

Annexure-XIV (A)

Maharashtra University of Health Sciences, Nashik

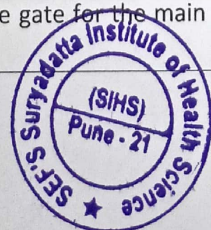
Faculty- Physiotherapy

Name of College/Institute- Suryadatta Institute of Health Sciences- College of Physiotherapy

Sr. No.	Infrastructure facilities at College	YES
Strong Room :		
1	It must have Single Door Entry/Exit (with Safety Door/Grill for windows)	YES
2	Minimum Area shall be 20 x 20 sq. ft.	YES
3	Adequate Steel Almira/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.	YES
5	Latest version Computer (Minimum 4) and Printer (Minimum 4) with Inverter facility, MS Office, PDF Reader, Winrar or Winzip.	YES
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 50 mpbs speed, by an another Class 'A' ISP to ensure uninterrupted downloading facility, with 2(two) static IP's, Internet Dongle.	YES
7	Adequate Number of Paper Rims for printing Question Papers.	YES
8	One Photocopy Machine, UPS Backup.	YES
Scanning Room :		
9	Separate Scanning Room for scanning Answer Books after end of Examination Session under CCTV Surveillance. (Laptops and Scanners will be provided by the University Appointed Agency)	YES
10	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, Internet Dongle.	YES

To Set Up DEC for Onscreen Evaluation of Answer Books :

Sr. No.	Infrastructure facilities at College	YES
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.	YES
2	Wiring and Networking (with Raw Power Supply and UPS) and one Printer per DEC	YES
3	Air conditioners, Bio metric system CCTV installation, Rest rooms and 24 x 7 security.	YES
4	Collapsible gate for the main entrance with Name board and locking facility.	YES



Seemi A. Rotharekar

Dr. Seemi A. Rotharekar (PT)
Principal Cum Professor
Suryadatta Education Foundation's
Suryadatta Institute of Health Science (SIHS)
College of Physiotherapy, Pune-21



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.	YES
6	Appointment of one Professor as a <u>Examination Co-ordinator</u> to Co-ordinate this Online process.	YES
7	Separate Evaluation Room for Evaluating the Answer Books under CCTV Surveillance	YES



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**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK Annexure-XIV (B)
SUBJECT WISE ELIGIBLE EXAMINERS LIST (UG Courses)**

Name of the College: Suryadatta Institute of Health Sciences- College of Physiotherapy

Phone No. 020-67901300

Name of the Subject: Kinesiotherapy and Physical Diagnosis

Sr. No.	CollegeName	Subject	Full name of the Teacher (First/Middle/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.	PanNo.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Suryadatta Institute of Health Sciences- College of Physiotherapy	Kinesiotherapy and Physical Diagnosis	Dr. Ankita Talreja (PT)	Associate Professor	10/10/2022	B.P.Th	M.P.Th (Community Physiotherapy)	5years 8 months	YES	YES (MUHS/UG /E-6/23/2/2022 DATED 19/11/2022	915026128345	AWJPT953IA	08/03/1989	Ankitatalreja.talreja@gmail.com	96378-40532	No
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Principal Signature

Seemi A. Retharekar
Dr. Seemi A. Retharekar (PT)
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 Suryadatta Institute of Health Science (SIHS)
 College of Physiotherapy, Pune-21

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECT WISE ELIGIBLE EXAMINERS LIST (PG Courses)

Annexure-XIV (C)

Name of the College: Suryadatta Institute of Health Sciences- College of Physiotherapy

Phone No.

Name of the Subject: Electrotherapy and Electro diagnosis

Sr. No.	CollegeName	Subject	Full name of the Teacher (First/Middle/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.	PanNo.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Suryadatta Institute of Health Sciences- College of Physiotherapy	Electrotherapy and Electro diagnosis	Dr. Seemi Retharekar(PT)	Principal	10/01/2022	B.P.Th	M.P.Th (Cardio-Respiratory)	15 years 5months 11days	YES	YES (MUHS/UG/E-6/23/2/2022 DATED 19/11/2022	521734421881	AMVPK1793P	02/06/1978	seemiretharekar@gmail.com	97655-51321	
2	Suryadatta Institute of Health Sciences- College of Physiotherapy	Electrotherapy and Electro diagnosis	Dr. Shrikant Mhase(PT)	Associate Professor	26/03/2023	B.P.Th	M.P.Th (Community Physiotherapy)	5years 8 months	YES	Yes (MUHS/UG/E-6/1049/2023 dated 07/06/2023	334608284732	CEPPM9985R	05/03/1993	drshrikantmhase@gmail.com	98224-57251	
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Principal Stamp and Sign

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**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECT WISE ELIGIBLE EXAMINERS LIST (PG Courses)**

Annexure-XIV (C)

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Phone No.

Name of the Subject: Kinesiotherapy and Physical Diagnosis

Sr. No.	CollegeName	Subject	Full name of the Teacher (First/Middle/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.	PanNo.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
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**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIKAnnexure-XIV (B)
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)**

Name of the College: Suryadatta Institute of Health Sciences- College of Physiotherapy

Phone No. 020-67901300

Name of the Subject: Electrotherapy and Electro diagnosis

Sr. No.	CollegeName	Subject	Full name of the Teacher (First/Middle/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	Aadhar No.	PanNo.	Date of Birth (Age in years)	Latest Email Address	ContactNo. (Mob.)	Debarred Yes/No
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