

EXAMINATION RELATED INFORMATION FOR A.Y. 2025-2026
For Online Transmission of Question Papers:

Sr. No.	Infrastructure facilities at College	Yes/No
Strong Room:		
1	It must have a door Entry/Exit(with Safety Door/Grill for windows)	Yes
2	Minimum Areas hall be 20x20sq.ft.	Yes
3	Adequate Steel Almirah /Cupboard for storage of Answer Books.	Yes
4	C. C. T. V. Camera with recording facility that covers entire area or Downloading and Printing of online transmission of Question Paper process.	Yes
5	Latest version Computer(Minimum4)and Printer(Minimum4)with Inverter facility, MS Office, PDF Reader, Win rar or Win zip.	Yes
6	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class 'A' ISP, and alternate line with 1 : 1 dedicated line of 50 mbps speed, by an another Class 'A' ISP to ensure unintrupted downloading facility,with2(two)static IP's, Internet Dongle.	Yes
7	Adequate Number of Paper Rims for printing Question Papers.	Yes
8	One Photocopy Machine, UPS Backup.	Yes
Scanning Room:		
9	Separate Scanning Room for scanning Answer Books after end of Examination Session under CCTV Surveillance.(Lap tops and Scanners will Be provided by the University Appointed Agency)	Yes
10	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class 'A' ISP, and alternate line with 1 : 1 dedicated line of 50 mbps speed, by an another Class 'A' ISP to ensure unintrupted downloading facility,with2(two) static IP's, Internet Dongle.	Yes

To Set Up DEC for On screen Evaluation of Answer Books:

Sr. No.	Infrastructure facilities at College	Yes/No
1	Computers(20)with latest licensed Operating System Software(OSS) with antivirus and fire walls to provide all lock, work station with Computer charts and key board tray.	Yes
2	Wiring and Networking(with Raw Power Supply and UPS)and one Printer per DEC	Yes
3	Air conditioners ,Biometric system, CCTV installation, Rest rooms and 24 x7 security.	Yes
4	Collapsible gate for the main entrance with Name board and locking facility.	Yes
5	DualInternetservice,Primarywith1:1dedicatedlineof100mbps speed by class 'A' ISP, and alternate line with 1 : 1 dedicated line of 50 mbps speed, by an another Class 'A' ISP to ensure uninterrupted downloading facility,with2(two)static IP's.	Yes
6	Appointment of one Professor as a Examination Co-ordinator to Co-Ordinate this Online process.	Yes
7	Separate Evaluation Room for Evaluating the Answer Books under CCTV Surveillance	Yes

1. Hardcopy&softcopyofthisAnnexuremustbesubmittedtotheUniversity.
2. TheinformationmustbemadeavailableoftheCollegewebsite.



Signature of Principal with Seal
Dr. S. U. Tiwari
 Principal
 H. M. C.
 Akot Road, Akola


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 RAMSWARU PJI SARDA	Professor	13/06/1994	DHMS Yr. 1992	--	--	YES	MUHS/E4(UG)4508/1642/2023 dt.23/08/2023	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 Yr.1997	--	--	YES	MUHS/E4(UG)4508/2600/2013 dt.05/07/2013	619035948424	AKRPR0137H	06-02-1975	drimrankhan136@gmail.com	9767230785	No
3	HMC AKOLA	Anatomy	Dr. Rajashri Idhol	Lecturer	09/01/2025	BHMS Yr.2011	BHMS (MD) Yr. 2017	--	Under Process	Under Process	467739509425	AFAPI8771F	26-12-1989	Rajshrigond123@gmail.com	7507540978	No


 Signature of Principal with Seal
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 Principal
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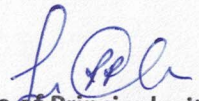
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

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

Phone/Mobile No. : **9921979967**

Name of the Subject :- **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 Yr.1992	--	--	YES	MUHS/E4(UG) 4508/1642/2023dt. 23/08/2023	380361 309948	BNZ PD 9129 G	03-10-1967	drrajudes hpande.akola@gmail.com	98502 08586	No
2	HMC AKOLA	Physiology	Dr. DAOUD AMIN ABDUL QUAHHAR MOHAMMAD	Reader	01/08/1999	DHMS Yr.1993	--	--	YES	----	926455 478724	AJLP D 6795 M	10-08-1971	drdaouda min@gmail.com	99224 77499	No
3	HMC AKOLA	Physiology	Dr. KOLE HARSHALATA SUSHANT	Lecturer	01/06/2008	BHMS Yr.2003	--	--	YES	MUHS/E4(UG)4508/2598/2013dt. 05/07/2013	847718 674296	AWR PK74 37N	30-08-1978	harshalata2010@gmail.com	94208 38593	No


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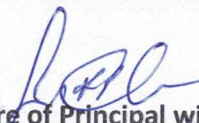
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
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Name of the College : **HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, AKOT-ROAD, AKOLA.**

Phone/Mobile No. : **9921979967**

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 Yr.1982	--	--	YES	MUHS/E4(UG) 4508/1642/2023dt. 23/08/2023	669921587568	AJEPG 1696B	06-08-1961	milindgadre61@gmail.com	9422193736	No
2	HMC AKOLA	Pharmacy	Dr. PRIYANKA NARAYANANDAS AGRAWAL	Lecturer	02/08/2022	BHMS Yr.2012	BHMS (MD) Yr.2018	--	YES	MUHS/E4(UG) 4508/1642/2023dt. 23/08/2023	969721395028	AZCPA 6220B	14-12-1989	priyankaagrawal10724@gmail.com	9881594619	No


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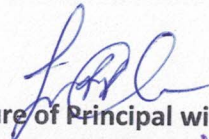
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Name of the College : **HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, AKOT-ROAD, AKOLA.**

Phone/Mobile No. : **9921979967**

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 Yr.1999	--	--	YES	MUHS/E4(UG) 4508/1642/2023dt. 23/08/2023	481265798197	BAS PS12 49A	23-04-1977	ritesh23477@gmail.com	9822696979	No
2	HMC AKOLA	Pathology	Dr. MANE MADHURI SHYAMSUNDER	Lecturer	23/06/2008	BHMS Yr.1998	--	--	YES	MUHS/E4(UG)4 508/2598/2013dt. 05/07/2013	399767036176	AWT PN98 82B	29-05-1975	mmmane170@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.**

Phone/Mobile No. : **9921979967**

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 Yr.2002	--	--	YES	MUHS/E4(UG) 4508/1642/2023dt. 23/08/2023	328835 076555	BHNPD 5106K	30-06-1979	dosevaishu1979@gmail.com	77190 57975	No
2	HMC AKOLA	FMT	Dr. ASHISH RUPLAL YADAV	Lecturer	25/10/2021	BHMS Yr.2008	BHMS (MD) Yr.2013	--	YES	MUHS/E4(UG) 4508/1642/2023dt. 23/08/2023	698954 768442	ANLPY 3808J	14-07-1985	aryadavmd@gmail.com	93725 05157	No


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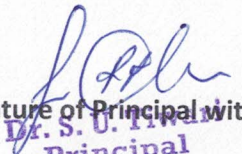
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
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Name of the College : **HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, AKOT-ROAD, AKOLA.**

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. NAREDRAKISHOR KAMALKISHOR SHRIWAS	Reader	01/07/2002	BHMS Yr.1997	--	--	YES	--	638134667779	BASPS 1250B	25-01-1975	dr.narendra.shriwas11@gmail.com	9850361790	No
2	HMC AKOLA	Surgery	Dr. PRAVIN SUDHIRCHANDRA MAHANKAR	Lecturer	29/07/2022	BHMS Yr.2012	BHMS (MD) Yr.2019	--	YES	MUHS/E4(UG) 4508/1642/2023dt. 23/08/2023	614619246955	CLWPM 0114J	21-06-1989	prvnmhnr@gmail.com	7875854857	No


 Signature of Principal with Seal
Dr. S. U. Pawar
 Principal
 H. M. C.
 Akot Road, Akola

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
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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 Yr.1996	BHMS (MD) Yr.2008	--	YES	MUHS/E4(UG) 4508/2598/2013 dt. 05/07/2013	333524 788889	ACLPL 1737E	08-04-1975	drhemlataladdad@gmail.com	99225 60370	No
2	HMC AKOLA	Gync & Obst	Dr. KARUNA SAMADHAN JAGTAP	Lecturer	12/06/2012	BHMS Yr.2001	--	--	YES	MUHS/E4(UG) 4508/1642/2023 dt. 23/08/2023	305295 755382	ATZPD 9552F	27-11-1977	karuna.dhoke04@gmail.com	95524 46436	No

Signature of Principal with Seal

Dr. S. U. Tiwari
Dr. S. U. Tiwari
Principal
H. M. C.
Akot Road, Akola


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 :- **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 Yr.1988	--	--	YES	MUHS/E4(UG) 4508/1642/2023dt. 23/08/2023	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 Yr.1995	BHMS (MD) Yr.2008	--	YES	MUHS/E4(UG)4 508/2599/2013dt. 05/07/2013	761049 612041	ACOPJ2 887N	25-05-1967	drjain26@hotmail.com	98220 94257	No
3	HMC AKOLA	Practice Medicine	Dr. SURAJ VISHWANATH IPPAR	Lecturer	01/02/2002	BHMS Yr.1999	--	--	YES	MUHS/E4(UG)4 508/2598/2013dt. 05/07/2013	874380 327861	AAPPI 9669A	01-07-1977	drsurajippa@gmail.com	98503 91955	No


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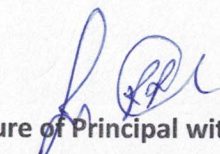
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

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

Phone/Mobile No. : **9921979967**

Name of the Subject :- **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 Yr.2001	BHMS (MD) Yr.2007	--	YES	MUHS/E4(UG)4508/2598/2013dt.05/07/2013	556679136278	AFOPJ 4739G	15-03-1977	jmjhomoeopathy@gmail.com	8308133071	No
2	HMC AKOLA	HMM	Dr. OMPRAKASH RADHAAKISHAN SABU	Lecturer	01/07/1995	DHMS Yr.1985	--	--	YES	MUHS/E4(UG)4508/2598/2013dt.05/07/2013	960744078197	APVPS 2943A	07-12-1964	orsaboo333@gmail.com	9822067968	No
3	HMC AKOLA	HMM	Dr. SWATI BABUSINGH RATHOD	Lecturer	06/08/2019	BHMS Yr.2012	BHMS (MD) Yr.2018	--	YES	MUHS/E4(UG)4508/1642/2023dt.23/08/2023	757554284719	AVRPR 9913P	24-10-1987	rohanshirsat333@gmail.com	7385142425	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.**

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 Yr.1985	--	--	YES	Under Process	511653 142574	AMTPC 2417J	17/06/1963	chincholkarrajendra@gmail.com	94218 94693	No
2	HMC AKOLA	Hom. Organon	Dr. KALPANA MADHAO BHISE	Professor	16/07/1988	BHMS Yr.1994	BHMS (MD) Yr.2008	--	YES	MUHS/E4(UG)45 08/2598/2013dt. 05/07/2013	868465 517929	AWJPB 0514F	07/07/1964	kalpana.bhise45@gmail.com	94228 93456	No
3	HMC AKOLA	Hom. Organon	Dr Rupali R. Kharode	Lecturer	21/07/2023	BHMS Yr.2010	BHMS (MD) Yr.2018	--	YES	MUHS/E4(UG) 4508/1642/2023dt. 23/08/2023	214699 282568	DISPK 2128C	18/08/1986	drupalirahankar@gmail.com	77439 92399	No
4	HMC AKOLA	Hom. Organon	Dr. Pratibha Nirmal	Lecturer	20/12/2024	BHMS Yr.2010	BHMS (MD) Yr.2017	--	NO	Under Process	8578067 73933	ARFPT 9126Q	30/07/1987	pratibhatikarnirmal@gmail.com	86685 24580	No


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 Principal
 H. M. C.
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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.**

Phone/Mobile No. : **9921979967**

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 Yr.1985	DHMS (MD) Yr.2008	--	YES	MUHS/E4/UG/4508/1807/2023dt. 31/08/2023	773662458953	AEZPT3569G	21/02/1962	sanjaykumartiwari1962@gmail.com	9921979967	No
2	HMC AKOLA	Repertory	Dr. ASMITA R. DESHMUKH	Reader	28/12/2022	BHMS Yr.2002	BHMS (MD) Yr.2009	--	YES	--	717007667626	ANMPD7691R	10/10/1980	drardeshmukh@gmail.com	7721060060	No
3	HMC AKOLA	Repertory	Dr. ASRA RUMANA SYED	Lecturer	21/10/2022	BHMS Yr.2011	BHMS (MD) Yr.2017	--	YES	MUHS/E4(UG) 4508/1642/2023dt. 23/08/2023	874865409370	FRLPS4485P	27/02/1989	drasasyed272@gmail.com	9922034116	No


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

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Name of the Subject :- **COMMUNITY MEDICINE**

Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	HMC AKOLA	Com. Medicine	Dr. S. DHARMADHIKARI	Professor	16/06/1994	DHMS Yr.1992	--	--	YES	MUHS/E4(UG) 4508 4/1642/2023dt. 23/08/2023	805664 233974	AAZPD47 10H	01/07/1967	drsachindharmadhikari@rediffmail.com	9822943 207	No
2	HMC AKOLA	Com. Medicine	Dr. SUYOG S. JOHRAPURKAR	Asst. Professor	03/06/2024	BHMS 2009	BHMS (MD) 2012	--	NO	Under Process	260943 658230	ALZPJ 9018M	03/06/1985	suyog555@gmail.com	9850433 352	No

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Dr. S. U. Tiwari
Principal
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