## Annexure-XIV (A) For Online Transmission of Question Papers:

Sr. No.	Infrastructure facilities at College	Yes /No
Strong	g Room:	
1	It must have Single Door Entry/Exit (with Safety Door/Grill for windows)	
2	Minimum Area shall be 20 x 20 sq. ft.	
3	Adequate Steel Almirah/Cupboard for storage of Answer Books.	
4	C.C.T.V. Camera with recording facility that covers entire area or Downloading and Printing of online transmission of Question Paper process.	
5	Latest version Computer (Minimum 4) and Printer (Minimum 4) with Inverter facility, MS Office, PDF Reader, Winrar or Winzip.	NA
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.  Adequate Number of Paper Rims for printing Question Papers.	
7	One Photocopy Machine, UPS Backup.	
	ning 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.	NA

## 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 (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 Printer per DEC	NA
3	Air conditioners, Bio metric system, CCTV installation, Rest rooms and 24 x 7 security.	
4	Collapsible gate for the main entrance with Name board and locking facility.	-

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



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College of Physiotherapy
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Miraj Medical Centre.
Miraj - 416 410.

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Miraj Medical Centre, College Musculoskeleta of Physiotherapy , Sciences Wantess Hospital	Sr .n College Name	Name of the Subject : Muschloskerean Sciences	College Email : copwanlesshospital@gmail.com	Name of the College/Phone /Mob.No.: Miraj Medical Centre, College of Physiotherapy, Wanless Hospital, Miraj		
	Subject	AC HEISTONSOHDASHIA	nlesshospital@gma	hone/Mob.No.: N		
DR. PATIL HARSHADA RAJENDRA	Full name of the Teacher	Ichices	il.com	Airaj Medical Cen		
Associate Professor	Designatio			tre, College		
07/09/2015	Date of Joining			of Physiothera		
2010	UG- Qualificatio n & Year of Passing			upy, Wanless H	co	M
2014	UG-PG-Teaching Qualification experience n & Year of & Year of After PG Passing passing Passing			ospital, Miraj	Subjectwise Eligible Examiners List (UG Course)	AHARASHTRA U
07 YEAR 10 MONTHS	Teaching experience After PG Passing			- Mob No.	igible Exam	NIVERSITY OF
yes	MUHS Approva			Mob No. 9284058339	iners List	HEALTH SO
MUHS/UG/E- 6/53/162112/65 7/2022	MUHS Hyes MUHS Approva Approval Letter & Date			9	(UG Course)	MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
336371227601 BFDPP6236E 22/12/1988 drharshada22 @gmail.com.	Adhar No.					
BFDPP6236E	Pan No					
22/12/1988	Date of Birth(Age)i n year					
	Date of Birth(Age)i Leatest Email Contact no. Yes/No n year					
8149180607	Contact no.					
No	Debarred Yes/No					



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Annexure- XIV(B)
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK Subjectwise Eligible Examiners List (UG Course)

Name of the College/Phone /Mob.No. : Miraj Medical Centre , College of Physiotherapy , Wanless Hospital Miraj - Mob No. 9284058339 College Email :copwanlesshospital@gmail.com
Name of the Subject : KINESIOTHERAPY & PHYSICAL DIAGNOSIS

2	н	no sr.
Miraj Medical Centre, College of Physiotherapy, Wanless Hospital	Miraj Medical Centre , College of Physiotherapy , Wanless Hospital	College Name
KINESIOTHERAPY & PHYSICAL DIAGNOSIS	KINESIOTHERAPY & PHYSICAL DIAGNOSIS	Subject
DR. CHOUGULE AKSHAY ASHOK	DR. AHMAD NOOR	Full name of the Teacher
ASSISTANT PROFESSOR	ASSOCIATE PROFESSOR	Designation
18/02/2019	16/05/2022	Date of Joining
2016	2009	UG- Qualifica tion & Year of Passing
2018	2012	UG- PG- Teaching Qualifica Qualifica experien tion & tion & ce After Year of Year of PG Passing passing Passing
04YEAR 04 MONTH S	09YEAR 01MONT HS	PG. Teaching Qualifica experien MUHS If yes MU tion & ce After Approv Approval Year of PG al Letter & t passing Passing
YES	YES	MUHS Approv
MUHS/UG/E- 6/53/162112/ 2355/2019	MUHS/UG/E- 6/53/162112/ 1383/2022	MUHS If yes MUHS Approv Approval al Letter & Date
426477138372 ARZPC2793C 05-07-1993	466083308339 AKDPN2772K 25/06/1989	Adhar No.
ARZPC2793C	AKDPN2772K	Pan No
05-07-1993	25/06/1989	Date of Birth(Age)in year
akshaychougule3 07@gmail.com	ahmadnoor1668 @gmail.com	Leatest Email Address
8.198E+09	9.306E+09	Contact no.
No	No	Debarred Yes/No



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Wanless Hospital
Miral Medical Centre

1 Cel	Sr.no College Name	College Ema	Name of the			
Miraj Medical Centre , College of NEUROLOGY Physiotherapy , PHYSIOTHER.	ege Name	ail : copwanlessh a Subject : NEUR	College/Phone			
Miraj Medical Centre , College of NEUROLOGY Physiotherapy , PHYSIOTHERAPY	Subject	College Email : copwanlesshospital@gmail.com Name of the Subject : NEUROLOGY PHYSIOTHERAPY	/Mob.No.: Miraj			
DR. KALIDASN V.	Full name of the Teacher	m ERAPY	Name of the College/Phone /Mob.No.: Miraj Medical Centre , College of Physiotherapy , Wanless Hospital Miraj - Mob No. 9284058339			
PROFESSOR 02/04/2019	Designation		llege of Physio			
02/04/2019	Date of Joining		therapy , Wa			
2005	UG- PG- Teaching Qualification Qualificatio experience & Year of n & Year of After PG Passing passing Passing		nless Hospital	Subjectwis	MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK	
2008	PG- Teaching Qualificatio experien n & Year of After PG passing Passing		Miraj - Mol	Subjectwise Eligible Examiners List (UG Course)	RA UNIVERSIT	Annex
12 YEAR 08 MONTHS	Teaching experience After PG Passing		No. 9284058	xaminers Lis	Y OF HEALTH	Annexure- XIV(B)
YES	MUHS		339	st (UG Cou	SCIENCES,N	
MUHS /UG/E- 6/53/162112/ 2355/2019	If yes MUHS Approval Letter & Date			rse)	ASHIK	
717812731521	Adhar No.					
BCHPK8858G	Pan No					
27/05/1982	Date of Birth(Age)in year					
717812731521 BCHPK8858G 27/05/1982 rkälidäsan@gm	Leatest Email Address					
LO.	0					

Contact no.

Debarred Yes/No

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No



College of Physiotherapy Wantess Hospital Wiraj Medical Centre. Miraj - 416 410.

Annexure- XIV(B)
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES,NASHIK
Subjectwise Eligible Examiners List (UG Course)

College Email: copwanlesshospital@gmail.com Name of the Subject: CARDIO VASCULAR & RESPIRATORY PHYSIOTHERAPY Name of the College/Phone /Mob.No.: Miraj Medical Centre , College of Physiotherapy , Wanless Hospital Miraj - Mob No. 9284058339

1984	15-10-1984	BDUPV8892F	293610668397	MUHS/UG/E- 6/53/162112/657 293610668397 BDUPV8892F /2023	yes	10 YEARS 08 MONTHS	2011	2008	09/03/2019	ASSOCIATE PROFESSOR	DR. VENKATA SBRAMANIAN	CARDIO VASCULAR & RESPIRATORY PHYSIOTHERAPY	Miraj Medical Centre , College of Physiotherapy , Wanless Hospital	N
1984	03-12-1984	AXVPJ0708N	898892824049	MUHS/UG/E- 6/53/162112/657 898892824049 AXVPJ0708N /2022	yes	11 YEAR 08 MONTHS	2011	2007	09/03/2019	PROFESSOR 09/03/2019	DR. JOSHI AAKANKSHA GOKULPRASAD	& RESPIRATORY PHYSIOTHERAPY	<u>=</u> - Q	ш
h(A	Date of Birth(Age)in year	Pan No	Adhar No.	Approval Approval Letter & Date	MUHS	Teaching experienc e After PG Passing	PG- Qualification & Year of passing	UG- Qualificati on & Year of Passing	Date of Joining	Designation	Full name of the Teacher	Subject	College Name	Sr.no



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Wanless Hospital
diraj Medical Centre