## MONTHLY ATTENDANCE REPORT OF H.O.D. & DEAN/ PRINCIPAL

Name of College: CMF COLLEGE OF PHYSIOTHERAPY, CHINCHWAD, PUNE

Month: July 2021

Year	Subject	Planned		Conducted		Remarks
		Theory	Practical/ Clinicals (Demostrative)	Theory	Practical/ Clinicals (Demostrative)	
	Anatomy	25	04	25	04	:=
	Physiology	30	04	22	02	Health reasons
	Biochemistry	00	NA	00	NA	( <b>=</b>
	Fundamentals Of Kinesiotherapy	06	56	06	56	-
	Fundamentals Of Electrotherapy	02	32	02	32	-

Signature of H.O.D. (Anatomy)

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Signature of H.O.D. (Physiology)

Signature of H.O.D. (Biochemistry)

Signature of H.O.D. (Kinesiotherapy)

Signature of H.O.D. (Electrotherapy)

STD 1992 \*6

M.Ph.T. (Cardio Respiratory)

PRINCIPAL

CMF's College of Physiotherapy

12 ATSS, Chinchwad, Pune -19

## Montly Schedule Record MUHS Format

Name of the College: CMF's College Of Physiotherapy, Chinchwad, Pune Month: July 2021

		Planned	Conducted	Remarks
Sr.no.	Subject	Practical/ Clinicals/ Demonstrative)	Practical/ Clinicals/ Demonstrative)	
- 4,	Kinesiotherapy	18	17	l Electrotherapy lecture scheduled
2.	Electrotherapy	17	18	

## Signature of H.O.D

63

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Dr. Shweta Naidu (kineriotherepy) Briedn Dr. Shilpa Parab (Electrotherepy) Affrid 6

## MONTHLY ATTENDANCE REPORT OF H.O.D.& DEAN / PRINCIPAL

Name of College: CMF COLLEGE OF PHYSIOTHERAPY, CHINCHWAD, PUNE -19

Month: JULY 2021

Year	Subject	Planned	Conducted		Remarks
		Theory Practical / Clinical s		Practical/ Clinicals	
THIRD BPTh (2012)	FUNCTIONA L DIAGNOSIS AND PHYSIOTHE RAPEUTIC SKILLS			26	CLINICAL POSTING IN YCM

Signature of H.O.D.

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(FUNCTIONAL DIAGNOSIS &

PHYSIOTHERAPEUTIC SKILLS)



Signature of Dean / Principal
Or. Mrs SHILPA A. PARAb
M.Ph.T. (Cardio Respiratory)
PRINCIPAL
CMF's College of Physiotherapy

MP's College of Physiotherapy