

MAHARASHTRA UNIVERSITY OF HEALTH NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Course)

Name of the College : Maharashtra Institute of Medical Sciences & Research, Latur.

Phone/Mob.No. : 02382227587

College E-mail : mimsr@mimsr.edu.in

Name of the Subject : Anatomy

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appoint ment (Regular/ Temp. / Honorary)	Qualificati on	University Approx at (UG)	PG	PG	(Recognition Letter Date issued by University)	No. of PG	Date of Birth	E-	Mobile No.	Aadhar Card No	If Debar red (Yes/N o)	Sign.. of Teache r
							Teaching Experienc e (in Years) after	Teacher Recopnil ion Yes/No				mail ID				
1	Dr. Ferozkhan Jafarkhan Pathan	Professor	Anatomy	Regular	MS 2007	17 Yrs.		Yes	MUHS/PG/E- 1/1405/2673/2 014 Dated 8/10/2014 (Asso. Prof.)		02.08.1972	drferoz07@r ediffmail.co m	9822337689	3333295401	No	
2	Dr. Ramdas Gopalrao Surwase	Professor	Anatomy	Regular	MD 2008	16.5 Yrs.		Yes	MUHS/UG/E- 1/1405/2059/2 009 Dated 22/7/2009 (Asst.Prof.)		01.11.1978	r.surwase@y ahoo.in	8857890725	3214018578	No	



DEAN

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

MAHARASHTRA UNIVERSITY OF HEALTH NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Course)

Name of the College : Maharashtra Institute of Medical Sciences & Research, Latur.
 Phone/Mob.No. : 02382227587
 College E-mail : mimsr@mimsr.edu.in
 Name of the Subject : Physiology

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appoint ment (Regular/ Temp. / Honorary	Qualificati on	University Approx at (UG)	PG	PG	(Recognition Letter Date issued by University)	No. of PG Students Guided last 5 year	Date of Birth	E-	Mobile No.	Aadhar Card No	If Debar red (Yes/N o)	Sign.. of Teache r
							Teaching Experienc e (in Years) after	Teacher Recogniti on Yes/No				mail ID				
1	Dr. Ajay Madhavrao Gavkare	Professor	Physiology	Regular	MD 2010	14.4 Yrs.		Yes	MUHS/PG/E- 1/104104/3042 /2021 Dated 11.11.2021		15.07.1981	drajaygavkar1998@gmail.com	9890942743	6235605155	No	
2	Dr.Bhagwat Narayan Shelke	Asso. Prof.	Physiology	Regular	MD 2012	11.1 Yrs.		Yes	MUHS/UG/E- 1/93/2023 Dated 09/1/2023		25.10.1983	bhagwatshelke@gmail.com	9970044345	434072511 920	No	

MAHARASHTRA UNIVERSITY OF HEALTH NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Course)

Annexure VII-B

Name of the College : Maharashtra Institute of Medical Sciences & Research, Latur.
 Phone/Mob.No. : 02382227587
 College E-mail : mimsr@mimsr.edu.in
 Name of the Subject : Biochemistry

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appoint ment (Regular/ Temp. / Honorary)	Qualificati on	University Approx at (UG)	PG	PG	(Recognition Letter Date issued by University)	No. of PG	Date of Birth	E-	Mobile No.	Aadhar Card No	If Debar red (Yes/N o)	Sign.. of Teache r
							Teaching Experienc e (in Years) after	Teacher Recogniti on Yes/No		Students Guided last 5 year		mail ID				
1	Dr. Mahendra Dattatray Bikkad	Professor	Biochemistry	Regular	M.Sc. (Med) - 2003, Ph.D. (Med) - 2009	22.1 Yrs.		Yes	MUHS/PG/E- 1/1405/2673/2 014 Dated 8/10/2014 (Professor)		10.06.1976	mahendrabikkad@yaol.co.in	9422656833	856874823 907	No	

MAHARASHTRA UNIVERSITY OF HEALTH NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Course)

Annexure VII-B

Name of the College : Maharashtra Institute of Medical Sciences & Research, Latur.
Phone/Mob.No. : 02382227587
College E-mail : mimsr@mimsr.edu.in
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)	Qualification	University Appointed (UG)	PG	PG	(Recognition Letter Date issued by University)	No. of PG	Date of Birth	E-	Mobile No.	Aadhar Card No	If Debarred (Yes/No)	Sign.. of Teacher
							Teaching Experience (in Years) after	Teacher Recogniti on Yes/No		Students Guided last 5 year		mail ID				
1	Dr. Aasha Pandharinath Pichare	Professor	Microbiology	Regular	MD 1997	27.1 Yrs	16.5 Yrs.	Yes	MUHS/PG/E- 1/1405/616/20 08 Dated 27/05/2008 (Asso. Prof.)		01.09.1971	appichare@y ahoo.com	9822499342	382828347 527	No	
2	Dr. Alka Raghunathrao Lamtore	Professor	Microbiology	Regular	MD 1994	24.03 Yrs.	13.7 Yrs.	Yes	MUHS/PG/E- 1/1405/1463/2 011 Dated 09/07/2011 (Asso. Prof.)		06.05.1966	alamtore100 @yahoo.co.i n	931635630 922	9403249782	No	

MAHARASHTRA UNIVERSITY OF HEALTH NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Course)

Annexure VII-B

Name of the College : Maharashtra Institute of Medical Sciences & Research, Latur.
Phone/Mob.No. : 02382227587
College E-mail : mimsr@mimsr.edu.in
Name of the Subject : Pathology

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appoint ment (Regular/ Temp. / Honorary)	Qualificati on	University Approx at (UG)	PG	PG	(Recognition Letter Date issued by University)	No. of PG	Date of Birth	E-	Mobile No.	Aadhar Card No	If Debar red (Yes/N o)	Sign.. of Teache r
							Teaching Experienc e (in Years) after	Teacher Recogniti on Yes/No		Students Guided last 5 year		mail ID				
1	Dr. Sheela Narsinha Kulkarni	Professor	Pathology	Regular	MD 1990	34.6 Yrs.	17.6 Yrs.	Yes	MUHS/PG/E- 1/1405/1569/2 008 Dated 29/11/2008 (Asso. Prof.)	2	16-05-1963	snkd1964@r ediffmail.co m	9881099851	903196945 934	No	
2	Dr. Sachin Bhalchandra Ingle	Professor	Pathology	Regular	MD 2006	17.9 Yrs.	13 Yrs.	Yes	MUHS/PG/E- 1/1405/586/20 16 Dated 29/02/2016 (Asst. Prof.)	1	07-03-1979	dr.sachiningl e@gmail.co m	9423331062	583284763 424	No	

MAHARASHTRA UNIVERSITY OF HEALTH NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Course)

Annexure VII-B

Name of the College : Maharashtra Institute of Medical Sciences & Research, Latur.
 Phone/Mob.No. : 02382227587
 College E-mail : mimsr@mimsr.edu.in
 Name of the Subject : Pharmacology

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appoint ment (Regular/ Temp. / Honorary)	Qualificati on	University Approx at (UG)	PG	PG	(Recognition Letter Date issued by University)	No. of PG	Date of Birth	E-	Mobile No.	Aadhar Card No	If Debar red (Yes/N o)	Sign.. of Teache r
							Teaching Experienc e (in Years) after	Teacher Recogniti on Yes/No		Students Guided last 5 year		mail ID				
1	Dr. Abhijeet Govindrao Muglikar	Professor	Pharmacolog y	Regular	MD 2004	18.6 Yrs.	12.05 Yrs	Yes	MUHS/PG/E- 1/71/2013 Dated 05/01/2013 (Asso. Prof.)	1	16-10-1974	dr_abhijeet2004@yahoo.co.in	9423824128	599502581050	No	

MAHARASHTRA UNIVERSITY OF HEALTH NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Course)

Annexure VII-B

Name of the College : Maharashtra Institute of Medical Sciences & Research, Latur.
Phone/Mob.No. : 02382227587
College E-mail : mimsr@mimsr.edu.in
Name of the Subject : Community Medicine

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appoint ment (Regular/ Temp. / Honorary)	Qualificati on	University Approx at (UG)	PG	PG	(Recognition Letter Date issued by University)	No. of PG	Date of Birth	E-	Mobile No.	Aadhar Card No	If Debar red (Yes/N o)	Sign.. of Teache r
							Teaching Experienc e (in Years) after	Teacher Recogniti on Yes/No		Students Guided last 5 year		mail ID				
1	Dr. Mukund Devidas Bhise	Professor	Community Medicine	Regular	MD 2002	22 Yrs.	15 Yrs.	Yes	MUHS/PG/E- 1/1405/2857/2 015 Dated 30/07/2015 (Asso. Prof.)	1	29-04-1974	mdb_1974@ rediffmail.co m	7798186164	773052760 388	No	
2	Dr. Anant Arunrao Takalkar	Professor	Community Medicine	Regular	MD 2006	20.02 Yrs.	13 Yrs.	Yes	MUHS/PG/E- 1/104104/738/ 2024 Dated 29/10/2024 (Prof.)		22-05-1978	ananttakalkar psm@gmail. com	8722920276	942640429 215	No	

MAHARASHTRA UNIVERSITY OF HEALTH NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Course)

Annexure VII-B

Name of the College : Maharashtra Institute of Medical Sciences & Research, Latur.
Phone/Mob.No. : 02382227587
College E-mail : mimsr@mimsr.edu.in
Name of the Subject : General Medicine

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appoint ment (Regular/ Temp. / Honorary)	Qualificati on	University Approx at (UG)	PG	PG	(Recognition Letter Date issued by University)	No. of PG	Date of Birth	E-	Mobile No.	Aadhar Card No	If Debar red (Yes/N o)	Sign.. of Teache r
							Teaching Experienc e (in Years) after	Teacher Recogniti on Yes/No		Students Guided last 5 year		mail ID				
1	Dr. Anil Kantiprasad Rathi	Professor	Gen. Medicine	Regular	MD 1989	27.6 Yrs.	12 Yrs.	Yes	MUHS/PG/E- 1/94/2023 Dated 09/01/2023 (Prof.)	3 1	59598514311	AAOPR1324 G	07-08-1964	anilrathi8@gmail.com	9.823E+09	No
2	Dr. Gajanan Venkatrao Gondhali	Professor	Gen. Medicine	Regular	MD 2012	12.4 Yrs.	12 Yrs.	Yes	MUHS/PG/E- 1/1405/431/20 19 Dated 25/01/2019 (Asst. Prof.)	3	20867872991	AMHPG449 3Q	11-05-1984	gajanan2226@yahoo.co.in	8.088E+09	No
3	Dr. Mazhar Saleem Mirza	Asso. Prof.	Gen. Medicine	Regular	MD 2009	9.3 Yrs.	6 Yrs.	Yes	MUHS/PG/E- 1/1405/5156/2 019 Dated 28/11/2019	1	87037104434	BATPM041 2J	13-11-1973	drmazhar7861@yahoo.com	8.699E+09	No

MAHARASHTRA UNIVERSITY OF HEALTH NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Course)

Annexure VII-B

Name of the College : Maharashtra Institute of Medical Sciences & Research, Latur.
Phone/Mob.No. : 02382227587
College E-mail : mimsr@mimsr.edu.in
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)	Qualification	University Approp at (UG)	PG	PG	(Recognition Letter Date issued by University)	No. of PG	Date of Birth	E-	Mobile No.	Aadhar Card No	If Debar red (Yes/No)	Sign.. of Teache r
							Teaching Experienc e (in Years) after	Teacher Recogniti on Yes/No		Students Guided last 5 year		mail ID				
1	Dr. Unni Mahesh Malikarjun	Professor	Skin & V.D.	Regular	MBBS, M	28 Yrs.	7.10 Yrs.	Yes	MUHS/UG/E- 1/104104/579/ 2024 Dated 13/09/2024 (Prof.)		10-04-1974	vidyakendre @gmail.com	9326714470	769497708 070	No	
2	Dr. Tapdiya Rajkumar Satyanarayan	Assistant Professor	Skin & V.D.	Regular	MBBS, M	19 Yrs.		Yes	MUHS/UG/E- 1/104104/579/ 2024 Dated 13/09/2024 (Asst. Prof.)		08-03-1986	tapdiya.raj@ gmail.com	7507605932		No	

MAHARASHTRA UNIVERSITY OF HEALTH NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Course)

Annexure VII-B

Name of the College : Maharashtra Institute of Medical Sciences & Research, Latur.
 Phone/Mob.No. : 02382227587
 College E-mail : mimsr@mimsr.edu.in
 Name of the Subject : Psychiatry

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appoint ment (Regular/ Temp. / Honorary)	Qualificati on	University Approx at (UG)	PG	PG	(Recognition Letter Date issued by University)	No. of PG	Date of Birth	E-	Mobile No.	Aadhar Card No	If Debar red (Yes/N o)	Sign.. of Teache r
							Teaching Experienc e (in Years) after	Teacher Recogniti on Yes/No		Students Guided last 5 year		mail ID				
1	Dr. Patil Dinesh Shivajirao	Professor	Psychiatry	Regular	MBBS, M	30.8 Yrs.		Yes	MUHS/PG/E- 1/1405/1569/2 008 Dated 29/11/2008 (Prof.)		08-11-1964	drdineshpatil.latur@gmail.com	9423777051		No	

MAHARASHTRA UNIVERSITY OF HEALTH NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Course)

Annexure VII-B

Name of the College : Maharashtra Institute of Medical Sciences & Research, Latur.
Phone/Mob.No. : 02382227587
College E-mail : mimsr@mimsr.edu.in
Name of the Subject : Paediatrics

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appoint ment (Regular/ Temp. / Honorary)	Qualificati on	University Approx at (UG)	PG	PG	(Recognition Letter Date issued by University)	No. of PG Students Guided last 5 year	Date of Birth	E-	Mobile No.	Aadhar Card No	If Debar red (Yes/N o)	Sign.. of Teache r
							Teaching Experienc e (in Years) after	Teacher Recogniti on Yes/No				mail ID				
1	Dr. Vidyadevi Dnyandevrao Kendre	Professor	Paediatrics	Regular	MD 2005	18.11 Yrs.	10 Yrs.	Yes	MUHS/PG/E- 1/1405/168/20 14 Dated 27.06.2014		10-04-1974	vidyakendre@gmail.com	9326714470	769497708 070	No	
2	Dr. Mahesh Nagnath Sonar	Asso. Prof.	Paediatrics	Regular	MD 1998	20.4 Yrs.	11 Yrs.	Yes	MUHS/PG/E- 1/1405/71/201 3 Dated 05.01.2013		12-07-1973	drmaheshsonar@gmail.com	9890842271	386639730 451	No	

MAHARASHTRA UNIVERSITY OF HEALTH NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Course)

Name of the College : Maharashtra Institute of Medical Sciences & Research, Latur.
Phone/Mob.No. : 02382227587
College E-mail : mimsr@mimsr.edu.in
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 Appointed (UG)	PG	PG	(Recognition Letter Date issued by University)	No. of PG	Date of Birth	E-	Mobile No.	Aadhar Card No	If Debarred (Yes/No)	Sign.. of Teacher
							Teaching Experience (in Years) after	Teacher Recogniti on Yes/No		Students Guided last 5 year		mail ID				
1	Dr. Narsinvha Vamanrao Kulkarni	Professor	General Surgery	Regular	MS 1987	32.11 Yrs.	8.10 Yrs.	Yes	MUHS/UG/E- 1/104104/579/ 2024 Dated 13/09/2024 (Prof.)	2	24.08.1961	knvksnk@g mail.com	9422656396	391292208 229	No	
2	Dr. Basavaraj Sharanappa Warad	Professor	General Surgery	Regular	MS 1989	28.03 Yrs.	14.08 Yrs	Yes	MUHS/UG/E- 1/1405/4069/2 007 Dated 07/09/2007 (Asso. Prof.)	4	15-04-1959	dr.bswarad@ gmail.com	9890066760	349449839 570	No	
3	Dr. Ravindra Nagnath Irpatgire	Professor	General Surgery	Regular	MS 2005	15.08 Yrs.	8.10 Yrs.	Yes	MUHS/UG/E- 1/057414/3458 /2012 Dated 28/08/2012 (Asst. Prof.)	3	05-06-1976	rirpatgire@re diffmail.com	9730933777	445863050 575	No	

MAHARASHTRA UNIVERSITY OF HEALTH NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Course)

Name of the College : Maharashtra Institute of Medical Sciences & Research, Latur.
 Phone/Mob.No. : 02382227587
 College E-mail : mimsr@mimsr.edu.in
 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)	Qualification	University Approx at (UG)	PG	PG	(Recognition Letter Date issued by University)	No. of PG	Date of Birth	E-	Mobile No.	Aadhar Card No	If Debar red (Yes/No)	Sign.. of Teache r
							Teaching Experienc e (in Years) after	Teacher Recogniti on Yes/No		Students Guided last 5 year		mail ID				
1	Dr. Arunkumar Anandrao Rao	Professor	Orthopedics	Regular	MS 1993	30.09 Yrs.	17 Yrs.	Yes	MUHS/PG/E- 1/1405/616/20 08/ Dated 27/05/2008 (Professor)	5	08-05-1965	arun0665@y ahoo.co.in	9423076572	908045351 654	No	
2	Dr. Rajendra Govindlal Malu	Professor	Orthopedics	Regular	MS 1990	33.05 Yrs.	12.1 Yrs.	Yes	MUHS/UG/E- 1/1405/3153/2 014 Dated 08/07/2014 (Asso. Prof.)	3	06-05-1961	rajendramalu @yahoo.com	9422468671	231106984 449	No	
3	Dr. Chetan Ramchandra Jaju	Asso. Prof.	Orthopedics	Regular	MS 2005	15.11 Yrs.	9 Yrs.	Yes	MUHS/UG/E- 1/057414/3458 /2012 Dated 28/08/2012 (Asst. Prof.)	1	24-04-1978	chetanjaju@ yahoo.com	9420081895, 9637820011	395083903 305	No	

MAHARASHTRA UNIVERSITY OF HEALTH NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Course)

Annexure VII-B

Name of the College : Maharashtra Institute of Medical Sciences & Research, Latur.
Phone/Mob.No. : 02382227587
College E-mail : mimsr@mimsr.edu.in
Name of the Subject : E.N.T.

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appoint ment (Regular/ Temp. / Honorary)	Qualificati on	University Approx at (UG)	PG	PG	(Recognition Letter Date issued by University)	No. of PG	Date of Birth	E-	Mobile No.	Aadhar Card No	If Debar red (Yes/N o)	Sign.. of Teache r
							Teaching Experienc e (in Years) after	Teacher Recogniti on Yes/No		Students Guided last 5 year		mail ID				
1	Dr. Sham Satyanarayan Somani	Professor	ENT	Regular	MS 1990	30.07 Yrs.	17 Yrs.	Yes	MUHS/PG/E- 1/1405/616/20 08/ Dated 27/05/2008 (Professor)		13-03-1963	shamsomani@rediffmail.com	9422469576	334089873 222	No	
2	Dr. Shaila Vishnudas Bangad	Professor	ENT	Regular	D.N.B. 2005	18.01 Yrs.	13 Yrs.	Yes	MUHS/PG/E- 1/1405/771/20 18 Dated 09/02/2018 (Asso. Prof.)		27-01-1970	shailasomani@yahoo.com	8378849999, 9890306999	578008835 257	No	

MAHARASHTRA UNIVERSITY OF HEALTH NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Course)

Annexure VII-B

Name of the College : Maharashtra Institute of Medical Sciences & Research, Latur.
Phone/Mob.No. : 02382227587
College E-mail : mimsr@mimsr.edu.in
Name of the Subject : Microbiology

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appoint ment (Regular/ Temp. / Honorary)	Qualificati on	University Approx at (UG)	PG	PG	(Recognition Letter Date issued by University)	No. of PG	Date of Birth	E-	Mobile No.	Aadhar Card No	If Debar red (Yes/N o)	Sign.. of Teache r
							Teaching Experienc e (in Years) after	Teacher Recogniti on Yes/No		Students Guided last 5 year		mail ID				
1	Dr. Hanumant Tulshiram Karad	Professor	Ophthalmolo gy	Regular	MS 1984	34 Yrs.	16.11 Yrs	Yes	MUHS/PG/E- 1/1405/154/20 08 Dated 01/03/2008 (Prof.)	7	01-05-1956	htkarad@mit pune.com	9822680900	749314097 900	No	
2	Dr. Varsha Rameshrao Dhakane	Asso. Prof.	Ophthalmolo gy	Regular	MS 2015	10 Yrs.	3.11 Yrs.	Yes	MUHS/PG/E- 1/1405/2878/2 021 Dated 22/10/2021 (Asst. Prof.)		21-06-1987	varshakarad @gmail.com	9822343209	514497106 526	No	

MAHARASHTRA UNIVERSITY OF HEALTH NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Course)

Name of the College : Maharashtra Institute of Medical Sciences & Research, Latur.
 Phone/Mob.No. : 02382227587
 College E-mail : mimsr@mimsr.edu.in
 Name of the Subject : OBGY

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appoint ment (Regular/ Temp. / Honorary)	Qualificati on	University Approx at (UG)	PG	PG	(Recognition Letter Date issued by University)	No. of PG Students Guided last 5 year	Date of Birth	E-	Mobile No.	Aadhar Card No	If Debar red (Yes/N o)	Sign.. of Teache r
							Teaching Experienc e (in Years) after	Teacher Recogniti on Yes/No				mail ID				
1	Dr. Kranti Venkatrao Kendre	Professor	OBGY	Regular	MD 2001	20.01 Yrs.	3.4 Yrs.	Yes	MUHS/PG/E- 1/1405/2511/202 1 Dated 14/09/2021 (Asst. Prof.)		21-08-1974	drkrantikend e21@gmail.c om	9422933272, 8805771916	412642760 990	No	
2	Dr. Chandrakala Shivajirao Patil	Professor	OBGY	Regular	MD 1990	33.08 Yrs.	24 Yrs.	Yes	MUHS/PG/E- 1/1405/1271/2 009 Dated 01/09/2009 (Prof.)		27-04-1956	drchandrakal apatil@gmai .com	9422932122	659746354 320	No	
3	Dr. Leela Vithalprasad Khatod	Professor	OBGY	Regular	MD 1984	30.06 Yrs.	16 Yrs.	Yes	MUHS/PG/E- 1/1405/1569/2 008 Dated 29/11/2008 (Asso. Prof.)		04-03-1959	bhlatur@gma il.com	9421092815	807221932 632	No	

MAHARASHTRA UNIVERSITY OF HEALTH NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Course)

Annexure VII-B

Name of the College : Maharashtra Institute of Medical Sciences & Research, Latur.
Phone/Mob.No. : 02382227587
College E-mail : mimsr@mimsr.edu.in
Name of the Subject : Radio-Diagnosis

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appoint ment (Regular/ Temp. / Honorary)	Qualificati on	University Approx at (UG)	PG	PG	(Recognition Letter Date issued by University)	No. of PG Students Guided last 5 year	Date of Birth	E-	Mobile No.	Aadhar Card No	If Debar red (Yes/N o)	Sign.. of Teache r
							Teaching Experienc e (in Years) after	Teacher Recogniti on Yes/No				mail ID				
1	Dr. Laxman Haribhau Kasture	Professor	Radio- Diagnosis	Regular	MD	35.08 Yrs.	5 Yrs.	Yes	MUHS/PG/E- 1/1405/154/20 08 Dated 01/02/2008		16-02-1958	lh_kasture@r ediffmail.co m	9823033247	931515939 357	No	
2	Dr. Omprakash Giridharilal Bhangadia	Professor	Radio- Diagnosis	Regular	MD	33.02 Yrs.	5 Yrs.	Yes	MUHS/PG/E- 1/1405/154/20 08 Dated 01/02/2008		11-02-1962	ogbhangdiya @gmail.com	9823191010	468262642 379	No	

MAHARASHTRA UNIVERSITY OF HEALTH NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Course)

Annexure VII-B

Name of the College : Maharashtra Institute of Medical Sciences & Research, Latur.
Phone/Mob.No. : 02382227587
College E-mail : mimsr@mimsr.edu.in
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)	Qualification	University Appointed (UG)	PG	PG	(Recognition Letter Date issued by University)	No. of PG	Date of Birth	E-	Mobile No.	Aadhar Card No	If Debarred (Yes/No)	Sign. of Teacher
							Teaching Experience (in Years) after	Teacher Recogniti on Yes/No		Students Guided last 5 year		mail ID				
1	Dr. Tukaram Kishanrao Karande	Professor	Anesthesia	Regular	MD	20 Yrs.	9.7 Yrs.	Yes	MUHS/PG/E-1/1405/2857/2015 Dated 30/07/2015 (Asst. Prof.)		06-06-1963	tkarande63@gmail.com	9823025280	303502103535	No	
2	Dr. Nawab Pashasaheb Jamadar	Professor	Anesthesia	Regular	MD	31.03 Yrs.	16 Yrs.	Yes	MUHS/PG/E-1/1405/1569/2008 Dated 29/11/2008 (Prof.)		21-05-1960	nawab_jamadar@yahoo.com	9422071032	738216259690	No	
3	Dr. Bhagwan Marutirao Patil	Professor	Anesthesia	Regular	MD	18.05 Yrs.	12.4 Yrs.	Yes	MUHS/PG/E-1/1405/71/2013 Dated 05/01/2013 (Asso. Prof.)		02-10-1964	drpbhags@gmail.com	9422242601	731719581331	No	
4	Dr. Rajesh Shivlingappa Kawlas	Asso. Prof.	Anesthesia	Regular	MD	28.01 Yrs.	17 Yrs.	Yes	MUHS/PG/E-1/1405/616/2008 Dated 27/05/2008 (Asso. Prof.)		08-07-1965	kavlasraj@gmail.com	9423913044	429095074010	No	



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