

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: PHYSIOLOGY

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Specialty	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.	Asst. Card No	If Debarred (Yes/No)	Sign. of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr. Swapnali Kadam	Professor and Head of the Dept	Physiology	Regular	MD Physiology	Yes	10 Years	Yes	MUHS/PG/ E- 1/1109/27/ 3119/1424/ 11/14	3	24/09/1972	faimersskl@gmail.com	9820959095	514656253604	No	<i>sskadam</i>

R. K. Bank
16/1/25

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: Biochemistry

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 Mohit V Rojekar	Professor (Adhoc) and Head	Biochemistry	Regular	M.B.B.S., M.D.	Yes	10 Y 5 M	Yes	MUHS/PG/E1/1 01107/3253/2022	3	20/02/1984	drmohi44@gmail .com	8390465676	504389932868	No	<i>M. Rajekar</i>

R. K. Bhat
18/11/25

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.	Name of Teacher (Last Name, First Name, Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp./ Honorary)	Qualification	University (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.	ID Card (Yes/No)	Signature
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr. Kori Shivkumar R	Professor and HOD	Pathology	Regular	MD Pathology	Yes	30Y, 7M	Yes	16 DEC 2006	5	04 MAR 1965	dsrk65@gmail.com	9757223723	929910016051	No	
2	Dr. Bholay Sandhya U	Professor (Additional)	Pathology	Regular	MD Pathology	Yes	33Y, 9M	Yes	16 DEC 2006	6	21 DEC 1964	sandhya.bholay@gmail.com	9702046448	427818829253	No	
3	Dr. Sane Kavita C	Professor (Additional)	Pathology	Regular	MD Pathology	Yes	29Y, 8M	Yes	7 FEB 2019	6	20 SEP 1967	kcsane2@yahoo.co.in	9869250291	437105500678	No	
4	Dr. Bari Vaibhav B	Professor (Additional)	Pathology	Regular	MD Pathology	Yes	13Y, 4M	Yes	7 FEB 2019	4	19 JUL 1983	vbbbari@gmail.com	9730483676	945912483219	No	

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

Name of College: Rajiv Gandhi Medical College

Phone No: 022-5237786

Name of the Subject: Pathology

Sr. No.	Name of Teacher (Last Name, First Name, Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/Temporary/Honorary)	Qualification	University Approval (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 years	Date of Birth	E-mail ID	Mobile No.	Aadhar Card No.	Identified (Yes/No)	Signature
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr. Kori Shivkumar R	Professor and HOD	Pathology	Regular	MD Pathology	Yes	30Y, 7M	Yes	16 DEC 2006	5	04 MAR 1965	drsk65@gmail.com	9757223 723	9299100 16051	No	
2	Dr. Bholay Sandhya U	Professor (Additional)	Pathology	Regular	MD Pathology	Yes	33Y, 9M	Yes	16 DEC 2006	6	21 DEC 1964	sandhya.bholay@gmail.com	9702046 448	4278188 29253	No	
3	Dr. Sane Kavita C	Professor (Additional)	Pathology	Regular	MD Pathology	Yes	29Y, 8M	Yes	7 FEB 2019	6	20 SEP 1967	kesane2@yahoo.co.in	9869250 291	4371055 00678	No	
4	Dr. Bari Vaibhav B	Professor (Additional)	Pathology	Regular	MD Pathology	Yes	13Y, 4M	Yes	7 FEB 2019	4	19 JUL 1983	vbbari@gmail.com	9730483 676	9459124 83219	No	

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

ANNEXURE VII-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	Dr. Milind R. Ubale	Professor & HOD	Microbiology	Regular	MBBS, MD Microbiology	MUHS /UG/ E- 1/53/1 109/3 746/2 017	17 years	Yes	MUHS/PG/E- 1/1109/ 679/19 Dated 7/2/2019	7	19.09.1976 (47 years)	ubale s2001@gmail.com	9869 3929 59	9211 1803 990	No	

Prof. Dr. Milind R. Ubale
Dept. of Microbiology
Rajiv Gandhi Medical College,
C.S.M. Hospital, Kalwa, Thane.

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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr. Tushar R. Bagle	Associate Professor & Head <i>Prof (cadher)</i>	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	

RKH

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

ANNEXURE- VII-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: 022-25372774

Name of Subject: FORENSIC MEDICINE & TOXICOLOGY

Sr. No.	Name of the Teacher (Last/First/Middle)	Designation	Subject / Speciality	Type of Appointment (Regular / Temp. / Honorary)	Qualification	University Approval (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 years	Date of Birth	Email ID	Mobile No	Adhar Card No	If Debarred (Yes/No)	Sign. Of Teacher
1	Dr Ghadge Mangesh Ramchandra	Prof & Head	Forensic Medicine & Toxicology	Regular	MBBS, MD Forensic Medicine	MUHS/UG/E-1/53/1109/2574/2018 Dated 05/07/2018	17 yr 10 mth	Yes	MUHS/PG/E-1/101107/1250/2023 DATED 10/05/2023	6	29.12.1967 (57 yrs)	dr.mangeshghadge@gmail.com	9594975245	354157324788	No	
2	Dr Pate Rajeshwar Sambhaji	Associate Professor	Forensic Medicine & Toxicology	Regular	MBBS, MD Forensic Medicine	MUHS/UG/E-1/53/105107/3218/2022 Dated 01/09/2022	5 yr 09 mth	Yes	MUHS/PG/E-1/101107/3253/22 DATED 02/09/2022	3	28.1.1985 (39 yrs)	drpate2801@gmail.com	9028505506	217681504507	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: Community Medicine

Sr. No.	Name of Teacher (Last NameFirst NameMiddle Name)	Designation	Subject/ Speciality	Type of Appointment (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/No)	Sign. of Teacher
1	Dr. Dinesh R Ramel	Professor and HOD	Community Medicine	Regular	M.D (PSM)	MBBS	18 yrs 11 m	Yes	MUHS/E- 1/PG/1109/5 896/2006	9	04/03/ 1965	drsam el@ mailc om	996077 855	68555 75103 85	No	
2	Dr. Ravindra. b. Gurav	Professor Additional	Community Medicine	Regular	M.D (PSM)	MBBS	18 yrs 11 m	Yes	MUHS/E- 1/PG/1109/5 896/2006	9	02/01/ 1965	drbg urav6 5@ mailc om	986961 2640	46150 54556 35	No	
3	Dr. Aniruddha. A. Malgaonkar	Associate Professor	Community Medicine	Regular	M.D (PSM)	MBBS	10 yrs 2 months	Yes	MUHS/PG/E- 1/1109/27/23 24/17	4	10/04/ 1976	andyd r@red iffmail .com	976990 07570	97386 40377 98	No	

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

ANNEXURE VII-C

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	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/Speciality	Type of Appointment (Regular/Temp./Honorary)	Qualification	University Approval (UG)	PG Teaching Experience (in Years) after PG	PG Teacher Recognition Yes/No	Recognition Letter Date Issued by University	No. of PG students guided in last 5 yrs	Date of Birth	E-mail Id	Mobile No.	Aadhar Card No	If Debarred (Yes/No)	Sign of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr. Mane Arun Yadavrao	Professor	General Surgery	Regular	MBBS, MS	Yes	29 yrs 2 mths	Yes	MUHS/E-1/PG/1109/1874/2008		7/31/1967	arunluly31@gmail.com	9930153906	703855137853	No	<i>[Signature]</i>
2	Dr. Pawar Deepak Gopalrao	Associate Professor	General Surgery	Regular	MBBS, MS	Yes	26 yrs	Yes	MUHS/E-1/PG/1109/1874/2008		7/22/1970	pawardg1970@gmail.com	9820386345	590269062579	No	<i>[Signature]</i>
3	Dr. Pawar Prashant Dinakar	Associate Professor	General Surgery	Regular	MBBS, MS	Yes	10 yrs	Yes	MUHS/UG-E-1/33/1109/730/2015-DATED: 20/02/2015		6/26/1975	drodpawar1@gmail.com	9820401821	520182016165	No	<i>[Signature]</i>
4	Dr. Dabade Sandeep Shivaji	Associate Professor	General Surgery	Regular	MBBS, DNB	Yes	9 yrs 9 months	No	MUHS/UG-E-1/53/1109/4411/2016-DATED: 06/06/2016		3/27/1983	dr.sandeepdabade@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 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)	Signature
1	Dr Jayanarayan Bishnumohan Senapati	Prof & HOD	OBGY	regular	MS DNB	YES	28 YRS	YES	MUHS/PG/E/1/1095696/2006 dt. 16.12.2006		09/05/1964	jay.senapati@gmail.com	9869575750	973229003869	no	
2	Dr Sunita Milind Ubale	Associate professor	OBGY	regular	MS FCPS DFP	YES	15 YRS	YES	MUHS/PG/E-1/1109679/19 DT:07/02/2019		16/09/1977	subates29222092022@gmail.com	824172408221			

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
Name of Teacher (Last Name First Name Middle Name)	2
Designation	3
Subject/ Speciality	4
Type of Appointment (Regular/Temp. / Honorary)	5
Qualification	6
University Approval at (UG)	7
PG Teaching Experience (in Years) after PGM	8
PG Teacher Recognition Yes/No	9
(Recognition Letter Date issued by University)	10
No. of PG Students Guided last 5 year	11
Date of Birth	12
E-mail ID	13
Mobile No.	14
Aadhar Card No	15
If Debarred (Yes/No)	16
Sign. of Teacher	17

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
	

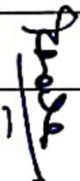
ANNEXURE-VII-C

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 Appointment (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/No)	Sign. of Teacher
1	DR. AMOL KHALE	PROFESSOR & HOD	ENT	REGULAR	MBBS, MS	YES	-	NO	-	-	02/11/1968	khalemeister@gmail.com	9820136054	289604297912	NO	
2	DR. SHWETA BAVISKAR	ASSOCIATE PROFESSOR	ENT	REGULAR	MBBS, MS	YES	-	NO	-	-	09/01/1982	drshweta.katna@gmail.com	9892253728	754589078554	NO	

P. K. Pawar
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

Phone/Mobile No.: 022-25372774

Name of the Subject: - Ophthalmology

Sr. No.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Name of Teacher (Last Name First Name Middle Name)	DR BAROT RAKESH KUMVERJI	DR TIWARI ROHIT PRATAP															
Designation	PROFESSOR AND HOD	ASSOCIATE PROFESSOR															
Subject/ Speciality	OPHTHALMOLOGY	OPHTHALMOLOGY															
Type of Appointment (Regular/Temp. / Honorary)	REGULAR	REGULAR															
Qualification	MBBS, MS OPTHALMOLOGY	MBBS, M.S. OPTHALMOLOGY															
University Approval at (UG)	MUHS APPROVED	MUHS APPROVED															
PG Teaching Experience (in Years) after PGM	30 YEARS	8 YEARS															
PG Teacher Recognition Yes/No	YES	NO															
(Recognition Letter Date issued by University)	07/07/2006																
No. of PG Students Guided last 5 year	10	10															
Date of Birth	22/01/1968	03/12/1986															
E-mail ID	rakeshbarot47@gmail.com	drrohitptiwari@gmail.com															
Mobile No.	9820545386	8975785188															
Andhar Card No	905248769876	557042559376															
If Debar red (Yes/No)	NO	NO															
Sign. of Teacher	R. K. Barot	Rohit Tiwari															

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: RADIO-DIAGNOSIS

1	1	Sr. No
CHILLALSHETTI UMA BASAPRABHU	2	Name of Teacher (Last NameFirst Name Middle Name)
HOD/PROFESSOR	3	Designation
RADIO-DIAGNOSIS	4	Subject/ Specialty
REGULAR	5	Type of Appointment (Regular/Temp. / Honorary
DNB-RADIO-DIAGNOSIS	6	Qualification
MUMBAI	7	University Approval at (UG)
28 YEARS 3 MONTHS	8	PG Teaching Experiencee (in Years) after PGM
YES	9	PG Teacher Recognitionion Yes/No
MUHS/E- 1/PG/1109/1874/2007 DATED 10/04/2007	10	(Recognition Letter Date issued by University)
.	11	No. of PG Students Guided last 5 year
10/10/1968	12	Dateof Birth
UMA.CHILLALSHETTI@ GMAIL.COM	13	E-mail ID
9820022909	14	MobileNo.
834953220121	15	AadharCard No
NO	16	If Debar red (Yes/No)
maichondra		Sign. of Teacher

Dr. K. B. Bhat
27/10/25
Dean
R. G. M. College &
C. S. M. Hospital

3	2	ST. No
VADODARIYA BHAKTI HARSHADKUMAR	KALMATH VEENA BASAVARAJ	Name of Teacher (Last Name First Name Middle Name)
ASSISTANT PROFESSOR	PROFESSOR (ADDITIONAL)	Designation
RADIO-DIAGNOSIS	RADIO-DIAGNOSIS	Subject/ Specialty
CONTRACTUAL	REGULAR	Type of Appointment (Regular/Temp. / Honorary)
MD IN RADIO- DIAGNOSIS	MD IN RADIO-DIAGNOSIS	Qualification
BHAVNAGAR	GULBARGA	University Approval at (UG)
9 MONTHS 23 DAYS	23 YEARS 1 MONTHS	PG Teaching Experience (in Years) after PGM
.	YES	PG Teacher Recognition Yes/No
.	MUHS/E-1/PG/1109/1874/2007 DATED 10/04/2007	(Recognition Letter Date issued by University)
.	.	No. of PG Students Guided last 5 year
01/01/1995	17/03/1972	Date of Birth
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 Debar red (Yes/No)
B.H. Vadodariya		Sign. of Teacher

R.G.M. College &
Hospital
Deen
K.K. Bhat
22/11/25

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 SUBJECT : MEDICINE

3	2	1	Sr. No.
DrDeepa Banjan S	Dr Prasita P Kshirsagar	Dr Yogesh B sharma	Name of Teacher (Last NameFirst NameMiddle Name)
Professor Additional	Associate Professor	Professor & HOD	Designation
MED	MED	MED	Subject/ Speciality
Permanent	Permanent	Permanent	Type of Appointment (Regular/ Temp. / Honorary)
MD MED	MDMED	MD MED	Qualification
yes	yes	yes	University Approval at (UG)
25yrs	33 yrs	33 yrs	PG Teaching Experiencee (in Years) after PGM
yes	yes	yes	PG Teacher Recognitionion Yes/No
MUHS/E-1/1109/27/3 119/2014	MUHS/E-1/PG1109/58 57/2006	MUHS/E-1/PG1109/58 57/2006	(Recognition Letter Date issued by University)
2	2	2	No. of PG Students Guided last 5 year
18/05/71	28/7/64	25/8/62	DOB
<u>deepa. banjan@gmail.com</u>	<u>prasitapk@yahoo.co.in</u>	<u>dryogeshsharmamd@yahoo.co.com</u>	E-mail ID
9833347738	9867936579	9820192129	MobileNo.
569448708835	758933331140	835964044710	AadharCard No
NO	NO	NO	WHETHER Debarred
<i>Deepa Banjan</i>	<i>Prasita P Kshirsagar</i>	<i>Yogesh B sharma</i>	sign

Signature of HOD

SIGNATURE OF DEAN

R.K. Ban
Dean
 R. C. ... &
 C. S. ... Hospital

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 ion 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 Debar red (Yes/No)	Sign. of Teacher
1	DR. SHAILAJA MILIND POTDAR	PROF. ADDL	PEDIATRICS	REGULAR	DCH & MD PEDIATRICS	YES	29Y 6M	YES	MUHS/E- I/PG/1109/5896/2006 DATE: 16/12/2006	2	08/06/68	shailaja_potdar@yahoo.com	98209 22849	9790 1589 6215	NO	<i>[Signature]</i>
2	DR. SUNIL VIJAY JUNAGADE	PROF. ADDL	PEDIATRICS	REGULAR	DCH & DNB- PEDIATRICS	YES	27Y	YES	MUHS/E- I/PG/1109/5896/2006 DATE: 16/12/2006	2	08/07/71	suniljunagade@gmail.com	98202 39737	7979 5143 3979	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: 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 Experiencee (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 Debar red (Yes/No)	Sign. of Teacher
1	DR. PRADNYA RUSHIKESH JOSHI	ASSOCIATE PROFESSOR	DERMATOLOGY	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-1/53/105107/3218/2022 Dt. 1/09/2022		16/11/1986 38 years	drpradnyarushikesh@gmail.com	810873577988	783872977988	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: Psychiatry

Sr. No.	1
Name of Teacher (Last Name First Name Middle Name)	2
Designation	3
Subject/ Speciality	4
Type of Appointment (Regular/Temp. / Honorary)	5
Qualification	6
University Approval at (UG)	7
PG Teaching Experiencee (in Years) after PGM	8
PG Teacher Recognition Yes/No	9
(Recognition Letter Date issued by University)	10
No. of PG Students Guided last 5 year	11
Date of Birth	12
E-mail ID	13
MöbileNo.	14
Aadhar Card No	15
If Debar red (Yes/No)	16
Sign. of Teacher	17