

EXAMINATION RELATED INFORMATION FOR A.Y.2023-24**For Online Transmission of Question Paper.**

Sr. No.	Infrastructure facilities at College	Yes/No
Strong Room.		
1.	It must have Single Door Entry/Exit (with Safety Door/Grill for windows)	Yes
2.	Minimum Area shall be 20 x 20 sq. ft.	
3.	Adequate Steel Almirah/Cupboard for storage of Answer Books	
4.	C.C.T.V. Camera with recording facility that covers entire area or Downloading and Printing of online transmission of Question Paper process.	
5.	Latest version Computer (Minimum 4) and Printer (Minimum 4) with Inverter facility, MS Office, PDF Reader, Winrar or Winzip.	
6.	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class 'A' ISP, and alternate line with 1 : 1 dedicated line of 50 mpbs speed, by an another Class 'A' ISP to ensure uninterrupted downloading facility, with 2(two) static IP's, Internet Dongle.	
7.	Adequate Number of Paper Rims for printing Question Papers.	
8.	One Photocopy Machine, UPS Backup.	
Scanning Room:		
9.	Separate Scanning Room for scanning Answer Books after end of Examination Session under CCTV Surveillance. (Laptops and Scanners will be provided by the University Appointed Agency)	Yes
10.	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class 'A' ISP, and alternate line with 1 : 1 dedicated line of 50 mpbs speed, by an another Class 'A' ISP to ensure uninterrupted downloading facility, with 2(two) static IP's, Internet Dongle.	

To Set Up DEC for Onscreen Evaluation of Answer Books:

Sr. No.	Infrastructure facilities at College	Yes/No
1.	Computers (20) with latest licensed Operating System Software (OSS) with antivirus and firewalls to provide all lock, work station with Computer charts and key board tray.	Work is under process we will complete as early as possible
2.	Wiring and Networking (with Raw Power Supply and UPS) and one Printer per DEC	
3.	Air conditioners, Bio metric system, CCTV installation, Rest rooms and 24 x 7 security.	
4.	Collapsible gate for the main entrance with Name board and locking facility.	
5.	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class 'A' ISP, and alternate line with 1 : 1 dedicated line of 50 mpbs speed, by an another Class 'A' ISP to ensure uninterrupted downloading facility, with 2(two) static IP's.	
6.	Appointment of one Professor as a Examination Co-ordinator to Co-ordinate this Online process.	
7.	Separate Evaluation Room for Evaluating the Answer Books under CCTV Surveillance	

Signature of Principal with Seal




PRINCIPAL
D.K.M.M. HOMOEOPATHIC
MEDICAL COLLEGE
 MIRANGABAD - 431 604

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

Annexure-xb

Name of the College:- DKMM Homoeopathic medical college & Hospital Aurangabad.
 Mob.No. : 0240-2401051/9421671050

Name of the Subject : **Organon**

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	Signature
1	DKMM HMC, AIBAD	Organon	Dr.Snehal Rajesh Panni	Professor	06-10-94	Gr.BHMS May 2003	MD (Hom) Winter 2022	1	Yes	MUHS(UG)/E 4/4401/2480/2 019 Dt.17/09/2019	9942440225519	AUYPP2379	11/10/1971 52 Yrs. 01 Months	drpanisnehal@gmail.com	9423708254	No	
2	DKMM HMC, AIBAD	Organon	Dr.Laxmikant Durgadasao Gornbe	Reader	27-12-2018	Gr.BHMS May 1996			Yes	MUHS(UG)/E 4/4401/2480/2 019 Dt.17/09/2019	212076455621	ABPPB4859E	5/5/1983 60 Yrs 7 Months	gornbeid@gmail.com	8149344398	No	
3	DKMM HMC, AIBAD	Organon	Dr. Sunil Sanduji Sherkar	Lecturer	06-01-02	BHMS Dec 2000			Yes	MUHS(UG) 4401/1048/2012	728346710561	ALWPS8824R	1/10/1964 59 Yrs 02 Months	sundilsherkar@aihbdc.edu	9422740822	No	



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AURANGABAD - 431 004

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

Annexure-Xb

Name of the College:- DKMM Homoeopathic medical college & Hospital Aurangabad.
 Phone/Mobile No.: 0240-2401051/9421671050

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. (MO)	Delisted Yes/No	Signature
1	DKMM HMC, AIBAD	Anatomy	Dr.Nawaz Baiq	Professor	07-01-88	BHMS May 1987	MD (Hom) Organo Nov. 2010	13 Yrs	Yes	MUHS-4/4401/1292/2007	8521405069828	BLIPB0738F	11/1/1983 60 Yrs 11 Months	baiq nawaz 222@gmail.com	9860969802	No	
2	DKMM HMC, AIBAD	Anatomy	Dr.Naveet Nathuji Bhisekar	Lecturer	06-01-22	BHMS Sep. 2013	MD (Hom) Summer 2019	04 Yrs	Yes	MUHS-4/4401/1611/2022 DLO/03/2007 MUNHS/UG/E 22/10/08-09-2022	812637831125	OOUFB2395M	15-08-1988 37 Yrs 04 Months	dr.naveet.bhisekar@gmail.com	9011887388	No.	

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

Annexure-Xb

Name of the College:- DKMM Homeopathic medical college & Hospital Aurangabad.
 Phone/Mobile No.: 0240-2401051/9421671050

Name of the Subject :- Physiology

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	Signature
1	DKMM HMC. ARAAD	Physiology	Dr Pravin Ravindra Dipe	Professor	03-01-98	BHMS Oct.1996	MD (Hcm) HMM Winter 2007	16 Yrs	Yes	MUHS/SE-4/4401/1683720 D1:24/08/2023	980008072026	AUAPD641 IG	21-03-72 51 Yrs 08 Months	dkm@unmh.ac.in	9422713456	No	
2	DKMM HMC ARAAD	Physiology	Dr. Trupti Digambar Shirsath	Lecturer	29-07-16	BHMS Nov:2009	MD (Hcm) Medicine Summer 2015	08 Yrs	Yes	MUHS/UG/PH/4401/2489/2019 D1:17/09/2019	447879453105	DPP796245 A	14-08-86 37 Yrs 03 Months	shirsathtrupti@unmh.ac.in	8108310690	No	



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

Annexure-Xb

Name of the College:- DKMM Homeopathic medical college & Hospital Aurangabad.
 Phone/Mobile No.: 0240-2401051/9421671050
 Name of the Subject :- FMT


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	Signature
1	DKMM HMC, ARAJAD	FMT	Dr. Rakha Kiran Thakare	Professor	15-03-11	BHMS Oct.1995	MD (Hom) Repertory April 2007	15 Yrs	Yes	MUHS/E-Approval Letter & Date 4/4/01/16852023 D:24/08/2023	893744096371	ASPT6077 Q	27/11/974 49 Yrs 05 Months	direkshankare@gmail.com	9832047931	No.	
2	DKMM HMC, ARAJAD	FMT	Dr. Preeti Swapnil Samikar	Lecturer	27-12-2018	BHMS Winter 2012	MD Hom (Medicine) Winter 2017	08 Yrs	Yes	MUHS/UG/154/44012882019 9 DLI 17092019	931241853128	BHBP7081 TM	26-03-90 33 Yrs 8 Months	thakpreeti@gmail.com	7058058622	No.	

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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECT WISE ELIGIBLE EXAMINERS LIST (UG Courses)
Name of the College:- DKMM Homoeopathic medical college & Hospital Aurangabad.
Phone/Mobile No. : 0240-240105/19421671050
Name of the Subject : Pathology

Annexure-Xb

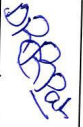


Sl. No.	College Name	Subject	Full name of the Teacher (First Name Middle Name Last Name)	Designation	Date of Joining	UG Qualification & Year of Passing	PG Qualification & Year of Passing	Teaching Experience After PG Passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Aadhar No.	Pan No.	Date of Birth (Age in Year)	Latest Email Address	Contact Nos (Mob)	Debarred Yes/No	Signature
1	DKMM HMC AURANGABAD	Pathology	Dr. Manasi Mashukarrao Kulkarni	Lecturer	01-01-04	MBS April 1998	DPB Oct, 2003 Mumbai	20	Yes	MUHS/64/(UG)/4401/1048/2012 Dt:20/09/2012	4751930206930	AARPW4641A	30-04-75 48 Yrs 07 Months	manasi.waghmare@rediffmail.com	9823514123	No	

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AURANGABAD - 431 004

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECT WISE ELIGIBLE EXAMINERS LIST (UG Courses)
Name of the College:- DKMM Homoeopathic medical college & Hospital Aurangabad.
Phone/Mobile No.: 0240-240105/19421671050
Name of the Subject : -HMM

Annexure-Xb



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	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	Signature
1	DKMM HMC, ABAD	HMM	Dr. Rajesh Mollai Patil	Professor	07-01-89	DHMS Dec.1986	MD, Hom HMM Dec.2004	18 Yrs	Yes	MUHS/ E- 4/4/01/4280/2004 D:28/09/2004	51076712013	AAVPP331 SL	23/08/66 37 Yrs 03 Months	dr.mollai.rajesh@gmail.com	9422209948	No	
2	DKMM HMC, ABAD	HMM	Dr. Anjali J. Shinde	Reader	19-06-17	BHMS April 1999	MD Hom Organisation 2019	10 Yrs	Yes	MUHS/UG/E- 4/4/01/1685/2023 D:24.08.2023	7658892890555	BCV/PS08 97P	26-06-1978 47 Yrs	anjali.shinde@yahoo.com	9405787403	No	
3	DKMM HMC, ABAD	HMM	Dr. Pooja T. Gabale	Lect.	01-09-23	BHMS 2018	MD Hom Organisation 2022	1 Yrs	Yes	Approval in Process	504175989002	BYOP1283 SF	21-12-1992 31 Yrs	dr.poojagabale@gmail.com	880605704	No	

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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECT WISE ELIGIBLE EXAMINERS LIST (UG Courses)
Name of the College:- DKMM Homeopathic medical college & Hospital Aurangabad.
Phone/Mobile No. : 0240-2401051/9421671050
Name of the Subject :- Com.Medicine

Annexure-Xb

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	Signature
1	DKMM HMC, ABAD	Com. Medicine	Dr:Geetanji Harkishan Padeshi	Reader	22-01-2018	BHMS Oct-1999	M.D.(Hom) Nov,2008	15 Yrs	Yes	MUHS/UG/154/4401/2480/2019 Dt:17/09/2019	775720420982	ALFPD78168	14-08-76 47 Yrs	digeejanja.harkeshin@gmail.com	9422202707	No	
2	DKMM HMC, ABAD	Com. Medicine	Dr. Vashali Ajay Bansod	Lecturer	08-05-16	BHMS Dec-2000	M.D.(Hom) Paediatric Summer 2013	10 Yrs	Yes	MUHS/UG/154/4401/2480/2019 Dt:17/09/2019	821953991884	BZHPD5827K	24-12-79 44 Yrs	bansodvali9923990254@mail.com	9923990254	No	

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AURANGABAD - 431 604

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

Annexure-Xb

Name of the College: DKMM Homeopathic medical college & Hospital Aurangabad.
 Phone/Mobile No.: 0240-2401051/9421671050
 Name of the Subject: -OB/GY

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 (Yrs)	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	Signature
1	DKMM HMC, ABBAD	OB/GY	Dr. Saema Shadnand Yangad (Ticke)	Professor	15-06-1994	BAMS Oct.1992	MD (Hom) O/Gynon Nov.2010	13 Yrs	Yes	MUHS/UG/EA/4401/1776/2023C-28/08/2023		AKBPT5027D	12/07/1971 52 Yrs	tdkssesma@rmail.co.in	9975904719	No.	
2	DKMM HMC, ABBAD	OB/GY	Dr. Pratik Mahendra Chhajled	Lecturer	22-12-2018	BAMS June-2009	MD (Hom) Paediatrics 2013	09 Yrs	Yes	MUHS/UG/EA/4401/2480/2019Dr.17/09/2019		BAHPC7682N	4/12/1986 37 Yrs	pratikmchhajled@gmail.com	8888877079	No.	



Signature of Principal with Seal

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 MEDICAL COLLEGE
 AURANGABAD - 431 004

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

Annexure-Xb

Name of the College: DKMM Homoeopathic medical college & Hospital Aurangabad.
 Phone/Mobile No.: 0240-2401051/9427702728
 Name of the Subject: -Surgery

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 (Yes/No)	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	Signature
1	DKMM HMC, ABBAD	Surgery	Dr.Pawan Hirajal Dongre	Prof.	03-01-99	BHMS Nov.1997	MD (Hom) HMM Dec.2004	17 Yrs	Yes	MUHS/UG/154/4401/2489/2019 Dt:17/09/2019	245244202902	ABGPD1160P	5/10/1975 47 Yrs 05 Months	dkmwanhdgmr@gmail.com	9422201517	No.	
2	DKMM HMC, ABBAD	Surgery	Dr.Dnyaneshwar Babaji Doshi	Lect.	29-03-2009	BHMS Nov.1999			Yes	MUHS/TE 4/4401/1919/2005 Dt:26/05/2005	217814589303	AHHHP9994OL	4/3/1970 53 Yrs	dkdksir@mail.com	9850091179	No.	

Signature of Principal with Seal
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MEDICAL COLLEGE
AURANGABAD - 431 004

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECT WISE ELIGIBLE EXAMINERS LIST (UG Courses)
Name of the College:- DKMM Homoeopathic medical college & Hospital Aurangabad.
Phone/Mobile No. : 0240-2401051/9424671050
Name of the Subject :- Medicine

Annexure-Xb

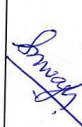

Sr. No.	College Name	Subject	Full name of the Teacher (First Name Middle Name Last Name)	Designation	Date of Joining	UG- Qualification & Year of Passing	PG- Qualification & Year of Passing	Teaching experience After PG Passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age In Year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No	Signature
1	DKMM HMC, A/BAD	Medicine	Dr. Ashok Kisanlal Kohari	Prof.	06-01-90	DHMS Dec.1980			Yes	MUHS/FE-4/4401/385/2005 Dt.09/02/2005	228602771424	AQCPK1175Q	22/11/61 62 Yrs	dr.ajkshah@gmail.com	9850034002	No	
2	DKMM HMC, A/BAD	Medicine	Dr. Pravin Rameshchandra Beedkar	Reader	06-01-11	BHMS Dec.1993	MD (Hom) Repertory August 2001	22 Yrs	Yes	MUHS/FE/UG/4 401/1509/2012 Dt.20/04/2012	363284815412	AHMPB2442G	1/10/1971 57 Yrs	pravinbeekar@gmail.com	9420285060	No	
3	DKMM HMC, A/BAD	Medicine	Dr. Davashala Prabhakar Choure	Lect.	23-09-2017	BHMS Dec.2009	MD (Hom) Medicine 2014	08 Yrs	Yes	MUHS/UG/FE/4 4401/2480/2019 Dt.17/09/2019	830153930850	ARRPC4059P	19-05-87 36 Yrs	dr.daveshoure@gmail.com	8007407285	No	

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AURANGABAD - 431 004

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
 SUBJECT WISE ELIGIBLE EXAMINERS LIST (UG Courses)
 Name of the College:- DKMM Homeopathic medical college & Hospital Aurangabad.
 Phone/Mobile No.: 0240-240105/1942167/1050

Annexure-Xb

Sr. No.	College Name	Subject	Full name of the Teacher (First Name Middle Name Last Name)	Designation	Date of Joining	UG- Qualification or 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	Signature
1	DKMM HMC A/BAD	Reprody	Dr. Sneha Mahendra Wagh	Professor	11-08-23	BHMS 1997 Dr.BAMU	MD (Hom) 2001 Dr.BAMU	22 Yrs	Yes	MUHS(UG)/E4/44/01/22697/2023 Dt.20/10/2023	47912984625	AASPM886 ID	22-2-1974 49 Yrs	maheshwar@rediffmail.com	8379845227	No	
2	DKMM HMC A/BAD	Reprody	Dr. Akshay Samant Thole	Lecturer	01-08-23	BHMS 2014	MD (Hom) 2018	5 Yrs	Yes	MUHS(UG)/E4/44/01/1989/2023 Dt.24-09-2023	905978252391	AOV/P714623F	11-12-1990 34 Yrs	akshaythole@rediffmail.com	8989549352	No	



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 AURANGABAD - 431 004

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

Annexure-Xb

Name of the College:- DKMM Homeopathic medical college & Hospital Aurangabad.
 Phone/Mobile No.: 0240-2401051/9421671050
 Name of the Subject :- Pharmacy

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	Signature
1	DKMM HMC, ABBAD	Pharmacy	Dr. Sachin Arjun Whaire	Professor	23-09-2017	BHMS Nov.2006	MD (Hom) Paediatrics 2011	13 Yr	Yes	MUHS/TC/CE/ 4/14/01/161/1/20 2022	725022133373	AVP/PW/575 9G	24-01-83 40 Yrs	dsambhare@gmail.com	9867717923	No.	
2	DKMM HMC, ABBAD	Pharmacy	Dr. Rupali N. Dange	Lecturer	01-07-23	BHMS April 2007	MD (Hom) Pharmacy 2015	8 Yrs	Yes	MUHS/TC/CE/ 4/14/01/161/1/20 2022	980576251054	CEV/PW/6260 M	08-11-1982 41 Yrs	dr.rupalida@gmail.com	8149762919	No.	

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 AURANGABAD - 431 003

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

Annexure-Xc

Name of the College:- DKMM Homeopathic medical college & Hospital Aurangabad.
 Mob.No. : 0240-2401051/9421671050

Name of the Subject :- Organon

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Specialty	Type of Appointment (Regular/Temporary/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	Email ID	Mobile No.	Aadhar Card No.	If Debarred If (Yes/No)	Signature of Teacher
1																
2																
1	Dr. Sirehal Rajesh Patil	Professor	Organon	Regular	M.D. (Hom)	28 Yrs	2 Months	Yes	MUHS/PG/IE-4/2050/2023 Dt. 3-10-23	5	10-10-71	drsmehababani@gmail.com	9423708254	99424402255	No	
2	Dr. Latic Manisha Rajesh	Reader	Organon	Temporary	M.D. (Hom)	4.5 Yrs	4.5 Yrs	Yes	MUHS/UG/IE/4/401/1641/2022 Dt. 08/09/2022	6	15-06-81	manishalatic123@gmail.com	9422960740	668775951286	No	
3	Dr. Kaili Shubhangee Rajpu	Lect.	Organon	Temporary	M.D. (Hom)	4.5 Yrs	4.5 Yrs	Yes	MUHS/PG/IE-4/130/2023 Dt. 23.01.2023	1	25-09-1993	shubhangeerajpu@gmail.com	9356406529	21069172441	No	

S.Patil
 Signature of Principal
 with Seal
PRINCIPAL
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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECT WISE ELIGIBLE EXAMINERS LIST (PG Courses)

Annexure-Xc

Name of the College:- DKMM Homeopathic medical college & Hospital Aurangabad.
 Mob No. : 0240-2401051/9421671050
 Name of the Subject :- HMM

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject Speciality	Type of Appointment (Regular/Temporary/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 Debarred (Yes /No)	Sign of Teacher
1	Dr. Ankushe Shalini Rajendra	Principal/ Professor	H.M.M	Regular	M.D. (Hom)	25 Yrs	17 Yrs	Yes	MUHS/PG/E-4/7/20/2030 Dt.25-06-2020	15	09-05-72	shalinikushe123@gmail.com	9421671050	776195329268	No.	
2	Dr. Purni Rajesh Mohali	Professor	H.M.M	Regular	M.D. (Hom)	33.8 Yrs	31.4 Yrs	Yes	MUHS/PG/E-4/7/20/2020 Dt.25-06-2020	12	07-01-89	drpurni123@gmail.com	9422209948	5110776712013	No	
3	Dr. Shinde Anjali Janardhan	Reader	H.M.M	Temp.	M.D. (Hom)	6 Yrs	5.3 Yrs	Yes	MUHS/PG/E-4/20/51/2023 Dt.03-10-2023	2	26-06-76	anajalishinde@yaho.com	9850629577	765892890555	No	
4	Dr. Pooja V. Kangle	Lecturer	H.M.M	Temp.	M.D. (Hom)	3 M		Yes	Proposal submitted approval pending		10-05-94	poorikangle13@gmail.com	7875394537	543013368860	No	

Signature of Principal with
Seal


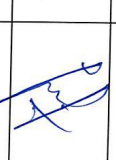


PRINCIPAL
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AURANGABAD - 431 004

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

Annexure-Xc

Name of the College:- DKMM Homeopathic medical college & Hospital Aurangabad.
 Mob.No. : 0240-2401091/9421671050

Name of the Subject :- Medicine

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/Temporary/Honorary)	Qualification	University/ Approx at (UG)	PG Teaching experience (in Years after PGW)	PG Teacher Recognition (Yes/No)	PG (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. Trainee Suresh Vinayak	Professor	Medicine	Regular	M.D. (Hom)	29 Yrs	22 Yrs	Yes	MUHS/PG/IE- 4/8/72/2020 Dt.27/08/2020	13	09-06-69	desureshvinayak@gmail.com	7588974608	466676044568	No	
2	Dr. Beedkar Pravin Rameshchandra	Reader	Medicine	Regular	M.D. (Hom)	26.4 Yrs	16 Yrs	Yes	MUHS/PG/IE- 4/8/72/2020 Dt.27-08-2020	8	10-01-71	pravinbeedkar@gmail.com	7588974608	363234815412	No	
3	Dr. Choure Divyashala Prabhakar	Lecturer	Medicine	Regular	M.D. (Hom)	6.5 Yrs	6 Yrs	Yes	MUHS/PG/IE- 4/7/20/2020 Dt.25-06-2020	2	19-05-87	dr.divyachoure@gmail.com	8007407285	830153830850	No	
4	Dr. Waghmare Laxmi Vinayak	Lecturer	Medicine	Temporary	M.D. (Hom)	1.11 Yrs	1 Yrs	Yes	MUHS/PG/IE- 4/8/54/2022 Dt.17-05-2022		27-01-87	laxmiwaghmare@gmail.com	8329219341	36866715308	No	

Signature of Principal with Seal

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

Annexure-Xc

Name of the College - DKKM Homeopathic medical college & Hospital Aurangabad.
 Mob.No. : 0240-2401051/9421671050

Name of the Subject : Repertory

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/Temporary/Honorary)	Qualification	University Appox at (UG)	PG Teaching experience (in Years after PGM)	PG Teacher Recognition (Yes/No)	Recognition Date issued by University	No of PG students guided last 5 Year	Date of Birth	E-mail ID	Mobile No.	Author Card No.	If Debared If (Yes/No)	Sign of Teacher
1	Dr-Patil Suvarna Dilip	Professor	Repertory	Temporary	M.D. (Hom)	19 Yrs	11 Yrs	Yes	MUHS/PG/IE- 4/3/48/2023 Dt.28.02.2023	3	17-05-1975	patilsuvarnadilip@gmail.com	9423903230	5665302843278	No.	
2	Dr-Sireeta Mahendra Wagh (Ganachari)	Professor	Repertory	Temporary	M.D. (Hom)	20 Yrs	16 Yrs	Yes	MUHS/PG/IE- 4/2/56/1/2023 Dt.02-11-2023		22-02-74	msireetawagh@gmail.com	8379845227	479129846625	No.	
3	Dr-Shankh Shakir Sultan	Lecturer	Repertory	Temporary	M.D. (Hom)	3 Yrs	2.5 Yrs	Yes	MUHS/PG/IE- 4/2/48/2023 Dt.28.02.2023	2	12-06-88	shankhsakir3@gmail.com	9851786555	75989899	No.	
4	Dr/Akshay S.Thole	Lecturer	Repertory	Temporary	M.D. (Hom)	3 M	2 M	Yes	MUHS/PG/IE- 4/2/05/1/2023 Dt.3.10.2023		31-12-90	akshay.jain07@gmail.com	8983334352	90597825291	No.	

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

Annexure-Xc

Name of the College:- DKMM Homeopathic medical college & Hospital Aurangabad.
Mob No. : 0240-2401051/9421671050

Name of the Subject :- Pharmacy

Sl. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/Temporary/Honorary)	Qualification	University Approx at (UG)	PG Teaching experience (in Years after PGW)	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 if (Yes /No)	Sign of Teacher
1	Dr.Kulkarni Rahul Shreed	Professor	Pharmacy	Regular	M.D. (Hom)	15 Yrs	6.6 Yr	Yes	MUHS/PG/IE-4/7/20/2020 D.25-06-2020	11	15-06-71	ahemulh@igmail.com	9527296467	281258773123	No	
2	Dr.Mhatre Sachin Ajjun	Professor	Pharmacy	Temporary	M.D. (Hom)	9 Yrs	5 Yrs	Yes	MUHS/PG/IE-1/28/6/2022 D.07-10-2022	4	24-01-83	dsamhatre@gmail.com	9867717923	725022133373	No	
3	Dr.Farhat Anjum Mohid Hafeezuddin	Lecturer	Pharmacy	Temporary	M.D. (Hom)	1 Yrs	02 Yrs	Yes	MUHS/PG/IE-4/30/4/2023		15-04-1989	farhatanjum293@gmail.com	7249585856	26745356885	No	
4	Dr.Dinje Rupali N	Lecturer	Pharmacy	Temporary	M.D. (Hom)	1 Yrs	02 M	Yes	MUHS/PG/IE-4/20/51/2023 D.3-10-2023		11-09-82	drcsualdange@gmail.com	8149782919	960576251054	No	

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

Annexure-Xc

Name of the College- **DKMM Homoeopathic medical college & Hospital Aurangabad.**
 Mob.No. : **0240-2401051/9421671050**

Name of the Subject : **- Paediatrics**

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/Temporary/Honorary)	Qualification	University (UG)	PG Teaching experience (in Years after PGM)	PG Teacher Recognition (Yes/No)	Recognition Date issued by University	No of PG students guided last 5 Year	Date of Birth	E-mail ID	Mobile No.	Aadhar Card No.	IFT Debarred If (Yes/No)	Sign of Teacher
1	Dr.Zambhad Priyanka Prakash	Reader	Paediatrics	Temporary	M.D. (Hons)	6.8 Yrs	6.8 Yr	Yes	MUHS/RG/E-4/20519/2023 Dt.03.10.2023	3	09-12-85	dr.priyankazambhad@shho.in	8108288044226053832512		No	
2	Dr. Beedkar Anuragha Pravin	Reader	Paediatrics	Temporary	M.D. (Hons)	11 Yrs	1 Yrs	Yes	MUHS/RG/E-1/17862022 Dt.07-10-2022	2	15/12/1976	dranuragha.beedkar58@gmail.com	9823518708 974498641378		No	
3	Dr. Yadav Saptarajaram	Lecturer	Paediatrics	Temporary	M.D. (Hons)	1.11 Yrs	2 Yrs	Yes	MUHS/RG/E-4/115/2022 Dt.28-06-2022	1	18/06/1993	saptaraj.yadav@gmail.com	7887616213		No	

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Annexure-Xc

Name of the College:- DKMM Homeopathic medical college & Hospital Aurangabad.
 College Mob.No.0240-240105/19421671050

Name of the Subject :- Psychiatry

Sl. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/Temporary/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 if (Yes /No)	Sign of Teacher
1	Dr. Shekha Sandeep Gopali	Professor	Psychiatry	Temporary	M.D (Hom)	17 Yrs	13 Yrs	Yes	MUHS/PG/GE/191 DL 18/10/2021	11	6/11/1977 45 Yrs	dr. shekhasandeep@gmail.com	9422213560	257410652140	No	
2	Dr. Jaiswal Yogesh Bharathi	Reader	Psychiatry	Temporary	M.D (Hom)	6 Yrs	2 Yrs	Yes	MUHS/PG/GE/191 DL 18/10/2021	2	27/04/1986 35 Yrs	dr.vahanandbalkhande@gmail.com	9766211789	864734042727	No	
3	Dr. Balkhande Vahanand Kishanrao	Lecturer	Psychiatry	Temporary	M.D (Hom)	10 M.		Yes	Proposal Submitted Approval Availed		06-03-93		9657262492	442399294261	No	

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