MAHARASHIRA UNIVERSITY OF HEALTH SCIENCES, NASHIK DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved) UG Degree/ PG Degree) AS ON: 05/01/2025

Faculty: Physiotherapy UG
Name of College: St. Andrews College of Physiotherapy College Code: 162113 Intake Capacity: 40

| - | | | | | | | | |
|---|---------------------------|---------------------------|--|-------------------|-----------------------|--|--|--|
| | 12 | н- | Sr. | | | | | |
| | Dr.Kirti Thodge | Dr. Albin Jerome | Name of the Teaching Staff | | | | | |
| | Asist. Professor | Principal | Designation | | | | | |
| | 8605653984 | 9840418383 | Mob. No. | | | | | |
| | kirtithodge@gm ail.com | albinjerome@gm ail.com | E-mail ID | | | | | |
| | 10-06-1994 | 02-03-1980 | Date of Birth | | | | | |
| | NO | NO | category (if Yes, specify category) | | | | | |
| | 20-10-2020 | 15-02-2018 | Date of appointment | | | | | |
| | 4.2 Yrs | | | | T | | | |
| | - | 2.3 Yrs | Asst. prof. Asso. Prof. | ug | eaching | | | |
| | | 2.3 Yrs 9.1 Yrs | Prof. | UG (yrs) | Teaching Experience | | | |
| | 4.2 Yrs | 19.3 Yrs | Total | | е | | | |
| | | | Experi ence in years of PG | Total Teaching | | | | |
| | Regular | Regular | Approv al Temp/Regular Contractual (Yes/No | Appointment | Type of | | | |
| | Yes | Yes | Approv al Status (Yes/No | -55555 5555 | | | | |
| | | | Temp/ Regular | | | | | |
| | | | Temp/ Regular Letter No. & date | (Yes/No) | Details of PG teacher | | | |
| | | | | Signature | Photograph with | | | |





MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved) UG Degree/ PG Degree) AS ON: 05/01/2025

Faculty: Physiotherapy

Subject : Electrotherapy

UG

Name of College: St. Andrews College of Physiotherapy College Code: 162113

Intake Capacity: 40

| | | T | | | | Whether belongs to | Date of appointment | Teaching Experience | | | | Type of | | Univers | Details of PG teacher Recognition by MUHS | | Photograph with |
|-------------|-------------------------------|---------------------|------------|--------------------------------|---------------|--|---------------------|---------------------|----------------|-------|----------|-------------------------------------|-----------------------------|--|--|----------------------|-----------------|
| | | | | | | | | UG (yrs) | | | | Total Teaching | Appointment | ity | | (es/No) Signature | Signature |
| Sr . No. | Name of the Teaching Staff | Designation | Mob. No. | E-mail ID | Date of Birth | Reserved category (if Yes, specify category) | | Asst. prof. | Asso. Prof. | Prof. | Total | Experi ence in years of PG | Temp/Regular Contractual | Approv al Status (Yes/No) | Temp/ Regular | Letter No. & date | |
| 1 | Eden Mehdiabadi | Asist. Professor | 9049266893 | eden.mehdiabad i@gmail.com | 15-11-1996 | No | 25-4-2022 | 2.8 Yrs | 0 | | 2.8 Yrs | | Regular | Yes | | | |
| 2 | Afreen Shaikh | Asist. Professor | 9763389689 | drafreenshaikhpt @gmail.com | 09-04-1998 | No | 01-06-2024 | 7 Months | | | 7 Months | | Regular | Yes | | | |



St. Andrews College of Physiotherapy
Pune, Maharashtra

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved) UG Degree/ PG Degree) AS ON: 05/01/2025

Faculty: Physiotherapy UG
Name of College: St. Andrews College of Physiotherapy College Code: 162113 Intake Capacity: 40

| 1 | Sr. | | | | | | | |
|------------------------------------|--|----------|---------------------|--|--|--|--|--|
| Nikita Waghmare | Sr. Name of the No. Teaching Staff Designation | | | | | | | |
| Asist. Professor | Designation | | | | | | | |
| 9049266893 | Mob. No. | | | | | | | |
| nikitawaghma re21@gmail.c om | E-mail ID | | | | | | | |
| 18-04-1995 | Date of Birth | | | | | | | |
| N _o | Whether belongs to Reserved category (if Yes, specify category) | | | | | | | |
| 01-12-2023 | Date of appointment | | | | | | | |
| 1.9 Yrs | Asst. prof. | 8 | Теас | | | | | |
| 0 | Asso. Prof. | UG (yrs) | Teaching Experience | | | | | |
| | Prof. | 's) | perience | | | | | |
| 1.9 Yrs | Total | | | | | | | |
| | Total Teaching Experi ence in years of PG | | | | | | | |
| Regular | Type of Univers Appointment ity Approv al Status Temp/Regular (Yes/No Regular & date | | | | | | | |
| Yes | Univers ity Approv al Status (Yes/No) | | | | | | | |
| | Tempy Letter No | | | | | | | |
| | Letter No. | | | | | | | |
| | Photograph with Signature | | | | | | | |





Principal
St. Andrews College of Physiotherapy
Pune, Maharashtra

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved) UG Degree/ PG Degree) AS ON: 05/01/2025

Faculty: Physiotherapy

Subject : Cardiovascular and Respiratory Physiotherapy

Name of College: St. Andrews College of Physiotherapy College Code: 162113 Intake Capacity: 40 OC

| 12 | 1 | | Sr. | | | | |
|-----------------------------|--------------------------|----------------------------------|---|---------------------|--|--|--|
| Dr. Poonam Navbade | Dr. Avani Thar | Staff | Name of the Teaching | | | | |
| Asist. Professor | Assoc. Professor | Designation | | | | | |
| 9021408876 | 9823895924 | Moo. | | | | | |
| naubadepoonam @gmail.com | avani.0504@gm ail.com | t-mail IID | 1 | | | | |
| 25-08-1995 | 05-04-1992 | Date of Birth | | | | | |
| N _o | No | (if Yes, specify category) | Whether belongs to Reserved | | | | |
| 01-09-2023 | 01-09-2023 | Date of appointment | | | | | |
| 1.4 Yrs | 5.4 Yrs | Asst. | | | | | |
| | | Asso. Prof. | uc | Teaching | | | |
| | | Prof. | UG (yrs) | Teaching Experience | | | |
| 1.4 Yrs | 5.4 Yrs | Total | | e:e | | | |
| | | ence in years of PG | Total Teaching Experi | | | | |
| Regular | Regular | Temp/Regular Contractual | Type of Appointment | | | | |
| Yes | Yes | Status (Yes/No) | Univers ity Approv | | | | |
| | | Temp/ Regular | Recognitic (Ye | 2 | | | |
| | | Letter No. & date | Univers Recognition by MUHS ity (Yes/No) Approv | | | | |
| | | | Photograph with Signature | | | | |





MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved) UG Degree/ PG Degree) AS ON: 05/01/2025

UG

Faculty: Physiotherapy Subject: Neurophysiotherapy Name of College: St. Andrews College of Physiotherapy College Code: 162113 Intake Capacity: 40

| | | | | | | Whether belongs to Reserved | | 1 | eaching E | | ce | Total Teaching | Type of Appointment | Univers ity Approv | Recogniti | f PG teacher on by MUHS es/No) | | |
|-------------|-------------------------------|------------------|------------|------------------------|---------------|-----------------------------------|---------------------|------------------------|-------------|----------------|----------|-------------------|-------------------------------------|-----------------------------|------------------------|--------------------------------------|-------------------|------------------------------|
| Sr . No. | Name of the Teaching Staff | Designation | Mob. No. | E-mail ID | Date of Birth | category | (if Yes, specify | Date of appointment | Asst. prof. | Asso. Prof. | Prof. | Total | Experi ence in years of PG | Temp/Regular Contractual | Status (Yes/No) | Temp/ Regular | Letter No. & date | Photograph with Signature |
| 1 | Dr.Venkatesan Ramakrishnan | Professor | 9739993764 | ramkyvenki22@gmail.c | 12-10-1984 | No | 06-02-2022 | 9 Yrs | 9 Months | 1.10 Yrs | 11.8 Yrs | | Regular | Yes | | | - | |
| 2 | Dr. Elango Ramlingam | Asso. Professor | 7358832805 | lovelyntheresa@gmail.c | 08-07-1980 | No | 26-11-2021 | 6.7 Yrs | 2.5 Yrs | | 9 yrs | | Regular | Yes | | | | |
| 3 | Dr. Arwa Sinnarwala | Asist. Professor | 9921347735 | ahsinnar@gmail.com | 29-05-1995 | No | 01-06-2023 | 1.7 Yrs | | | 1.7 Yrs | | Regular | Yes | | | | |



St. Andrews College of Physiotherapy Pune, Maharashtra

MAHARASHIRA UNIVERSITY OF HEALTH SCIENCES, NASHIK DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved) UG Degree/ PG Degree) AS ON: 05/01/2025

Faculty: Physiotherapy

Subject : Musculoskeletal Physiotherapy UG Physiotherapy College Code: 162113

Intake Capacity: 40

Name of College: St. Andrews College of

| ω | 2 | 1 | No. | | | |
|---|--------------------------------|------------------------------|---|---|--|--|
| Dr.Amruta Khilwani | Dr. Deepshikha Trivedi | Dr. Vijaya Bagade | No. Staff | | | |
| Asist. Professor | Asso. Professor | Professor | Designation | | | |
| 7276042117 | 9096838312 | 9890481166 | Mob. No. | | | |
| 7276042117 amrutakhilwanil 2@gma ILcom | depshikhatrivedi@gmail .com | vijayabagade@gmail.co ന്ന | E-mail ID | | | |
| 21-01-1996 | 13-03-1890 | 16-10-1983 | Date of Birth | | | |
| N _o | Z _o | N _o | category (if Yes, specify category) | Whether belongs to Reserved category (if Yes, specify category) | | |
| 24-11-2020 | 23-11-2020 | 24-11-2020 | Date of appointment | Data of | | |
| 4.1 Yrs | 5.7 Yrs | 9 years 9 months | Asst. prof. | | - I | |
| | 1.9 Yrs | 0 | Asso. Prof. | UG | eaching | |
| ` | | 4 Yrs. | Prof. | UG (yrs) | Teaching Experience | |
| 4.1 Yrs | 7.4 Yrs | 13.9 Yrs | Total | | ce | |
| | | 3.9 Yrs | ence in years of PG | Total Teaching | | |
| Regular | Regular | Regular | Temp/Regular (Yes/No Temp/ Contractual) Regular | Type of Appointment | | |
| Yes | Yes | Yes | al Status (Yes/No | | | |
| | υ | | Temp/ Regular | | Details of | |
| | | | Letter No. & date | (Yes/No) | Details of PG teacher Recognition by MUHS | |
| - (D) | 1:37 | | Photograph with Signature | | | |





St. Andrews College of Physiotherapy Pune, Maharashtra