

Date :- 18/03/2026

To,
The Registrar,
Maharashtra University of Health Sciences,
Vani Dindori Road, Mhasrul,
Nashik-422004

Subject: LIC 2026-27 Regarding Submission of Annexures and Attendance
Report of UG (MBBS) GMC,Dharashiv (Osamanabad)

Respected Sir/Madam,

With reference to above subject LIC Inspection dated 18/03/2026 was conducted at GMC Dharashiv (Osmanabad). Hereby attaching all Annexures I to IX and all attendance reports hard copy & soft copy. Submitted for your information and further action.

Thanking You,

Yours Faithfully,



DR. RITVIK D. JAYKAR
LIC CHAIRMAN

Dean,

Dr.V. Govt.Medical College,Solapur
Mobile No.9822325737

Enclosure:

- 1) LIC Inspection report (Part I & II)
- 2) Annexures (I to IX)
- 3) Pen Drive
- 4) Form No 5 (T.A Bill of all LIC members)

UNDERTAKING

By the Chairman and Members of Local Inquiry Committee
Before Conduct of Inspection

To,
The Registrar
Maharashtra University of Health Sciences (MUHS)
Nashik - 422004

Subject: Undertaking for Conducting Local Inquiry Committee Inspection Fairly and Honestly

We, the undersigned Chairman and Members of the Local Inquiry Committee, hereby submit this undertaking to the Maharashtra University of Health Sciences (MUHS), Nashik, prior to conducting the Local Inquiry Committee inspection of the MUHS affiliated College/Institute.

We solemnly affirm and assure the University that:

1. We shall conduct the inspection honestly, fairly, transparently, and impartially, without any bias, favoritism, or prejudice.
2. We shall strictly follow all rules, regulations, guidelines, and norms prescribed by MUHS during the inspection process.
3. We shall not demand, accept, or entertain any gift, benefit, inducement, or undue influence from us to the College/Institute to whom we are inspecting.
4. The inspection report shall be based purely on actual findings, facts, observations, and documentary evidence recorded during the inspection.
5. We shall maintain confidentiality, integrity, and professionalism throughout the inspection process.
6. We understand that any misconduct, misrepresentation, bias, or false reporting will not be presented to MUHS.

(Local Inquiry Committee)

| | |
|--|---|
| Chairman Name: <u>D. R. D. Jaykar</u> College: <u>D. V. M. GMC Solapur</u> Signature: <u>Jaykar</u> <u>18/03/26</u> | Member 1 Name: <u>D. Sachin C. Jadhav</u> College: <u>D. V. M. GMC Solapur</u> Signature: <u>Sachin</u> |
| Member 2 Name: <u>Dr. Ganu M. Ugale</u> College: <u>MIDSR Dental College</u> Signature: <u>Ganu</u> <u>18/03/2026</u> | Member 3 Name: _____ College: _____ Signature: _____ |

Date: 18/3/2026

Short Report

To,
The Registrar
M.U.H.S., Nashik

Sub: - Short Report of Local Inquiry Committee for Continuation of Affiliation for the Academic Year 2025-26.

Sir,

With reference to above mentioned subject and letter we are visiting Gout Medical College Dharashiv College on dated 18/3/26 and sending a **Short Report** regarding present Teaching Staff, Non-Teaching Staff and Number of patients in the OPD and IPD in your prescribed format as follows at 11.00 a.m.

1. Number of Teaching Staff present: 138
2. Number of Non-Teaching Staff present at College: 201
3. Number of Non-Teaching Staff present at Hospital: 189
4. Number of OPD patients: 436
5. Number of IPD patients: 365

1) ~~O. Jaykar R.D~~
(Name & Sign of LIC Member)

2) O. Sachin C. Jadhav Sach
(Name & Sign of LIC Member) 18/3/26

3) Dr. Grauni M. Ugale (Gauri)
(Name & Sign of LIC Member) 18/03/2026

4) A. Ritvik D. Jaykar Jaykar
(Name & Sign of LIC Chairman) 18/3/26



महाराष्ट्र MAHARASHTRA

2025

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अ.क्र. १६६३३३ १६६३३३
साक्षिद्वारा प्रस्तुत वेदकीय महाविद्यालय
यात्रा करारलेख क्र. १०००
हा स्टम्प रु. १०० वरिष्ठ
वा स्टम्प दिला.
कारण.....

कोषागार कार्यालय
धाराशिव
09 MAR 2026
मु.प्र.वि. / उप को.अ.
धाराशिव

श्रीशैलेश बांगड
मुद्रांक विक्रेता, धाराशिव
क्र.3501029

ANNEXURE-X

DECLARATION

(To be prepared on a Stamp Paper Rs. 100)

We, Local inquiry Committee of the Government Medical College, Osmanabad (Dharashiv) college/Institute solemnly states on affirmation, that the information provided by us in inspection Format as well as uploaded on College Website along with all Annexures is true and correct to the best of our knowledge. The said information is provided to us by the concerned teachers and duly verified by me. It is further submitted the teachers information attached in

प्रमाणपत्र / प्रमाणपत्र / प्रमाणपत्र / प्रमाणपत्र
पतिनाम / पतिनाम / पतिनाम / पतिनाम
मुद्रा: १००० घण्टापर एक घण्टा १०००
S. No. / Purchaser's Name / No. of Residence
मुद्रा: १००० घण्टापर एक घण्टा १०००
Serial No./Date
मुद्रांक विकत घेणाऱ्याची सही
Stamps Purchaser's Sign/Date
दिनांक
परवानाधारक मुद्रांक विकत्याची सही
परवाना क्रमांक तसेच मुद्रांक विक्री करणाऱ्याची सही
२६/१०/१९ धारा शेव

अधिकाऱ्यांनी सक्रीय वेळीय मदीं विद्यार्थी
धाराशिव
१०
१६६२ १६६३

respective Annexure- IA,IB, II,IV,VIIB,&VIIC are not working in/ at any other College/Institute or presented themselves at any inspection for the Academic Year 2025-26, as per our knowledge and information provided by the concerned teachers. The teachers in the Annexure-IA&IB are staying in the same city/town/village, where the College/ Institute is situated or adjacent to the city/town/ village, where the College/Institute is situated and having the valid proof of residence of the said city/town/ village. The teachers in the Annexure - IA &IB are not practicing in College working hours or out-side the City where the College/Institute is situated.

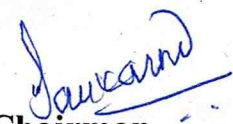
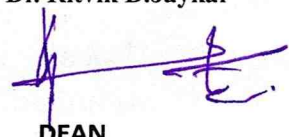
We further hereby declare that every information or contents in this Inspection Format is based on the information provided by the concerned teachers and endorsed by us after due verification and the same is/ are absolutely true and correct. If at any stage it is revealed that any information or content given in this declaration is not true and correct, in such event the undersigned/ the concerned teacher as the case may be, shall be liable for disciplinary action or penal action or Affiliation of the College shall be withdrawal, as the case may be.

This declaration is voluntarily signed by us on 18th day of March 2026 at Dharashiv.

Date: 18 March 2026
Place: DHARASHIV.


Member
18/3/26
Dr.Sachin C.Jadhav


Member
Dr.Gauri M.Ugale


Chairman
Dr. Ritvik D.Jaykar

DEAN
Government Medical College,
Dharashiv.

Maharashtra University of Health Sciences, Nashik

Inspection Committee Report for Academic Year 2026. - 2027....

Faculty of Medicine

(For Grant of Continuation / Extension of Affiliation for affiliated UG/PG/Fellowship/Certificate Course/Ph.D. Colleges/Institutes & Hospitals)

Date of Establishment of College : 27.10.1...2021

Date of Inspection : 18 March 2026

| Name & Designation of Inspectors : | | Signature |
|------------------------------------|----------|-----------|
| 1) Dr. R. D. Jaykar | Chairman | |
| 2) Dr. S. C. Jadhav | Member | |
| 3) Dr. Gauri Ugale | Member | |
| 4) | Member | |

| | | |
|---|---|--|
| 1 | Name of the College / Institute | : Government Medical College, Dharashiv (Osmanabad) |
| a | Name of Society / Trust | : Government Medical College, Dharashiv (Osmanabad) |
| b | Address | : New Building, Civil Hospital Compound, Marwad Galli, Dharashiv |
| c | Email Address | : dean gmc osmanabad@gmail.com |
| d | Fax No.(s) | : - |
| e | Telephone No.(s) | : 02472-297440 |
| f | Website | : gmcosmanabad.org.in |
| g | College Code | : 104145 |
| h | Status | : Government / Corporation / Private |
| i | Letter of permission by Medical Council of India (UG) | : Letter No. NMC/UG/2022-23/000190/042661-70 Dated 22/09/2022 Intake: 100 |
| j | Stage of Renewal | : Forth Renewal |
| k | Details of the Dean/Principal | : Dean |
| 2 | Name of the Dean/ Principal | : Dr. Shailendra Dattusinh Chauhan |
| a | Nature of Appointment | : Permanent / Temporary / Officiating Adhoc Dean |
| b | Mobile No. | : 7588693032 |
| c | Office Landline | : 02472-297440 |
| d | E-mail Address | : deangmcosmanabad@gmail.com |

1. Details of the College are available on the College Website, in the prescribed format (Part II)?

Yes/No

2. Whether the information is complete in all respect.

Yes/No

3. If incomplete information, please write the points from prescribed format (part II) regarding unavailable/insufficient information, (LIC to physically verify) the infrastructure/available facilities regarding those points and write the observation below-

| Sr. No. | Points Number in prescribed format | Particulars of the point | Observations of the LIC |
|---------|------------------------------------|--------------------------|-------------------------|
| | NOT APPLICABLE | | |
| | | | |
| | | | |

4. LIC to randomly choose the 10 points of concern, which will help improve the quality of medical education and students life on the campus.

| Sr. No. | Points Number in prescribed format | Particulars of the point | Observations of the LIC |
|---------|------------------------------------|--------------------------|-------------------------|
| 1 | Faculty deficiency | 17.6% deficit | to be filled up |
| 2 | C.S.S.D department | infrastructure | manpower to be upgraded |
| 3 | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

5. LIC to visit all departments and physically verify the availability of teaching staff and residents in the department (Please attach the Biometric attendance of all departments over previous 06 months.) Annexure- "II".

6. Curricular Activities in the College-

a. Whether Master Time Table is available. Yes/No

b. Whether the lectures, Practicals, Clinical Sessions etc. are conducted as per the master time table? YES

(LIC to randomly choose at least 10 dates over past 03 months' lectures, Practicals, clinical sessions, PG activities, (if PG course available) etc. from master time table and physically verify the conduction of these sessions) and attached copies to the report.

LIC to randomly choose at least 10 dates over past 03 months of all departments from Clinical side all departments Pre/Para Clinical Departments. LIC to verify past record of teaching activities (UG & PG) of these departments. (Please mention the findings in below) and attached copies to the report.

7. Ongoing Research Activities in the college including PG thesis (LIC to submit all records and the relevant details of all ongoing research activities such as Ethics Committee Approval, status of data collection, data analysis etc. NA

8. MUHS Faculty Evaluation Status:

| Faculty Evaluation carried out at College level | Total No. of Teachers | Total evaluation carried out | Remaining pending with reasons |
|---|-----------------------|------------------------------|--|
| 69 | 69 | 62 | Some faculties are on training at YASH DA/H/MPHAKS |

9. Status of NAAC Accreditation: Accredited

Yes / No / Not Applicable

If Yes, Grade & Date of last Inspection:

If No, what is current status/ progress of work

10. Status of Online Boarding: AVAILABLE

11. Services for person with Disability: AVAILABLE

12. Availability of Freeship/ Scholarship for category Students: AVAILABLE

13. Students Feedback

| Sr. No. | Particulars to be verified | Details on College Website | Adequate/ Inadequate |
|---------|--|----------------------------|----------------------|
| 1 | Hostel facility: Boys (UG) | ✓ Yes/No | Adequate |
| 2 | Boys (PG) | ✓ Yes/No | Adequate |
| 3 | Girls (UG) | ✓ Yes/No | Adequate |
| 4 | Girls (PG) | ✓ Yes/No | Adequate |
| 5 | Interns | ✓ Yes/No | Adequate |
| 6 | Residents | Yes/No | Adequate |
| 7 | Canteen Facility [Note: Verify Canteen Facility is monitored as per MUHS Circular No:18/2019 dated 19/03/2019]. | Yes/No | Adequate |
| 8 | Warden/ Rector | Yes/No | Adequate |
| 9 | Hygiene | Yes/No | Adequate |
| 10 | Vending Machine | Yes/No | - |
| 11 | Toilets / Washroom Facilities (Cleanness & Hygiene maintain) | Yes/No | Adequate |
| 12 | Housekeeping at Hostel | Yes/No | Adequate |
| 13 | Drinking Water Facilities | Yes/No | Adequate |
| 14 | Security Services | Yes/No | Adequate |

14. Fees Details:

| Sr. No. | Continuation / Extension of Affiliation Fees Details: | | | | Reasons of Non-payment |
|---------|---|-----------------|--------|----------------------|------------------------|
| | Course (s) | Paid / Not paid | Amount | Outstanding (if any) | |
| 1 | UG | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

15. Any Other Fees Details:

| Sr. No. | Type of Fee | Paid / Not paid | Amount | Outstanding (if any) | Reasons of Non-payment |
|---------|-------------|-----------------|--------|----------------------|------------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

16. Date of college data uploaded on web portal (<http://aishe.gov.in>) regarding "All India Survey on Higher Education (AISHE)". ✓ Yes/No

Date of Uploading : 30.09.2025

17. Summary and other observation of LIC: (If required separate sheet to be attached).

Infrastructure, clinical work, laboratory (HII) facilities, Blood bank facility, HMIS system is adequate.

All committees are functional.

- Hostels facilities, laboratory facilities are adequate

- Total deficiency of 17.6% to be filled up earlier, can be affiliated under MUNS, M.B.DS (UG) 100% intake.

Seeth
Dr. Jaithra S
18/3/26
Member

Ugale
Dr. Gauri Ugale
18/03/2026
Member

Jaukar
18/3/26
(Dr. Ritvik D. Jaukar)
Chairman

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Information to be provided by the College for verification of Local Inquiry Committee

LIST OF ANNEXURE FOR LIC

| No. of Annexures | Particulars | Verified by Committee | Remark |
|---------------------|---|-----------------------|--------|
| ANNEXURE- I- A& I-B | Approved Teaching Staff & Total Teaching Staff (Approved + Notapproved) Information as per MSR 1. Hard copy & soft copy of this Annexure must be submitted to the University. 2. The information must be made available on the College website. | Yes/ No | |
| ANNEXURE-II | LIC to visit all departments and physically verify the availability of teaching staff and residents in the department (Please attach the attendance sheet duly signed by teachers and residents) 1. Hard copy of this Annexure must be submitted to the University. 2. The information must be made available on the College website | Yes/ No | |
| ANNEXURE-III | Intake Capacity/ Seat Matrix 1. Hard copy & soft copy of this Annexure must be submitted to the University. 2. The information must be made available on the College website. | Yes/ No | |
| ANNEXURE- IV | Total Subject-wise Teacher Staff List (Approved + Not approved) 1. Hard copy & soft copy of this Annexure must be submitted to the University. 2. The information must be made available on the College website. | Yes/ No | |
| ANNEXURE- V | Total Ancillary Staff Information The information must be made available on the College website. | Yes/ No | |
| ANNEXURE- VI | Total Non-Teaching Staff Information The information must be made available on the College website. | Yes/ No | |
| ANNEXURE-VII | Examination Related Information Hard copy & soft copy of this Annexure must be submitted to the University). The information must be made available on the College website. | Yes/ No | |
| ANNEXURE-VIII | Form for Fellowship/Certificate Course(s) Hard copy & soft copy of this Annexure must be submitted to the University). The information must be made available on the College/Training Centre website. | Yes/ No | |
| ANNEXURE-IX | Form for Ph.D Courses Hard copy & soft copy of this Annexure must be submitted to the University). The information must be made available on the College/Training Centre website. | Yes/ No | |
| ANNEXURE-X | Declaration by the Dean / Principal of the College / Institute Original copy of this Annexure must be submitted to the University. | Yes/ No | |

IMPORTANT INSTRUCTIONS & DECLARATIONS:

1. Our College is fully aware that our college is responsible to fulfil and maintain norms including the infrastructure both physical and human resources, teaching faculty and clinical material throughout Academic Year as per MSR/Council norms/University norms. In case false/wrong declaration or fabricated documents is submitted for purpose of Affiliation of the University by the College and if it is found by the University at any stage, then our college is fully aware that affiliation will be withdrawn by the University with immediate effect with penal action.
2. It is certified that our college has uploaded all above Annexures on our college website and it will be kept ready for verification of Local Inquiry Committee (LIC). Our college is fully aware that University will not grant Continuation of Affiliation, in case if required information, is not uploaded on college website.
3. Our College hereby undertake that all Annexures information will be made available on college website for a period of next 05 years. Year-wise information of all Annexures will be made available on college website for a period of 05 years from time to time. In case if any information (Annexure wise) is called-for by the University in intermittent period, our college will furnish required information to the University immediately.

Date : 18 March 2026

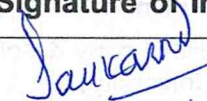
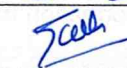
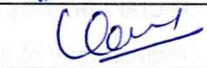
Signature of Dean/Principal

Place : DHARASHIV...
(OSMANABAD)

Name of the Signatory- (with Seal of the College / Institute)

DECLARATION BY LIC

We hereby certify that, the College has uploaded Annexures as prescribed by University on College Website and it is duly verified by our Committee. Details of Information of Annexure/s which is not uploaded on College Website is mentioned in LIC Report.

| Name of Inspectors | | Signature of Inspectors |
|-----------------------|----------|---|
| 1) D. R. D. Jaykar | Chairman |  |
| 2) D. S. C. Jadhav | Member |  |
| 3) Dr. Gauri M. Ugale | Member |  |
| 4) | Member | |

Maharashtra University of Health Sciences, Nashik

Name of College/Institute: GOVERNMENT MEDICAL COLLEGE, DHARASHIV
(OSMANABAD)Intake Capacity: 100 Recognized/Permitted If permitted, Stage of renewal: RENEWAL 5TH**APPROVED TEACHING STAFF AVAILABLE**

| Departments | Requirement (A) | | | Available (b) | | | Deficiency (A-b)= (C) | | | Remark |
|---------------------|--------------------|---------------|----------------|------------------|---------------|----------------|--------------------------|---------------|----------------|--------|
| | Prof | Asso. Prof | Asst. Prof. | Prof | Asso. Prof | Asst. Prof. | Prof | Asso. Prof | Asst. Prof. | |
| Anatomy | 01 | 01 | 02 | 01 | 01 | 00 | 00 | 00 | 02 | |
| Physiology | 01 | 01 | 02 | 01 | 01 | 02 | 00 | 00 | 00 | |
| Biochemistry | 01 | 01 | 02 | 01 | 01 | 01 | 00 | 00 | 01 | |
| Pharmacology | 01 | 01 | 02 | 01 | 02 | 01 | 00 | 00 | 00 | |
| Pathology | 01 | 02 | 03 | 01 | 01 | 03 | 00 | 01 | 00 | |
| Microbiology | 01 | 01 | 02 | 00 | 01 | 02 | 01 | 00 | 00 | |
| Forensic Medicine | 01 | 01 | 01 | 01 | 01 | 01 | 00 | 00 | 00 | |
| Community Medicine | 01 | 02 | 03 | 00 | 02 | 00 | 01 | 00 | 03 | |
| Gen. Medicine | 01 | 03 | 04 | 01 | 03 | 05 | 00 | 00 | 00 | |
| Pediatrics | 01 | 01 | 02 | 01 | 01 | 02 | 00 | 00 | 00 | |
| Skin & VD | 00 | 01 | 01 | 01 | 00 | 01 | 00 | 00 | 00 | |
| Psychiatry | 00 | 01 | 01 | 01 | 00 | 01 | 00 | 00 | 00 | |
| Gen. Surgery | 01 | 03 | 04 | 01 | 02 | 04 | 00 | 01 | 00 | |
| Orthopedics | 01 | 01 | 02 | 01 | 01 | 02 | 00 | 00 | 00 | |
| Otorhinolaryngology | 01 | 01 | 01 | 01 | 01 | 01 | 00 | 00 | 00 | |
| Ophthalmology | 01 | 01 | 01 | 01 | 01 | 01 | 00 | 00 | 00 | |
| Obst. & Gynae. | 01 | 01 | 02 | 01 | 01 | 02 | 00 | 00 | 00 | |
| Anaesthesia | 01 | 02 | 04 | 01 | 02 | 01 | 00 | 00 | 03 | |
| Radio-diagnosis | 01 | 01 | 01 | 01 | 00 | 01 | 00 | 01 | 00 | |
| Dentistry | 00 | 01 | 01 | 00 | 00 | 01 | 00 | 01 | 00 | |
| Total | 17 | 27 | 41 | 17 | 22 | 32 | 02 | 04 | 09 | |

- Requirement is to be calculated as per MCI/NMC norms as the case may be, and considering the stage of renewal.
- Staff requirement should also include requirement for any running PG course in the institute.
- Extra teacher on higher post can compensate deficiency of teacher on lower post in same department.
- Deficiency of SR cannot be compensated by extra teacher.

Deficiency in faculty % = (Total deficiency of approved faculty) * 100 / (Total Required faculty) Available
 approved faculty % = 100 - Deficiency % = $100 - 85 = 17.6\%$
 (Faculty includes Professors, Associate Professors and Assistant Professors)

Data Verified by the Committee members:

Member

Member

Member

Chairman

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Name of College/Institute... Government Medical College DharsakhivIntake Capacity: 100 Recognized/Permitted 100 If permitted, Stage of renewal: 5th**TOTAL (APPROVED + NOT APPROVED) TEACHING STAFF AVAILABLE:**

| Departments | Requirement (A) | | | Available (b) | | | Deficiency (A-b)= (C) | | | Remark |
|---------------------|-----------------|------------|-------------|---------------|------------|-------------|-----------------------|------------|-------------|--------|
| | Prof | Asso. Prof | Asst. Prof. | Prof | Asso. Prof | Asst. Prof. | Prof | Asso. Prof | Asst. Prof. | |
| Anatomy | 01 | 01 | 02 | 01 | 01 | 00 | 00 | 00 | 02 | |
| Physiology | 01 | 01 | 02 | 01 | 01 | 02 | 00 | 00 | 00 | |
| Biochemistry | 01 | 01 | 02 | 01 | 02 | 01 | 00 | 00 | 01 | |
| Pharmacology | 01 | 01 | 02 | 01 | 02 | 01 | 00 | 00 | 00 | |
| Pathology | 01 | 02 | 03 | 01 | 01 | 03 | 00 | 01 | 00 | |
| Microbiology | 01 | 01 | 02 | 00 | 01 | 02 | 01 | 00 | 00 | |
| Forensic Medicine | 01 | 01 | 01 | 01 | 01 | 01 | 00 | 00 | 00 | |
| Community Medicine | 01 | 02 | 03 | 00 | 02 | 00 | 01 | 00 | 03 | |
| Gen. Medicine | 01 | 03 | 04 | 01 | 03 | 05 | 00 | 00 | 00 | |
| Pediatrics | 01 | 01 | 02 | 01 | 01 | 02 | 00 | 00 | 00 | |
| Skin & VD | 00 | 01 | 01 | 01 | 00 | 01 | 00 | 00 | 00 | |
| Psychiatry | 00 | 01 | 01 | 01 | 00 | 01 | 00 | 00 | 00 | |
| Gen. Surgery | 01 | 03 | 04 | 01 | 02 | 04 | 00 | 01 | 00 | |
| Orthopedics | 01 | 01 | 02 | 01 | 01 | 02 | 00 | 00 | 00 | |
| Otorhinolaryngology | 01 | 01 | 01 | 01 | 01 | 01 | 00 | 00 | 00 | |
| Ophthalmology | 01 | 01 | 01 | 01 | 01 | 01 | 00 | 00 | 00 | |
| Obst. & Gynae. | 01 | 01 | 02 | 01 | 01 | 02 | 00 | 00 | 00 | |
| Anaesthesia | 01 | 02 | 04 | 01 | 02 | 01 | 00 | 00 | 03 | |
| Radio-diagnosis | 01 | 01 | 01 | 01 | 00 | 01 | 00 | 01 | 00 | |
| Dentistry | 00 | 01 | 01 | 00 | 00 | 01 | 00 | 01 | 00 | |
| Total | 17 | 27 | 41 | 17 | 22 | 32 | 02 | 04 | 09 | |

- Requirement is to be calculated as per MCI/NMC norms as the case may be, and considering the stage of renewal.
- Staff requirement should also include requirement for any running PG course in the institute.
- Extra teacher on higher post can compensate deficiency of teacher on lower post in same department.
- Deficiency of SR cannot be compensated by extra teacher.

Deficiency in faculty % = (Total deficiency of approved faculty) * 100 / (Total Required faculty) Available
 approved faculty % = 100 - Deficiency % = 17.64%
 (Faculty includes Professors, Associate Professors and Assistant Professors)

Data Verified by the Committee members:


Member


Member

Member


Chairman

ANNEXURE-II

Name of College/Institute: **Government Medical College, Dharashiv**

Name of the Department: **ANATOMY**

| Sr. No. | Name of the Teacher | Designation | MUHS Approved Designation | Signature |
|---------|-----------------------|---------------------|---------------------------|-------------------------|
| 1 | Dr. S.R. Pandhare | Professor | Yes | <i>[Signature]</i> |
| 2 | Dr. S.V. Anandwadikar | Associate Professor | Yes | <i>Yashada Training</i> |
| 3 | Dr. Arbaz Dhavalikar | Tutor | No | <i>[Signature]</i> |
| 4 | Dr. Manjushri Rathod | Tutor | No | <i>Medical leave.</i> |
| 5 | Dr. Jyoti Kalyani | Tutor | No | ABSENT. |
| 6 | Dr. Vishal Giri | Tutor | No | <i>[Signature]</i> |
| 7 | Dr. Swapnali Shinde | Tutor | No | <i>[Signature]</i> |
| 8 | Dr. Akanksha Gore | Tutor | No | <i>[Signature]</i> |

Summary-

Approved Staff

| Sr. No. | Designation | Required | Available | Deficiency |
|---------|---------------------|----------|-----------|------------|
| 1 | Professor | 1 | 1 | 0 |
| 2 | Associate Professor | 1 | 1 | 0 |
| 3 | Assistant Professor | 2 | 0 | 2 |

Approved+NonApprovedStaff

| Sr. No. | Designation | Required | Available | Deficiency |
|---------|---------------------|----------|-----------|------------|
| 1 | Professor | 1 | 1 | 0 |
| 2 | Associate Professor | 1 | 1 | 0 |
| 3 | Assistant Professor | 2 | 0 | 2 |
| 4 | Senior Resident | 2 | 0 | 2 |
| 5 | Tutor | 4 | 6 | 0 |

[Signature]
Dean,
Government Medical College,
Dharashiv

[Signature]
 Member

[Signature]
 Member

Member

[Signature]
 Member
 Chairman

Data verified by committee Members

दि. 06/03/2026

प्रति,

मा. अधिष्ठाता,
शासकीय वैद्यकीय महाविद्यालय,
धाराशिव.

मार्फत:- मा. प्राध्यापक व विभाग प्रमुख, शरीररचनाशास्त्र विभाग, शा.वै.म. धाराशिव.

विषय:- राज्य प्रशिक्षण धोरण 2019

गट अ संवर्गातील अधिकारी /अध्यापकांसाठी पदोन्नती नंतरचे प्रशिक्षण कार्यक्रम अंतर्गत (दि. 09/03/2026 ते दि.20/03/2026) या कालावधीत प्रशिक्षणासाठी जाण्याची परवानगी मिळणे बाबत.


संदर्भ:- 9. DMER -93/93/2026- EST9/9/2968440/2026 दि. 02/03/2026

मा. महोदय,

उपरोक्त विषयास अनुसरुण, संदर्भिय आदेशानुसार मी डॉ. आनंदवाडीकर एस.व्ही,सहयोगी प्राध्यापक, शरीररचनाशास्त्र विभाग, धाराशिव येथे कार्यरत आहे, वैद्यकीय शिक्षण विभागातील गट अ संवर्गातील अधिकाऱ्यांसाठी सन- 2024 -2026 या कालावधीमध्ये पदोन्नती नंतरचे प्रशिक्षण कार्यक्रम व्यवस्थापन विकास केंद्र यशदा,पुणे येथे आयोजित करण्यात आले आहे.

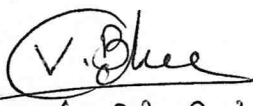
तरी दि. 09/03/2026 ते दि.20/03/2026 या कालावधीत प्रशिक्षणासाठी जाण्याची परवानगी दयावी ही नम्र विनंती.

आपली विश्वासु

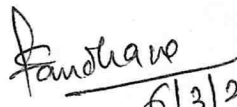

डॉ. आनंदवाडीकर एस.व्ही
सहयोगी प्राध्यापक
शरीररचनाशास्त्र विभाग
शा.वै.म. धाराशिव.

मा. अधिष्ठाता,

पुढील कार्यवाहिस्तव व माहितीस्तव सविनय सादर.

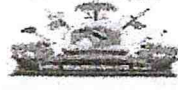

06-03-2026
आवक लिपिक
शासकीय वैद्यकीय महाविद्यालय
धाराशिव

etc

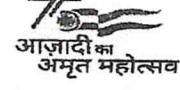

6/3/26
डॉ. स्वाती रमाकांत पांडरे
प्राध्यापक, व विभाग प्रमुख
शरीररचनाशास्त्र विभाग
शा.वै.म. धाराशिव.

सोबत:- संदर्भिय प्रत जोडले आहे.

Professor & HOD
Department Of Anatomy
Government Medical College,
Osmanabad



महाराष्ट्र शासन
आयुक्त



वैद्यकीय शिक्षण, संशोधन व आयुष,

४था मजला, शासकीय दल महाविद्यालय रुग्णालय इमारत, सेंट जॉर्जस रुग्णालय आवार, फोर्ट, मुंबई - ४०० ००९
दुरध्वनी - (०२२) - २२६२०३६३-६५
संकेतस्थळ - med-edu.in

DMER-13/13/2026-EST1/1/2164550/2026

दि. 2/3/2026

कार्यालयीन आदेश

विषय :- राज्य प्रशिक्षण धोरण -२०११

गट अ संवर्गातील अधिकारी/अध्यापकांसाठीचे पदोन्नती नंतरचे प्रशिक्षण कार्यक्रमाच्या आयोजनाबाबत.

(कालावधी दि. ०९.०३.२०२६ ते दि. २०.०३.२०२६)

संदर्भ :- १. सामान्य प्रशासन विभाग, राज्य प्रशिक्षण धोरण विषयक शासन निर्णय क्र.टिआरएन ९/प्र.३ दि.२३.०९.२०११.

२. शासन अधिसूचना सामान्य प्रशासन विभाग दिनांक ०२.०२.२०२२.

३. या संचालनालयाचे पत्र क्र.संवैशिवसंमु/आस्था १ व २/गट-अ/यशदा, पुणे प्रशिक्षण/ ०३०९/२०२५, दि.३०.०५.२०२५.

४) सहाय्यक प्राध्यापक तथा सत्रसंचालक, राप्रनिमूयं यशदा पुणे यांचे पत्र क्र.राप्रनिमूयं/पाया.प्र.शि. /वैशिचि/२०२४-२५/८९, दि. १५.१०.२०२५

५) सहयोगी प्राध्यापक तथा सत्र संचालक, राप्रनिमूयं यशदा पुणे यांचे पत्र क्र.राप्रनिमूयं/पाया.प्र.शि. /वैशिचि/२०२४-२५/८९, दि. ३१.०९.२०२६

संदर्भ क्र.०४ व ०५ अन्वये राज्य प्रशिक्षण नियंत्रण व मुल्यापन यंत्रणा (राप्रनिमूर्व) अंतर्गत वैद्यकीय शिक्षण विभागातील गट अ संवर्गातील अधिका-यांसाठी सन २०२५-२६ या कालावधीमध्ये पदोन्नतीनंतरचे प्रशिक्षण कार्यक्रम व्यवस्थापन विकास केंद्र, यशदा, पुणे येथे आयोजित करण्यात आला आहे. त्यानुसार खालील नामनिर्देशित अध्यापकांना दि. ०९.०३.२०२६ ते दि. २०.०३.२०२६ या कालावधीतील पदोन्नती नंतरचे प्रशिक्षण कार्यक्रमासाठी उपस्थित राहण्याचे आदेश देण्यात येत आहेत.

दिनांक ०९.०३.२०२६ ते २०.०३.२०२६

| अ.क्र | सेवार्थ आयडी | अध्यापकाचे नाव | पदनाम, विषय व कार्यालयाचे नाव | भ्रमणध्वनी क्र व ईमेल आयडी |
|-------|--------------|-----------------------------|--|--------------------------------------|
| १ | DMELADF७१०१ | डॉ. लिना धांडे (वानखेडे) | प्राध्यापक, बालरोगचिकित्साशास्त्र, शावैम गोंदिया | ९८२२४६७५७२ leena.dhande@gov.in |
| २ | DMEVPRF६८०१ | डॉ. वर्षा राठी | प्राध्यापक, क्ष किरणशास्त्र, शावैम नागपूर | ९४२३२२२७३९ dr.varsha@gov.in |
| ३ | DMESSPM७८०२ | डॉ. सरफराज पठाण | सहयोगी प्राध्यापक, शल्यचिकित्साशास्त्र बै.जी.शावैम पुणे | ८००७७५५६५५ spathan.१९७८@gov.in |
| ४ | DMESSCM६६०१ | डॉ. संजय एस. चंगोले | सहयोगी प्राध्यापक, शल्यचिकित्साशास्त्र शावैम, नागपूर | ९८२२३६९३५० changole.sanjay@gov.in |
| ५ | DMEAMVF६५०१ | डॉ. अर्चना वैद्य | सहयोगी प्राध्यापक बधिरीकरणशास्त्र, शावैम नागपूर | ९८२२४६९३८९ archana.vaidya@gov.in |

| दिनांक ०९.०३.२०२६ ते २०.०३.२०२६ | | | | |
|---------------------------------|--------------|---------------------------|---|---|
| अ.क्र | सेवार्थ आयडी | अध्यापकाचे नाव | पदनाम, विषय व कार्यालयाचे नाव | भ्रमणध्वनी क्र व ईमेल आयडी |
| ४२ | | डॉ. निता गाटे | सहयोगी प्राध्यापक, शरिररचनाशास्त्र, शावैम., नागपूर | ९३२५५३५४२६ |
| ४३ | DMEARPF८२०१ | डॉ. अस्मिता जाधव (पाटील) | सहयोगी प्राध्यापक, शरिररचनाशास्त्र, विदेशावैम, लातूर | 7722004110 asmita.jadhav82@gov.in |
| ४४ | DMEDASF७९०१ | डॉ. सुवर्णा आनंदवाडीकर | सहयोगी प्राध्यापक, शरिररचनाशास्त्र, शावैम, धाराशिव (उस्मानाबाद) | 9765090074 suvarna.anandwadikar@gov.in |
| ४५ | | डॉ. भारत सोनावणे | प्राध्यापक, विकृतीशास्त्र, शावैमवरु, छत्रपती संभाजीनगर | ९७६५९९०४४४ bharat.sonawane@gov.in |
| ४६ | | डॉ. विशाल टेकाळे | सहयोगी प्राध्यापक, शरिररचनाशास्त्र, शावैम, हिंगोली | ९९७००६७६२७ |
| ४७ | DMEHVAF७७०१ | डॉ. हेमलता अंबाडे (चिमणे) | सहयोगी प्राध्यापक, शरिररचनाशास्त्र, शावैम, गडचिरोली | ९९७५०९६०४० Hemlata.ambade@gov.in |
| ४८ | DMEPRWM८१०२ | डॉ. पंकज वाडेकर | सहयोगी प्राध्यापक, शरिररचनाशास्त्र, शावैम, वाशिम | ८३०८७२८३२८ dr.pankajwadekar@gov.in |
| ४९ | DMEVPDM८२०२ | डॉ. विनायक पी. डोईजड | सहयोगी प्राध्यापक, शरिरक्रियाशास्त्र, डॉवैस्मृशावैम, सोलापूर | ९०९६५ २५०४० vinayak.doijad@nic.in |
| ५० | DMEAGPF८३०३ | डॉ. अनिता पवार | सहयोगी प्राध्यापक, स्त्रीरोग व प्रसुतीशास्त्र, विदेशावैम, लातूर | ७०५७६६२७०६ anita.pawar८३@gov.in |

संदर्भाधिन दिनांक ०२.०२.२०२२ च्या शासन अधिसूचनेमध्ये प्रशिक्षणास नामनिर्देशित केलेल्या अधिकाऱ्याने प्रशिक्षण पूर्ण न केल्यास प्रशिक्षण पूर्ण करे पर्यंत वार्षिक वेतनवाढीसाठी पात्र ठरणार नाही. अशी तरतूद आहे.

तरी नामनिर्देशित अध्यापक/अधिकारी सदर प्रशिक्षणाकरीता अनुपस्थित राहिल्यास उक्त तरतुदीनुसार त्याद विरुद्ध कार्यवाही करण्यांत यावी. तसेच संबंधित अनुपस्थित अध्यापक प्रशिक्षणाअभावी भविष्यात कोणतेही लाभ मिळण्यापासून वंचित राहिल्यास त्याची सर्वस्वी जबाबदारी अध्यापकाची राहिल याबाबत अधिष्ठाता स्तरावरून संबंधितांना अवगत करावे.

संबंधित कार्यालय/संस्था प्रमुखांनी नामनिर्देशित अध्यापक / अधिकारी दि. ०९.०३.२०२६ रोजी यशदा पुणे येथे प्रशिक्षण कार्यक्रम सुरु होण्यापूर्वी पोहचतील या बेताने त्यांना कार्यमुक्त करावे.

संबंधित अध्यापकांना प्रशिक्षणास उपस्थित रहाण्यासाठी शासन नियमाप्रमाणे प्रवासभत्ता अनुज्ञेय राहिल.

प्रशिक्षण संस्थेचा पत्ता, दूरध्वनी क्रमांक व ईमेल खालील प्रमाणे आहे.
 यशवंतराव चव्हाण विकास प्रशासन प्रबोधिनी,
 राजभवन आवार, बाणेर रस्ता, पुणे-४११ ००७.
 दूरध्वनी क्र.०२०-२५६०८००००
 ई-मेल- yashada@vsnl.com

Digitally signed by
 ANIL BHANDARI
 Date: 01-03-2026
 19:37:53

आयुक्त
 वैद्यकीय शिक्षण व संशोधन, मुंबई

प्रति,

प्रशिक्षणासाठी नामनिर्देशित केलेले सर्व अध्यापक यांना (अधिष्ठातांमार्फत रवाना)

प्रत:-

१. अधिष्ठाता, शासकीय वैद्यकीय महाविद्यालय, बैजीशावैम, पुणे.
२. अधिष्ठाता, शासकीय वैद्यकीय महाविद्यालय, स्वारातीग्राशावैम, अंबाजोगाई.
३. अधिष्ठाता, शासकीय वैद्यकीय महाविद्यालय, शावैम, धाराशिव (उस्मानाबाद).
४. अधिष्ठाता, शासकीय वैद्यकीय महाविद्यालय, राछशामशावैम, कोल्हापूर.
५. अधिष्ठाता, शासकीय वैद्यकीय महाविद्यालय, शावैम, जळगांव.
६. अधिष्ठाता, शासकीय वैद्यकीय महाविद्यालय, शावैम, नागपूर.
७. अधिष्ठाता, शासकीय वैद्यकीय महाविद्यालय, शावैम, बारामती.
८. अधिष्ठाता, शासकीय वैद्यकीय महाविद्यालय, विदेशावैम, लातूर.
९. अधिष्ठाता, शासकीय वैद्यकीय महाविद्यालय, शावैम, हिंगोली.
१०. अधिष्ठाता, शासकीय वैद्यकीय महाविद्यालय, शावैम., वाशिम.
११. अधिष्ठाता, शासकीय वैद्यकीय महाविद्यालय, ग्रॅशावैम, मुंबई.
१२. अधिष्ठाता, शासकीय वैद्यकीय महाविद्यालय, शावैम, छत्रपती संभाजीनगर (औरंगाबाद).
१३. अधिष्ठाता, शासकीय वैद्यकीय महाविद्यालय, इंदिरा गांधी शावैम, नागपूर.
१४. अधिष्ठाता, शासकीय वैद्यकीय महाविद्यालय, शावैम, गोंदिया.
१५. अधिष्ठाता, शासकीय वैद्यकीय महाविद्यालय, शावैम, अकोला.
१६. अधिष्ठाता, शासकीय वैद्यकीय महाविद्यालय व कर्करोग रुग्णालय, छत्रपती संभाजीनगर.
१७. अधिष्ठाता, शासकीय वैद्यकीय महाविद्यालय, शावैम, अमरावती.
१८. अधिष्ठाता, श्री वसंतराव नाईक, शासकीय वैद्यकीय महाविद्यालय, यवतमाळ.
१९. अधिष्ठाता, डॉ. वैशंपायन स्मृती, शासकीय वैद्यकीय महाविद्यालय, सोलापूर.
२०. अधिष्ठाता, शासकीय दंत महाविद्यालय व रुग्णालय, नागपूर.
२१. अधिष्ठाता, शासकीय वैद्यकीय महाविद्यालय, गडचिरोली.
२२. अधिष्ठाता, शासकीय वैद्यकीय महाविद्यालय व रुग्णालय, छत्रपती संभाजीनगर.
२३. अधिष्ठाता, अतिविशोषोपचार रुग्णालय, छत्रपती संभाजीनगर.

दिनांक - ८ फेब्रुवारी २०२६
डॉ. मंजुश्री शिवाजीराव राठोड
वैद्यकीय अधिकारी गट अ

प्रति,

मा. अति. जिल्हा शल्यचिकित्सक
तथा वैद्यकीय अधीक्षक,
शा. वै. महाविद्यालय धाराशिव

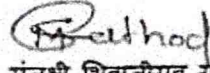
विषय :- प्रकृती ठीक नसलेबाबत

आदरणीय महोदय,

उपरोक्त विषयास अनुसरून मी नम्रपूर्वक विनंती अर्ज सादर करते कि, माझी प्रकृती ठीक नसल्याने माझी इच्छा नसताना, मला कर्तव्यावर उपस्थित राहणे शक्य नाही. कर्तव्यावर हजर होतेवेळी मी आवेदन पत्र व Fitness प्रमाणपत्र सादर करेन. धन्यवाद. तसदीबद्दल क्षमस्व.

सोबत:- OPD paper

आपली विश्वासू


(डॉ. मंजुश्री शिवाजीराव राठोड)
वैद्यकीय अधिकारी गट-अ
जिल्हा रुग्णालय धाराशिव

प्रत माहितीस्तव सविनय सादर
मा. अधिष्ठाता, शासकीय वैद्यकीय महाविद्यालय, धाराशिव
मा. जिल्हा शल्यचिकित्सक, धाराशिव

Scanned with OKEN Scanner

Government Medical College And Hospital Dharashiv

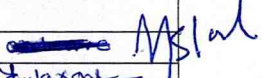



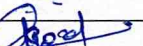

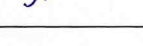
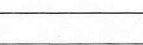
Authorize the system to edit this file.

Authorize



Name of College/Institute Government Medical College, Dharashiv

Name of the Department: Physiology

| Sr. No. | Name of the Teacher | Designation | MUHS Approved Designation | Signature |
|---------|------------------------|---------------------|---------------------------|---|
| 01 | Dr. S.A. Mundewadi | Professor | Yes |  |
| 02 | Dr. Yogita D. Sulaxane | Associate Professor | Yes |  |
| 03 | Dr. Vijayalaxmi Gawre | Assistant Professor | Yes. |  |
| 04 | Dr. Chetan L. Rajput | Assistant Professor | Yes. |  |
| 05 | Dr. Rekha Tike | Tutor | |  |
| 06 | Dr. Shreedhar Jadhav | Tutor | |  |
| 07 | Dr. Avinash Gaikwad | Tutor | |  |
| 08 | Dr. Saurabh Maske | Tutor | |  |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total PG Intake Capacity=

Whether Teachers Students ratio is fulfilled

Yes/No

Summary -

Approved Staff

| Sr. No. | Designation | Required | Available | Deficiency |
|---------|---------------------|----------|-----------|------------|
| 1 | Professor | 01 | 01 | 00 |
| 2 | Associate Professor | 01 | 01 | 00 |
| 3 | Assistant Professor | 02 | 02 | 00 |
| 4 | Senior Resident | 03 | 00 | 03 |
| 5 | Tutor | 03 | 03 | 00 |

Approved + Non Approved Staff

| Sr. No. | Designation | Required | Available | Deficiency |
|---------|---------------------|----------|-----------|------------|
| 1 | Professor | 01 | 01 | 00 |
| 2 | Associate Professor | 01 | 01 | 00 |
| 3 | Assistant Professor | 02 | 02 | 00 |
| 4 | Senior Resident | 03 | 00 | 03 |
| 5 | Junior Resident | 03 | 03 | 00 |

MS/Al (HOD)

Data Verified by the Committee members:


Member


Member

Member


Chairman


Dean,
Government Medical College

Name of College/Institute: Government Medical College, Dharashiv [Osmanabad]

Name of the Department: Biochemistry

| Sr. No. | Name of the Teacher | Designation | MUHS Approved Designation | Signature |
|---------|---|---------------------|---------------------------|-----------|
| 1 | Dr. Mahendrakumar Gajanan Dhabe | Professor & HOD | Professor & HOD | |
| 2 | Dr. Abdul Mubashir Abdul Majid Siddiqui | Associate Professor | Associate Professor | |
| 3 | Dr. Anjum Abdul Karim Sayyed | Assistant Professor | Assistant Professor | |
| 4 | Dr. Shaikh Sajid Javed | Tutor | Tutor | |
| 5 | Dr. Shaikh Nouman Vajid | Tutor | Tutor | |
| 6 | Dr. Rajshri Pramodkumar Shinde | Tutor | Tutor | |

Summary –**Approved Staff**

| Sr. No. | Designation | Required | Available | Deficiency |
|---------|-------------------------|----------|-----------|------------|
| 1 | Professor | 01 | 01 | 0 |
| 2 | Associate Professor | 01 | 01 | 0 |
| 3 | Assistant Professor | 02 | 01 | 01 |
| 4 | Senior Resident | 02 | 0 | 02 |
| 5 | Junior Resident (Tutor) | 03 | 03 | 0 |

Approved + Non-Approved Staff

| Sr. No. | Designation | Required | Available | Deficiency |
|---------|-------------------------|----------|-----------|------------|
| 1 | Professor | 01 | 01 | 0 |
| 2 | Associate Professor | 01 | 01 | 0 |
| 3 | Assistant Professor | 02 | 01 | 01 |
| 4 | Senior Resident | 02 | 0 | 02 |
| 5 | Junior Resident (Tutor) | 03 | 03 | 0 |

18.3.2026
Dr. M. G. DHABE
Professor & Head
Department of Biochemistry
Government Medical College
Osmanabad

Data Verified by the Committee members:

Member

Member

Member

Chairman

Dean
Government Medical College
Dharashiv

ANNEXURE-II

Name of College/Institute- Government Medical College Dharashiv (Osmanabad)

Name of the Department: Pathology

| Sr. No. | Name of the Teacher | Designation | MUHS Approved Designation | Signature |
|---------|-----------------------|---------------------|---------------------------|-----------|
| 1 | Dr. Suresh A. Chaware | Professor | Professor | |
| 2 | Dr. Abhijit Acharya | Associate Professor | Associate Professor | |
| 3 | Dr. Shubhangi Swami | Associate Professor | Associate Professor | |
| 4 | Dr. Satish V. Tandale | Assistant Professor | Assistant Professor | |
| 5 | Dr. Vivek A. Kolage | Assistant Professor | Assistant Professor | |
| 6 | Dr. Rutuja S. Wayal | Assistant Professor | Assistant Professor | |
| 7 | Dr. Ashvini D. Kadam | Senior Resident | Senior Resident | |
| 8 | Dr. Dipmala Karande | Senior Resident | Senior Resident | |
| 9 | Dr. Yogita Bhansali | Senior Resident | Senior Resident | |
| 10 | Dr. Sonali Shinde | Senior Resident | Senior Resident | |
| 11 | Dr. Ameya Ghogare | Senior Resident | Senior Resident | |
| 12 | Dr. Priti Kulkarni | Tutors | Tutors | |
| 13 | Dr. Pavan Mahajan | Tutors | Tutors | |
| 14 | Dr. Dinesh Kore | Tutors | Tutors | |
| 15 | Dr. Snehal Kshirsagar | Tutors | Tutors | |

Summary –

Approved Staff

| Sr. No. | Designation | Required | Available | Deficiency |
|---------|---------------------|----------|-----------|------------|
| 1 | Professor | 01 | 01 | 00 |
| 2 | Associate Professor | 02 | 01 | 01 |
| 3 | Assistant Professor | 03 | 03 | 00 |
| 4 | Senior Resident | 02 | 04 | 00 |
| 5 | Junior Resident | 04 | 00 | 04 |

Approved + Non-Approved Staff

| Sr. No. | Designation | Required | Available | Deficiency |
|---------|---------------------|----------|-----------|------------|
| 1 | Professor | 01 | 01 | 00 |
| 2 | Associate Professor | 02 | 01 | 01 |
| 3 | Assistant Professor | 03 | 03 | 00 |
| 4 | Senior Resident | 02 | 04 | 00 |
| 5 | Junior Resident | 04 | 00 | 04 |

Data Verified by the Committee members:

Member

Member

Member

Chairman

Dean,
Government Medical College
Dharashiv

ANNEXURE-II

Name of College/Institute: Government Medical College, Dharashiv

Name of the Department: Microbiology

| Sr. No. | Name of the Teacher | Designation | MUHS Approved Designation | Signature |
|---------|--------------------------|-----------------------------|---------------------------|-----------|
| 1 | Dr. Charushila Halgarkar | Associate Professor and HOD | Yes | |
| 2 | Dr. Trupti Mande | Assistant Professor | Yes | |
| 3 | Dr. Prajanjali Waghmare | Assistant Professor | Yes | |
| 4 | Dr. Mayuri Rajmane | Senior Resident | Yes | |
| 5 | Dr. Jyoti Hajare | Senior Resident | Yes | |
| 6 | Dr. Dattatray Bhosale | Tutor | Yes | |
| 7 | Dr. Datta Choure | Tutor | Yes | |
| 8 | Dr. Ashwini Choudhary | Tutor | Yes | |
| 9 | Dr. Asmita Waghmare | Tutor | Yes | |
| | | | | |
| | | | | |
| | | | | |

maternity leave - medical

Summary –

Approved Staff

| 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 | 3 | 2 | 1 |
| 5 | Tutor | 4 | 4 | 0 |

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 | 2 | 0 |
| 4 | Senior Resident | 3 | 2 | 1 |
| 5 | Junior Resident | 4 | 4 | 0 |

Data Verified by the Committee members:

Member

Member

Member

Chairman

Dean,
Government Medical College
Dharashiv

जावक क्र. 22
दिनांक. 04/02/2026.
सुक्ष्मजीवशास्त्र विभाग
शासकीय वैद्यकीय महाविद्यालय
उस्मानाबाद

डॉ. मयूरी वैभव राजमाने
वरीष्ठ निवासी
सुक्ष्मजीवशास्त्र विभाग,
शासकीय वैद्यकीय महाविद्यालय,
धाराशिव
दि. 08/02/2026

प्रति,
विभागप्रमुख,
सुक्ष्मजीवशास्त्र विभाग,
शासकीय वैद्यकीय महाविद्यालय,
धाराशिव

(विहित मार्गाने सविनय सादर)

विषय - प्रसूती रजेकरिता अर्ज करणेबाबत

मा.महोदय,

उपरोक्त विषयास अनुसरून मी, डॉ. मयूरी वैभव राजमाने वरीष्ठ निवासी, सुक्ष्मजीवशास्त्र विभाग या पदावर दि. 06/04/2024 रोजी पासून कार्यरत आहे. तरी मला दि. 04/02/2026 पासून माझ्या प्रसूतीकरिता सुट्टीची आवश्यकता आहे. मी शक्य तितक्या लवकर पुन्हा विभागात कार्यरत होईल.

तरी माझी प्रसूती करिता रजा मंजूर करण्यात यावी ही विनंती.

आपल्या माहितीस्तव व पुढील कार्यवाहीस्तव सविनय सादर...

आपला विश्वासु

M. Rajmane

डॉ. मयूरी वैभव राजमाने
वरीष्ठ निवासी

सुक्ष्मजीवशास्त्र विभाग
शासकीय वैद्यकीय महाविद्यालय,
धाराशिव.

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forwarded
for necessary
action
JH
प्राध्यापक व विभाग प्रमुख
सुक्ष्मजीवशास्त्र विभाग
शासकीय वैद्यकीय महाविद्यालय
उस्मानाबाद

महाराष्ट्र शासन

शासकीय वैद्यकीय महाविद्यालय, धाराशिव
न्यायवैद्यकशास्त्र विभाग

GOVERNMENT MEDICAL COLLEGE, DHARASHIV
कोविड-१९ इमारत, जिल्हा रुग्णालय आवार, धाराशिव. (महाराष्ट्र) ४१३-५०१
e-mail: deangmcosmanabad@gmail.com

जा.क्र.शावैमधा/ न्यायवैद्यकशास्त्र विभाग/

/२०२६

दि:- १८/०३/२०२६

FORENSIC MEDICINE & TOXICOLOGY

Attendance of Teaching Staff As On Today

| Sr. No. | Name of the Teacher | Designation | Signature |
|---------|---------------------------------|---------------------|--------------------------------------|
| 1 | Dr. Vishwajeet Govindrao Pawar | Professor & Head | - Court Call- Evidence in M.L. Case. |
| 2 | Dr. Vinod Vasant Rathod | Associate Professor | <i>Rathod</i> 18/3/2026 |
| 3 | Dr. Vijay Vyankatrao Waghmode | Assistant Professor | <i>WMS</i> 18-03-2026 |
| 4 | Dr. Shivanand Udhhavrao Devpuje | Tutor | <i>Devpuje</i> 18/03/2026 |
| 5 | Dr. Mangesh Sanjay Patil | Tutor | <i>Patil</i> 18/03/2026 |
| 6 | Dr. Abhijit Narayan Bharati | Tutor | <i>Bharati</i> 18/3/2026 |

[Signature]
Dean,
Government Medical College
Dharashiv

[Signature]
Member

[Signature]
Member

for- *[Signature]*
Dr. Vinod. V. Rathod
18-03-2026
Professor & Head
Department of Forensic Medicine
Government Medical College,
Dharashiv

Chairman. *[Signature]*

महाराष्ट्र शासन

शासकीय वैद्यकीय महाविद्यालय, धाराशिव
न्यायवैद्यकशास्त्र विभाग

GOVERNMENT MEDICAL COLLEGE, DHARASHIV
कोविड-19 इमारत, जिल्हा रुग्णालय आवार, धाराशिव. (महाराष्ट्र) 413-501
e-mail: deangmcosmanabad@gmail.com

जा.क्र.शावैमधा/ न्यायवैद्यकशास्त्र विभाग/ 56 /२०२६

दि:- 18/03/2026

प्रति,
मा.अधिष्ठाता
शासकीय वैद्यकीय महाविद्यालय,
धाराशिव.

विषय :- मुख्यालय सोडण्याची परवानगी मिळणे बाबत.

मा महोदय,

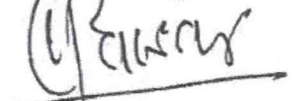
वरील विषयी विनंती पूर्वक कळविण्यात येते की, जिल्हा सत्र न्यायालय बीड येथे साक्ष कामे उपस्थित राहण्यासाठी दिनांक - 18/03/2026 रोजीचे कोर्ट कॉल काढले आहे. करिता सदरील रोजी जिल्हा सत्र न्यायालय बीड येथे उपस्थित राहणे अनिवार्य आहे. करिता नमूद तारखेस मुख्यालय सोडण्याची परवानगी देण्यात यावी. ही नम्र विनंती.

आपल्या माहितीस्तव व पुढील कार्यवाहीस्तव सविनय सादर...

o/c

17/03/2026
आवक लिपिक
शासकीय वैद्यकीय महाविद्यालय
धाराशिव

आपला विश्वासू



डॉ. विश्वजीत राविवंदराव पवार
प्राध्यापक व विभाग प्रमुख
Department of Forensic Medicine
Government Medical College,
शा.वै.म. धाराशिव.

सोबत-

१) समन्स जोडले आहे.

महत्त्वाचे : उच्च न्यायालयाने कालमर्यादित केलेले प्रकरण

साक्षदाराचे समन्स (फॉर्म नं. ३३) (पो. प्र.सं. कलम ६१ व २४४ प्रक.)

मा. श्री व्ही. के. मांडे, अति. सत्र न्यायाधीश - ३, बीड यांचे न्यायालयात

सत्र प्रकरण क्र. ८५/२०१६ सरकार वि. राहुल शिंदे

प्रति,

(गु.र.नं. ३४८/२०१६) सरकारी वकिल : एस. व्ही. मुंडे

१. डॉ. विश्वजीत गो. पवार, वैद्यकीय अधिकारी, स्वा.रा.ती.ग्रा.रुग्णालय, अंबाजोगाई

(सोबत येताना मयत दत्ता मधुकर कदम चे PM No. 282/2016 Dt. 10.08.2016 बाबतचे मुळ दस्त आणावेत)

ज्याअर्थी राहुल विष्णू शिंदे रा. अंबाजोगाई यांच्यावर कलम ३०२ भा.दं.वि. हा अपराध केल्याचा आरोप असल्यामुळे त्याबाबतची चौकशी या न्यायालयात चालू आहे आणि सदर अपराथाच्या कामात सरकारी पक्षातर्फे आपण महत्त्वाची साक्ष देण्याजोगे आहात असे मला वाटते.

त्याअर्थी, आपल्यावर याद्वारे समन्स काढण्यांत येते की, सदर अपराथासंबंधी आपल्याला जे कांही माहित असेल त्याविषयी साक्ष देण्यासाठी दिनांक १८/०३/२०२६ रोजी सकाळी ११:०० वाजता आपण या न्यायालयापुढे हजर व्हावे आणि न्यायालयाच्या परवानगीशिवाय तेथून जाऊ नये, आणि याद्वारे आपल्याला ताकीद देण्यांत येते की, आपण कायदेशीर सबबीशिवाय सदर दिनांकास हजर होण्यात कसूर कराल किंवा हजर होण्याचे नाकाराल तर आपल्याला हजर होण्यास भाग पाडण्याकरिता वारंट काढले जाईल.

साक्ष सहीनिशी आणि न्यायालयाच्या शिक्क्याने दिले दि. ०३/०३/२०२६.

आदेशावरून,

अधीक्षक,

अति. सत्र न्यायाधीश - ३, बीड

Name of College/Institute: Government Medical College, Dharashiv [Osmanabad]

Name of the Department: Pharmacology

| Sr. No. | Name of the Teacher | Designation | MUHS Approved Designation | Signature |
|---------|---------------------------|---------------------|---------------------------|-----------|
| 1 | Dr. Ujwala P. Gawali | Professor | Yes | |
| 2 | Dr. Santosh .B.Godbharle | Associate Professor | Yes | |
| 3 | Dr. Mangal K. Choure | Associate Professor | Yes | |
| 4 | Dr. Rushikesh P. Patil | Assistant Professor | Yes | |
| 5 | Dr. Rahul Jadhav | Tutor | Yes | |
| 6 | Dr. Prashant Revadkar | Tutor | Yes | |
| 7 | Dr. Sayali Kokate | Tutor | Yes | |
| 8 | Dr.Saurabh G. Jagtap | Tutor | Yes | |
| 9 | Dr. Archana M. KarajKhede | Tutor | Yes | |
| 10 | Dr. Rushali M. Gawali | Tutor | Yes | |

Summary –

Approved Staff

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

Approved + Non Approved Staff

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

Head Of Department
 Pharmacology Department
 Government Medical College
 Dharashiv

Data Verified by the Committee members:

Member

Member

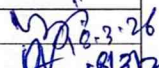
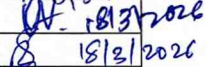
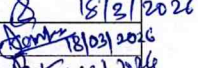
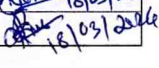
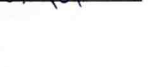
Member

Chairman

Head
 Government Medical College
 Dharashiv

Name of College/Institute Government Medical Collage, Dharashiv.

Name of the Department: Community Medicine

| Sr. No. | Name of the Teacher | Designation | MUHS Approved Designation | Signature |
|---------|---------------------|---------------------|---------------------------|--|
| 1 | Dr. L. L. Gaikwad | Assoc. Prof. & HOD | Associate Professor |  18/3/26 |
| 2 | Dr. V. A. Nandimath | Associate Professor | Associate Professor |  18/3/2026 |
| 3 | Dr. S. S. Bembade | Senior Resident | Senior Resident |  18/3/2026 |
| 4 | Dr. S. B. Kamble | Tutor | Tutor |  18/03/2026 |
| 5 | Dr. P. R. Kudale | Tutor | Tutor |  18/03/2026 |

Summary –

Approved Staff

| Sr. No. | Designation | Required | Available | Deficiency |
|---------|---------------------|----------|-----------|------------|
| 1 | Professor | 01 | 00 | 01 |
| 2 | Associate Professor | 02 | 02 | 00 |
| 3 | Assistant Professor | 03 | 00 | 03 |
| 4 | Senior Resident | 02 | 01 | 01 |
| 5 | Junior Resident | nil | | |

Approved + Non Approved Staff

| Sr. No. | Designation | Required | Available | Deficiency |
|---------|---------------------|----------|-----------|------------|
| 1 | Professor | 01 | 00 | 01 |
| 2 | Associate Professor | 02 | 02 | 00 |
| 3 | Assistant Professor | 03 | 00 | 03 |
| 4 | Senior Resident | 02 | 01 | 01 |
| 5 | Junior Resident | nil | | |

Data Verified by the Committee members:


Member


Member

Member


Chairman


Dean,
Government Medical College
Dharashiv


18/3/26
प्राध्यापक व विभाग प्रमुख
जन औषध वैद्यकशास्त्र विभाग
शासकिय वैद्यकीय महाविद्यालय
उस्मानाबाद

Name of College/Institute: GMC Dharashiv

Name of the Department: General Surgery

| Sr. No. | Name of the Teacher | Designation | MUHS Approved Designation | Signature |
|---------|-------------------------------------|---------------------|---------------------------|-----------|
| 1 | Dr. Sahin Bhimashankar Jamma | Professor | Yes | |
| 2 | Dr. Rohan Shashikant Khairatkar | Associate Professor | Yes | |
| 3 | Dr. Pravinkumar Chandramani Govande | Associate Professor | Yes | |
| 4 | Dr. Swapnil Suresh Ugale | Assistant Professor | Yes | |
| 5 | Dr. Ajit Manikrao Dikle | Assistant Professor | Yes | |
| 6 | Dr. Premsagar Topaji Jadhav | Assistant Professor | Yes | |
| 7 | Dr. Suraj Rajeshwar Harnale | Senior Resident | Yes | |
| 8 | Dr. Ranjeet Ravan Kadam | Senior Resident | Yes | |
| 9 | Dr. Kirankumar Ragonath Vairage | Senior Resident | Yes | |
| 10 | Dr. Bhagavat Ganpati Kothule | Senior Resident | Yes | |
| 11 | Dr. Anurag Raju Kasnale | Senior Resident | Yes | |
| 12 | Dr Darshan Rajiv Gandhi | Senior Resident | Yes | |

13. Dr. Dayanand Chaurse
Summary -Assistant
Professor

Yes

On leave

Approved Staff

| Sr. No. | Designation | Required | Available | Deficiency |
|---------|---------------------|----------|-----------|------------|
| 1 | Professor | 01 | 01 | 00 |
| 2 | Associate Professor | 03 | 02 | 01 |
| 3 | Assistant Professor | 04 | 04 | 00 |
| 4 | Senior Resident | 05 | 06 | 00 |
| 5 | Junior Resident | 02 | 02 | 00 |

Approved + Non Approved Staff

| Sr. No. | Designation | Required | Available | Deficiency |
|---------|---------------------|----------|-----------|------------|
| 1 | Professor | 01 | 01 | 00 |
| 2 | Associate Professor | 03 | 02 | 01 |
| 3 | Assistant Professor | 04 | 04 | 00 |
| 4 | Senior Resident | 05 | 06 | 00 |
| 5 | Junior Resident | 02 | 02 | 00 |

Data Verified by the Committee members:

Member

Member

Member

Chairman

ये.का.म. ५,००,०००-१०-१०-पीए-४-(एच)१३२
शा.नि.वि.वि.क्र.१८८५/३३ दि. २-९-३८
शा.प.वि.वि.क्र. मनासे १०८३/सीआर-१२/सेवा-६

सर्वसा-५८

Genl.58m

नमुना-१

(महाराष्ट्र नागरीसेवा(रजा) नियम १९८१ मधीलनियम २४ पहा)
रजेसाठी किंवा रजा वाढीसाठी अर्ज

| | | |
|-----|--|--|
| १ | अर्जदाराचे नांव | डॉ. दयानंद दत्तानंद चौरे |
| २ | धारण केलेले पद | सहायक प्राध्यापक |
| ३ | विभाग, कार्यालय व शाखा | शांत्यचिकित्साशास्त्र |
| ४ | वेतन | रु. |
| ५ | सध्याच्या पदावर मिळणारा घर भाडेभत्ता आणि इतर पुरक भत्ते | नियमाप्रमाणे |
| ६ | मागितलेल्या रजेचे स्वरूप व कालावधी आणि रजा ज्या तारखे पासुन पाहिजे असेल ती तारीख | अर्जित रजा, ५० दिवस १९/०३/२०२५ |
| ७ | रजेच्या मागे/पुढे असल्यास जोडुन घ्या व याचे रविवार व सुट्टी चे दिवस | - |
| ८ | रजा मागण्याची कारणे | वैयक्तिक दि. १९/०३/२०२५ पासुन अपघातामुळे आर्यास ०३/०९/२०२५; अर्जित रजा |
| ९ | पुर्वी घेतलेल्या रजेवरून परत आल्याची तारीख आणि त्या रजेचे स्वरूप व कालावधी | - |
| १० | मला २००-२०० या वित्तीय वर्षी दिवसांची अर्जित रजा प्रत्यार्पितकरा वयाची आहे /नाही | - |
| ११ | रजेच्या कालावधीतील पत्ता | समर्थनगर धारशिव |
| १२ | मी राजीनामा दिल्यास किंवा स्वेच्छेन सेवा निवृत्त झाल्यास, पुढे नमुद केलेल्या रक्कमा परत करण्याची हमी देत आहे. | - |
| एक | नियम ६१ चापोटनियम (१) लागू करण्यात आला नसता तर परिवर्ती तर जेच्या कालावधीत मिळालेले रजा वेतन आणि अर्ध वेतनी रजेच्या कालावधीत अनुज्ञेय असलेले रजा वेतन, या मधील फरकाची अनुज्ञेय झाली नसती अशी रक्कम | - |
| दोन | नियम ६२ चा पोटनियम (१) लागू करण्यात आला नसता तर जे अनुज्ञेय झाले नसते असे अनर्जित रजेच्या कालावधीत मिळालेले रजा वेतन | - |
| १३ | मी असे प्रमाणित करीत आहे की, या अर्जाच्या तारखे समला दोन किंवा त्या पेक्षा अधिक हया तमुले नाहीत. (शा.नि. तारखेपासुन) | - |

आई वी. चौरे
करीत वीर रजामे
असल्यामुळे

अर्जदाराची सही (तारखेसह)

लागुन सलेला मजकुर खोडावा

डॉ. डी.डी. चौरे
२७/०१/२०२६

१४. नियंत्रकअधिकार-यांचाशेराआणिकिंचाशिफाररा :-

सही (तारखेसह)

पदनाम

रजेच्या अनुज्ञे यते संबंधी प्रमाणपत्र

(राजपत्रित अधिका-या च्या बावतीत लेखा परीक्षा अधिका-याने द्यावे)

१५. प्रमाणित करण्यात येते की, महाराष्ट्र नागरी सेवा (रजा) नियम १९८१ मधील नियम अनुसार त्यांच्या खाती सन २०... - २०... रोजी ----- दिवस अर्जित रजा / ----- दिवस अर्ध वेतनी रजा / ----- दिवस परावर्तीत रजा शिल्लक आहे.

सही (तारखेसह)

पदनाम

१६. रजा मंजुर करणा-या सक्षम प्राधिका-यांचे आदेश :-

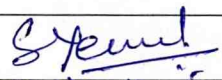
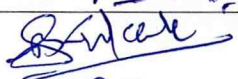


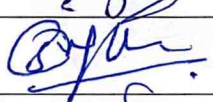


सही (तारखेसह)

पदनाम

अर्जदाराला कोणताही पुरक भत्ता मिळत असल्यास, तो अर्जावर रजा संपल्यानंतर त्याच पदावर किंवा समान भत्ता मिळणा-या दुस-या पदावर परत येण्याची शक्यता आहे किंवा हे देखील आदेश मध्ये नमुद करावे.

Name of College/Institute: GMC Dharashiv

Name of the Department: Orthopedics Department

| Sr. No. | Name of the Teacher | Designation | MUHS Approved Designation | Signature |
|---------|--------------------------------------|---------------------|---------------------------|--|
| 1 | Dr. Shrinivas Ramakant Yemul | Professor | Yes |  |
| 2 | Dr. Shashikant Bhalchandrarao Kukale | Associate Professor | Yes |  |
| 3 | Dr. Balaji Ram Bharate | Assistant Professor | Yes |  |
| 4 | Dr. Akash Ankush Bhakare | Assistant Professor | Yes |  |
| 5 | Dr. Suyash Yashwant Ingle | Senior Resident | Yes |  |
| 6 | Dr. Harshad Hari Pawar | Senior Resident | Yes |  |
| 7 | Dr. Suraj Rajkumar Maddewad | Senior Resident | Yes |  |

Summary –**Approved Staff**

| Sr. No. | Designation | Required | Available | Deficiency |
|---------|---------------------|----------|-----------|------------|
| 1 | Professor | 01 | 01 | 00 |
| 2 | Associate Professor | 01 | 01 | 00 |
| 3 | Assistant Professor | 02 | 02 | 00 |
| 4 | Senior Resident | 03 | 03 | 00 |
| 5 | Junior Resident | 00 | 00 | 00 |

Approved + Non Approved Staff

| Sr. No. | Designation | Required | Available | Deficiency |
|---------|---------------------|----------|-----------|------------|
| 1 | Professor | 01 | 01 | 00 |
| 2 | Associate Professor | 01 | 01 | 00 |
| 3 | Assistant Professor | 02 | 02 | 00 |
| 4 | Senior Resident | 03 | 03 | 00 |
| 5 | Junior Resident | 00 | 00 | 00 |

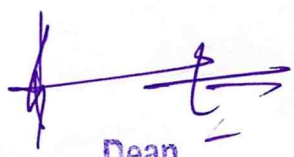
Data Verified by the Committee members:

Member


 Member


 Member


 Chairman


 Dean,
 Government Medical College
 Dharashiv

ANNEXURE-II

Name of College/Institute: Government Medical College, Osmanabad

Name of the Department: OBGY

| Sr. No. | Name of the Teacher | Designation | MUHS Approved Designation | Signature |
|---------|---------------------|---------------------------|---------------------------|---------------|
| 1. | Dr. Jyoti Dawle | Associate Professor & HOD | Yes | <i>Dawle</i> |
| 2. | Dr. Pradeep Patil | Professor | Yes | <i>Patil</i> |
| 3. | Dr. Kiran Deshmukh | Assistant Professor | Yes | <i>Kiran</i> |
| 4. | Dr. Shantanu Patil | Assistant Professor | Yes | <i>Patil</i> |
| 5. | Dr. Swati Dahiphale | Senior Resident | Yes | <i>Swati</i> |
| 6. | Dr. Hema Paralkar | Senior Resident | Yes | <i>Hema</i> |
| 9. | Dr. Trupti Radkar | Senior Resident | Yes | <i>Trupti</i> |

Summary-

Approved Staff

Approved+ Non-Approved Staff

| Sr. No. | Designation | Required | Available | Deficiency |
|---------|---------------------|----------|-----------|------------|
| 1 | Professor | 01 | 01 | 00 |
| 2 | Associate Professor | 01 | 01 | 00 |
| 3 | Assistant Professor | 02 | 02 | 00 |
| 4 | Senior Resident | 03 | 03 | 00 |
| 5 | Tutor | 00 | 00 | 00 |

| Sr. No. | Designation | Required | Available | Deficiency |
|---------|---------------------|----------|-----------|------------|
| 1 | Professor | 01 | 01 | 00 |
| 2 | Associate Professor | 01 | 01 | 00 |
| 3 | Assistant Professor | 02 | 02 | 00 |
| 4 | Senior Resident | 03 | 03 | 00 |
| 5 | Tutor | 00 | 00 | 00 |

Dawle

Signature of HOD

[Signature]
Dean,
Government Medical College
Osmanabad
Signature of Dean

[Signature]
Member

[Signature]
Member

[Signature]
Chairman

ANNEXURE-II

Name of College/Institute:-GMC DHARASHIV

Name of the Department: Ophthalmology

| Sr. No. | Name of the Teacher | Designation | MUHS Approved Designation | Signature |
|---------|-------------------------------|---------------------|---------------------------|-----------|
| 1. | Dr. Uttam Haribhau Nisale | Professor | YES | |
| 2. | Dr. Vinayak Devidas Deshpande | Associate Professor | YES | |
| 3. | Dr. Anuja Arun Kandle | Assistant Professor | YES | |
| 4. | Dr. Sagar Babasaheb Janrao | Senior Resident | yes NO | |
| 5. | Dr. Shweta vinod pawar | Senior Resident | yes NO | |

Summary –

Approved Staff

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

Approved + Non Approved Staff

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

Data Verified by the Committee members:

Member

Member

Member

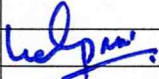
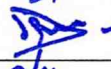

Chairman

Dean,
Government Medical College
Dharashiv

ANNEXURE-II

Name of College/Institute:- GMC DHARASHIV

Name of the Department:ENT

| Sr. No. | Name of the Teacher | Designation | MUHS Approved Designation | Signature |
|---------|------------------------------------|---------------------|---------------------------|---|
| 1. | Dr. Madhusudan Ramkishanji Malpani | Professor | YES |  |
| 2. | Dr. Pradipkumar Digambrrao Khokle | Associate Professor | YES |  |
| 3. | Dr. Ashvini Govindrao Somware | Assistant Professor | YES |  |

Summary –

Approved Staff

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

Approved + Non Approved Staff

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

Data Verified by the Committee members:

Member



Member



Member



Chairman


 Dean,
 Government Medical College
 Dharashiv

Name of College/Institute : Government Medical College, Dharashiv
Name of the Department: Anesthesiology

| Sr. No. | Name of the Teacher | Designation | MUHS Approved Designation | Signature |
|---------|-------------------------------------|---------------------|---------------------------|---------------------------------|
| 1 | Dr. Agrawal Pushpa Ishwardas | Professor & Hod | Yes | <i>P. Agrawal</i> |
| 2 | Dr. Khandarkar Ganesh Laxman | Associate Professor | Yes | <i>G. Khandarkar</i> |
| 3 | Dr. Deshpande Manjiri Vinayak | Associate Professor | Yes | <i>M. Deshpande</i> |
| 4 | Dr. Nagrale Deepti Satish | Assistant Professor | Yes | <i>D. Nagrale</i> |
| 5 | Dr. Shaikh Haseeb Ur Rahman | Senior Resident | Yes | <i>H. Shaikh</i> |
| 6 | Dr. NANDGAONKAR SHUBHANGI KHANDERAO | Senior Resident | Yes | <i>On medical leave</i> |
| 7 | Dr. Boinwad Rupali Balaji | Senior Resident | Yes | <i>R. Boinwad</i> |
| 8 | Dr. Ingle Divya Gopal | Senior Resident | Yes | <i>CL for Reporting SR DMER</i> |
| 9 | Dr. Honshette Pratibha Madhavrao | Senior Resident | Yes | <i>P. Honshette</i> |

Summary –

Approved Staff

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

Approved + Non Approved Staff

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

Data Verified by the Committee members:

Member

[Signature]
Member

[Signature]
Member

[Signature]
Chairman

[Signature]
Dean,
Government Medical College
Dharashiv

सर्जिकल, ऑक्सिडेंट, क्रिटिकल केअर अँड बर्न हॉस्पिटल

सुश्रुत हॉस्पिटल अँड आय.सी.यु. सेंटर

डॉ. सुरेश सु. करंजकर
एम.एस. (जन. सर्जरी)
कन्सल्टिंग सर्जन
डॉ. सौ. शारदा सु. करंजकर
बी.ए.एम.एस. स्त्री रोग तज्ञ



Dr. Suresh S. Karanjkar
M.S. (General Surgery)
Consulting Surgeon
Dr. Sou. Sharda S. Karanjkar
B.A.M.S.

वरुडा रोड, समर्थ नगर, धाराशिव. ☎ (०२४७२) २२७४४४ मो. : ७०३८७७५१७४

नांव : शुभांगी गोंडगावकर

दि. : 17/3/2026

पत्ता : _____

वय : 23/F.

Cl - few
- 8-10 ep. loose motion.
- General weakness.

OLG
BP - 100/60 mmHg.
P - 110/min
SpO₂ - 95%.

Rx.

T. OL (10)

T. Vibact (10)

T. Domhil (10)

T. Pand (5)

Emergel 1g.

Adv
Bed rest for
3 days.

SUSHRUT HOSPITAL
Dr. KARANIKAR S.S.

परत येताना हा पेपर सोबत आणावा. • सकाळी १० ते ५ • सायंकाळी ९ ते १०.३० • इतर वेळी उपचार शुभारंभ करायची दुपारी ३.०० नंतर बंद राहिल.

R.No. 54712 M.S. (GEN SURG)

उपलब्ध
सुविधा

• पोटाचे विकार, मुतखडा व किडनीचे विकार • कर्करोग चिकित्सा • स्तनग्रन्थी विकार • मुळथय, मगद • हर्निया-हायड्रोसिल
• जळीत रुग्ण व प्लास्टिक सर्जरी • अपघात व फ्रॅक्चर • भौतिक उपचार • प्रसूती व वैद्यकीय गर्भपात • प्रोस्टेट ग्रंथीवरील शस्त्रक्रिया

Date. 16.03.2026

To,
The HOD.
Anaesthesia Department
Govt. Medical College & Hospital
Dharashiv,

Subject :- Regarding medical leave for 2 days

R/sio, nam.

I. Dr. Shubhraj K. Nandgaonkar Working as a
Senior Resident in Anaesthesia Dep. GMC Dharashiv. ~~Because~~
I want to take two days leave on 17.3.26 & 18.3.26
for my health issue.

So kindly consider my application
for same.

Thanking you, Shubhraj

Dr. Shubhraj Khandare
Nandgaonkar.

mob. 90 28976367

डा. शशिबंन यादव
अभिनेता यादव

Golu
16.03.2026

Professor & Head of Department
Department of Anaesthesiology,
Government Medical College, Dharashiv

जी.कृ. शा.के. महा. विद्या. नि. नि. 46/2026.

दि - 17.03.2026.

डा. दिव्या गोपाल इंगळे
वरिष्ठ निवासी
बाधिरिकरण शास्त्र विभाग
शासकीय वैद्यकीय
महाविद्यालय, धारशिव
दि : 17.03.2026

प्रति,

मा. अधिष्ठाता
शासकीय वैद्यकीय महाविद्यालय
धारशिव

विषय = रजा मंजूर करण्याबाबत विनंती.

महोदय,

अविनय विनंती आहे की, मी डॉ. दिव्या इंगळे आपल्या
महाविद्यालयात झूलबास्त (Anesthesiology) विभागाने वरिष्ठ निवासी
(senior Resident) म्हणून दिनांक 4/2/2026 पासून कार्यरत आहे.

दि. 11/3/2026 रोजी जाहीर झालेल्या निवड यादीतून
मला BJ medical college, pune येथे Emergency medicine
च्या शाखेची जगा प्राप्त झाली आहे. DMER च्या अधिकाऱ्यांस
7 कार्यदिवसांच्या आत दिलेल्या ठिकाणी हजर होणे अनिवार्य आहे
त्यानुसार उद्या ही अनिम नारीख असून मला त्या ठिकाणी
रिपोर्ट करणे आवश्यक आहे.

त्यामुळे मला दिनांक 18/03/2026 रोजीची casual leave [1]
मंजूर करावी, ही नमू विनंती.



17/03/2026
Professor & Head of Department
Department of Anesthesiology,
Government Medical College, Dharashiv

DR

आपली विश्वासू,
डॉ. दिव्या इंगळे.
मो. क्र = 7724966970
वरिष्ठ निवासी (झूलबास्त)

ANNEXURE-II

Name of College/Institute: Government Medical college, Dharashiv

Name of the Department: General Medicine

| Sr. No. | Name of the Teacher | Designation | MUHS Approved Designation | Signature |
|---------|-------------------------|---------------------|---------------------------|--------------------|
| 1 | Dr. Mallikarjun Jamadar | Professor | Yes | <i>[Signature]</i> |
| 2 | Dr. Rushikesh Haridas | Associate Professor | Yes | <i>[Signature]</i> |
| 3 | Dr. Ramrao Mundhe | Associate Professor | Yes | <i>[Signature]</i> |
| 4 | Dr. Rajesh Patil | Associate Professor | Yes | <i>[Signature]</i> |
| 5 | Dr. Rajshekhar Mengule | Assistant Professor | Yes | <i>[Signature]</i> |
| 6 | Dr. Saurabh Patil | Assistant Professor | Yes | <i>[Signature]</i> |
| 7 | Dr. Pingala Alane | Assistant Professor | Yes | <i>[Signature]</i> |
| 8 | Dr. shital Pisal | Assistant Professor | Yes | <i>[Signature]</i> |
| 9 | Dr. Shubham Jamadar | Assistant Professor | Yes | <i>[Signature]</i> |
| 10 | Dr. Nihal Sikandar | Senior Resident | Yes | <i>[Signature]</i> |
| 11 | Dr. Shriram Bhosale | Senior Resident | Yes | On medical leave |
| 12 | Dr. Prasad Jadhav | Senior Resident | Yes | <i>[Signature]</i> |
| 13 | Dr. pooja bharate | Senior Resident | Yes | <i>[Signature]</i> |
| 14 | Dr. Ajinkya Bansode | Senior Resident | Yes | <i>[Signature]</i> |

Summary –

Approved Staff

Approved + Non Approved Staff

| Sr. No. | Designation | Required | Available | Deficiency |
|---------|---------------------|----------|-----------|------------|
| 1 | Professor | 01 | 01 | 00 |
| 2 | Associate Professor | 03 | 03 | 00 |
| 3 | Assistant Professor | 04 | 05 | 00 |
| 4 | Senior Resident | 04 | 05 | 00 |
| 5 | Junior Resident | 0 | 0 | 0 |

| Sr. No. | Designation | Required | Available | Deficiency |
|---------|---------------------|----------|-----------|------------|
| 1 | Professor | 01 | 01 | 00 |
| 2 | Associate Professor | 03 | 03 | 00 |
| 3 | Assistant Professor | 04 | 05 | 00 |
| 4 | Senior Resident | 04 | 05 | 00 |
| 5 | Junior Resident | 0 | 0 | 0 |

Data Verified by The committee members:

Member

Member

Member

Chairman

**Professor & Head of Department
Department of General Medicines
GMC Dharashiv**

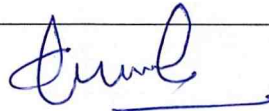
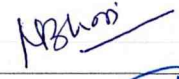
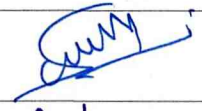



**Dean
Government Medical College
Dharashiv**

ANNEXURE-II

Name of College/Institute...Government Medical College Dharashiv

Name of the Department: Paediatrics Department

| Sr.No. | Name of the Teacher | Designation | MUHS Approved Designation | Signature |
|--------|-------------------------------|---------------------|---------------------------|---|
| 1 | Dr. Manoj Shivajirao Ghogare | Professor | Professor |  |
| 2 | Dr. Bhoori Neelofar Saifoddin | Associate Professor | Associate Professor |  |
| 3 | Dr. Shyam Sambhaji Choudhari | Assistant Professor | Assistant Professor |  |
| 4 | Dr. Sujit Bharat Ghodake | Assistant Professor | Assistant Professor |  |

Summary –

Approved Staff

| Sr. no | Designation | Required | Available | Deficiency |
|--------|---------------------|----------|-----------|------------|
| 1 | Professor | 1 | 1 | 0 |
| | Associate Professor | 2 | 1 | 1 |
| | Assistant Professor | 2 | 2 | 0 |

Approved + Non Approved Staff

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

Data Verified by the Committee members:


Member


Member

Member


Chairman


Dean
Government Medical College
Dharashiv

[ANNEXURE-II]

Name of College/Institute: Government Medical Collage

Dharashiv

Name of the Department: Psychiatry

| Sr. No. | Name of the Teacher | Designation | MUHS Approved Designation | Signature |
|---------|-------------------------------|---------------------|---------------------------|---------------|
| 1. | Dr. Ashish Hanmantrao Chepure | Professor and Hod | Yes | <i>Ashish</i> |
| 2. | Dr. Apurva Karmveer Ungratwar | Assistant Professor | Yes | <i>Apurva</i> |
| 3. | Dr. Ashish Baban Zare | Senior Resident | Yes | <i>Ashish</i> |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

Summary –

Approved Staff

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

Approved + Non Approved Staff

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

Ashish
Signature of HOD

[Signature]
Signature of Dean

Teer
Members

[Signature]
Members

[Signature]
Chairman

ANNEXURE-II

Name of College/Institute: Government Medical college, Dharashiv

Name of the Department: TB & Chest Diseases

| Sr. No. | Name of the Teacher | Designation | MUHS Approved Designation | Signature |
|---------|---------------------|---------------------|---------------------------|-----------|
| 01 | Dr. Pravin Dumne | Assistant Professor | Yes | |
| 02 | Dr. umesh kulkarni | Senior Resident | yes | |
| 03 | Dr. Abdul L. Shaikh | Professor | yes | |

Summary -

Approved Staff

Approved + Non Approved Staff

| Sr. No. | Designation | Required | Available | Deficiency |
|---------|---------------------|----------|-----------|------------|
| 1 | Professor | 01 | 01 | 00 |
| 2 | Associate Professor | 0 | 0 | 0 |
| 3 | Assistant Professor | 01 | 01 | 00 |
| 4 | Senior Resident | 01 | 01 | 00 |
| 5 | Junior Resident | 0 | 0 | 0 |

| Sr. No. | Designation | Required | Available | Deficiency |
|---------|---------------------|----------|-----------|------------|
| 1 | Professor | 01 | 01 | 00 |
| 2 | Associate Professor | 0 | 0 | 0 |
| 3 | Assistant Professor | 01 | 01 | 00 |
| 4 | Senior Resident | 01 | 01 | 00 |
| 5 | Junior Resident | 0 | 0 | 0 |

Data Verified by The committee members:

Member

Member


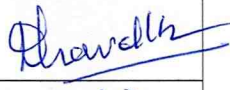


Member

Chairman

Dean,
Government Medical College
Dharashiv

Name of College/Institute: Government Medical College, Dharashiv [Osmanabad]

Name of the Department: Dermatology, Venereology & Leprosy

| Sr. No. | Name of the Teacher | Designation | MUHS Approved Designation | Signature |
|---------|---------------------------------|---------------------|---------------------------|---|
| 1 | Dr. Indurkar Vishal Ashok | Professor | Yes |  |
| 2 | Dr. Bansode Dhavalkumar Shivram | Assistant Professor | No Yes |  |
| 3 | Dr. Anjan Swapnil Pandurang | Senior Resident | No Yes |  |
| 4 | Dr. Ghadge Neha Balasaheb | Senior Resident | No Yes |  |

Summary –

Approved Staff

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

Approved + Non Approved Staff

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

Data Verified by the Committee members:

Member


Member


Member


Chairman

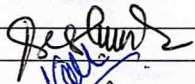



Dean,
Government Medical College
Dharashiv

ANNEXURE-II

Name of College/Institute...Government medical college

Dharashiv.....

..... Name of the Department:Radiology

| Sr. No. | Name of the Teacher | Designation | MUHS Approved Designation | Signature |
|---------|---------------------------|---------------------|---------------------------|---|
| 1 | Dr. Pradeepkumar Deshmukh | professor | Professor |  |
| 2 | Dr. Megha Kale | Assistant professor | Assistant professor |  |
| 3 | Dr.Poonam Sonune | 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 | 2 | 1 | 1 |
| 5 | Junior Resident | - | - | - |

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 | 2 | 1 | 1 |
| 5 | Junior Resident | - | - | - |

Data Verified by the Committee members:


Member


Member

Member


Chairman


Dean,
Government Medical College
Dharashiv

Intake capacity/ Seat Matrix

Name of College/Institute:... Government Medical College, Dharashiv (Osmanabad)

| UG Degree/PG Degree/ Diploma Courses/Super Specialty | Intake as per Council | | Status of Council | | | | Max. Seats Permitted by MUHS as per Teacher: Student Ratio | |
|--|-----------------------|----------------|-------------------|-----------|----------------|----------------|--|----------------|
| | | | Degree | | Diploma | | | |
| | Degree | Diploma | Recognized | Permitted | Recognized | Permitted | Degree | Diploma |
| UG Degree | | | | | | | | |
| MBBS | 100 | Not Applicable | ----- | Permitted | Not Applicable | Not Applicable | Not Applicable | Not Applicable |
| PG Degree / Diploma & SuperSpecialty | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Any Other, Please Specify:

Data Verified by the Committee members:


Member


Member

Member


Chairman