

Name of the College : Ojas College of Physiotherapy
 Phone/Mob. No. 8005933361
 Name of the Subject : Electrotherapy & Electro Diagnosis

Sr. No.	College Name	Subject	Full Name of The Teacher (First Name Middle Name Last Name.)	Designation	Date of Joining	UG - Qualification & Year of Passing	PG - Qualification & Year of Passing	Teaching Experience	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter No. & Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact No.(Mob)	Debarred Yes/No
1	Ojas College of Physiotherapy, Jalna	Electrotherapy & Electro Diagnosis	Dr. Krishna Kumar Damodhar Prasad Singh	Principal cum Professor	09-11-20	Bachelor of Physiotherapy (BPT) 2002	Master of Physiotherapy (MPT, MSK) 2006	15 Years	NO		7692 6863 9688	BHOPNS619B	22-12-1974 (47 Years)	physiocksingh@yahoo.in	Etc	No
2	Ojas College of Physiotherapy, Jalna	Electrotherapy & Electro Diagnosis	Dr. Vijender Sarabh Naddlunuri	Associate Professor	24-10-21	Bachelor of Physiotherapy (BPT) 2007	Master of Physiotherapy (MPT, Ortho) 2015	05 Year 08 Month	Yes	MUHS/UG/E-6/1281/2023/1/07/2023	7565 4526 3807	ALBRN6544J	10-08-1982 (40 Years)	Vijud25physio@gmail.com	9770990930	No



VKSingh
 Director/Principal
PRINCIPAL
 Ojas College of Physiotherapy
 Revgaon Road, Rohanwadi, Jalna

Name of the College : Ojas College of Physiotherapy, Jalna
 Phone/Mob. No. : 8006933361
 Name of the Subject : Kinesiotherapy & Physical Diagnosis

Sr. No.	College Name	Subject	Full Name of The Teacher (First Name Middle Name Last Name.)	Designation	Date of Joining	UG - Qualification & Year of Passing	PG - Qualification & Year of Passing	Teaching Experience	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter No. & Date	Adhar No.	Pan No.	Date of Birth (Age In year)	Latest Email Address	Contact No.(Mob)	Debarred Yes/No
1	Ojas College of Physiotherapy, Jalna	Kinesiotherapy & Physical Diagnosis	Dr. Pavan Kumar Ramneshkhanna Bannelakurva	Associate Professor	20-04-22	Bachelor of Physiotherapy (BPT) 2005	Master of Physiotherapy (MPT, Cardio) 2009	12 Year	Yes	MUHS/UG/E-6/163107/1036202 2.08/06/2022	5198 7355 9228	BBZPB3446N	01-07-1983 (39 Year)	pavanhkphdsid@gmail.com	9834101231	No



PK Ramnesh
 Dean/Principal
PRINCIPAL
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Name of the College : Ojas College of Physiotherapy
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Name of the Subject : Cardiovascular & Respiratory Physiotherapy

Sr. No.	College Name	Subject	Full Name of The Teacher (First Name Middle Name Last Name.)	Designation	Date of Joining	UG - Qualification & Year of Passing	PG - Qualification & Year of Passing	Teaching Experience	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact No.(Mob)	Debarred Yes/No
1	Ojas College of Physiotherapy, Jalna	Cardiovascular & Respiratory Physiotherapy	Dr. Mohammedsohd Rashidnyia Quadri	Associate Professor	20-06-23	Bachelor of Physiotherapy (BPT) 2008	Master of Physiotherapy (MPT. MSK) 2012	10 Years	Yes	MUHS/UG/E-6/1281/2023/10/07/2023	9637 8211 5200	AAAPQ4752R	22-12-1974 (47 Years)	skhd_rashid@ojax.com	9049356235	No



PRINCIPAL
Ojas College of Physiotherapy
Revgaon Road, Roharwadi, Jalna

K. S. Patil
Dean/Principal

SUBJECT WISE ELIGIBLE EXAMINEES LIST (UG Course)
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Name of the College : Ojas College of Physiotherapy
 Phone/Mob. No. : 8005933361

Name of the Subject : Neurosciences Physiotherapy

Sr. No.	College Name	Subject	Full Name of The Teacher (First Name Middle Name Last Name.)	Designation	Date of Joining	U.G - Qualification & Year of Passing	PG - Qualification & Year of Passing	Teaching Experience (Yes/No)	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter No. & Date	MUHS/UG/F- Approval No. & Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact No.(Mob)	Debarred Yes/No
1	Ojas College of Physiotherapy, Jalna	Neurosciences Physiotherapy	Dr. Ashisha Kshirabdhii Tamaya	Associate Professor	01-06-23	Bachelor of Physiotherapy (BPT) 2009	Master of Physiotherapy (MPT- Neuro) 2013	09 Year	Yes	6/1281/2023/10/07	MUHS/UG/F- /2023	7672 0106 9839	AIPPT3172P	23-06-1986 (37 Year)	www.mahishak@gmail.com	9439583654	No




 Dean/Principal
PRINCIPAL
 Ojas College of Physiotherapy
 Ravgaon Road, Rohanwadi, Jalna

**SUBJECT WISE ELIGIBLE EXAMINERS LIST (UG Courses)
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**

ANNEXURE - XIV (B)

Name of the College : Ojas College of Physiotherapy 8005933361
Phone/Mob. No. : 8005933361

Name of the Subject : Physiotherapy in Musculoskeletal Sciences

Sr. No.	College Name	Subject	Full Name of The Teacher (First Name Middle Name Last Name.)	Designation	Date of joining	UG - Qualification & Year of Passing	PG - Qualification & Year of Passing	Teaching Experience	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter No. & Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact No.(Mob)	Debarred Yes/No
1	Ojas College of Physiotherapy, Jalna	Physiotherapy in Musculoskeletal Sciences	Dr. A Manu Muthu Annamalai	Associate Professor	01-06-23	Bachelor of Physiotherapy (BPT) 2007	Master of Physiotherapy (MPT. Ortho.) 2010	06 Year	Yes	MUHS/UG/E- 6/1282/2023/10/07 /2023	3687 76142281	BLOPM8111N	21-06-1983 (39 Year)	manumuthu@oju.edu.com	7022838424	No




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