

ANNEXURE-IV

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
 DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved)

UG Degree/ PG Degree/ Super Specialty) AS ON: /..... /.....

Name of the Dept. : Physiology

Subject: Physiology Whether UG.... /UG+PG..... /UG+PG+SuperSpecialty.....

Name of the College : Government Medical College, Sindhudurg College Code : Intake Capacity:

S. r. N. o.	Subject	Name of Teacher	Designation	Mob. No.	E-mailID	DOB	Whether belongs to Reserved category (if Yes, specify category)	Date of appointment at College	Teaching Experience				Total Teaching Experience in years of PG	Type of Appointment Temp./ Regular/ Contractual	University Approval Status (Yes/ No)	Temporary Approval		Details of PG Recognition		MET Work shop attended in last 5 years	Photograph with Signature
									Asst. Pr of.	Asso. Pr of.	Pr of.	Total				From	To	Temp / Regular	Letter No. & date		
1	Physiology	Dr.Nitin Dhokane	Associate Professor	9860833477	drnitindhokne@gmail.com	04/02/1982	-	24/08/2022	8y 5m	1y 4m	-	9y 9m	-	Regular	Yes	-	-	-	-	Yes	
2	Physiology	Dr.Mahesh Suryavanshi	Assistant Professor	9921883266	Maheshsuryawanshi1969@gmail.com	05/06/1969	-	07/07/2023	22y	6y	-	28y 7y	7y	Regular	Yes	-	-	Regular	MUHS/PG/E1/1206/834/17	Yes	
3	Physiology	Dr.Smita Gaikwad Patil	Assistant Professor	8208250236	mailmesmita.patil@rediffmail.com	07/05/1985	-	01/07/2022	15y 4m	-	-	15y 4m	-	Contractual	Yes	-	-	-	-	-	

Note: The College shall submit one hard copy & a soft copy (in Excel Format) of the list in Pen Drive to the LIC Committee.



Signature of Dean with Seal
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 Government Medical College
 Sindhudurg

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 DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved)

UG Degree/ PG Degree/ Super Specialty) AS ON:/...../.....

Name of the Dept. : Biochemistry

Subject: Biochemistry Whether UG.... /UG+PG.... /UG+PG+SuperSpecialty.....

Name of the College : Government Medical College, Sindhudurg College Code : Intake Capacity:

Sr. No.	Subject	Name of Teacher	Designation	M o b . N o .	E-mail ID	DOB	Whether belongs to Reserved category (if Yes, specify category)	Date of appointment at College	Teaching Experience				Total Teaching Experience in years of PG	Type of Appointment Temp./ Regular/ Contractual	University Approval Status (Yes/No)	Temporary Approval	Details of PG Recognition		MET Workshop attended in last 5 years	Photograph with Signature	
									Asst. Prof.	Asso. Prof.	Prof.	Total					Temp/ Regular	Letter No. & date			
1	Biochemistry	Dr. Shrikant Masram	Professor	9826919186	shrikantmasram@gmail.com	21/08/1976	Yes (ST)	01/09/2022	4Yrs/10.5 mnth	5Yrs/5mnt	5Yrs/2mnt	15Yrs/5.5mnt	8mnt	Regular	Yes	-	-	Regular	2022/10/3505 Dt. 22/01/2009	Yes	
2	Biochemistry	Dr. Santosh Fufare	Associate Professor	9552507844	drsantoshfufare@rediffmail.com	28/05/1982	Yes (ST)	07/09/2022	5Yrs/6mnt	4Yrs/5mnt	1Yr	11Yrs	-	Regular	Yes	-	-	Regular	-	Yes	
3	Biochemistry	Dr. Nilanjana Guhniyogi	Assistant Professor	9820186367	nijnmumbai@gmail.com	29/05/1976	No	01/07/2023	23Yrs	-	-	23Yrs	-	Regular	Yes	-	-	Regular	MUHS/UG/E1/120/2006 Dt. 11/03/2023	Yes	
4	Biochemistry	Dr. Atul Patil	Assistant Professor	7972575384	dr.aaddya@gmail.com	21/07/1986	--	21/11/2023	4 Yrs/2 months	--	--	4 Yrs/2 months	--	Regular	No	-	-	Regular	-	No	

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UG Degree/ PG Degree/ Super Specialty) AS ON:/...../.....

Name of the Dept. : Pathology Subject: Pathology Whether UG...../UG+PG...../UG+PG+Superspecialty.....

Name of the College : Government Medical College, Sindhudurg College Code : Intake Capacity: 100

Sr. No.	Subject	Name of Teacher	Designation	MID	E-mail ID	DOB	Whether belongs to Reserved category (If Yes, specify category)	Date of appointment at College	Teaching Experience (IC(Yrs))			Total Teaching Experience in years of PG	Type of Appointment (Temp/Regular/Contractual)	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition	MET Workshop attended in last 5 years	Photo graph with Signal	
									Asst. Prof.	Asso. Prof.	Total				From	To				
1	Pathology	Dr. Shivaji Dadarao Birare	Professor	9422	shivaji@birareesh11/07/71		OBC	09/02/2024	7Y 9M	14Y 6M	4Y 4M	26Y	23Y	Regular	Yes	-	-	-	Yes	
2	Pathology	Dr. Vaishali Baburao Nagose	Associate Professor	\$500	Vaishali.nagose@gnmah.com	29/04/1971	Yes, OBC (Teli)	16/02/2023	4Y 2M 15D	3Y 11M 20D	3Y 3M 5D	10Y 17M 5D	6Y	Regular	Yes	-	-	-	Yes	
3	Pathology	Dr. Sucha Mukhtanand Gaundakar	Assistant Professor	9420	Sucha.13/1/01/1970	13/1/01/1970	Yes, OBC	11/02/2023	10M	-	-	10M	-	Temp	Yes	-	-	-	No	
4	Pathology	Dr. Nandini Agrawal	Assistant Professor	\$965	Nandini.agrawal@gnmah.com	07/10/1992	NO	02/01/2023	1Y 4M	-	-	1Y 4M	-	Temp	Yes	-	-	-	No	
5	Pathology	Dr. Arti Kondibarao Barge	Assistant Professor	9970	Arti.barge.a21/06/1974	21/06/1974	Yes, ST	02/01/2023	4Y	-	-	4Y	-	Temp	Yes	-	-	-	Yes	
6	Pathology	Dr. Manjiri Shewale	Senior resident	8999	Manjiri.shewale@gnmah.com	01/08/1990	Yes, SC	15/01/2023	-	-	-	-	-	Temp	Yes	-	-	-	No	


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UG Degree/ PG Degree/ Super Specialty) AS ON:/...../.....
 Name of the Dept. :Pharmacology Subject: Pharmacology Whether UG..... /UG+PG..... /UG+PG+SuperSpecialty.....Name of the
 College : Government Medical College, Sindhudurg College Code : Intake Capacity: 100

Sr. No.	Subject	Name of Teacher	Designation	Mob. No.	E-mail ID	DOB	Whether belong to Reserved category (if Yes, specify category)	Date of appointment at College	Teaching Experience (UG/Yrs.)			Total Teaching Experience in years of PG	Type of Appointment (Regular/ Temp./ Contractual)	University Approval Status (Yes/No)	Temporary Approval	Details of PG Recognition	M.E. Workshop attended in last 5 years	Photograph with Signature
									Asst. Prof.	Asso. Prof.	Total Prof.							
1	Pharmacology	Dr.Latesh Raghure	Associate Professor	9372770432	latesh_raghure@yahoo.co.in	08/08/1985	OBC	17/10/2022	4 years 11 months 27 days	1 year 3 months 16 days	6 years 3 months 13 days	-	Regular	Yes	-	-	Yes	

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 DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved)

UG Degree/ PG Degree/ Super Specialty) AS ON: /..... /.....


Name of the Dept. : Microbiology

Subject: Microbiology Whether UG.... /UG+PG..... /UG+PG+SuperSpecialty.....

Name of the College : Government Medical College, Sindhudurg College Code : Intake Capacity:

Sr. No.	Subject	Name of Teacher	Designation	M o b . N o .	E-mail ID	DOB	Whether belongs to Reserved category (if Yes, specify category)	Date of appointment at College	Teaching Experience UG(Yrs.)				Total Teaching Experience in years of PG	Type of Appointment Temp./ Regular/ Contractual	University Approval Status (Yes/ No)	Temporary Approval		Details of PG Recognition		MET Workshop attended in last 5 years	Photograph with Signature
									Asst. Prof.	Asso. Prof.	Prof.	Total				From	To	Temp/ Regular	Letter No.& date		
1	Microbiology	Dr.Santosh Mangalkar	Associate Professor	9272399390	santoshmangalkar@yahoo.co.in	03.04.1966	SBC	24.7.23	6yrs	9yrs	-	15yrs	14	Regular	Yes	-	-	-	Muhs/pg/E1/1406/948/12	21	

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 DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved)

UG Degree/ PG Degree/ Super Specialty) AS ON: /..... /.....

Name of the Dept. : Community Medicine Subject: Community Medicine Whether UG.... /UG+PG..... /UG+PG+SuperSpecialty.....

Name of the College : Government Medical College, Sindhudurg College Code : Intake Capacity:

Sr. No.	Subject	Name of Teacher	Designation	M o b N o .	E-mail ID	DOB	Whether belongs to Reserved category (if Yes, specify category)	Date of appointment at College	Teaching Experience UG (Yrs.)				Total Teaching Experience in years of PG	Type of Appointment Temp./ Regular/ Contractual	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition		MET Workshop attended in last 5 years	Photo graph with Signature
									Asst. Prof.	Asso. Prof.	Prof.	Total				From	To	Temp/ Regular	Letter No. & date		
1	Community Medicine	Dr.Pratik Kumar	Assistant Professor	7065636984	dr.pratik.mishra20@gmail.com	10/08/1988	No	18/08/2023	6 M	-	-	6 M	-	Temp	-	-	-	-	-	-	
2	Community Medicine	Dr.Manish Dhakate	Assistant Professor	8275526284	manish.mrtdhakate@gmail.com	14/06/1990	SBC	21/09/2023	5 M	-	--	5M	-	Temp	-	-	-	-	-	-	
3	Community Medicine	Dr.Dattaprasad Sawant	Assistant Professor	824788290147	dattaprasad.101@gmail.com	01/01/1993	No	02/02/2024	1M	--	-	1M	-	Temp	-	-	-	-	-	-	



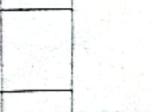

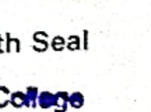
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UG Degree/ PG Degree/ Super Specialty) AS ON:/...../.....

Name of the Dept. : General Surgery Subject: General Surgery Whether UG.... /UG+PG..... /UG+PG+SuperSpecialty.....Name of the College : Government Medical College, Sindhudurg College Code : Intake Capacity:

Sr. No.	Subject	Name of Teacher	Designation	M o b . N o .	E-mail ID	DOB	Whether belongs to Reserved category (if Yes, specify category)	Date of appointment at College	Teaching Experience UG(Yrs.)				Total Teaching Experience in years of PG	Type of Appointment Temp/ Regular/ Contractual	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition		MET Workshop attend ed in last 5 years	Photo graph with Signat ure
									Asst. Prof.	Asso. Prof.	Prof.	Total				From	To	Temp/ Regular	Letter No. & date		
1	General Surgery	Dr.Anant Dawange	Professor	9422182900	anantdawange@rediffmail.com	22-12-1975	OBC	18-10-2022	8Y 8M	7Y	1Y 3M	18Y 4M	-	Regular	Yes	-	-	Regul ar	MUHS/PG/E-1/1508/2814/1102/12/2011	YES	
2	General Surgery	Dr.Ankush Aasole	Associate Professor	8308823004	aasoleankush@gmail.com	07-08-1987	ST	12-10-2022	5 yr, 3 Month	1 yr, 3 Month	-	6 yr, 6 month	-	REGUL AR	YES	-	-	-	-	YES	
3	General Surgery	Dr.Appasah eb Ingale	Associate Professor	9890407771	Ingalep77@gmail.com	21-12-1973	SC	26-07-2023	7Y 1M	16Y	-	23Y 1M	-	REGUL AR	YES	-	-	-	-	YES	
4	General Surgery	Dr.Sagar Kolhe	Assistant Professor	9960193263	ragasehl ok@gmail.com	18-10-1988	OBC	05/09/2022	1Y 5M	-	-	-	-	Temp	NO	-	-	-	-	NO	
5	General Surgery	Dr.Aadesh Palyekar	Assistant Professor	6307923126	adeshpalyekar@gmail.com	22-01-1986	NO	02/01/2023	1Y 1M	-	-	1Y 1M	-	Temp	NO	-	-	-	-	NO	

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UG Degree/ PG Degree/ Super Specialty) AS ON:/...../.....

Name of the Dept. : Paediatrics Subject: Paediatrics Whether UG.... /UG+PG..... /UG+PG+SuperSpecialty.....Name of the College :
 Government Medical College, Sindhudurg College Code : Intake Capacity:

Sr. No.	Subject	Name of Teacher	Designation	M o b - N o .	E-mail ID	DOB	Whether belongs to Reserved category (if Yes, specify category)	Date of appointment at College	Teaching Experience UG(Yrs.)				Total Teaching Experience in years of PG	Type of Appointment Temp./ Regular/ Contractual	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition		MET Work shop attended in last 5 years	Photo graph with Signature
									Asst. Prof.	Asso. Prof.	Prof.	Total				From	To	Temp/ Regular	Letter No. & date		
1	Paediatrics	Dr. Ramchandra Nagargoje	Associate Professor	9967920460	nagargoje.ramchandra@gmail.com	16/09/1987	Yes, NT 3	19/10/2022	5 year 6 month	1 year 3 month	-	6 year 9 month	5 year 6 month	Regular	Yes for assistant professor, NO for associate professor	-	-	-	-	Yes, At Mumbai & Ambajogai	
2	Pediatrics	Dr Parameshappa Nandikoppa	Senior Resident	855302153	Paramnandi61@gmail.com	15/06/1992	open	28/11/2023	-	-	-	-	-	-	-	-	-	-	-	-	
3	Pediatrics	Dr Chalamchala Hemchand	Senior Resident	9000800583	hemhemand@gmail.com	22/04/1991	ST	26/09/2023	-	-	-	-	-	-	-	-	-	-	-	-	

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UG Degree/ PG Degree/ Super Specialty) AS ON: /..... /.....

Name of the Dept. : General Medicine Subject: General Medicine

Whether UG.... /UG+PG..... /UG+PG+SuperSpecialty.....

Name of the College : Government Medical College, Sindhudurg College Code : Intake Capacity:

Sr. No.	Subject	Name of Teacher	Designation	M o b N o	E-mail ID	DOB	Whether belongs to Reserved category (if Yes, specify category)	Date of appointment at College	Teaching Experience				Total Teaching Experience in years of PG	Type of Appointment Temp/ Regular/ Contractual	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition		MET Workshop attended in last 5 years	Photograph with Signature
									UG(Yrs.)							From	To	Temp/ Regular	Letter No. & date		
									Asst. Prof.	Asso. Prof.	Prof.	Total									
1	General Medicine	Dr.Mahendra Bansode	Associate Professor	7385190923	Mahendra25bansode@gmail.com	25-01-1961	SC	4-08-23	5Y	20Y	3	28Y	23Y	Regular	YES	-	-	-	-	Y	
2	General Medicine	Dr.Rohit Herekar	Associate Professor	8605512787	drrohitherekar@gmail.com	31/08/83	No	19.1.24	7	6		13	5	Regular	Yes	4/4/2020	Till order	-	2/8/21 MUHS/PG/E-1/1206/2016/2021	N	
3	General Medicine	Dr.Gaurav Ghurye	Assistant Professor	8408968427	Kpkancrown2003@yahoo.com	10/7/85	No	6.7.23	6 months			6 months		Temp	No	-	-	-	-	N	
4	General Medicine	Dr.Nirmala Sawant	Senior Resident	9421019602	nrmlsawant@gmail.com	02/01/1985	No	02/05/2022	-	-	-	-	-	Contractual	-	-	-	-	-	-	
5	General Medicine	Dr.Shraddha Malvankar	Senior Resident	9322952228	Shraddha1191995@gmail.com	11/09/1995	No	28/08/2023	-	-	-	-	-	Contractual	-	-	-	-	-	-	

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



UG Degree/ PG Degree/ Super Specialty) AS ON:/...../.....

Name of the Dept. : OBGY

Subject: OBGY

Whether UG.... /UG+PG..... /UG+PG+SuperSpecialty.....

Name of the College : Government Medical College, Sindhudurg College Code : Intake Capacity:

Sr. No.	Subject	Name of Teacher	Designation	M o b . N o .	E-mail ID	DOB	Whether belongs to Reserved category (if Yes, specify category)	Date of appointment at College	Teaching Experience UG(Yrs.)				Total Teaching Experience in years of PG	Type of Appointment Temp./ Regular/ Contractual	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition		MET Workshop attended in last 5 years	Photo with Signature
									Asst. Prof.	Asso. Prof.	Prof.	Total				From	To	Temp/ Regular	Letter No. & date		
1	OBGY	Dr. Gayatri Sharma	Assistant Professor		dr.gayatri.sharma05@gmail.com	9823772119	No	02/01/2023	1 Yr	-	-	-	-	Temp	-	-	-	-	No		
2	OBGY	Dr. Minal Nagvekar	Senior Resident	9819138355	dr.minald@gmail.com	04/04/1983	No	02/05/2022	-	-	-	-	-	Temp	-	-	-	-	No		
3																					
4																					
5																					
6																					

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UG Degree/ PG Degree/ Super Specialty) AS ON:/...../.....

Name of the Dept. : Ophthalmology Subject: Ophthalmology Whether UG.... /UG+PG..... /UG+PG+SuperSpecialty.....Name of the College : Government Medical College, Sindhudurg College Code : Intake Capacity:

Sr. No.	Subject	Name of Teacher	Designation	M o b . N o .	E-mail ID	DOB	Whether belongs to Reserved category (if Yes, specify category)	Date of appointment at College	Teaching Experience UG(Yrs.)				Total Teaching Experience in years of PG	Type of Appointment Temp./ Regular/ Contractual	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition		MET Workshop attended in last 5 years	Photograph with Signature
									Asst. Prof.	Asso. Prof.	Prof.	Total				From	To	Temp/Regular	Letter No.& date		
1	Ophthalmology	Dr.Dhananjay Bhosle	Assistant Professor	9421866657	dr.bhosale.dhananjay@gmail.com	28/01/1990	No	09/03/2023	1 yr	-	-	1yr	4yr 6 months	Regular	No	-	-	-	-	Yes	
2	Ophthalmology	Dr.Avinash Gajulwar	Senior Resident	8605646725	avinashrohinigajulwar@gmail.com	04/11/1992	Yes	11/10/2023	-	-	-	-	-	Contractual	No	-	-	-	-	No	

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UG Degree/ PG Degree/ Super Specialty) AS ON: / /

Name of the Dept. : Dentistry Subject: Dentistry Whether UG..... /UG+PG..... /UG+PG+SuperSpecialty.....Name of the College :
 Government Medical College, Sindhudurg College Code : Intake Capacity:

Sr. No.	Subject	Name of Teacher	Designation	M o b N o .	E-mail ID	DOB	Whether belongs to Reserved category (if Yes, specify category)	Date of appointment at College	Teaching Experience UG(Yrs.)				Total Teaching Experience in years of PG	Type of Appointment Temp./ Regular/ Contractual	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition		MET Workshop attended in last 5 years	Photo graph with Signature
									Asst. Prof.	Asso. Prof.	Prof.	Total				From	To	Temp Regular	Letter No. & date		
1	Dentistry	Dr.Ravi Tale	Assistant Professor	8805025603	<u>Ravital</u> e55@g mail.co m	15 02 1980	Yes ST	31 03 2023	4yr 11 months	-	-	4 yrs 11 months	-	Tempo rary	-	-	-	-	-	-	
2	Dentistry	Dr.Vinay Suryavanshi	Senior Resident	9738039412	vinayfi ghts@g mail.co m	13 12 1991	No	27 03 2023	-	-	-	-	-	Contractual	-	-	-	-	-	-	




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DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved)

UG Degree/ PG Degree/ Super Specialty) AS ON: /..... /.....

Name of the Dept. : Anesthesiology Subject: Anesthesiology Whether UG.... /UG+PG..... /UG+PG+SuperSpecialty.....Name of the College : Government Medical College, Sindhudurg College Code : Intake Capacity: 100

Sr. No.	Subject	Name of Teacher	Designation	M o b . N o .	E-mail ID	DOB	Whether belongs to Reserved category (if Yes, specify category)	Date of appointment at College	Teaching Experience UG(Yrs.)				Total Teaching Experience in years of PG	Type of Appointment Temp./ Regular/ Contractual	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition		MET Workshop attended in last 5 years	Photograph with Signature
									Asst. Prof.	Asso. Prof.	Prof.	Total				From	To	Temp/ Regular	Letter No. & date		
1	Anesthesiology	Dr. Shriganesh Kamat	Associate Professor	9970860018	Shriganesh.kamat@gmail.com	30/08/1984	No	24/11/2022	9yrs 10 mths	1 yr 2mths	-	11 yrs	9yrs	Regular	Yes	21/01/2022	till appointment	21/01/2022	MUHS-PGE-1/39/1209/2230/2022	yes	
2	Anesthesiology	Dr. Anjuna V	Senior Resident	7306988033	anjuvelloth1994@gmail.com	02/02/1994	OBC	22/09/2023	-	-	-	-	-	contractual							
3	Anesthesiology	Dr. Arya.R Nath	Senior Resident	8921185853	aryarnath809@gmail.com	27/05/1993	No	22/09/2023	-	-	-	-	-	contractual							

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 DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved)

Name of the Dept. : Orthopedic


UG Degree/ PG Degree/ Super Speciality) AS ON: /..... /.....

Subject: Orthopedic Whether UG.... /UG+PG..... /UG+PG+SuperSpeciality.....

Name of the College : Government Medical College, Sindhudurg College Code : Intake Capacity:

Sr. No.	Subject	Name of Teacher	Designation	M o b . N o .	E-mail ID	DOB	Whether belongs to Reserved category (if Yes, specify category)	Date of appointment at College	Teaching Experience UG(Yrs.)				Total Teaching Experience in years of PG	Type of Appointment Temp./ Regular/ Contractual	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition		MET Workshop attended in last 5 years	Photo with Signature
									Asst. Prof.	Asso. Prof.	Prof.	Total				From	To	Temp/ Regular	Letter No. & date		
1	Orthopedic	Dr.Dattatraya Thakur	Assistant Professor	9167784064	dattaortho@gmail.com	01/10/1987	Yes (ST)	01/08/2022 to 12/02/2023 13/02/2023 to till date	6 months 1 year	-	-	1 year 6 months	-	Temp	-	-	-	-	-		
2	Orthopedic	Dr.Sharan Chavan	Assistant Professor	9975724472	sharanchavan@gmail.com	04/09/1991	Yes (Sc)	02/05/2022	-	-	-	-	-	Temp	-	-	-	-	-		
3	Orthopedic	Dr.Gowthaman K	Senior Resident	9930606791	gowtham.trichi@gmail.com	05/09/1986	Yes (SC)	01/02/2024	-	-	-	-	-	Contractual	-	-	-	-	-		

Note: The College shall submit one hard copy & a soft copy (in Excel Format) of the list in Pen Drive to the LIC Committee.


DEAN
 Government Medical College
 Sindhudurg
 Signature of Dean with Seal

ANNEXURE-IV

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
 DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved)
 UG Degree/ PG Degree/ Super Specialty) AS ON:/...../.....

Name of the Dept. : Forensic Medicine Subject: Forensic Medicine Whether UG.... /UG+PG..... /UG+PG+SuperSpecialty.....
 Name of the College : Government Medical College, Sindhudurg College Code : Intake Capacity:

Sr. No.	Subject	Name of Teacher	Designation	M o b . N o .	E-mail ID	DOB	Whether belongs to Reserved category (if Yes, specify category)	Date of appointment at College	Teaching Experience UG(Yrs.)				Total Teaching Experience in years of PG	Type of Appointment Temp./ Regular/ Contractual	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition		MET Workshop attended in last 5 years	Photograph with Signature
									Asst. Prof.	Asso. Prof.	Prof.	Total				From	To	Temp/ Regular	Letter No. & date		
1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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 Sindhudurg

ANNEXURE-IV

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
 DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved)


UG Degree/ PG Degree/ Super Specialty) AS ON:/...../.....

Name of the Dept. : Respiratory Medicine Subject: Respiratory Medicine Whether UG.... /UG+PG..... /UG+PG+SuperSpecialty.....

Name of the College : Government Medical College, Sindhudurg College Code : Intake Capacity:

Sr. No.	Subject	Name of Teacher	Designation	M o b . N o .	E-mail ID	DOB	Whether belongs to Reserved category (if Yes, specify category)	Date of appointment at College	Teaching Experience UG(Yrs.)				Total Teaching Experience in years of PG	Type of Appointment Temp./ Regular/ Contractual	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition		MET Workshop attend ed in last 5 years	Photo graph with Signat ure
									Asst. Prof.	Asso. Prof.	Prof.	Total				From	To	Temp/ Regular	Letter No. & date		
1	-	-	-		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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4																					
5																					
6																					

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 Sindhudurg

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved)

UG Degree/ PG Degree/ Super Specialty) AS ON: /..... /.....

Name of the Dept. : D.V.L Subject: D.V.L Whether UG.... /UG+PG..... /UG+PG+SuperSpecialty.....

Name of the College : Government Medical College, Sindhudurg College Code : Intake Capacity:

Sr. No.	Subject	Name of Teacher	Designation	M o b N o .	E-mail ID	DOB	Whether belongs to Reserved category (if Yes, specify category)	Date of appointment at College	Teaching Experience UG(Yrs.)				Total Teaching Experience in years of PG	Type of Appointment Temp./ Regular/ Contractual	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition		MET Work shop attend ed in last 5 years	Photo graph with Signat ure
									Asst. Prof.	Asso. Prof.	Prof.	Total				From	To	Temp/ Regular	Letter No. & date		
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ANNEXURE-IV

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 DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved)

UG Degree/ PG Degree/ Super Specialty) AS ON: /..... /.....

Name of the Dept. : Psychiatry Subject: Psychiatry Whether UG.... /UG+PG..... /UG+PG+SuperSpecialty.....

Name of the College : Government Medical College, Sindhudurg College Code : Intake Capacity:

Sr. No.	Subject	Name of Teacher	Designation	M o b . N o .	E-mail ID	DOB	Whether belongs to Reserved category (if Yes, specify category)	Date of appointment at College	Teaching Experience UG(Yrs.)				Total Teaching Experience in years of PG	Type of Appointment Temp./ Regular/ Contractual	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition		MET Workshop attended in last 5 years	Photograph with Signature
									Asst. Prof.	Asso. Prof.	Prof.	Total				From	To	Temp/ Regular	Letter No. & date		
1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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 Sindhudurg

ANNEXURE-IV

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
 DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved)

UG Degree/ PG Degree/ Super Specialty) AS ON: /..... /.....

Name of the Dept. : ENT Subject: ENT Whether UG.... /UG+PG..... /UG+PG+SuperSpecialty.....

Name of the College : Government Medical College, Sindhudurg College Code : Intake Capacity:

Sr. No.	Subject	Name of Teacher	Designation	M o b - N o .	E-mail ID	DOB	Whether belongs to Reserved category (if Yes, specify category)	Date of appointment at College	Teaching Experience UG(Yrs.)				Total Teaching Experience in years of PG	Type of Appointment Temp./ Regular/ Contractual	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition		MET Workshop attended in last 5 years	Photo graph with Signature
									Asst. Prof.	Asso. Prof.	Prof.	Total				From	To	Temp/ Regular	Letter No. & date		
1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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ANNEXURE-IV

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved)




UG Degree/ PG Degree/ Super Specialty) AS ON: /..... /.....

Name of the Dept. : Anatomy

Subject: Anatomy

Whether UG.... /UG+PG.... /UG+PG+SuperSpecialty.....

Name of the College : Government Medical College, Sindhudurg College Code : Intake Capacity:

Sr. No.	Subject	Name of Teacher	Designation	M o b N o .	E-mail ID	DOB	Whether belongs to Reserved category (if Yes, specify category)	Date of appointment at College	Teaching Experience UG(Yrs.)				Total Teaching Experience in years of PG	Type of Appointment Temp./ Regular/ Contractual	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition		MET Work sheet attached last year	Photo with signature
									Asst. Prof.	Asso. Prof.	Prof.	Total				From	To	Temp/Regular	Letter No. & date		
1	Anatomy	Dr. Manoj Joshi	Professor	9422873028	Drmbjoshi7@gmail.com	15/05/1973		07/11/2022	04	04	04	12.1	Regular	Yes					Yes		
2	Anatomy	Dr. Prajakta Thete	Associate Professor	8898881379	drprajktathete@gmail.com	20/04/1985	Yes (OBC)	27/06/2022	7	01	-	7	Regular	Yes					Yes		
3	Anatomy	Archana Tale	Assistant Professor	9552507845	archana.tale129@gmail.com	21/03/1984	Yes (ST)	04/05/2024	8	-	-	8	Regular	Yes					Yes		

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