

YEAR 2022-2023

Faculty: Physiotherapy.Name of College: Tanmayi College of Physiotherapy, Satana. College Code: 06162

(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	02	—	03	04	—
		Upto 11 to 40	01			N.A.			N.A.			N.A.		
		Upto 41 to 60	01	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: 10/07/2022.

Principal Stamp & Signature

Tanmayi College of Physiotherapy
Satana, Tal. Baglan Dist. Nashik



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

UNIVERSITY NAME

दिंडोरी रोड, म्हास्रुळ, नाशिक ४२२००४

Dindori Road, Mhasrul, Nashik - 422004 Tel: 0253-2539118/212/214, 6659118/212/214

Email : preexam@muhs.ac.in Website: www.muhs.ac.in

Teacher Approval Application Format

Faculty

Physiotherapy

Department

Subject

A	TEACHER'S INFORMATION				
Teacher Name :		MAYUR CHANDRASHEKHAR KOTABAGI			
DOB		09-02-1987			
Mobile No		8275402556			
Gender		Male			
Email Id		mayurkotabagi781@gmail.com			
Category		OPEN			
Current Working College		Tanmayi College of Physiotherapy, Satana, Nashik			
Current Designation					
Type of Appointment					
Name Change Document					
B	QUALIFICATION DETAILS				
Qualifications (Diploma, Graduate, Postgraduate, Superspeciality)	Qualification	University Name	Year	Documents uploaded in OTD (Yes / No)	
Post Graduate Degree	Master of Physiotherapy	Rajiv Gandhi University of Health Sciences Karnataka	2013		
Graduate	Bachelor of Physiotherapy	Rajiv Gandhi University of Health Sciences Karnataka	2010		
C	State Council Registration / Central Council Registration Details (if applicable)				
It is certified that my UG & PG qualifications registered with Central Council/ State Council and relevant documents have been uploaded in OTD.					
State Council Registration Number					
Central Council Registration Number					

D	Current Academic Experience Details		
Course	Designation	From	Approved
		01-01-1970	No
I have uploaded relevant Experience Certificate documents in OTD			
E	Research Article Publications		
I hereby certify that my publications meets criteria prescribed by the Central Council/ University and details of publications are as under:			
Designation	National	International	
No. Of Publications	0		
NOTE: "*" It is mandatory to upload these documents in OTD.			
F	List of Documents:		
No.	Documents to be uploaded in OTD	Verification by College Yes / No	Verification by MUHS Yes / No
01	UG Degree Certificate		
02	PG Degree Certificate		
03	Name Change Certificate (Gazette Copy / Affidavit / Marriage Certificate)		
04	Date of Birth Certificate		
05	Latest Appointment order		
06	Joining Report by Teacher		
07	Experience certificate		
08	Resignation Letter		
9	Relieving order/ Letter		
10	Caste Certificate, if applicable		
11	Caste Validity Certificate, if applicable		
12	Non-creamy layer Certificate, if applicable		
13	MUHS UG approval letter		
14	MUHS PG Teacher Recognition letter		
G	Undertaking of the Teacher		
<ul style="list-style-type: none"> • I have uploaded my qualification, experience, registration details in Academic online Teachers Database. • I hereby submit that information furnished by me is true and authentic & if any information or document is found false or forged at any time, the University has right to initiate action against me. 			
Place:-			
Date:-			
Name and Signature of the Teacher			
H	Undertaking of the Dean/Principal		

It is submitted that educational documents, experience and publication documents of the aforesaid teacher have been verified and it is certified that, aforesaid teacher fulfills eligibility criteria as prescribed by the Central Council & University for current designation.

- It is also certified that aforesaid teacher have uploaded relevant documents viz. Qualifications, Experience & Publication documents in Academic Online Teachers Database. In case if any document(s) is found false / forge then Dean / Principal shall initiated suitable against such Teacher.
- I certify that information furnished is true & correct.

Place:-

Date:-



[Signature]
Dean

Tanmayi College of Physiotherapy

Satana, Tal. Baglan Dist. Nashik

Signature & Stamp of Dean/Principal

Stamp Name of College

For Office use only:

On scrutiny of proposal, it is observed as under:

1. Eligible to grant "Approval" as per University norms.
2. Not Eligible. Kindly specify reasons:

Clerk

Faculty In charge



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
UNIVERSITY NAME

दिंडोरी रोड, म्हास्रुळ, नाशिक ४२२००४

Dindori Road, Mhasrul, Nashik - 422004 Tel: 0253-2539118/212/214/6659118/212/214

Email : preexam@muhs.ac.in Website: www.muhs.ac.in

Teacher Approval Application Format

Faculty Physiotherapy Department Kinesiotherapy & Physical Diagnosis Subject Kinesiotherapy & Physical Diagnosis

TEACHER'S INFORMATION				
A				
Teacher Name :	SUNETRA SUBHASH CHAUDHARI			
DOB	05-08-1993			
Mobile No	8275520164			
Gender	Female			
Email Id	sunetra05@gmail.com			
Category	Other Backward Class			
Current Working College	Tanmayi College of Physiotherapy, Satana, Nashik			
Current Designation				
Type of Appointment	Temp. For 1 Year			
Name Change Document				
B				
QUALIFICATION DETAILS				
Qualifications (Diploma, Graduate, Postgraduate, Superspeciality)	Qualification	University Name	Year	Documents uploaded in OTD (Yes / No)
Post Graduate Degree	M.P.T. IN NEUROPHYSIOTHERAPY	Maharashtra university of health sciences	2018	
Post Graduate Degree	M.P.T. IN NEUROPHYSIOTHERAPY	MUHS	2018	
C				
State Council Registration / Central Council Registration Details (if applicable)				
It is certified that my UG & PG qualifications registered with Central Council/ State Council and relevant documents have been uploaded in OTD.				
State Council Registration Number	2018/02/PT/006500		17-02-2018	
Central Council Registration Number				

Current Academic Experience Details			
Course	Designation	From	Approved
Bachelor of Physiotherapy		01-01-1970	No

I have uploaded relevant Experience Certificate documents in OTD

E	Research Article Publications
I hereby certify that my publications meets criteria prescribed by the Central Council/ University and details of publications are as under:	

Designation	National	International
No. Of Publications	0	

NOTE: "*" It is mandatory to upload these documents in OTD.

F	List of Documents:
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Sr. No.	Documents to be uploaded in OTD	Verification by College Yes / No	Verification by MUHS Yes / No
01	UG Degree Certificate		
02	PG Degree Certificate		
03	Name Change Certificate (Gazette Copy / Affidavit / Marriage Certificate)		
04	Date of Birth Certificate		
05	Latest Appointment order		
06	Joining Report by Teacher		
07	Experience certificate		
08	Resignation Letter		
9	Relieving order/ Letter		
10	Caste Certificate, if applicable		
11	Caste Validity Certificate, if applicable		
12	Non-creamy layer Certificate, if applicable		
13	MUHS UG approval letter		
14	MUHS PG Teacher Recognition letter		

G	Undertaking of the Teacher
<ul style="list-style-type: none"> I have uploaded my qualification, experience, registration details in Academic online Teachers Database. I hereby submit that information furnished by me is true and authentic & if any information or document is found false or forged at any time, the University has right to initiate action against me. 	
Place:-	
Date:-	

Name and Signature of the Teacher

H	Undertaking of the Dean/Principal
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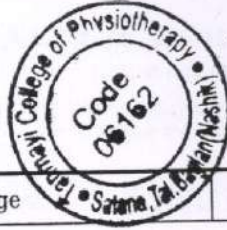
is submitted that educational documents, experience and publication documents of the aforesaid teacher have been verified and it is certified that, aforesaid teacher fulfills eligibility criteria as prescribed by the Central Council & University for current designation.

• It is also certified that aforesaid teacher have uploaded relevant documents viz. Qualifications, Experience & Publication documents in Academic Online Teachers Database. In case if any document(s) is found false / forge then Dean / Principal shall initiated suitable against such Teacher.

• I certify that information furnished is true & correct.

Place:- Satara

Date:- 04/08/2022



Tanmay
Dean
College of Physiotherapy
Satara, Dist. Nashik

Seal & Stamp Name of College

Signature & Stamp of Dean/Principal

For Office use only:

On scrutiny of proposal, it is observed as under:

1. Eligible to grant "Approval" as per University norms.
2. Not Eligible. Kindly specify reasons:

Clerk

Faculty In charge



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

UNIVERSITY NAME

दिंडोरी रोड, म्हास्रुळ, नाशिक ४२२००४

Dindori Road, Mhasrul, Nashik - 422004 Tel: 0253-2539118/212/214/6659118/212/214

Email : preexam@muhs.ac.in Website: www.muhs.ac.in

Teacher Approval Application Format

Faculty

Physiotherapy

Department

Subject

A	TEACHER'S INFORMATION				
Teacher Name :		TUSHAR KARBHARI DHATRAK			
DOB		02-06-1985			
Mobile No		9921264880			
Gender		Male			
Email Id		tushardhatrak49@gmail.com			
Category		OPEN			
Current Working College		Tanmayi College of Physiotherapy, Satana, Nashik			
Current Designation					
Type of Appointment					
Name Change Document					
B	QUALIFICATION DETAILS				
Qualifications (Diploma, Graduate, Postgraduate, Superspeciality)		Qualification	University Name	Year	Documents uploaded in OTD (Yes / No)
Post Graduate Degree		Master of Physiotherapy	DEEMED UNIVERSITY PUNE	2012	
Graduate		Bachelor of Physiotherapy	SIKKIM MANIPAL UNIVERSITY	2009	
C	State Council Registration / Central Council Registration Details (if applicable)				
It is certified that my UG & PG qualifications registered with Central Council/ State Council and relevant documents have been uploaded in OTD.					
State Council Registration Number					
Central Council Registration Number					

Current Academic Experience Details

Course	Designation	From	Approved
		01-01-1970	No

I have uploaded relevant Experience Certificate documents in OTD

E Research Article Publications

I hereby certify that my publications meets criteria prescribed by the Central Council/ University and details of publications are as under:

Designation	National	International
No. Of Publications	0	

NOTE: "*" It is mandatory to upload these documents in OTD.

F List of Documents:

No.	Documents to be uploaded in OTD	Verification by College Yes / No	Verification by MUHS Yes / No
01	UG Degree Certificate		
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05	Latest Appointment order		
06	Joining Report by Teacher		
07	Experience certificate		
08	Resignation Letter		
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10	Caste Certificate, if applicable		
11	Caste Validity Certificate, if applicable		
12	Non-creamy layer Certificate, if applicable		
13	MUHS UG approval letter		
14	MUHS PG Teacher Recognition letter		

G Undertaking of the Teacher

- I have uploaded my qualification, experience, registration details in Academic online Teachers Database.
- I hereby submit that information furnished by me is true and authentic & if any information or document is found false or forged at any time, the University has right to initiate action against me.

Place:-

Date:-

Name and Signature of the Teacher

H Undertaking of the Dean/Principal

submitted that educational documents, experience and publication documents of the aforesaid teacher have been verified
it is certified that, aforesaid teacher fulfills eligibility criteria as prescribed by the Central Council & University for current
signation.

It is also certified that aforesaid teacher have uploaded relevant documents viz. Qualifications, Experience & Publication
documents in Academic Online Teachers Database. In case if any document(s) is found false / forge then Dean / Principal shall
initiated suitable against such Teacher.

• I certify that information furnished is true & correct.

Place:- Satana.

Date:- 04/08/2022



Yande
Dean

Tanmayi College of Physiotherapy
Satana, Tal. Baglan Dist. Nashik

Seal & Stamp Name of College

Signature & Stamp of Dean/Principal

For Office use only:

On scrutiny of proposal, it is observed as under:

1. Eligible to grant "Approval" as per University norms.
2. Not Eligible. Kindly specify reasons:

Clerk

Faculty In charge



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

UNIVERSITY NAME

दिंडोरी रोड, म्हास्रुळ, नाशिक ४२२००४

Dindori Road, Mhasrul, Nashik - 422004 Tel: 0253-2539118/212/214/6659118/212/214

Email : preexam@muhs.ac.in Website: www.muhs.ac.in

Teacher Approval Application Format

Faculty

Physiotherapy

Department

Subject

A	TEACHER'S INFORMATION				
Teacher Name :		YOGESH SURESH VYAS			
DOB		03-07-1983			
Mobile No		8275844880			
Gender		Male			
Email Id		yogeshvyas510@gmail.com			
Category		OPEN			
Current Working College		Tanmayi College of Physiotherapy, Satana, Nashik			
Current Designation					
Type of Appointment					
Name Change Document					
B	QUALIFICATION DETAILS				
Qualifications (Diploma, Graduate, Postgraduate, Superspeciality)		Qualification	University Name	Year	Documents uploaded in OTD (Yes / No)
Post Graduate Degree		Master of Physiotherapy	Deemed University	2010	
Graduate		Bachelor of Physiotherapy	Maharashtra University of Health Sciences Nashik	2007	
C	State Council Registration / Central Council Registration Details (if applicable)				
It is certified that my UG & PG qualifications registered with Central Council/ State Council and relevant documents have been uploaded in OTD.					
State Council Registration Number		2010/06/PT/000972		25-03-2010	
Central Council Registration Number					

Current Academic Experience Details			
Course	Designation	From	Approved
		01-01-1970	No

I have uploaded relevant Experience Certificate documents in OTD

E Research Article Publications

I hereby certify that my publications meets criteria prescribed by the Central Council/ University and details of publications are as under:

Designation	National	International
No. Of Publications	0	

NOTE: "*" It is mandatory to upload these documents in OTD.

F List of Documents:

No.	Documents to be uploaded in OTD	Verification by College Yes / No	Verification by MUHS Yes / No
01	UG Degree Certificate		
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06	Joining Report by Teacher		
07	Experience certificate		
08	Resignation Letter		
9	Relieving order/ Letter		
10	Caste Certificate, if applicable		
11	Caste Validity Certificate, if applicable		
12	Non-creamy layer Certificate, if applicable		
13	MUHS UG approval letter		
14	MUHS PG Teacher Recognition letter		

G Undertaking of the Teacher

- I have uploaded my qualification, experience, registration details in Academic online Teachers Database.
- I hereby submit that information furnished by me is true and authentic & if any information or document is found false or forged at any time, the University has right to initiate action against me.

Place:-

Date:-

Name and Signature of the Teacher

H Undertaking of the Dean/Principal

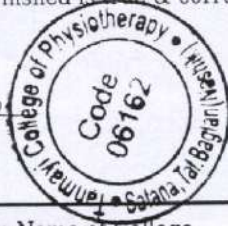
submitted that educational documents, experience and publication documents of the aforesaid teacher have been verified. It is certified that, aforesaid teacher fulfills eligibility criteria as prescribed by the Central Council & University for current signation.

It is also certified that aforesaid teacher have uploaded relevant documents viz. Qualifications, Experience & Publication documents in Academic Online Teachers Database. In case if any document(s) is found false / forge then Dean / Principal shall initiated suitable against such Teacher.

• I certify that information furnished is true & correct.

Place:- Satana

Date:- 04/08/2022




Dean

**Tanmayi College of Physiotherapy
Satana, Tal. Baglan Dist. Nashik**

Seal & Stamp Name of College

Signature & Stamp of Dean/Principal

For Office use only:

On scrutiny of proposal, it is observed as under:

1. Eligible to grant "Approval" as per University norms.
2. Not Eligible. Kindly specify reasons:

Clerk

Faculty In charge



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

UNIVERSITY NAME

दिंडोरी रोड, म्हास्रुळ, नाशिक ४२२००४

Dindori Road, Mhasrul, Nashik - 422004 Tel: 0253-2539118/212/214/6659118/212/214

Email : preexam@muhs.ac.in Website: www.muhs.ac.in

Teacher Approval Application Format

Faculty

Physiotherapy

Department

Subject

A	TEACHER'S INFORMATION			
Teacher Name :		SAGAR ULHAS MAHAJAN		
DOB		10-01-1982		
Mobile No		7057467770		
Gender		Male		
Email Id		mahajansagar529@gmail.com		
Category		OPEN		
Current Working College		Tanmayi College of Physiotherapy, Satana, Nashik		
Current Designation				
Type of Appointment				
Name Change Document				
B	QUALIFICATION DETAILS			
Qualifications (Diploma, Graduate, Postgraduate, Superspeciality)	Qualification	University Name	Year	Documents uploaded in OTD (Yes / No)
Post Graduate Degree	Master of Physiotherapy	University of Pune	2007	
Graduate	Bachelor of Physiotherapy	Maharashtra University of Health Sciences Nashik	2004	
C	State Council Registration / Central Council Registration Details (if applicable)			
It is certified that my UG & PG qualifications registered with Central Council/ State Council and relevant documents have been uploaded in OTD.				
State Council Registration Number		2010/06/PT/001032	11-05-2017	
Central Council Registration Number				

Current Academic Experience Details			
Course	Designation	From	Approved
		01-01-1970	No

I have uploaded relevant Experience Certificate documents in OTD

E	Research Article Publications
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I hereby certify that my publications meets criteria prescribed by the Central Council/ University and details of publications are as under:

Designation	National	International
No. Of Publications	0	

NOTE:*** It is mandatory to upload these documents in OTD.

F	List of Documents:
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S. No.	Documents to be uploaded in OTD	Verification by College Yes / No	Verification by MUHS Yes / No
01	UG Degree Certificate		
02	PG Degree Certificate		
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04	Date of Birth Certificate		
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07	Experience certificate		
08	Resignation Letter		
9	Relieving order/ Letter		
10	Caste Certificate, if applicable		
11	Caste Validity Certificate, if applicable		
12	Non-creamy layer Certificate, if applicable		
13	MUHS UG approval letter		
14	MUHS PG Teacher Recognition letter		

G	Undertaking of the Teacher
<p>• I have uploaded my qualification, experience, registration details in Academic online Teachers Database.</p> <p>• I hereby submit that information furnished by me is true and authentic & if any information or document is found false or forged at any time, the University has right to initiate action against me.</p> <p>Place:-</p> <p>Date:-</p>	

Name and Signature of the Teacher

H	Undertaking of the Dean/Principal
---	-----------------------------------

It is submitted that educational documents, experience and publication documents of the aforesaid teacher have been verified and it is certified that, aforesaid teacher fulfills eligibility criteria as prescribed by the Central Council & University for current designation.

• It is also certified that aforesaid teacher have uploaded relevant documents viz. Qualifications, Experience & Publication documents in Academic Online Teachers Database. In case if any document(s) is found false / forge then Dean / Principal shall initiated suitable against such Teacher.

• I certify that information furnished is true & correct.

Place:-

Date:-



[Signature]
Dean

Tanmayi College of Physiotherapy
Satana, Tal. Baglan Dist. Nashik

Seal & Stamp Name of College

Signature & Stamp of Dean/Principal

For Office use only:

On scrutiny of proposal, it is observed as under:

1. Eligible to grant "Approval" as per University norms.

2. Not Eligible. Kindly specify reasons:

Clerk

Faculty In charge



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

UNIVERSITY NAME

दिंडोरी रोड, म्हास्रुळ, नाशिक ४२२००४

Dindori Road, Mhasrul, Nashik - 422004 Tel: 0253-2539118/212/214/6659118/212/214

Email : preexam@muhs.ac.in Website: www.muhs.ac.in

Teacher Approval Application Format

Faculty

Physiotherapy

Department

Subject

A	TEACHER'S INFORMATION				
Teacher Name :		PREM JITESHKUMAR SHAH			
DOB		29-06-1990			
Mobile No		9028179003			
Gender		Male			
Email Id		premshah462@gmail.com			
Category		OPEN			
Current Working College		Tanmayi College of Physiotherapy, Satana, Nashik			
Current Designation					
Type of Appointment					
Name Change Document					
B	QUALIFICATION DETAILS				
Qualifications (Diploma, Graduate, Postgraduate, Superspeciality)		Qualification	University Name	Year	Documents uploaded in OTD (Yes / No)
Graduate		Bachelor of Physiotherapy	Rajiv Gandhi University of Health Science Karnataka	2011	
Post Graduate Degree		Master of Physiotherapy	Nitte University	2014	
C	State Council Registration / Central Council Registration Details (if applicable)				
It is certified that my UG & PG qualifications registered with Central Council/ State Council and relevant documents have been uploaded in OTD.					
State Council Registration Number		00	01-01-0001		
Central Council Registration Number					

D	Current Academic Experience Details		
Course	Designation	From	Approved
		01-01-1970	No
I have uploaded relevant Experience Certificate documents in OTD			
E	Research Article Publications		
I hereby certify that my publications meets criteria prescribed by the Central Council/ University and details of publications are as under:			
Designation	National	International	
No. Of Publications	0		
NOTE:"*" It is mandatory to upload these documents in OTD.			
F	List of Documents:		
Sr. No.	Documents to be uploaded in OTD	Verification by College Yes / No	Verification by MUHS Yes / No
01	UG Degree Certificate		
02	PG Degree Certificate		
03	Name Change Certificate (Gazette Copy / Affidavit / Marriage Certificate)		
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11	Caste Validity Certificate, if applicable		
12	Non-creamy layer Certificate, if applicable		
13	MUHS UG approval letter		
14	MUHS PG Teacher Recognition letter		
G	Undertaking of the Teacher		
<ul style="list-style-type: none"> • I have uploaded my qualification, experience, registration details in Academic online Teachers Database. • I hereby submit that information furnished by me is true and authentic & if any information or document is found false or forged at any time, the University has right to initiate action against me. 			
Place:-			
Date:-			
Name and Signature of the Teacher			
H	Undertaking of the Dean/Principal		

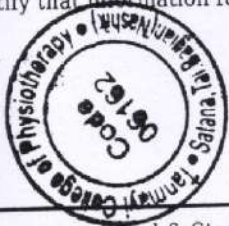
is submitted that educational documents, experience and publication documents of the aforesaid teacher have been verified. It is certified that, aforesaid teacher fulfills eligibility criteria as prescribed by the Central Council & University for current signation.

It is also certified that aforesaid teacher have uploaded relevant documents viz. Qualifications, Experience & Publication documents in Academic Online Teachers Database. In case if any document(s) is found false / forge then Dean / Principal shall initiated suitable against such Teacher.

• I certify that information furnished is true & correct.

Place:-

Date:-



[Signature]
Dean

Tanmayi College of Physiotherapy
Satana, Tal. Baglan Dist. Nashik

Seal & Stamp Name of College

Signature & Stamp of Dean/Principal

For Office use only:

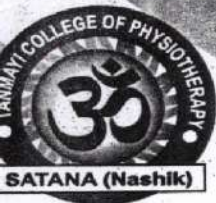
On scrutiny of proposal, it is observed as under:

1. Eligible to grant "Approval" as per University norms.
2. Not Eligible. Kindly specify reasons:

.....
Faculty In charge

Clerk





Shree Someshwar Maharaj Sanchalit

TANMAYI COLLEGE OF PHYSIOTHERAPY

SATANA, Dist. Nashik - 423 301

Affiliated By Govt of Maharashtra. MUHS Nashik Maharashtra

Ph.No.(02555) 223938 Mob.9049693221, 9921264880, 7057467770



Email. tanmayiophysiotherapy29@gmail.com

Email. rgangurde5@gmail.com

Outward No. TCP / Acad / 58 / 2022

Date : 05/08/2022

To,
The Registrar,
Maharashtra University of Health Sciences,
Mhasrul, Vani - Dindori Road,
Nashik-422

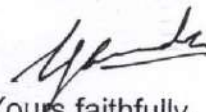
**Subject :- Submission of Staff Selection Committee Report of Tanmayi
College of Physiotherapy, Satana.**

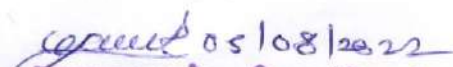
Respected Sir,

As per the subject and reference cited above, the staff selection committee interviews for various vacant posts at Tanmayi College of Physiotherapy, Satana, Nashik - 422 103 on 04/08/2022. The detail report of the same along with all the required documents is submitted herewith for your kind approval.

I request you to kindly do the needful at your earliest.

Thanking you in anticipation,


Yours faithfully,


महाराष्ट्र आरोग्य विज्ञान विद्यापीठ
महसूल, वणी-दिंडोरी रोड, नाशिक - 422 008