
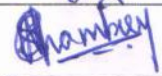
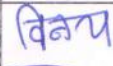

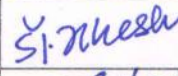
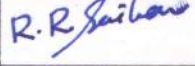
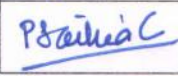


ANNEXURE- I

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)	Associate Professor	
3	Dr. Vinay Goyal	Associate Professor	Associate Professor	
4	Dr. Sumedh More	Associate Professor	Assistant Professor	
5	Dr. Mahesh Choudhary	Specialist Grade-II	Assistant Professor	
6	Dr. Rohit Gaikar	Assistant Professor	-	
7	Dr. Priyanka Saikia Chaubey	Assistant Professor	-	

Total PG Intake Capacity= 02

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	02	00	02
5	Junior Resident	06	06	00

Approved + Non Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	01	01	00
2	Associate Professor	01	03	00
3	Assistant Professor	01	03	00
4	Senior Resident	02	00	02
5	Junior Resident	06	06	00


 Signature of HOD


 Signature of Dean

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

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	02	-	02	-	-	-	02	-

Any Other, Please Specify:


Signature of Dean




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

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved)

UG-Degree/ PG Degree/ Super-Specialty) AS ON: 14 /02 /2023









Name of the Dept.: Subject: () Whether G /UG+PG..... /UG+PG+SuperSpecialty ...

Name of the College: All India Institute of Physical Medicine and Rehabilitation College Code: 6106119 Intake Capacity: 02

Sr. No.	Subject	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				Total Teaching Experience in years of PG	Type of Appointment Temp./ Regular/ Contractual	University Approval Status (Yes/No)	Temporary Approval	Details of PG Recognition		MET Works Hop attend in last 5 years	Photograph with Signature	
									UG(Yrs.)								Temp/ Regular	Letter No.&date			
									Asst. Prof.	Asso Prof.	Prof.	Total									
1	MD (PMR)	Dr. Anil Kumar Gaur	* Professor ** Director	9769416932	director@aiipmr.gov.in	19-06-64	No	09.07.2003	-	-	-	-	26 Years 10 months	Regular	Yes	-	-	Regular	MUHS/PG/E-1/6106/1051/10 dated 16/06/2010 and MUHS/PG/E-1/6106/3522/2012 dated 24/12/2012	Yes	
2	MD (PMR)	Dr. Amit Mhambr	* Associate Professor & ** Professor	9867373709	drasm4u_gmc@hotmail.com	14-02-79	No	10.4.2014	-	-	-	-	12 years 10 months	Regular	Yes	-	-	Regular	MUHS/PG/E-1/27/6106/2757/17dated 02/12/2017	Yes	
3	MD (PMR)	Dr. Vinay Goyal	* Associate Professor	7045773329	vinaygoyal80@gmail.com	13-08-80	No	1.4.2016	-	-	-	-	10 years 01 months	Regular	Yes	-	-	Regular	MUHS/PG/E-1/6106/27/2341/2021 dated-27/08/2021	Yes	

** Designation by DGHS, MOHFW, GOI

* Designation by MUHS

4	MD (PMR)	Dr. Sumedh More	* Assistant Professor ** Associate Professor	9643157407	drsumedhmore@gmail.com	07-07-81	Yes SC	26.4.2016	-	-	-	-	9 years 11 months	Regular	Yes	-	-	Regular	MUHS/PG/E-1/27/6106/2814/18 dated 25/7/2018	Yes		
5	MD (PMR)	Dr. Mahesh Choudhary	* Assistant Professor ** Specialist Grade-II (PMR)	9920083839	drmaheshchoudhary@gmail.com	03-08-81	Yes OBC	03.08.2016	-	-	-	-	04 years 5 months	Regular	Yes	-	-	Regular	MUHS/PG/E-1/27/6106/3467/18 dated 27/9/2018	No		
6	MD (PMR)	Dr. Rohit Gaikar	** Assistant Professor	8800339268	rohit190585@gmail.com	19-04-1985	Yes OBC	10.08.2022	-	-	-	-	6 year 6 months	Regular	No	-	-	-	-	No		
7	MD (PMR)	Dr. Priyanka Saikia Chaubey	** Assistant Professor	9820295230	drpriyankasaikia@gmail.com	13-11-1983	No	23.08.2022	-	-	-	-	3 year 6 months	Regular	No	-	-	-	-	No		

Designation by DGHS, MOHFW, GOI
Designation by MUHS

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


Signature of Director
अ.भा.पी.वि.पु.सं./A.I.I.P.M.R.
हाजी अली, के. खाड्ये मार्ग,
Haji Ali, K. Khadye Mg.,
महालक्ष्मी/Mahalaxmi
मुंबई/Mumbai -400 034.

EXAMINATION RELATED INFORMATION FOR A.Y. 2023-2024**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)	No
2	Minimum Area shall be 20 x 20 sq. ft.	No
3	Adequate Steel Almirah/Cupboard for storage of Answer Books.	No
4	C.C.T.V. Camera with recording facility that covers entire area or Downloading and Printing of online transmission of Question Paper process.	No
5	Latest version Computer (Minimum 4) and Printer (Minimum 4) with Inverter facility, MS Office, PDF Reader, Winrar or Winzip.	No
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.	No
7	Adequate Number of Paper Rims for printing Question Papers.	No
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 :



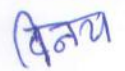

Sr. No.	Infrastructure facilities at College	Yes /No
1	Computers (20) with latest licensed Operating System Software(OSS) with antivirus and firewalls to provide all lock, work station with Computer charts and key board troy	No
2	Wiring and Networking (with Raw Power Supply and UPS) and one Printer per DEC	No
3	Air conditioners, Bio metric system, CCTV installation, Rest rooms and 24 x 7 security.	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 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.	No
6	Appointment of one Professor as a Examination Co-ordinator to Co-ordinate this Online process.	No
7	Separate Evaluation Room for Evaluating the Answer Books under CCTV Surveillance	No

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

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

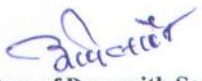
Phone/ Mobile No.: 23528834

Name of the Subject: MD (PMR)

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp./ Honorary)	Qualification	University/ Approx at (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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr. Gaur Anil Kumar	* Professor ** Director	MD(PMR)	Regular	DPMR DNB (PMR)		26 Yrs 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@aipmr.gov.in	9769416932	xxxxxxxx7612	No	
2	Dr. Mhambre Amit Subhash	* Associate Professor & ** Professor	MD(PMR)	Regular	DNB (PMR)	Mumbai	12 Yrs 10 months	Yes	MUHS/PG/E-1/27/6106/2757/17 dated 02/12/2017	03	14/2/1979	drasm4u_gmc@hotmail.com	9867373709	xxxxxxxx1687	No	
3	Dr. Goyal Vinay	* Associate Professor	MD(PMR)	Regular	DPMR, DNB(PMR)		10 yrs 01 months	Yes	MUHS/PG/E-1/6106/27/2341/2021 dated-27/08/2021	-	13/08/1980	vinaygoyal80@gmail.com	7045773329	xxxxxxxx4881	No	
4	Dr More .Sumedh	* Assistant Professor ** Associate Professor	MD(PMR)	Regular	D(Orhto), DNB (PMR)		9 yrs 11 months	Yes	MUHS/PG/E-1/27/6106/2814/18 dated 25/7/2018	-	07/07/1981	drsumedh.more@gmail.com	9643157407	xxxxxxxx9549	No	

** Designation by DGHS, MOHFW, GOI

* Designation by MUHS


 Signature of Dean with Seal
 निदेशक/DIRECTOR
 अ.भा.भौ.वि.पु.सं./A.I.I.P.M.R.
 हाजी अली, के. खाडये मार्ग,
 Haji Ali, K. Khadye Mg.,
 महालक्ष्मी/Mahalaxmi
 मंडळ/Mumbai - 400 034.

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2023.....-2024.....

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

Date of Inspection	:	
---------------------------	---	--

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

(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. 20..... – 20.....	-	-	-
3	A.Y. 20..... – 20.....	-	-	-
4	A.Y. 20..... – 20.....	-	-	-

Information to be submitted with respect to newly appointed mentors**Professional Teaching Experience Certificate for Fellowship Director**

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	

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

Designation	From	To	Total period Year/Months	
Senior Resident, Safdarjang Hospital	06/10/1990	05/12/1993	3 year	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 year	-
Specialist (PMR) /Assistant professors. Stephen's Hospital, Delhi	22/01/1999	05/10/2000	1 year	8 months
Specialist (PMR) Grade II / Associate Professor, AIIPMR, Mumbai	09/07/2003	08/07/2009	6 year	-
Specialist (PMR) Grade I / Professor, AIIPMR, Mumbai	09/07/2009	08/07/2016	7 year	-
Consultant / Professor, AIIPMR, Mumbai	09/07/2016	13.10.2017	1 year	3 months
Director/ Professor, AIIPMR, Mumbai	14.10.2017	Till date	5 year	4 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 : 15/02/2023

Sign & Stamp

DIRECTOR
Dean/Principal/Head of InstituteDate: 15/02/2023
Haji Ali, K. Khadye Mg.,
महालक्ष्मी/Mahalaxmi
मुंबई/Mumbai -400 034.

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

Information to be submitted with respect to newly appointed mentors**Professional Teaching Experience Certificate for Fellowship 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

B) General Experience

Designation	From	To	Total period Year/Months	
			Year	Months
Senior Resident , R.N. Copper	14.02.1998	14.4.1998	-	2 month
Senior Resident , V.N. Desai	01.08.1998	31.01.1999	-	6 month
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	1 year	10 month

C) Actual experience in the subject of concerned Fellowship/Certificate Course applied for

:-

Designation	From	To	Total period Year/Months	
			Year	Months
Specialist Grade I (Ortho), AIIPMR, Mumbai	24.10.2011	23.12.2016	5 years	5 month
Consultant (Ortho) , AIIPMR, Mumbai	Consultant (Ortho) , AIIPMR, Mumbai	Till date	6 year	1 month

(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: 15/02/2023

Sign & Stamp

Dean/Principal/Head of Institute

Date: 15/02/23
 निदेशक/DIRECTOR
 ए. आ. पी. ए. ए. / A.I.P.M.R.
 हाजी अली, क. खाद्य मार्ग,
 महालक्ष्मी/Mahalaxmi
 मुंबई/Mumbai - 400 034.

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

Information to be submitted with respect to newly appointed mentors**Professional Teaching Experience Certificate for Fellowship 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**D) General Experience**

Designation	From	To	Total period Year/Months	

E) 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	2 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	
Professor, AIIPMR, Mumbai	10/04/2020	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: 15/02/2023

Sign & Stamp

Dean/Principal/Head of Institute

Date: 15/02/23
 दिदेशक/DIRECTOR
 अ.भा.भौ.चि.पु.सं./A.I.I.P.M.R.
 हाजी अली, के. खाड़ये मार्ग,
 Haji Ali, K. Khadye Mg-
 महालक्ष्मी/Mahalaxmi
 मुंबई/Mumbai-400 034.

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

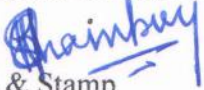
Information to be submitted with respect to newly appointed mentors**Professional Teaching Experience Certificate for Fellowship Mentor**Title of the Course applied for: - **Fellowship Course in Rehabilitation Surgery**This to Certify that **Dr. Sumedh More** has worked in the**Department of Physical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

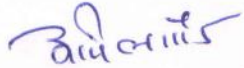
Designation	From	To	Total period Year/Months

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		10 month
Senior Resident, AIIMS, New Delhi	28.02.2014	23.04.2016	2 years	3 month
Assistant Professor, AIIPMR, Mumbai	26.04.2016	25.04.2018	2 years	
Associate Professor AIIPMR, Mumbai	26.04.2018	Till date	4 years	10 month

(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 : 15/02/23


 Sign & Stamp
 Dean/Principal/Head of Institute
 Date : 15/02/23
 निदेशक/DIRECTOR
 हाजी अली, के. खाड़ये मार्ग,
 Haji Ali, K. Khadye Mg.,
 महालक्ष्मी/Mahalaxmi
 मुंबई/Mumbai - 400 034.

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

Information to be submitted with respect to newly appointed mentors**Professional Teaching Experience Certificate for Fellowship 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**F) General Experience**

Designation	From	To	Total period Year/Months	

G) 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 month
Assistant Professor, AIIPMR, Mumbai	1.04.2016	31.03.2018	2 years	-
Associate Professor, AIIPMR, Mumbai	1.04.2018	Till date	4 years	10 month

(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 : 15/02/23



Sign & Stamp
Dean/Principal/Head of Institute
Date: 15/02/23

निदेशक/DIRECTOR
हाजी अली, के. खडिये मार्ग,
Haji Ali, K. Khadye Mg-
महालक्ष्मी/Mahalaxmi
मुंबई/Mumbai - 400 034.

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	


Information to be submitted with respect to newly appointed mentors**Professional Teaching Experience Certificate for Fellowship 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	
			Year	Months
Senior Resident (Ortho), Bombay Hospital	07.08.2009	01.11.2009	-	03 month
Medical Officer CGHS	21.01.2010	19.03.2011	1 year	02 month

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

Designation	From	To	Total period Year/Months	
			Year	Months
Medical officer , AIIPMR, Mumbai	21/03/2011	02/08/2016	05 years	05 month
Specialist (PMR) Grade III, AIIPMR, Mumbai	03/08/2016	02.08.2018	02 years	3 months
Specialist (PMR) Grade- II /Assistant Professor , AIIPMR, Mumbai	03/08/2018	Till date	04 years	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)


 Sign & Stamp
 Head of the Department
 Date : 15/02/23


 Sign & Stamp
 Dean/Principal/Head of Institute
 Date: 15/02/23
 निदेशक/DIRECTOR
 अ.भा.भा.पि.पु.स. (A.I.P.M.R.)
 हाजी अली, के. खाड्ये मार्ग,
 महालक्ष्मी/ Mahalaxmi
 मुंबई/ Mumbai -400 034.

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

**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. Rohit Gaikar** 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, AIIMS, New Delhi	19.08.2015	18.08.2018	3 years	-
Assistant Professor, CMC Ludhiana	22.09.2018	21.03.2019	-	06 months
Registrar, AIIPMR, Mumbai	22.09.2019	20.03.2020	-	06 month
Assistant Professor AIIPMR, Mumbai	06.08.2020	21.03.2022	01 year	07 month
Assistant Professor AIIMS, Jodhpur	28.03.2022	08.08.2022	-	04 month
Assistant Professor AIIPMR, Mumbai	10.08.2022	Till Date	-	07 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 : 15/02/23


Sign & Stamp
Dean/Principal/Head of Institute
Date: 15/02/23
निदेशक/DIRECTOR
P.M.R.
हाजी अली, के. खाड़ये मार्ग,
Haji Ali, K. Khadye Mg.,
महालक्ष्मी/Mahalaxmi
सुंदर/ Mumbai - 400 034.

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

FOR Ph.D COURSE(S) FOR A.Y. 20.....-20.....(Please submit separate report for each subject) Not Applicable

Date of Inspection	:	
--------------------	---	--

Faculty: Subject/Specialty:

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

.....

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

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

2

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 center. 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	

ANNEXURE-VI-A



Tel. No.: 23544341/332.
Fax No.022-23532737

Email: director@aiipmr.gov.in
Website: www.aiipmr.gov.in

भारत सरकार/ Government of India

स्वास्थ्य परिवार कल्याण मंत्रालय /Ministry of Health and Family Welfare

स्वास्थ्य सेवा महानिदेशालय /Directorate General of Health Services

अखिल भारतीय भौतिक चिकित्सा एवं पुनर्वास संस्थान

ALL INDIA INSTITUTE OF PHYSICAL MEDICINE AND REHABILITATION

के.के. मार्ग, हाजी अली, महालक्ष्मी, मुंबई-400034.

Haji Ali, K.K.Marg, Mahalaxmi, Mumbai - 400 034

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

Not Applicable

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:

Signature, Name and stamp of Dean/Principal/Director



Tel. No.: 23544341/332.
Fax No.022-23532737

Email: director@aiipmr.gov.in
Website: www.aiipmr.gov.in

भारत सरकार/ Government of India

स्वास्थ्य परिवार कल्याण मंत्रालय /Ministry of Health and Family Welfare

स्वास्थ्य सेवा महानिदेशालय /Directorate General of Health Services

अखिल भारतीय भौतिक चिकित्सा एवं पुनर्वास संस्थान

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Haji Ali, K.K.Marg, Mahalaxmi, Mumbai - 400 034

Details of Institutional Ethical Committee

A) Details of Institutional Ethical Committee

Sr. No.	Name of Ethical Committee Member	Designation
1	Dr. K. P. Tilwani	Chairman
2	Dr. G. R. Sharma	Member
3	Mr. Sharad Dicholkar	Member
4	Dr. Nima Wangdi	Member Secretary
5	Dr. Amit Mhambre	Member
6	Mrs. Sandhya Wasnik	Member
7	Mrs. Anita Gupta	Member
8	Mr. Deepak Prabhu	Member
9	Mrs. Archana Acharya	Member
10	Mrs. Anjana Neglur	Member
11	Mrs. Suman Sharma	Member

Date: 15/02/2023

Signature, Name and stamp of Dean/Principal/Director

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



Tel. No.: 23544341/332.
Fax No.022-23532737

Email: director@aiipmr.gov.in
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भारत सरकार/ Government of India

स्वास्थ्य परिवार कल्याण मंत्रालय /Ministry of Health and Family Welfare

स्वास्थ्य सेवा महानिदेशालय /Directorate General of Health Services

अखिल भारतीय भौतिक चिकित्सा एवं पुनर्वास संस्थान

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के.के. मार्ग, हाजी अली, महालक्ष्मी, मुंबई-400034.

Haji Ali, K.K.Marg, Mahalaxmi, Mumbai - 400 034

Details of Research Advisory/ Doctoral Committee- Not Applicable

Sr. No.	Name of Research Advisory/ Doctoral Committee/Subject expert Member	Designation
1		
2		
3		
4		
5		

Date:

Signature, Name and stamp of Dean/Principal/Director



महाराष्ट्र MAHARASHTRA

2022

17AA 834693

प्रधान मुद्रांक कार्यालय, मुंबई
प.म. वि. क्र. ८००००९०

ANNEXURE-VII 7 JUL 2022

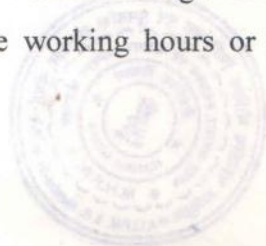
सक्षम अधिकारी

DECLARATION

(To be prepared on a Stamp Paper Rs.100)

श्री. दि. क. गवई

I, the Director of the All India Institute of Physical Medicine and Rehabilitation Institute solemnly states on affirmation, that the information provided by me in Inspection Format as well as uploaded on College Website along with all Annexures is true and correct to the best of my knowledge. The said information is provided to me by the concerned teachers and duly verified by me. It is further submitted the teachers information attached in respective Annexure- I,III, IV, & V are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 2022-2023, as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure- I,III, IV, & V are staying in the same city / town / village where the College / Institute is situated or adjacent to the city / town / village, where the College/Institute is situated and having the valid proof of residence of the said city / town / village. The teachers in the Annexure- I,III, IV, & V are not practicing in College working hours or out-side the City where the College /Institute is situated.



MANDAR M. SAMANT
B.Com., LL.B.

ADVOCATE HIGH COURT

आडपत्र-१ 400605
फकत प्रतिज्ञापत्रासाठी Only for Affidavit, Thane-400605.
Mandara Nagar, Karve

मुद्रांक विकत घेणाऱ्याचे नाव _____
मुद्रांक विकत घेणाऱ्याचे रहिवासी पत्ता _____
मुद्रांक विकत घेतलेली नोंद वही अनु. क्रमांक _____ किर्मांक _____

मुद्रांक विकत घेणाऱ्याची सही परवानाधारक मुद्रांक विकतल्याची सही
परवाना क्रमांक : ८००००१०

मुद्रांक विक्रीचे ठिकाण/पत्ता : श्री. कल्पेश प्रेमजी गाला

श्री. म. व. भार्योदय सिड्डींग, ७९ बागीचदाडा मास्टर रोड, फोर्ट, मुंबई-०९.

शासकीय कार्यालय/व्यावसायिक प्रतिष्ठापन खाते क्रमांक/मुद्रांक

मुद्रांक क्रमांक/विक्रीचे दिनांक : 13 JUL 2022

या कारणासाठी मुद्रांक खरेदी करणे त्यांनी त्याच कारणासाठी

मुद्रांक खरेदी करणे आवश्यक आहे.

13 JUL 2022

I am further hereby declare that every information or contents in this Inspection Format is based on the information provided by the concerned teachers and endorsed by me after due verification and the same is/are absolutely true and correct. If at any stage it is revealed that any information or content given in this declaration is not true and correct, in such event the undersigned/ the concerned teacher as the case may be, shall be liable for disciplinary action or penal action or Affiliation of the College shall be withdrawal, as the case may be.

This declaration is voluntarily signed by me on 15 day of February 2023 at 9.00 am.

Date : 15/02/2023

Place : MUMBAI

Signature of
Dean/Principal

Name of the

Signatory-

(with Seal of the College / Institute)

Haji Ali, K. Khadye MB

निदेशक/DIRECTOR
अ.मा.भौ.वि.पु.सं./A.I.P.M.R.
हाजी अली, के. खाडये नगर,
Haji Ali, K. Khadye MB,
महालक्ष्मी/Mahalaxmi
मुंबई/Mumbai-400 084.

