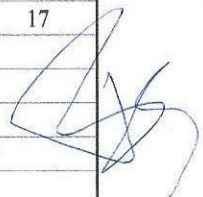
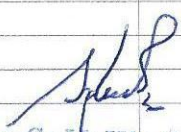


MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG COURSES)

Name of the College BOMBAY HOSPITAL INSTITUTE OF MEDICAL SCIENCES
 Phone/Mobile No. 022-22050102
 Name of the Subject GENERAL MEDICINE

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp./ Honorary)	Qualification	University	PG Teaching Experience (in yrs.)	PG Teacher Recognition Yes/No	(Recognition Letter date issued by University)	No. of PG Students Guided last 5 yr	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	Dr.Sorabjee Jehangir Soli	Associate Professor	General Medicine	R	MD, MRCP, FRCP, DTM+H		31	Yes	MUHS/PG/E-1/ 6109/1600/2008 Dt.02/12/2008	5	17/08/1959	drsorabjee@gmail.com	9867393678	6208 4497 0809	No	
2	Dr. Jain Suresh Kumar	Assistant Professor	General Medicine	R	MD (Gen.Med)		18	Yes	MUHS/PG/E-1/27 /6116/4142/18 Dt.28.11.2018	4	6/4/1970	drsureshkjain@gmail.com	9821144890	8528 8098 7678	No	

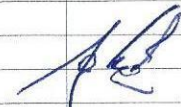

Dr. S. V. Khatikar
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Annexure - IV-C

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

Name of the College BOMBAY HOSPITAL INSTITUTE OF MEDICAL SCIENCES
 Phone/Mobile No. 022-22050102
 Name of the Subject PAEDIATRICS

Sr. No.	Name of Teacher	Designation	Subject/ Speciality	Type of Appointment	Qualification	University	PG Teaching Experience	PG Teacher Recognition	(Recognition Letter d ate issued by University	No. of PG Students Guided last 5 yr	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	Dr.Dalvi Rashmi Bharat	Professor & Head	Paediatrics	R	MD (Pae.) DCH	7	28	Yes	MUHS/PG/E-1/27/ 6116/918/19 Dt. 25/02/2019	5	6/7/1959	rashmidalvi5@gmail.com	9821063069	5001 3747 2359	No	
2	Dr.Sanklech Muklesh	Assistant Professor	Paediatrics	R	MD (Pae) DCH, DNB		16	Yes	MUHS/PG/E-1 6116/1783/10 Dt.18/08/2010	5	7/3/1966	doctormukesh@gmail.com	9869134900	7634 9555 5809	No	

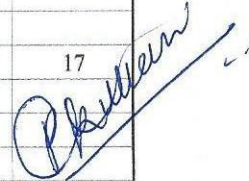

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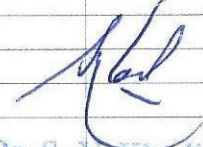
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG COURSES)

Name of the College BOMBAY HOSPITAL INSTITUTE OF MEDICAL SCIENCES

Phone/Mobile No. 022-22050102

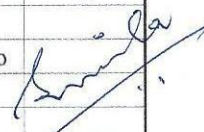
Name of the Subject ANAESTHESIOLOGY

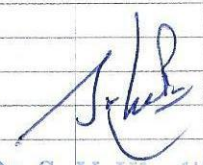
Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp./ Honorary)	Qualification	University Approximate (UG)	PG Teaching Experience (in yrs.) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter date issued by University)	No. of PG Students Guided last 5 yr	Date of Birth	E-mail ID	Mobile No.	Aadhar Card No.	If Debarred (Yes/ No)	Sign. of Teacher
1	Dr. Kulkarni Pradnya	Professor & Head	Anaesthesiology	R	MD, DA FRCA		20	Yes	MUHS/PG/E-1/ 6116/2539/19 Dt. 25/06/2019	4	13/11/1964	drpradnyackulkarni@gmail.com	9892059518	4854 1402 9652	No	
2	Dr. Kothare Pratima	Assistant Professor	Anaesthesiology	R	MD DNB		32	Yes	MUHS/PG/E-1/ 27/6116/4142/18 Dt. 28.11.2018	1	22/01/1963	pratimakothare@hotmail.com	9819790343	4335 3692 3387	No	


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SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG COURSES)

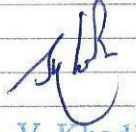
Name of the College BOMBAY HOSPITAL INSTITUTE OF MEDICAL SCIENCES
 Phone/Mobile No. 022-22050102
 Name of the Subject RADIO-DIAGNOSIS

Sr. No.	Name of Teacher	Designation	Subject/ Speciality	Type of Appointment	Qualification	University	PG Teaching	PG Teacher	(Recognition Letter d ate issued by University	No. of PG Students Guided last 5 yr	Date of Birth	E-mail ID	Mobile No.	Aadhar Card No.	If Deba rred (Yes/ No)	Sign. of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr.Jaggi Sunila	Profesor & Head	Radio-diagnosis	R	MD,DNB DMRE, DHM		30	Yes	MUHS/PG/E-1/ 27/6116/4142/18 Dt.28/11/2018	5	22/03/1969	sunilajaggi@yahoo.com	9820247845	4866 3428 0943	No	
2	Dr.Shah Sonali	Assistant Professor	Radio-diagnosis	R	DNB DMRD		16	Yes	MUHS/PG/E-1/ 27/6116/4142/18 Dt.28/11/2018	4	12/10/1975	shahsonali75@hotmail.com	9820235344	7828 9138 2346	No	


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

Name of the College		BOMBAY HOSPITAL INSTITUTE OF MEDICAL SCIENCES														
Phone/Mobile No.		022-22050102														
Name of the Subject		PATHOLOGY														
Sr. No.	Name of Teacher	Designation	Subject/ Speciality	Type of Appointment	Qualification	University	PG Teaching Experience	PG Teacher Recognition	(Recognition Letter d ate issued by University	No. of PG Students Guided last 5 yr	Date of Birth	E-mail ID	Mobile No.	Aadhar Card No.	If Deba rred (Yes/ No)	Sign. of Teacher
1	Dr.Malhotra Maya Parihar	Profesor & Head	Patho logy	R	MD (Path) DPB		27	Yes	MUHS/PG/E-1/27/6116/918/19 Dt. 25/02/2019	5	8/6/1966	maya.parihar@gmail.com	9820302628	6416 7275 5798	No	
2	Dr.Marathe Paresh	Associate Professor	Patho logy	R	MD (Path)		16	Yes	MUHS/PG/E-1/27/6116/44/18 Dt. 01/01/2019	5	6/3/1973	paresh.marathe73@gmail.com	9819227044	2282 7677 6257	No	


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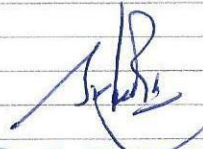
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG COURSES)

Name of the College BOMBAY HOSPITAL INSTITUTE OF MEDICAL SCIENCES

Phone/Mobile No. 022-22050102

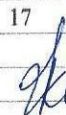
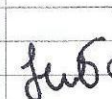
Name of the Subject GENERAL SURGERY

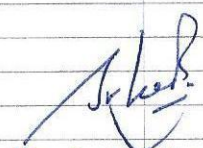
Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp./ Honorary)	Qualification	University	PG Teaching Experience (in yrs.) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter date issued by University)	No. of PG Students Guided last 5 yr	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	Dr. Nande Anand	Profesor & Head	General Surgery	R	MS (G.Sur)		32	Yes	MUHS/PG/E-1/ 6116/2539/19 Dt. 25/06/2019	5	5/6/1956	agnande@gmail.com	9820095499	7449 6067 3847	No	
2	Dr. Chatterjee Sanjay	Assistant Professor	General Surgery	R	MS (Gen. Sur), FRCS		21	Yes	MUHS/PG/E-1/ 27/6116/4142/18 Dt. 28/11/2018	4	20/01/1969	aparnasanjay@hotmail.com	9322243938	8453 1470 5156	No	


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

Name of the College			BOMBAY HOSPITAL INSTITUTE OF MEDICAL SCIENCES													
Phone/Mobile No.			022-22050102													
Name of the Subject			ORTHOPAEDICS													
Sr. No.	Name of Teacher	Designation	Subject/ Speciality	Type of Appointment	Qualification	University	PG Teaching	PG Teacher	(Recognition Letter d ate issued by University	No. of PG Students Guided last 5 yr	Date of Birth	E-mail ID	Mobile No.	Aadhar Card No.	If Deba rred (Yes/ No)	Sign. of Teacher
	(Last Name First Name Middle Name)			ment (Regular/ Temp./ Honorary		Approx at (UG)	Experience (in yrs.) after	Recogni tion Yes/No						No.		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr.Munshi Parag	Profesor & Head	Ortho - paedics	R	MS (Orth) DNB		19	Yes	MUHS/PG/E-1/ 6116/2539/19 Dt. 25/06/2019	4	30/05/1966	paragmunshi@hotmail.com	9819934002	8038 4121 0775	No	
					FRCS (Gen.Sur)											
					FRCS (Ortho.)											
2	Dr.Chiniwala Hetal	Associate Professor	Ortho - paedics	R	MS, DNB D'Orho		15	Yes	MUHS/PG/E-1/ 6116/613/2009 Dt.06/05/2009	3	30/09/1972	hchiniwala@yahoo.com	9819894840	9524 0582 1148	No	
3	Dr.Bhandari Hemant	Assistant Professor	Ortho - paedics	R	MS, M.Sc		17	Yes	MUHS/PG/E-1/ 6116/1783/10 Dt. 18/08/2010	3	13/12/1962	hemantbhandari@hotmail.com	9821550550	3670 7825 9514	No	

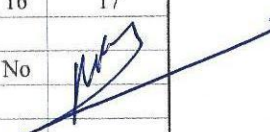

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 FAMS FRCP (London)

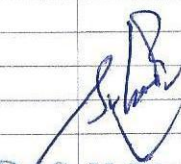
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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG COURSES)

Name of the College BOMBAY HOSPITAL INSTITUTE OF MEDICAL SCIENCES
 Phone/Mobile No. 022-22050102
 Name of the Subject OPHTHALMOLOGY

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 yrs.) after	PG Teacher Recognition Yes/No PGM	(Recognition Letter d ate issued by University)	No. of PG Students Guided last 5 yr	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	Dr.Shah Nagendra	Profesor & Head	Ophthal - mology	R	MS (Oph.) DNB (Oph.)		17	Yes	MUHS/PG/E-1/ 6116/2539/19 Dt.25/06/2019	3	30/06/1974	kanudans@yahoo.co.in	9324754190	265837666435	No	
2	Dr.Moreker Mayur	Associate Professor	Ophthal - mology	R	MS DOMS, DNB, FRCS, ADBA		14	Yes	MUHS/PG/E-1/27 6116/44/18 Dt. 01/01/2019	2	3/1/1977	mayurconsults@gmail.com	9820308358	7664 1173 1474	No	


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

Name of the College BOMBAY HOSPITAL INSTITUTE OF MEDICAL SCIENCES

Phone/Mobile No. 022-22050102

Name of the Subject OBSTETRICS & GYNAECOLOGY

Sr. No.	Name of Teacher	Designation	Subject/ Speciality	Type of Appointment	Qualification	University	PG Teaching Experience	PG Teacher Recognition	(Recognition Letter d ate issued by University)	No. of PG Students Guided last 5 yr	Date of Birth	E-mail ID	Mobile No.	Aadhar Card No.	If Deba rred (Yes/ No)	Sign. of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17

1	Dr.Khadilkar Suvarna Satish	Profesor & Head	Obst. & Gynaec.	R	MD (OBGY) DGO, FICOG PG (Dip in Endo.), CIMP		35	Yes	MUHS/PG/E-1/ 27/6116/4142/18 Dt.28.11.2018	5	6/9/1961	suvarnakhadilkar@yahoo.com	9820078703	2639 3106 0776	No	<i>Suvarna</i>
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2	Dr.Goyal Shashi	Associate Professor	Obst. & Gynaec.	R	MD		32	Yes	MUHS/PG/E-1/ 6116/613/2009 Dt.06/05/2009	5	21/07/1956	drshashigoyal@gmail.com	9820122479	'9145 6350 4690	No	<i>Shashi</i>
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3	Dr.Kania Prema	Assistant Professor	Obst. & Gynaec.	R	MD (OBGY)		27	Yes	MUHS/PG/E-1/ 27/6116/4142/18 Dt.28/11/2018	4	30/03/1962	premakania@rediffmail.com	9820127396	7548 8568 7961	No	
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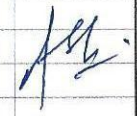
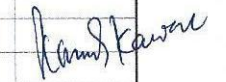
Suvarna
Dr. S. V. Khadilkar
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 Institute of Medical Sciences
 12, New Marine Lines,
 Mumbai - 400 020

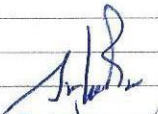
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG COURSES)

Name of the College BOMBAY HOSPITAL INSTITUTE OF MEDICAL SCIENCES

Phone/Mobile No. 022-22050102

Name of the Subject CARDIOLOGY

Sr. No.	Name of Teacher	Designation	Subject/ Speciality	Type of Appointment	Qualification	University	PG Teaching	PG Teacher	(Recognition Letter d ate issued by University	No. of PG Students Guided last 5 yr	Date of Birth	E-mail ID	Mobile No.	Aadhar Card No.	If Deba rred (Yes/ No)	Sign. of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr.Sharma Anil	Profesor & Head	Cardiology	R	MD (Med) DM (Cardio)		19	Yes	MUHS/PG/E-1/27/ 6116/4699/18 Dt.27/12/2018	4	31/08/1963	dranilheart@yahoo.co.in	9820071077	'277513221392	No	
2	Dr.Kawar Ramesh	Associate Professor	Cardiology	R	MD (Med) DM (Card)		18	Yes	MUHS/PG/E-1/ 6116/1783/10 Dt.18/08/2010	3	1/9/1964	rameshkawar8@gmail.com	9820088202	3856 6501 0654	No	
3	Dr. Kalmath B C	Associate Professor	Cardiology	R	MD (Med) DM (Card)		18	Yes	MUHS/PG/E-1/ 6116/1783/10 Dt.18/08/2010	3	9/6/1966	b_kalmath@yahoo.co.in	9820045848	5986 0619 8741	No	
4	Dr.Pagad Sameer	Assistant Professor	Cardiology	R	MD (Med) DNB (Card) FNB (Intv.Card)		11	Yes	MUHS/PG/E-1/27/ 6116/4699/18 Dt.27/12/2018	Co-Guide	14/11/1975	spagad@yahoo.com	8879089689	'765300596028	No	


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Annexure - IV-C

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

Name of the College BOMBAY HOSPITAL INSTITUTE OF MEDICAL SCIENCES

Phone/Mobile No. 022-22050102

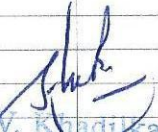
Name of the Subject NEUROLOGY

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

1	Dr.Khadilkar Satish	Profesor & Head	Neurology	R	DM (Neuro) DNB (Neu.)		29	Yes	MUHS/PG/E-1/27 6116/4141/148 Dt.28/11/2018	5	11/3/1960	khadilkarsatish@gmail.com	9820024689	8379 0303 5013	No	
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2	Dr.Lalkaka Jimmy	Associate Professor	Neurology	R	MD (Med.) DM (Neu.)		30	Yes	MUHS/PG/E-1/ 6116/621/2009 Dt.07/05/2009	4	21/07/1959	jimmylalkaka@gmail.com	9819767259	8985 9887 2364	No	
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3	Dr.Pardasani Vibhor	Assistant Professor	Neurology	R	MD (Med.) DM (Neu.)		10	Yes	MUHS/PG/E-1/27/ 6116/4699/18 Dt.27/12/2018	1	14/12/1975	vibhorpardasani@gmail.com	9833908081	9527 3551 8263	No	
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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG COURSES)

Name of the College BOMBAY HOSPITAL INSTITUTE OF MEDICAL SCIENCES
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 Name of the Subject NEPHROLOGY

Sr. No.	Name of Teacher	Designation	Subject/ Speciality	Type of Appointment	Qualification	University	PG Teaching	PG Teacher	(Recognition Letter d ate issued by University	No. of PG Students Guided last 5 yr	Date of Birth	E-mail ID	Mobile No.	Aadhar Card No.	If Deba rred (Yes/ No)	Sign. of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr.Bichu Shrirang	Profesor & Head	Nephrolog	R	DNB (Med DNB (Nephro)		16	Yes	MUHS/PG/E-1/27/ 6116/923/19 Dt. 25/02/2019	5	28/07/1967	shrirangbichu@gmail.com	9820191683	3198 9513 6341	No	<i>Shrirang</i>
2	Dr.Shah Hardik	Assistant Professor	Nephrolog	R	MD (Med DNB (Nephro)		16	Yes	MUHS/PG/E-1/27/ 6116/4141/148 Dt.28/11/2018	3	6/11/1974	drhardik74@hotmail.com	9833919767	2051 5379 1893	No	<i>Hardik</i>
3	Dr.Kirpalani Dilip Ashok	Assistant Professor	Nephrolog	R	MD (Med DM (Nephro)		13	Yes	MUHS/PG/E-1/27/ 6116/4141/148 Dt.28/11/2018	2	23/01/1980	dilip_kirpalani@yahoo.com	9820091754	'504778934067	No	<i>Kirpalani</i>

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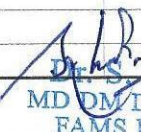
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG COURSES)

Name of the College BOMBAY HOSPITAL INSTITUTE OF MEDICAL SCIENCES

Phone/Mobile No. 022-22050102

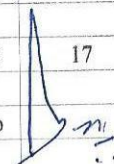
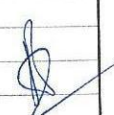
Name of the Subject NEUROSURGERY

Sr. No.	Name of Teacher	Designation	Subject/Speciality	Type of Appointment	Qualification	University	PG Teaching Experience	PG Teacher Recognition	(Recognition Letter date issued by University)	No. of PG Students Guided last 5 yr	Date of Birth	E-mail ID	Mobile No.	Aadhar Card No.	If Debarred (Yes/No)	Sign. of Teacher
1	Dr. Deopujari Chandrashekhar	Professor	Neuro-surgery	R	MS (G.Sur) M.Ch.(Neuro surgery)		28	Yes	MUHS/PG/E-1/ 6109/1600/2008 Dt.02/12/2008	3	31/08/1954	d.chandrashekhar11@gmail.com	5979 6701 2710 9819831736		No	
2	Dr. Shah Suneel	Profesor & Head	Neuro-surgery	R	MS, M.Ch.		21	Yes	MUHS/PG/E-1/ 6116/27/216/2022 Dt. 19/01/2022	4	15/09/1962	suneelshah@gmail.com	9820213260	7176 2329 0563	No	
3	Dr. Chaudhari Mahesh	Associate Professor	Neuro-surgery	R	MS, M.Ch.		25	Yes	MUHS/PG/E-1/ 6116/613/2009 Dt.06/05/2009	3	14/09/1954	drmaheshc@gmail.com	9820059698	5073 0348 0661	No	
4	Dr. Karmarkar Vikram	Associate Professor	Neuro-surgery	R	MS (G.Sur) DNB (Neu. Sur)		14	Yes	MUHS/PG/E-1/ 6116/27/2656/2021 Dt. 29/09/2021	4	11/5/1974	vskarmarkar@gmail.com	9819521273	4268 1358 4686	No	
5	Dr. Mehta Nirav	Associate Professor	Neuro-surgery	R	MS (G.Sur) DNB (Gen.Surg) M.Ch. (Neuorsur)		13	Yes	MUHS/PG/E-1/ 6116/27/2656/2021 Dt. 29/09/2021	1	16/01/1977	drnamehta@yahoo.co.in	9867199967	2525 1801 9633	No	


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SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG COURSES)

Name of the College BOMBAY HOSPITAL INSTITUTE OF MEDICAL SCIENCES
 Phone/Mobile No. 022-22050102
 Name of the Subject UROLOGY

Sr. No.	Name of Teacher	Designation	Subject/Speciality	Type of Appointment	Qualification	University	PG Teaching Experience (in yrs.)	PG Teacher Recognition	(Recognition Letter d ate issued by University)	No. of PG Students	Date of Birth	E-mail ID	Mobile No.	Aadhar Card No.	If Deba rred (Yes/ No)	Sign. of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr.Oza Umesn	Professor & Head	Urology	R	MS (Gen.S) M.Ch.(Uro)		33	Yes	MUHS/PG/E-1/ 6116/613/2009 Dt.06/05/2009	4	18/09/1954	drumeshoza@gmail.com	9820058623	7780 9092 3602	No	
2	Dr.Pattnaik Prashant	Professor	Urology	R	MS (Gen.S) M.Ch.(Uro)		22	Yes	MUHS/PG/E-1/6116 27/2958/2021 Dt. 01/11/2021	5	26/08/1958	drpkpattnaik@yahoo.com	9820080161	8459 2103 8804	No	
3	Dr.Gunavanth Varun	Assistant Professor	Urology	R	MS, M.Ch. (URO) DNB		5	Yes	MUHS/PG/E-1/6116 27/2656/2021 Dt. 29/09/2021	1	27/06/1982	varunuro@gmail.com	9920282201	'237351587901	No	

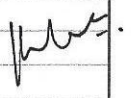

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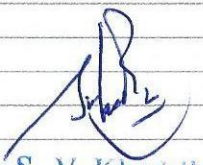
Annexure - IV-C

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

Name of the College BOMBAY HOSPITAL INSTITUTE OF MEDICAL SCIENCES
 Phone/Mobile No. 022-22050102
 Name of the Subject CVTS

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 yrs.) after PGM	PG Teacher Recogni tion Yes/No	(Recognition Letter d ate issued by University	No. of PG Students Guided last 5 yr	Date of Birth	E-mail ID	Mobile No.	Aadhar Card No.	If Deba rred (Yes/ No)	Sign. of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17

1	Dr.Umbarkar Rajendra	Associate Professor	CVTS	R	MS (G.Sur) M.Ch.(CVTS)		14	Yes	MUHS/PG/E-1/27/ 6116/4699/18 Dt. 27/12/2018		10/7/1965	rajumbarkar@hotmail.com	9821090504	3465 2359 4007	No	
2	Dr.Irniraya Krishna Prasad	Assistant Professor	CVTS	R	DNB(G.S) M.Ch.(CVTS) DNB (CVTS)		9	Yes	MUHS/PG/E-1/27/ 6116/4141/148 Dt.28/11/2018		25/03/1970	dr_krishnaprasad@rediffmail.co	9920029100	4666 0905 1471	No	


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