Annexure-XIV (A) For Online Transmission of Question Papers:

Sr. No.	Infrastructure facilities at College	Yes /No		
Stron	g Room :			
1	It must have Single Door Entry/Exit (with Safety Door/Grill for windows)	No		
2	Minimum Area shall be 20 x 20 sq. ft.	Yes		
3	Adequate Steel Almirah/Cupboard for storage of Answer Books.	Yes		
4	C.C.T.V. Camera with recording facility that covers entire area or Downloading and Printing of online transmission of Question Paper process.	No		
5	Latest version Computer (Minimum 4) and Printer (Minimum 4) with Inverter facility, MS Office, PDF Reader, Winrar or Winzip.	No		
6	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class 'A' ISP, and alternate line with 1:1 dedicated line of	No		
	50 mpbs speed, by an another Class 'A' ISP to ensure uninterrupted downloading facility, with 2(two) static IP's, Internet Dongle.			
7	Adequate Number of Paper Rims for printing Question Papers.	Yes		
8	One Photocopy Machine, UPS Backup.	No		
Scann 9	Separate Scanning Room for scanning Answer Books after end of Examination Session under CCTV Survellience. (Laptops and	No		
10	Scanners will be provided by the University Appointed Agency) Dual Internet service, Primary with 1:1 dedicated line of 100 mbps	No		
	speed by class 'A' ISP, and alternate line with 1: 1 dedicated line of 50 mpbs speed, by an another Class 'A' ISP to ensure uninterrupted downloading facility, with 2(two) static IP's, Internet Dongle.			

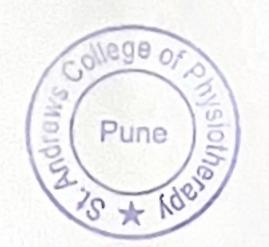
To Set Up DEC for Onscreen Evaluation of Answer Books:

Sr. No.	Infrastructure facilities at College	Yes /No
1	Computers (20) with latest licensed Operating System Software (OSS) with antivirus and firewalls to provide all lock, work station with Computer charts and key board tray.	No
2	Wiring and Networking (with Raw Power Supply and UPS) and one Printer per DEC	No
3	Air conditioners, Bio metric system, CCTV installation, Rest rooms and 24 x 7 security.	No
4	Collapsible gate for the main entrance with Name board and locking facility.	No
5	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class 'A' ISP, and alternate line with 1:1 dedicated line of 50 mpbs speed, by an another Class 'A' ISP to ensure uninterrupted downloading facility, with 2(two) static IP's.	No
6	Appointment of one Professor as a Examination Co-ordinator to Corordinate this Online process Color of Coronate this Online process Color of Coron	Yes
7	Separate Evaluation Room for Evaluating the Answer Books under CCTV Survellience	ncipal, No ege of Physiotherapy
	Pune 1	Maharashtra

NAME OF THE COLLEGE: ST. ANDREWS COLLEGE OF PHYSIOTHERAPY, HADAPSAR, PUNE PHONE/MOBILE NO:

NAME OF THE SUBJECT: ELECTROTHERAPY

Sr. No	College Name	Subject	Full Name of the Teacher (First/Middal/Last)	Designation	Date of joining	UG Qualification & Year of Passing	PG Qualification & Year of passing		MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No	PAN No	Date of Birth (Age in Years)	Letest Email Address	No. (Mab)	
1	2	3	4	5	6	7	8	9	10	11	12	1.3	14	15	16	- 17
1	St. Andrews College of Physiotherapy, Pune	Electrotherapy	Dr. Albin Jerome	Principal	15-02-2018	2002	2005	17.3 Ym	Yes	MUHS/UG/E- 6/53/162113/11 19/2021	463369755183	AIXPJ5198H	02-03-1980	albinjerome@ gmail.com	9840418383	No
2	St. Andrews College of Physiotherapy, Pune	Electrotherapy	Dr. Vijaya Kisanzao Bagade	Professor	15-01-2021	2007	2010	11.11 Yrs	Yes	MUHS/UG/E- 6/53/162113/02 6/2021	950767175373	AYKPB5145P	16-10-1983	vijayabagade @gmail.com	9890481166	No
3	St. Andrews College of Physiotherapy, Pune	Electrotherapy	Dr. R. Venkatesan	Professor	06-02-2023	2007	2009	9.10 Yrs	Yes	MUHS/UG/E- 6/162113/320/2 023	339292598991	AKLPV9532F	12-10-1984	ramkyvenki22 @gmail.com	9739993764	No



NAME OF THE COLLEGE: ST. ANDREWS COLLEGE OF PHYSIOTHERAPY, HADAPSAR, PUNE PHONE/MOBILE NO:

NAME OF THE SUBJECT: KINESIOTHERAPY

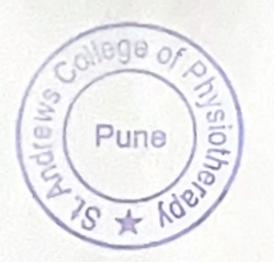
Sr. No	I College Alama	Subject	Full Name of the Teacher (First/Middal/Last)	Designation	Date of joining	UG Qualification & Year of Passing	PG Qualification & Year of passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No	PAN No	Date of Birth (Age in Years)	Address	No. (Mob)	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	St. Andrews College of Physiotherapy, Pune	Kinesiotherapy	Dr. Albin Jerome	Principal	15-02-2018	2002	2005	17.3 Yrs	Yes	MUHS/UG/E- 6/53/162113/11 19/2021	463369755183	AIXPJ5198H	02-03-1980	albinjerome@ gmail.com	9840418383	No
2	St. Andrews College of Physiotherapy, Pune	Kinesiotherapy	Dr. Vijaya Kisanrao Bagade	Professor	15-01-2021	2007	2010	11.11 Yrs	Yes	MUHS/UG/E- 6/53/162113/02 6/2021	950767175373	AYKPB5145P	16-10-1983	vijayabagade @gmail.com	9890481166	No
3	St. Andrews College of Physiotherapy, Pune	Kinesiotherapy	Dr. R. Venkatesan	Professor	06-02-2023	2007	2009	9.10 Yrs	Yes	MUHS/UG/E- 6/162113/320/2 023	339292598991	AKLPV9532F	12-10-1964	ramkyvenki22 @gmail.com	9739993764	No



NAME OF THE COLLEGE: ST. ANDREWS COLLEGE OF PHYSIOTHERAPY, HADAPSAR, PUNE PHONE/MOBILE NO:

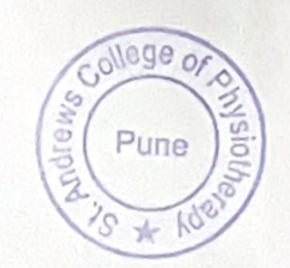
NAME OF THE SUBJECT: MUSCULOSKELETAL PHYSIOTHERAPY

Sr. No	College Name	Subject	Full Name of the Teacher (First/Middal/L	Designation	Date of joining	_	PG Qualification & Year of passing		MUH5 Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No	PAN No	Date of Birth (Age in Years)	Letest Email Address	Contact No. (Mob)	Debarred Yes/No
1	2	3	ast)	3	6	7	8	9	10	11	12	13	14	15	16	17
1	St. Andrews College of Physiotherapy, Pune	Musculoskeletal Physiotherapy	Dr. Albin Jerome	Principal	15-02-2018	2002	2005	17.3 Yrs	Yes	MUHS/UG/E- 6/53/162113/11 19/2021	463369755183	AIXPJ5198H	02-03-1980	albinjerome@gm all.com	9840418383	No
2	St. Andrews College of Physiotherapy. Pune	Musculoskeletal Physiotherapy	Dr. Vijaya Kisanrao Bagade	Profeseor	15-01-2021	2007	2010	11.11 Yrs	Yes	MUHS/UG/E- 6/53/162113/02 6/2021	950767175373	AYKPB5145P	16-10-1983	vijayabogade@g mail.com	9890481166	No



NAME OF THE COLLEGE : ST. ANDREWS COLLEGE OF PHYSIOTHERAPY, HADAPSAR, PUNE PHONE/MOBILE NO: NAME OF THE SUBJECT: NEURO PHYSIOTHERAPY

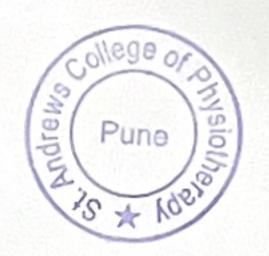
St. No	College Name	Subject	Full Name of the Teacher (First/Middal/L ast)	Designation	Date of joining		PG Qualification & Year of passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No	PAN No	Date of Birth (Age In Years)	Letest Email Address	Contact No. (Mob)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	1.3	14	15	16	17
1	St. Andrews College of Physiotherapy, Pune	Neuro Physiotherapy	Dr. Albin Jerome	Principal	15-02-2018	2002	2005	17.3 Yrs	Yes	MUHS/UG/E- 6/53/162113/11 19/2021	463369755183	ADOPJ5198H	02-03-1980	albinjerome©gm ail.com	9840418383	No
2	St. Andrews College of Physiotherapy. Pune	Neuro Physiotherapy	Dr. R. Venkatesan	Professor	06-02-2023	2007	2009	9.10 Yrs	Yes	MUHS/UG/E- 6/162113/320/2 023	339292598991	AKLPV9532F	12-10-1984	ramkyvenki22@ gmail.com	9739993764	No



NAME OF THE COLLEGE: ST. ANDREWS COLLEGE OF PHYSIOTHERAPY, HADAPSAR, PUNE PHONE/MOBILE NO:

NAME OF THE SUBJECT: CARDIOVASCULAR & RESPIRATORY PHYSIOTHERAPY

Sr. No	College Name	Subject	Full Name of the Teacher (First/Middal/Last)	Designation	Date of joining	UG Qualification & Year of Passing	PG Qualification & Year of passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No	PAN No	Date of Birth (Age in Years)	Letest Email Address	Contact No. (Møb)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	St. Andrews College of Physiotherapy, Pune	Cardiovascular & Respiratory Physiotherapy	Dr. Albin Jerome	Principal	15-02-2018	2002	2005	17.3 Yrs	Yes	MUHS/UG/I- 6/53/162113/11 19/2021	463369755183	AIXPJ5198H	02-03-1980	albinjerome@ gmail.com	9840418383	No
2	Physiotherany	Cardíovascular & Respiratory Physiotherapy	Dr. R. Venkatesan	Professor	06-02-2023	2007	2009	9.10 Yrs	Yes	MUHS/UG/E- 6/162113/320/2 023	339292598991	AKLPV9532F	12-10-1984	ramkyvenki22 @gmail.com	9739993764	No



NAME OF THE COLLEGE: ST. ANDREWS COLLEGE OF PHYSIOTHERAPY, HADAPSAR, PUNE PHONE/MOBILE NO:

NAME OF THE SUBJECT: COMMUNITY PHYSIOTHERAPY

Sr.	College Name	Subject	Full Name of the Teacher (First/Middal/Last)	Designation	Date of joining	UG Qualification & Year of Passing	PG Qualification & Year of passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUH5 Approval Letter & Date	Adhar No	PAN No	Date of Birth (Age in Years)	Letest Email Address	(Mab)	Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	St. Andrews College of Physiotherapy, Pune	Community Physiotherapy	Dr. Albin Jerome	Principal	15-02-2018	2002	2005	17.3 Yrs	Yes	MUHS/UG/E- 6/53/162113/11 19/2021		AIXPJ5198H	02-03-1980	albinjerome@ gmail.com	9840418383	No
2	St. Andrews College of Physiotherapy, Pune	Community Physiotherapy	Dr. Vijaya Kisanrao Bagade	Professor	15-01-2021	2007	2010	11.11 Yrs	Yes	MUHS/UG/E- 6/53/162113/02 6/2021	950767175373	AYKPB5145P	16-10-1983	vijayabagade @gmail.com	9890481166	No

