





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. :- PATHOLOGY UG+PG..... /UG+PG+SuperSpecialty.....
Name of the College : Government Medical College Amravati College. Code : Intake Capacity:

Sr. No.	Subject	Name of the Teaching Staff	Designation	Mob. No.	E-mail ID	Date of Birth	Whether belongs to Reser category (if Yes, specify)	Date of appointment	Teaching Experience UG (Yrs.)			Total Teaching Experience in years	Type of Appointment	Univ ersity Approval Stat	Temporary Approval		Details of PG Recognition by	Letter No. & date	MET Work shop attend in 5 years	Photograph with signature.
									Asst. Prof.	Asso Prof.	Total				Form	To				
1	Pathology	Dr. shailendra Yadav	Associate Professor	9970839325	shvlen268@gmail.com	04-05-1974	Yes	04-06-2025, 16-01-2009	10 Yrs	06 Yrs	16 Yrs	6 Yrs	Regular	Yes	18-10-2022			muhs /UG/ E1/1 501/ Bio/2 013		
2	Pathology	DR. Vishal Narote	Associate Professor	8551008980	dr.vishalnarote@gmail.com	07-06-1984	Yes	10-07-2017	08 Yrs	09 Months	08 Yrs 09 Months	08 Yrs 09 Months	Regular				muhs /UG/ E1/5 3/150 7311/ 2020			
3	Pathology	Dr. Vishakha Kothkar	Assistant Professor	9021739255	vishakha.kothkar23@gmail.com	22-06-1989	Yes	07-11-2024	4 Yrs				Contractual							
4	Pathology	Puja G. Mahalle	Assistant Professor	7709022340	mahallepuja@gmail.com	11-02-1990	Yes (Obc)	02-06-2025	01 Yrs 09 Months				Contractual							

Dr. Shailendra Yadav
25/3/22


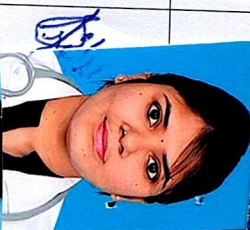


[Signature]

[Signature]

Dr. P. S. Patil
23.3.26

Government Medical College, Amravati



5	Pathology	Dr. Pooja S. Talakar	Assistant Professor	8179302663	poojataalokar2495.cloud.com	11-02-1990	Yes (Obc)	02-06-2025	09 Months											
6	Pathology	Dr. Sri Leena Damukha	Senior Resident	9011946558	shrileena.9406@gmail.com	06-04-1994	Yes (Obc)	15-10-2024												
7	Pathology	Dr. Rinku Chavan	Senior Resident	9321676179	doctorchavan@gmail.com	22-04-1990	Yes (VJ)	21-07-2025	08 Months											
8	Pathology	Dr. Jagruti Vasalkar	Senior Resident	9764775000	pvasalkar20@gmail.com	25-10-1996		13-03-2026												

Note: 1) The College shall submit one hard copy & soft copy (in Excel Format) of the list from Academic Online Teacher Database (OTD).
2) Information of teachers not uploaded in Academic Online Teacher Database (OTD) will not be considered.

Member


Member

Member

Chairman


23.3.26

Signature of Dean with Seal

Dean
Government Medical College,
Amravati

Dean
Government Medical College,
Amravati

ANNEXURE-VII-B

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

Name of the College : Government Medical College Amravati
Phone/Mobile No. :
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 of 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	GMC Amravati	Patho	Dr. Shailesh Mahra Yeddy	Assoc Prof	4/6/25	MBBS 9/4/1999	MD Patho 23/1/2012	16 years	Yes	4/4/2018	3196 4197	ACTP 41511974	Shukla 26/8/1974	99708 39825	No	
2	GMC Amravati	Patho	Dr. Vishal Narote	Assoc Prof	12/6/25	MBBS 26/6/2012	MD Patho 08/3/2018	(8 years) (guardian)	Yes	20/1/2020	4497 4492	ARLP 141	1/6/1984	85510 08980	No	
3																
4																
5																
6																
7																
8																
9																

Data Verified by the Committee members:

Member

[Signature]
Member

Member

Chairman

[Signature]
Dean
23.3.26
Government Medical College,
Amravati

Name of College/Institute..... Government Medical College, AmravatiName of the Department: - Pathology

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1.	Dr. Shailendra Yadav	Assoc. prof	Approved	
2.	Dr. Vichal Narote	Asso. prof	Approved	
3.	Dr. Vishakha Kotekar	Assist. prof	Not approved	
4.	Dr. Puja Mahalle	Assist. prof	Not approved	
5.	Dr. Pooja Talokar	Assist. prof	Not approved	
6.	Dr. Sri Leena Damrukar	Senior Resident	Not approved	
7.	Dr. Rinku Chavan	Senior Resident	Not approved	
8.	Dr. Jagruti Vasaitkar	Senior Resident	Not approved	

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	04	00	04
5	Junior Resident			

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	03	00
4	Senior Resident	04	03	01
5	Junior Resident			

Data Verified by the Committee members:

Member

 Member
 23/3/20

Member

 Member
 23.3.20

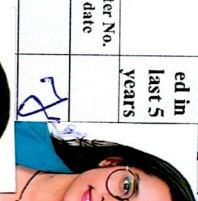
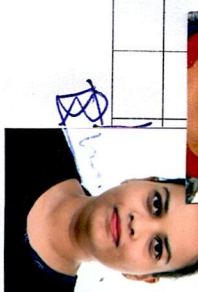

Chairman

Dean
 Government Medical College,
 Amravati

ANNEXURE-IV

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

Name of the Dept. : OBGYN
 UG Degree/ PG Degree/ Super Speciality) AS ON:/...../.....
 Name of the College : Government Medical College Subject: OBGYN Whether UG...../UG+PG...../UG+PG+SuperSpeciality.....
 College Code : Intake Capacity:

Sr. No.	Subject	Name of Teacher	Designation	Mob. No.	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 (Regular/ Contractual)	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition	MET Work shop attended in last 5 years	Photo with graph and Stamp
									Asst. Prof.	Asso. Prof.	Prof.				From	To			
1.	OBGYN	DR. TINA RANMANI	Assistant Professor	9761878790	tinara@gmail.com	25/11/1992	NO	21/6/2021	21 months	-	-	21 months of PG	Contractual						
2.	OBGYN	DR. R. S. KUNDA	Assistant Professor	916312	rskunda@gmail.com	27/06/1995	NO	10/3/16	-	-	-	-	Contractual						
2.	OBGYN	DR. TEJASWINI KHANDALE	Senior Resident	9839035018	tejaswinikhandale@gmail.com	30/11/1995	NO	29/4/21	-	-	-	-	Bonded						

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

Data Verified by the Committee members:

Member  Member 
 Member  Chairman 

Dean
 Government Medical College,
 Amravati

Name of College/Institute..... GMC AmravatiName of the Department: General Surgery

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1.	Dr. Vijay Bhaskar Karale	Associate Professor	Approved	
2.	Dr. Vishal Ramdas Yella	Associate Professor	Approved	
3.	Dr. Pramod Ganesh Sulkar	Assistant Professor	Not Approved	
4.	Dr. Neha Sadaf	Assistant Professor	Not approved	
5.	Dr. Sarang Banat	Senior Resident	Not approved	
6.	Dr. Rafe Khan	Senior Resident	Not approved	
7.	Dr. Jay Gawand	Senior Resident	Not approved	
8.	Dr. Pratik Mundhada	Senior Resident	Not approved	

Summary -**Approved Staff**

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

Approved + Non Approved Staff

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

Data Verified by the Committee members:

Member

Member
23/3/26

Member

23.3.26

Chairman

Dean
Government Medical College,
Amravati

ANNEXURE-VII-B

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

Name of the College : GMC Amravati
Phone/Mobile No. :

Name of the Subject : General 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	GMC Amravati	General Surgery	Dr. Vijay B. Kanake	ASSO. Professor	21/10/24	MBBS 2007	M.S. 2011	10yr 1 month	Yes	MUHS letter 13/07/2019	96259085	ARYPK 78924	05/01/84	vijay.kanake@gmail.com	9921222401	N.D.
2	GMC Amravati	General Surgery	Dr. Vishal Ramdas Yelke	ASSO. Professor	12/6/25	MBBS 2010	M.S. 2019	9yr	Yes	-	940655036920	AGCPY 35016	17/03/84	vishal.yelke@gmail.com	8308174690	N.D.
3																
4																
5																
6																
7																
8																
9																

Data Verified by the Committee members:

Member


Member 23/3/24

Member


Member





Chairman


Chairman

Dean


23.3.24
Government Medical College,
Amravati

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF(Approved+NotApproved)
Name of the Dept : GENERAL SURGERY Subject: SURGERY Whether UG.....
Name of the College :GMC, AMRAVATI College Code : **Intake Capacity: 100**




Sr. No.	Subject	Name of Teacher	Designation	Mob. No.	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 / Regular / Contractual	University Approval Status (Yes/No)	Temporary Appraisal	Details of PG Recognition	Letter No. & date	MET Workshop attended in last 5 years	Photo graph with Signature
									Asst. Prof.	Asso. Prof.	Prof.	Total								
1	SURGE RY	Dr. Vijay B. Kanake	Associate Professor	9921 2224 01	vijaykanake@gmail.com	05/01/1984	ST	01/12/2015	8Y9M	1Y4M	6Y	-	Regu lar	YES,			MUHS/ P4/E-1 1507/27 2981 2021			
2	SURGE RY	Dr. Vishal R. Yelke	Associate Professor	8908 1746 90	yelkevishal@gmail.com	17/03/1986	ST	23/12/2017	8Y3M	9M	5Y	-	Regu lar	YES,			MUHS/ P4/E-1 1051/87 8231 2025			
3	SURGE RY	Dr. Pramod G. Sultane	Assistant Professor	9167 2484 44	pramodsulta ne2411@gmail.com	08/01/1993	NT (B)	20/01/2026	2M			-	Regu lar							
4	SURGE RY	Dr. Neha Sadaf	Assistant Professor	9444 3731 99	nehasadaf21@gmail.com	22/05/1994	OPEN	04/06/2025	8M20D			-	Tempo rary							

ANNEXURE-IV

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

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

Name of the Dept.: PEDIATRICS UG Degree/ PG Degree/ Super Specialty) AS ON: 1/1/2025
 Name of the College: G.M.C. AMR. AMRAVATI Subject: PEDIATRICS Whether UG: UG+PG /UG+PG+SuperSpecialty: UG+PG+SuperSpecialty
 College Code MH1028 Intake Capacity: 100 41

Sr. No.	Subject	Name of Teacher	Designation	Mob. No.	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 Work shop attended in last 5 years	Photo with graph
									Asst. Prof.	Asso. Prof.	Prof.				From	To			
01	DR MILIND SURYAWANSHI	ASSOCIATE PROFESSOR	PEDIATRICS	9770-954251	DR MILIND SURYAWANSHI@gmail.com	18/02/1984	SC	15/06/2018	8yr	11mo	5yr 4yr 7mo	REGULAR	Yes			REG	MUSTI REG-1 10/10/21-27/2021		
02	DR ANAND MESKAPAN	ASSISTANT PROFESSOR	PEDIATRICS	8624062418	DR ANAND MESKAPAN@gmail.com	01/05/1986	SC	04/06/2025			9mo	CONTRACT	-			Temp			
03	DR ANANT KANE	SCNIDR RESIDENT	PEDIATRY	97602255	DR ANANT KANE@gmail.com	18/09/1995	SC	01/10/2025			5mo	CONTRACT	-			Temp			

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

Data Verified by the Committee members:

Member


Member

Member


Member

Chairman


Chairman

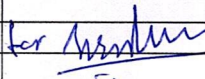
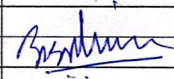
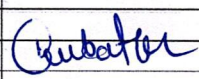
Dean


Dean

Government Medical College,
Amravati

ANNEXURE-II

Name of College/Institute: Government medical college, AmravatiName of the Department: pediatrics

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1.	DR. milind suryawan shi	Associate professor		
2.	DR. Amarchand mesram	Assistant professor		
3.	DR. Kanchan	senior Resident		

Summary -

Approved Staff

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

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

Data Verified by the Committee members:

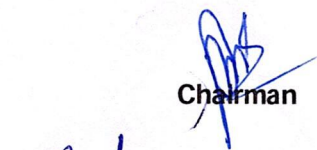
Member


 Member
 23/3/26

Member



Chairman


 23.3.26

 Dean
 Government Medical College,
 Amravati

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

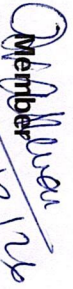
ANNEXURE-VII-B

Name of the College :
Phone/Mobile No. :
Name of the Subject :

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.	Par 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	UmC. Amravati	pedia- trics	R. Millind madhwarao sunamwarshi	Respectable professor	16/14/2025	2009	2014	9 years 8 months 9 days	Yes	MUHS/PG E-1/105/102	429362912244	PLFF 52148	18/02/1984	drmillind.sunamwarshi@gmail.com	9970542542	NO
2	GMC Amravati	pedia- trics	Dr. Anuraj Haridas Meshram	Asst. prof.	4/6/23	2013	2019	1 year 9 months	-	27/2555/202	841088568	BTWPM 9937m	1/05/1986	anuraj.meshram@gmail.com	8624064418	NO
3	GMC AMRAVATI	PEDIATRICS	DR. KANAKSUK AMBATE	RESIDENT	01/10/2025	2019	2025	5 months	-	-	84402715287	BNMFA 1968C	18/09/1995	kanaksukambate@gmail.com	9960520288	NO
4																
5																
6																
7																
8																
9																

Data Verified by the Committee members:


Member


Member
23/3/26


Member


Member

Chairman


Chairman

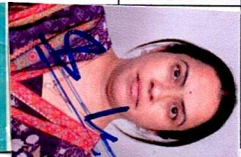
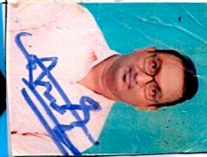

Dean


Dean
23.3.26
Government Medical College,
Amravati

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved+NotApproved)

ANNEXURE-IV

Name of the Dept.: Anatomy Subject: Anatomy Whether UG.../UG+PG.../UG+PG+SuperSpecialty.....
 Name of the College: Govt. Medical College, Amravati College Code:..... Intake Capacity:.....

Sr. No.	Name of the Teaching Staff	Designation	Mob.no.	E-mail ID	Date of Birth	Whether belongs to Reserved category if Yes, specify category	Date of appointment	Teaching Experience			Total Teaching Experience in years of PG	Type of Appointment Temp/Regular /cont.	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition	Temp/Regular & Date	MET Work shop attended in last 5 years	Photograph with Signature
								UG (Yrs.)	Asst. Prof.	Asso Prof.				Total	From				
①	Dr. Kirti S. Nemade	Professor and Head (Seva-udaya)	9623 6193 11	knkrti84@gmail.com	04/04/1982	YES OBC	28/11/21 2025	7yrs	10yrs 5 mths	17yrs 5 mths	12yrs	Regular (Seva-udaya)	YES	-	-	Regular	PH/E-1/2015/2021/2022	One	
②	Dr. Shripad V. Tambe	Associate Professor	888895 4813	shivtambe@gmail.com	17/11/1978	YES S.C.	09/04/25	5yrs	9yrs	14yrs	30yrs	Regular	YES	2016	for over 1 year	Temp Reg	27/1528/150/2024	One	
③	Dr. Minoli S. Pokale	Assistant Professor	75593 37784	pokale-minoli@gmail.com	21/05/1983	YES OBC	01/10/24	5yrs	-	5yrs	5yrs	Regular	YES	-	-	Regular	-	-	

Note: 1) The College shall submit one hard copy & soft copy (in Excel Format) of the list from Academic Online Teacher Database (OTD).
 2) Information of teachers not uploaded in Academic Online Teacher Database (OTD) will not be considered.
 Data Verified by the Committee members:

Signature of Dean with Seal Member Member Chairman

   
 23.3.26
 23/3/26
 23/3/26

Name of College/Institute Govt. Medical College, AmravatiName of the Department: Anatomy

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1.	Dr. Kiran S. Nemade	Professor (Senior)	Yes	
2.	Dr. Shivpal V. Tambe	Associate Prof.	Yes	
3.	Dr. Minali S. Pokale	Asst. Prof.	Yes	

Summary –

Approved Staff

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

Approved + Non Approved Staff

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

Data Verified by the Committee members:

Member

23.3.26

Member

23/3/26

Member

Chairman

Dean
Government Medical College,
Amravati

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

ANNEXURE -VII-B

Name of the College: Govt. Medical College, Amravati
Phone/Mobile No.:
Name of the Subject: ANATOMY

Sr. No.	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.	PanNo.	Date of Birth (Age in years)	Latest Email Address	Contact No.(Mob.)	Debarred Yes/No
1	Dr. Kirti Suresh Rao Nemode	Professor and Head (Seventeen years)	24/12/2025	MBS 2004	MDS 2008	17 years	Yes	MUHS P/LE-1/105/01/26/1/2024 D+ 04/12/2024	4598780583964	AHPPN 4473F	04/06/1982	knkishi84@gmail.com	9623619311	NO
2	Dr. Shivraj Nitthalwaro Tambe	Associate Professor	16/04/2025	MBS 2001	MD 2010	10 years	Yes	MUHS P/LE-1/27/1508/280/2024 D+ 01/15/2024	741348028214	ABPT 76525	17/11/1978	shivtambe@gmail.com	888954813	NO
3	Dr. Minoti Sharadkano Pokale	Assistant Professor	01/10/2024	MBS 2006	MD 2013	5 yrs 5 months		Applied	873796405061	BBCP P4829E	21/05/1983	potale.minoti@gmail.com	7559397784	NO

Data verified by the committee members :-

Member


Member
23/3/24

Chairman


Chairman
23.3.24

Dean

Government Medical College,
Amravati

DEPARTMENT OF ANATOMY
GOVERNMENT MEDICAL COLLEGE, AMRAVATI

Equipments Requirement for 150 seats (MBBS – UG & PG)

Sr. No.	Name of Equipment	NMC required previous to EWS (150 Seats)	NMC required after EWS (100 Seats)	Gap	REQ.	Total Cost
1.	Table with Marble or stainless steel tops with a minimum size of 6*2*3	18	12	06	03	40,000
2.	Table with Marble or stainless steel tops – half standard size	05	04	01		
3.	Drill Machine	03	02	01	01	4000
4.	Hand saw, preferably metal	03	03	00		
5.	Band saw for sectioning body	01	01	00		
6.	Brain knife	03	02	01		
7.	Mortuary cooler with arrangement to keep 1 body	01	01	00		
8.	Storage tank to hold 10 cadavers, static/movable, durable tank with input and output facility with lid	03	02	01		
9.	Plastic tank for storing soft and dissected parts	10	08	02		
10.	Multimedia Projector with screen	02	02	00	01	80,000
11.	Trolley Table	02	02	00	01	8,000
12.	Movie camera with Projection screen	01	01	00	01	1,10,000
13.	Computer with internet connection & video CD library	03	02	01	01	50,000
14.	X – ray viewing lobby	04	03	01		

S L
23/03/2026

15.	X – ray plates/MRI/CAT scan/USG	As required	As required	As required		
16.	Charts, Diagrams, Models, Slides etc. (Slides Only)	As required	As required	As required		6,20,000
17.	Dessecting instruments for cadaveric dissection					
4.	Microscope, Monocular	36	75	39	39	9.75L
4.	Dissection Microscope	05	10	05	05	1.5L
5.	Bones (Dis-articulated) Sets	25	30	05	05	

S L
23/03/2026

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Name of College/Institute.....Govt. Medical College, AmravatiIntake Capacity:100 Recognized/PermittedIf permitted, Stage of renewal:**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	1	1	2	1	1	1	0	0	1	
Physiology										
Biochemistry										
Pharmacology										
Pathology										
Microbiology										
Forensic Medicine										
Community Medicine										
Gen. Medicine										
Pediatrics										
Skin & VD										
Psychiatry										
Gen. Surgery										
Orthopedics										
Otorhinolaryngology										
Ophthalmology										
Obst. & Gynae.										
Anaesthesia										
Radio-diagnosis										
Dentistry										
Total										

- 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 % = _____
 (Faculty includes Professors, Associate Professors and Assistant Professors)

Data Verified by the Committee members:

Member

[Signature]
 Member
 23/3/26

Member

[Signature]
 Member
 23/3/26

Chairman

[Signature]
 Chairman

[Signature]
 23.3.26

Dean
Government Medical College,
Amravati

Maharashtra University of Health Sciences, Nashik

Name of College/Institute Govt. Medical College, AmravatiIntake Capacity: 100 Recognized/Permitted If permitted, Stage of renewal:**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	1	1	2	1	1	1	0	0	1	
Physiology										
Biochemistry										
Pharmacology										
Pathology										
Microbiology										
Forensic Medicine										
Community Medicine										
Gen. Medicine										
Pediatrics										
Skin & VD										
Psychiatry										
Gen. Surgery										
Orthopedics										
Otorhinolaryngology										
Ophthalmology										
Obst. & Gynae.										
Anaesthesia										
Radio-diagnosis										
Dentistry										
Total										

- 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 % = _____
 (Faculty includes Professors, Associate Professors and Assistant Professors)

Data Verified by the Committee members:

Member

Member

Member

Chairman

Dean
 Government Medical College,
 Amravati

प्रति,
मा. विभाग प्रमुख
शासकीय वैद्यकीय महाविद्यालय
अमरावती.

विषय : एक दिवसाची किरकोळ रजा मिळणेबाबत

मा. महोदय,

उपरोक्त विषयास अनुसरून विनंती करते की, मला दि. २३/०३/२०२६ रोजी महत्वाचे कार्य असल्याने एक दिवसाची किरकोळ रजा देण्यात यावी तसेच मुख्यालय सोडण्याची परवानगी देण्यात यावी.

करीता आपल्या माहितीस्तव व पुढील कार्यवाहीस्तव सविनय सादर.

धन्यवाद ।

Minoti Pokale


डॉ. मिनोती पोकळे
सहायक प्राध्यापक
शरीररचनाशास्त्र विभाग
शा.वै.म अमरावती

Granted

SL
20/03/2026.

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Name of the Dept. : Microbiology Subject: Microbiology Whether UG... /UG+PG... /UG+PG+SuperSpeciality.....

Sr No.	Subject	Name of Teacher	Designation	Mob. No.	E-mail ID	DOB	Whether belongs to Reserved category	Date of appointment at College	Teaching Experience			Total Teaching Experience in years of PG	Type of Appointment	Unit/Temporary/Part time	Details of PG Recognition	ME/Work	Photo graph with Signature
									UG(Yrs.)	Asso. Prof.	Prof.						
1	Microbiology	Dr. Ranjana Ramdas Khorgade	Associate Prof.	9422127035	dranjana01@gmail.com	17-11-1983	yes (OBC)	20-01-2026	5 year 6 Month	5 Year 1 Month	2 Month	10 years 9 Month	regular	yes	MUHS/P G/E- 1/1506/2 507/2023 dated 11/9/2023	yes	
2	Microbiology	Dr. Afreen Khan	SR	9860413481	khan.afreen2388@gmail.com	23-10-1988	no	01-01-2025				11 month 25 days	Contractual		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.

Data Verified by the Committee members:

Member

Member

Member

Chairman

(Handwritten signatures and dates)
23/3/20

(Handwritten signature)
23.3.20

(Handwritten signature)
23/03/2025

Dean
Government Medical College,
Amravati

Dr. Ranjana R. Khorgade
Associate Prof & HOD
Dept. of Microbiology
GMC, Amravati.

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: 23.1.23. / 23.1.2023

Name of the Dept. : .. MICROBIOLOGY

Name of the College : GMC AMRAVATI

100

Sr. No.	Name of the Teaching Staff	Designation	Mob. No.	E-mail ID	Date of Birth	Whether belongs to Reserved category (if Yes, no)	Date of appointment	Teaching Experience UG			Total Teaching Experience in years of PG	Type of Appointment	University Approval Status (Yes/No)	Details of PG Recognition by Institute/Univ/No	Signature			
								Asst. Prof.	Asso. Prof.	Prof.								
1	Dr. Ranjana Ramdas Khorgade	Assoc. prof.	9422127035	dranjanu01@gmail.com	17-11-1983	OBC	20/01/2026	29-05-2015	5 year 6 month	5 years 1 month	2 month	2 month	10 year 9 month	regular	yes	regular	MUHS/PG /E-1/1506/25 07/2023	
2	Dr. Afreen khan	SR	9860413481	khanaafreen.2388@gmail.com	23-10-1988	no	01-01-2025					11 Month 25 Days		Contractual		Contractual		

Note: 1) The College shall submit one hard copy & soft copy (in Excel Format) of the list from Academic Online Teacher Database (OTD).


2) Information of teachers not uploaded in Academic Online Teacher Database (OTD) will not be considered.

Signature of Dean with Seal


23.3.23

Dean

Government Medical College,
Amravati


23/03/2023

Dr. Ranjana R. Chougale
Associate Prof. & HOD
Department of Microbiology
GMC, Amravati

Name of the College : *GNMC Amravati, Dept of Microbiology*

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK SUBJECTWISE

ANNEXURE-VII-B

Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year	PG Qualification & Year of Passing	Teaching Experience after	MUHS Approval	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debared Yes/No
1	GMC AMRAVA TI	Microbiology	Dr. Ranjana Ramdas Khorgade	Associate Prof.	20-01-2026	MBBS 2005	MD Microbiology 2013	10 year 9 month	yes	MUHS/UG	6.55179E+11	DHUPK0685R	17-11-1983	dr.ranjanu01@gmail.com	9422127035	No
2	GMC AMRAVA TI	Microbiology	Dr. Aftreen Khan	SR	01-01-2025	MBBS 2012	MD Microbiology 2018	11 Year 25 days	NO		9.40287E+11	DHTPK3273G	23-10-1988	khan.afreen2388@gmail.com	8960413481	No
3																
4																
5																
6																
7																
8																
9																

Data Verified by the Committee members:

Member

[Signature]
23/3/26

Member

[Signature]
23/3/26

Chairman

[Signature]

[Signature]
23.3.26

[Signature]
28/03/2026

Dr. Ranjana R. Khorgade
Associate Prof. of Microbiology
Department of Microbiology
GNMC, Amravati

Dean
Government Medical College,
Amravati

Name of College/Institute..... Govt Medical College Amravati

Name of the Department: Forensic Medicine & Toxicology

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1)	Dr. Sachin J. Gadge	Prof & Head	Professor	
2)	Dr. Sachin S. Giri	Asso. Prof.	Asso. Prof.	
3)	Dr. Rohit P. Deshmukh	Asst. Prof.	Asst. Prof.	
4)	Dr. Shubhika Tathad	Tutor	Tutor	

Summary -

Approved Staff

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

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	02	00	02
5	Junior Resident	02	00	02

Data Verified by the Committee members:

Member

 Member
 23/3/26

 Member

 Chairman

 23.3.26

 Dean
 Government Medical College,
 Amravati.

Maharashtra University of Health Sciences, Nashik

Name of College/Institute GOVERNMENT MEDICAL COLLEGE, AMRAVATI.Intake Capacity: 100 Recognized/Permitted 100 If permitted, Stage of renewal:**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										
Physiology										
Biochemistry										
Pharmacology										
Pathology										
Microbiology										
✓ Forensic Medicine	1	1	1	1	1	0	0	0	1	In Process.
Community Medicine										
Gen. Medicine										
Pediatrics										
Skin & VD										
Psychiatry										
Gen. Surgery										
Orthopedics										
Otorhinolaryngology										
Ophthalmology										
Obst. & Gynae.										
Anaesthesia										
Radio-diagnosis										
Dentistry										
Total										

- 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 % = _____
 (Faculty includes Professors, Associate Professors and Assistant Professors)

Data Verified by the Committee members:

Member

Member

 23/3/26

Member

Member


Chairman

Chairman


Dean
 23.3.26
 Government Medical College,
 Amravati

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Name of College/Institute.....

Intake Capacity: 100(44) Recognized/PermittedIf permitted, Stage of renewal:

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										
Physiology										
Biochemistry										
Pharmacology										
Pathology										
Microbiology										
Forensic Medicine	01	01	01	01	01	01	0	0	0	
Community Medicine										
Gen. Medicine										
Pediatrics										
Skin & VD										
Psychiatry										
Gen. Surgery										
Orthopedics										
Otorhinolaryngology										
Ophthalmology										
Obst. & Gynae.										
Anaesthesia										
Radio-diagnosis										
Dentistry										
Total										

- 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 % = _____

(Faculty includes Professors, Associate Professors and Assistant Professors)

Data Verified by the Committee members:

Member

[Signature]
Member
23/3/20

Member

[Signature]

Chairman

[Signature]

[Signature]
23.3.20

Dean
Government Medical College,
Amravati

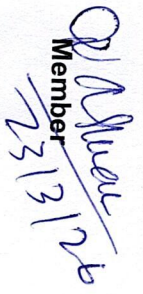
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

ANNEXURE-VII-B

Name of the College : Govt
 Phone/Mobile No. :
 Name of the Subject : Forensic medicine & toxicology

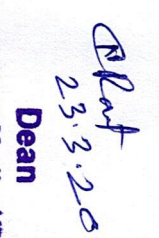
Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age 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	Govt Amravati	Phm	SACHIN Jambhale	Prof & Head	07/11/2005	MBBS 2004	MP(CMT) 2010	15 yrs	Yes	MUHS/UT/E-1507/886/13 dt 12/3/13	8168 8653 7505	DNXPB 7470 P	24/12/1981	sachin.gadgil@gmail.com	928436 3886	NO
2		Phm	SACHIN SUGHOSH DESHMUKH	Asso. Prof	10/06/2025	MBBS 2006	MD(Phm) 2014	11 yrs	Yes	MUHS/UT/E-1507/886/13 dt 12/3/13	9269 1762 4573	BOUDG 2611K	17/05/1984	sachin.gadgil@gmail.com	9822 5131 539	NO
3		Phm	RAMDAS PRASHANT DESHMUKH	Asst. Prof	26/02/2026	MBBS 2016	MD(Phm) 2022	1.5 yrs	NO	—	8338 1938 0013	CRJPD 5597D	16/03/1993	achinpd.deshmukh@gmail.com	902851 7829	NO
4																
5																
6																
7																
8																
9																

Data Verified by the Committee members:

Member  23/3/20

Member  23/3

Chairman 

Dean  23.3.20



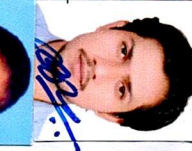
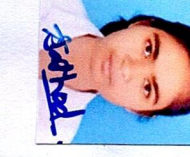
ANNEXURE-IV

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 and Toxicology Subject: FMT. Whether UG...../UG+PG...../UG+PG+SuperSpecialty.....
 Name of the College : Government Medical college, Amravati College Code : Intake Capacity: 100

Sr. No.	Name of the Teaching Staff	Designation	Mob. No.	E-mail ID	Date of Birth	Whether belongs to Reserved category (if Yes, specify category)	Date of appointment	Teaching Experience UG (Yrs.)			Total Teaching Experience in years of PG	Type of Appointment	University Approval Status (Yes/No)	Details of PG Recognition by University (Yes/No)	Photo and Signature		
								Asst. Prof.	Asso. Prof.	Prof.							
1	Dr. Sachin J. Gadge	Professor and Head	9284363886	Sachin.j.gadge2001@gmail.com	24/12/1981	YES. SC	07/11/25	10 yrs	4 mnts	15 yrs	15 yrs	Regular	Yes	Regular	MUHS/P G/E- 1/27/1508/ 1724/17 dt.		
2.	Dr. Sachin S. Giri	Associate Professor	9822573139	Sach7667@gmail.com	17/05/1984	YES. NTI	10/06/25	10 yrs	01 yrs. 05 mnts.	-	11 yrs	03 yrs.	Regular	Yes	Regular	MUHS/P G/E- 1/105102/ 27/1339/23 dt.	
3.	Dr. Rohit P. Deshmukh	Assistant Professor	9028517929	rohitpdeshmukh3@gmail.com	16/03/1993	YES. OBC	26/02/26	01 yrs 06 mnts	-	-	01 yrs 06 mnts	-	Regular	Awaited	Regular	-	
4.	Dr. Shrutika S. Tathod	Tutor	9075708112	Shrutika.tathod@gmail.com	18/02/2000	NO	23/03/26	-	-	-	-	-	-	Regular	-	-	

Note: 1) The College shall submit one hard copy & soft copy (in Excel Format) of the list from Academic Online Teacher Database (OTD).

2) Information of teachers not uploaded in Academic Online Teacher Database (OTD) will not be considered.

Signature of Dean with Seal

Dean

Government Medical College,
Amravati

Name of College/Institute... Government Medical College, AmravatiName of the Department: PSYCHIATRY

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1)	Dr. Abhijeet Bansod	Asso. Prof	Asso. Prof	
2)	Dr. Akshay Chandurkha	Asst. Prof		

Summary -

Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	01	00	01
2	Associate Professor	01	01	00
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	01	00	01
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
 23/3/26

Member

Chairman

23.3.2026
 Dean
 Government Medical College,
 Amravati

ANNEXURE-IV



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

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

UG Degree/ PG Degree/ Super Speciality) AS ON: 23/03/2026

Name of the Dept.: ... PSYCHIATRY ... Subject: PSYCHIATRY Whether UG ... /UG+PG ... /UG+PG+SuperSpeciality ...

Name of the College: ... College Code: ... Intake Capacity: ...

Sr. No.	Subject	Name of Teacher	Designation	Mob. No.	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 Work shop attended in last 5 years	Photo graph with Signature
									Asst. Prof.	U.G (Yrs.)	Asso. Prof.				From	To			
1)	PSY	Abhijeet Bansod	ASST. PROF.	9975 771082	abhijeet.bansod@gmail.com	13/10/85	SC	23/10/2024	7 Yrs 1 Yrs 8 mths	-	9 Yrs 3 Yrs 5 mths	Regular	Yes	13/6/18 (UG)	20/7/22 (PG)	MDHSA/1507/3217/22	15/11/22		
2)	PSY	Akshay Chandankar	ASST. PROF.	892889	akshaychandankar@gmail.com	13/11/88	OBC	17/6/2025	9 mths	-	9 mths	Contractual	NO	-	-	-			

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

Data Verified by the Committee members:

Member


Member

Member


Member

Chairman


Chairman

Dean


23-3-26

Government Medical College,
Amravati

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

ANNEXURE-VII-B

Name of the College : Government medical college, Amravati
Phone/Mobile No. : 0721-2593171
Name of the Subject : PSYCHIATRY

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	GMC Amravati	Psychiatry	Abhijeet Yogendra Bansod	Asso. Prof	23/10/2024	MBS 2010	MDS(Psy) 2016	9 Yrs 2mth	Yes	MUHS/P4/E-1 15/07/24/2229288 BE-1/9/22	64705815	AWUP 80242	13/10/85	abhijeet.yogendra@gmail.com	9315771087	No
2	GMC Amravati	Psychiatry	Ashray Gobal Chandurkar	Asst. Prof.	17/6/2025	MBS 2011	MDS(Psy) 2018	9 mths	No	-	5542134083	AXYPC 2838 B	15/05/88	ashraybansod@gmail.com	63034	No
3																
4																
5																
6																
7																
8																
9																

Data Verified by the Committee members:

Member


Member 23/3/26

~~Member~~

Chairman



Dean


23.3.26

Government Medical College,
Amravati

जा.क्र./जीरशावि/शा.वै.म.अ./
192...../दि.23/03/26

जीवरसायनशास्त्र विभाग

शासकीय वैद्यकीय महाविद्यालय,

Name of College/Institute..... Govt. Med. College - Amravati.....

ANNEXURE-II

Name of the Department: Biochemistry

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
	<u>Dr. Krunal Hasley</u>	<u>prof & HOD</u>	<u>yes</u>	<u>[Signature]</u>

Summary -

Approved Staff

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

Approved + Non Approved Staff

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

process at DNER Level is completed & 03 Tutor/non academic JRs appointed - yet to join (order issued)

Data Verified by the Committee members: अमरावती

Member

[Signature]
Member
23/3/26

Member

[Signature]
Member
23/3/26

Chairman

[Signature]
23.3.26
प्राध्यापक व विभाग प्रमुख
जीवरसायनशास्त्र वि.
शासकीय वैद्यकीय महाविद्यालय,
अमरावती

[Signature]
23.3.26
Dean
Government Medical College,
Amravati

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved+NotApproved)

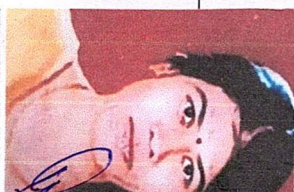
UG Degree/PG Degree/SuperSpecialty/AS ON:

Subject: Biochemistry Whether : UG

College Code: Intake Capacity: 100

Name of the Dept.: Biochemistry

Name of the College: GMC -Amravati

Sr. No.	Name of the Teaching Staff	Designation	Mobile No.	E-mail ID	Date of Birth	Whether belongs to Reserve category (If Yes, specify category)	Teaching Experience (G/Yrs.)				Total Teaching Experience in years of PG	Type of Appointment	University Approval Status (Yes/No)	Details of PG Recognition by University (Yes/No)	Lattee No. & date	MET Workshop/ended Intasit years	Photograph n Signature
							Asst. Prof. + Tutor	Asso. Prof.	Prof.	Total							
2	Dr. Kumu d N. Harley	Associate professor	9823 4606 12	dkharley@gmail.com	17/10/73		5yrs 3months +2 yrs	17 yrs 10 months	01 yrs	22yrs 11 months	09 yrs	Regular	Yes	Regular	MUHS/PG ME-1/ 27/1508/82 9/17 dtd: 27/3/2017 &	CISP-25 to 27 June 2019	

Note:

- 1) The College shall submit one hard copy & soft copy (in Excel Format) of the list from Academic Online Teacher Database (OTD).
- 2) Information of teachers not uploaded in Academic Online Teacher Database (OTD) will not be considered.

(Signature)
Dr. Kumu d N. Harley

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

ANNEXURE-VII-B

Name of the College: Government Medical College, Amravati
Phone/Mobile No.: 9823460612
Name of the Subject: Biochemistry

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
2	GMC, Amravati	Bio chemistry	Dr. Kumud Harley	Prof. & HOD	5/2/25	1997 MBBS	DEC 2003 MD (Biochemistry)	20 Years	Yes	MUHS/PG/E- 1/27/1508/819/17	228937065549	ABSP H517 OM	17/10/1973	dkharley@gm ail.com	9823460612	NO
3																
4																
5																
6																
7																
8																
9																
10																

Data Verified by the Committee members:

Member

Member

Member

Chairman

Dean

Government Medical College,
Amravati

Dr. Kumud Harley
22.3.26

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCE NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)
Name Of the College: Government Medical College, Amravati.

Phone / Mobile No.
Name of the Subject: Community Medicine

Sl. No.	Full name of the Teacher (First/Initial/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	Availability	If Yes MUHS Approval Date	Letter & Approval No.	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Deleted Yes/No
1	Dr. Kalpana Kale	Professor	28/11/12	MBBS 1991	MD 1995 (PSM)	30	YES	MUHS/UG/E/1/403/315 7/2005	292424815244	ACKPK2034Q	03/05/1968	drkmkale@gmail.com	9421792820	NO	
2	Dr. Pankaj Kasdekar	Associate Prof.	27/09/12	MBBS 2007	MD 2013 (PSM)	10	YES	MUHS/UG/E/1/53/1507/1 15/2/2021	250540327794	BPPPK6498K	29/01/1986	drpankasde2021@gmail.com	7066635504	NO	
3	Dr. Virendra Jadhav	Assistant Prof.	05/10/12	MBBS 2007	MD 2014 (PSM)	06	YES	MUHS/UG/E/1/53/1508/1 25/6/2018	770134837717	AOKPJ0321H	22/09/1981	Jadhav_virendra@rediffmail.com	9511873103	NO	

Data Verified by the committee members:-

Member 

Member 

Chairman 

Dr. Pankaj Kasdekar 23.3.2018



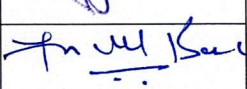
Dear
Government Medical College,
Amravati

ANNEXURE-II

Name of

College/Institute- Government Medical College, AMRAVATI

Name of the Department: Community Medicine

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1	Dr. Kalpana Kale	Professor	Approved	
2	Dr. Pankaj Kasdekar	Associate Professor	Approved	
3	Dr. Virendra Jadhav	Assistant Professor	Approved	
4	Dr. Harshal Bagade	Senior Resident	Not Approved	

Summary-

Approved Staff

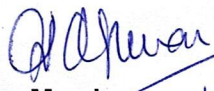
Sr. No.	Designation	Required	Available	Deficiency
1	Professor	1	1	-
2	Associate Professor	2	1	1
3	Assistant Professor	3	1	2
4	Senior Resident	-	-	-
5	Junior Resident	-	-	-

Approved + Non Approved Staff

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

Data Verified by the Committee members:


Member


Member
23/3/20

Member



Chairman


Chairman
23.3.20

**Dean
Government Medical College,
Amravati**



महाराष्ट्र शासन

शासकीय वैद्यकीय महाविद्यालय, अमरावती
जनऔषधवैद्यकशास्त्र विभाग

ई-मेल:- psmgmcamravati@gmail.com

जा.क्र.शावैमअ/जऔवैशावि/ 210 /26

दि:- १०/०३/२०२६

प्रति,

मा. अधिष्ठाता,

शासकीय वैद्यकीय महाविद्यालय,
अमरावती.

मार्फत:- योग्य मार्ग

विषय:- अर्जित रजा मिळणेबाबत.

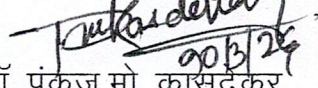
मा. महोदय,

उपरोक्त विषयान्वये आपणास विनंती येते कि, मी डॉ. पंकज कासदेकर, सहयोगी प्राध्यापक, जनऔषधवैद्यकशास्त्र विभागामध्ये कार्यरत असून मला दि. २३/०३/२०२६ ते २७/०३/२०२६ पर्यंत वैयक्तिक काम असल्यामुळे माझी पाच दिवसाची अर्जित रजा मंजूर करण्यात यावी व दि. २०/०३/२०२६ रोजी कार्यालयीन वेळेनंतर व उपरोक्त कालावधीकरिता मुख्यालय सोडण्याची परवानगी दयावी ही विनंती.

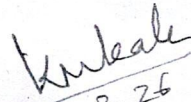
आपल्या माहिती व पुढील कार्यवाहीस्तव सविनय सादर.

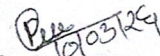
सहपत्र: विहित नमुन्यात अर्ज (मुळ प्रत)

आपला विश्वास


डॉ. पंकज मो. कासदेकर
सहयोगी प्राध्यापक,
जनऔषधवैद्यकशास्त्र विभाग,
शा.वै.म.अमरावती.

o/c


10-3-26



लिपीक

शासकीय वैद्यकीय महाविद्यालय
अमरावती




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: Community Medicine Subject: CIM Whether UG...../UG+PG...../UG+PG+ Super Specialty.....Name of the College : Govt. Medical College, Anwarwad College Code :

Intake Capacity :

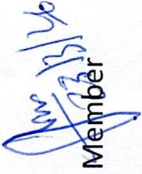
Sr. No	Subject	Name of Teacher	Designation	Mob No	E-mail ID	DOB	Whether belong to reserved category (if Yes, Specify Category)	Date of Appointment At College	Teaching Experience			Total Teaching Experience of PG	Type of Appointment / Temporary / Contractual	University Approval (Yes/No)	Temporary Approval		Details of PG Recognition	MET Work shop Attended in last 5 Years	Photograph With Signature	
									Asst. Prof.	Asso. Prof.	Prof.				From	To				Temp/Regular
1	Community Medicine	Dr. Kalpana kale	Prof.	9421 7928 20	dkmkale@gmail.com	3/5/1968	OBC	28/11/2025	11	19	4 months	30 Yrs 4 months	10 Yrs.	Reg	Yes		Regular	MUHS/PG/E-1/102106/3365 /2021 Dt:08/12/2021	Yes on 7/8/ Oct & CISP Nov 2025	
2	Community Medicine	Dr. Pankaj Kasdekar	Asso. Prof.	7066 6355 04	drpankasde2021@gmail.com	29/11/1986	ST	27/09/2024	8	2	-	10 Yrs	2 Yrs	Reg	Yes		Regular	MUHS/PG/E-1/105105/3018 /2021 Dt:10/11/2021		
3	Community Medicine	Dr. Virendra Jadhav	Asst. prof.	9511 8731 03	Jadhav_virendra@rediffmail.com	22/9/1981	VI(A)	5/10/2024	6	-	-	6 Yrs	6 Yrs	Reg	Yes		Applied		Yes On 2,3 Aug 2021	

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

Data Verified by the Committee Members:

Member

Member


Member

Chairman

Name of College/Institute..... GMC AmravatiName of the Department: Anesthesiology

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1	Dr. Vikas Chaudhari	Associate Professor	Yes	
2	Dr. Jyoti Tiple	Associate Professor	-	
3	Dr. Nitali Agrawal	Assistant Professor	-	
4	Dr. Shivani Nichal	Senior Resident	-	

Summary –**Approved Staff**

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

Approved + Non Approved Staff

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

Data Verified by the Committee members:

Member

 Member
 23/3/26

Member

 23/3/26

Chairman

 23.3.26

 Dean
 Government Medical College,
 Amravati

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Name of College/Institute..... *G.M.C. Amravati*

Intake Capacity: Recognized/Permitted If permitted, Stage of renewal:

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										
Physiology										
Biochemistry										
Pharmacology										
Pathology										
Microbiology										
Forensic Medicine										
Community Medicine										
Gen. Medicine										
Pediatrics										
Skin & VD										
Psychiatry										
Gen. Surgery										
Orthopedics										
Otorhinolaryngology										
Ophthalmology										
Obst. & Gynae.										
Anaesthesia	01	02	02	00	02	01	01	00	01	
Radio-diagnosis										
Dentistry										
Total										

- 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 % = _____

(Faculty includes Professors, Associate Professors and Assistant Professors)

Data Verified by the Committee members:

Member

Member





Member

Chairman

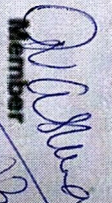
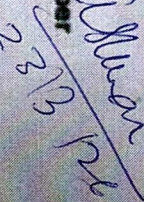
All req. dept filled
ANNEXURE-IV

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

Name of the Dept.: Anaesthesia
 Name of the College: C.M. Amravati
 UG Degree/ PG Degree/ Super Speciality AS ON:/...../.....
 Subject: Anaesthesia Whether UG...../UG+PG...../UG+PG+SuperSpeciality.....
 College Code: Intake Capacity:

Sr. No.	Subject	Name of Teacher	Designation	Mob. No.	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 Work shop attended in last 5 years	Photo with stamp
									Asst. Prof.	Asso. Prof.	Total							
1	Anaesthesia	Dr. Vikal Choudhary	Associate Professor	98906471005 05662	vikal.vk@gmail.com	27/11/1978	B/C	05/11/2024	6Y 4M	-	6Y 4M	4Y 4M	Regular	Yes	-	MURS/PTET/105102/24/ No 2936/2021	No	
2	Anaesthesia	Dr. Jyoti T. Jale	Associate Professor	96578 51913	jyoti.t.jale@gmail.com	09/01/1988	B/C	01/02/2021	8Y 2M	-	8Y 3M	-	Regular	No	Under process	-	Yes	
3	Anaesthesia	Dr. Mitali Agrawal	Assistant Professor	94054 30161	mitali.agrawal@gmail.com	17/05/1995	-	02/06/2025	5M 20D	-	5M 20D	-	Contractual	No	-	-	No	
4	Anaesthesia	Dr. Shikha N. N. N. N.	Senior Resident	96656 34989	shikha.n.n@gmail.com	12/01/1991	-	18/3/2026	-	-	-	-	Contractual	No	-	-	No.	

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

Data Verified by the Committee members:
 Member: 
 Member: 

Member: 
 Chairman: 

Dean
 Government Medical College,
 Amravati

Prof. 23.3.25

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

ANNEXURE-VII-B

Name of the College : *CME Amravati*
 Phone/Mobile No. : *0721-2593171*
 Name of the Subject : *Anaesthesiaology*

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	CME Amravati	Anaesthesiaology	Dr. Vikas Chaudhary	Associate Professor	05/11/2014	MBS 2001	MD 2009	10Y 8M	YES	MUHS/P4/LET/1057/02/27/2021	86265216	AGTPE00376	21/7/1978	drvikas3u@gmail.com	989060562	No
2	CME Amravati	Anaesthesiaology	Dr. Jyoti Kumbhar	Associate Professor	08/02/2018	MBS 2010	MD 2016	8Y 3M	Under process	-	82598453	ARTPI4370J	09/07/1988	jyoti.k@gnail.com	9667851973	No
3	CME Amravati	Anaesthesiaology	Dr. Nikhil Dipkumar Agrawal	Assistant Professor	2/06/25	MBS 2019	MD 2022	1 year 09 months 20 days	-	-	96626148	BRYP417294	17/05/95	nikhil.agrawal17@gmail.com	9405430161	No
4	CME Amravati	Anaesthesiaology	Dr. Steven Michael	Senior Resident	20/3/26	MBS 2019	MD 2025	-	-	-	35662648	CEGPN5554	12/9/96	steven.michael@gmail.com	9665634989	No
5																
6																
7																
8																
9																

Data Verified by the Committee members:

Dr. Prof. 23.3.26

Member

Dr. Shivan
Member
22/3

Member

Dr. Shivan
Member

Chairman

Dr. Shivan
Chairman

Dean

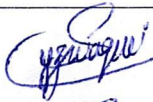

Government Medical College,
Amravati

ANNEXURE-II

Name of

College/Institute- Government Medical College, AMRAVATI

Name of the Department: RADIODIAGNOSIS

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1	Dr. SYED ZAFIR WAQUI	Assistant Professor	Not Approved	
2	Dr. SANSKAR KOTECHEA	Senior Resident	Not Approved	

Summary-

Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	-	-	-
2	Associate Professor	-	-	-
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	-	-	-
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

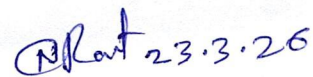

Member
23/3/26

Member


Member
23/3/26

Chairman




23.3.26

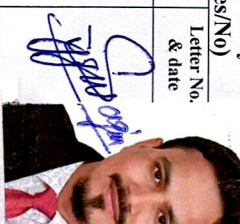

Dean
Government Medical College,
Amravati

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.: Radiodiagnosis Subject: Radiology Whether UG: /UG+PG..... /UG+PG+SuperSpecialty.....Name of the College: G.M.C. Amravati College Code: Intake Capacity:

Sr. No.	Name of the Teaching Staff	Designation	Mob. No.	E-mail ID	Date of Birth	Whether belongs to Reserved category (if Yes, specify category)	Date of appointment	Teaching Experience UG (Yrs.)				Total Teaching Experience in years of PG	Type of Appointment	University Approval Status (Yes/No)	Details of PG Recognition by University (Yes/No)		Signature
								Asst. Prof.	Asso. Prof.	Prof.	Total				Temp./Regular/Contractual	Regular	
1	Dr. Sanjay DR. SYED ZAFER WAQUR	Assistant Professor	8707163887	waqurpeasmail@gmail.com	28/11/1987	No	11/6/2024	3.5 Yrs	-	-	-	5.5 yrs.	Regular	No	-	-	
2	Dr. Sanskar Kotecha	SR	0058334045	sanskar@gmail.com	7/5/1990	-	28/04/2025	-	-	-	-	-	Contractual	-	-	-	

Note: 1) The College shall submit one hard copy & soft copy (in Excel Format) of the list from Academic Online Teacher Database (OTD).

2) Information of teachers not uploaded in Academic Online Teacher Database (OTD) will not be considered.

Prof 23.3.26

Signature of Dean with Seal

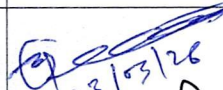
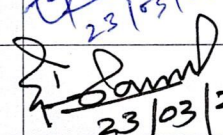
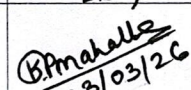
Dean
Government Medical College,
Amravati

ANNEXURE-II

Name of

College/Institute- Government Medical College, AMRAVATI

Name of the Department: DENTISTRY

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1	Dr. Ashish Mahadeorao Warhekar	Associate Professor	Approved	 23/03/26
2	Dr. Ravindrakumar Gedam	Assistant Professor	Not Approved	 23/03/26
3	Dr. Kavita P. Mahalle	Senior Resident	Not Approved	 23/03/26

Summary-

Approved Staff

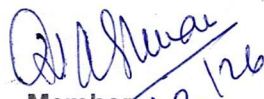
Sr. No.	Designation	Required	Available	Deficiency
1	Professor	-	-	-
2	Associate Professor	1	1	NIL
3	Assistant Professor	1	0	1
4	Senior Resident	1	0	1
5	Junior Resident	-	-	-

Approved + Non Approved Staff

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

Data Verified by the Committee members:

Member

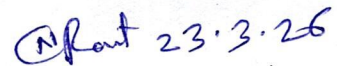

Member
23/3/26

Member


Member
23/3/26

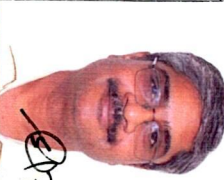


Chairman




23.3.26

Dean
Government Medical College,
Amravati

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
 DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF(Approved+NotApproved)
 Name of the Dept. : DENTISTRY Subject: DENTISTRY Whether UG....
 Name of the College : GMC, AMRAVATI College Code : 01267 Intake Capacity: 100

Sr. No.	Subject	Name of Teacher	Designation	Mob.No.	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 (Regular/Contractual)	University Approval Status (Yes/No)	Temp orary Appr oval	From To	Temp Reg. date	Letter Recd date	MET Workshop attended in last 5 years	Photo graph with Signature
									Asst. Prof.	Asso. Prof.	Total									
1	DENTISTRY	Dr. Ashish Mahadkarwar	Associate Professor	9425321556	drashishwarhkear@gmail.com	28/01/1977	YES, OBC	01/03/2025	9Y, 11M	5Y, 9M	16Y, 5M	Regular	YES						YES	 Signature 23/3/26
2	DENTISTRY	Dr. Ravindrakumar Gedam	Assistant Professor	7507712034	ravigedam309@gmail.com	03/09/1982	YES, NTI	06/12/2025	5Y, 8M	5Y, 11M	11Y, 10M	Contractual	No							 Signature 23/3/26
3	DENTISTRY	Dr. Kavita Mahalle	Senior Resident	8097628386	kavitamahalle22@gmail.com	14/04/1992	YES, OBC	04/12/2025				Contractual	No							 Signature 23/3/26

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

ANNEXURE-VII-B

Name of the College:
Phone/Mobile No. :
Name of the Subject:

Sr.No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification on & year of Passing	PG Qualification on & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	IT's 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	GMC Amravati	Dentistry	Dr. Ashish M. Warhekar	Associate Professor	01/03/2025	BDS, 1999	MDS, 2009	15Y, 09M	Yes	MUHS/UG E-1/151501/34 23/2017 Dt:16-09-2017	7092206722680	AAGPW 8392R	28-01-1977, 49Yrs	rashish.warhekar@gmail.com	9425321556	
2	GMC Amravati	Dentistry	Dr. Ravindrakumar Gedam	Assistant Professor	06-12-2026	BDS 2007	MDS 2013	11Y, 07M,	No	-	697304096675	BIIDPG6 810Q	30-09-1982, 42Yrs	ravigedam@gmail.com	7507712034	
3	GMC Amravati	Dentistry	Dr. Kavita Mahalle	Senior Resident	04-12-2025	BDS 2016	MDS 2025	-	No	-	354001180342	DAAPM 9197K	14-04-1992, 33Yrs	kavitamahalle22@gmail.com		
8																
9																

Data Verified by the Committee members:

Member

Member

Member

Chairman

Dean

Government Medical College,
Amravati

Dr. Prof. 23.3.25

NSIC
GOVERNMENT RESEARCH CORPORATION
WASHINGTON, D.C.

ANNEXURE-II

Name of College/Institute.. GOVERNMENT MEDICAL COLLEGE, AMRAVATI

Name of the Department: SKIN & VENEREAL DISEASES

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1	Dr. Sonali R. Yawari	Assistant Professor	-	<i>[Signature]</i>

Summary -

Approved Staff

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

Approved + Non Approved Staff

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

Data Verified by the Committee members:

Member

[Signature]
Member
23/3/26

Member

[Signature]
23/3/26

Chairman

[Signature]

[Signature] 23.3.26

Dean
Government Medical College,
Amravati

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Name of College/Institute GOVERNMENT MEDICAL COLLEGE, AMRAVATI

Intake Capacity: 100 Recognized/Permitted If permitted, Stage of renewal:

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										
Physiology										
Biochemistry										
Pharmacology										
Pathology										
Microbiology										
Forensic Medicine										
Community Medicine										
Gen. Medicine										
Pediatrics										
Skin & VD	1	0	1	0	0	1	1	0	0	
Psychiatry										
Gen. Surgery										
Orthopedics										
Otorhinolaryngology										
Ophthalmology										
Obst. & Gynae.										
Anaesthesia										
Radio-diagnosis										
Dentistry										
Total										

- 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 % = _____
 (Faculty includes Professors, Associate Professors and Assistant Professors)

Data Verified by the Committee members:

Member

Member


Member

Chairman

ANNEXURE-IV

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

Name of the Dept.: SKIN & V.D. UG Degree/ PG Degree/ Super Speciality) AS ON:/...../.....
 Subject: SKIN & V.D. Whether UG: /UG+PG: /UG+PG+SuperSpeciality:
 Name of the College: G.M.C. AMRAVATI College Code: M.H.1028 Intake Capacity: 100 9/11

Sr. No.	Subject	Name of Teacher	Designation	Mob. No.	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 (Regular/ Temp./ Contractual)	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition	MET Work shop attended in last year	Photo graph with Signature	
									Asst. Prof.	Asso. Prof.	Prof.				From	To				Temp/ Regular
1	SKIN & V.D	Dr. Sonali Gaware	Asst. Professor	9284 254305	sonali.gaware@gmail.com	19/3/89	Yes SC	15/10/21	9	2	15	9	Asst. Prof. (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.

Data Verified by the Committee members:
 Member  Member 

Chairman 

Recd 23.3.2025

Dean
 Government Medical College,
 Amravati

Intake capacity/ Seat Matrix

Name of College/Institute: GOVERNMENT MEDICAL COLLEGE AMRAVATI

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		Not Applicable			Not Applicable		Not Applicable	
PG Degree / Diploma & Super Specialty								

Any Other, Please Specify:

Data Verified by the Committee members:

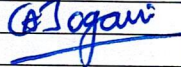

Member

Member

Member

Chairman

Name of College/Institute Gme AmravatiName of the Department: ORTHOPAEDIC

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1.	DR. ABHINAV JOGANI	Associate Prof.		
2.	DR. BHUSHAN SALUNKHE	ASSIST. PROF.		

Summary –**Approved Staff**

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

Approved + Non Approved Staff

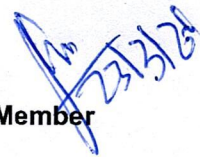
Sr. No.	Designation	Required	Available	Deficiency
1	Professor			
2	Associate Professor			
3	Assistant Professor			
4	Senior Resident			
5	Junior Resident			

Data Verified by the Committee members:

Member


 Member
 23/3/22

Member


 Member
 23.3.26

Chairman


 Dean
 Government Medical College,
 Amravati

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Name of College/Institute.....

Intake Capacity: Recognized/PermittedIf permitted, Stage of renewal:

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										
Physiology										
Biochemistry										
Pharmacology										
Pathology										
Microbiology										
Forensic Medicine										
Community Medicine										
Gen. Medicine										
Pediatrics										
Skin & VD										
Psychiatry										
Gen. Surgery										
Orthopedics	1	1	1	0	1	1	1	0	0	
Otorhinolaryngology										
Ophthalmology										
Obst. & Gynae.										
Anaesthesia										
Radio-diagnosis										
Dentistry										
Total										

- 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 % = _____
 (Faculty includes Professors, Associate Professors and Assistant Professors)

Data Verified by the Committee members:

Member

[Signature]
Member
23/3/24


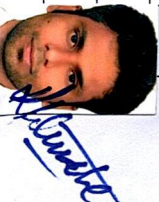

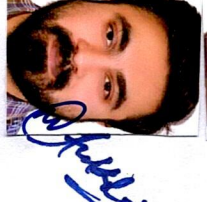
[Signature]
Member
23/3/24

[Signature]
Chairman

ANNEXURE-IV

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


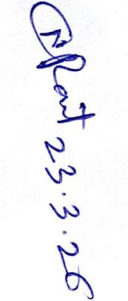
UG Degree/ PG Degree/ Super Specialty) AS ON:/...../.....
 Name of the Dept. : ORTHOPAEDIC Subject: Whether UG...../UG+PG...../UG+PG+SuperSpeciality.....
 Name of the College : G.M.C. AMRAVATI & HOSPITAL College Code : Intake Capacity: 400.....

Sr. No.	Subject	Name of Teacher	Designation	Mob. No.	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 Work shop attended in last 5 years	Photo with Signature	
									Asst. Prof.	U.G(Yrs.)	Asso. Prof.				From	To				Temp/Regular
1.	Ortho	Dr. Abhinav Jogavani	Assoc. Prof.	98230657401	Abhinav.jogavani@gmail.com	23-05-90	Open	07-11-25	5	0.5	5.5	6.5	Contracted	NO			NA	NA	YES	
2.	Ortho	Dr. Bhupendra S. Schurke	Asst. Prof.	90943828209	Bhupendra.Schurke@gmail.com	30-06-85	ST	02-06-25	10 months	-	10 months	1 year 10 months	Contracted	NO			NA	NA	-	
3.	Ortho	Dr. Shankar Navgan	Senior Assistant Professor	9623533920	shankar.navgan@gmail.com	16-12-91	NT-1	17/03/26	-	-	-	7 days Temp.	NO			NA	NA	-		
4.	Ortho	Dr. Muskan Tuli	Senior Assistant	9932916871	Muskan.tuli@gmail.com	25-02-94	Open	07/01/26	-	-	-	9 months Contracted	NO			NA	NA	-		

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

Data Verified by the Committee members:

Member  Member 

Member  Chairman 

Dean 

Government Medical College, Amravati

Amravati
Government Medical College
Deam

[Handwritten signature]

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

ANNEXURE-VIII-B

Name of the College : *Amc Amravati & Dewani Huspind*
 Phone/Mobile No. :
 Name of the Subject : *ORTHO PAEDS*

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		ORTHO PAEDS	ABHINAV DINGSH JOKANI	Assoc. Prof.	07-11-25	M.B.B.S 2013	M.S. ORTHO 2018	6.09/85 5 months	NO	NO	6880 0204 7843	AK&PT 7394 P	23-5-90 35 yrs	gawid@navd70@gmail.com	98220 65401	N/A
2																
3																
4																
5																
6																
7																
8																
9																

Data Verified by the Committee members:

Member *Q. N. M. W. S. 2/3/24*

Member *2/3/24*

Chairman *[Signature]*

Dean *Dr. Prof. 23.3.26*
 Government Medical College,
 Amravati

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

Yashwantrao Chavan
ANNEXURE-VII-C
 Desai

Name of the College :
 Phone/Mobile No. :
 Name of the Subject :

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp./ Honorary)	Qualification	University Approx at (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University)	No. of PG Students Guided last 5 year	Date of Birth	E-mail ID	Mobile No.	Aadhar Card No	If Debarred (Yes/No)	Sign. of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1																
2																
3																
4																
5																
6																
7																

Data Verified by the Committee members:

Member

Member

Member

Chairman

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

ANNEXURE-VII-B

Name of the College : Government Medical College, Amravati
Phone/Mobile No. :
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	GMC Amravati	Phy- siology	Dr. Archana na D. Mandape (Archana Rashant Phansavkar)	Asst Prof	13/9/2024	MBS 2002	MD Physio 1097 2013	9 yrs	Yes	MUHS/UG 2368 /E-1/53/4630 105/09/21	4028	AVL 3487	18/10/1978	archana.nadha@gmail.com	84597049	ND
2																
3																
4																
5																
6																
7																
8																
9																

Data Verified by the Committee members:

Member


Member

Member


Member

Chairman


Chairman

Dean


23.3.26

Government Medical College,
Amravati

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Handwritten text, possibly a date or reference number, located below the first line.

Main body of handwritten text, appearing to be a list or series of entries, located in the center of the page.

Handwritten signature or initials, located on the right side of the page.


Handwritten signature or initials, located below the first signature on the right side.

Government Medical College
Dera

ANNEXURE-II

Name of

College/Institute- Government Medical College, AMRAVATIName of the Department: Physiology

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1	Dr. Archana Dadaji Mandape	Assistant Professor	Approved	

Summary-**Approved Staff**

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

Approved + Non Approved Staff

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

Data Verified by the Committee members:

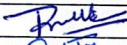


Member Member 23/3/26


Member 23/3/26


Chairman



Name of College/Institute..... TMC, Amravati.....Name of the Department: Ophthalmology

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1	Dr. Brahman Pratik Ramdas	Asst. Prof.	←	
2	Dr. Ankita Patel	Senior Resident	←	

Summary –**Approved Staff**

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

Approved + Non Approved Staff

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

Data Verified by the Committee members:

Member

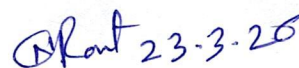

 Member
 23/3/20

Member


 Member
 23/3/20

Chairman


 Chairman


 23-3-20

Dean
Government Medical College,
Amravati

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Name of College/Institute.....

Intake Capacity: Recognized/Permitted If permitted, Stage of renewal:

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										
Physiology										
Biochemistry										
Pharmacology										
Pathology										
Microbiology										
Forensic Medicine										
Community Medicine										
Gen. Medicine										
Pediatrics										
Skin & VD										
Psychiatry										
Gen. Surgery										
Orthopedics										
Otorhinolaryngology										
Ophthalmology	0	0	1	0	0	1	0	0	1	1 Asst Prof. (contractual)
Obst. & Gynae.										
Anaesthesia										
Radio-diagnosis										
Dentistry										
Total										

- 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 % = _____**
 (Faculty includes Professors, Associate Professors and Assistant Professors)

Data Verified by the Committee members:

Member

Member



Member

Chairman

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

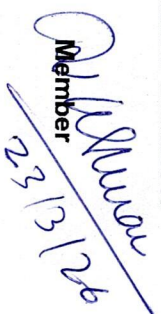
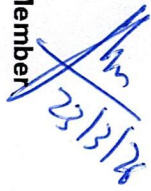

ANNEXURE-IV

Name of the Dept. : Opthalmology UG Degree/ PG Degree/ Super Specialty) AS ON:/...../.....
 Name of the College : Subject: Whether UG...../UG+PG...../UG+PG+SuperSpeciality.....
 Intake Capacity:

Sr. No.	Subject	Name of Teacher	Designation	Mob. No.	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	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition	MET Work shop with Photo graph
									Asst. Prof.	U/G(Yrs.)	Asso. Prof.				From	To		
1.	Opthalmology	Bhaskar Patil Ramdas	Asst Professor	951187 9427	Opthalmology@gmail.com	09/04/90	Yes/SC	14/10/24	4Yr	-	-	3 and half years	Contracted					
2.	Opthalmology	Patel Anurag Ramprasad	Senior Resident	84219 10700	Anuragpatel9533@gmail.com	14/9/95	-	-	-	-	-	10 months	Resident					

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

Data Verified by the Committee members:

Member  23/13/24
 Member  23/13/24
 Chairman 

Intake capacity/ Seat Matrix

Name of College/Institute:.....

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

Any Other, Please Specify:

Data Verified by the Committee members:

Member

Member

Member

Chairman

ANNEXURE-VIII-B

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

Name of the College :
 Phone/Mobile No. :
 Name of the Subject :

OPHTHALMOLOGY

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	<i>GMC Amravati</i>	<i>OPHTHALMOLOGY</i>	<i>Patrick Ramdas Pradurane</i>	<i>Asst. Professor</i>	<i>4/10/24</i>	<i>MBBS 2013</i>	<i>M.S. (ophth) 2021</i>	<i>5 years 6 months</i>	<i>No</i>		<i>53750276622</i>	<i>045PB0620F</i>	<i>09/04/90</i>	<i>eyepratik@gmail.com</i>	<i>9511879427</i>	<i>NO</i>
2																
3																
4																
5																
6																
7																
8																
9																

Data Verified by the Committee members:

Member

Member

Member

Chairman

ANNEXURE-VII-C

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

Name of the College :
Phone/Mobile No. :
Name of the Subject :

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp./ Honorary)	Qualification	University Appointed at (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University)	No. of PG Students Guided last 5 year	Date of Birth	E-mail ID	Mobile No.	Aadhar Card No	If Debarred (Yes/No)	Sign. of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1																
2																
3																
4																
5																
6																
7																

Data Verified by the Committee members:

Member

Member

Member

Chairman

Name of College/Institute..... G.M.C. AmravatiName of the Department: General Medicine

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1)	Dr. Prashant L. Patil	Professor & Head	yes	
2)	Dr. Priti P. Lahare	Associate professor	yes	
3)	Dr. Tejaswini S. Jaware	Assistant professor	-	

Summary –**Approved Staff**

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	1	1	0
2	Associate Professor	3	1	2
3	Assistant Professor	4	0	4
4	Senior Resident	4	0	4
5	Junior Resident	8	0	0

Approved + Non Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	1	1	0
2	Associate Professor	3	1	2
3	Assistant Professor	4	(contractual) 3	3
4	Senior Resident	4	(contractual) 3	3
5	Junior Resident	8	0	0

Data Verified by the Committee members:

Member

Member
23/3/26

Member

23/3/26

Chairman

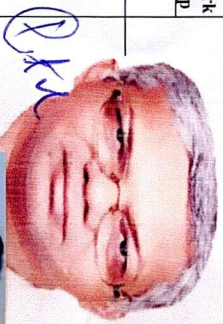
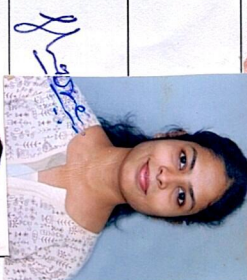


23.3.26

Dean
Government Medical College,
Amravati

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

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

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

Sr. No. of the Teaching Staff	Designation	Mob. No.	E-mail ID	Date of Birth	Whether belongs to Reserve category (if Yes, specify category)	Date of appointment	Teaching Experience UG (Yrs.)			Total Teaching Experience in PG years of PG	Type of Appointment	University Approval Status (Yes/No)	Details of PG Recognition by University (Yes/No)	Letter No. & date	MIEET Work shop	Photo with	
							Asst. Prof.	Asso. Prof.	Prof.								
1.	Dr. Prashant L. Patil	7447566343	sarthakpatil@yahoo.com	02-02-1964	SC	11/03/16	6 year	18 year	9 year	34 year	18 year	Regular	Yes	Regular	MUHS/E-1 UG and PG/1501/1678/2007 Date-02/04/2007	Yes	
2.	Dr. Priti P. Lahore	7498051738	lahorepriti03@gmail.com	11-10-1985	ST	19/01/24	year	3 Yr. 2 Months		7 year 2 Months	Applied	Regular	Yes	Regular	Applied for PG teacher Approved.	Yes	
3.	Dr. Tejaswi Jaware	8793647795	tejaswiji@gmail.com	15-05-1995	OBC	04/12/2025	3 Months			3 month	Contractual	No	No	Temp			
4.	Dr. Nisha Pawar	9834500785	nishapawar555@gmail.com	13-02-1994	VJ	06/12/2025	3 month			3 month	Contractual	No	No	Temp.			

Note: 1) The College shall submit one hard copy & soft copy (in Excel Format) of the list from Academic Online Teacher Database (OTD).

2) Information of teachers not uploaded in Academic Online Teacher Database (OTD) will not be considered

Signature of Dean with Seal

ANNEXURE-VII-B

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

Name of the College : Government Medical College Amravati
 Phone/Mobile No. : Name of the Subject : General Medicine

4	5	6	7	8	9	10	11	12	13	14	15	16	17
Full name of Teachers (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
Dr. Prashant L.Patil	Professor	11/03/93	Nov-1985	Nov-1989	34 Years	Yes	MUHS/E-1UGandPG/1501/1678/2007Dated-02/04/2007	708754638249	ACEPP6579M	02/02/1964	sarthakpatil@yahoo.com	7447566343	NO
Dr. Priti P. L.hore	Associate Professor	19/01/2019	March-2008	Jan-2013	7 Years 2 Months	Yes	MUHS/UG/E-1/1201/1281/2018Dated-20/03/2018	779090410339	AEW/PL4252P	11/10/1985	Lahorepriti03@gmail.com	7498051738	NO

ANNEXURE-II

Name of College/Institute: Government Medical College, Amravati

Name of the Department: Pharmacology

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
01	Dr. Shantanu Narendra Kolate	Senior Resident	-	
02	Mr. Shreyesh Huke	Tutor	-	

Summary -

Approved Staff

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

Approved + Non Approved Staff

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

Data Verified by the Committee members:

Member

Member
23/3/26

Member

23/3/26

Chairman


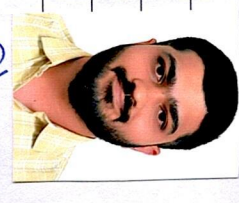
23.3.26

Dean
Government Medical College,
Amravati

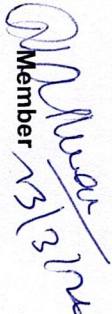
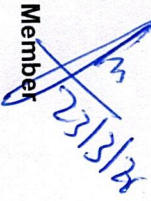

ANNEXURE-IV

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

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

Sr. No.	Subject	Name of Teacher	Designation	Mob. No.	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 Work shop attend in last 5 years	Photo with	
									Asst. Prof.	Asso. Prof.	Total Prof.				From	To				Temp/Regular
1	Pharmacology	Dr. Shankarji Kulkarni	SR	962529 6514	shankarji.kulkarni@gmail.com	28/05/1998	Yes OBC	17/02/2026	-	-	-	-	-	-	17/02/2026	17/02/2026	-	-	-	
	Pharmacology	Kulkarni		8087	shankarji.kulkarni@gmail.com	28/05/1998	Yes OBC	28/03/2026	-	-	-	-	-	-	23/03/2026	22/03/2026	-	-	-	

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

Data Verified by the Committee members:
 Member 
 Member 
 Chairman 

Dean
 Government Medical College,
 Amravati

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Government Medical College
Dera
Amrota

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

ANNEXURE-VII-B

Name of the College : Government - Medical College, Amravati

Phone/Mobile No. : _____

Name of the Subject : Pharmacology

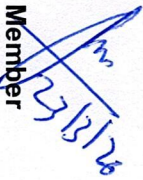
Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & Year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age 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	GMC Amravati	Pharmacology	Dr. Shankar Kolake	SR	17/02/2021	MBBS 2022	MD 2026	-	-	-	5087197800923101	45469	23/05/1998	shankar.kolake@gmail.com	9665766514	-
2			Dr. Shreyash More	Tutor	23/03/2023	MBBS 2023	-	-	-	-	91786160073	ATJPH 93471K	19/05/1999	shreyash.more@gmail.com	80870345	-
3																
4																
5																
6																
7																
8																
9																

Data Verified by the Committee members:

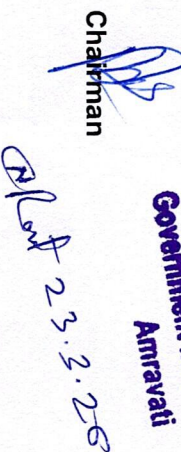
Member


Member 23/3/20

Member


Member 23/3/20

Chairman


Chairman 23.3.20

**Dean
Government Medical College,
Amravati**