

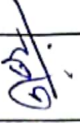
ANNEXURE VII - C

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

NAME OF COLLEGE - RAJY GANDHI MEDICAL COLLEGE, KALWA, THANE

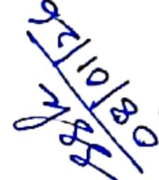
PHONE NUMBER - 022-25372774

NAME OF SUBJECT - ANATOMY

Sr. No.	COLLEGE NAME	SUBJECT	FULL NAME OF TEACHER	DESIGNATION	DATE OF JOINING	UG QUALIFICATION & YEAR OF PASSING	PG QUALIFICATION & YEAR OF PASSING	TEACHING EXPERIENCE AFTER PASSING PG	MUHS APPROVAL YES / NO	IF YES MUHS APPROVAL LETTER & DATE	AADHAR No.	PAN No.	DATE OF BIRTH	LATEST E-mail	CONTACT No.	DEBARRED YES/NO	SIGNATURE
1	R.G.M.C.	ANATOMY	Dr. Suchikumar G. Kamkhedkar	Prof & Head	01 APR 2011	MBBS 1996	MS (2001)	25Y 7M	YES	MUHSUGIE/105760/480/2012 dated 03 Feb 2012	996535 824389	AAHUPK 1718N	03 NOV 1972	sgkamkhedkar@yahoo.com	98207 71973	NO	
2	R.G.M.C.	ANATOMY	Dr. Shilpa K. Kolhe (nee Gulve)	Asso. Prof	31 JUL 2000	MBBS 1996	MS (2000)	25Y 4M	YES	MUHSUGIE/105744/403835/2012 July 2012	5030 0683 3656	AHEPK29 49K	03 MAY 1973	shilpakolhe2000@gmail.com	98216 06231	NO	
3	R.G.M.C.	ANATOMY	Dr. Rupali A. Gajare (Nee Pawar)	Asso. Prof	15 APR 2011	MBBS 2000	MD (2007)	16Y 7M	YES	MUHSUGIE/105760/480/2012 Date 03 Feb 2012	787412 414250	AMRPG7 98TR	03 APR 1978	dr_rupali@yahoo.co.in	98203 37612	NO	
4	R.G.M.C.	ANATOMY	Dr. Jyoti P. Narkhede	Lect. / Asst. Prof	14 FEB 2014	MBBS (1997)	MS (2006)	18Y 8M	YES	MUHSUGIE/1109/1689/2014 Dated 11 Apr. 2014	584721 546977	AFGPN52 78Q	02 DEC 1974	drjyoti@gmail.com	98684 05575	NO	


 DR. S.G. KAMKHEDKAR
 PROFESSOR & H.O.D.
 DEPT. OF ANATOMY
 R.G.M.C. Kalwa, Thane




 18/10/2016
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 R.G.M. College &
 C.G.M. 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: PHYSIOLOGY

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 e (in Years) after PGM	8
PG Teacher Recognition ion 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



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

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 08/01/26

ANNEXURE-VII-C

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 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 year	Date of Birth	E-mail ID	Mobil No.	Aadhaar 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. Kori Shivkumar R	Professor and HOD	Pathology	Regular	MD Pathology	Yes	19Y, 1M	Yes	16 DEC 2006	5	04 MAR 1965	drsk65@gmail.com	975722316051	929910016051	No	Dr. Kori
2	Dr. Bholay Sandhya U	Professor (Additional)	Pathology	Regular	MD Pathology	Yes	19Y, 1M	Yes	16 DEC 2006	6	21 DEC 1964	sandhya.bholay@gmail.com	9702046448	427818829253	No	Dr. Bholay
3	Dr. Sane Kavita C	Professor (Additional)	Pathology	Regular	MD Pathology	Yes	19Y, 1M	Yes	7 FEB 2019	6	20 SEP 1967	kesane2@yahoo.co.in	9869230291	437105500678	No	Dr. Sane
4	Dr. Bari Vaibhav B	Professor (Additional)	Pathology	Regular	MD Pathology	Yes	14Y, 4M	Yes	7 FEB 2019	6	19 JUL 1983	vbbari@gmail.com	9730483676	945912483219	No	Dr. Bari



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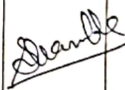
ANNEXURE-VII-C

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
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.	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 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	Mob No.	Aadhar Card No	If Debarred (Yes/No)	Sign..of Teacher
1	Dr. Milind R. Ubale	Professor & HOD	Microbiology	Regular	MBBS, MD Microbiology	MUHS/UG/ E-1/53/1109/3746/2017	18 years 9 months	YES	MUHS/PG/ E-1 / 1109 / 679/ 19 Dated : 7/2/2019	6	19.09.1976	ubales2001@gmail.com	9869392959	92111803990	No	
2	Dr. Sujata Kamble	Associate Professor	Microbiology	Contractual	MBBS, MD Microbiology	-	07 Years 6 months	YES	MUHS/PG/ E-1/101107/519/2024 DATED : 10/09/2024	2	20.07.1982	dreems.skm20@gmail.com	9604592659	495011330533	No	



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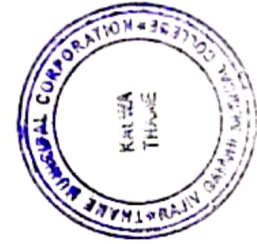
Associate Professor 5506
unatchur@gmail.com 23/10/2023

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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		3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Rajiv Gandhi Medical College	Pharmacology	Dr. Tushar Ramesh Bagle	Associate Professor & Head	04-09-2014	MBBS	MD	14 Years	Yes	MUHS/PG/E-1/101107/3364/2023 dated 19/12/2023	334830638455	ALQPB6775L	20-04-1983 (42 Y)	tusharbagle21@gmail.com	9869052680	No
2			Dr. Rohankumar Chandrakant Hire	Associate Professor	21-01-2015	MBBS	MD	10 Years	Yes	MUHS/PG/E-1/101107/1586/2023 dated 19-06-2023	813250079264	ADFFH0386Q	11-02-1985 (40 Y)	rohankhire123@gmail.com	9970036883	No



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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. :

Name of the Subject : Community Medicine

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 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. Ravindra. B. Gurav	Professor Additional	Community Medicine	Regular	M.D (PSM) 1994	MUHS/E1/109/5545/2003 dated 17th July 2003	19 years 1 months	Yes	MUHS/E1/PG/1109/5896/2006 dated 16th Dec 2006	12	02/01/1965	drbgu rav65@gmail.com	9869612640	461505455635	No	
2	Dr. Aniruddha. A. Malgaonkar	Associate Professor		Regular	M.D (PSM) 2002	MUHS/UG/E1/05760/480/2012 dated 03rd Feb 2012	9 years	Yes	MUHS/PG/E1/1109/27/2324/17 dated 23rd Oct 2017	6	10/04/1976	andydr@rediffmail.com	9769007570	973864037798	No	
3	Dr. Pradnya S. Jadhav	Assistant Professor		Regular	M.D (PSM) (2015)	MUHS/UG/E1/53/1109/2850/2017 dated 05th Dec 2017	3 years 1 month	Yes	MUHS/PG/E1/101107/254/2023 dated 20/01/2023	3	12/04/1983	drpradnyajadhav12@gmail.com	8422994024	228458510118	No	
4	Dr. Ranjana Zade	Assistant Professor		Regular	M.D (PSM) (2012)	MUHS/UG/E1/53/1109/3850/2017 dated 05th Dec 2017	3 years 3 months	Yes	MUHS/PG/E1/101107/250/2023 dated 10/05/2023	3	07/01/1983	zadernjana@yahoo.co.com	8425982266	646565761720	No	



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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 022-25372776 ext 1437

Name of the Subject : GENERAL SURGERY

Sr. No	Name of Teacher(Last Name, First Name, Middle Name)	Designation	Subject/Specialty	Type of Appointment (Regular/Temp./Honorary)	Qualification	University Approval (UG)	PG		(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
							Teaching Experience (in Years) after PG	Teacher Recognition Yes/No								
1	Dr. Arun Yadav	Professor	General Surgery	Regular	MIBBS, MS	Yes	29 yrs 2 mths	Yes	MUHS/E-1/PG/1109/1874/2008		7/31/1967	arun.yadav21@gmail.com	9930153906	703855137853	No	
2	Dr. Pawar Deepak Gopalrao	Associate Professor	General Surgery	Regular	MIBBS, MS	Yes	26 yrs	Yes	MUHS/E-1/PG/1109/1874/2008		7/22/1970	pawar.d1970@gmail.com	9820386345	590269062579	No	
3	Dr. Pawar Prashant Dinakar	Associate Professor	General Surgery	Regular	MIBBS, MS	Yes	10 yrs	Yes	MUHS/UG/E-1/53/1109/730/2015--DATED: 20/02/2015		6/26/1975	dr.pdpawar1@gmail.com	9820401821	520182016165	No	
4	Dr. Dabade Sandeep Shivaji	Associate Professor	General Surgery	Regular	MIBBS, 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	

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

Name of College: RGMC and CSMH

Phone/Mobile No. :

Name of the Subject : Obstetrics and Gynecology

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 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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr Jayanarayan Bishnumohan Senapati	Prof & HOD	OBGY	regular	MS DNB	YES	29 YRS	YES	MUHS/PG/E1/11095696/2006 dt. 16.12.2006		09/05/1964	jay.senapati@gmail.com	9869575750	973229003869	no	
2	Dr Sunita Milind Ubale	Professor (Additional)	OBGY	regular	MS FCPS DFP	YES	16 YRS	YES	MUHS/PG/E1/1109/679/19 DT:07/02/2019		16/09/1977	subalesh022@gmail.com	99222092637	824172408221	no	
3	Dr Mamta Neelesh Anand	Associate Professor	OBGY	Regular	MS OBGY	YES	11 YR 5 M	NO			30/07/1984	drmamtaneeleshanand@yahoo.co.in	9322577680	947636998171	no	
4	Dr Misbah Ishaque Mulla	Associate Professor	OBGY	contractual	MBBS DGO DNB	yes	8y 5m	NO			23/06/1985	misbah23@gmail.com	9920134423	391357853995	no	



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

Name of the College :RAJIV GANDHI MEDICAL COLLEGE

Phone/Mobile No. :022-25347791

Name of the Subject:ORTHOPAEDICS

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp./ Honorary)	Qualification	University Appoint 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.	Aadhaar Card No	If Debarred (Yes/No)	Signature
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	DR SANJAY BARANWAL	PROF & HOD	ORTHOPEDIC CS	REGULAR	MS ORTHO	YES	20 YEARS	YES	MUHSIE-1/PG/1109/067/07	6	27/01/1965	drsbarnawal@gmail.com	9323700160	572632122556	NO	
2	DR SANJAY GAIKWAD	ASSO PROF	ORTHOPEDIC CS	REGULAR	MS ORTHO	YES	1 YEAR	NA	NA	NA	20/05/1976	orthodrsanjay@gmail.com	9167988349	308845019054	NO	
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C. S. M. Hospital

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. 022-25304139
 Name of the Subject :
 ENT

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Specialty	Type of Appointment (Regular / Temp. / Honorar y	Qualification	University Approx at (Uc)	PG Teaching Experien ce (In Years) after PGM	PG Teacher Recopni tion Yes/No	(Recognition Letter Date Issued by University)	No. of PG Student s Guided last 5 year	Dat e of Birth	E- mail ID	Mo b il e No	Aadha r Card No	If Debar red (Yes/ No)	Sign. of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	DR AMOL KHALE	PROFESSOR (Additional)	ENT	REGULAR MS	MUHS/ E- 1/1109/ 5545/2 003 DATE- 17/07/20 03	27 YEARS	-	-	-	02/11/ 1968	khalemels 982 289604NO ter@gmail 0136297912 .com	054				<i>D. K. K.</i>
2	DR SHWETA BAWISKAR	ASSOCIATE PROFESSOR	ENT	REGULAR MS	MUHS/ UG/E- 1/0576 0/480/ 2012 DATE- 03/12/201 2	14 YEARS	-	-	-	09/01/ 1982	drshwet akatna 989 754589NO 2253078554 .com	728				<i>Dr. Shweta</i>
3																
4																



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

ANNEXURE-VII-C

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

Name of the College:
RAJIV GANDHI
MEDICAL COLLEGE,
KALWA

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

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp. / Honorary)	Qualification	University Approved 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 (FCPS, DNB COURSE)	Date of Birth	E-mail ID	Mobile No.	Aadhaar Card No	If Debarred (Yes/No)	Signature of Teacher
1	DR BAROT RAKESH KUVARI	PROFESSOR AND HOD	OPHTHALMOLOGY	REGULAR	MS. DNB OPTHALMOLOGY		30 YEARS 11 MONTH	YES	MUHS/E1/P G/1109/589 6/2006 Dated 16/12/2006	08	22/01/1968	Rakesh barot47386@gmail.com	982054569876	905248769876	NO	
2	DR TIWARI ROHIT PRATAP	ASSOCIATE PROFESSOR	OPHTHALMOLOGY	REGULAR	MS OPTHALMOLOGY		11 YEARS	NO	Applied	NA	03/12/1986	Drohitptiwari188@gmail.com	8975785188	557042559376	NO	



Dr. R. Barot

Dr. RAKESH BAROT
PROF. & H.O.D. OF OPHTHALMOLOGY
R.G.M.C. & C.S.M. HOSPITAL, KALWA,

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

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

Name of the Subject: Anesthesiology


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ANNEXURE-VII-C

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

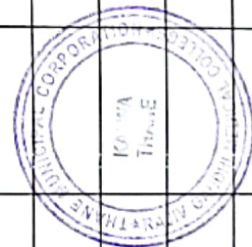
Name of the College:
 Phone/Mobile No. :
 Name of the Subject:

Sr. No.	Name of Teacher (Last Name, First Name, Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp. / Honorary)	Qualification	University Appointment (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 Debared (Yes/ No)	Signature of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr. Yogesh Sharma	Prof & HOD	MED	permanent	MBBS, MD	YES	17 yrs	YES	MUHS/PG/E1/1109/27/3119 /14-24/11/2014		25/8/1962	dryogeshsharma@gmail.com	9820192192	835964044710		
2	Dr. Deepa Banjan	Adnl Professor	MED	permanent	MBBS, MD	YES	17 yrs	YES	Muhs/E1/PG/1109/1874/2007-10-4-2007		18/05/1971	deepa banjan@gmail.com	9833347738	569448708835		
3	Dr. Suman Rathod	Adnl Professor	MED	permanent	MBBS, MD	YES	11	YES	-		01/01/1975	Sumanrathod@gmail.com	9768727282	991700877757		
4	Dr. Alaka Hegde	Associate Prof	MED	CONTRACTUAL	MBBS, MD	YES	7y 7m	YES	-		04/03/1985	raoalaka@gmail.com	9819340135			
5	Dr. Mahesh More	Assistant Prof	MED	permanent	MBBS, DNB	YES	8 yrs	YES	-		06/04/1982	Mareshmore007@...	9960384166	641273309426		

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

Name of the College :
RAJIV GANDHI
MEDICAL COLLEGE
 Phone/Mobile No. :
 02225347784
 Name of the Subject :
PAEDIATRICS

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		3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	DR. SHAILAJA MILIND POTDAR	PROF. ADDITIONAL	PEDIATRICS	REGULAR	DCH & MD PEDIATRICS	YES	19Y	YES	MUHS/E-1/PG/1109/5896/2006 DATE: 16/12/2006	2	08/06/68	shailaja_potdar@yahoo.co.com	9820922849	979015896215	NO	
2	DR. SJNIL VIJAY JUNAGADE	PROF. ADDITIONAL	PEDIATRICS	REGULAR	DCH & DNB- PEDIATRICS	YES	19Y	YES	MUHS/E-1/PG/1109/5896/2006 DATE: 16/12/2006	2	08/07/71	suniljunagade@gmail.com	9820239737	797951433979	NO	
3																
4																
5																
6																
7																
8																



Handwritten signature and date:
 16/12/2006
 Dr. S. S. M. Hospital

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

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

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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr Pradnya Joshi	HOD & Associate professor	Dermatology	Regular	MD	Yes	11 years 10m	No	-	-	16/11/1996	pradnya.joshi@gmail.com	8108735566	783872977988	No	
2	Dr Tejas Vishwanath	Assistant professor	Dermatology	Temporary	MD	No	4 years 3 months	No	-	-	30/11/1996	tejas.vishwanath@gmail.com	9987031382	675107324372	No	
3	Dr Isha Kane	Assistant professor	Dermatology	Temporary	MD, DNB	No	2 years 4 months	No	-	-	8/10/1991	ishakane99204027004238@gmail.com	9920402705	700423878115	No	
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5																
6																



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G. S. M. Hospital

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

Name of the college: Rajiv Gandhi Medical College, Kalwa

Mob/ Phone no: 02225372778 ext 416

Name of the subject: Psychiatry

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 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 of Teacher
1	Dr. Vivek Chincholkar	Associate Professor	Psychiatry	Regular	MBBS, MD, DPM, DNB Psychiatry	MUHS/E-1/1109/554/5/2003	27 years 10 months	YES	MUHS/E-1/PG/1109/5896/2006 Dated : 16/12/2006	0	27/10/1970	viveksvc@gmail.com	982040 2139 3604 0181	No	No	17



Signature
 27/10/20
 Dean
 R. G. M. College &
 C. S. M. Hospital

ANNEXURE-VII-C

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

Name of the College : Rajiv Gandhi Medical College ,Kalwa Phone/Mobile No. : +91-22-25347784

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.	Aadhaar 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	Chillashetti Uma Basaprabhu	HOD/Professor	Radio-Diagnosis	Regular	DMRD DNB	-	29 Years 05 Months	Yes	MUHS/E-1/PG/1109/1874/2007 DATE :10/04/2007	05	10/10/1968	Umachillashetti@gmail.com	982002 2909	834953 220121	No	
2	Kalmath Veena Basavaraj	Associate Professor/Associate Professor	Radio-Diagnosis	Regular	MD	-	24 YEARS	Yes	MUHS/E-1/PG/1109/1874/2007 DATED 10/04/2007	05	17/03/1972	Veena.kalmath@yahoo.co.in	982034 4232	852704 506655	No	

88/10/20
Dean
R.G.M. College &
C.S.M. Hospital

