

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

**ANNEXURE-VII-C**

Name of the Subject: ANATOMY  
 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 Appointed (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.	Author Card No	If Debarred (Yes/No)	Signature of Teacher
1	Dr. Mehra Milindbhoir	Prof. & Head	ANATOMY	Regular	MBBS, MS DNB, PGDHHM	MUHS/UGIE 1/53/132/4/178/2016 dt. 27.05.16	19 years	Yes	MUHS/PGIE 1/1/03/1710/10 dt. 12.08.10	1	10-08-1965	drmehera@rmail.co	9372305610	449149953648	No	Milind Mehra 15/12/2023
2	Dr. Meenakshi Premal Borkar	Associate Professor	ANATOMY	Regular	NBBS, MD ANATOMY	MUHS/UGIE 1/53/132/5380/2016 dt. 27-5-16	4 yrs 7 Months	Yes	MUHS/PGIE 1/27/113222 572/16 dt.	1	09-05-1974	drmeenaksiborkar@gmail.com	9819614090	664932346041	No	
3	Dr. Snehal Ramrath Charan	Associate Professor	ANATOMY	Regular	NBBS, MD ANATOMY	MUHS/UGIE 1/53/132/4/178/2016 dt. 27-5-16	4 yrs 7 Months	Yes	MUHS/PGIE 1/27/113222 746/16 dt. 17/7/2018	1	10-07-1984	drswagnar@gmail.com	8369134264	207253772404	No	

Milind Mehra  
15/12/2023

Signature of HOD

Signature of Dean

Dr. Mehra Bhoir  
 Prof. & Head Dept. of Anatomy  
 H.B.T. Medical College &  
 Dr R. N. Cooper Hospital, Nashik

Milind Mehra  
 Academic Dept. Head  
 H.B.T. Medical College

ANNEXURE-VII-C

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

Name of the Subject: Physiology  
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/ Honorary	Qualification	University Approx. 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 Disbursed (Yes/No)	Signature of Teacher
1	Dr Chandan Lalita Madan	Professor	Physiology	Regular	MID	MUHS/UG/E-I/02/27/9/20/09/du (ed:27/02/2009)	11 yrs	Yes	MUHS/PG/ E- I/11/03/572/08/dated13/05/2008	2	28.06.1974	dchandra n@kmail.com	9967834335	630740598353	APR/06/058 A	
2	Dr. Kharane Bhaskar Rahul	Additional Professor	Physiology	Regular	MID	MUHS/UG/E- I/1/03/2556/20 dated 12/08/2010	11 yrs	Yes	MUHS/PG/ E- I/11/03/572/08/dated13/05/2008	1	18.11.1974	Draktirah u03@kmail.com	9969004064	904030311415	AGB/RK/193 DA	B.R. Kharane
3	Dr. Budhkar Mukta Priyam	Associate Professor (additional)	Physiology	Regular	MID	MUHS/UG/E- I/1/03/2556/20 dated 12/08/2010	10 yrs	Yes	MUHS/PG/ E- I/11/03/2982/11 dated 16/12/2011	1	21.12.1976	DrBudhkarMukta@kmail.com	9821734441	685818820014	AUT/18/04/25 A	
4	Dr. Purnanisha Suresh	Associate Professor (additional)	Physiology	Regular	MID	MUHS/UG/E- I/5/11/1324/17/20 dated 27/03/2016	4 yrs 6 months	Yes	MUHS/PG/ E- I/27/11/322/8/73/2018 dated 11/07/2018	1	26.05.1982	Dr.purnanisha@kmail.com	9870774206	598743748007	ATP/PG/214 K	

for B.R. Kharane  
15/12/23  
Signature of HOD

Signature of Dean

Academic Dean (U:G.)  
H.B.T. Medical College

ANNEXURE-VII-C

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

Name of the Subject: PHARMACOLOGY  
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./Resortory)	Qualification	University Approved (U/G)	PG Teaching Experience (in Years) after PG	PG Teacher Recognition Year/No	Recognition Letter Date Issued by University	No. of PG Students Cooled last 5 year	Date of Birth	Email ID	Mobile No.	Address Card No	If Debarred (Yes/No)	Sign of Teacher
1	DR. PRASAD RAHAKRISHNA PANDIT	PROFESSOR	PHARMACOLOGY	REGULAR	MD	YES	21 yrs 7 months	YES	MUHS/E317 /27/3/19 dtd 27/3/2001	3	20-09-1966	drprasadpr@gmail.com	9220577678	4175937638	NO	
2	DR. NIRAN ABHAY BHAVE	PROFESSOR (ADHOC)	PHARMACOLOGY	REGULAR	MD	YES	15 yrs 2 months	YES	MUHS/E-1/103/PG/429/2007 dtd 13/11/2007	3	09-12-1967	drnabhaye@gmail.com	9324106667	512350542114	NO	
3	DR. TEJAL CHETAN PATEL	PROF (ADDITIONAL)	PHARMACOLOGY	REGULAR	MD	YES	13yrs 11mon	YES	MUHS/PG/E-1/102/279/2009 dtd 27/2/2009	3	10-08-1970	tejal1070@gmail.com	96599887396	230063998003	NO	
4	DR. MANISH LAXMAN KONGE	ASSISTANT PROFESSOR	PHARMACOLOGY	TEMPORARY	MD	YES	NA	NO	NA	NA	09-12-1984	dr.manish11@gmail.com	992346504	642207844507	NO	
5	DR. NAMRA ASHAR EZZANAN SAYED	Senior Resident	PHARMACOLOGY	TEMPORARY	MD	YES	NA	NO	NA	NA	28-10-1993	namranaz12@gmail.com	9126312902	585759670934	NO	
6	DR. VIRUSHALI AVINASH ARINGALE	Senior Resident	PHARMACOLOGY	TEMPORARY	MD	YES	NA	NO	NA	NA	11-10-92	vrushali578@gmail.com	7972759867	6720605765325	NO	
7	DR. CHETAN NINU PHIRKE	Senior Resident	PHARMACOLOGY	TEMPORARY	MD	YES	NA	NO	NA	NA	19-08-1992	champherk@gmail.com	75483467068	8313132977509	NO	
8	DR. AKSHAY ASHOKRAO CHAWARE	Senior Resident	PHARMACOLOGY	TEMPORARY	MD	YES	NA	NO	NA	NA	12/01/1993	chaware.akshay@gmail.com	906516786693	891540020115	NO	

Dr. Manish Konge is on Resignation  
cl on 15/2/23

Mhane

Signature of HOD  
15/2/23

Signature of Dean

Academic Dean  
H.B.T. Medical College





PROF & HEAD  
DEPT. OF PHARMACOLOGY  
H.B.T. MEDICAL COLLEGE &  
DR. R. N. COOPER MUNI. GEN. HOSPITAL

## ANNEXURE-VII-C

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

Name of the Subject: Pathology  
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 (UG)	PG Teaching Experience (in Years) after PG	PG Teacher Recognized on V.S.N.S.	Recognition Letter Date issued by University	No. of PG Students Guided Last 5 Years	Date of Birth	Email ID	Mobile No.	Author Card No	If Debarred (Yes/No)	Sign of Teacher
1	Dr Manisha Khare	Professor & Head	Pathology	Regular	MD Pathology	MUHS/UG/E/1/53/1132/5 388/2016 dt 27/7/16	27 Years 9 months	Yes	MUHS/E-1/PG/110 2/363/2007	1	25.11.1969	drmanisha.khare@hottmail.com	7303 162620	725095 860462	No	
2	Dr Vinaya Shah	Additional professor	Pathology	Regular	MD, DNB, Pathology, ICP, DHA	MUHS/UG/E/1/53/1132/5 388/2016 dt 27/7/16	29 Years 6 months	Yes	MUHS/E-1/PG/110 3/395/08	1	10.06.1966	shahvinaya@yahoo.com	9869058584	508733 809989	No	
3	Dr Yasmeen Khatib	Additional professor	Pathology	Regular	MD Pathology	MUHS/UG/E/1/53/1132/5 388/2016 dt 27/7/16	30 Years 7 months	Yes	MUHS/PG/E-1/101051 01/2626/2 021 dt 23.09.202	0	5.12.1965	sahirkhatab@yahoo.com	9987 063770	748149 149960	No	
4	Dr. Jayashri Chaudhari	Associate Professor	Pathology	Regular	MD Pathology	MUHS/UG/E/1/1102/3864 /2016 dt 13/12/2010	12 Years 8 months	Yes	MUHS/E-1/PG/110 1132/285 3/2021 Dt. 21.10.2021	0	04.02.1981	jayashree.patth@gmail.com	9869793185	815823 606112	No	

5	Dr. Prashant Kumawat	Associate Professor	Pathology	Regular	MD Pathology	MUHS/UG/E 1/53/1132/2 623/2017 dt 12/07/2017	6 Years 5 Months	Yes	MUHS/PG /E- 1/101132/1634/202 20c. 17/06/2022	0 18.01.1983	Dr.kumawa t 83@rediff mail.com	8691853888 873098 380173	785462 067810	No	
6	Dr. Yogita Sable	Assistant Professor	Pathology	Regular	MD Pathology	MUHS/UG/E 1/53/1132/2 623/2017 dt 12/07/2017	6 Years 5 Months	Yes	MUHS/PG /E- 1/101132/637/2022 Dt. 11.03.2022	0 19.06.1987	Yogita.talp ade@rma il.com	90223 64115	785462 067810	No	
7	Dr. Prajakta Gupte	Assistant Professor	Pathology	Temporary	MD Pathology	MUHS/UG/E 1/53/1132/2 542/2018 dt 04/07/2018	10 Years 1 Month	Yes	MUHS/PG /E- 1/101051 01/2626/2 021 dt. 23.09.2022	0 24.01.1984	prajumore 24@rmail .com	99306 24184	7860836 82205	No	
8	Dr. Richa Patel	Assistant Professor	Pathology	Temporary	M N S Pathology	MUHS/UG/E 1/53/1132/4 178/2016 .Dt 27/05/2016	10 Years 5 Months	Yes	MUHS/PG /E- 1/101132/2606/202 2 Dt. 04.08.2022	0 13.10.1982	dr.richa.1 3@rmail .com	998783 7345	286786 290688	No	

Signature of HOD

Signature of Dean

DEAN

H.B.T. MEDICAL COLLEGE  
DR. R. N. COOPER MUN. GEN. HOSPITAL  
JHUJ, VILE PARLE (WEST),  
MUMBAI • 400 056.

ANNEXURE-VII-C

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

Name of the Subject: Microbiology  
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 (U.G)	PG Teaching Experience (in Years) after	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 Bisure Ganpat Kishore	Professor & Head	MICROBIOLOGY	Regular	MD MICROBIOLOGY	MUHSSE- 1/1102/2059/20 04/wef 16 09 1995)	16	YES	PG-MUHSSE- 1/PG/102/3/6/2007, DATED - 29 01 2007/ WEF - 11 12 2006)	1	11 02 1968	kt@bisure@gmail.com	7208115157	368219763402	NO	
2	Dr. Malpekar Santosh Kirti	Additional Professor	MICROBIOLOGY	Regular	MD MICROBIOLOGY	MUHSSE- 1/1102/2059/20 04/wef 26 09 1997)	16	YES	PG-MUHSSE- 1/PG/102/2/523/07, DATED - 08 05 2007/ WEF - 07 03 2007)	0	04 03 1968	kirtimalpekar@yahoo.com	9819362826	687743983992	NO	

*Kirtimalpekar*  
Signature of HOD 15.2.23

PROF. & HEAD

DEPARTMENT OF MICROBIOLOGY  
HEALTH MEDICAL COLLEGE &  
DR. R.N. COOPER HOSPITAL,  
JURHU, MUMBAI - 56.


*Mishra*  
Signature of Dean  
Additional Professor (T.T.G.)  
Maharashtra Medical College

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

ANNEXURE-VII-C

Name of the Subject: Forensic Medicine  
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 (U/G)	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	Rajesh Babkuroo Sukhadeve	Professor Head	Forensic Medicine	Regular	MD FMT	MUHS/UG/E-1/53/132/157 02/017 dated 27/04/2017	15 years	Yes	MUHS/PG/E-1-1102/2454/11 dated 10/07/2011	1	26-08-1971	rajesh_sukhadeve@yahoo.com	9820119983	481312426433	No	

Signature of HOD

**DR. RAJESH B. SUKHADEVE**  
Professor & Head of the Department  
Forensic Medicine & Toxicology  
HBTMC & Dr. R. N. Cooper Hospital,  
Juhu, Mumbai - 400 050.

Signature of Dean

**Academic Dean (PG)**  
H.B.T. Medical College

## ANNEXURE-VII-C

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

Name of the Subject: Community Medicine  
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 (UC)	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.	Author Card No	If Disbanded (Year/No)	Sign. of Teacher
1	Dr. Ravindra Kembhavi	Professor & HOD	Community Medicine	Regular	MBBS, MD, DPH, DHA		15 years 2 months	Yes	01-11-2007	10	2-Jun-1962	ravindrak.kembhavi@yahoo.co.in	9869107798	254698933736	No	
2	Dr. Smita Santosh Chavhan	Associate Professor	Community Medicine	Regular	MBBS, MD, DPH, DNB, FAIMER		8 years 5 months	Yes	24-11-2014	4	14-Jan-1981	drsmitta1409@gmail.com	9320509320	567149012714	No	
3	Dr. Sanjay Gangaran Pandhal	Associate Professor	Community Medicine	Regular	MBBS, MD, DBM		13 years 11 months	Yes	13-04-2017	2	11-Sep-1970	drsanjaga.n@yahoo.co.in	9820564929	284443320700	No	
4	Dr. Prasad Tukaram Dhikale	Associate Professor	Community Medicine	Regular	MBBS, MD, MBA		2 years 5 months	Yes	18-08-2021	2	14-Oct-1982	drpdtkem@gmail.com	7418434404	990916583974	No	
5	Dr. Roshni Cynthia Miranda	Assistant Professor	Community Medicine	Regular	MBBS, MD, PGDASS		1 year 7 months	Yes	11-12-2020	1	17-Aug-1983	drroshnidcousa@gmail.com	9594415079	404678676615	No	
6	Dr. Kirti Supe	Assistant Professor	Community Medicine	Regular	MBBS, MD, PGDH RM		8 months	Yes	24-05-2022		18-Dec-1986	drkirtisupe@gmail.com	7507440242	324283485608	No	

Signature of HOD

Dr. Ravindra S. Kembhavi  
PROFESSOR & HEAD

Department of Community Medicine

H.B.T. Medical College & Dr. R.N. Cooper Hospital

Juhu, Mumbai - 400 056.

Signature of Dean

Academic Dean / HOD  
H.B.T. Medical College



ANNEXURE-VII-C

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

Name of the Subject: General Medicine  
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/ Specialty	Type of Appointment (Regular/Temp. / Honorary)	Qualification	University Approval (UC)	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 Disbarred (Yes/No)	Sign. of Teacher
1	Dr. Neelam N. Redkar	Professor and Head	General Medicine	Regular	M.B.B.S	25Yrs 7 Months	19 yr 6 mnth	Yes	MUHS/E-1/P/G/1104/2338	2	16-02-1971	nredkar@yahoo.co.in	9.62E+09	761897109526	No	
2	Dr. Sanjay W. Gulhane	Professor	General Medicine	Regular	M.B.B.S	26 Yrs 4 Months	4yrs	Yes	MUHS/P/G/E-1/1104/1644/12	2	06-06-1967	gulhanes@yahoo.com	9.82E+09	69856253114	No	
3	Dr. Vikram A. Londhe	Associate Professor	General Medicine	Regular	M.B.B.S	20 Yrs	15 yr 6 mnth	Yes	MUHS/E-1/P/G/1103/429/	2	27-12-1974	vikramlondhey@yahoo.com	9.82E+09	589380524275	No	
4	Dr. Sameer S. Yadav	Associate Professor	General Medicine	Regular	M.B.B.S	17 yrs	11yrs 8 mnth	Yes	MUHS/P/G/E-1/1104/1403/12	2	27-11-1973	sameer_yadav25@yahoo.com	9.82E+09	236441266941	No	

Signature of HOD  
**DR. NEELAM N. REDKAR**  
M.D.(GEN.MEDICINE)  
PROFESSOR & HEAD  
DEPT. OF MEDICINE  
DR. R.N.COOPER MUNICIPAL HOSPITAL

Signature of Dean  
Academic Dean / H.B.T. Medical College

ANNEXURE-VII-C

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

Name of the Subject:  
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/ Specialty	Type of Appointment (Regular/Temp./Honorary)	Qualification	University Approv at (U)	PG Teaching Experience (in Years) after PG	PG Teacher Recognition Yes/No	Recognition Letter Date Issued by University	No. of PG Students Contd last 5 year	Date of Birth	Email ID	Mobile No.	Aadhar Card No	If Debarred (Yes/No)	Sign. of Teacher	
1	Anupama Mauskar	Prof/HOD	Pediatric	Regular	MD Pediatric	YES	24Year 7months	YES	MHHS-PG E-1/ 1104.137.08.2907	NA	18.11.1966	dr.anu@hbmh.ac.in	9769290107	2522941230	NO	39	On MHHS exam duty
2	Charubheda Warde	Asso.Prof	Pediatric	Regular	MD Pediatric	YES	21Year 7months	YES	MHHS-PG E-1/ 1103.784.11.2011	NA	13.08.1971	C.war@hbmh.ac.in	9820654439	4388153457	NO	52	Charubheda
3	Minal Wade	Asso.Prof	Pediatric	Regular	MD Pediatric	YES	18Yrs 10months	YES	MHHS-PG E-1/ 1102.400.12	NA	05.05.1977	minalw@hbmh.ac.in	9820804847	2390204438	NO	86	Minal Wade
4	Baratram Bhabhara	Asso.Prof	Pediatric	Regular	MD Pediatric	YES	10Yrs 7months	YES	MHHS-PG E-1/ 1001032.2	NA	20.04.1983	Baratru@hbmh.ac.in	7363672770	8349253214	NO	66	Baratram
5	Neeraj Lamdar	Asso.Prof	Pediatric	Regular	DNB	YES	9Yrs	YES	MHHS-PG E-1/ 1001032.2	NA	29.08.1983	nusraj@hbmh.ac.in	9766451669	5291053057	NO	24	Neeraj Lamdar

Signature of HOD

*Charubheda*  
**DR. ANUPAMA MAUSKAR**  
PROFESSOR & HOD  
DEPT. OF PEDIATRICS  
RBTMC & DR. R.N. COOPER HOSPITAL,  
VILE PARLE (W), MUMBAI-400 056

Signature of Dean



*Mheman*  
**Academic Dean (H.B.T.)**  
**H.B.T. Medical College**

ANNEXURE-VII-C

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

Name of the Sub Respiratory Medicine  
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 Approved at (U/G)	PG Teaching Experience (in Years) after PG	PG Teacher Recognition Year/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. Snehal B Jadhav	Associate Professor	Respiratory Medicine	Regular	MD Respiratory Medicine	YES	11 yrs	Yes		0	20-12-1979	dradhnavsbt212@gmail.com	9833237923	439419144470	No	
2	Dr. Ganesh K. Dhungar	Assistant Professor	Respiratory Medicine	Regular	MD Respiratory Medicine	YES	4 yrs 9 months	NO		0	10-11-1975	dranesh.dha@gmail.com	8425892911	717446462363	No	

Signature of HOD



**Dr. SNEHAL B. JADHAV (MD)**  
ASSOCIATE PROF. & HOD  
TB & Chest Medicine  
HBT Medical College  
& Dr. R. N. Cooper Hospital.

Signature of Dean



Academic Dean (U/G.)  
H.B.T. Medical College

## ANNEXURE-VII-C

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

Name of the Subject: PSYCHIATRY

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 (UG)	PG Teaching Experience (in Years) after PG	PG Teacher Recognition Year/No	(Re)recognition Letter Date Issued by University	No. of PG Students Guided Last 5 year	Date of Birth	Email ID	Mobile No.	Asdhar Card No	If Debarred (Year/No)	Sign. of Teacher
1	DR. DEORAJ SINHA	ASSOCIATE PROFESSOR	PSYCHIATRY	REGULAR	MBBS, MD (PSYCHIATRY)		22 YEARS	YES	MUHS/E-I/PG/1103/1883/2007, 10/04/2007	10	13-03-1972	deoraj.sinha@gmail.com	9866998984	3983 3476 5225	NO	

Signature of HOD

Signature of Dean

HOD, Department of Psychiatry  
H. B. T. Medical College &  
Dr. R. N. Cooper Mun. Gen. Hosp.  
Juhu, Mumbai - 400 056.

Academic Dean  
H.B.T. Medical College

## ANNEXURE-VII-C

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

Name of the Subject: Dermatology  
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 (UC)	Teaching Experience (in Years) after PG	PG Teacher Recognition Year/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. SMITA SUNIL GHATE	PROFESSOR HOD&	Skin & VD	REGULAR	MBBS,MD		16 Years	YES	MUHS/PG/ E- 1/1104/27 6/2009	5	23-06-1975	smihs236@rediffmail.com	9702372980	359592378162	NO	
2	DR.KINJAL DEEPAK RAMBHIA	Associate Professor	Skin & VD	REGULAR	MBBS,MD, DNB,FDID		8years (MD+DNB)	NO	-	1	10-03-1987	kinjal_rambhia@hotmail.com	9167927171	994704622806	NO	
3	DR. DIPALI DINKAR MALVANIKAR	ASSISTANT PROFESSOR	Skin & VD	TEMP	MBBS, MD, DNB ,MRCP		1 year	NO	-	1	04-09-1985	dermdocdipali@gmail.com	9987215699	440349287007	NO	
4	DR.RADHA MUNDHRA	ASSISTANT PROFESSOR	Skin & VD	TEMP	MBBS,MD, DNB		3 years	NO	-	0	26-03-1991	radhanundhra@knail.com	8584065876	617031979322	NO	

for   
Signature of **DR. SMITA S. GHATE**  
M.D.(SKIN & VD)  
Professor & HOD

Department of Dermatology  
H.B.T. Medical College &  
Dr. R. N. Cooper Mun. Gen. Hospital,  
Juhu, Vile Parle, Mumbai

Signature of Dean 

Academic Dean (U:G.)  
H.B.T. Medical College

ANNEXURE-VII-C

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

Name of the Subject:  
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/Specialty	Type of Appointment (Regular/Honorary)	Qualification	University/Appro 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 Prepared (Yes/No)	Signature of Teacher
1	DR GHETLA SMRUTIR	PROF & HOD	GENERAL SURGERY	REGULAR	MBS, MS		25 yrs	YES	MUHS/PG/E-1/1/03/809/08		11/1/1971	smruti.ghetla@gmail.com	9830280058	260643216199	NO	
2	DR GHAG/GEETAS	PROFESSOR	GENERAL SURGERY	REGULAR	MBS, MS		25 yrs	YES	MUHS/PG/E-1/1/104/667/08/27-05-2008		5/12/1970	geetarghag@hotmail.com	8879662138	456425748079	NO	
3	DR MORE MILLIND P	ASSO PROF	GENERAL SURGERY	REGULAR	MBS, MS		18 yrs	YES	MUHS/PG/E-1/1/0105101/1456-08/21		12/31/1971	drmillindmore@gmail.com	9820541124	448016805075	NO	
4	DR MOHIN ERBAZR	ASSO PROF	GENERAL SURGERY	REGULAR	MBS, MS, DNB		18 yrs	YES	MUHS/PG/E-1/1/0105101/1456-08/21		10/31/1977	erbazmomin@gmail.com	9870031553	822260768849	NO	
5	DR KAMATH BHARAT S	ASSO PROF	GENERAL SURGERY	REGULAR	MBS, MS, DNB		18 yrs	YES	MUHS/PG/E-1/1/0105101/1456-08/21		8/15/1978	drkharatk@gmail.com	9819781770	452532171444	NO	
6	DR JAIDHAV PRAASHANT P	ASSO PROF	GENERAL SURGERY	REGULAR	MBS, MS		18 yrs	YES	MUHS/PG/E-1/1/104/27/2001/1-20/21		4/28/1978	drprashantp@hotmail.com	9869712880	40996814596	NO	
7	DR SINGH RAJINDER	ASSO PROF	GENERAL SURGERY	REGULAR	MBS, DNB		18 yrs	YES	MUHS/PG/E-1/1/103/27/12/0-11/0-2012		1/18/1974	drrajinder@gmail.com	9820794014	792416267265	NO	
8	DR BUTALA USHMA	ASSO PROF	GENERAL SURGERY	REGULAR	MBS, DNB		12 yrs	YES	MUHS/PG/E-1/1/27/132/3205/18/01.09.2018		11/6/1983	ushmabutala@yahoo.in	9820814161	922357780853	NO	

Signature of HOD



Signature of Dean



DEPARTMENT OF GENERAL SURGERY  
DR. R. N. COOPER HOSPITAL &  
H. B. T MEDICAL COLLEGE  
MUMBAI-400 058

ANNEXURE-VII-C

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

Name of the Subject: Orthopaedics  
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 / Honorary)	Qualification	Institute/ Approx at (UG)	PG Teaching Experience (in Years) after PG	PG Teacher Recognition (in Year/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 Debared (Yes/No)	Sign of Teacher
1	Dr. Bibhas DasGupta	Professor and head	Orthopaedics	Regular	MIS	Mumbai University	26	YES	MUHS/UG/E-1/5/31132/93 42/2018 DT. 12/09/2018	5	10-01-1966	bibhasdasgupta@muhs.ac.in	9820566830	513039504744	NO	
2	Dr. HarshadG. Argekar	Associate professor	Orthopaedics	Regular	MIS	Mumbai University	21	YES	MHUS/UG/E-1/1/104/2876/2004 DT. 04/08/2004	5	22/10/1970	argekar@gmail.com	9820654780	813360686404	NO	
3	Dr Ganesh R. Yeotwad	Associate professor	Orthopaedics	Regular	MIS	MUHS	6	YES	MUHS/UG/E-1/5/31132/4178/2016 DT. 21/05/2016	3	15/06/1986	ganesh.yeotwad@gmail.com	9819324549	223928557859	NO	
4	Dr. Mihir R. Patel	Assistant professor	Orthopaedics	Regular	MIS	MUHS	10	YES	MUHS/UG/E-1/5/31132/3438/2017 DT. 20/09/2017	4	07-06-1981	mrgpatel1981@gmail.com	9820109860	330233676557	NO	
5	Dr. Tushar V.Ubale	Assistant professor	Orthopaedics	Regular	MIS	MUHS	10	YES	MUHS/UG/E-1/5/31132/71456/2017 DT. 12/04/2017	4	28.05/1980	dtusharvbale@gmail.com	982114349	490207325924	NO	
6	Dr. Mohit R Upadhyay	Assistant professor	Orthopaedics	Contract	MIS	MUHS	0	NO			27/08/1992	Upadhyaya.mohit@gmail.com	9820273995		NO	

Signature of HOD

Signature of Dean

Academic Dean,  
H.B.T. Medical College

ANNEXURE-VII-C

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

Name of the Subject: OTORHINOLARYNGOLOGY  
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 (UG)	PG Teaching Experience (in Years) after PG	PG Teacher Recognition	Recognition Letter Date issued by University)	No. of PG Students Guided Last 4 years	Date of Birth	Email ID	Mobile No.	Aadhar Card No	If Disbanded (Yes/No)	Sign of Teacher
1	Dr. Gaikwad Ninad Subhash	Professor & HOD	ENT	regular	MBBS, DOR L, MS ENT, DNB ENT	-	28 yrs	Yes	MS (ENT) course from 18/02/2008 vide letter no GP6/2605 - 18/2/2008.	3	19/11/1967	ninad_19@yahoodc@gmail.com	9821076995	567525459475	NO	
2	Dr. Mhashal Shashikant Kondiram	Associate Professor	ENT	regular	MBBS, MS ENT	-	14 yrs	Yes	MUSH /PG/E- 14	2	22/06/1977	shashikan tmhashal@gmail.com	9819078009	339852613940	NO	
3	Dr. Gire Vinod Arjun	Associate Professor	ENT	regular	MBBS, MS ENT	-	13 yrs	Yes	MUHS/PG/E- 1/101132/250/2023	2	12/11/1981	drvinodco ope@gmail.com	9029297900	955839523732	NO	

Signature of HOD 15/12/23

Signature of Dean

**DR. NINAD S. GAIKWAD**  
PROFESSOR & HOD.

Academic Dean (U:G)  
H.B.T. Medical College

DEPT. OF ENT

H. B. T. MEDICAL COLLEGE &  
DR. R. N. COOPER HOSPITAL, MUMBAI-56,

AND

HBT TRAUMACARE MUNICIPAL HOSPITAL.  
MMC 69651



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 Approx. 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. Charan Nityanath Mandke	Associate Professor & UC	Ophthalmology	Regular	MS Ophthalmology	MUHS/UG/B-1/53/1102/407/2015,28/01/15	16	Yes	MUHS/PG/E 1/27/1132/2456/18 dc2009/18	1	08-07-1977	charan.n@mohm all.com dr.amrita.ajanil@gm ail.com	9821029989	284540518635	NO	
2	Dr. Amrita Amruti Ajanil	Associate Professor	Ophthalmology	Regular	MS Ophthalmology	MUHS/UG/B-1-53/1102/456/2016	11	Yes	MUHS/PG/E 1/101/132/1129/2022	0	27-05-1984	dr.amrita.ajanil@gm ail.com	9821478695	848200324905	NO	

Signature of HOD

Signature of Dean

DEPARTMENT OF OPHTHALMOLOGY  
H.B.T. MEDICAL COLLEGE & DR. R.N. COOPER HOSPITAL  
JUHU, MUMBAI

Academic Dean  
H.B.T. Medical College

HBTMC/Anesthesiology Dept./609/14/02/023

ANNEXURE-VIII-C

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

Name of the Subject:  
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 Specialty	Type of Appointment (Regular / Honorary)	Qualification	1 year Approval (CG)	Teaching Experience (in Years) PG	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University)	No. of PG Students Called last 5 year	Date of Birth	Email ID	Mobile No.	Adhaar Card No	If Debarred (Yes/No)	Sign of Teacher
1	Dr. Shetty Anika Narendra	Prof & HOD	ANAESTHESIOLOGY	REGULAR	MBS, DA, MD	YES	34YR	YES	MHS/UG/E-1/103/2556/2010	9	21-10-1962	anikashetty@yahoo.co.in	9223434852	5360 5118 3001	NO	A.N.Felder
2	Dr. Dalvi Naina Parag	Asst Prof	ANAESTHESIOLOGY	REGULAR	MDDNB	YES	25YR	YES	MHS/E-3/PG/1104/1922/2007 dt. 10/04/2007	2	7-9-1973	kdalvi@live.com	992052161	7006 7676 8989	NO	N.P. Dalvi
3	Dr. Chalanani Sunilkumar Kameshbhai	Prof Emeritus	ANAESTHESIOLOGY	REGULAR	DA, DNB	YES	28YR	YES	MHS/UG/E-1/53/1132/2424/2017 DT 16/09/2017	0	1-10-1958	drsun@live.com	967608109	9434 5393 1943	NO	S. Chalanani
4	Dr. Patil Nilesh Bhimsingh	Asst Prof	ANAESTHESIOLOGY	REGULAR	DA, DNB	YES	10 YR	YES	MHS/UG/E-1/53/101132/2659/2021	2	13-07-1981	drnileshpatil@live.com	967608109	9775 7044 2574	NO	N. Patil
5	Dr. Shrivani Deepa Ravindra	Asst Prof	ANAESTHESIOLOGY	REGULAR	DA, DNB	YES	18YR	YES	MHS/UG/E-1/109/2556/2010	4	13-08-1976	drshrivani@live.com	9820176110	9702 0130 3971	NO	Shrivani
6	Dr. Madan Harprati Kaur Rajendra	Asst Prof	ANAESTHESIOLOGY	REGULAR	DA, DNB	YES	18YR	YES	MHS/UG/E-1/53/1132/7357/2016 dt. 08/07/2018	1	15/Jan/1976	drmadan@normal.com	9820091317	5512 9506 3115	NO	Harprati Kaur
7	Dr. Kharat Pallavi Anoli	Asst Prof	ANAESTHESIOLOGY	REGULAR	DA, DNB	YES	10YR	YES	MHS/UG/E-1/53/1132/4178/2016 dt. 27/05/2016	0	18/sep/1981	pdharat@normal.com	9819689428	949 0139 1075	NO	Pallavi
8	Dr. Kosare Suchita Satish	Asst Prof	ANAESTHESIOLOGY	REGULAR	MD	YES	11YR	YES	MHS/UG/E-1/53/1132/1590/2017	0	24/Nov/1983	kosare@normal.com	9224325727	4027 66170132	NO	Suchita

A.N.Felder

Signature of HOD

Prof. & HOD

Department of Anaesthesia  
HBTMC & Dr. R. N. Cooper Hospital,  
Vile Parle (W), Mumbai - 50.

Signature of Dean

DEAN

H.B.T. MEDICAL COLLEGE  
DR. R. N. COOPER HOSPITAL,  
VILE PARLE (WEST),  
MUMBAI - 400 050.

ANNEXURE-VII-C

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

Name of the Subject: Radiology  
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 / Temporary / Honorary)	Qualification	University Appoint (U/G)	PG		Recognition Letter Date Issued by University	No. of PG Students Called last 5 year	Date of Birth	Email ID	Mobile No.	Aadhar Card No	If Disband (Yes/No)	Sign. of Teacher
							Teaching Experience (in Years) after PG	Teacher Recognition Yes/No								
1	Dr. SUNITA TIBREWALA	PROFESSOR AND HEAD	(Radiodiagnosis)	REGULAR	DMIND, MID (Radiodiagnosis)	UG- MUHS/UG/E-1/53/1132/2186/2018 DATE : 23/01/2018	28 YRS 11 MONTH	YES	PG- MUHS/PG/E-1/1103/809/08 DATE : 17/07/2008	-	15-08-1963	sunita15@gmail.com	9820270607	845726899641	NO	S. Tibrewala
2	Dr. DULEEP DAGDOO BHONSALE	PROFESSOR	(Radiodiagnosis)	REGULAR	DMIND, MID (Radiodiagnosis)	UG- MUHS/UG/E-1/53/1132/2186/2018 DATE : 23/01/2018	28 YRS 11 MONTH	YES	PG- MUHS/PG/E-1/1102/626/2009 DATE : 09/11/2009	-	09-08-1963	drddbhonsale@gmail.com	9769976157	738958358828	NO	

*S. Tibrewala*  
Signature of HOD

*M. Man*  
Signature of Dean

Dr. Sunita Tibrewala  
Professor of Heart  
Department of Radiology  
H.B.T. & Dr. R.N. Cooper Hospital  
Juhu (Sector 15) - Powai (West),  
Mumbai - 400099

Academic Dean  
H.B.T. Medical College