

ANNEXURE IV-C
(Courses)

Name of the College: Rajiv Gandhi Medical College

Phone/Mobile No.: 0225347784

Name of the Subject: PHYSIOLOGY

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	Physiology	Dr. Swapnali Kadam	Professor and Head of Dept	9/1/1998	MBBS 1995	MD Physiology 2004	15 years 8 months	YES	MUHS/PG/ E- 1/1109/27/3 119/1424/11 /14	514656253604	AOOPK2138M	24/09/1972	falmerski@gmail.com	9820959095	NO

18/1/25
K. Brown

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

ANNEXURE IV-C

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

Phone/Mobile No.:

Name of the Subject: **BIOCHEMISTRY**

Sr. No.	1	2
College Name	Rajiv Gandhi Medical College	
Subject	Biochemistry	
Full name of the Teacher (First/Middle/Last)	Dr Baviskar Pooja Ashok	Dr Rojekar Mohit Vijay
Designation	Assistant Professor	Professor (Adhoc) & Head
Date of Joining	28/09/2017	01-09-2014
UG Qualification & year of Passing	MBBS 2012	MBBS 2007
PG Qualification & Year of Passing	Medical Biochemistry 2016	MD Biochemistry 2014
Teaching Experience after PG passing		10 Yr 6 M
MUHS Approval (Yes/No)	Applied	Yes
If Yes MUHS Approval Letter & Date	-	MUHS/PG/E1/101107/3253 /2022
Adhar No.	602353181718	504389932868
Pan No.	CFQPB1935N	AGRPR0681H
Date of Birth (Age in years)	20/05/1989, 34 yrs	20/02/1984, 39 YRS
Latest Email Address	dr.poojabaviskar@gmail.com	mohitrojekar@gmail.com
Contact No. (Mob.)	9511830216	8390465676
Debarred Yes/No	No	No

R.K. Bham
15/11/25

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

Name of College: Rajiv Gandhi Medical College

Phone No: 022-5237786

Name of the Subject: Pathology

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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	RGMC	Pathology	Dr. Shivkumar R. Kori	Professor and HOD	16 SEP 2022	MBBS 1989	MD 1995	30Y, 7M	Yes	MUHS/ E-1/1109/5545/2003 dated 17 JUL 2003	929910016051	AAANPK 4881G	04 MAR 1965	drsrk65@gmail.com	97572237	No
2	RGMC	Pathology	Dr. Sandhya U. Bholay	Professor (Additional)	13 NOV 1997	MBBS 1987	MD 1991	33Y, 9M	Yes	MUHS/ E-1/1109/5545/2003 dated 17 JUL 2003	427818829253	AAAPB821 168Q	DEC 1964	sandhyabholay@gmail.com	97020464	No
3	RGMC	Pathology	Dr. Kavita C. Sane	Professor (Additional)	20 AUG 2014	MBBS 1990	MD 1995	29Y, 8M	Yes	MUHS/ UG/E-1/ 53/ 1109/ 638/2015 dated 11 FEB 2015	437105500678	ADXTS0 751J	20 SEP 1967	kcsane2@yahoo.co.in	98692502	No
4	RGMC	Pathology	Dr. Vaibhav B. Bari	Professor (Additional)	17 JAN 2014	MBBS 2006	MD 2011	13Y, 4M	Yes	MUHS/ UG/E-1/ 1109/1869/ 2014 dated 11 APR 2014	945912483219	APOPB4 426L	19 JUL 1983	vbbari@gmail.com	97304836	No

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

ANNEXURE IV-C

SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG COURSES)

Name of the college: Rajiv Gandhi Medical College, Kalwa
Mob/ Phone no: 02225372778 ext 453
Name of the subject: Microbiology

Sr. No	Full name of the teacher (First/Middle/Last name)	Designation	Subject/Specialty	Type of Appointment	Qualification	University approval	Teaching experience after PG passing	PG teacher recognition (Yes/No)	Recognition letter date issued by university	No. Of PG students guided in last 5 years	Date of birth (Age in years)	Latest email address	Contact no	Aadhar no	Debarred (Yes/No)	Signature of teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr. Milind R. Ubale	Professor & HOD	Microbiology	Regular	MBBS, MD Microbiology	MUHS /UG/ E- 1/53/109/3746/2017	17 years 10 months	Yes	MUHS/P G/E- 1/1109/679/19 Dated 7/2/2019	6	19.09.1976 (45 years)	ubales2001@gmail.com	9869 3929 59	9211 1803 990	No	

Seal

Prof & H.O.D.
Dept. of Microbiology,
Rajiv Gandhi Medical College, Thane.
C.S.M. Hospital, Kalwa, Thane.

R.K. Bhat
Signature of Dean
Dean
R.G.M. College &
C.S.M. Hospital

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

Name of the College - Rajiv Gandhi Medical College
Phone no. 02225347784/85/86
name of the Subject: PHARMACOLOGY

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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Rajiv Gandhi Medical College	Pharma	Dr. Tushar Ramesh Bagle	Professor (Ad Hoc)	04-09-2014	MBBS	MD	14 Years	Yes	MUHS/PG/E 1/101107/3 364/2023 dated 19/12/2023	334830638455	ALQPB6775L	20-04-1983 (41 Y)	tusharbagle21@gmail.com	8329188337	No
2			Dr. Rohankumar Chandrakant Hire	Associate Professor	21-01-2015	MBBS	MD	10 Years	Yes	MUHS/PG/ E-1/ 101107/158 6/2023 dated 19-06 2023	813250079264	ADFPH0386Q	11-02-1985 (40 Y)	rohanhire123@gmail.com	9970036883	No

Signature
Hire
21/1

24

DEAN
RAJIV GANDHI MEDICAL COLLEGE &
CHHATRAPATI SHIVAJI MAHARAJ HOSPITAL, KATWA, THANE

ANNEXURE- IV-C

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

Name of the College : RAJIV GANDHI MEDICAL COLLEGE, KALWA, THANE

Phone/ Mobile No:

Name of Subject: FORENSIC MEDICINE & TOXICOLOGY

Sr. No.	College Name	Subject	Full name of the Teacher(First/Middle/Last)	Designation	Date of Joining	UG Qualification and year of passing	PG Qualification and year of passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If yes MUHS Approval letter and Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Rajiv Gandhi Medical College, Kalwa Thane	Forensic Medicine & Toxicology	Dr Mangesh Ramchandra Ghadge	Prof & Head	01.06.1998	MBBS 1991	MD Forensic Medicine 1996	17 yr 10 mth	Yes	MUHS/PG/E-1/101107/125 02/2023 DATED 10/05/2023	3541 5732 4788	AATP G9090 R	29.12.1967 (57 yrs)	dr.manges hghadge@gmail.com	9594975 245	No
2			Dr Rajeshwar Sambhaji Pate	Associate Professor	12.02.2014	MBBS 2008	MD Forensic Medicine 2013	5 yr 09 mth	Yes	MUHS/PG/E-1/101107/325 3/22 DATED 02/09/2022	2176 8150 4507	BOJPP 9619G	28.1.1985 (39 yrs)	drpate2801@gmail.com	9028 505506	No

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: Community Medicine

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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Rajiv Gandhi Medical College	Community Medicine	Dr. Dinesh R. Ramel	Professor and HOD	19/04/ 1994	MBBS	M.D. (PSM) 1992	33 years 09 months	YES	MUHS/E1/ 057444/38 35/2012 dated 21-Sep 2012	6855 5751 0385	AAKP S984 4	04/03/1965 (58 yrs)	drsa mel@ gmail. com	99607 7855	No
2			Dr. Ravindra. B. Gurav	Professor Additional	26/06/ 1995	MBBS	M.D. (PSM) 1994	33 years 11 months	YES	MUHS/E1/ 1109/5545/ 03 dated 17-July 2003	4615 0545 5635	AGT PG63 46D	02/01/1965 (58 yrs)	drbg urav6 5@g mail.c om	98696 12640	No
3			Dr. Aniruddha. A. Malgaonkar	Associate Professor	30/03/ 2011	MBBS	M.D. (PSM) 2002	15 years 4 months	YES	MUHS/UG/ E1/05760/4 80/2012 dated 03- Feb 2012	9738 6403 7798	AFVP M072 5Q	10/04/1976 (46 yrs)	andy dr@r ediff mail.c om	97699 00757 0	No

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

Name of the College : Rajiv Gandhi Medical College, Kalwa, Thane(W)

Phone/Mobile No

Name of the Subject : GENERAL SURGERY

Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification in 3 year of Passing	PG Qualification in 3 year of Passing	Teaching Experience after PG passing	MUHS Approval Yes/No	If Yes MUHS Approval Letter & Date	AdharNo.	PanNo.	Date of Birth/Age in years	Latest Email Address	Contact No.(Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	RGMC	General Surgery	Dr Arun Yadavrao Mane	Professor	5/11/1996	MBBS 1989	MS 1995	30 yrs	Yes	MUHS /E- 1/1109/ 5545/ 03	703855137853	AENPN5796 R	31/07/1967 (57)	anuniluv31@gmail.com	9930153906	No
2	RGMC	General Surgery	Dr Deepak Gopalrao Pawar	Associate Professor	10/14/1999	MBBS 1992	MS 1997	25 yrs 4 mths	Yes	MUHS/E- 1/UG/1109/ 261/2007	590269062579	ABCPP3484E	22/07/1970 (54)	pawardg1970@gmail.com	9820386345	No
3	RGMC	General Surgery	Dr. Prashant Dinakar Pawar	Associate Professor	9/15/2014	MBBS 1998	MS 2004	10 yrs	Yes	MUHS/UG /E- 1/53/1109/ 730/2015- DATED : 20/02/2015	520182016165	AFOPP9853 K	26/06/1975 (49)	drdpawar1@gmail.com	9820401821	No
4	RGMC	General Surgery	Dr. Sandeep Shivaji Debade	Associate Professor	9/25/2014	MBBS 2004	DNB 2011	9 yrs 9 months	Yes	MUHS/UG /E- 1/53/1109/ 4411/2016- DATED : 06/06/2016	596697017072	APXPD9456K	27/03/1983 (41)	dr.sandeepdabade@gmail.com	9892147352	No

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: **Obstetrics and Gynecology**

Sr. No.	CollegeName	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	AdharNo.	PanNo.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Rajiv Gandhi Medical College	Obstetrics and Gynecology	Dr. Jayaraman Bishnumohan Senapati	Prof & HOD	1/5/1996	MBBS, 1987	MD, 1996	28 YRS	YES	MUHS/PG/E-1 11095696/20 03869 06 dt. 16.12.2006	9732290 03869	AEBPS9193M	09/05/1964	jay.senap ati@gmail50 il.com	98695757	No
2	Rajiv Gandhi Medical College	Obstetrics and Gynecology	Dr. Sunita Milind Ubale	Associate professor	1/2/2008	MBBS, 2000	MS, 2007	15 YRS	YES	MUHS/PG/E- 11109/679/19 08221 DT:07/02/2019	8241724 08221	AHMPG4865	16/09/1977	subales2092220926 22@gmail3M7 il.com		No

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

ANNEXURE IV-C

Name of the College: **Rajiv Gandhi Medical College**
Phone/Mobile No.:
Name of the Subject: **Orthopaedics**

2	1	1	Sr. No.
Rajiv Gandhi Medical College		2	CollegeName
Orthopaedics		3	Subject
Dr Sanjay Gaikwad	Dr Sanjay Barnwal	4	Full name of the Teacher (First/Middle/Last)
Associate Professor	Professor and head of department	5	Designation
18-03-2011	21-06-1996	6	Date ofJoining
MBBS, 1998	MBBS, 10/1990	7	UG Qualification & year of Passing
M.S. Orthopaedics, 2009	M.S. Orthopaedics, 1994	8	PG Qualification & Yearof Passing
13y Y0m	28y 5m	9	Teaching Experience after PG passing
yes	Yes	10	MUHS Approval(Yes/No)
MUHS/UG/E-1/0760/480/2012	MUISE-1/UG/1109/3238/2007	11	If Yes MUHSApproval Letter & Date
308845019054	572632122556	12	AdharNo.
ATSPG1849E	ADZBP6483E	13	PanNo.
20-05-1976 (48 Y)	27-01-1965 (59 Y)	14	Date ofBirth (Age in years
orthodrsanjay@gmail.com	drsbarnwal@gmail.com	15	LatestEmailAddress
9167988349	9323700160	16	Contact No. (Mob.)
No	No	17	DebarredYes/No

ω
Dr Prafulla Herode
Associate Professor
06-11-2024
MBBS, 1995
M.S. Orthopaedics, 2000
15y 11m
No

817171855696
ABGPH0024E
29-08-1973
pgherode@yahoo.co.in
9096021750
No

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

ANNEXURE IV-C

Name of the College: **Rajiv Gandhi Medical College**
 Phone/Mobile No.: 022 25372774
 Name of the Subject: **ENT**

2	1	1	Sr. No.
Rajiv Gandhi Medical College		2	CollegeName
ENT		3	Subject
DR. SHWETA BAVISKAR	DR. AMOL SHRIPAD KHALE	4	Full name of the Teacher (First/Middle/Last)
ASSOCIATE PROFESSOR	PROFESSOR & HOD	5	Designation
18/03/2011	19/01/1998	6	Date ofJoining
MBBS- 2006	MBBS- 1991	7	UG Qualification & year of Passing
MS- 2009	MS- 1995	8	PG Qualification & Yearof Passing
13	26	9	Teaching Experience after PG passing
NO	NO	10	MUHS Approval(Yes/No)
-	-	11	If Yes MUHSApproval Letter & Date
754589078554	289604297912	12	AdharNo.
AUTPB4012C	ABDPK7401K	13	PanNo.
09/01/1982 (43 YEARS)	02/11/1968 (57 YEARS)	14	Date ofBirth (Age in years)
drshweta.katna@gmail.com	khalemeister@gmail.com	15	LatestEmailAddress
9892253728	9820136054	16	Contact No. (Mob.)
NO	NO	17	DebarredYes/No

Dr. K. B. Bhat
27/11/2015

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

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: **Ophthalmology**

2	1	1	Sr. No.
		2	CollegeName
		3	Subject
		4	Full name of the Teacher (First/Middle/Last)
		5	Designation
		6	Date of Joining
		7	UG Qualification & year of Passing
		8	PG Qualification & Year of Passing
		9	Teaching Experience after PG passing
		10	MUHS Approval (Yes/No)
		11	If Yes MUHS Approval Letter & Date
		12	Adhar No.
		13	Pan No.
		14	Date of Birth (Age in years)
		15	Latest Email Address
		16	Contact No. (Mob.)
		17	Debarred Yes/No

ANNEXURE IV-C

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: RADIO-DIAGNOSIS

1	Sr. No.
2	CollegeName
3	Subject
4	Full name of the Teacher (First/Middle/Last)
5	Designnation
6	Date of Joining
7	UG Qualification & year of Passing
8	PG Qualification & Year of Passing
9	Teaching Experience after PG passing
10	MUHS Approval (Yes/No)
11	If Yes MUHS Approval Letter & Date
12	Adhar No.
13	PanNo.
14	Date of Birth (Age in years)
15	Latest Email Address
16	Contact No. (Mob.)

Rajiv Gandhi Medical College

RADIO-DIAGNOSIS

DR UMA
BASAPRABHU CHIALLSHETTI

HOD/PROFESSOR

16/06/1996

MBBS-1991

DNB IN RADIO-DIAGNOSIS
1996

28 YEARS 03 MOTNHS

YES

MUHS/E-1/PG/1109/1874/2007 DATED
10/04/2007

834953220121

ACDPC9772C

10/10/1968 (56 YEARS)

Umac.chillalshetti@gmail.com

9820022909

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

Sr. No.		
CollegeName	Rajiv Gandhi Medical College	Rajiv Gandhi Medical College
Subject	RADIO-DIAGNOSIS	RADIO-DIAGNOSIS
Full name of the Teacher (First/Middle/Last)	DR VEENA BASAVARAJ KALMTH	DR.BHAKTI HARSHADKUMAR VADODARIYA
Designation	ADDITIONAL PROFESSOR	ASSISTANT PROFESSOR
Date of Joining	01/12/2001	11/03/2024
UG Qualification & year Passing	MBBS-1995	MBBS-2018
PG Qualification & Year of Passing	MD IN RADIO-DIAGNOSIS 1998	MD IN RADIO-DIAGNOSIS 2022
Teaching Experience after passing	23 YEARS 01 MONTHS	09 MOTNHS 03 DAYS
MUHS Approval (Yes/No)	YES	NO
If Yes MUHS Approval Letter Date	MUHS/E-1/PG/1109/1874/2007 DATED 10/04/2007	-
Adhar No.	8527 0450 6655	241426186146
PanNo.	ALUPK2234M	ARSPV4825B
Date of Birth (Age in years)	17/03/1972 (52 years)	01/01/1995 (29 Years)
Latest Email Address	veena_kalmath@yahoo.co.in	bhaktivadodariya@gmail.com
Contact No. (Mob.)	9820344232	9426596485

R.Y. Baw
R.G.M. College &
S.M. Hospital

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

Name of the College: Rajiv Gandhi Medical College

Phone/Mobile No.: 02225372775-78

Name of the Subject: - MEDICINE -

Sl. No.	College Name	Subject	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	RGMC MED & CSMH	Dr. Yogesh B. Sharma	Prof & HOD	21/5/1995	1986	1990	33 yrs	Yes	MUHS/E-1/PC1109/5857/2006	835964044710	ACEPS2523C	25/8/1962	dryogeshsharma@gmail.com	9820192129	No
2	RGMC MED & CSMH	Dr. Prasita P. Kshirsagar	Associate Prof	12/4/1994	1986	1990	32 yrs	Yes	MUHS/E-1/PC1109/5857/2006	758933331140	ACDPK71025	28/7/1964	prastapnk@yahoo.co.in	9867936579	No
3	RGMC MED & CSMH	Dr. Deepa S. Banjan	Professor Additional	03/12/2001	1994	1997	23 yrs	Yes	MUHS/E-1/1109/27/3119/2014	569448708835	AKYPV6257C	18/5/1971	deepa.banjan@gmail.com	9833347738	No
4	RGMC MED & CSMH	Dr. Suman S. Rathod	Associate Prof	04/2/2014	2003	2008	9 years	Yes	MUHS/UG/E-1/53/1109/2574/9917008777572018		APHPR2116Q	01/01/1975	suman2rathod@gmail.com	9768727282	No

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

[Signature]
Signature of HOD

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

ANNEXURE IV-C

Name of the College: **Rajiv Gandhi Medical College**
 Phone/Mobile No.:
 Name of the Subject: **Pediatrics**

Sr. No.	CollegeName	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	AdharNo.	PanNo.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
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 09/545/2003 Dr- 17/07/2003	9790 1589 6215	AGCIP 8958C	08 June 1968	shailaj a.pod 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 09/545/2003 Dr- 17/07/2003	7979 5143 3979	ADUPJ 3316M	08 July 1971	sunilju nagade @grai l.com	98202 39737	NO

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.	CollegeName	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date ofJoining	UG Qualification & year of Passing	PG Qualification & Yearof Passing	Teaching Experience after PG passing	MUHS Approval(Yes/No)	If Yes MUHSApproval Letter & Date	AdharNo.	PanNo.	Date ofBirth (Age In years)	LatestEmailAddress	Contact No. (Mob.)	DebarredYes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Rajiv Gandhi Medical College	DERMATOLOGY	DR PRADNYA RUSHIKESH JOSHI	ASSOCIATE PROFESSOR	28/12/201	MBBS 2009	MD 2014	10 years 6 months	YES	MUHS /UG/ E- 1/53/109/4411 /2016 Dt. 6/06/2016 MUHS/UG-E- 1/53/105107/32 18/2/2022 Dt. 1/09/2022	7838729	AGNP 4973C	16/11/1986 37 years	drpradny rjoshi@gmail.co m	81087355	No
2																

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

Name of the College: **Rajiv Gandhi Medical College**
Phone/Mobile No.: **02225304139**
Name of the Subject: **Psychiatry**

1	1	Sr. No.
	2	CollegeName
Rajiv Gandhi Medical College	3	Subject
Psychiatry	4	Full name of the Teacher (First/Middle/Last)
Dr.Vivek Chincholkar	5	Designation
Professor (Adhoc)	6	Date ofJoining
12-01-1998	7	UG Qualification & year of Passing
MBBS, 1992	8	PG Qualification & Yearof Passing
MD Psychiatry, 1997	9	Teaching Experience after PG passing
17years	10	MUHS Approval(Yes/No)
Yes	11	If Yes MUHSApproval Letter & Date
MUHS/E-1/PG/1109/5896/2006 16/12/2006	12	AdharNo.
213936040181	13	PanNo.
ACLPC6003G	14	Date ofBirth (Age in years)
27-10-1970 (54years)	15	LatestEmailAddress
viveksvc@gmail.com	16	Contact No. (Mob.)
9820404412	17	DebarredYes/No
No		