

**ANNEXURE-II**

Name of College/Institute: Government Medical College, Alibag.

Name of the Department: Anatomy

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1	Dr. Anjana Gaikwad	Professor and Head	Professor	
2	Dr. Santosh Waghmode	Associate Professor	Associate Professor	
3	Dr. Rupali Kavitate	Assistant Professor	Assistant Professor	
4	Dr. Shejal Routray	Tutor	-	
5	Dr. Pooja Bhil	Tutor	-	
6	Dr. Atoshi Sharma	Tutor	-	

**Summary–****Approved Staff**

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	1	1	0
2	Associate Professor	1	1	0
3	Assistant Professor	2	1	1
4	Senior Resident/Tutor	6	3	3

**Approved + Non Approved Staff**

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	1	1	0
2	Associate Professor	1	1	0
3	Assistant Professor	2	1	1
4	Senior Resident/Tutor	6	3	3

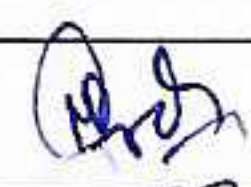
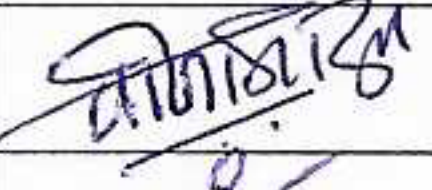
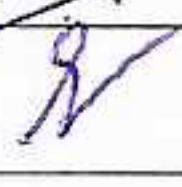
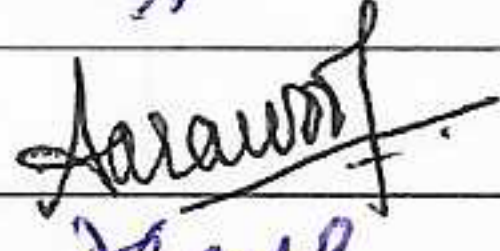
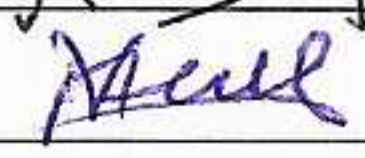
Signature of HOD

Signature of Dean

**ANNEXURE-II**

**Name of College/Institute:** Government Medical College, Alibag.

**Name of the Department:** Physiology

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1	Dr. Nikhil Raju Gode	Associate Professor	Assistant Professor	
2	Dr. Veena Shiram	Assistant Professor	Assistant Professor	
3	Dr. Swapnil Kamble	Junior Resident		
4	Dr. Asiya Rawoot	Junior Resident		
5	Dr Nitin Arak	Junior Resident		

**Summary-**

**Approved Staff**

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

**Approved+NonApproved Staff**

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



**Signature of fHOD**



**Signature of Dean**

**ANNEXURE-II**

**Name of College/Institute:** Government Medical College, Alibag.

**Name of the Department:** Biochemistry

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1.	Dr. Ganesh D Ghuge	Professor & Head	Professor	
2.	Dr. Amol R Shinde	Associate Professor	Associate Professor	
3.	Dr. Pankaj Kamble	Assistant Professor	Assistant Professor	
4.	Dr. Santosh Bidwe	Assistant Professor	Assistant Professor	
5.	Mrs. Bhagyshree Yadav	Biochemist		
6.	Dr. Vinal Agrawal	Tutor	Tutor	
7.	Dr. Sanchit Agrawal	Tutor	Tutor	
8	Dr. Vitthal Hingne	Tutor	Tutor	
9				
10				

**Summary –**

**Approved Staff**

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	1	1	Nil
2	Associate Professor	1	1	Nil
3	Assistant Professor	2	2	Nil
4	Senior Resident / Junior Resident/ Tutor/ Demonstrator	5	3	2

**Approved + Non Approved Staff**

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	1	1	Nil
2	Associate Professor	1	1	Nil
3	Assistant Professor	2	2	Nil
4	Senior Resident / Junior Resident/ Tutor/ Demonstrator	5	3	2

**Signature of HOD**

**Signature of Dean**

Name of College/Institute:- Governemnt Medical College, Alibag- Raigad

Name of Department:- Pathology

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1	Dr. Shilpa Narayankar	Associate Professor	Associate Professor	
2	Dr. Sheetal Joshi	Assistant Professor	Assistant Professor	
3	Dr. Gloria Khumanthem	Assistant Professor	Assistant Professor	
4	Dr. Mansi Thokal	Senior Resident		
5	Dr. Sayli Dhande	Senior Resident		
6	Dr. Pooja Patil	Junior Resident		
7	Dr. Rajkanya Patil	Junior Resident		

**Summary**

Approved Staff

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

Approved + Non Approved Staff

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



**ANNEXURE-II****Name of College/ Institute:** Government Medical College, Alibag.**Name of the Department:**Department of Microbiology

<b>Sr. No.</b>	<b>Name of the Teacher</b>	<b>Designation</b>	<b>MUHS Approved Designation</b>	<b>Signature</b>
1	Dr. Ameeta Joshi	Professor & Head	Professor & Head	
2	Dr. Shilpa Patil	Associate Professor	Associate Professor	
3	Mrs. Saroj Turbadkar	Assistant Professor	Assistant Professor	
4	Dr. Manish Ash	Assistant Professor	Assistant Professor	
5	Dr. Parul Joshi	Tutor	Tutor	

**Summary:****Approved Staff**

<b>Sr. No.</b>	<b>Designation</b>	<b>Required</b>	<b>Available</b>	<b>Deficiency</b>
1	Professor	1	1	0
2	Associate Professor	1	1	0
3	Assistant Professor	2	2	0
4	Senior Resident	4	0	4
5	Junior Resident	2	1	1

**Approved + Non Approved Staff**

<b>Sr. No.</b>	<b>Designation</b>	<b>Required</b>	<b>Available</b>	<b>Deficiency</b>
1	Professor	1	1	0
2	Associate Professor	1	1	0
3	Assistant Professor	2	2	0
4	Senior Resident	4	0	4
5	Junior Resident	2	1	1


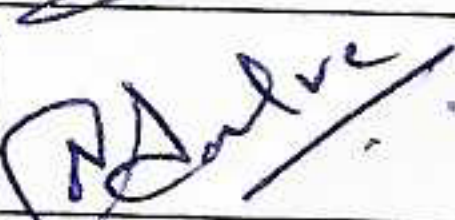


**Signature of HOD****Signature of Dean**



## ANNEXURE-II

Name of College/Institute: Government Medical College, Alibag.

Name of the Department: Pharmacology

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1.	Dr. Vishal Munjaji Ubale	Associate Professor	Associate professor	
2.	Dr. Arvind Punja Salve	Assistant Professor	Assistant Professor	
3.	Dr. Ankita Vishwanath Tathe	Assistant Professor SR	Assistant Professor	
4.	Dr. Akshay Uttamrao Dahake	Junior resident	Junior resident	
5.	Dr. Rishikesh Pandya	Tutor	Tutor	

Summary -

Approved Staff

Approved + Non Approved Staff



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

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

*Atal...*  
 Signature of HOD

*[Signature]*  
 Signature of Dean



## ANNEXURE-II

**Name of College/Institute:** Government Medical College, Alibag.

**Name of the Department:** Forensic Medicine and Toxicology

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1.	Dr. Vaibhav Digambar Sonar	Professor and Head	Professor	
2.	Dr. Chaitanya Vidyadhar Tingne	Associate Professor	Assistant Professor	
3	Dr. Shreeyash Patil	Tutor	Tutor	

### Summary –

#### Approved Staff

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

#### Approved + Non Approved Staff

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

**Signature of HOD**

**Signature of Dean**

**ANNEXURE-II**

**Name of College/Institute:** Government Medical College, Alibag.  
**Name of the Department:** Community Medicine

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1.	Dr. Nazia Khan	Associate Professor	Associate Professor	
2.	Dr.Deodatt Suryawanshi	Assistant Professor	Assistant Professor	
3.	Dr.Abhinand Sai M B	Assistant Professor		
4.	Dr.Sandeep Mali	Senior resident		
5	Dr. Dinesh Khansole	Tutor		

**Summary –****Approved Staff**

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	1	0	1
2	Associate Professor	2	1	1
3	Assistant Professor	4	2	2
4	Senior Resident	2	1	1
5	Tutor/Demonstrator	2	1	1

**Approved +Non approved staff**

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	1	0	1
2	Associate Professor	2	1	1
3	Assistant Professor	4	2	2
4	Senior Resident	2	1	1
5	Tutor/Demonstrator	2	1	1

**Signature of HOD****Signature of Dean**

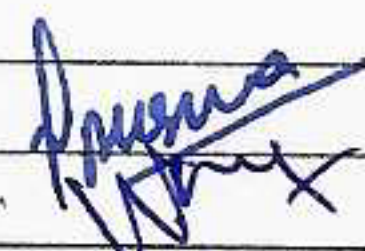
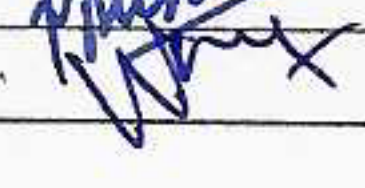




**ANNEXURE-II**

**Name of College/Institute:** Government Medical College, Alibag.

**Name of the Department:**

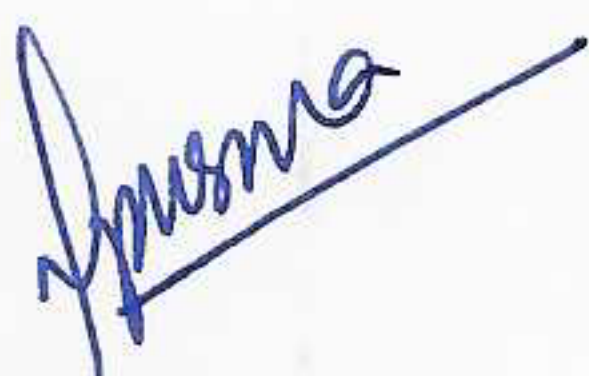
Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1	Dr Apurva Rajan Kulkarni	Assistant Professor	Assistant Professor	
2	Dr Karan Waghmare	Senior Resident	Senior Resident	

**Summary-**

**Approved Staff**

**Approved+NonApproved Staff**

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

  
Signature of HOD

  
Signature of Dean



**ANNEXURE-II****Name of College/Institute:** Government Medical College, Alibag.**Name of the Department:** Paediatric

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1.	DR.YOGESH M. SALUNKHE	ASSOCIATE PROFESSOR	APPROVED	
2.	DR. RAHUL M. DAWARE	ASSISTANT PROFESSOR	APPROVED	
3.	DR.BHAGYASHREE S. PATIL	ASSISTANT PROFESSOR	APPROVED	
4.	DR. SAGAR	SENIOR RESIDENT	APPROVED	

**Summary – 04****Approved Staff**

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	01	00	01
2	Associate Professor	01	01	00
3	Assistant Professor	02	02	00
4	Senior Resident	02	01	01
5	Junior Resident	-		

**Approved + Non Approved Staff**

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

**Signature of HOD****Signature of Dean**

**ANNEXURE-II**

**Name of College/Institute:** Government Medical College, Alibag.

**Name of the Department:**

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1.	Dr. Suyash Raghunath Virkar	Senior Resident	Senior Resident	
2.	Dr. Saurabh Vijay Sawant	Junior Resident	Junior Resident	

**Summary –**

**Approved Staff**

**Approved + Non Approved Staff**

Sr. No.	Designation	Required	Available	Deficiency	Sr. No.	Designation	Required	Available	Deficiency
1	Professor				1	Professor			
2	Associate Professor				2	Associate Professor			
3	Assistant Professor				3	Assistant Professor			
4	Senior Resident	<b>Dr.Suyash Virkar</b>			4	Senior Resident			
5	Junior Resident	<b>Dr. Saurabh Sawant</b>			5	Junior Resident			

**Signature of HOD**

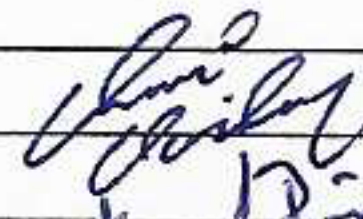
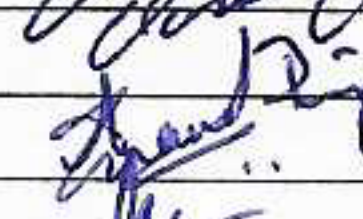
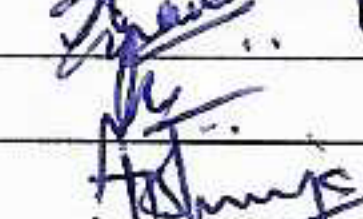
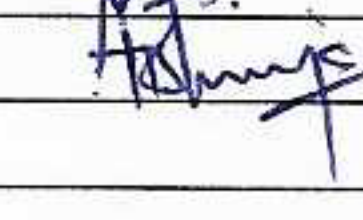
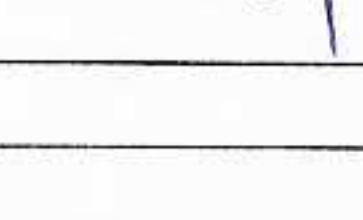
**Signature of Dean**



ANNEXURE-II

Name of College/Institute: Government Medical College, Alibag.

Name of the Department: General Surgery

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1.	Dr. Ravibhushan Kasale	Associate Professor	Associate Professor	
2.	Dr. Rajesha K	Senior Resident		
3.	Dr. Anand Hegade	Senior Resident		
4.	Dr. Saurabh Jagdale	Senior Resident		
5.	Dr. Aishwarya Mohanraj	Senior Resident		

Summary – Associate Professor- 1

Approved Staff

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

Approved + Non Approved Staff

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

Signature of HOD

सहयोगी प्राध्यापक  
शल्यचिकित्साशास्त्र विभाग,  
शासकीय वैद्यकीय महाविद्यालय,  
अलिबाग-रायगड

Signature of Dean



**ANNEXURE-II**

Name of College/Institute: Government Medical College, Alibag.

Name of the Department:

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1	Dr. Krishna Badgire	Assistant Professor	Assistant Professor	
2	Dr. Umang Jain	Senior Resident		

**Summary –**

**Approved Staff**

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

**Approved + Non Approved Staff**

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

*K. Badgire*

**Signature of HOD**

*PPS*

**Signature of Dean**

अभिज्ञाना यांचे कार्यालय,  
शा.पै.स. अचिकित्सा-वाचनालय ४०२ २०१.

आवक. क्रमांक ६०९९

दिनांक १५/१२/२३

विभाग २३५५

कार्यालयीन अधिकारी

प्रशासकीय अधिकारी

अभिज्ञाना

15/12



**ANNEXURE-II**

**Name of College/Institute:** Government Medical College, Alibag.

**Name of the Department:** Radiodiagnosis

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1	Dr Saurabh Shriniwas Patil	Associate Professor	Associate Professor	<i>SPatil</i>
2.	Dr Shivali Pankaj Gaikwad	Senior Resident	Senior Resident	<i>Shivali</i>

**Summary-**

**Approved Staff**

**Approved+NonApproved Staff**

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

*SPatil*

**Signature of HOD**

*PPG*

**Signature of Dean**



**ANNEXURE-II**

**Name of College/Institute:** Government Medical College, Alibag, Raigad

**Name of the Department:** OTORHINOLARYNGOLOGY

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
	DR. GIRISH V. THAKUR	PROFESSOR	PROFESSOR	
	DR. SHAMPA MISHRA	ASSISTANT PROFESSOR	ASSISTANT PROFESSOR	

**Summary –**

**Approved Staff**

**Approved + Non Approved Staff**

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

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

**Signature of HOD**

**Signature of Dean**

**ANNEXURE-II**

**Name of College/Institute:** Government Medical College, Alibag.

**Name of the Department:**Department of Ophthalmology

<b>S r. N o.</b>	<b>Name of the Teacher</b>	<b>Designation</b>	<b>MUHS Approved Designation</b>	<b>Signature</b>
1	Dr Sujata Sanjay Chahande	Professor and head	Professor and head	
2	Dr.Nandkumar Bhaskerrao Dole	Assistant Professor	Assistant Professor	
3	Dr.Mahesh Hanamant Dhole.	Senior Resident	Senior Resident	

**Summary –**

**Approved Staff**

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

**Approved + Non Approved Staff**

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

**Signature of HOD**

**Signature of Dean**

**ANNEXURE-II**

Name of College/Institute: Government Medical College, Alibag.

Name of the Department: Obstetrics and Gynaecology

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1.	Dr. Swati kagne	Associate Professor	Associate Professor	
2.	Dr. Rajshree Badgire	Assistant professor	---	
3.	Dr. Diksha Ravangave	Senior Resident	---	
4.	Dr. Twinkle soni	Junior Resident	---	

**Summary-****Approved Staff**

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

**Approved+NonApproved Staff**

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

Signature of HOD

Signature of Dean



**ANNEXURE-II****Name of College/Institute:** Government Medical College, Alibag.**Name of the Department:** Anaesthesiology

<b>Sr. No.</b>	<b>Name of the Teacher</b>	<b>Designation</b>	<b>MUHS Approved Designation</b>	<b>Signature</b>
1.	Dr. Devanad Bhimrao Pawar	Associate Professor	Associate Professor	
2.	Dr. Sushmitha B	Senior Resident	---	
3.	Dr. Anjali Gupta	Senior Resident	---	
4.	Dr. Amit Gavali	Senior Resident	---	

**Summary –****Approved Staff**

<b>Sr. No.</b>	<b>Designation</b>	<b>Required</b>	<b>Available</b>	<b>Deficiency</b>
1	Professor	1	0	1
2	Associate Professor	2	1	1
3	Assistant Professor	4	0	4
4	Senior Resident			
5	Junior Resident			

**Approved + Non Approved Staff**

<b>Sr. No.</b>	<b>Designation</b>	<b>Required</b>	<b>Available</b>	<b>Deficiency</b>
1	Professor	1	0	1
2	Associate Professor	2	1	1
3	Assistant Professor	4	0	4
4	Senior Resident	3	3	0
5	Junior Resident			

**Signature of HOD****Signature of Dean**

## ANNEXURE-II

Name of College/Institute: Government Medical College, Alibag.

Name of the Department: DENTISTRY

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1	Dr. KALPANA RAKSHIT	Assistant Professor	Assistant Professor	
2	Dr. CHHATRAPAL RAUT	Senior Resident	Senior Resident	

### Summary –

#### Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	00	00	00
2	Associate Professor	01	00	01
3	Assistant Professor	01	01	00
4	Senior Resident	01	01	00
5	Junior Resident			

#### Approved + Non Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	00	00	00
2	Associate Professor	01	00	01
3	Assistant Professor	01	01	00
4	Senior Resident	01	01	00
5	Junior Resident			

Signature of HOD

Signature of Dean