

Name of College/Institute RAJIV GANDHI MEDICAL COLLEGE

Name of the Department: ORTHOPEDICS

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1	Dr. Sanjay G Baranwal	Prof. & HOD	Professor	
2	Dr. Sanjay M Gaikwad	Associate Professor	Assoc. Prof	
3	Dr. Amey Adate	Assistant Prof	Assistant Prof	
4	Dr. Mayur Kamble	Assistant Prof	Assistant Prof	
5	Dr. Ritesh Jadhav	SR	SR	
6	Dr. Salil Ibrahim	SR	SR	
7	Dr. Arvind Rothod	SR	SR	
8	Dr. Prasad Skekale	SR	SR	

Total PG Intake Capacity= 4

Whether Teachers Students ratio is fulfilled

Yes

Summary -

Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	1	1	0
2	Associate Professor	2	1	0
3	Assistant Professor	3	2	0
4	Senior Resident	4	4	0
5	Junior Resident	12	5	0

Approved + Non Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	1	1	0
2	Associate Professor	2	1	0
3	Assistant Professor	3	2	0
4	Senior Resident	4	4	0
5	Junior Resident	12	5	0

Signature of HOD
Dr. SANJAY BARNWAL
 M.S. ORTHO
 PROF. & HOD.
 DEPT. OF ORTHO
 RGMC & CSM HOSPITAL
 KALWA, THANE.
 Reg. No. 075360



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

Intake capacity/ Seat Matrix

Name of College/Institute: RAJIV GANDHI MEDICAL COLLEGE

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
PG Degree	4	0	0	4	0	0	4	0

Any Other, Please Specify:



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15/12/25
Signature of Dean
Dean
R. G. M. College &
C. S. M. Hospital

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved)

UG Degree/ PG Degree/ Super Specialty) AS ON: 02 /12 /2025

Name of the Dept. : ORTHOPEDICS Subject: ORTHOPEDICS Whether UG... /UG+PG..... /UG+PG+SuperSpecialty

Name of the College : RAJIV GANDHI MEDICAL COLLEGE College Code : 1109 Intake Capacity: 100

Sr. No.	Subject	Name of Teacher	Designation	Mob. No.	Email ID	DOB	Category	Date of appointment at College	Teaching UG(Yrs.)				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 Work shop attended in last 5 years	Photo graph with Signature
									Asst. Prof.	Asst. Prof.	Prof.	To				From	To	Term p/Regular		
1	DR SANJAY ORTHO BARANWAL	PROF & HOD	9323700160	drsbarna wal@gmail.com	27/01/1965	OPEN	16/02/1996	9 years	3 years	16 years	29 years	29 MONTHS	REGULAR	YES				REGULAR	3	
2	DR SANJAY ORTHO GAIKWAD	ASSO. PROF	9167988349	orthodrsa njay@gmail.com	20/05/1976	OPEN	17/03/2011	13 year	1 year	-	14 Year	14 MONTHS	REGULAR	YES			NA	NA	3	
3	DR AMEY ADATE	ASST. PROF	7738338289	amey950@gmail.com	11/12/1994	OPEN	02/09/2025	3 months					CONTRACTUAL	YES					1	



Signature
08/10/26
Dean
R.G.M. College &
Nashik

ANNEXURE-IV-B

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

Name of the College :
 Phone/Mobile No. :
 Name of the Subject :

RAJIV GANDHI MEDICAL COLLEGE
 022-25347791
 ORTHOPAEDICS

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	Admission 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	ORTHOPE DICS	DR SANJAY BARANWAL HOD	PROF & HOD	16/02/1996	MBBS 10/1990	MS ORTHO 1994	29 YEARS	YES	MUHS- I/UG/1109/3238/ 2007	572632 122556 483E	ADZBP6	27/01/1965	drsbarna wal@gm ail.com	93237001 60	NO
2	RGMC	ORTHOPE DICS	DR SANJAY GAIKWAD	ASSO. PROF	17/03/2011	MBBS 1998	MS ORTHO 2009	14 YEARS	YES	MUHS/UG/E- I/0760/480/2012	308845 019054 849E	ATSPG1	20/05/1976	orthodrsa njay@gm ail.com	91679883 49	NO



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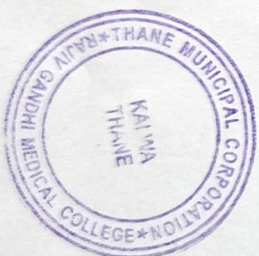
ANNEXURE-IV-C

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

Name of the College :
 Phone/Mobile No. :
 Name of the Subject :

RAJIV GANDHI MEDICAL COLLEGE
 022-25347791
 ORTHOPEDICS

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 SANJAY BARANWAL	PROF & HOD	ORTHOPEDI CS	REGULAR	MS ORTHO	YES	20 YEARS	YES	MUHSE-I/P/G/1109/067/07	6	27/01/19	drsbarnawal@gmail.com	9323700160	572632122556	NO	
2	DR SANJAY GAIKWAD	ASSO PROF	ORTHOPEDI CS	REGULAR	MS ORTHO	YES	1 YEAR	NA	NA	NA	20/05/19	orthodrsanjay@gmail.com	9167988349	308845019054	NO	



9/10/19
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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 Orthopaedics**1. Intake Capacity:**

Course	Subject	No. of Recognized Seats	No. of Permitted Seats	Total Intake Capacity
DNB	ORTHOPEDICS	0	4	4

2. Total Teachers & Residents available in the Department:

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	PG Teacher Recognition Status (Permanent/Temporary)	If temporary, Approval/Recognition granted till
1	DR SANJAY BARANWAL	PROF & HOD	YES	PERMANENT	-
2	DR SANJAY GAIKWAD	ASSO PROF	YES	PERMANENT	-

3. Summary of Teaching staff in the Department:

Sr. No.	Designation	Required (As per the PG Medical Regulations 2000)	Available	Deficiency
1	Professor	1	1	0
2	Associate Professor	2	1	0
3	Assistant Professor	3	2	0
4	Senior Resident	4	4	0
5	Junior Resident	12	5	0

4. Summary of Recognized PG Teacher in the department:

Sr. No.	Designation	No. of Recognized PG Teacher
1	Professor	1
2	Associate Professor	0
3	Assistant Professor	0

5. Number of Units with beds in each unit :

Unit Number	Beds Available
I	30
II	30
Total	60

6. Clinical workload of the Department:

Particulars	Average Daily for last month
OPD attendance	450
Total number of new admissions	6
Bed Occupancy	80%
Major Surgeries	4-5
Minor Surgeries	8-10



Signature of Dean

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15/12/25
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7. Publications in Index Journals in last year:

(Please do not repeat publication details for same publication with multiple authors from same institute)

Sr.No.	Title	Authors from the institute	Departments of authors	Journal details	Journal indexed with which indexing agency
1	BICOLUMNAR RECONSTRUCTION WITH MEDIAL TITANIUM ELASTIC NAILING SYSTEM IN DISTAL FEMUR FRACTURES	DR SANJAY BARANWAL	ORTHOPAEDICS	BIOMEDICAL AND BIOPHARMACEUTICAL RESEARCH	COPERNICUS
2	OUTCOMES OF MINIMALLY INVASIVE PLATE OSTEOSYNTHESIS FOR HUMERUS SHAFT FRACTURES	DR SANJAY GAIKWAD	ORTHOPAEDICS	BIOMEDICAL AND BIOPHARMACEUTICAL RESEARCH	COPERNICUS
3	RETROSPECTIVE STUDY OF PROXIMAL TIBIA FRACTURE IN DIABETIC ADULTS TREATED WITH SUPRA PATELLAR NAIL	DR SANJAY BARANWAL	ORTHOPAEDICS	BIOMEDICAL AND BIOPHARMACEUTICAL RESEARCH	COPERNICUS

8. Academic activities (outcome based):

Sr.No.	Activity	Frequency
1	Seminar	ONCE A WEEK
2	Journal Club	ONCE A WEEK
3	Tutorials	ONCE A WEEK
4	Case Presentation	ONCE A WEEK

9. Operation theatres:

No of OTs	CentralOxy / Nitrous OxideY/N	AnesthesiaMachine Y/N	MultiparaMonitorwithCapnographyY/N	DefibrillatorsY/N	InfusionPumpsY/N
3	YES	YES	YES	YES	YES

10. Specialty clinics run by the department of Orthopedics with number of patients in each:

Name of the Clinic	Weekday/s	Timings	Number of cases (Avg)	Name of Clinic In-charge
Fracture clinic	MONDAY	9AM - 1PM	50	DR SANJAY BARANWAL
CTE V clinic	TUESDAY	9AM - 1PM	20	DR SANJAY GAIKWAD
Spine Clinic	WEDNESDAY	9AM - 1PM	25	DR MAYUR KAMBLE
Hand Clinic	THURSDAY	9AM - 1PM	20	DR AMEY ADATTE
Arthroplasty Clinic	FRIDAY	9AM - 1PM	35	DR SANJAY GAIKWAD
Arthroscopy Clinic	SATURDAY	9AM - 1PM	30	DR SANJAY BARANWAL
Any other clinic	-			

11. Services provided by the department of Orthopedics:

Service / facility	Yes / No - Remarks if any
a) Joint replacement (Hip, Knee)	YES
b) Trauma services	YES
c) Arthroplasty	YES
d) Arthroscopy	YES
e) Spine surgery	YES
f) Physiotherapy Section.	YES
g) Investigations - NCV, EMG etc.	NO
h) Plaster room / Plaster cutting room	YES
i) Any other	-

12. Equipment: List of important equipment* available and their functional status.
(Please fill out the details of the list here below. NO annexure to be attached)

Equipment	Numbers / functional status / comments
1) Arthroscope	2- FUNCTIONAL
2) Image Intensifier	2- FUNCTIONAL
3) Hip Arthroplasty set	1- FUNCTIONAL
4) Knee Arthroplasty set	1- FUNCTIONAL
5) Fracture Fixation set	3 - FUNCTIONAL
6) Spine surgery set	1- FUNCTIONAL
7) DHS set	3- FUNCTIONAL
8) Inter locking nail set	2- FUNCTIONAL
9) Any other equipment	-

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15/12/25
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