

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**SUBJECTWISE ELIGIBLE EXAMINERS LIST UG**

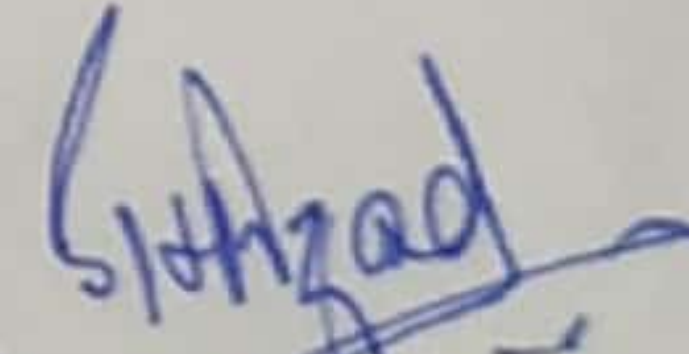
Annexure XIV (B)

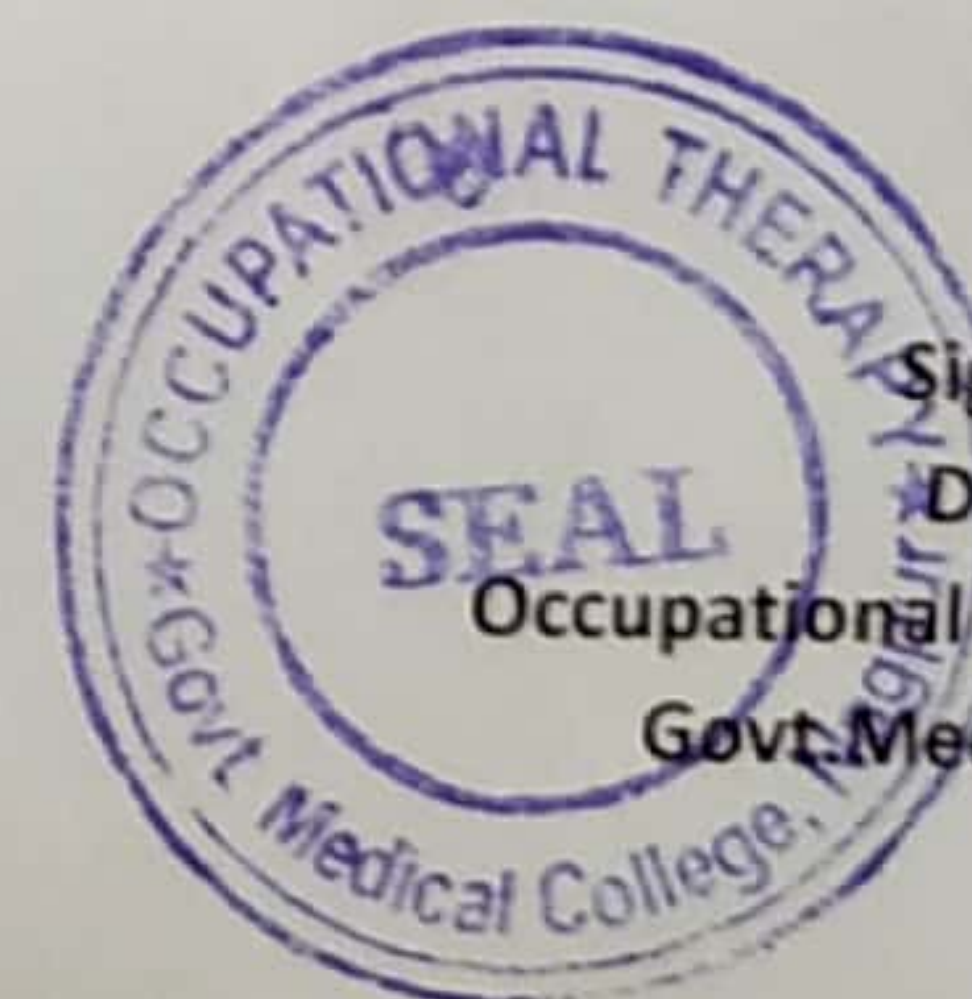
NAME OF COLLEGE:-  
 PHONE NO/MOBILE NO :-  
 NAME OF SUBJECT :-

OCCUPATIONAL THERAPY SCHOOL AND CENTER, GOVT MEDICAL COLLEGE, NAGPUR  
 0712-2701684  
 OCCUPATIONAL THERAPY (FOT, OTD I)

S. N.	COLLEGE NAME	SUBJECT	FULL NAME OF THE TEACHER (FIRRT/MIDDLE/LAST)	DESIGNATION	DATE OF JOINING	UG QUALIFICATION & YEAR OF PASSING	PG QUALIFICATION AND YEAR OF PASSING	TEACHING EXPERIENCE AFTER PG PASSING	MUHS APPROVAL (YES/NO)	IF YES MUHS APPROVAL LETTER & DATE	AADHAR NO.	PAN NO.	DATE OF BIRTH (AGE IN YEARS)	LATEST EMAIL ADDRESS	CONTACT NO (MOB.)	Debarred yes/No
1	OTSC, GMCH NAGPUR	OCCUPATIONAL THERAPY	DR. MRS. SOFIA H. AZAD	PRINCIPAL & PROF. (Addl. charge)	7/9/1998 Asst. Prof 18/09/2012 as Asso Prof	B.Th.O (1989)	M.Sc. O.T. (1995) PhD OT (2019)	26 YEARS	YES	MUHS/E-6/651-A/871 Dt 05/03/2007	8302 4499 8372	ADEPA6044K	25/09/1968	sofiaazad2012@gmail.com	9823060144	18 NO
2	OTSC, GMCH NAGPUR	OCCUPATIONAL THERAPY	DR. MRS. LEENA A. DESHPANDE	Associate Professor	10/03/1999 Asst. Prof 18/09/2012 as Asso Prof	B.Th.O (1994)	D.R.O.T. (1997) M.Th.O. (2004) PhD OT (2019)	21 YEARS	YES	MUHS/E-6/651-A/871 Dt 05/03/2008	3735 8132 2722	AEZPD8398F	23/12/1973	leenadeshpande23o@gmail.com	9422443263	NO
3	OTSC, GMCH NAGPUR	OCCUPATIONAL THERAPY	DR. MANISH BHAWATKAR	Associate Professor	18/06/2003 Occupational Therapist 18/09/2012 as Asst Prof	B.Th.O (1999)	M.O.Th. (2007) PhD OT (2019)	12 YEARS	YES	MUHS/E-6/1501002/3035 Dt 16/12/2009	2377 8609 6538	AIQPB8176L	22/04/1976	relefphysio98@gmail.com	9098936400	NO

Signature  
 Head of Department

  
 Signature & Seal  
 Dean/Principal  
 Occupational Therapy School and Center  
 Govt. Medical College, Nagpur





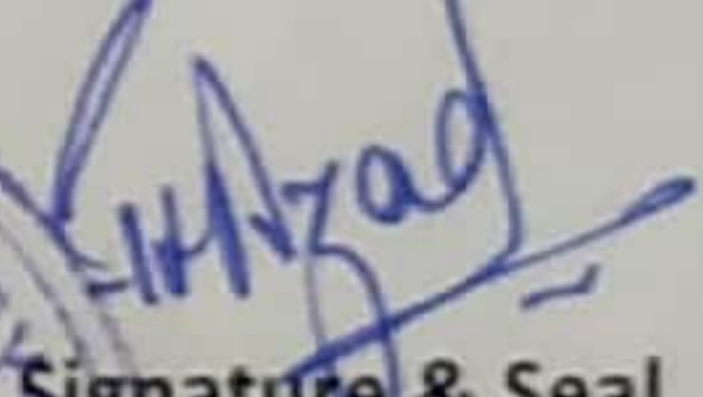
**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**SUBJECTWISE ELIGIBLE EXAMINERS LIST UG**

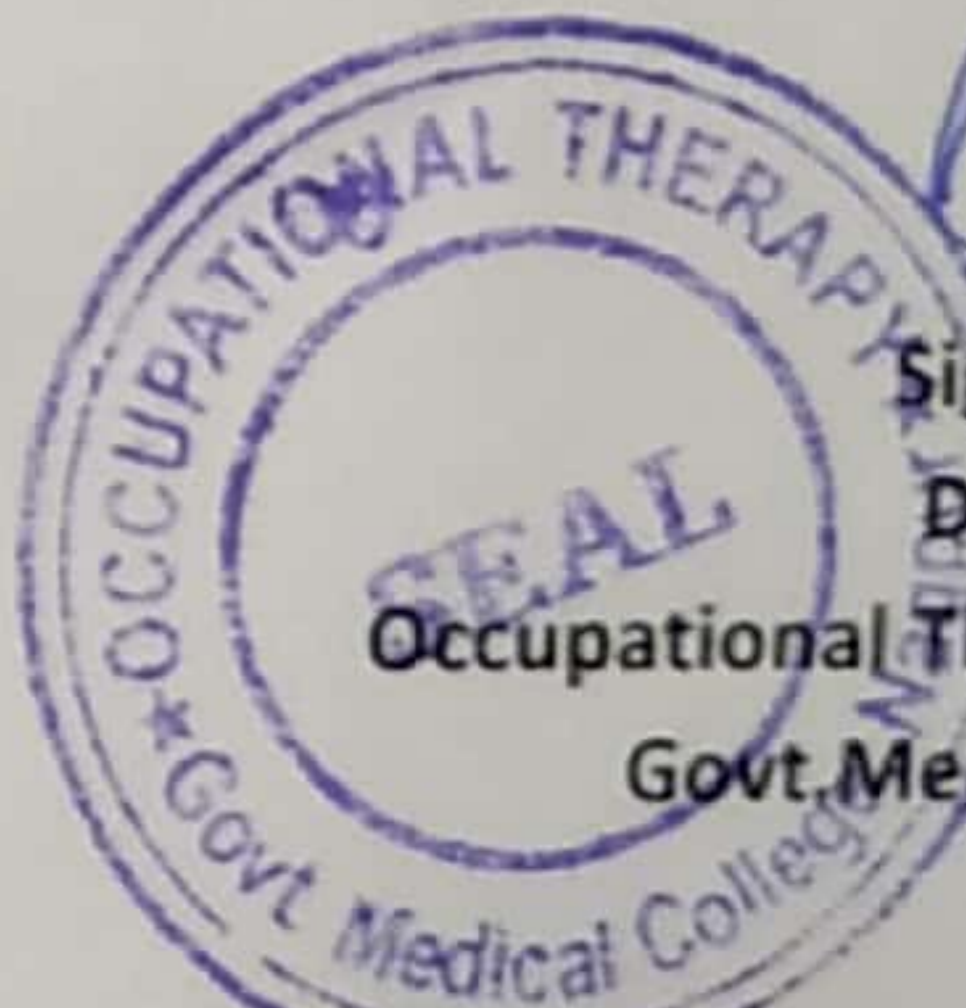
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OCCUPATIONAL THERAPY SCHOOL AND CENTER, GOVT MEDICAL COLLEGE, NAGPUR  
0712-2701684  
OCCUPATIONAL THERAPY (ERGOTHERAPEUTICS, OTD II)

S. N.	COLLEGE NAME	SUBJECT	FULL NAME OF THE TEACHER (FIRST/MIDDLE/LAST)	DESIGNATION	DATE OF JOINING	UG QUALIFICATION & YEAR OF PASSING	PG QUALIFICATION AND YEAR OF PASSING	TEACHING EXPERIENCE AFTER PG PASSING	MUHS APPROVAL (YES/NO)	IF YES MUHS APPROVAL LETTER & DATE	AADHAR NO.	PAN NO.	DATE OF BIRTH (AGE IN YEARS)	LATEST EMAIL ADDRESS	CONTACT NO (MOB.)	Debarred yes/No
1																18
1	OTSC, GMCH NAGPUR	OCCUPATIONAL THERAPY	DR. MRS. SOFIA H. AZAD	PRINCIPAL & PROF. (Addl. charge)	7/9/1998 Asst. Prof 18/09/2012 as Asso Prof	B.Th.O (1989)	M.Sc. O.T. (1995) PhD OT (2019)	26 YEARS	YES	MUHS/E-6/651-A/871 Dt 05/03/2007	8302 4499 8372	ADEPA6044K	25/09/1968	sofiaazad2012@gmail.com	9823060144	NO
2	OTSC, GMCH NAGPUR	OCCUPATIONAL THERAPY	DR. MRS. LEENA A. DESHPANDE	Associate Professor	10/03/1999 Asst. Prof 18/09/2012 as Asso Prof	B.Th.O (1994)	D.R.O.T. (1997) M.Th.O. (2004) PhD OT (2019)	21 YEARS	YES	MUHS/E-6/651-A/871 Dt 05/03/2008	3735 8132 2722	AEZPD8398F	23/12/1973	leenadeshpande23otgmc@gmail.com	9422443263	NO
3	OTSC, GMCH NAGPUR	OCCUPATIONAL THERAPY	DR. MANISH BHAWATKAR	Associate Professor	18/06/2003 Occupational Therapist 18/09/2012 as Asst Prof	B.Th.O (1999)	M.O.Th. (2007) PhD OT (2019)	12 YEARS	YES	MUHS/E-6/1501002/3035 Dt 16/12/2009	2377 8609 6538	AIQPB8176L	22/04/1976	relephysio98@gmail.com	9098936400	NO

Signature  
Head of Department

  
 Signature & Seal  
 Dean/Principal  
 Occupational Therapy School and Center  
 Govt. Medical College, Nagpur





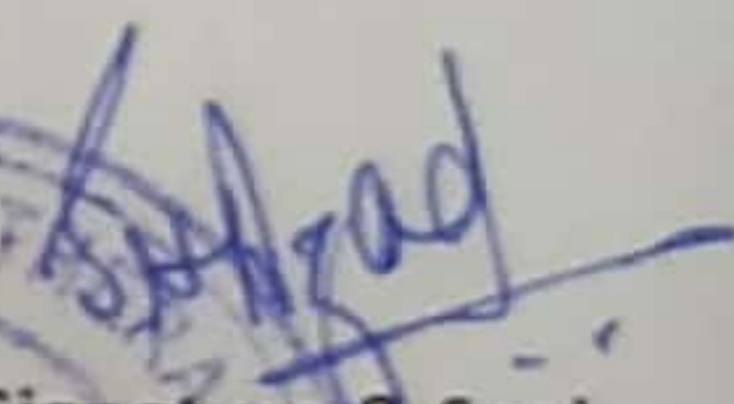
**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
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OCCUPATIONAL THERAPY SCHOOL AND CENTER, GOVT MEDICAL COLLEGE, NAGPUR  
 0712-2701684  
 OCCUPATIONAL THERAPY (OTM, OTS, WORKPHYSIOLOGY & ERGONOMICS)

S. N.	COLLEGE NAME	SUBJECT	FULL NAME OF THE TEACHER (FIRST/MIDDLE/LAST)	DESIGNATION	DATE OF JOINING	UG QUALIFICATION & YEAR OF PASSING	PG QUALIFICATION AND YEAR OF PASSING	TEACHING EXPERIENCE AFTER PG PASSING	MUHS APPROVAL (YES/NO)	IF YES MUHS APPROVAL LETTER & DATE	AADHAR NO.	PAN NO.	DATE OF BIRTH (AGE IN YEARS)	LATEST EMAIL ADDRESS	CONTACT NO (MOB.)	Debarred yes/No
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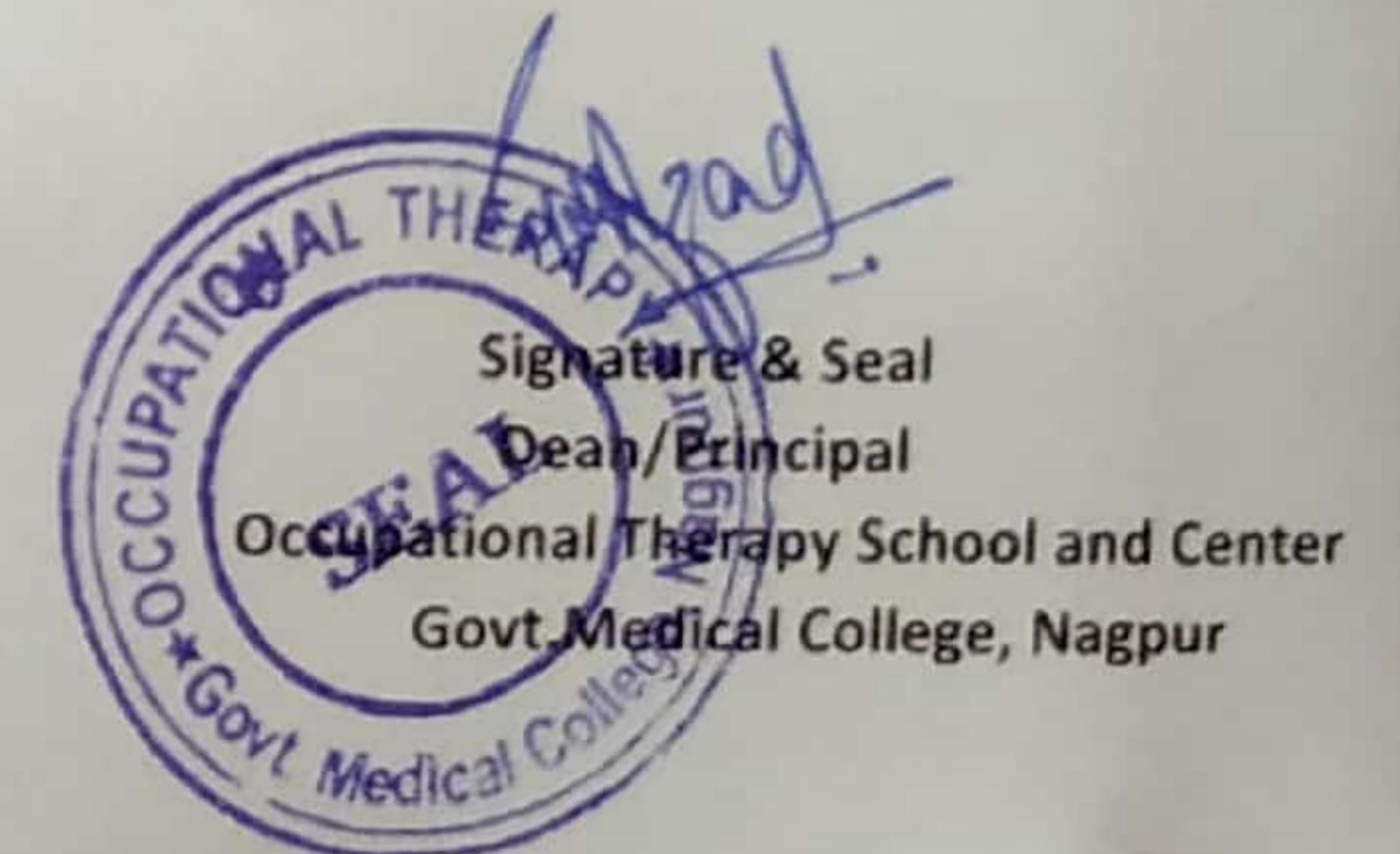
Annexure XIV (B)

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OCCUPATIONAL THERAPY SCHOOL AND CENTER, GOVT MEDICAL COLLEGE, NAGPUR  
 0712-2701684  
 OCCUPATIONAL THERAPY (ADVANCES IN OT, OT IN NEURO, OT IN ORTHO, ORTHO, OT IN PSYCHIATRY)

S. N.	COLLEGE NAME	SUBJECT	FULL NAME OF THE TEACHER (FIRST/MIDDLE/LAST)	DESIGNATION	DATE OF JOINING	UG QUALIFICATION & YEAR OF PASSING	PG QUALIFICATION AND YEAR OF PASSING	TEACHING EXPERIENCE AFTER PG PASSING	MUHS APPROVAL (YES/NO)	IF YES MUHS APPROVAL LETTER & DATE	AADHAR NO.	PAN NO.	DATE OF BIRTH (AGE IN YEARS)	LATEST EMAIL ADDRESS	CONTACT NO (MOB.)	Debarred yes/No
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