For Online Transmission of Question Papers:

Sr. No.	Infrastructure facilities at College	Yes /No						
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 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.	Yes						
5	Latest version Computer (Minimum 4) and Printer (Minimum 4) with Inverter facility, MS Office, PDF Reader, Winrar or Winzip.							
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.							
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 Survellience. (Laptops and Scanners will be provided by the University Appointed Agency)							
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 /No
1	Computers (20) with latest licensed Operating System Software	Yes
	(OSS) with antivirus and firewalls to provide all lock, work station with	
	Computer charts and key board tray.	
2	Wiring and Networking (with Raw Power Supply and UPS) and one	Yes
	Printer per DEC	
3	Air conditioners, Bio metric system, CCTV installation, Rest rooms	Yes
	and 24 x 7 security.	
4	Collapsible gate for the main entrance with Name board and locking	Yes
	facility.	
5	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps	Yes
740	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.	
6	Appointment of one Professor as a Examination Co-ordinator to	Yes
	Co-ordinate this Online process.	
7	Separate Evaluation Room for Evaluating the Answer Books under	Yes
	CCTV Survellience	No. 1

Principal
Laxmibal Gorule College of
Physiotherapy, Washim-444505.

Name of the College / Phone / Mob.No
College Email. : Igcollege.washim@gmail.com
Name of the Sunject : Community Physiotherapy

14	7		L	ì			Sr No.	18 E								
Washim	Laxmibai Gorule College of	Washim	Physiotherapy, Kakadatti,	Laximibal Gordle College of			College Name									
Physiotherapy	Community	r ilysionici apy	•	Community			Subject Name									
ZANWAR	MAYURI NANDKISHOR	סכרנ	פחח	ASHISH WASUDEORAO Principal cum		Name)	Subject Name (Fist Name Middle Last	Full name of the Teacher								
Professor / Lecturer	Assistant	Professor		Principal cum		Co. 200.200.200.000	Designation									
19/06/2023			01/04/2023	E ≤		Joining	Date of	Data of								
2020			2005		Passing	& Year of	Chamicanon	Ourlification								
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Yes		3	Yes		(100)	(Yes/No)		SHUM								
6/1203/2023 30.06.2023	MUHS/UG/E-	30 06 2023	6/1203/2023	MUHS/UG/E-	Patt	Date Carrel or	Approved Latter &	If Yes MUHS								
218070272565	6/253432/029 AUXPB/5/4P 06/05/1982 drashishbele@gmail.com 218070272565 ACUPZ8782E 01/07/1997 zanwarmayuri713@gmail.com					Addition NO.	Andhar No									
ACUPZ8782E				ACUPZ8782E			ACUPZ8782E			AUXPB7574P ACUPZ8782E				rail NO.	D ₂ N ₂	
01/07/1997						Age in Year)	Date of Birth (
						Latest Email Address										
8668696496		/9/20/039/	7077676707		,	(Mob)	Contact No.									
N _o		N	2			Yes/No	Debarred									



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Laxmibal Goruli College of
Physiotherapy, Washim-444505.

Name of the College / Phone / Mob.No College Email.: |gcollege.washim@gmail.com Name of the Sunject: Nuro Physiotherapy

Full name of the Laxmibal Gorule College Name Laxmibal Gorule College of Physiotherapy, Kakadatti, Physiotherapy, Kakadatti, Physiotherapy Mushim Mus
Subject Name Neuro Neuro Neuro Neuro Neuro NiveDiTA ASHISH NiveRariof Passing NiveRariof Pass
Full name of the Teacher (Fist Name) Teacher (Fist Name) Designation Designa
Full name of the Teacher (Fist Name Middle Last Name) Teacher (Fist Name Middle Last Name) NIVEDITA ASHISH BELE UG Qualification & Year of Passing Myear of Passing PG
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Teaching Experience After PG Passing MUHS (Yes/No) If Yes MUHS Approvel Latter Aadhaar No. Pan No. Age in Year) Date of Birth (Parry) Latest Email Address 3 Y 8 M 16 D Yes 6/1203/2023 30.4977807402 EJHPS9989C 25/06/1991 bele.nivedita@gmail.com 10 Y 9 M 24 D Yes 6/1203/2023 632140304698 ANAPG6152G 14/04/1987 vijayguptacrc@gmail.com 7 Y 8 M 20 D Yes 6/1204/2023 662262574804 - 23/03/1986 akshay.dixit@gmail.com
Teaching Experience After PG Passing MUHS (Yes/No) If Yes MUHS Approvel Latter Aadhaar No. Pan No. Age in Year) Date of Birth (Parry) Latest Email Address 3 Y 8 M 16 D Yes 6/1203/2023 30.4977807402 EJHPS9989C 25/06/1991 bele.nivedita@gmail.com 10 Y 9 M 24 D Yes 6/1203/2023 632140304698 ANAPG6152G 14/04/1987 vijayguptacrc@gmail.com 7 Y 8 M 20 D Yes 6/1204/2023 662262574804 - 23/03/1986 akshay.dixit@gmail.com
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If Yes MUHS Aadhaar No. Pan No. Date of Birth (Age in Year) Latest Email Address Approvel Latter & Date MUHS/UG/E- 6/1203/2023 304977807402 EJHPS9989C 25/06/1991 bele-nivedita@gmail.com MUHS/UG/E- 6/1203/2023 632140304698 ANAPG6152G 14/04/1987 vijayguptacrc@gmail.com MUHS/UG/E- 6/1204/2023 662262574804 - 23/03/1986 akshay.dixit@gmail.com
Aadhaar No. Pan No. Date of Birth (Age in Year) Latest Email Address 304977807402 EJHPS9989C 25/06/1991 bele-nivedita@gmail.com 632140304698 ANAPG6152G 14/04/1987 vijayguptacrc@gmail.com 662262574804 - 23/03/1986 akshay.dixit@gmail.com
Pan No. Age in Year) EJHPS9989C 25/06/1991 bele.nivedita@gmail.com ANAPG6152G 14/04/1987 vijayguptacrc@gmail.com 23/03/1986 akshay.dixit@gmail.com
bele.nivedita@gmail.com vijayguptacrc@gmail.com akshay.dixit@gmail.com
bele.nivedita@gmail.com vijayguptacrc@gmail.com akshay.dixit@gmail.com
Contact No. (Mob) 9665439712 9336296155 8329032327

Debarred Yes/No



Laxmibal Goroli College of Physiotherapy, Washim-444505. Peand Principal

No

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No

Name of the College / Phone / Mob.No College Email. : Igcollege.washim@gmail.com Name of the Sunject : Musculoskeletal Physiotherapy

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		U	ں	^	د		ь	Sr No.	
		Washim	Laxmibai Gorule College of	Washim	Laxillibal Gordle College of	Washim	Physiotherapy, Kakadatti	College Name	
		Physiotherapy	Musculoskeletal	Physiotherapy	Musculoskeletal	Physiotherapy	Musculoskeletal	Subject Name	
		DESHMUKH	SHIREFN RAHUI	M. RAJARAM M		GHORPADE	SAHIL KUSUMAKAR Assistant Professor	Teacher (Fist Name Middle Last Name)	Full name of the
		Associte Professor 12/11/2020		Professor		/ Lecturer	Assistant Professor	Designation	
		12/11/2020		19/06/2023		12/11/2020		Date of Joining Qualification & Qualification & Experience After Year of Passing Year of Passing PG Passing	
		2005		2002		2018		UG - Qualification & Year of Passing	
		2010	2009			2020		Qualification & Qualification & Experience Aft Year of Passing Year of Passing PG Passing	
		6 Y 24 D		11 Y 8M 24 D		NA		Teaching Experience After PG Passing	
	Yes 6/1203/2023 30.06.2023			Yes		Yes		MUHS Approvel (Yes/No)	
				6/1203/2023	MIJHS/IJG/E		MUHS/UG/E-	If Yes MUHS Approvel Latter & Date	
		587687415616 BOBPD0449E		742833807951		734487198568		Aadhaar No.	
				ALZPR0533R		BGIPG7988J		Pan No.	
		20/05/1982		09/05/1980		07/10/1994		Date of Birth (Age in Year)	
3		shireenthakare@gmail.com	d country	rajaram.mpt@gmail.com		drsahilghorpadept@gmail.com		Latest Email Address	
		9552003734		8951605372		8698184619		Contact No. (Mob)	
		No)	N 0		N _O		Debarre Yes/No	



Pean Principal
Principal
Laxmibal Gorulo College of
Physiotherapy, Washim-444505.

SUBJECT WISE TEACHER LIST MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES,NASHIK Appendix " A "

Name of the College / Phone / Mob.No
College Email. : Igcollege.washim@gmail.com
Name of the Sunject : Functional Dignosis & Physiotherapy Skills

	4	ω	2		ь		Sr No.	
	Physiotherapy, Kakadatti, Washim	Physiotherapy, Kakadatti, Washim Laxmibai Gorule College of Physiotherapy, Kakadatti, Washim			Physiotherapy, Kakadatti, Washim	Laxmibai Gorule College of	lo. College Name	
/	Dignosis & Physiotherapy Skills	Dignosis & Physiotherapy Skills Functional	Physiotherapy Skills Functional	Functional	Dignosis & Physiotherapy Skills	Functional	Subject Name	
	ASHISH WASUDEORAO BELE	NIVEDITA ASHISH BELE	SHIREEN RAHUL DESHMUKH		ASHANAND ARVIND JILLEWAR		Teacher (Fist Name Middle Last Name)	Full name of the
	Principal cum Professor	Assistant Professor / Lecturer	Associate Professor		Associate Professor		Designation	
	01/04/2023	12/11/2020	12/11/2020		25/05/2020		Date of Joining	
	2005	2005		2005		UG - Qualification & PG - Qualification Year of Passing & Year of Passing PG Passing PG Passing		
	2009	2010		2009		PG - Qualification & Year of Passing		
	12 Y 11 M 24 D	6 Y 24 D		6 Y 1 M 24 D		Teaching Experience After PG Passing		
	Yes	Yes		Yes		MUHS Approvel (Yes/No)		
	MUHS/UG/E- 6/1204/2023 304977807402 EIHPS9989C 25/06/1991 30.06.2023 MUHS/UG/E- 6/1203/2023 675354527029 AUXPB7574P 06/05/1982		MUHS/UG/E- 6/1204/2023 30.06.2023	30.00.2023	MUHS/UG/E- 6/1204/2023		If Yes MUHS Approvel Latter & Date	
			587687415616		860237800358		Aadhaar No.	
			BOBPD0449E		AIHPJ9853D		Pan No.	
			20/05/1982		29/06/1982		Date of Birth (Age in Year)	
De la company de	drashishbele@gmail.com	shireenthakare@gmail.com		ashanand_jillewar@yahoo.co.in		Latest Email Address		
	7972676397	9665439712	9552003734		9975248248	,	Contact No.	
	N _o	N _o	No		S _o		Debarred	



Carmibal Gorote College of Physiotherapy, Washim-444595.

Vame of the College / Phone / Mob.No
College Email.: Igcollege.washim@gmail.com
Vame of the Sunject: Electrotherapy & Electrodiagnosis

Appendix " A " SUBJECT WISE TEACHER LIST MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES,NASHIK

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	N	7972676397	drashishbele@gmail.com	06/05/1982	AUXPB7574P	675354527029	6/1203/2023	Yes	12 Y 1 M 24 D	2009	2005	01/04/2023	Professor	BELE	Electrodiagnosis	Washim	U
							MIHS/116/5						Principal cum	ASHISH WASUDFORAG	Electrotherapy &	Laxmibal Gordle College of	n.
31 Ja	No.	9665439712	bele.nivedita@gmail.com	25/06/1991	EJHPS9989C	304977807402	6/1204/2023	res	O LOIM TOD	FOL			Lecturer		rierti Onidgi iosis	Washim	
	,		7				MUHS/UG/E-	×-	3 4 9 7 16 7	2019	2015	12/11/2020	Professor /	NIVEDITA ASHISH BELE	Electrotherapy &	Physiotherapy, Kakadatti,	4
	NO	70000000	(0				30.06.2023						Assistant			Laxmibai Gorule College of	
	2	7582750386	drrupali.popalbhat@gmail.com	01/01/1988	ASYPT9070B	978739791996	6/1204/2023	Yes	1 M 17 D	2022	2013	17/00/2020	lecturer /	THORAT	Electrodiagnosis	Washim	
		4					MUHS/UG/E-				2012	19/06/2020	Professor /	RUPALI SHAMKARRAO	Electrotherapy &	Physiotherapy, Kakadatti,	ω
5	č	0,777,770		× ×			30.06.2023						Assistant		2	Laxmibai Gorule College of	
	3	9/11/177750	ZIAABBASOO7@GMAII COM	24/08/1982	AIGPN5494B	256473167282	6/1204/2023	Yes	8 Y 4 M 47 D	2011	8007	13/00/2023	Professor		Electrodiagnosis	Washim	
27							-a/bn/shnw					10/06/2022	Associate	ZIA ARRAS NAOVI	Electrotherapy &	Physiotherapy, Kakadatti,	2
_	NO	CTTTTTTTTTT	0				30.06.2023						record of			Laxmibai Gorule College of	1
	ż.	8446477410	drshubhangighorpadent@gmail.com	15/08/1994	BHIPG7703C	901037090670	6/1204/2023	Yes	2 1 8 M 24 D	2020	101	10000	l ecturer ,	GHURPAUE	ciectrodiagnosis	Washim	
				10.			MUHS/UG/E-	13		7070	2017	12/11/2020	Professor /	SHUBHANGI SAHIL	riectionielaby &	Physiotherapy, Kakadatti,	ь
•	res/No	(INDID)					Date		Ö				Assistant	SHIIIBI IANGI CALIII	Electrothorner	Laxmibai Gorule College of	
Da	ревапе	לאוניםכנ ואט.	Latest Email Address	Age in Year)	Pan No.	Mauridai NO.	Approve carret or	(Yes/No)	PG Passing	& Year of Passing	rear or Passing			Name)			
		Contact No.		Date of Birth (:	And house No	Annroyal Latter 8.	MUHS Approvel	Experience After	PG - Qualification	Vo - Qualification &	Date of Joining	Designation	(Fist Name Middle Last	Subject Name	College Name	SF NO.
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College Seal

Physiotherapy, Washim-444505. Laxmibal Gornic College of

Name of the College / Phone / Mob.No
College Email.: Igcollege.washim@gmail.com
Name of the Sunject: Kinesiotherapy & Physical Diagnosis

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		Washim	Laxmibal Gorule College of	Washim	Physiothers we college of	Washim	Physiotherapy, Kakadatti,	Laxmibai Gorule College of	Washim	Physiotherapy, Kakadatti	laymihai Corulo Collogo de	college Name		
1		Physical Diagnosis	Kinesiotherapy &	Physical Diagnosis	Kinesiotherapy &	Physical Diagnosis	Kinesiotherapy &		Physical Diagnosis	Kinesiotherapy &		Subject Name		
		DESHMUKH	SHIREEN RAHI II	TOSHNIWAL	PURVA SUNII	JILLEWAR	ASHANAND ARVIND		FATING	TEJASWINI BANDUJI	Name)	(Fist Name Middle Last Designation Date of Joining	Full name of the Teacher	
		Professor / Lecturer Associate Professor			Assistant	Professor	Associate	recturer	Professor /	Assistant		Designation		
		12/11/2020		19/06/2023		0707 /co/c7	75 /05 /7070		03/01/2022			Date of Joining		
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		2010				2009			2021		rear of Passing	PG - Qualification &	3	
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	30.06.2023			6/1204/2023	MUHS/UG/E-	30.06.2023	6/1204/2023	MUHS/UG/E-	& Date	Approvel Latter	If Yes MUHS			
		587687415616		695994208069		860237800358			263615766418			Aadhaar No		
	AZSPT3431F 08/07/1997 purvatoshniwal08@gmail.com BOBPD0449E 20/05/1982 shireenthakare@gmail.com		AZSPT3431F		AZSPT3431F					AEUPF9336C 28/03/1997		91.70	Dan No	
				08/07/1997	AIHPJ9853D 29/06/1982							in Year)	Date of Birth (Age	
			purvatoshniwal08@gmail.com		ashanand_jillewar@yahoo.co.in		0	teiaswinifating1997@gmail.com		Latest Email Address				
		9552003734		7218677700		9975248248		0000071717	8600571515		(Mob)	Contact No.		
	N N			No No			2		Debarred Yes/No					



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Name of the College / Phone / Mob.No
College Email.: |gcollege.washim@gmail.com
Name of the Sunject: Cardiovascular Respiratory Physiotherapy

Full name of the	Teacher (Fist Na	Subject Name	College Name	Sr No.
	Full name of the			

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	Laxmibai Gorule College of Physiotherapy, Kakadatti, Washim	College Name
	Cardiovascular Respiratory Physiotherapy	Subject Name
	ANKITA SURAJKISHOR JAISWAL	Full name of the Teacher (Fist Name Designation Middle Last Name)
	Assistant Professor / Lecturer	Designation
	19/06/2023	Date of Joining
	2019	UG - PG - Qualification & Qualification 8 Year of Passing Year of Passing
	1	PG - Qualification & Year of Passing
	1 M 17 D	Experience After PG Passing
	Yes	MUHS Approvel (Yes/No)
	MUHS/UG/E- 6/1203/2023 30.06.2023	If Yes MUHS Approvel Latter & Date
	387805919621 BAAPJZ525E 20/07/1996	Aadhaar No.
	BAAPJ2525E	Pan No.
	20/07/1996	Date of Birth (Age in Year)
	ankitasjaiswal 20@gmail.com	Latest Email Address
The second second second	9404358368	Contact No. (Mob)
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Laxmibal Goruli College of Physiotherapy, Washim-444505.