

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECT WISE ELIGIBLE EXAMINER LIST (UG COURSES)

Name of the College : E.B.GADKARI HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, GADHINGLAJ
 Phone/ Mobile No: 9421286868

College Code: 4209

Name of the Subject : Anatomy

Sr. No.	College Name	Subject	Full name of the Teacher (First Name Middle Name Last Name)	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 year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No
1	EBGHMC, GADHINGLAJ	Anatomy	DR. ROSARIO PASCOAL DSOUZA	Professor	22-Nov-91	BHMS, Octo 1989	M.D (Hom.), July 2007	17 Years 06 Months	YES	MUHS/E-4/4212/2903/2004, Dated-25/06/2004.	7110 3988 8002	ADZPD 9252D	4-Jan-67	rosario.dsouza14@gmail.com	98505 21779, 7588620544	No
2	EBGHMC, GADHINGLAJ	Anatomy	DR. PRASHANT VITTHAL PUJARI	Assistant Prof. / Lecturer	1-Jan-08	BHMS, April 1999			YES	MUHS/E-4/(UG)/4209/2040/2009, 21/07/2009	8212 7982 0843	APFPP 0350Q	6-Sep-75	drpujari.prashant@gmail.com	9421287711	No

College Seal



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 E.B. Gadkari Homoeopathic
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 Gadhinglaj, Dist. Kolhapur

(Signature)
 Dean/Principal

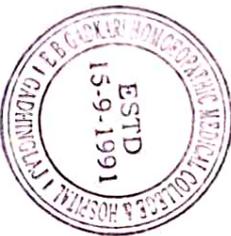
**SUBJECT WISE ELIGIBLE EXAMINER LIST (UG COURSES)
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**

Name of the College : E.B.GADKARI HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, GADHINGLAJ
Phone/ Mobile No: 9421286868
Name of the Subject : Physiology

College Code 4203

Sr. No.	College Name	Subject	Full name of the Teacher (First Name Middle Name Last Name)	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 year)	Least Email Address	Contact Nos. (Mob)	Debarred Yes/No
1	EBG-HMC GADHINGLAJ	Physiology	DR NANDKUMAR MAHADEO PATIL	Professor	1-Jun-95	BHMS, April 1993	M.D.(Hom) Nov 2011	13 years 03 months	YES	MUHS-E- 4/4212/1010/ 2007, Dated- 07/03/2007.	6104 6311 5932	AHAAP 4656N	10-Feb-71	drnand u1011 @gmail .com	94212 85051, 94217 13814,	No
2	EBG-HMC GADHINGLAJ	Physiology	DR. WILSON ANTON GODDAD	Assistant Prof / Lecturer	1-Jul-06	BHMS, April 1995	-	-	YES	MUHS/E- 4/UG/4209/2 040/2009, 21/07/2009	2339 7754 3619	AHYPG 8884P	1-Dec-73	wilson godad @gmail .com	9423556892 880060000C	No

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SUBJECT WISE ELIGIBLE EXAMINER LIST (UG COURSES)
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

College Code: 4209

Name of the College : E.B.GADKARI HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, GADHINGLAJ
 Phone/Mobile No: 9421286868

Name of the Subject : Pharmacy

Sr. No.	College Name	Subject	Full name of the Teacher (First Name Middle Name Last Name)	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	Aadhar No.	Pan No.	Date of Birth (Age in Year)	Latest Email Address	Contact No. (Mob)	Debarred Yes/No
1	EGG-MC, GADHINGLAJ	Pharmacy	DR MRS BENITA MANUEL DIAS	Professor	1-Jul-98	BHMS, April 1997	-	-	YES	MUHS/E-4(UG)/4209/2 04/0/2009, Dated:- 21/07/2009	6636 9547 0004	AISFD 4618D	29-Jun-75	drbenitaandias@gmail.com	94232 79302, 92268 92396,	No
1	EGG-MC, GADHINGLAJ	Pharmacy	DR RAVIRAJ VITTHAL SONAR	Assistant Prof. / Lecturer	1-Jun-15	BHMS, June 2009	M.D (Hom) Nov 2014	10 Years 03 Months	NO	NA	4167 9634 1891	DOTPS 6184K	3-Feb-86	raviraj.sonar8@gmail.com	99607 69557	No

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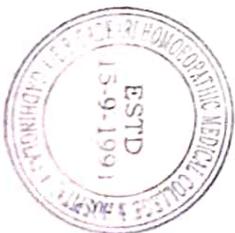
**SUBJECT WISE ELIGIBLE EXAMINER LIST (UG COURSES)
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**

College Code: 4206

Name of the College: E. B. GADKARI HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, GADHINGLAJ
Phone No. 9427128888

Sl. No.	College Name	Subject	Full name of the Teacher (First Name, Middle Name Last Name)	Designation	Date of Joining	UG Qualification & Year of Passing	PG Qualification & Year of Passing	Teaching Experience After PG Passing	MUNS Approval (Yes/No)	If Yes MUNS Approval Letter & Date	Adhar No.	Pin No.	Date of Birth (Age in Year)	Latest Email Address	Contact No. (Mob)	Obtained Yes/No
1	EBG-MC GADHINGLAJ	Masteria Medica	DR. DEVENDRA BHARAMAPPA DEVANNANAVAR	Associate Prof / Reader	1-Aug-93	CCEH, Nov 1985			YES	MUNS/E- 11-11-2005 dated 11-10-2005	9032 5602 2254	AJHPD 0201A	1-11-69	drdhd@vsnl.com	94238 01131	No
2	EBG-MC GADHINGLAJ	Masteria Medica	DR. LAXMAN HANAMANT HALHATTI	Assistant Prof / Lecturer	2-Apr-94	BHMS, April 1999			YES	MUNS/E- 4(U/G)/4209/2 040/1009, 21/07/2009	5057 4793 6860	AJ22H 6855G	16-04-75	drdhd@vsnl.com	9822718800	No
3	EBG-MC GADHINGLAJ	Masteria Medica	DR. LAXMAN SHANKARRAO MANE	Assistant Prof / Lecturer	1-06-11	BHMS, April 2000			YES	MUNS/E- 4(U/G)/4209/2 911/2012, 17/07/2012	4223 0402 2584	AJCPM 1273C	26-NOV-75	drdhd@vsnl.com	9822718800	No

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Dean/Principal

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SUBJECT WISE ELIGIBLE EXAMINER LIST (UG COURSES)
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Appendix IX B

Name of the College : E.B.GADKARI HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, GADHINGLAJ
 Phone/ Mobile No: 9421286868

College Code: 4209

Sr. No.	College Name	Subject	Full name of the Teacher/First Name Middle Name Last (Name)	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 Year)	Latest Email Address	Contact Nos. (if/ob)	Debarred Yes/No
1	EBGHMC, GADHINGLAJ	Organon	DR. RAJENDRA SHIVAJIRAO SIRDESAI	Professor	17-Dec-91	GCEH, April 1986	-	-	YES	MUHS/E-4/4212/2903/2004, Dated-25/06/2004.	4948 8010 8615	ALZPS 0620C	17-Nov-61	drtrssird csai@gmail.co m	9226855055,	No
2	EBGHMC, GADHINGLAJ	Organon	DR. KASHINATH KRISNAPPA SANKESHIVARI	Assistant Prof. / Lecturer	1-Jun-04	BHMS, April 1999	-	-	YES	MUHS/E-4(UG)/4209/2040/2009, 21/07/2009	2704 9484 6363	BBOPS 7231P	22-May-75	drkks2 2575@gmail.c om	94200 11163,	No

College Seal



(Signature)
 Dean/Principal

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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

College Code: 4209

Name of the College : E.B.GADKARI HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, GADHINGLAJ
 Phone/ Mobile No: 9421286868

Sr. No.	College Name	Subject	Full name of the Teacher (First Name Middle Name Last Name)	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 year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No
1	EEGHC, GADHINGLAJ	Pathology & Microbiology	DR. MANOJ MAHAVEER PATIL	Professor	1-Jul-96	BHMS, April 1995	-	-	YES	MUHS/E-4/4212/1010/2007, Dated: 07/03/2007.	5453 9018 9866	AKFPP 1660E	11-Jun-72	drmano j5454@gmail.com	94212 86868, 92258 68660,	No
2	EEGHC, GADHINGLAJ	Pathology & Microbiology	DR. MRS. RAGESHREE SANJAY RAYBAGE	Associate Prof. / Reader	1-Jun-98	BHMS, Octo 1989	-	-	YES	MUHS/E-4(UG)/4209/2009, 21/07/2009	9016 6501 1747	ADIPR 3119E	24-Sep-58	rageshr ee24@gmail.com	9850111564, 9890103070	No
3	EEGHC, GADHINGLAJ	Pathology & Microbiology	DR. CHANDRAKANT SHANKAR PATIL	Assistant Prof. / Lecturer	1-Jul-03	BHMS, April 2002	-	-	YES	MUHS/E-4(UG)/4209/2009, 21/07/2009	4173 0771 3970	AODP 5117Q	27-May-80	patil_sas @vat00.c cr	9270012353, 9028719898	No

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**SUBJECT WISE ELIGIBLE EXAMINER LIST (UG COURSES)
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**

Appendix IX B

Name of the College : E.B.GADKARI HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, GADHINGLAJ

Phone/ Mobile No. 9421286868

Name of the Subject : Forensic Medicine & Toxicology

College Code- 4209

Sr. No.	College Name	Subject	Full name of the Teacher (First Name Middle Name Last Name)	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 year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No
1	EBGHMC, GADHINGLAJ	Forensic Medicine & Toxicology	DR. NAIK RATAN MAHADEV	Associate Prof. /Reader	1-Apr-03	BHMS, Octo 2001	-	-	YES	MUHS/E-4/(UG)/14212 /479/2022, 04/08/2022	2836 2616 5955	AENPN 4856Q	4-Feb-76	mratanl840@rediffmail.com	9850912339 9028700000	No
1	EBGHMC, GADHINGLAJ	Forensic Medicine & Toxicology	DR. VANITA GANPAT KADAM	Assistant Prof. / Lecturer	4-Feb-17	BHMS, June 2009	M.D (Hom.) Octo 2015	09 Years 03 Months	NC	NA	9790 7379 1560	CHEPKS2 33L	2-May-85	vgkada m6@gmail.com	99697 70720	No

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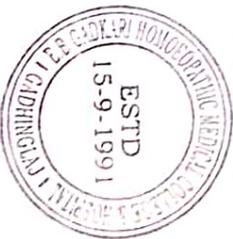
**SUBJECT WISE ELIGIBLE EXAMINER LIST (UG COURSES)
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**

College Code: 4205

Name of the College : E B GADKARI HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, GADHINGLAJ
Phone/ Mobile No: 9421288888

Sr. No.	College Name	Subject	Full name of the Teacher (First Name Middle Name Last Name)	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.	Pin No	Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No
1	EBOHMC GADHINGLAJ	Surgery	DR. KALENDAR VELAS BHARU	Associate Prof. / Reader	1-Dec-21	BHMS April 1995	M.D.(Hom) Nov 2008	03 Year 01 months	NO	NA	5170 6210 7928	ALAPN 1935A	20-Apr-71	dr/bkal@gmail.com	9886520711	No
1	EBOHMC GADHINGLAJ	Surgery	DR. VISHAL SURYAN I DESAI	Assistant Prof. / Lecturer	14-Nov-24	BHMS Octo 2001	M.D.(Hom) May 2012	02 Month	NO	NA	6765 0164 0597	AQFPD 4492C	24-Feb-85			No

College Seal



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Dean/Principal

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SUBJECT WISE ELIGIBLE EXAMINER LIST (UG COURSES)
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Name of the College : E.B.GADKARI HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, GADHINGLAJ
 Phone/ Mobile No: 9421286868
 Name of the Subject : Obstetrics & Gynaecology

Appendix IX B
 College Code: 4209

Sr. No.	College Name	Subject	Full name of the Teacher (First Name Middle Name Last Name)	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 year)	Latest Email Address	Contact No. (Mob)	Desired Yes/No
1	EBG&HC, GADHINGLAJ	Obstetrics & Gynaecology	DR.(MRS.) ANUPREKSHA MANOJ PATIL	Professor	1-Jun-97	BHMS, April 1995	M.D (Hom.) Nov 2008	16 Years 02 Months	YES	MUHS/E-4(UG)/4209/2040/2009, Dated:- 21/07/2009	9836 9069 6726	AKFPP 1659R	28-Jun-72	dtranupr eKshapatil@gmail.com	90287 75666, 92282 19495,	No
2	EBG&HC, GADHINGLAJ	Obstetrics & Gynaecology	DR (MRS.) ANITA NANDKUMAR PATIL	Assistant Prof. / Lecturer	1-Jun-02	BHMS, Nov 2000			YES	MUHS/E-4(UG)/4209/2040/2009, Dated:- 21/07/2009.	7928 7314 9235	AODPP 5119A	21-Sep-77	anitana ndy.patil@gmail.com	9420355355	No

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**SUBJECT WISE ELIGIBLE EXAMINER LIST (UG COURSES)
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**

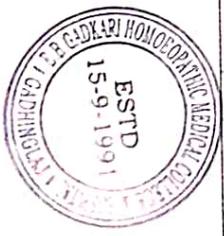
College Code 4209

Appendix IX B

Name of the College: E B GADKARI HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, GADHINGLAJ
Phone/ Mobile No: 9421256888

Sr. No.	College Name	Subject	Full name of the Teacher (First Name Middle Name Last Name.)	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	Athar No.	Pin No.	Date of Birth (Age in year)	Latest Email Address	Contact No. (Mob)	Debarred (Yes/No)
1	ESG-WC GADKARI M	Practice of Medicine	DR. ANVAR BABU GANJELI	Professor	1-1-98	BHMS, Octo 1993			YES	MUHS E- 4(UG)/4209/2 178/2009, Dated - 03/08/2009	2853 9433 7709	AEFG 2070M	25-Mar-75	ribabdel mnc@g mail.co in	94211 22002.	No
2	ESG-WC GADKARI M	Practice of Medicine	DR. SANDESH ANANDRAO KACHARE	Associate Prof. Reader	1-1-98	B.H.M.S Octo 1993	M.D(Hom) Nov 2011	13 Year 02 Months	YES	MUHS/E- 4(UG)/4209/2 040/2009, 21/07/2009	5576 5937 5850	ABWPK 8203G	3-Jul-53	sardesh 0869@ gmail.c om	82373 7177	No
3	ESG-WC GADKARI M	Practice of Medicine	DR (MRS.) VAISHALI CHANDRANAN T PATIL	Assistant Prof / Lecturer	1-4-8-97	BHMS, April 2002			YES	MUHS/E- 4(UG)/4209/2 040/2009, 21/07/2009	4925 2459 1422	BEVPP 4251E	11-Nov-73	patilhar shas-2 55 (@gmi nil.com)	88300 38102	No

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**SUBJECT WISE ELIGIBLE EXAMINER LIST (UG COURSES)
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**

Appendix IX B

Name of the College : E.B.GADKARI HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, GADHINGLAJ

College Code: 4209

Name of the Subject : Community Medicine

Sl. No.	College Name	Subject	Full name of the Teacher (First Name Middle Name Last Name)	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 year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No
1	EBG-HMC GADHINGLAJ	Community Medicine	DR. BARNAD FRANCIS GODDAD	Associate Prof. / Reader	7-May-22	BHMS, Nov 1984	M.D (Hom) Nov 2011	2 Year 08 months	No	NA	3381 2869 6009	AEEFG7 063Q	1-Apr-63	barnad goddad @yahoo	7387358435	No
2	EBG-HMC GADHINGLAJ	Community Medicine	DR. RASAL KETAN KRISHANA	Assistant Prof. / Lecturer	7-May-22	BHMS Nov 2015	M.D (Hom) May 2021	2 Year 08 months	NO	NA	8113 6235 8634	CMEPRS 581F	5-Mar-95	thehom oecoplus @gmail .com	979897797	No

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Name of the College : E.B.GADKARI HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, GADHINGLAJ

Phone/ Mobile No: 9421286868

College Code: 4209

Appendix IX B

Name of the Subject : Repertory

Sr. No.	College Name	Subject	Full name of the Teacher (First Name Middle Name Last Name.)	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 Year)	Latest Email Address	Contact Nos (Mob)	Debarred Yes/No
1	EBGHMC, GADHINGLAJ	Repertory	DR. JOTIBA RAGHUNATH FAGARE	Assistant Prof. / Lecturer	25-feb-21	BHMS, Nov 2009	M.D (Hom.) Octo 2015	3 years 11 Months	NO	NA	7026 0834 9383	ABUPP4 688A	15-Oct-87	dr.jotiba.gare@5mail.co.in	9045159262	No
2	EBGHMC, GADHINGLAJ	Repertory	DR. KAPIL SHANKAR PATIL	Assistant Prof. / Lecturer	1-Apr-23	BHMS, JUNE 2011	M.D.(HOM) Sept 2018	01 Years 9 Months	NO	NA	5358 8566 6134	BACPP2 835H	19-May-88	kapilsda.tilak@5mail.co.in	9743975134	No

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