

ANNEXURE- I

Name of College/Institute: "All India Institute of Physical Medicine and Rehabilitation.
(C.P.G Medical Institute), Mumbai of MUHS"

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. Rohit Gaikar	Assistant Professor	Assistant Professor	
7	Dr. Priyanka Saikia Chaubey	Assistant Professor	-	

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	03	00
4	Senior Resident	01	00	01
5	Junior Resident	06	06	00

Signature of HOD

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	04	00
4	Senior Resident	01	00	01
5	Junior Resident	06	06	00

Signature of Dean

निदेशक/DIRECTOR
अ.पा.भौ.वि.पु.सं./A.I.P.M.R.
हाजी अली, के. खाड़ये मार्ग,
Haji Ali, K. Khadye Mg.,
महालाखमी/ Mahalaxmi
मुंबई/Mumbai -400 034.

ANNEXURE- II


Intake capacity/ Seat Matrix

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

(P.G. Medical Institute), Mumbai OF MUHS"

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	-	-	04	-




Any Other, Please Specify:


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

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: 11/2/2023

Name of the Dept.: **Physical Medicine and Rehabilitation** Subject: **PMR** Whether PG Yes/UG+PG...No.../UG+PG+Super-Specialty No...
 Name of the College: **All India Institute of Physical Medicine and Rehabilitation** College Code: **101108** Inake Capacity: **04**
CPG Medical Institute Member of MUHS

Sr. No.	Subject	Name of Teacher	Designation	Mob No	E-mail ID	DOB	Whether belongs to category (if Yes, specify category)	Date of appointment at College	Teaching Experience (Yrs)			Total Teaching Experience in years of PG	Type of Appointment	University Approval (Yes/No)	Temporary Approval	Details of PG Recognition	Letter No.&date	MET Works attend in last 5 years	Photograph with Signature
									Asst. Prof.	Asso. Prof.	Total								
1	PMR	Dr. Anil Kumar Gaur	* Professor ** Director	9769416932	director@aiipmr.gov.in	19-06-64	No	09.07.2003	-	-	-	27 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	 Signature डॉ. अनिल गौर
2	PMR	Dr. Amit Mhambre	* Associate Professor & ** Professor	9867373709	drasmit@gmail.com	14-02-79	No	10.4.2014	-	-	-	16 years 11 months	Regular	Yes	-	Regular	MUHS/PG/E-1/27/6106/2757/17 dated 02/12.2017	Yes	 Signature डॉ. अमित महांकरे
3	PMR	Dr. Vinay Goyal	* Associate Professor ** Professor	7045773329	vinaygoyal80@gmail.com	13-08-80	No	1.4.2016	-	-	-	10 years 11 months	Regular	Yes	-	Regular	MUHS/PG/E-1/6106/27/2341/2021 dated-27/08/2021	Yes	 Signature विनाय

4	PMR	Dr. Sumeeth More	* Assistant Professor	96431574	drsummed@hmore.com	07-07-81	Yes SC	26.4.2016	-	-	-	-	10 years 08 months	Regular	Yes	-	Regular	MUHS/PG/E-1/27/6106/2814/18 dated 25/7/2018	Yes	 Sumeeth More
5	PMR	Dr. Mahesh Choudhary	* Assistant Professor ** Deputy Director (Rehab)	99200838	dmahic39@hmore.com	03-08-81	Yes OBC	03.08.2016	-	-	-	-	05 years 02 months	Regular	Yes	-	Regular	MUHS/PG/E-1/27/6106/3467/18 dated 27/9/2018	No	 Mahesh Choudhary
6	PMR	Dr. Rohit Gaikar	** Assistant Professor	88003392	rohit190585@gmail.com	19-04-1985	Yes OBC	10.08.2022	-	-	-	-	07 years 05 months	Regular	Yes	-	Regular	MUHS/PG/E-1/101108/27/942/2023 dated 06/04/2023	No	 R. R. Gaikar
7	PMR	Dr. Priyanka Saikia Chaubey	** Assistant Professor	98200952	dpriyanka@kasarkia@gmail.com	13-11-1983	No	23.08.2022	-	-	-	-	04 year 05 months	Regular	No	-	-	-	No	 Priyanka Saikia Chaubey

* Designation granted by MUHS

** Designation as per Ministry of Health and Family Welfare, Government of India.

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

Signature

Signature of Dean with Seal
 Dr. Rajendra S. Patil, P.M.R.
 गणेश शाही रोड, वाघपूर गावठाण,
 भाजि. आ. क. कनिष्ठ व. म. ग.
 सहायगाव/कोल्हापूर जिल्हा
 मुंबई/मुंबई - 400 034.

EXAMINATION RELATED INFORMATION FOR A.Y. 2024-2025**For Online Transmission of Question Papers:**


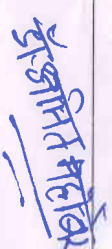


Sr. No.	Infrastructure facilities at College	Yes /No
Strong Room :		
1	It must have Single Door Entry/Exit (with Safety Door/Grill for windows)	Yes
2	Minimum Area shall be 20 x 20 sq. ft.	Yes
3	Adequate Steel Almirah/Cupboard for storage of Answer Books.	Yes
4	C.C.T.V. Camera with recording facility that covers entire area or Downloading and Printing of online transmission of Question Paper process.	Yes
5	Latest version Computer (Minimum 4) and Printer (Minimum 4) with Inverter facility, MS Office, PDF Reader, Winrar or Winzip.	Yes
6	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class 'A' ISP, and alternate line with 1 : 1 dedicated line of 50 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 troy	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

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

Name of the College: "All India Institute of Physical Medicine and Rehabilitation (P.G Medical Institute), Mumbai of MUHS",
 Phone/ Mobile No.: 23528834
 Name of the Subject: PMR

Sr. No.	Name of Teacher (Last Name/First Name/Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/Temp./Honorary)	Qualification	University Appointed 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	Dr. Gaur Anil Kumar	* Professor ** Director	PMR	Regular	DPMR DNB (PMR)		27 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	xxxxxxx7612	No	
2	Dr. Mhambre Armit Subhash	* Associate Professor & ** Professor	PMR	Regular	DNB (PMR)	Mumbai	16 years 11 months	Yes	MUHS/PG/E-1/27/6106/2157/17 dated 02/12/2017	03	14/2/1979	dirasrmd@hothm ail.com	9867373709	xxxxxxx1687	No	
3	Dr. Goyal Vinay	* Associate Professor ** Professor	PMR	Regular	DPMR, DNB(PMR)		10 years 11 months	Yes	MUHS/PG/E-1/6106/27/2341/2021 dated-27/08/2021	-	13/08/1980	vinaygoyal80@gmail.com	7045773329	xxxxxxx4881	No	
4	Dr. More Sumeeth	* Assistant Professor ** Professor	PMR	Regular	D(Otho), DNB (PMR)		10 years 08 months	Yes	MUHS/PG/E-1/27/6106/2814/18 dated 25/7/2018	-	07/07/1981	dirsumeethmore@gmail.com	9643157407	xxxxxxx9549	No	

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

Signature of Dean with Seal

निदेशक/DIRECTOR

सं. च. सं. वि. सं. / All PMR

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FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2024-2025

(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. Rohit Gaikar 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. 2023 – 2024	-	-	-
4	A.Y. 2024 – 2025	-	-	-

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 theDepartment 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, Safdarjang 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	6 years	2 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 म्हांबरे
 डॉ. अमित म्हांबरे / DR. AMIT S. MHAMBRE
 Head of Institute / Dean (PMR)
 Date: 29/12/23
 प्राध्यापक एवं विभागाध्यक्ष (पीएमआर) / PROFESSOR & HOD (PMR)

अमित म्हांबरे
 Sign & Stamp
 Director
 AIIPMR
 Dean/Principal/Head of Institute
 Date: 29/12/23
 महाराष्ट्र / Maharashtra
 मुंबई / Mumbai - 400 034.

पंजीयन / REG.NO. - 2002/08/2932		Name of Inspectors	Signature of Inspectors
1)	अ.भा.भौ.चि.पु.सं. / A.I.P.M.R.	Chairman	
2)	मुंबई / MUMBAI- 400 034.	Member	
3)		Member	
4)		Member	

* Designation given by MOHFW, GOI

** Designation given by MUHS

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	
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	-

C) 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	7 years	-

(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
 Sign & Stamp
 Head of the Department (PMR)
 Date: 29/12/23
 PROFESSOR & HOD (PMR)

डॉ. विवेक पुसनाके
 Sign & Stamp
 Dean/Principal/Head of Institute
 Date: 29/12/23
 MUMBAI - 400 034.

Name of Inspectors	Signature of Inspectors
1) सुंबई / MUMBAI - 400 034.	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	3 years	8 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 स. म्हांबरे / DR. AMIT S. MHAMBRE
 Sign & Stamp
 Head of the Department (PMR)
 प्राध्यापक (विभागाध्यक्ष) (PMR) / PROFESSOR & HOD (PMR)
 पंजीयन / REG.NO. - 2002/08/2932
 अ.भा.भौ.चि.पु.सं. / A.I.P.M.R.
 मुंबई / MUMBAI- 400 034.


 DIRECTOR
 Sign & Stamp
 Dean/Principal/Head of Institute
 Date 29/10/23
 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 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	1 year	8 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 DR. AMIT S. MHAMBRE
 Head of the Department (PMR)
 Date: 29/12/23
 प्राध्यापक एवं प्रमुख (PMR) / PROFESSOR & HOD (PMR)
 पंजीयन / REG.NO. - 2002/08/2932


 Sign & Stamp
 Dean/Principal/Head of Institute
 Date: 29/12/23
 अ.मा.पी.चि.पु.सं. / AIIPMR
 मुंबई / Mumbai - 400 034.

Name of Inspectors	Signature of Inspectors
1)  / MUMBAI-400 034.	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 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	1 year	8 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 स. म्हांबरे
 Sign & Stamp DR. AMIT S. MHAMBRE
 Head of the Department (MR)
 Date: 29/12/23
 PROFESSOR & HOD (PMR)
 पंजीयन / REG.NO. - 2902/03/2932

Sign & Stamp
 Director
 Dean/Principal/Head of Institute
 Date: 29/12/23
 महासंचालक / Mahasanchalaka
 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	
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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	1 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)

डॉ. अमित एस. म्हांबरे / DR. AMIT S. MHAMBRE
 Sign & Stamp
 Head of the Department
 Date: 29/12/23
 पंजीयन / REG.NO. - 2002/08/2932
 अ.भा.पौ.वि.मु.सं. / AIIPMR
 मुंबई / MUMBAI-400 034.

डिरेक्टर / DIRECTOR
 Sign & Stamp
 Dean/Principal/Head of Institute
 Date: 29/12/23
 मुंबई / Mumbai -400 034.

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

* Designation given by MOHFW, GOI

** Designation given by MUHS

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 months
Assistant Professor AIIPMR, Mumbai	06.08.2020	21.03.2022	01 year	07 months
Assistant Professor AIIMS, Jodhpur	28.03.2022	08.08.2022	-	04 months
Assistant Professor AIIPMR, Mumbai	10.08.2022	Till Date	01 year	04 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 स. म्हांबरे / DR. AMIT S. MHAMBRE
 Sign & Stamp
 Head of the Department
 Date : 29 / 12 / 23
 पंजीयन / REG NO. - 2002/08/2032

निदेशक / DIRECTOR
 Sign & Stamp
 Dean/Principal/Head of Institute
 Date 29 / 12 / 23
 मुंबई / Mumbai - 400 034.

Name of Inspectors		Signature of Inspectors
1) मुंबई / MUMBAI - 400 034.	Chairman	
2)	Member	
3)	Member	
4)	Member	



ANNEXURE- VI-B

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

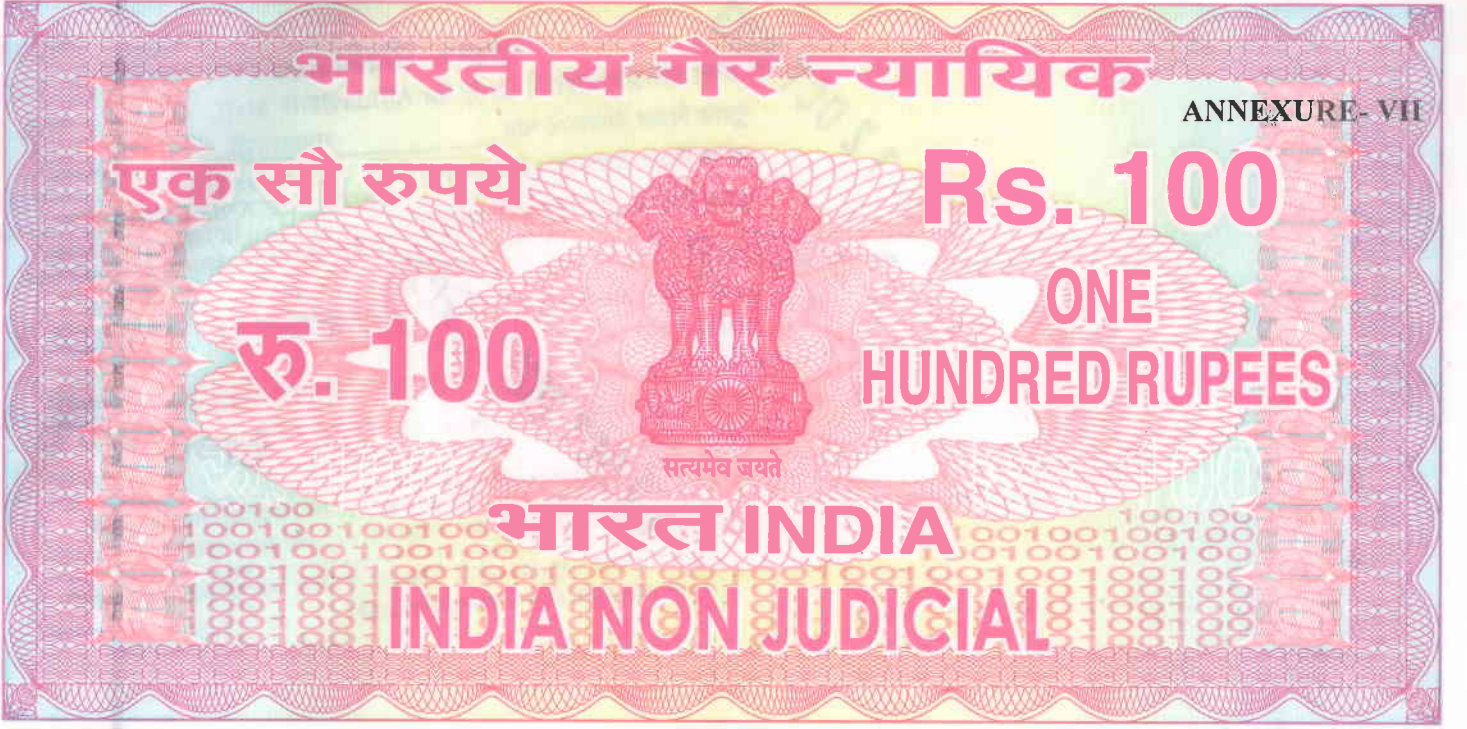
Details of Institutional Ethical Committee

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: 29/11/23


निदेशक/DIRECTOR
Signature, Name and stamp of Dean/Principal/Director
हाजी अली, के. खाड्ये मार्ग,
Haji Ali, K. Khadye Mg.,
महालक्ष्मी/Mahalaxmi
मुंबई/Mumbai - 400 034.



महाराष्ट्र MAHARASHTRA

○ 2023 ○

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प्रधान मुद्रांक कार्यालय, मुंबई
प मु वि क्र. ८००००९९
12 SEP 2023
सक्षम अधिकारी C

शीसती सुपमा चव्हाण

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 2024-2025, 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.

12 OCT 2023

अखिल भारतीय भौतिक
जोडपत्र-शिक्षण एवं पुनर्वास संस्थान

कृत प्रतिज्ञापत्रासाठी Only for Affidavits
मुद्रांक विकत घेणाऱ्याचे गाव _____ महालक्ष्मी, मुंबई - 400 034.
मुद्रांक विकत घेणाऱ्याचे रहिवासी पत्ता ALL INDIA INSTITUTE OF PHYSICAL
मुद्रांक विक्रीबाबतची नोंद वही अनु.क्रमांक _____ MEDICINE AND REHABILITATION
Haji Ali, K. Khadye Marg,
Mahalaxmi, Mumbai - 400 034.

[Handwritten Signature]

12 OCT 2023

मुद्रांक विकत घेणाऱ्याची सही _____ परवानाधारक मुद्रांक विक्रेत्याची सही _____
परवाना क्रमांक: 200001/2023

मुद्रांक विक्रीचे ठिकाण/ _____ अदालतस अशोसिएशन स्मॉल कॉज कोर्ट मुंबई
पहिला माळा, लक्ष्मीबाई बाजार, घोडी तलाव, मेट्रो प्रेरणा प्रमोड अंध

मुद्रांक विक्रीचे ठिकाण/स्थापनासमोर प्रतिज्ञापत्र सादर करणेसाठी मुद्रांक
विक्रीबाबतची नोंद वही. (नियमन आदेश दि. 02/09/2008 मुंबई)
मुद्रांक विक्रीबाबतची नोंद वही मुद्रांक खरेदी केला त्याचा स्वतःचा कार्यासाठी मुद्रांक खरेदी
करण्याबाबतची नोंद वही (आपण) घेव्यावरक आहे

मुद्रांक विक्रीबाबतची नोंद वही
प्रमाणित आहे
12 OCT 2023

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 22 day of December 2023 at Mumbai.

Date: 22-12-2023

Place: MUMBAI

[Handwritten Signature]

Signature of निदेशक/DIRECTOR
अ.भा.भौ.वि.पु.स./A.I.P.M.R.
Dean/Principal Name of हाजी अली, के. खाडये मार्ग,
the Signatory- महालक्ष्मी/ Mahalaxmi मुंबई/ Mumbai - 400 034.
(with Seal of the College / Institute)