

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

Title of the Course applied for :- Fellowship Course in Rehabilitation Physiotherapy

This to Certify that **Sandhya Wasnik** has worked in the Department of Physiotherapy at All India Institute of Physical Medicine and Rehabilitation , Mumbai as per following details:

A) General Experience

Designation	From	To	Total period Year/Months	
Physiotherapist	July, 1989	January, 1995	5 years	6 months
Section Incharge (for Female Patient	January, 1995	March, 2015	20 yrs	2 months
Lecturer	March 2015	Till date	7 yrs	3months

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

Designation	From	To	Total period Year/Months	
Physiotherapist, Lions club	September, 1987	June, 1988	-	10 months
Physiotherapist	July, 1989	January, 1995	5 yrs	5 months
Physiotherapy Section Incharge (for Female Patients)	January, 1995	30.3.2015	20 yrs	2 months
Lecturer Physiotherapy	31.3.2015	30.9.2020	5 yrs	6 months
Lecturer & HOD Physiotherapy	1.10.2020	Till date	1 yr	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)

Sandhya
22.10.2022

Sign & Stamp
Head of the Department
Date

संध्या
22.10.2022
संध्या Sandhya M. Wasnik
Head of the Department
Lecturer & Head
Date

श्री.भा. मॅ. वि.पु.सं., कॅम्पी अर्सी, महाराष्ट्र
All PMR, Haji Ali, Mahalaxmi
मुंबई / Mumbai - 400 034.

Ravindra

Sign & Stamp
Dean/Principal/Head of Institute
Date

श्री.भा.मॅ.वि.पु.सं./A.I.I.P.M.R.
कॅम्पी अर्सी, कॅ. खाड्ये मार्ग,
Haji Ali, K. Khadye Mg.,
महाराष्ट्र/ 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
Recognized / Not Recognized	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 / Professor	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	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.	
	iii) Contact Details:	Mob:9769416932 Tele:- 022-23528834	
02	Society/Institution/ Training Centre Registration Number and date:	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	Hospital Information : (It is mandatory for Training Centre/applying Institute to have their own functional Hospital as per norms) 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:	K. Khade Marg, Haji Ali, Mahalaxmi, Mumbai-400034. Mob: director@aiipmr.gov.in Tele: 022-23544341
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
		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): Copy of Land Registration Certificate attached? *Yes/No.- Mark as Appendix 'F'
09	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:	9290.304 sq. ft.
	i) Total built-up area:	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	5
3	Foreign	89	15

- Year / Month up to which latest Indian Journals available : Current issue 2021

- Year / Month up to which latest Foreign Journals available : Current issue 2021

- Internet / Med pub / Photocopy facility: available / ~~not available~~

- Library opening times: 11 am to 7 pm (Monday to Friday)
11 am to 6 pm (Saturday)

- Reading facility out of routine library hours: available / ~~not available~~

(Obtain list of books & journals duly signed by Dean)

4. Recreational facilities:

Available / Not available

- Play grounds Gymnasium

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	14516
IPD (Total No. of Patients admitted)	94	IPD (Total No. of Patients admitted)	94

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
• Daily admissions
• Daily admissions in Dept.
• Through casualty at 10am
• Bed occupancy in the Dept.
• Number of patients in ward (IPD)at 10AM
• Percentage bed occupancy at 10Am

- 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	

#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:~~ Available / ~~Not available~~
- 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~~ Used / ~~Not used~~

Sign & Stamp
 Head of the Department
 Date: 22-9-22
 Dr. Pr. V. Ch. S. Patil, M.D. (Gen. Surgt.)
 A.I.P.M.R. Haji Ali, Maharashtra
 मुंबई / Mumbai - 400 034.



Sign & Stamp
 Dean/ Principal/ Director of Training Centre
 Dr. Pr. V. Ch. S. Patil / A.I.I.P.M.R.
 Haji Ali, K. Kinadye Mg.,
 Maharashtra / Maharashtra
 मुंबई / Mumbai - 400 034.

DEPARTMENTAL INFORMATION

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

1. Fellowship Specialty Department to be inspected: Physiotherapy(FCRPT)
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. Sandhya Wasnik	Fulltime	Lecturer PT	Msc (PT),	24 yrs
2	Shri. Ravindran R.	Fulltime	Lecturer PT	MPT, DR(PT), PGDH M & HC, PhD Research Scholar. MUHS Nashik	19yrs
3	Shri. V. S. Dolas	Fulltime	Physiotherapist	MSc-(PT), DR(PT)	22yrs 5 months
4	Smt. Sneha Saravanakumar	Fulltime	Physiotherapist	MSc (PT)	22yrs
5	Mrs. Aniha Kumaravelan	Fulltime	Physiotherapist	MPT	19 yrs
6	Mrs. Shweta Mahashur	Fulltime	Physiotherapist	BPT, DRPT	14yrs

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	200 sq.ft.	✓	
Clinics	4900	✓	
Laboratory Space	2200	✓	
Seminar room	1200	✓	
Department Library	100	✓	
PG common room	200	✓	
Pre-clinical lab (where ever applicable)	NA	NA	
Patient waiting room	2900	✓	
Total area	11700	✓	

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

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 Physiotherapy	2	Smt. Sandhya Wasnik
2020-21		4	Shri. Ravindran R.
2021-22		2	Shri. V. S. Dolas
			Smt. Sneha Saravanakumar
			Mrs. Aniha Kumaravelan
			Mrs. Shweta Mahashur

(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)

Sr. No.	Name of the Equipment	Specification	Functional / Not Functional	Qty.
1	15 cubicles separate power line (earthed)	Therapeutic & Evaluation	Functional	15
2	Hot packs	Therapeutic	Functional	12
3	Cold packs	Therapeutic	Functional	12
4	P. Wax bath	Therapeutic	Functional	1
5	Electric stimulator (Diagnostic/ Therapeutics)	Diagnostic/ Therapeutics	Functional	4
6	Short wave diathermy with different Electrodes	Therapeutic	Functional	4
7	Ultra Sound	Therapeutic	Functional	2
8	T.E.N.S.	Therapeutic	Functional	4
9	Interferential current Unit I.F.T.	Therapeutic	Functional	2
10	LASER	Therapeutic	Functional	2
11	M.W.D.	Therapeutic	Functional	1
12	E.M.G. – Diagnostic-with all Accessories	Diagnostic/ Therapeutics)	Functional	1
13	Gait analyzer	Evaluation	Non Functional	1
14	P.F.T./ Spirometer	Evaluation	Functional	1
15	Stethoscope	Diagnostic	Functional	4

Exercise Therapy Instruments

Sr. No.	Instruments	Specification	Functional/Non functional	Qty.
1	Goniometers	Evaluation	Functional	10
2	Nebuliser with additional chamber with mouth Piece	Therapeutics	Functional	2
3	Wobble Board	Diagnostic/ Therapeutics)	Functional	2
4	Exercise mattress (Large)	Therapeutics	Functional	5
5	Exercise mattress (small)	Therapeutics	Functional	5
6	Wall bar	Therapeutics	Functional	3
7	Slings & ropes (Suspension apparatus)	Therapeutics	Functional	3
8	Parallel Bar	Therapeutics	Functional	5
9	Medicine balls	Therapeutics	Functional	1
10	Tilt table	Therapeutics	Functional	3
11	Axillary crutches a. Adult b. Paediatrics	Therapeutics	Functional	>2
12	Wheel chair for the sick or invalid	Therapeutics	Functional	>2
13	Walker (Adult and baby walker)	Therapeutics	Functional	02-02
14	Shoulder ladder	Therapeutics	Functional	1

15	Wrist roller	Therapeutics	Functional	1
16	Static cycle	Therapeutics	Functional	>1
17	X-ray viewer (single viewer)	Diagnostics	Functional	>1
18	X-ray viewer (double viewer)	Diagnostics	Functional	1
19	Rowing machine	Therapeutics	Functional	1
20	Elbow crutches	Therapeutics	Functional	>2
21	Mattress for mat exercise	Therapeutics	Functional	>1
22	Posture examining device	Evaluation	Functional	1
23	Pelvic level device	Evaluation	Functional	1
24	Pelvic traction kit	Therapeutics	Functional	1
25	Cervical traction (Visco) kit	Therapeutics	Functional	1
26	Weighing machine	Evaluation +Therapeutics	Functional	>1
27	De-lorme's metal weight shoe	Therapeutics	Functional	>1
28	Shoulder pulley	Therapeutics	Functional	2
29	Joggers (Manual treadmill machine)	Therapeutics	Functional	1
30	Quadriceps springs	Evaluation +Therapeutics	Functional	>1
31	Torch	Evaluation kit	Functional	>1
32	Tendon hammer	Evaluation kit	Functional	4
33	Handgrip dynamometer	Evaluation kit	Functional	1
34	Multisexerciser	Therapeutics	Functional	1
35	Exam table	Evaluation +Therapeutic	Functional	20
37	Dumbbells	Therapeutics	Functional	4
38	Weights	Therapeutics	Functional	>5
39	Weights bar with weight pans	Therapeutics	Functional	6
40	Sand bags	Therapeutics	Functional	10
41	BP apparatus	Evaluation	Functional	4
42	Peak flow meter	Evaluation + Exercise	Functional	1
43	Electrical traction – limb cervical	Therapeutic	Functional	1
44	Continuous passive machine (CPM)	Therapeutic	Functional	2
45	Therabands	Therapeutic	Functional	>4
46	Skinfold callipers	Evaluation	Functional	1
47	Walking stick adjustable	Therapeutic	Functional	>2
48	Tripodstick adjustable	Therapeutic	Functional	2
49	Vestibular ball (cotton)	Therapeutic	Functional	Not available in the Market
50	Vestibular ball (Rubber) 60 cm & 100 cm	Therapeutic	Functional	2

ADDITIONALEQUIPMENT LIST

Magnetotherapy
 Contrast bath
 Mobilization table
 Rehabilitation Treadmill with body weight support system
 Club foot C.P.M. Machine
 Biodesx Balance System
 Isokinetic system
 Gait analysis Laboratory with equipment for kinetic & kinematic analysis
 Adjustable staircase trainer (DST)
 Heel stretcher
 Quadriceps bench
 Bioesthesisometer
 Computerized balance board for balance training
 Semirecumbent elliptical cycle
 Active Passive cycle
 Balance system and long force plate
 Functional Electrical Stimulator
 Computerized balance board
 Cognitive feedback Unit
 Virtual Reality Interactive system
 Controlled Hot and Cold treatment
 Digital Algometer
 Extracorporeal shockwave therapy
 Computerized Rehabilitation treadmill without body weight support and with body weight support

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

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

Sr. No.	Name of the clinic	Days on which held	Timings	Average No of cases attended	Name of clinic In-charge
1	Advanced PT Clinic	Saturday	2 hrs	1/ clinic	Ms. Sandhya Wasnik
2	Fall Prevention	Saturday	1 hour	4-5/ clinic	Mrs. Sneha Saravanakumar
3	Respiratory Clinic	Saturday	1 hour	15/ clinic	Mrs. Sneha Saravanakumar
4	Parkinson's clinic	Tuesday	1 Hour	3/ clinic	Mrs. Sneha Saravanakumar
5	Back School	Saturday	1 Hour	10-12 /clinic	Mrs. Anitha
6	Knee School	Saturday	1 Hour	10-12/ clinic	Mrs. Anitha
7	School for care taker of childrens with cerebral palsy	Tuesday	1 Hour	8-10/ clinic	Mrs. Mansi
8	Participation in multi-disciplinary clinic				
	a. Case conference	Wednesday	2 hours	2-3/ clinic	Mrs. Sneha Saravanakumar
	b. Follow up clinic	Saturday	1 hour	2-3/clinic	Mrs. Anitha
	c. Prosthetic & Orthotic Clinic	Tuesday & Friday	2 hours each	10/ clinic	Mr. Vaibhav Dolas
	d. Diabetic clinic	Friday	1 hour	2/ clinic	Mrs. Shweta Mahashur
	e. Cerebral Palsy Clinic	Thursday	2 hours	15/ clinic	Mr. Ravindran
	f. Disability Clinic	Monday, Wednesday & Friday	3 hours	10/ clinic	Pallavi & Divya
	g. Ward Round	Monday	2 hours	40/ clinic	Mrs. Sneha Saravanakumar

11. Services provided by the Department:

- a) Services:
- Patient care
 - Training of manpower in the field of Rehabilitation Physiotherapy
 - Research in field of Rehabilitation Physiotherapy
- b) Ancillary Services -- Yes
- Awareness programme
 - PT services to sports activities of disabled.
 - c) Others:

12. Space:

Sr. No.	Details	In OPD	In IPD
1	Patient Examination/ Checking Arrangement	4100 Sqft.	2160 Sqft
2	Equipments	4900 Sqft.	N.A.
3	Teaching Space	1800 sqft. (Three classrooms)	N.A.
4	Waiting area for patients	2900 Sqft.	N.A.

13. Office space:

Department Office	Yes/No	Office Space for Teaching Faculty	Yes/No
Space (Adequate)	Yes/No	HOD	Yes/No
Staff (Steno /Clerk).	Yes/No	Professors	Yes/No
Computer/ Typewriter	Yes/No	Associate Professors	Yes/No

Storage space for files	Yes/No	Assistant Professor Residents	Yes/No

14 **Clinical Load of Department:** No. of Surgeries- N.A. / ProcedurePer day-N.A.
 Number of Persons with disability attending Physiotherapy department: **70 per day**

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	: 19/06/1964
03.	Address	: AIIPPMR, K.Khade Marg, Haji Ali, Mahalaxmi, Mumbai-400034.
04.	Tel. No./ Mob. No.	: 022-23544341
05.	E-mail id	: director@aippmr.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, AIIPPMR, 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: -

Anil Kumar Gaur
Dr. ANIL KUMAR GAUR
Name & Sign. of Director

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).

Sandhya 22
संस्था म. वार्डन/Principal & Stamp
SANDHYA M. WARDAN
प्रमुख/Head of the Department
शैक्षणिक विभाग/Physiotherapy Dept.
अ. वार्. वी. सु. सं., हाजी अली, महालाखमी
AIIPPMR, Haji Ali, Mahalaxmi
मुंबई / Mumbai - 400 034.



Anil Kumar Gaur
Sign & Stamp
Dean/Principal/Director of Training Centre
Date: 22-7-22
प्रमुख/DIRECTOR
अ. वार्. वी. सु. सं./AII.P.M.R.
हाजी अली, के. खाड्ये मार्ग,
हाजी अली, के. खाड्ये मार्ग,
महालाखमी/Mahalaxmi
मुंबई/Mumbai - 400 034.

Publication of Dr. Anil Kumar Gaur-

1. Indexed in Medline, Dr. Sudhir Mishra, Dr. Anil Kumar Gaur, Dr. Mahesh Choudhary, Dr. Ramesh Jaysree , Percutaneous At Pulley Release by Tip of 20-Gauge Hypodermic Needle Before Open Surgical Procedure in Trigger Finger Management - 'Techniques in Hand and Upper Extremity Surgery' Volume 17, Number 2, June 2013
2. Indexed in Scopus, Dr. Parul Agarwal, Dr. Anil Gaur, Effect of obesity on Median nerve conduction at carpal tunnel in Indian females - National Journal of Physiology and Pharmacology, Volume -5, Issue 2, January 2015
3. Indexed in Pubmed, Scopus, Dr. Priyanka Saikia, Dr. Rajlaksmi Harharan, Dr. Nachiket Shankar Dr. Anil Kumar Gaur, Dr. Naveen Mathew Jose, "Effective and economic offloading of diabetic foot ulcers in India with the Bohler Iron Plaster cast" - Indian Journal of Surgery First Online : 26th August 2015 (DOI : 10.1007/S12262-015-1327-3)
4. Indexed in Copernicus International, Dr. Sandip Ramesh Rao Dhole, Dr. Anil Kumar Gaur, Study of Locomotor disability due to various types of trauma NJMR|Volume 5|Issue3|July-Sept 2015
5. Dr. Swapnil Sonune, Dr. Anil Kumar Gaur Comparison of USG guided suprascapular nerve block vs intraarticular steroid in Frozen Shoulder, International Journal of Research in Orthopedics, December 2016
6. Dr. Harshanand Popalwar, Dr. Anil Kumar Gaur, Dr. B.D.Athani, Dr. Jaysree Ramesh, Clinical examination and foot pressure analysis of Diabetic foot:- Tetrerspective analytic study in Indian diabetic patients, National Journal of Medical research NJMR/ Volume 6/ Issue 1/ Jan-Mar 2016; 17-22.
7. Dr. Amit Mhambre, Dr. Vivek Chawathe, Dr. Anil Kumar Gaur, Dr. Rajendra Sharma, Dr. Vivek Pusnake, Dr. Amey Joshi, The Institutional Demographic Profile of Amputation in Mumbai, Indian Journal of Applied Research/Vol-7/Issue 8/August-2017.
8. Dr. Vivek Chawathe, Dr. Amit Mhambre, Dr. Anil Kumar Gaur, Dr. Vivek Pusnake, Dr. Rajendra Sharma, Dr. Nima Wangdi, Prevalance of pain in Medical representatives using two wheeler for daily commute, Journal on Recent Advance in Pain, May- Aug-2017; 3(2) :61-65.
9. Dr. Vivek Chawathe, Dr. Anil Kumar Gaur, Dr. Amit Mhambre, Dr. Vivek Pusnake, Dr. Amey Joshi, Dr. Shaily Shah, The Role of Intra-Articular Injection Sodium Hyaluronate in Rehabilitation of Osteoarthritis Knee.,Vol-8,Issue-10, October-2018.
10. Dr. Mahesh Choudhary, Dr. Aradhana Shukla, Dr. Amit Mhambre, Dr. Anil Kumar Gaur, Osteoarthritis Knee Pain:- An unjustified diagnosis, International Journal of Healthcare and Biomedical Research, Volume-06, Issue 04 July,2018. 64-70.
11. Dr. Aradhana Shukla, Dr. Mahesh Choudhary(Corresp),Dr. Anil Kumar Gaur, Offloading only as a means of Management of Neuropathic ulcers: a case series International Journal of Medical Science and Diagnosis Research (IJMSDR), Vol-2, Issue 04, July-Aug,2018 141-147.

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	Sandhya M. Wasnik																																																																	
	Date of Birth	01.07.1964																																																																	
	Address	001, B wing, Om Siddhi Vinayak Hsg. Soc., Swami Vivekanand Nagar, Vasant Vihar, Thane (w) - 400 610.																																																																	
	Tel.No./ Mob No	9619144265																																																																	
	Email- id	sandhyaw5@gmail.com																																																																	
	Nationality	Indian																																																																	
	Qualification in details: (attached document proof)	M.Sc. (Physiotherapy) Pediatric Neurology																																																																	
	Teaching experience/ Medical: profession experience/ consultant Mentor(attached document proof with signature of Head)	<p>A) General Experience :</p> <table border="1"> <thead> <tr> <th>Designation</th> <th>From</th> <th>To</th> <th>Total Period (Yrs. & Months)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Physiotherapist</td> <td>July 89</td> <td>Jan 95</td> <td>5</td> <td>5</td> <td></td> </tr> <tr> <td>Physiotherapy Section Incharge (for female patients)</td> <td>Jan 95</td> <td>30.3.15</td> <td>20</td> <td>--</td> <td></td> </tr> <tr> <td>Lecturer, Physiotherapy</td> <td>31.3.15</td> <td>30.9.20</td> <td>5</td> <td>6</td> <td>months</td> </tr> <tr> <td>Lecturer, & HOD PT</td> <td>1.10.20</td> <td>Till date</td> <td>1</td> <td>10</td> <td>months</td> </tr> </tbody> </table> <p>B) Experience in the subject of concerned fellowship /certificate course</p> <table border="1"> <thead> <tr> <th>Designation</th> <th>From</th> <th>To</th> <th>Total Period (Yrs.& Months)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Physiotherapist</td> <td>July 89</td> <td>Jan 95</td> <td>5</td> <td>5</td> <td></td> </tr> <tr> <td>Physiotherapy Section Incharge (for female patients)</td> <td>Jan 95</td> <td>30.3.15</td> <td>20</td> <td>--</td> <td></td> </tr> <tr> <td>Lecturer, Physiotherapy</td> <td>31.3.15</td> <td>30.9.20</td> <td>5</td> <td>6</td> <td>months</td> </tr> <tr> <td>Lecturer, & HOD PT</td> <td>1.10.20</td> <td>Till date</td> <td>1</td> <td>10</td> <td>months</td> </tr> </tbody> </table>						Designation	From	To	Total Period (Yrs. & Months)			Physiotherapist	July 89	Jan 95	5	5		Physiotherapy Section Incharge (for female patients)	Jan 95	30.3.15	20	--		Lecturer, Physiotherapy	31.3.15	30.9.20	5	6	months	Lecturer, & HOD PT	1.10.20	Till date	1	10	months	Designation	From	To	Total Period (Yrs.& Months)			Physiotherapist	July 89	Jan 95	5	5		Physiotherapy Section Incharge (for female patients)	Jan 95	30.3.15	20	--		Lecturer, Physiotherapy	31.3.15	30.9.20	5	6	months	Lecturer, & HOD PT	1.10.20	Till date	1	10	months
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	Present Appointment	Lecturer & HOD PT Recognized as Associate Professor by MUHS, Nashik																																																																	
	Publications (list & Proof)	List attached																																																																	
	Post Graduate Teaching Experience (attached documentary evidence)	9 yrs																																																																	
	Any other relevant information	--																																																																	

Date: - 22/11/22

Sandhya
22-11-22
Name & Sign. of Mentor
Sandhya Wasnik

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.

Sandhya
22-7-22

Sign & Stamp M. Wasnik
Head of the Department
Date: 22-7-22
डा.संध्या म. वासिक
मुख्य शिक्षिका / Lecturer
भौतिक चिकित्सा विभाग / Physiotherapy Dept.
अ.शा. चौ. वि.पु.सं., हवेली अर्ली, महात्माजी
All PMR, Hall All, Maharashtra
मुंबई / Mumbai - 400 034.



Principals
22/7/22

Sign & Stamp
Dean/Principal/ Director of Training Centre
Date: 22-7-22
मुख्य शिक्षिका/DIRECTOR
अ.शा.चौ.वि.पु.सं./All.P.M.R.
हवेली अर्ली, अ. खाडये मार्ग,
Hall All, K. Khadye Mg.,
महात्माजी/Mahataxmi
मुंबई/Mumbai - 400 034.

Publications of Ms Sandhya Wasnik -

Sr. No.	Title	Journal Name	Issue
1	Evaluation of hot and cold sensation of hand in type to diabetic patients in age group of 40 to 80 years	Journal of society Indian Physiotherapist ISSN-245627787	Vol- III, Issue-02, year 2019
2	Sensory nerve conduction study of median ulner and radial nerve in type 2 diabetics individuals in the age groups 40-80 year Poonam Sepat, Sandhya Wasnik	Elsevier, Heliyon, 2020	Heliyon, Vol- VI, Issue- 10 2020,
3	Effect of pilates exercise on the level of fatigue, cognition and knee proprioception in the elderly population of 60-80 years.	International Journal of Physiotherapy and research	Vol-9(2) issue 2321-1822 April 2021
4	Effectiveness of 4 week backward walking training program incorporated with rhythmic auditory cueing on spatial and temporal gait parameters and balance in subjects with hemiparesis: An experimental randomized control trial.	The journal of Indian Association of Physiotherapist	Vol 14(2) July-Dec 2020 108-113 Issue 02
5	Effect of isokinetic (closed kinetic chain) strengthening exercises crouch gait in children with spastic diplegia (Age group -6 to 14 years).	Journal of Society of Indian Physiotherapist	Vol -5(1) 2021 19-25

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	Ravindran R.
	Date of Birth	10.10.1976
	Address	12/267, Sector 7, CGS Colony, Antop Hill, Mumbai – 400 037.
	Tel.No./ Mob No	022-23544341 9820264446
	Email- id	ravindranlectureppt@gmail.com
	Nationality	Indian
	Qualification in details: (attached document proof)	MPT, DR(PT), PGDHM & HC, Ph.D Research Scholar, MUHS,Nashik
	Teaching experience/ Medical: profession experience/ consultant Mentor(attached document proof with signature of Head)	A) General Experience : Designation From To Total Period (Yrs. & Months) Physiotherapi 9.4. 99 30.3.15 16 yrs -- st Lecturer, 31.3.15 Till date 7 yrs 3 Months Physiotherapy B) Experience in the subject of concerned fellowship /certificate course Designation From To Total Period (Yrs.& Months) Physiotherapi 9.4. 99 30.3.15 16 yrs -- st Lecturer, 31.3.15 Till date 7 Yrs 3 Months Physiotherapy
	Present Appointment	Lecturer Physiotherapy
	Publications (list & Proof)	List Attached
	Post Graduate Teaching Experience (attached documentary evidence)	7 yrs
	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.

संस्था म. वरिष्ठ शिक्षण & Stamp
92107422
संस्था म. वरिष्ठ शिक्षण & Stamp
92107422
शैक्षणिक विभागाचे मुख्याधिकारी
Date: 22-07-2022
श.भा. शौ. वि. पु. सं. बंगलौ अंतरी,
A/1P.M.R. Haji Ali, Mahalaxmi
मुंबई / Mumbai-400 034.



Training Centre Round Seal

Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: 22-07-2022
निदेशक/DIRECTOR
श.भा. शौ. वि. पु. सं. /A.11.P.M.R.
बंगलौ अंतरी, के. खाद्ये बंगलौ,
Haji Ali, K. Khadye Bng.,
महलक्ष्मी/Mahalaxmi
मुंबई/Mumbai -400 034.

Publications of Ravindran

1. Drashiti Nilesh Rughani, R Ravindran. Comparison of immediate effect of lateral wedge and uniform lift on the symmetry of weight-bearing during quiet stance and sit-to-stand activities among individuals with chronic stroke. The Journal of Indian Association of Physiotherapists;2020; 14 (1);26-31.
2. Devanshi Manesh Doshi, R Ravindran. A study of motor imagery training on motor strategies of sit-to-stand task and functional mobility in individuals with chronic stroke. The Journal of Indian Association of Physiotherapists; 2021; 15 (1); 17-21.
3. Sneha Saravanakumar, Anitha Kumaravelan, R Ravindran. Sagittal plane gait analysis in children with cerebral palsy spastic diplegia with crouch gait: A retrospective observational study. The Journal of Indian Association of Physiotherapists; 2021;15 (2); 74-80.

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	Mr. Vaibhav Shrikant Dolas																																								
	Date of Birth	21.10.1972																																								
	Address	A-1/901,Basant , Kavyadhara Complex, Dhokali, Kolshet Road, Thane (w) – 400 607																																								
	Tel.No./ Mob No	022-23544341 9820384812																																								
	Email- id	vsdolas21@gmail.com																																								
	Nationality	Indian																																								
	Qualification in details: (attached document proof)	M.Sc. (Physiotherapy) DR(PT)																																								
	Teaching experience/ Medical: profession experience/ consultant Mentor(attached document proof with signature of Head)	<p>A) General Experience :</p> <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>Physiotherapist</td> <td>21.2.2000</td> <td>23.6.2015</td> <td>15 Yrs 4 months</td> </tr> <tr> <td>PT Section Incharge (for female patients)</td> <td>24.6.2015</td> <td>30.10.2019</td> <td>4 yrs 4months</td> </tr> <tr> <td>Physiotherapist</td> <td>31.10.2019</td> <td>28.5.2020</td> <td>- 7 months</td> </tr> <tr> <td>Lecturer PT</td> <td>29.5.2020</td> <td>Till date</td> <td>2 yrs 2 months</td> </tr> </tbody> </table> <p>B) Experience in the subject of concerned fellowship /certificate course</p> <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>Physiotherapist</td> <td>21.2.2000</td> <td>23.6.2015</td> <td>15 Yrs 4 months</td> </tr> <tr> <td>PT Section Incharge (for female patients)</td> <td>24.6.2015</td> <td>30.10.2019</td> <td>4 yrs 4 months</td> </tr> <tr> <td>Physiotherapist</td> <td>31.10.2019</td> <td>28.5.2020</td> <td>- 7 months</td> </tr> <tr> <td>Lecturer PT</td> <td>29.5.2020</td> <td>Till date</td> <td>2 yrs 2 months</td> </tr> </tbody> </table>	Designation	From	To	Total Period (Yrs. & Months)	Physiotherapist	21.2.2000	23.6.2015	15 Yrs 4 months	PT Section Incharge (for female patients)	24.6.2015	30.10.2019	4 yrs 4months	Physiotherapist	31.10.2019	28.5.2020	- 7 months	Lecturer PT	29.5.2020	Till date	2 yrs 2 months	Designation	From	To	Total Period (Yrs.& Months)	Physiotherapist	21.2.2000	23.6.2015	15 Yrs 4 months	PT Section Incharge (for female patients)	24.6.2015	30.10.2019	4 yrs 4 months	Physiotherapist	31.10.2019	28.5.2020	- 7 months	Lecturer PT	29.5.2020	Till date	2 yrs 2 months
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Lecturer PT	29.5.2020	Till date	2 yrs 2 months																																							
	Present Appointment	Lecturer Physiotherapy																																								
	Publications (list & Proof)	Naik, D., & Dolas , V. (2021). Comparison of electromyography activity of quadriceps muscle in persons with unilateral traumatic transibial amputation using patellar tendon bearing Supracondylar Endoskeletal prosthesis with the unaffected limb in weight bearing positions. International Journal of Clinical and Biomedical Research, 7(2), 1-5.																																								
	Post Graduate Teaching Experience (attached documentary evidence)	7 yrs																																								
	Any other relevant information	--																																								

Date: -

Name & Sign. of Mentor
Vaibhav Dolas

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.

संस्था म. सिग्न & स्टाम्प
शाखातल Head of the Department
श्री. आ. श्री. वि. सु. सं. राजी अंतर्गत: शिवाजी
Allp.M.R. Haja All. Mahalaxmi
मुंबई / Mumbai-400 034.



Sign & Stamp
Dean/Principal/ Director of Training Centre
Date: 22/10/22
शिवाजी अंतर्गत: शिवाजी
Haja All, K. Khadye Mg.,
शाखातल/ Mahalaxmi

ANNEXURE - "F"

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	Mrs. Sneha Saravanakumar			
	Date of Birth	5.3.1976			
	Address	13/302, Sector VII, CGHS Colony, Antop Hill, Mumbai – 400 037			
	Tel.No./ Mob No	24037816 9833493029			
	Email- id	snehask474@gmail.com			
	Nationality	Indian			
	Qualification in details: (attached document proof)	M.Sc. (Physiotherapy)			
	Teaching experience/ Medical: profession experience/ consultant Mentor(attached document proof with signature of Head)	A) General Experience : Designation From To Total Period (Yrs. & Months) Physiotherapist 3.9.02 Till 19 yrs 10 months B) Experience in the subject of concerned fellowship /certificate course Designation From To Total Period (Yrs.& Months) Physiotherapist 3.9.02 Till 19 yrs 10months			
	Present Appointment	Physiotherapist			
	Publications (list & Proof)	Sneha Saravanakumar, Anitha Kumaravelan, R Ravindran. Sagittal plane gait analysis in children with cerebral palsy spastic diplegia with crouch gait: A retrospective observational study. The Journal of Indian Association of Physiotherapists; 2021;15 (2): 74-80			
	Post Graduate Teaching Experience (attached documentary evidence)	7 Yrs			
	Any other relevant information	--			

Date: - 22/7/22

Sneha Saravanakumar
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.

Sankhye
22/07/22
संस्था म. व. Sign & Stamp
डा. स. म. वासुदेव
श्री. आ. श्री. वि. सु. सं. हाजी अली, महालक्ष्मी
AIPMR, Haji Ali, Mahalaxmi
मुंबई / Mumbai - 400 034.



Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: 22/7/22
Sneha Saravanakumar
श्री. आ. श्री. वि. सु. सं./A.I.P.M.R.
हाजी अली, के. खादये मग.
हाजी अली, महालक्ष्मी
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	Mrs. Anitha Kumaravelan																								
	Date of Birth	13.10.1980																								
	Address	3501/86, Sector-7, CGS Colony, Antop Hill, Mumbai 400 037.																								
	Tel.No./ Mob No	9820285788																								
	Email - id	anithakumaravelan@gmail.com																								
	Nationality	Indian																								
	Qualification in details: (attached document proof)	MPT(neurosciences)																								
	Teaching experience/ Medical: profession experience/ consultant Mentor(attached document proof with signature of Head)	<p>A) General Experience :</p> <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>Physiotherapist</td> <td>25.5.06</td> <td>10.9.21</td> <td>15 yrs 4 months</td> </tr> <tr> <td>Lecturer PT</td> <td>11.9.21</td> <td>Till date</td> <td>9 months</td> </tr> </tbody> </table> <p>B) Experience in the subject of concerned fellowship /certificate course</p> <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>Physiotherapist</td> <td>1.7.11</td> <td>10.9.21</td> <td>10 yrs 2months</td> </tr> <tr> <td>Lecturer PT</td> <td>11.9.21</td> <td>Till date</td> <td>9 months</td> </tr> </tbody> </table>	Designation	From	To	Total Period (Yrs. & Months)	Physiotherapist	25.5.06	10.9.21	15 yrs 4 months	Lecturer PT	11.9.21	Till date	9 months	Designation	From	To	Total Period (Yrs.& Months)	Physiotherapist	1.7.11	10.9.21	10 yrs 2months	Lecturer PT	11.9.21	Till date	9 months
Designation	From	To	Total Period (Yrs. & Months)																							
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Lecturer PT	11.9.21	Till date	9 months																							
Designation	From	To	Total Period (Yrs.& Months)																							
Physiotherapist	1.7.11	10.9.21	10 yrs 2months																							
Lecturer PT	11.9.21	Till date	9 months																							
	Present Appointment	Lecturer PT																								
	Publications (list & Proof)	Sneha Saravananakumar, Anitha Kumaravelan, R Ravindran. Sagittal plane gait analysis in children with cerebral palsy spastic diplegia with crouch gait: A retrospective observational study. The Journal of Indian Association of Physiotherapists; 2021;15 (2): 74-80																								
	Post Graduate Teaching Experience (attached documentary evidence)	5 yrs																								
	Any other relevant information	--																								

Date: - 22-07-22.

For the use of affiliated Training Center:

Name & Sign. of Mentor
Anitha
ANITHA KUMARAVELAN

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.

Sankhye
22-07-22
Sign & Stamp
राधा म. व. म. हेड ऑफ द डीपार्टमेंट
राज्यातील एडव्हाइजर / Lecturer & Head
भौतिक चिकित्सा विभाग/Physiotherapy
अ.म. भौ. वि. पु. सं., राजी अरी, महाराष्ट्र
A/1P.M.R, Haji Ali, Mahalaxmi
मुंबई / Mumbai -400 034.



Anitha
Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: 22-07-2022
निदेशक/DIRECTOR
अ.म. भौ. वि. पु. सं./A.I.P.M.R.
राजी अरी, के. खाड्ये मार्ग,
हाजी आलि, महाराष्ट्र
मुंबई/Mumbai -400 034.

ANNEXURE –“F”

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	Mrs. Shweta Mahashur			
	Date of Birth	17.10.1980			
	Address	904, Laburnum Mahindra Gardens, S.V.Road, Goregaon,(Wst), Mumbai- 400104.			
	Tel.No./ Mob No	9819188439			
	Email- id	shwetamahashur@gmail.com			
	Nationality	Indian			
	Qualification in details: (attached document proof)	BPT, DR (PT)			
	Teaching experience/ Medical: profession experience/ consultant Mentor(attached document proof with signature of Head)	A) General Experience :			
		Designation	From	To	Total Period (Yrs. & Months)
		Physiotherapist	Jan 2008	Till date	14 6 months
		B) Experience in the subject of concerned fellowship /certificate course			
		Designation	From	To	Total Period (Yrs.& Months)
		Physiotherapist	Jan 2008	Till date	14 6 months
	Present Appointment	Physiotherapist			
	Publications (list & Proof)	-			
	Post Graduate Teaching Experience (attached documentary evidence)	-			
	Any other relevant information	--			

Shweta Mahashur
SHWETA . A. MAHASHUR

Date: - 22/7/22

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.

Sandhya
संस्था म. वाराणसी & Stamp
मुख्याता एवं Head of the Department
श्री.म. श्री. वि. सु. सं. राजी असी, मंगलेश्वरी
AllPMR, Haji Ali, Maharashtra
मुंबई / Mumbai - 400 034.



Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: 22-7-22
श्री.म. श्री. वि. सु. सं. /A.I.I.P.M.R.
श्री.म. श्री. वि. सु. सं. के चान्दवे गार्ज,
Haji Ali, K. Knadaye Mg.,
मंगलेश्वरी/ Mahalaxmi
मुंबई/ Mumbai -400 034.

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	: Ravindran R.
02.	Date of Birth	: 10.10.1976
03.	Address	: 12/267, Sector 7, CGS Colony, Antop Hill, Mumbai – 400 037.
04.	Mob. No.	: 022-23544341 9820264446
05.	E-mail id	: ravindranlecturerpvt@gmail.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: MPT, DR(PT), PGDHM & HC, Ph.D Research Scholar, MUHS,Nashik
08.	Present Appointment	: Lecturer Physiotherapy
09.	Any other relevant information	-

Date: 22/10/2022

Sign. of Co-ordinator

Sign & Stamp

Signature

संस्था म. तालीम/Head of the Department

व्याख्याता म. तालीम/Physiotherapy Dept

Date: 22/10/2022

श्री. प्रो. वि. सु. सं. / Principal/ Director of Training Centre

श्री. प्रो. वि. सु. सं., हाजी अली, महालाखमि

मुंबई / Mumbai - 400 034.



Sign & Stamp

Signature

Dean/ Principal/ Director of Training Centre

Date: 22/10/2022

निदेशक/DIRECTOR

श्री. प्रो. वि. सु. सं./A.I.I.P.M.R.

हाजी अली, के. कनाडे मर्ग,

हाजी अली, के. कनाडे मर्ग,

हाजी अली, के. कनाडे मर्ग,

मुंबई/ Mumbai - 400 034.

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 **22nd** Day of **July** 20**22** At: **Mumbai**

Date: **2207-2022**
Place: **Mumbai**

Haji Ali

Signature of Dean/Principal/Director
Name of the Signatory **Dr ANNIL KUMAR GUPTA**
(With Seal of the Training Centre)



निदेशक/DIRECTOR
श्री. श्री. वि. सु. खं /A.I.I.P.M.R.
हाजी अली, के. खादये गार्ड,
Haji Ali, K. Khadye Mg.,
संगमेश्वरी/Mahalaxmi
मुंबई/Mumbai -400 034.