

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

Name of the College: Government Medical College, Alibag

Phone/Mobile No.: 02141-299214

Name of the Subject: Anatomy

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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	GMC,Alibag	Anatomy	Dr. Anjana Gaikwad	Professor and Head	2/3/2022	MBBS 1991	MS 1996	23 Years	Yes		660982768031	ABRPK8107C	31.10.1965 (56 YRS)	anjanagkwd@gmail.com	9422084905	No
2	GMC,Alibag	Anatomy	Dr. Santosh Waghmode	Associate Professor	9/6/2022	MBBS 2007	MD 2016	7.2 Years	Yes	MUSH/UG/E-1/82/1206/1617/2021 Dated 09.04.2021	769979455778	ABLPW5005H	24.07.1984 (39 Years)	<a href="mailto:officialsurya24by7@gmail.com">officialsurya24by7@gmail.com</a>	8329529428	No
3	GMC,Alibag	Anatomy	Dr. Rupali S. Kavitate	Assistant Professor	9/6/2022	MBBS 2002	MD 2008	15.2years	Yes	MUHS/UG/E-1/43/1132/162/2019	850080916169	AWXP0347H	44 years	drrupalikhedu@gmail.com	9029979721	No













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

ANNEXURE-VII-B

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

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	Aadhar 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	GMC Alibag	Community medicine	Dr. Nazia Khan	Associate Professor	17-01-2023	2008	2016	7 years 1 month	Yes	Pending	929302274540	BKVP K3059F	23-07-1985	khanna.ziaaram@rediffmail.com	7775087619	No
2	GMC Alibag	Community medicine	Dr. Deodatt Suryawanshi	Assistant Professor	11-05-2023	2004	2012	9 yrs 11 months	Yes	Pending	873754663248	BSTPS 2503J	09-05-1983	drdeodattms1983@gmail.com	8220180486	No

*Dr. J. J. J.*  
14/12/23



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

**ANNEXURE-VII-B**

Name of the College :

Phone/Mobile No. :

Name of the Subject :

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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	GMC,ALIBAG	PAEDIATRICS	DR.YOGESH SALUNKHE	ASSOCIATE PROFESSOR	21/12/2023	MBBS 2003	MD PAEDIATRICS 2010	11 YEARS	YES	MUHS/UG/E-1/53/1303/446/2021 DATED - 15/02/2021	453805348542	CIAPS9699K	06/07/1982 (41 YEARS)	yogeshsalunkhe1982@yahoo.co.in	9823275490	NO
2	GMC,ALIBAG	PAEDIATRICS	DR.RAHUL DAWRE	ASSISTANT PROFESSOR	04/07/2023	MBBS 2008	MD PAEDIATRICS 2013	10 YEARS	YES	MUHS/UG/E-1/53/1202/2117/2018 DATED 23/05/2018	915061392822	BHJPD0374B	24-08-1984 (39 YEARS)	DAWRE2000@GMAIL.COM	9158000645	NO

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

ANNEXURE-VII-B

Name of the College :

Phone/Mobile No. :

Name of the Subject :

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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1		General Surgery	Dr. Ravibhushan Janardhan Kasale	Associate Professor		MBBS 2005	M.S. General Surgery 2012	11 yrs	Yes	MUHS/UG/E-1/53/1406/2673/2017	704292816651	DFDPK3627A	03/02/1982	Ravibhushan123@gmail.com	8485031957	NO
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																

*(Signature)*  
**राज्यीय शिक्षण समिती,  
 राज्यीय शिक्षण समिती विभाग,  
 शासकीय वैद्यकीय महाविद्यालय,  
 अलिपान-रायगड**

राज्यीय शिक्षण समिती



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

**ANNEXURE-VII-B**

Name of the College:  
GMC, ALIBAG,  
RAIGAD

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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	GMC ALIBAG	OTORHINOLARYNGOLOGY	DR. GIRISH V. THAKUR	PROFESSOR	11.08.2023	MBBS 1999	MS ENT 2005	17 YEARS	YES	MUHS/PG/E-1/1406/27/4386/15 DATE - 18.12.2015	400309080038	AENPT3723L	10/05/1975 52 YEARS	drgirish@gmail.com	9767994455	NO
2	GMC ALIBAG	OTORHINOLARYNGOLOGY	DR. SHAMPAMISHRA	ASSISTANT PROFESSOR	17.02.2023	MBBS 2011	MS ENT 2017 DNB ENT 2019	4 YEARS	YES		796263784160	AYWPM3459P	30/10/1986 37 YEARS	shampamishra@gmail.com	7738455294	NO

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





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

**ANNEXURE-VII-B**

Name of the College : Government Medical College,  
Alibag  
Phone/Mobile No. :  
Name of the Subject : Ophthalmology

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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Government Medical College Alibag	Ophthalmology	Dr.Sujata Sanjay Chahande	Professor and Head of Department	21/01/2023	MBBS, 1994	MS Ophthalmology, 1998	23	Yes	MUHS/E-UG/4401/305/2008 WITH EFFECTIVE FROM 201/10/2003	774141712045	AEBPC5157M	21-03-1971 (52yrs)	<a href="mailto:drsujata@hotmail.com">drsujata@hotmail.com</a>	9765406720	No
2	Government Medical college Alibag	Ophthalmology	Dr Nandkumar Bhaskarrao Dole	Assistant Professor	14/07/2023	MBBS 1999	Ms Ophthalmology 2004	12	Yes		445945204241	AIEPD1641E	01/05/1977	drmandakumardole@yahoo.co.in	985006647	No