and Networking (with Raw Power Supply and UPS) and one Printer per DEC	Yes
3	Air conditioners, Bio metric system, CCTV installation, Rest rooms and 24 x 7 security.	Yes
4	Collapsible gate for the main entrance with Name board and locking facility.	Yes
5	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 of 50 mbps speed, by an another Class 'A' ISP to ensure uninterrupted downloading facility, with 2(two) static IP's.	Yes
6	Appointment of one Professor as a Examination Co-ordinator to Co-ordinate this Online process.	Yes
7	Separate Evaluation Room for Evaluating the Answer Books under CCTV Surveillance	Yes



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : Maharashtra Institute of Physiotherapy, Latur
 Phone . : 02382-228135

Name of the Subject : Cardiovascular Respiratory PT

Sr. No.	College Name	Subject	Full name of the Teacher (First Name Middle Name Last Name)	Designation	Date of Joining	UG Qualification n & Year of Passing	PG Qualification n & 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 Year)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No	Sign of Teacher
1	Maharashtra Institute of Physiotherapy, Latur	Cardiovascular Respiratory PT	Dr. Vishnath Sharnappa Pawadshetty	Professor	30.07.2011	B.P.Th 2008	MPT 2010	12.6 Yrs.	Yes	MUHS/UG/E-6/2212/2023 dt.: 16/10/2023	9744 541 40265	BTYP0547B	05.06.1984 39 Yrs.	physiovisht@gmail.com	9422710990	NO	



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : Maharashtra Institute of Physiotherapy, Latur
 Phone . : 02382-228135

Name of the Subject : Neurosciences PT

Sr. No.	College Name	Subject	Full name of the Teacher (First Name Middle Name Last Name)	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	Addhar No.	PAN NO.	Date of Birth (Age in Year)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No	Sign of Teacher
1	Maharashtra Institute of Physiotherapy, Latur	Neurosciences PT	Dr. Neha NiraJ Singh	Assistant Professor	11.01.2018	B.P.Th 210	MPT 2013	7.7 yrs	Yes	MUHS/UG/E-6/2213/2023 dt.: 10/10/2023	2434 3059 0571	CVPS9471B	13.04.1989 34 Yrs.	dnrnlha0559@sunill.co.in	9420327591	NO	



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : Maharashtra Institute of Physiotherapy, Latur

Phone . : 02382-228135

Name of the Subject : Musculoskeletal PT

Sr. No.	College Name	Subject	Full name of the Teacher (First Name Middle Name Last Name)	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	Address No.	PAN NO.	Date of Birth (Age in Year)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No	Sign of Teacher
1	Maharashtra Institute of Physiotherapy, Latur	Musculoskeletal PT	Dr. Subhash Maniklal Khatri	Principal cum Professor	15.02.2023	B.Ph.T. 1993	MPT 1999	24.6 Yrs.	Yes	MUHS/UG/E-6/935/2023 dt.: 19.05.2023	2383 0409 3451	AGRPK1037E	07.10.1970 53 Yrs.	physiokhatri@gmail.com	9527747915	NO	
2	Maharashtra Institute of Physiotherapy, Latur	Musculoskeletal PT	Dr. Gaurav Prashant Bhatnagar	Professor	01.03.2017	B.P.Th 2004	MPT 2008	15.2 Yrs.	Yes	MUHS/UG/E-6/2213/2023 dt.: 10/10/2023	8718 7970 4946	ALETPB6501A	08.03.1979 44 Yrs.	bhatnagargaurav@gmail.com	7415505920	NO	
3	Maharashtra Institute of Physiotherapy, Latur	Musculoskeletal Sci. PT	Dr. Risha Devidas Kambale	Associate Professor	01.04.2019	B.P.Th 2010	MPT 2013	7.9 Yrs.	Yes	MUHS/UG/E-6/2212/2023 dt.: 16/10/2023	6832 5266 7394	GHZPK4923A	17.03.1987 36 Yrs.	rishakambale@gmail.com	9730857306	NO	






**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)**

Name of the College : Maharashtra Institute of Physiotherapy, Latur

Phone . : 02382-228135

Name of the Subject : Community PT

Sr. No.	College Name	Subject	Full name of the Teacher (First Name Middle Name Last Name)	Designation	Date of Joining	UG Qualification & Year of Passing	PG Qualification n & Year of Passing	Teaching experience After PG Passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Addhar No.	PAN NO.	Date of Birth (Age in Year)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No	Sign of Teacher
1	Maharashtra Institute of Physiotherapy, Latur	Community PT	Dr. Sangeetha M.	Associate Professor	23.10.2023	B.P.Th.2001	MPT 2004	19.1 Yrs.	Yes	MUHS/UG/E-6/2900/2023 dt:20/12/2023	6839 7917 6718	BEGPS2726N	05.06.1994 39 Yrs.	saisangeetha2621@gmail.com sill.com	9842827771	NO	
2	Maharashtra Institute of Physiotherapy, Latur	Community PT	Dr. Shital Babruwan Ghule	Assistant Professor	04.03.2019	B.P.Th.2015	MPT 2019	4.10 Yrs.	Yes	MUHS/UG/E-6/2212/2023 dt.:16/10/2023	7885 9648 5589	CYHPG7428P	02.01.1993 31 Yrs.	shitalghule900@gmail.com	9689668795	NO	
3	Maharashtra Institute of Physiotherapy, Latur	Electrotherapy	Dr. Shruti Rajshekhhar Tadmare	Assistant Professor	04.06.2020	B.P.Th.2017	MPT 2019	3.6 Yrs.	Yes	MUHS/UG/E-6/2556/2023 dt.02/11/2023	8854 4916 5134	DFRPP5591E	26.05.1994 29 Yrs.	shruti94@gmail.com	8275682282	NO	



ANNEXURE XIV (B)

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : Maharashtra Institute of Physiotherapy, Latur
 Phone . : 02382-228135
 Name of the Subject : Electrotherapy



Sr. No.	College Name	Subject	Full name of the Teacher (First Name Middle Name Last Name)	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	Address No.	PAN NO.	Date of Birth (Age In Year)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No	Sign of Teacher
1	Maharashtra Institute of Physiotherapy, Latur	Musculoskeletal PT	Dr. Subhash Maniklal Khatri	Principal cum Professor	15.02.2023	B.Ph.T. 1993	MPT 1999	24.6 Yrs.	Yes	MUHS/UG/E-6/935/2023 dt. 19.05.2023	2383 0409 3451	AGRPK1037E	07.10.1970 53 Yrs.	physiothatri@gmail.com	9527747915	NO	
2	Maharashtra Institute of Physiotherapy, Latur	Community PT	Dr. Shital Babruwan Ghule	Assistant Professor	04.03.2019	B.P.Th 2015	MPT 2019	4.10 Yrs.	Yes	MUHS/UG/E-6/2212/2023 dt. 16/10/2023	7885 9648 5589	CYHPG7428P	02.01.1993 31 Yrs.	shitalghule900@gmail.com	9689568795	NO	
3	Maharashtra Institute of Physiotherapy, Latur	Electrotherapy	Dr. Shruti Rajbhakar Tadmare	Assistant Professor	04.06.2020	B.P.Th 2017	MPT 2019	3.6 Yrs.	Yes	MUHS/UG/E-6/2556/2023 dt. 02/11/2023	8854 4916 5154	DERPP5591E	26.05.1994 29 Yrs.	shrutim194@gmail.com	8275682282	NO	



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : Maharashtra Institute of Physiotherapy, Latur
 Phone . : 02382-228135

Name of the Subject : Functional Diagnosis & Physiotherapeutics Skills



Sr. No.	College Name	Subject	Full name of the Teacher (First Name Middle Name Last Name)	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	Addhar No.	PAN NO.	Date of Birth (Age in Year)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No	Sign of Teacher
1	Maharashtra Institute of Physiotherapy, Latur	Musculoskeletal PT	Dr. Gaurav Prashant Bhatnagar	Professor	01.03.2017	B.P.Th 2004	MPT 2008	15.2 Yrs.	Yes	MUHS/UG/E-6/2213/2023 dt.: 10/10/2023	8718 7970 4946	ALEPB6501A	08.03.1979 44 Yrs.	bhatnagaurav8@gmail.com	7415505920	NO	
2	Maharashtra Institute of Physiotherapy, Latur	Cardiovascular Respiratory PT	Dr. Vishvath Sharnappa Pawadshetty	Professor	30.07.2011	B.P.Th 2008	MPT 2010	12.6 Yrs.	Yes	MUHS/UG/E-6/2212/2023 dt.: 16/10/2023	9744 541 40265	BTVP0547B	05.06.1984 39 Yrs.	physiovisht@gmail.com	9422710990	NO	
3	Maharashtra Institute of Physiotherapy, Latur	Neurosciences PT	Dr. Neha Niraj Singh	Assistant Professor	11.01.2018	B.P.Th 210	MPT 2013	7.7 yrs	Yes	MUHS/UG/E-6/2213/2023 dt.: 10/10/2023	2434 3059 0571	CIVPS9471B	13.04.1989 33 Yrs.	dnrindia0559@gmail.com	9420327591	NO	



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : Maharashtra Institute of Physiotherapy, Latur
 Phone . : 02382-228135

Name of the Subject : Fundamental of Kinesiology & Kinesiotherapy

Sr. No.	College Name	Subject	Full name of the Teacher (First Name Middle Name Last Name)	Designation	Date of Joining	UG Qualification & Year of Passing	PG Qualification on & Year of Passing	Teaching experience After PG Passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Addhar No.	PAN NO.	Date of Birth (Age in Year)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No	Sign of Teacher
1	Maharashtra Institute of Physiotherapy, Latur.	Cardiovascular Respiratory PT	Dr. Vishvath Shannappa Pawadshetty	Professor	30.07.2011	B.P.Th 2008	MPT 2010	12.6 Yrs.	Yes	MUHS/UG/FE- 6/2212/2023 dt.: 16/10/2023	9744 541 40265	BTYP0547B	05.06.1984 38 Yrs.	physiovidh@gmail.com	9422710990	NO	
2	Maharashtra Institute of Physiotherapy, Latur.	Musculoskeletal Sci. PT	Dr. Risha Devidas Kamble	Associate Professor	01.04.2019	B.P.Th 2010	MPT 2013	7.9 Yrs.	Yes	MUHS/UG/FE- 6/2212/2023 dt.: 16/10/2023	6832 5266 7394	GHZPK4923A	17.03.1987 35 Yrs.	rishakamble@gmail.com	9730857306	NO	
3	Maharashtra Institute of Physiotherapy, Latur	Neurosciences PT	Dr. Neha Nira Singh	Assistant Professor	11.01.2018	B.P.Th 210	MPT 2013	7.7 Yrs	Yes	MUHS/UG/FE- 6/2213/2023 dt.: 10/10/2023	2434 3059 0571	CIVPS9471B	13.04.1989 34 Yrs.	dnchln9559@gmail.com	9420327591	NO	



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : Maharashtra Institute of Physiotherapy, Latur

Phone . : 02382-228135



Name of the Subject : Fundamental of Electrotherapy

Sr. No.	College Name	Subject	Full name of the Teacher (First Name Middle Name Last Name)	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	Addhar No.	PAN NO.	Date of Birth (Age In Year)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No	Sign of Teacher
1	Maharashtra Institute of Physiotherapy, Latur	Musculoskeletal I PT	Dr. Subhash Manilal Khatri	Principal cum Professor	15.02.2023	B.Ph. T. 1993	MPT 1999	24.6 Yrs.	Yes	MUHS/UG/E-6/935/2023 dt. 19.05.2023	2383 0409 3451	AGRPK1037E	07.10.1970 53 Yrs.	physiokhatri@gmail.com	9527747915	NO	
2	Maharashtra Institute of Physiotherapy, Latur.	Community PT	Dr. Shiral Babruwan Ghule	Assistant Professor	04.03.2019	B.P.Th 2015	MPT 2019	4.10 Yrs.	Yes	MUHS/UG/E-6/2212/2023 dt.: 16/10/2023	7885 9648 5589	CYHPG7428P	02.01.1993 31 Yrs.	shiralphd900@gmail.com	9689568795	NO	
3	Maharashtra Institute of Physiotherapy, Latur	Electrotherapy	Dr. Shruti Rajshekhhar Tadmare	Assistant Professor	04.06.2020	B.P.Th 2017	MPT 2019	3.6 Yrs.	Yes	MUHS/UG/E-6/2556/2023 dt. 02/11/2023	8854 4916 5154	DFRPP5591E	26.05.1994 29 Yrs.	shrutid94@gmail.com	8275682282	NO	



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : Maharashtra Institute of Physiotherapy, Latur
 Phone : : 02382-228135
 Name of the Subject : Kinesiotherapy

Sr. No.	College Name	Subject	Full name of the Teacher (First Name Middle Name Last Name)	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	Addhar No.	PAN NO.	Date of Birth (Age in Year)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No	Sign of Teacher
1	Maharashtra Institute of Physiotherapy, Latur.	Cardiovascular Respiratory PT	Dr. Vishnath Sharrappa Pawadhethy	Professor	30.07.2011	B.P.Th 2008	MPT 2010	12.6 Yrs.	Yes	MUHS/UG/E-6/2212/2023 dt.: 16/10/2023	9744 541 40265	BTVP0547B	05.06.1984 39 Yrs.	plysiovisbh@gmail.com	9422710990	NO	
2	Maharashtra Institute of Physiotherapy, Latur.	Musculoskeletal Sci. PT	Dr. Risha Devidas Kamble	Associate Professor	01.04.2019	B.P.Th 2010	MPT 2013	7.9 Yrs.	Yes	MUHS/UG/E-6/2212/2023 dt.: 16/10/2023	6832 5266 7394	GHZPK4923A	17.03.1987 36 Yrs.	rishakamble@gmail.com	9730857306	NO.	
3	Maharashtra Institute of Physiotherapy, Latur	Neurosciences PT	Dr. Neha Nira J Singh	Assistant Professor	11.01.2018	B.P.Th 210	MPT 2013	7.7 Yrs	Yes	MUHS/UG/E-6/2213/2023 dt.: 10/10/2023	2434 3059 0571	CIVPS9471B	13.04.1989 34 Yrs.	dnshw05559@gmail.com	9420327591	NO	



Name of the College : Maharashtra Institute of Physiotherapy, Latur
Phone : 02382-228135

Name of the Subject :- Human Physiology

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

ANNEXURE XIV (B)

Sr. No.	College Name	Subject	Full Name of The Teacher (First Name, Middle Name & Last Name)	Designation	Date of Joining	UG Qual. & Passing Year	PG Qual. & Passing Year	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Aadhaar No.	Pan No.	Date of Birth (Age in Year)	Latest Email Address	Contact No (Mob)	Signature of Teacher
1	Maharashtra Institute of Physiotherapy, Latur.	Physiology	Dr. Aljay Madhavrao Gavkare	Professor & HOD	08-10-2010	MBBS - 2002	MD - 2010	12.5 Yrs	Yes	MUHS/UG/E-1/53/1405/271/2022	6235660515535	AMP PG7773H	15/07/1981	dr.aljaygavkar.e1998@gmail.com	9890942743	
2	Maharashtra Institute of Physiotherapy, Latur.	Physiology	Dr. Bhagwat Narayan Shelke	Associate Professor	06-02-2013	MBBS - 2005	MD - 2012	11.00 Yrs	Yes	(MUHS/E-1/UG/1405/3153/2014	434072511920	BTMP S3678G	25/10/1983	bhagwat-shelke@gmail.com	9970044345	
3	Maharashtra Institute of Physiotherapy, Latur.	Physiology	Dr. Pramod Pandurang Mulay	Associate Professor	10-10-2016	MBBS - 2000	MD - 2007	15 Yrs	Yes	MUHS/UG/E-1/53/1405/400/2017	436973893152	APVPM2577B	09-01-1977	dr.pramodmulay1977@gmail.com	9967234544	

College Seal

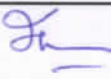





Dean/Principal


MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : Maharashtra Institute of Physiotherapy, Latur
 Phone : 02382-228135

Name of the Subject :- Human Anatomy

Sr. No.	College Name	Subject.	Full name of the Teacher (First Name Middle Name Last Name.)	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 year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No	Signature of Teachers
1	MIPT, LATUR	Anatomy	Dr. Ferozkhan Jafarkhan Pathan	Professor	30/06/2008	MBBS - 1998	MS - 2007	15.03 Yrs	Yes	MUHS/UG/E-1/1/405/3153/2014 Dated-08/07/2014	3333 2954 0156	AHOP P 1282G	02-08-1972 (Age 50.10)	drferoz07@rediffmail.com	9822337689	No	
2	MIPT, LATUR	Anatomy	Dr. Mahesh Shamrao Ugalte	Professor	5/6/2013	MBBS - 1998	MS - 2001	20Yrs	Yes	MUHS/UG/E-1/1/405/5301/2014 Dt.28/11/2014	4549 1406 8180	AHVP D6339 ID	06.05.1974 (Age 49.2)	dmsu1974@yahoo.com	9503544123	No	
3	MIPT, LATUR	Anatomy	Dr. Ramdas Gopalrao Surwase	Associate Professor	12/8/2008	MBBS - 2003	MS - 2008	15Yrs	Yes	No: MUHS/UG/E-1/1/405/2059/2009 Dt.22/7/2009	3214 0185 7867	BSYPS 4808R	01.11.1978 (Age 44.8)	r.surwase@yahoo.in	8983012861	No	
	MIPT, LATUR	Anatomy	Dr. Smita Kashinath Balsurkar	Associate Professor	19/07/2010	MBBS - 2003	MD - 2010	13Yrs	Yes	No: MUHS/UG/E-1/53/1405/271/2022 Dt.27/01/2022	3126 0644 0857	AYQP B8469 C	06.07.1982 (Age 41)	drsmitasantosh@gmail.com	9421196035	No	



5	MIPT, LATUR	Anatomy	Dr. Anand Jagannath Reddy	Associate Professor	19/07/2012	MIBBS - 2005	MD - 2011	12Yrs	Yes	No: MUHS/UG/E- 1/1405/3153/2 014 Dt.08/07/2014	4094 0100 4698	ASSXP M2565 P	16.05.1981 (Age 42)	anandreddy16 @ yahoo.co.in	7588057363	No	
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College Seal



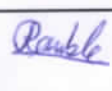


Dean/Principal

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

Name of the College : Maharashtra Institute of Physiotherapy, Latur
 Phone/ Mobile No. : 02382 228135

Name of the Subject : Musculoskeletal Physiotherapy

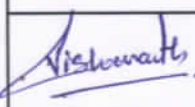
Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/Speciality	Type of Appointment (Regular/Temporary/Honorary)	Qualification	University Approval (UG)	PG Teaching Experience (in Years) (after PG)	PG Teacher Recognition (Yes/No.)	(Recognition Letter Date issued by University.)	No. of PG Students guided last 5 year	Date of Birth & Age	E-mail ID	Mobile No.	Aadhar Card No.	If Debarred specify with details (Yes/No)	Sign.of Teacher
1	Dr. Khatri Subhash Maniklal	Principal cum Professor	Musculoskeletal Physiotherapy	Regular	Ph. D.	Yes	24.6 Yrs.	Yes	MUHS/PG/E-6/164014/1089 /2023 dt.16/06/2023	35	7/10/1970 53 Yrs.	physiokhatri@gmail.com	9527747915	23830409 3451	NO	
2	Dr. Bhatnagar Gaurav Prashant	Professor	Musculoskeletal Physiotherapy	Regular	MPT	Yes	4.10 Yrs.	Yes	भातिनागर / गौरव / ६-६ / २९०४ / २०१९ ९ र्क. ०५ / १२ / २०१९	9	8/3/1979 44 Yrs.	bhatnagargaurav8@gmail.com	7415505920	871879704946	NO	
	Dr. Kamble Rishi Devidas	Associate Professor	Musculoskeletal Physiotherapy	Regular	MPT	Yes	11 Month	Yes	MUHS/PG/E-6/2325/2023 dt.23/10/2023	...	17/03/1987 36 Yrs.	rishakamble@gmail.com	9730857306	6832 5266 7394	NO	



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

Name of the College : Maharashtra Institute of Physiotherapy, Latur
 Phone/ Mobile No. : 02382 228135

Name of the Subject : Cardiovascular and Respiratory Physiotherapy

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/Speciality	Type of Appointment (Regular/Tem p./Honorary)	Qualification	University Approval (UG)	PG Teaching Experience (In Years) (after PG)	PG Teacher Recognition (Yes/No.)	(Recognition Letter Date Issued by University.)	No. of PG Students guided last 5 year	Date of Birth & Age	E-mail ID	Mobile No.	Aadhar Card No.	If Debarred specify with details (Yes/No)	Sign. of Teacher
1	Dr. Pawadshetty Vishvath Sharnappa	Professor	CARDIOVASCULAR AND RESPIRATORY PHYSIOTHERAPY	Regular	MPT	Yes	4.10 Yrs.	Yes	स्नातकोत्तर / पीएचडी / ई-० / २००४ / २०१९ फे. ०५ / १२ / २०१९	9	5/6/1984 39 Yrs.	physiovish@gmail.com	9422710990	974454140265	NO	



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

Name of the College : Maharashtra Institute of Physiotherapy, Latur
 Phone/ Mobile No. : 02382 228135

Name of the Subject: Neuro Physiotherapy

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/Speciality	Type of Appointment (Regular/Temp./Honorary)	Qualification	University Approval (UG)	PG Teaching Experience (in Years) (after PG)	PG Teacher Recognition (Yes/No.)	(Recognition Letter Date Issued by University.)	No. of PG Students guided last 5 year	Date of Birth & Age	E-mail ID	Mobile No.	Aadhar Card No.	If Debarred specify with details (Yes/No)	Sign.of Teacher
1	Dr. Singh Neha Niraj	Assistant Professor	Neuro Physiotherapy	Regular	MPT	Yes	11 Month	Yes	MUHS/PG/E-6/2714/2023 dt. 24/11/2023	-	13/04/1989 Yrs. 34	dmcha9559@gmail.com	9420327591	2434 3059 0571	NO	

