

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 Approvat(UG)	PG Teaching Experience (in Years) after PG M	P G 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 Debarrd (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	13 Y	Yes	MUHS/PG/E1/1404/1423/11/0707/2011.	----	18/07/1972	aneesurrahman72@gmail.com	9422 8694 1878 1008 83 5199	8694 1008 5199	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	9404 8478 87 2175	9561 0535 2175	No	  DEAN 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/Speciality	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 years	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	vandana.dudhamal167@gmail.com	9665490689	949516998051	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.co.com	9970069875	551263319462	No	



Dean

Dr. Shankarrao Chavan
Govt. Medical College, Vishnupur
Nanded. (M.S.) 431608

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK SUBJECTWISE

ELIGIBLE EXAMINERS LIST (PGCourses)

GIBILE EXAMINERS LIST (PG Courses)

Name of the College - Dr. Shonkarrao Chavan Govt. Medical College, Nanded.
Phone/Mobile No.

Name of the Subject - Biochemistry

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03/02/2025

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 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 Experienc e (in Years) after PGM	PG Teacher Recognil ion 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 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 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	kantilalc handaliya a@gmail l.com.	9423149 649	8005792 66284	No	<i>Kantilal</i>
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	drmanj esh4u@y ahoo.co. in	89993039 47	33676803 9346	No	<i>Dr</i>

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

Dr. Shankarrao Chavan
 Signature of Dean

Dean
 Dr. Shankarrao Chavan
 Govt. Medical College, Vishnupur
 Nanded. (M.S.) 431608

ANNEXURE-VII-C

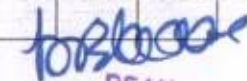
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES ,NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

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

Phone / Mobile No.

:Name of the Subject: Pathology

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject / Speciality	Type of Appointment (Regular/Temp./Honorary)	Qualification	University Approved (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 years	Date of Birth	E-mail ID	Mobile No.	Aadhar Card No.	If Debarrred (Yes/No)	Signature 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)	Sameer.dr7765@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)	drvishal.mudholkar@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 yrs)	drchavan.yadav@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.pankaj.kadam@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 Experienc e (in Years) after PGM	PG Teacher Recognil ion 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 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. S.R. More	Professor & HOD	Microbiology	Regular	MD Microbiology	No. MUHS/E.1/ 1403/4336/2 004 Date: 01/10/2004	24	Yes	No. MUHS/PG/E- 1/1403/2032/11 Date: 15/09/2011	06	18/06/1 967	drsanjay kumarm ore@g mail.co m	9970054 432	8401024 31268	No	
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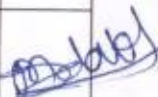
Dr. Shankarrao Chavan
Dean

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

**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 /Speciality	Type of Appointment (Regular/Temporary/Honorary)	Qualification	University Appointed (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 Debarr ed (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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Dr. Shankarrao Chavan
Govt. Medical College, Vishnupuri
Nanded. (M.S.) 431608

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./ Honorar y)	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 Dhondibharao 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	rdgadekarnd@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	




Dean

Dr. Shankarrao Chavan
Govt. Medical College, Vishnupuri
Warded. (M.S.) 431608

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

(PG Courses)

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

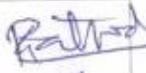
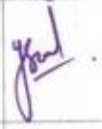
Phone/ Mobile No. :

Name of the Subject : General Medicine

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/Temporary/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 years	Date of Birth	E-mail ID	Mobile No.	Aadhar Card No	If Debarred (Yes/No)	Signature of Teacher
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	dbbhuvagiri@gmail.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.rathod@rediffmail.com	9820671390	428136237486	No	
3	DR. KAPIL S. MORE	ASSOCIATE PROFESSOR	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	62354903906	No	
4	DR. MOHAMMED UBAIDULLA MOHAMMED ATAULLA	ASSOCIATE PROFESSOR	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 RAHE	ASSOCIATE PROFESSOR	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 PROFESSOR	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	

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/ Speciality	Type of Appointment (Regular/Temp./Honorary)	Qualification	University/Approximate (UG)	PG Teaching Experience (in Years) after PG	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University)	No. of PG Students Guided last 5 years	Date of Birth	E-Mail ID	Mobility No.	Aadhar Card No	If Debarrd (Yes/No)	Sign. of Teacher
1	Dr Kishor Gyanoba Rathod	Professor	Pediatrics	Regular	MD Pediatrics		12 Y 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 Miyan Tambe	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 0 M	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	

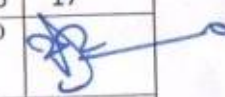

Dr. Shankarrao Chavan
 Govt. Medical College, Viahnupur
 Nanded. (M.S.) 431608

**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 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-mail ID	Mobile No.	Aadhaar 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 KAPSE VIJAYKUMAR RAMAPPA	PROFESSOR AND HEAD	RESPIRATORY MEDICINE	REGULAR	MD	15Y6M	10Y6M	YES	10/06/2015	9	17/02/1978	Pravin1702@gmail.com	9970054684	407536217326	NO	
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Dr. Shankarrao Chavan
Govt. Medical College, Vishnupur
Nanded. (M.S.) 431608

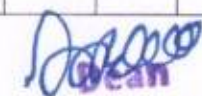
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES , NASHIK
SUBJECT WISE ELIGIBLE EXAMINERS LIST (PGCourses)

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/Temporary/Honorar y	Qualification	University Approx at(UG)	PG Teaching Experience (inYears) after PGM	PG Teacher Recopnil ion Yes/No	(Recognition Letter Date issued by University)	No.of PG Students Guided Last Syear	Date Of Birth	E-mail ID	Mobile No.	Aadhar CardNo	If Debarre d (Yes/No)	Sign..o fTeach er
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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Dr. Shankarrao Chavan
 Govt. Medical College, Vishnupur
 Nanded (M.S.) 431608

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 Appointment (Regular/ Temp. / Honorary)	Qualification	University Approx at (UG)	PG Teaching Experienc e (in Years) after PGM	PG Teacher Recognil ion 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 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	PSYCHIATRY	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	<i>P. Bodke</i>
2	DR. ATRAM UMESH	ASSOCIATE PROFESSOR	PSYCHIATRY	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	<i>U. Atram</i>
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P. Bodke
Professor & Head
Dept. of Psychiatry
Dr. Shankarrao Chavan G.M.C
Vishnupuri, Nanded.

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

ANNEXURE-VII-C

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

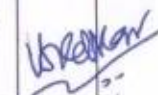
Name of the College Dr

SC GMC , Nanded

:Phone/Mobile No. :

Name of the Subject:

General Surgery

Sr. No.	Name of Teacher(Last Name First NameMiddle Name)	Designation	Subject/Speciality	Type of Appointment(Regular/Temp./Honorary)	Qualification	University Approximate (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 5year	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 Deshmukh Sudhir Bhaskarrao	Professor	Gen. Surgery	Regular	M.S. Gen. Surgery	1985	33 yrs	Yes	13/10/2000		18.3.1963	Sudhir bhaskar9@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	986086768	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	996007474	780145181992	No	

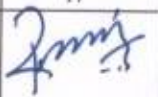

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 Dr. Shankarrao Chevan
 Govt. Medical College, Vishnup
 Nanded. (M.S.) 431606

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 Appointment (Regular/ Temp. / Honorary)	Qualification	University Approx at (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recognil ion 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 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	23/12/19 69	drambulge karrrk@ gmail.co m	9422170 074	33055285 8766	NO	


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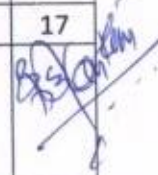
Dr. Shankarrao Chavan
Govt. Medical College, Vishnupuri
Nanded. (M.S.) 431606

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 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- mail 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 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	20/12/19 81	dr_atish 2012@y ahoo.co. in	9881229 740	7995597 35337		

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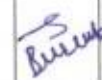
Dr. Shankarrao Chavan
 Govt. Medical College, Vishnupuri
 Nanded. (M.S.) 431606

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 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)	Signature
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	dr.rautatul184@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	snchal21986@gmail.com	9130697305	472369798382	NO	


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Dr. Shankarrao Chavan
Govt. Medical College, Vishnupuri
 Nashik - 422 002 (S.) 431606

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 of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/Temporary/Honorary)	Qualification	University Appointed (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 Year	Date of Birth	E-mail ID	Mobile No.	Aadhar Card No.	If Debarred (Yes/No)	Signature of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr. Wakode Shamrao 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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Dr. Shankarrao Chavan
 Govt. Medical College, Vishnupur
 Nanded (M.S.) 431608

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/ Temporary / 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- mail 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. Kulkarni Vaishnavi Vishwas	Professor and HOD	Anaesthesiology	Regular	MBBS MD Anaesthesiology	MUHS	28yrs 8 months	Yes	MUHS/E- 1/PG/1208/75 5- 27/2007	11	27/04/1965	vaishnavi kulkarni786 @gmail.com	9822516360	999209645754	No	<i>Kulkarni</i>
2	Dr. Totawar Sachin Rameshwar	Associate Professor	Anaesthesiology	Regular	MBBS MD Anaesthesiology	MUHS	14 yrs 3 months	Yes	MUHS/PG/E- 1/1403/27/10 21/16	10	15/07/1980	sachin.t otawar @gmail.com	98601844768	417368891007	No	<i>Sachin</i>
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.nazi ma.me mon@g mail.co m	9324222310	54649449840	No	<i>Nazima</i>
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9																

Dr. S.C.G.M. College
DEAN
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 of Teacher(Last NameFirst NameMiddleName)	Designation	Subject / Speciality	Type of Appointment (Regular/Temp./Honorary)	Qualification	University Appointed (UG)	PG Teaching Experience (in Years)after PGM	PG Teacher Recognition Yes/No	(Recognition Letter)Dateissued byUniversity)	No. of PG Students Guidedlast 5 year	Date of Birth	E-mail ID	Mobile No.	Aadhar CardNo	IdDebarred(Y es/No)	Signature
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
2																
3																
4																
5																


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Dr. Shankarrao Chavan
Govt. Medical College, Vishnupur
Mended. (M.S.) 431608