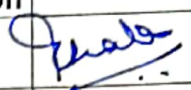
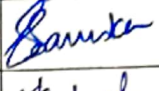
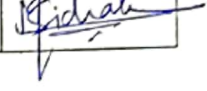


ANNEXURE-II

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

Name of the Department: ENT

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1	DR. AMOL KHALE	PROFESSOR	YES	
2	DR. SHWETA BAVISKAR	ASSOCIATE PROFESSOR	YES	
3	DR. SIDRAH MIRZA	ASSISTANT PROFESSOR	NO	

4. Dr. Chetashree
Summary-

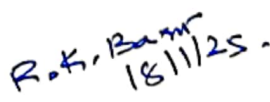
Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	1	1	0
2	Associate Professor	②1	1	①
3	Assistant Professor	②1	1	①
4	Senior Resident	②1	1	①
5	Tutor	-	-	-

Approved + Non Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	1	1	0
2	Associate Professor	②1	1	①0
3	Assistant Professor	②1	1	①0
4	Senior Resident	②1	1	0
5	Tutor	-	-	-
6	Junior Resident	7	4	3


Signature of HOD


Signature of Dean

Scanned with CamScanner

4
DR. CHETASHREE GAVATE
SENIOR RESIDENT
06/11/2024
MBBS-2019
MS-2023
2 MONTHS
NO
-
775703207948
BPMPC8255F
02/12/1995
chetashreeg@gm ail.com
8452903111
NO

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

Name of the College: Rajiv Gandhi Medical College

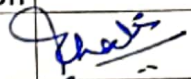
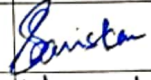
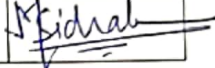
Phone/Mobile No.: 022-25372774

Name of the Subject: ENT	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification on & 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				5	6	7	8	9	10	11	12	13	14	15	16	17
1		ENT	DR. AMOL SHRIPAD KHALE	PROFESSOR & HOD	19/01/1998	MBBS-1991	MS-1995	26	YES	MUHS/E-1/1109/5545/2003 DATE-17/07/2003	2896042 97912	ABDPK 7401K	02/11/1968	Khalaneister@gmail.com	9820136054	NO
2	RGM & CSMH, KALWA	ENT	DR. SHWETA DEVAKINA NAD BAVISKAR	ASSOCIATE PROFESSOR	18/03/2011	MBBS-2006	MS-2009	13	YES	MUHS/UG/E-1/05760/480/2012 DATE-03/12/2012	7545890 78554	AUTPB 4012C	09/01/1982	Shwetakanna@gmail.com	9892233728	NO
3		ENT	DR. SIDRAH MOHD. MIRZA	ASSISTANT PROFESSOR	21/02/2024	MBBS-2017	MS-2021	1	NO	-	4201581 07835	BLOPM 6095H	19/08/1993	Sidrahmirza@gmail.com	9967587105	NO
4		ENT	DR. CHETASHREE BHAGWAN GAVATE	SENIOR RESIDENT	06/11/2024	MBBS-2019	MS-2023	-	NO	-	7757032 07948	BPMPG 8255F	02/12/1995	chetashreebhagwan@gmail.com	8452903111	NO

ANNEXURE-I

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

Name of the Department: ENT

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1	DR. AMOL KHALE	PROFESSOR	YES	
2	DR. SHWETA BAVISKAR	ASSOCIATE PROFESSOR	YES	
3	DR. SIDRAH MIRZA	ASSISTANT PROFESSOR	NO	

Summary-

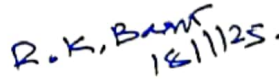
Approved Staff

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

Approved + Non Approved Staff

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


 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
NA	NA	NA	NA	NA	NA	NA	NA	NA

Any Other, Please Specify:

Signature of Dean

ANNEXURE IV

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK												MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK											
DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved)												DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved)											
UG Degree/ PG Degree/ Super Specialty) AS ON: 15/12/2023												UG Degree/ PG Degree/ Super Specialty) AS ON: 15/12/2023											
Name of the Dept.: ENT		Subject: ENT		Whether UG....		Name of the Dept.: ENT		Subject: ENT		Whether UG													
Name of the College : RAJIV GANDHI MEDICAL COLLEGE, KALWA, THANE				College Code : 1109				Intake Capacity: 100				Name of the College : RAJIV GANDHI MEDICAL COLLEGE, KALWA, THANE				College Code : 1109				Intake Capacity : 100			
ASr. No.	Subject	Name of the Teaching Staff	Designation	Mob. No.	E-mail ID	Date of Birth	Whether belongs to Reserved category (If yes, please specify category)	Date of appointment at college	Asst. Prof.	Asso Prof.	Prof.	Total	Total Teaching Experience in years of PG	Type of Appointment	Temp./Regular / Contractual	University Approval Status (Yes/No)	From	To	Temp/ Regular	Letter No. & date	MET workshop attended in last 5 years	Photograph with Signature	
1	ENT	DR. AMOL KHALE	PROFESSOR	9820 1360 54	khaleamster@gmail.com	02/11/1968	NO	19/01/1998	17	7	1	25	-	REGULAR	YES	-	-	-	-	-	65		
2		DR. SHWETA BAVISKAR	ASSOCIATE PROFESSOR	9892 2537 28	Shweta.karna@gmail.com	09/01/1982	NO	18/03/2011	7	5	-	13	-	REGULAR	YES	-	-	-	-	-	3		
3		DR. SIDRAH MIRZA	ASSISTANT PROFESSOR	9967 5871 05	siddrahmirza@gmail.com	19/08/1993	NO	21/02/2024	1	-	-	1	-	CONTRACTUAL	NO	-	21/02/2024	2	-	-	-	-	
4	ENT	DR. CHETAS HIRE GAVAT	SENIOR RESIDENT	8452 9031 11	chetashireg@gmail.com	02/12/1995	NO	06/11/2024	-	-	-	-	-	CONTRACTUAL	NO	-	6/11/2024	1	-	-	-	-	

Note: 1) The College shall submit one hard copy & soft copy (in Excel Format) of the list from Academic Online Teacher Database (OTD).
2) Information of teachers not uploaded in Academic Online Teacher Database (OTD) will not be considered.

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.: **022 25372774**

Name of the Subject: **ENT**

Sr. No.	1	2
CollegeName	Rajiv Gandhi Medical College	1
Subject	ENT	2
Full name of the Teacher (First/Middle/Last)	DR. AMOL SHRIPAD KHALE	DR. SHWETA BAVISKAR
Designation	PROFESSOR & HOD	ASSOCIATE PROFESSOR
Date ofJoining	19/01/1998	18/03/2011
UG Qualification & year of Passing	MBBS- 1991	MBBS- 2006
PG Qualification & Yearof Passing	MS- 1995	MS- 2009
Teaching Experience after PG passing	26	13
MUHS Approval(Yes/No)	NO	NO
If Yes MUHSApproval Letter & Date	-	-
AdharNo.	289604297912	754589078554
PanNo.	ABDPK7401K	AUTPB4012C
Date ofBirth (Age in years)	02/11/1968 (57 YEARS)	09/01/1982 (43 YEARS)
LatestEmailAddress	khalemeister@gmail.com	drshweta.katna@gmail.com
Contact No. (Mob.)	9820136054	9892253728
DebarredYes/No	NO	NO

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: ENT

Sr. No.	Name of Teacher (Last NameFirst NameMiddle Name)	Designation	Subject/ Speciality	Type of Appoint ment (Regular/ Temp. / Honorary	Qualification	University Approval at (UG)	PG Teaching Experiencee (in Years) after PGM	PG Teacher Recognitionion Yes/No	(Recognition Letter Date issued by University)	No. of PG StudentsGuided last 5 year	Dateof Birth	E-mail ID	MobileNo.	AadharCard No	If Debar red (Yes/N o)	Sign. of Teacher
1	DR. AMOL KHALE	PROFESS OR & HOD	ENT	REGULA R	MBBS, MS	YES	-	NO	-	-	02/11/1968	khalemeister@g mail.com	9820136054	289604297912	NO	
2	DR. SHWETA BAVISKAR	ASSOCIA TE PROFESS OR	ENT	REGULA R	MBBS, MS	YES	-	NO	-	-	09/01/1982	drshweta.katna@g mail.com	9892253728	754589078554	NO	

Department Specific Information in the Hospital

Please fill in the information for the broad specialties, where PG seats are available. (For rest of the departments – Please mark as “Not Applicable”)

Department of ENT**1. Intake Capacity:**

Course	Subject	No. of Recognized Seats	No. of Permitted Seats	Total Intake Capacity
MS	ENT	-	5	5

2. Total Teachers & Residents available in the Department: NA

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	PG Teacher Recognition Status (Permanent/Temporary)	If temporary, Approval/ Recognition granted till
1					

3. Summary of Teaching staff in the Department: NA

Sr. No.	Designation	Required (As per the PG Medical Regulations 2000)	Available	Deficiency
1	Professor			
2	Associate Professor			
3	Assistant Professor			
4	Senior Resident			
5	Junior Resident			

4. Summary of Recognized PG Teacher in the department: NA

Sr. No.	Designation	No. of Recognized PG Teacher
1	Professor	
2	Associate Professor	
3	Assistant Professor	

5. Number of Units with beds in each unit (if applicable) : 1 UNIT ; 30 BEDS**6. Clinical workload of the Department (if applicable): NOT APPLICABLE**

Appendix "B"

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	
	Sr. No.	College Name	Subject	Name of Teacher (Last Name First Name Middle Name)	Designation	Type of Appointment (Regular / Temp. / Honorary)	Qualification (UG/PG)	PG Teaching Experience (in Years) (after PG)	PG Teacher Recognition (Yes/No)	No. of PG Students guided last 5 year	Date of Birth & Age	E-mail ID	Mobile No.	Aadhar Card No.	If debarred specify with details (Yes/No)	Sign. Of Teacher
1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Signature & Seal Dean/Principal