

YEAR 2022 - 2023

Faculty: Physiotherapy

Name of College: D. E. Society's Brijlal Jindal College of Physiotherapy, Pune College Code: 06128

## (i) Teaching Staff:

| Sr. No.   | Name Of Department  | Intake         | Principal cum Professor |       |         | Professor |       |         | Associate Professor |       |         | Assistant Professor |       |         |
|-----------|---|----------------|-------------------------|-------|---------|-----------|-------|---------|---------------------|-------|---------|---------------------|-------|---------|
|           |   |                | Req.                    | Exist | Deficit | Req.      | Exist | Deficit | Req.                | Exist | Deficit | Req.                | Exist | Deficit |
| 1         | Any Subject   | Up to 10       | 01                      |       |         | N.A.      |       |         | 01                  |       |         | 03                  |       |         |
|           |   | Upto 11 to 40  | 01                      | 01    | 0       | N.A.      |       |         | N.A.                |       |         | N.A.                |       |         |
|           |   | Upto 41 to 60  | 01                      |       |         | N.A.      |       |         | N.A.                |       |         | N.A.                |       |         |
|           |   | Upto 61 to 100 | 01                      |       |         | N.A.      |       |         | N.A.                |       |         | N.A.                |       |         |
| 2         | Electrotherapy & Electrodiagnosis   | Up to 10       | N.A.                    |       |         | N.A.      |       |         | N.A.                |       |         | N.A.                |       |         |
|           |   | Upto 11 to 40  | N.A.                    |       |         | N.A.      |       |         | N.A.                |       |         | 02                  | 02    | 0       |
|           |   | Upto 41 to 60  | N.A.                    |       |         | N.A.      |       |         | 01                  |       |         | 02                  |       |         |
|           |   | Upto 61 to 100 | N.A.                    |       |         | 01*       |       |         | 01                  |       |         | 02                  |       |         |
| 3         | Kinesiotherapy & Physical Diagnosis   | Up to 10       | N.A.                    |       |         | N.A.      |       |         | N.A.                |       |         | N.A.                |       |         |
|           |   | Upto 11 to 40  | N.A.                    |       |         | N.A.      |       |         | N.A.                |       |         | 01                  | 01    | 0       |
|           |   | Upto 41 to 60  | N.A.                    |       |         | N.A.      |       |         | 01                  |       |         | 02                  |       |         |
|           |   | Upto 61 to 100 | N.A.                    |       |         | 01*       |       |         | 01                  |       |         | 03                  |       |         |
| 4         | Physiotherapy in Musculoskeletal Sciences / Musculoskeletal Physiotherapy                       | Up to 10       | N.A.                    |       |         | N.A.      |       |         | N.A.                |       |         | N.A.                |       |         |
|           |   | Upto 11 to 40  | N.A.                    |       |         | 02**      |       |         | 01                  | 01    | 0       | 01                  | 01    | 0       |
|           |   | Upto 41 to 60  | N.A.                    |       |         | 01        |       |         | 01                  |       |         | 01                  |       |         |
|           |   | Upto 61 to 100 | N.A.                    |       |         | 01        |       |         | 02                  |       |         | 03                  |       |         |
| 5         | Physiotherapy in Neuro Sciences / Neuro Physiotherapy   | Up to 10       | N.A.                    |       |         | N.A.      |       |         | N.A.                |       |         | N.A.                |       |         |
|           |   | Upto 11 to 40  | N.A.                    |       |         | 02**      | 01    | 0       | 01                  | 01    | 0       | 01                  | 01    | 0       |
|           |   | Upto 41 to 60  | N.A.                    |       |         | 01        |       |         | 01                  |       |         | 01                  |       |         |
|           |   | Upto 61 to 100 | N.A.                    |       |         | 01        |       |         | 02                  |       |         | 03                  |       |         |
| 6         | Physiotherapy in Cardiovascular Respiratory Sciences / Cardiovascular Respiratory Physiotherapy | Up to 10       | N.A.                    |       |         | N.A.      |       |         | N.A.                |       |         | N.A.                |       |         |
|           |   | Upto 11 to 40  | N.A.                    |       |         | 02**      | 0     | 01      | 01                  | 01    | 0       | 01                  | 01    | 0       |
|           |   | Upto 41 to 60  | N.A.                    |       |         | 01        |       |         | 01                  |       |         | 01                  |       |         |
|           |   | Upto 61 to 100 | N.A.                    |       |         | 01        |       |         | 02                  |       |         | 03                  |       |         |
| 7         | Physiotherapy in Community / Community Physiotherapy  | Up to 10       | N.A.                    |       |         | N.A.      |       |         | N.A.                |       |         | N.A.                |       |         |
|           |   | Upto 11 to 40  | N.A.                    |       |         | 02**      |       |         | 01                  | 01    | 0       | 01                  | 01    | 0       |
|           |   | Upto 41 to 60  | N.A.                    |       |         | 01        |       |         | 01                  |       |         | 01                  |       |         |
|           |   | Upto 61 to 100 | N.A.                    |       |         | 01        |       |         | 02                  |       |         | 03                  |       |         |
| 8         | Sports Physiotherapy (For PG)   | Up to 10       | N.A.                    |       |         | N.A.      |       |         | N.A.                |       |         | N.A.                |       |         |
|           |   | Upto 11 to 40  | N.A.                    |       |         | N.A.      |       |         | N.A.                |       |         | N.A.                |       |         |
|           |   | Upto 41 to 60  | N.A.                    |       |         | N.A.      |       |         | N.A.                |       |         | N.A.                |       |         |
|           |   | Upto 61 to 100 | N.A.                    |       |         | N.A.      |       |         | N.A.                |       |         | N.A.                |       |         |
| TOTAL: 05 |   | Up to 10       |                         |       |         |           |       |         |                     |       |         |                     |       |         |
| TOTAL: 14 |   | Upto 11 to 40  |                         | 1     | 0       |           |       | 1       | 1                   |       | 4       | 0                   |       | 7       |
| TOTAL: 19 |   | Upto 41 to 60  |                         |       |         |           |       |         |                     |       |         |                     |       |         |
| TOTAL: 33 |   | Upto 61 to 100 |                         |       |         |           |       |         |                     |       |         |                     |       |         |

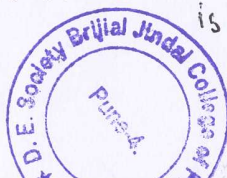
Note: '\*' Required anyone from Electrotherapy & Electrodiagnosis or Kinesiotherapy & Physical Diagnosis subjects.

'\*\*' 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.

\* Temporary approval process of Asst. Prof in Neuro is under process

Date: .....



Dean/ Principal Stamp & Signature  
**PRINCIPAL**  
 D E Society's Brijlal Jindal

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

Maharashtra University of Health Sciences, Nashik

दिंडोरी रोड, म्हासूल, नाशिक - ४२२००४, Dindori Road, Mhasul, Nashik - 422 004

Tel : (0253) 2539325/6659325, 268 Student Helpline : (0253) 2539111/6659111

Website: www.muhs.ac.in, E-mail : academic2@muhs.ac.in

डॉ. राजेंद्र शिवाजी बंगाळ

एम.बी.बी.एस., एम.डी. (व्यापककालात्र), डी.एन.डी., एच.एन.डी.

कुलसचिव

Dr. Rajendra Shivaji Bangal

MBBS, MD (Forensic Medicine) DNB, F.I.C.

Registrar

Out No.: MUHS/UG/E-6/162108/ 391 /2023

Date: 16/03/2023

[Temporary approval for the post(s) of Open Category]

To  
The Principal,  
Deccan Education Society's,  
Brijlal Jindal College of Physiotherapy  
Fergusson College Campus,  
F. C. Road, Shivajinagar,  
Pune - 411 004

- Sub. : Temporary Approval to the Appointment of Teacher(s).  
Ref. : 1) University Direction No. 01/2017 dated 13/04/2017  
2) Your letter No. 552/2022-23 dt 23/02/2023

Sir/Madam,

With reference to the subject cited above, I am directed to inform you that, the proposal of approval to the appointment of the following teacher(s) has / have been considered by the University and it has been decided to grant the approval, as indicated below:-

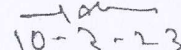
| Sr. No. | Subject                        | Name of the Teacher          | Designation | Status of Approval                   |
|---------|--------------------------------|------------------------------|-------------|--------------------------------------|
| 1       | Physiotherapy in Neurosciences | Ms. Shaikh Atiya Ajamalhusen | Professor   | w.e.f. 23/02/2023 for two years only |

- 1) The approval granted by the University is subject to successful completion of at least one Medical Education Technology (MET) workshop conducted by the University, within the period of one year from the date of approval. If any teacher fails to comply with the said provision, the approval granted by the Vice-Chancellor shall stand cancelled automatically.
- 2) The approval granted by the University is valid till the above said teacher is in the services (teaching) of your College or attains the age of superannuation, whichever happens earlier. However, it is mandatory to prepare the Reservation Roster and get it approved from the appropriate authorities & fill up the post permanently as early as possible.
- 3) This temporary approval is granted subject to the rules and regulations of the University, from time to time, and shall be liable to be cancelled or amended, at any time, without prior notice.
- 4) A copy of this letter may be handed over to concerned Teacher.

TRUE COPY

  
PRINCIPAL

D E Society's Brijlal Jindal  
College of Physiotherapy

  
10-3-23  
Registrar



## महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

Maharashtra University of Health Sciences, Nashik

दिंडोरी रोड, म्हासरुळ, नाशिक - ४२२००४, Dindori Road, Mhasrul, Nashik- 422 004

Tel : (0253) 2539198 / 6659198, 268 Student Helpline : (0253) 2539111 / 6659111

Website: www.muhs.ac.in, E-mail : academic2@muhs.ac.in

डॉ. कालिदास द. चव्हाण

एम.बी.बी.एस., एम.डी. (न्यायवैद्यकशास्त्र), पीएच.डी., डी.एस्सी.

कुलसचिव

Dr. Kalidas D. Chavan

M.B.B.S., M.D. (Forensic Medicine), Ph.D., D.Sc.

Registrar

Out No.: MUHS/UG/E-6/162108/2234/2021

Date: 22/11/2021

[Temporary approval for the post(s) of Open Category]

To

The Principal,

D.E. Society's,

Brijlal Jindal College of Physiotherapy

Fergusson College Campus,

F.C. Road, Shivaji Nagar,

Pune - 411 004

|                        |            |
|------------------------|------------|
| D. E. Society's        |            |
| Brijlal Jindal College |            |
| of Physiotherapy, Pune |            |
| Inward No.             | 75         |
| Date                   | 24/11/2021 |
| Sign                   |            |

Sub. : Temporary Approval to the Appointment of Teacher(s).

Ref. : 1) University Direction No. 01/2017 dated 13/04/2017.

2) University letter No. MUHS/SC-PT/637/2019 dated 09/10/2019

3) Your Letter No. 1786/Admin/2021 dated 09/10/2021

Sir / Madam,

With reference to the subject cited above, I am directed to inform you that, the proposal of approval to the appointment of the following teacher(s) has / have been considered by the University and it has been decided to grant the approval, as indicated below:-

| Sr. No. | Subject                        | Name of the Teacher             | Designation                    | Status of Approval   |
|---------|--------------------------------|---------------------------------|--------------------------------|--|
| 1       | Physiotherapy in Neurosciences | Ms. Joshi Snehal Shekhar (Open) | Principal cum Professor (Open) | Temporary approved for two years i.e. up to 08/10/2023 w.e.f. date of joining i.e. 09/10/2021 subject to following condition |

- 1) The approval granted by the University is subject to successful completion of at least one Medical Education Technology (MET) workshop conducted by the University, within the period of one year from the date of approval. If any teacher fails to comply with the said provision, the approval granted by the Vice-Chancellor shall stand cancelled automatically.
- 2) The approval granted by the University is valid till the above said teacher(s) is / are in the services (teaching) of your College or attains the age of superannuation, whichever happens earlier. However, it is mandatory to prepare the Reservation Roster and get it approved from the appropriate authorities & fill up the post permanently as early as possible.
- 3) This temporary approval is granted subject to the rules and regulations of the University, from time to time, and shall be liable to be cancelled or amended, at any time, without prior notice.

Copy to:

- 1) Concerned Teacher
- 2) Examination Section, MUHS, Nashik

TRUE COPY Registrar

PRINCIPAL

D. E. Society's Brijlal Jindal,

College of Physiotherapy

Pune - 4



MUHS

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

Maharashtra University of Health Sciences, Nashik

दिंडोरी रोड, म्हसळ, नाशिक - ४२२००४, Dindori Road, Mhasrul, Nashik- 422 004

Tel : (0253) 2539325/6659325, 268 Student Helpline : (0253) 2539111/6659111

Website: www.muhs.ac.in, E-mail : academic2@muhs.ac.in



डॉ. कालिदास द. चव्हाण

एम.बी.बी.एस.,एम.डी. (न्यायवैद्यकशास्त्र), पीएच.डी., डी.एस्सी.

कुलसचिव

Dr. Kalidas D. Chavan

M.B.B.S.,M.D.(Forensic Medicine), Ph.D.,D.Sc.

Registrar

Out No.: MUHS/UG/E-6/162108/ 1009 /2022

Date: 06/06/2022

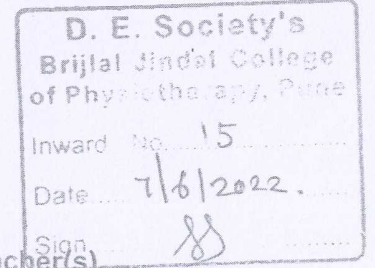
[Temporary approval for the post(s) of Open Category]

06

To

The Principal,

Deccan Education Society's,  
Brijlal Jindal College of Physiotherapy  
Fergusson College Campus,  
F. C. Road, Shivajinagar,  
Pune - 411 004



- Sub. : Temporary Approval to the Appointment of Teacher(s)  
Ref. : 1) University Direction No. 01/2017 dated 13/04/2017  
2) Your letter No. 69/2022-23 dt 18/05/2022

Sir/Madam,

With reference to the subject cited above, I am directed to inform you that, the proposal of approval to the appointment of the following teacher(s) has / have been considered by the University and it has been decided to grant the approval, as indicated below:-

| Sr. No. | Subject  | Name of the Teacher           | Designation                          | Status of Approval   |
|---------|--|-------------------------------|--------------------------------------|--|
| 1       | Physiotherapy in Cardiovascular & Respiratory Sciences | Ms. Berry Aditi Nikhil (Open) | Assistant Professor/ Lecturer (Open) | Temporary approved for two years i.e. up to 17/05/2024 w.e.f. date of joining i.e. 18/05/2022 subject to following condition |
| 2       | Physiotherapy in Community                             | Ms. Kowale Rutuja Arun (Open) | Assistant Professor/ Lecturer (Open) | Temporary approved for two years i.e. up to 17/05/2024 w.e.f. date of joining i.e. 18/05/2022 subject to following condition |

- 1) The approval granted by the University is subject to successful completion of at least one Medical Education Technology (MET) workshop conducted by the University, within the period of one year from the date of approval. If any teacher fails to comply with the said provision, the approval granted by the Vice-Chancellor shall stand cancelled automatically.
- 2) The approval granted by the University is valid till the above said teacher(s) is / are in the services (teaching) of your College or attains the age of superannuation, whichever happens earlier. However, it is mandatory to prepare the Reservation Roster and get it approved from the appropriate authorities & fill up the post permanently as early as possible.
- 3) This temporary approval is granted subject to the rules and regulations of the University, from time to time, and shall be liable to be cancelled or amended, at any time, without prior notice.

TRUE COPY

*[Signature]*

Registrar

PRINCIPAL

Copy to: 1) Concerned Teacher



**Prakash R. Patil**  
Asst. Registrar

**महाराष्ट्र आरोग्य विज्ञान विद्यापीठ**  
**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES**

दिंडोरी रोड, म्हसळ, नाशिक-४२२००४

Dindori Road, Mhasrul, Nashik-422004

Phone: 0253-2539190-94 / EPABX: 0253-2539100 - 300 / Fax: 0253-2539195

E-mail: ugacademic@muhs.ac.in / Web: www.muhs.ac.in

Ph. No.: 0253-2539198

No. MUHS/E-6/6221001/ 733

Date: 15/02/2014

To  
The Principal,  
D.E. Society's  
Brijlal Jindal College of Physiotherapy,  
Fergusson College Campus,  
F.C. Road, Shivaji Nagar,  
Pune - 411 004

Sub. : - Approval to the Appointment of Teachers...

- Ref : - 1. Your letter No. 368-2013-14, dtd. 21/10/2013.  
2. Your letter No. 371-2013-14, dtd. 23/10/2013

Madam,

With reference to the above cited subject, I am directed to inform you that Hon'ble Vice - Chancellor is pleased to grant Approval to the appointment of following teachers as indicated below:

| Sr. No. | Subject                             | Teachers Name                  | Post                           | Status of Approval                                     |
|---------|-------------------------------------|--------------------------------|--------------------------------|--|
| 1       | Neurosciences PT                    | Ms. Joshi Snehal Shekhar       | Professor                      | w.e.f. date of joining after interview i.e. 21/10/2013 |
| 2       | Cardiovascular Respiratory PT       | Ms. Dhake Shreya Rahul         | Assistant Professor / Lecturer | w.e.f. date of joining after interview i.e. 21/10/2013 |
| 3       | Kinesiotherapy & Physical Diagnosis | Ms. Soman Aditi Laukik         | Assistant Professor / Lecturer | w.e.f. date of joining after interview i.e. 25/11/2013 |
| 4       | Musculoskeletal Science PT          | Ms. Sidhaye Namrata Dattatraya | Assistant Professor / Lecturer | w.e.f. date of joining after interview i.e. 21/10/2013 |
| 5       | Electrotherapy & Electrodiagnosis   | Ms. Musale Rima Nilesh         | Assistant Professor / Lecturer | w.e.f. date of joining after interview i.e. 21/10/2013 |

You are requested to hand over photocopy of this letter to concerned teachers.

**TRUE COPY**

SSC-In.  
*[Signature]*

**PRINCIPAL**

D. E. Society's Brijlal Jindal

D. E. Society's  
Brijlal Jindal College  
of Physiotherapy, Pune  
Inward No. 674.....  
Date 24/02/2014.....  
*[Signature]*

Yours faithfully,

*[Signature]*  
Asst. Registrar  
Academic Section



## महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

Maharashtra University of Health Sciences, Nashik

वणी - दिंडोरी रोड, म्हसळ, नाशिक - ४२२००४, Vani-Dindori Road, Mhasrul, Nashik- 422 004

EPABX: 0253-2539100-300 Fax - 0253-2539195 Phone: 0253-2539268, 198

E-mail : [academic2@muhs.ac.in](mailto:academic2@muhs.ac.in) Web.: [www.muhs.ac.in](http://www.muhs.ac.in)

डॉ. कल्लिदास द. चव्हाण  
एम.बी.बी.एस., एम.डी. (न्यायवैद्यकशास्त्र)  
कुलसचिव

Dr. Kalidas D. Chavan  
M.B.B.S., M.D.(Forensic Medicine)  
Registrar

Out No.: MUHS/UG/E-6/53/162108/100/2018

Date: 29/01/2018

To  
The Principal,  
D.E. Society's,  
Brijlal Jindal College of Physiotherapy  
Fergusson College Campus,  
F.C. Road, Shivaji Nagar,  
Pune - 411 004

|                        |            |
|------------------------|------------|
| D. E. Society's        |            |
| Brijlal Jindal College |            |
| of Physiotherapy, Pune |            |
| Inward No.             | 311        |
| Date                   | 19/01/2018 |
| Sign.                  | A. Dhale   |

- Sub. : Approval to the Appointment of Teacher(s).  
Ref. : 1) University Direction No.01/2017 dated 13/04/2017.  
2) University Circular No.10/2017 dated 04/05/2017.  
3) University Letter No.MUHS/SC-PT/463/2017 dated 20/07/2017.  
4) Your Letter No. 448/2017-18 dt.29/12/2017

Sir / Madam,

With references cited above, I am directed to inform you that, the proposal of approval to the appointment of the following teacher(s) has been considered by the University and it has been decided to grant the same, as indicated below:-

| Sr. No. | Subject  | Name of the Teacher           | Designation                    | Status of Approval                                      |
|---------|--|-------------------------------|--------------------------------|---|
| 1       | Physiotherapy in Cardiovascular Respiratory Sciences | Smt. Pagare Rajani Satish     | Professor                      | After interview, w.e.f. date of joining i.e. 29/12/2017 |
| 2       | Electrotherapy & Electrodiagnosis                    | Smt. Kamble Ashwini Omprakash | Assistant Professor / Lecturer | After interview, w.e.f. date of joining i.e. 29/12/2017 |

- 1) The approval granted by the University is subject to successful completion of at least one Medical Education Technology (MET) workshop conducted by the University, within the period of one year from the date of approval. If any teacher fails to comply with the said provision, the approval granted by the Vice-Chancellor may be cancelled.
- 2) The approval granted by the University is valid till the above said teacher is in the services (teaching) of the said College or attains the age of superannuation, whichever happens earlier.

Copy to: 1) Concerned Teacher  
2) Academic-2 (Allied PG), MUHS, Nashik  
3) Examination Section, MUHS, Nashik

TRUE COPY

*(Signature)*

PRINCIPAL

D E Society's Brijlal Jindal  
College of Physiotherapy  
Pune - 4



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ  
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES

दिंडोरी रोड, म्हसळ, नाशिक-४२२००४

Dindori Road, Mhasrul, Nashik-422004

Phone: 0253-2539190-94 / EPABX: 0253-2539100 - 300 / Fax: 0253-2539195

E-mail: academic@muhsnashik.com / Web: www.muhsnashik.com

Ph. No.: 0253-2539198

Prakash R. Patil  
Asst. Registrar

No. MUHS/E-6/6221001/4638

Date: 21/11/2012

To  
The Principal,  
D.E. Society's  
Brijlal Jindal College of Physiotherapy,  
Fergusson College Campus,  
F.C. Road, Shivaji Nagar,  
Pune - 411 004

Sub. : - Approval to the Appointment of Teacher...

Ref : - 1. Your letter No. 368/2011-12 dtd. 03/03/12.  
2. Your letter No. 421/2012-13 dtd. 23/10/12.

Sir / Madam,

With reference to the above cited subject, I am directed to inform you that Hon'ble Vice - Chancellor is pleased to grant Approval to the appointment of following teacher, as indicated below:

| Sr. No. | Subject                     | Teachers Name          | Post                | Status of Approval                                      |
|---------|-----------------------------|------------------------|---------------------|---|
| 1       | Musculoskeletal Sciences PT | Ms. Bhole Diptee Sagar | Associate Professor | w.e.f. date of joining after interview i.e. 02/03/2012. |

You are requested to hand over photocopy of this letter to concern teacher.

Yours faithfully,

Asst. Registrar  
Academic Section

Copy to: Dy. Registrar, Academic Section (PG), MUHS, Nashik

TRUE COPY

PRINCIPAL

D E Society's Brijlal Jindal  
College of Physiotherapy  
Pune - 4

SSC - IN

|   |            |
|---|------------|
| D. E. Society's<br>Brijlal Jindal College<br>of Physiotherapy, Pune |            |
| Inward No.  | 766        |
| Date  | 26/11/2012 |
| Sign.   | A. dhale   |



MUHS

S.D. Kardekar  
Section Officer  
(Dental & Allied)

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ  
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES

(An ISO 9001:2008 Certified University)

म्हसरुळ, वर्णी-दिंडोरी रोड, नाशिक-४२२००४

Mhasrul, Wani-Dindori Road, Nashik-422 004

Phone: 0253-2539190 / EPABX: 0253-2539100 - 300 / Fax: 0253-2539195

E-mail: ugacademic@muhs.ac.in / Web: www.muhs.ac.in

Ph. No. 0253 - 2539192

No. MUHS/UG/E6/53/6221001/ 931

Date: 02/03/2016

To  
The Principal,  
D.E. Society's,  
Brijlal Jindal College of Physiotherapy  
Fergusson College Campus,  
F.C. Road, Shivaji Nagar,  
Pune - 411 004

Sub. :- Approval to the Appointment(s) of Teacher(s)...

Ref :-  
1. Your letter No. 1047/2015-16 dt.11/02/2016  
2. University letter No. MUHS/UG/E-6/52/6221001/778 dt.23/02/2016  
3. Your letter No. 1070/2015-16 dt.24/02/2016

Sir / Madam,

With reference to the above cited subject, I am directed to inform you that, Hon'ble Vice-Chancellor is pleased to grant approval to the appointment(s) of following teacher(s) as indicated below:

| SN | Subject  | Teacher(s) Name                  | Post                | Status of Approval                                       |
|----|--|----------------------------------|---------------------|--|
| 1  | Physiotherapy in Neurosciences                 | Smt. Sonawane<br>Harshada Deepak | Associate Professor | After interview, w.e.f. date of joining i.e. 11/02/2016. |
| 2  | Physiotherapy in Community                     | Mr. Akre Ambarish<br>Ashok       | Associate Professor | After interview, w.e.f. date of joining i.e. 11/02/2016. |
| 3  | Physiotherapy in Cardiovascular<br>Respiratory | Smt. Pagare Rajani<br>Satish     | Associate Professor | After interview, w.e.f. date of joining i.e. 11/02/2016. |

Kindly note that, the approval to the said appoint(s) is subject to successful completion of at least one Medical Education Technology (MET) workshop conducted by the University within the period of one year from the date of approval, failing to which the approval granted shall automatically stands cancelled as per clause No. 9.2.8 of University Direction No. 02/2014.

Also, you are requested to handover photocopy of this letter to concerned teacher(s).

TRUE COPY

Section Officer  
Academic Section

Copy to: Dy. Registrar, Academic Section (PG), MUHS, Nashik

PRINCIPAL

D E Society's Brijlal Jindal  
College of Physiotherapy  
Pune - 4

D. E. Society's  
Brijlal Jindal College  
of Physiotherapy, Pune  
Inward No. 11387  
Date 05/03/2016





महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

Maharashtra University of Health Sciences, Nashik

वणी - दिंडोरी रोड, म्हसळ, नाशिक - ४२२००४, Vani-Dindori Road, Mhasrul, Nashik- 422 004

EPABX: 0253-2539100-300 Fax - 0253-2539195 Phone: 0253-2539268, 198

E-mail : academic2@muhs.ac.in Web.: www.muhs.ac.in

डॉ. कलिदास द. चव्हाण  
एम.बी.बी.एस., एम.डी. (न्यायवैद्यकशास्त्र)  
कुलसचिव

Dr. Kalidas D. Chavan  
M.B.B.S., M.D.(Forensic Medicine)  
Registrar

Out No.: MUHS/UG/E-6/53/162108/1347

Date: 13/06/2019

To  
The Principal,  
D.E. Society's,  
Brijlal Jindal College of Physiotherapy  
Fergusson College Campus,  
F.C. Road, Shivaji Nagar,  
Pune - 411 004

|  |
|--|
| D. E. Society's<br>Brijlal Jindal College<br>of Physiotherapy, Pune<br>Inward No. 67/2019-20<br>Date 14/06/2019<br>Sign. Dhake |
|--|

Sub. : Approval to the Appointment of Teacher(s).

- Ref. : 1) University Direction No.01/2017 dated 13/04/2017.  
2) University Circular No.10/2017 dated 04/05/2017.  
3) University Letter No.MUHS/SC-PT/111/2019 dated 25/02/2019.  
4) Your Letter No. 45E/2019-20 dt.02/05/2019

SSC - 2019

Sir / Madam,

With references cited above, I am directed to inform you that, the proposal of approval to the appointment of the following teacher(s) has been considered by the University and it has been decided to grant the same, as indicated below:-

| Sr. No. | Subject  | Name of the Teacher                  | Designation                          | Status of Approval                                      |
|---------|--|--------------------------------------|--------------------------------------|---|
| 1       | Physiotherapy in Community                           | Smt. Dhupkar Abha Chandrakant (Open) | Associate Professor (Open)           | After interview, w.e.f. date of joining i.e. 02/05/2019 |
| 2       | Physiotherapy in Cardiovascular Respiratory Sciences | Smt. Dhake Shreya Rahul (Open)       | Associate Professor (Open)           | After interview, w.e.f. date of joining i.e. 02/05/2019 |
| 3       | Electrotherapy & Electrodiagnosis                    | Smt. Likhite Apoorva Sunil (Open)    | Assistant Professor/ Lecturer (Open) | After interview, w.e.f. date of joining i.e. 02/05/2019 |

- 1) The approval granted by the University is subject to successful completion of at least one Medical Education Technology (MET) workshop conducted by the University, within the period of one year from the date of approval. If any teacher fails to comply with the said provision, the approval granted by the Vice-Chancellor may be cancelled.
- 2) The approval granted by the University is valid till the above said teacher is in the services (teaching) of the said College or attains the age of superannuation, whichever happens earlier.

Copy to: 1) Concerned Teacher  
2) Academic-2 (Allied PG), MUHS, Nashik  
3) Examination Section, MUHS, Nashik

Registrar

PRINCIPAL  
Dhake



# महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हसळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

Tel : (0253) 2539198 / 6659198, 268 Student Helpline : (0253) 2539111 / 6659111

Website: www.muhs.ac.in, E-mail : academic2@muhs.ac.in

डॉ. कलिदास द. चव्हाण

एम.बी.बी.एस., एम.डी. (न्यायवैद्यकशास्त्र), पीएच.डी., डी.एस्सी.

कुलसचिव

Dr. Kalidas D. Chayan

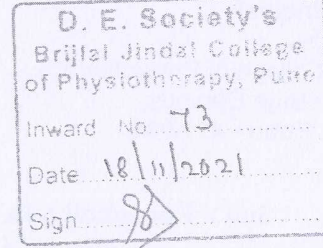
M.B.B.S., M.D. (Forensic Medicine), Ph.D., D.Sc.

Registrar

No. MUHS/PG/E-6/2021

Date: 11/10/2021

To,  
The Dean/ Principal,  
D. E. Society's,  
Brijlal Jindal College of Physiotherapy,  
Fergusson College Campus,  
Shivajinagar, Pune - 411 004



Sub :- Recognition as Post-Graduate Teacher...

Ref :- i) University Direction No.01/2017 dated 13/04/2017  
ii) College letter No. 274/2021-22 dated 09/10/2021

Sir/Madam,

With reference cited above, I am directed to inform you that, the proposal of Recognition as Post-Graduate Teacher of the following teacher has been considered by the University subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree Course in the subject mentioned against her name.

| Sr. No. | Subject                       | Name of the Teacher          | Designation                    | Status of PG recognition    |
|---------|-------------------------------|------------------------------|--------------------------------|-----------------------------|
| 1       | Musculoskeletal Physiotherapy | Ms. Kamble Ashwini Omprakash | Assistant Professor / Lecturer | w.e.f. 09/10/2021 & onwards |

Registrar

Copy to: 1) Concern Teacher  
2) Examination Department, Muhs, Nashik.

TRUE COPY

PRINCIPAL  
D E Society's Brijlal Jindal  
College of Physiotherapy  
Pune - 4



MUHS

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक  
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हसर्गळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

Tel : (0253) 2539200, Fax : (0253) 2539195

Website : www.muhs.ac.in, E-mail : academic2@muhs.ac.in

डॉ. कलिदास द. चव्हाण

एम.बी.बी.एस., एम.डी. (न्यायवैद्यकशास्त्र)

कुलसचिव

Dr. Kalidas D. Chavan

M.B.B.S., M.D. (Forensic Medicine)

Registrar

No. MUHS/PG/E-6/ 12017

Date : 27/10/2017

To,

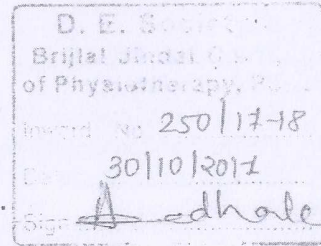
The Dean/Principal

D. E. Society's,

Brijlal Jindal College of Physiotherapy,

Fergusson College Campus,

Shivajinagar, Pune - 411 004



Sub :- Recognition as Post-Graduate Teacher...

Ref :- i) University Direction No.01/2017 dated 13/04/2017  
ii) College letter No. 258/2017-18 dated 20/09/2017

Sir/Madam,

With reference cited above, I am directed to inform you that, the proposal of Recognition as Post-Graduate Teacher of the following teachers have been considered by the University subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree Course in the subject mentioned against their name.

| Sr. No. | Subject                                    | Name of the Teacher      | Designation                  | Status of PG recognition |
|---------|--|--------------------------|------------------------------|--------------------------|
| 1       | Cardiovascular & Respiratory Physiotherapy | Dhake Shreya Rahul       | Assistant Professor/Lecturer | w.e.f. 20/09/2017        |
| 2       | Community Physiotherapy                    | Dhupkar Abha Chandrakant | Assistant Professor/Lecturer | w.e.f. 20/09/2017        |

Registrar

Copy to: 1) Concern Teachers  
2) Examination Department, Muhs, Nashik

TRUE COPY

PRINCIPAL

D. E. Society's Brijlal Jindal  
College of Physiotherapy  
Pune - 4



# महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हसळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

Tel : (0253) 2539268/200, Fax : (0253) 2539195

Website : www.muhs.ac.in, E-mail : academic2@muhs.ac.in

डॉ. कलिदास द. चव्हाण

एम.बी.बी.एस., एम.डी. (न्यायवैद्यशास्त्र)

कुलसचिव

Dr. Kalidas D. Chavan

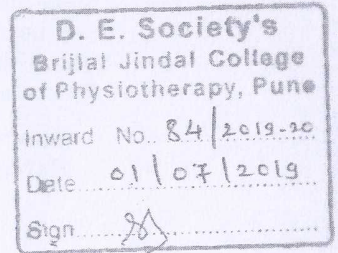
M.B.B.S., M.D.(Forensic Medicine)

Registrar

No. MUHS/PG/E-6/1575/2019

Date: 26/06/2019

To,  
The Dean/ Principal,  
D. E. Society's,  
Brijlal Jindal College of Physiotherapy,  
Fergusson College Campus,  
Shivajinagar, Pune - 411 004



Sub :- Recognition as Post-Graduate Teacher...

Ref :- i) University Direction No.01/2017 dated 13/04/2017  
ii) College letter No. 64/2019-20 dated 09/05/2019 & Email dated 20/05/2019

Sir/Madam,

With reference cited above, I am directed to inform you that, the proposal of Recognition as Post-Graduate Teacher of the following teacher has been considered by the University subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree Course in the subject mentioned against her name.

| Sr. No. | Subject                       | Name of the Teacher             | Designation         | Status of PG recognition |
|---------|-------------------------------|---------------------------------|---------------------|--------------------------|
| 1       | Musculoskeletal Physiotherapy | Mrs. Namrata Ashutosh Bhadbhade | Assistant Professor | w.e.f. 09/05/2019        |

Registrar

TRUE COPY

*[Signature]*

PRINCIPAL

D E Society's Brijlal Jindal  
College of Physiotherapy  
Pune - 4

Copy to: 1) Concern Teacher  
2) Examination Department, Muhs, Nashik



**महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक**  
**Maharashtra University of Health Sciences, Nashik**

(An ISO 9001:2008 Certified University)

वणी - दिंडोरी रोड, म्हासरुळ, नाशिक - ४२२००४, Vani-Dindori Road, Mhasrul, Nashik- 422 004

EPABX: 0253-2539100-300, Fax - 0253-2539200, Phone: 0253-2539239

E-mail : pgacademic@muhs.ac.in Web.: www.muhs.ac.in

**डॉ. उदयसिंह रावराणे**

[एम.डी.(आयु.)]

**उपकुलसचिव**

No. MUHS/PG/E-6/2128 /16

By E-mail/Post

**Dr. Udaysinh Raorane**

[M.D.(Ayurved)]

**Dy. Registrar**

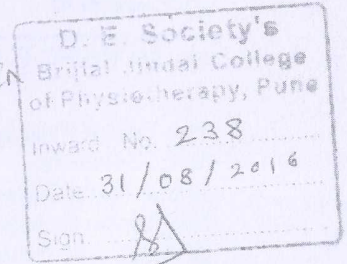
Date: 22/08/2016

To,

**The Dean/Principal**

D. E. Society's,  
Brijlal Jindal College of Physiotherapy,  
Fergusson College Campus,  
Shivajinagar, Dist - Pune,  
Pincode - 411 004

M.P. THIN



**Sub :- Recognition as Post-Graduate Teachers**

**Ref :- 1)Your letter No. a)62/2016-17 dated 29/04/2016.**

**b)100/2016-17 dated 02/06/2016.**

**2)University letter No.MUHS/PG/E-6/6221/1274/16 dated 20/05/2016.**

**3)Post graduate teacher recognition committee meeting dated 02/08/2016.**

Sir / Madam,

With reference to the above cited subject, i am directed to inform you that in view of the norms prescribed as per provision under the section 29(2)(f) of the MUHS Act,1998 Hon'ble Vice-Chancellor is pleased to grant recognition as Post-Graduate Teacher to the following teacher of your Institute/College subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree Master of Physiotherapy in the subject mentioned against his/ her/ their name.

| Sr. No. | Subject            | Name of the Teacher              | Designation            | Status of Recognition       |
|---------|--------------------|----------------------------------|------------------------|-----------------------------|
| 1       | Neurophysiotherapy | Mrs. Sonawane<br>Harshada Deepak | Associate<br>Professor | w.e.f. 11/02/2016 & Onwards |

Kindly note that the recognition granted by the University is valid till the above said teacher is in the services of the said College or till the time period specified against their names whichever happens earlier.

You are requested to handover the copy of letter to the concerned teacher(s) for further necessary action.

TRUE COPY

**PRINCIPAL**

D E Society's Brijlal Jindal  
College of Physiotherapy  
Pune - 4

Your's

**Dy. Registrar**

**Academic Section (UG & PG)**

**Copy to :** The Controller of Examinations, MUHS, Nashik

Note: In case, if it is found at later stage that information furnished in Post Graduate Recognition form by any teacher is incorrect, PG Recognition / UG approval granted by the University will stand cancelled.



# महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हसळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

Tel : (0253) 2539268/200, Fax : (0253) 2539195

Website : www.muhs.ac.in, E-mail : academic2@muhs.ac.in

डॉ. कलिदास द. चव्हाण

एम.बी.बी.एस., एम.डी. (न्यायवैचक्रशास्त्र)

कुलसचिव

Dr. Kalidas D. Chavan

M.B.B.S., M.D.(Forensic Medicine)

Registrar

No. MUHS/PG/E-6/1888/2019

Date : 05/07/2019

To,  
The Dean/ Principal,  
D. E. Society's,  
Brijlal Jindal College of Physiotherapy,  
Fergusson College Campus,  
Shivajinagar, Pune - 411 004

|                        |             |
|------------------------|-------------|
| D. E. Society's        |             |
| Brijlal Jindal College |             |
| of Physiotherapy, Pune |             |
| Inward No.             | 95A/2019-20 |
| Date                   | 11/07/2019  |
| Sign                   |             |

Sub :- Recognition as Post-Graduate Teacher...

Ref :- i) University Direction No.01/2017 dated 13/04/2017

ii) College letter No. 111/2019-20 dated 15/06/2019

Sir/Madam,

With reference cited above, I am directed to inform you that, the proposal of Recognition as Post-Graduate Teacher of the following teacher has been considered by the University subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree Course in the subject mentioned against her name.

| Sr. No. | Subject                                    | Name of the Teacher    | Designation                  | Status of PG recognition |
|---------|--|------------------------|------------------------------|--------------------------|
| 1       | Cardiovascular & Respiratory Physiotherapy | Ms. Soman Aditi Laukik | Assistant Professor/Lecturer | w.e.f. 15/06/2019        |

Registrar

Copy to: 1) Concern Teacher  
2) Examination Department, Muhs, Nashik

TRUE COPY

PRINCIPAL

D E Society's Brijlal Jindal  
College of Physiotherapy  
Pune - 4



# महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

Maharashtra University of Health Sciences, Nashik

वणी - दिंडोरी रोड, म्हसळ, नाशिक - ४२२००४, Vani-Dindori Road, Mhasrul, Nashik- 422 004

EPABX: 0253-2539100-300, Fax - 0253-2539200, Phone: 0253-2539239

E-mail : [pgacademic@muhs.ac.in](mailto:pgacademic@muhs.ac.in) Web.: [www.muhs.ac.in](http://www.muhs.ac.in)

डॉ. सुनिल एच. फुगारे

एम.एस्सी.,पीएच.डी.

शैक्षणिक विभागप्रमुख (पदव्युत्तर)

Dr. Sunil H. Fugare

M. Sc., Ph. D.

I/c, Academic Section (PG)

No. MUHS/PG/E-6/6221/1865/13

Date : 02-07/2013

To,  
The Dean/Principal,  
D. E. Society's Brijlal Jindal College of Physiotherapy  
Fergusson College Campus,  
Shivajinagar,  
Dist - Pune,  
Pincode - 411004.

|   |                 |
|---|-----------------|
| D. E. Society's<br>Brijlal Jindal College<br>of Physiotherapy, Pune |                 |
| Inward No.  | 221             |
| Date  | 19/07/2013      |
| Sign  | <i>A. Dhale</i> |

Sub :- Recognition as Post-Graduate Teacher.

Ref :- 1) Your letter no. i) 19/2013-14 dated 09/04/2013.

ii) 96/2013-14 dated 30/05/2013

2) MUHS Letter No. MUHS/PG/E-6/M.P.Th/1288/13 dated 23/05/2013.

Sir / Madam,

With reference to the above cited subject, I am directed to inform you that in view of the norms prescribed as per provision under the section 29(2)(f) of the MUHS Act, 1998 Hon'ble Vice-Chancellor is pleased to grant recognition as Post-Graduate Teacher to the following teacher(s) of your Institute/College subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree Course (Master of Physiotherapy) in the subject mentioned against his/ her/ their name.

| Sr. No. | Subject                    | Name of the Teacher        | Designation         | Status of PG recognition     |
|---------|----------------------------|----------------------------|---------------------|------------------------------|
| 1       | Neurosciences PT           | Mrs. Aparna Parag Sadhale  | Professor           | w.e.f. 09/04/2013 & onwards. |
| 2       | Neurosciences PT           | Mr. Parag Shrinivas Ranade | Associate Professor | w.e.f. 09/04/2013 & onwards. |
| 3       | Musculoskeletal science PT | Mrs. Diptee Sagar Bhole    | Associate Professor | w.e.f. 09/04/2013 & onwards. |
| 4       | Neurosciences PT           | Mrs. Snehal Shekhar Joshi  | Associate Professor | w.e.f. 09/04/2013 & onwards. |

Kindly note that the recognition granted by the University is valid till the above said teacher is in the services of the said PG teaching Institute/ College or attains the age of superannuation, whichever happens earlier.

You are requested to handover the copy of letter to the concerned teacher(s) for further necessary action.

TRUE COPY

Yours faithfully,

*[Signature]*

I/C Academic Section (PG)

Copy to : The Controller of Examinations, MUHS

PRINCIPAL  
D. E. Society's Brijlal Jindal  
College of Physiotherapy



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक  
Maharashtra University of Health Sciences, Nashik  
(An ISO 9001:2008 Certified University)

दिंडोरी रोड, म्हासरुळ, नाशिक - ४२२००४, Dindori Road, Mhasrul, Nashik- 422 004

Tel: 0253-2539239 Fax - 0253-2539200

E-mail : pgacademic@muhs.ac.in Web.: www.muhs.ac.in

मिलिंद प्र. देशमुख

Milind P. Deshmukh

शैक्षणिक विभागप्रमुख (पदव्युत्तर)

I/c, Academic Section (PG)

No. MUHS/PG/E-6/6106/3107/15

Date : 17/08/2015

To

The Dean/Principal,  
D. E. Society's,  
Brijlal Jindal College of Physiotherapy,  
Fergusson College Campus,  
Shivajinagar, Dist - Pune,  
Pincode - 411 004

Sub :- Recognition as Post-Graduate Teacher

Ref :- 1) Your letter No. i)607/2015-16 dated 19/06/2015

ii)655/2015-16 dated 16/07/2015

2) University letter No. i)MUHS/PG/E-6/6221/2597/15 dated 03/07/2015

ii)MUHS/PG/E-6/6106/2891/15 dated 31/07/2015

Sir / Madam,

With reference to the above cited subject, I am directed to inform you that in view of the norms prescribed as per provision under the section 29(2)(I) of the MUHS Act, 1998 Hon'ble Vice-Chancellor is pleased to grant recognition as Post-Graduate Teacher to the following teacher(s) of your Institute/College subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree, M.P.Th in the subject mentioned against his/ her/ their name.

| Sr. No. | Subject          | Name of the Teacher           | Designation | Status of PG recognition    |
|---------|------------------|-------------------------------|-------------|-----------------------------|
| 1       | Neurosciences PT | Mrs. Shaikh Atiya Ajamalhusen | Lecturer    | w.e.f. 19/06/2015 & Onwards |

Kindly note that the recognition granted by the University is valid till the above said teacher is in the services of the said College or attains the age of superannuation, whichever happens earlier.

You are requested to handover the copy of letter to the concerned teacher(s) for further necessary action.

**TRUE COPY**

**PRINCIPAL**  
D. E. Society's Brijlal Jindal  
College of Physiotherapy  
Pune - 4

D. E. Society's  
Brijlal Jindal College  
of Physiotherapy, Pune  
Inward No. 986  
Date 25/08/2015  
Sign [Signature]

Your's Sincerely,

I/C Academic Section (PG)

Copy to : The Controller of Examinations, MUHS

Note: In case, if it is found at later stage that information furnished in Post Graduate Recognition form by any teacher is incorrect, PG Recognition / UG approval granted by the University will stand cancelled.