Part-I

Maharashtra University of Health Sciences, Nashik

Inspection Committee Report for Post Graduate Institute (Institutes running exclusive PG Course) for Academic Year 2026 - 2027

Faculty of Medicine

(For Grant of Continuation / Extension of Affiliationfor affiliated PG Colleges/Institutes/Fellowship/Certificate Course/Ph.D. Colleges & Hospitals)

Date of Establishment of College	:	01/11/1955
Date of Inspection	:	

Name & Designation of Inspectors :		**Signature**
1)	Chairman	
2)	Member	

1	**Name of the College / Institute**	:	ALL INDIA INSTITUTE OF PHYSICAL MEDICINE AND REHABILITATION
a	Name of Society / Trust	:	Not applicable
b	Address	:	K.Khadye Marg, Haji Ali, Mahalaxmi, Mumbai-400034
c	Email Address	:	director@aiipmr.gov.in
d	Fax No.(s)	:	---
e	Telephone No.(s)	:	022-23544332
f	Website	:	www.aiipmr.gov.in
g	College Code	:	101108
h	Status	:	Government ~~/ Corporation / Private~~
i	Stage of Renewal	:	Annual Disclosure Reports for year 2023 & 2024 is submitted and is being scrutinized. Conditional renewal received (letter No.N-P011(20)/25/2025-PGMED-NMC)
j	**Details of the Dean/Principal**	:	
2	Name of the Dean/ Principal	:	Dr. Mahesh Choudhary
a	Nature of Appointment	:	~~Permanent~~ / ~~Temporary~~ / Officiating
b	Mobile No.	:	9920083839
c	Office Landline	:	022-23544332
d	E-mail Address	:	director@aiipmr.gov.in

1. PG Intake Capacity:

Sr. No.	Course	Subject	No. of Recognized Seats	No. of Permitted Seats	Total Intake Capacity
1	MD (PMR)	Physical Medicine and Rehabilitation	04	00	04

1. Details of the College are available on the College Website, in the preSscribed format (Part II)?

Yes/~~No~~

(2)

2. **Whether the information is complete in all respect.** Yes/~~No~~

3. **If incomplete information, please write the points from prescribed format (part II) regarding unavailable/insufficient information, (LIC to physically verify) the infrastructure/available facilities regarding those points and write the observation below-**

Sr. No.	Subject	Points Number in prescribed format	Particulars of the point	Observations of the LIC

4. **LIC to randomly choose the 10 points of concern, which will help improve the quality of medical education and student's life on the campus.**

Sr. No.	Subject	Points Number in prescribed format	Particulars of the point	Observations of the LIC

5. **LIC to visit all departments and physically verify the availability of teaching staff and residents in the department (Please attach the Biometric attendance of all departments over previous 06 months.) Annexure- "I".**

6. **Curricular Activities in the College-**

a. Whether the PG activities are conducted regularly? Yes/~~No~~
(LIC to verify the record of PG activities and submit the report in below format)

Sr. No.	Subject	PG Activity	Frequency of conduction as per the available records	Remark
1	Physical Medicine and Rehabilitation	Seminar	1 per week	
		Journal Club	1 per week	
		Tutorials	-	
		Case Presentation	2 per week	
		Any other 2 P&O, CP, EMG, DF, O	6 per week	
2		Seminar		
		Journal Club		
		Tutorials		
		Case Presentation		
		Any other		

7. Ongoing Research Activities in the college excluding PG thesis (LIC to verify the relevant details of any one of ongoing research activities such as Ethics Committee Approval, status of data collection, data analysis etc., and give the remarks below).

5 Research activities in progress

8. MUHS Faculty Evaluation Status:

(Refer University Circular No.99/2022 (MUHS/Acad/EO/UG & PG/3869/2022 dtd.21/10/2022))

Faculty Evaluation carried out at College level	Total No. of Teachers	Total evaluation carried out	Remaining pending with reasons
05	05	05	00

~~9.~~ Status of NAAC Accreditation: Accredited **~~Yes~~ / No / ~~Not Applicable~~**

~~If Yes, Grade & Date of last Inspection:~~

If No, what is current status/ progress of work **under process**

11. Status of Online Boarding: Done

12. Services for Person with Disability: Available

13. Availability of Freeship/ Scholarship for category Students: Present

14. Students Feedback

Sr. No.	Particulars to be verified	Details on College Website	Adequate/ Inadequate
1	**Hostel facility:** Boys (UG)	Yes/~~No~~	
2	Boys (PG)	Yes/~~No~~	
3	Girls (UG)	Yes/~~No~~	
4	Girls (PG)	Yes/~~No~~	
5	Interns	Yes/~~No~~	
6	Residents	Yes/~~No~~	
7	Canteen Facility [**Note**: Verify Canteen Facility is monitored as per MUHS Circular No.18/2019 dated 19/03/2019].	Yes/~~No~~	
8	Warden/ Rector	Yes/~~No~~	

Sr. No.	Particulars to be verified	Details on College Website	Adequate/ Inadequate
9	Hygiene	Yes/~~No~~	
10	Vending Machine	~~Yes~~/No	
11	Toilets / Washroom Facilities (Cleanness & Hygiene maintain)	Yes/~~No~~	
12	Housekeeping at Hostel	Yes/~~No~~	
13	Drinking Water Facilities	Yes/~~No~~	
14	Security Services	Yes/~~No~~	

15. Fees Details:

Sr. No.	Continuation / Extension of Affiliation Fees Details:				
	Course (s)	Paid / Not paid	Amount	Outstanding (if any)	Reasons of Non-payment
1	MD (PMR)	Paid	5,00,000	-	-
2	FCRS	Paid	50,000	-	-

16. Any Other Fees Details:

Sr. No.	Course (s)	Paid / Not paid	Amount	Outstanding (if any)	Reasons of Non-payment
1					
2					
3					
4					
5					

17. Date of college data uploaded on web portal (http://aishe.gov.in) regarding "All India Survey on Higher Education (AISHE)". Yes/~~No~~

Date of Uploading : 12/11/2025

18. Summary and other observation of LIC: (If required separate sheet to be attached).

MAHARASHTRA UNIVER LTH SCIENCES, NASHIK
Information to be provided by the C fication of Local Inquiry Committee

LIST OF ANNEXURE FOR LIC

No. of Annexures	Particulars	Verified by Committee
ANNEXURE-I	**LIC to physically verify the availability of teaching staff and residents in the assigned department/departments (Please attach the attendance sheet duly signed by teachers and residents)** 1. Hard copy of this Annexure must be submitted to the University. 2. The information must be made available on the College website	Yes/No
ANNEXURE-II	**Intake Capacity/ Seat Matrix** 1. Hard copy & soft copy of this Annexure must be submitted to the University. 2. The information must be made available on the College website.	Yes/No
ANNEXURE-III ✓	**Total Subject-wise Teacher Staff List (Approved + Not approved)** 1. Hard copy & soft copy of this Annexure must be submitted to the University. 2. The information must be made available on the College website.	Yes/No
ANNEXURE-IV ✓	**Examination Related Information** Hard copy & soft copy of this Annexure must be submitted to the University). The information must be made available on the College website.	Yes/No
ANNEXURE-V	**Form for Fellowship/Certificate Course(s)** Hard copy & soft copy of this Annexure must be submitted to the University). The information must be made available on the College/Training Centre website.	Yes/No
ANNEXURE-VI	**Form for Ph.D Courses** Hard copy & soft copy of this Annexure must be submitted to the University). The information must be made available on the College/Training Centre website.	Yes/No
ANNEXURE-VII	**Declaration by the Dean / Principal of the College / Institute** Original copy of this Annexure must be submitted to the University.	Yes/No

IMPORTANT INSTRUCTIONS & DECLARATIONS:

1. Our College is fully aware that our college is responsible to fulfil and maintain norms including the infrastructure both physical and human resources, teaching faculty and clinical material throughout Academic Year as per MSR/Council norms/University norms. In case false/wrong declaration or fabricated documents is submitted for purpose of Affiliation of the University by the College and if it is found by the University at any stage, then our college is fully aware that affiliation will be withdrawn by the University with immediate effect with penal action.

2. It is certified that our college has uploaded all above Annexures on our college website and it will be kept ready for verification of Local Inquiry Committee (LIC). Our college is fully aware that University will not grant Continuation of Affiliation, in case if required information, is not uploaded on college website.

3. Our College hereby undertake that all Annexures information will be made available on college website for a period of next 05 years. Year-wise information of all Annexures will be made available on college website for a period of 05 years from time to time. In case if any information (Annexure-wise) is called-for by the University in intermittent period, our college will furnish required information to the University immediately.

Date : 10/2/2026

Place : MUMBAI

निदेशक/DIRECTOR
Signature of Dean/ Principal
हाजी अली, के. खाडये मार्ग,
Name of the Signatory
मुंबई/Mumbai -400 034.

(with Seal of the College / Institute)

DECLARATION BY LIC

We hereby certify that, the College has uploaded Annexures as prescribed by University on College Website and it is duly verified by our Committee. Details of Information of Annexure/s which is not uploaded on College Website is mentioned in LIC Report.

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

Date: .....

Short Report

To,
The Registrar M.U.H.S.,
Nashik

Sub: - Short Report of Local Inquiry Committee for Continuation of Affiliation for the Academic Year 2022-23.

Sir,

With reference to above mentioned subject and letter we are visiting **All India Institute of Physical Medicine and Rehabilitation** College/Institute on dated ..... and sending a **Short Report** regarding present Teaching Staff and IPD in your prescribed format as follows at 11.00 a.m.

1. Number of Teaching Staff present: .....
2. Number of IPD patients on Bed: .....

(Photocopy of Attendance of Teacher and IPD at the time 11:00 a.m.)

1) .....
(Name & Sign of LIC Member)

2) .....
(Name & Sign of LIC Member)

3) .....
(Name & Sign of LIC Member)

4) .....
(Name & Sign of LIC Chairman)

ANNEXURE- I

Name of College/Institute All India Institute of Physical Medicine and Rehabilitation

Name of the Department: Physical Medicine and Rehabilitation

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1	Dr. Mahesh Choudhary	Director Officiating	Assistant Professor	
2	Dr. Amit Mhambre	HOD (PMR)/ Professor	Associate Professor	
3	Dr. Vinay Goyal	Professor	Professor	
4	Dr. Sumedh More	Professor	Assistant Professor	
5	Dr. Priyanka Saikia Chaubey	Assistant Professor	-	

Total PG Intake Capacity= 04

Whether Teachers Students ratio is fulfilled **Yes/No**

Summary -

Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	01	01	00
2	Associate Professor	01	01	00
3	Assistant Professor	01	02	00
4	Senior Resident	01	02	00
5	Junior Resident	06	06	00

Approved + Non Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	01	03	00
2	Associate Professor	01	01	00
3	Assistant Professor	01	01	00
4	Senior Resident	01	02	00
5	Junior Resident	06	06	00

Data Verified by the Committee members:

Member **Member** **Member** **Chairman**

Part-II

Maharashtra University of Health Sciences, Nashik

College/Institute Information for MUHS to be published on College Website
Academic Year 2026 - 2027

Faculty of Medicine

College/Institute Information for MUHS (Post Graduate Course)

1	**Name of the College / Institute**	:	All India Institute of Physical Medicine and Rehabilitation
a	Name of Society / Trust	:	Not applicable
b	Address	:	K.K. Marg, Haji Ali, Mahalaxmi, Mumbai-400034.
c	Email Address	:	director@aiipmr.gov.in
d	Telephone No.(s)	:	022-23544332
e	Website	:	www.aiipmr.gov.in
f	Date of Establishment	:	01/11/1955
g	Status	:	Government / ~~Corporation / Private~~
2	**Details of the Dean/Principal**	:	
a	Name of the Dean/ Principal	:	Dr. Mahesh Choudhary
b	Nature of Appointment	:	Approved ~~/ Not Approved~~ Officiating
c	Mobile No.	:	9920083839
d	Office Landline	:	022-23544332
e	E-mail	:	director@aiipmr.gov.in

A. Hospital Information:

1. General information

a) Name of the hospital: All India Institute of Physical Medicine and Rehabilitation
b) Number of beds registered as per BNH act: 55
c) Total construction area in square meters: 4050.747 sq.mtr
d) MPCB clearance: No
e) Fire audit /clearance: Yes

2. OPD

Sr. No.	Item	Details
1	OPD Timings	9.00 am to 1.00 pm (Monday, Wednesday, Friday)
2	Separate Registration areas for male/female, OPD /IPD	Yes
3	Are the Registration counters computerized	Yes
4	Number of registration counters	03
Assessors to obtain and attached printout of the OPD/IPD details from computerised system of at least 10 randomly selected dates over previous one year.		

Data Verified by the Committee members:

Member **Member** **Member** **Chairman**

(15)

3. **Casualty: Arrangement made with B.Y.L Nair and J. J. Group of Hospital to provide emergency facilities**

Sr. No.	Particulars	Required as per MSR	No. available
1	No. of Teaching Beds (excluding ICU Beds & Emergency Beds)		
2	Separate Casualty OBGY beds		
Sr. No.	**Particulars**	**Required as per MSR**	**No. available**
3	Central Oxygen & suction		
4	Monitors		
5	Ambu bag		
6	Ultrasonography Machine		
7	Crash Cart		
8	Emergency Drug Tray		
9	Defibrillator		
10	Ventilator		
11	X-ray Unit – (Mobile)& X-rayStatic		
12	Minor OT		

4. **Central Clinical Laboratory:** Institute laboratory is awaiting for upgradation of equipment and few tests are available. Hence, some facilities are out sourced to HLL laboratory catering to patients and providing facilities for all biological and immunological tests. **Total area 37.16 sq.mt**

Sr. No	Particulars	Available
1	Hematology	Yes
2	Histopathology	-
3	Cytopathology	-
4	Clinical Pathology	-
5	Serology	Yes
6	Bacteriology	-
7	Virology	Yes
8	Parasitology	Yes
9	Biochemistry	Yes
10	Any other	-

5. **List of Instruments in CCL:**

Sr. No.	Name of Equipment	Quantity
1	Semi-Automatic Clinical chemistry Analyzer	1
2	Binocular research Microscope	1
3	Fully Automated Hematology Analyzer	1
4	Oven with digital display	1
5	Window AC 1.5 tons	1
6	HP Laserjet 1020 plus Printer	1

6. **Radio diagnosis (if any of the facility is outsourced, please mention it specifically)**

Data Verified by the Committee members:

Member **Member** **Member** **Chairman**

Sr. No.	Particulars	Number Available
1	X-ray Machines	60mA: --
		100mA: --
		300mA: --
		600mA: --
		800mA:
		Any other: 500 mA
		IITV facility: --
2	Number of USG machines (exclusively in radiodiagnosis department.) [USG Machines in OT, ObGy OPD, Casualty, Cardiology department etc should not be counted]	0
3	CT (minimum 16 slice is to be considered)	0
4	MRI	0
5	Mammography	0
6	Any other facility	0

Data Verified by the Committee members:

Member **Member** **Member** **Chairman**

7. Intensive Care Units: Arrangement made with B.Y.L Nair Hospital to provide facility

Sr. No.	Type	Number of Beds
1	ICCU	
2	ICU	
3	SICU	
4	NICU	
5	PICU	
6	Any other	

8. Clinical Material of the entire Hospital:

(For verifying OPD and attendance indoor occupancy, at least five random dates within last six months is to be selected and all indoor case papers of new admissions on those dates should be verified in MRD) Evidence to be attached with the report.

Particulars	Average Daily (On selected dated)					
O.P.D. attendance (Mon, Wed, Fri)	398	2/7/25 -364	13/8/25 -399	10/9/25 -492	17/9/25 -371	7/11/25 -365
Casualty attendance	-					
Number of new admissions	04	2/7/25 -5	5/8/25 -5	10/9/25 -4	4/10/25 -3	7/11/25 -4
Number of discharges	04	14/8/25 -4	20/9/25 -4	11/10/25 -7	22/11/25 -2	31/12/25 -2
Bed occupancy % (Available beds*100/Total required beds); for 4 seats 30 beds are required according to MSR guidelines	100%					
Operative Work						
Number of major surgical operations (Tues/Thurs/Sat)	03	5/6/25 - 3	8/7/25 - 3	28/8/25 - 4	16/9/25 - 3	28/10/25 - 2
Number of minor surgical operations	9	19/6/25 - 11	17/7/25 - 11	26/8/25 -7	2/9/25 -7	11/11/25 -11
Number of normal deliveries	-					
Number of caesarian sections	-					
Radiodiagnosis Investigations	O.P.D.			I.P.D.		
(Number of patients)						
X-ray	31			01		
Special investigations						
Ultrasonography	-			-		
C.T. Scan	-			-		
MRI	-			-		
Mammography	-			-		
Laboratory Investigations – No. of Patients	O.P.D.			I.P.D.		
Hematology	34			01		
Histopathology	-			-		

Data Verified by the Committee members:

Member **Member** **Member** **Chairman**

Cytopathology	-	-
Clinical Pathology	-	-
Serology	02	01
Bacteriology	-	
Virology	-	
Parasitology	-	
Biochemistry	87	01
Any other	-	

9. **Blood Centre: Arrangement with 'Indian Red Cross Society, Bombay City Branch' & B.Y.L Nair Hospital to provide blood bank facility**
   A) License valid up to_____ (Please attach a copy of license)
   b) Blood Separation Facility – Available/Not available
   c) Average No of units dispensed per day:
   d) No of units available on the day of assessment:

10. Other infrastructural facilities in Hospital:

Sr. No.	Particulars	Available
1	Pharmacy	No
2	Central Workshop	Yes
3	Central Research Lab	Body Composition Analyzer, Urodynamic lab, Foot Scan lab, EMG/NCV lab
4	Canteen / Mess	Yes
5	Central Incineration Plant / Hospital Waste	Outsourced
6	Kitchen	Yes
7	Intercom Network	Yes
8	Computerized MRD ICD X indexing	No
9	Central Laundry	Outsourced
10	Ambulance: Owned/Hired	Yes

11. Central library

Sr. No.	Particulars	Available
1	Area	129.168 sq.m (1440 sqft)
2	Air-conditioned	No
3	Reading rooms for students (Number of rooms with seating capacity in each)	2 rooms and 1 Library corridor
4	Staff reading room	Yes
5	Space for stocking and display of books and	Yes
6	Rooms for librarian and other Staff;	Yes
7	Journal Room	Yes
8	Number of computers with internet facility	4

Data Verified by the Committee members:

Member **Member** **Member** **Chairman**

9	Total Number of books:	5048
10	Number of Journals : (Titles only) (Multiple volumes / issues of one title should be counted as ONE)	116
11	Number of books added in last year:	25
12	Number of Journals titles added in last year:	--

Data Verified by the Committee members:

Member **Member** **Member** **Chairman**

12. Hostel Facility:

Sr. No.	Hostel	Details
1	**Resident Hostel**	Yes
a	Number of Rooms with Number of occupants per Room	No of Rooms: 06 No of Occupants per rooms- 02
b	Total capacity	12
c	Name of Warden / Rector	Dr. Mahesh Choudhary

13. Availability of various Functional Committees :

Sr. No.	Committee	Available (Yes / No)
1	VISHAKA (Sexual Harassment Redressal) Committee	Yes
2	Anti-Ragging Committee	Yes
3	Pharmaco-vigilence committee	No
4	Institutional Ethics Committee (Whether it is registered with CDCSO)	Registration with CDCSO is Under Process

14. Utilization of Student Welfare Schemes:

Sr. No.	Scheme	Number of beneficiaries in last year
a	Earn and Learn Scheme	Nil
b	Dhanwantri Vidyadhan Scheme	Nil
c	Sanjivani Student Safety Scheme	Nil
d	Student Safety Scheme	Nil
e	Book Bank Scheme	Nil
f	Savitribai Phule Vidyadhan Scheme	Nil
g	Bahishal Shikshan Mandal Scheme	Nil
h	If, any other Scheme	Nil

15. Academic Online Teacher Database:

1)	Name of Co-ordinator	Dr. Nima Wangdi
	Teaching / Non-Teaching:-	Non Teaching
	Mobile No:-	9004289578
	Email id:-	drnimawangdi@gmail.com
2)	OTD last updated on (date)	

~~16.~~ Attendance of teachers is monitored by Biometrics: Yes / ~~No~~

Data Verified by the Committee members:

Member Member Member Chairman

17. Conference / Workshop/ CME Activities organized in last year:

Sr. No.	Conference / Workshop/ CME Activities	Dates	MMC Credit points	Local / State / National / International level?	Organizing department

Data Verified by the Committee members:

Member Member Member Chairman

Department Specific Information in the Hospital

Please fill in the information for the broad specilities, where PG seats are available.

(For rest of the departments – Please mark as "Not Applicable")

Department of Physical Medicine and Rehabilitation

1. **Intake Capacity:**

Course	Subject	Number of Recognized Seats	Number of Permitted Seats	Total Intake Capacity
MD (PMR)	Physical Medicine and Rehabilitation	04	00	04

2. **Total Teachers & Residents available in the Department:**

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	PG Teacher Recognition Status (Permanent/Temporary)	If temporary, Approval/ Recognition granted till
1	Dr. Mahesh Choudhary	Director Officiating	Assistant Professor	Permanent	-
2	Dr. Amit Mhambre	Professor & HOD (PMR)	Associate Professor	Permanent	-
3	Dr. Vinay Goyal	Professor	Professor	Permanent	-
4	Dr. Sumedh More	Professor	Assistant Professor	Permanent	-
5	Dr. Priyanka Saikia Chaubey	Associate Professor	-	-	-

3. **Summary of Teaching staff in the Department:**

Sr. No.	Designation	Required (As per the PG Medical Regulations 2000)	Available	Deficiency
1	Professor	01	01	00
2	Associate Professor	01	01	00
3	Assistant Professor	01	02	00
4	Senior Resident	01	02	00
5	Junior Resident	06	06	00

4. **Summary of Recognized PG Teacher in the department:**

Sr. No.	Designation	Number of Recognized PG Teacher
1	Professor	01
2	Associate Professor	01
3	Assistant Professor	02

5. **Number of Units with beds in each unit (if applicable) :**

Unit Number	Beds Available
I	55

Data Verified by the Committee members:

Member **Member** **Member** **Chairman**

Total	55

6. Clinical workload of the Department (if applicable):

Particulars	Average Daily for last month (December 25)
OPD attendance	233
Total number of new admissions	01
Bed Occupancy (for the course 30 beds are required)	100%
Major Surgeries	01
Minor Surgeries	06

Data Verified by the Committee members:

Member Member **Member** **Chairman**

7. Publications in Index Journals in last year: 2025
(Please do not repeat publication details for same publication with multiple authors from same institute)

Sr. No.	Title	Authors from the Institute	Departments of authors	Journal details	Journal indexed with which indexing agency
1	-				
2	-				
3	-				

8. Academic activities (outcome based):

Sr. No.	Activity	Frequency
1	Seminar	1 per week
2	Journal Club	1 per week
3	Tutorials	-
4	Case Presentation	2 per week
5	Any Other	6 per week

9. Operation theatres (if applicable):

No of OTs	Central Oxy / Nitrous Oxide Y/N	Anesthesia Machine Y/N	Multipara Monitor with Capnograph Y/N	Defibrillators Y/N	Infusion Pumps Y/N
02	Yes	Yes	Yes	Yes	Yes

10. Specialty clinics run by the department with number of patients in each (if applicable):

Name of the Clinic	Weekday/s	Timings	Number of cases (Avg)	Name of Clinic In-charge
P & O Clinic	Tuesday, Friday	2.30 pm	3	Dr. Amit Mhambre
Case Conference Clinic	Wednesday	2.30 pm	1	Dr. Vinay Goyal
Diabetic Foot Clinic	Saturday	9.30 am	1	Dr. Sumedh More
Obesity Clinic	Thursday	3.00 pm	2	Dr. Priyanka Siakia Chaube
Cerebral Palsy Clinic	Thursday	2.30 pm	4	Dr. Amit Mhambre
EMG/NCV Clinic	Saturday	9.30 am	1	Dr. Priyanka Saikia Chaubey

11. Services provided by the department (if applicable):

Service / facility	Yes / No – Remarks if any
OPD	Yes
Major OT	Yes
Minor OT	Yes
Certification (Disability, Driving)	Yes
P&O clinic	Yes
Case Conference	Yes
Diabetic Foot Clinic	Yes
Obesity Clinic	Yes
EMG/NCV Clinic	Yes
Urodynamic study	Yes

Data Verified by the Committee members:

Member Member Member Chairman

12. Equipment: List of important equipment* available and their functional status. (Please fill out the details of the list here below. NO annexure to be

(20)

attached)

Equipment	Numbers / functional status / comments
Equipment for OPD	
BP apparatus (Pneumatic)	05 - Functional
Stethoscope	05 - Functional
Neurological examination tray	05 - Functional
Plastic Measuring Tape	05 - Functional
Stainless steel Goniometer	05 - Functional
Equipment for Operation Theatre	
ManMan Surgical Drill Machine	02-Functional
Shayla Electrocautery machine	03- Functional
Adonis C-arm Image intensifier	01-Functional
Electronic Tourniquet	02- Functional
C Arm compatible OT table	01-Functional
Inmed Nerve stimulator	02- Functional
Inmito Radiofrequency ablation	01-Functional
Stainless steel Autoclave	01- Functional
Stainless steel Scissor (curved)	10-Functional
Stainless steel (straight)	10- Functional
Stainless steelScissor (suture removal tray)	10-Functional
Stainless steel Mosquito forceps	10- Functional
Stainless steel Artery forceps (medium)	10-Functional
Stainless steel Hammer	05- Functional
Stainless steel Osteotome no 5	05-Functional
Stainless steel Osteotome no 10	05- Functional
Stainless steel Osteotome no 15	05-Functional
Stainless steel Osteotome no 20	05-Functional
Stainless steel Stenman pins 2	05-Functional
Stainless steel Stenman pins 2.5	05-Functional
Stainless steel Stenman pins 3	05-Functional
Stainless steel Stenman pins 3.5	05- Functional
Stainless steel Kwire 1 mm	05-Functional
Stainless steel Kwire 1.5 mm	05-Functional
Stainless steel Kwire 1.8 mm	05-Functional
Stainless steel Kwire 2 mm	05-Functional
Stainless steel Kwire 2.5 mm	05-Functional
Stainless steel Kwire 3 mm	05-Functional
Stainless steel Kwire 3.5 mm	05-Functional
Stainless steel Cancellous Screw	10-Functional
Stainless steel Cautery Points	20-Functional
Stainless steel Drill Sleeves Small size	02-Functional
Stainless steel Drill Sleeves Large size	02-Functional
Stainless steel Drill bits 2	10-Functional
Stainless steel Drill bits 2.5	10-Functional
Stainless steel Drill bits 3.2	10-Functional
Stainless steel Drill bits 3.5	10-Functional
Stainless steel Drill bits 4	10-Functional
Stainless steel Drill bits 4.5	10-Functional
Stainless steel Reconstruction Plate 10 holes	05-Functional
Stainless steel Reconstruction Plate 12 holes	05-Functional
Stainless steel Harington rod cutter	05-Functional
Stainless steel Plyer	03-Functional
Stainless steel Big right angle retractor	06-Functional

Data verified by the Committee members:

Member **Member** **Chairman**

Stainless steel Small right angle retractor	03-Functional
Cloth Head ring	02-Functional
Cloth OT gowns	20-Functional
Stainless steel Lead gown stand	+-Functional
Cloth C-arm cover	02-Functional
Allengers EMG/NCV machine	01-Functional
Podotech Foot scan	01-Functional
Tanita Body composition analyzer	01-Functional
Status Urodynamic machine	01-Functional

Data Verified by the Committee members:

Member **Member** **Member** **Chairman**

ANNEXURE- I

Name of College/Institute All India Institute of Physical Medicine and Rehabilitation

Name of the Department: Physical Medicine and Rehabilitation

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1	Dr. Mahesh Choudhary	Director Officiating	Assistant Professor	
2	Dr. Amit Mhambre	HOD (PMR)/ Professor	Associate Professor	
3	Dr. Vinay Goyal	Professor	Professor	
4	Dr. Sumedh More	Professor	Assistant Professor	
5	Dr. Priyanka Saikia Chaubey	Assistant Professor	-	

Total PG Intake Capacity= 04

Whether Teachers Students ratio is fulfilled **Yes/~~No~~**

Summary -

Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	01	01	00
2	Associate Professor	01	01	00
3	Assistant Professor	01	02	00
4	Senior Resident	01	02	00
5	Junior Resident	06	06	00

Approved + Non Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	01	03	00
2	Associate Professor	01	01	00
3	Assistant Professor	01	01	00
4	Senior Resident	01	02	00
5	Junior Resident	06	06	00

Data Verified by the Committee members:

Member **Member** **Member** **Chairman**

ANNEXURE- II

Intake capacity/ Seat Matrix

Name of College/Institute: All India Institute of Physical Medicine and Reh

PG Degree / PG Diploma Courses / Super Specialty	Intake as per Council		Status of Council				Max. Seats Permitted by MUHS as per Teacher: Student Ratio	
			Degree		Diploma			
	Degree	Diploma	Recognized	Permitted	Recognized	Permitted	Degree	Diploma
Physical Medicine and Rehabilitation	04	-	04	00	-	-	04	-

Any Other, Please Specify: .....

Data Verified by the Committee members:

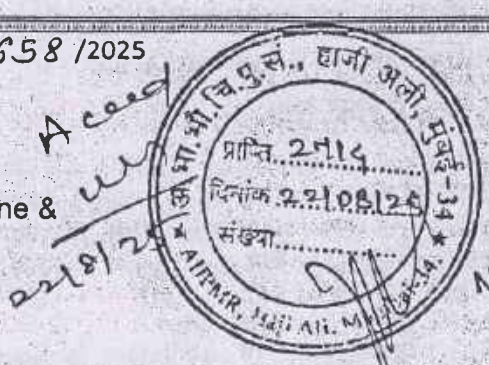
Member	Member	Member	Chairman

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ,नाशिक
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
दिंडोरी रोड, म्हसरुळ, नाशिक-४२२००४
Dindori Road, Mhasrul, Nashik-422004
EPABX: 0253- 2539100/300, Fax: 0253 - 2531836, Ph.: 2539191/2539291
Email: academicmedical@muhs.ac.in Website: www.muhs.ac.in

डॉ. राजेंद्र शिवाजी बंगाळ
एम.बी.बी.एस.,एम.डी.(न्यायवैद्यकशास्त्र), डी.एन.बी., एलएल.बी.
कुलसचिव

Dr.Rajendra Shivaji Bangal
M.B.B.S.,M.D.(Forensic Medicine),D.N.B., LL.B.
Registrar

Ref.No.: MUHS/Acad/E-1/PG/101108/658 /2025 Date: 18/07/2025



To
The Principal,
All India Institute of Physical Medicine & Rehabilitation Haji Ali Park, K.Khadye Marg, Mahalaxmi, Mumbai-400034.

Sub.: Continuation / Extension of Affiliation for A.Y. 2025-26 (Medical PG) (Issued under provision No. 11 & 12 of University Direction No. 02/2016)

Ref.: 1) University Direction No. 02/2016 & u/s 68, 69 of MUHS Act 1998
2) Academic Council Resolution No. 288/2025, dated 23/04/2025

Sir / Madam,

With reference to above cited subject, I am directed to communicate that, as per the University laid down procedure & your proposal for Continuation of Affiliation & / or Extension of Affiliation, considering Teacher : Student ratio, the Hon'ble Academic Council is pleased to grant Continuation of Affiliation & / or Extension of Affiliation for Academic Year 2025-26 as per the provision u/s 65 (4) of the MUHS Act, 1998, for the **Medical Post Graduate** Courses of your College in the following subject(s):

Medical Post Graduate Courses :

Sr. No.	PG Degree	Intake as per Council	Max. Seats Permitted as per Teacher : Student Ratio #
		PG Degree	
1	Physical Medicine & Rehabilitation	04 —	04 —
	Total	**04**	**04**

No. of seats may increase / Decrease as per availability of Recognized PG Teacher on or before the cut-off date of admission. PG seats shall be maximum up to sanctioned intake by Central Council.
* It indicates deficiency in No. of teachers in the Unit in that particular subject. Permission is granted subject to fulfilment of deficiency within Two months from issuance of this letter.

1) The above subject and intake-wise Continuation of Affiliation is subject to the following conditions:
   i. Permission is granted by Central Government / Medical Council of India / Commission and / State Government (as applicable for 2025-26).
   ii. Required teaching staff as per Teacher : Student ratio prescribed by Medical Council of India / Commission / University norms is fulfilled.
   iii. It is mandatory to fulfil the prescribed minimum standard requirements for Undergraduate training as per the norms of Central Council and obtain Continuation of Affiliation for the UG Course also.

iv. Admission of students is subject to availability of PG recognized teachers.

v. For those UG/PG qualifications that are not yet recognized by the Cent... Government, it shall be mandatory for the College to apply to the Central Council / Commission through Central Govt. and ensure that "Permitted" / "Not Recognized" qualifications are enlisted in "Recognized Qualifications", failing which University shall not grant Continuation of Affiliation to such courses from ensuing Academic Year and no student shall be admitted in such courses. As per information available with the University, Seat Matrix of your College is attached herewith for perusal & necessary action.

2) The following deficiencies are to be complied with:

A. **Deficiencies in College for compliance: Nill**

B. **Deficiencies in Hostels for compliance: Nill**

C. **Other Deficiencies, if any: Nill**

D. Other: ***Settlement of advance(s) / dues of any section of the University including affiliation fees if pending with the College and any other deficiency observed by any regulating authority, please submit within 03 (three) months, otherwise, no action will be taken on teacher's proposal for approval / PG Recognition received from your College.***

Important Note:

1) This Continuation / Extension of Affiliation is issued for the A.Y. 2025-26 subject to the permission of Medical Council of India / Commission and / or Government of India. Further, if the permission is declined by the said authorities, this Continuation / Extension of Affiliation shall be treated as cancelled. The College is not authorized to admit students for First Year of the course until receipt of permission of the Medical Council of India / Commission and / or Government of India.

2) The admission shall be done only through the Competent Authorities of the State Government.

Thanking you.

Yours,

08-7-25

Registrar

Copy to:

1. The Hon'ble Secretary, National Medical Commission, New Delhi
2. The Hon'ble Secretary, Medical Education & Drugs Department, Mumbai
3. The Secretary, Admission Regulatory Authority, Mumbai
4. The Commissioner, Directorate of Medical Education and Research, Mumbai
5. The Director, Directorate of Medical Education and Research, Mumbai
5. The Controller of Examinations, MUHS, Nashik
6. The H.O.D., Eligibility Section, MUHS, Nashik
7. The H.O.D., Computer Section, MUHS, Nashik

16

दूरभाष/ Phone: 25367033, 25367035, 25367036
फैक्स/ Fax: 0091-11-25367024
Email: adr.pgmeb@nmc.org.in

पॉकेट-14, सेक्टर-8, द्वारका, फेस-1, नईदिल्ली-77
Pocket- 14, Sector- 8, Dwarka, Phase – 1, New Delhi-77

राष्ट्रीय आयुर्विज्ञान आयोग
National Medical Commission
स्नातकोत्तर आयुर्विज्ञान शिक्षा बोर्ड
Post-Graduate Medical Education Board (PGMEB)

No.N-P011(20)/25/2025-PGMEB-NMC/026160-66 Dated: 28/10/25

ORDER

The **All India Institute of Physical Med. and Rehabilitation, Mumbai**, affiliated to Maharashtra University of Health Sciences, Nashik has submitted Annual Disclosure Reports for year 2023 & 2024 for the Annual Renewal of Recognition as mandated by "Maintenance of Standards of Medical Education Regulations, 2023" (MSMER-2023).

2. Annual Disclosure Reports of **All India Institute of Physical Med. and Rehabilitation, Mumbai** for year 2023 & 2024 is being scrutinized. Since the counselling of the year 2025 is approaching, you are given Conditional Renewal of the following 01 course as under:

S.No.	Name of Courses	No. of Seats for Year 2025-26
	MD (Doctor of Medicine)	
1.	Physical Medicine & Rehabilitation	4

3. Based on scrutiny, necessary action will be taken as per the regulation for the above-mentioned courses.

Digitally signed by Vijay
Date: 27-10-2025 17:06:28

(Dr. Vijay Oza)
President,
Post-Graduate Medical Education Board

To

Dean/Principal,
All India Institute of Physical Med. and Rehabilitation,
Mahalaxmi, Mumbai400034
MAHARASHTRA
Email ID:director@aiipmr.gov.in

Copy to:-

1. President, MARB
2. The Principal Secretary, Department of Health & Family Welfare, Govt. of Maharashtra.
3. The Director Medical Education & Research, Govt. of Maharashtra.
4. The Registrar, Maharashtra University of Health Sciences, Nashik422004.
5. Under Secretary, PG-MARB.
6. Guard File.

ANNEXURE-III

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

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

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

Name of the Dept.: Physical Medicine and Rehabilitation Subject: P M R Whether PG Yes. UG+PG No /UG+PG+SuperSpecialt No

Name of the College : All India Institute of Physical Medicine and Rehabilitation College Code : 101108 Intake Capacity: 04

Sr No	Subject	Name of Teacher	Designation	Mob. No.	E-mail ID	DOB	Whether belongs to Reserved category (if Yes, specify category)	Date of appoint ment at College	Teaching Experience (in Yrs.)				Total Teaching Experience in years of PG	Type of Appoint ment Temp./ Regular/ Contractual	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition		MET Workshop attended in last years	Photo graph with Signature
									Asst. Prof.	Asso. Prof.	Prof.	Total				From	To	Temp/ Regular	Letter No.& date		
1	PMR	Dr. Mahesh Chodhary	*Assistant Professor **Director Officiating	991[redacted]39	director@aiipmr.gov.in	03-08-81	Yes OBC	03.08.2016	-	-	-	-	07years 06 months	Regular	Yes	-	-	Regular	MUHS/PG/E-1/27/6106/3467/18 dated 27/9/2018	No	
2	PMR	Dr. Amit Mhambre	*Associate Professor, **Professor	98[redacted]09	drasm4u_gmc@hotmail.com	14-02-79	No	10.4.2014	-	-	-	-	15 years 09 months	Regular	Yes	-	-	Regular	MUHS/PG/E-1/27/6106/2757/17dated 02/12/2017	Yes	
3	PMR	Dr. Vinay Goyal	[redacted], **Professor	704[redacted]29	vinaygoyal80@gmail.com	13-08-80	No	01.04.2016	-	-	-	-	12 years 11 months	Regular	Yes	-	-	Regular	MUHS/PG/E-1/6106/27/2341/2021 dated-27/08/2021	Yes	
4	PMR	Dr. Sumedh More	*Assistant Professor, **Professor	96[redacted]07	drsumedhmore@gmail.com	07-07-81	Yes SC	24.04.2016	-	-	-	-	12 years 09 months	Regular	Yes	-	-	Regular	MUHS/PG/E-1/27/6106/2814/18 dated 25/7/2018	Yes	

Associate ar Priyankaseekha gaurav chowk.

5	PMR	Dr. Priyanka Saikia Chaubey	**Associate Professor	98[illegible]30	drpriyanka@gmail.com	15-11-83	No	23.08.2022	-	-	-	-	06 years 06 months	Regular	No	-	-	-	-	No



*Designation granted by Maharashtra University Of Health Sciences.
**Designation granted by Ministry of Health and Family Welfare

Note: The College shall submit one hard copy & a soft copy (in Excel Format) of the list in Pen Drive to the LIC Committee.

Data Verified by the Committee members:

Member **Member** **Member** **Chairman**

टें क्र.:022-23544341/2. ईमेल: director@aiipmr.gov.in
फैक्स:022-23532737 वेबईट: www.aiipmr.gov.in

भारत सरकार / Government of India
स्वास्थ्यएवं परिवार कल्याण मंत्रालय/Ministry of Health and Family Welfare
स्वास्थ्य सेवा महानिदेशालय / Directorate General of Health Services
अखिल भारतीय भौतिक चिकित्सा एवं पुनर्वास संस्थान
ALL INDIA INSTITUTE OF PHYSICAL MEDICINE AND REHABILITATION
हाजी अली पार्क, केशवराव खाडये मार्ग, महालक्ष्मी, मुम्बई – 400 034.
Haji Ali Park, K. Khadye Marg, Mahalaxmi, Mumbai - 400 034.

संदर्भ सं.: शैक्षणिक/प्रमाणपत्र / 2392 दिनांक :-23/02/2026

प्रमाणपत्र

यह प्रमाणित किया जाता है कि डॉ.विवेक पुस्नाके वर्तमान मे परामर्शदाता (ओर्थो) पद पर कार्यरत है तथा उपलब्ध दस्तावेज एवं रिकॉर्ड के अनुसार उनके पास फिजिकल मेडिसिन और रिहैबिलिटेशन विषय मे 13 वर्ष 03 महीने का अनुभव है। यह प्रमाणपत्र पुनर्वास सर्जरी मे फेलोशिप पाठ्यक्रम के लिए जारी किया जारहा है।

23/2/26

(डॉ.महेश चौधरी/Dr. Mahesh Choudhary)
निदेशक/Director(Officiating)

निदेशक/DIRECTOR
अ.भा.भौ.चि.पु.सं./A.I.I.P.M.R.
हाजी अली, के. खाड्ये मार्ग,
Haji Ali, K. Khadye Mg.,
महालक्ष्मी/Mahalaxmi
मुंबई/Mumbai - 400 034.

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वेबसाईट: www.aiipmr.gov.in
भारत सरकार / Government of India
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स्वास्थ्य सेवा महानिदेशालय / Directorate General of Health Services
अखिल भारतीय भौतिक चिकित्सा एवं पुनर्वास संस्थान
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Haji Ali Park, K. Khadye Marg, Mahalaxmi, Mumbai - 400 034.

संदर्भ सं.: शैक्षणिक/प्रमाणपत्र / 2397 दिनांक :-23/02/2026

प्रमाणपत्र

यह प्रमाणित किया जाता है कि डॉ महेश चौधरी ,वर्तमान मे निदेशक (स्थानापन्न) पद पर कार्यरत है तथा उपलब्ध दस्तावेज एवं रिकॉर्ड के अनुसार उनके पास फिजिकल मेडिसिन और रिहैबिलिटेशन विषय मे 15 वर्ष 01 महीने का अनुभव है। यह प्रमाणपत्र पुनर्वास सर्जरी मे फेलोशिप पाठ्यक्रम के लिए जारी किया जारहा है।

निमा

(डॉ. निमा एल. वांगडी/ Dr.NimaLWangdi)
अपर निदेशक / Additional Director

टें क्र.:022-23544341/2.
फैक्स:022-23532737

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वेबसाई : aiipmr.gov.in

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स्वास्थ्यएवं परिवार कल्याण मंत्रालय/Ministry of Health and Family Welfare
स्वास्थ्य सेवा महानिदेशालय / Directorate General of Health Services
अखिल भारतीय भौतिक चिकित्सा एवं पुनर्वास संस्थान
ALL INDIA INSTITUTE OF PHYSICAL MEDICINE AND REHABILITATION
हाजी अली पार्क, केशवराव खाडये मार्ग, महालक्ष्मी, मुम्बई – 400 034.
Haji Ali Park, K. Khadye Marg, Mahalaxmi, Mumbai – 400 034.

संदर्भ सं.: शैक्षणिक/प्रमाणपत्र / 2393

दिनांक :-23 /02/2026

प्रमाणपत्र

यह प्रमाणित किया जाता है कि डॉ अमित महांबरे ,वर्तमान मे प्राध्यापक एवं विभागाध्क्ष (पी.एम.आर.) पद पर कार्यरत है तथा उपलब्ध दस्तावेज एवं रिकॉर्ड के अनुसार उनके पास फिजिकल मेडिसिन और रिहैबिलिटेशन विषय मे 15 वर्ष 09 महीने का अनुभव है। यह प्रमाणपत्र पुनर्वास सर्जरी मे फेलोशिप पाठ्यक्रम के लिए जारी किया जा रहा है।

ST Mahesh 24/02/26

(डॉ.महेश चौधरी/Dr. Mahesh Choudhary)
निदेशक/Director(Officiating)

निदेशक/DIRECTOR
अ.भा.भौ.चि.पु.सं./A.I.I.P.M.R.
हाजी अली, के. खाडये मार्ग,
Haji Ali, K. Khadye Mg.,
महालक्ष्मी/Mahalaxmi
मुंबई/Mumbai - 400 034.

टें क्र.:022-23544341/2.
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ईमेल: director@aiipmr.gov.in
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स्वास्थ्यएवं परिवार कल्याण मंत्रालय/Ministry of Health and Family Welfare
स्वास्थ्य सेवा महानिदेशालय / Directorate General of Health Services
अखिल भारतीय भौतिक चिकित्सा एवं पुनर्वास संस्थान
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Haji Ali Park, K. Khadye Marg, Mahalaxmi, Mumbai - 400 034.

संदर्भ सं.: शैक्षणिक/प्रमाणपत्र / 2394

दिनांक :-23/02/2026

प्रमाणपत्र

यह प्रमाणित किया जाता है कि डॉ. विनय गोयल,वर्तमान मे प्राध्यापक (पी.एम.आर) पद पर कार्यरत है तथा उपलब्ध दस्तावेज एवं रिकॉर्ड के अनुसार उनके पास फिजिकल मेडिसिन और रिहैबिलिटेशन विषय मे 12 वर्ष 11 महीने का अनुभव है। यह प्रमाणपत्र पुनर्वास सर्जरी मे फेलोशिप पाठ्यक्रम के लिए जारी किया जा रहा है।

24/2/26

(डॉ.महेश चौधरी/Dr. Mahesh Choudhary)
निदेशक/Director(Officiating)

निदेशक/DIRECTOR
अ.भा.भौ.चि.पु.सं./A.I.I.P.M.R.
हाजी अली, के. खाडये मार्ग,
Haji Ali, K. Khadye Mg.,
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मुंबई/Mumbai-400 034.

टें क्र.:022-23544341/2.
फैक्स:022-23532737
ईमेल: director@aiipmr.gov.in
वेबसाईट: www.aiipmr.gov.in
भारत सरकार / Government of India
स्वास्थ्यएवं परिवार कल्याण मंत्रालय/Ministry of Health and Family Welfare
स्वास्थ्य सेवा महानिदेशालय / Directorate General of Health Services
अखिल भारतीय भौतिक चिकित्सा एवं पुनर्वास संस्थान
ALL INDIA INSTITUTE OF PHYSICAL MEDICINE AND REHABILITATION
हाजी अली पार्क, केशवराव खाडये मार्ग, महालक्ष्मी, मुम्बई – 400 034.
Haji Ali Park, K. Khadye Marg, Mahalaxmi, Mumbai - 400 034.

संदर्भ सं..: शैक्षणिक/प्रमाणपत्र / 2395

दिनांक :-23/02/2026

प्रमाणपत्र

यह प्रमाणित किया जाता है कि डॉ. सुमेध मोरे, वर्तमान मे प्राध्यापक (पी.एम.आर) पद पर कार्यरत है तथा उपलब्ध दस्तावेज एवं रिकॉर्ड के अनुसार उनके पास फिजिकल मेडिसिन और रिहैबिलिटेशन विषय मे 12 वर्ष 09 महीने का अनुभव है। यह प्रमाणपत्र पुनर्वास सर्जरी मे फेलोशिप पाठ्यक्रम के लिए जारी किया जा रहा है।

S. Mahesh 24/2/26

(डॉ.महेश चौधरी/Dr. Mahesh Choudhary)
निदेशक/Director(Officiating)

निदेशक/DIRECTOR
अ.भा.भौ.चि.पु.सं./A.I.I.P.M.R.
हाजी अली, के. खाड़ये मार्ग,
Haji Ali, K. Khadye Mg.,
महालक्ष्मी/Mahalaxmi
मुंबई/Mumbai - 400 034.

टें क्र.:022-23544341/2.
फैक्स:022-23532737

ईमेल: director@aiipmr.gov.in
वेबसाईट: www.aiipmr.gov.in

भारत सरकार / Government of India
स्वास्थ्यएवं परिवार कल्याण मंत्रालय/Ministry of Health and Family Welfare
स्वास्थ्य सेवा महानिदेशालय / Directorate General of Health Services
अखिल भारतीय भौतिक चिकित्सा एवं पुनर्वास संस्थान
ALL INDIA INSTITUTE OF PHYSICAL MEDICINE AND REHABILITATION
हाजी अली पार्क, केशवराव खाडये मार्ग, महालक्ष्मी, मुम्बई – 400 034.
Haji Ali Park, K. Khadye Marg, Mahalaxmi, Mumbai – 400 034.

संदर्भ सं.: शैक्षणिक/प्रमाणपत्र / 2396 दिनांक :- /2026

प्रमाणपत्र

यह प्रमाणित किया जाता है कि डॉ.प्रियंका साइकिया चौबे, वर्तमान मे सहायक प्राध्यापक (पी.एम.आर)पद पर कार्यरत है तथा उपलब्ध दस्तावेज एवं रिकॉर्ड के अनुसार उनके पास फिजिकल मेडिसिन और रिहैबिलिटेशन विषय मे 06 वर्ष 06 महीने का अनुभव है। यह प्रमाणपत्र पुनर्वास सर्जरी मे फेलोशिप पाठ्यक्रम के लिए जारी किया जा रहा है।

24/12/26

(डॉ.महेश चौधरी/Dr. Mahesh Choudhary)
निदेशक/Director(Officiating)

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MUHS

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हसरुळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

EPABX: 0253-6659100-300, **Phone:** 0253-6659234,191

E-mail : academic1@muhs.ac.in **Web.:** www.muhs.ac.in

डॉ. कालिदास द. चव्हाण
एम.बी.बी.एस., एम.डी. (न्यायवैद्यकशास्त्र)
कुलसचिव

Dr. Kalidas D. Chavan
M.B.B.S., M.D.(Forensic Medicine)
Registrar

No. MUHS/PG/E-1/27/6106/3467/18 Date : 27/09/2018

To,
The Dean/Principal
All India Inst. of Physical Medicine & Rehabilitation
Haji Ali Park, K. Khadye Marg, Mahalaxmi,
Mumbai – 400 034.

Sub:- Approval to the appointment(s) of Teacher.
Ref :- 1) University Direction No. 01/2017 Dated 13/04/2017.
2)Your Letter No. i) शैक्षणिक/एमयुएचएस/पीएमआर/१४५९ दि. २१/०३/२०१८;
ii) शैक्षणिक/एमयुएचएस/पीएमआर/१४६० दि. २१/०३/२०१८;
iii) शैक्षणिक/एमयुएचएस/पीएमआर/१४५८ दि. २१/०३/२०१८;
iv) शैक्षणिक/एमयुएचएस/पीएमआर/४३४ दि. २०/०६/२०१८;
3) University Letter No. MUHS/PG/E-1/27/6106/27/2791/18 dtd.24/07/2018;
4) Your Letter No. i) शैक्षणिक/एमयुएचएस/पीएमआर/६५३ दि. २१/०८/२०१८.

Sir / Madam,

With reference cited above, I am directed to inform you that, the proposal of Approval to the appointment of the following teacher(s) has been considered by the University and it has been decided to grant the same, as indicated below:-

Sr. No.	Subject	Name of the Teacher	Designation	Status of Approval to the appointment
01	Physical Medicine & Rehabilitation	Dr. Mahesh M. Choudhary	Asst. Professor	w.e.f. 21/03/2018 & onwards as per the terms & condition of the appointment order.

Kindly note that the approval granted by the University is valid till the above said teacher is in the services (teaching) of the said College or attains the age of superannuation, whichever happens earlier.

Registrar

Copy to : i) Concern Teacher
ii) The Controller of Examinations, MUHS
iii) I/C UDC Section, MUHS.
iv) I/C Planning Board. MUHS.

Note :- The above letter is issued subject to fulfillment of all other conditions laid down in Medical Council of India, New Delhi., Regulation of "Minimum Qualification of Teachers in Medical Institution Regulation 1998".

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

MUHS

दिंडोरी रोड, म्हसरुळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

EPABX: 0253-6659100-300, **Phone:** 0253-6659234,191

E-mail : academic1@muhs.ac.in **Web.:** www.muhs.ac.in

डॉ. कालिदास द. चव्हाण
एम.बी.बी.एस., एम.डी. (न्यायवैद्यकशास्त्र)
कुलसचिव

Dr. Kalidas D. Chavan
M.B.B.S., M.D.(Forensic Medicine)
Registrar

No. MUHS/PG/E-1/27/6106/2757/17 By e-mail Date :02/12/2017

4683
11/12/17

To,
The Dean/Principal
All India Inst. of Physical Medicine & Rehabilitation
Haji Ali Park, K. Khadye Marg, Mahalaxmi,
Mumbai – 400 034.

Sub:- Recognition as Post-Graduate Teacher.
Ref :- 1) University Direction No. 01/2017 Dated 13/04/2017.
2) Your letter No. शैक्षणिक/एमयुएचएस/पीएमआर/९६३ दिनांक १४/१०/२०१७
3) Office order :- 1.21(ए)/ए.एस.एम./स्था/१९५३ दिनांक २९/०३/२०१७

Sir / Madam,

With reference cited above, I am directed to inform you that, the proposal of Recognition as Post-Graduate Teacher of the following teacher(s) has been considered by the University subject to terms and conditions of appointment order for imparting instructions to the Post Graduate Degree, Diploma or Super-Speciality Course(s) (as applicable) in the subject mentioned against his /her/their name.

Sr. No	Subject	Name of the Teacher	Designation	Status of PG recognition
01	Physical Medicine & Rehabilitation	Dr. Amit S. Mhambre	Asso. Professor	w.e.f. 14/10/2017 & onwards.

Registrar

Copy to Dr Mhambre MD PMR file

Copy to : i) Concern Teacher
ii) The Controller of Examinations, MUHS
iii) I/C UDC Section, MUHS.
iv) I/C Planning Board. MUHS.

Received Mhambre 18/02/2018

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
MUHS
दिंडोरी रोड, म्हसरुळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004
Tel : (0253) 2539191/2539234 ☎ Student Helpline : 0253-2539111/6659111
Website: www.muhs.ac.in, E-mail: academicmedical@muhs.ac.in

डॉ.सुनिल ह.फुगारे
एम.एस्सी. पीएच.डी.
उपकुलसचिव

Dr.Sunil H.Fugare
MSc. Ph.D.
Deputy Registrar

No. MUHS/PG/E-1/101108/799 /2025 Date:02 / 09/2025

To
The Principal,
All India Institute of Physical Medicine &
Rehabilitation Haji Ali Park,
K.Khadye Marg, Mahalaxmi,
Mumbai-400034.

शैक्षणिक 10/9/25

प्राप्ति 3122 दिनांक 10/9/25 संख्या AIIPMR, Haji Ali, Mumbai-34

Sub:- Recognition as Post-Graduate Teacher(s)...

Ref :-1) University Direction No. 01/2017 dated 13/04/2017,
2) Your letter No- १) शैक्षणिक/एमयुएचएस/पीजीटीचर/२४६३ दि.१४/०२/२०२५

Sir / Madam,

With reference cited above, I am directed to inform you that, the proposal of Recognition as Post-Graduate Teacher of the following teacher(s) has been considered by the University subject to terms and conditions of appointment order for imparting instructions to the Post Graduate Degree, Diploma or Super-Speciality Course(s) (as applicable) in the subject mentioned against his/her/their name.

Sr. No.	Subject	Name of the Teacher(s)	Designation	Status of PG recognition
01	Physical Medicine & Rehabilitation	Dr. Goyal Vinay	Professor	w.e.f. 01/04/2022 & onwards as per the terms & conditions of the appointment order

* The Recognition granted by the University is subject to successful completion of at least one Medical Education Technology (MET) workshop conducted by the University, within the period of one year from the date of Recognition. If any teacher fails to comply with the said provision, the Recognition granted by the Vice-Chancellor may be cancelled.

(Dr.Sunil H.Fugare)
Dy.Registrar

Copy to : i) Concern Teacher(s),

Note :- The above letter is issued subject to fulfillment of all other conditions laid down in Medical Council of India, New Delhi., Regulation of "Minimum Qualification of Teachers in Medical Institution Regulation 1998".

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हसरुळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

EPABX: 0253-6659100-300, **Phone:** 0253-6659234,191

E-mail : academic1@muhs.ac.in **Web.:** www.muhs.ac.in

डॉ. कलिदास द. चव्हाण
एम.बी.बी.एस., एम.डी. (न्यायवैद्यकशास्त्र)
कुलसचिव

Dr. Kalidas D. Chavan
M.B.B.S., M.D.(Forensic Medicine)
Registrar

No. MUHS/PG/E-1/27/6106/ 2814 /18 By e-mail Date : 25/07/2018

To,
The Dean/Principal
All India Inst. of Physical Medicine & Rehabilitation
Haji Ali Park, K. Khadye Marg, Mahalaxmi,
Mumbai – 400 034.

Sub:- Approval to the appointment(s) of Teacher.
Ref :- 1) University Direction No. 01/2017 Dated 13/04/2017.
2) Your letter No. i) शैक्षणिक/एमयुएचएस/पीएमआर/१४६० दि. २१/०३/२०१८
ii) शैक्षणिक/एमयुएचएस/पीएमआर/४३४ दि. २०/०६/२०१८
3) Office Order No.:- i) 1.23(A)/VG/Estt Dated 11/04/2016
ii) 1.23(A)/SNM/Estt Dated 24/04/2016

Sir / Madam,

With reference cited above, I am directed to inform you that, the proposal of Approval to the appointment of the following teacher(s) has been considered by the University and it has been decided to grant the same, as indicated below:-

Sr. No.	Subject	Name of the Teacher	Designation	Status of Approval to the appointment
01	Physical Medicine & Rehabilitation	Dr. Vinay Goyal	Asst. Professor	w.e.f. 01/04/2016 onwards as per the terms & condition of the appointment order.
02	Physical Medicine & Rehabilitation	Dr. Sumedh N. More	Asst. Professor	w.e.f. 23/03/2016 & onwards as per the terms & condition of the appointment order.

Kindly note that the approval granted by the University is valid till the above said teacher is in the services (teaching) of the said College or attains the age of superannuation, whichever happens earlier.

Registrar

Copy to : i) Concern Teacher
ii) The Controller of Examinations, MUHS
iii) I/C UDC Section, MUHS.
iv) I/C Planning Board. MUHS.

Note :- The above letter is issued subject to fulfillment of all other conditions laid down in Medical Council of India, New Delhi., Regulation of "Minimum Qualification of Teachers in Medical Institution Regulation 1998".

ANNEXURE-IV-C

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

Name of the College : All India Institute of Physical Medicine and Rehabilitation
Phone/Mobile No. : 22-23544332
Name of the Subject : Physical Medicine and Rehabilitation

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Specialty	Type of Appointment (Regular/ Temp. / Honorary	Qualification	University Approval (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University)	No. of PG Students Guided last 5 year	Date of Birth	E-mail ID	Mobile No.	Aadhar Card No	If Debarred (Yes/No)	Sign. of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr. Mhambre Amit Subhash	*Associate Professor **Professor	PMR	Regular	DNB (PMR)		15 years 9 months	Yes	MUHS/PG/E-1/27/6106/2757/17dated 02/12/2017	04	14/02/1979	drasm4u_gmc@hotmail.com	98[redacted]9	xxxxxxxx1687	No	डॉ अमित महांबरे
2	Dr. Goyal Vinay	**Professor (PMR)	PMR	Regular	DPMR, DNB (PMR)		12 years 11 months	Yes	MUHS/PG/E-1/6106/27/2341/2021 dated-27/08/2021	01	13/08/1980	vinaygoyal80@gmail.com	70[redacted]9	xxxxxxxx4881	No	विनय
3	Dr. More Sumedh	*Assistant Professor **Professor	PMR	Regular	D (Ortho), DNB (PMR)		12 years 09 months	Yes	MUHS/PG/E-1/27/6106/2814/18 dated 25/7/2018	-	07/07/1981	drsumedh.more@gmail.com	96[redacted]7	xxxxxxxx9549	No	
4																
5																
6																
7																

***Designation granted by Maharashtra University Of Health Sciences.**
****Designation granted by Ministry of Health and Family Welfare**

Data Verified by the Committee members:

Member **Member** **Member** **Chairman**

ANNEXURE- V

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2026-2027

(As per provisions of the Maharashtra University of Health Sciences Act, 1998 and University Rule / Guidelines)

Date of Inspection	:	

ANNEXURE

1. Name(s) of the Fellowship/Certificate Course(s)

Sr. No.	Name of the Fellowship/CertificateCourse	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentorand Contact Details
01	Fellowship Course in Rehabilitation Surgery	2021-2022	03	Dr. Mahesh Choudhary 022-23544341 Dr. Vivek Pusnake 022-23545358 Dr. Amit Mhambre 022-23540941 Dr. Vinay Goyal 022-23544341 Dr. Sumedh More 022-23544341 Dr. Priyanka Saikia Choubey 022-23544341

(Attach separate List if necessary)

2. Year-wise number of students admitted to Fellowship/ Certificate course during last 5 years

Sr. No.	Academic Year	Name of Fellowship / Certificate Course	Intake Capacity	No. of Students Admitted (In figure only)
1	A.Y. 2021 – 2022	Fellowship Course in Rehabilitation Surgery	03	01
2	A.Y. 2022 – 2003	Fellowship Course in Rehabilitation Surgery	03	00
3	A.Y. 2023 – 2024	Fellowship Course in Rehabilitation Surgery	03	00
4	A.Y. 2024 – 2025	Fellowship Course in Rehabilitation Surgery	03	00
5	A.Y. 2025 – 2026	Fellowship Course in Rehabilitation Surgery	03	00

ANNEXURE- V-A

Information to be submitted with respect to newly appointed mentors

Professional Teaching Experience Certificate for Fellowship/Certificate Courses

Director/Mentor

Title of the Course applied for:- **Fellowship Course in Rehabilitation Surgery**

This to Certify that **Dr. Vivek Pusnake** has worked in the Department of **Department of Physical Medicine and Rehabilitation** Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
Senior Resident , R.N. Copper	14.02.1998	14.4.1998	-	2 months
Senior Resident , V.N. Desai	01.08.1998	31.01.1999	-	6 months
Assistant Professor, JNMC	31.05.1999	03.03.2000		10 months
Assistant Professor , VNGMC	04.03.2000	22.12.2003	3 years	9 months
Specialist Grade II (Ortho), ISP Nashik	23.12.2003	23.12.2005	2 years	-
Specialist Grade II (Ortho), ISP Nashik	23.12.2005	23.12.2009	4 years	-
Specialist Grade I (Ortho), ISP Nashik	23.12.2009	23.10.2011	2 years	-

B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for

Designation	From	To	Total periodYear/Months	
Specialist Grade I (Ortho), AIIPMR, Mumbai	24.10.2011	23.12.2016	5 years	2 months
Consultant (Ortho) , AIIPMR, Mumbai	23.12.2016	Till date	10 years	-

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subjectof concerned Fellowship/Certificate Course)

Sign & Stamp
Head of the Department
Date : / /

Sign & Stamp
Dean/Principal/Head of Institute
Date:

निदेशक/DIRECTOR
अ.भा.आ.चि.पु.सं./A.I.I.P.M.R.
Mahalaxmi
मुंबई/Mumbai -400 034.

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

ANNEXURE- V-A

Information to be submitted with respect to newly appointed mentors

Professional Teaching Experience Certificate for Fellowship/Certificate Courses Director/Mentor

Title of the Course applied for:- **Fellowship Course in Rehabilitation Surgery**

This to Certify that **Dr. Amit Mhambre** has worked in the Department of **Department of Physical Medicine and Rehabilitation** Training Centre as per following details

C) General Experience

Designation	From	To	Total period Year/Months	

D) Actual experience in the subject of concerned Fellowship/Certificate Course applied for

Designation	From	To	Total periodYear/Months	
Senior Resident, AIIPMR, Mumbai	02/03/2010	10/05/2013	3 years	02 months
Assistant Professor, AIIPMR, Mumbai	11/05/2013	10/04/2016	2 years	11 months
Associate Professor, AIIPMR, Mumbai	10/04/2016	10/04/2020	4 years	00 months
Professor , AIIPMR, Mumbai	10/04/2020	Till date	5 years	08 months

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subjectof concerned Fellowship/Certificate Course)

Sign & Stamp
Head of the Department
Date : / /

Sign & Stamp
Dean/Principal/Head of Institute
Date:

निदेशक/DIRECTOR
डॉ. मो. वि. पु. सं./A.I.I.P.M.R.
Haji Ali, K. Khadye Mg.,
महालक्ष्मी/Mahalaxmi
मुंबई/Mumbai -400 034.

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

ANNEXURE- V-A

Information to be submitted with respect to newly appointed mentors

Professional Teaching Experience Certificate for Fellowship/Certificate Courses Director/Mentor

Title of the Course applied for:- **Fellowship Course in Rehabilitation Surgery**

This to Certify that **Dr. Vinay Goyal** has worked in the Department of **Department of Physical Medicine and Rehabilitation** Training Centre as per following details

E) General Experience

Designation	From	To	Total period Year/Months	

F) Actual experience in the subject of concerned Fellowship/Certificate Course applied for

Designation	From	To	Total periodYear/Months	
Senior Resident, VMMC & SJH, New Delhi	5.03.2012	04.06.2015	3 years	03 months
Assistant Professor, AIIPMR, Mumbai	1.04.2016	31.03.2018	2 years	-
Associate Professor, AIIPMR, Mumbai	1.04.2018	01.4.2022	4 years	-
Professor AIIPMR, Mumbai	01.4.2022	Till date	3 year	8 months

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

Sign & Stamp
Head of the Department
Date : / /

Sign & Stamp
Dean/Principal/Head of Institute
Date:

निदेशक/DIRECTOR
अ.भा.आ.भौ.चि.सं./A.I.I.P.M.R.
हाजी अली, के. खादये मार्ग,
महालक्ष्मी/Mahalaxmi
मुंबई/Mumbai - 400 034.

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

ANNEXURE- V-A

Information to be submitted with respect to newly appointed mentors

Professional Teaching Experience Certificate for Fellowship/Certificate Courses Director/Mentor

Title of the Course applied for:- **Fellowship Course in Rehabilitation Surgery**

This to Certify that **Dr. Sumedh More** has worked in the Department of **Department of Physical Medicine and Rehabilitation** Training Centre as per following details

G) General Experience

Designation	From	To	Total period Year/Months	

H) Actual experience in the subject of concerned Fellowship/Certificate Course applied for

Designation	From	To	Total periodYear/Months	
Registrar, AIIPMR, Mumbai	10.04.2013	15.02.2014	0 years	10 months
Senior Resident, AIIMS, New Delhi	28.02.2014	23.04.2016	2 years	3 months
Assistant Professor, AIIPMR, Mumbai	26. 04.2016	25.04.2018	2 years	-
Associate Professor AIIPMR, Mumbai	26.04.2018	26.4.2022	4 years	-
Professor AIIPMR, Mumbai	26.4.2022	Till date	3 year	8 months

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subjectof concerned Fellowship/Certificate Course)

Sign & Stamp
Head of the Department
Date : / /

Sign & Stamp
Dean/Principal/Head of Institute
Date:

निदेशक/DIRECTOR
डॉ. बा. आं. वि. पु. चि./A.I.I.P.M.R.
हाजी अली, डॉ. बाबासाहेब मार्ग,
महालक्ष्मी/Mahalaxmi
मुंबई/Mumbai -400 034.

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

ANNEXURE- V-A

Information to be submitted with respect to newly appointed mentors

Professional Teaching Experience Certificate for Fellowship/Certificate Courses Director/Mentor

Title of the Course applied for:- **Fellowship Course in Rehabilitation Surgery**

This to Certify that **Dr. Mahesh Choudhary** has worked in the Department of **Department of Physical Medicine and Rehabilitation** Training Centre as per following details

I) General Experience

Designation	From	To	Total period Year/Months	

J) Actual experience in the subject of concerned Fellowship/Certificate Course applied for

Designation	From	To	Total periodYear/Months	
Medical officer , AIIPMR, Mumbai	21/03/2011	02/08/2016	05 years	05 months
*Specialist (PMR) Grade III / ** Assistant Professor, AIIPMR, Mumbai (from 21/03/2018)	03/08/2016	02/08/2018	02 years	3 months
*Specialist (PMR) Grade- II / **Assistant Professor , AIIPMR, Mumbai	03/08/2018	2/8/2022	04 years	-
*Deputy Director (Rehab) **Assistant Professor, AIIPMR, Mumbai	03/8/2022	10/9/2025	03 years	1 months
*Director (Officiating) AIIPMR, Mumbai	15/9/2025	Till date		4 months

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

Sign & Stamp
Head of the Department
Date : / /

Sign & Stamp
Dean/Principal/Head of Institute
Date:

निदेशक/DIRECTOR
अ.भा.शा.पु.सं./A.I.I.P.M.R.
महालक्ष्मी/Mahalaxmi
मुंबई/Mumbai -400 034.

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

ANNEXURE-VI-A

Tel. No.: 23544341/332.
Fax No.022-23532737

Email: director@aiipmr.gov.in
Website: www.aiipmr.gov.in

भारत सरकार/ Government of India
स्वास्थ्य परिवार कल्याण मंत्रालय /Ministry of Health and Family Welfare
स्वास्थ्य सेवा महानिदेशालय /Directorate General of Health Services
अखिल भारतीय भौतिक चिकित्सा एवं पुनर्वास संस्थान
ALL INDIA INSTITUTE OF PHYSICAL MEDICINE AND REHABILITATION
के.के. मार्ग, हाजी अली, महालक्ष्मी , मुंबई-400034.
Haji Ali, K.K.Marg, Mahalaxmi, Mumbai – 400 034

List of Ph.D. Guides Available at Ph.D. Research Centre

Not Applicable

Sr. No.	Name of Ph.D. Guide	Designation	Date of Birth	Date of Retirement	Total No. of PhD Scholars Registered till date	Has completed six days Research Methodology Workshop? Yes/No	PhD Recognition No. and Date
1							
2							
3							
4							
5							

Date:

Data Verified by the Committee members:

Member **Member** **Member** **Chairman**

ANNEXURE- VI-B

Tel. No.: 23544341/332.
Fax No.022-23532737

Email: director@aiipmr.g
Website: www.aiipmr.gov.in

भारत सरकार/ Government of India
स्वास्थ्य परिवार कल्याण मंत्रालय /Ministry of Health and Family Welfare
स्वास्थ्य सेवा महानिदेशालय /Directorate General of Health Services
अखिल भारतीय भौतिक चिकित्सा एवं पुनर्वास संस्थान
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के.के. मार्ग, हाजी अली, महालक्ष्मी , मुंबई-400034.
Haji Ali, K.K.Marg, Mahalaxmi, Mumbai – 400 034

Details of Institutional Ethical Committee

A) Details of Institutional Ethical Committee

Sr.No.	Name of Ethical Committee Member	Designation
1	Dr. Shruti Bhide	Chairperson External Member
2	Dr. Nima Wangdi	Member Secretary
3	Dr. G. R. Sharma	External Member Legal
4	Mr. Sharad Dicholkar	External Member (Lay Person)
5	Mr. Rajan Phanshikar	Member (Alternate external member layperson)
6	Dr. Amit Mhambre	Member
7	Mr Purshotom Dantala	External Member
8	Mrs. Karen Parvi	External Member
9	Mrs. Anjana Neglur	Member
10	Mrs. Anita Gupta	External Member
11	Prof Aparajita Chattopadhyay	External Member

Date:

Data Verified by the Committee members:

Member **Member** **Member** **Chairman**

Tel. No.: 23544341/332.
Fax No.022-23532737

Email: director@aiipmr.gov.in
Website: www.aiipmr.gov.in

भारत सरकार/ Government of India

स्वास्थ्य परिवार कल्याण मंत्रालय /Ministry of Health and Family Welfare

स्वास्थ्य सेवा महानिदेशालय /Directorate General of Health Services

अखिल भारतीय भौतिक चिकित्सा एवं पुनर्वास संस्थान

ALL INDIA INSTITUTE OF PHYSICAL MEDICINE AND REHABILITATION

के.के. मार्ग, हाजी अली, महालक्ष्मी , मुंबई-400034.

Haji Ali, K.K.Marg, Mahalaxmi, Mumbai – 400 034

संदर्भ संख्याः शैक्षणिक//एथिक्स कमिटी/1046 दिनांक: 30/07/2025

कार्यालय आदेश/OFFICE ORDER

इस संस्थान के दिनांकित 18/03/2025 के कार्यालय आदेश सं- शैक्षणिक / एथिक्स कमेटी /2729 में आंशिक संशोधन जारी रखते हुए, आईसीएमआर के दिशानिर्देशों के अनुसार एथिक्स कमेटी का पुनर्गठन किया जा रहा है।

In Continuation to the Office Order No- Acad. /Ethics Committee/2729 dated 18/03/2025, the Ethics committee is being reconstituted as per ICMR Guidelines as given below:

1. डॉ श्रुती भिडे/Dr. Shruti Bhide	अध्यक्षा/Chairperson External Member)
2. डॉ निमा वांगडी/Dr. Nima Wangdi	सदस्य सचिव/ Member Secretary
3. डॉ जी आर शर्मा/Dr. G.R.Sharma	बाहरी सदस्य कानूनी / External Member Legal)
4. श्री. शरद डिचोलकर / Shri. Sharad Dicholkar	सदस्य/ External Member (Lay Person)
5. श्री. राजन फणशीकर /Mr. Rajan Phanshikar	सदस्य/Member (Alternate External Member Lay Person)
6. डॉ अमित म्हाम्ब्रे/Dr. Amit Mhambre	सदस्य/Member
7. श्री. पुरूषोत्तम दंताला/ Mr. Purshottom Dantala	बाहरी सदस्य/ External Member
8.. श्री. कॅरन पावरी / Mrs. Karen Pavri	बाहरी सदस्य/ External Member)
9. श्रीमती अंजना नेंगलूर/Mrs. Anjana Neglur	सदस्य/Member
10 श्रीमती अनिता गुप्ता / Mrs. Anita Gupta	बाहरी सदस्य/ External Member)
11 अपराजिता चट्टोपाध्याय / Prof. Aparajita Chattopadhyay	बाहरी सदस्य/ External Member

आचार समिति का गठन मानव प्रतिभागियों और उनके सामग्री (डाटा) से जुड़े अनुसंधान प्रस्तावों की समीक्षा के लिए किया गया है ताकि यह सुनिश्चित किया जा सके कि वे स्थानीय और अंतरर्राष्ट्रीय दिशानिर्देशों से सहमत हो। समिति संस्थान के छात्रों / कर्मचारियों से प्राप्त प्रस्तावों के साथ-साथ अन्य शोधकर्ताओं द्वारा प्रस्तुत प्रस्तावों की समीक्षा करेगी। यदि आवश्यक हो तो अनुसंधान का अनुसरण समिति द्वारा किया जा सकता है।

The Ethics Committee has been formed to review research proposals involving human participants and their data to ensure that they agree with local and or international guidelines. The committee will review the proposals received from students/staff of the Institute as well as proposals submitted by other researchers. If required follow up of the research may be done by the committee.

(डा.अनिल कुमार गॉड़/Dr. Anil kumar Gaur)
निदेशक/Director

निदेशक/DIRECTOR
अ.भा.भौ.चि.पु.सं./A.I.I.P.M.R.
हाजी अली, के. खाड़ये मार्ग,
Haji Ali, K. Khadye Mg.,
महालक्ष्मी/Mahalaxmi
मुंबई/Mumbai -400 034.

DECLARATION BY LIC

We, the LIC Members, hereby certify that, we have thoroughly inspected and verified the Department/College/Research Centre, the available other facilities, required instruments and equipment, available at the research centre. The overall observations of the Inspection Committee are as follows: -

.....

.....

.....

Name of Inspectors		Sign. of Inspectors with Date
1)	Chairman	
2)	Member	
3)	Member	
4	Member	

6. **Details of Central Animal House:**

i) Available Area in sq. ft: . . . . . .

ii) Functioning Central Animal House? **Yes / No**

7. **Details of Institutional Ethical Committee: *(Attach Annexure "B")***

i) Date of Composition: . . . . . .

ii) Total Number of Members: . . . . . .

iii) Number of meetings held in previous year: . . . . . .

iv) Whether Records of proceedings are maintained properly? **Yes / No**

v) Is Human and Animal Ethics Committee, registered under the appropriate authority? **Yes / No**

8. **Details of Research Advisory Committee: *(Attach Annexure "C")***

i) Date of Composition: . . . . . .

ii) Total number of Members: . . . . . .

iii) Number of meetings held in previous year: . . . . . .

iv) Whether records of proceedings are maintained properly? **Yes / No**

9. **Is Doctoral Committee constituted in the lines of RAC?** **Yes / No**

i) If Yes, Date of Composition: . . . . . .

ii) Total number of Members: . . . . . .

iii) Name of External Subject Expert. . . . . .

10. **Is Plagiarism detection software facility available?** **Yes / No**

If Yes, Name of the Software. . . . . .

11. **Is attendance of the Ph.D. Scholar maintained properly?** **Yes / No**

12. **Whether Research Centre is registered under MPCB provisions?** **Yes / No**

13. **Whether BMW facility is available?** **Yes / No**

14. **Any other important thing related to Research/Department/Facilities, which will be helpful to carry out good quality research under this department:**

. . . . . .

. . . . . .

. . . . . .

ANNEXURE- VII

Annexly

DECLARATION

(To be prepared on a Stamp Paper Rs.100)

We, Local inquiry Committee of the All India Institute of Physical Medicine and Rehabilitation Institute solemnly states on affirmation, that the information provided by us in Inspection Format as well as uploaded on College Website along with all Annexures is true and correct to the best of our knowledge. The said information is provided to us by the concerned teachers and duly verified by me. It is further submitted the teachers information attached in respective **Annexure- I,III.IV & V** are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 2026-2027, as per our knowledge and information provided by the concerned teachers. The teachers in the **Annexure- I,III.IV & V** are staying in the same city / town / village where the College / Institute is situated or adjacent to the city / town / village, where the College/Institute is situated and having the valid proof of residence of the said city / town / village. The teachers in the **Annexure- I,III.IV & V** are not practicing in College working hours or out-side the City where the College /Institute is situated.

We further hereby declare that every information or contents in this Inspection Format is based on the information provided by the concerned teachers and endorsed by us after due verification and the same is/are absolutely true and correct. If at any stage it is revealed that any information or content given in this declaration is not true and correct, in such event the undersigned/ the concerned teacher as the case may be, shall be liable for disciplinary action or penal action or Affiliation of the College shall be withdrawal, as the case may be.

This declaration is voluntarily signed by us on ..... day of ..... 20..... at.....

Date : 10/2/2026

Place : MUMBAI

Member **Member** **Member** **Chairman**

Sr. No	Course	Intake Capacity	Eligibility Criteria
2	104124-Fellowship Course in Head and Neck Cancer Surgery	3	ANY OTHER EQUIVALENT RECO QUALIFICATION DNB (ENT) DNB (GENERAL SURGERY / SURGERY) M.S. (ENT) M.S. (SURGERY)
3	104155-Fellowship Course in Rheumatology	3	ANY OTHER EQUIVALENT RECOGNIZED QUALIFICATION DNB (GENERAL MEDICINE / MEDICINE) DNB (PAEDIATRICS) M.D. (GENERAL MEDICINE / MEDICINE) M.D. (PAEDIATRICS)
4	104180-Fellowship Course in Minimal Access Surgery	3	ANY OTHER EQUIVALENT RECOGNIZED QUALIFICATION DNB (GENERAL SURGERY / SURGERY) M.S. (SURGERY)
5	104242-Fellowship Courses in Critical Medicine	3	

6) Training Centre : 101108-All India Institute of Physical Medicine and Rehabilitation (P.G Medical Institute), Mumbai

1	104271-Fellowship Course in Rehabilitation Surgery	3	ANY OTHER EQUIVALENT RECOGNIZED QUALIFICATION DIPLOMA IN PHYSICAL MEDICINE & REHABILITATION (DPMR) DNB (PMR) M.D (PMR)

Tel.No:23544341.
Fax No.:022-23532737.

आज़ादी का अमृत महोत्सव

Email ID: director@aiipmr.gov.in
Website: www.aiipmr.gov.in

भारतसरकार / Government of India
स्वास्थ्य एवं परिवार कल्याण मंत्रालय / Ministry of Health and Family Welfare
स्वास्थ्य सेवा महानिदेशालय / Directorate General of Health Services
अखिल भारतीय भौतिक चकित्सा एवं पुनर्वास संस्थान
ALL INDIA INSTITUTE OF PHYSICAL MEDICINE AND REHABILITATION
हाजीअली, के. के मार्ग, महालक्ष्मी, मुम्बई– 400 034.
Haji Ali, K.K.Marg, Mahalaxmi, Mumbai – 400 034

संदर्भ सं.: स्था. / सं. / 384
Ref.No.: Estt/Instt. Management/

दिनांक: 05/08/ ,2022.
Dated: ,2022.

कार्यालय आदेश / OFFICE ORDER

इस संस्थान के दिनांकित 13/08/2019 कार्यालय आदेश संख्या स्था./संस्था/मंग/1268 द्वारा गठित पूर्व समिति की शर्तों का कार्यकाल पूर्ण होने पर निम्नलिखित आंतरिक शिकायत समिति का गठन प्रभावी तारीख 14/08/2022 से किया जाता है।

On completion of the terms of previous committee constituted vide this Office Order No. Estt/Inst/ Mang./1268 dated 13/08/2019, following Internal Complaints Committee is constituted w.e.f. 14/08/2022.

1. श्रीमती अनिता डी. गुप्ता, व्याख्याता, व्यावसायिकोपचार – अध्यक्ष / Chairperson
   Smt. Anita D. Gupta, Lecturer, Occupational Therapy
2. श्रीमती अनिता कुमारवेलन, व्याख्याता, भौतिकोपचार – सदस्य / Member
   Smt. Anita Kumaravelan, Lecturer, Physiotherapy
3. डॉ. सुमेध मोरे, सह प्राध्यापक (पीएमआर) - सदस्य / Member
   Dr. Sumedh More, Associate Professor (PMR)
4. श्रीमती अंजना एस. नेगलूर, चिकित्सा समाज कल्याण अधिकारी - सदस्य / Member
   Smt. Anjana S. Neglur, Medical Social Welfare Officer
5. श्रीमती [illegible] जेम्स, वरिष्ठ नर्सिंग अधिकारी - सदस्य / Member
   Smt. Sajana James, Senior Nursing Officer
6. श्रीमती सुलभा जोशी, अनुदेशक, व्या.प्र.का. - सदस्य / Member
   Smt. Sulbha Joshi, Instructor, VTW
7. डॉ वैशाली कोल्हे, सह प्राध्यापक, टीआईएसएस - सदस्य / 3rd party
   Dr Vaishali Kolhe/ Associate Professor, TISS बाहरी सदस्य/ External Member

सभी सदस्यों को समिति के संचालन से संबन्धित नियमों और विनिमयों से खुद को अवगत कराना आवश्यक है।

All the members are required to apprise themselves of the rules & regulations related to the functioning of the committee.

(डॉ. ए. के. गौड़ / Dr. A.K.Gaur)
निदेशक / Director

Tel.No.022-23544341/2.
Fax No.022-23532737

Email – director@aiipmr.gov.in
Website: www.aiipmr.gov.in

भारत सरकार / Government of India
स्वास्थ्य एवं परिवार कल्याण मंत्रालय / Ministry of Health and Family Welfare
स्वास्थय सेवा महानिदेशालय /Directorate General of Health Services
अखिल भारतीय भौतिक चिकित्सा एवं पुनर्वास संस्थान
ALL INDIA INSTITUTE OF PHYSICAL MEDICINE AND REHABILITATION
हाजी अली पार्क, के. केशवराव खाडये मार्ग, महालक्ष्मी, मुम्बई – 400 034.
Haji Ali Park, K.Khadye Marg, Mahalaxmi, Mumbai – 400 034.

संदर्भ क्र.: शैक्षणिक/ एन्टी-रैगिंग समिती/2244 दिनांक :- 22/01/2025

कार्यालय आदेश /Office Order

इस संस्थान के दिनांकित 17/10/2022 के कार्यालय आदेश सं शैक्षणिक/ एंटी रैगिंग समिति/904, एंटी रैगिंग समिति सदस्यों के नामों में आंशिक संशोधन नीचे दिए गए हैं.

With reference to this Officer Order No. Acad/Anti ragging committee/904 dated 17/10/2022, there are partial Modifications in names of the ***Anti-Ragging Committee*** members as given below:

क्र.सं	एंटी रैगिंग समिति सदस्य	नाम	मोबाईल क्रमांक
1)	डीन /प्रिंसिपल	डॉ अनिल कुमार गौड, निदेशक	9969114253
2)	नागरिक प्रशासन का प्रतिनिधि	श्री विनायक धोत्रे, अवर सचिव महाराष्ट्र सरकार	9773288910
3)	पुलिस प्रशासन का प्रतिनिधि	पोलिस उपनिरिक्षक ताडदेव पोलिस स्टेशन	9870263572
4)	स्थानीय मीडिया के प्रतिनिधि	श्री अख्तर सईद, फोटोग्राफ़ी अधिकारी, प्रेस सूचना ब्यूरो, मुंबई	9869455315
5)	युवा गतिविधि में शामिल एनजीओ का प्रतिनिधी	श्री संतोष संसारे, अध्यक्ष, फीनिक्स फाउंडेशन इंडिया	9324247179
6)	संकाय प्रतिनिधि		
	1) चिकित्सा विभाग	डॉ अमित म्हांब्रे, विभागप्रमुख पीएमआर	9867373709
	2) भौतिक चिकित्सा	आर. रवींद्रन, व्याख्याता एवं मुख्य भौ.चि.वि	9820264446
	3) व्यावसायिक चिकित्सा	श्रीमती अनिता गुप्ता, व्याख्याता एवं मुख्य व्या.चि.वि	9882014673
	4) प्रोस्थेटिक्स एवं ऑर्थोटिक्स	श्री .एच.एस. डोंगरे, , व्याख्याता पी एंड ओ	9967719605
	5) स्पीच थेरेपी	श्रीमती अर्चना आचार्य, व्याख्याता वाक् चिकित्सा विभाग	9594053244
7)	रेक्टर- लड़के हॉस्टल	श्री .एच.एस. डोंगरे व्याख्याता पी एंड ओ एवं बॉइज होस्टल वार्डन	9967719605
8)	रेक्टर - लड़कियां छात्रावास	श्रीमती वैशाली पै. गर्ल्स होस्टल वार्डन	9967386022
9)	कार्यालय अधीक्षक	श्रीमती रसिका साईल	9984005046
10)	माता-पिता	श्री .एच.एस. डोंगरे	9967159039
		श्री. सुनिल पाष्टे	9969409141
11)	एन्टी- रैगिंग हेतु नोडल अधिकारी	डॉ अमित म्हांब्रे	9867373709
12)	गैर शिक्षण स्टाफ सदस्य का प्रतिनिधि	श्री. सुनिल आळवे	9969180172
13)	छात्र प्रतिनिधि		
	क) फ्रेशर	सुश्री. साक्षी जाधव	7249216296
	ख) वरिष्ठ	सुश्री चैल्सी पारेख	8824229561

PTO