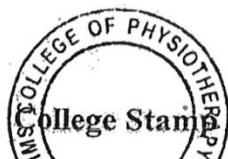


Name of the College : AIMS COLLEGE OF PHYSIOTHERAPY.**College Student Council - 2025-26**

(a)	Dean / Principal - (Chairman)	Name : DR. ABHIJIT SATRAKAR. Mobile No : 9890134388 E-mail : satrakar.abhijit@yahoo.com																							
(b)	One teacher; nominated by the Dean/ Principal - (Member)	Name : DR. NAMRATA PAREKH Mobile No : 7567515513 E-mail : parekhnamy@gmail.com																							
(c)	Program Officer of NSS - (Member) (if available)	Name : Mobile No : NA E-mail :																							
(d)	Director Sports / Physical Education Instructor - (Member)	Name : DR. NITIN WAGH (PT) Mobile No : 8976515070 E-mail : drnitinwaghaimsop@gmail.com																							
(e)	Officer in charge of Cultural activities - (Member)	Name : DR. MODITA CHAVAN (PT) Mobile No : 9987316877 E-mail : aimsopmodita@gmail.com																							
(f)	One student of each class (UG/PG) nominated by the Dean/Principal - (Member) (provided that the principal shall nominate student under clause (f) who is engaged in full - time studies / training in the college and have secured highest number of marks in the preceding annual examination.)	i) 1 st Year : ANOUSHKA TRIPATHI ii) 2 nd Year : KIMAYA VINOD PUTHRAN. iii) 3 rd Year : - iv) Final Year : - v) Intern : -																							
(g)	Two Male and Two Female students nominated by the Dean /Principal, who have shown outstanding performance, from of the following activities: (i) Sports; (ii) National Service Scheme; (iii) National Cadet Corps; (iv) Cultural Activities; (v) Research or other extra curricular activities.	<table border="1"> <thead> <tr> <th>Activity</th> <th>Name of Student</th> <th>Year</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Sports</td> <td>1) TEJAS SHINARE</td> <td rowspan="2">2025</td> </tr> <tr> <td>2)</td> </tr> <tr> <td rowspan="2">NSS</td> <td>1) TUSHAR KAWDE</td> <td rowspan="2">2025</td> </tr> <tr> <td>2)</td> </tr> <tr> <td rowspan="2">NCC</td> <td>1) ESHA SHIRIVARDHANKAR</td> <td rowspan="2">2025.</td> </tr> <tr> <td>2)</td> </tr> <tr> <td rowspan="2">Cultural</td> <td>1) MADHURA MODAK</td> <td rowspan="2">2025</td> </tr> <tr> <td>2)</td> </tr> <tr> <td rowspan="2">Research</td> <td>1) SWETA BURK</td> <td rowspan="2">2025</td> </tr> <tr> <td>2)</td> </tr> </tbody> </table>	Activity	Name of Student	Year	Sports	1) TEJAS SHINARE	2025	2)	NSS	1) TUSHAR KAWDE	2025	2)	NCC	1) ESHA SHIRIVARDHANKAR	2025.	2)	Cultural	1) MADHURA MODAK	2025	2)	Research	1) SWETA BURK	2025	2)
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Provided that, one male and one female students out of the four shall be belonging from the Scheduled Castes/Scheduled Tribes/Vimukta Jatis/ Nomadic Tribes/other Backward Classes.																									
Name of the Student Secretary : <u>KIMAYA VINOD PUTHRAN</u> (Elected from amongst Student Members Other than the students' of first year, internees and PG elected from amongst the student members by the council)																									

Date: 05/05/2025

Place: Dombivli, I



PRINCIPAL
Dean/Principal Signature
AIMS College of Physiotherapy



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
(Information of Secretary of College Students Council)

1. Name of College : AIMS COLLEGE OF PHYSIOTHERAPY
2. Postal Address : C/304, MARATHON COSMOS, LBS MARG
MULUND WEST, MUMBAI - 400080
3. Name of the Secretary : Sahil M KIMAYA VINOD PUTHRAN
4. Date of Birth : 18/11/2005
5. Caste & Category : OPEN
6. Contact details : Resi No. _____ Mobile No. 9082882742
E-mail kimayaputhran@gmail.com
7. Present Class: 1st Yr. / 2nd Yr. / 3rd Yr. / Final Yr. 8. Course : BPT.
9. College Establishment Year : 2023



10. Last University examination passed
Along with month & year of passing
And percentage of marks
(Please attach attested Photo Copy of
Marksheet)

Year of Passing	Percentage
FIRST BPT, APRIL 2025	64.1

11. Participation in NSS/NCC activities : Yes / No NO
(Please attach attested Photo Copy) (if yes, Name & Year of activity)
12. Participation in Sports / Cultural : Yes / No YES.
(Please attach attested Photo Copy) (if yes, Name & Year of activity)
13. Participation in Research/social work : Yes / No NO
(Please attach attested Photo Copy) (if yes, Name & Year of activity)

Note: Incomplete Application or Application without necessary Photo copies will be rejected, Summarily.

Date:

Kimaya
Signature of the Student Secretary

CERTIFICATE FROM THE DEAN / PRINCIPAL

I hereby certify that the above information has been verified personally from the office record and it is found correct to the best of my knowledge and belief.

Date : 5/05/2025

Place : DOMBIVLI,



Asst
DEAN/PRINCIPAL
AIMS College of Physiotherapy
Dombivli