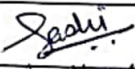
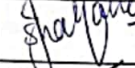
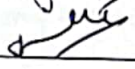


ANNEXURE-I

Name of College / Institute: RAJIV GANDHI MEDICAL COLLEGE, KALWA, THANE

Name of the Department: DERMATOLOGY

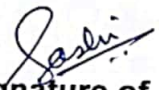
Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1	Dr. Pradnya Joshi	Associate Professor	Associate Professor	
2	Dr. Isha Kane	Assistant Professor	Assistant Professor	
3	Dr. Rituparna Basumatary	Senior Resident	Senior resident	
4	Dr. Bagde Ankur Anil	Senior Resident	Senior resident	

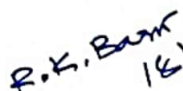
Summary-

Approved Staff

Approved + Non Approved Staff

Sr. No.	Designation	Required	Available	Deficiency	Sr. No.	Designation	Required	Available	Deficiency
1	Professor	1	0	1	1	Professor	1	0	1
2	Associate Professor	1	1	0	2	Associate Professor	1	1	Nil
3	Assistant Professor	1	1	0	3	Assistant Professor	1	1	Nil
4	Senior Resident	1	2	0	4	Senior Resident	1	2	Nil
5	Tutor	-	-	-	5	Tutor	-	-	-
					6	Junior Resident	2	7	Nil


Signature of HOD


Signature of Dean

ANNEXURE- II

Intake capacity/ Seat Matrix

Name of College/Institute:

RAJIV GANDHI MEDICAL COLLEGE, KALWA, THANE

PG Degree /PG Diploma Courses /Super Specialty	Intake as per Council		Status of Council				Max. Seats Permitted by MUHS as per Teacher: Student Ratio	
			Degree		Diploma			
	Degree	Diploma	Recognized	Permitted	Recognized	Permitted	Degree	Diploma
Dermatology	5	0	0	Applied for starting of new course	0	0	Applied for starting of new course	0

Any Other, Please Specify:

R.K. Barm
18/11/25
Signature of Dean

ANNEXURE-III

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved)

UG Degree/ PG Degree/ Super Specialty) AS ON: /..... /.....

Name of the Dept.: Dermatology Subject: Dermatology UG+PG

Name of the College: Rajiv Gandhi Medical College, Kalwa, Thane College Code: 1109 Intake Capacity: -----

Sr. No.	Subject	Name of Teacher	Designation	Mob.No.	E-mailID	DOB	Whether belongs to Reserved category (If Yes, specify category)	Date of appointment at college	Teaching Experience				Total Teaching Experience in years of PG	Type of Appointment Temp./ Regular/ Contractual	University Approval Status (Yes/No)	Temporary/Approval		Details of PG Recognition		MET Workshop attended in last 5 years	Photo graph with Sign
									UG(Yrs.)	Asst.Prof.	Asso.Prof.	Prof.				Total	From	To	Temp/Regular		
1	Dermatology	Dr. Pradnya Joshi	Associate professor	8108735566	drpradnyaarjoshi@gmail.com	16/11/1986		28/12/2015					6 years 26 d	2 years 11 m 10 d	9 years 8 d					9 years 8 d	Regular
		2		Dr. Isha Kane	Assistant professor	9987031382	ishakane30@gmail.com	30/11/1996	-	23/08/23	1 year 4 month 12 d		1 year 4 month 12 d	1 year 4 month 12 d	Temporary	No					

Note: The College shall submit one hard copy & a soft copy (in Excel Format) of the list in Pen Drive to the LIC Comm

P. V. Bhat 12/11/23

Signature of Dean with Seal

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
Subject-wise Eligible Examiner List (PG Courses)

Name of the College: **Rajiv Gandhi Medical College**

Phone/Mobile No.:

Name of the Subject: **DERMATOLOGY**

Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	Rajiv Gandhi Medical College	DERMATOLOGY	DR PRADNYA RUSHIKESH JOSHI	ASSOCI CATE PROFESS OR	28/12/2015	MBBS 2009	MD 2014	10 years 6 months	YES	MUHS /UG/ E- 1/53/1109/4411 /2016 Dt. 6/06/2016 MUHS/UG/E- 1/53/105107/32 18/2022 Dt. 1/09/2022	7838729 77988	AGNPL 4973C	16/11/1986 37 years	drpradny rjoshi@ gmail.co in	81087355 66	No
2																

ANNEXURE-VII-C

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

Name of the College: Rajiv Gandhi Medical College

Phone/Mobile No.: 022-25372774

Name of the Subject: DERMATOLOGY-

Sr. No.	Name of Teacher (Last Name First Name) Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/Temp. / Honorary	Qualification	University Approval 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	DR PRADNYA RUSHIKESH JOSHI	ASSOCIATE PROFESSOR	DERMATOL OGY	REGULAR	MBBS, MD, DNB, M.U.H.S		9 YEARS 8 days	9 YEARS 8 days	MUHS /UG/ E- 1/53/1109/4411 /2016 Dt. 6/06/2016 MUHS/UG/E- 1/53/105107/32 18/2022 Dt. 1/09/2022		16/11/1986 38 years	drpradn yarjoshi8108735 @gmail.566 com	8108735 7838729 77988	NO		