

Annexure - Xb

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

Name of the College/Phone/Mob.No. : Mahalaxmi Homoeopathic Medical College, Hospital & Research Center, Raigaon,  
College Phone No. 8805671400

Name of the Subject : ANATOMY

Sr. No.	College Name	Subject.	Full name of the Teacher (First Name Middle Name Last Name)	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 year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No
1	Mahalaxmi Homoeopathic Medical College, Hospital & Research Center, Raigaon, satara.	ANATOMY	Dr Jaykumar Vishwanath Bhanuse	Principal/ Professor	15/12/2021	BHMS 1995	MD (HOM) 2011	22 Years	Yes	MUHS/(UG)/E4/Mahalaxmi/241/2022(04/02/2021)	7 48379E+11	AFVFPB8781M	16.05.1974	jaykumarbhanuse@gmail.com	9226579649	No
2	Mahalaxmi Homoeopathic Medical College, Hospital & Research Center, Raigaon, satara.	ANATOMY	Dr Rupali Pralhad Anapure	Redder Associate Professor	24/12/2018	Graduated BHMS 2002	NA	21 Years	Yes	MUHS/(UG)/E4/Mahalaxmi/2362/2021(6/12/2021)	6 80321E+11	AGTPA1361P	17.05.1975	rupalina007@yahoo.com	9422038037	No
3	Mahalaxmi Homoeopathic Medical College, Hospital & Research Center, Raigaon, satara.	ANATOMY	Dr. Anuradha Vitthalrao Desai	Lecturer/ Assistant Professor	27/08/2021	BHMS 2014	MD 2019	3.3 Years	Yes	MUHS/(UG)/E4/Mahalaxmi/2362/2021(06/12/2021)	7 40949E+11	BFLPD1006E	19.07.1991	dranudesai19@gmail.com	7020668910	No



Dean/Principal  
**Principal**  
Mahalaxmi Homoeopathic Medical College,  
Hospital & Research Center Raigaon, Satara.

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Name of the College/Phone/Mob.No. : Mahalaxmi Homoeopathic Medical College, Hospital & Research  
College Phone No. 8805671400

Name of the Subject : PHYSIOLOGY

Sr. No.	College Name	Subject.	Full name of the Teacher (First Name Middle Name Last Name.)	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 year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No
1	Mahalaxmi Homoeopathic Medical College Hospital & Research Center, Raigaon, Satara	PHYSIOLOGY	Dr. Shivprasad Alis Nilesh Anandrao Mane	Associate Professor	24/7/2018	BHMS 2008	MD 2011	9 YEAR	Yes	MUHS/(UG)/E4/Mahalaxmi/2362/2021(6/12/2021)	4636 8019 0642	ANBPM744411	03 12.1984	drnileshmane@gmail.com	9967256355	No



  
 Dean/Principal  
**Principal**  
 Mahalaxmi Homoeopathic Medical College,  
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Name of the College/Phone/Mob.No. : Mahalaxmi Homoeopathic Medical College, Hospital & Research  
College Phone No. 8805671400

Name of the Subject : HOMOEOPATHIC PHARMACY

Sr. No.	College Name	Subject.	Full name of the Teacher (First Name Middle Name Last Name.)	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 year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No
1	Mahalaxmi Homoeopathic Medical College Hospital & Research Center, Raigaon.	HOMOEOPATHIC PHARMACY	Dr. Rucha Kishor Shinde	Reader/ Associate Professor	08-01-2021	BHMS 1997	MD 2010	21 YEAR	YES	MUHS/(U G)/E4/Mahalaxmi/18/2022(04/01/2022)	4778 6861 4018	BYMPS50 63A	16 06 1976	ruchashinde16@gmail.com	9123262233	No
2	Mahalaxmi Homoeopathic Medical College Hospital & Research Center, Raigaon.	HOMOEOPATHIC PHARMACY	Dr. Ashwini Patwardhan	Lecturer/ Assistant Professor	03-01-2022	BHMS 2011	MD 2017	13 YEAR	YES	MUHS/(U G)/E4/Mahalaxmi/24/1/2022(04/02/2021)	3479 7765 9595	DOJPB84 51G	19 10 1989	dr.ashwinipatwardhan@gmail.com	7 51E-09	No



  
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**Principal**  
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**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
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Name of the College/Phone/Mob.No. : Mahalaxmi Homoeopathic Medical College, Hospital & Research Center,

College Phone No. 8805671400

Name of the Subject : PATHOLOGY

Sr. No.	College Name	Subject.	Full name of the Teacher (First Name)	Designation	Date of Joining	UG- Qualificat	PG- Qualificat	Teaching experienc	MUHS Approval	If Yes MUHS	Adhar No.	Pan No.	Date of Birth	Latest Email	Contact Nos.	Debarred Yes/No
1	Mahalaxmi Homoeopathic Medical College, Hospital & Research Center, Raigaon, satara	PATHOLOGY	Dr. Ajay Jaysing Shedge	Professor	15/1/2019	MBBS-1998	MD 1999	17 YEAR	YES	MUHS/(U G)/E4/Mahalaxmi/462/2022(18/1/2022)	4241 3571 7516	AMRPS8633A	08.05.1971	ajayshedge9@gmail.com	9422038315	No
2	Mahalaxmi Homoeopathic Medical College, Hospital & Research Center, Raigaon, satara	PATHOLOGY	Dr. Rohit Suryawanshi	Lecturer/ Assistant Professor	01-03-2022	BHMS-2015	MD 2019	13 YEAR	YES	MUHS/(U G)/E4/Mahalaxmi/241/2022(04/02/2021)	2314 6777 4398	CNRPS2763J	26.01.1992	suryawanshirohith@gmail.com	973E+09	No

College Seal



Dean/Principal

**Principal**  
 Mahalaxmi Homoeopathic Medical College,  
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**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
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Name of the College/Phone/Mob.No. : Mahalaxmi Homoeopathic Medical College, Hospital & Research  
 College Phone No. 8805671400

Name of the Subject : FORENSIC MEDICINE & TOXICOLOGY

Sr. No.	College Name	Subject	Full name of the Teacher (First Name Middle Name Last Name.)	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 year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No
1	Mahalaxmi Homoeopathic Medical College, Hospital & Research Center, Raigao Satara	FORENSIC MEDICINE & TOXICOLOGY	Dr. Babul Madhwar Jadhav	Reader/ Associate Professor	21/02/21	BHMS 2006	MU 2011	11-2 YEAR	YES	MUHS/01/04/41/MA/1000/2021/01/2/2021	0222 2443 9639	AZUPH06 228	11-04-1985	babuljadhav1985@gmail.com	9800000000	No
2	Mahalaxmi Homoeopathic Medical College, Hospital & Research Center, Raigao Satara	FORENSIC MEDICINE & TOXICOLOGY	Dr. Santosh Balkrishna Nale	Lecturer/ Assistant Professor	13/10/2018	BHMS 2019	MD 2014	5-1 YEAR	YES	MUHS/01/04/41/MA/1000/2021/01/2/2021	8590 2614 2324	AZUPH70 17K	30-09-1987	santoshn03@gmail.com	98956-09	No



  
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**Princip**  
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**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**SUBJECT WISE ELIGIBLE EXAMINERS LIST (UG Courses)**

Name of the College/Phone/Mob.No. : Mahalaxmi Homoeopathic Medical College, Hospital & Research

College Phone No. 8805671400

Name of the Subject : ORGANON OF MEDICINE WITH HOMOEOPATHIC PHILOSOPHY

Sr. No.	College Name	Subject.	Full name of the Teacher (First Name Middle Name Last Name.)	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 year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No
1	Mahalaxmi Homoeopathic Medical College, Hospital & Research Center, Raigaon, satara	ORGANON OF MEDICINE WITH HOMOEOPATHIC PHILOSOPHY	Dr. Shilendra Kuber Mane	Reader/ Associate Professor	17/2/21	BHMS, 1998	MD 2005	18 YEAR	YES	MUHS/UG/E4/Mahalaxmi/2362/2021(6/12/2021)	4032 6603 6129	AJUPM35 67A	01 05 1975	drmane143@gmail.com	9822461971	No



  
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**Principal**  
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Name of the College/Phone/Mob.No. : Mahalaxmi Homoeopathic Medical College, Hospital & Research

College Phone No. 8805671400

Name of the Subject : HOMOEOPATHIC MATERIA MEDICA

Sr. No.	College Name	Subject	Full name of the Teacher (First Name)	Designation	Date of Joining	UG- Qualificat	PG- Qualificat	Teaching experience	MUHS Approval	If Yes MUHS	Adhar No.	Pan No.	Date of Birth	Latest Email	Contact Nos.	Debarred Yes/No
1	Mahalaxmi Homoeopathic Medical College, Hospital & Research Center Raigad Satara	HOMOEOPATHIC MATERIA MEDICA	Dr. Anuradha Vikram Bhosale	Reader Associate Professor	26/8/21	BHMS 1004	MD 2011	24 YEAR	YES	MUHS/(U) CDF-4/Ma halaxmi06 8/2022(16/11/2022)	2365 7389 3962	AGOPC/95 851	22-05-1973	anuradha06@182@gmail.com	9896109111	NA



  
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Name of the College/Phone/Mob.No. : Mahalaxmi Homoeopathic Medical College, Hospital & Research

College Phone No. 8805671400

Name of the Subject : GYNECOLOGY AND OBSPEPRICS

Sr. No.	College Name	Subject.	Full name of the Teacher (First Name Middle Name Last Name.)	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 year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No
1	Mahalaxmi Homoeopathic Medical College Hospital & Research Center Raigaoon, Satara	GYNECOLOGY AND OBSPEPRICS	Dr. Malini Vijay Desai	Professor	30/11/2021	BHMS 1992	MD 2009	22 YEAR	YES	MUHS(U G)/E4/Mahalaxmi/2362/2021(6/12/2021)	5704 0937 7089	AEIPD3011N	25 09 1968	desai.malini@gmail.com	9125734857	No
2	Mahalaxmi Homoeopathic Medical College Hospital & Research Center Raigaoon, Satara	GYNECOLOGY AND OBSPEPRICS	Dr. Sonali Sambhaji Mane	Lecturer/ Assistant Professor	#####	BHMS 2013	MD 2019	2 4 YEAR	YES	MUHS(U G)/E4/Mahalaxmi/2362/2021(6/12/2021)	7062 2184 7022	ERSPM9109K	14 04 1992	dr.sonali@gmail.com	9503568887	No



  
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Name of the College/Phone/Mob.No. : Mahalaxmi Homoeopathic Medical College, Hospital & Research

College Phone No. 8805671400

Name of the Subject : COMMUNITY MEDICINE

Sr. No.	College Name	Subject.	Full name of the Teacher (First Name Middle Name Last Name.)	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 year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No
1	Mahalaxmi Homoeopathic Medical College, Hospital & Research Center, Raigaon, Satara	COMMUNITY MEDICINE	Dr. Dhuraj Rampyare Dube	Reader/ Associate Professor	24/1/2019	BHMS 2005	MD 2008	14.6 YEAR	NO	NA	9147 8070 9320	AIDPD303 8N	21.03.1979	drdhurajdube@gmail.com	9869612111	No
2	Mahalaxmi Homoeopathic Medical College Hospital & Research Center, Raigaon, Satara	COMMUNITY MEDICINE	Dr. Vishal Suresh Sawant	Lecturer/ Assistant Professor	11-10-2019	BHMS 2015	MD 2019	4.5 YEAR	YES	MUHS/(U G)/E4/Mahalaxmi/2362/2021(6/12/2021)	8752 5983 5263	DHIPS214 6M	30.03.1990	v.sawant11@yahoo.in	8379051772	No



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Name of the College/Phone/Mob.No. : Mahalaxmi Homoeopathic Medical College, Hospital & Research  
College Phone No. 8805671400

Name of the Subject : PRACTICE OF MEDICINE

Sr. No.	College Name	Subject.	Full name of the Teacher (First Name Middle Name Last Name.)	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 year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No
1	Mahalaxmi Homoeopathic Medical College Hospital & Research Center Raigaoon satara	PRACTICE OF MEDICINE	Dr. Arun Subhash Dixit	Professor	24.11.2019	BAMS 1999	MD 2010	18 YEAR	NO	NA	8826 1163 9198	AESH003 65H	18.03.1975	arundixit@yahoo.com	9822207074	No



Dean/Principal  
**Principal**  
Mahalaxmi Homoeopathic Medical College,  
Hospital and Research Center Raigaoon, Satara.

18.03.2020



**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
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Name of the College/Phone/Mob.No. : Mahalaxmi Homoeopathic Medical College, Hospital & Research  
 College Phone No. 8805671400  
 Name of the Subject : REPERTORY

Sr. No.	College Name	Subject	Full name of the Teacher (First Name Middle Name Last Name.)	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 year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No
1	Mahalaxmi Homoeopathic Medical College, Hospital & Research Center Raigaon, Satara	REPERTORY	Dr. Tushar Prakash Mishra	Reader Associate Professor	21/2/21	BHMS-2006	MD 2012	05 YEAR	YES	MUHS/UG/E4/Ma halaxmi/201/2022(31/01/2022)	7550 9820 9731	AYYPM7363A	13.05.1984	dtusharmishra@gmail.com	9923173604	No
2	Mahalaxmi Homoeopathic Medical College, Hospital & Research Center, Raigaon Satara	REPERTORY	Dr. Dipi Bapurao Shinde	Lecturer Assistant Professor	22/10/19	BHMS 2011	MD 2019	15 YEAR	YES	MUHS/UG/E4/Mahalaxmi/202/2021(6/12/2021)	8954 3694 6395	JNLPS4484P	15.02.1987	dipishinde1597@gmail.com	7972104121	No



  
 Dean/Principal  
**Principal**  
 Mahalaxmi Homoeopathic Medical College,  
 Hospital and Research Center Raigaon, Satara.