

Maharashtra University of Health Sciences, Nashik
Physiotherapy Faculty
Information of Subject-wise Intake as per College & University Recognition, Permitted
Seat-Matrix Chart Academic Year 2025- 2026

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

UG Degree/PG Degree	Intake as per University /Council	
	Degree	Degree
UG Degree (B.P.Th. /BPT)	N.A	N.A
PG Degree	Intake as per University /Council	Max. Seats Permitted by MUHS as per Teacher: Student Ratio
Musculoskeletal Physiotherapy	02	02
Neurophysiotherapy	04	04
Community Physiotherapy	-	-
Cardiovascular & Respiratory Physiotherapy	-	-
Sports Physiotherapy	-	-

Any Other, Please Specify (Any Increase /reductions in Seats allotted by University)



Dean/ Principal Stamp & Signature

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

Verified by the LIC Committee Members

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
Physiotherapy Faculty
INFRASTRUCTURE DETAILS OF COLLEGE AND HOSPITAL

Sr. No.	Particulars to be verified	Actual Available	Lacuna
College			
1	Land details (as per M.S.R.): Total land (Not less than 2 acres), (Owned or leased land), unitary or not, NA of all land, 7/12 extracts of all land, Constructed Area Details.....Sq.ft./Sq.mtr. (Applicable only to Private Colleges). (Verify land documents & Government permissions documents are uploaded on College Website.) (No Land/ Construction documents shall be submitted to the University. Only deficit information to be pointed out to the University).	N.A	Adequate
2	Dean office, Professor's Office, Associate Professor's Office, Assistant Professor's Office, Administrative Block as per M.S.R..	Yes/No	Adequate
3	All DEPARTMENTS (as per M.S.R.): Human Anatomy, Human Physiology, Electrotherapy & Electro diagnosis, Kinesiotherapy & Physical Diagnosis, Musculoskeletal Physiotherapy, Neuro Physiotherapy, Cardiovascular & Respiratory Physiotherapy, Community Physiotherapy	Yes/No	Adequate
4	College Library (as per M.S.R.): Area (1200 Sq.Ft.), Reading Rooms for Students, Staff Reading Room, Room for Books & Journals, Rooms for Librarian and Other Staff; Journal Room, Number of Computers with internet facility with minimum 15 nodes, Photocopier Machine, Total No. of books, Number of Journals: (Titles only), (Multiple volumes / issues of one title should be counted as ONE).	Yes/No	Adequate
	No. of books added in last year: No. of Journals titles added in last year: [Bills shall be verified by the Committee.]	Yes/No	Adequate
	Digital Library /e – Library availability	Yes/No	Adequate
	MUHS Digital Library Availed	Yes/No	Adequate
5	Details of all Lecture Theatres with Seating Capacity (as per M.S.R.) along with Aids including overhead projector, LCD Projector and a microphone / multi Podium system. There shall be provision for E-class. Lecture halls must have facilities for conversion into E-class/Virtual class for teaching.	Yes/No	Adequate
6	Conference Room for Faculty: (as per M.S.R.)	Yes/No	Adequate
7	Mini Auditorium: (15 Sq.Ft./Student) (as per M.S.R.)	Yes/No	Adequate
8	Class Rooms: (15 Sq.Ft./Student) (as per M.S.R.)	Yes/No	Adequate
9	Core Laboratories: (as per M.S.R.) Exercise Physiology & Fitness : Computerized Treadmill, Bicycle ergometer with speedometer, Skin fold caliper, Body composition analyzer, Weighing scale with height measurement, Spirometer, Peak flow meter, Energy Consumption analyzer, Pulse Oxymeter, ECG, Flutter, Inspiratory Muscle Trainer, Oxygen Cylinder, Nebulizer (ultrasonic), Nebulizer (Jet), Portable Suction Machine, B.P. Apparatus & Stethoscope, Shuttle Walk Test Software (Desirable).	Yes/No	Adequate
10	Physiotherapy Museum: (as per M.S.R.) (Desirable)	Yes/No	Adequate
11	Yoga / Clinical Skill Laboratory: (as per M.S.R.) Yoga Mats / Pediatric Mats / Mats for Training Neurotherapeutic Skills, Adjustable Manual Therapy Plinth, Therabands & Theratubes, Swiss balls, Stability Trainers, Sensory Assessment Kit, Balance Assessment & Training Equipment, Stools, Benches, Wheel Chairs, Stairs, Ramps For Training Transfers.	Yes/No	Adequate
12	University Examination Infrastructure: Strong Room for examination a) (Area- 1200 sq.ft, b) Shelf, c) Steel cupboard 1, d) CCTV, Photocopier Machine, Examination hall with benches, Parking Facility for University vehicle, Guest house facility	Yes/No	Adequate
13	Residential quarter facility for staff: Teaching, Non-teaching, Paramedical & Nursing staff	Yes/No	Adequate

14	Other facilities: Hospital Waste Management Unit, Research Cell, Intercom Network, Playground, P.T Teacher or Instructor, Common Rooms for Boys, Common Room for Girls, Cafeteria, Facility for indoor games, Gymnasium / Gymkhana Facility,.	Yes/No	Adequate
15	Hostel Facility: Boys (UG), Girls (UG), Interns, Canteen Facility, Warden/ Rector, Hygiene, etc. [Note: Verify Canteen Facility is monitored as per MUHS Circular No.18/2019 dated 19/03/2019.]	Yes/No	Adequate
<ul style="list-style-type: none"> As per Central Council Norms/ University Norms, above Infrastructure must be available at College and all information with photographs must be uploaded on College Website. If Infrastructure is available, then mark "Adequate" & do not attach any documents. In case of "Inadequate", it must be remarked as "Inadequate" with documentary evidence. 			

HOSPITAL			
16	Hospital Details	Actual Available	Lacuna
	Name of the Hospital : All India Institute of Physical Medicine and Rehabilitation	Yes/No	Adequate
	Bed Strength :55		
	Number of beds registered as per BNH act: Central Government Institute		
17	Clinical Facilities : Parent / Attached Hospital (Govt./Civil/Private) Must be within 10km. radius of the College		
a.	Total built up area of Hospital (in Sq.Ft.) : 13036.895 mtr/ 140327.970 Sq. Ft	Yes/No	Adequate
b.	Whether Hospital is registered under any act under Local Authority such as Corporation, Municipality, Gram Panchayat etc.: (Please attach copy of registration certificate)	Yes/No	Institute under Government of India
c.	Whether Casualty is available and functional :	Yes/No	N.A for PG
18	Required Beds (UG & PG) Indoor and Outdoor Facility (as per M.S.R.):	Yes/No	Adequate
19	Ambulances : Owned	Yes/No	Adequate
	Any other	--	--
<ul style="list-style-type: none"> As per Central Council Norms/ University Norms, above Infrastructure must be available at College and all information with photographs must be uploaded on College Website. If Infrastructure is available, then mark "Adequate" & do not attach any documents. In case of "Inadequate", it must be marked as "Inadequate" with documentary evidence. 			

Infrastructure

College Building: Own / Rented

Total built up area available for college building: 13036.895 Sq.mtr

intake capacity: 06

The below mentioned is Minimum Standard Requirement For UG

Space allotment	10 Intake	30 Intake	31 to 40 Intake	41 to 50 Intake	51 to 60 Intake	61 to 100 Intake	Actual available	La cuna
Administrative office with storage space	300	300	300	400	400	500		
Director/dean/principal /H.O.D.'s office	400	400	400	400	400	400		
Professor's office	NA	300	300	600	600	750		
Associate Professor's office	100	400	400	600	600	1000		
Assistant Professor's office	225	525	525	600	600	1275		
Conference room	300	300	300	300	500	500		
Mini Auditorium	1500	1500	1500	1500	1500	1600		
Anatomy	1200	1200	1200	1200	1500	1500		
Physiology	1200	1200	1200	1200	1500	1500		
Electrotherapy & Electrodiagnosis	1200	1200	1200	1200	1500	1500		
Kinesiology, Kinesiotherapy & Movement Sciences	1200	1200	1200	1200	1500	1500		
Clinical Skill Lab /Yoga Lab	1200	1200	1200	1200	1500	1500		
Therapeutic Gym	1200	1200	1200	1200	1500	1500		
Indoor-physiotherapy department	1200	1200	1200	1200	1200	1200		
Out-door physiotherapy department	5000	5000	5000	5000	6000	6000		
Recreational Area	600	600	1000	1200	1200	1200		
Library Space	300	600	900	1000	1200	2000		
Class Rooms (15 Sq Ft per student 1 class room for each year)	150 / Classroom	450 / Classroom	600 / Classroom	750 / Classroom	900 / Classroom	1500 / Classroom		
	600	1800	2400	3000	3600	6000		
Student Girls Common Rooms	600	500	800	1000	1000	1200		
Student Boys Common Rooms	250	250	250	400	400	600		
Final Year Departmental Area	1200	1200	1200	1500	1500	2000		
Total Available	19775	22075	23675	25900	29700	35225		

* In absence of attached Medical College: Library space should be 2000 Sq.Ft

(Handwritten Signature)

Dean/ Principal Stamp & Signature


निदेशक/DIRECTOR
अ.भा.पौ.चि.पु.सं./A.I.P.M.R.
हाजी अली, के. खाड्ये मार्ग,
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Verified by The LIC Committee Members

**Maharashtra University of Health Sciences, Nashik
Physiotherapy Faculty
Trust Deed / Bylaws / Registration Certificate
Registration Certificate (Trust / Hospital (Bombay Nursing Act))**

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

Name of Trust / Society		N.A
Registration Certificate		Trust / Society :- Hospital (Bombay Nursing Act) :- } NA
Name of the College / Institute (As per First Affiliation letter)	:	<u>All India Institute of Physical Medicine and Rehabilitation</u>
Address	:	K .Khadye Marg, Haji Ali, Mahalaxmi, Mumbai-400034
Email ID	:	director@aiipmr.gov.in
Telephone / Mobile No.(s)	:	022-23544341
Website	:	www.aiipmr.gov.in
College Code	:	161109
		MSK 6106900 Neuro 6106901



Dean/ Principal Stamp & Signature

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Verified by the LIC Committee Members

**Maharashtra University of Health Sciences, Nashik
Physiotherapy Faculty
Inspection Committee Report for Academic Year 2025-2026**

Details of Library

Faculty: - Physiotherapy

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

1	Total Books	5048
2	Last year purchase	25
3	Invoice & payment details	Attached
4	List of Journal subscribed year	13

Verified by the LIC Committee Members

Dean/ Principal Stamp & Signature

निदेशक/DIRECTOR
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Maharashtra University of Health Sciences, Nashik

Physiotherapy Faculty

Inspection Committee Report for Academic Year 2025- 2026

Clinical Material in HospitalName of College/Institute: All India Institute of Physical Medicine and Rehabilitation

Name of the Parent /attached Hospital: - N.A

Sr. No.	Particulars to be verified	Actual Available	Lacuna																																																																																											
a.	There must be a parent / attached Hospital with minimum 55 beds as per the Intake Capacity Indoor & Outdoor Facility with Physiotherapy exposure in the broad specialty areas including Intensive care to provide practical experience to the student.: (Refer Sr. No. C for Beds as per Intake Capacity)	Yes/No	Adequate																																																																																											
b.	The student to patient ratio should be minimum 1:5, the first part being student & second part patient.	Yes/No	Adequate																																																																																											
c.	The desirable breakup of beds shall be as follows : Student Patient Ratio (as per M.S.R., it must be 1:5) :	Yes/No	Adequate																																																																																											
	<table border="1"> <thead> <tr> <th>Sr.No.</th> <th>Specialty</th> <th>10 to 30 Intake</th> <th>31 to 40 Intake</th> <th>41 to 50 Intake</th> <th>51 to 60 Intake</th> <th>For 61 to 100 Intake</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>General Medicine</td> <td>30</td> <td>40</td> <td>50</td> <td>60</td> <td>100</td> </tr> <tr> <td>02</td> <td>General Surgery</td> <td>30</td> <td>40</td> <td>50</td> <td>60</td> <td>100</td> </tr> <tr> <td>03</td> <td>Orthopedics</td> <td>30</td> <td>50</td> <td>50</td> <td>60</td> <td>100</td> </tr> <tr> <td>04</td> <td>Obst & Gynac</td> <td>15</td> <td>20</td> <td>30</td> <td>30</td> <td>60</td> </tr> <tr> <td>05</td> <td>Pediatrics</td> <td>15</td> <td>20</td> <td>30</td> <td>30</td> <td>60</td> </tr> <tr> <td>06</td> <td>Medical ICU</td> <td>05</td> <td>05</td> <td>10</td> <td>10</td> <td>15</td> </tr> <tr> <td>07</td> <td>Surgical ICU</td> <td>05</td> <td>05</td> <td>10</td> <td>10</td> <td>15</td> </tr> <tr> <td>08</td> <td>PICU + NICU</td> <td>05</td> <td>05</td> <td>05</td> <td>10</td> <td>15</td> </tr> <tr> <td>09</td> <td>ICCU + RICU</td> <td>05</td> <td>05</td> <td>05</td> <td>10</td> <td>15</td> </tr> <tr> <td>10</td> <td>Burns Unit / ICU</td> <td>05</td> <td>05</td> <td>05</td> <td>10</td> <td>10</td> </tr> <tr> <td>11</td> <td>Emergency</td> <td>05</td> <td>05</td> <td>05</td> <td>10</td> <td>10</td> </tr> <tr> <td colspan="2">Total</td> <td>150</td> <td>200</td> <td>250</td> <td>300</td> <td>500</td> </tr> </tbody> </table>	Sr.No.	Specialty	10 to 30 Intake	31 to 40 Intake	41 to 50 Intake	51 to 60 Intake	For 61 to 100 Intake	01	General Medicine	30	40	50	60	100	02	General Surgery	30	40	50	60	100	03	Orthopedics	30	50	50	60	100	04	Obst & Gynac	15	20	30	30	60	05	Pediatrics	15	20	30	30	60	06	Medical ICU	05	05	10	10	15	07	Surgical ICU	05	05	10	10	15	08	PICU + NICU	05	05	05	10	15	09	ICCU + RICU	05	05	05	10	15	10	Burns Unit / ICU	05	05	05	10	10	11	Emergency	05	05	05	10	10	Total		150	200	250	300	500		
Sr.No.	Specialty	10 to 30 Intake	31 to 40 Intake	41 to 50 Intake	51 to 60 Intake	For 61 to 100 Intake																																																																																								
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Total		150	200	250	300	500																																																																																								
d.	Student : Bed Ratio (Undergraduate) : 1:5 N.A	Yes/No	Adequate																																																																																											
e.	Average Bed Occupancy in % : 49	Yes/No	Adequate																																																																																											
f.	Whether separate Registration room is available at OPD? Yes f. Number of total patients registered in last Year : 15465 g. Number of New Patients registered on daily average : 30 h. Number of Old patient registered on daily average : 35 i. Average Number of patients attending OPD (current year) : 134 (per day) j. Whether records of patient registration are well maintained :	Yes/No	Adequate																																																																																											
g.	Indoor Physiotherapy Department Areas as per Clinical Load and Intake: (as per M.S.R.) Clinical Load, Total Strength of Hospital Beds, Outdoor Physiotherapy Load per specialty, Indoor Physiotherapy Load per Specialty, Student : Patient ratio per Specialty.	Yes/No	Adequate																																																																																											
h.	Outdoor Physiotherapy Department Areas as per Clinical Load and Intake : (as per M.S.R.)	Yes/No	Adequate																																																																																											
l	Physiotherapy OPD Services (as per M.S.R.) : The hospital shall have functional physiotherapy department providing services on outpatient & in patient department at least since 12 Months prior application & shall maintain required OPD and IPD records for verification.	Yes/No	Adequate																																																																																											
	<ul style="list-style-type: none"> As per Central Council Norms/ University Norms, above Infrastructure must be available at College. If Infrastructure is available, then mark "Adequate" & do not attach any documents. In case of "Inadequate", it must be mark as "Inadequate" with evidence. If attached Hospitals provide valid MOU 																																																																																													

Verified by The LIC Committee Members

Dean/ Principal Stamp & Signature


 दिदेशक/DIRECTOR
 अ. मा. पी. चि. पु. सं. / A.I.I.P.M.R.
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Annexure- VI

DETAILS OF EQUIPMENT AND INSTRUMENTS REQUIRED FOR PHYSIOTHERAPY LABORATORY AS PER MSR

Faculty: Physiotherapy

YEAR 2025- 2026

Name of College: All India Institute of Physical Medicine and Rehabilitation College Code: 161109 (MSK: 6106900 ,Neuro: 6106901)

Equipment's required for laboratories (as per M.S.R.)		Particulars to be verified	Actual Available	Lacuna
Sr.No.			Yes/No	
01		<p>Electrotherapy &Electrodiagnosis(as per M.S.R.):Cubicles with Separate Power line (earthed), Hot Pack Unit (Machine), Hot Packs, Cold Pack Unit, Cold Packs, Paraffin Wax Bath (PWB), Open circuit Stimulator, Shortwave Diathermy - 500W, UVR Lamp (Floor Model), Ultrasound Unit, I.R. lamp, Whirlpool Bath (Desirable), Diagnostic Stimulators, TENS Unit, Interferential Current Therapy Unit (IFT), LASER Unit (Therapeutic) (Desirable), Cervical cum lumbar traction Units, Wall Mounted Cervical Traction Unit, Contrast Bath, Exam Couch, Two channelled EMG with IP analyzer, Biofeedback /multi stimulator.</p>	Yes/No	Adequate
02		<p>Kinesiotherapy (as per M.S.R.):Cubicles, Parallel Bar with Mirror, Wall Bar (In metal Frame), Stair Case (Straight Type - 60CM Wide), Suspension App., Tilt Table (Manual), Ergocycle, Rowing Machine, Exam Couch, Exercise Mat, Dumbells& Springs, Weightcuffsm Wedges, Sand Bags, Medicine Ball, Therabands, Swiss Ball (Physio Balls)55cms, 65cms, 75cms, 85cms, Hand Dynamometer, Hand Evaluation Kit, Delorme's Boot with weight, Hand Exercise Unit, CPM Unit, Shoulder Wheel, Finger ladder, Skates, Skate Board, Axillary / Elbow Crutches , Walkers, Canes, Gutter Crutch, Wobble Board, Equilibrium Board Pediatric and Adult, Quadriceps Table, Ankle Exerciser, Bed Cycle, Rachet, Wrist Roller / Wrist Exerciser, Therapeutic Folded Wheel Chair, Pelvic Inclonometers, B.P. Apparatus, Goniometer, Hammer, Yoga Mat.</p>	Yes/No	Adequate

A. Kulkarni

Dean/ Principal Stamp & Signature

निदेशक/DIRECTOR
 आ.आ.पी.फि.पु.स./A.I.I.P.M.R.
 पुणेची जली, कॅ. काश्यपे मार्ग,
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Verified by The LIC Committee Members

Maharashtra University of Health Sciences, Nashik

Physiotherapy Faculty

Name of College: All India Institute of Physical Medicine and Rehabilitation College Code: 161109

YEAR 2025 - 2026

(MSK: 6106900 ,Neuro: 6106901)

(i) Teaching Staff:

Sr. No.	Name Of Department	Intake	Principal cum Professor			Professor			Associate Professor			Assistant Professor			
			Req.	Exist	Deficit	Req.	Exist	Deficit	Req.	Exist	Deficit	Req.	Exist	Deficit	
1	Any Subject	Up to 10	01			N.A.			01				03		
		Upto 11 to 40	01			N.A.			N.A.				N.A.		
		Upto 41 to 60	01			N.A.			N.A.				N.A.		
		Upto 61 to 100	01			N.A.			N.A.				N.A.		
2	Electrotherapy & Electrodiagnosis	Up to 10	N.A.			N.A.			N.A.				N.A.		
		Upto 11 to 40	N.A.			N.A.			N.A.				02		
		Upto 41 to 60	N.A.			N.A.			01				02		
		Upto 61 to 100	N.A.			01*			01				02		
3	Kinesiotherapy & Physical Diagnosis	Up to 10	N.A.			N.A.			N.A.				N.A.		
		Upto 11 to 40	N.A.			N.A.			N.A.				01		
		Upto 41 to 60	N.A.			N.A.			01				02		
		Upto 61 to 100	N.A.			01*			01				03		
4	Physiotherapy in Musculoskeletal Sciences / Musculoskeletal Physiotherapy	Up to 10	N.A.			N.A.			N.A.				N.A.		
		Upto 11 to 40	N.A.			02**			01				01		
		Upto 41 to 60	N.A.			01			01				01		
		Upto 61 to 100	N.A.			01			02				03		
5	Physiotherapy in Neuro Sciences / Neuro Physiotherapy	Up to 10	N.A.			N.A.			N.A.				N.A.		
		Upto 11 to 40	N.A.			02**			01				01		
		Upto 41 to 60	N.A.			01			01				01		
		Upto 61 to 100	N.A.			01			02				03		
6	Physiotherapy in Cardiovascular Respiratory Sciences / Cardiovascular Respiratory Physiotherapy	Up to 10	N.A.			N.A.			N.A.				N.A.		
		Upto 11 to 40	N.A.			02**			01				01		
		Upto 41 to 60	N.A.			01			01				01		
		Upto 61 to 100	N.A.			01			02				03		
7	Physiotherapy in Community / Community Physiotherapy	Up to 10	N.A.			N.A.			N.A.				N.A.		
		Upto 11 to 40	N.A.			02**			01				01		
		Upto 41 to 60	N.A.			01			01				01		
		Upto 61 to 100	N.A.			01			02				03		
8	Sports Physiotherapy (For PG)	Up to 10	N.A.			N.A.			N.A.				N.A.		
		Upto 11 to 40	N.A.			N.A.			N.A.				N.A.		
		Upto 41 to 60	N.A.			N.A.			N.A.				N.A.		
		Upto 61 to 100	N.A.			N.A.			N.A.				N.A.		
TOTAL: 05		Up to 10													
TOTAL: 14		Upto 11 to 40													
TOTAL: 19		Upto 41 to 60													
TOTAL: 33		Upto 61 to 100													

Note : ' * ' Required anyone from Electrotherapy & Electrodiagnosis or Kinesiotherapy & Physical Diagnosis subjects.

' * * ' For Professor Cadre, Any Two out of 4 Clinical Subjects (Sr. No. 4 to 7) will be applicable as per approved Staffing Pattern & Advertisement by the University. (Kindly verify from MUHS Advertisement)

Sports Physiotherapy: Teaching Staff Shall be available with those Colleges who are conducting Sports Physiotherapy Course.

Date:

Verified by The LIC Committee Members

Dean/ Principal Stamp & Signature

निदेशक/DIRECTOR
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 मुंबई/Mumbai - 400 034.




Physiotherapy Faculty


DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved)

UG Degree/ PG Degree) AS ON: / /

Subject : Master of Physiotherapy (Neurophysiotherapy) Whether UG / UG+PG.....

Name of College All India Institute of Physical Medicine and Rehabilitation, College Code: 161109 (Neuro: 6106901) Intake Capacity 04 YEAR 2025 - 2026

S.N.	Name of the Teaching Staff	Designation	Mob. No.	E-mail ID	Date of Birth	Whether belong (if Yes, specify category)	Date of appointment	Teaching Experience			Total Teaching Experience in	Type of Appointment	University Approval Status (Yes/No)	Details of PG teacher Recognition by MUHS (Yes/No)		Photograph with Signature
								Asst prof	Asso .Prof	Prof.				Temp/Regular	Letter No. & date	
1	Mr. R. F. Avindran	Lecturer & HOD(PT)	9820264446	revindran _pt@aiip _mr.gov.in	10.10.1976	OBC	09.04.1999				25 Year	Regular	Yes	MUHS/PG/E- 6/6106/3104/ 15 dt 17/08/2015	 R. F. Avindran	
2	Mrs. Anitha Kumaravelan	Lecturer	9820285788	anithaku maravela n@gmail. com	13.10.1980	SC	25.05.2006				19 years	Regular	Yes	MUHS/PG/E- 6/1625/2022 dt. 6.9.2022	 Anitha	
3	Mrs. Divya Vivek Chawathe	Lecturer	8652666514	divya.sav ant86@g mail.com	13/11/1986	Open	15.04.2015 (Physiothera pist) 18.08.2022 (Lecturer)				9 years	Regular	No	-	 Divya	

4	Sheik Abdul Khadir AMIK	Lecturer	9029623747	sheikabd ulmpf@ gmail.com	01/12/1987	OBC	01.10.2013 (Physiothera pist) 18.08.2022 (Lecturer)				11 years	Regular	No	Regular		 A. A. K. S. S.
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- Note: The College shall submit one hard copy & soft copy (in Excel Format) of the list from Academic Online Teacher Database (OTD).

Verified by The LIC Committee Members

Signature of Dean / Principal

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK



Physiotherapy Faculty

DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved)

UG Degree/ PG Degree) AS ON:/...../.....

Subject: Master of Physiotherapy (Musculoskeletal Physiotherapy) Whether UG/ UG+PG.....

Name of College All India Institute of Physical Medicine and Rehabilitation College Code: 161109 (MSK: 6106900) Intake Capacity 02 YEAR 2025 - 2026

S.N.	Name of the Teaching Staff	Designation	Mob. No.	E-mail ID	Date of Birth	Whether helpme (If Yes, specify category)	Date of appointment	Teaching Experience			Total Teaching Experience in	Type of Appointment	University Approval Status (Yes/No)	Details of PG teacher Recognition by MUHS		Photograph with Signature
								UG (yrs)	Asst prof	Asso Prof				Temp/Regular	Letter No. & date	
1	Mr. Vaibhav Dolas	Lecturer	9820384812	vsdolas21@gmail.com	21.10.1972	SC	21.02.2000				24 Year	Regular	Yes	Regular	MUHS/P3/E-6/1682/2020 dt 13/12.2020	 

Note: The College shall submit one hard copy & soft copy (in Excel Format) of the list from Academic Online Teacher Database (OTD).

Signature of Dean / Principal

Verified by The LIC Committee Members

**Maharashtra University of Health Sciences, Nashik
Physiotherapy Faculty**

Information of Non-Teaching Staff Academic Year 2025 - 2026

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

Total Non-Teaching Staff required upto 1 To 40 students Physiotherapy College

PA / Academic Clerk	Storekeeper/ Junior Clerk			Registration and data entry Operator			Peon			Lab Assistant			Account Clerk			Librarian			Sweeper					
	Req	Ext	Def	Req	Ext	Def	Req	Ext	Def	Req	Ext	Def	Req	Ext	Def	Req	Ext	Def	Req	Ext	Def			
01	01	--	--	01	01	--	02	02	--	02	02	--	01	01	--	01	01	--	01	01	--			
TOTAL:-10																								

Req. - As per M.S.R. Ext. - Existing Def. - Deficiency

Total Non-Teaching Staff required upto 41 To 60 students Physiotherapy College

PA / Academic Clerk	Storekeeper/ Junior Clerk			Registration and data entry Operator			Peon			Lab Assistant			Account Clerk			Librarian			Sweeper					
	Req	Ext	Def	Req	Ext	Def	Req	Ext	Def	Req	Ext	Def	Req	Ext	Def	Req	Ext	Def	Req	Ext	Def			
02	01			01			02			04			01			02								

Req. - As per M.S.R. Ext. - Existing Def. - Deficiency

Total Non-Teaching Staff required upto 61 To 100 students Physiotherapy College

PA / Academic Clerk	Storekeeper/ Junior Clerk			Registration and data entry Operator			Peon			Lab Assistant			Account Clerk			Librarian			Sweeper					
	Req	Ext	Def	Req	Ext	Def	Req	Ext	Def	Req	Ext	Def	Req	Ext	Def	Req	Ext	Def	Req	Ext	Def			
03	02			01			03			04			02			03								

TOTAL

Req. - As per M.S.R. Ext. - Existing Def. - Deficiency



Verified by The LIC Committee Members

Dean/ Principal Stamp & Signature
निदेशक/DIRECTOR
 अ.भा.सौ.वि.सं./A.I.P.M.R.
 हाजी अली, के. खाडये मार्ग,
 हाजी अली, K. Khadye Marg,
 भगिरी/ Mahatma
 मुंबई/Mumbai - 400 034.

Maharashtra University of Health Sciences, Nashik
Physiotherapy Faculty

Year 2025- 2026

Information of Part time / Guest Faculty

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

Sr. No.	Name of the Teachers	Subject	Post
1	Mrs. Jaimala Shetye	Physiotherapy for cardiovascular & Respiratory disorders	Ex Asso Prof, PT School & Centre Seth GSMC & KEM Hospital
2	Mrs. Vimal Telang	Yoga Therapeutics & Community based Physiotherapy	Ex HOD, Dept of Physiotherapy, AIIPMR, Mumbai
3	Mrs. Urmila Kamath	Physiotherapy in Neonates	Consultant, Physiotherapist, Wadia Children's Hospital
4	Mrs. Manasi Alekar Bhave	Mobilization techniques	Musculoskeletal Physiotherapy Expert
5	Mrs. Anuradha Daptardar	Cancer Rehabilitation & PT management in Lymphedema	HOD, Dept of Physiotherapy Tata Memorial Hospital, Parel
6	Mr. S. Kingsley	Leprosy community service & Leprosy PT management	Physiotherapist Bombay leprosy project
7	Dr. Rakesh Singh	Progressive Neuro-Muscular disorders	Neurologist, J J Hospital, Mumbai
8	Dr. M.L. Saraf	Replacement arthroplasty	Orthopedic Surgen, Bombay Hospital
9	Dr. N.E Bharucha	Peripheral neuropathies / C.V.A / Epilepsy	Consultant, Neurologist, Bombay Hospital, Mumbai
10	Dr. Somshekar	Cardiac condition IHD	Consultant, Physician, CGHS, Mumbai

(Human Anatomy, Human Physiology, Biochemistry, Pathology, Microbiology, Pharmacology, Psychiatry including Psychology, Surgery-I, Surgery-II, Medicine-I, Medicine-II, Community Medicine & Sociology, Obstetrics & Gynecology, Dermatology, etc.... subjects Teachers)



Signature of Dean / Principal with Seal

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

Verified by The LIC Committee Members

Maharashtra University of Health Sciences, Nashik
Physiotherapy Faculty
Inspection Committee Report for Academic Year 2025 – 2026 Attendance
Details/ Research Details/ Welfare Scheme Details

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

1	Attendance	} Month-wise Biometric attendance to be uploaded by the college on College Website (No hard copies of attendance to be submitted to the University)
	Teaching Staff	
	Non-teaching staff	
	Hospital Staff	
	UG & PG Students	
2	Project	Nil
	Research Articles/Publications	02
	Research Award (Student/Teacher)	Nil
3	Utilization of Student Welfare Schemes :-	
	Earn and Learn Scheme	Nil
	Dhanwantri Vidyadhan Scheme	Nil
	Sanjivani Student Safety Scheme	Nil
	Student Safety Scheme	Nil
	Book Bank Scheme	Nil
	Savitribai Phule Vidyadhan Scheme	Yes
Bahishal Shikshan Mandal Scheme	Nil	
4	Sport participants/Other Activities:	
	i) Information of Student(s) who participated University level & State level Avishkar Competition.	Nil
	ii) Information of Student(s) who participated in Regional Sport Competition & State level Sports Competition.	Nil
	iii) Information of Student(s) who participated in Cultural Activities.	Nil
	iv) Does the college have NSS Unit?	Nil
5	Whether "Swaccha Bharat Abhiyan" implemented in college	Yes

Verified by The LIC Committee Members


Dean/ Principal Stamp & Signature

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

Maharashtra University of Health Sciences, Nashik
Physiotherapy Faculty
Inspection Committee Report for Academic Year 2025 – 2026
AISHE Certificate Details

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

College / Institute Code of AISHE C-13849-2023

Certificate Date with reference No.:- C-13849-2023

The Certificate details to be verified on the College web site

Verified by The LIC Committee Members



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

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

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

Date of Inspection	:	27/02/2025
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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 Physiotherapy	2015	5 (MUHS)+5 (All India)	List Attached
02				
03				
04				
05				

(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)
01	A.Y. 2024-25	Fellowship in Rehabilitation Physiotherapy (Credit based Curriculum)	10 (5 MUHS +5 All India)	05
02	A.Y. 2023-24	Fellowship Course in Rehabilitation Physiotherapy	10 (5 MUHS +5 All India)	NO Addimission from MUHS
03	A.Y. 2022-23	Fellowship Course in Rehabilitation Physiotherapy	10 (5 MUHS +5 All India)	02
04	A.Y. 2021-22	Fellowship Course in Rehabilitation Physiotherapy	10 (5 MUHS +5 All India)	02
05	A.Y. 2020-21	Fellowship Course in Rehabilitation Physiotherapy	10 (5 MUHS +5 All India)	04

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
Mentor List of Fellowship Course in Rehabilitation Physiotherapy
AS ON: 05/01/2024



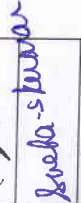

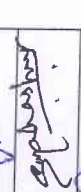


Course: Fellowship in Rehabilitation Physiotherapy


Course Code: 164102

Name of College: All India Institute of Physical Medicine and Rehabilitation, Mumbai

College Code: 161109

Intake Capacity- 10

S N	Name of the Teaching Staff	Designation	Mob. No.	E-mail ID	Date of Birth	Whether belongs to Reserved category (if Yes, specify category)	Date of appointment	Total Teaching Experienc e in the subject	Type of Appointment		University Approval Status (Yes/No)	Signature
									Temp/ Regular	Contractual		
1	Mr. R.Revindran	Lecturer & HOD PT	9820264446	ravindran.pt@ aiipmr.gov.in	10/10/1976	OBC	09.04.1999	25 Years	Regular	Regular	Yes	
2	Mr. Vaibhav Dolas	Lecturer	9820384812	vsdolas21@gmail.com	21/10/1972	SC	21.02.2000	24 Years	Regular	Regular	Yes	
3	Mrs.Sneha Saravankumar	Physiotherap ist	9833493029	snehas474@gmail.co m	05/03/1976	NO	03/09/2002	22 Years	Regular	Regular	Yes	
4	Mrs. Anitha Kumaravelan	Lecturer	9820285788	anithakumaravelan@g mail.com	13/10/1980	SC	25/05/2006	19 Years	Regular	Regular	Yes	
5	Mrs. Shweta Mahashu	Physiotherap ist	9819188439	shwetamahashur@gma il.com	17/10/1980	NO	08/01/2008	17 Years	Regular	Regular	Yes	
6	Mrs.Divya Chawathe	Lecturer	8652666514	divya.savant86@gmail. com	13/11/1986	NO	15/04/2015	9 Years	Regular	Regular	No	
7	Mr.Sheik Abdul Khadir AMK	Lecturer	9029623747	sheikabdulmpt@gmail. com	01/12/1987	OBC	01/10/2013	11 Years	Regular	Regular	No	


निदेशक/DIRECTOR
अ.भा.पी.चि.मु.स./A.I.P.M.S.
राजी अली, के. खाड़ये मार्ग,
Haji Ali, K. Khadye Mg.,
महालक्ष्मी/Mahalaxmi
मुंबई/Mumbai -400 034.

Information to be submitted with respect to newly appointed mentors

Professional Teaching Experience Certificate for Fellowship/Certificate Courses
Mentor

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

This to Certify that **Mr. Ravindran R** working in the Department of Physiotherapy

All India Institute of Physical Medicine & Rehabilitation Institute as per following details.


A) General Experience

Designation	From	To	Total period Year/Months	
Physiotherapist	09.04.1999	30.03.2015	16	--
Lecturer, Physiotherapy	31.03.2015	Till date	09 Years	10 months

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

Designation	From	To	Total period Year/Months	
Physiotherapist	09.04.1999	30.03.2015	16	--
Lecturer, Physiotherapy	31.03.2015	Till date	09 Years	10 months

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



Sign & Stamp

Head of the Department

Date: / /2025

प्राध्यापक एवं प्रधान/Lecturer & Head

भौतिक चिकित्सा विभाग

Physiotherapy Dept.

अ. भा. भौ. चि. पु. सं., हाजी अली, महालक्ष्मी,

AIIPMR, Haji Ali, Mahalaxmi,

मुंबई/Mumbai - 400 034.



Sign & Stamp

Dean/Principal/ Head of Institute

Date: / /2025

निदेशक/DIRECTOR

अ. भा. भौ. चि. पु. सं./A.I.P.M.R.

हाजी अली, के. खाडये मार्ग,

Haji Ali, K. Khadye Mg.,

महालक्ष्मी/Mahalaxmi

मुंबई/Mumbai - 400 034.

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

Information to be submitted with respect to newly appointed mentors

Professional Teaching Experience Certificate for Fellowship/Certificate Courses
Mentor

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

This to Certify that **Mr. Vaibhav Shrikant Dolas** working in the Department of Physiotherapy

All India Institute of Physical Medicine & Rehabilitation Institute as per following details.

A) General Experience

Designation	From	To	Total period Year/Months	
Physiotherapist	21.02.2000	23.06.2015	15	04 months
Physiotherapy Section Incharge (for male patients)	24.06.2015	29.10.2019	04 Years	04 months
Physiotherapist	30.10.2019	28.05.2020	--	07 months
Lecturer	29.05.2020	Till date	04 Years	08 months

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

Designation	From	To	Total period Year/Months	
Physiotherapist	21.02.2000	23.06.2015	15	04 months
Physiotherapy Section Incharge (for male patients)	24.06.2015	29.10.2019	04 Years	04 months
Physiotherapist	30.10.2019	28.05.2020	--	07 months
Lecturer	29.05.2020	Till date	04 Years	08 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 **प्राध्यापक एवं प्रधान/Lecturer & Head**

Head of the Department **भौतिक चिकित्सा विभाग**

Date: / /2025

Physiotherapy Dept.

अ. भा. भौ. चि. पु. सं., हाजी अली, महालक्ष्मी,

A.I.P.M.F. हा. जे. महालक्ष्मी,

मुंबई/Mumbai - 400 034.

Sign & Stamp

Dean/Principal/ Head of Institute

Date: / /2025

निदेशक/DIRECTOR

अ. भा. भौ. चि. पु. सं./A.I.P.M.F.

हाजी अली, के. खाड़ये मार्ग,

हाजी अली, के. खाड़ये मार्ग,

महालक्ष्मी/Mahalaxmi

मुंबई/Mumbai - 400 034.

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

Information to be submitted with respect to newly appointed mentors

Professional Teaching Experience Certificate for Fellowship/Certificate Courses
Mentor

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

This to Certify that **Mrs. Anitha Kumaravelan** working in the Department of Physiotherapy

All India Institute of Physical Medicine & Rehabilitation Institute as per following details.

A) General Experience

Designation	From	To	Total period Year/Months	
Physiotherapist	25.05.2006	10.09.2021	15	04 months
Lecturer Physiotherapy	11.09.2021	Till date	03 Years	05 months

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

Designation	From	To	Total period Year/Months	
Physiotherapist	25.05.2006	10.09.2021	15	04 months
Lecturer Physiotherapy	11.09.2021	Till date	03 Years	05 months

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

Sign & Stamp **प्राध्यापक एवं प्रधान/Lecturer & Head**

Head of the Department **भौतिक चिकित्सा विभाग**

Date: / /2025

Physiotherapy Dept.

अ.भा.भौ.चि.पु.सं., हाजी अली, महालक्ष्मी,

AllPMR, Haji Ali, Mahalaxmi,

मुंबई/Mumbai - 400 034.

Sign & Stamp

Dean/Principal/ Head of Institute

Date: / /2025

निदेशक/DIRECTOR

अ.भा.भौ.चि.पु.सं./A.I.I.P.M.R.

हाजी अली, के. खाडये मार्ग,

Haji Ali, K. Khadye Mg.,

महालक्ष्मी/Mahalaxmi

मुंबई/Mumbai - 400 034.

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

Information to be submitted with respect to newly appointed mentors

Professional Teaching Experience Certificate for Fellowship/Certificate Courses
Mentor

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

This to Certify that **Mrs. Sneha Saravanakumar** working in the Department of Physiotherapy
All India Institute of Physical Medicine & Rehabilitation Institute as per following details.


A) General Experience

Designation	From	To	Total period Year/Months	
Physiotherapist	September, 2002	Till date	22	05 months

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

Designation	From	To	Total period Year/Months	
Physiotherapist	September, 2002	Till date	22	05 months

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



Sign & Stamp **प्राध्यापक एवं प्रधान/Lecturer & Head**

Head of the Department **भौतिक चिकित्सा विभाग**

Date: / /2025

Physiotherapy Dept.

अ. भा. भौ. चि. पु. सं., हाजी अली, महालक्ष्मी,

AIIPMR, Haji Ali, Mahalaxmi,

मुंबई / Mumbai - 400 034.

Sign & Stamp

Dean/Principal/ Head of Institute

Date: / /2025



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

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

Information to be submitted with respect to newly appointed mentors

Professional Teaching Experience Certificate for Fellowship/Certificate Courses
Mentor

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

This to Certify that **Mrs. Shweta Mahashur** working in the Department of Physiotherapy

All India Institute of Physical Medicine & Rehabilitation Institute as per following details.

A) General Experience

Designation	From	To	Total period Year/Months	
Physiotherapist	8 th Jan 2008	Till date	17	01 months

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

Designation	From	To	Total period Year/Months	
Physiotherapist	8 th Jan 2008	Till date	17	01 months

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

Handwritten signature

Sign & Stamp **प्राध्यापक एवं प्रधान/Lecturer & Head**

Head of the Department **भौतिक चिकित्सा विभाग**

Date: / /2025

Physiotherapy Dept.

अ. भा. भौ. चि. पु. सं., हाजी अली, महालक्ष्मी,

A.I.P.M.R. Haji Ali, Mahalaxmi,

मुंबई/Mumbai - 400 034.

Sign & Stamp

Dean/Principal/ Head of Institute

Date: / /2025

निदेशक/DIRECTOR

अ. भा. भौ. चि. पु. सं./A.I.I.P.M.R.

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Haji Ali, K. Khadye Mg.,

महालक्ष्मी/Mahalaxmi

मुंबई/Mumbai - 400 034.

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

Information to be submitted with respect to newly appointed mentors

Professional Teaching Experience Certificate for Fellowship/Certificate Courses
Mentor

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

This to Certify that **Mrs. Divya Vivek Chawathe** working in the Department of Physiotherapy
All India Institute of Physical Medicine & Rehabilitation Institute as per following details.

A) General Experience

Designation	From	To	Total period Year/Months	
Physiotherapist	15.04.2015	17.08.2022	07	04 months
Lecturer Physiotherapy	18.08.2022	Till date	02 Years	04 months

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

Designation	From	To	Total period Year/Months	
Physiotherapist	15.04.2015	17.08.2022	07	04 months
Lecturer Physiotherapy	18.08.2022	Till date	02 Years	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)



Sign & Stamp **प्राध्यापक एवं प्रधान/Lecturer & Head**

Head of the Department **भौतिक चिकित्सा विभाग**

Date: / /2025

Physiotherapy Dept.

अ. भा. भौ. चि. पु. सं., हाजी अली, महालक्ष्मी,

AIIPMR, Haji Ali, Mahalaxmi,

मुंबई/Mumbai - 400 034.

Sign & Stamp

Dean/Principal/ Head of Institute

Date: / /2025



निदेशक/DIRECTOR

अ. भा. भौ. चि. पु. सं./A.I.I.P.M.R.

हाजी अली, के. खाड्ये मार्ग,

Haji Ali, K. Khadye Mg.,

महालक्ष्मी/Mahalaxmi

मुंबई/Mumbai - 400 034.

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

Information to be submitted with respect to newly appointed mentors

Professional Teaching Experience Certificate for Fellowship/Certificate Courses
Mentor

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

This to Certify that **Mr. Sheik Abdul Khadir AMK** working in the Department of Physiotherapy
All India Institute of Physical Medicine & Rehabilitation Institute as per following details.

A) General Experience

Designation	From	To	Total period Year/Months	
Physiotherapist	01.10.2013	17.08.2022	08	10 months
Lecturer Physiotherapy	18.08.2022	Till date	02 Years	04 months

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

Designation	From	To	Total period Year/Months	
Physiotherapist	01.10.2013	17.08.2022	08	10 months
Lecturer Physiotherapy	18.08.2022	Till date	02 Years	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)

Sign & Stamp **प्राध्यापक एवं प्रधान/Lecturer & Head**
Head of the Department **शारीरिक चिकित्सा विभाग**
Date: / /2025 **Physiotherapy Dept.**
अ. भा. भौ. चि. पु. सं., हाजी अली, महालक्ष्मी,
AllPMR, Haji Ali, Mahalaxmi,
मुंबई/Mumbai - 400 034.

Sign & Stamp
Dean/Principal/ Head of Institute
Date: / /2025 **निदेशक/DIRECTOR**
अ. भा. भौ. चि. पु. सं./A.I.I.P.M.R.
हाजी अली, के. खाड्ये मार्ग,
Haji Ali, K. Khadye Mg.,
महालक्ष्मी/Mahalaxmi
मुंबई/Mumbai - 400 034.

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