

Aadivasi Devmogra Education society

K. D. Gavit college of Physiotherapy Pathrai, Tal. Dist. Nandurbar

Email:- physiotherapy6159@gmail.com

# Annexure – XIV (Exam Related Information)

Faculty:- PHYSIOTHERAPY Subject :- PHYSIOTHERAPY IN COMMUNITY HEALTH SCIENCE Whether UG

Name of College:- K D GAVIT COLLEGE OF PHYSIOTHERAPY College Code:- 163106 Intake Capacity- 30

N.	Name of the Teaching Staff	Designation	Mob. No.	E-mail ID	Date	Whether belongs to	Date of appointment				ience	Total Teaching	Type of Appointm	University Approval	and the state of t		Photographwith Signatur	
					Birth	Reserved category			U	G (yrs)		Experi ence in	ent	Status (Yes/No)	by	MUHS s/No)		
						(if Yes, specify category)		Asst. prof.	Asso. Prof.	Prof.	Total	years of PG	Temp./Regular Contractual		Temp/ Regular			
1	DR.Mahesh S	Principal	988437 5855	maheshsatha lah@gmail.c om		no	29/05/2023	5	4	U	20		Regular	Yes	Temp	22	amman m	

Principal

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K.D.Gavit, College of Physiotherapy Pathrai, Tal.& Dist.Nandurbar

Faculty:- PHYSIOTHERAPY Subject:- MUSCULOSKELETAL PHYSIOTHERAPY

Whether UG

Name of College:- K D GAVIT COLLEGE OF PHYSIOTHERAPY College Code:- 163106 Intake Capacity- 30

S.	Name of the Teaching Staff	Designation	Mob. No.	E-mail ID	Date of Birt h	Whether belongs to Reserved category	Date of appointment	UG (yrs)				Total Teaching Experi ence in years	Type of Appoint ment	University Approval Status (Yes/No)	teacher Recognitionby MUHS		Photographwith Signature
						(if Yes, specif y category)		Asst. prof.	Asso. Prof.	Prof.	Total	of PG	Temp./Regular Contractual		Temp/ Regular		
1	DR. K VENKATANGA PRAHALADA	PROFESSOR	949185 5855	Venkatdr20 02@gmail.c om			15/06/2023	10.8		7.3	17.11		Regular	yes	Temp	MUHS/UG /E- 6/10/2023	
	DR ULKA V MORI	ASSOCIATE PROFESSOR	832045 7169	Moriulka12 @gmail.co m	23/11/19 94		01/01/2025		3mont h 15 days		5.3mont h 15 days		Regular	In process	Temp	In process	

Principal

K.D.Gavit, College of Physiotherapy Pathrai, Tal.& Dist.Nandurbar

Faculty:- PHYSIOTHERAPY Subject :- CARDIORESPIRATORY

Whether UG

Name of College:- K D GAVIT COLLEGE OF PHYSIOTHERAPY College Code:- 163106 Intake Capacity- 30

N.	Name of the Teaching Staff	Designation	Mob. No.	E-mail ID	Date of Birt h	Whether belongs to Reserved category	Date of appointment	Т	eaching UG	Experie	ence	Total Teaching Experi ence in	Type of Appoint ment	University Approval Status (Yes/No)	Reco <sub>l</sub>	rils of PG racher gnitionby	Photographwith Signature
						(if Yes, specif Y category)		Asst. prof.	Asso. Prof.	Prof.	Total	of PG	Temp./Regular Contractual			Es/No) Letter No. & date	
1	DR. JAGADI ESH		918219 4252	jagadeesh01 0190 a gmai 1.com		No	8/06/2024	5	2		7		Regular	In process	Temp	In process	
	DR JADHAV PRAKASH	Assistant		Pjadav56@ gmail.com			30/05/2023	6 y	5mont h		6.5	-	0	Approval	m	MUHS/UG E- 5/1047/202	

# MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved)

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

Faculty:- PHYSIOTHERAPY Subject:- Community

Whether UG

Name of College:- K D GAVIT COLLEGE OF PHYSIOTHERAPY College Code:- 163106 Intake Capacity- 30

S. N.	Name of the Truching Staff	Designation	Mob. No.	E-mail ID	Date	Whether belongs to	appointment		aching l		nce	Total Teaching			teacher	ils of PG Recognition	Photographwith Signature
					Birth	Reserved		LHG (yes)				Experi ence in	ent	Status (Yes/No)	by MUHS (Yes/No)		
						(if Yes, specify category)		Anst. prof.	Assn. Prof.	Prof.	Total	of PG	Temp/Regular Contractual		Temp/ Regular	Letter No. S. date	
	Dr. (Buighur) Blueskur D	Assistant Prof	ERSS S	elebbaskurgh syghus azyah cos com	18/01/19 88	No	30/05/2023	7.6M			7.6M		Regular	Yes	Temp	MUHS/UG/ E- 6/1047/202 3	

Principal K.D.Gavit, College of Physiotherapy Pathrai, Tal.& Dist.Nandurbar

Faculty:- PHYSIOTHERAPY Subject:- KINESIOTHERAPY & PHYSICAL DIAGNOSIS

Whether UG

Name of College:- K D GAVIT COLLEGE OF PHYSIOTHERAPY College Code:- 163106 Intake Capacity- 30

S. N.	Name of the Teaching Staff	Designation	Mob. No.	E-mail ID	Date of Birt h	Whether belongs to Reserved category (if Yes, specif y category)	Date of appointmen		Teaching Experience  Total Type of University Teaching Appoint Approval Experi ment Status (Yes/No)						Reco	ails of PG eacher gnitionby MUHS	Photographwith Signature	
								Asst. prof.	Asso. Prof.	Prof.	Total	of PG	Temp./Regular Contractual		Temp/ Regular			
	DR. AKSHAY BAGUL		942148 2710	Akshaybagu 1721 @gmail .com		No		3.10m 10 days			3.10m 10 days		Regular	Yes	Temp	MUHS/UG /E- 6/2114/202 2	Date - 12/01/2025	
				Shraddhap6	24/12/19 87	No		8MON TH			8Month	F	Regular A	Approval	/	MUHS/UG E- /1047/202		
													1 A	Princi	1	M	FILL .	

K.D.Gavit, College of Physiotherapy Pathrai, Tal.& Dist.Nandurbar

# MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved)

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

Faculty:- PHYSIOTHERAPY Subject:- NEURO PHYSIOTHERAPY

Whether UG

Name of College:- K D GAVIT COLLEGE OF PHYSIOTHERAPY College Code:- 163106 Intake Capacity- 30

S. N.	Name of the Teaching Staff	Designation	Mob. No.	E-mail ID	Date of Birth	Whether belongs to Reserved category	Date of appointment	Teaching Experi			ience	Total Teachin Experi ence in	Appointm ent	University Approval Status (Yes/No)	teacher Recognition by MUHS		Photographwith Signatur
						(if Yes, specify category)		Asst. prof.	Asso. Prof.	Prof.	Total	years of PG	Temp./Regular Contractual		Temp/ Regular		
1	DR. SHYAM SUNDAR		989404 6765	Sam46765 @gmail.com	31/07/19 182	No	24/07/2024	_	8.5 Month 5days		13.5		Regular	In process	Temp	In process	C C SUE
2	Jaju Raghuraj Vijay	Assistant professor		Raghu20@g mail.com	20/08/19	No	01/01/2025	lmonth			Imonth		Regular	n process	Femp I	n Process	The second second