YEAR 2022-2023

Name of College: Tanmayi College Code: 6.6162

sching Staff: of physiothelapy, 3 at ana,

(i) Teaching Staff:

Sr.	Name Of Department	Intake		cipal c		P	rofesso	or	1.7	Associa Profess		Assistant Professor		
Vo.	Maine Or Department		Req.	water of the state of	Deficit	Req.	Exist	Deficit	Req.	Exist	Deficit	Req.	Exist	Defici
		Up to 10	01			N.A.			01	02	-	03	04	_
1 A	Any Subject	Upto 11 to 40	01			N.A.			N.A.			N.A.		
-	rany outoject	Upto 41 to 60	01	01	-	N.A.			N.A.			N.A.		
		Upto 61 to 100	01		-	N.A.			N.A.			N.A.		
		Up to 10	N.A.			N.A.			N.A.			N.A.		
	Electrotherapy &	Upto 11 to 40	N.A.			N.A.			N.A.			02		
2	Electrodiagnosis	Upto 41 to 60	N.A.			N.A.			01			02		
		Upto 61 to 100	N.A.			01*		1	01			02		
	Kinesiotherapy &	Up to 10	N.A.			N.A.			N.A.			N.A.		
	Physical Diagnosis	Upto 11 to 40	N.A.			N.A.			N.A.			01	1	
3		Upto 41 to 60	N.A.			N.A.	2507 1271		01			02	-	
	3 10	Upto 61 to 100	N.A.			01*			01			03		
-	Physiotherapy in	Up to 10	N.A.			N.A.			N.A.			N.A.		
	Musculoskeletal	Upto 11 to 40	N.A.			02**			01			01		
4	Sciences /	Upto 41 to 60	N.A.			01			01			01		
	Musculoskeletal Physiotherapy	Upto 61 to 100	N.A.			01			02			03		
	Physiotherapy in	Up to 10	N.A.			N.A.			N.A.			N.A.		
	Neuro Sciences /	Upto 11 to 40	N.A.			02**			01			01		
5	Neuro Physiotherapy	Upto 41 to 60	N.A.			01			01			01		
		Upto 61 to 100	N.A.			01			02			03		
	Physiotherapy in	Up to 10	N.A.			N.A.			N.A.			N.A.		
	Cardiovascular	Upto 11 to 40	N.A.			02**			01			01		
	Respiratory Sciences /	Upto 41 to 60	N.A.			01		8	01			01		
6	Cardiovascular Respiratory Physiotherapy	Upto 61 to 100	N.A.			01			02			03		
	Physiotherapy in	Up to 10	N.A.			N.A.			N.A.		199	N.A.		
	Community /	Upto 11 to 40	N.A.			02**			01			01		-
7	Community	Upto 41 to 60	N.A.			01			01			01		-
	Physiotherapy	Upto 61 to 100	N.A.			01			02			03		-
	Sports Physiotherapy	Up to 10	N.A.			N.A.			N.A.			N.A.	_	-
	(For PG)	Upto 11 to 40	N.A.			N.A.			N.A.			N.A.	-	-
8		Upto 41 to 60	N.A.			N.A.			N.A.			N.A.	-	-
		Upto 61 to 100	N.A.			N.A.			N.A.			N.A.		-
atrone	TOTAL: 05	Up to 10												-
-	TOTAL: 14	Upto 11 to 40												
-	TOTAL: 19	Upto 41 to 60					T							
-	TOTAL: 33	Upto 61 to 100	-	THE REAL PROPERTY.	-	-	-							

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

Date 10/07/2022.

Deap Pricipal Stamp & Signature Tanmayi College of Physiotherapy Şatana, Tal. Baglan Dist. Nashik

F: PT Updated on 30032022 Annexure-VII - Chart of Teaching Staff doc

^{*** &#}x27; 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.



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक UNIVERSITY_NAME

दिडोरी रोड,म्हसरूळ, 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	TEACH	ER'S I	NFORMAT	ION				
Teacher Name :	MA	YUR CH	IANDRASHE	KHAR KOTABA	GI			
DOB	09-	09-02-1987						
Mobile No	827	8275402556						
nder	Ma	ale		diana tes				
Email Id	ma	yurkota	bagi781@gm	ail.com				
Category	OP	PEN						
Current Working College	Ta	nmayi C	ollege of Phys	siotherapy, Sat	ana, Nasi	hik		
Current Designation								
Type of Appointment								
Name Change Document								
В	QUALI	IFICAT	TION DETA	AILS				
Qualifications (Diploma, Graduate, Postgraduate, Superspeciality)	Qualification	U	University Name		Year	Documents uploaded in OTD (Yes / No)		
st Graduate Degree	Master of Physiotherap		ajiv Gandhi U ealth Science		2013			
Graduate	Bachelor of Physiother	apy Ra	ajiv Gandhi U ealth Science	niversity of s Karnataka	2010			
C State Counci	l Registration / Cen	tral C	ouncil Reg	jistration D	etails	(if applicable)		
It is certified that my UG &	PG qualifications regis documents have l	stered been u	with Centr ploaded in	al Council/ S OTD.	State Co	ouncil and relevan		
State Council Registration	Number				condition			
Central Council Registrati	on Number	TA 16						

)		Curr	ent Academic Expe	rience Details				
Course		Designation	From		Approved			
		The second of the Second	01-01-1970		No			
have uplo	aded relevant	Experience Certificate docu	ments in OTD					
E		1	Research Article Pu	icle Publications				
I here	by certify th	at my publications me details	ets criteria prescribe of publications are as	d by the Central Counci s under:	l/ University and			
Designa	tion	form and a celling	National	Internation	nal			
0.000	Publication	S	0					
er, - Annae, -		to upload these documents	s in OTD.					
F			List of Docum	ents:				
No.	Document	s to be uploaded in (OTD	Verification by College Yes / No	Verification by MUHS Yes / No			
01	UG Degree Co	ertificate						
02	PG Degree Ce	ertificate						
03	Name Change Certificate (Gazette Copy / Affidavit / Marriage Certificate)							
04	Date of Birth	Certificate						
05	Latest Appoir	ntment order						
06	Joining Repor	rt by Teacher						
07	Experience c	ertificate						
08	Resignation I	Letter						
9	Relieving ord	ler/ Letter						
10	Caste Certific	cate, if applicable						
11	Caste Validit	y Certificate, if applicable						
12	Non-creamy	layer Certificate, if applicat	ole					
13	MUHS UG a	pproval letter						
14	MUHS PG Te	eacher Recognition letter						
G			Undertaking of the	he Teacher				
 I hereb 	y submit that in	nalification, experience, reg information furnished by me sity has right to initiate action	is true and authentic & i	mic online Teachers Database f any information or documer	e. nt is found false or forge			
				Name and	d Signature of the Teach			
Н		-	ndertaking of the		MALE WALLEY			

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

· 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.

Date:- 0

Tanmayi College of Physiotherapy

Salana, Tal. Daglan Dist. Nashik Signature & Stamp of Dean/Principal

Stamp Name of College

For Office use only:

On scrutiny of proposal, it is observed as under:

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

Clerk



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक UNIVERSITY_NAME

दिडोरी रोड.म्हसरूळ, 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

A FIT IN		TE	ACHER'S INFOR	MATION		•			
eacher Nar	ne :		SUNETRA SUBHASH CHAUDHARI						
OOB		67.	05-08-1993						
Mobile No			8275520164						
nder			Female *						
	mail Id			sunetra05@gmail.com					
ategory			Other Backward Cl	lass					
Current Working College			Tanmayi College o	f Physiotherapy,	Satana, Nashi	k .			
Current De									
Type of Appointment			Temp. For 1 Year						
	nge Document								
В			QUALIFICATION DETAILS						
Qualificati Graduate,	ons (Diploma, Postgraduate,	Qualification	on	University Name	Year	Documents uploaded in OTD (Yes / No)			
Superspec		M.P.T. IN NEU	ROPHYSIOTHERAPY	Maharastra university of he sciences	ealth 2018				
n 10 1 1	- Dearboo	M.P.T. IN NEU	JROPHYSIOTHERAPY	MUHS	2018				
Post Graduat	Chata Counci	1 Registration	n / Central Counc	il Registrati	on Details	(if applicable)			
С	fied that my UG &	DC qualificatio	ns registered with	Central Cour	icil/ State C	ouncil and relevar			
It is certif	ned that my UG &	document	s have been uploa	ded in OTD.					
State Cou	ıncil Registration	Number	2018/02/PT/006500 17		17-02-2018				
	ouncil Registrati								

		Current Academ	From		Approved
ourse		Designation	ATEMOTERS.		No
	Physiotherapy		01-01-1970		140
have uplo	aded relevant Experience Certifi				
			ticle Publication		
I here	by certify that my publicat	ions meets criteria pa details of publication	rescribed by the Cas are as under:	Central Counci	l/ University and .
Designa	tion	Nation	nal	Internation	nal ,
No. Of P	ublications	. 0			
NOTE:"*"	It is mandatory to upload these o	locuments in OTD.			9-34 E -
F			Documents:		1
No.	Documents to be uploa	ded in OTD		fication by ege Yes / No	Verification by MUHS Yes / No
01	UG Degree Certificate				
02	PG Degree Certificate				
03	Name Change Certificate (Gaze Certificate)	ette Copy / Affidavit / Mar	riage		٠
04	Date of Birth Certificate				
05-	Latest Appointment order	V A			
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 ap				
12	Non-creamy layer Certificate,	if applicable			
13	MUHS UG approval letter				
14	MUHS PG Teacher Recognition				
G			ing of the Teach		
· I hereb	uploaded my qualification, exper y submit that information furnis ne, the University has right to in	hed by me is true and aut	s in Academic online hentic & if any inform	Feachers Datab as nation or docume	e. nt is found false or forge
		35:		Name an	d Signature of the Teac
1 2 1 2					William Service Servic

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

• 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.

Satano

Date: 04/08/2022

nysiotha Seal & Stamp Name of College

Satara, Lini agun Dist Nashik

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



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक UNIVERSITY NAME

दिंडोरी रोड,म्हसरूळ, 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		TEAC	CHER'S	INFORMATION					
Teacher Na	me :	· · · · · · · · · · · · · · · · · · ·	TUSHAR KARBHARI DHATRAK						
DOB			02-06-1985						
Mobile No		*	9921264	880					
nder	installativ pe un	latter product	Male						
Email Id			tushardh	atrak49@gmail.com					
Category			OPEN						
Current Working College			Tanmayi	College of Physiotherapy, S	Satana, N	ashik			
Current De	signation								
Type of App	pointment								
Name Char	nge Document								
В		QU	ALIFICA	TION DETAILS					
	ons (Diploma, Postgraduate, iality)	Qualification	1	University Name	Year	Documents uploaded in OTD (Yes / No)			
t Graduate	Degree	Master of Physio	therapy	DEEMED UNIVERSITY PUNE	2012				
Graduate		Bachelor of Phys	iotherapy	SIKKIM MANIPAL UNIVERSITY	2009				
С	State Council	Registration / C	entral C	ouncil Registration	Details	(if applicable)			
It is certific	ed that my UG & P	G qualifications re documents ha	egistered ve been u	with Central Council/uploaded in OTD.	State C	ouncil and relevant			
State Coun	ncil Registration	Number							
Central Co	uncil Registratio	n Number							

1	Curr	ent Academic Expe	rience Details	
burse	Designation	From		Approved
		01-01-1970		No
have uplo	paded relevant Experience Certificate docu	ments in OTD		
Ξ		Research Article Pu	blications	
I here	eby certify that my publications medetails	ets criteria prescribed of publications are as	d by the Central Counci	l/ University and
Designa	ition	National	Internation	nal
No. Of I	Publications	0		
NOTE:"*"	It is mandatory to upload these documents	in OTD.		
F	A Confession Association	List of Docum	ents:	
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 / Certificate)			
04	Date of Birth Certificate			
05	Latest Appointment order			
06	Joining Report by Teacher			7
07	Experience certificate			
08	Resignation Letter		,	
9	Relieving order/ Letter			
10	Caste Certificate, if applicable	1		
11	Caste Validity Certificate, if applicable			
12	Non-creamy layer Certificate, if applicab	le		
13	MUHS UG approval letter			
14	MUHS PG Teacher Recognition letter			
G		Undertaking of th	e Teacher	
· I hereby	iploaded my qualification, experience, regi y submit that information furnished by me ne, the University has right to initiate actio	is true and authentic & if	nic online Teachers Database any information or documen	e. t is found false or forged
			Name and	Signature of the Teache
U	71.	ndertaking of the D		
Н	L	udertaking of the D	ean/rimeipai	

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

At is also certified that aforesaid teacher have uploaded relevant documents viz. Qualifications, Experience & Publication ocuments 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: Satang.

Date: 04/08/2022

Seal & Stamp Name of College

Tanmayi College of Physiotherapy Satana, Tai. Bagian Dist. Nashik

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:



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक UNIVÊRSITY NAME

दिडोरी रोड,म्हसरूळ, 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

Subject **Faculty** Department Physiotherapy

A		Т	EACHER'S	INFORMATION	I					
Teacher N	lame :		YOGESI	H SURESH VYAS						
DOB			03-07-1983							
Mobile No)		827584	8275844880						
nder	learuager (a. 1816) e en	Maria di Nasa	Male	Male						
Email Id	d Soton Profited		yogesh	yas510@gmail.com						
Category	O Distance Conference	OPEN								
Current Working College			Tanmay	ri College of Physioth	erapy, S	atana, N	ashik			
Current D	Designation									
Type of A	ppointment									
Name Cha	ange Document									
В			QUALIFICA	TION DETAILS						
-	tions (Diploma, , Postgraduate, ciality)	Qualifica	tion	University Name		Year	Documents uploaded in OTE (Yes / No)			
st Gradua	te Degree	Master of Pl	nysiotherapy	Deemed University		2010				
Graduate		Bachelor of	Physiotherapy	Maharashtra Univer Health Sciences N		2007				
С	State Council	Registration	n / Central (Council Registr	ation I	Details	(if applicable)			
It is certi	ified that my UG & F	G qualificatio document	ns registered s have been	d with Central Co uploaded in OTD	ouncil/ S	State C	ouncil and relevant			
State Con	uncil Registration	Number	2010/06/PT/0	0/06/PT/000972 25-0						
Central (Council Registratio	n Number	REPORT							

State Council Registration Number	2010/06/PT/000972	25-03-2010	
Central Council Registration Number			

		Curre	nt Academic Expe	nence Details	,
ourse	Design	ation	From		Approved
		Look of Table	01-01-1970		No
have uplo	aded relevant Experience	Certificate docum	ents in OTD		
		R	esearch Article Pu	blications	Selection to 1
I here	by certify that my pu	blications meet details of	s criteria prescribed publications are as	l by the Central Counc under:	il/ University and
esigna	tion	201-201-001	National	Internatio	nal
	Publications		0		
an libe 2 Percent Chan	It is mandatory to upload	these documents i	n OTD.		
7			List of Docume	ents:	
No.	Documents to be u	ploaded in O	ГD	Verification by College Yes / No	Verification by MUHS Yes / No
-3'				Conege 1es / 10	110110 100 111
01	UG Degree Certificate PG Degree Certificate				
03	Name Change Certificate Certificate)	e (Gazette Copy / /	Affidavit / Marriage		
04	Date of Birth Certificate		Manager 1		
05	Latest Appointment orde	er			
06	Joining Report by Teach				
07	Experience certificate				
08	Resignation Letter		FIRST AND A		
9	Relieving order/ Letter				
10	Caste Certificate, if app	icable			
11	Caste Validity Certificat	e, if applicable			
12	Non-creamy layer Certif	icate, if applicable	9		
13	MUHS UG approval lett	er			
14	MUHS PG Teacher Rec	ognition letter			
G			Undertaking of th	e Teacher	
· I hereb	uploaded my qualification, y submit that information ne, the University has righ	furnished by me is	s true and authentic & if	nic online Teachers Databas any information or docume	ee. nt is found false or forge
				Name an	d Signature of the Teach
				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 lignation.

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: 00/08/2020

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

Seal & Stamp Name of College

wsiotherap

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



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक UNIVERSITY NAME

दिंडोरी रोड,म्हसरूळ, 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 TEACHER'S INFORMATION Teacher Name: SAGAR ULHAS MAHAIAN DOB 10-01-1982 Mobile No 7057467770 nder Male **Email Id** mahajansagar529@gmail.com Category **Current Working College** Tanmayi College of Physiotherapy, Satana, Nashik **Current Designation** Type of Appointment Name Change Document B QUALIFICATION DETAILS Qualifications (Diploma, Documents Graduate, Postgraduate, Qualification **University Name** Year uploaded in OTD Superspeciality) (Yes / No) Post Graduate Degree Master of Physiotherapy University of Pune 2007 Maharashtra University of Graduate Bachelor of Physiotherapy 2004 Health Sciences Nashik 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

	Cur	rent Academic Expe	rience Details	
ourse	Designation	From		Approved
		01-01-1970		No
nave uplo	aded relevant Experience Certificate doc	uments in OTD		
	0.90 (3)	Research Article Pu	blications	
I here	by certify that my publications me details	eets criteria prescribed of publications are as	d by the Central Council under:	/ University and
esigna		National	Internation	nal
-	Publications	0		
in artist in a line by the second	It is mandatory to upload these documen	ts in OTD.		
	it is manuatory to uploud these document	List of Docum	ents:	
7			Verification by	Verification by
No.	Documents to be uploaded in	OTD	College Yes / No	MUHS Yes / No
01	UG Degree Certificate	NATURE OF THE STATE OF THE STAT		
02	PG Degree Certificate			
03	Name Change Certificate (Gazette Cop Certificate)	y / Affidavit / Marriage		
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 applic	able		
13	MUHS UG approval letter			
14	MUHS PG Teacher Recognition letter			
G		Undertaking of t		
. I herek	uploaded my qualification, experience, roy submit that information furnished by rome, the University has right to initiate ac	ne is true and authentic &	mic online Teachers Databas if any information or docume	e. nt is found false or forge
			Nome on	d Signature of the Teac
				a Signature of the read
Н		Undertaking of the	Dean/Principal	

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

• 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. mation furnished is true & correct.

Place:-

Date:-

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

eal & 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



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक UNIVERSITY NAME

दिंडोरी रोड,म्हसरूळ, 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

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

Ď		Cur	rent Academic Exp	erience Details				
Course	Des	signation	From		Approved			
THE S	Terracing to the last		01-01-1970		No			
have uplo	aded relevant Experi	ence Certificate doc	uments in OTD					
E	18 N. S.		Research Article P	icle Publications				
I here	by certify that my	publications me details	eets criteria prescrib of publications are a	ed by the Central Counc as under:	il/ University and			
Designa	tion		National	Internation	nal			
	Publications		0					
	It is mandatory to up	load these document	s in OTD.					
F			List of Docu	ments:				
Sr. No.	Documents to l	be uploaded in	OTD	Verification by College Yes / No	Verification by MUHS Yes / No			
01	UG Degree Certifica	ite						
02	PG Degree Certifica							
03			/ Affidavit / Marriage					
04	Date of Birth Certifi	cate						
05	Latest Appointment	order						
06	Joining Report by Te	eacher						
07	Experience certifica	ite						
08	Resignation Letter							
9	Relieving order/ Let	ter						
10	Caste Certificate, if	applicable						
2 11	Caste Validity Certi	ficate, if applicable						
12	Non-creamy layer C	Certificate, if applica	ble					
13	MUHS UG approva	l letter						
14	MUHS PG Teacher	Recognition letter						
G			Undertaking of	the Teacher				
· I hereby	ploaded my qualifica v submit that informa ne, the University has	tion furnished by me	e is true and authentic &	emic online Teachers Databas if any information or docume	e. nt is found false or forged			
				Name an	d Signature of the Teache			
Н		т	Indertaking of the					

s 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

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.

Seal & Stamp Name of College

Place:-

Date:-

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

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:

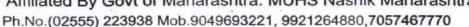
Clerk





TANMAYI COLLEGE OF PHYSIOTHERAPY

SATANA, Dist. Nashik - 423 301
Affiliated By Govt of Maharashtra. MUHS Nashik Maharashtra





Email. tanmayiphysiotherapy29@gmail.com

Email. rgangurde5@gmail.com

Outward No. TCP / Acad / 57/2022

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,

पहाराष्ट्र आरोग्य बिझानं विद्यापीछ महाराष्ट्र आरोग्य बिझानं विद्यापीछ महसरूक, वणी-दिंडोरी रोब, नाशिक -४२२ ००%