MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Physiotherapy Faculty

DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved)

Name of College:	Subject:
College Code: Intake Capacity	Whether UG/ UG+PG

						S.N.		
1					Staff			
)						Designation Mob.		
					No.			
					E-mail Date ID of Birth			
					Date of Birth			
				Whether belongs to Reserved category (if Yes, specify category)				
					Date of appointment			
				Asst. prof.				
				Asso. F Prof.	UG (yrs)	Teaching Experience		
				Prof.	rs)			
				Total				
					Total Teaching Experience in years of PG			
				Temp./Regular/ Contractual		Type of Appointment		
					Approval 1 Status (Yes/No)			
				Temp/ Le	by MUHS (Yes/No)	eac		
				Letter No. & date	gnition IS			
					Signature	Photograph with		

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

Verified by The LIC Committee Members

Signature of Dean of Principal
Pandharpur, Dist. Solapur

