

Professional Teaching Experience Certificate for Fellowship/Certificate Courses Director/Mentor

Title of the Course applied for:- **Fellowship Course in Occupational Therapy**

This to Certify that **Mrs. Smita Jayavant** has worked in the Department of Occupational Therapy at All India Institute of Physical Medicine and Rehabilitation, Mumbai as per following details:

A) General Experience

Designation	From	To	Total period Year/Months

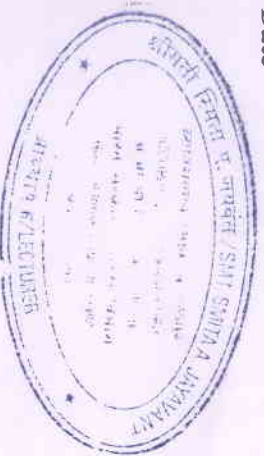
B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-

Designation	From	To	Total period Year/Months	
Occupational Therapist	Sept 1986	Jan 1990	3 years	5 months
Assistant Lecturer OT	Jan 1990	Dec 1993	3 years	11 months
Adl. Lecturer OT	Dec 1993	Feb 2002	8 years	3 months
Lecturer OT	Feb 2002	June 2007	5years	4months
Lecturer OT	June 2007	Till date	15 yrs	-
Currently Lecturer & Head	1987	Till date	35 years	--

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

Smita Jayavant

Sign & Stamp
Head of the Department
Date



S. K. Khadive

Sign & Stamp
Dean/Principal/Head of Institute
Date

सिखारके/DIRECTOR
स.प्र.श्री.मि.सं./A.I.I.P.M.R.
एन.ए.सरी, स. वाडगे शर्मा,
Haji Ali, K. Khadye Mg.-
सिखारके/Mahalaxmi
मुंबई/Mumbai - 400 034.

(INSTITUTIONAL INFORMATION)

1. Particulars of Director / Dean / Principal: (Who so ever is Head of Training Centre)
Name: Dr. Anil Kumar Gaur Age: 58 (Date of Birth) 19/06/1964

PG Degree	Subject	Year	Institution	University
<i>Recognized / Not Recognized</i>	Physical Medicine & Rehabilitation	1991	Safdarjung Hospital, New Delhi	National Board of Examination, New Delhi

Teaching Experience

Designation	Institution	From	To	Total Exp.
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)	St. Stephen's Hospital, Delhi	22/01/1999	05/10/2000	1 year 8 months
Specialist (PMR) Grade II /	AIIPMR, Mumbai	09/07/2003	08/07/2009	6 years
Specialist (PMR) Grade I /	AIIPMR, Mumbai	09/07/2009	08/07/2016	7 years
Professor	AIIPMR, Mumbai	09/07/2016	13.10.2017	1 year 3 months
Consultant / Professor	AIIPMR, Mumbai	14.10.2017	Till date	4 years 7 months
Director/ Professor	AIIPMR, Mumbai	14.10.2017	Till date	4 years 7 months

2. Management/Society/Inst. Information:

01	i) Name of the Society/Institution/ Training Centre/University Deptt.:	All India Institute of Physical Medicine and Rehabilitation	
	ii) Postal Address, with PIN:	K. Khade Marg, Haji Ali, Mahalaxmi, Mumbai-400034	
02	iii) Contact Details:	Mob:9769416932 Tele:- 022-23528834	
	Hospital Information : (It is mandatory for Training Centre/applying Institute to have their own functional Hospital as per norms)	i) Public Trust Act 1950:.....	
		ii) Society's Registration Act.1860:.....	
		iii) Year of establishment: 1955	
iv) Copies of Registration, Constitution and Memorandum of Association attached? *Yes/No-Marked as Appendix 'A'			
03	i) Name of the Hospital ii) Nursing Home Registration No. iii) Establishment Year	All India Institute of Physical Medicine and Rehabilitation Central Government Institute 1955 - Mark as Appendix 'B'	
		i) Name of the Training Centre /Institute where course is to be conducted:	All India Institute of Physical Medicine and Rehabilitation
			ii) Postal Address, with PIN: iii) Contact Details: iv) E-mail ID:
04	v) List of University approved Fellowship/Certificate Course(s) conducted / already running at Training Centre with Intake Capacity	Name of the Course(s) : 1) Fellowship Course in Rehabilitation Surgery 2) Fellowship Course in Rehabilitation Physiotherapy 3) Fellowship Course in Rehabilitation Occupational Therapy Approved Intake Capacity: 10 Affiliated Since- 2014 (if necessary Attach separate List)	

vi) Training Centre / Institute willing/desirous to Start/Open Fellowship/Certificate Course(s) (For New Opening Purpose only)	Name of the Course(s) Required --NA Required Intake Capacity
	(if necessary Attach separate List)
05 Affiliation Fees details: (Bank/DD no./ date/amount/ NEFT/RTGS)	Paid Fees details Attached: *Yes/No. (Pending Fees, if any ;)
06 Financial position of the Society/ Institute in the preceding 03 years:	Audited Statements of Accounts for *Yes/No- * This is a Central Government Institute
07 Budgetary provision for the FC/CC/DC for the next 03 years	i) 2020-21 – Rs. 24,05,00,000 ii) 2021-22- Rs. 32,42,00,000 iii) 2022-23- Rs. 35,00,00,000
08 Management Resolution seeking Recognition of Institute for FC/CC/DC of MUHS, Nashik:	Resolution No: MUHS/UDC/FC.CC/512/2021 dt.24.8.2021 Copy of Management Resolution attached? * Yes/No – Mark as Appendix 'D'

Other Information:	
a) Land:	*Yes/No. If yes, then Area: 11128.8 sq.m
i) Whether the land is owned by the Applicant Institute/Training Centre/ Trust:	Copy of land documents i.e. 7/12 extract, Property Card, etc. attached? *Yes/No- Mark as Appendix 'E'
ii) Whether the land is registered?	*Yes/No. If yes, Registration Number: Dated: At (Place):
09	Copy of Land Registration Certificate attached? *Yes/No- Mark as Appendix 'F'
iii) Any loans, mortgage, etc. shown against the title of the land:	*Yes/No. If yes, amount of loan Rs. /mortgaged for Rs. Copy of Loan/Mortgage Deed attached? *Yes/No. - Mark as Appendix 'G'
b) Building: i) Total built-up area:	9290.304 sq. ft. Certified copy of Building Plan attached? *Yes/No - Mark as Appendix 'H'

3. Central Library

- Total number of Books in library: **4831**
- Books pertaining to concerned Fellowship subject: 643
- Purchase of latest editions of concerned books in last 3 years: - **Total 100**

Journals:		
1 Journals	Total	concerned Fellowship subject
2 Indian	22	02
3 Foreign	89	05

- Year / Month up to which latest Indian Journals available : Current issue 2021
- Year / Month up to which latest Foreign Journals available : Current issue 2021
available / ~~not available~~
- Internet / Med pub / Photocopy facility: 11 am to 7 pm (Monday to Friday)
11 am to 6 pm (Saturday)
available / ~~not available~~
- Library opening times: available / ~~not available~~
- Reading facility out of routine library hours: available / ~~not available~~
(Obtain list of books & journals duly signed by Dean)

4. **Recreational facilities:**

- Play grounds Gymnasium

Available / Not available

Hostel Accommodation:

Particulars	UG		PG		Interns	
	Boys	Girls	Boys	Girls	Boys	Girls
No. of Rooms	06	06	06	05	06	05
No. of Students	20	31	03	06	-	-
Status of Cleanliness	Good					

5. **Residential accommodation for Staff / Paramedical staff : Available /Not Available**

6. **Ethical Committee (Constitution) :** YES / NO

7. **Medical Education Unit (Constitution) : YES /NO-one per year
(Specify number of meetings held annually & minutes thereof)**

8. **Any other faculty specific information required : Not Applicable
(such as Herbal garden / Panchakarma Unit/Pharmacy / Dental Chairs and Units/as per the
requirement of concerned Course) Attach details)**

HOSPITAL INFORMATION

1. Name of the Hospital: **All India Institute of Physical Medicine and Rehabilitation**

Total number of OPD, IPD in the Institution and concerned department during the last one year
(January to December 2021):

In the entire hospital		In the department of concerned Fellowship subject	
OPD	24030	OPD	4702
IPD (Total No. of Patients admitted)	94	IPD (Total No. of Patients admitted)	28

2. Hospital Beds Distribution & No of O.T.:

In the entire hospital	
No of Beds	55
No of Beds in ICU	-
No of Beds in IRCU	-
No of Beds in SICU	-
No of Major O.T.	02
No of Minor O.T.	02

3. Available Clinical Material: (Give the data only for the department of concerned Fellowship subject)

- No. of available for clinical service on inspection day:

	On Inspection day	Average of random 3 days
• Daily OPD – 2 PM	202
• Daily admissions	10
• Daily admissions in Dept.
• Through casualty at 10am
• Bed occupancy in the Dept.	06
• Number of patients in ward (IPD)at 10AM
• Percentage bed occupancy at 10Am	70 %

- Clinical Procedure(s) & Operative Details related to Fellowship subject/Specialty :

(For further details in this concern, kindly peruse the Guidelines information sheet supplied herewith)

	On Inspection day	Average of random 3 days
• Major OT		NA
• Minor OT		NA

4 Casualty:/ Emergency Department :

Space	
Number of Beds	
No. of cases (Average daily OPD and Admissions):	
Emergency Lab in Casualty (round the clock):	
Emergency OT and Dressing Room	
Staff (Medical/Paramedical)	
Equipment available	

please see the note below

#Arrangement made with B.Y.L Nair Hospital to provide emergency facilities

5 Blood Bank :

(i) Valid FDA License(copy of certificate be annexed)		
(ii) Blood component facility available		
(iii) All Blood Units tested for Hepatitis C,B, HIV	# please see the note below	
(iv) Nature of Blood Storage facilities (as per specifications)		
(v) Number of Blood Units available on inspection day		
(vi) Average blood units consumed daily and on inspection day in the entire Hospital (give distribution in various specialties)	Average daily	On Inspection day

Arrangement with 'Indian Red Cross Society, Bombay City Branch' & B.Y.L Nair Hospital * to provide blood bank facility

6 Central Laboratory: Institute laboratory temporary closed awaiting for new staff. The facility other is out sourced to HAL laboratory catering to patients and providing facilities for all biological and immunological test. Total area 37.16 sq.m

- Controlling Department: _____
- No of Staff : _____
- Equipment Available : Attach separate List
- Working Hours: _____

7. Central supply of Oxygen / Suction: Available / ~~Not available~~
8. Central Sterilization Department Available / ~~Not available~~
9. Ambulance (Functional) Available / Not available (purchase under process)
10. Laundry: Manual/Mechanical/Outsourced:
11. Kitchen Available / ~~Outsourced/Not Available~~
12. Incinerator: Functional / Non functional Capacity:...../Outsourced
13. Bio-Medical waste disposal Outsourced / ~~any other method~~
14. Generator facility Available / ~~Not available~~
15. Medical Record Section: Computerized / Non computerized
 - ICD X classification Used / Not used

S. Jayaraman
 Sign & Stamp

Head of the Department
 Date: 18-07-2022



S. Jaiswal
 Sign & Stamp
 Dean/Principal/ Director of Training Centre
 निदेशक/ DIRECTOR
 स. य. सी. ट्रे. सं. / A.I.I.P.M.R.
 हाजी अली, के. वाडगे मार्ग,
 हाजी आ. के. क्वाट्राये मी. ग.
 मंगलवर्डी/ Mehalaaxmi
 मुंबई/ Mumbai -400 034.

ANNEXURE - "D"

DEPARTMENTAL INFORMATION

(If required Use Separate Sheet for each Department / Fellowship/Certificate Course)

1. Fellowship Specialty Department to be inspected: Physical Medicine and Rehabilitation
2. Date on which independent department of: functioning concerned specialty was created and started
1st November 1955

3. Mentor's details (From start of department till date) :

Sr. No.	Name	Full Time/ Part Time	Designation	Qualification	Experience in Yrs. (after acquiring PG Qualification in concerned Subject)
1	Smt. S.A.Jayavant	Fulltime	Lecturer & Head of OT Dept.	MSc (OT)	36 yrs
2	Smt. A.D.Gupta	Fulltime	Lecturer	MSc(OT)	27 yrs
3	Smt. V.V.V.Meshram	Fulltime	Assistant Lecturer OT	MOTh	8 yrs.
4	Shri.S.D.Duphare	Fulltime	Occupational Therapist	MOTh	7 yrs
6	Ms. Swati Kurne	Fulltime	Occupational Therapist	MOTh	14 yrs.

4. Whether Independent Department of concerned Fellowship subject exists in the Institution :

Yes/No:

Since when: 1st November 1955

5. Specialty Department Infrastructure Details :

Facility	Area (sq. ft.)	Available	Not Available
Faculty rooms	100 sq.ft.	✓	
Clinics	5100	✓	
Laboratory Space	2090	✓	
Seminar room	1200	✓	
Department Library	180	✓	
PG common room	200	✓	
Pre-clinical lab (where ever applicable)	NA	NA	
Patient waiting room	1500	✓	
Total area	10270	✓	

6. If course already started, year wise number of students admitted and available Mentors to teachstudents admitted to Fellowship / Certificate Course during the last 3years:

Year	Name of the Course	No. of students admitted	No. of Valid Mentors available in the dept. (give names)
2019-20	Fellowship Course in Rehabilitation Occupational Therapy	-	Smt. S.A.Jayavant
2020-21		-	Smt. A.D.Gupta
2021-22		-	Smt. V.V.V.Meshram
			Shri.S.D.Duphare
			Ms. Swati Kurne

(Local Inquiry Committee shall specifically ensure about availability of eligible/validated Mentor(s) and shall check whether the Training Center met with the Student: Mentor Ratio for the permitted Intake Capacity for each course or else it shall be reported in the Overall Remark Option.)

7. List of Non-teaching Staff in the department: Copy of staff strength Attached.

8. List of Equipment(s) in the department of concerned Fellowship subject: Equipment's: List of important equipment's available and their functional status (List here only- No annexure to be attached)

OT EVALUATION & SCREENING

- Evaluation Plinth.
- Tables, chairs, stools (Dead stock)
- Goniometers.
- Measure tapes.
- Evaluation forms & stationery.
- B.P. apparatus & stethoscope.

PHYSICAL RESTORATION UNIT

- THERAPEUTIC MODALITIES.**
- Sanding board & sanding blocks. - 1
 - Pronation-Supination board.- 1
 - Arm Ergometer.- 1
 - Pegs-cylindrical spherical. Mushroom.
 - Hand exercisers.
 - Therabands.
 - Theratubes.
 - Flexibars-1
 - Therapy, Theraballs.
 - Resistive-weighted cuffs dumbbells.
 - Work cube.-1
 - Biodex Cable Column. - 1
 - Roller sand board.- 1
 - Hand exerciser.

ASSESSMENTS

- Goniometers – 3-2
- Reflex hammers – 4-2
- Tuning forks – 4-2
- Measure tapes – 6-1
- Evaluation plinth – 4-1
- Dead stock (tables, chairs, stools).
- Jamar Hand Evaluation Kit. - 1
- Semmes-Weinstein Monofilaments.- 1
- Driving Simulator. - 1
- B.P. apparatus & stethoscope.
- Sensory Evaluation Kit - 1
- Evaluation forms & Stationery.
- Robotic Arm Exerciser (Armeo)

Myoelectric prostheses & myoboy (AE& B-E –Prosthesis) – 1 each
HAND SPLINTS & SELF-HELP DEVICES FABRICATION UNIT.

- Heat Bath (Water Bath) -1
- Heat Gun – 2
- Splinting Tools.
- Materials (low-temperature thermoplastics, fastening material, soft splinting material, lining material)
- Other splinting material (leather straps, rivets, buckles, screws, springs, wires, adhesive).
- Cica Care. – Silipose padding and scar management material

PAEDIATRIC O.T.1 & DEVELOPMENTAL DISABILITIES UNIT

THERAPEUTIC MODALITIES

- Therapy balls.
- Bolsters, Wedges
- Toys.
- Pegs-cylindrical, spherical, mushroom.
- Equilibrium board. - 1
- Treatment plinths.- 2
- Hand function development equipment.
- Therapy
- Therabands, Theratubes.
- Hand function therapy table -2-1
- Standing frame - 1

ASSESSMENTS

- Goniometers.
- Reflex hammers.
- Tuning forks.
- Dead stock (tables, chairs, stools).
- Measure tapes.
- Evaluation forms & Stationary.
- Corner seat with abductor wedge
- Rollator, Walker - 3
- Multipositioning seat - 1
- Squiggles Early sitting system - 1
- Early Activity system - 1

Early activity and seating system, wedges and bolsters
ADL & FUNCTIONAL TRAINING UNIT OF PAEDIATRIC SECTION

THERAPEUTIC MODALITIES

- Seating Devices (corner seats, cut-out tables, CP chairs)
- Wheelchairs.
- Mobility Aids (walkers, rollator, cane, crutches)

ASSESSMENTS

- Measure tapes.
- Dead Stock (chairs, tables, stools).
- Evaluation forms & stationery.
- Stair- climber - 1

<ul style="list-style-type: none"> • Pegs & toys. • Self-help aids & adaptive devices.- • ADL Board,(shifted to) • Mattresses - 6 • Rocker Balance Board. - 1 • Weighted vest - 1 • Garters 	<ul style="list-style-type: none"> • Motorized wheelchairs –
--	---

- Demonstration units.**
- Toilet safety rail, multi-reacher, Bed tray folding, easy step, book holder,
 - Burton hook, Zip aid, Leg lifter Belt, Bed pull up, Adjustable back rest, shower seat.
 - Pen, Pencil grippers, writing Ring, Velcro grip for spoon, fork Arm support.
 - Bed Rail clamp, Magazine holder tray, chair raisers, Bed side Rail.

SEATING & FUNCTIONAL MOBILITY + A.D.L. UNIT -

THERAPEUTIC MODALITIES	ASSESSMENTS
<ul style="list-style-type: none"> • Stability Trainers. Green & Blue, black. • Wheelchairs (Electronic & Manual) • Standing Motorized wheelchair • Bolsters. – (Blue & Red b Brown) • Transfer stools set. - 2 • Therapy Ball. 1 (Green) • Transfer Board. -2 • Mattresses.6 • Gaiters -2 • Forearm wt bearing walker-1 • Foldable walker - 2 • Dead stock – stool, chair, Tables. • Corner type staircase with ramp-1 • Exercise ball stackers - 3 • Wobble Board.-1 • Rocker Board.-1 • Professional exercise station.-1 • Soft weight set with Rack -1 • Mobile Arm Support - 1 • Pãta – 1 • Rocker Balance Board – 1 • Arm Ergometer – 1 • Wheelchair Gym Equipment-4 stations 	<ul style="list-style-type: none"> • Clinical Test of Sensory Integration & balance (CTSIB) - 1 • Dead Stock (tables, chairs, stools). • Evaluation forms & stationery. • ' Eye tracker

PRE-VOCATIONAL UNIT

THERAPEUTIC MODALITIES	ASSESSMENTS
<ul style="list-style-type: none"> • Pegboard with stand. • Blocks. • Rolyan Multi-functional Work Station -1 • Dead Stock (tables, chairs, stools) 	<ul style="list-style-type: none"> • Purdue Pegboard -2 • O'Connor's Finger Dexterity Test -1 • Minnesota Rate of Manipulation Test & MMDT - 1 • Rhoades's Manipulative Aptitude Test -1 • Grooved Pegboard Test -1 • 2-Arm Co-ordination Test - 1 • Stopwatch. • Evaluation forms & stationery. • Occupational skill assessment Test Battery -1 • Bennet – hand tool test - 1

OCCUPATIONAL DYSFUNCTION & WORK HARDENING.

- Biodex 3 PRO System with Work Simulator, Isokinetic Exerciser. Lift System. Back System.-1
- KINETIC Wrist & Hand CPM.-1
- Dead Stock (tables, chairs, stools).
- Evaluation forms & stationery.

THERAPEUTIC MODALITIES	ASSESSMENTS
<ul style="list-style-type: none"> • Therapy Balls, Theraband • Vestibulator System.-1 • Rainy Indoor Playground-complete set -1 • Bubble Ball Bath.-1 • See-Saw.-1 • Bouncy Board.-1 • Rocker Mushroom.-1 • Wheel kit.-1 • Toys. • Puzzles. • Tubular Vibrator.-1 • No-bounce ball.-1 • Fuzzy Colour Morph Ball -1 • Frog Pockets Weighted Vest -1 • Bean Bag Toss - 1 • Visual – Motor Remedial Activities.-1 • Discharge Survival.-1 • Health Stress Management.-1 • Reminiscence Bingo Cognitive Training.-1 • Adventures in Leisure.-1 • Jogging the Brain.-1 • Peg-it.-1 • Be Active with games (Remedial Cognitive Exercise Kit.-1 • Cut out table for 4 with chairs - 1 • Sand Box - 2 	<ul style="list-style-type: none"> • Motor-Free Visual Perception Test (MVP)-1 • Lowenstein Occupational Therapy Cognitive Assessment. (LOTCA)-1 • Minnesota Spatial Relations Test. (MSRT)-1 • Pre-school Visuo-motor Integration.-1 • Clinical Observation of Movement & postural Skills. (COMPS)-1 • Sensori-motor Performance Analysis.- 1 • Test of Visual Perception Skills.- 1 • Southern California Sensory Integration Test.-1 • Bay Area Functional performance Evaluation (BaFPE).-1 • Depth Perception Pegboard.-1 • Dead stock (table, chairs, stools, mattresses.-)-1 • Evaluation forms & stationery.-1 • Peabody Developmental assessment [PDMS-2].-1 • Sensory profile complete kit.-1 • Berry VMI.- 1 • Dynamic Occupational Therapy cognitive Assessment for children [DOTCA-chl]-1 • TVMS-Test of Visual Motor Skills (U/L) & (L/L) • Sensory stimulation Kit – 1 • River mead perceptual assessment battery

ADL UNIT KITCHEN ACTIVITIES:

- Self – Help aids & adaptive Devices
- Table, Stool & Chairs
- Mirror -2

LIST OF EQUIPMENTS

- 1) 1 Set of group table
- 2) 2 Garters
- 3) 1 Rollator
- 4) 1 Forearm weight bearing walker
- 5) 1 Visco walker
- 6) 1 Recliner wheel chair
- 7) 1 Allinco wheel chair
- 8) 1 Powered wheel chair
- 9) 1 Exercise station + Therapy Ball
- 10) 1 Tactile ball
- 11) 2 Big Bolsters
- 12) Stability trainers – 6 Green, 6 Blue, 2 Black
- 13) 6 Mattress
- 14) 4 Stools
- 15) 1 Table
- 16) 2 Chair
- 17) 1 Bed with Mattress & Pillow
- 18) 1 Stair case & Ramp
- 19) 1 Mobile arm support

9. Intensive care Service provided by the Department: (Emergency)

10. Specialty clinics being run by the department and number of patients in each :

No. .	Name of the clinic	Days on which held	Timings	Average No of cases attended	Name of clinic In-charge
	Driving clinic	Tues & Thus	12.30 to 1.30	30 per week	Departmental Representative
	Seating Clinic	Monday	12.30 to 1.30	2 to 3	
	Mobility Clinic	Friday	12.30 to 1.30	2 to 3	

11. Services provided by the Department:

a) Services:

i) Patient care

b) Ancillary Services – Yes
-Awareness programme

c) Others:

12. Space:

Sr. No.	Details	In OPD	In IPD
1	Patient Examination/ Checking Arrangement	5201 Sqft.	2160 Sqft
2	Equipments	5100Sqft.	N.A.
3	Teaching Space	1800 sqft. (Three classrooms)	N.A.
4	Waiting area for patients	3000 Sqft.	N.A.

13. Office space:

Department Office		Office Space for Teaching Faculty	
Space (Adequate)	Yes /No	HOD	Yes/No-100-sqft
Staff (Steno /Clerk).	Yes / No	Professors	NA
Computer/ Typewriter	Yes /No	Associate Professors	
Storage space for files	Yes / No	Assistant Profess or	
		Residents	

14 Clinical Load of Department: No. of Surgeries-N.A./ Procedure Per day-N.A.
Number of Persons with disability attending OT department: 135/150

15. Submission of data to national authorities if any:
Data is submitted to Directorate General of Health Services, Government of India.

ANNEXURE - "E"

Information of Director of Training Centre
It shall be verified by the Head of the concerned Training Center,

Sr. No.	Particular	Information to be filled
01.	Name of the Director	: Dr. Anil Kumar Gaur
02.	Date of Birth	: 09/06/1964
03.	Address	: AIPPMR, K.Khade Marg, Haji Ali, Mahalaxmi, Mumbai-400034.
04.	Tel. No./ Mob. No.	: 022-23544341
05.	E-mail id	: director@aipmr.gov.in
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: MBBS, DPMR, DNB (PMR) 1991, Safdarjung Hospital, New Delhi
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	: 25 years 03 months
09.	Present Appointment	: Director, AIPPMR, Mumbai
10.	Publications (List & Proof)	: List Attached
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 25 years 03 months
12.	Any other relevant information	: -

Date: - 18/2/22

For the use of affiliated Training Center:

I have verified the eligibility of the above Director as per the criteria of eligibility prescribed by the University vide clause no. 7 of the University Direction No. 05/2017 (Amended).

Signature
Sign & Stamp
Head of the Department
Date: 18/2/22



Signature

Sign & Stamp
Dean/Principal/Director of Training Centre
Date: 18/2/22



निदेशक/DIRECTOR
डा. आ. सी. वि. कुंवर / A.I.I. P.M.R.
राजीव अली, के. खाडे मार्ग,
हाजी अली, क. कोनादये मी.ग.,
महालाक्ष्मी/ Mahalaxmi
मुंबई/ Mumbai - 400 034.

Signature
Name & Sign. of Director
Dr. Anil Kumar Gaur

LIST OF PUBLICATIONS of Smt. S.A.Jayavant

1. 'Splinting in Spasticity', Indian Journal of Occupational Therapy 1991, Co-author.
2. 'Testing for differences between pre-term neonates, their responses with postural reactions, primitive reflexes and righting reactions', Indian Journal of Disability Research' 1992, Co-author.
3. 'Comparative analysis of two types of Orthosis in spastic Upper Limb' Indian Journal of Occupational Therapy vol.XX April 1992, Co-author.
4. 'The study of relationship between automatic postural mechanism and motor abilities and predictability of gross motor skills in young Cerebral Palsy children' Indian Journal of Occupational Therapy 1993, Co-author.
5. 'Clinical Applicability of the Roeders Manipulative Aptitude test (RMAT)' Indian Journal of Occupational Therapy vol.XXIX No. 3 December 1997, Author.
6. 'A study of precision among normal children and children with Myelomeningocele in the age group of 8yrs to 10 years' Indian Journal of Occupational Therapy 1993, C vol.XXXI No. 1 April 1999, Co-Author.
7. 'A study of Functional outcome in children in upper limb deficiencies following prosthetic management' Indian Journal of Occupational Therapy December -March 2001-2002 vol.XXXIII No. 3 December-March 2001-2002, Co-Author.
8. 'Study of Balance training in ambulatory Hemiplegics' Indian Journal of Occupational Therapy April-July 2006 volume XXXVIII: no.1, Co-Author.
9. 'To investigate the immediate and short term effects of wheelchair skills training program on participation in patients with Spinal Cord involvement' Indian Journal of Occupational Therapy May-August 2013 vol. 45 issue 2, Co-Author.
10. 'Self- help devices in Orthopaedic impairments in Indian Population' April 2015 Physiotimes Author

Information of Mentor of Training Centre

It shall be verified by the Head of the concerned Training Center,

Sr. No	Particulars	Information to be filled																																																		
1	Name of faculty / Teacher	Smt. A.D.Gupta																																																		
2	Date of Birth	25.5.1965																																																		
3	Address	A-32, Tanna Residency, Opp-Siddhivinayak Temple, Prabhadevi, Mumbai- 400 025																																																		
4	Tel.No./ Mob No	022-23544341 Ext-239																																																		
5	Email- id	anita2004gupta@rediffmail.com																																																		
6	Nationality	Indian																																																		
7	Qualification in details: (attached document proof)	MOTh, PGDR (OT)																																																		
8	Teaching experience/ Medical: profession experience/ consultant Mentor(attached document proof with signature of Head)	A) General Experience :																																																		
		<table border="1"> <thead> <tr> <th>Designation</th> <th>From</th> <th>To</th> <th>Total Period (Yrs. & Months)</th> </tr> </thead> <tbody> <tr> <td>Occupational Therapist</td> <td>June 1989</td> <td>Feb 1994</td> <td>4 years</td> </tr> <tr> <td>Assistant Lecturer OT</td> <td>Feb 1994</td> <td>July 1995</td> <td>1 year</td> </tr> <tr> <td>Junior Scientific officer</td> <td>Aug 1995</td> <td>Oct 1997</td> <td>2 years</td> </tr> <tr> <td>Additional Lecturer</td> <td>Nov 1997.</td> <td>30.3.2015</td> <td>17 years</td> </tr> <tr> <td>Lecturer</td> <td>31.3.2015</td> <td>Till date</td> <td>7 yrs</td> </tr> <tr> <td colspan="4">B) Experience in the subject of concerned fellowship /certificate course</td> </tr> <tr> <td>Designation</td> <td>From</td> <td>To</td> <td>Total Period (Yrs.& Months)</td> </tr> <tr> <td>Occupational Therapist</td> <td>June 1989</td> <td>Feb 1994</td> <td>4 years</td> </tr> <tr> <td>Assistant Lecturer OT</td> <td>Feb 1994</td> <td>July 1995</td> <td>1 year</td> </tr> <tr> <td>Junior Scientific officer</td> <td>Aug 1995</td> <td>Oct 1997</td> <td>2 years</td> </tr> <tr> <td>Additional Lecturer</td> <td>Nov 1997</td> <td>30.3.2015</td> <td>17 years</td> </tr> <tr> <td>Lecturer</td> <td>31.3.2015</td> <td>Till date</td> <td>7 yrs</td> </tr> </tbody> </table>	Designation	From	To	Total Period (Yrs. & Months)	Occupational Therapist	June 1989	Feb 1994	4 years	Assistant Lecturer OT	Feb 1994	July 1995	1 year	Junior Scientific officer	Aug 1995	Oct 1997	2 years	Additional Lecturer	Nov 1997.	30.3.2015	17 years	Lecturer	31.3.2015	Till date	7 yrs	B) Experience in the subject of concerned fellowship /certificate course				Designation	From	To	Total Period (Yrs.& Months)	Occupational Therapist	June 1989	Feb 1994	4 years	Assistant Lecturer OT	Feb 1994	July 1995	1 year	Junior Scientific officer	Aug 1995	Oct 1997	2 years	Additional Lecturer	Nov 1997	30.3.2015	17 years	Lecturer	31.3.2015
Designation	From	To	Total Period (Yrs. & Months)																																																	
Occupational Therapist	June 1989	Feb 1994	4 years																																																	
Assistant Lecturer OT	Feb 1994	July 1995	1 year																																																	
Junior Scientific officer	Aug 1995	Oct 1997	2 years																																																	
Additional Lecturer	Nov 1997.	30.3.2015	17 years																																																	
Lecturer	31.3.2015	Till date	7 yrs																																																	
B) Experience in the subject of concerned fellowship /certificate course																																																				
Designation	From	To	Total Period (Yrs.& Months)																																																	
Occupational Therapist	June 1989	Feb 1994	4 years																																																	
Assistant Lecturer OT	Feb 1994	July 1995	1 year																																																	
Junior Scientific officer	Aug 1995	Oct 1997	2 years																																																	
Additional Lecturer	Nov 1997	30.3.2015	17 years																																																	
Lecturer	31.3.2015	Till date	7 yrs																																																	
9	Present Appointment	Lecturer OT																																																		
10	Publications (list & Proof)	List attached																																																		
11	Post Graduate Teaching Experience (attached documentary evidence)	27 yrs																																																		
12	Any other relevant information																																																			

Date: -

Name & Sign. of Mentor

For the use of affiliated Training Center:

I have verified the eligibility of the above Mentor as per the criteria of eligibility prescribed by the University vide clause no. 7 of the University Direction No. 05/2017 (Amended) and University Circular No. MUHS/UDC/FCCC/736/2019 dated 30/09/2019.

Sign & Stamp

Head of the Department

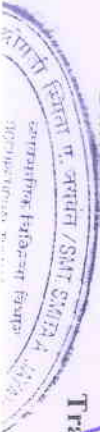
Date:

Sign & Stamp

Dean/Principal/Director of Training Centre

Date:

Training Centre Round Seal



श.श.सी.वि.सं./A.I.P.M.R.
श.श.सी.के. चारुणे मार्ग,
हाजि आ. क. Knadye Mg.,
शंकरेशी/Mahalaxmi
मुंबई/ Mumbai - 400 034.

Publications of Mrs. Anita Gupta

1. Functional assessment of driving skills in locomotors handicapped – Indian journal of disability and rehabilitation Jan- June 1992.
2. Driving for Disabled – Indian Journal of Occupational Therapy – December 1993. Vol. XXI, No. 4
3. Development of a format to study effectiveness of Occupational Therapy in Cerebral Palsy (Co – author)- Indian Journal of Occupational Therapy – December 1994. Vol. XXII, No. 4
4. Comparative study of reaction time taken by the physically handicapped drivers and normal individuals. Indian Journal of Occupational Therapy – August 1998. Vol. XXX, No. 2
5. Comparison of various occupational performances by using work simulator. Humanizing work and work environment, December 2001.
6. Use of Short Sensory Profile to study the Sensory Pattern of Performance across various disability groups. -International journal of Science and Research Vol. 5, Issue 4, April 2016
7. A comparison of the effectiveness of supported seating system in motor performance of children with cerebral palsy (Co-author)- International journal of Science and Research Vol.5, Issue 6, June 2016
8. A study on effect of Occupational Therapy Intervention Program using Cognitive-Perceptual and Perceptual – Motor Activities on Visual Perceptual skills in children with Cerebral Palsy. (Co-author) – Indian Journal of Physiotherapy and Occupational Therapy, Vol.10, No.3, July-September 2016.
9. Impact of long term use of adaptive seating device on children with cerebral palsy and their families in Mumbai, India. (Co-author) – Disability, CBR and inclusive Development, Vol.27, No.3, 2016.
10. Occupational Therapy Intervention in Cerebral Palsy children with Oral Motor Dysfunction (OMD) and its impact on Occupational goals and Quality of Life of their mothers. (Co-author) – Indian Journal of Physiotherapy and Occupational Therapy Vol. 10, No. 4, Oct-Dec. 2016.
11. Normative data on Test of Visual Perceptual Skill in Indian Drivers (co-author) in International journal of Science and research, Vol-08, No-02, Feb 2019, Page no-2063-2071.
12. Comparison of efficacy of the Test of Visual Perceptual Skill-03 and the River mead perceptual assessment battery with performance of Indian drivers on driving simulator for determining off road perceptual skills: A Pilot study (co- author) Indian Journal of Occupational Therapy Vol-51, Issue-03, July-Sept 2019.
13. Assessment of Driving skills of Indian adults on a driving simulator: A pilot study (co-author) Indian Journal of Occupational Therapy, vol.51, issue 4, Oct-Dec 2019.
14. Comparison of Visual Motor Integration Skills in Between Pre-School Children with and without Disability (Co-Author)International Journal of Health Sciences and Research Vol.10; Issue: 1; January 2020 Website: www.ijhsr.org Original Research Article ISSN: 2249-9571

ANNEXURE - "F"

Information of Mentor of Training Centre

It shall be verified by the Head of the concerned Training Centre,

Sr. No	Particulars	Information to be filled				
		A) General Experience :				
		Designation	From	To	Total Period (Yrs. & Months)	
	Name of faculty / Teacher	Smt. V.V.Meshram				
	Date of Birth	30.6.1969				
	Address	H7/303, Gulmohar Hsg Mhada Cly, Sion(E), Mumbai				
	Tel.No./ Mob No	022-23544341 Ext-262				
	Email- id	vishakhamesh@gmail.com				
	Nationality	Indian				
	Qualification in details: (attached document proof)	BOTH, DROT, MOTh				
	Teaching experience/ Medical: profession experience/ consultant Mentor(attached document proof with signature of Head)	A) General Experience :				
		Designation	From	To	Total Period (Yrs. & Months)	
		Occupationa 1 Therapist	19.6.1995	26.8.2002	7 yrs 2 months	
		Assistant Lecturer OT	27.8.2002	Till date	20 yrs 9 months	
		B) Experience in the subject of concerned fellowship /certificate course				
		Designation	From	To	Total Period (Yrs.& Months)	
		Occupationa 1 Therapist	19.6.1995	26.8.2002	7 yrs 2 months	
		Assistant Lecturer OT	27.8.2002	Till date	20 yrs 9 months	
	Present Appointment	Assistant Lecturer OT				
	Publications (list & Proof)	--				
	Post Graduate Teaching Experience (attached documentary evidence)	22 yrs 4 month				
	Any other relevant information	--				

Date: -

• Name & Sign. of Mentor

For the use of affiliated Training Center:

I have verified the eligibility of the above Mentor as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 05/2017 (Amended) and University Circular No. MUHS/UDC/FCCC/736/2019 dated 30/09/2019.

Sign & Stamp

Head of the Department

Date:

Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date:



निदेशक/DIRECTOR
 स.स.स.वि.सं./A.I.I.P.M.R.
 राजी सती, के. खाडये मार्ग,
 हाजि आ. के. खाडये मंज.
 तंजलसती/Mahalaxmi
 मुंबई/Mumbai -400 034.

ANNEXURE - "F"

Information of Mentor of Training Centre

It shall be verified by the Head of the concerned Training Center,

Sr. No	Particulars	-	Information to be filled																														
	Name of faculty / Teacher		Shri. S.D.Duphare																														
	Date of Birth		24.3.1972																														
	Address		B-301, Yoganand CHS, Plot No- 13, Sec-15, Sanpada Navi Mumbai- 400705.																														
	Tel.No./ Mob No		022-23544341 Ext-218																														
	Email- id		Sduphare72@gmail.com																														
	Nationality		Indian																														
	Qualification in details: (attached document proof)		BOTH, DROT, MOTh																														
	Teaching experience/ Medical: profession experience/ consultant Mentor(attached document proof with signature of Head)		<table border="1"> <thead> <tr> <th colspan="5">A) General Experience :</th> </tr> <tr> <th>Designation</th> <th>From</th> <th>To</th> <th colspan="2">Total Period (Yrs. & Months)</th> </tr> </thead> <tbody> <tr> <td>Occupationa l Therapist</td> <td>12.8.1996</td> <td>Till date</td> <td>25 yrs</td> <td>9 month s</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="5">B) Experience in the subject of concerned fellowship /certificate course</th> </tr> <tr> <th>Designation</th> <th>From</th> <th>To</th> <th colspan="2">Total Period (Yrs.& Months)</th> </tr> </thead> <tbody> <tr> <td>Occupationa l Therapist</td> <td>12.8.1996</td> <td>Till date</td> <td>25 yrs</td> <td>9 month s</td> </tr> </tbody> </table>	A) General Experience :					Designation	From	To	Total Period (Yrs. & Months)		Occupationa l Therapist	12.8.1996	Till date	25 yrs	9 month s	B) Experience in the subject of concerned fellowship /certificate course					Designation	From	To	Total Period (Yrs.& Months)		Occupationa l Therapist	12.8.1996	Till date	25 yrs	9 month s
A) General Experience :																																	
Designation	From	To	Total Period (Yrs. & Months)																														
Occupationa l Therapist	12.8.1996	Till date	25 yrs	9 month s																													
B) Experience in the subject of concerned fellowship /certificate course																																	
Designation	From	To	Total Period (Yrs.& Months)																														
Occupationa l Therapist	12.8.1996	Till date	25 yrs	9 month s																													
	Present Appointment		Occupational Therapist																														
	Publications (list & Proof)		--																														
	Post Graduate Teaching Experience (attached documentary evidence)		20yrs 8 months																														
	Any other relevant information		--																														

Date: -

Name & Sign. of Mentor

For the use of affiliated Training Center:

I have verified the eligibility of the above Mentor as per the criteria of eligibility prescribed by the University vide clause no. 7 of the University Direction No. 05/2017 (Amended) and University Circular No. MUHS/UDC/FCCC/736/2019 dated 30/09/2019.

Shri. S. D. Duphare
Sign & Stamp

Head of the Department

Date:



Shri. S. D. Duphare
Sign & Stamp

Dean/Principal/ Director of Training Centre

Date:



Shri. S. D. Duphare
निदेशक/DIRECTOR
श.भा.सं.वि.मु.सं./A.I.I.P.M.R.
हाजी अली, के. खादये मार्ग,
हाजी आल. के. खादये मिंग.,
महाराष्ट्र/महाराष्ट्र
मुंबई/Mumbai -400 034.

Information of Mentor of Training Centre

It shall be verified by the Head of the concerned Training Center,

No	Particulars	-	Information to be filled																				
	Name of faculty / Teacher		MS. Swati Kurne																				
	Date of Birth		27.3.1980																				
	Address		Plot No-235, FlatNo-6, Priyanka CHS, Sector-3, Charkop Market, Kandivali(W), Mumbai-400 067																				
	Tel.No./ Mob No		022-23544341 Ext-272																				
	Email- id		Swati.kurne@gmail.com																				
	Nationality		Indian																				
	Qualification in details: (attached document proof)		MOTH																				
	Teaching experience/ Medical: profession experience/ consultant Mentor(attached document proof with signature of Head)		C) General Experience :																				
			<table border="1"> <thead> <tr> <th>Designation</th> <th>From</th> <th>To</th> <th>Total Period (Yrs. & Months)</th> </tr> </thead> <tbody> <tr> <td>Occupational Therapist</td> <td>29.7.2009</td> <td>Till date</td> <td>12 years 11 months</td> </tr> <tr> <td colspan="4">D) Experience in the subject of concerned fellowship /certificate course</td> </tr> <tr> <td>Designation</td> <td>From</td> <td>To</td> <td>Total Period (Yrs.& Months)</td> </tr> <tr> <td>Occupational Therapist</td> <td>29.7.2009</td> <td>Till date</td> <td>12years 11 months</td> </tr> </tbody> </table>	Designation	From	To	Total Period (Yrs. & Months)	Occupational Therapist	29.7.2009	Till date	12 years 11 months	D) Experience in the subject of concerned fellowship /certificate course				Designation	From	To	Total Period (Yrs.& Months)	Occupational Therapist	29.7.2009	Till date	12years 11 months
Designation	From	To	Total Period (Yrs. & Months)																				
Occupational Therapist	29.7.2009	Till date	12 years 11 months																				
D) Experience in the subject of concerned fellowship /certificate course																							
Designation	From	To	Total Period (Yrs.& Months)																				
Occupational Therapist	29.7.2009	Till date	12years 11 months																				
	Present Appointment		Occupational Therapist																				
	Publications (list & Proof)		List attached																				
	Post Graduate Teaching Experience (attached documentary evidence)		13 yrs 2 months																				
	Any other relevant information																						

Date: -

Name & Sign. of Mentor

Shreya

For the use of affiliated Training Center:

I have verified the eligibility of the above Mentor as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 05/2017 (Amended) and University Circular No. MUHS/JUDC/FCCC/736/2019 dated 30/09/2019.

Sign & Stamp

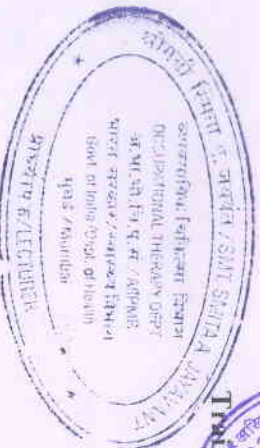
Head of the Department

Date:

Sign & Stamp

Dean/Principal/ Director of Training Centre

Date:



Shreya

मुंबई/ Mumbai - 400 034.

Publications Swati Kurne

1. Impact of long term use of adaptive seating device on children with cerebral palsy and their families in Mumbai, India. (author) – Disability, CBR and inclusive Development, Vol.27, No.3, 2016, Pg No-118-131
2. Title- “ Optimizing adaptive seating solution in case of severely disabled cerebral palsy child”(Author)
International Journal of Science and Research, Vol- 6, No-7, July, 2017.
3. Title- “Normative data on test of visual perceptual skills in Indian Drivers
”(Author)International Journal of Science and Research, Vol- 8(2): 2063-2071

ANNEXURE – "G"

Information of Coordinator of Training Centre

It shall be verified by the Head of the concerned Training Center,

Sr. No.	Particular	Information to be filled
01.	Name of the Co-ordinator	: Smt. V.V.Meshram
02.	Date of Birth	: 30.6.1969
03.	Address	: H7/303, Gulmohar Hsg Mhada Cly, Sion(E), Mumbai
04.	Mob. No.	: 022-23544341 Ext-262
05.	E-mail id	: vishakhamesh@gmail.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: BOTH, DROT, MOTh
08.	Present Appointment	: Assistant Lecturer OT
09.	Any other relevant information	-

Date:

Shirajwarant

Sign & Stamp

Head of the Department

Date: 18/11/22

श्री. श्री. वि. तु. सं., महालक्ष्मी
AIPMR, Mahalaxmi
पिन - 400034



Training Centre Round Seal

Sign & Stamp

Dean/Principal/ Director of Training Centre

Date: 18/11/22

Vishakhamesh

Sign. of Co-ordinator

Vishakhamesh

ANNEXURE - "H"

DECLARATION

I, the Dean / Director/ Principal of the All India Institute of Physical Medicine and Rehabilitation, Haji Ali, Mumbai, Institute solemnly states on affirmation, that the information provided by me in Inspection Format as well as uploaded on Training Centre 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 teacher's information attached in respective Annexure-F are not working in / at any other Training Centre /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-F are staying in the same city where the Institute is situated or adjacent to the city where the Institute is situated and having the valid proof of residence of the said city. The teachers in the Annexure- F are not practicing in Training Centre working hours or out-side the City where the Institute is situated.

I am further hereby declare that every information or contents in this LIC Format is based on the information provided by the concerned teachers and endorsed by me after due verification and the same 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 Training Centre shall be withdrawal, as the case may be.

This declaration is voluntarily signed by me on. 18th Day of July, 2022 At. Mumbai.

Date: 18-7-2022
Place: Mumbai

Haji Ali

Signature of Dean/Principal/Director
Name of the Signatory
(With Seal of the Training Centre)



निदेशक/DIRECTOR
अ.सं.सौ.वि.सु.सं./A.I.P.M.R.
हाजी अली, के. खाड्ये मार्ग,
हाजी अली, K. Khadye Mg.,
महाराष्टी/Maharashtra
मुंबई/Mumbai - 400 034.