MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved) UG Degree/ PG Degree) AS ON: /01/2024

Faculty: Physiotherapy

Subject : Electrotherapy

UG

Name of College: St. Andrews College of Physiotherapy College Code: 162113

Intake Capacity: 40

						Whether belongs to Reserved category (if Yes, specify category)		Tea		Experie	nce	T-1-1	Type of Appointment	Univers		FPG teacher on by MUHS	Photograph with Signature
Sr. No.	Name of the Teaching Staff	Designation	Mob. No.	E-mail ID	Date of Birth		Date of appointment	Asst. prof.	Asso. Prof.	(yrs)	Total	Total Teaching Experi ence in years of PG	Temp√Regular Contractual	ity Approv al Status (Yes/No)	Temp/	Letter No. & date	
1	Dr.Tejaswini Jadhav	Asist. Professor	8766797566	tejaswinijadhav6 3@gmail.com	11-11-1996		01-09-2022	1 year 4 months	0		1 year 4 months		Regular	Yes			
2	Dr. Poonam Navbade	Asist. Professor	9021408876	naubadepoonam @gmail.com	25-08-1995		01-09-2023	4 months			4 months		Regular	No			19



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved) UG Degree/ PG Degree) AS ON: / 01 / 2024

Faculty: Physiotherapy

Subject : Kinesiotherapy

UG

Name of College: St. Andrews College of Physiotherapy College Code: 162113

Intake Capacity: 40

						(if Yes, appointment Asso	e	Total Teaching	Type of Appointment	Univers ity	Details of PG teacher Recognition by MUHS (Yes/No)		Photograph with Signature				
Sr. No.	Name of the Teaching Staff	Designation	Mob. No.	E-mail ID	Date of Birth		appointment	Asst. prof.		Prof.	Total	Experi ence in years of PG	Temp√Regular Contractual	Approv al Status (Yes/No	Temp/ Regular	Letter No. & date	
1	Dr. Albin Jerome	Principal	9840418383	albinjerome@gm ail.com	02-03-1980		15-02-2018	7 years 10months	2 years 3 months	8 years 1 months	18 years 1 months		Regular	Yes			
2	Dr.Kirti Thodge	Asist. Professor	8605653984	kirtithodge@gm ail.com	10-06-1994		20-10-2020	2year 5 months			3 year 2 months		Regular	Yes			0



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved) UG Degree/ PG Degree) AS ON: 20/01/2024

Faculty: Physiotherapy

Subject : Musculoskeletal Physiotherapy

l Physiotherapy UG Physiotherapy College Code: 162113

Intake Capacity: 40

Name of College: St. Andrews College of

									Teaching	Experien	ce					PG teacher on by MUHS	
						Whether belongs to Reserved a category (if Yes, specify category)	Date of appointment		UG	(yrs)		Total Teaching Experi ence in years of PG	Appointment	Univers ity Approv	(Yes/No)		
	Name of the Teaching Staff	Designation	Mob. No.	E-mail ID	Date of Birth			Asst. prof.	Asso. Prof.	Prof.	Total		Temp√Regular Contractual	al Status	Temp/ Regular	Letter No. & date	Photograph with Signature
1	Dr. Vijaya Bagade	Professor	9890481166	vijayabagade@gmail.co m	16-10-1983		24-11-2020	9 years 9 months	0	3year.	12 yrs 9 months	4 years 6 months	Regular	Yes			A
2	Dr. Deepshikha Trivedi	Asso. Professor	9096838312	depshikhatrivedi@gmail .com	13-03-1890		23-11-2020	5 years 5 months	11 Months		6 years 4 months		Regular	Yes			
3	Dr.Amruta Khilwani	Asist. Professor	7276042117	amrutakhilwani12@gma il.com	21-01-1996		24-11-2020	3 year 1 months			3 year 1 months		Regular	Yes			9



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved) UG Degree/PG Degree) AS ON: /01/2024

Faculty: Physiotherapy

Subject : Neurophysiotherapy

UG

Name of College: St. Andrews College of Physiotherapy College Code: 162113

Intake Capacity: 40

	N		Mob. No.	E-mail ID		Whether belongs to Reserved			Γeaching E UG (ace	Total Teaching	Type of Appointment	Univers ity Approv	Recogniti	of PG teacher on by MUHS es/No)	
Sr . No.	Name of the Teaching Staff	Designation			Date of Birth	category (if Yes, specify category)	Date of appointment	Asst. prof.	Asso. Prof.	Prof.	Total	Experi ence in years of PG	Temp/Regular Contractual	Status (Yes/No	Temp/ Regular	Letter No. & date	Photograph with Signature
1	Dr.Venkatesan Ramakrishnan	Professor	9739993764	ramkyvenki22@gmail.c om	12-10-1984		06-02-2022	8year 10 months	9 months	10 month s	10 year 7 months		Regular	Yes			-
2	Dr. Elango Ramlingam	Asso. Professor	7358832805	lovelyntheresa@gmail.c	08-07-1980		26-11-2021	4years	4 years months		8 years		Regular	Yes			-
3	Dr. Arwa Sinnarwala	Asist. Professor	9921347735	ahsinnar@gmail.com	29-05-1995		01-06-2023	7 month	0		7 month		Regular	Yes			



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved) UG Degree/ PG Degree) AS ON: / 01/2024

Faculty: Physiotherapy

 $Subject: Cardiovas cular\ and\ Respiratory\ Physiotherapy$

UG

Name of College: St. Andrews College of Physiotherapy College Code: 162113

Intake Capacity: 40

									Teaching	g Experien	ce						
Sr . No.	Name of the Teaching	Designation	Mob. No.	E-mail ID	Date of Birth	Whether belongs to Reserved category (if Yes, specify category)	Date of appointment	UG (yrs)				Total Teaching Experi	rippointment	ity Approv	Recognitio	PG teacher on by MUHS s/No)	Photograph with Signature
	Staff	Designation		L-mail ID	Date of Diffe			Asst. prof.	Asso. Prof.	Prof.	Total	ence in years of PG	Temp/Regular Contractual	Status (Yes/No		Letter No. & date	
1	Dr. Mohan Kumar	Asso. Professor	9843283831	mohankumarpt@ gmail.com	24-09-1979		05-03-2021	6 year 3 months	2year 10 month		9 years 1 months		Regular	Yes			
2	Dr.Avani Thar	Asist.Professor	9823895924	avani.0504@gm ail.com	05-04-1992		01-09-2023	4years 4 months			4years 4 months		Regular	No			



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Faculty: Physiotherapy

Subject: Community Physiotherapy

UG

Name of College: St. Andrews College of Physiotherapy College Code: 162113

Intake Capacity: 40

	Name of the Teaching Staff			E-mail ID		Whether belongs to Reserved category (if Yes, specify category)		Teac	Teaching Experience UG (yrs)				Type of Appointment	Univers			
Sr. No.		Designation	Mob. No.		Date of Birth		Date of appointment	Asst. prof.	Asso. Prof.	Prof.	Total	Total Teaching Experi ence in years of PG	Temp/Regular Contractual	ity Approv al Status (Yes/No)	Temp/ Regular	Letter No. & date	Photograph with Signature
1	Nikita Waghmare	Asist. Professor	9049266893	nikitawaghma re21@gmail.c om	18-04-1995		01-12-2023	1 year 7 months	0		1 year 7 months		Regular	No			

