

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

Name of the College : HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, AKOT-ROAD, AKOLA.

Phone/Mobile No. : 9921979967

Name of the Subject :- ANATOMY

Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	HMC AKOLA	Anatomy	Dr. MANOJ RAMSWARUPJI SARDA	Professor	13/06/1994	DHMS	--	--	YES	MUHS/E4(UG)4508/1370/2022dt. 25/07/2022	530954989336	ADRPS 6793A	10-04-1972	sardadrm anoj@gmail.com	9850320433	No
2	HMC AKOLA	Anatomy	Dr. IMRAN AHMED GULAB KHAN	Lecturer	04/07/2008	BHMS	--	--	YES	MUHS/E4(UG)4508/2600/2013 dt. 05/07/2013	619035948424	AKRPR0137H	06-02-1975	drimrankhan136@gmail.com	9767230785	No

**Signature of Principal with Seal**

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
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Name of the College : HOMOEOPATHIC MEDICALCOLLEGE & HOSPITAL, AKOT-ROAD, AKOLA.

Phone/Mobile No. : 9921979967

Name of the Subject :- PHYSIOLOGY

Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	HMC AKOLA	Physiology	Dr. RAMDAS ACHYUTRAO DESHPANDE	Professor	01/01/1996	DHMS	--	--	YES	MUHS/E4(UG) 4508/814/dt. 19/05/2021	380361309948	BNZPD 9129G	03-10-1967	drrajudehpande.akola@gmail.com	9850208586	No
2	HMC AKOLA	Physiology	Dr. DAOUD AMIN ABDUL QUAHHAR MOHAMMAD	Reader	01/08/1999	DHMS	--	--	YES	--	926455478724	AJLPD 6795M	10-08-1971	drdaoudamin@gmail.com	9922477499	No
3	HMC AKOLA	Physiology	Dr. KOLE HARSHALATA SUSHANT	Lecturer	01/06/2008	BHMS	--	--	YES	MUHS/E4(UG)4508/2598/2013 dt. 05/07/2013	847718674296	AWRPK7 437N	30-08-1978	harshalata2010@gmail.com	9420838593	No

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**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
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Name of the College : HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, AKOT-ROAD, AKOLA.

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Name of the Subject :- PHARMACY

Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	HMC AKOLA	Pharmacy	Dr. MILIND BHARGAWA GADRE	Professor	01/07/1983	DHMS	--	--	YES	MUHS/E4(UG) 4508/814/ dt.19/05/2021	669921587568	AJEPG 1696B	06-08-1961	milindgadre61@gmail.com	9422193736	No
2	HMC AKOLA	Pharmacy	Dr. PRIYANKA NARAYANDAS AGRAWAL	Lecturer	02/08/2022	BHMS (MD)	--	--	YES	--	969721395028	AZCPA 6220B	14-12-1989	priyankagrawal10724@gmail.com	9881594619	No

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**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
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Name of the College : HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, AKOT-ROAD, AKOLA.

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Name of the Subject :- PATHOLOGY

Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	HMC AKOLA	Pathology	Dr. RITESH RAMESH SHRIVASTAV	Professor	08/08/2000	BHMS	--	--	YES	MUHS/E4(UG) 4508/814/dt. 19/05/2021	481265798197	BASPS1249A	23-04-1977	ritesh23477@gmail.com	9822696979	No
2	HMC AKOLA	Pathology	Dr. MANE MADHURI SHYAMSUNDE R	Lecturer	23/06/2008	BHMS	--	--	YES	MUHS/E4(UG) 4508/2598/2013dt. 05/07/2013	399767036176	AWTPN9882B	29-05-1975	mmane170@gmail.com	9423127420	No

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**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
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Name of the College : HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, AKOT-ROAD, AKOLA.

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Name of the Subject :- FMT

Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	HMC AKOLA	FMT	Dr. VAISHALI JAGANNATH DOSE	Reader	02/05/2012	BHMS	--	--	YES	MUHS/E4(UG)4508/1370/2022 dt. 25/07/2022	328835076555	BHNPD5106K	30-06-1979	dosevais hu1979@gmail.com	7719057975	No
2	HMC AKOLA	FMT	Dr. ASHISH RUPLAL YADAV	Lecturer	25/10/2021	BHMS (MD)	--	--	YES	--	698954768442	ANLPY3808J	14-07-1985	aryadavm d@gmail.com	9372505157	No

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Name of the College : HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, AKOT-ROAD, AKOLA.

Phone/Mobile No. : 9921979967

Name of the Subject :- SURGERY

Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	HMC AKOLA	Surgery	Dr. NAREDRAKIS HOR KAMALKISHOR SHRIWAS	Reader	01/07/2002	BHMS	--	--	YES	--	638134667779	BASPS1250B	25-01-1975	dr.narendra.shriwas11@gmail.com	9850361790	No
2	HMC AKOLA	Surgery	Dr. PRAVIN SUDHIRCHAN DRA MAHANKAR	Lecturer	29/07/2022	BHMS (MD)	--	--	YES	--	614619246955	CLWPM0114J	21-06-1989	prvnmhnkr@gmail.com	9730878163	No

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Name of the College : HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, AKOT-ROAD, AKOLA.

Phone/Mobile No. : 9921979967

Name of the Subject :- GYANC&OBST

Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	HMC AKOLA	Gync & Obst	Dr.HEMLATA RAMLAL LADDAD	Professor	10/02/1998	BHMS(MD)	--	--	YES	MUHS/E4(UG)4508/2598/2013 dt. 05/07/2013	333524788889	ACLPL1737E	08-04-1975	drhemlataladdad@gmail.com	9922560370	No
2	HMC AKOLA	Gync & Obst	Dr. KARUNA SAMADHAN JAGTAP	Lecturer	12/06/2012	BHMS	--	--	YES	MUHS/E4(UG)4508/814/dt. 19/05/2021	305295755382	ATZPD9552F	27-11-1977	karuna.dhoke04@gmail.com	9552446436	No

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Name of the College : HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, AKOT-ROAD, AKOLA.

Phone/Mobile No. : 9921979967

Name of the Subject :- PRACTICE OF MEDICINE

Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	HMC AKOLA	Practice Medicine	Dr. TILAKRAJ GOVINDRAO SARNAYAK	Professor	01/11/1990	DHMS	--	--	YES	MUHS/E4(UG) 4508/814/dt. 19/05/2021	648320 010333	ADRPS 6881K	03-05-1963	drtilakraj63sarnayak@gmail.com	96895 27977	No
2	HMC AKOLA	Practice Medicine	Dr. JAIN SHAILESH KANAHAIYALAL	Professor	01/08/1991	BHMS (MD)	--	--	YES	MUHS/E4(UG)4508/2599/2013dt. 05/07/2013	761049 612041	ACOPJ28 87N	25-05-1967	drjain26@hotmail.com	98220 94257	No
3	HMC AKOLA	Practice Medicine	Dr. SURAJ VISHWANATH IPPAR	Lecturer	01/02/2002	BHMS	--	--	YES	MUHS/E4(UG)4508/2598/2013dt. 05/07/2013	874380 327861	AAPPI 9669A	01-07-1977	drsurajppar@gmail.com	98503 91955	No

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Name of the College : HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, AKOT-ROAD, AKOLA.

Phone/Mobile No. : 9921979967

Name of the Subject :- HMM

Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	HMC AKOLA	HMM	Dr. JAIPRAKASH MAHABIRLAL JAISWAL	Professor	01/08/2002	BHMS(MD)	--	--	YES	MUHS/E4(UG)4508/2598/2013 dt. 05/07/2013	556679136278	AFOPJ4739G	15-03-1977	jmjhomoeopathy@gmail.com	8308133071	No
2	HMC AKOLA	HMM	Dr. OMPRAKASH RADHAAKISHAN SABU	Lecturer	01/07/1995	DHMS	--	--	YES	MUHS/E4(UG)4508/2598/2013 dt. 05/07/2013	960744078197	APVPS2943A	01-04-1963	orsaboo333@gmail.com	9822067968	No
3	HMC AKOLA	HMM	Dr. SWATI BABUSINGH RATHOD	Lecturer	06/08/2019	BHMS(MD)	--	--	YES	MUHS/E4(UG)4508/2149/dt. 16/11/2021	757554284719	AVRPR9913P	24-10-1987	rohanshirsat333@gmail.com	7385142425	No

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Name of the College : HOMOEOPATHIC MEDICALCOLLEGE & HOSPITAL, AKOT-ROAD, AKOLA.

Phone/Mobile No. : 9921979967

Name of the Subject :- Hom. ORGANON

Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	HMC AKOLA	Hom. Organon	Dr. RAJENDRA RAMKRISHNA CHINCHOLKAR	Professor	15/08/1986	DHMS	--	--	YES	--	511653142574	AMTPC 2417J	17/06/1963	chincholkarrajendra@gmail.com	9421894693	No
2	HMC AKOLA	Hom. Organon	Dr. KALPANA MADHAO BHISE	Professor	16/07/1988	BHMS (MD)	--	--	YES	MUHS/E4(UG)4508/2598/2013 dt. 05/07/2013	868465517929	AWJPB 0514F	07/07/1964	kalpana.bhise45@gmail.com	9422893456	No
3	HMC AKOLA	Hom. Organon	Dr. AMOL GAJAJNAN KUCCHAR	Lecturer	21/10/2022	BHMS (MD)	--	--	YES	--	24739744078197		12/12/1989	k.amol007@rediffmail.com	9767674232	No

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Name of the Subject :- REPERTORY

Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	HMC AKOLA	Repertory	Dr. SANJAYKUMAR U. TIWARI	Professor	15/08/1986	DHMS(MD)	--	--	YES	MUHS/E4(UG) 4508/814/dt . 19/05/2021	773662 458953	AEZPT3 569G	21/02/1962	sanjaykumartiwari1962@gmail.com	99219 79967	No
2	HMC AKOLA	Repertory	Dr. ASMITA R. DESHMUKH	Reader	28/12/2022	BHMS(MD)	--	--	YES	--	717007 667626	ANMPD 7691R	10/10/1980			No
3	HMC AKOLA	Repertory	Dr. ASRA RUMANA SYED	Lecturer	21/10/2022	BHMS(MD)	--	--	YES	--	874865 409370	FRLPS 4485P	27/02/1989	drasrasyed272@gmail.com	99220 34116	No

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Name of the College : HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, AKOT-ROAD, AKOLA.

Phone/Mobile No. : 9921979967

Name of the Subject :- Com. MEDICINE

Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	HMC AKOLA	Com. Medicine	Dr. S. DHARMADHIKARI	Professor	16/06/1994	DHMS	--	--	YES	MUHS/E4(UG) 4508/814/dt . 19/05/2021	805664 233974	AAZPD471 0H	01/07/1967	drsachindharmadhikari@rediffmail.com	9822943 207	No
2	HMC AKOLA	Com. Medicine	Dr. Suyog Sudhir Joharapurkar	Asst. Prof.	06/03/2024	BHMS	--	--	YES	--	2609436 58230	ALZPJ901 M	03/06/1985	suyog555@gmail.com	9850433 352	No

**Signature of Principal with Seal**