

ANNEXURE-VII-C

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

Name of the Subject: OPHTHALMOLOGY
Phone/Mobile No. : 022 - 26207254

Name of College/Institute: H.B.T Medical College & Dr R.N.Cooper Hospital

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp./ Honorary)	Qualification	University Approval at (UG)	PG Teaching Experience (in Years) after PG	PG Teacher Recognition Yes/No	(Recognition Letter Date Issued by University)	No. of PG Students Guided last 5 year	Date of Birth	Email ID	Mobile No.	Aadhar Card No	If Debarred (Yes/No)	Sign. of Teacher
1	Dr. Charuta Nityanath Mandke	Associate Professor & I/C	Ophthalmology	Regular	MS Ophthalmology	MUHS/UG/E-1/53/1102/4 07/2015,28/01/15	16	Yes	MUHS/PG/E 1/27/11322 456/18 dt20/06/18	1	7-8-1977	drcharutanm@hbtmailil.com	9821029989	284540519635	NO	<i>Charuta</i>

Signature of HOD

Charuta

Signature of Dean

Dr. Shailesh C. Mohite

HEAD OF DEPARTMENT
DEPT. OF OPHTHALMOLOGY
HBT MEDICAL COLLEGE
& DR. R. N. COOPER HOSPITAL,
JUHU, MUMBAI.

DR. SHAILESH C. MOHITE
DEAN
H. B. T. MEDICAL COLLEGE &
DR. R. N. COOPER HOSPITAL