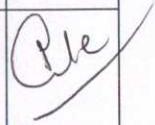


ANNEXURE-VII-C

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: .02462,229274 : 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 / Approx. (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.	ID Card No.	Signature	
1	Dr. Vaishali V. Inamdar	Professor and Head	Anatomy	Regular	MBBS, MD. ANATOMY	MUHS/UG/ E-1/1403/2065/09 Dt:22.07.2009	16 YEAR	YES	MUHS/PG/E-1/1403/1691/2009 09.11.2009		06.12.1975	kulkarnivai.shali19@gmail.com	9404659525	562925733713	No	16	
2	Dr. Pradnya V. Gurude	Associate Professor	Anatomy	Regular	MBBS, MD. ANATOMY	MUHS/UG/ E-1/1202/2284/2013 DT. 07.06.2013	11 YEAR	YES	MUHS/PG/E-1/1202/2676/14 08.10.2014	--	09-03-1981	gurudepradnya@gmail.com	9765456208	786766681557	No		



DEAN

Dr. Shankarrao Chavan Govt.
 Medical College Vishnupuri, Nanded

3	Dr. Uddhav W. Mane	Associate Professor	Anatomy	Regular	MBBS, MD. ANATOMY	MUHS/UG/ E-1/53/1403/03/2017 Dt. 01.01.2018	8 YEAR S	YES	MUHS/PG/E --- -1/1403/27/83/18 Dt. 21.01.2018	05.07.1982	dr.uddhav.mane@gmail.com	9975722131	930795812411	No	<i>Manu v. u</i>
4	Dr. Poorwa B. Kardile	Assist. Professor	Anatomy	Regular	MBBS, MD. ANATOMY	MUHS/UG/ E-1/53/1507/2015	9 YEAR S	YES	MUHS/PG/E --- -1/1403/27/3963/2018 Dt. 17.10.2017	22.10.1982	drpoorwakardile@gmail.com	9404847887	956105352175	No	<i>PBK</i>

Data Verified by the Committee members:

Member

Member

Member

Chairman

Dr. Shankarrao Chavan
DEAN
 Dr. Shankarrao Chavan Govt.
 Medical College Vishnupuri, Nanded

ANNEXURE-VII-C

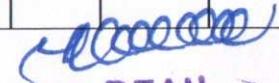
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES NASHIK

SUBJECT WISE TEACHER LIST TO INCLUDE NAME IN PANEL FOR P.G. EXAMINATIONS OF MUHS, NASHIK

(The Proforma should be sent separately for each subject)

(Include Name of only eligible PG Recognized Teachers and Guides from the department) for which college holds affiliation (Running PG Course)

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
S r. N o.	College Name	Subject	Name of Teacher (Last Name First Name Middle Name)	Designation	Type of Appoin tment (Regula r /Temp. /! onorary	Qualification (UG/PG)	PG Teaching Experienc e after PG Passing	PG Teacher Recogni tion (Yes/No)	No. of PG Shldents guided in last 5 years	Date of Birth & Age	E- ma il ID	Mobil e No.	Aadhar Card No.	If Debarre d specify with details (Yes/No)	Sign of Teac her
1	Dr. SC GMC Nanded	Physiolo gy	Dr. Vandana B. Dudhamal	Professor and Head of Department	Regular	MBBS, MD Physiology	18Y 2M	Yes, MUHS/ PG/E- 1/10410 2/813/2 024 Date- 04/12/2 024	2	17/07/ 1976 Age: 49yrs	vanda nadud hamal 67@g mail.c om	96654 90681	9495769 98051	No	
2	Dr. SC GMC Nanded	Physiolo gy	Dr. Mukund B. Kulkarni	Associate Professor	Regular	MBBS, MD Physiology	21Y	Yes, MUHS/ PG/E- 1/1403/ 759/201 1 Date- 18/04/2 011	1	23/03/ 1972 Age: 53yrs	drmbk 1992 @gma il.com	99700 69879	5512636 19462	No	
3	Dr. SC GMC Nanded	Physiolo gy	Dr. Massrat Firdos	Associate Professor	Regular	MBBS, MD Physiology	10y3m	Yes, MUHS/ PG/E- 1/53/140 3/1040/ 2023 Date06/ 03/2023	1	02/07/ 1983 Age 42yrs	firdos massr at@g mail.c om	98603 15090	2358271 00530	NO	



DEAN

Dr. Shankarrao Chavan Govt.

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:
BIOCHEMISTRY

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/Temporary/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. KHAN HUMAIRA NISHAT MUJTABA KHAN	PROFESSOR AND HOD	PROFESSOR AND HOD	Regular	MD BIOCHEMISTRY		14 YEARS	YES	MUHS/UG/E-1/057156/1308/2011 19/04/2011	five (5)	05/09/1973	humeranisha.t@rediffmail.com	9823172671	809601414983	NO	<i>Humeran</i>
2	Dr.L.N. Cherekar	ASSOCIATE PROFESSOR	ASSOCIATE PROFESSOR	Regular	MD BIOCHEMISTRY				MUHS/PG/E1/1401/27/2858/15	one (1)	29/07/1978	cherekarln@gmail.com	9403032258	407740209176	NO	<i>Cherekar</i>

Shankarrao Chavan
DEAN
Dr. Shankarrao Chavan Govt.
Medical 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 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 K C Chandaliya	professor	Pharmacology	Regular	MD Pharmacology	-	26 yrs 10 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	<i>Kavirat</i>
2	Dr J B Deshmukh	Associate professor	Pharmacology	Regular	MD Pharmacology	-	20 years 11 month	Yes	MUHS/PG/E-1/1403/432/11 Date 22/02/2011	4	28-07-1973	drmanjesh4u@yahoo.co.in	8999303947	336768039346	No	<i>PC</i>

Kavirat

Signature of HOD

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

Shankarrao Chavan

Signature of Dean

DEAN
Dr. Shankarrao Chavan Govt.
Medical College Vishnupuri, Nanded

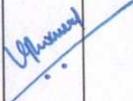
ANNEXURE-VII-C

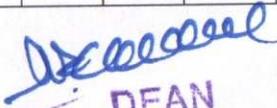
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES ,NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

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 NameFirst NameMiddle Name)	Designation	Subject / Speciality	Type of Appointment(Regular/Temp./Honorary)	Qualification	University Approved at(UG)	PG Teaching Experience(in Years)after PGM	PG Teacher RecognitionYes/No	(Recognition LetterDateissued byUniversity)	No. ofPG Students Guidedlast5year	Date of Birth	E-mail 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	21 yrs	Yes	No. MUHS/E-1 /PG/1403/521/2010 Dated: 20/03/2010	8	14/06/1976 (49 Years)	Sameer dr7765@gmail.com	9970069969	934966553459	No	
2	Dr. P. N. Kadam	Associate Professor	Pathology	Regular	MD Pathology	Yes	25 yrs	Yes	No. MUHS/E-1 /PG/1403/5807/2006 Dated: 14/12/2006	5	14-07-1971 (55 yrs)	dr.pankaj.kadam@yahoo.co.in	9890172702	365904653639	No	
3	Dr V G Muddamwar	Associate Professor	Pathology	Regular	MD Pathology	Yes	15 yrs	Yes	MUHS/E-1 /PG/27/1403/423/2021 Dated: 10/02/2021	1	05-09-1976 (49 years)	drvijayakomwad@gmail.com	7030050953	346146422728	No	


DEAN
 Dr.Shankarrao Chavan Govt.
 Medical College 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 :
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 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. S.R. More	Professor & HOD	Microbiology	Regular	MD Microbiology	No. MUHS/E.1/1403/4336/2004 Date: 01/10/2004	25 year	Yes	No. MUHS/PG/E-1/1403/2032/11 Date: 15/09/2011	08	18/06/1967	drsanjaykumarmore@gmail.com	9970054432	840102431268	No	
2	Dr. S.M. Emekar	Associate Professor	Microbiology	Regular	MD Microbiology	No. MUHS/UG/E-1/53/1403/2676/2017 Date: 14/07/2017	4 year	Yes	No. MUHS/UG/E-1/53/1403/946/2023 Date: 06/04/2023	02	16/09/1983	emekarani@gmail.com	9923004246	945490727847	No	

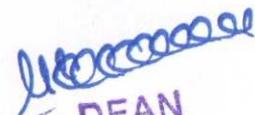
Data Verified by the Committee members:

Member

Member

Member

Chairman


DEAN
Dr. Shankarrao Chavan Govt.
Medical College 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 : Forensic Medicine

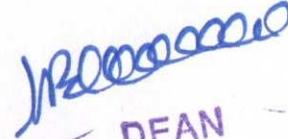
Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Specialty	Type of Appointment (Regular/ Temp. / Honorary)	Qualification	University Approx. at (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University)	No. 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. Hemant Vasantao 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	

Data Verified by the Committee members:

Member

Member

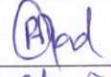
Member


DEAN
 Chairman
 Dr. Shankarrao Chavan Govt.
 Medical College Vishnupuri, Nanded

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

Name of the College : Dr. Shankarrao Chavan Government Medical College, Nanded Phone/Mobile No. :

Name of the Subject : Community Medicine

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. Inamdar Ismail Ali Farukh Ali	Associate Professor and Head	Community Medicine	Regular	MD (PSM)	Yes	16 years	Yes	MUHS/PG/E-1/1403/1031/2010, Dated 11/06/2010	10	09/06/1976	ifinamdar123@gmail.com	9422174138	757576956727	No	
2	Dr. Gadekar Rambhau Dhondibarao	Associate Professor	Community Medicine	Regular	MD (PSM)	Yes	14 years	Yes	MUHS/PG/E-1/1403/1429/2012, Dated 15/06/2012	10	05-06-1977	rdgadekar@gmail.com	9226744190	244994131542	No	
4	Dr. Bhise Jyoti Dattaramji	Assistant Professor	Community Medicine	Regular	MD (PSM)	Yes	5 years	Yes	MUHS/PG/E-1/1403/27/1964/2021 Dated 28-7-2021	02	07/02/1982	drjyoti7282@gmail.com	9960534450	823647953916	No	

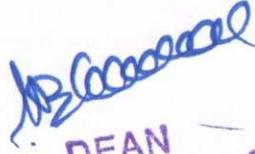
Data Verified by the Committee members:

Member

Member

Member

Chairman


DEAN
 Dr. Shankarrao Chavan Govt.
 Medical College, Vishnupuri, Nanded

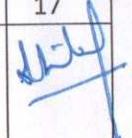
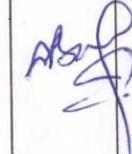
**MAHARASHTRA UNIVERSITY OF HEALTH
SCIENCES, NASHIK SUBJECTWISE ELIGIBLE
EXAMINERS LIST**

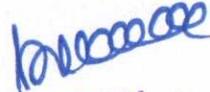
(PG Courses)

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

Phone/ Mobile No. :

Name of the Subjects : General Medicine

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)	Sign. of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	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	
2	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	
3	DR. MOHAMMED UBAIDULLA MOHAMMED ATAULLA	ASSOCIATE PROFESSOR	GENERAL MEDICINE	REGULAR	MD (GENERAL MEDICINE)	Yes	19 years 11months	Yes	MUHS/PG/E-1/1403/58/13/DT-05/01/2013	10	22/06/1976	dr_ubaidkhan@rediffmail.com	9423171178	365299365899	No	


DEAN
Dr. Shankarrao Chavan Govt.
Medical College, Nanded

04	DR. FAROOQUI MOHAMMED ABDUL RAFAE	ASSOCIATE PREFESSOR	GENERAL MEDICINE	REGULAR	MD (GENERAL MEDICINE)	Yes	12 years 6 months	Yes	MUHS/PG/E- 1/27/1403/623/ 2020 DT. 27/02/2020	06	15/01/1 974	rafefa123 @gmail.co m	982337 0044	844989 885438	No	
05	DR. ANJALI SURYKANT DESHMUKH	ASSOCIATE PREFESSOR	GENERAL MEDICINE	REGULAR	MD (DNB MEDICINE)	Yes	10years 4months	Yes	MUHS/UG/E- 1/53/1403/409/ 2022 Date- 15/02/2022	03	14/08/ 1985	dr.dranju @rediffma il.com	997581 0968	481614 736937	No	


DEAN
 Dr. Shankarrao Chavan Govt.
 Medical College Vishnupuri, Nanded

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

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

Subject: Pediatrics

AS ON 16/02/2026

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	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	Moblie No.	Aadhar Card No	If Debarrerd (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		13Y 10 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		19Y 2 M	Yes	MUHS/PG/E/1/403/27/1044/15 Date 28/04/2015	04	15-08-1973	tambesaleem@yahoo.com	9326194060	862201382256	No	<i>AT</i>
3	Dr Arvind Chavan	Associate Professor	Pediatrics	Regular	MD Pediatrics		7Y	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>
4	Dr Gajanan V. Surewad	Associate Professor	Pediatrics	Regular	MD Pediatrics		5Y 3M	Yes	MUHS/PG/E-1/103131/1800/2023. Date-18/7/2023	00	04/09/1983	gvsurewad@gmail.com	9987706566	393553139149	No	<i>gvs</i>

Rathod
 Professor & Head
 Dept. of Pediatrics
 Dr. S.C.G.M.C. Nanded

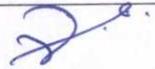
Dr. Shankarrao Chavan
 DEAN
 Medical College Vishnupuri, Nanded

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

Name of the College : Dr. S.C. GMC 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.	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 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 ZANGDE SANJIV VITHALRAO	ASSOCIATE PROFESSOR	RESPIRATORY MEDICINE	REGULAR	DNB	29Y1M	5Y8M	YES	13/01/2023	5	07/09/1980	Drsanjivzangde98@gmail.com	9890942630	315412657282	NO	
3																
4																
5																
6																
7																
8																



DEAN

Dr. Shankarrao Chavan Govt.
Medical College Vishnupuri, Nanded

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: Skin & VD

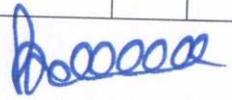
Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp. / Honorary)	Qualification	University Approx at (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University)	No. of PG Student 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 Manoj Y. Harnalikar	Professor	Skin & VD	Regular	MBBS MD	2002	16Y 8M 22Days	Yes	MUHS/UG/E/1/53/1103/3774/2018	03	04/06/1981	drmanojh@gmail.com	9021407672	8979 9595 2406	No	
2																
3																
4																
5																
6																
7																

Data Verified by the Committee members:

Member

Member

Member

Chairman  DEAN

Dr. Shankarrao Chavan Govt.
Medical College Vishnupuri, Nanded

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 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		3 Years 3 months	YES	With Effect From 17.10.2022	8	24.5.1981	drpradeepbodke@gmail.com	9221921327	644750336519	NO	<i>[Signature]</i>
2	DR. ATRAM UMESH	ASSOCIATE PROFESSOR	PSYCHIATRY	REGULAR	MD		3 Years 3 months	YES	With Effect From 17.10.2022	4	18.9.1983	umeshatram245@gmail.com	9890365552	253521179944	NO	<i>[Signature]</i>

Data Verified by the Committee members:

Member

Member

Member

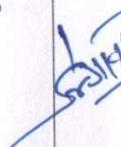
Chairman

[Signature]
DEAN
Dr. Shankarrao Chavan Govt.
Medical 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:

Sr. No.	Name of Teacher (LastName FirstName 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 Anil Shesharao Degaonkar	Professor	General Surgery	Regular	MBBS, MS GENERAL SURGERY F.I.A.G.E.S.	YES	22 Yrs.	Yes	muhs/E-1/pg/1403/1899/2007		14.06.1971	anil_degaonkar@yahoo.co.in	98608678687	873775534003	No	
2	Dr Vidyadhar Pandurangrao Kelkar	Asso. Professor	General Surgery	Regular	MBBS, MS GENERAL SURGERY F.I.A.G.E.S.	YES	23 Yrs.	Yes	muhs/E-1/pg/1403/1899/2007		26.06.1971	drvidu24@gmail.com	9960074749	780145181992	No	
3	Dr Sunil Nawasaji Bomble	Asso. Professor	General Surgery	Regular Temp.	MBBS, MS GENERAL SURGERY F.M.A.S.	YES	10 yrs 3 months	Yes	muhs/ug/E-1/53/1403/198/2023		02.12.1983	sunil.bomble@gmail.com	9158033723	274097452790	No	

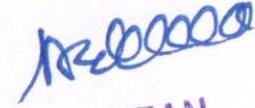
Data Verified by the Committee members:

Member

Member

Member

Chairman


DEAN
Dr. Shankarrao Chavan Govt.
Medical College Vishnupuri, Nanded

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 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 Rajesh Kishanrao Ambulgekar	Professor	Orthopedics	regular	MS 1996	28/3/1998	27 years 6 months	yes	MUHS/E-317/8/2/10 15/3/2001	3 per year	23/12/1969	drambulgekar@gmail.com	9422170074	330552858766	NO	<i>Rajesh</i>
2	Dr Gour Ajay Ashok singh	Associate Professor	Orthopedics	regular	MS 2009	27/06/2023	12 years 7 months	yes	MUHS/UG/E-1/53/1403/1981/2023 4/12/2023	3per year	21/08/1981	drjay.gour@gmail.com	9545455966	988675697130	NO	<i>Ajay</i>

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 Dr. Shankarrao Chavan Govt.
 Medical College Vishnupuri, Nanded

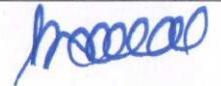
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

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 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 Atishkumar B. Gujrathi	Professor & Head Of Department	ENT	Regular	MS ENT 2011	MBBS 2004	14YRS 3MONTHS	YES	MUHS/PG/E-1/1403/27/2663/17 18/11/17	11	20/12/1981	dr_atish2012@yahoo.co.in	9881229740	799559735337	NO	


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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/ Specialty	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 Raut Atul Sheshrao	Professor & Head Of Department	Ophthalmology	Regular	MS OPHTHALMOLOGY 1993	MBBS 1990	31YRS	YES	MUHS/PG/E-1/1403/156-08 Date - 11/01/2008	06	18/04/1967	dr.rautatul184@gmail.com	9921759952	278884533682	NO	<i>Paul</i>
2	Dr Kalyanpad Poonam Namdev	Assitant Professor	Ophthalmology	Regular	MS OPHTHALMOLOGY 2014	MBBS 2011	7YRS 5 MONTHS	YES	MUHS/PG/E-1/53/1403/2705/ 2022. Date - 05/08/2022	03	27/10/1985	poonam.kalyanpad@gmail.com	8329350259	245533641641	NO	<i>Poonam</i>

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Dr. Shankarrao Chavan Govt.
Medical College 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 : OBSTETRICS AND GYNAECOLOGY

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 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	34 YEARS 03 M	YES	MUHS/PG/E-1/1403/759/11 DT-18-04-2011	15	01/07/1962	professor.obgv@vahoo.com	9422872541	514987337086	No	
2	Dr. Tasneem Fasiha	Asso. Prof.	OBGY	Regular	MS OBGY	1999	20 YEARS 05 M	YES	MUHS/PG/E-1/1403/3515/18 dt 04-10-2013	11	27/02/1977	fashia.aziz@yahoo.com	9765444016	339030587688	No	
3	Dr. Dulewad Shirish Shivlingrao	Asso. Prof.	OBGY	Regular	MS OBGY	2001	17 YEARS 08 M	YES	MUHS/PG/E-1/1403/27/584/16 dt 29/02/2016	11	01/08/1977	sdulewad@gmail.com	9420461719	807162597270	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,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. / Honorar y)	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/No)	Sign.. of Teache r
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	29 yrs 9 months	Yes	MUHS/E-1/PG/1208/755-27/2007	11	27/04/1965	vaishnavikulkar ni786@gmail.com	9822516360	999209645754	No	<i>Kulkarni</i>
2	Dr. Totawar Sachin Ramesh Rao	Associate Professor	Anaesthesiology	Regular	MBBS MD Anaesthesiology	MUHS	15 yrs 4 months	Yes	MUHS/PG/E-1/1403/27/1021/16	10	15/07/1980	sachin.totawar@gmail.com	9860184768	417368891007	No	<i>Sachin</i>
3	Dr.Nazima Memon	Associate Professor	Anaesthesiology	Regular	MBBS MD Anaesthesiology	MUHS	17 years	Yes	MUHS/PG/E-1/1403/27/240/15 Date 21/01/2015	08	30/09/1978	dr.nazimamemon@gmail.com	9324222310	854649449840	No	<i>Nazima</i>

[Signature]
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 Dr.Shankarrao Chavan Govt.
 Medical College Vishnupuri,Nanded

ANNEXURE-VII-C

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

Name of the College: DR. SHANKAR RAO CHAVAN GOVT MEDICAL COLLEGE,
NANDED. Phone/Mobile No. : Name of the Subject: RADIOLOGY

Sr. No.	Name of Teacher (LastName, FirstName, Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp./ Honorary)	Qualification	University (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)	Signature
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	DR. AMEET PANCHMAHALKAR	ASSOCIATE PROFESSOR	RADIOLOGY	PERMANENT	MBBS, MD (RADIOLOGY)	MUMBAI UNIVERSITY	03 YRS	YES	MUHS/PG/E-1/1403/27/1069/17 DATED 05/05/2017	09	18.03.1981	dr_ameet_21@yahoo.com	7387818484	363185453124	NO	
2																

Data Verified by the Committeemembers:

Member

Member

Member

Chairman


DEAN
Dr. Shankarrao Chavan Govt.
Medical College Vishnupuri, Nanded