ANNEXURE-VII-C

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK.
SUBJECT WISE ELIGIBLE EXAMINERS LIST (PG Courses)

Name of the College : Dr. Shankarrao Chavan Govt. Medical College, Nanded.

Phone/Mobile No. :

Name of the Subject : Anatomy.

Sr. No.	Name of Teacher(Last Name First Name Middle Name)	Designation	Subject /Speciality	Type of Appointment(Regular /Temp. /Honorary	Qualification	University Approxat(UG)	PG TeachingExperience (in Years)after PGM	PG TeacherRecopnilion Yes/No	(Recognition Letter Date issued by University)	No. of PG StudentsGuidedlast5year	Date of Birth	E-mallID	MobileNo.	AadharCard 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. Rahman Mohammed Aneesur	Asso. Prof.	Anatomy	Regular	M.S. ANATOMY	MUHS/UG/E1/06783/749/2011 Dt.14/03/2011.	13 Y	Yes	MUHS/PG/E1/1404/1423/11/070/7/2011.	-----	18/07/1972	aneesurrahman72@gmail.com	9422187883	869410085199	No	
2	Dr. Kardile Poorwa Baburao	Asst. Prof.	Anatomy	Regular	M.D. ANATOMY	MUHS/UG/E1/53/1507/Dt. 30/07/2015	07 Y 02 M	Yes	MUHS/PG/E1/1403/27/3963 Dt. 02/10/2018	----	22/10/1982	drpoorwakardile@gmail.com	9404847887	956105352175	No	

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Dr. S.C.G.M. College
Vishnupuri, Nanded

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

Name of the College : Dr. Shankarrao Chavan Govt. Medical College,Nanded
Phone/Mobile No. :02462229274
Name of the Subject: **Physiology**

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	(Recogniti on Letter Date issued by University)	No. of PG StudentsGuidedlast5year	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.Vandana Dudhamal	Professor	Physiology	Regular	M.D. Physiology	MUHS/E-1/1403/3/57/2005 Date: 13/09/2005	18yrs	Yes	No.MUHS/PG/E-1/104102/813/2024 Date: 04/12/2024	00	17/07/1976	vandanadudhmal67@gmail.com	9665490681	9495169 98051	No	
2	Dr.Kulkarni Mukund Bhaskarrao	Associate Professor	Physiology	Regular	M.D. Physiology	MUHS/UG/E-1/057130/1178/2011 Date: 15/4/2011	20yrs	Yes	No.MUHS/PG/ E-1/1403/759/2011, Date : 18/04/2011	00	23.03.1972	drkulkarnimukund@yahoo.com	9970069879	5512 6331 9462	No	

Dean
Dr. Shankarrao Chavan
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Nanded (M.S.) 431606

ANNEXURE-VII-C

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK SUBJECTWISE

ELIGIBLE EXAMINERS LIST (PGCourses)

Name of the College - Dr. Shankarrao Chavan Govt. medical college, Nanded.
Phone/Mobile No.

Name of the Subject - Biochemistry

Sr. No.	Name of Teacher(Last NameFirst NameMiddleName)	Designation	Subject/ Speciality	Type of Appointment(Regular/Temp./Honorary	Qualification	University Approxat (UG)	PG Teaching Experience(inYears)after PGM	PG Teacher RecopnilionYes/ No	(Recognition Letter Date issued by University)	No. of PG Students Guidedlast 5year	Date of Birth	E-mail ID	Mobile No.	Aadhar CardNo	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. MANOORKAR GANESH SADASHIVRAO	ASSOCIATEPROFESSOR	BIOCHEMISTRY	Regular	MD BIOCHEMISTRY		13 YEARS	YES	NO. MUHS/PG/E1/1403/36/11 DATE 07/01/2011	01	13-03-1973	drganeshmanoorkar@yahoo.in	9823172671	850754103807	NO	Ganesh 03/02/2025

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Vishnupuri, Nanded

ANNEXURE-VII-C

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

Name of the College : Dr SCGMC, Nanded
Phone/Mobile No. : -
Name of the Subject : Pharmacology

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp. / Honorary	Qualification	University Approx at (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recopnilion Yes/No	(Recognition Letter Date issued by University)	No. of PG Students Guided last 5 year	Date of Birth	E-mall 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 K C Chandaliya	professor	Pharmacology	Regular	MD Pharmacology	-	25 yrs 8 months	Yes	MUHS/UG/E-1/UG & PG/1401/5194/ 2007 Date 26/11/2007	9	03/06/ 1967	kantilalchandaliya@gmail.com.	9423149649	800579266284	No	
2	Dr J B Deshmukh	Associate professor	Pharmacology	Regular	MD Pharmacology	-	19 years 8 month	Yes	MUHS/PG/E-1/1403/432/11 Date 22/02/2011	3	28-07-1973	drmangesh4u@yahoo.co.in	89993039 47	336768039346	No	

Signature of HOD
Professor & Head
Dept. Of Pharmacology
Dr. S.C. Govt. Medical College, Nanded

Signature of Dean
Dean
Dr. Shankarrao Chavan
Govt. Medical College, Vishnupuri
Nanded. (M.S.) 431606

ANNEXURE-VII-C

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES ,NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

Name of the College :Dr.Shankarrao Chavan,Govt.Medical college,Vishnupuri,Nanded.

Phone / Mobile No.

:Name of the Subject: Pathology

Sr. No.	Name ofTeacher(Last NameFirst NameMiddleName)	Designation	Subject / Speciality	Type ofAppointment(Regular/Temp. /Honorary	Qualification	University Approx at(UG)	PG Teaching Experience(inYears)after PGM	PG Teacher RecopnilionYes/ No	(Recognition LetterDateissued byUniversity)	No. ofPG Students Guidedlast5year	Date ofBirth	E-mall ID	Mobile No.	Aadhar CardNo	IfDebarred(Yes/No)	Sign. .of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr. M.A. Sameer	Professor	Pathology	Regular	MD Pathology	Yes	14 **yrs**	Yes	No. MUHS/E-1 /PG/1403/521/2010 Dated: 20/03/2010		14/06/1976 (47 Years)	Sameerdr7765@gmail.com	9970069969	934966553459	No	
2	Dr.V.G.Mudholkar	Associate Professor	Pathology	Regular	MD Pathology	Yes	10 yrs	Yes	No.MUHS./PG/E-1/1403/27/84/14 Date 9/01/2014		05/06/1980 (43 years)	drvishalmudholkar@yahoo.co.in	9421838955	234618643699	No	
3	Dr. Y. H. Chavan	Associate Professor	Pathology	Regular	MD Pathology	Yes	18 yrs	Yes	No. MUHS/E-1 /PG/1403/3372/2006 Dated: 17/07/2006		09/07/1961 (62 yars)	drchavanyadhav@gmail.com	9970054434	286947500969	No	
4	Dr. P. N. Kadam	Associate Professor	Pathology	Regular	MD Pathology	Yes	18 yrs	Yes	No. MUHS/E-1 /PG/1403/5807/2006 Dated: 14/12/2006	2	14-07-1971 (52 yrs)	dr.pankajkadam@Yahoo.co.in	9890172702	365904653639	No	

DEAN
Dr. S.C.G.M. College
Vishnupuri, Nanded

ANNEXURE-VII-C

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

Name of the College
Phone/Mobile No. :
Name of the Subject : microbiology

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp. / Honorary	Qualification	University Approx at (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recopnilion Yes/No	(Recognition Letter Date issued by University)	No. of PG Students Guided last 5 year	Date of Birth	E-mall 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. S.R. More	Professor & HOD	Microbiology	Regular	MD Microbiology	No. MUHS/E.1/ 1403/4336/2004 Date: 01/10/2004	24	Yes	No. MUHS/PG/E-1/1403/2032/11 Date: 15/09/2011	06	18/06/1967	drsanjaykumarmore@gmail.com	9970054432	840102431268	No	
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Nanded. (M.S.) 431606

ANNEXURE-VII-C

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK SUBJECT WISE ELIGIBLE EXAMINERS LIST

(PG Courses)

Name of College/Institute: Dr. SCGMC Nanded

Name of the Department: Forensic Medicine

Sr. No.	Name of Teacher(Last Name First Name Middle Name)	Designation	Subject /Specialty	Type of Appointment(Regular/Temp./Honorary	Qualification	University Approx at(UG)	PG Teaching Experience(in Years)after PGM	PG Teacher Recopnilion Yes/No	(Recognition Letter Date issued by University)	No. of PG Students Guidedlast5year	Date of Birth	E-Mal l 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.Hemant Vasantrao Godbole	Professor	Forensic Medicine	Regular	MBBS MD FMT	Yes	17Y 4M	Yes	MUHS/E-1/PG/1209/175/07 Dt 21/08/2007	3	30/4/1965	hgodbole65@gmail.com	9422871714	xxxx-xxxx-3505	No	
2	Dr.Maroti Digambarrao Dake	Associate Professor	Forensic Medicine	Regular	MBBS MD FMT	Yes	4Y	Yes	MUHS/PG/E-1/27/1403/2381/2020 dt 11/12/2020	1	1/4/1980	mddake@gmail.com	9850995076	xxxx-xxxx-7488	No	

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ANNEXURE-VII-C

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

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 Student Guided last 5 year	Date of Birth	E-mail ID	Mobile No.	Aadhar No.	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.Ismail Ali Faruk Ali Inamdar	Associate Professor & Head of Dept.	Community Medicine	Regular	MD (PSM)	Yes	19 Year 5 Month	Yes	MUHS/PG/E-1/1403/1031/2010, Dated 11/06/2010	10	09/06/1976	ifinamdar123@gmail.com	9422123766	757576956727	No	
2	Dr.Rambhau Dhondibarao Gadekar	Associate Professor	Community Medicine	Regular	MD (PSM)	Yes	17 year 9 Month	Yes	MUHS/PG/E-1/1403/1429/2012, Dated 15/06/2012	08	05-06-1977	rdgadekarrd@gmail.com	7972772864	244994131542	No	
3	Dr.Jyoti Dattaramji Bhise	Assistant Professor	Community Medicine	Regular	MD (PSM)	Yes	10 year 9 Month	Yes	MUHS/PG/E-1/1403/27/1964//2021 Dated 28-7-2021	02	07/02/1982	drjyoti7282@gmail.com	9404647940	823647953916	No	

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ANNEXURE-VII-C

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK SUBJECTWISE ELIGIBLE EXAMINERS LIST

(PG Courses)

Name of the College : Dr. Shankarrao chavan Government Medical College, Nanded

Phone/ Mobile No. :

Name of the Subjecets : General Medicine

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appoint ment(Reg ular/Tem p. /Honorar y	Qualification	University Approx at (UG)	PG Teaching Experienc e(in Years)aft er PGM	PG Teacher Recopnil ion Yes/No	(Recognition Letter Date issued by University)	No. of PG Students Guided last5yea r	Date of Birth	E-mall ID	Mobile No.	Aadhar Card No	If Debar red(Ye s/No)	Sign.. of Teache r
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	DR. D.P. BHURKE	PROFESSOR AND HEAD	GENERAL MEDICINE	REGULAR	MD (GENERAL MEDICINE)	Yes	19 years 3month	Yes	MUHS/PG/E-1/1403/3844/2010 DT. 10/12/2010	14	04/06/1975	dbbhuva i@gmai l.com	9420264084	605441950637	No	
2	DR. SHITAL N. RATHOD	PROFESSOR	GENERAL MEDICINE	REGULAR	MD (GENERAL MEDICINE)	Yes	15 years 3months	Yes	MUHS/PG/E-1/53/1403/27/102/16 DT. – 16/03/2014	09	7/12/1981	dr.shital@rediffmail.com	9820671390	428136237486	No	
3	DR. KAPIL S. MORE	ASSOCIATE PREFESSOR	GENERAL MEDICINE	REGULAR	MD (GENERAL MEDICINE)	Yes	16 years 11months	Yes	MUHS/PG/E-1/1403/27/1021/16 DT-	10	28/05/1979	kapilmore114@gmail.com	9403519614	623549039 06	No	
4	DR. MOHAMMED UBAIDULLA MOHAMMED ATAULLA	ASSOCIATE PREFESSOR	GENERAL MEDICINE	REGULAR	MD (GENERAL MEDICINE)	Yes	18 years 10months	Yes	MUHS/PG/E-1/1403/58/13/ DT-05/01/2013	10	22/06/1976	dr_ubaidkhan@rediffmail.com	9423171178	365299365899	No	
05	DR. FAROOQUI MOHAMMED ABDUL RAFE	ASSOCIATE PREFESSOR	GENERAL MEDICINE	REGULAR	MD (GENERAL MEDICINE)	Yes	11 years 9months	Yes	MUHS/PG/E-1/27/1403/623/2020 DT. 27/02/2020	06	15/01/1974	rafefa123@gmail.com	9823370044	844989885438	No	
06	DR. ANJALI SURYKANT DESHMUKH	ASSOCIATE PREFESSOR	GENERAL MEDICINE	REGULAR	MD (DNB MEDICINE)	Yes	9years 7months	Yes	MUHS/PG/E-1/53/1403/409/2022 Date-15/02/2022		14/08/1985	dr.dranju@rediffmail.com	9975810968	481614736937	No	

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Dr. S.C.G.M. College
Vishnupuri, Nanded

ANNEXURE-VII-C

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

Name of College: Dr Shankarrao Chavan Govt. Medical College, Nanded
Subject: Pediatrics

Sr. No.	Name of Teacher(Last Name First Name Middle Name)	Designation	Subject/ Specialit y	Type of Appointment(Regular/Temp./Honorary	Qualification	UniversityApproxat(UG)	PG Teaching Experience(in Years) after PG	PG TeacherRecopnilion Yes/No	(Recognition Letter Date issued by University)	No. of PG StudentsGuidedlast5year	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 Kishor Gyanoba Rathod	Professor	Pediatrics	Regular	MD Pediatrics		12Y 9 M	Yes	MUHS/PG/E-1/1429/12 Date-15/06/2012	04	11-06-1978	kishorgrathod@gmail.com	7507500661	498912220654	No	
2	Dr Saleem Hussain MiyanTambe	Associate Professor	Pediatrics	Regular	DNB Pediatrics		18 Y 1 M	Yes	MUHS/PG/E1/1403/27/1044/15 Date 28/04/2015	04	15-08-1973	tambesaleem@yahoo.com	9326194060	862201382256	No	
3	Dr Arvind Chavan	Associate Professor	Pediatrics	Regular	MD Pediatrics		5 Y 11 M	Yes	MUHS/PG/E-1/27/1403/2247/2019 Date-06/06/2019	04	26-03-1980	drarvindchavan@gmail.com	8421441115	755336126216	No	
4	Dr Gajanan V. Surewad	Associate Professor	Pediatrics	Regular	MD Pediatrics		4 Y 0M	Yes	MUHS/PG/E-1/103131/1800/2023. Date-18/7/2023	00	04 /09 /1983	gvsurewad@gmail.com	9987706566	393553139149	No	
5	Dr Sarfaraz Ahmed Manzoor Ahmed	Assistant Professor	Pediatrics	Regular	MD Pediatrics		3 Y 10 M	Yes	MUHS/PG/E-1/1403/27/1964/2021 Date 28/07/2021	00	11-11-1980	sarfaraz41117@gmail.com	9823130770	982796574155	No	

Dean
Dr. Shankarrao Chavan
Govt. Medical College, Vishnupuri
Nanded. (M.S.) 431606

ANNEXURE-VII-C

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

Name of the College : DR SHANKARRAO CHAVAN GOVERNMENT MEDICAL COLLEGE, NANDED

Phone/Mobile No. :

Name of the Subject : RESPIRATORY MEDICINE

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appoint ment (Regular/ Temp. / Honorary	Qual ificat ion	University Approx at (UG)	PG Teaching Experienc e (in Years) after PGM	PG Teacher Recopnil ion Yes/No	(Recognitio n Letter Date issued by University)	No. of PG Students Guided last 5 year	Date of Birth	E-mall ID	Mobile No.	Aadha r Card No	If Deba r red (Yes/ N o)	Sign..of Teache r
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	DR KAPSE VIJAYKUMA R RAMAPPA	PROFESSOR AND HEAD	RESPIRATOR Y MEDICINE	REGULAR	MD	15Y6M	10Y6M	YES	10/06/2015	9	17/02/19 78	Pravin17 02@gma il.com	9970054 684	4075362 17326	NO	
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Dean

Dr. Shankarrao Chavan
Govt. Medical College, Vishnupuri
Nanded (M.S.) 431606

ANNEXURE-VII-C

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES , NASHIK

SUBJECT WISE ELIGIBLE EXAMINERS LIST (PGCourses)

Name of the College : **DR SCGMC NANDED**
Phone/Mobile No.:

Name of the Subject:**DVL**

Sr. No.	Name of Teacher(Last Name First Name MiddleName)	Designation	Subject/ Specialiy	Type of Appointment(Regular/Temp./Honorary	Qualification	University Approxat(UG)	PG Teaching Experience (inYears) after PGM	PG Teacher Recopnilion Yes/No	(Recognition Letter Date issued by University)	No.of PG Students Guided Last 5year	Date Of Birth	E-mall ID	Mobile No.	Aadhar CardNo	If Debarred (Yes/No)	Sign..ofTeacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	DR HARNALIKAR MANOJ YALLAPPA	PROFESSOR	DVL	REGULAR	MD	MUHS	16Y,3M,21 DAYS	YES	MUHS/PG/E/1/1403/27/8963/2018	6	4/6/1981	drmanojh@gmail.com	9021407672	8979952406	no	
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Govt. Medical College, Vishnupuri
Nanded (M.S.) 431606

ANNEXURE-VII-C

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

Name of the College :
DR. SHANKARRAO CHAVAN GOVT MEDICAL COLLEGE, VISHNUPURI, NANDED

Phone/Mobile No. :

Name of the Subject :PSYCHIATRY

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appoint ment (Regular/ Temp. / Honorary	Qualification	University Approx at (UG)	PG Teaching Experienc e (in Years) after PGM	PG Teacher Recopnil ion Yes/No	(Recognition Letter Date issued by University)	No. of PG Students Guided last 5 year	Date of Birth	E-mall ID	Mobile No.	Aadhar Card No	If Debar red (Yes/N o)	Sign.. of Teache r
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	DR. BODKE PRADEEP	PROFESSOR	PSYCHIATR Y	REGULAR	MD		2 Years 1 months	YES	With Effect From 17.10.2022	2	24.5.19 81	drprade epbodke @gmail. com	9221921 327	6447503 36519	NO	
2	DR. ATRAM UMESH	ASSOCIATE PROFESSOR	PSYCHIATR Y	REGULAR	MD		2 Years 1 months	YES	With Effect From 17.10.2022	1	18.9.19 83	umeshat ram245 @gmail. com	9890365 552	2535211 79944	NO	
3																
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DEAN
Dr. S.C.G.M. College
Vishnupuri, Nanded

Professor & Head
Dept. of Psychiatry
Dr.Shankarrao Chavan G.M.C
Vishnupuri, Nanded.

ANNEXURE-VII-C

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

Name of the College Dr
SC GMC , Nanded
:Phone/Mobile No. :

Name of the Subject:
General Surgery

Sr. No.	Name of Teacher(Last Name First NameMiddleName)	Designation	Subject/Speciality	Type ofAppointment(Regular/Temp./Honorary	Qualification	University Approxat(UG)	PG Teaching Experience(in Years)after PGM	PG Teacher Recopnition Yes/No	(Recognition Letter Date issued by University)	No. of PG Students Guided last 5year	Date of Birth	E-mallID	Mobile No.	Aadhar CardNo	IfDebarred(Yes/No)	Sign..ofTeacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr Deshmukh Sudhir Bhaskarrao	Professor	Gen. Surgery	Regular	M.S. Gen. Surgery	1985	33 yrs	Yes	13/10/2000		18.3.1963	Sudhirbhaskar9@gmail.com	9422240108	916135772913	No	
2	Dr. Degaonkar Anil Shesherao	Asso. Professor	Gen. Surgery	Regular	M.S. Gen. Surgery	May-1994	21 Yrs.	Yes	10/04/2007	15	14.6.1971	anil_degaonkar@yahoo.co.in	9860867768	873775534003	No	
3	Dr. Kelkar Vidhyadhar Pandurang	Asso. Professor	Gen. Surgery	Regular	M.S. Gen. Surgery	May-1994	20 Yrs.	Yes	10/04/2007	15	26.6.1971	Drvidu24@gmail.com	9960074074	780145181992	No	

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Govt. Medical College, Vishnupuri
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ANNEXURE-VII-C

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

Name of the Subject : Orthopedics
Name of the College :Dr shankarrao chavan government medical college nanded
Phone/Mobile No. :

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appoint ment (Regular/ Temp. / Honorary	Qualification	University Approx at (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recopnil ion Yes/No	(Recognition Letter Date issued by University)	No. of PG Students Guided last 5 year	Date of Birth	E-mall ID	Mobile No.	Aadhar Card No	If Debar red (Yes/N o)	Sign.. of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr Rajesh Kishanrao Ambulgekar	Professor	Orthopedics	regular	MS 1996	28/3/1998	26 years 6 months	yes	MUHS/E-317/8/2/10 15/3/2001	3 per year	23/12/1969	drambulgekarrk@gmail.com	9422170074	330552858766	NO	

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ANNEXURE-VII-C

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

Name of the College :Dr. Shankarrao Chavan Government Medical College And Hospital, Nanded

Phone/Mobile No. :

Name of the Subject : E.N.T

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Specialty	Type of Appointment (Regular/ Temp. / Honorary	Qualification	University Approx at (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recopnilion Yes/No	(Recognition Letter Date issued by University)	No. of PG Students Guided last 5 year	Date of Birth	E-mall 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 Atishkumar B. Gujrathi	Associate Professor & Head Of Department	ENT	Regular	MS ENT 2011	MBBS 2004	13YRS 4 MONTHS	YES	MUHS/PG/E-1/1403/27/2663/17 18/11/17	11	20/12/1981	dr_atish2012@yahoo.co.in	9881229740	799559735337		

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Dr. Shankarrao Chavan
Govt. Medical College, Vishnupuri
Nanded. (M.S.) 431606

ANNEXURE-VII-C

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

Name of the College : **Dr. Shankarrao Chavan Government Medical College and Hospital, Nanded**

Phone/Mobile No. :

Name of the Subject : OPHTHALMOLOGY

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp. / Honorary	Qualification	University Approv at (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recopnilion Yes/No	(Recognition Letter Date issued by University)	No. of PG Students Guided last 5 year	Date of Birth	E-mall 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. RAUT ATUL SHESHRAO	PROFESSOR AND HEAD OF THE DEPARTMENT	OPHTHALMOLOGY	REGULAR	MBBS MS OPHTHALMOLOGY	YES	29yr 10m	YES	MUHS/PG/E-1/1403/156/08	1	18/04/1967	drrautatul184@gmail.com	9921759952	278884533682	NO	
2	DR. KHAN SOHEL IRFAN MOHD	ASSOCIATE PROFESSOR	OPHTHALMOLOGY	REGULAR	MBBS MS DNB OPHTHALMOLOGY	YES	22yr 6m	YES	MUHS/PG/E-1/1403/1060/09	9	24/08/1973	simkr2001@yahoo.co.in	9890131920	472391863444	NO	
3	DR. BURKULE SNEHAL DADARAO	ASSISTANT PROFESSOR	OPHTHALMOLOGY	REGULAR	MBBS MS OPHTHALMOLOGY	YES	10yr 10m	YES	MUHS/PG/E-1/1403/27/231 C/2021	2	02/07/1985	snehal21986@gmail.com	9130697305	472369798382	NO	

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Nanded (M.S.) 431606

ANNEXURE-VII-C

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

Name of the College: Dr. SCGMC, Nanded
Phone/ Mobile No. :
Name of the Subject: OBGY

Sr. No.	Name ofTeacher(Last NameFirst NameMiddleName)	Designation	Subject/ Speciality	Type ofAppointment(Regular/Temp./Honorary	Qualification	University Approx at(UG)	PG Teaching Experience(inYears)after PGM	PG Teacher RecopnilionYes/ No	(Recognition LetterDateissued byUniversity)	No. ofPG Students Guidedlast5year	Date ofBirth	E-mall ID	Mobile No.	Aadhar CardNo	IfDebarred(Yes/No)	Sign..ofTeacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr WakodeShamrao Ramji	Prof and HOD	OBGY	Regular	MD DGO OBGY	1985	33 yrs 8 months	Yes	18/04/2011	15	01/08/1962	professorobgy@yahoo.com	9422872541	514987337086	No	
2	Dr. Fasiha Tasneem A. Aziz	Associate professor	OBGY	Regular	MS OBGY	1999	19 years 3 months	Yes	04/10/2013	6	27/02/1977	Fasiha.aziz@yahoo.com	9765444016	339030587688	No	
3	Dr. Dulewad Shirish Shivlingrao	Associate professor	OBGY	Regular	MS OBGY	2001	15 yrs 3 months	Yes	29/02/2016	7	01/08/1977	sdulewad@gmail.com	8329313565	807162597270	No	
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Nanded (M.S.) 431606

ANNEXURE-VII-C

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

Name of the college :Dr.Shankarrao Chavan Government Medical College,Vishnupuri,Nanded
Phone/Contact no:
Name of Subject :Anaesthesiology

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp. / Honorary	Qualification	University Approx at (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-mall 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. Kulkarni Vaishnavi Vishwas	Professor and HOD	Anaesthesiology	Regular	MBBS MD Anaesthesiology	MUHS	28yrs 8 months	Yes	MUHS/E-1/PG/1208/755-27/2007	11	27/04/1965	vaishnavikulkarni786@gmail.com	9822516360	999209645754	No	
2	Dr. Totawar Sachin Rameshrao	Associate Professor	Anaesthesiology	Regular	MBBS MD Anaesthesiology	MUHS	14 yrs 3 months	Yes	MUHS/PG/E-1/1403/27/1021/16	10	15/07/1980	sachin.totawar@gmail.com	9860184768	417368891007	No	
3	Dr.Nazima Memon	Associate Professor	Anaesthesiology	Regular	MBBS MD Anaesthesiology	MUHS	15 yrs 11 months	Yes	MUHS/PG/E-1/1403/27/240/15 Date :21/01/2015	08	30/09/1978	Dr.nazima.memon@gmail.com	9324222310	546494 49840	No	
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Dr. S.C.G.M. College
Vishnupuri, Nanded

ANNEXURE-VII-C

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK SUBJECT WISE ELIGIBLE EXAMINERS_LIST (PG Courses)

Name of the College:

Phone / Mobile No:

Name of the Subject :
RADIOLOGY

Sr. No.	Name ofTeacher(Last NameFirst NameMiddleName)	Designation	Subject / Speciality	Type of Appointment (Regular/ Temp. /Honorary	Qualification	University Approxat (UG)	PG Teaching Experience (in Years)after PGM	PG Teacher Recopnilion Yes/No	(Recognition LetterDateissued byUniversity)	No. ofPG Students Guidedlast5year	Date ofBirth	E-mall ID	Mobile No.	Aadhar CardNo	IfDebarred(Yes/No)	Sign..ofTeacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
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Nanded (M.S.) 431606