

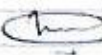
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG COURSES)

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 Approx. Experience (UG)	PG Teaching (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.	Andhar 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	Professor	General Medicine	R	MD, MRCP, FRCP, DTM+H		33	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. Gautam Swapnil	Associate Professor	General Medicine	T	MBBS MD (Gen.Med.) DNB (Gen.Med) PG Dipl. In Infectious Diseases PG Dipl. In Medical Legal Systems MRCPS, MRCP		17	Yes	MUHS/PG/E-1/ 6116/27/3453/2023 dt.26/12/2023		05/11/1981	drswagautam@gmail.com	9820440992	256935971544	No	
3	Dr. Jain Suresh Kumar	Assistant Professor	General Medicine	R	MD (Gen.Med)		20	Yes	MUHS/PG/E-1/27 6116/4142/18 Dt.28.11.2018	4	04/06/1970	drsureshkjain@gmail.com	9821144890	8528 8098 7678	No	

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 (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 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.Dalvi Rashmi Bharat	Professor & Head	Paediatrics	R	MD (Pae) DCH		30	Yes	MUHS/PG/E-1/27/ 6116/918/19 Dt. 25/02/2019	5	07/06/1959	rashmidalvi5@gmail.com	9821063069	5001 3747 2359	No	
2	Dr.Mulchandani Deepak	Associate Professor	Paediatrics	T	MD (Pae) DNB (Pae)		8	Yes	MUHS/PG/E-1/ 6116/27/3453/2023 Dt. 26/12/2023		23/12/1986	dr.deepakm1986@gmail.com	8097807218	6566 0064 6747	No	
3	Dr.Sankieche Muklesh	Assistant Professor	Paediatrics	R	MD (Pae) DCH, DNB		18	Yes	MUHS/PG/E-1 6116/1783/10 Dt.18/08/2010	5	03/07/1966 03/07/1966	doctormukesh@gmail.com	9869134900	7634 9555 5809	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 (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 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.Jaggi Sunila	Profesor & Head	Radio-diagnosis	R	MD,DNB DMRE, DHM		32	Yes	MUHS/PG/E-I/ 27/6116/4142/18 Dt.28/11/2018	5	22/03/1969	sunilajaggi@yahoo.com	9820247845	4866 3428 0943	No	
2	Dr.Kashikar Rupesh	Associate Professor	Radio-diagnosis	T	DNB DMRD		18	Yes	MUHS/PG/E-I/ 101110/771/2025 Dt.20/08/2025		13/07/1975	rupeshkashikar13@gmail.com	9930059885	403001373535	No	
3	Dr.Shah Sonali	Assistant Professor	Radio-diagnosis	R	DNB DMRD		13	Yes	MUHS/PG/E-I/ 27/6116/4142/18 Dt.28/11/2018	4	10/12/1975	shahsonali75@hotmail.com	9820235344	7828 9138 2346	No	

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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	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	Dr. Kulkarni Pradnya	Professor & Head	Anaesthesiology	R	MD, DA FRCA		22	Yes	MUHS/PG/E-1/ 6116/2539/19 Dt. 25/06/2019	4	13/11/1964	drpradnyackulkarni@gmail.com	9892059518	4854 1402 9652	No	<i>Pradnya</i>
2	Dr. Kothare Pratima	Assistant Professor	Anaesthesiology	R	MD DNB		34	Yes	MUHS/PG/E-1/ 27/6116/4142/18 Dt. 28.11.2018	3	22/01/1963	pratimakothare@hotmail.com	9819790343	4335 3692 3387	No	<i>Pratima</i>

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 PATHOLOGY

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 date 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.Malhotra Maya Parihar	Profesor & Head	Patho logy	R	MD (Path) DPB		29	Yes	MUHS/PG/E-1/27 6116/918/19 Dt. 25/02/2019	5	06/08/1966	maya.parihar@gmail.com	9820302628	6416 7275 5798	No	
2	Dr.Marathe Paresh	Associate Professor	Patho logy	R	MD (Path)		18	Yes	MUHS/PG/E-1/27 6116/44/18 Dt. 01/01/2019	5	03/06/1973	paresh.marathe73@gmail.com	9819227044	2282 7677 6257	No	
3	Dr.Parikh Rupali	Assistant Professor	Patho logy	T	MD (Path)		4	Yes	MUHS/PG/E-1/ 6116/27/3453/2023 Dt. 26/12/2023		14/05/1974	rsparikh74@gmail.com	9820521188	2431 9709 8029	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 GENERAL SURGERY

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 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.	Andhar 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)		34	Yes	MUHS/PG/E-1/6116/2539/19 Dt. 25/06/2019	5	06/05/1956	agnande@gmail.com	9820095499	7449 6067 3847	No	
2	Dr. Yadav Rajesh Bapu	Profesor	General Surgery	T	MBBS MS(G.Surg.) FICS (USA) FAIS FILT (S.Korea) FIMAS (Delhi)			Yes	MUHS/PG/E-1/101110/771/2025 Dt.20/08/2025		11/04/1969	doc.rajesh.yadav@gmail.com	9821016728	242350912020	No	
3	Dr. Chatterjee Sanjay	Assistant Professor	General Surgery	R	MS (Gen. Sur), FRCS		23	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	
4	Dr. Agarwal Niranjan	Assistant Professor	General Surgery	R	MS (Gen. Sur), DNB		26	Yes	MUHS/PG/E-1/6116/27/3453/2023 Dt.26/12/2023		04/12/1967	drndagarwal@hotmail.com	9820541923	359572020787	No	

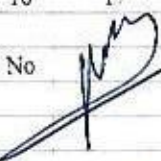
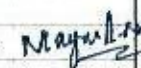
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SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG COURSES)

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

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 Debarrred (Yes/No)	Sign. of Teacher
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 FRCS (Gen.Sur) FRCS (Ortho.)		21	Yes	MUHS/PG/E-1/ 6116/2539/19 Dt. 25/06/2019	4	30/05/1966	paragmunshi@hotmail.com	9819934002	8038 4121 0775	No	
2	Dr.Chintwala Hetal	Associate Professor	Ortho - paedics	R	MS, DNB D'Orho		17	Yes	MUHS/PG/E-1/ 6116/613/2009 Dt.06/05/2009	3	30/09/1972	hchintwala@ymhoo.com	9819894840	9524 0582 1148	No	
3	Dr.Bhandari Hemant	Assistant Professor	Ortho - paedics	R	MS, M.Se		19	Yes	MUHS/PG/E-1/ 6116/1783/10 Dt. 18/08/2010	3	13/12/1962	hemantbhandari@hotmail.com	9821550550	3670 7825 9514	No	

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
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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 Appointed at (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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr. Shah Nagendra	Professor & Head	Ophthalmology	R	MS (Oph.) DNB (Oph.)		19	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	Ophthalmology	R	MS DOMS, DNB, FRCS, ADBA		16	Yes	MUHS/PG/E-1/27 6116/44/18 Dt. 01/01/2019	2	01/03/1977	mayurconsults@gmail.com	9820308358	7664 1173 1474	No	
3	Dr. Kataria Sandeep	Assistant Professor	Ophthalmology	T	DNB (Oph)		20	Yes	MUHS/PG/E-1/ 101110/771/2025 Dt. 20/08/2025		17/09/1970	eyefacts@hotmail.com	9920604202	432630352031	No	

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
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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 (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp./ Honorary)	Qualification	University Approximate (at (in yrs.) (UG) after PGM)	PG Teaching Experience (in yrs.) Yes/No	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.Khadilkar Suvarna Satish	Professor & Head	Obst. & Gynaec.	R	MD (OBGY) DGO, FICOG PG (Dip in Endo.), CIMP		37	Yes	MUHS/PG/E-1/ 27/6116/4142/18 Dt.28.11.2018	5	09/06/1961	suvarnakhadilkar@yahoo.com	9820078703	2639 3106 0776	No	
2	Dr.Goyal Shashi	Associate Professor	Obst. & Gynaec.	R	MD		34	Yes	MUHS/PG/E-1/ 6116/613/2009 Dt.06/05/2009	5	21/07/1956	drshashigoyal@gmail.com	9820122479	9145 6350 4690	No	
3	Dr.Kania Prema	Assistant Professor	Obst. & Gynaec.	R	MD (OBGY)		29	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	
4	Dr.Bathija Kunjal	Associate Professor	Obst. & Gynaec.	T	MD (OBGY)		18	Yes	MUHS/PG/E-1/ 101110/771/2025 Dt.20/08/2025		21/07/1971	^{Yahoo-com} kunjalbathija@hotmail.com	9820296242	877858507154	No	<i>Bathija</i>
5	Dr.Pai Dhunge Varsha	Assistant Professor	Obst. & Gynaec.	T	MD, DGO		9	Yes	MUHS/PG/E-1/ 101110/771/2025 Dt.20/08/2025		20/10/1974	^{gmail-} varshapaidhungat@yahoo.com	9820182464	333382372554	No	<i>Varsha</i>

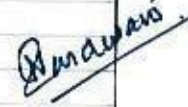
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG COURSES)

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 (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 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.Sharma Anil	Profesor & Head	Cardiology	R	MD (Med) DM (Cardio)		21	Yes	MUHS/PG/E-1/27/6116/4699/18 Dt.27/12/2018	4	31/08/1963	dranilheart@yahoo.co.in	9820071077	277513221392	No	<i>AS</i>
2	Dr.Kawar Ramesh	Associate Professor	Cardiology	R	MD (Med) DM (Card)		20	Yes	MUHS/PG/E-1/6116/1783/10 Dt.18/08/2010	3	09/01/1964	rameshkawar8@gmail.com	9820088202	3856 6501 0654	No	<i>Ramesh Kawar</i>
3	Dr. Kalmath B C	Associate Professor	Cardiology	R	MD (Med) DM (Card)		20	Yes	MUHS/PG/E-1/6116/1783/10 Dt.18/08/2010	3	06/09/1966	b_kalmath@yahoo.co.in	9820045848	5986 0619 8741	No	<i>BK</i>

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 Debarrred (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	Professor & Head	Neurology	R	DM (Neuro) DNB (Neu.)		31	Yes	MUHS/PG/E-1/27 6116/4141/148 Dt. 28/11/2018	5	03/11/1960	khadilkarsatish@gmail.com	9820024689	8379 0303 5013	No	
2	Dr. Lalkaka Jimmy	Associate Professor	Neurology	R	MD (Med.) DM (Neu.)		32	Yes	MUHS/PG/E-1/ 6116/621/2009 Dt. 07/05/2009	4	21/07/1959	jimmylalkaka@gmail.com	9819767259	8985 9887 2364	No	
3	Dr. Pardasani Vibhor	Assistant Professor	Neurology	R	MD (Med.) DM (Neu.)		12	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	
4	Dr. Singh Rakesh Singh	Assistant Professor	Neurology	T	MD (Gen. Med.) DM (Neuro)		10	Yes	MUHS/PG/E-1/ 6116/27/3269/2023 Dt. 05/12/2023		02/06/1979	drakeshn@gmail.com	'9223347374	'684157003469	No	

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 (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)	Signature of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr.Bichu Shrirang	Professor & Head	Nephrolog	R	DNB (Med DNB (Nephro)		18	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	
2	Dr.Shah Hardik	Associate Professor	Nephrolog	R	MD (Med DNB (Nephro)		18	Yes	MUHS/PG/E-1/ 6116/27/3269/2023 Dt.05/12/2023	3	11/06/1974	drhardik74@hotmail.com	9833919767	2051 5379 1893	No	
3	Dr.Kirpalani Dilip Ashok	Assistant Professor	Nephrolog	R	MD (Med DM (Nephro)		15	Yes	MUHS/PG/E-1/27/ 6116/4141/148 Dt.28/11/2018	2	23/01/1980	dilip_kirpalani@yahoo.com	9820091754	504778934067	No	

Dr. Bichu
Dr. Shah
Kirpalani

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 NEUROSURGERY

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 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. Shah Suneel	Professor & Head	Neuro-surgery	R	MS, M.Ch.		23	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	Suneel Shah
2	Dr. Karmarkar Vikram	Associate Professor	Neuro-surgery	R	MS (G.Sur) DNB (Neu. Sur)		17	Yes	MUHS/PG/E-1/ 6116/27/2656/2021 Dt. 29/09/2021	4	05/11/1974	vskarmarkar@gmail.com	9819521273	4268 1358 4686	No	Vikram Karmarkar
3	Dr. Mehta Nirav	Associate Professor	Neuro-surgery	R	MS (G.Sur) DNB (Gen.Surg) M.Ch. (Neuorsur)		15	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	Nirav Mehta
4	Dr. Mohanty Chandan	Assistant Professor	Neuro-surgery	R	M.Ch. (Neuro)		5	Yes	MUHS/PG/E-1/ 6116/27/3269/2023 Dt. 05/12/2023		24/04/1982	drmohantychandana@gmail.com	8451938613	'949539652403	No	Chandan Mohanty
5	Dr. Shroff Krishna	Assistant Professor	Neuro-surgery	R	DNB (Gen.Surg) M.Ch. (Neuorsur)			Yes	MUHS/PG/E-1/ 6116/27/3269/2023 Dt. 05/12/2023		24/04/1988	krishnashroff@gmail.com	'9619720956	'597715030289	No	

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

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 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 Debarrred (Yes/ No)	Sign. of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr.Pattnaik Prashant	Professor	Urology	R	MS (Gen.S) M.Ch.(Uro)		34	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	
2	Dr.Gunavanthi Varun	Assistant Professor	Urology	R	MS, M.Ch. (URO) DNB		7	Yes	MUHS/PG/E-1/6116 27/2656/2021 Dt. 29/09/2021	1	27/06/1982	varunuro@gmail.com	9920282201	237351587901	No	

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 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)	Signature of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr.Umbarkar Rajendra	Professor	CVTS	R	MS (G.Sur) M.Ch.(CVTS)		16	Yes	MUHS/PG/E-1/ 6116/27/3269/2023 Dt. 05/12/2023		07/10/1965	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)		11	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	