

ANNEXURE-I

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

Name of the Department: Pediatrics

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1	DR. SHAILAJA MILIND POTDAR	PROF. ADDITIONAL	PROF. ADDITIONAL	<i>[Signature]</i>
2	DR. SUNIL VIJAY JUNAGADE	PROF. ADDITIONAL	PROF. ADDITIONAL	<i>[Signature]</i>
3	DR. JAYESH NARESHCHANDRA PANOT	ASSO.PROF.	ASST.PROF.	<i>[Signature]</i>
4	DR. OMKAR NERURKAR	ASST.PROF.		<i>O.V. Nemer</i>
5	DR. SANA HAFIZ SHEIKH	ASST.PROF		<i>Sana</i>
6	DR. KEERTHI KRISHNAKUMAR	ASST.PROF		<i>[Signature]</i>
7	DR. PRATIMA BISEN	ASST.PROF		<i>[Signature]</i>
8	DR. NIHARIKA KORI	ASST.PROF		<i>[Signature]</i>

Summary-

Approved Staff

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

Approved + Non Approved Staff

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

[Signature]
Signature of HOD

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

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
DNB	4	-	4	-	--	--	4	-

Any Other, Please Specify:

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: 04 / 01 / 2025

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

Name of the College: Rajiv Gandhi Medical College, Kalwa, Thane College Code: 1109 Intake Capacity: 100

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	Letter No. & date		
1	PEDIATRICS	DR. SHAILAJA MILIND POTDAR	PROF. ADDITION AL	98209 22849	shailaja_potdar@yahoo.com	08 June 1968	OBC	25-05-95	6Y 9M	18 Y 9M	4Y	29 Y 6M	29Y6M	REGULAR	YES			REGULAR	MUISE-1/1109 /5545/2003 Dt-17/07/2003		
2		DR. SUNIL VIDYAJUNAGADE	PROF. ADDITION AL	98202 39737	suniljuna_gade@gmail.com	08 July 1971	OBC	13-12-97	16Y	7Y	4Y	27 Y	27Y	REGULAR	YES			REGULAR	MUISE-1/1109 /5545/2003 Dt-17/07/2003	I	

R. K. Bhami

3	DR. JAYESH NARESHCHIA NDRA PANOT	ASSO PROF	99696 58150	jayeshpa na@gmail il.com	03 May 1983	-	11-09- 14	10Y 3M	11 M	11 Y 2M	REGULAR	YES	REGULAR	MUSLUGE-1/ 53/1109/68/2019 Dt-08.02.2019		<i>JN</i>
4	DR. OMKAR NERURKAR	ASST. PROF.	97699 58328	omnirnu @gmail.c om	04 Sept 1993	OBC	25-07- 24	3Y 7M		3Y 7M	CONTRACT UAL	NO				<i>OV Narekur</i>
5	DR. SANA HAFIZ SHEIKH	ASST. PROF	81049 36179	sanasqhai 1211@g mail.com	07 Jan 1993	-		1Y 3M		1Y 3M	CONTRACT UAL	NO				<i>Sana</i>
6	DR. KEERTHI KRISHNAKU MAR	ASST. PROF	98925 05917	keerthi7k k@gmail .com	13 Oct 1995	-	23-09- 24	1Y 3M		1Y 3M	CONTRACT UAL	NO				<i>Keerthi</i>

R. K. Bannu

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: **Pediatrics**

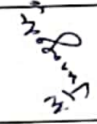
Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email/Address	Contact No. (Mob.)	Debarred Yes/No
1	Rajiv Gandhi Medical College	Pediatrics	DR. SHAILAJA MILIND POTDAR	PROF. ADDL	25-05-95	MBBS 1989	DCH - 1993 MD - 1994	29Y6M	YES	MUHS/E.1/11 09/5545/2003 Dt- 17/07/2003	9790 1589 6215	AGGPP 8958C	08 June 1968	shailaj a_potd ar@ya hoo.co m	98209 22849	NO
2			DR. SUNIL VIJAY JUNAGAD E	PROF.A DDL	13-12-97	MBBS 1992	DCH-1995 DNB-1997	27Y	YES	MUHS/E.1/11 09/5545/2003 Dt- 17/07/2003	7979 5143 3979	ADUPJ 3316M	08 July 1971	sunilju nagade @gmail .com	98202 39737	NO

Signature

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: Pediatrics

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. SHAILAJA MILIND POTDAR	PROF. ADDL	PEDIATRICS	REGULAR	DCH & MD PEDIATRICS	YES	29Y 6M	YES	MUHS/- I/PG/1109/5896/2006 DATE: 16/12/2006	2	08/06/68	shailaja_potdar @yahoo.com	98209 1589 22849	9790 1589 6215	NO	
2	DR. SUNIL VIJAY JUNAGADE	PROF. ADDL	PEDIATRICS	REGULAR	DCH & DNB- PEDIATRICS	YES	27Y	YES	MUHS/- I/PG/1109/5896/2006 DATE: 16/12/2006	2	08/07/71	suniljunagade @gmail.com	98202 39737	7979 5143 3979	NO	

Shailaja