

All India Institute of Physical Medicine and Rehabilitation

Sno	UHID	IPD ID	Patient Name	Sex	Age	Department
1	20240004290	240000096	Mrs. PRATIKSHA PRABHAKAR PANCHAL	F	46 Yr	
2	20240007929	240000246	Mr. HAZARAT ALI SHAIKH	M	48 Yr	
3	20230013646	240000276	Mr. NILKANTH L JAGTAP	M	51 Yr	
4	20240006868	240000311	Master VEDANT SATISH DONGARE	M	13 Yr	
5	20240009358	240000314	Mr. ALOK PANDEY	M	30 Yr	
6	20240003049	240000316	Mr. suresh erayya gujar	M	46 Yr	
7	20240008497	240000318	Mr. RAMCHANDRA VILAS SARKAR	M	32 Yr	
8	20240007111	240000320	Mr. SANDEEP BALKRISHNA GHADGE	M	49 Yr	
9	20240008163	240000324	Mr. RAMESH R PULI	M	45 Yr	
10	20250000055	250000001	Mr. PRAVAS SURENDRA ADHANGALE	M	28 Yr	
11	20230008685	250000004	Mr. SANTOSH K MAURRYA	M	51 Yr	
12	20240007112	250000006	Mrs. MEETA DEVI PAL	F	45 Yr	
13	20230009420	250000012	Mr. MOHD ARSAD ALI SAYED	M	23 Yr	
14	20240001727	250000030	Ms. SONI SAGAR SONAR	F	40 Yr	
15	20250001131	250000034	Mr. BHAGWAN GAIKWAD	M	36 Yr	
16	20240010085	250000036	Ms. FIZA A SHAIKH	F	10 Yr	
17	20230011651	250000044	Dr. MIHIR SAIKIA	M	75 Yr	
18	20240010646	250000050	Mr. JAGDISH KAEAMSHI PATEL	M	52 Yr	
19	20230005730	250000051	Master MD HASNAIN SHAIKH	M	7 Yr	
20	20220021765	250000054	Master MD AMANAT MD MINTU HOSSAIN	M	11 Yr	
21	20240005987	250000055	Mrs. LAXMI HAMIR SOLANKI	F	67 Yr	
22	20250001944	250000057	Mr. MANGALARAM K MALI	M	62 Yr	
23	20230014887	250000058	Master ALTMAS MOHD HAKIM shaikh	M	19 Yr	
24	20250001988	250000059	Master YADNESH PRATHAMESH HARDAS	M	12 Yr	
25	20230014773	250000060	Mr. KADAR MOHIUDDIN MOHD BASHA SHAIKH	M	45 Yr	
26	20240012314	250000061	Mr. NILESH G KAMADI	M	32 Yr	
27	20250000686	250000062	Mr. Vijay Tripathi	M	33 Yr	
28	20250001200	250000063	Mr. SAYYED ASIF ALI ZAIDI	M	64 Yr	
29	20230008614	250000064	Ms. MADHIA RAFIUDDIN KHAN	F	5 Yr	
30	20240011582	250000065	Master KARTIK VRUSHAL PALKAR	M	6 Yr	
31	20250000181	250000066	Mrs. SAROJA	F	71 Yr	
32	20240009437	250000067	Mr. ASHOK G SUBHEDAR	M	70 Yr	

[Handwritten Signature]
05/10/25

[Handwritten Signature]
Dr. Deepu G. Hebode
5/13/25

[Handwritten Signature]
5/15/25
Dr. Vinayak Shinde

[Handwritten Signature]
Dr. Sanyam (Dr. Sanyam)
5/10/25

ANNEXURE- I

Name of College/Institute All India Institute of Physical Medicine and Rehabilitation

Name of the Department: MD (PMR)

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1	Dr. Anil Kumar Gaur	Director	Professor	
2	Dr. Amit Mhambre	HOD(PMR)/ Professor	Associate Professor	
3	Dr. Vinay Goyal	Professor	Associate Professor	
4	Dr. Sumedh More	Professor	Assistant Professor	
5	Dr. Mahesh Choudhary	Deputy Director (Rehab)	Assistant Professor	
6	Dr. Priyanka Saikia Chaubey	Assistant Professor	-	
7	Dr. Vineet Alhat	Senior Resident	-	

Total PG Intake Capacity = 04

Whether Teachers Students ratio is fulfilled

Yes/No

Summary -

Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	01	01	00
2	Associate Professor	01	02	00
3	Assistant Professor	01	02	00
4	Senior Resident	01	01	00
5	Junior Resident	12	08	04

Approved + Non Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	01	01	00
2	Associate Professor	01	02	00
3	Assistant Professor	01	03	00
4	Senior Resident	01	01	01
5	Junior Resident	12	08	04

Data Verified by the Committee members:

Member
5/3/25

Member
05/03/25

Member
5/3/25

Chairman

Intake capacity/ Seat Matrix


Name of College/Institute: All India Institute of Physical Medicine and Rehabilitation

PG Degree / PG Diploma Courses / Super Specialty	Intake as per Council		Status of Council				Max. Seats Permitted by MUHS as per Teacher: Student Ratio	
			Degree		Diploma			
	Degree	Diploma	Recognized	Permitted	Recognized	Permitted	Degree	Diploma
Physical Medicine and Rehabilitation	04	-	02	02	-	-	04	-

Any Other, Please Specify:

Data Verified by the Committee members:


Member


Member





Member





Chairman

ANNEXURE-III

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
 DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved)
 UG Degree/ PG Degree/ Super Specialty) AS ON:/...../.....

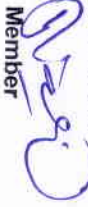
Name of the Dept.: **Physical Medicine and Rehabilitation Subject: PMR** Whether UG - NO/UG+PG- NO/UG+ PG+ Super Specialty - NO
 Name of the College: **All India Institute of Physical Medicine and Rehabilitation College Code: 101108 Intake Capacity: 04**

Sr. Subject No.	Name of Teacher	Designation	Mob.No	E-mail ID	DOB	Whether belongs to Reserved category (if Yes, specify category)	Date of appointment at College	Teaching Experience (G/V Yrs.)			Total Teaching Experience in years of PG	Type of Appointment Temp/ Regular/ Contractual	Urine rfsy Appro val Status (Yes/ No)	Temporary Approval		Details of PG Recognition	Letter No.& date	MET Works Hop attend in last 5 years	Photograph with Signature
								Asst. Prof.	Asso. Prof.	Total Prof.				From	To				
1	PMR Dr. Anil Kumar Gaur	* Professor ** Director	9769416932	director@aiipm.gov.in	19-06-64	No	09.07.2003	-	-	-	28 Years 10 months	Regular	Yes	-	-	Regular	MUHS/PG/E 1/6/06/1051/10 dated 16/06/2010 and MUHS/PG/E 1/6/06/3522/2012 dated 24/12/2012	Yes	 Anil Kumar Gaur
2	PMR Dr. Amit Mhanbire	* Associate Professor & ** Professor	9867373709	drasmdh@gmail.com	14-02-79	No	10.4.2014	-	-	-	14 years 10 months	Regular	Yes	-	-	Regular	MUHS/PG/E 1/27/6/106/2757/17 dated 02/12/2017	Yes	 Amit Mhanbire
3	PMR Dr. Vinay Goyal	* Associate Professor ** Professor	7045773329	vinaygoval80@gmail.com	13-08-80	No	1.4.2016	-	-	-	12 years 01 months	Regular	Yes	-	-	Regular	MUHS/PG/E 1/6/06/27/2341/2021 dated-27/08/2021	Yes	 Vinay Goyal


4	PMR	Dr. Sumesh More	* Assistant Professor	96431574	drsunedhmore@gmail.com	07-07-81	Yes	SC	26.4.2016	-	-	-	-	11 years 10 months	Regular	Yes	-	-	Regular	MUHS/PG/E 1/27/6106/28 14/18 dated 25/7/2018	Yes	
5	PMR	Dr. Mahesh Choudhary	* Assistant Professor ** Deputy Director (Rehab)	99200838	dmaheshchoudhary@gmail.com	03-08-81	Yes	OBC	03.08.2016	-	-	-	-	06 years 04 months	Regular	Yes	-	-	Regular	MUHS/PG/E 1/27/6106/34 67/18 dated 27/9/2018	No	 Dr. Mahesh
6	PMR	Dr. Priyanka Saitkia Chaubey	** Assistant Professor	98200952	dpriyanka_saitkia@gmail.com	13-11-1983	No		23.08.2022	-	-	-	-	05 year 05 months	Regular	No	-	-	-	-	No	

Note: The College shall submit one hard copy & a soft copy (in Excel Format) of the list in Pen Drive to the LIC Committee.
Data Verified by the Committee members:


Member


Member


Member


Chairman



EXAMINATION RELATED INFORMATION FOR A.Y. 2025-2026**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.	03
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 mpbs 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.	No
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)	No
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 mpbs speed, by an another Class 'A' ISP to ensure uninterrupted downloading facility, with 2(two) static IP's, Internet Dongle.	No

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.	03 Computer
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 mpbs 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

Data Verified by the Committee members:


Member


Member


Member


Chairman

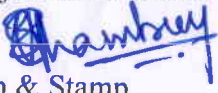
Information to be submitted with respect to newly appointed mentors**Professional Teaching Experience Certificate for Fellowship/Certificate Courses Mentor**Title of the Course applied for: - **Fellowship Course in Rehabilitation Surgery**This to Certify that **Dr. Vivek Pusnake** has worked in the**Department of Physical Medicine and Rehabilitation** Training Centre as per following details**A) General Experience**

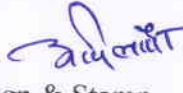
Designation	From	To	Total period Year/Months	
Senior Resident , R.N. Copper	14.02.1998	14.4.1998	-	2 months
Senior Resident , V.N. Desai	01.08.1998	31.01.1999	-	6 months
Assistant Professor, JNMC	31.05.1999	03.03.2000		10 months
Assistant Professor , VNGMC	04.03.2000	22.12.2003	3 years	9 months
Specialist Grade II (Ortho), ISP Nashik	23.12.2003	23.12.2005	2 years	-
Specialist Grade II (Ortho), ISP Nashik	23.12.2005	23.12.2009	4 years	-
Specialist Grade I (Ortho), ISP Nashik	23.12.2009	23.10.2011	2 years	-

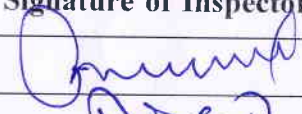
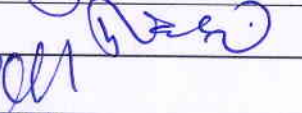
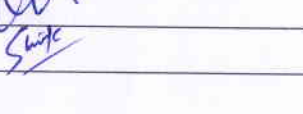

B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for:-

Designation	From	To	Total period Year/Months	
Specialist Grade I (Ortho), AIIPMR, Mumbai	24.10.2011	23.12.2016	5 years	2 months
Consultant (Ortho) , AIIPMR, Mumbai	23.12.2016	Till date	8 years	1 months

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)


 Sign & Stamp
 Head of the Department
 Date: 05 / 03 / 25
डॉ. अमित एस. म्हांबरे / DR. AMIT S. MHAMBRE
डीएनबी (पीएमआर) / DNB (PMR)
प्रोफेसर एवं विभागाध्यक्ष (पीएमआर) / PROFESSOR & HOD (PMR)
पंजीयन / REG.NO.- 2002/08/2932
अ.भा.पी.चि.पु.सं. / A.I.P.M.R.
मुंबई / MUMBAI- 400 034.


 Sign & Stamp
 Dean/Principal/Head of Institute
 Date: / /
निदेशक / DIRECTOR
अ.भा.पी.चि.पु.सं. / A.I.P.M.R.
डॉ. अजीत के. खाडये मारुग,
Haji Ali, K. Khadye Maru,
महालासरी / Mahalaxmi
मुंबई / Mumbai -400 034.

Name of Inspectors		Signature of Inspectors
1) Sanjay Ganesh Barnwal	Chairman	
2) Vishal Bhagwan Patil	Member	
3) Prafulla Govind Herode	Member	
4) Vinayak Kerba Shinde	Member	

Information to be submitted with respect to newly appointed mentors**Professional Teaching Experience Certificate for Fellowship/Certificate Courses Mentor**Title of the Course applied for:- **Fellowship Course in Rehabilitation Surgery**This to Certify that **Dr. Amit Mhambre** has worked in the**Department of Physical Medicine and Rehabilitation** Training Centre as per following details**A) General Experience**

Designation	From	To	Total period Year/Months	

B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for:-

Designation	From	To	Total period Year/Months	
Senior Resident, AIIPMR, Mumbai	02/03/2010	10/05/2013	3 years	02 months
Assistant Professor, AIIPMR, Mumbai	11/05/2013	10/04/2016	2 years	11 months
Associate Professor, AIIPMR, Mumbai	10/04/2016	10/04/2020	4 years	00 months
Professor, AIIPMR, Mumbai	10/04/2020	Till date	4 years	09 months

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

डॉ. अमित एस. म्हांबरे / DR. AMIT S. MHAMBRE**डीएनबी (पीएमआर) / DNB (PMR)**

Sign & Stamp

Head of the Department

Date: **05/08/25****प्राध्यापक एवं विभागाध्यक्ष (पीएमआर) / PROFESSOR & HOD (PMR)****पंजीयन / REG.NO.- 2002/08/2932****अ.भा.भौ.चि.पु.सं. / A.I.I.P.M.R.****मुंबई / MUMBAI- 400 034.**

Sign & Stamp

Dean/Principal/Head of Institute

Date: / /

निदेशक / DIRECTOR**अ.भा.भौ.चि.पु.सं. / A.I.I.P.M.R.****हाजी अली, के. खाड्ये मार्ग,****महालक्ष्मी / Mahalaxmi****मुंबई / Mumbai - 400 034.**

Name of Inspectors		Signature of Inspectors
1) Sanjay Ganesh Barnwal	Chairman	
2) Vishal Bhagwan Patil	Member	
3) Prafulla Govind Herode	Member	
4) Vinayak Kerba Shinde	Member	

Information to be submitted with respect to newly appointed mentors**Professional Teaching Experience Certificate for Fellowship/Certificate Courses Mentor**Title of the Course applied for: - **Fellowship Course in Rehabilitation Surgery**This to Certify that **Dr. Vinay Goyal** has worked in the**Department of Physical Medicine and Rehabilitation** Training Centre as per following details**A) General Experience**

Designation	From	To	Total period Year/Months	

B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for:-

Designation	From	To	Total period Year/Months	
Senior Resident, VMMC & SJH, New Delhi	5.03.2012	04.06.2015	3 years	03 months
Assistant Professor, AIIPMR, Mumbai	1.04.2016	31.03.2018	2 years	-
Associate Professor, AIIPMR, Mumbai	1.04.2018	01.4.2022	4 years	-
Professor	01.4.2022	Till date	2 year	10 months

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

Sign & Stamp

Head of the Department

Date : 05/03/25

डॉ. अमित एस. म्हांबरे / DR. AMIT S. MHAMBRE

डीएनबी (पीएमआर) / DNB (PMR)

प्राध्यापक एवं विभागाध्यक्ष (पीएमआर) / PROFESSOR & HOD (PMR)

पंजीयन / REG.NO.- 2002/08/2932

अ.भा.भौ.चि.पु.सं. / A.I.I.P.M.R.

मुंबई / MUMBAI-400 034.

Sign & Stamp

Dean/Principal/Head of Institute

Date: / /

निदेशक/DIRECTOR
अ.भा.भौ.चि.पु.सं./A.I.I.P.M.R.
हाजी अली, क. खाडये मार्ग,
Haji Ali, K. Khadye Marg.,
महालाक्ष्मी/Mahalaxmi
मुंबई/Mumbai -400 034.

Name of Inspectors		Signature of Inspectors
1) Sanjay Ganesh Barnwal	Chairman	
2) Vishal Bhagwan Patil	Member	
3) Prafulla Govind Herode	Member	
4) Vinayak Kerba Shinde	Member	

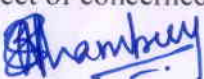
Information to be submitted with respect to newly appointed mentors**Professional Teaching Experience Certificate for Fellowship/Certificate Courses Mentor**Title of the Course applied for: - **Fellowship Course in Rehabilitation Surgery**This to Certify that **Dr. Sumedh More** has worked in the**Department of Physical Medicine and Rehabilitation** Training Centre as per following details**A) General Experience**

Designation	From	To	Total period Year/Months

B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-

Designation	From	To	Total period Year/Months	
Registrar, AIIPMR, Mumbai	10.04.2013	15.02.2014	0 years	10 months
Senior Resident, AIIMS, New Delhi	28.02.2014	23.04.2016	2 years	3 months
Assistant Professor, AIIPMR, Mumbai	26.04.2016	25.04.2018	2 years	-
Associate Professor AIIPMR, Mumbai	26.04.2018	26.4.2022	4 years	-
Professor	26.4.2022	Till date	2 year	9 months

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)


Sign & Stamp

Head of the Department

Date : 05/03/25

डॉ. अमित एस. म्हांबरे / DR. AMIT S. MHAMBRE

डीएनबी (पीएमआर) / DNB (PMR)

प्रबन्धक एवं विभागाध्यक्ष (पीएमआर) / PROFESSOR & HOD (PMR)

पंजीयन / REG.NO.- 2002/08/2932

अ.भा.भौ.चि.पु.सं. / A.I.P.M.R.

मुंबई / MUMBAI-400 034.


Sign & Stamp

Dean/Principal/Head of Institute

Date: / /

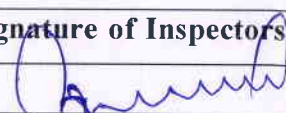



निदेशक / DIRECTOR

अ.भा.भौ.चि.पु.सं. / A.I.P.M.R.

हजी अली, क. खाद्ये

महालक्ष्मी / Mahalaxmi

मुंबई / Mumbai - 400 034.

Name of Inspectors		Signature of Inspectors
1) Sanjay Ganesh Barnwal	Chairman	
2) Vishal Bhagwan Patil	Member	
3) Prafulla Govind Herode	Member	
4) Vinayak Kerba Shinde	Member	

Information to be submitted with respect to newly appointed mentors**Professional Teaching Experience Certificate for Fellowship/Certificate Courses Mentor**Title of the Course applied for: - **Fellowship Course in Rehabilitation Surgery**This to Certify that **Dr. Mahesh Choudhary** has worked in the**Department of Physical Medicine and Rehabilitation** Training Centre as per following details**A) General Experience**

Designation	From	To	Total period Year/Months	
--	--	--	--	--
--	--	--	--	--

B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-

Designation	From	To	Total period Year/Months	
Medical officer , AIIPMR, Mumbai	21/03/2011	02/08/2016	05 years	05 months
*Specialist (PMR) Grade III / ** Assistant Professor, AIIPMR, Mumbai (from 21/03/2018)	03/08/2016	02/08/2018	02 years	3 months
*Specialist (PMR) Grade- II / ** Assistant Professor , AIIPMR, Mumbai	03/08/2018	2/8/2022	04 years	-
*Deputy Director (Rehab) ** Assistant Professor, AIIPMR, Mumbai	03/8/2022	Till date	2 year	6 months

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)


Sign & Stamp
Head of the Department

Date: 05/03/25

डॉ. अमित एस. म्हांबरे / DR. AMIT S. MHAMBRE


डीएनबी (पीएमआर) / DNB (PMR)

प्रोफेसर एवं विभागाध्यक्ष (पीएमआर) / PROFESSOR & HOD (PMR)

पंजीयन / REG.NO.- 2002/08/2932

अ.भा.भौ.चि.पु.सं. / A.I.P.M.R.

मुंबई / MUMBAI-400 034.

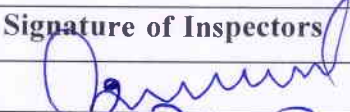





Sign & Stamp

Dean/Principal/Head of Institute

Date: / /

निदेशक/DIRECTOR
अ.भा.भौ.चि.पु.सं./A.I.P.M.R.
हाजी अली, क. खाडये मार्ग,
Haji Ali, K. Khadye Marg,
महालाक्ष्मी/Mahalaxmi
मुंबई/Mumbai -400 034.

Name of Inspectors		Signature of Inspectors
1) Sanjay Ganesh Barnwal	Chairman	
2) Vishal Bhagwan Patil	Member	
3) Prafulla Govind Herode	Member	
4) Vinayak Kerba Shinde	Member	

Information to be submitted with respect to newly appointed mentors**Professional Teaching Experience Certificate for Fellowship/Certificate Courses Mentor**Title of the Course applied for: - **Fellowship Course in Rehabilitation Surgery**This to Certify that **Dr. Priyanka Saikia Chaubey** has worked in the**Department of Physical Medicine and Rehabilitation** Training Centre as per following details**A) General Experience**

Designation	From	To	Total period Year/Months	

B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-

Designation	From	To	Total period Year/Months	
Registrar	09/07/2014	30/06/2016	1 year	11 months
Registrar	28/09/2017	03/11/2018	1 year	01 months
Assistant Professor	23/08/2022	Till date	02 year	05 months

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)


डॉ. अमित एस. म्हांबरे / DR. AMIT S. MHAMBRE**डीएनबी (पीएमआर) / DNB (PMR)****प्रध्यापक एवं विभागाध्यक्ष (पीएमआर) / PROFESSOR & HOD (PMR)****पंजीयन / REG.NO.- 2002/08/2932****अ.भा.भौ.चि.पु.सं. / A.I.P.M.R.****मुंबई / MUMBAI-400 034.**

Sign & Stamp

Head of the Department

Date : 05/03/25


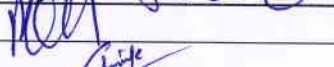




Sign & Stamp

Dean/Principal/Head of Department

Date: / /

निदेशक / DIRECTOR
अ.भा.भौ.चि.पु.सं. / A.I.P.M.R.
हाजी अल्लिके. खाडये मार्ग,
Haji Ali, K. Khadye Mg.,
महालक्ष्मी / Mahalaxmi
मुंबई / Mumbai -400 034.

Name of Inspectors:		Signature of Inspectors
1) Sanjay Ganesh Barnwal	Chairman	
2) Vishal Bhagwan Patil	Member	
3) Prafulla Govind Herode	Member	
4) Vinayak Kerba Shinde	Member	

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

ANNEXURE-IV-B

Name of the College :
 Phone/Mobile No. :
 Name of the Subject :

Not Applicable

Sr. No.	College Name	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																
2																
3																
4																
5																
6																
7																
8																
9																
10																

NA

Data Verified by the Committee members:

Member

Member

Member

Chairman





ANNEXURE-IV-C

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

Name of the College: All India Institute of Physical Medicine and Rehabilitation

Phone/ Mobile No.: 23528834

Name of the Subject: PMR

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Specialty	Type of Appointment (Regular/ Temp./ Honorary)	Qualification	University (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University)	No. of PG Students Guided last 5 year	Date of Birth	E-mail ID	Mobile No.	Aadhar Card No	If Debarred (Yes/No)	Sign of Teacher
1	Dr. Anil Kumar Gaur	* Professor ** Director	PMR	Regular	DPMR DNB (PMR)	Delhi University	28 Years 10 months	Yes	MUHS/PG/E-1/6106/1051/10 dated 16/06/2010 and MUHS/PG/E-1/6106/3522/2012 dated 24/12/2012	07	19/6/1964	director@aiipmr.gov.in	9769416932	626308617612	No	
2	Dr. Amit Subhash Mhambre	* Associate Professor & ** Professor	PMR	Regular	DNB (PMR)	Mumbai University	14 years 10 months	Yes	MUHS/PG/E-1/27/6106/2757/17 dated 02/12/2017	03	14/2/1979	draamdu_gmc@hotmail.com	9867373709	273742851687	No	
3	Dr. Vinay Goyal	* Associate Professor ** Professor	PMR	Regular	DPMR, DNB (PMR)	Kerala University	12 years 01 months	Yes	MUHS/PG/E-1/6106/27/2341/2021 dated-27/08/2021	-	13/08/1980	vinaygoyal80@gmail.com	7045773329	370102424881	No	
4	Dr. Sumedh More	* Assistant Professor ** Professor	PMR	Regular	D(Ortho), DNB (PMR)	MUHS	11 years 10 months	Yes	MUHS/PG/E-1/27/6106/2814/18 dated 25/7/2018	-	07/07/1981	dsumedh.more@gmail.com	9643157407	964938559549	No	

* Designation granted by Maharashtra University Of Health Sciences
** Designation granted by Ministry of Health and Family Welfare

Data Verified by the Committee members:

Member

Member

Member

Chairman

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2025-2026

(As per provisions of the Maharashtra University of Health Sciences Act, 1998 and University Rule / Guidelines)

Date of Inspection :	
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1. Name(s) of the Fellowship/Certificate Course(s)

Sr. No.	Name of the Fellowship/Certificate Course	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentor and Contact Details
01	Fellowship Course in Rehabilitation Surgery	2021-2022	03	Dr. Anil Kumar Gaur 022-23528834 Dr. Vivek Pusnake 022-23545358 Dr. Amit Mhambre 022-23540941 Dr. Vinay Goyal 022-23544341 Dr. Sumedh More 022-23544341 Dr. Mahesh Choudhary 022-23544341 Dr. Priyanka Saikia Chaubey 022-23544341

(Attach separate List if necessary)

2. Year-wise number of students admitted to Fellowship/ Certificate course during last 5 years

Sr. No.	Academic Year	Name of Fellowship / Certificate Course	Intake Capacity	No. of Students Admitted (In figure only)
1	A.Y. 2021 – 2022	Fellowship Course in Rehabilitation Surgery	03	01
2	A.Y. 2022 – 2023	Fellowship Course in Rehabilitation Surgery	03	00
3	A.Y. 2024 – 2025	Fellowship Course in Rehabilitation Surgery	03	00

Information to be submitted with respect to newly appointed mentors**Professional Teaching Experience Certificate for Fellowship/Certificate Courses
Director/Mentor**Title of the Course applied for:- **Fellowship Course in Rehabilitation Surgery**This to Certify that **Dr. Anil Kumar Gaur** has worked in the**Department of Physical Medicine and Rehabilitation** Training Centre as per following details**A) General Experience**

Designation	From	To	Total period Year/Months	

B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-

Designation	From	To	Total period Year/Months	
Senior Resident, Safdarjung Hospital	06/10/1990	05/12/1993	3 years	2 months
Senior Resident, St. Stephen's Hospital , Delhi	22/07/1996	21/01/1997	-	6 months
Junior Specialist (PMR), St. Stephen's Hospital, Delhi	22/01/1997	21/01/1999	2 years	-
Specialist (PMR) Stephen's Hospital , Delhi	22/01/1999	05/10/2000	1 year	8 months
*Specialist (PMR) Grade II /	09/07/2003	08/07/2009	6 years	-
*Specialist (PMR) Grade I / ** Post Graduate Teacher (From 5/10/2009) ***Professor (from 24/12/2012) AIIPMR, Mumbai	09/07/2009	08/07/2016	7 years	-
*Consultant / **Professor , AIIPMR, Mumbai	09/07/2016	13.10.2017	1 year	3 months
*Director/ **Professor, AIIPMR, Mumbai	14.10.2017	Till date	7 years	3 months

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)



Sign & Stamp

Head of the Department

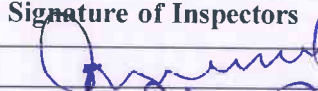

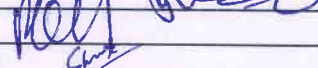

Date : 05 / 03 / 25



Sign & Stamp

Dean/Principal/Head of Institute

Date: / /

Name of Inspectors		Signature of Inspectors
1) Sanjay Ganesh Barnwal	Chairman	
2) Vishal Bhagwan Patil	Member	
3) Prafulla Govind Herode	Member	
4) Vinayak Kerba Shinde	Member	

FOR Ph.D COURSE(S) FOR A.Y. 20.....-20.....

(Please submit separate report for each subject)

Not Applicable

Date of Inspection	:	
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Faculty: Subject/Specialty:

1. Name & Address of the College/Research Centre: -

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.....

Name of Head of the Department: -

Designation:

2. Department / Subject wise details of available PhD Guides: -
(Attach Annexure "A")

Sr. No.	Name of Ph.D. Guide	Designation	Date of Birth	Date of Retirement	Total No. of PhD Scholars Registered till date	Has completed six days Research Methodology Workshop? Yes/No	PhD Recognition No. and Date
1							
2							
3							
4							
5							

4. Details of available infrastructure for Research:

i) Adequate number of Computers with Internet facility is available? Yes / No

ii) Adequate number of Books / Journals are available? Yes / No

iii) Any other specific thing available at the Department:

.....

.....

5. Details of Central Research Laboratory:

i) Available Area (in sq. ft):

ii) Is Drugs/Medicines/Chemicals etc. are available for research? Yes / No

iii) Is Adequate number of Instruments are available? Yes / No

iv) Is Records of Stock book available? Yes / No

6. Details of Central Animal House:

i) Available Area in sq. ft:

ii) Functioning Central Animal House? Yes / No

7. Details of Institutional Ethical Committee: (Attach Annexure "B")

i) Date of Composition:

- ii) Total Number of Members:
- iii) Number of meetings held in previous year:
- iv) Whether Records of proceedings are maintained properly? **Yes / No**
- v) Is Human and Animal Ethics Committee, registered under the appropriate authority? **Yes / No**

8. Details of Research Advisory Committee: (Attach Annexure "C")

- i) Date of Composition:
- ii) Total number of Members:
- iii) Number of meetings held in previous year:
- iv) Whether records of proceedings are maintained properly? **Yes / No**

9. Is Doctoral Committee constituted in the lines of RAC? **Yes / No**

- i) If Yes, Date of Composition:
- ii) Total number of Members:
- iii) Name of External Subject Expert:.....

10. Is Plagiarism detection software facility available? **Yes / No**

If Yes, Name of the Software:.....

11. Is attendance of the Ph.D. Scholar maintained properly? **Yes / No**

12. Whether Research Centre is registered under MPCB provisions? **Yes / No**

13. Whether BMW facility is available? **Yes / No**

14. Any other important thing related to Research/Department/Facilities, which will be helpful to carry out good quality research under this department:

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.....

DECLARATION BY LIC

We, the LIC Members, hereby certify that, we have thoroughly inspected and verified the Department/College/Research Centre, the available other facilities, required instruments and equipment, available at the research centre. The overall observations of the Inspection Committee are as follows: -

.....

.....

.....

Name of Inspectors		Sign. of Inspectors with Date
1)	Chairman	
2)	Member	
3)	Member	
4	Member	

College Letter Head
Not Applicable

List of Ph.D. Guides Available at Ph.D. Research Centre

Sr. No.	Name of Ph.D. Guide	Designation	Date of Birth	Date of Retirement	Total No. of PhD Scholars Registered till date	Has completed six days Research Methodology Workshop? Yes/No	PhD Recognition No. and Date
1							
2							
3							
4							
5							

Date:

Data Verified by the Committee members:

Member

Member

Member

Chairman