

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	Designation	Type of Appointment	Qualification	PG Teaching Experience	PG Teacher Recognition (Yes/No)	No. of PG Students guided	Date of Birth & Age	E-mail ID	Mobile No.	Aadhar Card No.	If debarred specify with details (Yes/No)	Sign. Of Teacher
1	Rajiv Gandhi Medical College	Physiology	Kadam Swapnali Saurabh	Professor & HOD	Regular	PG	25 yrs	Yes	3	24/09/1972 Age- 52 years	faimerssk1@gmail.com	9820959095.00	5.14656E+11	No	<i>sskadam</i>

Signature & Seal Dean/Principal

Dean
R. G. M. College &
C. S. M. Hospital

R. G. M. College & C. S. M. Hospital

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

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1	Sr. No.	A
Rajiv Gandhi Medical College, Thane	College Name	B
Biochemistry	Subject	C
Rojekar Mohit Vijay	Name of Teacher (Last Name First Name Middle Name)	D
Professor (Adhoc) and Head	Designation	E
Regular	Type of Appointment (Regular / Temp. / Honorary)	F
MBBS, MD	Qualification (UG/PG)	G
10	PG Teaching Experience (in Years) (after PG)	H
YES	PG Teacher Recognition (Yes/No)	I
3	No. of PG Students guided last 5 year	J
20/02/1984, 39 Yrs	Date of Birth & Age	K
mohitrojekar@gmail.com	E-mail ID	L
8390465676	Mobile No.	M
504389932868	Aadhar Card No.	N
No	If debarred specify with details (Yes/No)	O
M. Rojekar	Sign. of Teacher	P

Signature & Seal Dean/Principal

Dean

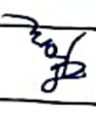
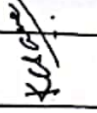
R. G. M. College &
C. S. M. Hospital

R. G. M. College
18/11/25

Appendix "B"

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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	Rajiv Gandhi Medical College	Pathology	Dr. Kori Shivkumar R	Professor and HOD	Regular	MBBS 1989, MD 1995	4 Y	Yes	5	04 MAR 1965, 59 Y	dsrk65@gmail.com	9757223723	929910016051	No	
2	Rajiv Gandhi Medical College	Pathology	Dr. Bholay Sandhya U	Professor (Additional)	Regular	MBBS 1987, MD 1991	4 Y	Yes	6	21 DEC 1964, 60 Y	sandhyabholay@gmail.com	9702046448	427818829253	No	
3	Rajiv Gandhi Medical College	Pathology	Dr. Sane Kavita C	Professor (Additional)	Regular	MBBS 1990, MD 1995	4 Y	Yes	6	20 SEP 1967, 57 Y	kcsane2@yahoo.co.in	9869250291	437105500678	No	
4	Rajiv Gandhi Medical College	Pathology	Dr. Bari Vaibhav B	Professor (Additional)	Regular	MBBS 2006, MD 2011	4 Y	Yes	4	19 JUL 1983, 41 Y	vbbari@gmail.com	9730483676	945912483219	No	

Signature & Seal Dean/Principal

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
TEACHERS LIST (for Postgraduate course only pl. do not repeat the teachers name reflected in UG list)
DETAIL INFORMATION OF DEPARTMENT WISE TEACHING STAFF AS ON (PG):- 22/07/2024

Name of the Dept. P.G.(Subjects) : MICROBIOLOGY

Name of the College: Rajiv Gandhi Medical
 Name of the Dean/Principal: Dr. Rakesh Barot

College phone no: 022-25347784/85/86/87
 College Email Id.: deancsmhrgmc@gmail.com
 College website: https://rgmctmc.edu.in/

Sr. No.	Name of the teaching staff & Mob.no	Designation	Date of birth	Edu. Qualification	Date of appointment	Teaching Experience (Yrs)		Whether approved by university .If yes write letter no & dt.
						UG	PG	
1	Dr Milind Ubale	Prof & HOD	19.09.1976	MBBS, MD Microbiology	26.02.2018	17 years 10 months, 06days	17 years 10 months, 06days	MUHS PG approval as a professor: MUHS /PG/E-1/1109/679/19 dated 7.2.2019
2	Dr Sujata Kamble	Associate Prof	20.07.1982	MBBS, MD Microbiology	28.07.2023	06 Years 05 months, 6days	06 Years 05 months, 6days	MUHS UG approval as a associate professor: MUHS /PG/E-1/101107/315/2024 Dated 30.07.2024

Prof & H.O.D.
 Dept. of Microbiology
 Rajiv Gandhi Medical College, Nashik

R. V. Barot 12/11/25
 Signature of Dean / Principal
 Dean
 R. G. M. College &
 C. S. M. Hospital

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

ANNEXURE-VII-C

Name of the College: **RAJIV GANDHI MEDICAL COLLEGE, KALWA, THANE** Phone/Mobile No.: 022-25347784/85

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 Approval (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 year	Date of Birth	E-mail ID	Mobile No.	Aadhar Card No	If Debarred (Yes/No)	Signature of Teacher
1	Dr. Tushar R. Bagle	Associate Professor & Head	Pharmacology	Regular	MD Pharmacology	Yes	05Y, 10M	Yes	19-12-2023	4	20-Apr-83	tusharbagle21@gmail.com	8329188337	334830638455	No	
2	Dr. Rohankumar C. Hire	Associate Professor	Pharmacology	Regular	MD Pharmacology	Yes	03Y, 07M	Yes	19-06-2023	4	11-Feb-85	rohanhire123@gmail.com	9970036883	813250079264	No	

RKK

DEAN
RAJIV GANDHI MEDICAL COLLEGE &
CHIMTRAPARTI SURVAJI MAHARAJ HOSPITAL, KALWA, THANE

Appendix "B"

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

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(The Proforma should be sent separately for each subject)

(Include Name of only eligible PG Recognised 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	Full name of the 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 years	Date of Birth & Age	E-mail ID	Mob No	Adhar Card No	If Debarr ed (Yes/No)	Sign. Of Teacher
1	Rajiv Gandhi Medical College, Kalwa Thane	Forensic Medicine & Toxicology	Dr Ghadge Mangesh Ramchandra	Prof & Head	Regular	MBBS, MD Forensic Medicine	17 yr 10 mth	Yes	6	29.12.1967 (57 yrs)	dr.manges hghadge@gmail.com	95949 75245	3541 5732 4788	No	
2	Rajiv Gandhi Medical College, Kalwa Thane	Forensic Medicine & Toxicology	Dr Pate Rajeshwar Sambhaji	Associate Professor	Regular	MBBS, MD Forensic Medicine	5 yr 09 mth	Yes	3	28.1.1985 (39 yrs)	drpate2801@gmail.com	9028 505506	2176 8150 4507	No	

R. K. Bhat
18/11/25
Signature & seal of Principal
R. G. M. College &
C. S. M. Hospital

Appendix "B"

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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	RGMC, Kalwa	M.D (PSM)	Dr. Dinesh R Ramei	Professor and HOD	Regular	M.D (PSM)	18 yrs 11 m	Yes	9	04/03/1965	drsamel@gmail.com	9960077855	685557510385	No	
2	RGMC, Kalwa	M.D (PS M)	Dr. Ravindra. B. Gurav	Professor Additional	Regular	M.D (PSM)	18 yrs 11 m	Yes	9	02/01/1965	drbgurav65@gmail.com	9869612640	461505455635	No	
3	RGMC, Kalwa	M.D (PS M)	Dr. Aniruddha. A. Malgaonkar	Associate Professor	Regular	M.D (PSM)	10 yrs 2 months	Yes	4	10/04/1976	andyt@rediffmail.com	97699007570	973864037798	No	

Signature & Seal Dean/Principal

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

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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	RGMC	General Surgery	DR MANE ARUN YADAVRAO	PROFESSOR	REGULAR	M.S.(GENERAL SURGERY)	30 yrs	Yes		31/07/1967 (57)	arunJuly21@gmail.com	9930153906	703855137853	NO	<i>[Signature]</i>
2	RGMC	General Surgery	DR PAWAR DEEPAK GOPALRAO	ASSOCIATE PROFESSOR	REGULAR	M.S.(GENERAL SURGERY)	25 yrs 4 mths	Yes		22/07/1970 (54)	pawardg1970@gmail.com	9820386345	590269062579	NO	<i>[Signature]</i>
3	RGMC	General Surgery	DR PAWAR PRASHANT DINKAR	ASSOCIATE PROFESSOR	REGULAR	M.S.(GENERAL SURGERY)	10 yrs	Yes		26/06/1975 (49)	drpdawar1@gmail.com	9820401821	520182016165	NO	<i>[Signature]</i>
4	RGMC	General Surgery	DR DABADE SANDEEP SHIVAJI	ASSOCIATE PROFESSOR	REGULAR	DNB (GENERAL SURGERY)	9 yrs 9 months	Yes		27/03/1983 (41)	dr.sandeep.dabade@gmail.com	9892147352	596697017072	NO	<i>[Signature]</i>

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:ObGy

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	Dr Jayanarayan Bishnumohan Senapati	Prof & HOD	OBGY	regular	MS DNB	YES	28 YRS	YES	MUHS/PG/E1/1 1095696/2006 dt. 16.12.2006	11	09/05/1964	jay.sena pati@gmail.com	9869575 9732290 03869	9732290 03869	no	
2	Dr Sunita Milind Ubale	Associate professor	OBGY	regular	MS FCPS DFP	YES	15 YRS	YES	MUHS/PG/E-1/1109/679/19 DT:07/02/2019		16/09/1977	subales2022@gmail.com	9222092 8241724 08221	8241724 08221	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: Orthopaedics

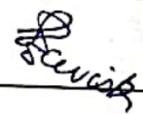
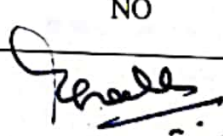
Sr. No.	
1	2
Name of Teacher (Last Name First Name Middle Name)	Dr Sanjay Barnwal
Designation	Professor and head of department
Subject/ Speciality	Orthopaedics
Type of Appointment (Regular/Temp. / Honorary)	Regular
Qualification	M.S.Orthopaedics
University Approval at (UG)	Yes
PG Teaching Experience (in Years) after PGM	19 y
PG Teacher Recognition Yes/No	Yes
(Recognition Letter Date issued by University)	MUISE-1/UG/1109/3238/2007
No. of PG Students Guided last 5 year	0
Date of Birth	27-01-1965 (59 Y)
E-mail ID	drsbarnwal@gmail.com
Mobile No.	9323700160
Aadhar Card No	572632122556
If Debarred (Yes/No)	No
Sign. of Teacher	

Dr Prafulla Herode	Dr Sanjay Gaikwad
Associate Professor	Associate Professor
Orthopaedics	Orthopaedics
Contractual	Regular
M.S.Orthopaedics	M.S.Orthopaedics
Yes	Yes
--	--
No	No
--	MUHS/UG/E-1/0760/480/2012
0	0
29-08-1973	20-05-1976 (48 Y)
pgherode@yahoo.co.in	orthodrsanjay@gmail.com
9096021750	9167988349
817171855696	308845019054
No	No
	

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

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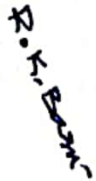
(Include Name of only eligible PG Recognized Teachers and Guides from the department) for which college holds affiliation (Running PG Course)

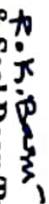
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
Sr. No.	College Name	Subject	Name of Teacher (Last Name First Name Middle)	Designation	Type of Appointment (Regular / Temp. / Honorary)	Qualification (UG/PG)	PG Teaching Experience (in Years) (after PG)	PG Teacher Recognition (Yes/No)	No. of PG Students guided last 5 year	Date of Birth & Age	E-mail ID	Mobile No.	Aadhar Card No.	Remarks specify with details	Sign. Of Teacher
2	1	ENT	DR. BAVISKAR SHWETA N. DR. KHALE AMOL SHRIPAD	ASSOCIATE PROFESSOR PROFESSOR & HOD	PERMANANT PERMANENT	MBBS, MS ENT MBBS, MS ENT	0 0	NO NO	0 0	09/01/1982 (43years) 02/11/1968 (57 YEARS)	drshweta.katna@gmail.com khale.meister@gmail.com	9892253728 9820136054	754589078554 289604297912	NO NO	 

Signature & Seal of Dean/Principal
R. G. M. College &
C. S. M. Hospital

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
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Sr. No.	College Name	Subject	Name of Teacher (Last Name First Name Middle Name)	Designation	Type of Appointment Regular / Temp. / Honorar	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
2	1														
	RA RAJIV GANDHI MEDICAL COLLEGE	OPHTHALMOLOGY	DR TIWARI ROHIT PRATAP	ASSOCIATE PROFESSOR	REGULAR	MBBS, M.S. OPHTHALMOLOGY	7 YEA RS	NO	10	NA	drrohitptiwari@gmail.co m	8975785188	557042559376	NO	
	RAJIV GANDHI MEDICAL COLLEGE	OPHTHALMOLOGY	DR BAROT RAKESH KUNVERJI	PROFESSOR AND HOD	REGULAR	MBBS, MS OPHTHALMOLOGY	28 YEA RS	YES	10	22/01/1968 57 YEARS	rakeshbarot47@gmail.com	9820545386	905248769876	NO	

Signature & Seal Dean/Principal


MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
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S. N.	College Name	Subject	Name of Teacher (Last Name First Name Middle Name)	Designation	Type of Appointment (Regular / Temp. / Honorary)	Qualification (UG/PG)	Teaching Experience (in Years) (after PG)	PG Teacher Recognition (Yes/No)	No. of PG Students guided last 5 year	Date of Birth & Age	Email ID	Mobile No.	Aadhar Card No.	If debarred specify with details (Yes/No)	Sign. Of Teacher
1	RGMC & CSMH Kalwa	Anaesthesia	DR PATIL VIJAY BALARAM	PROFES SOR	Regular	MBBS MD Anaesthesia	16 y	YES		19/03/19	medrvijaypatil@gmail.com	9920787616	405323913060	NO	
2	RGMC & CSMH Kalwa	Anaesthesia	DR NIRKHI KETAKI ANIRUDDHA	ASSOCIATE PROFES SOR	Regular	MBBS MD Anaesthesia	16 y	YES		18/08/1982 (42 yrs)	ketaki_p18@yahoo.co.in	9975259559	555850241041	NO	
3	RGMC & CSMH Kalwa	Anaesthesia	DR LALWANI ANMOL BHARAT	ASSOCIATE PROFES SOR	Regular	MBBS CPS DA DNB Anaesthesia	10 y	YES		1/4/1984 (40 yrs)	deepa.lalwani@gmail.com	9167655045	505203976620	NO	

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Sr. No.	College Name	Subject	Name of Teacher (Last Name First Name Middle Name)	Designation	Type of Appointment (Regular / Temp. / Honorary)	Qualification (UGG/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	Rajiv Gandhi medical college	Radio-diagnosis	Chillalshetti Uma Basaprabhu	HOD/professor	REGULAR	DNB-RADIO-DIAGNOSIS	28 YEARS 3 MONTHS	YES	-	10/10/1968 (56) YEARS	Uma.chillalshetti@gmail.com	98200222909	834953220121	NO	

R. V. B. B. B.

3	2	Sr. No.
Rajiv Gandhi medical college	Rajiv Gandhi medical college	College Name
Radio-diagnosis	Radio-diagnosis	Subject
Vadodariya Bhakti harshadkumar	Kalmath Veena Basavaaraj	Name of Teacher (Last Name First Name Middle Name)
ASSISTANT PROFESSOR	PROFESSOR ADDITIONAL	Designation
TEMPORARY	REGULAR	Type of Appointment (Regular / Temp. / Honorary)
MD IN RADIO-DIAGNOSIS	MD IN RADIO-DIAGNOSIS	Qualification (UQG/PG)
09 MONTHS 23 DAYS	23 YEARS 01 MONTHS	PG Teaching Experience (in years) (after PG)
NO	YES	PG Teacher Recognition (Yes/No)
-	-	No. of PG Students guided last 5 year
01/01/1995	17/03/1972	Date of Birth & Age
bhaktivdodariya@gmail.com	Veena_kalmath@yahoo.co.in	E-mail ID
9426596485	9820344232	Mobile No.
241426186146	8527 0450 6655	Aadhar Card No.
NO	NO	If debarred specify with details (Yes/No)
		Sign. Of Teacher

Signature & Seal Dean/Principal
R. H. B. 22/11/25

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
LIST OF PANEL FOR PG ONLY ELIGIBLE RECOGNISED TEACHER GUID FOR PG

APPENDIX - B

Name of the College : Rajiv Gandhi Medical College

Phone/Mobile No. : 022 25372775-778

Name of the Subject : Medicine													
No	Name	Designation	Pan No	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No	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.
1	Dr. Yogesh Sharma	Prof & HOD	ACEPS2523C	25/8/1962	dryogeshsharma@gmail.com	980192129	No	1986	1990	33yrs	Yes	MUHS/E-1/PG1109/58 57/2006	835964044710
2	Dr. Prastha Khirsagar	Associate Prof	ACDPK71025	28/7/1964	prastha.khirsagar@gmail.com	9867936579	No	1986	1990	32 yrs	Yes	MUHS/E-1/PG1109/58 57/2006	758933331140
3	Dr. deepa Banjan	Professor Additional	AKYPV6257C	18/5/1971	deepa.banjan@gmail.com	9833347738	No	1994	1997	23yrs	Yes	MUHS/E-1/1109/27/3 119/2014	569448708835
	Dr. Suman Rathod	Associate Prof	APHPR2116Q	01/01/1975	suman2rathod@gmail.com	9768727282	no	2003	2008	9 years	Yes	MUHS/UG/E-1/53/1109/2574/2 018	991700877757

Signature of HOD

R. K. Bhandari
 SIGNATURE OF DEAN
 Dean
 R. G. M. College &
 C. S. M. Hospital

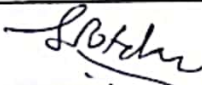
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A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
	Sr. No.	College Name	Name of Teacher (Last Name First Name Middle Name)	Designation	Type of Appointment (Regular / Temp. / Honorary)	Qualification (UG/PG)	PG Teaching Experience (in Years) (after PG)	PG Teacher Recognition (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	Rajiv Gandhi Medical College	Pediatrics	DR. SHAILAJA MILIND POTDAR	PROF. ADDL	REG ULA R	DCM & MD PEDIATRICS	29Y 6M	YES	3 (DNE)	08 June 1968	shailaja _potdar @yahoo .com	98209 22849	9790 1589 6215	NO	

2	Rajiv Gandhi Medical College	Pediatrics	DR. SUNIL VIJAY JUNAGADE	PROF. A DDL	REG ULA R	DCH & DNB- PEDIATRICS	27Y	YES	3 (DNB)	08 July 1971	suniljun agade@ gmail.co m	98202 39737	7979 5143 3979	NO	23
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fs Bhr

Signature & Seal Dean/Principal

Prof. B. B. B. 11/25

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

Appendix "B"

(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)

1	Sr. No.	A
RGMC & CSMH	College Name	B
DERMATOLOGY	Subject	C
Dr. Pradnya Joshi	Name of Teacher (Last Name First Name Middle Name)	D
Associate professor	Designation	E
Regular	Type of Appointment (Regular / Temp. / Honorary)	F
MBBS 2009 MD 2014	Qualification (UG/PG)	G
9YEARS 8 DAYS	PG Teaching Experience (in Years) (after PG)	H
No	PG Teacher Recognition (Yes/No)	I
	No. of PG Students guided last 5 year	J
16/11/1986	Date of Birth & Age	K
drpradnyarjoshi@gmail.com	E-mail ID	L
8108735566	Mobile No.	M
783872977988	Aadhar Card No.	N
-	If debarred specify with details (Yes/No)	O
	Sign. Of Teacher	P

Signature & Seal Dean/Principal
 P. K. Bhatnagar
 12/11/25

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	Sr. No.	
B	College Name	Rajiv Gandhi Medical College
C	Subject	Psychiatry
D	Name of Teacher (Last Name First Name Middle Name)	Dr Chicholkar Vivek
E	Designation	Professor (Adhoc)
F	Type of Appointment (Regular / Temp. / Honorary)	Regular
G	Qualification (UG/PG)	PG
H	PG Teaching Experience (in Years) (after PG)	26years
I	PG Teacher Recognition (Yes/No)	Yes
J	No. of PG Students guided last 5 year	NA
K	Date of Birth & Age	27-10-1970, 54 years
L	E-mail ID	viveksvc@gmail.com
M	Mobile No.	9820404412
N	Aadhar Card No.	213936040181
O	If debarred specify with details (Yes/No)	NO
P	Sign. Of Teacher	

Signature & Seal Dean/Principal