

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

Name of the College : K.E.S., C. H. Keluskar Homoeopathic Medical College & Hospital, Nehuli-Khandale, Alibag-Raigad.

Phone /Mobile No. : (02141) 222643 / 9764317250

Name of the Subject : **Human Anatomy**

Sr. No.	College Name	Subject	Full Name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & Year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG Passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Aadhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mobile)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	K.E.S., C.H.K., H.M.C., Alibag	Human Anatomy	VALIESH CHANDRAKANT PATHL.	Asst.Prof.	16.02.2010	B.H.M.S 2004	—	—	Yes	MUHS(UQ)/E44105/ 1566/2020 dt. 15.12.2020 as Asst. Prof. w.e.f. : 19.10.2020	7606 9338 3162	APWEP4468E	13.04.1980	vazeshpc@yahoo.com	9270503296	No
2	K.E.S., C.H.K., H.M.C., Alibag	Human Anatomy	VINEET PANDURANG SHINDE	Asst.Prof.	18.08.2021	—	M.D. (Medicine) 2013	2 yrs	Yes	MUHS(UQ)/E4/141105/ 1164/2023 dt. 22.06.2023 as Asst. Prof. w.e.f. : 11.04.2023	2127 8891 5494	CKPPS2036D	22.11.1984	vince58@gmail.com	9158412211	No

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PRINCIPAL
K.E.S. Chandrakant Hari Keluskar
Homeopathic Medical College, Alibag
Dist. Raigad (M.S.)

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Name of the Subject : Physiology & Bio-Chemistry

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. (Mobile)	Delayed Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
3	K.E.S., C.H.K., H.M.C., Alibag.	Physiology & Bio-Chemistry	SAMIDHA SWAPNIL MUMBAIKAR	Asso.Prof.	23.05.2013	B.H.M.S. 2005	M.D. (Hom) 2012	10 yrs.	Yes	MUHS(UG)/E4/141105/1164/2023 dt: 22.06.2023 as Asst. Prof. w.e.f : 11.04.2023	9475-4131-5509	AWKPP8329F	22.04.1984	samidha224@gmail.com	9967952877	No.


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Name of the Subject : Orgaonon of Medicine & Homoeopathic Philosophy

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. (Mobile)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
4	K.E.S., C.H.K., H.M.C., Alibag.	Orgaonon of Medicine & Homoeopathic Philosophy	RAJENDRAKUMAR JIVRAJ JAIN	Principal & Professor	07.01.1989	L.C.F.H. 1983	—	—	Yes	MUHS-E-4/104/1819205 Dt. 02.03.2010 as Professor w.e.f. 07.02.2005 MUHS-E-1/UG/4105/1139/2011 as Principal w.e.f. 26.02.2011	528107087216	ACYPH253G	20.07.1961	Jrjain1@gmail.com	989066665	No
5	K.E.S., C.H.K., H.M.C., Alibag.	Orgaonon of Medicine & Homoeopathic Philosophy	ADITI KIRAN SASHTE	Asst Prof.	02.01.2006	B.H.M.S. 2001	—	—	Yes	MUHS-E-4/UG/4105/141/2010 as Lecturer w.e.f. 16.02.2010	583693728955	CSXPS2655G	22.10.1979	Asasht6@gmail.com	9822976476	No




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Name of the Subject : Homoeopathic Pharmacy

Sl. 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	Aadhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mobile)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
6	K.E.S., C.H.K., H.M.C., Alibag.	Homoeopathic Pharmacy	AARTE ARVIND GAMHIR	Asso.Prof.	02.01.2006	B.H.M.S. 1998.	—	—	Yes	MUHS(UG)/E4/4105/1566/2020 dt. 15.12.2020 as Asst. Prof. w.e.f. : 19.10.2020	581295881801	AMJPG1289Q	17.05.1975	gamhiraam@yaleo.com	9825596446 8888166996	No
7	K.E.S., C.H.K., H.M.C., Alibag.	Homoeopathic Pharmacy	KAVISA SANKET PATIL	Asst.Prof.	10.08.2019	B.H.M.S. 2009	M.D. (Hom.) 2018	4 yrs	Yes	MUHS(UG)/E4/141105/1164/2023 dt. 22.06.2023 as Asst. Prof. w.e.f. : 11.04.2023	552219025756	BTNPP2986D	14.08.1987	kavisapatil@gmail.com	8888082653	No




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Name of the Subject : **Homoeopathic Materia Medica**

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
8	K.E.S., C.H.K., H.M.C., Alibag.	Homoeopathic Materia Medica	KALIKA ABHIRAO DEVKATE	Professor	01.01.1998	D.H.M.S. 1998	M.D. (Hom.) 2007	16 yrs.	Yes	MUHS/E-4/UG/4105/4988/2011 as Professor w.e.f. 26.02.2011	5501 1021 4804	AFQP02355A	06.08.1975	kalikadevate@gmail.com	9525327391	No
9	K.E.S., C.H.K., H.M.C., Alibag.	Homoeopathic Materia Medica	ANAND MADHUKAR NAIK	Asst.Prof.	16.02.2010	B.H.M.S. 2001	—	—	Yes	MUHS/E-4/UG/4105/741/2010 Dt. 02.03.2010 as Lecturer w.e.f. 16.02.2010	5846 1177 9671	ADTPN4268M	15.01.1977	anandrak768@gmail.com	9822117181	No

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Name of the Subject : Pathology & Microbiology

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
10	K.E.S., C.H.K., H.M.C., Alibag.	Pathology & Microbiology	SWATI RAKESH VIRKUD	Asst.Prof	16.05.2011	B.H.M.S 2003	—	—	Yes	MUHS/E-4/UG/4105/2254 dt. 24.11.2021 as Asst. Prof. w.e.f. : 18.08.2021	6182 3628 8009	AEWTPV1452M	04.06.1979	dr.swatvirku06@gmail.com	9420836820	No
11	K.E.S., C.H.K., H.M.C., Alibag.	Pathology & Microbiology	YUGESH RAMA PATIL	Asst.Prof	16.09.2011	B.H.M.S 2003	—	—	Yes	MUHS/E-4/UG/141105/1525/2023 dt. 07.08.2023 as Asst. Prof. w.e.f. : 11.04.2023	4514 0334 7557	AKHPP1520M	30.07.1976	dyugesh@yahoo.in	9422495204	No

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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. (Mobile)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
12	K.E.S., C.H.K., H.M.C., Alibag.	Forensic Medicine & Toxicology	SAKSHI GAUTAM PATIL	Asso.Prof.	02.06.2006	B.H.M.S. 2002	—	—	Yes	MUHS (L.G/E4/4105/1566/2020 dt. 15.12.2020 as Asso. Prof w.e.f. 19.10.2020	3238 7112 3150	AJPPP4021E	20.10.1978	drsakshigautampatil@rediffmail.com	9226960056	No




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Name of the Subject : **Practice of Medicine**

Sr. No.	College Name	Subject	Full Name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & Year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG Passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Aadhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mobile)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
13	K.E.S., C.H.K., H.M.C., Alibag.	Practice of Medicine	SWAPNA SUDHIR SHINDE	Professor	02.09.2000	B.H.M.S. 1995	M.D. (Hom.) 2009	14 yrs.	Yes	MUHS/EA/UG-4105/1129/2011 as Professor w.e.f. 26.02.2011	2961 5872 5163	ARZPS5924P	21.08.1972	swapna_2251@rediffmail.com	9422689951	No
14	K.E.S., C.H.K., H.M.C., Alibag.	Practice of Medicine	ABHIJEET GAJANANRAV YERUNKAR	Asst Prof	25.10.2012	B.H.M.S. 2004	M.D. (Hom.) 2009	14 yrs.	Yes	MUHS/LG-E4/R/53/M105/3792/2013 Dt. 03.10.2013 as Lecturer w.e.f. 05.09.2013	3643 5901 5117	ABDPY9053C	22.08.1980	abhi23yerunkar@gmail.com	9930897668	No

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Name of the Subject : Surgery & Homoeopathic Therapeutics

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	Aadhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mobile)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
15	K.E.S., C.H.K., H.M.C., Alibag.	Surgery & Homoeopathic Therapeutics	ASHISH ASHOK BHAGAT	Professor	04.06.2001	B.H.M.S. 1999	M.D. (Hom.) 2008	15 yrs.	Yes	MUHS-UG-EA/R/53/4105/3292/2013 as Professor w.e.f. 05.09.2013	4750 1875 1324	AGVPI9377C	03.06.1973	ashish1111@gmail.com	9822702513	No
16	K.E.S., C.H.K., H.M.C., Alibag.	Surgery & Homoeopathic Therapeutics	RAKHI AMIT JOSHI	Asst. Prof.	16.08.2010	B.H.M.S. 2005	—	—	Yes	MUHS-EH/UG/4105/1129/2011 Dt. 09.04.2011 as Lecturer w.e.f. 26.02.2011	2970 4520 2303	AMRPJ3650N	02.05.1982	rajesh109@gmail.com	9545211310	No




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Name of the Subject : Obstetrics & Gynecology

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	Aadhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mobile)	Delarr of Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
17	K.E.S., C.H.K., H.M.C., Alibag.	Obstetrics & Gynecology	NAMRATA VIJAY THAKUR	Professor	01.11.1995	B.H.M.S. 1993	M.D. (Hom) 2007	15 yrs.	Yes	MUHS/E-4(UG) 4105741/2010 as Professor w.e.f. - 16.02.2010	5826 5418 8963	ACZPT3253D	30.11.1968	viyanra.thakur1@gmail.com	9850556595	No
18	K.E.S., C.H.K., H.M.C., Alibag.	Obstetrics & Gynecology	KAVITA KAMLAKAR KANTAK	Asst.Prof	16.09.2011	B.H.M.S. 2005	—	—	Yes	MUHS/UG-E-HR/53/4105 3792/2013 Dt. 05.09.2012 as Lecturer w.e.f. - 05.09.2012	4351 6908 9236	AAYPU1418J	09.10.1977	manaskantak7@gmail.com	9422594520 9225710329	No

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Name of the Subject : Community Medicine

Sr. No.	College Name	Subject	Full Name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & Year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG Passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mobile)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
19	K.E.S., C.H.K., H.M.C., Alibag.	Community Medicine	KIRAN HAJARIMAL JAIN	Asst.Prof	01.09.2012	B.H.M.S 2001	—	—	Yes	MUHS(UG)E4/105/1566/2020 dt. 15.12.2020 as Asst. Prof. w.e.f. : 19.10.2020	8006 2804 0928	AEUPJ4694P	08.06.1978	dejan.kranj@gmail.com	9822796171	No
20	K.E.S., C.H.K., H.M.C., Alibag.	Community Medicine	SURAJ VHAJY PATIL	Asst.Prof	01.03.2021	B.H.M.S 2008	M.D. (Hom.) 2017	2 yrs.	Yes	MUHS(UG)E4/141105/1164/2023 dt. 22.06.2023 as Asst. Prof. w.e.f. : 11.04.2023	7538 8849 9882	BWCPP61173	08.12.1985	dsurajpatil57@gmail.com	9881054865	No

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Name of the Subject : Case Taking & Homoeopathic Repertory

Sr. No.	College Name	Subject	Full Name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & Year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG Passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mobile)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
21	K.E.S., C.H.K., H.M.C., Alibag.	Case Taking & Homoeopathic Repertory	SHEETAL MILIND BHAGAT	Asst.Prof.	25.10.2012	D.H.M.S. 2001	M.D. (Hom.) 2010	11 yrs	Yes	MUHS/E-4/UG/14105/1120/2022 dt. 22.06.22 as Asst. Prof. w.e.f. 19.10.2020	9172 7496 0028	ALOPB8781K	06.01.1977	aryamlu@gmail.com	9604528090	No
22	K.E.S., C.H.K., H.M.C., Alibag.	Case Taking & Homoeopathic Repertory	SONALI ANAND NAIK	Asst.Prof.	15.11.2010	B.H.M.S. 2005	—	—	Yes	MUHS/UG/EA/4105/1566/2020 dt. 15.12.2020 as Asst. Prof. w.e.f. 19.10.2020	5152 6287 3245	ALNPN7310N	18.08.1983	dsoradinaik@gmail.com	9831398411	No

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