

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**SUBJECT WISE ELIGIBLE EXAMINER LIST (UG COURSES)**

Name of the College : E.B.GADKARI HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, GADHINGLAJ

College Code. 4209

Phone/ Mobile No: 9850621779

Name of the Subject : Anatomy

Sr. No.	College Name	Subject	Full name of the Teacher (First Name Middle Name Last Name.)	Designation	Date of Joining	UG-Qualification & Year of Passing	PG-Qualification & Year of Passing	Teaching experience After PG Passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No
1	EBGHMC, GADHINGLAJ	Anatomy	DR. ROSARIO PASCOAL DSOUZA	Professor	22-Nov-91	BHMS, Octo 1989	M.D (Hom.), July 2007	16 Years 05 Months	YES	MUHS/E-4/4212/2903/2004, Dated:- 25/06/2004.	7310 3988 8002	ADZPD 9252D	4-Jan-67	rosario dsouza 14@gmail.com	98506 21779, 7588620544	No
2	EBGHMC, GADHINGLAJ	Anatomy	DR. PRASHANT VITTHAL PUJARI	Assistant Prof. / Lecturer	1-Jan-08	BHMS, April 1999			YES	MUHS/E-4(UG)/4209/2040/2009, 21/07/2009	8212 7982 0843	APFPP 0350Q	6-Sep-76	drpujari prashant@gmail.com	9421287711	No

College Seal



  
 Dean/Principal  
**PRINCIPAL**  
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 Gadhinglaj, Dist. Kolhapur

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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**

Name of the College : E.B.GADKARI HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, GADHINGLAJ

College Code. 4209

Phone/ Mobile No: 9850621779

Name of the Subject : Physiology

Sr. No.	College Name	Subject.	Full name of the Teacher (First Name Middle Name Last Name.)	Designation	Date of Joining	UG-Qualification & Year of Passing	PG-Qualification & Year of Passing	Teaching experience After PG Passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No
1	EBGHMC, GADHINGLAJ	Physiology	DR. NANDKUMAR MAHADEO PATIL	Professor	1-Jun-96	BHMS, April 1993	M.D (Hom.) Nov 2011	12 years 01 months	YES	MUHS/E-4/4212/1010/2007, Dated: 07/03/2007.	6104 6311 5932	AHAPP 4656N	10-Feb-71	drnandu1011@gmail.com	94212 85051, 94217 13814,	No
2	EBGHMC, GADHINGLAJ	Physiology	DR. WILSON ANTON GODAD	Assistant Prof. / Lecturer	1-Jul-06	BHMS, April 1995			YES	MUHS/E-4(UG)/4209/2040/2009, 21/07/2009	2539 7754 3619	AHYPG 8884P	1-Dec-73	wilsongodad@gmail.com	9423856892 8806663193	No

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Appendix Xb

Name of the College : E.B.GADKARI HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, GADHINGLAJ  
Phone/ Mobile No: 9850621779


College Code. 4209

Name of the Subject : Pharmacy

Sr. No.	College Name	Subject	Full name of the Teacher (First Name Middle Name Last Name.)	Designation	Date of Joining	UG-Qualification & Year of Passing	PG-Qualification & Year of Passing	Teaching experience After PG Passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No
1	EBGHMC, GADHINGLAJ	Pharmacy	DR.MRS BENITA MANUEL DIAS	Professor	1-Jul-98	BHMS, April 1997			YES	MUHS/E-4(UG)/4209/2040/ 2009, Dated:- 21/07/2009	6636 9547 0004	AISFD 4618D	29-Jun-75	drbenit amdias@gmail.com	9422455224 7776938773	No
1	EBGHMC, GADHINGLAJ	Pharmacy	DR. RAVIRAJ VITTHAL SONAR	Assistant Prof. / Lecturer	1-Jun-15	BHMS, June 2009	M.D (Hom.) Nov 2014	09 Years 01 Months	YES	MUHS/E-4/UG/142111/853/2023, Dated:-	4167 9634 1891	DQTPS 6184K	3-Feb-86	raviraj.sonar8@gmail.com	99607 69557	No

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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**

Name of the College : E.B.GADKARI HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, GADHINGLAJ

Phone/ Mobile No: 9850621779

College Code. 4209

Name of the Subject : Materia Medica

Sr. No.	College Name	Subject	Full name of the Teacher (First Name Middle Name Last Name.)	Designation	Date of Joining	UG-Qualification & Year of Passing	PG-Qualification & Year of Passing	Teaching experience After PG Passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No
1	EBGHMC, GADHINGLAJ	Materia Medica	DR. DEVENDRA BHARAMAPPA DEVANAVAR	Associate Prof. /Reader	1-Aug-93	GCEH, Nov 1985			YES	MUHS/E-4/4212/3524/2005, dated -11-10-2005.	9032 5602 2254	AJHPD 0201A	1-Jun-60	drdbdevanavar@gmail.com	94238 01131	No
2	EBGHMC, GADHINGLAJ	Materia Medica	DR. LAXMAN HANAMANT HALHATTI	Assistant Prof. / Lecturer	1-Apr-04	BHMS, April 1999			YES	MUHS/E-4(UG)/4209/2040/2009, 21/07/2009	8057 4793 6860	ABZPH 6655G	16-Jul-75	laxmanhalhatti@gmail.com	7507024944 8605291848	No
3	EBGHMC, GADHINGLAJ	Materia Medica	DR. LAXMAN SHANKARRAO MANE	Assistant Prof. / Lecturer	1-Jul-11	BHMS, April 2000			YES	MUHS/E-4(UG)/4209/2911/2012, 17/07/2012	4223 0402 2584	AJOPM 1273C	28-Nov-75	drismane28@gmail.com	9922728350	No

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College Code. 4209

Phone/ Mobile No: 9850621779

Name of the Subject : Organon

Sr. No.	College Name	Subject.	Full name of the Teacher (First Name Middle Name Last Name.)	Designation	Date of Joining	UG-Qualification & Year of Passing	PG-Qualification & Year of Passing	Teaching experience After PG Passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No
1	EBGHMC, GADHINGLAJ	Organon	DR. RAJENDRA SHIVAJIRAO SIRDESAI	Professor	17-Dec-91	GCEH, April 1986	-	-	YES	MUHS/E-4/4212/2903/2004, Dated:- 25/06/2004.	4948 8010 8615	ALZPS O620C	17-Nov-61	dr.rajendr asardesai @gmail.c om	9226856055,	No
2	EBGHMC, GADHINGLAJ	Organon	DR. KASHINATH KRISNAPPA SANKESHWARI	Assistant Prof. / Lecturer	1-Jun-04	BHMS, April 1999	-	-	YES	MUHS/E-4(UG)/4209/2040/2009, 21/07/2009	2704 9484 6363	BBOPS 7231P	22-May-75	drkksanke shwan225 75@gmail .com	94200 11163,	No

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Name of the College : E.B.GADKARI HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, GADHINGLAJ

Phone/ Mobile No: 9850621779

Name of the Subject : Pathology & Microbiology

Sr. No.	College Name	Subject	Full name of the Teacher (First Name Middle Name Last Name.)	Designation	Date of Joining	UG-Qualification & Year of Passing	PG-Qualification & Year of Passing	Teaching experience After PG Passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No
1	EBGHMC, GADHINGLAJ	Pathology & Microbiology	DR. MANOJ MAHAVEER PATIL	Professor	1-Jul-96	BHMS, April 1995	-	-	YES	MUHS/E-4/4212/1010/2007, Dated: 07/03/2007.	5453 9018 9866	AKFPP 1660E	11-Jun-72	drmano j5454@gmail.com	94212 86868, 7057566868	No
2	EBGHMC, GADHINGLAJ	Pathology & Microbiology	DR. MRS. RAGESHREE SANJAY RAYBAGE	Associate Prof. /Reader	1-Jun-98	BHMS, Octo 1989	-	-	YES	MUHS/E-4(UG)/4209/2040/2009, 21/07/2009	9016 6501 1747	ADIPR 3119E	24-Sep-68	rageshr ee24@gmail.com	9850111664, 9890103070	No
3	EBGHMC, GADHINGLAJ	Pathology & Microbiology	DR. CHANDRAKANT SHANKAR PATIL	Assistant Prof. / Lecturer	1-Jul-03	BHMS, April 2002	-	-	YES	MUHS/E-4(UG)/4209/2040/2009, 21/07/2009	4173 0771 3970	AODPP 5117Q	27-May-80	patil_csp@yahoo.com	9270012533, 9028719898	No

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Name of the College : E.B.GADKARI HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, GADHINGLAJ

College Code. 4209

Phone/ Mobile No: 9850621779

Name of the Subject : Forensic Medicine & Toxicology

Sr. No.	College Name	Subject.	Full name of the Teacher (First Name Middle Name Last Name.)	Designation	Date of Joining	UG-Qualification & Year of Passing	PG-Qualification & Year of Passing	Teaching experience After PG Passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No
1	EBGHMC, GADHINGLAJ	Forensic Medicine & Toxicology	DR.NAIK RATAN MAHADEV	Associate Prof. /Reader	1-Apr-03	BHMS, Octo 2001			YES	MUHS/E-4/(UG)/14212 /479/2022, 04/08/2022	2836 2616 5955	AENPN 4856Q	4-Feb-76	nratan840@rediffmail.com	9850912339 9373180359	No
1	EBGHMC, GADHINGLAJ	Forensic Medicine & Toxicology	DR. VANITA GANPAT KADAM	Assistant Prof. / Lecturer	4-Feb-17	BHMS, June 2009	M.D (Hom.) Octo 2015	06 Years 10 Months	NO	NA	9790 7379 1560	CHEPK52 33L	2-May-86	vgekadam6@gmail.com	9969770700	No

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College Code. 4209

Phone/ Mobile No: 9850621779

Name of the Subject : Surgery

Sr. No.	College Name	Subject.	Full name of the Teacher (First Name Middle Name Last Name.)	Designation	Date of Joining	UG-Qualification & Year of Passing	PG-Qualification & Year of Passing	Teaching experience After PG Passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No
1	EBGHMC, GADHINGLAJ	Surgery	DR. KALEKAR VILAS BHAIRU	Associate Prof. /Reader	1-Dec-21	BHMS April 1995	M.D (Hom.) Nov 2008	02 Year	NO	-	5170 6210 7928	AIAPK 1935A	20-Apr-71	drvbkal ekar@gmail.com	9860520711,	No
1	EBGHMC, GADHINGLAJ	Surgery	DR. NANDKUMAR K GAVADE	Assistant Prof. / Lecturer	4-Feb-17	BHMS Octo 2001	M.D (Hom.) May 2010	06 Years 10 Month	NO	Approval pending	6221 2997 6641	AFEPN 4488A	23-Jul-78	drnkgawade@gmail.com	94238 38866	No

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College Code. 4209

Phone/ Mobile No: 9850621779

Name of the Subject : Obstetrics & Gynaecology

Sr. No.	College Name	Subject.	Full name of the Teacher (First Name Middle Name Last Name.)	Designation	Date of Joining	UG-Qualification & Year of Passing	PG-Qualification & Year of Passing	Teaching experience After PG Passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No
1	EBGHMC, GADHINGLAJ	Obstetrics & Gynaecology	DR.(MRS.) ANUPREKSHA MANOJ PATIL	Professor	1-Jun-97	BHMS, April 1995	M.D (Hom.) Nov 2008	15 Years 01 Months	YES	MUHS/E-4(UG)/4209/2040/2009, Dated:- 21/07/2009.	9836 9069 6726	AKFPP 1659R	28-Jun-74	dranuprekshapatil@gmail.com	92262 19495	No
2	EBGHMC, GADHINGLAJ	Obstetrics & Gynaecology	DR.(MRS.) ANITA NANDKUMAR PATIL	Assistant Prof. / Lecturer	1-Jun-02	BHMS, Nov 2000			YES	MUHS/E-4(UG)/4209/2040/2009, Dated:- 21/07/2009.	7928 7314 9235	AODPP 5119A	21-Sep-77	anitana ndypatil@gmail.com	9420355156	No

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College Code. 4209

Phone/ Mobile No: 9850621779

Name of the Subject : Practice of Medicine

Sr. No.	College Name	Subject	Full name of the Teacher (First Name Middle Name Last Name.)	Designation	Date of Joining	UG-Qualification & Year of Passing	PG-Qualification & Year of Passing	Teaching experience After PG Passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No
1	EBGHMC, GADHINGLAJ	Practice of Medicine	DR. ANWAR BABU GANJELI	Professor	1-Jun-98	BHMS, Octo 1993			YES	MUHS/E-4(UG)/4209/2178/2009, Dated:- 03/08/2009.	2853 9433 7709	AEFPG 2070M	25-May-70	rubabcl inic@g mail.co m	94211 12002,	No
2	EBGHMC, GADHINGLAJ	Practice of Medicine	DR. SANDESH ANANDRAO KACHARE	Associate Prof. /Reader	1-Jun-98	B.H.M.S. Octo 1993	M.D (Hom.) Nov 2011	12 Years 01 Months	YES	MUHS/E-4(UG)/4209/2040/2009, 21/07/2009	5576 5937 5850	ABWPK 8203G	8-Jun-69	sandesh 0869@ gmail.c om	82373 71737	No
3	EBGHMC, GADHINGLAJ	Practice of Medicine	DR.(MRS.) VAISHALI CHANDRAKANT PATIL	Assistant Prof. / Lecturer	1-Aug-07	BHMS, April 2002			YES	MUHS/E-4(UG)/4209/2040/2009, 21/07/2009	4925 2459 1442	BEVPP 4251E	11-Nov-79	patiharsh 46255@g mail.com	89830 88102 7507490191	No

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Name of the College : E.B.GADKARI HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, GADHINGLAJ

Phone/ Mobile No: 9850621779

College Code. 4209

Name of the Subject : Community Medicine

Sr. No.	College Name	Subject.	Full name of the Teacher (First Name Middle Name Last Name.)	Designation	Date of Joining	UG-Qualification & Year of Passing	PG-Qualification & Year of Passing	Teaching experience After PG Passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No
1	EBGHMC, GADHINGLAJ	Community Medicine	DR. BARNAD FRANCIS GODAD	Associate Prof. /Reader	7-May-22	BHMS, Nov 1984	M.D (Hom.) Nov 2011	1 Year 07 months	No	-	3381 2869 6009	AEFPG7 063Q	1-Apr-63	barnadgodad@yahoo	7387358439	No
2	EBGHMC, GADHINGLAJ	Community Medicine	DR. RASAL KETAN KRISHANA	Assistant Prof. / Lecturer	7-May-22	BHMS Nov 2015	M.D (Hom.) May 2021	1 Year 07 months	YES	MUHS/E-4/(UG)/142111/1569/2022, 26/08/2022	8113 6235 8634	CMEPRS 581F	5-Mar-93	thomoeoplus@gmail.com	979897797	No

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College Code. 4209

Phone/ Mobile No: 9850621779

Name of the Subject : Repertory

Sr. No.	College Name	Subject	Full name of the Teacher (First Name Middle Name Last Name.)	Designation	Date of Joining	UG-Qualification & Year of Passing	PG-Qualification & Year of Passing	Teaching experience After PG Passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No
1	EBGHMC, GADHINGLAJ	Repertory	DR. JOTIBA RAGHUNATH FAGARE	Assistant Prof. / Lecturer	25-Feb-21	BHMS, Nov 2009	M.D (Hom.) Octo 2015	2 years 09 Months	YES	MUHS/E-4/(UG)/14211 1/1569/2022, 26/08/2022	7026 0834 9383	ABUPF4 688A	15-Oct-87	dr.jotifagare@gmail.com	9049159262,	No
2	EBGHMC, GADHINGLAJ	Repertory	DR. KAPIL SHANKAR PATIL	Assistant Prof. / Lecturer	1-Apr-23	BHMS, June 2011	M.D (Hom.) Sept- 2018	9 Months	No	-	5358 8566 6134	BACPP2 835H	19-May-88	kapilspati.kp@gmail.com	8275640212	No

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