

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

Name of the College  
: 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 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 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. Vaishali Inamdar	Professor	Anatomy	Regular	MBBS, MD	MUHS/UG/E-1/1403/2065/O9Dt.22/7/2009	14Y	YES	MUHS/PG/E-1/1403/1691/09DT.09.11.2009	02	06.12.1975	kulkarnivaishali@gmail.com	9404659525	562925733713	No	
2	Dr. Anuja Deshmukh	Asso. Prof	Anatomy	Regular	MBBS, MS	MUHS/UG/E-1/1403/2065/O9Dt.22/7/2009	14Y	YES	MUHS/PG/E-1/1403/1691/09DT.09.11.2009	02	01.07.1976	dr.anujan@rediffmail.com	9834612292	769795995702	No	
3	Dr. Anis-ur-Rehman	Asso. Prof	Anatomy	Regular	MBBS, MS	MUHS/UG/E-1/05783/749/11Dt.14/03/2001	14Y	YES	MUHS/PG/E1/1404/1423/11DT.07.07.2011	0	18.07.1972	aneesurrAhman72@gmail.com	9422187883	869410085199	No	
4	Dr. Vishal Tekale	Asst. Prof	Anatomy	Regular	MBBS, MD	MUHS/UG/E-1/1403/308/2013.Dt.04-02.2013	06Y	YES	MUHS/PG/E1/1403/27/145/2017DT.16.01.2017	0	06.12.1981	vishaltekal@gmail.com	9970067627	597993748214	No	
5	Dr. Poorwa Kardile	Asst. Prof	Anatomy	Regular	MBBS, MD	MUHS/UG/E-1/53/1507/2015	05Y	YES	MUHS/PG/E1/140372/3963/2018DT.02.10.2018	0	22.10.2002	drpoorwakardile@gmail.com	9404847887	956105352175	No	
6	Dr. Mahesh Shinde	Asst. Prof	Anatomy	Regular	MBBS, MD	MUHS/UG/E-1/1403/1403/1576/2022	0Y	NO	NO	0	07.10.1982	drmaheshshinde777@gmail.com	8668810225	318801492592	No	

Professor & Head  
Department of Anatomy,  
Government Medical College,  
Nanded.

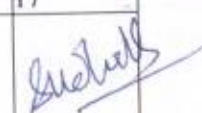
Dr. Mahesh Shinde  
Government Medical College, Vishnupur,  
Nanded. (M.S.) 431608

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

Name of the College : Dr. Shankarrao Chavan 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 Student's Guide in last 5 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. Karadkhedkar Sudha Shriram	Associate Professor	Physiology	Regular	M.D. Physiology	MUHS/E.1/1403/1991/2004 Date: 5/4/2004	15.5 yrs	Yes	No. MUHS/E-1/PG/1403/1899/2007, Date: 10/04/2007	02	25.12.1971	sudhakhadkekar@rediffmail.com	9970071882	418891461577	No	
2	Dr. Kulkarni Mukund Bhaskarrao	Associate Professor	Physiology	Regular	M.D. Physiology	MUHS/UG/E-1/057130/178/2011 Date: 15/4/2011	11.5 yrs	Yes	No. MUHS/PG/E-1/1403/759/2011, Date: 18/04/2011	00	23.03.1972	drkulkarnimukund@yahoo.com	9970069879	551263319462	No	

  
**Dean**

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

## 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  
: Biochemistry

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.	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.Khan Humaira Nishat	Professor & Head	MD BIOCHEMISTRY	Regular	MBBS, MD	YES	13 yrs	YES	MUHS/PG/E1/1403/36/11	3	05/09/1973	humeranishat@rediffmail.com	9421859833	809601414983	NO	<i>Humeranishat</i>
2	Dr.Vaijayanti Manohar Hardas	Associate Professor	MD BIOCHEMISTRY	Regular	MBBS, MD	YES	16	YES	MUHS/E-1/PG/1403/1899/200710/04/2007	1	5/5/1965	Hardasvajayanti7@gmail.com	9405478280	890556570979	NO	<i>Hardas</i>
3	Dr. Ganesh S. Manoorkar	Associate Professor	MD BIOCHEMISTRY	Regular	MBBS, MD	YES	13 yrs	YES	MUHS/PG/E1/1403/36/11	2	13/03/1973	drganeshmanoorkar@yahoo.in	9823172671	850754103807	NO	<i>Ganesh S</i>
4	Dr.Ajay Baliram Warade	Assistant Professor	MD BIOCHEMISTRY	Regular	MBBS, MD	YES	-	NO	-	NIL	14/04/1982	dr.warade@gmail.com	9404028848	521096963051	NO	<i>Dr. Warade</i>
5	Dr.Shabeena Anjum Patel	Assistant Professor	MD BIOCHEMISTRY	Regular	MBBS, MD	YES	1.5	YES	MUHS/PG/E-1/1403/27/1964/2021	NIL	19/08/1986	shabeenapatel86@gmail.com	7773960878	247376825383	NO	<i>Shabeena</i>

*Shankarrao Chavan*  
**Dean**

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

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

Name of the College  
:Phone/Mobile No.  
:NameoftheSubject:

Dr SCGMC, Nanded  
-  
Pharmacology

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 year	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 K C Chandaliya	Associate professor	Pharmacology	Regular	MD Pharmacology		24 yrs 9 months	Yes	MUHS/UG/E-1/UG & PG/1401/5194/2007 Date 26/11/2007	9	03/06/1967	kantilachandaliya@gmail.com.	9423149649	800579266284	No	<i>Kausalya</i>
2	Dr J B Deshmukh	Associate professor	Pharmacology	Regular	MD Pharmacology		12 years	Yes	MUHS/PG/E-1/1403/432/11 Date 22/02/2011	3	28-07-1973	drmangesh4u@yahoo.co.in	8999303947	336768039346	No	<i>DB</i>

*Kausalya*  
Signature of HOD & Head  
Prof. Of Pharmacology  
Govt. Medical College, Nanded.

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

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

Name of the College :  
 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 Appointed (U/G)	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. M.A. Sameer	Professor	Pathology	Regular	MD Pathology	Yes	13 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	9 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	17 yrs	Yes	No. MUHS/E-1/PG/1403/3372/2006 Dated: 17/07/2006		09/07/1961 (62 years)	drchavan.yadhav@gmail.com	9970054434	286947500969	No	
4	Dr. P. S. Muley	Associate Professor	Pathology	Regular	MD Pathology	Yes	17 yrs	Yes	No. MUHS/E-1/PG/1403/3372/2006 Dated: 17/07/2006		20/12/1996 (63 years)	Drpsmuley1960@gmail.com	9421291114	376901351412	No	
5	Dr. P. N. Kadam	Associate Professor	Pathology	Regular	MD Pathology	Yes	17 yrs	Yes	No. MUHS/E-12/PG/1403/5807/2006 Dated: 14/12/2006	2	14-07-1971 (52 yrs)	dr.pankaj.kadam@yahoo.co.in	9890172702	365904653639	No	
6	Dr Deepak S Sadhu	Assistant Professor	Pathology	Regular	MD Pathology	Yes	2 yrs	Yes	MUHS/PG/E-1/1403/27/2497/2021 Dated 14/09/2021	3	18/07/1986 (37 years)	deepaksadhus@gmail.com	9860127959	685467737441	No	

Dean

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

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 :

Dr SCGMC, Nanded  
Dept of Microbiology

Sr. No.	Name of Teacher (Last Name, First Name, Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp. / Honorary)	Qualification	University Appointed 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 Debared (Yes/No)	Sign. of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr Sanjaykumar R More	Prof and head	Microbiology	Regular	MBBS, MD (Microbiology)	YES	23 Yrs 1 month	YES	(PG) 1958/2000Dt-18/10/2000	5	18/06/1967	drsanjaykumar.more@gmail.com	9970054432	ABRPM8647D	NO	
2	Dr.Sandeep L.Nilekar	Associate Professor	Microbiology	Regular	MBBS, MD (Microbiology)	YES	23 Yrs	YES	(PG) 1958/2000Dt-18/10/2000	1	01/06/1966	drsnilekar2010@gmail.com	9822347045	AAPPN3156R	NO	<i>Semy</i>
3	Dr.Nitin A. Ambhore	Associate Professor	Microbiology	Regular	MBBS, MD (Microbiology)	YES	16 Yrs	YES	MUHS/E-1937 Dt.13.10.2000	3	18/07/1968	nitinaambhore@gmail.com	9822698540	ABHPB8923F	NO	<i>Professor &amp; H.O.D. Microbiology Department, SCGMC, Vishnupuri, Nashik</i>
4	Dr Supriya M Emekar	Assistant Professor	Microbiology	Regular	MBBS, MD (Microbiology)	YES		YES	MUHS/E-1/PG/1508/426/2007	0	16/09/1983	emekarrani@gmail.com	9923004246	AAKPE7495F	NO	<i>Genekou</i>

*Shankarrao Chavan*  
Dean  
Svnt. Medical College, Vishnupuri  
Nanded (M.S.) 431606

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

Name of College/Institute: Dr.SCGMC Nanded

Name of the Department: Forensic Medicine

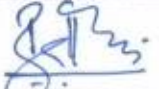
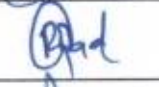


Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp./Honorar y)	Qualification	University Approx at (UG)	PG Teaching Experience (inYears) after PGM	PG Teacher Recopnil ion Yes/No	(Recognition Letter Date issued by University)	No. of PG Students Guided last 5 year	Date of Birth	E-mail ID	Mobile No.	Aadh ar 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.Hemant Vasantrao Godbole	Professor	Forensic Medicine	Regular	MBBS MD FMT	Yes	10Y	Yes	MUHS/E-1/PG/1209/175/07 Dt 21/08/2007	4	30/4/1965	hgodbol e65@gmail.com	9422871714		No	
2	Dr.Maroti Digambarrao Dake	Associate Professor	Forensic Medicine	Regular	MBBS MD FMT	Yes	3Y	Yes	MUHS/PG/E-1/27/1403/2381/2020 dt 11/12/2020	1	1/4/1980	mddake@gmail.com	9850995076		No	

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

PSM

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 Appoint- ment (Regular /Temp./ Honorar y)	Qualific- ation	University Approval (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recognitio n Yes/No	(Recogniti on 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.Prakash Laxminarayan Gattani	Professor & Head	Community Medicine	Regular	MD (PSM)	Yes	33 year	Yes	MUHS/PG/E- 1/1401/27/104 3/2015 Dated 28-04- 2015	15	23-05-1963	pragat_5@rediff mail.com	9422707609	76076343 4021	No	
2	Dr.Rambhau Dhondibarao Gadekar	Associate Professor	Community Medicine	Regular	MD (PSM)	Yes	16 year	Yes	MUHS/PG/E- 1/1403/1429/2 012, Dated 15/06/2012	08	05-06-1977	rdgadekar@gmail.com	9226744190	24499413 1542	No	
3	Dr.Ismail Ali Farukh Ali Inamdar	Associate Professor	Community Medicine	Regular	MD (PSM)	Yes	18 Year 8 Month	Yes	MUHS/PG/E- 1/1403/1031/2 010, Dated 11/06/2010	10	09/06/1976	ifinamdar123@ gmail.com	9422174138	75757695 6727	No	
4	Dr.Jyoti Dattaramji Bhise	Assistant Professor	Community Medicine	Regular	MD (PSM)	Yes	9 Year 9 Month	Yes	MUHS/PG/E- 1/1403/27/19 64/2021 Dated 28-7- 2021	01	07/02/1982	drjyoti7282@g mail.com	9960534450	8236479539 16	No	



Dean

Dr. Shankar Chavan  
Govt. Med cal College, Vishnupuri  
Nanded. (M.S.) 431606



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

Name of the College DR.S.C. GOVT.MEDICAL COLLEGE, VISHNUPURI, 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/Temp./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 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 D P BHURKE	PROFESSOR AND HEAD	GENERAL MEDICINE	REGULAR	MD	18Y 3M	17Y 3M	YES	MUHS/PG/E-1/1403/3844/2010 DT-10/12/2010	14	04/06/1975	dbhuvai@gmail.com	9420264084	605441950637	NO	
2	DR KAPIL S MORE	ASSOCIATE PROFESSOR	GENERAL MEDICINE	REGULAR	MD	16Y	15 Y	YES	MUHS/PG/E-1/1403/27/1021/16 DT-15/03/2016	10	28/05/1979	Kapilmore114@gmail.com	9403519614	62354903906	NO	
3	DR SHITAL RATHOD	ASSOCIATE PROFESSOR	GENERAL MEDICINE	REGULAR	MD	14Y	13Y	YES	MUHS/PG/E-1/53/1403/27/145/17 DT-16/03/2014	10	07/12/1981	dr.shitalrathod@gmail.com	9820671390	428136237486	NO	
4	DR MOHAMMED UBaidulla MOHAMMED ATaula	ASSOCIATE PROFESSOR	GENERAL MEDICINE	REGULAR	MD	18Y	17Y	YES	MUHS/PG/E-1/1403/58/13 DT-05/01/2013	10	22/06/1976	dr_ubaidkhan@rediffmail.com	9423171178	365299365899	NO	
5																
6																
7																
8																

Dean  
Dr. Shankar B. Chavan  
Govt. Medical College, Vishnupuri  
Nanded. (T.S.) 431606

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

Name of the College

:Phone/Mobile No.

:Name of the Subject: *Pediatrics.*

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 PG M	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 Kishor Gyanoba Rathod	Professor	Pediatrics	Regular	MD Pediatrics		11 Y 8 M	Yes	MUHS/PG/E-1/1429/12 Date-15/06/2012	04	11-06-1978	kishorgrathod@gmail.com	7507500661	498912220654	No	<i>Rathod</i>
2	Dr Saleem Hussain Miyan Tambe	Associate Professor	Pediatrics	Regular	DNB Pediatrics		17 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	<i>TS</i>
3	Dr Santosh Bhalke	Associate Professor	Pediatrics	Temporary	MD Pediatrics		14 Y		-		28-03-1974	bhalkesantosh74@gmail.com	9503155711	325010792978	No	<i>Santosh</i>
4	Dr Arvind Chavan	Assistant Professor	Pediatrics	Regular	MD Pediatrics		4 Y 7 M	Yes	MUHS/PG/E-1/27/1403/2247/2019 Date-06/06/2019	04	26-03-1980	drarvindchavan@gmail.com	8421441115	755336126216	No	<i>Arvind</i>
5	Dr Sarfaraz Ahmed Manzoor Ahmed	Assistant Professor	Pediatrics	Regular	MD Pediatrics		2 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	<i>Sarfaraz</i>

*Shankar*  
Dean



Dr. Shankar 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. SCGMC, NANDED

Phone/Mobile No. : 02462-229274

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.	Aadhar Card No	If Debarred (Yes/No)	Sign..o f 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	13Y7M	8Y7M	YES	23/01/2023	9	17/02/1978	Pravin1702@gmail.com	9970054684	407536217326	NO	
2	DR BARADE SHRINIVAS BALAJIRAO	ASSISTANT PROFESSOR	RESPIRATORY MEDICINE	REGULAR	MD	11Y8M	6Y8M	YES	18/03/2017	2	06/06/1979	Shri.barade@gmail.com	9823809369	764470811995	NO	
3																
4																
5																
6																
7																
8																
9																

**Dean**

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

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

Name of the College :

Phone/Mobile No. :

Name of the Subject : *Skin & V.D.*

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 Recognil ion Yes/No	(Recognition Letter Date issued by University)	No. of PG Students Guided last 5 year	Dat eof Birt h	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.Rathod Pralhad Ramdhan	Professor & HOD	D.V.L.(Skin & V.D)	Regular	MBBS M.D(Skin & V.D)		014 Yrs	YES	MUHS/PG/E- 1/53/1403/3400 /2023	02	16/06/ 1978	prahadrr athod@g mail.com	9822095 556	5539880 05435	NO	
2	Dr.Kanoje Priyanka Kamlesh	Asst. Professor	D.V.L.(Skin & V.D)	Regular	MBBS M.D(Skin & V.D)		02 Yrs	NO		00	23/10/ 1991	Priyanka .k1406@ gmail.co m	9821934 815		NO	
3																
4																
5																
6																
7																
8																
9																

  
 Dean

Dr. Shankarrao Chevan  
 Govt. Medical College, Vishnupuri  
 Nashik (M.S.) 431606

**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 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.	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. BODKE PRADEEP	PROFESSOR	PSYCHIATRY	REGULAR	MD		1 YEAR, 3 MONTHS	YES	With Effect From 17.10.2022	2	24.5.1981	drpradeepbodke@gmail.com	9221921327	644750336519	YES	<i>Pradeep</i>
2	DR. ATRAM UMESH	ASSOCIATE PROFESSOR	PSYCHIATRY	REGULAR	MD		1 YEAR, 3 MONTHS	YES	With Effect From 17.10.2022	1	18.9.1983	umeshatram245@gmail.com	9890365552	253521179944	YES	<i>Atam</i>
3	DR. PEDE VISHAL	ASSISTANT PROFESSOR	PSYCHIATRY	TEMPORARY	DPM, DNB		1 YEAR, 3 MONTHS	NO		0	12.8.1984	vishal0278@yahoo.co.in	9920139765	884464811888	YES	<i>Vishal</i>
4																
5																
6																
7																
8																
9																

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

## 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:

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/Speciality	Type of Appointment (Regular/Temp./Honorary)	Qualification	University/Approx. at (U/G)	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)	Sign. of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr. P.T. Jamdade	Professor	Gen. Surgery	Regular	M.S. Gen. Surgery	May-1994	33 Yrs.	YES	15/12/2011	07	24.2.1960	jamdade.dr@gmail.com	9860951000	669716724575		<i>Dr. P.T. Jamdade</i>
2	Dr. A.S. Degaonkar	Asso. Professor	Gen. Surgery	Regular	M.S. Gen. Surgery	May-1994	21 Yrs.	Yes	10/04/2007	07	14.6.1971	anil.degaonkar@gmc2019	986086768	873775534003	No	<i>Anil Degaonkar</i>
3	Dr. V.P. Kelkar	Asso. Professor	Gen. Surgery	Regular	M.S. Gen. Surgery	May-1994	20 Yrs.	Yes	10/04/2007	07	26.6.1971	Drvidu24@gmail.com	996007474	780145181992		<i>V.P. Kelkar</i>
4	Dr. Sunil Bombale	Asso. Professor	Gen. Surgery	Contractual	M.S. General surgery	June 2017	8 years	Yes	04/08/2023	00	02/12/83	sunil.bombale@gmail.com	9158033723	274097452790		<i>Sunil Bombale</i>
5	Dr. Abdul Rehman Tamboli	Assit. Professor	General Surgery	Regular	M.S. General Surgery	Jan-2016	8 years	Yes	13/06/2023	01	28/12/1986	abdulrehmantamboli@gmail.com	9923845879	495655709238		<i>Abdul Rehman Tamboli</i>

Dr. Shankar Chavan  
Govt. Medical College, Vishnupuri  
Nanded (M.S.) 431608  
**Dean**

## ANNEXURE-VII-C

## MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK SUBJECTWISE ELIGIBLE EXAMINER'S LIST (PG Courses)

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

Phone/Mobile No. :

Name of the Subject: M.S. Orthopedics

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.	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. Ambulgekar Rajesh Kishanrao	Professor and head of department	Orthopedics	Regular	M.S. Orthopedics	Yes	24 year 6 month 15 days	Yes	755/47 date 24/02/2007	15	23-12-1969	drambulgekar rk@gmail.com	9422170074	330552858766	No	
2	Dr. Gour Ajay Ashoksingh	Associate professor	Orthopedics	Regular	M.S. Orthopedics	Yes	10 years 6 month	Yes	2881/2010 Dated 06/19/2010	3	21-08-1981	Dr.ajay.gour@gmail.com	9545455966	988675697130	No	
3	Dr. Kagne Vijay Balaji	Associate professor	Orthopedics	Temporary (contractual)	M.S. Orthopedics	Yes	6 years	No	96/18 date 03/01/2018	15	01-06-1974	dr_vijay_k@rediffmail.com	8830023887	289221305934	No	



**Dean**  
 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 :

Phone/Mobile No. :

Name of the Subject : ENT

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.	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 Vinod T. Kandakure	PROFESSOR	ENT	REGULAR	MS ENT 2003	MBBS 1997	13 YRS 5 MNTHS	YES	MUHS/PG/E/1/1403/5382/2022 07/12/22	10	25/06/1975	vinodkandakure@gmail.com	9130790522	783788294895	NO	
2	Dr Atishkumar Gujrathi	ASSOCIATE PROFESSOR	ENT	REGULAR	MS ENT 2011	MBBS 2004	12 YRS 4 MNTHS	YES	MUHS/PG/E-1/1403/27/2663/17 18/11/17	11	20/12/1981	dr_atish2012@yahoo.co.in	9881229740	799559735337	NO	
3																
4																
5																
6																
7																
8																
9																

  
**Dean**  
**Dr. Shankar Chavan**  
 Govt Medical College, Vishnupur  
 Nashik



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

Name of the College DR. S. C. G. M. C., 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/Temporary/Honorary)	Qualification	University Appointed 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 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. SOHEL IRFAN MOHD. KHAN	ASSOCIATE PROFESSOR	ASSOCIATE PROFESSOR	REGULAR	MBBS, MS OPHTHALMOLOGY		14 YRS	YES	MUHS/E-1/UG&PG/1403/2541/2009	11	24/08/1973	simkr2001@yahoo.co.in	9890131920	472391863444	NO	
2																
3																
4																
5																
6																
7																
8																
9																

**Dean**

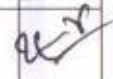
Dr. Shankarrao Chavan  
Govt. Medical College, Vishnupur  
Nanded (M.S.) 431608


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

Name of the College :

Phone/Mobile No. : 02462-  
229274

Name of the  
Subject: OBGY

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 year	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. Wakode Shamrao Ramji	Prof and HOD	OBGY	Regular	MD DGO OBGY	1985	24 YRS 10 MONTHS	Yes	18/04/2011	15	01/08/1962	professorobgy@yahoo.com	9422872541	514987337086	No	
2	Dr. Dulewad Shirish Shivlingrao	Assistant prof.	OBGY	Regular	MS OBGY	2001	7 YRS 10 MONTHS	Yes	29/02/2016	7	01/08/1977	sdulewad@gmail.com	8329313565	807162597270	No	

  
**Dean**  
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 College and Hospital,  
Vishnupuri, Nanded .

Phone/Mobile No.

Name of the 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 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. Kulkarni Vaishnavi Vishwas	Professor and HOD	Anaesthesiology	Regular	MBBS MD Anaesthesiology	MUHS	27 yrs	Yes	MUHS/E-1/PG/1208/75-27/2007	11	27/04/1965	vaishnavi.kulkarni786@gmail.com	9822516360	999209645754	No	<i>Kulka</i>
2	Dr. Nandanwankar Niteen Khanderao	Associate Professor	Anaesthesiology	Regular	MBBS MD Anaesthesiology	MUHS	24 yrs	Yes	MUHS/E-1/PG/1403/899/2007 Date 10/03/2007	7	09/07/1971	n.niteen@rediffmail.com	9823121986	752639353774	No	<i>Niteen</i>
3	Dr. Totawar Sachin Ramesh Rao	Associate Professor	Anaesthesiology	Regular	MBBS MD Anaesthesiology	MUHS	13 yrs	Yes	MUHS/PG/E-1/1403/27/1021/16	7	15/07/1980	sachin.totawar@gmail.com	9860184768	4417368891007	No	<i>Sachin</i>
4																
5																
6																
7																

**Dean**

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




**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**SUBJECTWISE ELIGIBLE EXAMINERS\_LIST (PG Courses)**

Name of the College

:Phone/Mobil. :

Name of the Subject:  
RADIOLOGY

Sr. No.	Name of Teacher (Last Name, First Name, Middle Name)	Designation	Subject/Speciality	Type of Appointment (Regular/Temp./Honorary)	Qualification	University Appointed (U/G)	PG Teaching Experience (in Years) after PG M	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 Disbarred (Yes/No)	Signature of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr. Panchmahalkar Ameet Chandrakant	Associate professor	Radiology	Regular	MBBS, MD	MUHS	13 yrs.	YES	MUHS/PG/E1/1406 03/27/1069/17 DATED- 05/05/2017	06	18.03.1981	dr_ameet_21@yahoo.com	7387818484	363185453124	NO	
2																
3																
4																



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