

Annexure-Xb

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

Name of the College : Nootan Homoeopathic Medical College & Hospital Narsinghaon Tal- Kavathemahankal Dist-Sangli.
Phone/Mobile No. : 9226721277 / 9764849877
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	Nootan Homoeopathic Medical College & Hospital	Anatomy	Dr. Bajirao Appa Shinde	Principal /Professor	30/1/2019	1996	2007	16 Years	Yes	MUHS/(UG)E 4NHMC/78 20 22 Date 06/01/20 22	270815092674	BETPS7423B	1/5/1973	ananyaclinic77@gmail.com	9226721277	No



Signature of Principal with Seal
PRINCIPAL 13/12/2023
Nootan Homoeopathic Medical College & Hospital
Narsinghaon, Kavathe Mahankal
Dist- Sangli, 416419, Maharashtra

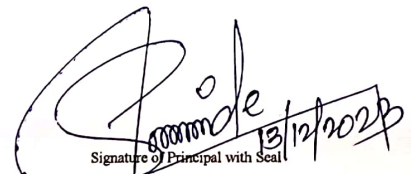
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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : Nootan Homoeopathic Medical College & Hospital Narsinhgaon Tal- Kavathemahankal Dist-Sangli.
Name of the Subject : Physiology

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	Adhaar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/ No
1	Nootan Homoeopathic Medical College & Hospital	Physiology	Dr.Sharmila Vishant Patil	Professor	15/02/2019	1997	2011	11 Years 10 Month	Yes	MUHS (U G)E4NH MC/78/20 22 Date:06/01 /2022	909332894286	ANQPP1668Q	19/2/1975	dr.patilsharmila@gmail.com	8669000422	No
2	Nootan Homoeopathic Medical College & Hospital	Physiology	Dr. Dhiraj Gandhi	Asst.Professor	3/9/2018	2012	2017	4 Years 10 Month	Yes	MUHS (U G)E4NH MC/78/20 22 Date:06/01 /2022	791301085488	BJJPG0336A	5/7/1991	gdhirj10@yahoo.com	9890770849	No




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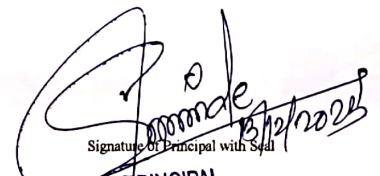
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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : Nootan Homoeopathic Medical College & Hospital Narsinghaon Tal- Kavathemahankal Dist-Sangli.
Name of the Subject : Hom.Pharmacy

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	Nootan Homoeopathic Medical College & Hospital	Hom. Pharmacy	Dr. Japa Shibila	Professor	6/6/2019	2003	2008	14 Years 10 Month	Yes	MUHS (UG) E4NH1 MC/78/2022 Date:06/01/2022	283387838844	BZNP54037E	13/1/1981	drjapashibila@gmail.com	9869704636	No
2	Nootan Homoeopathic Medical College & Hospital	Hom. Pharmacy	Dr.Gauri Patil	Asst. Professor	3/9/2018	2010	2015	4 Years 10 Month	Yes	MUHS (UG) E4NH1 MC/78/2022 Date:06/01/2022	4874459900046	BTBPP6619K	2/7/1988	gauri.san4@gmail.com	9552537800	No




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SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : Nootan Homoeopathic Medical College & Hospital Narsinghaon Tal- Kavathemahankal Dist-Sangli.
Name of the Subject : Pathology

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	Nootan Homoeopathic Medical College & Hospital	Pathology	Dr. Snehal Kavathekar	Asso. Professor	1/3/2019	2010	2015	05 Years 10 Month	Yes	MUHS (UG) E4NH MC/78/2022 Date 06/01/2022	451169556481	FUEPL6208P	17/1989	snehal.kavathekar2@gmail.com	8600495455	No



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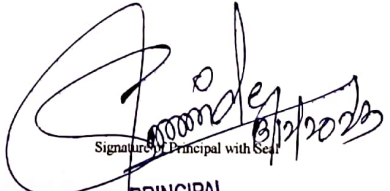
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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : Nootan Homoeopathic Medical College & Hospital Narsirhgaon Tal- Kavathemahankal Dist-Sangli.
Name of the Subject : Forensic Medicine & Toxicology

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	Nootan Homoeopathic Medical College & Hospital	Forensic Medicine & Toxicology	Dr.Sanjay Bhausaheb Ketkale	Asso. Professor	25/11/2021	1992	2011	11 Years	Yes	MUHS (UG) EANH MC/78/2022 Date:06/01/2022	434325488741	AFRPK8879D	27/11/1967	sanjayketkale5909@gmail.com	9766710512	No




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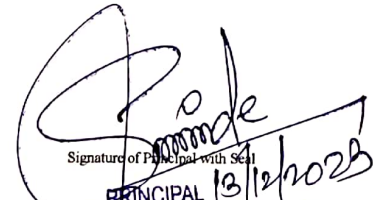
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SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : Nootan Homoeopathic Medical College & Hospital Narsinghaon Tal- Kavathemahankal Dist-Sangli.
Name of the Subject : Organone of Medicine

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	Nootan Homoeopathic Medical College & Hospital	Organone of Medicine	Dr. Malhari Suryavanshi	Asst. Professor	3/9/2018	2009	2012	4 Years 10 Month	Yes	MUHS.(UG)E4 NHMC/78/2022 Date:06/01/2022	651225848621	DUTPS8726K	17/7/1983	drmahisurya83@gmail.com	9284609353	No




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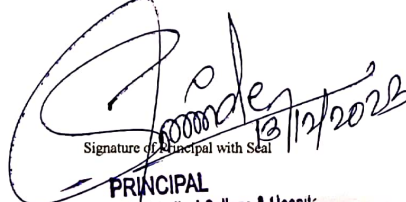
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SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : Nootan Homoeopathic Medical College & Hospital Narsinhgaon Tal- Kavathemahankal Dist-Sangli.
Name of the Subject : Surgery

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	Nootan Homoeopathic Medical College & Hospital	Surgery	Dr. Swanand Patil	Professor	1/4/2019	2009	2013	08 Years 10 Month	Yes	MUHS/(UG)/E4 NHMC/78/2022 Date:06/01/2022	800314554353	CKMPP0299Q	15/8/1985	drswanandpatil85@gmail.com	9970306758	No




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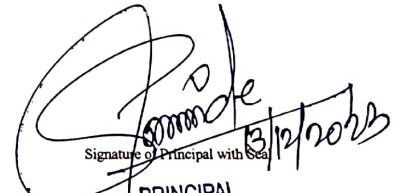
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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : Nootan Homoeopathic Medical College & Hospital Narsinhgaon Tal- Kavathemahankal Dist-Sangli.
Name of the Subject : Obstratic & Gynecology

Sr.No.	College Name	Subject	Full name of the Teacher (First/Middle /La st)	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	Adhaar 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	Nootan Homoeopathic Medical College & Hospital	Obstratic & Gynecology	Dr. Seema Deshpande	Professor	20/8/2019	2000	2007	9 Years 10 Month	Yes	MUHS/(UG) E4NHMC/13 3/2022 Date:14/01/2022	221672772281	CHQPD9955G	15/7/1978	deshpandeseema14@gmail.com	9172550021	No




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Name of the College : Nootan Homoeopathic Medical College & Hospital Narsinngaon Tal- Kavathemahankal Dist-Sangli.
Name of the Subject : Practice of Medicine

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	Nootan Homoeopathic Medical College & Hospital	Practice of Medicine	Dr.Aniruddha Kulkarni	Asso. Professor	2/12/2019	2008	2013	09 Years	Yes	MUHS/(UG)/E4NHMC/78/2022 Date:06/01/2022	632016648112	DBWPK7064J	20/05/1987	dr.anikulkarni@yahoo.in	7385080084	No
2	Nootan Homoeopathic Medical College & Hospital	Practice of Medicine	Dr.Anilkumar Atpadkar	Asst.Professor	1/3/2021	2015	2019	2 Years 9 months	Yes	MUHS/(UG)/E4NHMC/78/2022 Date:06/01/2022	803332022588	BTQPA1210E	16/02/1992	anilkumar.atpadkar@gmail.com	9561338379	No



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SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : Nootan Homoeopathic Medical College & Hospital Narsinghaon Tal- Kavathemahankal Dist-Sangli.
Name of the Subject : Community Medicine

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	Adhaar 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	Nootan Homoeopathic Medical College & Hospital	Community Medicine	Dr. Saiprakash Pawde	Asso Professor	15/09/2021	2008	2013	9 Year 10 Month	Yes	MUHS (UG) E 4NHMC 3912 022 Date 04/03/2022	672967489001	BJBPP4635D	21/12/1984	drsaipawade@gmail.com	9890568409	No
2	Nootan Homoeopathic Medical College & Hospital	Community Medicine	Dr. Suyog Shivare	Asst Professor	24/03/2021	2008	2013	10 Years	Yes	MUHS (UG) E 4NHMC 3912 022 Date 04/03/2023	341527733507	CYDPS3301K	1/7/1986	suyogshivare@gmail.com	9850912216	No



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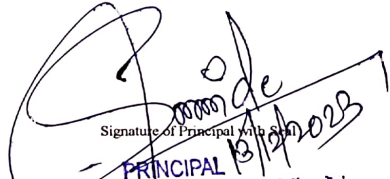
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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : Nootan Homoeopathic Medical College & Hospital Narsinhgaon Tal- Kavathemahankal Dist-Sangli.
Name of the Subject : Repertory

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	Adhaar 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	Nootan Homoeopathic Medical College & Hospital	Repertory	Dr. Pritam Bhanawase	Asso. Professor	19/12/2019	2007	2012	10 Years 10 Month	Yes	MUHS (UG) E4NHMC/78/2022 Date-06/01/2022	528583407123	AROPB4944K	18.07/1985	drpritamhanwase@gmail.com	9960357489	No




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