

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

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

**Faculty: Physiotherapy**




**Subject: Neurophysiotherapy**

**Whether UG:**

**Yes**

**Name of College: Mahalaxmi College of Physiotherapy & Rehabilitation Center, Raigaon College**

**Code: 06151 Intake Capacity: 60**

S. N.	Name of the Teaching Staff	Designation	Mob. No.	E-mail ID	Date of Birth	Whether belongs to Reserved category (if Yes, specify category)	Date of appointment	Teaching Experience				Total Teaching Experience in years of PG	Type of Appointment	University Approval Status (Yes/No)	Details of PG teacher Recognition by MUHS (Yes/No)	Photograph with Signature
								Asst. prof.	Asso. Prof.	Prof.	Total					
1	Dr. Arunachalam Ramachandran	Professor	9952975670	arunachalam.physio@gmail.com	19/09/19	NO	01-01-2024				17 Year	Regular	No			
2	Dr. Himanshu Sharma	Associate Prof.	9024672384	phimanshu@gmail.com	04/04/19	NO	23/10/2023	5 Year 1 Month			6 Year 1 Month	Regular	No			
3	Dr. Pallavi Kulkarni	Assist. Prof	8149250776	pallavi.kulkarni95@gmail.com	07/06/19	No	13-5-2022	1 Year 8 Month			1 Year 8 Month	Regular	Yes			

• **Note: The College shall submit one hard copy & soft copy (in Excel Format) of the list from Academic Online Teacher Database (OT**



**Signature of Dr. Arunachalam Ramachandran  
Mahalaxmi College of Physiotherapy  
and Rehabilitation Center,  
Raigaon, Satara.**

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF**




(Approved + Not Approved)

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

**Faculty: Physiotherapy**      **Subject: Electrotherapy & Electro diagnosis**      **Whether UG:**  
**Yes**

**Name of College: Mahalaxmi College of Physiotherapy & Rehabilitation Center, Raigaon College**

**Code: 06151 Intake Capacity: 60**

S. N.	Name of the Teaching Staff	Designation	Mob. No.	E-mail ID	Date of Birth	Whether belongs to Reserved category (if Yes, specify category)	Date of appointment	Teaching Experience			Total Teaching Experience in years of PG	Type of Appointment	University Approval Status (Yes/No)	Details of PG teacher Recognition by MUHS (Yes/No)	Photograph with Signature
								Asst. prof.	Asso. Prof.	Total					
1	Dr. Gaurav Agarwal	Asso. Professor	9414544700	gauravphysio90@gmail.com	07/08/1990	No	1/04/2023	5 Year 2 Month	1 Year 2 Month	6 Year 2 Month	N A	Regular	Yes		
2	Dr. Premeagar Dhane	Assist. Prof	8411821513	dhaneprem@sagar@gmail.com	31/05/1996	No	01/09/2023	2 Year 5 Month		2 Year 5 Month	N A	Regular	No		
3	Dr. Priyanka Sindwani	Assist. Prof	9910553607	priyankasingh@wami2@gmail.com	28/07/1998	No	21-8-2023	5 Month		5 Month	N A	Regular	No		

• **Note: The College shall submit one hard copy & soft copy (in Excel Format) of the list from Academic Online Teacher Database (OT**



**Signature of  Principal**  
**Mahalaxmi College of Physiotherapy**  
**and Rehabilitation Center,**  
**Raigaon, Satara.**

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF**

(Approved + Not Approved)




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

**Faculty:** Physiotherapy      **Subject:** Kinesiotherapy & Physical Diagnosis      **Whether UG:**

**Yes**

**Name of College:** Mahalaxmi College of Physiotherapy & Rehabilitation Center, Raigaon College

**Code:** 06151 Intake Capacity: 60

S. N.	Name of the Teaching Staff	Designation	Mob. No.	E-mail ID	Date of Birth	Whether belongs to Reserved category (if Yes, specify category)	Date of appointment	Teaching Experience (Ys)			Total Teaching Experience in years of PG	Type of Appointment Temp./Regular/Contractual	University Approval Status (Yes/No)	Details of PG teacher Recognition by MUHS (Yes/No)	Photograph with Signature
								Asst. prof.	Asso. Prof.	Prof.					
1	Dr. Mahendra Kumar Verma	Asso. Professor	7976893198	Physio1986inkumar@gmail.com	10-07-1988	NO	01-04-2023			6 Years	NA	Regular	No		
2	Dr. Mohit Kumar	Asst. Prof	9671100988	hadlastimohit@gmail.com	07-1997	No	24-4-2023	9 month			NA	Regular	Yes		
3	Dr. Karak Singh	Asst. Prof	9870642226	kanakasinghp16@gmail.com	16-07-1999	No	14-08-2023	5 month		5 month	NA	Regular	No		

• **Note:** The College shall submit one hard copy & soft copy (in Excel Format) of the list from Academic Online Teacher Database (OT



**Signature of Principal**  
**Mahalaxmi College of Physiotherapy**  
**and Rehabilitation Center,**  
**Raigaon, Satara.**

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF**

(Approved + Not Approved)

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

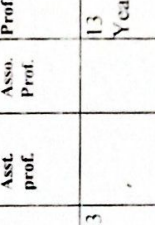
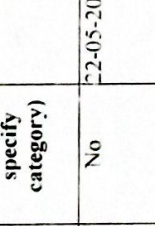
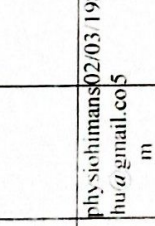
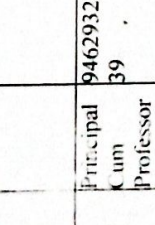
**Faculty: Physiotherapy**

**Subject: Musculoskeletal Sciences/ Musculoskeletal**

**Whether UG: Yes**

**Name of College: Mahalaxmi College of Physiotherapy & Rehabilitation Center, Raigaon College**

**Code: 06151 Intake Capacity: 60**

S. N.	Name of the Teaching Staff	Designation	Mob. No.	E-mail ID	Date of Birth	Whether belongs to Reserved category (if Yes, specify category)	Date of appointment	Teaching Experience (UG/yes)			Total Teaching experience in years of PG	Type of Appointment	University Approval Status (Yes/No)	Details of PG teacher Recognition by MUHS (Yes/No)	Photograph with Signature
								Asst. prof.	Asso. Prof.	Prof.					
1	Dr Himanshu Sharma	Principal cum Professor	9462932839	physiohimanshu@gmail.com	02/03/198	No	22-05-2023		13 Year		13 Year	NA	Yes		
2	Dr Hiral Patel	Professor	9825969391	dirhiral@yahoo.com	11/04/1984	No	01/01/2024				11 Year	NA	No		
3	Dr Veluri Rakesh	Asso. Prof	9701037672	dr.rakeshphy1091@gmail.com	10/04/199	No	01/01/2024	6 Year	1 Year		7 Year	NA	No		
4	Dr Harshad Nikam	Asst. Prof	9516345868	Harshadnikam2008@gmail.com	26/02/199	No	1/05/2022	1 Year 8 Month			1 Year 8 Month	NA	Yes		

• **Note: The College shall submit one hard copy & soft copy (in Excel Format) of the list from Academic Online Teacher Database (OITD)**



**Signature of Principal**  
**Mahalaxmi College of Physiotherapy**  
**and Rehabilitation Center.**  
**Raigaon, Satara.**

**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/Community Physiotherapy**

**Whether UG: Yes**

**Name of College: Mahalaxmi College of Physiotherapy & Rehabilitation Center, Raigaon College**

**Code: 06151 Intake Capacity: 60**

S. N.	Name of the Teaching Staff	Designation	Mob. No.	E-mail ID	Date of Birth	Whether belongs to Reserved category (if Yes, specify category)	Date of appointment	Teaching Experience			Total Teaching Experience in years of PG	Type of Appointment	University Approval Status (Yes/No)	Details of PG teacher Recognition by MUHS (Yes/No)		Photograph with Signature
								UG (yrs)	Asst. prof.	Asso. Prof.				Prof.	Temp/Regular/Contractual	
1	Dr. Shweta Sodha	Asso Prof	9924488306	Shwetapb14@gmail.com	14/12/1990	No	15/01/2024	4 Year 7 Month	1 Year 6 Month	06 Year N.A	Regular	No				
2	Dr. Kanchan Gupta	Assist. Prof	7405936533	kanchangupta1@gmail.com	07/08/1996	No	04/09/2023	4 Month		4 Month	Regular	No				

• **Note: The College shall submit one hard copy & soft copy (in Excel Format) of the list from Academic Online Teacher Database (OTD).**



**Signature of Principal  
Mahalaxmi College of Physiotherapy  
and Rehabilitation Center,  
Raigaon, Satara.**

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK  
DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF**

(Approved + Not Approved)




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

**Faculty:** Physiotherapy      **Subject:** Cardiovascular Respiratory Science      **Whether UG:**

**Yes**

**Name of College:** Mahalaxmi College of Physiotherapy & Rehabilitation Center, Raigaon College

**Code:** 06151 Intake Capacity: 60

S. N.	Name of the Teaching Staff	Designation	Mob. No.	E-mail ID	Date of Birth	Whether belongs to Reserved category (if Yes, specify category)	Date of appointment	Teaching Experience			Total Teaching Experience in years of PG	Type of Appointment	University Approval Status (Yes/No)	Details of PG teacher Recognition by MUHS (Yes/No)	Photograph with Signature
								UG (yrs)	Asst. prof	Prof.					
1	Dr. Salyanarayana Sirigeri	Professor	9886115952	Sirigeri-salya.a@yahoo.com	16/09/1976	No	30/10/2022			15 Years	21 Year	Regular	No		
2	Dr. Divya Luvati	Asso. Professor	9785361010	physiodiya@gmail.com	14-05-1987	No	01-06-2023			4.5 Years	NA	Regular	Yes		
3	Dr. Vani Madaan	Assist. Prof	9996012312	Madaan.vani@gmail.com	07/12/1995	No	10/10/2023			1 Year 4 Month	4 NA	Regular	No		

• **Note:** The College shall submit one hard copy & soft copy (in Excel Format) of the list from Academic Online Teacher Database (O



**Signature of Principal**  
Mahalaxmi College of Physiotherapy  
and Rehabilitation Center,  
Raigaon, Satara.