

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

Name of the College :- MAHARASHTRA INSTITUTE OF OF MEDICAL SCIENCES & RESEARCH (MIMSR MEDICAL COLLEGE), LATUR  
 Phone/Mobile No. :- 02382 - 227587  
 Name of the Subject :- Anatomy

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular / Temp. / Honorary)	UG Qualification & Year of Passing	University Approx (UG)	PG Teaching experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University)	No. of PG Students Guided last 5 years	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. Pathan Ferozkhan Jafarkhan	Professor	Anatomy	Regular	MBBS - 1998	15.05 Yrs	08.11 Yr	Yes	No.MUHS/PG/E-1/1405/2673/14 dated 08/10/2014	--	02/08/1972	drferoz07@rediffmail.com	98223 37689	3333 2954 0156	No	
2	Dr. Surwase Ramdas Gopalrao	Asso. Professor	Anatomy	Regular	MBBS - 2003	15.02 Yrs	08.11 Yr	Yes	No.MUHS/PG/E-1/1405/2673/14 dated 08/10/2014	--	01/11/1978	r.surwase@yahoo.in	88578 90725	3214 0185 7867	No	



**DEAN**  
**M.I.M.S.R. Medical College**  
**LATUR-413531**

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

Name of the College :- MAHARASHTRA INSTITUTE OF OF MEDICAL SCIENCES & RESEARCH (MIMSR MEDICAL COLLEGE), LATUR  
 Phone/Mobile No. :- 02382 - 227587  
 Name of the Subject :- Physiology

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular / Temp. / Honorary)	UG Qualification & Year of Passing	University Approx (UG)	PG Teaching experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University)	No. of PG Students Guided last 5 years	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. Gavkare Ajay Madhavrao	Professor	Physiology	Regular	MBBS - 2002	13.02 Yrs	03.02 Yrs	Yes	No. MUHS/PG/E-1/104104/3042/2021 dated 11/11/2021	--	15/07/1981	drjaygavkare1998@gmail.com	98909 42743	6235 6051 5535	No	
2	Dr. Shelke Bhagwat Narayan	Asso. Professor	Physiology	Regular	MBBS - 2005	11.03 Yrs	03.02 Yrs	Yes	MUHS/PG/E-1/93/2023 dated 09/01/2023	--	25/10/1983	bhagwat.shelke@gmail.com	99700 44345	4340 7251 1920	No	

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

Name of the College :- MAHARASHTRA INSTITUTE OF OF MEDICAL SCIENCES & RESEARCH (MIMSR MEDICAL COLLEGE), LATUR  
 Phone/Mobile No. :- 02382 - 227587  
 Name of the Subject :- Biochemistry

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular / Temp. / Honorary)	UG Qualification & Year of Passing	University Approx (UG)	PG Teaching experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University)	No. of PG Students Guided last 5 years	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. Bikkad Mahendra Dattatraya	Professor	Biochemistry	Regular	M.Sc.(Med) - 2003, Ph.D. (Med.)- 2009	20.08 Yrs	10.11 Yrs	Yes	No.MUHS/PG/E-1/1405/2673/14 dated 08/10/2014	--	10/06/1976	mahendra.bikkad@yahoo.co.in	94226 56833	8568 7482 3907	No	

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
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Name of the College :- MAHARASHTRA INSTITUTE OF OF MEDICAL SCIENCES & RESEARCH (MIMSR MEDICAL COLLEGE), LATUR  
 Phone/Mobile No. :- 02382 - 227587  
 Name of the Subject :- Microbiology

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular / Temp. / Honorary)	UG Qualification & Year of Passing	University Approx (UG)	PG Teaching experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University)	No. of PG Students Guided last 5 years	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. Pichare Aasha Pandharinath	Professor	Microbiology	Regular	MBBS - 1995	25.10 Yrs	15.07 Yrs	Yes	No.MUHS/PG/E-1/1405/616/2008 dated 27/05/2008	--	01/09/1971	appichare@yahoo.com	98224 99342	3828 2834 7527	No	
2	Dr. Lamture Alka Raghunathrao	Professor	Microbiology	Regular	MBBS - 1990	23.01 Yrs	12.01 Yrs	Yes	No.MUHS/PG/E-1/1405/1463/11 dated 09/07/2011	--	06/05/1966	alamture100@yahoo.co.in	94032 49782	9316 3563 0922	No	

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

Name of the College :- MAHARASHTRA INSTITUTE OF OF MEDICAL SCIENCES & RESEARCH (MIMSR MEDICAL COLLEGE), LATUR  
 Phone/Mobile No. :- 02382 - 227587  
 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)	UG Qualification & Year of Passing	University Approx (UG)	PG Teaching experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University)	No. of PG Students Guided last 5 years	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. Kulkarni Sheela Narsinha	Professor	Pathology	Regular	MBBS - 1986	33.00 Yrs	14.08 Yrs	Yes	No.MUHS/PG/E-1/1405/1569/2008 dated 29/11/2008	3	16/05/1963	snkd1964@rediffmail.com	98810 99851	9031 9694 5934	No	
2	Dr. Ingle Sachin Bhalchandra	Professor	Pathology	Regular	MBBS - 2001	16.03 Yrs	07.05 Yrs	Yes	No.MUHS/PG/E-1/1405/586/16 dated 29/02/2016	2	07/03/1979	dr.sachingle@gmail.com	94233 31062	5832 8476 3424	No	

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

Name of the College :- MAHARASHTRA INSTITUTE OF OF MEDICAL SCIENCES & RESEARCH (MIMSR MEDICAL COLLEGE), LATUR  
 Phone/Mobile No. :- 02382 - 227587  
 Name of the Subject :- Pharmacology

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular / Temp. / Honorary)	UG Qualification & Year of Passing	University Approx (UG)	PG Teaching experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University)	No. of PG Students Guided last 5 years	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. Muglikar Abhijeet Govindrao	Professor	Pharmacology	Regular	MBBS - 1997	18.07 Yrs	10.05 Yrs	Yes	MUHS/PG/E-1/93/2023 dated 09/01/2023	1	16/10/1974	dr_abhijeet2004@yahoo.co.in	94238 24128	5995 0258 1050	No	

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

Name of the College :- MAHARASHTRA INSTITUTE OF OF MEDICAL SCIENCES & RESEARCH (MIMSR MEDICAL COLLEGE), LATUR  
 Phone/Mobile No. :- 02382 - 227587  
 Name of the Subject :- Community Medicine

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular / Temp. / Honorary)	UG Qualification & Year of Passing	University Approx (UG)	PG Teaching experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University)	No. of PG Students Guided last 5 years	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. Bhise Mukund Devidasrao	Professor	Community Medicine	Regular	MBBS - 1999	24.02 Yrs	07.11 Yrs	Yes	No.MUHS/PG/E-1/1405/2857/15 dated 30/07/2015	1	29/04/1974	mdb_1974@rediffmail.com	77981 86164	7730 5276 0388	No	
2	Dr. Takalkar Anant Arunrao	Professor	Community Medicine	Regular	MBBS - 1999	20.02 Yrs	10.00 Yrs	Yes	MUHS/PG/E-1/93/2023 dated 09/01/2023	--	22/05/1978	ananttakalkarpsm@gmail.com	87229 20276	9426 4042 9215	No	

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**SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)**

Name of the College :- MAHARASHTRA INSTITUTE OF OF MEDICAL SCIENCES & RESEARCH (MIMSR MEDICAL COLLEGE), LATUR  
 Phone/Mobile No. :- 02382 - 227587  
 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)	UG Qualification & Year of Passing	University Approx (UG)	PG Teaching experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University)	No. of PG Students Guided last 5 years	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. Rathi Anil Kantaprasad	Professor	General Medicine	Regular	MBBS - 1985	26.04 Yrs	06.09 Yrs	Yes	MUHS/PG/E-1/94/2023 dated 09/01/2023	1	07/08/1964	anilrathi8@gmail.com	98230 26433	5959 8514 3113	No	
2	Dr. Gondhali Gajanan Venkatrao	Professor	General Medicine	Regular	MBBS - 2007	11.05 Yrs	04.07 Yrs	Yes	No.MUHS/PG/E-1/1405/431/19 dated 25/01/2019	3	11/05/1984	gajanan_2226@yahoo.co.in	80877 33314	2086 7872 9916	No	
3	Dr. Patil Rajesh Shivaji	Professor	General Medicine	Regular	MBBS - 1981	19.04 Yrs	10.06 Yrs	Yes	No.MUHS/PG/E-1/1405/71/13 dated 05/01/2013	3	10/09/1960	drspat@gmail.com	98906 00002	2077 4720 8158	No	
4	Dr. Mirza Mazhar Saleem	Associate Professor	General Medicine	Regular	MBBS - 1999	08.03 Yrs	03.07 Yrs	Yes	No.MUHS/PG/E-1/1405/5156/19 dated 28/11/2019	1	13/11/1973	drmazhar7861@yahoo.co.in	86988 49256	8703 7104 4348	No	



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Name of the College :- MAHARASHTRA INSTITUTE OF OF MEDICAL SCIENCES & RESEARCH (MIMSR MEDICAL COLLEGE), LATUR  
 Phone/Mobile No. :- 02382 - 227587  
 Name of the Subject :- Skin & V.D.

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular / Temp. / Honorary)	UG Qualification & Year of Passing	University Approx (UG)	PG Teaching experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University)	No. of PG Students Guided last 5 years	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. Unni Mahesh Mallikarjun	Professor	Skin & VD	Regular	MBBS - 1989	26.10 Yrs	06.03 Yrs	Yes	No.MUHS/PG/E-1/1405/1365/17 dated 25/05/2017	7	04/06/1966	m_unni_in@yahoo.com	99606 45929	5903 6875 7697	No	
2	Dr. Arjun Chhaganrao Mapare	Associate Professor	Skin & VD	Regular	MBBS - 1978	17.01 Yrs	10.03 Yrs	Yes	MUHS/PG/E-1/1405/817/13 dated 26/03/2013 (Asst. Professor)	--	31/12/1954	arjun.mapari@mimsr.edu.in	94231 40510	9102 1186 6203	No	

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
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Name of the College :- MAHARASHTRA INSTITUTE OF OF MEDICAL SCIENCES & RESEARCH (MIMSR MEDICAL COLLEGE), LATUR  
 Phone/Mobile No. :- 02382 - 227587  
 Name of the Subject :- Psychiatry

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular / Temp. / Honorary)	UG Qualification & Year of Passing	University Approx (UG)	PG Teaching experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University)	No. of PG Students Guided last 5 years	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. Patil Dinesh Shivajirao	Professor	Psychiatry	Regular	MBBS -	26.06 Yrs	14.08 Yrs	Yes	No.MUHS/PG/E-1/1405/1569/2008 dated 29/11/2008	--	08/11/1964	drdineshpatillatur@gmail.com	94237 77051	7017 0235 3963	No	

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
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Name of the College :- MAHARASHTRA INSTITUTE OF OF MEDICAL SCIENCES & RESEARCH (MIMSR MEDICAL COLLEGE), LATUR  
 Phone/Mobile No. :- 02382 - 227587  
 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)	UG Qualification & Year of Passing	University Approx (UG)	PG Teaching experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University)	No. of PG Students Guided last 5 years	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. Kendre Vidyadevi Dnyandevrao	Professor	Paediatrics	Regular	MBBS - 1998	17.09 Yrs	09.02 Yrs	Yes	No.MUHS/PG/E-1/1405/1683/14 dated 27/06/2014	3	10/04/1974	vidyakendre@rediffmail.com	93267 14470	7694 9770 8070	No	
2	Dr. Sonar Mahesh Nagnath	Associate Professor	Paediatrics	Regular	MBBS - 1994	19.02 Yrs	10.06 Yrs	Yes	No.MUHS/PG/E-1/1405/71/13 dated 05/01/2013	7	12/07/1973	drmaheshsonar@gmail.com	98908 42271	3866 3973 0451	No	

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

Name of the College :- MAHARASHTRA INSTITUTE OF OF MEDICAL SCIENCES & RESEARCH (MIMSR MEDICAL COLLEGE), LATUR  
 Phone/Mobile No. :- 02382 - 227587  
 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)	UG Qualification & Year of Passing	University Approx (UG)	PG Teaching experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University)	No. of PG Students Guided last 5 years	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. Kulkarni Narsinha Vamanrao	Professor	General Surgery	Regular	MBBS - 1983	31.01 Yrs	07.04 Yrs	Yes	No.MUHS/PG/E-1/1405/177/17 dated 18/01/2017	2	24/08/1961	knvksnk@gmail.com	94226 56396	3912 9220 8229	No	
2	Dr. Warad Basavaraj Shamappa	Professor	General Surgery	Regular	MBBS - 1984	26.03 Yrs	13.02 Yrs	Yes	No.MUHS/PG/E-1/1405/1053/10 dated 16/06/2010	4	15/04/1959	dr.bswarad@gmail.com	98900 66760	3494 4983 9570	No	
3	Dr. Irpatgire Ravindra Nagnath	Professor	General Surgery	Regular	MBBS - 2000	13.10 Yrs	07.04 Yrs	Yes	No.MUHS/PG/E-1/1405/177/17 dated 18/01/2017	3	05/06/1976	rirpatgire@rediffmail.com	97309 33777	4458 6305 0575	No	

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

Name of the College :- MAHARASHTRA INSTITUTE OF OF MEDICAL SCIENCES & RESEARCH (MIMSR MEDICAL COLLEGE), LATUR  
 Phone/Mobile No. :- 02382 - 227587  
 Name of the Subject :- Orthopedics

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular / Temp. / Honorary)	UG Qualification & Year of Passing	University Approx (UG)	PG Teaching experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University)	No. of PG Students Guided last 5 years	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. Rao Arun Kumar	Professor	Orthopedics	Regular	MBBS - 1987	28.09 Yrs	15.07 Yrs	Yes	No.MUHS/PG/E-1/1405/616/2008 dated 27/05/2008	5	08/05/1965	aran0665@yahoo.co.in	94230 76572	9080 4535 1654	No	
2	Dr. Malu Rajendra Govindlal	Professor	Orthopedics	Regular	MBBS - 1984	31.06 Yrs	10.09 Yrs	Yes	No.MUHS/PG/E-1/1405/711/13 dated 05/01/2013	3	06/05/1961	rajendramalu@yahoo.com	94224 68671	2311 0698 4449	No	
3	Dr. Jaju Chetan Rameshchandra	Associate Professor	Orthopedics	Regular	MBBS - 2002	13.11 Yrs	07.05 Yrs	Yes	No.MUHS/PG/E-1/1405/586/16 dated 29/02/2016	1	24/04/1978	chetanjaju@yahoo.com	96378 20011	3950 8390 3305	No	

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

Name of the College :- MAHARASHTRA INSTITUTE OF OF MEDICAL SCIENCES & RESEARCH (MIMSR MEDICAL COLLEGE), LATUR  
 Phone/Mobile No. :- 02382 - 227587  
 Name of the Subject :- ENT

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular / Temp. / Honorary)	UG Qualification & Year of Passing	University Approx (UG)	PG Teaching experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University)	No. of PG Students Guided last 5 years	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. Shamsundar Satyanarayan Somani	Professor	ENT	Regular	MBBS - 1985	28.07 Yrs	15.07 Yrs	Yes	No.MUHS/PG/E-1/1405/616/2008 dated 27/05/2008	1	13/03/1963	shamsomani@rediffmail.com	94224 69576	3340 8987 3222	No	
2	Dr.Shaila Vishnudas Bangad	Professor	ENT	Regular	MBBS - 1991	16.03 Yrs	05.07 Yrs	Yes	No.MUHS/PG/E-1/1405/771/18 dated 09/02/2018	2	27/01/1970	shailasomani@yahoo.com	83788 49999	5780 0883 5257	No	

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
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Name of the College :- MAHARASHTRA INSTITUTE OF OF MEDICAL SCIENCES & RESEARCH (MIMSR MEDICAL COLLEGE), LATUR  
 Phone/Mobile No. :- 02382 - 227587  
 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)	UG Qualification & Year of Passing	University Approx (UG)	PG Teaching experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University)	No. of PG Students Guided last 5 years	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. Hanumant Tulshiram Karad	Professor & HOD	Ophthalmology	Regular	MBBS - 1979	33.00 Yrs	15.07 Yrs	Yes	No.MUHS/PG/E-1/1405/154/2008 dated 01/03/2008	7	01/05/1956	htkarad@mitpu ne.com	98226 80900	7493 1409 7900	No	
2	Dr. Nisale Uttam Haribhau	Professor	Ophthalmology	Regular	MBBS - 1984	19.00 Yrs	07.05 Yrs	Yes	MUHS/PG/E-1/93/2023 dated 09/01/2023	--	14/04/1961	uhnisale@rediff mail.com	94229 32123	4984 1247 0038	No	

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Name of the College :- MAHARASHTRA INSTITUTE OF OF MEDICAL SCIENCES & RESEARCH (MIMSR MEDICAL COLLEGE), LATUR  
 Phone/Mobile No. :- 02382 - 227587  
 Name of the Subject :- OBGY

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular / Temp. / Honorary)	UG Qualification & Year of Passing	University Approx (UG)	PG Teaching experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University)	No. of PG Students Guided last 5 years	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. Chandrakala Shivajirao Patil	Professor	OBGY	Regular	MBBS-1978	30.02 Yrs	23.04 Yrs.	Yes	MUHS/PG/E-1/1405/1271/2009 dated 01/09/2009 (Professor)	--	27/04/1956	drchandrakalapatil@gmail.com	94229 32122	6597 4635 4320	No	
2	Dr. Khatod Leela Vithalrao	Professor	OBGY	Regular	MBBS - 1980	28.02 Yrs.	14.08 Yrs	Yes	No.MUHS/PG/E-1/1405/1569/2008 dated 29/11/2008	3	04/03/1959	bhlatur@gmail.com	94210 92815	8072 2193 2632	No	



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Name of the College :- MAHARASHTRA INSTITUTE OF OF MEDICAL SCIENCES & RESEARCH (MIMSR MEDICAL COLLEGE), LATUR  
 Phone/Mobile No. :- 02382 - 227587  
 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)	UG Qualification & Year of Passing	University Approx (UG)	PG Teaching experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University)	No. of PG Students Guided last 5 years	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. Kasture Laxman Haribhau	Professor	Radio-diagnosis	Regular	MBBS - 1984	29.07 Yrs	15.07 Yrs	Yes	No.MUHS/PG/E-1/1405/154/2008 dated 01/03/2008	3	16-02-1958 (Age 64)	lh_kasture@rediffmail.com	98230 33247	9315 1593 9357	No	
2	Dr. Bhangdia Omprakash Giridharilal	Professor	Radio-diagnosis	Regular	MBBS - 1983	27.03 Yrs	15.07 Yrs	Yes	No.MUHS/PG/E-1/1405/154/2008 dated 01/03/2008	3	11/02/1962	ogbhangdiya@gmail.com	98231 91010	4682 6264 2379	No	

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

Name of the College :- MAHARASHTRA INSTITUTE OF OF MEDICAL SCIENCES & RESEARCH (MIMSR MEDICAL COLLEGE), LATUR  
 Phone/Mobile No. :- 02382 - 227587  
 Name of the Subject :- Anesthesia

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular / Temp. / Honorary)	UG Qualification & Year of Passing	University Approx (UG)	PG Teaching experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University)	No. of PG Students Guided last 5 years	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. Karande Tukaram Kishanrao	Professor	Anesthesia	Regular	MBBS - 1986	17.06 Yrs	07.11 Yrs	Yes	No.MUHS/PG/E-1/1405/2857/15 dated 30/07/2015	3	06/06/1963	tkkarande@icloud.com	98230 25280	3035 0210 3535	No	
2	Dr. Jamadar Nawab Pashaheeb	Professor	Anesthesia	Regular	MBBS - 1982	29.03 Yrs	14.08 Yrs	Yes	No.MUHS/PG/E-1/1405/1569/2008 dated 29/11/2008	1	21/05/1960	nawab_jamadar@yahoo.com	94220 71032	7382 1625 9690	No	
3	Dr. Patil Bhagwan Marotirao	Professor	Anesthesia	Regular	MBBS - 1987	17.09 Yrs	10.09 Yrs	Yes	No.MUHS/PG/E-1/1405/71/13 dated 05/01/2013	3	02/10/1964	drpbhags@gmail.com	94222 42601	7317 1958 1331	No	
4	Dr. Kawlas Rajesh Shivlingappa	Associate Professor	Anesthesia	Regular	MBBS - 1982	27.00 Yrs	15.07 Yrs	Yes	No.MUHS/PG/E-1/1405/616/2008 dated 27/05/2008	5	08/07/1965	kaviasraj@gmail.com	94239 13044	4290 9507 4010	No	

**DEAN**

**M.I.M.S.R. Medical College**  
**LATUR-413531**