

## Annexure -VIIB

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

**Name of the College: GOVERNMENT MEDICAL COLLEGE, DHARASHIV [OSMANABAD]**

Phone/ Mobile No. : 02472 – 297440 Name of the Subject: **Biochemistry**

| 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 Dharashiv | Biochemistry | Dr. Mahendrakumar Gajanan Dhabe               | Professor           | 03.03.2006      | MBBS 1999                          | MD Biochemistry 2006               | 19 years                             | Yes                    | MUHS/UG/E-1/1208/5083/2014. Dt.17.11.2014 | 817153776189 | AJOPD7676C | 22/04/74                     | dhabe.2008@gmail.com | 9421277739         | No              |
| 2       | GMC Dharashiv | Biochemistry | Dr. Abdul. Mubashir Abdul Majid Siddiqui      | Associate Professor | 10.02.2005      | MBBS 1999                          | MD Biochemistry 2004               | 20.9 years                           | Yes                    | MUHS/UG/E1/057130/1178/2011Dt.15.04.2011  | 366241092286 | BALPS6654Q | 01/05/77                     | mubs10@yahoo.co.in   | 9890055896         | No              |
| 3       | GMC Dharashiv | Biochemistry | Dr. Nilima Jawahar Gupta                      | Assistant Professor | 19.09.2015      | MBBS 2006                          | MD Biochemistry 2015               | 9.3 years                            | Yes                    | ----                                      | 408800538174 | BBDPG5454P | 08/04/1983                   | gnilima26@yahoo.com  | 9421060208         | No              |

*(Signature)*  
**Professor & Head**  
 Department of Biochemistry  
 Government Medical College  
 Osmanabad

*(Signature)*  
**Dean,**  
 Government Medical College  
 Dharashiv



## ANNEXURE-VII-B

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

Name of the College: GOVERNMENT MEDICAL COLLEGE, DHARASHIV [OSMANABAD]

Phone/Mobile No. : 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 | 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       | Govt.M.C. Osmanabad | Physiology | Dr..Mundewadi S A                            | Associate Professor | 28/06/2022      | MBBS 1995                          | MD1999                             | 24Yrs.                               | Yes                    | Muhs/E1/UG1303/21833/2207          | 415419888446 | ABDDM02625 | 27/05/1973                   | Shafique.mundewadi@gmail.com | 9860042522         | No              |
| 2       | Govt.M.C. Osmanabad | Physiology | Dr.Monica Yunati                             | Associate Professor | 10.7.2020       | 2007                               | 2014                               | 10yrs 5 Month                        | Yes                    | Muhs/UG/E1/53/1306/5199/2016       | 488571183367 | AHSBY0494M | 10.12.1984                   | monicayunati@gmail.com       | 8830293090         | No              |
| 3       | Govt.M.C. Osmanabad | Physiology | Dr. Vijayalaxmi Gawre                        | Assistant Professor | 05/07/2024      | 2008                               | 2015                               | 7yrs, 8 Month                        | Yes                    | MUHS/UG/E-1/53/1404/1155/2020      | 484871450198 | ATEPG3033E | 08/05/1985                   | vijaya126gaware@gmail.com    | 7387739501         | No              |
| 4       | Govt.M.C. Osmanabad | Physiology | Dr. Chetan Rajput                            | Assistant Professor | 24/05/2024      | MBBS 2009                          | MD Physiology 2016                 | 7yrs, 6 Month                        | Yes                    |                                    | 611504726206 | AXFPR7548N | 04/02/1987                   | drchetanrajput5@gmail.com    | 9423188765         | No              |

*MCLW*  
 Professor & Head Of the  
 Department  
 Department of Physiology  
 Govt. Medical College  
 Dharashiv



*[Signature]*  
 Dean,  
 Government Medical College  
 Dharashiv

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


Name of the College: GOVERNMENT MEDICAL COLLEGE, DHARASHIV (OSMANABAD)

Phone/Mobile No. : 02472 – 297440 SUBJECT: ANATOMY

| Sr. No. | College Name     | Subject | Full name of the Teacher (First/ Middle /Last) | Designation         | Date of Joining | year UG Qualification & 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<br><br>(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       | G.M.C. Osmanabad | Anatomy | Dr.S.V.Anadwadi kar                            | Associate Professor | 12.10.24        | MBBS - 2002                        | MS Anatomy 2008                    | 16 yrs                               | Yes                     | MUHS/UG/E-1/1406/4185/13 23.10.13  | 6401 6810 8497 | AYAPK 5908R | 08.06.1979<br>43yrs                 | drsuvama08@gmail.com | 97650 90074        | NO              |
| 2       | G.M.C. Osmanabad | Anatomy | Dr.Galphade Yogesh Pandurang                   | Assistant Professor | 14.2.23         | MBBS - 2009                        | MD Anatomy 2015                    | 8yrs                                 | Yes                     | MUHS/UG/E-1/                       | 7706 1294 0634 | AYKPG 7676E | 10.05.1985<br>39yrs                 | Yash141985@gmail.com | 98605 13814        | NO              |

  
**Professor & HOD**  
 Department Of Anatomy  
 Government Medical College,  
 Osmanabad



  
**Dean,**  
 Government Medical College  
 Dharashiv

## ANNEXURE-VII-B

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

Name of the College: GOVERNMENT MEDICAL COLLEGE, DHARASHIV [OSMANABAD]  
 Phone/Mobile No. : 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       | -            | -       | -  | -           | -               | -                                  | -                                  | -                                    | -                      | -                                  | -         | -       | -                            | -                    | -                  | -               |

*Stoodal*  
 विभाग प्रमुख  
 शरिरविकृती शास्त्र विभाग  
 शासकीय वैद्यकीय महाविद्यालय, धाराशिव



*Stoodal*  
 Dean,  
 Government Medical College  
 Dharashiv

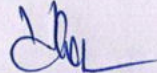
## ANNEXURE-VII-B


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

Name of the College: GOVERNMENT MEDICAL COLLEGE, DHARASHIV [OSMANABAD]

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

| 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       | GMCD         | Microbiology | Dr. Charushila Sheshrao Halgarkar            | Associate Professor | 21-03-2023      | MBBS 2001                          | M.D. Microbiology 2007             | 17 Year 2 months                     | YES                    | MUHS/UG/E-1/1404/2711/2010, Dt: 30/08/2010   | 585396758452 | ADCPH8610C | 27/06/1979<br>45 years       | dr.charushilahalgar@rediffmail.com | 9511219188         | NO              |
| 2       | GMCD         | Microbiology | Dr. Milind Davane                            | Assistant Professor | 10-06-2024      | MBBS 2002                          | MD Microbiology 2014               | 9 years 11 Months                    | Yes                    | MUHS/UG/E-1/53/1405/926/2017, Dt: 17/03/2017 | 374448726120 | CESPD3991R | 17/7/1979<br>45 years        | milinddctor@rediffmail.com         | 8446149882         | NO              |

  
**Professor & Head**  
 Department of Microbiology  
 Government Medical College,  
 Osmanabad

  
**Dean,**  
 Government Medical College  
 Dharashiv



## ANNEXURE-VII-B

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

Name of the College: GOVERNMENT MEDICAL COLLEGE, DHARASHIV [OSMANABAD]

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

| 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       | G.M.C. Osmanabad | Pharmacology | Dr. U.P. Gawali                              | Associate Professor | 02/5/1991       | 1989                               | 1995                               | 32 Yrs                               | Yes                    | Muhs/E-1/1209/25-10-2004 dt.24/05/2004    | 73226693804  | ADOPB96970H | 6/1963                       | ujwalagawali1963@gmail.com | 9420492342         | No              |
| 2       | G.M.C. Osmanabad | Pharmacology | Godbharle Santosh Baburao                    | Associate Professor | 24.1.2025       | 2010                               | 2015                               | 8 Yrs                                | yes                    | MUHS/UG/E-1/53/1404/2674/2017Dt-14/7/2017 | 836563507611 | ATPPG1411K  | 27.7.1987                    | santoshgodbharle@gmail.com | 9423360209         | No              |

*(Signature)*  
**विभागा प्रमुख**  
 औषधशास्त्र विभाग  
 शासकीय वैद्यकीय महाविद्यालय  
 धाराशिव



*(Signature)*  
**Dean,**  
**Government Medical College**  
**Dharashiv**

## ANNEXURE-VII-B

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

Name of the College: GOVERNMENT MEDICAL COLLEGE, DHARASHIV (OSMANABAD)

Phone/Mobile No. : 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       | Government Medical College, Dharashiv Osmanabad | Forensic Medicine & Toxicology | Dr Vishwajeet Govindrao Pawar                | Professor & Head | 12.02.2024      | MBBS 2004                          | MD 2010                            | 14 yrs                               | Yes                    | MUHS/UG/E-1/057391/3210/2011<br>MUHS/UG/E-1/531404/385/2017 | 251793356585 | APSP2 356K | 11/06/1982<br>41 Yrs         | pawar.dr.vishwajeet@gmail.com | 9922086138         | NO              |

*(Signature)*  
**Professor & Head**  
 Department of Forensic Medicine  
 Government Medical College,  
 Osmanabad

*(Signature)*  
**Dean,**  
 Government Medical College  
 Dharashiv




## ANNEXURE-VII-B

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

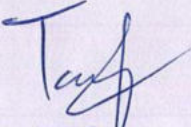
Name of the College: GOVERNMENT MEDICAL COLLEGE, DHARASHIV [OSMANABAD]

Phone/Mobile No. : 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                              | 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       | Govt.M.C. Dharashiv | Community Medicine | Dr. Lagdir Lalasaheb Gaikwad                 | Associate Professor | 17/10/2024      | MBBS, 2007                         | MD, 2012                           | 12 years 8 months                    | Yes                    | MUHS/UG/E1/53/1208/3576/2018 Dated 30/10/2018                   | 491417342508 | AOFPG3226B | 20.08.1982, 41yrs            | tanajigaikwad20@gmail.com  | 8446965356         | No              |
| 2       | Govt.M.C. Dharashiv | Community Medicine | Dr. Mohan Mahadeorao Raut                    | Assistant Professor | 01/08/2023      | MBBS, 1995                         | MD, 2004                           | 20 years 11 months                   | Yes                    | No.MUHS/UG/E-1/05795/745/2011 Dated 14/03/2011                  | 731438647828 | AAZPR7477H | 15/10/1971, 53 yrs           | Mohanraut66@rediffmail.com | 9423030274         | No              |
| 3       | Govt.M.C. Dharashiv | Community Medicine | Dr. Ganesh Ramesh Rao Tathe                  | Assistant Professor | 21/05/2024      | MBBS,2010                          | MD, 2015                           | 9 years 3 months                     | Yes                    | मआविवि/शै. वि. /ईओ/पदवी व पदव्युत्तर/३८०१/२०२२ Dated 17/10/2022 | 459661248800 | AQOPT7023J | 18/09/1985, 39 years         | drganeshta86@gmail.com     | 9175022277         | No              |

  
**Dean,**  
**Government Medical College**  
**Dharashiv**



  
**प्राध्यापक व विभाग प्रमुख**  
**जन औषध वैद्यकशास्त्र विभाग**  
**शासकीय वैद्यकीय महाविद्यालय**  
**उस्मानाबाद**



## ANNEXURE-VII-B

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

Name of the College: GOVERNMENT MEDICAL COLLEGE, DHARASHIV [OSMANABAD]

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

| 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) | LatestEmailAddress          | Contact No. (Mob.) | DebarredYes/No |
|---------|------------------|---------------------|--|---------------------|-----------------|------------------------------------|------------------------------------|--------------------------------------|------------------------|------------------------------------|--------------|------------|------------------------------|-----------------------------|--------------------|----------------|
| 1       | 2                | 3                   | 4  | 5                   | 6               | 7                                  | 8                                  | 9                                    | 10                     | 11                                 | 12           | 13         | 14                           | 15                          | 16                 | 17             |
| 1       | G.M.C. Osmanabad | Otorhinolaryngology | Dr. Ashvini Somware Govindrao                | Assistant Professor | 06/06/2024      | MBBS 2014                          | MS E.N.T. 2019                     | 3Yrs                                 | Yes                    |                                    | 258952296398 | GCOPS4783Q | 19/08/1990                   | ashvinisomware198@gmail.com | 9834564612         | No             |

*Ashvini Somware*  
 Dr. Ashvini Somware  
 Assistant Professor  
 Department of ENT  
 Govt. Medical College, Dharashiv



*[Signature]*  
 Dean,  
 Government Medical College  
 Dharashiv

## ANNEXURE-VII-B

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

Name of the College: GOVERNMENT MEDICAL COLLEGE, DHARASHIV [OSMANABAD]

Phone/Mobile No. : Name of the Subject : GENERAL 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       | 2            | 3               | 4  | 5                   | 6               | 7                                  | 8                                  | 9                                    | 10                     | 11  | 12           | 13         | 14                           | 15                        | 16                 | 17              |
| 1       | GMCD         | GENERAL SURGERY | Dr. Rohan Shashikant Khairatkar              | ASSOCIATE PROFESSOR | 07/12/2015      | 2007                               | 2013                               | 9 Years                              | Yes                    | MUHS/UG/E-1/53/1101/137/2017                              | 332495920977 | BQFPK7553J | 04/12/1984                   | rohankhairatkar@gmail.com | 7798335625         | NO              |
| 2       | GMCD         | GENERAL SURGERY | Dr. Dayanand Dattatraya Choure               | ASSISTANT PROFESSOR | 20/03/2024      | 2008                               | 2013                               | 8 Years                              | Yes                    | --  | 601494397891 | ANRPC7335G | 26/06/1984                   | drdayac@gmail.com         | 7710081177         | NO              |
| 3       | GMCD         | GENERAL SURGERY | Dr. Prashant Nandkishor Patil                | ASSISTANT PROFESSOR | 03/10/2022      | 2004                               | 2011                               | 2 Years 4 Months                     | Yes                    | मआविवि/शैवि/ईओ/ पदवी व पदव्युत्तर / 3801/2022 दि.17.10.22 | 451062240192 | BTMPP4300A | 22/03/1983                   | prashantnp2010@gmail.com  | 9823264430         | NO              |
| 4       | GMCD         | GENERAL SURGERY | Dr. Swapnil Suresh Ugale                     | ASSISTANT PROFESSOR | 19/07/2024      | 2014                               | 2022                               | 6 Months                             | Yes                    | --  | 933562974657 | AEBPU1635C | 12/02/1992                   | drswapnilugale@gmail.com  | 8668544210         | NO              |
| 5       | GMCD         | GENERAL SURGERY | Dr. Ajit Manikrao Dikle                      | ASSISTANT PROFESSOR | 30/07/2024      | 2011                               | 2019                               | 2 Years                              | No                     | --  | 909318398254 | AXWPD1238N | 19/03/1988                   | Ajit505@yahoo.com         | 9850170060         | NO              |

Ry  
**विभाग प्रमुख**  
**शल्यचिकित्साशास्त्र विभाग**  
**शासकीय वैद्यकीय महाविद्यालय**  
**धाराशिव**



Dean,  
**Government Medical College**  
**Dharashiv**

## ANNEXURE-VII-B

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

Name of the College: GOVERNMENT MEDICAL COLLEGE, DHARASHIV [OSMANABAD]

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

| 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       | GMCD         | ORTHOP AEDICS | Dr. Balaji Ram Bharate                       | Assistant Professor | 29/05/2024      | 2014                               | 2022                               | 8 Months                             | Yes                    | --                                 | 298938114299 | BKZPB0993H  | 29/05/1990                   | balajibharate5@gmail.com      | 9552482496         | NO              |
| 2       | GMCD         | ORTHOP AEDICS | Dr. Akash Ankush Bhakare                     | Senior Resident     | 29/08/2022      | 2016                               | 2022                               | Nil                                  | No                     | --                                 | 262214504834 | DYHPB B392G | 15/06/1991                   | bhakare1@gmail.com            | 7977987597         | NO              |
| 3       | GMCD         | ORTHOP AEDICS | Dr. Dastagir Nabilal Shaikh                  | Senior Resident     | 01/10/2024      | 2012                               | 2023                               | Nil                                  | No                     | --                                 | 573959715022 | FMDPS3506P  | 05-06-1989                   | Drdastagirschaikh07@gmail.com | 9503150427         | NO              |

*(Signature)*  
**विभाग प्रमुख**  
**अस्थिव्यगोपचार विभाग**  
**राजकीय वैद्यकीय महाविद्यालय**  
**रस्मानाबाद**



*(Signature)*  
**Dean,**  
**Government Medical College**  
**Dharashiv**

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

**ANNEXURE-VII-B**

Name of the College: GOVERNMENT MEDICAL COLLEGE, DHARASHIV (OSMANABAD)

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

| 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, Dharashiv Osmanabad | OBGY    | Dr Sonali Deshpande                          | Associate Professor | 22/07/2023      | MBBS 1996                          | MD 1999                            | 24Yrs                                | Yes                    | MUHS/UG/E-1/1401/755-40/2007<br>MUHS/PG/E-1/1401/755-40/2007 | 460099153414 | AFUPD5169G | 25/11/1972<br>52 Yrs         | SONALI SSD97@40 GMAIL.COM | 9822655140         | NO              |



*for*  
**Dean,**  
**Government Medical College**  
**Dharashiv**

*for*  
**विभाग प्रमुख**  
**स्त्रीरोग व प्रसुतांशास्त्र विभाग**  
**शासकीय वैद्यकीय महाविद्यालय**  
**उस्मानाबाद**

## ANNEXURE-VII-B

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

Name of the College: GOVERNMENT MEDICAL COLLEGE, DHARASHIV Phone/Mobile No. : 02472 - 297440

SUBJECT: GENERAL MEDICINE

| S r. N o. | College Name  | Subject          | Full name of the Teacher (First/ Middle /Last) | Designation | Date of Joining | year UG Qualification & of Passing | PG Qualificati on & Year of Passing | Teaching Experienc e after PG passing | MUH S Appro val (Yes/ No) | If Yes MUHS Approval Letter & Date | Adhar No. | Pan No. | Date of Birth (Age in years) | Latest Email Address | Contact No. (Mob.) | Debarr ed Yes/N o |
|-----------|---------------|------------------|--|-------------|-----------------|------------------------------------|-------------------------------------|---------------------------------------|---------------------------|------------------------------------|-----------|---------|------------------------------|----------------------|--------------------|-------------------|
| 1         | 2             | 3                | 4  | 5           | 6               | 7                                  | 8                                   | 9                                     | 10                        | 11                                 | 12        | 13      | 14                           | 15                   | 16                 | 17                |
| 1         | GMC DHARASHIV | GENERAL MEDICINE | NA   | NA          | NA              | NA                                 | NA                                  | NA                                    | NA                        | NA                                 | NA        | NA      | NA                           | NA                   | NA                 | NA                |
| 2.        |               |                  |  |             |                 |                                    |                                     |                                       |                           |                                    |           |         |                              |                      |                    |                   |

*[Signature]*  
**Professor & Head**  
 Medicine Department  
 Government Medical College,  
 Osmanabad



*[Signature]*  
**Dean,**  
 Government Medical College  
 Dharashiv

## ANNEXURE-VII-B

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

Name of the College: GOVERNMENT MEDICAL COLLEGE, DHARASHIV

Phone/Mobile No. : 02472 - 297440

SUBJECT : RESPIRATORY MEDICINE

| S r. N o. | College Name     | Subject              | Full name of the Teacher (First/ Middle /Last) | Designation | Date of Joining | year UG Qualification & of Passing | PG Qualificati on & Year of Passing | Teaching Experienc e after PG passing | MUHS Appro val (Yes/ No) | If Yes MUHS Approval Letter & Date | Adhar No. | Pan No. | Date of Birth (Age in years) | Latest Email Address | Contact No. (Mob.) | Debarr ed Yes/N o |
|-----------|------------------|----------------------|--|-------------|-----------------|------------------------------------|-------------------------------------|---------------------------------------|--------------------------|------------------------------------|-----------|---------|------------------------------|----------------------|--------------------|-------------------|
| 1         | 2                | 3                    | 4  | 5           | 6               | 7                                  | 8                                   | 9                                     | 10                       | 11                                 | 12        | 13      | 14                           | 15                   | 16                 | 17                |
| 1         | G.M.C. Dharashiv | RESPIRATORY MEDICINE | NA   | NA          | NA              | NA                                 | NA                                  | NA                                    | NA                       | NA                                 | NA        | NA      | NA                           | NA                   | NA                 | NA                |



*[Signature]*  
**Professor & Head**  
 Medicine Department  
 Government Medical College,  
 Osmanabad

*[Signature]*  
**Dean,**  
 Government Medical College  
 Dharashiv

## ANNEXURE-VII-B

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

Name of the College: GOVERNMENT MEDICAL COLLEGE, DHARASHIV

Phone/Mobile No. : 02472 - 297440

SUBJECT: Emergency Medicine

| S r. N o. | College Name     | Subject            | Full name of the Teacher (First/ Middle /Last) | Designation | Date of Joining | year UG Qualification & of Passing | PG Qualificati on & Year of Passing | Teaching Experienc e after PG passing | MUHS Appro val (Yes/ No) | If Yes MUHS Approval Letter & Date | Adhar No. | Pan No. | Date of Birth (Age in years) | Latest Email Address | Contact No. (Mob.) | Debarr ed Yes/N o |
|-----------|------------------|--------------------|--|-------------|-----------------|------------------------------------|-------------------------------------|---------------------------------------|--------------------------|------------------------------------|-----------|---------|------------------------------|----------------------|--------------------|-------------------|
| 1         | 2                | 3                  | 4  | 5           | 6               | 7                                  | 8                                   | 9                                     | 10                       | 11                                 | 12        | 13      | 14                           | 15                   | 16                 | 17                |
| 1         | G.M.C. Dharashiv | Emergency Medicine | NA   | NA          | NA              | NA                                 | NA                                  | NA                                    | NA                       | NA                                 | NA        | NA      | NA                           | NA                   | NA                 | NA                |
| 2         |                  |                    |  |             |                 |                                    |                                     |                                       |                          |                                    |           |         |                              |                      |                    |                   |
| 3         |                  |                    |  |             |                 |                                    |                                     |                                       |                          |                                    |           |         |                              |                      |                    |                   |

*[Signature]*  
**Professor & Head**  
 Medicine Department  
 Government Medical College,  
 Osmanabad



*[Signature]*  
**Dean,**  
 Government Medical College  
 Dharashiv

## ANNEXURE-VII-B

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


Name of the College: GOVERNMENT MEDICAL COLLEGE, DHARASHIV Phone/Mobile No. : 02472 - 297440

SUBJECT: OPHTHALMOLOGY

| S r. N o. | College Name  | Subject       | Full name of the Teacher (First/ Middle /Last) | Designation | Date of Joining | year UG Qualification & of Passing | PG Qualificati on & Year of Passing | Teaching Experienc e after PG passing | MUH S Appro val (Yes/ No) | If Yes MUHS Approval Letter & Date | Adhar No. | Pan No. | Date of Birth (Age in years) | Latest Email Address | Contact No. (Mob.) | Debarr ed Yes/N o |
|-----------|---------------|---------------|--|-------------|-----------------|------------------------------------|-------------------------------------|---------------------------------------|---------------------------|------------------------------------|-----------|---------|------------------------------|----------------------|--------------------|-------------------|
| 1         | 2             | 3             | 4  | 5           | 6               | 7                                  | 8                                   | 9                                     | 10                        | 11                                 | 12        | 13      | 14                           | 15                   | 16                 | 17                |
| 1         | GMC DHARASHIV | OPHTHALMOLOGY | NA   | NA          | NA              | NA                                 | NA                                  | NA                                    | NA                        | NA                                 | NA        | NA      | NA                           | NA                   | NA                 | NA                |
| 2.        |               |               |  |             |                 |                                    |                                     |                                       |                           |                                    |           |         |                              |                      |                    |                   |



  
**Dean,**  
**Government Medical College**  
**Dharashiv**

  
**Dr. Anuja Kandle**  
**(Asst. prof.)**




## ANNEXURE-VII-B

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


Name of the College: GOVERNMENT MEDICAL COLLEGE, DHARASHIV (OSMANABAD)

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

| 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. | PanNo. | 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       | -            | -       | -  | -           | -               | -                                  | -                                  | -                                    | -                      | -                                  | -         | -      | -                            | -                    | -                  | -               |

  
 Dean,  
 Government Medical College  
 Dharashiv



  
 प्राध्यापक व विभाग प्रमुख  
 क्षकिरणशास्त्र  
 शासकीय वैदकीय महाविद्यालय  
 उस्मानाबाद

## ANNEXURE-VII-B

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

Name of the College: GOVERNMENT MEDICAL COLLEGE, DHARASHIV [OSMANABAD]

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

| 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 Addresses  | Contact No. (Mobile) | Debarred Yes/No |
|--------|------------------------------|----------------|--|---------------------|-----------------|------------------------------------|------------------------------------|--------------------------------------|------------------------|--|--------------|------------|------------------------------|-------------------------|----------------------|-----------------|
| 1      | G.M.C. DHARASHIV (Osmanabad) | Anesthesiology | Dr. Agrawal Pushpa Ishwardas                 | Professor           | 18.8.2023       | M.B.B.S 1984                       | MD 1988                            | 35(y) 4(m)                           | Yes                    | MUHS/E1/PG/1208/755-27/2007 DATE-24/02/2007    | 317115660451 | AFJPA8929C | 22.03.1963                   | agrawalpushpa@yahoo.com | 9823373153           | No              |
| 2      | G.M.C. DHARASHIV (Osmanabad) | Anesthesiology | Dr. Kiran Vishwanath Todkari                 | Associate Professor | 18/10/2024      | M B B S 2002                       | MD 2010                            | 12 Years                             | Yes                    | MUHS/PG/E-1/1406/956/18 DATE-30/01/2018        | 252333278543 | AGJPT6058Q | 14/06/1981                   | kvtoadkari81@gmail.com  | 9923164641           | No              |
| 3      | G.M.C. DHARASHIV (Osmanabad) | Anesthesiology | Dr. Ganesh Laxman Khandarkar                 | Associate Professor | 15/10/2024      | M B B S 2009                       | MD 2017                            | 7 Years                              | Yes                    | MUHS/PG/E-1/104103/272520/2023 DATE-13/09/2023 | 224203229340 | CNDPK7520H | 24/04/1985                   | ganesh.sog@gmail.com    | 9130263226           | No              |
| 4      | G.M.C. DHARASHIV (Osmanabad) | Anesthesiology | Dr. Deepti Satish Nagrale                    | Assistant professor | 14.09.2022      | M.B.B.S 2002                       | MD 2010                            | 2 (y) 7 (m)                          | No                     | --   | 591666945072 | ALVPN0622M | 02.05.1981                   | drdeepti0205@gmail.com  | 9371640252           | No              |
| 5      | G.M.C. DHARASHIV (Osmanabad) | Anesthesiology | Dr. Uzma Sultana Mohammed Farooque Shaikh    | Senior Resident     | 01/03/2024      | M B B S 2017                       | MD 2024                            | 10 Months                            | No                     | --   | 712436513664 | LDUPS2679R | 28/01/1994                   | uzma20453@gmail.com     | 9284084701           | No              |

*P. J. Agrawal*  
 प्राध्यापक व विभाग प्रमुख  
 बधिरीकरणशास्त्र विभाग  
 शासकीय वैद्यकीय महाविद्यालय व  
 रुग्णालय, धाराशिव



*[Signature]*  
 Dean,  
 Government Medical College  
 Dharashiv

## ANNEXURE-VII-B

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

Name of the College: GOVERNMENT MEDICAL COLLEGE, DHARASHIV

Phone/Mobile No. : 02472 – 297440

SUBJECT: Dentistry

| S r. N o. | College Name     | Subject   | Full name of the Teacher (First/ Middle /Last) | Designation         | Date of Joining | year UG Qualification & of Passing | PG Qualificati on & Year of Passing | Teaching Experienc e after PG passing | MUH S Appro val (Yes/ No) | If Yes MUHS Approval Letter & Date | Adhar No.    | Pan No.      | Date of Birth (Age in years) | Latest Email Address          | Contact No. (Mob.) | Debarr ed Yes/N o |
|-----------|------------------|-----------|--|---------------------|-----------------|------------------------------------|-------------------------------------|---------------------------------------|---------------------------|------------------------------------|--------------|--------------|------------------------------|-------------------------------|--------------------|-------------------|
| 1         | 2                | 3         | 4  | 5                   | 6               | 7                                  | 8                                   | 9                                     | 10                        | 11                                 | 12           | 13           | 14                           | 15                            | 16                 | 17                |
| 1         | G.M.C. Dharashiv | Dentistry | Dr. Kshitija Kamlakar Bansode                  | Assistant Professor | 13/05/2024      | BDS September 2016 Summar          | MDS September 2022 Summar           | 1 YEAR 8 MONTHS                       | NA                        | NA                                 | 914609813120 | DRUP B9784 C | 02/06/1994                   | kshiti075@gmail.com           | 9561324468         | NO                |
| 2         | G.M.C. Dharashiv | Dentistry | Dr. Nageshnath Baliram Waghmare                | Senior Resident     | 09/05/2024      | BDS September 2016 Summar          | MDS SEPT-2023 Summar                | 8 MONTHS                              | NA                        | NA                                 | 857422502327 | ADDP W3141 L | 05/05/1995                   | nageshnathwaghmare5@gmail.com | 8208900527         | NO                |



*[Signature]*  
**Dean,**  
**Government Medical College**  
**Dharashiv**

*[Signature]*  
**Dr. Kshitija Bansode**  
 Asst. Prof  
 dental dept  
 GMC Dharashiv