

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

Name of the college : Government Medical College, Alibag

Phone/Mobile No. : 02141-299214

Name of the Subject : Anatomy

Sr. No.	Name of Teacher (LastName FirstName 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 CardNo	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 Gaikwad Anjana	Professor and Head	Anatomy	Regular	MBBS, MS	YES	18 years	Yes	24.07.2007	1	31/10/1965	anjanagkwd@gmail.com	9422084905	660982768031	No	
2	Dr. Waghmode Santosh	Associate Professor	Anatomy	Regular	MBBS, MD	YES, MUHS/UG/E-1/82/1206/1617/2021 Dated 09.04.2021	2 Years	Yes	26.05.2022	-	24/07/1984	officialsurya24by7@gmail.com	8329529428	769979455778	No	
3	Dr Kavitate . Rupali S.	Assistant Professor	Anatomy	Regular	MBBS, MD	YES, MUHS/UG/E-1/43/1132/162/2019	4 Years	Yes	09.01.2014	-	25/4/19979	drrupalikhedu@gmail.com	9029979721	850080916169	No	

ANNEXURE-VII-C

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

Name of college: GMC ALIBAG
Phone/Mobile number: 7588042101
Name of subject: Pathology

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/Speciality	Type of Appointment (Regular/Temp./Honorary)	Qualification	University Appointed (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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr. Shilpa Narayankar	Associate Professor	Pathology	Regular	MD Pathology	10 years	8years	Yes	MUHS/PG/E1/1101/27/1875/2019 Dt 08/05/2019	Nil	12/02/1985	shilpathology@gmail.com	8828162556	591548649665	No	
2	Dr. Gloria khumanthem	Assistant Professor	Pathology	Temporary	MD Pathology	5 years	-	-	-	-	02-02-1991	khumant hemgloria@gmail.com	8837433863	573490249645	no	
3	Dr. Sheetal Joshi	Assistant Professor	Pathology	Temporary	MD Pathology	2 years	-	-	-	-	07-04-1979	sheetaljos highuge@gmail.com	9422689911	215117485651	no	

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

Name of the college: GOVERNMENT MEDICAL COLLEGE, ALIBAG

Phone/Mobile No. :

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 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.YOGESH SALUNKHE	ASSOCIATE PROFESSOR	PAEDIATRICS	REGULAR	MD PAEDIATRICS	11 YEARS	3 YEARS	YES	MUHS/PG/E-1/1303/27/447/2021 dated 15/2/2021	01	06/07/1982	yogeshsalunkhe1982@yahoo.co.in	9823275490	453805348542	NO	
2	DR.RAHUL DAWRE	ASSISTANT PROFESSOR	PAEDIATRICS	REGULAR	MD PAEDIATRICS	10 YEARS	3 YEARS 11 MONTHS	YES	MUHS/PG/E-1/1202/20/2019 dated 11/01/2019	03	24-08-1984	DAWR E2000 @GMAIL.CO M	9158000645	915061392822	NO	

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. Ravibhushan Kasale	Associate Professor	General Surgery	Regular	M.S. General Surgery	13 y 11 months	10 yrs 11yrs	Yes	MUHS/PG/E-1/1406/456/18 Dt: 30/01/2018	4	03/02/1982	ravibhushan123@gmail.com	8485031957	704292816651	No	
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सहयोगी प्राध्यापक
सामुहिकित्साशास्त्र विभाग,
राजकीय वैद्यकीय महाविद्यालय,
अलिबाग-रायगड

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

Name of the college: GMC ALIBAG, RAIGAD

Phone/Mobile No. :

Name of the Subject : ENT

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp. / Honorar y)	Qualification	Universit y Approx at (UG)	PG Teaching Experien c e (in Years) after PGM	PG Teacher Recopni lion Yes/No	(Recognition Letter Date issued by University)	No. of PG Student s Guided last 5 year	Date of Birt h	E-mail ID	Mobil e No.	Aadha r Card No	If Debar red (Yes/No)	Sign.. of Teach er
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	DR. GIRISH V. THAKUR	PROFESSOR	ENT	REGULAR	MBBS 1999 MS ENT 2005		12 YEARS	YES	MUHS/PG/E-1/1406/27/4386/15 DATE 18.12.2015	12	10.05.1975	deangm cjalgaon @gmail. com	9767994455	400309080038	NO	

