

Part-I

**Maharashtra University of Health Sciences, Nashik**  
**Inspection Committee Report for Academic Year 2026 - 2027**  
**Faculty of Medicine**

**(For Grant of Continuation / Extension of Affiliation for affiliated UG/PG/Fellowship /Certificate Course/Ph.D Colleges / Institutes & Hospitals)**

<b>Date of Inspection</b>	:	
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<b>Name &amp; Designation of Inspectors :</b>		<b>Signature</b>
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

<b>1</b>	<b>Name of the College / Institute</b>	<b>: Maharashtra Institute of Medical Education &amp; Research (MIMER) Medical College &amp; Dr. Bhausaheb Sardesai Talegaon Rural Hospital, Talegaon (D), Pune</b>
a	Name of Society / Trust	: Maharashtra Academy of Engineering and Educational Research (MAEER) Pune
b	Address	: Talegaon (Dabhade), Tal. Maval, Dist – Pune – 410 507.
c	Email Address	: <a href="mailto:info@mitmimer.com">info@mitmimer.com</a> / <a href="mailto:principal@mitmimer.com">principal@mitmimer.com</a>
d	Fax No.(s)	: 02114 – 3083916
e	Telephone No.(s)	: 02114-308300, 8087099040/41/42/43
f	Website	: <a href="http://www.mimer.edu.in">www.mimer.edu.in</a>
g	College Code	: 1204
h	Status	: <del>Government / Corporation</del> / Private
i	Stage of Renewal	: Recognized for 150 MBBS admissions
<b>j</b>	<b>Details of the Dean/Principal</b>	<b>:</b>
a	Name of the Dean/ Principal	: Dr. Deepa Sanjeev Nair
b	Nature of Appointment	: Permanent / <del>Temporary</del> / Officiating
c	Mobile No.	: 9326026733
d	Office Landline	: 02114-308325
e	E-mail Address	: <a href="mailto:principal@mitmimer.com">principal@mitmimer.com</a>

1. Details of the College are available on the College Website, in the prescribed format?

Yes/No

2. Whether the information is complete in all respect.

Yes/No

3. If incomplete information, please write the points from prescribed format regarding un~~available~~/insufficient information, (LIC to physically verify) the infrastructure/available facilities regarding those points and write the observation below-

Sr. No.	Points Number in prescribed format	Particulars of the point	Observations of the LIC

4. LIC to randomly choose the 10 points of concern, which will help improve the quality of medical education and students life on the campus.

Sr. No.	Points Number in prescribed format	Particulars of the point	Observations of the LIC

5. LIC to visit all departments and physically verify the availability of teaching staff and residents in the department (Please attach the attendance of all departments over previous 06 months) Annexure- 'II'.

**6. Curricular Activities in the College-**

- a. Whether Master Time Table is available.

Yes/No

- b. Whether the lectures, Practicals, Clinical Sessions etc. are conducted as per the master time table?

(LIC to randomly choose at least 10 dates over past 03 months' lectures, Practicals, clinical sessions, PG activities, (if PG course available) etc. from master time table and physically verify the conduction of these sessions) and attached copies to the report.

LIC to randomly choose at least 10 dates over past 03 months of all departments from Clinical side all departments Pre/Para Clinical Departments. LIC to verify past record of teaching activities (UG & PG) of these departments. (Please mention the findings in below) and attached copies to the report.

7. **Ongoing Research Activities in the college excluding PG thesis** (LIC to verify the relevant details of any one of ongoing research activities such as Ethics Committee Approval, status of data collection, data analysis etc., and give the remarks below).

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**8. MUHS Faculty Evaluation Status:**

(Refer University Circular No.99/2022 (MUHS/Acad/EO/UG &amp; PG/3869/2022 dtd.21/10/2022))

Faculty Evaluation carried out at Collegelevel	Total No. of Teachers	Total evaluation carriedout	Remaining pending with reasons
Yes	134	134	No pending

**9. Status of NAAC Accreditation: Accredited Yes / No / Not Applicable**

If Yes, Grade &amp; Date of last Inspection: 'B+' Grade, Assessment date 29/06/2022

If No, what is current status/ progress of work - N.A

**10. Status of Online Boarding: \_\_\_\_\_**


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**11. Services for person with Disability: \_\_\_\_\_**


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**12. Availability of Freeship/ Scholarship for category Students: \_\_\_\_\_**


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**13. Students Feedback**

Sr. No.	Particulars to be verified	Details on College Website	Adequate/ Inadequate
1	<b>Hostel facility:</b> Boys (UG)	Yes/No	Yes
2	Boys (PG)	Yes/No	Yes
3	Girls (UG)	Yes/No	Yes
4	Girls (PG)	Yes/No	Yes
5	Interns	Yes/No	Yes
6	Residents	Yes/No	Yes
7	Canteen Facility [Note: Verify Canteen Facility is monitored as per MUHS Circular No.18/2019 dated 19/03/2019].	Yes/No	Yes
8	Warden/ Rector	Yes/No	Yes
9	Hygiene	Yes/No	Yes

10	Vending Machine	Yes/No	Yes
11	Toilets / Washroom Facilities (Cleanness & Hygiene maintain)	Yes/No	Yes
12	Housekeeping at Hostel	Yes/No	Yes
13	Drinking Water Facilities	Yes/No	Yes
14	Security Services	Yes/No	Yes

**14. Fees Details:**

Sr. No.	Continuation / Extension of Affiliation Fees Details:				
	Course (s)	Paid / Not paid	Amount	Outstanding (if any)	Reasons of Non-payment
1	MBBS	Paid	Rs.15,06,600/-	Nil	Nil
2	P.G Courses M.D / M.S	Paid	Rs.5,00,000/- Continuation of Affiliation	Nil	Nil
3	Fellowship courses (5 subjects )	Paid	Rs.2,50,000/- (Rs.50,000/- per subject)	Nil	Nil
4	Ph.D. (6 subjects)	Paid	Rs.90,000/- (Rs.15,000/- per subject)	Nil	Nil
5	PG-DMLT	Paid	Rs.1,00,000/-	Nil	Nil
6	CCMP	Paid	Rs.40,000/-	Nil	Nil

**15. Any Other Fees Details:**

Sr. No.	Type of Fee	Paid / Not paid	Amount	Outstanding (if any)	Reasons of Non-payment
1					
2					
3					
4					
5					

**16. Date of college data uploaded on web portal (<http://aishe.gov.in>) regarding "All India Survey on Higher Education (AISHE)".**

Yes/No

Uploaded on 13/08/2025

**17. Summary and other observation of LIC:** \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**

**Information to be provided by the College for verification of Local Inquiry Committee**

**LIST OF ANNEXURE FOR LIC**

No. of Annexures	Particulars	Verified by Committee
ANNEXURE- I-A& I-B	<b>Approved Teaching Staff &amp; Total Teaching Staff (Approved + Not approved) Information as per MSR</b> 1. Hard copy & soft copy of this Annexure must be submitted to the University. 2. The information must be made available on the College website.	Yes/No
ANNEXURE-II	<b>LIC to visit all departments and physically verify the availability of teaching staff and residents in the department (Please attach the attendance sheet duly signed by teachers and residents)</b> 1. Hard copy of this Annexure must be submitted to the University. 2. The information must be made available on the College website	Yes/No
ANNEXURE-III	<b>Intake Capacity/ Seat Matrix</b> 1. Hard copy & soft copy of this Annexure must be submitted to the University. 2. The information must be made available on the College website.	Yes/No
ANNEXURE- IV	<b>Total Subject-wise Teacher Staff List (Approved + Not approved)</b> 1. Hard copy & soft copy of this Annexure must be submitted to the University. 2. The information must be made available on the College website.	Yes/No
ANNEXURE- V	<b>Total Ancillary Staff Information</b> The information must be made available on the College website.	Yes/No
ANNEXURE- VI	<b>Total Non-Teaching Staff Information</b> The information must be made available on the College website.	Yes/No
ANNEXURE- VII	<b>Examination Related information</b> 1. Hard copy & soft copy of this Annexure must be submitted to the University. 2. The information must be made available on the College website	Yes/No
ANNEXURE- VIII	<b>Form for Fellowship / Certificate Course(s)</b> 1. Hard copy & soft copy of this Annexure must be submitted to the University. 2. The information must be made available on the College website	Yes/No
ANNEXURE- IX	<b>Form for Ph.D Courses</b> 1. Hard copy & soft copy of this Annexure must be submitted to the University. 2. The information must be made available on the College website	Yes/No
ANNEXURE-X	<b>Declaration by the Dean / Principal of the College / Institute</b> Hard copy of this Annexure must be submitted to the University.	Yes/No

**IMPORTANT INSTRUCTIONS & DECLARATIONS:**

1. Our College is fully aware that our college is responsible to fulfill and maintain norms including the infrastructure both physical and human resources, teaching faculty and clinical material throughout Academic Year as per MSR/Council norms/University norms. In case false/wrong declaration or fabricated documents is submitted for purpose of Affiliation of the University by the College and if it is found by the University at any stage, then our college is fully aware that affiliation will be withdrawn by the University with immediate effect with penal action.
2. It is certified that our college has uploaded all above Annexures on our college website and it will be kept ready for verification of Local Inquiry Committee (LIC). Our college is fully aware that University will not grant Continuation of Affiliation, in case if required information, is not uploaded on college website.
3. Our College hereby undertake that all Annexures information will be made available on college website for a period of next 05 years. Year-wise information of all Annexures will be made available on college website for a period of 05 years from time to time. In case if any information (Annexure wise) is called-for by the University in intermittent period, our college will furnish required information to the University immediately.

Date : .....

Place : .....



Signature of Dean/Principal

*Deepa*

Name of the Signatory- Dr. Deepa Sanjeev Nair

**PRINCIPAL**

MIMER MEDICAL COLLEGE

TALEGAON DABHADE

PUNE - 410507

(with Seal of the College / Institute)

**DECLARATION BY LIC**

We hereby certify that, the College has uploaded Annexures as prescribed by University on College Website and it is duly verified by our Committee. A detail of Information of Annexure/s which is not uploaded on College Website is mentioned in LIC Report.

Name of Inspectors		Signature of Inspectors
	Chairman	
	Member	
	Member	
	Member	

## Maharashtra University of Health Sciences, Nashik

Name of College/Institute: Maharashtra Institute of Medical Education & Research  
(MIMER) Medical College, Talegaon (D), Dist. Pune

Intake Capacity: 150 students Recognized/Permitted: Recognized If permitted, Stage of renewal:

APPROVED TEACHING STAFF AVAILABLE:

Departments	Professor			Associate Professor			Assistant Professor			Senior Resident			Tutor /JR		
	R	AA	D	R	AA	D	R	AA	D	R	AA	D	R	AA	D
Anatomy	1	2	0	2	2	0	3	2	0	3	0	3	5	0	5
Physiology	1	1	0	2	2	0	2	2	0	3	0	3	4	0	4
Biochemistry	1	1	0	2	2	0	2	1	1	3	0	3	4	1	3
Pharmacology	1	1	0	2	2	0	3	1	2	3	0	3	4	0	4
Pathology	1	2	0	4	3	0	4	4	0	3	0	3	6	0	6
Microbiology	1	2	0	2	0	1	3	3	0	3	0	3	4	0	4
Forensic Medicine	1	0	1	1	0	1	1	0	1	3	0	3	3	0	3
Community Medicine	1	2	0	2	2	0	5	4	0	3	0	3	3	1	2
Gen. Medicine	1	1	0	5	3	2	9	6	3	5	0	5	10	0	10
Pediatrics	1	1	0	2	2	0	3	3	0	3	0	3	6	0	6
D.V.L.	1	1	0	1	0	1	1	1	0	1	1	0	2	0	2
Psychiatry	1	1	0	1	1	0	1	1	0	1	0	1	2	0	2
Gen. Surgery	1	2	0	5	4	0	9	7	2	5	2	3	10	0	10
Orthopedics	1	2	0	3	2	0	5	1	4	3	0	3	6	0	6
ENT	1	2	0	1	1	0	2	2	0	2	0	2	2	0	2
Ophthalmology	1	2	0	1	0	0	2	1	1	2	0	2	2	0	2
OBGY	1	2	0	3	4	0	5	2	1	4	0	4	6	0	6
Anesthesia	1	1	0	4	4	0	6	5	1	4	0	4	7	0	7
Radio-diagnosis	1	1	0	1	0	1	2	1	1	3	1	2	0	0	0
Dentistry	0	0	0	1	1	0	1	1	0	1	1	0	1	0	1
<b>Total</b>	<b>19</b>	<b>27</b>	<b>1</b>	<b>45</b>	<b>35</b>	<b>6</b>	<b>69</b>	<b>48</b>	<b>17</b>	<b>58</b>	<b>5</b>	<b>53</b>	<b>87</b>	<b>2</b>	<b>85</b>

R = Required, AA=Approved Available, D=Deficiency.

- Requirement is to be calculated as per MCI/NMC norms as the case may be, and considering the stage of renewal.
- Staff requirement should also include requirement for any running PGcourse in the institute.
- Extra teacher on higher post can compensate deficiency of teacher on lower post in same department.
- Deficiency of SR cannot be compensated by extra teacher.

Deficiency in faculty % = (Total deficiency of approved faculty) \* 100/ (Total Required faculty) Available approved faculty % = 100 - Deficiency % = \_\_\_\_\_

(Faculty includes Professors, Associate Professors and Assistant Professors)

*Forksaradhya*  
Signature of Dean  
**PRINCIPAL**  
MIMER MEDICAL COLLEGE  
TALEGAON DABHADE  
PUNE -410507

## Maharashtra University of Health Sciences, Nashik

Name of College/Institute: Maharashtra Institute of Medical Education & Research  
(MIMER) Medical College, Talegaon (D), Dist. Pune

Intake Capacity: 150 students Recognized/Permitted: Recognized If permitted, Stage of renewal:

**TOTAL (APPROVED + NOT APPROVED) TEACHING STAFF AVAILABLE:**

Departments	Professor			Associate Professor			Assistant Professor			Senior Resident			Tutor /JR		
	R	TA	D	R	TA	D	R	TA	D	R	TA	D	R	TA	D
Anatomy	1	2	0	2	2	0	3	2	0	3	0	3	5	2	3
Physiology	1	2	0	2	2	0	2	1	0	3	0	3	4	1	3
Biochemistry	1	1	0	2	2	0	2	1	1	3	0	3	4	2	2
Pharmacology	1	3	0	2	2	0	3	1	0	3	1	2	4	4	0
Pathology	1	5	0	4	3	0	4	1	0	3	3	0	6	4	2
Microbiology	1	2	0	2	0	1	3	5	0	3	1	2	4	1	3
Forensic Medicine	1	1	0	1	0	1	1	0	1	3	0	3	3	3	0
Community Medicine	1	5	0	2	2	0	5	1	0	3	2	1	3	3	0
Gen. Medicine	1	3	0	5	1	2	9	8	1	5	6	0	10	8	2
Pediatrics	1	2	0	2	3	0	3	5	0	3	4	0	6	6	0
D.V.L.	1	1	0	1	0	1	1	1	0	1	2	0	2	4	0
Psychiatry	1	2	0	1	1	0	1	0	0	1	1	0	2	5	0
Gen. Surgery	1	4	0	5	3	0	9	6	2	5	5	0	10	17	0
Orthopedics	1	3	0	3	1	0	5	4	1	3	3	0	6	12	0
ENT	1	3	0	1	1	0	2	1	0	2	2	0	2	6	0
Ophthalmology	1	2	0	1	0	0	2	2	0	2	3	0	2	11	0
OBGY	1	3	0	3	5	0	5	0	1	4	4	0	6	5	1
Anesthesia	1	1	0	4	4	0	6	6	0	4	4	0	7	5	2
Radio-diagnosis	1	1	0	1	0	1	2	3	0	3	2	1	0	2	0
Dentistry	0	0	0	1	1	0	1	1	0	1	1	0	1	1	0
<b>Total</b>	<b>19</b>	<b>46</b>	<b>0</b>	<b>45</b>	<b>33</b>	<b>6</b>	<b>69</b>	<b>49</b>	<b>7</b>	<b>58</b>	<b>44</b>	<b>18</b>	<b>87</b>	<b>102</b>	<b>18</b>

R = Required, TA=Total Available, D=Deficiency.

- Requirement is to be calculated as per MCI/NMC norms as the case may be, and considering the stage of renewal.
- Staff requirement should also include requirement for any running PGcourse in the institute.
- Extra teacher on higher post can compensate deficiency of teacher on lower post in same department.
- Deficiency of SR cannot be compensated by extra teacher.

Deficiency in faculty % = (Total deficiency of faculty) \* 100/ (Total Required faculty) =

Available total faculty % = 100 - Deficiency % = \_\_\_\_\_

(Faculty includes Professors, Associate Professors and Assistant Professors)

Deficiency in residents and tutors % = (Total deficiency of residents and tutors) \* 100/(Total Required residents and tutors) =

Available residents and tutors % = 100 - Deficiency % = \_\_\_\_\_

*for khandlye*  
Signature of Dean  
**PRINCIPAL**  
MIMER MEDICAL COLLEGE  
TALEGAON DABHADE  
PUNE -410507

## Intake capacity/ Seat Matrix

Name of College/Institute: MIMER Medical College, Talegaon (D), Dist. Pune

UG Degree/PG Degree/ Diploma Courses/Super Specialty	Intake as per Council		Status of Council				Max. Seats Permitted by MUHS as per Teacher: Student Ratio	
			Degree		Diploma			
	Degree	Diploma	Recognized	Permitted	Recognized	Permitted	Degree	Diploma
<b>UG Degree</b>								
MBBS	150	Not Applicable	Recognized	-----	Not Applicable		Not Applicable	
<b>PG Degree / Diploma &amp; Super Specialty</b>								
M.D(Biochemistry)	01	--	01	--	--	--	01	--
M.D(Pharmacology)	02	--	02	--	--	--	02	--
M.D(Microbiology)	02	--	02	--	--	--	02	--
M.D(Pathology)	02	--	02	--	--	--	02	--
M.D(Community Medicine)	02	--	02	--	--	--	02	--
M.D(Gen. Medicine)	04	--	04	--	--	--	04	--
M.D (DVL)	02	--	02	--	--	--	02	--
M.D (Psychiatry)	02	--	02	--	--	--	02	--
M.D (Anaesthesiology)	02	--	02	--	--	--	02	--
M.S (Gen. Surgery)	06	--	06	--	--	--	06	--
M.S (Orthopaedics)	06	--	06	--	--	--	06	--
M.S (Ophthalmology)	05	--	05	--	--	--	05	--
M.S (OBGY)	04	--	04	--	--	--	04	--
M.S (Otorhinolaryngology)	03	--	03	--	--	--	03	--
<b>Others</b>								
Ph.D (Biochemistry)	01	--	--	--	--	--	03	--
Ph.D (Community Medicine)	01	--	--	--	--	--	03	--
Ph.D (Pathology)	01	--	--	--	--	--	03	--
Ph.D (Microbiology)	01	--	--	--	--	--	03	--
Ph.D (OBGY)	01	--	--	--	--	--	03	--
Ph.D (Surgery)	01	--	--	--	--	--	03	--
P.G. D.M.L.T	10	--	--	--	--	--	10	--
<b>Fellowship courses</b>								
Fellowship Course in Minimal Access Surgery	02	--	--	--	--	--	02	--
Fellowship course in Head & Neck Cancer Surgery	02	--	--	--	--	--	02	--

Fellowship course in High Risk Obstetrics	02	--	--	--	--	--	02	--
Fellowship course in Regional Anaesthesia	02	--	--	--	--	--	02	--
Fellowship course in Neonatology	02	--	--	--	--	--	02	--
<b>Certificate courses</b>								
Certificate course in Modern Pharmacology (CCMP)	50	--	--	--	--	--	50	--

Any Other, Please Specify: \*\* at present no Ph.D guide is available for Ph.D in Biochemistry

*Deepam*  
Signature of Dean

**PRINCIPAL**  
MIMER MEDICAL COLLEGE  
TALEGAON DABHADE  
PUNE -410507

## Annexure - "IV"

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK  
 DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved)  
 UG Degree AS ON :- 05/02/2026

Name of the Department: Anatomy

Subject: Anatomy

Name of the College: MAEER MIT Pune's MIMER Medical College &amp; Dr. BSTR Hospital, Talegaon (D)

College Code: 1204

Intake Capacity:

College Website: www.mitmimer.com

Sr. No.	Subject	Name of the Teaching staff	Designation	Mobile	E-Mail ID	Date of Birth	Whether belongs to Reserved category (if so specify category)	Date of Appont.	Teaching Experience UG (Yrs.)				Total Teaching Experience in Years of PG	Type of Appointment	University Approval Status (Yes / No)	Temporary Approval		Details of PG Recognition by University (Yes / No)		Met workshop attended in last 5 years	Photograph with Signature
									Asst. Prof.	Asso. Prof.	Prof.	Total				From	To	Temp./Regular	Letter No. & date		
1	Anatomy	Dr. Shashank Vedpathak	Prof. & Head	9604200292	sbvedpathak@gmail.com	18.01.1977	OBC	02.03.2007	5 y.	9y. 2m.	4y. 7m.	18y.9m.	18y.9m.	Regular	Yes			Regular	MUHS/PG/E-1/1204/737/12 Dt.- 24/3/2012	Yes	
2	Anatomy	Dr. Swati Belsare	Professor	98814 75747	swbelsare@gmail.com	31.05.1963	Open	21.07.2008	6 y. 4m	9 y. 8 m.	15y. 7m.	31y. 7m.	31y. 7m.	Regular	Yes			Regular	MUHS/PG/E-1/1204/1819/10 Dt.- 23/8/2010	Yes	
3	Anatomy	Dr. Sushama Chavan	Professor	9552033318	sushamachavan2003@gmail.com	18.08.1970	Open	01.01.2020	6 y. 5m.	3 y. 1m.	15y. 10m	25 y. 4m.		Regular	Yes	28-08-2024	28-08-2025	Regular	MUHS/E-1/PG/1404/2447/2006 Dt.- 12/5/2006 1/1/2006 to 31/12/2011	Yes	

Sr. No.	Subject	Name of the Teaching staff	Designation	Mobile	E-Mail ID	Date of Birth	Whether belongs to Reserved category (if so specify category)	Date of Appont.	Teaching Experience UG (Yrs.)				Total Teaching Experience in Yearsof PG	Type of Appointment Temp./Regular/Contractual	University Approval Status (Yes / No)	TemporaryApproval		Details of PG Recognition by University (Yes / No)		Met workshop attended in last 5 years	Photograph with Signature
									Asst. Prof.	Asso. Prof.	Prof.	Total				From	To	Temp./Regular	Letter No. & date		
4	Anatomy	Dr. Vivek K. Nirmale	Professor	8888891793	<a href="mailto:vivnir1101@gmail.com">vivnir1101@gmail.com</a>	11.01.1982	OBC	12.09.2013	6 y. 5 m.	4ry. 7m.	4y.1m.	15y. 1m.		Regular	Yes	24-06-2025	23-06-2026	Regular	NO	Yes	
5	Anatomy	Dr. Makarand Apte	Asso. Professor	9730034907	<a href="mailto:aptemak@gmail.com">aptemak@gmail.com</a>	13.04.1974	Open	02.12.2023	5y.	4y.5m.		9y.5m.		Regular		28-08-2024	28-08-2026	Regular	NO	NO	
6	Anatomy	Dr. Ashwini Bhele	Assis. Prof.	9834857870	<a href="mailto:drashwinibhele@mitimer.com">drashwinibhele@mitimer.com</a>	13.10.1987	SC	11.01.2021	3y.8m.			3y.8m.		Regular	Yes	28-08-2024	28-08-2026	Regular	NO	Yes	

Sr. No.	Subject	Name of the Teaching staff	Designation	Mobile	E-Mail ID	Date of Birth	Whether belongs to Reserved category (if so specify category)	Date of Appont.	Teaching Experience UG (Yrs.)				Total Teaching Experience in Yearsof PG	Type of Appointment Temp./Regular/Contractual	University Approval Status (Yes / No)	TemporaryApproval		Details of PG Recognition by University (Yes / No)		Met workshop attended in last 5 years	Photograph with Signature
									Asst. Prof.	Asso. Prof.	Prof.	Total				From	To	Temp./Regular	Letter No. & date		
7	Anatomy	Dr. Eva Marker	Tutor	6350342375	evamarker25@gmail.com	25.02.1991	Open	02.05.2022						Regular	NO			Regular	NO	NO	
8	Anatomy	Dr. Abhishek Nagre	Tutor	9607158595	abhisheknagre300@gmail.com	24.11.1999	NT - D	14.03.2024						Regular	NO			Regular	NO	NO	

  
**Prof. & Head**  
**Dept. of Anatomy**  
**MIMER Medical College**  
**Talegaon Dabhade**

  
 Signature of Dean with Seal  
**PRINCIPAL**  
**MIMER MEDICAL COLLEGE**  
**TALEGAON DABHADE**  
**PUNE -410507**

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved)**  
**UG Degree/ PG Degree/ Super Specialty) AS ON: 06 /02 /2026**

Name of the Dept. : Physiology

Subject: Physiology Whether UG.... /UG+PG..... /UG+PG+SuperSpecialty.....

Name of the College : MIMER Medical College, Talegaon Dabhade

College Code : 1204 Intake Capacity: 150

Sr. No.	Subject	Name of Teacher	Designation	Mob. No.	E-mail ID	DOB	Whether belongs to Reserved category (if Yes, specify category)	Date of appointment at College	Teaching Experience				Total Teaching Experience in years of PG	Type of Appointment Temp./ Regular/ Contractual	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition		MET Workshop attended in last 5 years	Photograph with Signature
									UG(Yrs.)							From	To	Temp/Regular	Letter No. & date		
									Asst. Prof.	Asso. Prof.	Prof.	Total									
1	Physiology	Dr. Rupali Baburdikar	Professor & Head	9822062076	drupalibaburdikar@gmail.com	15/04/1978	SC	03/09/2014	4.11	4.10	1.11	11.10	16Y2M	Regular	Yes	MUHS/UG/E-1/1204/862/2024 27.08.2026 28.08.2024	-	-	YES		
2	Physiology	Dr. Deepa S Nair	Professor	9326026733	drdeepasnair@rediffmail.com	25/05/1972	Open	07/08/2007	6.7	3.9	9.2	19.5	22.5	Regular	Yes	MUHS/UG/E-1/1204/862/2024 27.08.2026 28.08.2024	-	-	YES		
3	Physiology	Dr. Gauri Apte	Associate Professor	9922863676	drgauriapte@gmail.com	02.06.1977	Open	02.12.2023	5.0	3.6	-	8.6	8.6	Regular	Yes	MUHS/UG/E-1/1204/862/2024 27.08.2025 28.08.2024	-	-	YES		



**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCE, NASHIK**  
**DETAILS INFORMATION OF SUBJECWISE TEACHING STAFF (Approved + Not Approved)**  
**UG Degree/ PG Degree/ Super Specialty) As on: 05/01/2026**

Name of the Dept.: Biochemistry

Subject: Biochemistry

Whether UG MBBS / UG+PG MD (Biochem)

Name of the College: MIMER Medical College, Talegaon Dabhade

College Code: 1204

Intake Capacity: 150

Sr. No.	Name of the Teaching staff	Designation	Mob. No.	E-mail ID	Date of Birth	Whether belongs to Reserved category (if Yes specify category)	Date of appointment	Teaching Experience UG (Yrs.)				Total Teaching Experience in years of PG	Type of Appointment	Univesity Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition by University (Yes/No)		MET worksh op attende d in last 5 years	Photograph with Signature
								Asst. Prof.	Asso. Prof.	Prof.	Total				Temp / Regular / Contractual	From	To	Temp / Regular		
1	Dr. Vaishali Venkatesh Dhat	Prof. & Head	9922737501	vaishdhat@yahoo.com	11.06.1972	Open	21.03.2023	5 yrs	5 yrs 9 m	11 yrs 8 m	22 yrs 5 m	16 yrs 10 m	Regular	Yes	28.08.24	27.08.26	Temp.	MUHS/P G/E- 1/1204/1 02103/19 /2025 dt.08/01/ 2025	No	
2	Dr. Geeta Mahendra Bhatia	Asso. Prof	9881253887	geeta_bhatia0831@rediffmail.com	08.10.1967	Open	02.06.1997	9 yrs 11 m	8 yrs 7 m	.....	18 yrs 6 m	3 yr 5 m	Regular	Yes	28.08.24	27.08.25	Temp.	MUHS/P G/E- 1/1204/1 02103/19 /2025 dt 08/01/ 2025	Yes	
3	Dr. Aparna Swanand Chaudhari	Asso. Prof	9422080758	dr.aparna1976@gmail.com	19.06.1976	Open	02.03.2009	4 yrs 3 m	4 yr 3 m	.....	8 yrs 6 m	3 yr 5 m	Regular	Yes	28.08.24	27.08.26	Temp.	MUHS/P G/E- 1/1204/1 02103/19 /2025 dt.08/01/ 2025	Yes	

Sr. No.	Name of the Teaching staff	Designation	Mob. No.	E-mail ID	Date of Birth	Whether belongs to Reserved category (if Yes specify category)	Date of appointment	Teaching Experience UG (Yrs.)				Total Teaching Experience in years of PG	Type of Appointment	Univesity Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition by University (Yes/No)		MET worksh op attend ed in last 5 years	Photograph with Signature
								Asst. Prof.	Asso. Prof.	Prof.	Total				From	To	Temp./ Regular	Letter No. & Date		
4	Mrs. Nutan Yogesh Chaudhari	Asst. Prof	9923009330	chaudhari.nutan@gmail.com	03.02.1978	OBC	15.10.2003	11 yrs 1 m	....	....	11 yrs 1 m	Regular	Yes	28.08.24	27.08.26	No		Yes	 <i>Nutan</i>	
5	Dr. Sangeeta Umakant Kokane	Tutor	9860205087	sangeetatrimbake9@gmail.com	09.02.1973	SC	01.08.2007					Regular	Yes			No		Yes	 <i>Sangeeta</i>	
6	Dr. Laxmi Shridhar Gore	Tutor	8407916397	shivrudra.lg@gmail.com	25.05.1995	OBC	13.03.2024					Regular	No			No		No	 <i>Laxmi</i>	

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK  
 DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved)

UG Degree/PG Degree/Super Specialty AS ON:- ..... / ..... /.....

Name of the Dept. : Pathology Subject: Pathology Whether UG...../UG+PG...../ UG+PG+Super Specialty :  
 Name of the College : MIMER Medical College & Dr. BSTR Hospital College Code : 1204 Intake Capacity: 150

S N	Subject	Name of the Teacher	Designation	Mob No.	E-mail ID	Date of Birth	Whether belongs to Reserved category (if so specify category)	Date of appointment at College	Teaching Experience UG (Yrs)				Total Teaching Exp. in years of PG	Type of Appointment Temp/Regular/Contractual	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition by University (Yes/No) University		MET Workshop attended in last 5 years	Photograp with Signature
									Asst. Prof	Asso.Prof	Prof	Total				From	To	Temp/Regular	Letter No. & date		
1	Pathology	Dr. Smita Pushkar Bhide	Prof & Head	9850437955	smitapbhide@gmail.com	29/9/1971	Open	15/9/1999	5.1yrs	6.2 yrs	16.7yrs	27.10 yrs	27.10 yrs	Regular	Yes	18-08-2023	18-08-2025	Regular	MUHS/PG/E-1/1204/17/2024, dt.14/05/2024	1. Revised Basic course workshop & Training in (AETCOM) - 24 to 26.3 2021 2. Curriculum Implementation Support Program - 26.6.2019 to 28.6.2019 3. Basic Course In Biomedical research -March - June 2020	 Bhide
2	Pathology	Dr. Gauri Shrikrishna Metkar	Professor	8884066288	drgauribhat@gmail.com	08-04-1981	OBC	28/06/2016	4.2 yrs	7.1 yrs	2 yrs	13.9 yrs	13.9 yrs	Regular	Yes	28-08-2024	28-08-2026	Regular	MUHS/PG/E-1/10210319/2025, dt.08/01/2025	1. Revised Basic course workshop & Training in (AETCOM) - 23 to 26.9 2019 2. Curriculum Implementation Support Program - 21.7.2020 to 22.7.2020 3. Basic Course In Biomedical research -March - June 2021	 Bhatkar
3	Pathology	Dr. Janice Jaison	Professor	7588330968	drjanicej@gmail.com	02/02/1973	Open	14/05/1999	6 yrs	4 yrs	2 yrs	12 yrs	12 yrs	Regular	Yes	28-08-2024	28-08-2025	Regular	MUHS/PG/E-1/10210319/2025, dt.08/01/2025	1. Revised Basic course workshop & Training in (AETCOM) - 23 to 26.9.2019 2. Curriculum Implementation Support Program - 26.6.2019 to 28.6.2019 3. Basic Course In Biomedical research -Aug-Dec 2020. 4. Curriculum Implementation Support Program - III - 15.10.2024 to 16.10.2024 5. Advance Course in Medical Education - 2024	 Janicejaison
4	Pathology	Dr. Rajendra Dynaneshwar Zope	Professor	9890062653	zope_rajendra@yahoo.com	18/10/1968	Open	12-03-2015	5.3 yrs	7.1 yrs	1.3 yrs	13.7 yrs	13.7 yrs	Regular	Yes	28-08-2024	28-08-2025	Regular	MUHS/PG/E-1/10210319/2025, dt.08/01/2025	1. Revised Basic course workshop & Training in (AETCOM) - 24.3.21 to 26.3.2021 2. Curriculum Implementation Support Program - 29.9.2020 to 30.9.2020 3. Basic Course In Biomedical research -April 2022	 Zope

S N	Subject	Name of the Teaching Staff	Designation	Mob No.	E-mail ID	Date of Birth	Whether belongs to Reserved category (if so specify category)	Date of appointment at College	Teaching Experience UG (Yrs)				Total Teaching Exp. in years of PG	Type of Appointment Temp/Regular/Contractual	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition by University (Yes/No) University		MET Workshop attended in last 5 years	Photograp with Signature
									Asst. Prof	Asso. Prof	Prof	Total				From	To	Temp/Regular	Letter No. & date		
5	Pathology	Dr. Harsha M. Dangare	Professor	7769990125	dr.harshahj@gmail.com	07-03-1982	OBC	30/11/2020	5.6yrs	4.10 yrs	3 M	10.08 yrs	10.08 yrs	Regular	Yes	18-08-023	18-08-2025	Regular	MUHS/PG/E-1/1204/17/2024, dt.14/05/2024	1. Revised Basic course workshop & Training in (AETCOM) - 27 to 30.8.2019 2. Curriculum Implementation Support Program - 22.9.2020 to 23.9.2020 3. Basic Course In Biomedical research -March - June 2021	
6	Pathology	Dr. Chandrahas Ramesh Godbole	Asso. Prof.	9850029749	chandrahasgod@yahoo.com	11-11-1975	Open	16/01/2015	10.10yrs	10 yrs		21.10 yrs	21.10 yrs	Regular	Yes	16/7/2021	16/7/2022	Regular	MUHS/PG/E-1/102103/27/2689/2021, dt.30/09/2021	1. Curriculum Implementation Support Program - 26.6.2019 to 28.6.2019 2. Basic Course In Biomedical research -March-June 2020	
7	Pathology	Dr.Swapnil Arun More	Asso. Prof.	9766579672	drswapneel007@gmail.com	29/05/1984	SC	12-07-2015	7.1 yrs	2.8 yrs		9.9 yrs	9.9 yrs	Regular	Yes	18-08-023	18-08-2025	Regular	MUHS/PG/E-1/1204/17/2024, dt.14/05/2024	1. Revised Basic course workshop & Training in (AETCOM) - 24 to 26.3.2021 2. Curriculum Implementation Support Program - 29.9.2020 to 30.9.2020 3. Basic Course In Biomedical research -March-June 2020	
8	Pathology	Dr. Mangala Rajesh Nagare	Asso. Prof.	9881099589	stencil diagnostics@gmail.com	27/12/1977	NT-3	06-03-2008	6.5yrs	2 yrs		8.6 yrs	8.6 yrs	Regular	Yes	18-08-023	18-08-2025	Regular	MUHS/PG/E-1/1204/17/2024, dt.14/05/2024	1. Revised Basic course workshop & Training in (AETCOM) - 24 to 26.3.2021 2. Curriculum Implementation Support Program - 29.9.2020 to 30.9.2020 3. Basic Course In Biomedical research -March-June 2021	

S N	Subject	Name of the Teaching Staff	Designation	Mob No.	E-mail ID	Date of Birth	Whether belongs to Reserved category (if so specify category)	Date of appointment at College	Teaching Experience UG (Yrs)				Total Teaching Exp. in years of PG	Type of Appointment	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition by University (Yes/No)		MET Workshop attended in last 5 years	Photograph with Signature
									Asst. Prof	Asst. Prof	Prof	Total				From	To	Temp/Regular	Letter No. & date		
9	Pathology	Dr. Prachi Sudhir Kate	Asst. Prof	9766646143	prachiskate@yahoo.co.in	08-11-1985	Open	17/02/2020	3,1 Y	..	..	5.10 yrs	5.10 yrs	Regular	..	..	..	Regular	..	1. Basic Course in Medical Education - 7.7.25 to 9.7.25 2. Revised Basic course workshop & Training in (AETCOM) - 24 to 26.3.2021 3. Curriculum Implementation Support Program - 29.9.2020 to 30.9.2020 4. Basic Course In Biomedical research -March - June 2020	 <i>Prachi Kate</i>
10	Pathology	Dr. Nilesh Jadhav	Sr. Resident	7588640019	nileshjadhav15@gmail.com	30-10-1991	Open	07-09-2023	..	..	..	2 y 4 m	2 y 4 m	Regular	..	..	..	Regular	..	1. Basic Course In Biomedical research -March - June 2021	 <i>Nilesh</i>
11	Pathology	Dr. Mansi Thokal	Sr. Resident	8451803008	mansi_suresh105@gmail.com	10-09-1980	ST	04.11.2024	..	..	..	1.2m	1.2 m	Regular	..	..	..	Regular	..	1. Basic Course In Biomedical research -Sept - Dec 2019	 <i>Mansi</i>
12	Pathology	Dr. Pratik Kamlik	Sr. Resident	9858585413	pratik.kamlik@umail.com	19-02-1994	VJ/DT-A	09-02-2026	..	..	..	..	..	Regular	..	..	..	Regular	..	1. Resident as Teacher - Basic Workshop in Education Methodology- 17-Apr-2023 to 18-Apr-2023 2. Basic Course In Biomedical research - April 25	 <i>Kamlik</i>

S N	Subject	Name of the Teaching Staff	Designation	Mob No.	E-mail ID	Date of Birth	Whether belongs to Reserved category (if so specify category)	Date of appointment at College	Teaching Experience UG (Yrs)				Total Teaching Exp. in years of PG	Type of Appointment	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition by University (Yes/No)		MET Workshop attended in last 5 years	Photograph with Signature
									Asst. Prof	Asso. Prof	Prof	Total				From	To	Temp/Regular	Letter No. & date		
13	Pathology	Dr. Tejasvi Jadhav	Tutor	9870773525	jadhav.tejasvi5@gmail.com	22-06-1992	Open	20.10.2023	..	..	..	2 y 2 m	..	..	..	..	..	..	..	1. Resident as Teacher - Basic Workshop in Education Methodology - 11.4.24 to 12.4.24 2. Basic Course In Biomedical research - July 25	 Jadhav
14	Pathology	Dr. Preya Joshi	Tutor	8779363299	preya.k.joshi@gmail.com	06-10-1994	Open	20.10.2023	..	..	..	2 y 2 m	..	..	..	..	..	..	..	1. Resident as Teacher - Basic Workshop in Education Methodology - 15.4.24 to 16.4.24 2. Basic Course In Biomedical research - Dec 25	 Joshi
15	Pathology	Dr. Kamna Aherwar	Tutor	7021569095	kamnaaherwar@gmail.com	03-04-1998	SC	26-02-2025	..	..	..	11 m	..	..	..	..	..	..	..	1. Resident as Teacher - Basic Workshop in Education Methodology - 24.7.25 to 25.7.2025	 Kamna
16	Pathology	Dr. Aradhya Garg	Tutor	8605506663	aradhya.garg1993@gmail.com	27-09-1993	Open	17-03-2025	..	..	..	10 m	..	..	..	..	..	..	..	1. Resident as Teacher - Basic Workshop in Education Methodology - 28.7.2025 to 29.7.2025	 Garg

Note: 1. The College shall submit one hard copy & soft copy (in Excel Format) of the list from Academic Online Teacher Database (OTD).

*Bhade*  
**Professor & Head**  
 Department of Pathology  
 MIMER Medical College & Dr BSTR Hospital  
 Talegaon Dabhade, Pune

*Deepa*  
 Signature of Dean with Seal  
**PRINCIPAL**  
 MIMER MEDICAL COLLEGE  
 TALEGAON DABHADE  
 PUNE -410507

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF ( Approved + Not Approved )**  
**UG Degree /PG Degree/ Super Specialty) AS ON:**  
**Subject : Pharmacology Whether UG...../UG+PG...../UG+PG+SuperSpecialty.....**  
**College Code -1204 Intake Capacity ..... 150**

Name of the Department: Pharmacology

Name of the College-MIMER Medical College, Talegaon

Sr. No	Subject	Name of the Teaching Staff	Designation	Mob. No.	E-Mail ID	Date of Birth	Whether belongs to Reserved category (if so specify category)	Date of Appointment	Teaching Experience UG (Yrs.)				Total Teaching Experience in years of PG	Type of Appointment Tem./Regular/Contract	University Approval Status ( Yes / No )	Temporary Approval		Details of PG Recognition by University ( Yes/No)		MET Work shop attended in last Year	Photo graph with Signature
									Astt. Prof	Asso. Prof	Prof	Total				From	To	Temp/Regular	Letter No. & date		
1	Pharmacology	Dr. Ganesh Satyadeo Pentewar	Professor & HOD	9422022294	<a href="mailto:drpentewarqanesh@gmail.com">drpentewarqanesh@gmail.com</a>	13-08-1974	SBC	30.05.2011	4 yrs. 1 mths.	3 Yrs. 3. mths.	4 Yrs. 2. mths	14 Yrs. 7 mths	3 Yrs	Regular	Yes	08-04-2024	08-04-2026	Temporary	No MUHS/(UG)/E-1/1204/187/2024  No.MUHS/ PG/ E-1/499/ 2023	Yes	
2	Pharmacology	Dr. Aparna Shashank Chincholkar	Professor	9881201822	<a href="mailto:aparnaatr@gmail.com">aparnaatr@gmail.com</a>	27-10-1971	Open	21.08.2002	5 Yrs.	5 Yrs.	15 Yrs. 4 mths.	28 Yrs.	15 Yrs	Regular	Yes			Permanent	No.MUHS/UG/E-1/057441/3893/2011  MUHS/ PG/E-1/1204/2383/2011	Yes	
3	Pharmacology	Dr. Bhandari Prasan Ramchandra	Professor	9036941910	<a href="mailto:Prasangeeta2012@gmail.com">Prasangeeta2012@gmail.com</a>	17-08-1969	Open	01-11-2025	4 Yrs. 6 mths.	5 Yrs. 3 mths.	11 Yrs. 9 mths.	25 Yrs.	15 Yrs	Regular	Yes					Yes	

Signature of Dean with Seal

**PRINCIPAL**

**MIMER MEDICAL COLLEGE**  
**TALEGAON BAHADE**  
**PUNE -410507**

Sr. No	Subject	Name of the Teaching Staff	Designation	Mob. No.	E-Mail ID	Date of Birth	Whether belongs to Reserved category (if so specify category)	Date of Appointment	Teaching Experience UG (Yrs.)				Total Teaching Experience in years of PG	Type of Appointment Tem./Regular/Contractual	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition by University (Yes/No)		MET Workshop attended in last 5 Years	Photo graph with Signature
									Astt. Prof	Asso. Prof	Prof	Total				From	To	Temp/Regular	Letter No. & date		
4	Pharmacology	Dr. Viraj Ashok Shinde	Associate Professor	9975045274	shindevirajashok@gmail.com	08/12/1985	Open	20-08-2025	5 Yrs. 4 mths	1 Yrs. 5 mths.		6 Yrs.		Regular	Yes	20-08-2025	19-08-2026	Temporary	No.MUHS/UG/E-1/102103/1175/2025	 	
5	Pharmacology	Dr. Anoop Laxminarayan Hajare	Associate Professor	9619292787	anoophajare@gmail.com	19-08-1981	Open	19-12-2025	4 Yrs.	1 yrs.		5 Yrs.	5 Yrs.	Regular	Yes					 	
6	Pharmacology	Dr. Ashish Sadashiv Danane	Assis. Professor	9860630855	ashishd8787@gmail.com	18-09-1987	SC	13.03.2024	1 Yrs 10 mnts.					Regular	Yes	08-04-2024	08-04-2026	Temporary	No.MUHS/UG/E-1/1204/862/2024	 	
7	Pharmacology	Dr. Jayashree Milind Nikose	Tutor	7350132198	jayashreenikose81@gmail.com	04-03-1981	sc	02-11-2017				8 Yrs. 2 mths		Regular	Yes	05-12-2017	31-07-2019	Temporary	No.MUHS/UG/E-1/53/1204/1565/2018	 	

  
Signature of Dean with Seal  
**PRINCIPAL**  
MIMER MEDICAL COLLEGE  
TALEGAON DARBHADE

Sr. No	Subject	Name of the Teaching Staff	Designation	Mob. No.	E-Mail ID	Date of Birth	Whether belongs to Reserve	Date of Appointment	Teaching Experience UG				Total Teaching Experience	Type of	University Approval Status	Temporary		Details of PG Recognition by		MET Workshop attended	Photo graph with Signature
									Astt. Prof	Asso. Prof	Prof	Total				From	To	Temp/Regular	Letter No. & date		
7	Pharmacology	Dr. Sagarika Virupaksh Basavaraj	Tutor	7755920228	sagarikabasavara17613@gmail.com	15-05-1998	Open	17-10-2023				2 Yrs. 4 Mths	Regular	NO							
8	Pharmacology	Dr. Pooja Jaysinhrao Patil	Tutor	7218885555	pooja.y.gaikwad55@gmail.com	30-10-1993	Open	19-10-2023				2 Yrs. 4 Mths	Regular	NO							
9	Pharmacology	Dr. Ruturaj Shirish Desai	Tutor	7030667747	contact.ruturaj@gmail.com	25-05-1994	Open	27-02-2025	11 mths			11 mths	Regular	NO							
10	Pharmacology	Dr. Shirale Satyajeet Pradip	Tutor	9421323666	satyajeetshirale@gmail.com	09-05-1995	OBC	24-02-2025	11 mths			11 mths	Regular	NO							

Signature of Dean with Seal  
**PRINCIPAL**  
MIMER MEDICAL COLLEGE,  
TALEGAON DABHADE  
PUNE - 412201

## Annexure - IV

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK  
 DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved)

UG Degree/ PG Degree/ Super Specialty) AS ON: ..... /..... /.....  
 Name of the Dept. : Microbiology Subject: Microbiology Whether UG.... /UG+PG.....  
 /UG+PG+SuperSpecialty.....Name of the College : MIMER Medical College, Talegaon (D) Pune College Code : 1204  
 Intake Capacity: .....

Sr. No.	Subject	Name of Teacher	Designation	Mob. No.	E-mail ID	DOB	Whether belongs to Reserved category Yes specify category)	Date of appointment at College	Teaching Experience UG (Yrs.)				Total Teaching Experience in years of PG	Type of Appointment Temp./ Regular/ Contractual	University Approval Status (Yes/ No)	Temporary Approval		Details of PG Recognition		MET Workshop attended in last 5 years	Photograph with Signature	
									Assit. Prof.	Asso. Prof.	Prof.	Total				From	To	Temp/ Regular	Letter No. & date			
1	Microbiology	Dr. Sadhana Chate	Professor & Head	9371026268	sadhana.chate@gmail.com	5/9/1973	Open	30/06/2008	8 yrs	8 yrs	9 yrs	28.2 yrs	20yrs	Regular	Yes	No/MUHS/UG/E1/1204/862/2024 date: 31/12/2024	28.8.2024	27.8.2026	Regular	No/MUHS PG/E-1/82/2023 date: 09/01/2023	Yes	
2	Microbiology	Dr. Sandhya Kulkarni	Prof	9850053426	sandhyak69@yahoo.co.in	8/10/1969	Open	20/08/1999	7 yrs 3mths	5 yrs 4 mths	16. yrs 8 mths	32.3 yrs	13yrs 7mths	Regular	Yes	NoMUHS/UG/E1/1204/4300/2014 Dated: 20/09/2014 From 11/08/2014	To onwards	Regular	NoMUHS/PG/E1/1204/391/2012D date: 07/02/2012	Yes		

3	Microbiology	Dr. Gauri Yadav	Asst. Prof	9923320330	dryadavgauri@gmail.com	7/15/1978	Open	10/8/2020	3yrs 2mths	-	-	16 yrs	-	Regular	Yes	No/MUHS/UG/E1/1204/862/2024 dated: 31/12/2024	28.8.2024	27.8.2026	-	No	Yes
4	Microbiology	Mrs. Smita Watwe	Asset. Prof	9890180468	smita.watwe@gmail.com	1/22/1972	Open	1/7/1998	5 yrs 2 mths	-	-	29.7	-	Regular	Yes	No/MUHS/UG/E1/1204/862/2024 date: 31/12/2024	From 28.8.2024	To 27.8.2026	-	No	Yes
5	Microbiology	Dr. Swati Sahai	Assit. Prof.	9566027611	drswatik02@gmail.com	01/10/1981	Open	23/10/2024	1yrs 3 mths	-	-	5 yrs 3 mths	1yrs 3 mths	Regular	Yes	No/MUHS/UG/E-1/102103/1176/2025 datd: 24/12/2025	From 24/06/2025	To 23/06/2027	-	-	Yes



8	Microbiology	Dr. Sundip Mukherjee	Sr. Resident	8935871640	sundip.shankar91@gmail.com	22/05/1991	Open	16/02/2026	-	-	-	3 yrs. 3 days	-	Regular	No	-	-	-	-	-	Yes
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5	Microbiology	Dr. Swarupa Hatolkar	Assit prof.	8805028912	drswarupahatolkar@mitmimer.com	03/03/1977	Open	18/08/2025	6 mths	-	-	9 yrs 9mths	-	Regular	No	No	-	-	-	-	-
6	Microbiology	Dr. Neetu Mehrotra	Assit Prof	8826479807	Mehrotra neetu@gmail.com	15/12/1979	Open	22/09/2025	4mths	-	-	4.10 yrs	1.2mths	Regular	No	No	-	-	-	-	No
	Microbiology	Dr. Vidyagouri Gaikwad	Totor	9890710450	Vidyagouri1996@gmail.com	19/06/1996	Open	27/02/2025	-	-	-	11 mths 13 days	-	Regular	-	No	-	-	-	-	-



Note: The College shall submit one hard copy & a soft copy (in Excel Format) of the list in Pen Drive to the LIC Committee.

*Sehata*  
**PROF AND HEAD**  
 Dept. of Microbiology  
 MIMER Medical College  
 Talegaon Dabhade, Pune

*Sehata*  
**Signature of Dean with Seal**  
**PRINCIPAL**  
 MIMER MEDICAL COLLEGE  
 TALEGAON DABHADE  
 PUNE -410507

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved)**

**UG Degree/ PG Degree/ Super Specialty) AS ON: 06 /02 /2026**

**Name of the Dept. : FMT (Forensic Medicine & Toxicology) Subject: FMT Whether UG.... /UG+PG..... /UG+PG+SuperSpecialty.....Name of the College: MIMER Medical College, Talegaon Dabhade College Code : 1204 Intake Capacity: 150**

Sr. No.	Subject	Name of Teacher	Designation	Mob.No.	E-mail ID	DOB	Whether belongs to Reserved category (if Yes, specify category)	Date of appointment at College	Teaching Experience				Total Teaching Experience in years of PG	Type of Appointment Temp./ Regular/ Contractual	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition		MET Workshop attended in last 5 years	Photograph with Signature
									UG(Yrs.)							From	To	Temp/ Regular	Letter No. & date		
									Asst. Prof.	Asso. Prof.	Prof.	Total									
1	FMT	Dr. Devidas Deshmukh	Professor Emeritus	9403321136	fimt@mitmimer.com	23.06.1954	Open	03.10.2009	6.1	5.11	18.7	30.10	33.10	Regular	Yes	-	-	MUHS/UG/E-1/1204/4300/201420.09.2014	YES	 D.D.	
2	FMT	Dr. Kartik Jain	Tutor	7709506295	kartikjain13300@gmail.com	13.03.2000	Open	12.06.2025	-	-	-	-	6M	Regular	NO	-	-	-	-	 Kartik	
3	FMT	Dr. Sameer Rajput	Tutor	8087978730	rajputsameer52@yahoo.com	19.06.1996	Open	23.07.2025	-	-	-	-	6M	Regular	NO	-	-	-	-	 Sameer	

4	FMT	Dr. Krishna Deshmukh	Tutor	91751743 73	krishnade shmukh6 27@gmail .com	02.02.2 000	Open	19.09.2 025	-	-	-	-	4M	Regular	NO	-	-	-	-	-	
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*[Handwritten signature]*

Note: The College shall submit one hard copy & a soft copy (in Excel Format) of the list in Pen Drive to the LIC Committee.

*[Handwritten signature]*

**Professor & Head**

Dept. of Forensic Medicine & Toxicology  
MIMER Medical College, Talegaon (D).

*[Handwritten signature]*

Signature of Dean with Seal

**PRINCIPAL**  
MIMER MEDICAL COLLEGE  
TALEGAON DABHADE  
PUNE -410507

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES , NASHIK

DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved+ Not Approved)

(UG Degree/PG Degree/Super Speciality ) AS ON : /01/2025

Name of the Dept. Community Medicine Subject : Community Medicine Whether U.G- 150/ UG + PG- 150 + 3/ UG + PG + Superspecialty - 150+ 3 + 3

Name of the College: MIMER Medical College & Dr.BSTR Hospital, Talegaon (D), Pune - 410 507.

College Code : 1204 , Intake Capacity : 150 MBBS

Sr. No.	Subject	Name of the Teaching Staff	Designation	Mob. No.	E-Mail ID	Date of Birth	Whether belongs to Reserved category (if Yes, specify category)	Date of Appointment at College	Teaching Experience UG (Years)				Total Teaching Experience in years (PG)	Type of Appointment	University Approval Status (Yes / No)	Temporary Approval		Detail of PG Recognition by University		MET Workshop attended in last 5 years	Photograph with Signature
									Asst. Prof	Asso. Prof	Prof.	Total				From	To	Temp/Regular	Letter No. & date		
1	Community Medicine	Dr.S.V.Chincholikar	Prof & Head	7588289095	aruna@mitmimer.com	05/05/1966	Open	03/04/1998	5 1/2	4 1/2	20 yr 2 months	30 yr 2 months	19	Regular	Yes	Regular	Regular	MUHS/PG/E-1/1204/27/3 529/2014 Date 23.12.2014	Yes		
2	Community Medicine	Dr. Aastha Pandey	Prof.	9922403426	aasthapathak@yahoo.com	26/04/1973	Open	01/03/2007	7yr 8 months	4yr 6 months	7 yr 2 month	19 yr 6 months	10	Regular	Yes	28-08-2024	27-08-2026	Regular	MUHS/PG/E-1/102103/19/2025 dt 08/01/2025	Yes	
3	Community Medicine	Dr.Madhura Ashturkar	Professor	9823558765	madhurapsm@yahoo.co.in	18-09-1978	Open	15/10/2016	7	6	3	16 yr 9	9	Regular	Yes	28-08-2024	27-08-2026	Regular	MUHS/PG/E-1/102103/19/2025 dt 08/01/2025	Yes	

No.	Teaching Staff	Appointment	er belongs to Reserved category (if Yes, specify category)	(Years)				Teaching Experience in years (PG)	Appointment	sity Approval Status (Yes / No)	Approval		Recognition by University	Work shop attended in last 5 years							
				Asst. Prof	Asso. Prof	Prof.	Total				From	To			Temp/Regular	Letter No. & date					
4	Community Medicine Dr. Mandar Chandrachod	Professor	Open	9422078711	drmandar5@gmail.com	05-01-1984	11-11-2024	4 yr 1 month	3yr 6 months	1yr 8 months	9 yr 3 months	Regular	No	Yes							
5	Community Medicine Dr. Surendra Kulkarni	Professor	Open	9422373198	dr.sjkulkarni@gmail.com	14/04/1963	14/10/2015	5yr 6 months	4 yr 8 months	2 month	10 yr 4 months	3	Regular	Yes	28-08-2024	27-08-2026	Regular	MUHS/PG/E-1/102103/19/2025 dt 08/01/2025	Yes		
6	Community Medicine Dr. Maya Kshirsagar	Associate Professor	Open	9850430776	dr.maya1804@gmail.com	18-04-1975	05-08-2017	5yr 8 month	3 yr		8 yr 8 month	3	Regular	Yes	28-08-2024	27-08-2026	Regular	MUHS/PG/E-1/102103/19/2025 dt 08/01/2025	Yes		
7	Community Medicine Dr. Anand Bhide	Associate Professor	Open	9967344800	dranandrhide@gmail.com	03-12-1986	13-11-2024	4yr 1month	3 yr 4 months		7 yr 5 months		Regular	Yes						Yes	

Sl. No.	Department	Name of Teaching Staff	Designation	ID No.	Date of Birth	Category (if Yes, specify category)	Appointment (Years)				Teaching Experience in years (PG)	Appointment	City Approval Status (Yes/No)	Approval		Recognition by University	Workshop attended in last 5 years	Photo
							Asst. Prof	Asso. Prof	Prof.	Total				From	To			
8	Community Medicine	Mrs. Swati Raje	Assistant prof	9881309456	raje_swati@yahoo.co.in	16/10/1961	Open	03/09/1999	26 yr 4 month		26 yr 4 month	Regular	Yes					
9	Community Medicine	Dr. Ashlesha Dandekar	Tutor	7719820940	aviashu@gmail.com	04/02/1971	Open	13/12/2004				Regular	Yes					
10	Community Medicine	Dr. Vidya Shankar Pawar	Tutor	9860313526	vidyanagmode2014@gmail.com	13-05-1981	Open	20-10-2023				Regular	No					
11	Community Medicine	Dr. Pralhad Hemraj Patil	Tutor	9766869833	drpralhadp@gmail.com	21-03-1981	OBC	20-10-2023				Regular	No					



No.	Teaching Staff				er belongs to Reserved category (if Yes, specify category)	Appointment (Years)				Teaching Experience in years (PG)	Appointment	sity Approval Status (Yes / No)	Approval			Recognition by University	Workshop attended in last 5 years
						Asst. Prof	Asso. Prof	Prof.	Total				From	To	Temp/Regular		
12	Community Medicine Dr. Vidhi Kirankumar Nemmaniwar	Tutor	7057082536	vidhinemmaniwar@gmail.com	Open	25-02-2025					Regular	No					Yes
13	Community Medicine Dr. Kiran Baburao Napte	Tutor	8600415789	naptekiran5544@gmail.com	Open	19-03-2025					Regular	No					Yes



*Vidhi*



*Kiran*

Date :

*el*  
**Professor & Head**  
 Dept. of Community Medicine  
 MIMER Medical College  
 Talegaon Dabhade

Signature of Dean with Seal

*Dean*

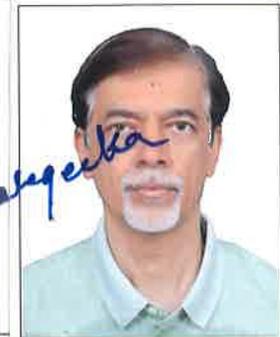
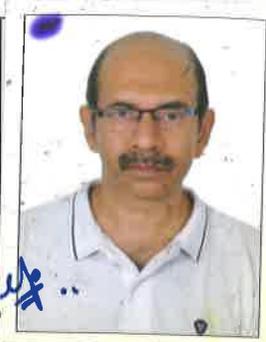
**PRINCIPAL**  
 MIMER MEDICAL COLLEGE  
 TALEGAON DABHADE  
 PUNE -410507

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved+ Not Approved)**  
 (UG Degree/PG Degree/Super Speciality) AS ON: / /  
 Name of the Dept.: General Medicine Subject : General Medicine Whether U.G \_\_\_\_ / UG + PG: YES  
 Name of the College: MIMER Medical College & Dr.BSTR Hospital, Talegaon (D), Pune - 410 507.

College Code : 1204 , Intake Capacity : 150 MBBS

Sr. No.	Subject	Name of the Teacher	Designation	Mob. No.	E-Mail ID	Date of Birth	Whether belongs to Reserved category	Date of Appointment	Teaching Experience UG (Years)				Total Teaching Experience in years (PG)	Type of Appointment	University Approval Status (Yes / No)	Temporary Approval		Detail of PG Recognition by University		MET Workshop attended in last 5 Years	Photograph with Signature
									Asst. Prof	Asso. Prof	Prof.	Total				From	To	Temp/Regular	Letter No. & date		
1	General Medicine	Dr. Madhu Pankaj Bansode	Professor & HOD	9822998833	madhupb07@gmail.com	16.02.1974	SC	01.08.2022	5.5	9.11	7.9	23.1	14Yrs	Temp	Yes	18.8.2023	17.8.2025	Temp	MUHS/PG/E-1/1204/17/2024 Date 14.5.2024	Yes	
2	General Medicine	Dr Nitin Gaikwad	Professor	9922501568	dr.gaikwad.nitin@gmail.com	13.11.1966	SC	01.09.2023	5.1	6.1	10.7	21.9	11Yrs	Temp	Yes	28.8.2024	27.8.2026	-	-	No	
3	General Medicine	Dr Sudam Vasudev Khedkar	Professor	9975724382	khedkarsudam@gmail.com	06-01-1979	NT 3	24.07.2012	4.5	4.4	4.9	13.6	6Yrs	Temp	Yes	28.8.2024	27.8.2026	Temp	MUHS/PG/E-1/1204/17/2024 Date 14.5.2024	Yes	

4	General Medicine	Dr Sudeep Kumar	Associate Professor	7387105362	lhmc2000@gmail.com	16-09-1975	Open	23.12.2015	5.4	4.9	-	10.1	5Yrs	Temp	Yes	18.8.2023	17.8.2025	Temp	MUHS/PG/E- 1/1204/17/2024 Date 14.5.2024	Yes
5	General Medicine	Dr Shrikant Padmakar Jategaonkar	Assistant Professor	9850990838	shrikantpj2001@yahoo.com	26.10.1967	Open	01.04.2015	16.4	-	-	16.4	-	Temp	Yes	28.8.2024	27.8.2026	-	-	-
6	General Medicine	Dr. Sachin K Khade	Assistant Professor	9850420210	dr.sachinkhade9@rediffmail.com	01.02.1976	NT B	01.06.2016	9.8	-	-	9.8	-	-	No	-	-	-	-	-
7	General Medicine	Dr. Paresh Babel	Assistant Professor	9579510389	prshbbi@gmail.com	31.10.1987	Open	15.11.2022	5.2	-	-	5.2	-	Temp	Yes	28.8.2024	27.8.2026	-	-	-



8	General Medicine	Dr Ravindra Kulkarni	Assistant Professor	9422300251	dravindrakulkarni@gmail.com	18.05.1976	Open	12.03.2024	3.5	-	-	3.5	-	-	-	-	-	-	-	
9	General Medicine	Dr Amit Kothari	Assistant Professor	8380094778	amitkothari67@gmail.com	1.1.1987	Open	6.12.2018	7.2	-	-	7.2	-	Temp	Yes	18.8.2023	17.8.2025	-	-	
10	General Medicine	Dr Anuja Patil	Assistant Professor	9960789068	anujarp@gmail.com	26.6.1989	Open	17.8.2023	2.3	-	-	2.3	-	Temp	Yes	18.8.2023	17.8.2025	-	-	
11	General Medicine	Dr Rajashri Yashwant Jadhav	Assistant Professor	9850623535	rajadhav3@yahoo.co.in	21.08.1966	Open	14.12.2016	10.1	-	-	10.1	-	Temp	Yes	28.8.2024	27.8.2026	-	-	

12	General Medicine	Dr Amit Yele	Assistant Professor	7744011163	dr.amityele@gmail.com	12.02.1991	Open	17.01.2024	4.1	-	-	4.1	-	Temp	Yes	28.8.2024	27.8.2026	-	-	
13	General Medicine	Dr. Surabhi Nagare	Senior Resident	9689907262	<a href="mailto:dr_surabhi@yahoo.co.in">dr_surabhi@yahoo.co.in</a>	13.07.1984	OBC	15.2.2024	-	-	-	4.11	-	-	No	-	-	-	-	
14	General Medicine	Dr. Rajhans Bhokre	Senior Resident	7507276333	rajhans_bhokre@yahoo.co	24-06-1981	Open	16.6.2025	-	-	-	3.7	-	-	No	-	-	-	-	
15	General Medicine	Dr. Gajanan Kale	Senior Resident	9850447471	drgkale@gmail.com	05.10.1984	Open	12.11.2020	-	-	-	8.2	-	-	No	-	-	-	-	



20	General Medicine	Dr. Nikhil Rathod	Junior Resident	9890305675	nkdoco@gmail.com	23.3.1995	OBC	17.10.2023	-	-	-	2 Yr 3 month	-	-	No	-	-	-	-	-	 <i>Nikhil Rathod</i>
21	General Medicine	Dr. Abhilasha Thorve	Junior Resident	7350161000	abhilashathorve100@gmail.com	8.2.1999	Open	16.10.2023	-	-	-	2 Yr 3 month	-	-	No	-	-	-	-	-	 <i>Abhilasha Thorve</i>
22	General Medicine	Dr. Saurabh Sawardekar	Junior Resident	9821797921	saurabhssawardekar@gmail.com	11.09.1998	SC	16.10.2023	-	-	-	2 Yr 3 month	-	-	No	-	-	-	-	-	 <i>Saurabh Sawardekar</i>
23	General Medicine	Dr. Abhidnya Mehare	Junior Resident	93732 51791	abhidnyamehare74@gmail.com	30.7.1999	OBC	19.2.2025	-	-	-	1 yrs	-	-	No	-	-	-	-	-	 <i>Abhidnya Mehare</i>

24	General Medicine	Dr. Ruchika Moyal	Junior Resident	9571282903	<a href="mailto:dr.ruchikamoyal1998@gmail.com">dr.ruchikamoyal1998@gmail.com</a>	17.1.2001	Open	19.2.2025	-	-	-	1 yrs	-	-	No	-	-	-	-	-	 <i>Ruchika</i>
25	General Medicine	Dr. Dhanshree Desai	Junior Resident	9146899332	<a href="mailto:dhanshreesai10@gmail.com">dhanshreesai10@gmail.com</a>	28.7.1997		18.2.2025	-	-	-	1 yrs	-	-	No	-	-	-	-	-	 <i>Dhanshree</i>
26	General Medicine	Dr Akash Chavan	Junior Resident	9130265575	<a href="mailto:akashchavan0409@gmail.com">akashchavan0409@gmail.com</a>	8.9.1998	VJA	18.2.2025	-	-	-	1 yrs	-	-	No	-	-	-	-	-	 <i>Aakash</i>

*Agarwal*  
**DR. MADHU BANSODE**  
 (Professor & HOD)  
 Reg. No. 81224  
 MIMER Medical College  
 Talegaon Dabhade.

*Rajg*  
**PRINCIPAL**  
 MIMER MEDICAL COLLEGE  
 TALEGAON DABHADE  
 PUNE -410507

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES , NASHIK**  
**DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved+ Not Approved)**  
 (UG Degree/PG Degree/Super Speciality ) AS ON :

Name of the Dept. : Paediatrics

Subject : Paediatrics

Whether U.G \_\_\_\_\_ / UG + PG \_\_\_\_\_

Name of the College: MIMER Medical College & Dr.BSTR Hospital, Talegaon (D), Pune - 410 507.

Sr. No.	Subject	Name of the Teacher	Designation	Mob No.	E-mail ID	Date of Birth	Whether belongs to Reserved category (If so specify category)	Date of Appointment	Teaching Experience Yrs				UG	Total Teaching Exp. In years of PG	Type of Appointment Temp/Regular contractual	University Approval Status Yes/ No	Temporary Approval		Details of Pg Recognition		MET Works hop attend In last 5 years	Photograph with Signature
									Asst. Prof	Asso. Prof.	Prof.	Total					From	To	Temp/Regular	Letter no & Date		
1	Pediatrics	Dr.Vijay L. Bhavari	Prof & HOD	9822109299	vijaybhavari20@gmail.com	20/06/1974	ST	12-06-2014	7 yr 2 mts	5 yr 1 mts	4 yr 9 mts	17 yrs		REGULAR	MUHS/UG/E-1/1204/18/2024 dt 14/5/2024	18-08-2023	18-08-2025	REGULAR	MUHS/PG/E-1/102103/925/2025 dt-23/9/2025	-		
2	Pediatrics	Dr Borle Maya Shishir	Professor	98901 92458	mborle13@gmail.com	01-09-1964	OPEN	18-02-2025	5 yr 5 mts	5 yr 2 mts	1 yr 10 mts	12 yrs		REGULAR	MUHS/UG/E-1/1210/44/2010 dt - 05/01/2010	16-11-2009				-		
3	Pediatrics	Dr. Shahaji Y Gaikwad	Asso.Prof	96233 31091	shahajigaikwad26@gmail.com	26/7/1956	SC	04-10-2023	7 yrs	5 yrs		12 yrs	4 yrs	REGULAR	MUHS/UG/E-1/1204/862/2024 dt 31/12/2024				MUHS/PG/E-1/53/1212/4093/2021 MUHS/PG/E-1/53/1212/4093/2022 MUHS/PG/E-1/102103/925/2025 dt-23/9/2025	-		

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4	Pediatrics	Dr. Dilip Sankpal	Asso.Prof	9763131073	<a href="mailto:dmsankpal77@gmail.com">dmsankpal77@gmail.com</a>	06-01-1965	SC	16/4/2018	6 yrs	10 yrs 4 mts		16yrs 4 mts	6 yrs	REGULAR	MUHS/UG/E-1/1204/862/2024 dt 31/12/2024				CCV/R/4116 dt 15/10/2001 MUHS/PG/E-1/102103/925/2025 dt-23/9/2025	
5	Pediatrics	Dr. Devidas Ghanate	Asso.Prof	99206 86414	<a href="mailto:drdevidasforkids@gmail.com">drdevidasforkids@gmail.com</a>	01-06-1963	OPEN	14-10-2024	5 yrs	2 yrs		7 yrs	..	REGULAR						
6	Pediatrics	Dr. Vidya Fadnis	Asst.Prof	9922501569	<a href="mailto:vidyapf@gmail.com">vidyapf@gmail.com</a>	18/06/1958	OPEN	01-02-2017	9 yrs 1 mt			9 yrs 1 mt		REGULAR	MUHS/UG/E-1/1204/862/2024 dt 31/12/2024				MUHS/PG/E-1/102103/925/2025 dt-23/9/2025	
7	Pediatrics	Dr. Mandar Kale	Asst.Prof	9423271339	<a href="mailto:dr_mandar_kale@gmail.com">dr_mandar_kale@gmail.com</a>	26/8/1981	OBC	11-05-2019	6 yrs 8 mts			6 yrs 8 mts		REGULAR	MUHS/(UG)/E-1/1204/5378/2022 dt 10/8/2023					



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12	Pediatrics	Dr. Raosaheb Pote	Sr.Resident	8898781260	<a href="mailto:poteraosah&lt;br/&gt;eb@gmail.com">poteraosah eb@gmail.com</a>	05-12-1964	SC	06-11-2024	-	-	-	-	-	REGULAR	-	-	-	-	-
13	Pediatrics	Dr. Deepali Hebbare	Sr.Resident	98228 17026	<a href="mailto:deepalihebbare@gmail.com">deepalihebbare@gmail.com</a>	15-11-1974	OBC	10-12-2024	-	-	-	-	-	REGULAR	-	-	-	-	-
14	Pediatrics	Dr. Vijaykumar Kathale	Sr.Resident	94211 72644	<a href="mailto:vijaykathale555@gmail.com">vijaykathale555@gmail.com</a>	16-07-1993		17-12-2024	-	-	-	-	-	REGULAR	-	-	-	-	-





S. M. Jadhav



Shubham Pandge



Abhimanyu Shinde



Prachi Jethwa

15	Pediatrics	Dr. Sunny Jadhav	Jr. Resident	9158088280	pushpajadhav1987@gmail.com	27/10/1988	OBC	06-01-2022	-	-	-	-	-	-	REGULAR	-	-	-	-
16	Pediatrics	Dr. Shubham Pandge	Jr. Resident	98907 47385	pandge.shubham2544@gmail.com	30-06-1996	OBC	10-11-2023	-	-	-	-	-	-	REGULAR	-	-	-	-
17	Pediatrics	Dr. Abhimanyu Chandrakant Shinde	Jr. Resident	9850585523	shindeabhi2104@gmail.com	21-04-2000	SEBC	01-09-2025	-	-	-	-	-	-	REGULAR	-	-	-	-
18	Pediatrics	Dr. Prachi Dayanand Jethwa	Jr. Resident	8850013653	prachi.jethwa17@gmail.com	16-02-1998	OPEN	18-08-2025	-	-	-	-	-	-	REGULAR	-	-	-	-

19	Pediatrics	Dr. Abid Maliksaheb Lamtire	Jr. Resident	9075228226	lamtureaab id@gmail.c om	03-04-1999	OPEN	05-03-2025	-	-	-	-	-	REGULAR	-					
20	Pediatrics	Arunkumar Bilgunde	Jr. Resident	9844368454	asbjarunku marbilgund e@gmail.c om	01-08-1999	OBC	02-02-2026	-	-	-	-	-	REGULAR	-					



*[Handwritten Signature]*

**Prof. & HOD**  
 Dept. of Paediatrics  
 MIMER Medical College  
 Talegaon Dabhade

*[Handwritten Signature]*

Signature of Dean with Seal  
**PRINCIPAL**  
 MIMER MEDICAL COLLEGE  
 TALEGAON DABHADE  
 PUNE - 410507

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES , NASHIK**  
**DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved+ Not Approved)**  
 (UG Degree/PG Degree/Super Speciality ) AS ON : 06/02/2026

Name of the Dept. : Dermatology

Subject : Dermatology, Venereology &amp; Leprosy

Whether U.G\_ / UG + PG - Yes

Name of the College: MIMER Medical College &amp; Dr.BSTR Hospital, Talegaon (D), Pune - 410 507.

College Code : 1205 , Intake Capacity : 150 MBBS

Sr. No.	Subject	Name of the Teacher	Designation	Mob. No.	E-Mail ID	DOB	Whether belongs to Reserved category (If Yes, specify category)	Date of Appointment at college	Teaching Experience UG (Years)				Total Teaching Experience In years (PG)	Type of Appointment	University Approval Status (Yes / No)	Temporary Approval		Detail of PG Recognition by University		MET workshop attended In last 5 yrs	Photograph with Sign.
									Asst. Prof	Asso. Prof	Prof.	Total				from	to	Temp/Regular	Letter No. & date		
1	Dermatology, Venereology Leprosy	Dr. Rajendra Shiude	Prof.	9422327657	skinraje@yahoo.co.in	19/11/1973	OBC	05-02-2010			19 yrs	22 yrs	Regular	Yes	18-08-2023	18-08-2025	Regular	MUHS/UG/E-1/057510/4603/2011, dt.11/11/11 MUHS/PG/E-1/1204/273/13 date 22.01.2013, MUHS/PG/E-1/1204/27/4055/10-04/11/2019, MUHS/UG/E-1/1204/18/2024	1		
3	Dermatology, Venereology Leprosy	Dr. Sandeep Hade	Assist. Prof	9403322541	sandeephade86@gmail.com	01/02/1993	OBC	08-09-2023			2 yrs 5 months	3 yrs 5 months	Regular	Yes	28-08-2024	28-08-2025	Regular	MUHS/UG/E-1/1204/862/2024	1		

Note: The College shall submit one hard copy &amp; a soft copy (in Excel Format) of the list in Pen Drive to the LIC Committee.

Date : 09/04/2026

  
**Professor & H.O.D.**  
 Dept. of Skin & VD  
 MIMER Medical College  
 BSTRH, Talegaon (D), Pune

  
**Signature of Dean with Seal**  
**PRINCIPAL**  
 MIMER MEDICAL COLLEGE  
 TALEGAON DABHADE,  
 PUNE - 410507

Sr. No.	Subject	Name of the Teacher	Designation	Mob. No.	E-Mail ID	DOB	Whether belongs to Reserved category (If Yes, specify category)	Date of Appointment at college	Teaching Experience UG (Years)				Total Teaching Experience In years (PG)	Type of Appointment	University Approval Status (Yes / No)	Temporary Approval		Detail of PG Recognition by University		MET workshop attended in last 5 yrs	Photograph with Sign.
									Asst. Prof	Asso. Prof	Prof.	Total				from	to	Temp/Regular	Letter No. & date		
3	Dermatology, Venereology Leprosy	Dr. Anamika Wagh	Senior Resident	9096427246	anamikawagh45@gmail.com	01-04-1991	open	06-01-2026			1 months	1 months	Regular	No			Regular			 	
4	Dermatology, Venereology Leprosy	Dr. Aditi Deshmukh	Senior Resident	9422982727	dradikiran@gmail.com	27/02/1980	Open	07-02-2007			16 Yr 10 Months	18 yr	Regular	Yes	06-12-2009	TILL DATE	Regular	MUHS/UG/E-1/1204/1629/09, 12/06/2009	14	 	

Note: The College shall submit one hard copy & a soft copy (in Excel Format) of the list in Pen Drive to the LIC Committee.

Date : 09/01/2025

  
**Professor & H.O.D.**  
 Dept. of Skin & VD  
 MIMER Medical College  
 BSTRH, Talegaon (D), Pune

  
 Signature of Dean with Seal  
**PRINCIPAL**  
 MIMER MEDICAL COLLEGE  
 TALEGAON DABHADE,  
 PUNE - 410507

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK  
 DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved)

UG Degree/ PG Degree/ Super Specialty) AS ON: ..... /..... /.....

Name of the Dept.: Psychiatry

Subject: Psychiatry

Whether UG.... /UG+PG..... /UG+PG+SuperSpecialty.....Name

of the College: MIMER Medical College, T.D

College Code: 1204

Intake Capacity: .....

Sr. No.	Subject	Name of Teacher	Designation	Mob. No	E-mailID	DOB	Whether belongs to Reserved category (if Yes, specify category)	Date of appointment at College	Teaching Experience UG(Yrs.)				Total Teaching Experience in years of PG	Type of Appointment Temp./ Regular/ Contractual	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition		MET Workshop attended in last 5 years	Photograph with Signature
									Ass. Prof.	Asso. Prof.	Prof.	Total				From	To	Temp/Regular	Letter No. & date		
01	Psychiatry	Dr. Aneesh Bhat	Prof & HOD	7558311855	bhataneesh@gmail.com	22/8/1981	Open	28/6/2016	4Yrs 5mnts	3Yrs 7mnts	6Yrs	14Yrs	3Yrs 09mnts	Regular	Yes	18/8/23	18/8/25	Regular	MUHS/PG/E-1/1204/17/2024 Dt. 14/05/2024	Yes	
02	Psychiatry	Dr. Ashish Ubhale	Prof.	9822210655	aashishubhale@gmail.com	28/9/1979		20/7/2017	7Yrs 4mnts	4Yrs 7mnts	4 Yrs	15Yrs	3Yrs 09mnts	Regular	Yes	28/8/24	28/8/26	Regular	MUHS/PG/E1/102103/19/2025 Dt. 08/01/2025	Yes	
03	Psychiatry	Dr. Ashish Arya	Asst. Prof.	9595471477	dr.arya15@gmail.com	15/8/1987	Open	30/6/2016	5Yrs. 05 3mnts	05 months	-	5Yrs 08mnts	3Yrs 09mnts	Regular	Yes	18/8/23	18/8/25	Regular	MUHS/PG/E-1/1204/18/2024 & Dt. 14/05/2024	Yes	

	Psychiatry	Vatwani Karmanya Bharat	Senior Resident	9930080679	ktwani@gmail.com	25/07/1995	Open	21/06/2025							Regular					
05	Psychiatry	Dr. Swati Magare	Junior Resident	9503067403	Swatimagare26@gmail.com	26/12/1987	SC	01/10/2015							Regular	Yes			Regular	
06	Psychiatry	Dr. Priyanka Deshmukh	JR-1	9769760657	Priyanka.deshmukh9496@gmail.com	30/07/1998	Open	10/10/2023							Regular				Regular	
07	Psychiatry	Dr. Bhagyashri More	JR-1	8412098301	Dr.bhagyashri97@gmail.com	21/06/1997	SC	18/10/2023							Regular				Regular	
10	Psychiatry	Dr. Payal Deshpande	JR-2	7875821546	Payalkm1@gmail.com	15/09/1996	Open	25/02/2025							Regular				Regular	
11	Psychiatry	Dr. Bharati Shelke	JR-2	9518959609	bharatibshelke@gmail.com	21/05/1995	SEBC	28/02/2025							Regular				Regular	



PRINCIPAL

WIMER MEDICAL COLLEGE  
TALEGAON DABHADE

PHONE: 110607

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved)**  
 UG Degree / PG Degree / Super Specialty) AS ON \_\_\_/\_\_\_/\_\_\_

Name of the Dept :- Department of General Surgery

Subject :- General Surgery

Whether UG \_\_\_/ UG + PG \_\_\_/ Superspecialty \_\_\_

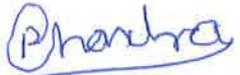
Name of the College :- MIMER Medical College &amp; Br. BSTR Hospital, Talegaon Dabhade

College Code :- \_\_\_\_\_ Intake Capacity :- 150 Students

Sr.No	Subject	Name of Teacher	Designation	Mobile No.	Email ID	D.O.B.	Whether belongs to reserved category (If Yes, specify category)	Date of appointment at college	Teaching Experience				Total Teaching Experience in years of PG	Type of Appointment Temp/Regular/Contractual	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition		MET Workshop Attended in last 5 years	Photograph with signature
									UG (Yrs.)							From	To	Temp /Regular	Letter No. & Date		
									Asst. Prof.	Asso. Prof.	Prof.	Total									
1	General Surgery	Dr. Sachin Prabhakar Naik	Professor & Head	9822409640	Sachinnaik70@gmail.com	06-06-1970	OPEN	10-12-1999	5.9	4.8	15.10	26.7	18.11	Regular	Yes	28-08-2024	27-08-2026	Regular	MUHS/PG/E-1/102103/19/2025 on dated - 08/01/2025	Yes	 Sachin Naik
2	General Surgery	Dr. Nikhil Anil Phadke	Professor	7387995127	nikhilphadke@yahoo.com	06-10-1972	OPEN	05-02-2000	7	14.6	4	25.4	14.1	Regular	Yes	07-05-2011	onwards	Regular	MUHS/PG/E-1/1204/27/514/14 ON DATED- 25/02/2014	Yes	 Nikhil Phadke

Sr.No	Subject	Name of Teacher	Designation	Mobile No.	Email ID	D.O.B.	Whether belongs to reserved category (if Yes, specify category)	Date of appointment at college	Teaching Experience				Total Teaching Experience in years of PG	Type of Appointment Temp/Regular/Contractual	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition		MET Workshop Attended in last 5 years	Photograph with signature
									UG (Yrs.)							From	To	Temp /Regular	Letter No. & Date		
									Asst. Prof	Asso. Prof.	Prof.	Total									
3	General Surgery	Dr. Tushar Sudhakar Khachane	Professor	9881726634	tusharkhachane@yahoo.com	17/10/1976	OBC	10-01-2005	11.2	4.10	4.2 mths	19.00	10.00	Regular	Yes	28-08-2024	27-08-2025	Regular	MUHS/PG/E-1/102103/19/2025 on dated - 08/01/2025	Yes	 <i>Tushar Khachane</i>
4	General Surgery	Dr. Sandesh Shahaji Gawade	Professor	9890950097	drsandesh23@gmail.com	23/04/1979	OPEN	02-01-2008	9.1	5.1	4	18	10	Regular	Yes	28-08-2024	27-08-2025	Regular	MUHS/PG/E-1/102103/19/2025 on dated - 08/01/2025	Yes	 <i>Sandesh G.</i>
5	General Surgery	Dr. Shantaram Gulve	Associate Professor	9763097017	dr.gulve.s@gmail.com	07-01-1964	ST	09-06-2016	6.3	4.7 mths	-	10.7	2.6	Regular	Yes	16/7/2021	15/7/2023	Regular	MUHS/PG/E-1/102103/19/2025 on dated - 08/01/2025	Yes	 <i>Shantaram Gulve</i>

Sr.No	Subject	Name of Teacher	Designation	Mobile No.	Email ID	D.O.B.	Whether belongs to reserved category (If Yes, specify category)	Date of appointment at college	Teaching Experience				Total Teaching Experience in years of PG	Type of Appointment Temp/Regular/Contractual	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition		MET Workshop Attended in last 5 years	Photograph with signature
									UG (Yrs.)							From	To	Temp /Regular	Letter No. & Date		
									Asst. Prof.	Asso. Prof.	Prof.	Total									
6	General Surgery	Dr. Samadhan Narsing Kshirsagar	Associate Professor	9823336680	drshirsagars@gmail.com	17/05/1980	SC	14/09/2011	10.4	3		13	6.4	Temporary	Yes	28-08-2024	27-08-2026	Regular	MUHS/PG/E-1/102103/19/2025 on dated - 08/01/2025	Yes	 
7	General Surgery	Dr. Ajit Genuji Jadhav	Associate Professor	9503508585	ajit7766@yahoo.com	14/3/1981	NTC	04-04-2016	5.7	4.3 mths		9.8	4	Regular	Yes	28-08-2024	27-08-2025	Regular	MUHS/PG/E-1/102103/19/2025 on dated - 08/01/2025	Yes	 
8	General Surgery	Dr. Rahul Kashide	Assistant Professor	9767296867	rahulbkashide@gmail.com	27/09/1984	SC	19/3/2018	10.10 mths			10.10 mths		Temporary	Yes	18-08-2023	17-08-2025	Not Approved		yes	 

Sr.No	Subject	Name of Teacher	Designation	Mobile No.	Email ID	D.O.B.	Whether belongs to reserved category (If Yes, specify category)	Date of appointment at college	Teaching Experience				Total Teaching Experience in years of PG	Type of Appointment Temp/Regular/Contractual	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition		MET Workshop Attended in last 5 years	Photograph with signature
									UG (Yrs.)							From	To	Temp /Regular	Letter No. & Date		
									Asst. Prof	Asso. Prof.	Prof.	Total									
9	General Surgery	Dr. Nandkshor Raut	Assistant Professor	9404904176	<a href="mailto:surgeon.nandkshor@gmail.com">surgeon.nandkshor@gmail.com</a>	09-03-1985	OBC	08-01-2018	7.4 mths	-	-	7.4 mths	Regular	Yes	18-08-2023	17-08-2025	Not Approved		Yes	 	
10	General Surgery	Dr. Prashant Chandra	Assistant Professor	8446539602	<a href="mailto:dr.prashantchandra@gmail.com">dr.prashantchandra@gmail.com</a>	18-04-1988		13-06-2025	7 mths	-	-	7 mths		Awaited			Not Approved		No	 	

Sr.No	Subject	Name of Teacher	Designation	Mobile No.	Email ID	D.O.B.	Whether belongs to reserved category (If Yes, specify category)	Date of appointment at college	Teaching Experience				Total Teaching Experience in years of PG	Type of Appointment Temp/Regular/Contractual	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition		MET Workshop Attended in last 5 years	Photograph with signature
									UG (Yrs.)							From	To	Temp /Regular	Letter No. & Date		
									Asst. Prof.	Asso. Prof.	Prof.	Total									
10	General Surgery	Dr.Ojus Wadhwa	Professor	7507999270	dr_wadhwa@yahoo.com	26/11/1969	OPEN	23/5/2022	5.9 mths	-	-	5.9 mths	Regular	No	18-08-2023	18-08-2025	Not Approved		Yes	 <i>Ojus Wadhwa</i>	
11	General Surgery	Dr. Pawan Dharurkar	Assistant Professor	9999496219	drdpavan@gmail.com	20/1/1984	OPEN	10-05-2016	3.1	-	-	3.1	Temporary	Yes	18-08-2023	18-08-2025	Not Approved		No	 <i>Pawan</i>	
12	General Surgery	Dr. Somnath Karad	Assistant Professor	9561980481	nathkarad@gmail.com	22-11-1988	NT	01-08-2024	1.5 months			1.5 months	Temporary	Yes	24-08-2024	23-08-2025	Not Approved		No	 <i>Karad</i>	

Sr.No	Subject	Name of Teacher	Designation	Mobile No.	Email ID	D.O.B.	Whether belongs to reserved category (If Yes, specify category)	Date of appointment at college	Teaching Experience				Total Teaching Experience in years of PG	Type of Appointment Temp/Regular/Contractual	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition		MET Workshop Attended In last 5 years	Photograph with signature
									UG (Yrs.)							From	To	Temp /Regular	Letter No. & Date		
									Asst. Prof.	Asso. Prof.	Prof.	Total									
13	General Surgery	Dr. Dinesh Badarshahi	Senior Resident	8411992525	drsam909@gmail.com	24/9/1983	OPEN	09-10-2009	-	-	-	-	Temporary	Yes	08-11-2015	08-10-2016	NA		No	 <i>DSB</i>	
14	General Surgery	Dr. Mohsin Khan	Senior Resident	9960963907	mohsindkhan@gmail.com	08-03-1987	OBC	12-06-2011	-	-	-	-	Regular	Yes	17/9/2014	onwards	NA		No	 <i>Mohsin</i>	
15	General Surgery	Dr. Pratik Bamane	Senior Resident	7385668221	pratikkb21@gmail.com	09-07-1993	NT(B)	01-12-2023						NA			NA		No	 <i>Bamane</i>	

Sr.No	Subject	Name of Teacher	Designation	Mobile No.	Email ID	D.O.B.	Whether belongs to reserved category (if Yes, specify category)	Date of appointment at college	Teaching Experience				Total Teaching Experience in years of PG	Type of Appointment Temp/Regular/Contractual	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition		MET Workshop Attended in last 5 years	Photograph with signature
									UG (Yrs.)							From	To	Temp /Regular	Letter No. & Date		
									Asst. Prof.	Asso. Prof.	Prof.	Total									
16	General Surgery	Dr. Kadambari Subhash Borade	Senior Resident	9819368915	<a href="mailto:kadambari92.kb@gmail.com">kadambari92.kb@gmail.com</a>	17/10/1992	SC	01-12-2023												 	
17	General Surgery	Dr. Vishal BIRDAWADE	Senior Resident	9420183317	<a href="mailto:vishalbirdawade@gmail.com">vishalbirdawade@gmail.com</a>	24-07-1992	OBC	25-09-2024												 	

Sr.No	Subject	Name of Teacher	Designation	Mobile No.	Email ID	D.O.B.	Whether belongs to reserved category (If Yes, specify category)	Date of appointment at college	Teaching Experience				Total Teaching Experience in years of PG	Type of Appointment Temp/Regular/Contractual	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition		MET Workshop Attended in last 5 years	Photograph with signature
									UG (Yrs.)							From	To	Temp /Regular	Letter No. & Date		
									Asst. Prof.	Asso. Prof.	Prof.	Total									
18	General Surgery	Dr. Neha Sunil Shinde	Junior Resident	8806711344	nehashinde197@gmail.com	20/06/1997	SC	15/11/2022												No	 
19	General Surgery	Dr. Mrunmal Nitin Patil	Junior Resident	9145646304	pmrunmal5@gmail.com	27/5/1998	OPEN	12-01-2022												No	 
20	General Surgery	Dr. Priyanka Moulik	Junior Resident	9158528543	moulikpriyanka8@gmail.com	29/01/1996	OPEN	15/11/2022												No	

Sr.No	Subject	Name of Teacher	Designation	Mobile No.	Email ID	D.O.B.	Whether belongs to reserved category (If Yes, specify category)	Date of appointment at college	Teaching Experience				Total Teaching Experience In years of PG	Type of Appointment Temp/Regular/Contractual	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition		MET Workshop Attended in last 5 years	Photograph with signature
									UG (Yrs.)							From	To	Temp /Regular	Letter No. & Date		
									Asst. Prof.	Asso. Prof.	Prof.	Total									
21	General Surgery	Dr. Aditya Ganesh Kamath	Junior Resident	9619187334	anjadigan@gmail.com	05-06-1996	OPEN	12-01-2022													
22	General Surgery	Dr. Shah Zeeshan Ahmad Saabir Ahmad	Junior Resident	9096503205	zeeshanahmadshah1@gmail.com	23/02/1997	VINT	15/11/2022													 

Sr.No	Subject	Name of Teacher	Designation	Mobile No.	Email ID	D.O.B.	Whether belongs to reserved	Date of appointment at college	Teaching Experience				Total Teaching Experience in years	Type of Appointment Temp/Regu	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition		MET Workshop Attended	Photograph with signature
									Asst. Prof.	Asso. Prof.	Prof.	Total				From	To	Temp /Regular	Letter No. & Date		
23	General Surgery	Dr. Harshavardhan dadas	Junior Resident	9970405960	harshvardhandadas5796@gmail.com	07-05-1996	NT2	17-10-2023						NA			NA		No	 	
24	General Surgery	Dr. Ganesh Bankar	Junior Resident	9284188262	bankarganesh5522@gmail.com	31/08/1994	OPEN	20-10-2023						NA			NA		No	 	
25	General Surgery	Dr. Atharva Patil	Junior Resident	9146994513	dratharvasaonleypatil@gmail.com	15/8/1998	OBC	21-10-2023						NA			NA		No	 	

Sr.No	Subject	Name of Teacher	Designation	Mobile No.	Email ID	D.O.B.	Whether belongs to reserved	Date of appointment at college	Teaching Experience UG (Yrs.)				Total Teaching Experience in years	Type of Appointment Temp/Regu	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition		MET Workshop Attended	Photograph with signature
									Asst. Prof.	Asso. Prof.	Prof.	Total				From	To	Temp /Regular	Letter No. & Date		
26	General Surgery	Dr. Riddhi Jadhav	Junior Resident	9404620332	<a href="mailto:rjd1095@gmail.com">rjd1095@gmail.com</a>	26/6/1996	OPEN	13-10-2023						NA			NA		No	 <i>R Jadhav</i>	
27	General Surgery	Dr. Rukkaya Hamdulay	Junior Resident	7744997477	<a href="mailto:rukayyamhamdulay@gmail.com">rukayyamhamdulay@gmail.com</a>	26/01/1999	OPEN	16-10-2023						NA			NA		No	 <i>R Hamdulay</i>	
28	General Surgery	Dr. Shubhr Bajpai	Junior Resident	9131392397	<a href="mailto:shubhrbjp4@gmail.com">shubhrbjp4@gmail.com</a>	05-02-1997	OPEN	16-10-2023						NA			NA		No	 <i>S Bajpai</i>	

Sr.No	Subject	Name of Teacher	Designation	Mobile No.	Email ID	D.O.B.	Whether belongs to reserved	Date of appointment at college	Teaching Experience UG (Yrs.)				Total Teaching Experience in years	Type of Appointment Temp/Regu	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition		MET Workshop Attended in last 5	Photograph with signature
									Asst. Prof.	Asso. Prof.	Prof.	Total				From	To	Temp /Regular	Letter No. & Date		
29	Gen. Surgery	Dr. Pranav Bhanadri	Junior Resident	7588330724	pranavbhandari585@gmail.com	25-11-1999	OPEN	20-02-2025						NA				NA		No	 Bhanadri
30	Gen. Surgery	Dr. Shruti Atram	Junior Resident	7028015464	shrutiatram220458@gmail.com	22-04-1998	ST	24-02-2025						NA				NA		No	 Atram
31	Gen. Surgery	Akshata Shahane	Junior Resident	9130099300	akshatashahane@gmail.com	18-04-1998	OBC	20-02-2025						NA				NA		No	 Akshata

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved)**  
**UG Degree/ PG Degree/ Super Specialty) AS ON: ..... /..... /.....**

Annexure - IV

Name of the Dept. : Orthopaedic

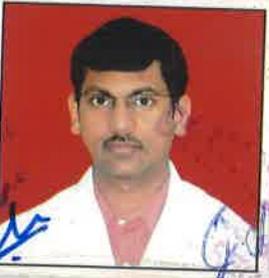
Subject: Orthopaedics

Whether UG.... /UG+PG..... /UG+PG+SuperSpecialty.....

Name of the College : MIMER Medical College Talegoan(D)

College Code : .....

Intake Capacity: .....

Sr. No.	Subject	Name of Teacher	Designation	Mob. No.	E-mail ID	DOB	Whether belongs to Reserved category (if Yes, specify category)	Date of appointment at College	Teaching Experience UG(Yrs.)				Total Teaching Experience in years of PG	Type of Appointment Temp./ Regular/ Contractual	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition		MET Work shop attend ed in last 5 years	Photo graph with Signat ure
									Asst. Prof.	Asso. Prof.	Prof.	Total				From	To	Temp/ Regular	Letter No. & date		
1	Orthopaedics	DR. SANTOSH SHRIDHAR BORKAR	Prof & HOD	98600 77958	santoshborkar197616@gmail.com	8.10.1976	Open	13.7.2005	8Y, 10M	3Y, 2M	8Y, 5M	20Y, 5M	12Y, 8M	Temp	YES	28.8.2024	27.08.2026	Temp	MUHS/PG/E-1/102103/19/2025 DT-08/01/2025	YES	
2	Orthopaedics	DR. DARPAN MAROTI MAHESHAURI	Profesor	98811 08842	darpan@dr.com	30.08.1977	SC	2.1.2010	6Y, 7M	3Y, 9M	7Y, 8M	18Y, 8M	8Y, 10M	Temp	YES	18.8.2023	18.8.2025	Temp	MUHS/PG/E-1/1204/17/2024 DT-14/05/2024	YES	
3	Orthopaedics	DR. SHIVRAJ SATISH KONDE	Profesor	98901 02751	drshivraj.konde@gmail.com	22.04.1985	Open	1.2.2013	4Y, 10M	6Y, 9M	1Y, 4M	12Y, 11M	5Y, 8M	Temp	YES	28.8.2024	27.08.2026	Temp	MUHS/PG/E-1/102103/19/2025 DT-08/01/2025	YES	

4	Orthopaedics	DR.MANAS SUDHIR PUSALKAR	Asso. Professor	86692 06229	<a href="mailto:manaspusalkar@yahoo.com">manaspusalkar@yahoo.com</a>	14.02.1972	Open	7.9.2018	9Y, 3M	1Y, 4M	-	10Y, 7M	1Y	Temp	YES	28.8.2024	27.08.2026	Temp	MUHS/PG/E-1/1204/17/2024 DT-14/05/2024	YES
5	Orthopaedics	DR.RAJIV MUNDE	Asst. Professor	99754 71716	<a href="mailto:dr.rajiv129@yahoo.co.in">dr.rajiv129@yahoo.co.in</a>	29.09.1982	NT	03.07.2019	4Y, 9M	-	-	4Y, 9M	-	Temp	YES	18.08.2023	18.08.2025	Temp	MUHS/PG/E-1/102103/132/2025 Dt-15/12/2025	YES
6	Orthopaedics	DR.ASHWINKUMAR MADAVI	Asst. Professor	86685 08251	<a href="mailto:ashwinmd09@gmail.com">ashwinmd09@gmail.com</a>	30.03.1990	Open	20.09.2022	10M, 6 D	-	-	-	-	-	NO	-	-	-	-	NO
7	Orthopaedics	DR.SURAJ DOSHI	Asst. Professor	99605 55434	<a href="mailto:drsujajdoshi@gmail.com">drsujajdoshi@gmail.com</a>	07.03.1992	OPEN	05.08.2024	4M	-	-	-	-	-	NO	-	-	-	-	NO

*Manas*



*Rajiv*



*Ashwin*



*Suraj*















MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK  
 DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved+ Not Approved)  
 UG Degree/PG Degree/ Super Specialty ) AS ON:

ANNEXURE-IV

Name of the Department :- Ophthalmology  
 Name of the college:- MIMER Medical College  
 Talegaon Dabhade  
 Phone/Mobile No:-

Whether UG /UG+PG  
 College code 1204

UG+PG+ Super Speciality  
 Intake Capacity:.....

Sr. No.	Subject	Name of Teacher	Designation	Mob No.	E-mail id	DOB	Whether belongs to Reserved category if Yes, specify category)	Date of appointment at college	Teaching Experience UG years				Total Teaching Experience years of PG	Type of appointment Temp/Regular Contractual	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition	Met workshop attend in last 5 years	Photograph with Signature
									Asst Prof	Assoc. Prof.	Prof	Total								
1	Ophthalmology	Dr. Yogendra Ganpat Vabale	Professor & Head	9422081910	docyogendra@rediffmail.com	15/06/1973	Open	13/11/2000	5 Yrs 1 mnt	5 Yrs 7 mnt	14 yrs 5 mnt	25 yrs 1 mnt	16 yrs 2 month	Regular	YES	28-08-2024	28-08-2026	No. MUHS/PG/E-1/1204/1150/11 wef 27.01.2011 onwards No. / MUHS/PG/E-1/1225/2023 wef from 31.03.2023 for two years only No. MUHS/PG/E-1/102103/19/2025 wef 28/08/2024 for two years only	Yes	
2	Ophthalmology	Dr. Smita Atul Pawar	Professor	9422563943	smita7pawar@gmail.com	18/08/1971	Open	11-05-2012	5 yrs	5 yrs	02 Yrs	12 yrs	7 Yrs 3 month	Regular	YES	18-08-2023	18-08-2025	No. MUHS/ PG/E-1/1102/27/276/2020 w.e.f. 22.10. 2019 onwards No. MUHS/PG/E-1/1204/17/2024 w.e.f 18/08/2023 for two years	Yes	
3	Ophthalmology	Dr. Pradnya B	Asst. Prof	7276046653	pradnya.gawali735@gmail.com	30/11/1987	S.C	08/3/2021	04 yrs 10 mnt	--	--	04 yrs 10 mnt	--	Regular	YES	18-08-2023	18-08-2025	--	Yes	



Devika



Ramesh



Vibhavi



Kaushiki



4	Ophthalmology	Dr. Devika Damle	Asst. Prof	7798017220	devikadamle@gmail.com	08-04-1995	OPEN	07-08-2025	5 month	--	--	5 month		Regular	Not approved				
5	Ophthalmology	Dr. Amol Walke	Senior Resident	8484993052	dr.amolwalke@gmail.com	27/05/1978	OBC	01-08-2006	--	--	--		--	--	--	--	--	--	--
6	Ophthalmology	Dr. Vibhavi Barhate	Senior Resident	9322930568	vibhavi.barhate@gmail.com	19-05-1977	OBC	13-02-2017	--	--	--		--	--	--	--	--	--	--
7	Ophthalmology	Dr. Kaushiki Badve	Senior Resident	9011584993	bkaushiki181@gmail.com	18-01-1990	OPEN	07-11-2024	--	--	--		--	--	--	--	--	--	--

8	Ophthalmology	Dr. Dhanashree Jadhav	Junior Resident	7769883779	<a href="mailto:drdoiphode0101@gmail.com">drdoiphode0101@gmail.com</a>	21.10.1991	SC	15/11/2022	--	--	--	--	--	--	--	--	--	--	--
9	Ophthalmology	Dr. Karina Dalwai	Junior Resident	9881549688	<a href="mailto:karinadalwai27@gmail.com">karinadalwai27@gmail.com</a>	27/11/1997	OPEN	10-11-2023	--	--	--	--	--	--	--	--	--	--	--
10	Ophthalmology	Dr. Chaitali Shinde	Junior Resident	8888692202	<a href="mailto:chaitalis47@gmail.com">chaitalis47@gmail.com</a>	15/03/1994	OPEN	16/10/2023	--	--	--	--	--	--	--	--	--	--	--
11	Ophthalmology	Dr. Vaishnavi Kalc	Junior Resident	8080188229	<a href="mailto:vaishnavikalce215@gmail.com">vaishnavikalce215@gmail.com</a>	21/05/1997	OPEN	30-10-2023	--	--	--	--	--	--	--	--	--	--	--



*Dhanashree*



*Karina*



*Chaitali*



*V. Kalc*



16	Ophthalmology	Dr. Sneha Sontakke	Junior Resident	9730195931	sontakkesneha127@gmail.com	25-03-1999	NT2	24-02-2025	--	--	--	--	--	--	--	--	--	--	
17	Ophthalmology	Dr. Naina Janewar	Junior Resident	9623710516	njanewar254@gmail.com	25-04-1997	OPEN	25-02-2025	--	--	--	--	--	--	--	--	--	--	
18	Ophthalmology	Dr. Angelina Borde	Junior Resident	87798031699	angelinaborde@gmail.com	01-04-1997	OPEN	24-02-2025	--	--	--	--	--	--	--	--	--	--	

Note:- The College shall submit one hard copy & a soft copy ( in Excel Format) of the list in Pen Drive to the LIC Committee.

*Prof*  
  
**Prof. & Head**  
**Department of**  
**Ophthalmology**  
**MIMER Medical College**  
**Talegaon Dabhade**

  
 Signature of Dean with Seal  
**PRINCIPAL**  
**MIMER MEDICAL COLLEGE**  
**TALEGAON DABHADE**  
**PUNE-410507**

## MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES , NASHIK

## DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved+ Not Approved)

(UG Degree/PG Degree/Super Speciality ) AS ON : 06 / 02 /2026

Name of the Dept.: ENT Subject : ENT Whether U.G \_\_\_\_ / UG + PG: YES

Name of the College: MIMER Medical College &amp; Dr.BSTR Hospital, Talegaon (D), Pune - 410 507.

College Code : 1204 , Intake Capacity : 150 MBBS

Sr. No.	Subject	Name of the Teacher	Designation	Mob. No.	E-Mail ID	Date of Birth	Whether belongs to Reserved category (if Yes, specify category)	Date of Appointment	Teaching Experience UG (Years)				Total Teaching Experience in years (PG)	Type of Appointment	University Approval Status (Yes / No)	Temporary Approval		Detail of PG Recognition by University		MET Workshop attended in last 5 Years	Photograph with Signature
									Asst. Prof	Asso. Prof	Prof.	Total				From	To	Temp / Regular	Letter No. & date		
1	ENT	Dr. Devdatt Kotnis	Prof &HOD	7499455527	dpkotnis@gmail.com	23.12.1962	NO	04.03.2019	10.7	4.8	7	22.3	4	Regular	YES	28.08.2024	27.08.2025	YES	NO/MUHS/PG/E-1/102103/19/2025 DATE - 08.01.02025	YES	
2	ENT	Dr Santosh Mane	Professor	9823393981	drsantos1110@gmail.com	05.01.1981	NTC	06.01.2021	4	3.6	5	12.6	7	Regular	Yes	28.08.2024	27.08.2026	Yes	NO/MUHS/PG/E-1/102103/19/2025 DATE - 08.01.02025	YES	
3	ENT	Dr Santhosh Kumar Rajamani	Professor	8356870938	minerva.santh@gmail.com	22.02.1983	NO	12.05.2020	4	4.1	4.3	12.4	3	Regular	Yes	27.12.2022	09.08.2024	Yes	MUHS/PG/E-1/261/2023 Dt 20/01/2023	YES	

Sr. No.	Subject	Name of the Teacher	Designation	Mob. No.	E-Mail ID	Date of Birth	Whether belongs to Reserved category (if Yes, specify category)	Date of Appointment	Teaching Experience UG (Years)				Total Teaching Experience in years (PG)	Type of Appointment	University Approval Status (Yes / No)	Detail of PG Recognition by University		MET Workshop attended in last 5 Years	Photograph with Signature
									Asst. Prof	Asso. Prof	Prof.	Total				Temp / Regular / Contractual	Letter No. & date		
4	ENT	Dr Poonam Khairnar	Associate Professor	9870428550	pk.41086@gmail.com	04.10.1986	NO	24.12.2018	5.9	2		7yrs 09 mths	Regular	Yes			YES		
5	ENT	Dr Kamalika P. Roy	Assistant Professor	9435492494	kamalikaproy16@gmail.com	11.04.1979	NO	04.06.2021	2			2	Regular	No			Yes		
6	ENT	Dr Sayali Goregaonkar	Senior Reisdent	8390686227	sayali.goregaonkar.18@gmail.com	18.04.1992	SC	25.12.2023				0	Regular	No					
7	ENT	Dr Nivedita Naraynkar	Senior Reisdent	8792488241			Open					0	Regular	No					

Sr. No.	Subject	Name of the Teaching Staff	Designation	Mob. No.	E-Mail ID	Date of Birth	Whether belongs to Reserved category (if Yes, specify category)	Date of Appointment	Teaching Experience UG (Years)				Total Teaching Experience in years (PG)	Type of Appointment	University Approval Status (Yes / No)	Detail of PG Recognition by University		Signature
									Asst. Prof	Asso. Prof	Prof.	Total				Temp / Regular / Contractual	Temp / Regular	
8	ENT	Dr Akshay Raut	Junior Resident	8380856554	<a href="mailto:akshayraut922@gmail.com">akshayraut922@gmail.com</a>	07-01-1997	OBC	16/10/2023				0						
9	ENT	Dr Ketakee Brahmane	Junior Resident	8454995186	<a href="mailto:ketakeebr@gmail.com">ketakeebr@gmail.com</a>	22/01/1996	SC	16/10/2023				0						
10	ENT	Dr Manalee Das	Junior Resident	8452048011	<a href="mailto:dasmanalee23@gmail.com">dasmanalee23@gmail.com</a>	23/09/1996	No	16/10/2023				0						
11	ENT	Dr Aditya Girigosavi	Junior Resident	9082756929	<a href="mailto:adityagirigosavi777@gmail.com">adityagirigosavi777@gmail.com</a>	25-05-1998	NT	20-02-2025				0						



**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES , NASHIK**  
**DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved+ Not Approved)**  
 (UG Degree/PG Degree/Super Speciality ) AS ON : / /

Name of the Dept. :- Anaesthesiology\_\_\_\_\_ Subject : - Anaesthesiology\_\_\_\_\_ Whether U.G \_\_\_\_\_ / UG + PG \_\_\_\_\_

Name of the College: MIMER Medical College & Dr.BSTR Hospital, Talegaon (D), Pune - 410 507. College Code : 1204 , Intake Capacity : 150 MBBS

Sr. No.	Subject	Name of the Teaching Staff	Designation	Mob. No.	E-Mail ID	Date of Birth	Whether belongs to Reserved category (if Yes, specify category)	Date of Appointment	Teaching Experience UG (Years)				Total Teaching Experience in years (PG)	Type of Appointment	University Approval Status (Yes / No)	Temporary Approval		Detail of PG Recognition by University		MET Workshop attended in last 5 years	Photograph with Signature
									Asst. Prof	Asso. Prof	Prof.	Total				From	To	Temp/Regular	Letter No. & date		
1	Anaesthesiology	Dr. Shilpa Y. Gurav	Prof. & HOD	9850303375	shilpa.yg@gmail.com	07-06-1974	OBC	17-08-2007	5.1	4.04	14.00	23.05	20.05	Regular	Yes	-	-	Regular	MUHS/PG/E-1/1204/27/1040/15 Date-28.04.2015	-	
2	Anaesthesiology	Dr. Anita Kulkarni	Professor	9689652384	vaishnaviam@rediffmail.com	02-09-1973	OPEN	05-03-2009	5.8	8.10	2.02	16.08	13.08	Regular	Yes	28-08-2025	27-08-2026	Temp	PG/ E-1/ 102103/19/2025 Date-08.01.2025	-	
3	Anaesthesiology	Dr. Leena Paulose	Asso. Prof	9604865712	deleenashibu@gmail.com	28-11-1975	OPEN	07-08-2010	4.7	4.10	0.00	9.05	6.05	Regular	Yes	18-08-2023	17-08-2025	Temp	PG/ E-1/ 1204/17/2024 Date-14/05/2024	-	

4	Anaesthesiology	Dr. Shobha Vatkar	Asso. Prof	8888804252	<a href="mailto:shobhavatkar@gmail.com">shobhavatkar@gmail.com</a>	02-02-1956	SC	03-11-2016	5.7	4.10	0.00	10.05	7.05	Regular	Yes	28-08-2025	27-08-2026	Temp	PG/ E-1/ 1204/17/2024 Date- 14/05/2024	 S. A. Vatkar
5	Anaesthesiology	Dr. Manisha Khamkar	Asso. Prof	9923122966	<a href="mailto:manisurwade@gmail.com">manisurwade@gmail.com</a>	02-01-1986	SC	10-10-2023	4.3	2.03	0.00	6.06	3.06	Regular	Yes	28-08-2024	27-08-2026	-	-	 M. Khamkar
6	Anaesthesiology	Dr. Megha Sonawane	Asst. Prof.	9158104000	<a href="mailto:drmeghasonavane@gmail.com">drmeghasonavane@gmail.com</a>	13-02-1962	SC	02-11-2011	0	0.00	0.00	0.00	0.00	Regular	No	-	-	-	-	 M. A. Sonawane
7	Anaesthesiology	Dr. Anant Suryawanshi	Asst. Prof	8454820280	<a href="mailto:anaypainclinic@gmail.com">anaypainclinic@gmail.com</a>	04-08-1986	OPEN	06-12-2018	4.1	0.00	0.00	4.10	1.10	Regular	Yes	28-08-2024	27-08-2026	-	-	 A. Suryawanshi

8	Anaesthesiology	Dr. Uma Nadkarni	Asst. Prof	9158388571	<a href="mailto:uma.nil.n@gmail.com">uma.nil.n@gmail.com</a>	25-09-1984	OPEN	10-08-2023	2.05	0.00	0.00	2.05	0.00	Regular	Yes	18-08-2023	17-08-2025	-	-	-	
9	Anaesthesiology	Dr. Pranali Nighukar	Asst. Prof	9022557141	<a href="mailto:pranalinighukar3103@gmail.com">pranalinighukar3103@gmail.com</a>	30-12-1992	OBC	17-05-2023	1.03	0.00	0.00	1.03	0.00	Regular	Yes	24-06-2025	23-06-2026	-	-	-	
10	Anaesthesiology	Dr. Ram Parik	Asst. Prof	7066391119	<a href="mailto:drramparik@yahoo.com">drramparik@yahoo.com</a>	29-08-1991	OPEN	06-09-2023	1.03	0.00	0.00	1.03	0.00	Regular	Yes	24-06-2025	23-06-2026	-	-	-	
11	Anaesthesiology	Dr. Smita Gharde	Asst. Prof	7709583537	<a href="mailto:smita.gharde6@gmail.com">smita.gharde6@gmail.com</a>	22-05-1992	SC	17-05-2023	1.03	0.00	0.00	1.03	0.00	Regular	Yes	24-06-2025	23-06-2026	-	-	-	



15	Anaesthesiology	Dr. Priyanka Tandale	Junior Resident	9619362712	<a href="mailto:piyutandale1@gmail.com">piyutandale1@gmail.com</a>	16-03-1994	NT-D	06-12-2022	0	0.00	0.00	0.00	0.00	Regular	No					
16	Anaesthesiology	Dr. Madhuri Sonone	Junior Resident	8484985992	<a href="mailto:sononemadhuri0295@gmail.com">sononemadhuri0295@gmail.com</a>	02-10-1995	SC	16-10-2023	0	0.00	0.00	0.00	0.00	Regular	No					
17	Anaesthesiology	Dr. Aishwarya Godase	Junior Resident	8788207041	<a href="mailto:godaseaishwarya94@gmail.com">godaseaishwarya94@gmail.com</a>	20-03-1998	OBC	19-10-2023	0	0.00	0.00	0.00	0.00	Regular	No					
18	Anaesthesiology	Dr. Samiksha Ingavale	Junior Resident	9152372932	<a href="mailto:samiksha0212@gmail.com">samiksha0212@gmail.com</a>	02-12-1999	Open	28-02-2025	0	0.00	0.00	0.00	0.00	Regular	No					





MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK  
 DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved)  
 UG Degree/ PG Degree/ Super Speciality) AS ON: 04/02/2026

Name of the Dept. : Obstetrics & Gynaecolgy Subject: Obstetrics & Gynaecolgy Whether UG.... /UG+PG..... /UG+PG+SuperSpecialty.....  
 Name of the College :MIMER Medical College & BSTR hospital, Talegaon Dabhade College Code : 1204 Intake Capacity: .....

Sr. No.	Subject	Name of Teacher	Designation	Mob. No.	E-mail ID	DOB	Whether belongs to Reserved category (if Yes, specify category)	Date of appointment at College	UG(Yrs.)				Total Teaching Experience in years of PG	Type of Appointment Temp./ Regular/ Contractual	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition		MET Workshop attended in last 5 years	Photo graph with Signature
									Asst. Prof.	Asso. Prof.	Prof.	Total				From	To	Temp/ Regular	Letter No. & date		
1	Obstetrics & Gynaecology	Dr. Korde Vaishali Raychand	Professor	9372478118	drvaishalinayak@gmail.com	23/09/1973	No	1/2/2001	5 Yrs 1 M	4 Yrs 1 M	13 Yrs 8 M	22 Yrs 10 M	14yrs 1 M	Regular	Yes	28/08/2024 No. MUHS/ (UG)/E-1/1204/862/2024 dt. 31/12/2024	28/08/2025	Temp.	No. MUHS/PG/E-1/1204 /17/2024 dt. 14/05/2024 No. MUHS/PG/E-1/1204/342/12 dt. 28/01/2012	Yes	
2	Obstetrics & Gynaecology	Dr. Sharma Sushma	Professor	9822445537	Sushmas07@gmail.com	7/12/1970	No	7/8/1999	5 Yrs	4 Yrs 1 M	15 Yrs 11 M	25 Yrs	19 Yrs 1 M	Regular	Yes	-	-	-	No. MUHS/E-1/PG/1204/27/1040/15 dt. 28/04/2015 No. MUHS/E-1/PG/1204/1911/2007 dt. 10/04/2007	Yes	
3	Obstetrics & Gynaecology	Dr. Jitendra D Mane	Professor	9639318633	drjitendradmane@gmail.com	5/4/1971	No	24/2/2023	6 Yrs 5 M	3 Yrs 7 M	4 Yrs 7 M	14 Yrs 7 M	6 Yrs 1 M	Regular	Yes	18/08/2023 No. MUHS/ (UG)/E-1/1204/18/2024 dt. 14/05/2024	18/08/2025	-	No. MUHS/PG/E-1/1204/17/2024 dt. 14/05/2024 No. MUHS/PG/E-1/1201/1416/2020 dt. 11/08/2020	Yes	

4	Obstetrics & Gynaecology	Dr. Shahsikant Pawar	Associate Professor	9822046945	drsypawar@gmail.com	20/2/1956	No	5/8/2015	5 Yrs	15 Yrs 7 M	20 Yrs 7M	2 Yr 7 M	Regular	Yes	28/08/2024 No. MUHS(UG)/E-1/1204/862/2024 dt 31/12/2024	28/08/2025	No MUHS/PG/E-1/1204/17/2024 dt. 14/05/2024	Yes	
5	Obstetrics & Gynaecology	Dr. Sachin Vedpathak	Associate Professor	7350891021	sachinvedpathak51@gmail.com	4/12/1980	Yes, SBC	18/8/2011	7 Yrs 10 M	6 Yrs 7 M	14 Yrs 5 M	7 Yrs 10 M	Regular	Yes	28/08/2024 MUHS/(UG)/E-1/1204/862/2024 dt 31/12/2024	28/08/2025	Temp. No. MUHS/PG/E-1/82/2023 dt. 09/01/2023 No. MUHS/PG/E-1/102127/3054/19 dt 31/07/2019	Yes	
6	Obstetrics & Gynaecology	Dr. Priya Bagade	Associate Professor	8425846673	bagadepriya@gmail.com	6/12/1979	Yes, SC	6/11/2017	6 Yrs 10M	2 Yr 11M	9Yrs 9M	5 Yrs 7 M	Regular	Yes	28/08/2024 MUHS/(UG)/E-1/1204/862/2024 dt 31/12/2024	28/08/2026	Temp. No. MUHS/PG/E-1/82/2023/ dt 09/01/2023 No. MUHS/PG/E-1/1102/27/2134/2020 dt 11/11/2020	Yes	
7	Obstetrics & Gynaecology	Dr. Jaya Barla	Associate Professor	7722001091	barlajaya@gmail.com	7/2/1981	Yes, ST	1/7/2016	7Yrs 8 M	2 Yrs	9 Yrs 8 M	-	Regular	Yes	18/08/2023 No. MUHS(UG)/E-1/1204/18/2024 dt 14/05/2024	18/08/2025	Temp. No. MUHS PG/E-1/102103/451/2026 dt. 3.2.2026	Yes	

Jaya Barla

8	Obstetrics & Gynaecology	Dr. Meenakshi Surve	Associate Professor	9975477992	<a href="mailto:dr.meenakshipawar@gmail.com">dr.meenakshipawar@gmail.com</a> Yahoo.com	5/3/1884	Yes, ST	2/1/2017	7 Yrs 9 M	1 Yrs 4 M	9 Yrs 1 M	Regular	Yes	28/08/2024 No. MUHS(UG)/E-1/1204/862/2024 dt. 31/12/2024	28/08/2026	Temp.	No. moths/pc/E-1/102103/451/2026 dt. 3.2.2026	Yes	 <i>Meenakshi</i>	
9	Obstetrics & Gynaecology	Dr. Bhagyashri Pandit	Senior Resident	9503508484	<a href="mailto:bhagyashripandit1985@gmail.com">bhagyashripandit1985@gmail.com</a>	11/9/1985	Yes, NTC	1/4/2017	-	-	-	-	-	-	-	-	-	-	Yes	 <i>Bhagyashri</i>
10	Obstetrics & Gynaecology	Dr. Priyanka Kamdar	Senior Resident	8879428488	<a href="mailto:priyankakamdar96@gmail.com">priyankakamdar96@gmail.com</a>	#####	No	17/03/2025	-	-	-	-	-	-	-	-	-	-	-	 <i>Kamdar</i>
11	Obstetrics & Gynaecology	Dr. Indrani Rajput	Senior Resident	9373478456	<a href="mailto:dr.indrani@gmail.com">dr.indrani@gmail.com</a>	25/12/1994	No	10/4/2025	-	-	-	-	-	-	-	-	-	-	-	 <i>Indrani</i>



16	Obstetrics & Gynaecology	Dr. Abha Mahadar	Junior Resident	9820027124	<a href="mailto:abhamahadar@gmail.com">abhamahadar@gmail.com</a>	23/12/2000	No	2/1/2025	-	-	-	-	-	-	-	-	-	-	-
17	Obstetrics & Gynaecology	Dr. Vedshree Pawar	Junior Resident	7038999696	<a href="mailto:pawarvedshree@gmail.com">pawarvedshree@gmail.com</a>	9/6/1999	No	24/02/2025	-	-	-	-	-	-	-	-	-	-	-



*Abha*



*Vedshree*

*Pawar Staldg.*

**Professor & HOD  
Dept. of Obst. & Gyn.  
MIMER MEDICAL COLLEGE  
TALEGAON (D), PUNE**

*Devgm*

**PRINCIPAL  
MIMER MEDICAL COLLEGE  
TALEGAON (D), PUNE  
PUNE-411007**

Annexure - IV

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK  
 DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved)

UG Degree/ PG Degree/ Super Specialty) AS ON: ..... /..... /.....

Name of the Dept.: Radiology

Subject: Radio-Diagnosis

Whether UG.... /UG+PG.....

/UG+PG+SuperSpecialty.....Name of the College: MIMER Medical College & Hospital Talegaon College Code: .....

Intake Capacity: .....

Sr. No.	Subject	Name of Teacher	Designation	Mob.No.	E-mailID	DOB	Whether belongs to Reserved category (if Yes, specify category)	Date of appointment at College	Teaching Experience UG(Yrs.)				Total Teaching Experience in years of PG	Type of Appointment Temp./ Regular/ Contractual	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition		MET Workshop attended in last 5 years	Photograph with Signature
									Asst. Prof.	Ass. Prof.	Prof.	Total				From	To	Temp/Regular	Letter No. & date		
1	Radio-Diagnosis	Dr.Santosh Madhav Sabnis	Professor HOD	9822049929	santoshsabnis@hotmail.com	23/04/1972	Open	17/12/2018	5 yr	6 yr	9 yr	20 Years	-	Regular	Yes	28/8/2024	1 Year	-	-	-	 
2	Radio-Diagnosis	Dr. Devendra Prakash Fadnis	Asst.Prof	8087606919	devendra.fadnis@gmail.com	23/05/1987	Open	01/11/2023	2yr	-	-	2yr	-	Regular	Yes	8/4/2024	2Yr	-	-	Yes	 

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved)**

Name of the Dept.: Radiology

UG Degree/ PG Degree/ Super Specialty) AS ON: ..... /..... /.....

Subject: Radio-Diagnosis

Whether UG.... /UG+PG.....

/UG+PG+SuperSpecialty.....Name of the College: MIMER Medical College & Hospital Talegaon College Code: .....

Intake Capacity: .....

Sr. No.	Subject	Name of Teacher	Designation	Mob.No.	E-mailID	DOB	Whether belongs to Reserved category (if Yes, specify category)	Date of appointment at College	Teaching Experience				Total Teaching Experience in years of PG	Type of Appointment Temp./ Regular/ Contractual	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition		MET Work shop attend in last 5 years	Photograph with Signature
									UG(Yrs.)							From	To	Temp/Regular	Letter No.& date		
								Asst. Prof.	Ass. Prof.	Prof.	Total										
3	Radio-Diagnosis	Dr.Manisha Hadgaonkar	Asst. Professor	9561580750	mshadgaonkar@gmail.com	14/8/1978	Open	8/11/2024	4 yr		4 yr		Regular	No							

*Man*

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved)**

UG Degree/ PG Degree/ Super Specialty) AS ON: ..... /..... /.....

Name of the Dept.: Radiology

Subject: Radio-Diagnosis

Whether UG.... /UG+PG.....

/UG+PG+SuperSpecialty.....Name of the College: MIMER Medical College & Hospital Talegaon College Code: .....

Intake Capacity: .....

Sr. No.	Subject	Name of Teacher	Designation	Mob.No.	E-mailID	DOB	Whether belongs to Reserved category (if Yes, specify category)	Date of appointment at College	Teaching Experience UG(Yrs.)				Total Teaching Experience in years of PG	Type of Appointment Temp./ Regular/ Contractual	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition		MET Workshop attended in last 5 years	Photograph with Signature
									Asst. Prof.	Ass. Prof.	Prof.	Total				From	To	Temp/Regular	Letter No.& date		
4	Radio-Diagnosis	Dr.Nivedita Khaire/Divekar	Asst. Professor	9665353597	drnivedita.khaire@gmail.com	24/12/1987	Open	10/7/2024	1yr			1yr 5m	Regular	No							
5	Radio-Diagnosis	Dr. Prashant Narayan Gangurde	Sr. Resident	7588731177	gangurdeprashant72@gmail.com	17/05/1977	S.T	27/04/2004	-	-	-	-	Regular	Yes	18/4/2009 & onwards						 <i>Prashant</i>
6	Radio-Diagnosis	Dr. Amaya Prakash Mahajan	Sr. Resident	7741866126	mahajanamey29@gmail.com	29/05/1989	OBC	03/02/2006					Regular	No							 <i>Amaya</i>



Annexure - IV

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK  
 DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved)  
 UG Degree/ PG Degree/ Super Specialty) AS ON: 05/02/2026

Name of the Dept. : DENTISTRY

Subject: ..... Whether UG.... /UG+PG.....

/UG+PG+SuperSpecialty.....Name of the College : MIMER MEDICAL COLLEGE College Code : .....

Intake Capacity:

\*\*\*\*\*

Sr. No.	Subject	Name of Teacher	Designation	Mob. No.	E-mail ID	DOB	Whether belongs to Reserved category (if Yes, specify category)	Date of appointment at College	Teaching Experience				Total Teaching Experience in years of PG	Type of Appointment Temp./ Regular/ Contractual	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition		MET Work shop attended in last 5 years	Photograph with Signature	
									UG(Yrs.)							From	To	Temp/ Regular	Letter No. & date			
									Asst. Prof.	Asso. Prof.	Prof.	Total										
1	Dentistry	Dr Harsh Desai	Associate professor	9960255055	harshdesai1992@gmail.com	05-06-1992	NO	15/02/2021	4	2	-	6	-	Regular	Yes MUHS/UG E-1/1204/862/2024	28/08/2024	28/08/2026	-	-	1		
2	Dentistry	Dr. Anuja Kamble	Assistant Professor	9673277260	anujakamble@gmail.com	01-05-1993	Yes/SC	01-02-2021	5	-	-	5	-	Regular	Yes MUHS/UG E-1/1204/862/2024	28/08/2024	28/08/2026	-	-	-		

3	Dentistry	Dr. Gayatri More	Senior Resident	8975560398	dr.gayatri.more78@gmail.com	12-05-1978	NO	01/01/2008	-	-	-	18	-	- Regular	Yes MUHS/UG E1/1204/430 0/2014	-	-	-	-	
4	Dentistry	Dr Ruhi Doshi	JR	9404732388	ruhishah78@gmail.com	25-01-1995	NO	01-02-2025	-	-	-	1	-	Regular	No	-	-	-	-	

  
Signature of Dean with Seal  
**PRINCIPAL**  
MIMER MEDICAL COLLEGE  
TALEGAON DABHADE  
PUNE -410507

**EXAMINATION RELATED INFORMATION FOR A.Y. 2026-2027****For Online Transmission of Question Papers:**

Sr. No.	Infrastructure facilities at College	Yes /No
<b>Strong Room :</b>		
1	It must have Single Door Entry/Exit (with Safety Door/Grill for windows)	Yes
2	Minimum Area shall be 20 x 20 sq. ft.	Yes
3	Adequate Steel Almirah/Cupboard for storage of Answer Books.	Yes
4	C.C.T.V. Camera with recording facility that covers entire area or Downloading and Printing of online transmission of Question Paper process.	Yes
5	Latest version Computer (Minimum 4) and Printer (Minimum 4) with inverter facility, MS Office, PDF Reader, Winrar or Winzip.	Yes
6	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class 'A' ISP, and alternate line with 1 : 1 dedicated line of 50 mbps speed, by an another Class 'A' ISP to ensure uninterrupted downloading facility, with 2(two) static IP's, Internet Dongle.	Yes
7	Adequate Number of Paper Rims for printing Question Papers.	Yes
8	One Photocopy Machine, UPS Backup.	Yes
<b>Scanning Room :</b>		
9	Separate Scanning Room for scanning Answer Books after end of Examination Session under CCTV Surveillance. (Laptops and Scanners will be provided by the University Appointed Agency)	Yes
10	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class 'A' ISP, and alternate line with 1 : 1 dedicated line of 50 mbps speed, by an another Class 'A' ISP to ensure uninterrupted downloading facility, with 2(two) static IP's, Internet Dongle.	Yes

**To Set Up DEC for Onscreen Evaluation of Answer Books :**

Sr. No.	Infrastructure facilities at College	Yes /No
1	Computers (20) with latest licensed Operating System Software(OSS) with antivirus and firewalls to provide all lock, work station with Computer charts and key board tray.	Yes
2	Wiring and Networking (with Raw Power Supply and UPS) and one Printer per DEC	
3	Air conditioners, Bio metric system, CCTV installation, Rest rooms and 24 x 7 security.	
4	Collapsible gate for the main entrance with Name board and locking facility.	
5	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class 'A' ISP, and alternate line with 1 : 1 dedicated line of 50 mbps speed, by an another Class 'A' ISP to ensure uninterrupted downloading facility, with 2(two) static IP's.	
6	Appointment of one Professor as a <b><u>Examination Co-ordinator</u></b> to Co-ordinate this Online process.	
7	Separate Evaluation Room for Evaluating the Answer Books under CCTV Surveillance	



**PRINCIPAL**  
MIMER MEDICAL COLLEGE  
TALEGAON DABHADE  
PUNE -410507

Appendix - VII-B  
**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**SUBJECT WISE ELIGIBLE EXAMINERS LIST (UG COURSES)**

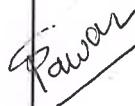
Name of the College/Phone/Mob.No. : MAEER MIT Pune's MIMER Medical College, Talegaon (D)

Date:- 16/02/2026

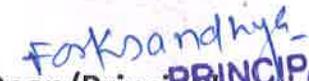
College Code. 1204

College Email:www.mitmimer.com

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	Signature
1	MIMER Medical College	Anatomy	Dr.Shashank B. Vedpathak	Professor & Head	02-03-2007	MBBS- 2001	MS- 2007	22y.1m.	Yes	MUHS/UG/E-1/1204/4300/2014 DATED 20/09/2014	,654921272297	ADNPT1567F	18-01-1977	sbvedpathak@gmail.com	9604200292	No	
2			Dr.Swati M. Belsare	Professor	21-07-2008	MBBS-1984	MS-1994	34y.9m.	Yes	MUHS/UG/E-1/057441/3893/2011 DATED 24/09/2011	,796915812228	ABJPB7506Q	31-05-1963	swbelsare@gmail.com	9881475747	No	
3			Dr.Sushama K. Chavan	Professor	01-01-2020	MBBS-1997	MS-,2004	28 y. 8m.	Yes	MUHS/UG/E-1/1204/862/2024 DATED 31/12/2024	,266903702101	ABWPP4264A	18-08-1970	sushamachavan2003@gmail.com	9552033318	No	
4			Dr.Vivek K. Nirmale	Professor	12-09-2013	MBBS-2004	MD- 2011	18y.1m.	Yes	MUHS/UG/E-1/102103/1176/2025 DATED 24/12/2025	,247885931835	APCPN9589E	11-01-1982	vivnir1101@gmail.com	8888891793	No	
5			Dr. Makarand V. Apte	Asso. Professor	02-12-2023	MBBS-1997	MD- 2007	12y.5m.	Yes	MUHS/UG/E-1/1204/862/2024 DATED 31/12/2024	,795503363833	ADRPA6760B	13-04-1974	aptemak@gmail.com	9730034907	No	

  
**Professor & Head**  
MIMER Medical College  
Talegaon Dabhade

  
**Dean/Principal**  
**PRINCIPAL**  
MIMER MEDICAL COLLEGE  
TALEGAON DABHADE  
110507

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

Name of the College: **MIMER Medical College, Talegaon Dabhade**

Phone/Mobile No. : 8459532332

Name of the Subject: **Physiology**

Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	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 years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No	Signature
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	
1	MIMER Medical College, T.D	Physiology	Dr. Rupali Sudhir Baburdikar	Prof & Head	09/03/2014	MBBS- 2001	MD(Physio)-2008	16Y2M	Yes	MUHS/UG/E-1/1204/862/2024	488057842415	ASWPR1950N	15/04/1978	drupalibaburdikar@gmail.com	9822062076	NO	<i>On 10/2</i>
2	MIMER Medical College, T.D	Physiology	Dr. Deepa Sanjeev Nair	Professor	08/07/2007	MBBS- 1995	MD(Physio)-2007	22.5	Yes	MUHS/UG/E-1/1204/862/2024	834342648741	ACSPN7814K	25/05/1972	drdeepasnair@rediffmail.com	9326026733	NO	<i>Deepa</i>
3	MIMER Medical College, T.D	Physiology	Dr. Gauri Makarand Apte	Associate Professor	02.12.2023	MBBS- 1998	MD(Physio)-2007	10.5	Yes	MUHS/UG/E-1/1204/862/2024 28.08.2024	851514726682	AFPPA7714R	02.06.1977	drgauriapte@gmail.com	9922863676	NO	<i>Gauri</i>
4	MIMER Medical College, T.D	Physiology	Dr. Sagar Ramnath Chavan	Associate Professor	13.05.2025	MBBS- 2009	MD(Physio)-2018	7.2	No	MUHS/UG/E-1/102103/1176/2025 24.06.2025	797083893805	ASAPC1866G	16.05.1986	sagar.chavan31@yahoo.in	7447726204	NO	<i>Sagar</i>
5	MIMER Medical College, T.D	Physiology	Dr. Pallavi Badhe	Assistant Professor	02/10/2023	MBBS- 2003	MD(Physio)-2016	6.5	No		807490257737	AKXPB3233B	20.11.1981	drpallavibadhe@gmail.com	9423307788	NO	<i>Pallavi</i>

*On 10/2*  
**Prof. & Head**  
**Dept. Of Physiology**  
**MIMER Medical College,**  
**Talegaon Dabhade 410507**

*Deepa*  
**PRINCIPAL**  
**MIMER MEDICAL COLLEGE**  
**TALEGAON DABHADE**  
**PUNE -410507**

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

Name of the College MIMER Medical College, Talegaon Dabhade

Phone/ Mobile No.: 02114 308 300

Name of the Subject: Biochemistry

Sr. No	College Name	Subject	Full Name of the Teacher (First/Middle/Last)	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 No. & Date	Aadhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No.	Debarred Yes / No.
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	MIMER Medical College	Biochemistry	Dr. Vaishali Venkatesh Dhat	Prof. & Head	21.03.2023	MBBS 1994	MD (Biochem) 2004	22 yrs 5 M	Yes	MUHS/UG/E-1/1204/862/2024 dt. 31/12/2024	279654245847	AGXP0924F	11.06.1972 (53 yrs)	vaishdhat@yahoo.com	9922737501	No
2	MIMER Medical College	Biochemistry	Dr. Geeta Mahendra Bhatia	Asso. Prof	02.06.1997	B.Sc. 1987	M.Sc. (Med. Biochem) 1992 Ph.D. (Med. Biochem) 2016	22 Yrs 1 M	Yes	MUHS/UG/E-1/1204/862/2024 dt. 31/12/2024	242122493019	AGCPB7000R	08.10.1967 (58 yrs)	geeta_bhatia0831@rediffmail.com	9881253887	No
3	MIMER Medical College	Biochemistry	Dr. Aparna Swanand Chaudhari	Asso. Prof	02.03.2009	MBBS 1999	MD (Biochem) 2017	8 Yrs 6 M	Yes	MUHS/UG/E-1/1204/862/2024 dt. 31/12/2024	532782755279	AFQPC0977H	19.06.1976 (49 yrs)	dr.aparna1976@gmail.com	9422080758	No

*DL*  
**Prof. & Head**  
**Dept. of Biochemistry**  
**MIMER Medical College**  
**Talegaon Dabhade**

*Devg*  
**PRINCIPAL**  
**MIMER MEDICAL COLLEGE,**  
**TALEGAON DABHADE,**  
**PUNE-410507**

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

Name of the College : MAEER MIT Pune's, MIMER Medical College & Dr. BSTR Hospital, Talegaon (D)

Phone/Mobile No. : 918087099040/41/42/43

Name of the Subject : Pathology

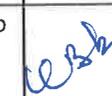
Sr. No.	College Name	Subject	Full Name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of passing	PG Qualification & year of passing	Teaching Experience after PG Passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No	Signature
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1	MAEER MIT Pune's, MIMER Medical College & Dr. BSTR Hospital, Talegaon (D)	Pathology	Dr. Smita P. Bhide	Prof & HOD	15/9/1999	MBBS-1992	MD (Path) 1997	27.10 yrs	Yes	MUHS/UG/E-1/1204/18/2024, dt.14/05/2024	467902073793	AIGPP0502L	29/9/1971	smitapbhide@gmail.com	9850437955	No	<i>Bhide</i>
2	MAEER MIT Pune's, MIMER Medical College & Dr. BSTR Hospital, Talegaon (D)	Pathology	Dr. Gauri S. Metkar	Professor	28/06/2016	MBBS 2003	MD (Path) 2010	13.9 yrs	Yes	MUHS/UG/E-1/1204/862/2024, dt.31/12/20224	522412114894	BHAPM6905J	08-04-1981	drgauribhat@gmail.com	8884066288	No	<i>Metkar</i>
3	MAEER MIT Pune's, MIMER Medical College & Dr. BSTR Hospital, Talegaon (D)	Pathology	Dr. Janice Jaison	Professor	14/05/1999	MBBS 1995	D.N.B. 2013, D.C.P. 1998,	12 yrs	Yes	MUHS/UG/E-1/1204/862/2024, dt.31/12/20224	821869351191	AEBPJ1818G	02/02/1973	drjanicej@gmail.com	7588330968	No	<i>Janice Jaison</i>
4	MAEER MIT Pune's, MIMER Medical College & Dr. BSTR Hospital, Talegaon (D)	Pathology	Dr. Rajendra D. Zope	Professor	12-03-2015	MBBS 1991	MD (Path) 1996	13.7yrs	Yes	MUHS/UG/E-1/1204/862/2024, dt.31/12/20224	944598034110	AAAP28871C	18/10/1968	zope_rajendra@yahoo.com	9890062653	No	<i>Zope</i>
5	MAEER MIT Pune's, MIMER Medical College & Dr. BSTR Hospital, Talegaon (D)	Pathology	Dr. Harsha M. Dangare	Professor	30/11/2020	MBBS 2004	MD (Path) 2011	10.8 yrs	Yes	MUHS/UG/E-1/1204/18/2024, dt.14/05/2024	,201424646689	ARUPJ8123E	07-03-1982	dr.harshahj@gmail.com	7769990125	No	<i>H.M. Dangare</i>
6	MAEER MIT Pune's, MIMER Medical College & Dr. BSTR Hospital, Talegaon (D)	Pathology	Dr. C.R. Godbole	Associate Professor	16/01/2015	MBBS - 1999	MD (Path)-2002	21.10 yrs	Yes	MUHS/UG/E-1/1204/862/2024, dt.31/12/20224	656764242293	AHWPG3890P	11-11-1975	chandrasahgod@yahoo.com	9850029749	No	<i>Godbole</i>
7	MAEER MIT Pune's, MIMER Medical College & Dr. BSTR Hospital, Talegaon (D)	Pathology	Dr. Swapnil A. More	Associate Professor	12-07-2015	MBBS 2009	MD (Path) 2015	9.9yrs	Yes	MUHS/UG/E-1/1204/18/2024, dt.14/05/2024	251202588054	BWMPM4333F	29/05/1984	drswapneel007@gmail.com	9766579672	No	<i>More</i>
8	MAEER MIT Pune's, MIMER Medical College & Dr. BSTR Hospital, Talegaon (D)	Pathology	Dr. Mangala R. Nagare	Associate Professor	06-03-2008	MBBS 2004	MD (Path) 2017, D.P. B. 2008,	8.6 yrs	Yes	MUHS/UG/E-1/1204/18/2024, dt.14/05/2024	307471067537	AEOPN0267J	27/12/1977	mangalagare@yahoo.co.in	9881099589	No	<i>Nagare</i>

*Bhide*  
**Professor & Head**  
 Department of Pathology  
 MIMER Medical College & Dr BSTR Hospital  
 Talegaon, Dabhade, Pune

*Deepa*  
**PRINCIPAL**  
 MIMER MEDICAL COLLEGE  
 TALEGAON DABHADE,  
 PUNE - 410507

## SUBJECT WISE ELIGIBLE EXAMINERS TEACHER LIST (UG Courses )

SUBJECT NAME :- Pharmacology  
 NAME OF COLLEGE :- MIMER Medical college, Talegaon (D)  
 COLLEGE ADDRESS :- Talegaon Station, Tal Maval, Dist. Pune -410507  
 Email ID :- pharmac@mitmimer.com

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	Sign of Teacher
1	MIMER MC, TALEGAON	Pharmacology	Dr. Pentewar Ganesh Satyadeo	Professor & HOD	30-05-2011	MBBS-1997	MD Pharmacology 2014	14 Yrs 7 mths	Yes	No MUHS/(UG)/E-1/1204/187/2024  No.MUHS/PG/ E-1/499/2023	940035039761	AIIPP4054H	13-08-1974	drpente.warganesh@gmail.com	9422022294	No	
2	MIMER MC, TALEGAON	Pharmacology	Dr. Chincholkar Aparna Shashank	Professor	21-08-2002	MBBS-1995	MD Pharmacology 1998	28 Yrs	Yes	No.MUHS/UG/E1/057441/3893/2011  No. MUHS/PG/E1/1204/2383/20	296401968404	ADHPA1000C	27-10-1971	aparnaatr@gmail.com	9881201822	No	Aschin
3	MIMER MC, TALEGAON	Pharmacology	Dr. Bhandari Prasan Ramchandra	Professor	01-11-2025	MBBS-1992	MD Pharmacology 1995	25 Yrs.	No		214893693929	ABVPB2241E	17-08-1969	Prasangeeta2012@gmail.com	9036941910	No	

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)	Debared Yes/No	Sign of Teacher
4	MIMER MC, TALEGAON	Pharmacology	Dr. Viraj Ashok Shinde	Asso. Professor	20-08-2025	MBBS-2008	MD Pharmacology 2017	6 Yrs.	Yes	No.MUHS/UG/E1/102103/1176/2025	814396520964	DIEP S8827 Q	08-12-1985	shindevirajashok@gmail.com	9975045274	No	<i>Shinde</i>

*Viraj Ashok Shinde*

Signature

Head of Department

PROFESSOR & HOD

PHARMACOLOGY DEPARTMENT

MIMER MEDICAL COLLEGE

TALEGAON DABHADE - 410507

*Viraj Ashok Shinde*

Signature & Seal

Dean/Principal

PRINCIPAL

MIMER MEDICAL COLLEGE

TALEGAON DABHADE

PUNE - 410507

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

Name of the College: **MIMER Medical College, Talegaon Dabhade**

Phone/Mobile No. : 8459532332

Name of the Subject: **Physiology**

Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	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 years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No	Signature
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	
1	MIMER Medical College, T.D	Physiology	Dr. Rupali Sudhir Baburdikar	Prof & Head	09/03/2014	MBBS- 2001	MD(Physio)-2008	16Y2M	Yes	MUHS/UG/E-1/1204/862/2024	488057842415	ASWPR1950N	15/04/1978	drupalibaburdikar@gmail.com	9822062076	NO	<i>Onkar</i>
2	MIMER Medical College, T.D	Physiology	Dr. Deepa Sanjeev Nair	Professor	08/07/2007	MBBS- 1995	MD(Physio)-2007	22.5	Yes	MUHS/UG/E-1/1204/862/2024	834342648741	ACSPN7814K	25/05/1972	drdeepasnair@rediffmail.com	9326026733	NO	<i>Deepa</i>
3	MIMER Medical College, T.D	Physiology	Dr. Gauri Makarand Apte	Associate Professor	02.12.2023	MBBS- 1998	MD(Physio)-2007	10.5	Yes	MUHS/UG/E-1/1204/862/2024 28.08.2024	851514726682	AFPPA7714R	02.06.1977	drgauriapte@gmail.com	9922863676	NO	<i>Gpik</i>
4	MIMER Medical College, T.D	Physiology	Dr. Sagar Ramnath Chavan	Associate Professor	13.05.2025	MBBS- 2009	MD(Physio)-2018	7.2	No	MUHS/UG/E-1/102103/1176/2025 24.06.2025	797083893805	ASAPC1866G	16.05.1986	sagar.chavan31@yahoo.in	7447726204	NO	<i>Ally</i>
5	MIMER Medical College, T.D	Physiology	Dr. Pallavi Badhe	Assistant Professor	02/10/2023	MBBS- 2003	MD(Physio)-2016	6.5	No		807490257737	AKXPB3233B	20.11.1981	drpallavibadhe@gmail.com	9423307788	NO	<i>Pallavi</i>

*Onkar*  
**Prof. & Head**  
**Dept. Of Physiology**  
**MIMER Medical College,**  
**Talegaon Dabhade 410507**

*Deepa*  
**PRINCIPAL**  
**MIMER MEDICAL COLLEGE**  
**TALEGAON DABHADE**  
**PUNE -410507**

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

Name of the College MIMER Medical College, Talegaon Dabhade

Phone/ Mobile No.: 02114 308 300

Name of the Subject: Biochemistry

Sr. No	College Name	Subject	Full Name of the Teacher (First/Middle/Last)	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 No. & Date	Aadhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No.	Debarrd Yes / No.
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	MIMER Medical College	Biochemistry	Dr. Vaishali Venkatesh Dhat	Prof. & Head	21.03.2023	MBBS 1994	MD (Biochem) 2004	22 yrs 5 M	Yes	MUHS/UG/E-1/1204/862/2024 dt. 31/12/2024	279654245847	AGXP0924F	11.06.1972 (53 yrs)	vaishdhat@yahoo.com	9922737501	No
2	MIMER Medical College	Biochemistry	Dr. Geeta Mahendra Bhatia	Asso. Prof	02.06.1997	B.Sc. 1987	M.Sc. (Med. Biochem) 1992 Ph.D. (Med. Biochem) 2016	22 Yrs 1 M	Yes	MUHS/UG/E-1/1204/862/2024 dt. 31/12/2024	242122493019	AGCPB7000R	08.10.1967 (58 yrs)	geeta_bhatia0831@rediffmail.com	9881253887	No
3	MIMER Medical College	Biochemistry	Dr. Aparna Swanand Chaudhari	Asso. Prof	02.03.2009	MBBS 1999	MD (Biochem) 2017	8 Yrs 6 M	Yes	MUHS/UG/E-1/1204/862/2024 dt. 31/12/2024	532782755279	AFQPC0977H	19.06.1976 (49 yrs)	dr.aparna1976@gmail.com	9422080758	No

*DL*  
**Prof. & Head**  
**Dept. of Biochemistry**  
**MIMER Medical College**  
**Talegaon Dabhade**

*Devg*  
**PRINCIPAL**  
**MIMER MEDICAL COLLEGE,**  
**TALEGAON DABHADE,**  
**PUNE - 410507**

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

Name of the College : MAEER MIT Pune's, MIMER Medical College & Dr. BSTR Hospital, Talegaon (D)

Phone/Mobile No. : 918087099040/41/42/43

Name of the Subject : Pathology

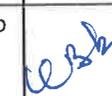
Sr. No.	College Name	Subject	Full Name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of passing	PG Qualification & year of passing	Teaching Experience after PG Passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No	Signature
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1	MAEER MIT Pune's, MIMER Medical College & Dr. BSTR Hospital, Talegaon (D)	Pathology	Dr. Smita P. Bhide	Prof & HOD	15/9/1999	MBBS-1992	MD (Path) 1997	27.10 yrs	Yes	MUHS/UG/E-1/1204/18/2024, dt.14/05/2024	467902073793	AIGPP0502L	29/9/1971	smitapbhide@gmail.com	9850437955	No	<i>Bhide</i>
2	MAEER MIT Pune's, MIMER Medical College & Dr. BSTR Hospital, Talegaon (D)	Pathology	Dr. Gauri S. Metkar	Professor	28/06/2016	MBBS 2003	MD (Path) 2010	13.9 yrs	Yes	MUHS/UG/E-1/1204/862/2024, dt.31/12/20224	522412114894	BHAPM6905J	08-04-1981	drgauribhat@gmail.com	8884066288	No	<i>Metkar</i>
3	MAEER MIT Pune's, MIMER Medical College & Dr. BSTR Hospital, Talegaon (D)	Pathology	Dr. Janice Jaison	Professor	14/05/1999	MBBS 1995	D.N.B. 2013, D.C.P. 1998,	12 yrs	Yes	MUHS/UG/E-1/1204/862/2024, dt.31/12/20224	821869351191	AEBPJ1818G	02/02/1973	drjanicej@gmail.com	7588330968	No	<i>Janice Jaison</i>
4	MAEER MIT Pune's, MIMER Medical College & Dr. BSTR Hospital, Talegaon (D)	Pathology	Dr. Rajendra D. Zope	Professor	12-03-2015	MBBS 1991	MD (Path) 1996	13.7yrs	Yes	MUHS/UG/E-1/1204/862/2024, dt.31/12/20224	944598034110	AAAP28871C	18/10/1968	zope_rajendra@yahoo.com	9890062653	No	<i>Zope</i>
5	MAEER MIT Pune's, MIMER Medical College & Dr. BSTR Hospital, Talegaon (D)	Pathology	Dr. Harsha M. Dangare	Professor	30/11/2020	MBBS 2004	MD (Path) 2011	10.8 yrs	Yes	MUHS/UG/E-1/1204/18/2024, dt.14/05/2024	,201424646689	ARUPJ8123E	07-03-1982	dr.harshahj@gmail.com	7769990125	No	<i>H.M. Dangare</i>
6	MAEER MIT Pune's, MIMER Medical College & Dr. BSTR Hospital, Talegaon (D)	Pathology	Dr. C.R. Godbole	Associate Professor	16/01/2015	MBBS - 1999	MD (Path)-2002	21.10 yrs	Yes	MUHS/UG/E-1/1204/862/2024, dt.31/12/20224	656764242293	AHWPG3890P	11-11-1975	chandrasahgod@yahoo.com	9850029749	No	<i>Godbole</i>
7	MAEER MIT Pune's, MIMER Medical College & Dr. BSTR Hospital, Talegaon (D)	Pathology	Dr. Swapnil A. More	Associate Professor	12-07-2015	MBBS 2009	MD (Path) 2015	9.9yrs	Yes	MUHS/UG/E-1/1204/18/2024, dt.14/05/2024	251202588054	BWMPM4333F	29/05/1984	drswapneel007@gmail.com	9766579672	No	<i>More</i>
8	MAEER MIT Pune's, MIMER Medical College & Dr. BSTR Hospital, Talegaon (D)	Pathology	Dr. Mangala R. Nagare	Associate Professor	06-03-2008	MBBS 2004	MD (Path) 2017, D.P. B. 2008,	8.6 yrs	Yes	MUHS/UG/E-1/1204/18/2024, dt.14/05/2024	307471067537	AEOPN0267J	27/12/1977	mangalagare@yahoo.co.in	9881099589	No	<i>Nagare</i>

*Bhide*  
**Professor & Head**  
 Department of Pathology  
 MIMER Medical College & Dr BSTR Hospital  
 Talegaon, Dabhade, Pune

*Deepa*  
**PRINCIPAL**  
 MIMER MEDICAL COLLEGE  
 TALEGAON DABHADE,  
 PUNE - 410507

## SUBJECT WISE ELIGIBLE EXAMINERS TEACHER LIST (UG Courses )

SUBJECT NAME :- Pharmacology  
 NAME OF COLLEGE :- MIMER Medical college, Talegaon (D)  
 COLLEGE ADDRESS :- Talegaon Station, Tal Maval, Dist. Pune -410507  
 Email ID :- pharmac@mitmimer.com

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	Sign of Teacher
1	MIMER MC, TALEGAON	Pharmacology	Dr. Pentewar Ganesh Satyadeo	Professor & HOD	30-05-2011	MBBS-1997	MD Pharmacology 2014	14 Yrs 7 mths	Yes	No MUHS/(UG)/E-1/1204/187/2024  No.MUHS/PG/ E-1/499/2023	940035039761	AIIPP4054H	13-08-1974	drpente.warganesh@gmail.com	9422022294	No	
2	MIMER MC, TALEGAON	Pharmacology	Dr. Chincholkar Aparna Shashank	Professor	21-08-2002	MBBS-1995	MD Pharmacology 1998	28 Yrs	Yes	No.MUHS/UG/E1/057441/3893/2011  No. MUHS/PG/E1/1204/2383/20	296401968404	ADHPA1000C	27-10-1971	aparnaatr@gmail.com	9881201822	No	Aschin
3	MIMER MC, TALEGAON	Pharmacology	Dr. Bhandari Prasan Ramchandra	Professor	01-11-2025	MBBS-1992	MD Pharmacology 1995	25 Yrs.	No		214893693929	ABVPB2241E	17-08-1969	Prasangeeta2012@gmail.com	9036941910	No	

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)	Debared Yes/No	Sign of Teacher
4	MIMER MC, TALEGAON	Pharmacology	Dr. Viraj Ashok Shinde	Asso. Professor	20-08-2025	MBBS-2008	MD Pharmacology 2017	6 Yrs.	Yes	No.MUHS/UG/E1/102103/1176/2025	814396520964	DIEP S8827 Q	08-12-1985	shindevirajashok@gmail.com	9975045274	No	<i>Shinde</i>

*Viraj Ashok Shinde*

Signature

Head of Department

PROFESSOR & HOD

PHARMACOLOGY DEPARTMENT

MIMER MEDICAL COLLEGE

TALEGAON DABHADE - 410507

*Viraj Ashok Shinde*

Signature & Seal

Dean/Principal

PRINCIPAL

MIMER MEDICAL COLLEGE

TALEGAON DABHADE

PUNE - 410507

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

**Name of the College: MIMER Medical College, Talegaon (D) Pune**

**Phone/Mobile No. : (02114) 228532, 224272**

**Name of the Subject: MICROBIOLOGY**

Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	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 years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	MIMER Medical College, Pune	Microbiology	Dr. Sadhana S. Chate	Prof & Head	30/06/2008	MBBS-1996	MD-2000 Microbiology	20 yrs.	Yes	No/MUHS/UG/E1/1204/862/2024 date: 31/12/2024 No/MUHS/UG/E-1/82/20243 date: 09.01.2023	5282 9679 5293	AEUPC8 530K	05/09/1973	sadhana.chate@gmail.com	9371026268	No
2	MIMER Medical College, Pune	Microbiology	Dr. Sandhya S. Kulkarni	Professor	20/08/1999	MBBS-1992	MD-1996 Microbiology	17yrs 7 mths	Yes	No/MUHS/UG/E-1/057542/5129/2011 date: 09/12/2011 No/MUHS/PG/E1/1204/391/2012 date: 07/02/2012	8409 5916 3780	AGZPK0 727B	08/10/1969	sandhyak69@yahoo.co.in	9850053426	No
3	MIMER Medical College, Pune	Microbiology	Dr. Gauri Yadav	Assit Prof.	10/08/2020	MBBS - 2001	2016 MD Microbiology	5 yrs 6mths	Yes	No/MUHS/UG/E1/1204/862/2024 date: 31/12/2024	2809 5081 3219	ACAPY2 837P	15.07.1978	dryadavgauri@gmail.com	9923320330	No
4	MIMER Medical College, Pune	Microbiology	Dr. Swati Sahai	Assit Prof.	23.10.2024	MBBS- 2007	MD-2016 Microbiology	2 yrs 3mths	Yes	No/MUHS/UG/E-1/102103/1176/2025 date: 24/12/2025	5812 1393 5867	BWCP57 780L	01.10.1981	Drswatik02@gmail.com	9566027611	No

*sschate*  
**PROF AND HEAD**  
 Dept. of Microbiology  
 MIMER Medical College  
 Talegaon Dabhade, Pune

*Devg*  
**PRINCIPAL**  
 MIMER MEDICAL COLLEGE  
 TALEGAON DABHADE  
 PUNE - 410507

APPENDIX VI  
**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**SUBJECT WISE ELIGIBLE EXAMINERS LIST ( UG Course)**

Name of the College/ : MIMER Medical College, Talegaon

Phone/Mob.No:- 02114308375

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	Mimer Medical College, Talegaon Dabhade	Community Medicine	Dr. Sanjeev Vasantao Chincholikar	Professor & Head	04-03-1998	MBBS	MD	30 yr 2 months	yes	MUHS/UG/ E- 1/1204/4300/2014 Date 20/09/2019	303991020217	ADVPC4206G	05/05/1966	aruna@mitmimer.com	7588289095	No
2	Mimer Medical College, Talegaon Dabhade	Community Medicine	Dr. Aastha Narayan Pandey	Professor	03-01-2007	MBBS	MD	19 yr 6 months	Yes	MUHS/UG/ E- 1/53/1204/862/2024 dt 31.12.2024	399492179170	ARQPP9016N	26/04/1973	aasthapathak@yahoo.com	9922403426	No
3	Mimer Medical College, Talegaon Dabhade	Community Medicine	Dr. Madhura Dhananjay Ashturkar	Professor	15-10-2016	MBBS	MD PSM	16 yr	Yes	MUHS/UG/ E- 1/53/1204/862/2024 dt 31.12.2024	804173788875	ALYPA5437G	18/9/1978	madhura-psm@yahoo.co.in	9823558765	No
	Mimer Medical College, Talegaon Dabhade	Community Medicine	Dr. Mandar Vilas Chandrachood	Professor	11-11-2024	mbbs	MD	8 yr 9 months	Yes	MUHS/UG/ E- 1/102103/1176/2025	784636089631	AIMPCI535G	05-01-1984	mandar@mitmimer.com	9422078711	No
4	Mimer Medical College, Talegaon Dabhade	Community Medicine	Dr. Surendra J. Kulkarni	Professor	14-10-2015	MBBS	MD	10 yr 4 months	Yes	MUHS/UG/ E- 1/53/1204/862/2024 dt 31.12.2024	749382729693	ABTPK5392F	14-04-1963	dr.sikulkar@gmail.com	9422373198	No

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
5	Mimer Medical College, Talegaon Dabhade	Community Medicine	Dr. Maya Vikas Kshirsagar	Associate Professor	05-08-2017	MBBS	MD	8 yr 8 month	Yes	MUHS/UG/ E- 1/53/1204 /862/2024 dt 31.12.2024	848873994748	AMGPG3602A	18-04-1975	<a href="mailto:dr.maya1804@gmail.com">dr.maya1804@gmail.com</a>	9850430776	No
6	Mimer Medical College, Talegaon Dabhade	Community Medicine	Dr. Anand Ramesh Bhide	Associate Professor	13-11-2024	MBBS	MD	7 yr 5 months	Yes	MUHS/UG/ E- 1/102103/ 1176/2025	284154023953	BCHPB856IR	03-12-1986	anand@mitmimer.com	9967344800	No

  
**Professor & Head**  
 Dept. of Community Medicine  
 MIMER Medical College  
 Talegaon Dabhade

  
**PRINCIPAL**  
 MIMER MEDICAL COLLEGE  
 TALEGAON DABHADE  
 PUNE -410507

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

ANNEXURE -VII-B

Name of the College : MIMER Medical College, Talegaon Dabhade  
Phone / Mobile No : 02114-3083326  
Name of the subject: General Medicine

Sr No	College Name	Subject	Full name of the teacher	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 Years)	Latest Email Address	Contact No (Mob)	Debarred Yes / No
1	MIMER Medical College, Talegaon Dabhade	General Medicine	Dr. Madhu Pankaj Bansode	Professor & Head	01 08 2022	MBBS 1996	MD 2002	23.1	Yes	MUHS/UG/E-1/1204/18/2024 dated 14.5.2024	542332446258	ADIPN3766F	16.02.1974	madhupb07@gmail.com	9822998833	No
2	MIMER Medical College, Talegaon Dabhade	General Medicine	Dr Sudam Vasudev Khedkar	Professor	24 07 2012	MBBS 2002	MD 2012	13.6	Yes	MUHS/UG/E-1/1204/862/2024 dated 31.12.2024	251438046128	AMUPK9007F	06-01-1979	khedkarsudam@gmail.com	9975724382	No
3	MIMER Medical College, Talegaon Dabhade	General Medicine	Dr Sudeep Kumar	Associate Professor	23 12 2015	MBBS 1997	MD 2003	10.1	Yes	MUHS/UG/E-1/1204/18/2024 dated 14.5.2024	335983970421	AHFPK8492C	16/9/1975	thmc2000@gmail.com	7387105362	No
4	MIMER Medical College, Talegaon Dabhade	General Medicine	Dr. Shrikant Padmakar Jalegaonkar	Assistant Professor	01 04 2015	MBBS 1989	MD 1993	16.4	Yes	MUHS/UG/E-1/1204/862/2024 dated 31.12.2024	619546070888	ABBPJ2515M	26 10 1967	shrikantpj2001@yahoo.com	9850990838	No
5	MIMER Medical College, Talegaon Dabhade	General Medicine	Dr Sachin K Khade	Assistant Professor	01 06 2016	MBBS 1997	MD 2003	9.8	Yes	-	552898739553	AOCPK9603B	01 02 1976	dr.sachinkhade9@rediffmail.com	9850420210	No
6	MIMER Medical College, Talegaon Dabhade	General Medicine	Dr. Amit Kohari	Assistant Professor	06 12 2018	MBBS 2010	MD 2017	7.2	Yes	MUHS/UG/E-1/1204/18/2024 dated 14.5.2024	211180786706	BPGPK0555Q	01 01 1987	amitkohari87@gmail.com	8380094778	No
7	MIMER Medical College, Talegaon Dabhade	General Medicine	Dr Anuja Patil	Assistant Professor	17 08 2023	MBBS 2011	MD 2018	2.3	Yes	MUHS/UG/E-1/1204/18/2024 dated 14.5.2024	487060167902	ASPPP2995Q	26 06 1989	anujarpn@gmail.com	9960789268	No
8	MIMER Medical College, Talegaon Dabhade	General Medicine	Dr Paresh Babel	Assistant Professor	15 11 2022	MBBS 2011	MD 2017	5.2	Yes	MUHS/UG/E-1/1204/862/2024 dated 31.12.2024	727824345648	AWCPB3071G	31 10 1987	prshbbl@gmail.com	9579510389	No
9	MIMER Medical College, Talegaon Dabhade	General Medicine	Dr. Amit Yele	Assistant Professor	17 01 2024	MBBS 2014	MD 2018	4.1	Yes	MUHS/UG/E-1/1204/862/2024 dated 31.12.2024	802489142786	AFKPY9189F	12 02 1991	dr.amityele@gmail.com	7744011163	No
10	MIMER Medical College, Talegaon Dabhade	General Medicine	Dr Ravindra Kulkarni	Assistant Professor	12 03 2024	MBBS 1999	MD 2003	3.5	Yes	-	702690760328	ADLPK0363L	18 05 1976	drravindrakulkarni2@gmail.com	9422300251	No

Senior Resident - 6 Available  
Junior Resident - 8 Available

*Dr. Madhu Bansode*

Dr. Madhu Bansode  
Prof & HOD  
Medicine Department

**DR. MADHU BANSODE**  
(Professor & HOD)  
Reg. No. 81224  
MIMER Medical College  
Talegaon Dabhade.

*Dr. Sachin Khade*

**PRINCIPAL**  
MIMER MEDICAL COLLEGE  
TALEGAON DABHADE  
PUNE - 410507

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

Name of the College  
Name of the Department:  
Phone / Mobile No

**MIMER Medical College  
PEDIATRICS  
8087099040**

Sr. No.	College Name	Subject	Name of the Teacher	Designation	Date of Appointment	UG Qualification & year of passing	PG Qualification & year of passing	Teaching Experience after PG passing	MUHS Approval Status Yes/ No	If Yes MUHS Approval letter & date	ADHAR NO	PAN NO	Date of Birth	E-mail ID	Mob No. x	Debarred Yes/ No
1	MIMER Medical College	Pediatrics	Dr.Vijay Laxman Bhavari	Prof & HOD	12-06-2014	MBBS 1996	MD 2001	17 yrs	Yes	MUHS/UG/E-1/1204/18/2024 dt 14/5/2024	544066119302	AGNPB3713G	20/06/1974	vijaybhavari20@gmail.com	9822109299	No
2	MIMER Medical College	Pediatrics	Dr Borle Maya Shishir	Professor	18-02-2025	MBBS 1987	MD 1997	12 yrs	Yes	MUHS/UG/E-1/1210/44/2010 dt-05/01/2010	8331 3813 3305	AGOPP8403C	01-09-1964	mborle813@gmail.com	98901 92458	No
3	MIMER Medical College	Pediatrics	Dr. Shahaji Yadawa Gaikwad	Asso.Prof	04-10-2023	MBBS 1982	MD 1986	12 yrs	Yes	MUHS/UG/E-1/1204/862/2024 dt 31/12/2024	334016564432	ABAPG2050K	26/7/1956	shahajigaikwad26@gmail.com	96233 31091	No
4	MIMER Medical College	Pediatrics	Dr.Dilip Mahadeo Sankpal	Asso.Prof	16-04-2018	MBBS 1990	M.D 1993	16yrs 4 mts	Yes	MUHS/UG/E-1/1204/862/2024 dt 31/12/2024	760398584656	AMPYS5080J	06-01-1965	dmsankpal77@gmail.com	9763131073	No
5	MIMER Medical College	Pediatrics	Dr. Devidas Dhondiba Ghanate	Asso.Prof	14-10-2024	MBBS 1988	M.D 1992	7 yrs	—	—	940771115608	AGZPG7029A	01-06-1963	drdevidasforkids@gmail.com	99206 86414	No
6	MIMER Medical College	Pediatrics	Dr. Vidya Prakash Fadnis	Asst.Prof	01-02-2017	MBBS 1982	M.D 1985	9 yrs 1 mt	Yes	MUHS/UG/E-1/1204/862/2024 dt 31/12/2024	999678851615	AABPF2897F	18/06/1958	vidyapf@gmail.com	9922501569	No
7	MIMER Medical College	Pediatrics	Dr. Shraddha Dubewar	Asst.Prof	18-02-2025	MBBS	M.D	4 yrs 5 mts	Yes	MUHS/(UG)/E-1/102103/1175/2025 dt-24/12/2025	432622724026	AVZPD3442K	17-06-1986	shraddha.dubewar@gmail.com	8237311004	No

*(Signature)*  
**Prof. & HOD**  
Dept. of Paediatrics  
MIMER Medical College  
Talegaon Dabhade

*(Signature)*  
**PRINCIPAL**  
MIMER MEDICAL COLLEGE  
TALEGAON DABHADE  
PUNE - 410507

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

NAME OF COLLEGE: **MIMER MEDICAL COLLEGE & BSTR HOSPITAL, TALEGAON**

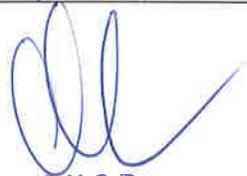
COLLEGE Address: Talegaon

Contact No. **2114308300**

Email ID : [skin@mitmimer.com](mailto:skin@mitmimer.com)

COURSE **Dermatology**

Sr. No.	College Name	Subject/ Speciality	Name of Teacher (Last First Middle last)	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	Aadhar Card No.	Pan No.	Date of birth ( Age in yrs )	E-Mail ID	Mobile No.	Debarred (Yes/No) If Yes plz specify
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	MIMER Medical College	Dermatology, Venereology Leprosy	Dr. Rajendra Chandrakant Shinde	Prof.	05-02-2010	MBBS - 1995	DNB -1999	22.6 yrs	Yes	MUHS/UG/E-1/057510/ 4603/2011, dt.11/11/11 MUHS/PG/E-1/1204/273/13 date 22.01.2013, MUHS/PG/E-1/1204/27/4055/10-04/11/2019, MUHS/UG/E-1/53/1204/3931/2019-23/10/2019.	Adhar No. 945970897487	AMWPS0279B	19/11/1973 (53yrs )	<a href="mailto:skinraje@yahoo.co.in">skinraje@yahoo.co.in</a>	9422327657	NO
3	MIMER Medical College	Dermatology, Venereology Leprosy	Dr. Sandeep Bhagwat Hade	Assist. Prof	08-09-2023	MBBS - 2016	MD - 2022	3.5 yrs	NO	MUHS/UG/E-1/1204/862/2024	Adhar no. 931501835470	AJXP3175P	1/2/1993 (33yrs)	<a href="mailto:sandeephade86@gmail.com">sandeephade86@gmail.com</a>	9403322541	NO
4	MIMER Medical College	Dermatology, Venereology Leprosy	Dr. Anamika Wagh	SR	06-01-2026	MBBS - 2015	MD - 2023	1 months	NO		Adhar no. 476829957091	AEAPW0142B	01/04/1991 (34 yrs)	<a href="mailto:anamikawagh45@gmail.com">anamikawagh45@gmail.com</a>	9096427246	NO
5	MIMER Medical College	Dermatology, Venereology Leprosy	Dr. Aditi Kiran Deshmukh	SR	07-02-2007	MBBS- 2003	DDV -2007	18 yrs 8 months	Yes	MUHS/UG/E-1/1204/1629/09, 12/06/2009	Adhar no. 881731052993	AROPD3245F	27/02/1980 (46yrs )	<a href="mailto:dradikiran@gmail.com">dradikiran@gmail.com</a>	9422982727	NO

  
Professor & H.O.D.  
Dept. of Skin & VD  
MIMER Medical College  
BSTRH, Talegaon (D), Pune

  
PRINCIPAL  
MIMER MEDICAL COLLEGE  
TALEGAON DABHADE  
PUNE -410507

## ANNEXURE-VII-B

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

Name of the College :

Phone/Mobile No. :

Name of the Subject :

Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	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 years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	MIMER Medical College, Talegoan Dabhade	Psychiatry	Dr. Aneesh Bhat	Prof & HOD	28/6/2016	MBBS - 2003	MD -2010	17Years 07mnts	Yes	MUHS/PG/E-1/1204/17/2024 & Dt. 14/05/2024	3751 6902 5364	ATNPB4011C	22/8/1981	bhataneeash@gmail.com	75583 11855	No
2	MIMER Medical College, Talegoan Dabhade	Psychiatry	Dr. Ashish Ubhale	Professor	20/7/2017	MBBS-2003	MD-2009	18Years 10mnts	Yes	MUHS/PG/E-1/102103/19/2025 & Dt. 08/01/2025	5658 4788 6042	ABJPU2731J	28/9/1979	aashishubhale@gmail.com	98222 10655	No
3	MIMER Medical College, Talegoan Dabhade	Psychiatry	Dr. Ashish Arya	Associate Professor	30/6/2016	MBBS-2011	DNB-2016	16Years 01mnts	Yes	MUHS/UG/E-1/1204/18/2024 & Dt. 14/05/2024	9806 6832 8855	BWPPA3365N	15/8/1987	dr.arya15@gmail.com	95954 71477	No
4	MIMER Medical College, Talegoan Dabhade	Psychiatry	Dr. Karmanya Vatwani	Senior Resident	21/06/2025	MBBS-2019	MD-2025	7 months	-	-	6198 7158 3291	AVJPV2833N	25/07/1995	ktwani@gmail.com	99300 80679	No
5	MIMER Medical College, Talegoan Dabhade	Psychiatry	Dr. Swati Magare	Junior Resident	01/10/2015	MBBS-2011	-	10Years 04Months	-	-	5900 4643 5693	CEHPM2921R	26/12/1987	Swatimagare26@gmail.com	95030 67403	No

*Aneesh Bhat*  
**Dr. Aneesh Bhat**  
 MBBS, MD (Psychiatry)  
 Reg No.: 2005/03/1908  
 Professor & Head

*Principal*  
**PRINCIPAL**  
 MIMER MEDICAL COLLEGE  
 TALEGAON DABHADE  
 PUNE -410507

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK  
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSE)**

Name of the College/Phone/Mob.No. : MIMER Medical College & BSTR Hopsital Talegaon Dabhade, Pune

Phone / Mobile No : 02114308300

Name of the Subject : GENERAL SURGERY

Sr. No.	college Name	Subject	Full name of the Teacher (First Name Middle Name Last)	Designation	Date of Joining	UG Qualification & Year of Passing	PG Qualification & Year of Passing	Teaching experience After PG Passing	Universtiy Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No	Date of birth (Age in year)	Latest Email address	Contact No (Mob)	Debarred Yes/No
1	MIMER Med. College	Gen. Surgery	Dr. Sachin Prabhakar Naik	Professor & Head	10-12-1999	MBBS -1992	MS 1998 (Gen. Surg) FMAS 2004 D.Lap	28 yrs 7mths	Yes	MUHS(UG)/E-1/1204/862/2024 on dated 31/12/2024	2225 5154 5386	ACFPN0505L	6/6/1970 54.7 yrs	sachinnaik70@gmail.com	9822409640	No
2	MIMER Med. College	Gen. Surgery	Dr. Nikhil Anil Phadke	Professor	05-02-2000	MBBS- 1992	MS 1999 (Gen. Surg)	25yrs 4 mths	Yes	MUHS/UG/E-1/057543/5130/2011 on dated 9/12/2011	2772 1824 4850	AIGPP0640P	10/6/1972 52.6 yrs	nikhilphadke@yahoo.com	7387995127	No
3	MIMER Med. College	Gen. Surgery	Dr. Tushar Sudhakar Khachane	Professor	10-01-2005	MBBS - 1998	MS 2004 (Gen. Surg)	19 yrs	Yes	MUHS(UG)/E-1/1204/862/2024 on dated 31/12/2024	5941 5807 7410	AIRPK4940L	17/10/1976 48.3 yrs	tusharkhachane@yahoo.com	9881726634	No
4	MIMER Med. College	Gen. Surgery	Dr. Sandesh Shahaji Gawade	Professor	02-01-2008	MBBS- 2000	DNB 2006 (Gen. Surg) FMAS 2008 FACRSI 2010	18 yrs	Yes	MUHS(UG)/E-1/1204/862/2024 on dated 31/12/2024	8054 1010 8883	AIXPG0874H	23/04/1979 45.9 yrs	drsandesh23@gmail.com	9890950097	No
5	MIMER Med. College	Gen. Surgery	Dr. Shantaram Dattatray Gulve	Associate Professor	09-06-2016	MBBS - 1988	M.S. Gen Surg) 1996	10 .7 yrs	Yes	MUHS/UG/E-1/53/1204/2881/2021 on dated 22/10/2021	3612 2564 9793	AFFPG7852J	1/7/1964 60.6 yrs	dr.gulve.s@gmail.com	9763097017	No
6	MIMER Med. College	Gen. Surgery	Dr. Samadhan Narsing Kshirsagar	Associate Professor	14/09/2011	MBBS - 2004	MS (Gen Surg) 2009	14. 1 yrs	Yes	MUHS(UG)/E-1/1204/862/2024 on dated 31/12/2024	4659 1507 0731	BBHPK0434M	17/05/1980 44.8 yrs	drshirsagars@gmail.com	9823336680	No
7	MIMER Med. College	Gen. Surgery	Dr. Ajit Genuji Jadhav	Associate Professor	04-04-2016	MBBS - 2003	DNB (Gen. Surg) 2013	12 yrs 7 mths	Yes	MUHS(UG)/E-1/1204/862/2024 on dated 31/12/2024	5841 6658 4946	AHLPJ8827A	14/3/1981 43.10 yrs	ajit7766@yahoo.com	9503508585	No
9	MIMER Med. College	Gen. Surgery	Dr. Rahul Bhimao Kashide	Assistant Professor	19/3/2018	MBBS - 2007	MS (Gen Surg) 2013	9 .8 Years	Yes	MUHS(UG)/E-1/1204/18/2024 on dated 14/5/2024	8901 2669 7532	BAYPK4548J	27/09/1984 40.9 yrs	rahulkashide@gmail.com	9767296867	No
10	MIMER Med. College	Gen. Surgery	Dr. Nandkishor Ramrao Raut	Assistant Professr	08-01-2018	MBBS- 2009	MS (Gen Surg) 2013 DNB (Urology) 2017	13 Years 7 Mntl	Yes	MUHS(UG)/E-1/1204/18/2024 on dated 14/5/2024	5297 8429 1780	AYDPR0065M	03/09/1985 40. 4 Yrs	surgeon.nandkishor@gmail	9404904176	No

*Sachin Naik*  
**DR. SACHIN NAIK**

M.S. Gen. Surgery, DLap, FMAS  
Professor & Head, Dept. of Surgery  
MIMER Medical College,  
Talegaon Dabhade, Pune-410507.

*Principals*  
**PRINCIPAL**  
MIMER MEDICAL COLLEGE  
TALEGAON DABHADE,  
PUNE -410507

## ANNEXURE-VII-B

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

Name of the College : MIMER Medical College &amp; BSTR Hospital Talegoan Dabhade Pune

Phone/Mobile No:

Name of the Subject : Orthopaedics

Date : 05/02/2026

Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	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 years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	MIMER Medical College	Orthopaedics	DR. SANTOSH SHRIDHAR BORKAR	Prof & HOD	13/7/2005	MBBS - 2000	M.S. (Orthopaedics) - 2005	20Y, 5M	yes	MUHS/UG/E-1/1204/862/2024 DT - 31/12/2024	485114998080	AKWPB5947M	8.10.1976 47	santoshborkar197616@gmail.com	98600 77958	NO
2	MIMER Medical College	Orthopaedics	DR. DARPAN MAROTI MAHESHGAURI	Profesor	01-02-2010	MBBS - 2001	M.S. (Orthopaedics) - 2005	17Y, 11M	yes	MUHS/UG/E-1/1204/18/2024 DT - 14/05/2024	767858433038	ANJPM3542	30.08.1977 46	darpan@dr.com	98811 08842	NO
3	MIMER Medical College	Orthopaedics	DR. SHIVRAJ SATISH KONDE	Profesor	02-01-2013	MBBS - 2009	M.S. (Orthopaedics) - 2012	12Y, 11M	yes	MUHS/UG/E-1/1204/862/2024 DT - 31/12/2024	716986751212	BGSPK2292M	22.04.1985 38	drshivraj.konde@gmail.com	98901 02751	NO
4	MIMER Medical College	Orthopaedics	DR. MANAS SUDHIR PUSALKAR	Associate Profesor	09-07-2018	MBBS - 1995	M.S. (Orthopaedics) - 2001	10Y, 7M	yes	MUHS/UG/E-1/1204/862/2024 DT - 31/12/2024	264632704434	AIRPPO490Q	14.02.1972 51	manaspusalkar@yahoo.com	8669206229	NO
5	MIMER Medical College	Orthopaedics	DR. RAJIV MANIK MUNDE	Assistant Professor	04.07.2019	MBBS - 2007	M.S. (Orthopaedics) - 2015	7Y, 9M	yes	MUHS/UG/E-1/1204/18/2024 DT - 14/05/2024	674518604917	BLQPM5729N	29.09.1982	dr.rajiv129@yahoo.co.in	9971205756	NO



Dr. Santosh Borkar  
Prof & HOD



PRINCIPAL

DR. SANTOSH S. BORKAR  
MIMER MEDICAL COLLEGE & BSTR HOSPITAL TALEGOAN DABHADE PUNE - 410507

MBBS, M.S. (Ortho)  
Regn.No.:2000/2/0758  
Prof. & HOD

Dept. of Orthopaedics

MIMER Medical College, Talegoan (D)

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

ANNEXURE - VII- B

Name of the College: MIMER Medical College & Dr.BSTR Hospital, Talegaon (D), Pune - 410 507.

Phone/ Mobile No: 02114-308300

Name of the Subject: ENT

Sr No	College Name	Subject	Full Name of the Teacher (First/Middle/ Last)	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 years)	Latest Email Address	Contact No. ( Mob)	Debarred Yes/ No
1	MIMER MEDICAL College	ENT	Dr Devdatt Prabahkar Kotnis	Prof & HOD	4.3.2019	MBBS 1984	MS 1988	22.3 yrs	Yes	No.MUHS/UG/ E-1/1204/5378/2022 Dt 07/12/2022 NO. MUHS/PG/E-1/81/2023 Dt 09/01/2023 No. MUHS/UG/E-1/1204/862/2024 Dt 31/12/2024	995827406515	ACKPK0124H	23/12/1962, 60yrs	dpkotis@gmail.com	7499455527	NO
2	MIMER MEDICAL College	ENT	Dr Santosh Balasaheb Mane	Prof	6.1.2021	MBBS 2003	MS 2009	15.3.yrs	Yes	No.MUHS/UG/ E-1/1204/5379/2022 Dt 07/12/2022 NO/MUHS/PG/E-1/1102/27/3267/2021 DATE - 26/11/2021 No. MUHS/UG/E-1/1204/862/2024 Dt 31/12/2024	212699224500	BAOPM3255Q	5/1/1981, 42 yrs	drsantos1110@gmail.com	9823393981	NO

Sr No	College Name	Subject	Full Name of the Teacher (First/Middle/ Last)	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 years)	Latest Email Address	Contact No. ( Mob)	Debarred Yes/ No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
3	MIMER MEDICAL College	ENT	Dr Santhosh Kumar Rajamani	Prof	12.05.2020	MBBS 2007	MS 2010	12.4	Yes	No.MUHS/UG/ E-1/1204/5379/2022 Dt 07/12/2022 No. MUHS/PG/E-1/261/2023 Dt 20/01/2023 No. MUHS/UG/E-1/1204/862/2024 Dt 31/12/2024	937703403394	CDAPS6861A	22.02.1983, 40 yrs	minerva.santh@gmail.com	8356870938	NO
4	MIMER MEDICAL College	ENT	Dr Poonam Subhash Khairnar	Asso Prof	24/12/2018	MBBS 2009	MS 2015	9yrs	Yes	No.MUHS/UG/ E-1/1204/5379/2022 Dt 07/12/2022 No. MUHS/UG/E-1/1204/862/2024 Dt 31/12/2024	804936130308	CPFPK1477M	04.10.1986	pk.41086@gmail.com	9870428550	NO
5	MIMER MEDICAL College	ENT	Dr Kamalika P Roy	Asst Prof	04.06.2021	MBBS 2003	DNB 2010 PHD 2022	4.8	Yes	No. MUHS/UG/E-1/1204/184/ 2024 Dt 19/06/2024			11.04.1979	kamalikaproy16@gmail.com	9435492494	NO

  
**Prof & Head**  
**Department of ENT**  
**MIMER Medical College & BSTRH**  
 **Talegaon Dabhade-410507**

  
**PRINCIPAL**  
**MIMER MEDICAL COLLEGE**  
**TALEGAON DABHADE**  
**PUNE - 410507**

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

Name of the College : MIMER MEDICAL COLLEGE , TALEGAON DABHADE

Phone/Mobile No. :02114-308300

Name of the Subject : OBSTETRICS &amp; GYNAECOLOGY

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	Latest Email Address	Contact Nos. (Mob)
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1	Mimer Medical College	Obstetrics & Gynaecology	Dr. Vaishali Raychand Korde	Professor	01.02.2001	MBBS 1994	DGO 2000 DNB - 2003	26 yrs 2 M	Yes	No. MUHS/(UG)/E-1/1204/862/2024 dt 31/12/2024	533746478816	ADIPN4213A	23/09/1973	drvashalinayak@gmail.com	9372478118
2	Mimer Medical College	Obstetrics & Gynaecology	Dr. Sushma Sharma	Professor	07.08.1999	MBBS 1994	DGO 1998 DNB - 2000	28 yrs 2 M	Yes	MUHS/UG/E-1/1204/4300/2014 dt 20.9.2014	934065071898	BTEPS9943J	7/12/1970	sushmas07@gmail.com	9822445537
3	Mimer Medical College	Obstetrics & Gynaecology	Dr. Jitendra Mane	Professor	24.2.2023	MBBS 1995	MS 2005	21 Yrs 2 M	Yes	No. MUHS/(UG)/E-1/1204/18/2024 dt 14/05/2024	207132003396	AMPMP3464M	4/5/1971	dritendradmane@gmail.com	9639318633
4	Mimer Medical College	Obstetrics & Gynaecology	Dr. Shashikant Y. Pawar	Associate Professor	05.08.2015	MBBS 1982	MD 1986	21 Yrs 2 M	Yes	No. MUHS/(UG)/E-1/1204/862/2024 dt 31/12/2024	699795718879	AAYP5379H	20/02/1956	drsvpawar@gmail.com	9822046945
5	Mimer Medical College	Obstetrics & Gynaecology	Dr. Sachin Ganpat Vedpathak	Associate Professor	18.08.2011	MBBS 2003	DNB 2009	17yrs. 2 M	Yes	No. MUHS/(UG)/E-1/1204/862/2024 dt 31/12/2024	685433902223	AFFPV0642B	04/12/1980	sachin.vedpathak51@gmail.com	7350891021
6	Mimer Medical College	Obstetrics & Gynaecology	Dr. Priya Manohar Bagade	Associate Professor	06.11.2017	MBBS 2002	DGO 2007 DNB - 2010	19 yrs 2 M	Yes	No. MUHS/(UG)/E-1/1204/862/2024 dt 31/12/2024	824829207644	AXHPB5563A	06/12/1979	bagadepriya@gmail.com	8425846673
7	Mimer Medical College	Obstetrics & Gynaecology	Dr. Jaya Barla	Associate Professor	01.07.2016	MBBS 2006	MS 2010	16 yrs 2 m	Yes	No. MUHS/(UG)/E-1/1204/18/2024 dt 14/05/2024	905454254072	AOWPB4969F	7/2/1981	barlajaya@gmail.com	7722001091
8	Mimer Medical College	Obstetrics & Gynaecology	Dr. Meenakshi Maruti Surve	Associate Professor	02.01.2017	MBBS 2007	MS 2013	13 Yrs 2 M	Yes	No. MUHS/(UG)/E-1/1204/862/2024 dt 31/12/2024	601451860419	BLEPP97419	5/3/1984	dr.meenakshipawar@yahoo.com	9975477992

Signature  
Head of Department

*Pawan*  
*5/2/23*  
**Professor & HOD  
Dept. of Obst. & Gyn.  
MIMER MEDICAL COLLEGE  
TALEGAON (D), PUNE**

Signature & Seal  
Dean/ Principal

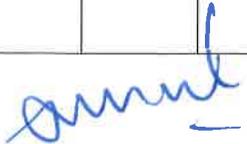
*Deep*  
**PRINCIPAL  
MIMER MEDICAL COLLEGE  
TALEGAON DABHADE  
PUNE. 410507**

## ANNEXURE-VII-B

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

Name of the College: MIMER Medical College & Hospital Talegaon  
 Phone/Mobile No. :  
 Name of the Subject: Radio- Diagnosis

Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	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 years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	MIMER Medical College	Radiology	Dr. Santosh Madhav Sabnis	Professor & HOD	17/12/2018	MBBS-1994	MD-1998	21 Years 4 m	Yes	MUHS/UG/E-1/1204/862/2024 28/8/2024	223921365865	AMVPS7825G	23/4/1972-53 Years	santoshsabnis@hotmail.com	9822049929	
2	MIMER Medical College	Radiology	Dr. Devendra Prakash Fadnis	Asst. Prof	01/11/2023	MBBS-2009	MD-2015	4 Years	Yes	MUHS/UG/E-1/1204/187/2024 08/4/2024	308061582598	AAWPF5591M	23/05/1987-38 Years	devendra.fadnis@gmail.com	8087606919	
3	MIMER Medical College	Radiology	Dr. Manisha Shailesh Hadgaonkar	Asst. Prof	8/11/2024	MBBS-2003	DNB-2008	6 Years 6 m	No	-	557815416116	ADCPH2511E	14/8/1978-47 Years	mshadgaonkar@gmail.com	9561580750	
4	MIMER Medical College	Radiology	Dr. Nivedita Shailesh Khaire	Asst. Prof	10/7/2024	MBBS-2011	DMRD-2017 DNB-2021	3 Year	No	-	748182166329	ARVPD8888K	24/12/1987-38 Years	drnivedita.khaire@gmail.com	9665353597	

  
**Dr. S M Sabnis** PRINCIPAL  
 Regn.No 76996  
 Professor  
 Department of Radio -Diagnosis  
 MIMER Medical College,  
 Talegaon (D) Pune  
 MIMER MEDICAL COLLEGE  
 TALEGAON DABHADE  
 PUNE - 410507  
 PUNE-410507

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

ANNEXURE-VII-B

Name of the College : MIMER Medical College & Dr.BSTR Hospital, Talegaon (D), Pune - 410 507.  
Phone/Mobile No. : 02114 308 300  
Name of the Subject :- Anaesthesiology

Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	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 years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	MIMER Medical College, Talegaon (D)	Anaesthesiology	Dr. Shilpa Y. Gurav	Prof. & HOD	17-08-2007	MBBS 1996	MD (Anaesthesia) 2002	20.05	Yes	UG/E-1/ 1204/ 5584/ 16.12.2014	967217762065	ACPPT0031K	07-06-1974 52 Yrs	shilpa.yg@gmail.com	9850303375	No
2	MIMER Medical College, Talegaon (D)	Anaesthesiology	Dr. Anita Kulkarni	Professor	05-03-2009	MBBS 1995	MD (Anaesthesia) 2000	13.08	Yes	UG/E-1/ 1204/862/2024. 31.12.2024	683210555648	AMCPK9766B	02-09-1973 53 Yrs	vaishnaviam@rediffmail.com	9689652384	No
3	MIMER Medical College, Talegaon (D)	Anaesthesiology	Dr. Leena Paulose	Asso. Prof	07-08-2010	MBBS 2000	DA - 2005 DNB (Anaesthesia) - 2015	6.05	Yes	UG/ E-1/ 1204/18/2024. 14.05.2024	412957890725	AKYPP4755B	28-11-1975 51 Yrs	drleenashibu@gmail.com	9604865712	No
4	MIMER Medical College, Talegaon (D)	Anaesthesiology	Dr. Shobha Vatkari	Asso. Prof	03-11-2016	MBBS -1980	DA - 1982 MD (Anaesthesia)- 1984	7.05	Yes	UG/ E-1/ 1204/18/2024. 14.05.2024	798479810916	ABFPV6759D	02-02-1956 70 Yrs	shobhavatkar@gmail.com	8888804252	No

  
Dr. Shilpa Gurav  
Prof. & HOD  
Reg. No. 85508  
Dept. of Anaesthesiology  
MIMER Medical College  
Talegaon Dabhade

  
PRINCIPAL  
MIMER MEDICAL COLLEGE  
TALEGAON DABHADE  
PUNE -410507

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

**Name of the College:** MIMER Medical College, Talegaon Dabhade

**Phone/ Mobile No.:** 02114 308 300

**Name of the Subject:** Biochemistry

Sr. No	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp.)	Qualification	University Approx at (UG)	PG Teaching Expeerienc e (in years) after PG	PG Teacher Recognitio n Yes/ No	(Recognitio n Letter date issued by University)	No. of PG Student s Guided last 5 year	Date of Birth	E-mail ID	Mobile No.	Aadhar No.	If De barr ed Yes / No.	Sign. of Teach er
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr. Vaishali Venkatesh Dhat	Prof. & Head	Biochemistr y	Regular	MBBS MD(Bioche m)	22 yrs 5 m	16 yrs 10 m	Yes	08.01.2025	0	11.06.1972	vaishdhat@y ahoo.com	9922737501	279654245847	No	<i>DL</i>

*DL*  
**Prof. & Head**  
**Dept. of Biochemistry**  
**MIMER Medical College**  
**Talegaon Dabhade**

*DL*  
**PRINCIPAL**  
**MIMER MEDICAL COLLEGE**  
**TALEGAON DABHADE,**  
**PUNE - 410507**

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

Name of the College : MAER MIT Pune's, MIMER Medical College & Dr. BSTR Hospital, Talegaon (D)

Phone/Mobile No. : 918087099040/41/42/43

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 Approved at (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 year	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. Bhide Smita Pushkar	Prof & HOD	Pathology	Regular	MBBS, MD (Patho)	MUHS/UG/E-1/1204/18/2024, dt.14/05/2024	19.9 yrs	Yes	MUHS /PG/E-1/1204/17/2024 ,date 14/5/2024	03	29/9/1971	smitapbhide@gmail.com	9850437955	467902073793	No	<i>Bhide</i>
2	Dr. Metkar Gauri Shrikrishna	Professor	Pathology	Regular	MBBS, MD (Patho)	MUHS/UG/E-1/1204/862/2024, dt.31/12/2024	8 yrs	Yes	MUHS /PG/E-1/82/2023 ,date 9/1/2023	02	4/8/1981	dr.gauribhat@gmail.com	8884066288	522412114894	No	<i>Metkar</i>
3	Dr. Jaisan Janice	Professor	Pathology	Regular	MBBS, D.C.P., D.N.B. (Path)	MUHS/UG/E-1/1204/862/2024, dt.31/12/2024	7.10 yrs	Yes	MUHS /PG/E-1/82/2023 ,date 9/1/2023	02	02-02-1973	drjanicej@gmail.com	7588330968	821869351191	No	<i>Janice Jaisan</i>
4	Dr. Zope Rajendra	Professor	Pathology	Regular	MBBS, M.D. (Path)	MUHS/UG/E-1/1204/862/2024, dt.31/12/2024	5.4 yrs	Yes	MUHS /PG/E-1/1204/17/2024 ,date 14/5/2024	02	18/10/1968	zope_rajendra@yahoo.com	9890062653	944598034110	No	<i>Zope</i>

*Bhide*  
**Professor & Head**  
 Department of Pathology  
 MIMER Medical College & Dr BSTR Hospital  
 Talegaon Dabhade, Pune

*Deepa*  
**PRINCIPAL**  
 MIMER MEDICAL COLLEGE  
 TALEGAON DABHADE  
 PUNE -410507

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

**SUBJECT NAME** :- Pharmacology  
**NAME OF COLLEGE** :- MIMER Medical college, Talegaon (D)  
**COLLEGE ADDRESS** :- Talegaon Station, Tal Maval, Dist. Pune -410507  
**Email ID** :- pharmac@mitmimer.com

Sr. No	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject specialty	Type of Appointment (Regular / Temp. / Honorary)	Qualification	University Approval (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 year	Date of Birth	E-mail ID	Aadhar Card No.	Mob. No	If Debarr ed specify with details (Yes/No)	Sign. of Teacher
1	Dr. Pentewar Ganesh Satyadeo	Professor & HOD	Pharmacology	Regular	MD (2014)	Yes	3 Yrs	Yes	No. MUHS/PG/ E1/499/2023	2	13-08-1974	drpentwar@gmail.com	940035039761	9422022294	NO	
2	Dr. Chincholkar Aparna Shashank	Professor	Pharmacology	Regular	MD (1998)	Yes	15. Yrs.	Yes	No. MUHS/PG/E 1/1204/2383/ 2011	3	27-10-1971	aparnaatr@gmail.com	296401968404	9881201822	NO	Aschin

  
Signature

Head of Department  
**PROFESSOR & HOD**  
**PHARMACOLOGY DEPARTMENT**  
**MIMER MEDICAL COLLEGE**  
**(TALEGAON DABHADE - 410507)**

  
Signature & Seal  
 Dean/Principal  
**PRINCIPAL**

**MIMER MEDICAL COLLEGE**  
**TALEGAON DABHADE**  
**PUNE - 410507**

## ANNEXURE-VII-C

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

Name of the College: MIMER Medical College, Talegaon (D) Pune

Phone/ Mobile No. : (02114) 228532, 224272

Name of the Subject: Microbiology

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular /Temp. / Honorar y)	Qualificat ion	University Approx at (UG)	PG Teachin g Experie nce (in Years) after PGM	PG Teacher Recopnil ion Yes/No	(Recognition Letter Date issued by University)	No. of PG Students Guided last 5 year	Date of Birth	E-mail ID	Mobile No.	Aadhar Card No	If Deba r red (Yes/ No)	Sign.. of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr. Sadhana S. Chate	Prof. & HOD	Microbiology	Regular	MD Micro	No/MUHS/UG/E1/1204/862/2024 date: 31/12/2024	20 yrs	Yes	No/MUHS/UG/E1/1204/862/2024 date: 31/12/2024 No.MUHS/PG/E-1/82/2023 09/01/2023	1	05/09/1973,	sadhana.chate@gmail.com	9371026268	528296795293	No	<i>Schate</i>
2	Dr. Sandhya S.Kulkarni	Professor	Microbiology	Regular	MD Micro	No.MUHS/UG/E1/1204/4300/2014 20/09/2014	13 yrs 7 mths	Yes	No.MUHS/UG/E-1/1204/4300/2014 20/09/2014 No.MUHS/PG/E-1/1204/391/2012 07/02/2012	-	08/10/1969,	sandhyak69@yahoo.co.in	9850053426	840959163780	No	<i>Kulkarni</i>

*Sschate*  
**PROF AND HEAD**  
 Dept. of Microbiology  
 MIMER Medical College  
 Talegaon Dabhade, Pune

*Devg*  
**PRINCIPAL**  
 MIMER MEDICAL COLLEGE  
 TALEGAON DABHADE  
 PUNE - 410507

Appendix 1.1 B  
**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**SUBJECT WISE ELIGIBLE EXAMINERS LIST ( PG Course)**

Name of the College/ : MIMER Medical College, Talegaon Dabhade  
 Phone/Mob.No:- 02114308375  
 Name of the Subject : Community Medicine

Sr. No.	Name of the Teacher ( Last Name First Name Middle Name)	Designation	Subject / Speciality	Type of appointment( Regular/Temp./Honorary)	Qualification	University Appox at (UG)	PG teaching experience (In year after PGM)	PG teacher Recognition Yes/ No	Recognition letter Date issued by University)	No of PG students Guided last 5 year	Date of Birth	Email ID	Mobile No.	Adhar No.	If Debarred (yes/ No)	Sign of Teacher
1	Dr. Chincholikar Sanjeev Vasantrya	Professor & Head	Community Medicine	Regular	MD	Marathwada	19	Yes	MUHS/PG/E-1/1204/27/3529/2014 Date 23.12.2014	4	05/05/1966	aruna@mitmimer.com	7588289095	303991020217	No	
2	Dr. Pandey Aastha Narayan	Professor	Community Medicine	Regular	MD	Nagpur	10	Yes	MUHS/PG/E-1/102103/19/2025 dt 08/01/2025	1	26/04/1973	aasthapatthak@yahoo.com	9922403426	399492179170	No	
3	Dr. Ashturkar Madhura Dhananjay	Professor	Community Medicine	Regular	MD PSM	Pune	9	Yes	MUHS/PG/E-1/102103/19/2025 dt 08/01/2025	1	18/9/1978	madhurapathak@yahoo.co.in	9823558765	804173788875	No	
4	Dr. Kulkarni Surendra J.	Professor	Community Medicine	Regular	MD	Shivaji	3	Yes	MUHS/PG/E-1/102103/19/2025 dt 08/01/2025	1	14-04-1963	dr.sjkulkarni@gmail.com	9422373198	749382729693	No	
5	Dr. Kshirsagar Maya Vikas	Associate Professor	Community Medicine	Regular	MD	Mumbai, MUHS	3	Yes	MUHS/PG/E-1/102103/19/2025 dt 08/01/2025	1	18-04-1975	dr.maya1804@gmail.com	9850430776	848873994748	No	

*Deepa*  
**PRINCIPAL**  
**MIMER MEDICAL COLLEGE**  
**TALEGAON DABHADE**

## ANNEXURE - VII-C

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

Name of the College : MIMER Medical College, Talegaon Dabhade  
Phone / Mobile No : 02114-3083326  
Name of the subject: General Medicine

Sr No	Full name of the teacher	Designation	Subject / Speciality	Type of appointment ( Regular / temp./Honorary)	Qualification	University approx at (UG)	PG Teaching experience (in years) after PGM	(Recognition letter/date issued by university)	No of PG Students guided last 5 year	Date of Birth ( Age in Years )	Email ID	Mobile No ( Mob)	Aadhar No	If Debarred Yes / No	Sign of Teacher
1	Dr Madhu Pankaj Bansode	Professor & Head	General Medicine	Temp.	MD Medicine	26.1 Years	23.1 Years	MUHS/PG/E 1/1204/17/2024 Date 14 5 2024	5	16-02-1974 ( 51 Yrs )	madhupb07@gmail.com	9822998833	542332446258	No	
2	Dr Sudam Vasudev Khedkar	Professor	General Medicine	Temp.	MD Medicine	16.6 Years	13.6 Years	MUHS/PG/E 1/1204/17/2024 Date 14 5 2024	6	06-01-1979 (47 Yrs)	khedkarsudam@gmail.com	9975724382	251438046128	No	
3	Dr Sudeep Kumar	Associate Professor	General Medicine	Temp.	MD Medicine	14.7 Years	11.7 Years	MUHS/PG/E 1/1204/17/2024 Date 14 5 2024	5	16-09-1975 ( 50 Yrs )	lhmc2000@gmail.com	7387105362	335983970421	No	

  
DR. MADHU BANSODE  
(Professor & HOD)  
Reg. No. 81224  
MIMER Medical College  
Talegaon Dabhade.

Dr Madhu Bansode  
Prof.&HOD  
Medicine Department

  
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MIMER MEDICAL COLLEGE  
TALEGAON DABHADE  
PUNE -410507

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

NAME OF THE COLLEGE: MIMER MEDICAL COLLEGE

PHONE / MOBILE NO. : 2114308300

NAME OF THE SUBJECT: DERMATOLOGY

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appoint ment (Regular/ Temp. / Honorary)	Qualification	University Approx at (UG)	PG Teaching Experienc e (in Years) after PGM	PG Teacher Recopnil ion Yes/No	(Recognition Letter Date issued by University)	No. of PG Students Guided last 5 year	Date of Birth	E- mall ID	Mobile No.	Aadhar Card No	If Debar red (Yes/N o)	Sign. of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
2	Shinde Rajendra Chandrakant	Professor	Dermatology Venereology & Leprosy	Temp.	DNB	MUHS	22.6	Yes	MUHS/(PG)/E- 1/102103/27/2689/2021	15	19/11/1973	skinraie@yah oo.co.in	9422327657	Adhar no 945970897487	No	

  
 Professor & H.O.D.  
 Dept. of Skin & VD  
 MIMER Medical College  
 2STRH, Talegaon (D), Pune

  
 PRINCIPAL  
 MIMER MEDICAL COLLEGE  
 TALEGAON DABHADE,  
 PUNE - 410507

**ANNEXURE-VII-C**

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

Name of the College: MIMER Medical College, Talegaon dabhade

Phone/Mobile No: 2114308300

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)	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 Debarred (Yes/No)	Sign. of Teacher
							Teaching Experience (in Years) after	Teacher Recognition Yes/No		Students Guided last 5 year		mail ID				
							PGM									
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr. Bhat Aneesh Shankamarayan	Professor & HOD	Psychiatry	Regular	MBBS-MD (Psychiatry)	MUHS	17Years, 07months	Yes	MUHS/PG/E-1/1204/17/2024 Dt. 14/05/2024	2	22/08/1981	bhataneesh@gmail.com	7558311855	,375169025364	No	<i>Aneesh Bhat</i>
2	Dr. Ubhale Ashish Suresh	Professor	Psychiatry	Regular	MBBS-MD (Psychiatry)	MUHS	18 Yrs. 10 months	Yes	MUHS/UG/E-1/1204/862/2024 Dt. 31/12/2024	2	28/09/1979	aashishubhale@gmail.com	9822210655	,565847886042	No	<i>Ashish</i>

*Aneesh Bhat*  
**Dr. Aneesh Bhat**  
 MBBS, MD (Psychiatry)  
 Reg No.: 2005/03/1908  
 Professor & Head

*per 102*  
**PRINCIPAL**  
 MIMER MEDICAL COLLEGE  
 TALEGAON DABHADE  
 PUNE - 410507

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

Name of the College/Phone/Mob.No. : MIMER Medical College & BSTR Hopsital Talegaon Dabhade, Pune  
Phone / Mobile No : 02114308300  
Name of the Subject : GENERAL SURGERY

Sr. No.	Full name of the Teacher (First Name Middle Name Last Name.)	Designation	Subject Speciality	Type of Appointment (Regular/Temp. / Honorary)	Qualification	Universtiy Approx At (UG)	PG Teaching experience offer MUHS Recognition	PG Teacher Recognition (Yes/No)	Recongnition letter, Date issued by University	No. of PG Students Guided last 5 years	Date of Birth	Latest Email Address	Contact Nos. (Mob)	Adhar No.	Debarred Yes/No	Sign. Of Teacher
1	Dr. Sachin Prabhakar Naik	Professor & Head	Gen. Surgery	Regular	MS (Gen. Surg)	YES	18.2	Yes	MUHS/PG/E-1/82/2023 on dated - 09/01/2023	6 Students	06-06-1970	sachinnaik70@gmail.com	9822409640	2225 5154 5386	No	Sachin Naik
2	Dr. Nikhil Anil Phadke	Professor	Gen. Surgery	Regular	MS (Gen. Surg)	YES	14.1	Yes	MUHS/PG/E-1/1204/27/514/14 on dated 25/2/2014	5 Students	06-10-1972	nikhilphadke@yahoo.com	7387995127	2772 1824 4850	No	Nikhil Phadke
3	Dr. Tushar Sudhakar Khachane	Professor	Gen. Surgery	Regular	MS (Gen. Surg)	YES	10	Yes	MUHS/PG/E-1/1204/17/2024 ON DATED 04/5/2024	5 Students	17/10/1976	tusharkhachane@yahoo.com	9881726634	5941 5807 7410	No	Tushar Khachane
4	Dr. Sandesh Shahaji Gawade	Professor	Gen. Surgery	Regular	DNB (Gen. Surg)	YES	10	Yes	MUHS/PG/E-1/1204/17/2024 ON DATED 04/5/2024	5 Students	23/04/1979	drsandesht23@gmail.com	9890950097	8054 1010 8883	No	Sandesh Gawade
5	Dr. Samadhan Narsing Kshirsagar	Associate Professor	Gen. Surgery	Regular	MS (Gen Surg)	YES	7.4	Yes	MUHS/PG/E-1/82/2023 on dated - 09/01/2023	4 Students	17/05/1980	drshirsagars@gmail.com	9823336680	4659 1507 0731	No	Samadhan Kshirsagar
6	Dr. Ajit Genuji Jadhav	Associate Professor	Gen. Surgery	Regular	DNB (Gen. Surg)	YES	5	Yes	MUHS/PG/E-1/82/2023 on dated - 09/01/2023	2 Student	14/3/1981	ajit7766@yahoo.com	9503508585	5841 6658 4946	No	Ajit Jadhav
7	Dr. Shantaram Dattatray Gulve	Associate Professor	Gen. Surgery	Regular	MS (Gen Surg)	YES	2.6	Yes	MUHS/PG/E-1/1204/17/2024 ON DATED 04/5/2024	1 student	01-07-1964	dr.gulve.s@gmail.com	9763097017	3612 2564 9793	No	Shantaram Gulve

*Sachin Naik*

Dr. Sachin Naik  
Professor & Head  
Department of General Surgery

**DR. SACHIN NAIK**  
M.S. Gen. Surgery, DLap, FMAS  
Professor & Head, Dept. of Surgery  
MIMER Medical College,  
Talegaon Dabhade, Pune-410507.

*Deepak*  
Dean/Principal

**PRINCIPAL**  
MIMER MEDICAL COLLEGE  
TALEGAON DABHADE,  
PUNE-410507

## ANNEXURE-VII-C

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

Name of the College : MIMER Medical College &amp; BSTR Hospital Talegaon Dabhade Pune

Phone/Mobile No:

Name of the Subject : Orthopaedics

Date : 05/02/2026

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp. / Honorary)	Qualification	University Approval at (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 year	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.Borkar Santosh Shridhar	Prof.HOD	Orthopaedic	Regular	MS - Ortho	MUHS/UG/E-1/1204/862/2024 DT - 31/12/2024	13year, 8Month	Yes	MUHS/PG/E-1/102103/19/2025 DT-08/01/2025	7	8.10.1976 47	santoshborkar197616@gmail.com	98600 77958	485114998 080	NO	
2	Dr.Maheshgauri Darpan Maruti	Professor	Orthopaedic	Regular	MS - Ortho	MUHS /UG /E-1/1204/18/2024 DT - 14/05/2024	9year	Yes	MUHS/PG/E-1/1204/17/2024 DT-14/05/2024	6	30.08.1977 46	darpan@dr.com	98811 08842	767858433 038	NO	
3	Dr. Shivraj Konde	Professor	Orthopaedic	Regular	MS - Ortho	MUHS/UG/E-1/1204/862/2024 DT - 31/12/2024	6 year, 2Months	Yes	MUHS/PG/E-1/102103/19/2025 DT-08/01/2025	5	22.04.1985	shivraj.konde@gmail.com	98901 02751	716998675 1212	NO	

Dr. Santosh Borkar  
Prof & HOD

Dept. of Orthopaedics

DR. SANTOSH S. BORKAR

MBBS, M.S. (Ortho)

Regn.No.: 2000/2/0758

Prof. &amp; HOD

Dept. of Orthopaedics

MIMER Medical College, Talegaon (D)

  
PRINCIPAL  
MIMER MEDICAL COLLEGE  
TALEGAON DABHADE  
PUNE -410507

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

Name of the College: MIMER Medical College & Dr.BSTR Hospital, Talegaon (D), Pune - 410 507.

Phone/ Mobile No: 02114-308300

Name of the Subject: ENT

Sr. No.	Name of the Teaching Staff (Last Name First Middle Name)	Designation	Subject/ Speciality	Type of Appoinment ( Regular/ Temp./ Honorary)	Quaificatio n	University Approx at (UG)	PG Teaching Experience (in Years after PGM)	PG Teacher Recopnition Yes/ No	(Recognisati on Letter Date issued By University)	No. of PG Students Guided last 5 year	Date Of Birth	E- mail ID	Mobile No	Adhar 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 Kotnis Devdatt Prabhakar	Prof & HOD	ENT	Regular	MBBS MS (ENT)	No.MUHS/UG/E-1/1204/5378/2022 Dt 07/12/2022 NO. MUHS/PG/E-1/81/2023 Dt 09/01/2023 No. MUHS/UG/E-1/1204/862/2024 Dt 31/12/2024 NO/MUHS/P G/E-1/102103/19/2025 DATE - 08.01.02025	04 Yrs	YES	NO. MUHS/PG/E-1/81/2023 Dt 09/01/2023	YES	23/12/1962	<a href="mailto:dpkotnis@gmail.com">dpkotnis@gmail.com</a>	7499455527	995827406515	No	

2	Dr Mane Santosh Balasaheb	Professor	ENT	Regular	MBBS MS (ENT)	No. MUHS/UG/E-1/1204/5379/2022 Dt 07/12/2022 No. MUHS/UG/E-1/1204/862/2024 Dt 31/12/2024 NO/MUHS/PG/E-1/102103/19/2025 DATE - 08.01.2025	07 Yrs	YES	NO. MUHS/PG/E-1/82/2023 Dt 09/01/2023	YES	01-05-1981	<a href="mailto:drsantos1110@gmail.com">drsantos1110@gmail.com</a>	9823393981	212699224500	No	
Sr. No.	Name of the Teaching Staff (Last Name First Middle Name)	Designation	Subject/ Speciality	Type of Appoinment ( Regular/ Temp./ Honorary)	Quaificatio n	University Approx at (UG)	PG Teaching Experience (in Years after PGM)	PG Teacher Recopnition Yes/ No	(Recognisati on Letter Date issued By University)	No. of PG Students Guided last 5 year	Date Of Birth	E- mail ID	Mobile No	Adhar 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
3	Dr Rajamani Santhosh Kumar	Professor	ENT	Regular	MBBS MS (ENT) DNB(ENT) MNAMS (ENT) DPH	No. MUHS/UG/E-1/1204/5379/2022 Dt 07/12/2022 No. MUHS/UG/E-1/1204/862/2024 Dt 31/12/2024	3 yrs	YES	No. MUHS/PG/E-1/261/2023 Dt 20/01/2023	YES	22/02/1983	<a href="mailto:minerva.santh@gmail.com">minerva.santh@gmail.com</a>	8356870938	937703403394	No	

  
 Prof & Head  
 Department of ENT  
 MIMER Medical College & BSTRH  
 Talegaon Dabhade-410507

  
 PRINCIPAL  
 MIMER MEDICAL COLLEGE  
 TALEGAON DABHADE  
 PUNE-410507

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

ANNEXURE-VII-C

Name of the College:- **MIMER MEDICAL COLLEGE, TALEGAON DABHADE**

Phone/Mobile No:- 8087099040

Name of the Subject:- **Ophthalmology**

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp. / Honorar y)	Qualifica tion	Univ ersit y Appr oval at (UG)	PG Teaching Experienc e (in Years) after PGM	PG Teacher Recopnil ion Yes/No	(Recognition Letter Date issued by University)	No. of PG Students Guided last 5 year	Date of Birth	E- mail ID	Mobile No.	Aadhar Card No	If Debar red (Yes/ No)	Sign of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
2	DR. VABALE YOGENDRA GANPAT	Professor & Head	Ophthalmology	Regular	MBBS,MS	Yes	16 Yrs 2 month	Yes	No. MUHS/PG/E-1/1204/1150/11 wef 27.01.2011 onwards No. / MUHS/PG/E-1/1225/2023 wef from 31.03.2023 for t:vo years only No. MUHS/PG/E-1/102103/19/2025 wef 28/08/2024 for two years only	13	15/06/1973	docvogendra@rediffmail.com	9422081910	493345354593	No	
1	DR. PAWAR SMITA ATUL	Professor	Ophthalmology	Regular	MBBS,MS	Yes	7 Yrs 3 month	Yes	No MUHS/ PG/E-1/1102/27/276/2020 w.e.f. 22.10.19 onwards No. MUHS/PG/E-1/1204/17/2024 wef 18/08/2023 two years only	9	18/08/1971	smita7pawar@gmail.com	9422563943	336688425572	No	

  
Prof. & Head  
Department of  
Ophthalmology  
MIMER Medical College  
Talegaon Dabhade

  
PRINCIPAL  
MIMER MEDICAL COLLEGE  
TALEGAON DABHADE  
PUNE-410507

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

ANNEXURE -VII-C

Name of the College : MIMER MEDICAL COLLEGE , TALEGAON DABHADE  
Phone/Mobile No. :02114-308300

Name of the Subject : OBSTETRICS & GYNAECOLOGY

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Sr.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/Speciality	Type of Appointment (Regular/Temp / Honorary)	Qualification	University Approval AT (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 year	Date of Birth	E-mail ID	Mob. No	Aadhar Card No	If Debarred (Yes/No)	Sign. Of Teacher
1	Dr. Korde Vaishali Raychand	Professor	Obstratics & Gynaecology	Regular	MBBS, DGO, DNB	Yes	24 Yrs 11 M	Yes	No. MUHS/PG/ E-1/1204/342/12 dt 28/01/2012 No. MUHS / PG/E-1/102103/19/2025 dt 08/01/2025	3	23.09.1973	drvaishalinayak@gmail.com	9372478118	533746478816	No	<i>Dr. Korde Vaishali</i>
2	Dr. Sharma Sushma	Professor	Obstratics & Gynaecology	Regular	MBBS, DGO, DNB	Yes	26 yrs 5 M	Yes	No. MUHS/E-1/PG/1204/27/1040/15 dt 28.4.2015 No. MUHS/E-1/PG/1204/1911/2007 dt. 10/04/2007	3	07.12.1970	Sushmas07@gmail.com	9822445537	934065071896	No	<i>S. Sharma</i>
3	Dr. Sachin Vedpathak	Associate Professor	Obstratics & Gynaecology	Regular	MBBS, DNB	Yes	15Yrs 2 M	Yes	No. MUHS / PG/E-1/102103/19/2025 dt 08/01/2025 No. MUHS / PG/E-1/10227/3054/19 dt 31/07/2019	1	04.12.1980	sachinvedpathak51@gmail.com	7350891021	685433902223	No	<i>Sachin</i>
4	Dr. Priya Bagade	Associate Professor	Obstratics & Gynaecology	Regular	MBBS, DGO, DNB	Yes	17Yrs 1M	Yes	No. MUHS / PG/E-1/102103/19/2025 dt 08/01/2025 No. MUHS / PG/E-1/10227/2134/2020 dt 11/11/2020	1	06.12.1979	bagadepriya@gmail.com	8425846673	824829207644	No	<i>Priya</i>
5	Dr. Jitendra Mane	Professor	Obstratics & Gynaecology	Regular	MBBS, MS	Yes	14 yrs 8 M	Yes	No. MUHS/PG/E-1/1204/17/2024 dt. 14/05/2024 No. MUHS/PG/E-1/1201/1416/2020 dt 11/08/2020	2	05.04.1971	drjitendradmane@gmail.com	9639318633	207132003396	No	<i>Jitendra</i>
6	Dr. Shashikant Pawar	Associate Professor	Obstratics & Gynaecology	Regular	MBBS, MD	Yes	19 yrs 8M	Yes	No. MUHS/PG/E-1/1204/17/2024 dt 14/05/2024	-	20.02.1956	drsvpawar@gmail.com	9822046945	699795718879	No	<i>Sham</i>
7	Dr. Jaya Barla	Associate Professor	Obstratics & Gynaecology	Regular	MBBS, MS	Yes	12 Yrs 8 M	Yes	No. MUHS/PG/E-1/102103/451/2026 dt 03.02.2026	-	07.02.1981	barlajaya@gmail.com	7722001091	905454254072	No	<i>Jaya Barla</i>
8	Dr. Meenakshi Surve	Associate Professor	Obstratics & Gynaecology	Regular	MBBS, MS	Yes	9 Yrs	Yes	No. MUHS/PG/E-1/102103/451/2026 dt 03.02.2026	-	05.03.1984	dr.meenakshipawar@yahoo.com	9975477992	601451860419	No	<i>Meenakshi</i>

Signature  
Head of Department

*Mane*  
Professor & HOD  
Dept. of Obst. & Gyn.  
MIMER MEDICAL COLLEGE  
TALEGAON (D). PUNE

Signature & Seal  
Dean/ Principal

*Surve*  
PRINCIPAL  
MIMER MEDICAL COLLEGE  
TALEGAON DABHADE  
PUNE -410507

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

Name of the College : M.I.M.E.R. Medical CollegePhone/Mobile No. : 02114 308 300Name of the Subject :- Anaesthesiology

Sr. No	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appoint ment (Regular/ Temp. / Honorary)	Qualification	University Approx at (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 year	Date of Birth	E-Mail ID	Mobile No.	Aadhar Card No	If Debar red (Yes/No)	Sign.. of Teache r
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr. Gurav Shilpa Yogesh	Prof.&HOD	Anaesthesia	Regular	MBBS, MD ANAESTHESIA	UG/E-1/ 1204/ 5584/ 16.12.2014	20.05	Yes	PG/ E-1/ 1204/ 27/ 1040/ 28.04.2015	3	07-06-1974	<a href="mailto:Shilpa.yg@gmail.com">Shilpa.yg@gmail.com</a>	9850303375	967217762065	No	
3	Dr. Kulkarni Anita Manoj	Professor	Anaesthesia	Regular	MBBS, MD ANAESTHESIA	UG/E-1/ 1204/862/202 4, 31.12.2024	13.08	Yes	PG/ E-1/ 102103/19/2025, 08.01.2025	3	02-09-1973	<a href="mailto:vaishnaviam@rediffmail.com">vaishnaviam@rediffmail.com</a>	9689652384	683210555648	No	
4	Dr. Paulose Leena Shibu	Asso Prof.	Anaesthesia	Regular	MBBS, DA , DNB ANAESTHESIA	UG/ E-1/ 1204/18/2024, 14.05.2024	6.05	Yes	PG/ E-1/ 1204/17/2024, 14.05.2024	2	28-11-1975	<a href="mailto:drleenashibu@gamil.com">drleenashibu@gamil.com</a>	9604865712	412957890728	No	

  
**Dr. Shilpa Gurav**  
**Prof. & HOD**  
**Reg. No. 85506**  
**Dept. of Anaesthesiology**  
**MIMER Medical College**  
**Talegaon Dabhade**

  
**PRINCIPAL**  
**MIMER MEDICAL COLLEGE**  
**TALEGAON DABHADE**  
**PUNE -410507**

**FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 20.....-20.....**

(As per provisions of the Maharashtra University of Health Sciences Act, 1998 and University Rule / Guidelines)

<b>Date of Inspection</b>	:	
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**1. Name(s) of the Fellowship/Certificate Course(s)**

Sr. No.	Name of the Fellowship/ Certificate Course	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentor and Contact Details
01	Minimal Access Surgery		02	Dr. Sachin Naik Mob. No: 9822409640
02	Head & Neck Oncosurgery		02	Dr. Nikhil Phadke Mob. No: 7387995127
03				Dr. Tushar Khachane Mob. No: 9881726634
04				Dr. Sandesh Gawade Mob. No: 9890950097
05				Dr. Shantaram Gulve Mob. No: 9763097017
06				Dr. Samadhan Kshirsagar Mob. No: 9823336680
07				Dr. Ajit Jadhav Mob. No: 9503508585
				Dr. Rakesh Neve Mob. No: 9881143140
				Dr. Prashant Chandra Mob. No: 8446539602

(Attach separate List if necessary)

**2. Year-wise number of students admitted to Fellowship/ Certificate course during last 5 years**

Sr. No.	Academic Year	Name of Fellowship / Certificate Course	Intake Capacity	No. of Students Admitted (In figure only)
1	A.Y. 2021--2022	-	-	-
2	A.Y. 2022- 2023	Minimal Access Surgery	2	2
3	A.Y. 2023 - 2024	Head & Neck Onco Surgery	2	1
4	A.Y. 2024 - 2025	-	-	-
5	A.Y. 2025 - 2026	Head & Neck Onco Surgery	2	1

**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**

Title of the Course applied for:- 1. Minimal Access Surgery  
2. Head & Neck Oncosurgery

This to Certify that **Dr. Sachin Naik** has worked in the Department of General Surgery, MIMER Medical College Training Centre as per following details

**O) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	10-12-1993	31/7/2005	5 years	6 months
Associate Professor	08-01-2005	30/4/2010	4 years	8 months
Professor	05-01-2010	till date	15 years	9 months

**P) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total period Year/Months	
Assistant Professor	10-12-1993	31/7/2005	5 years	6 months
Associate Professor	08-01-2005	30/4/2010	4 years	8 months
Professor	05-01-2010	till date	15 years	9 months

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

*Sachin Naik*  
**DR. SACHIN NAIK**  
M.S. Gen. Surgery, DLap, FMAS  
Sign & Stamp Professor & Head, Dept. of Surgery  
Head of the Department  
MIMER Medical College,  
Talegaon Dabhade, Pune-410507.  
Date: / /

*Forksa Naik*  
**PRINCIPAL**  
Sign & Stamp  
Dean/Principal/Head of Institute  
MIMER MEDICAL COLLEGE  
TALEGAON DABHADE  
Date: / / PUNE -410507

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**

Title of the Course applied for:- 1. Minimal Access Surgery  
2. Head & Neck Oncosurgery

This to Certify that **Dr. Nikhil Phadke** has worked in the Department of General Surgery, MIMER Medical College Training Centre as per following details

**C) General Experience**

Designation	From	To	Total period Year/Months	
			Year	Months
Assistant Professor	05-01-2000	30/6/2007	7 years	1 month
Associate Professor	07-01-2007	31/1/2022	15 years	2 months
Professor	02-01-2022	till date	4 Year	1 months

**D) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total period Year/Months	
			Year	Months
Assistant Professor	05-01-2000	30/6/2007	7 years	1 month
Associate Professor	07-01-2007	31/1/2022	15 years	2 months
Professor	02-01-2022	till date	4 Year	1 months

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

*Sachin Naik*  
**DR. SACHIN NAIK**  
M.S. Gen. Surgery, DLap, FMAS  
Professor & Head, Dept. of Surgery  
Head of the Department  
MIMER Medical College,  
Date: / / Talegaon Dabhade, Pune-410507.

*Forkhandhy*  
Sign & Stamp  
Dean/Principal/Head of Institute  
Date: / /  
**PRINCIPAL**  
MIMER MEDICAL COLLEGE  
TALEGAON DABHADE  
PUNE -410507

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**

Title of the Course applied for:- 1. Minimal Access Surgery  
2. Head & Neck Oncosurgery

This to Certify that **Dr. Tushar Khachane** has worked in the Department of General Surgery, MIMER Medical College Training Centre as per following details

**E) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	10-01-2005	31/12/2016	11 years	3 months
Associate Professor	01-01-2017	31/10/2021	4 years	10 months
Professor	11-01-2021	till date	4 Year	3 months

**F) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total period Year/Months	
Assistant Professor	10-01-2005	31/12/2016	11 years	3 months
Associate Professor	07-01-2007	31/1/2022	4 years	10 months
Professor	11-01-2021	till date	4 Year	3 months

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

*Sachin Naik*  
**DR. SACHIN NAIK**  
Sign & Stamp M.S. Gen. Surgery, DLap, FMAS  
Head of the Department Professor & Head, Dept. of Surgery  
MIMER Medical College,  
Date: / / Talegaon Dabhade, Pune-410507.

*Farkhandhye*  
**PRINCIPAL**  
Sign & Stamp  
Dean/Principal/Head of Institute  
MIMER MEDICAL COLLEGE  
TALEGAON DABHADE  
Date: / / PUNE -410507

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**

Title of the Course applied for:- 1. Minimal Access Surgery  
2. Head & Neck Oncosurgery

This to Certify that **Dr. Sandesh Gawade** has worked in the Department of General Surgery, MIMER Medical College Training Centre as per following details

**G) General Experience**

Designation	From	To	Total period Year/Months	
			Year	Months
Assistant Professor	02-01-2008	31/12/2016	8 years	10 months
Associate Professor	07-01-2007	31/1/2022	5 years	1 month
Professor	02-01-2022	till date	4 Year	1 months

**H) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total period Year/Months	
			Year	Months
Assistant Professor	02-01-2008	31/12/2016	8 years	10 months
Associate Professor	07-01-2007	31/1/2022	5 years	1 month
Professor	02-01-2022	till date	4 Year	1 months

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

*Sachin Naik*  
**DR. SACHIN NAIK**  
M.S. Gen. Surgery, DLap, FMAS  
Professor & Head, Dept. of Surgery  
MIMER Medical College,  
Talegaon Dabhade, Pune-410507.

Sign &amp; Stamp

Head of the Department

Date : / /

*Foksandhye*  
Sign & Stamp  
PRINCIPAL  
MIMER MEDICAL COLLEGE  
Dean/Principal/Head of Institute  
Date: / /  
TALEGAON DABHADE  
PUNE -410507

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**

Title of the Course applied for:- 1. Minimal Access Surgery  
2. Head & Neck Oncosurgery

This to Certify that **Dr. Samadhan Kshirsagar** has worked in the Department of General Surgery, MIMER Medical College Training Centre as per following details

**I) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	14/9/2011	31/1/2022	10 years	4 months
Associate Professor	02-01-2022	till date	4 Year	1 month

**J) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total period Year/Months	
Assistant Professor	14/9/2011	31/1/2022	10 years	4 months
Associate Professor	02-01-2022	till date	4 Year	1 month

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

*Sachin Naik*  
**DR. SACHIN NAIK**  
 M.S. Gen. Surgery, DLap, FMAS  
 Professor & Head, Dept. of Surgery  
 MIMER Medical College,  
 Talegaon Dabhade, Pune-410507.

*For Khandlye*  
**PRINCIPAL**  
 Dean/Principal/Head of Institute  
 MIMER Medical College,  
 Talegaon Dabhade,  
 PUNE -410507

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**

Title of the Course applied for:- 1. Minimal Access Surgery  
2. Head & Neck Oncosurgery

This to Certify that **Dr. Ajit Jadhav** has worked in the Department of General Surgery, MIMER Medical College Training Centre as per following details

**K) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	05-02-2015	31/10/2021	6 years	2 months
Associate Professor	11-01-2021	Till Date	4 Year	3 months

**L) Actual experience in the subject of concerned Fellowship/Certificate Course applied for**

:-

Designation	From	To	Total period Year/Months	
Assistant Professor	05-02-2015	31/10/2021	6 years	2 months
Associate Professor	11-01-2021	Till Date	4 Year	3 months

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

*Sachin Naik*  
**DR. SACHIN NAIK**  
 M.S. Gen. Surgery, DLap, FMAS  
 Professor & Head, Dept. of Surgery  
 Head of the Department  
 MIMER Medical College,  
 Talegaon Dabhade, Pune-410507.  
 Date: / /

*Forkhandhye*  
**PRINCIPAL**  
 Sign & Stamp  
 MIMER MEDICAL COLLEGE  
 Talegaon Dabhade  
 Head of Institute  
 Date: / / PUNE -410507

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**

Title of the Course applied for:- 1. Minimal Access Surgery  
2. Head & Neck Oncosurgery

This to Certify that **Dr. Shantaram Gulve** has worked in the Department of General Surgery, MIMER Medical College Training Centre as per following details

**M) General Experience**

Designation	From	To	Total period Year/Months	
			Year	Months
Assistant Professor	10/4/2014 6/9/2016	15/1/2016 30/4/2021	6 years	4 months
Associate Professor	05-01-2021	Till Date	4 year	9 months

**N) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total period Year/Months	
			Year	Months
Assistant Professor	10/4/2014 6/9/2016	15/1/2016 30/4/2021	6 years	4 months
Associate Professor	05-01-2021	Till Date	4 year	9 months

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

*Sachin Naik*  
**DR. SACHIN NAIK**  
M.S. Gen. Surgery, DLap, FMAS  
Sign & Stamp Professor & Head, Dept. of Surgery  
Head of the Department MIMER Medical College,  
Date: / / Talegaon Dabhade, Pune-410507.

*Forkhandhye*  
Sign & Stamp **PRINCIPAL**  
Dean MIMER MEDICAL COLLEGE  
Date: / / Talegaon Dabhade  
PUNE -410507

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**

Title of the Course applied for:- 1. Minimal Access Surgery  
2. Head & Neck Oncosurgery

This to Certify that **Dr.Rakesh Neve** has worked in the Department of General Surgery, MIMER Medical College Training Centre as per following details

**A) General Experience**

Designation	From	To	Total period Year/Months	

**B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total period Year/Months	

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

*Sachin Naik*  
**DR. SACHIN NAIK**  
M.S. Gen. Surgery, DLap, FMAS  
Professor & Head, Dept. of Surgery  
MIMER Medical College,  
Talegaon Dabhade, Pune-410507.  
Date: / /

*Fadksamalkhye*  
**PRINCIPAL**  
MIMER MEDICAL COLLEGE  
Talegaon Dabhade, Pune-410507.  
Date: / / PUNE -410507

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

## ANNEXURE- V

**FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2026-2027**

(As per provisions of the Maharashtra University of Health Sciences Act, 1998 and University Rule / Guidelines)

<b>Date of Inspection</b> :	
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**1. Name(s) of the Fellowship/Certificate Course(s)**

Sr. No.	Name of the Fellowship/Certificate Course	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentor and Contact Details
01	Fellowship course in Neonatology	2017-2018	02	1) Dr. Shahaji Gaikwad 96233 31091 2) Dr. Vijay Bhavari 9822109299 3) Dr. Dilip Sankpal 9763131073

(Attach separate List if necessary)

**2. Year-wise number of students admitted to Fellowship/ Certificate course during last 5 years**

Sr. No.	Academic Year	Name of Fellowship / Certificate Course	Intake Capacity	No. of Students Admitted (In figure only)
1	A.Y. 2020– 2021	Fellowship course in Neonatology	02	-
2	A.Y. 2021 – 2022	Fellowship course in Neonatology	02	-
3	A.Y. 2022 – 2023	Fellowship course in Neonatology	02	01
4	A.Y. 2023– 2024	Fellowship course in Neonatology	02	-
5	A.Y. 2024– 2025	Fellowship course in Neonatology	02	-

**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**

Title of the Course applied for:- Fellowship course in Neonatology  
This to Certify that Dr. Dilip Mahadeo Sankpal  
Worked in the Department of Pediatrics Training Centre as per following details

**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Prof DYPMC Pimpri	2/3/1998	30/4/2004	06 years	
Associate Prof DYPMC Pimpri	1/5/2004	30/9/2006	02 years	04 months
MIMER Medical College	16/3/2015	9/12/2015	-	09 months
	16/4/2018	Till date	07 years	11 months

**B) Actual experience in the subject of concerned Fellowship/Certificate Course  
applied for :-**

Designation	From	To	Total period Year/Months	

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

Sign &amp; Stamp

Head of the Department

Date: / /  
MIMER Medical College  
Talegaon Dabhade

*Dilip Mahadeo Sankpal*  
Prof. & HOD

Dept of Paediatrics  
MIMER Medical College  
Talegaon Dabhade

*Forksandhye*  
PRINCIPAL

Sign &amp; Stamp

Head of the Department

Date: / /  
MIMER MEDICAL COLLEGE  
TALEGAON DABHADE  
PUNE - 410507

MIMER MEDICAL COLLEGE  
TALEGAON DABHADE  
PUNE - 410507

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**

Title of the Course applied for:- Fellowship course in Neonatology

This to Certify that Dr. Vijay Laxman Bhavari

Worked in the Department of Pediatrics Training Centre as per following details

**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Prof DUPMC Jalgaon.	27/11/2008	03/12/2014	06 years	
MIMER Medical college	06/12/2014	29/02/2016	01 year	02 months
Associate Prof. MIMER Medical college	01/03/2016	30/04/2021	05 years	02 months
Professor MIMER Medical college	1/05/2021	Till date	04 year	08 months

**B) Actual experience in the subject of concerned Fellowship/Certificate Course  
applied for :-**

Designation	From	To	Total period Year/Months	

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

Sign &amp; Stamp

Head of the Department

Date: / / Talegaon Dabhade

Prof.  HODDept. of Paediatrics  
MIMER Medical College  
Talegaon Dabhadefokhandhye  
PRINCIPAL

Sign &amp; Stamp

Dean, Pimpri/HABRI Institute

Date: PUNE - 410507

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**

Title of the Course applied for:- Fellowship course in Neonatology

This to Certify that Dr. Shahaji Gaikwad

Worked in the Department of Pediatrics Training Centre as per following details

**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Prof ARMC Solapur	16/11/2013	21/12/2020	07 years	
Associate Prof ARMC Solapur	1/1/2021	6/3/2023	02 years	9 months
MIMER Medical College	10/4/2023	Till date	02 year	

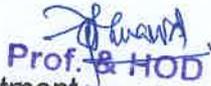
**B) Actual experience in the subject of concerned Fellowship/Certificate Course  
applied for :-**

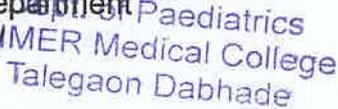
Designation	From	To	Total period Year/Months	

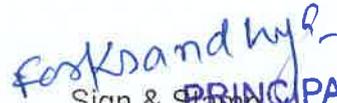
(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

Sign &amp; Stamp

Head of the Department

Date: / /  
MIMER Medical College  
Talegaon Dabhade

  
Prof. HOD


  
MIMER Medical College  
Talegaon Dabhade


  
Principal

Sign &amp; Stamp

Dean/Principal/Head of Institute

Date: / /  
TALEGAON DABHADE  
PUNE - 410507

PRINCIPAL

MIMER MEDICAL COLLEGE

TALEGAON DABHADE  
PUNE - 410507

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

**FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 20.....-20.....**

(As per provisions of the Maharashtra University of Health Sciences Act, 1998 and University Rule / Guidelines)

<b>Date of Inspection</b> :	
-----------------------------	--

**1. Name(s) of the Fellowship/Certificate Course(s)**

Sr. No.	Name of the Fellowship/ Certificate Course	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentor and Contact Details
01	Fellowship course in Regional Anaesthesia	2017-2018	02	Dr. Shilpa Y. Gurav 9850303375
				Dr. Anita Kulkani 9689652384
				Dr. Leena Paulose 9604865712

(Attach separate List if necessary)

**2. Year-wise number of students admitted to Fellowship/ Certificate course during last 5 years**

Sr. No.	Academic Year	Name of Fellowship / Certificate Course	Intake Capacity	No. of Students Admitted (In figure only)
1	A.Y. 2024 – 2025	Fellowship course in Regional Anaesthesia	02	Nil
2	A.Y. 2023 – 2024	Fellowship course in Regional Anaesthesia	02	Nil
3	A.Y. 2022 – 2023	Fellowship course in Regional Anaesthesia	02	<b>02</b>
4	A.Y. 2021 – 2022	Fellowship course in Regional Anaesthesia	02	Nil
5	A.Y. 2020 – 2021	Fellowship course in Regional Anaesthesia	02	Nil

**Information To be submitted with respect to newly appointed mentors**  
**Professional Teaching Experience Certificate for Fellowship/Certificate**  
**Courses Director/ Mentor**

**Title of the Course applied for:- Fellowship Course in Regional Anaesthesia**

This to Certify that **Dr. Shilpa Y. Gurav**..... has worked in the Department of **Anaesthesiology** .....Training Centre as per following details

**A) General Experience**

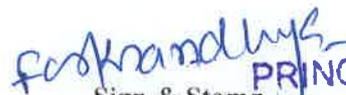
Designation	From	To	Total period Year/Months	
Asst. Prof (SRTR) Ambajogai	09/08/2002	06/12/2002		04 Months
(GMC) Miraj	10/12/2002	04/04/2003		04 Months
(KIMS) Karad	05/04/2003	12/06/2005	02 Yrs	02 mth
(GMC) Yavatmal	13/06/2005	16/08/2007	02 Yrs	02 mth
(MIMER) Pune	17/08/2007	16/09/2007		01 month
Asso. Prof (MIMER) Pune	17/09/2007	31/01/2012	04 yrs	04 Months
Prof. (MIMER) Pune	01/02/2012	Till Date	14 Yrs	

**B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total period Year/Months	
Asst. Prof (SRTR) Ambajogai	09/08/2002	06/12/2002		04 Months
(GMC) Miraj	10/12/2002	04/04/2003		04 Months
(KIMS) Karad	05/04/2003	12/06/2005	02 Yrs	02 mth
(GMC) Yavatmal	13/06/2005	16/08/2007	02 Yrs	02 mth
(MIMER) Pune	17/08/2007	16/09/2007		01 month
Asso. Prof (MIMER) Pune	17/09/2007	31/01/2012	04 yrs	04 Months
Prof. (MIMER) Pune	01/02/2012	Till Date	14 Yrs	

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

Sign & Stamp  
 Head of the Department  
 Date  
  
**Dr. Shilpa Gurav**  
 Prof. & HOD  
 Reg. No. 85506  
 Dept. of Anaesthesiology  
 MIMER Medical College

Sign & Stamp  
 Dean/Principal/Head of Institute  
 Date  
  
**PRINCIPAL**  
**MIMER MEDICAL COLLEGE**  
**TALEGAON DABHDE**  
**PUNE -410507**

Name of Inspector	Signature of Inspectors
1) <b>Talwar Dabhade</b>	Chairman
2)	Member
3)	Member
4)	Member

**Information To be submitted with respect to newly appointment mentors**

**Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**

Title of the Course applied for:- **Fellowship Course in Regional Anaesthesia**

This to Certify that **Dr. Anita Kulkarni**..... has worked in the Department of **Anaesthesiology** ..... Training Centre as per following details

**C) General Experience**

Designation	From	To	Total period	
			Year/Months	
Asst. Prof. (MIMER)	12/05/2009	31/01/2015	05 Yrs	08 mths
Asso. Prof.	01/02/2015	31/12/2023	08 Yrs	10 Mths
Professor	01/01/2024	Till Date	02 Year	

**D) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total period	
			Year/Months	
Asst. Prof. (MIMER)	12/05/2009	31/01/2015	05 Yrs	08 mths
Asso. Prof.	01/02/2015	31/12/2023	08 Yrs	10 Mths
Professor	01/01/2024	Till Date	01 Year	

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

Sign & Stamp  
Head of the Department  
Date

*Shilpa Gurav*  
**Dr. Shilpa Gurav**  
**Prof. & HOD**  
**Reg. No. 85508**  
**Dept. of Anaesthesiology**  
**MIMER Medical College**  
**Talegaon Dabhade**

*Forhandhaye*  
**PRINCIPAL**  
**MIMER MEDICAL COLLEGE**  
**Dean/Principal/Head of Institute**  
**TALEGAON DABHADE**  
**PUNE -410507**

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

**Information To be submitted with respect to newly appointment mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**Title of the Course applied for:- **Fellowship Course in Regional Anaesthesia**This to Certify that **Dr. Leena Paulose** ..... has worked in the Department of **Anaesthesiology** ..... Training Centre as per following details**E) General Experience**

Designation	From	To	Total period Year/Months	
Sr. Resident (MIMER)	06/01/05	23/07/06	1 Yrs	6 Mths
Sr. Resident (Choithram)				
Sr. Resident (MIMER)	04/08/06	04/08/08	2 Yrs	
	07/08/10	30/06/16	5 Yrs	10 Mths
Asst. Prof (MIMER)	01/07/2016	28/02/2021	4 Yrs	07 Mths
Asso. Prof. (MIMER)	01/03/2021	Till Date	04 Yrs	11 mths

**F) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total period Year/Months	
Sr. Resident (MIMER)	06/01/05	23/07/06	1 Yrs	Sr. Resident (MIMER)
Sr. Resident (Choithram)				Sr. Resident
Sr. Resident (MIMER)	04/08/06	04/08/08	2 Yrs	(Choithram)
	07/08/10	30/06/16	5 Yrs	Sr. Resident (MIMER)
Asst. Prof (MIMER)	01/07/2016	28/02/2021	4 Yrs	07 mths
Asso. Prof. (MIMER)	01/03/2021	Till Date	04 Yrs	11 mths

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

Sign &amp; Stamp

Head of the Department

Date

*Dr. Shilpa Gurav*  
**Dr. Shilpa Gurav**  
**Prof. & HOD**  
**Reg. No. 85506**  
**Dept. of Anaesthesiology**  
**MIMER Medical College**  
**Talegaon Dabhade**

Sign &amp; Stamp

Dean/Principal/Head of Institute

Date

*Fadkarnalhye*  
**PRINCIPAL**  
**MIMER MEDICAL COLLEGE**  
**TALEGAON DABHADE**  
**PUNE -410507**

Name of Inspectors	Signature of Inspectors
1)	Chairman
2)	Member
3)	Member
4)	Member

**FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2026-2027**

(As per provisions of the Maharashtra University of Health Sciences Act, 1998 and University Rule / Guidelines)

<b>Date of Inspection</b>	:	
---------------------------	---	--

**1. Name(s) of the Fellowship/Certificate Course(s)**

Sr. No.	Name of the Fellowship/ Certificate Course	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentor and Contact Details
01	High Risk Obstetrics	2017	02	Attached

Sr. No	Name of Mentor	Contact Details
1	Dr. Sushma Sharma	9822445537
2	Dr. Vaishali Korde	9372478118
3	Dr. Jitendra Mane	9639318633
4	Dr. Shashikant Pawar	9822046945
5	Dr. Sachin Vedpathak	7741976340
6	Dr. Priya Bagade	8425846673
7	Dr. Jaya Barla	7722001091
8	Dr. Meenakshi Surve	9975477992

(Attach separate List if necessary)

**2. Year-wise number of students admitted to Fellowship/ Certificate course during last 5 years**

Sr. No.	Academic Year	Name of Fellowship / Certificate Course	Intake Capacity	No. of Students Admitted (In figure only)
1	A.Y. 2021 – 2022	High Risk Obstetrics	02	NIL
2	A.Y. 2022– 2023	High Risk Obstetrics	02	NIL
3	A.Y. 2023 – 2024	High Risk Obstetrics	02	NIL
4	A.Y. 2024 – 2025	High Risk Obstetrics	02	NIL
5	A.Y. 2025 – 2026	High Risk Obstetrics	02	NIL

*Pawar*  
18/2/26

**Information to be submitted with respect to newly appointed mentors  
Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**

Title of the Course applied for:-Fellowship -High Risk Obstetrics

This to Certify that **Dr. Sushma Sharma** has worked in the Department of OBSTETRICS & GYNAECOLOGY , MIMER Medical College & Dr. BSTR Hospital , Talegaon Dabhade , Pune Training Centre as per following details .

**A) General Experience**

Designation	From	To	Total period	
			Year	Months
Junior Resident	25/08/1996	31/07/1998	2 yrs	-
Assist. Lecturer	07/08/1999	20/01/2001	1 yr	5 Months
Asst. Professor	21/01/2001	31/01/2006	5 yrs	-
Assoc. Professor	01/02/2006	31/03/2010	4 yrs	01 Month
Professor	01/04/2010	Till Date	15 Yrs	09 Months

**B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total period	
			Year	Months
Junior Resident	25/08/1996	31/07/1998	2 yrs	-
Assist. Lecturer	07/08/1999	20/01/2001	1 yr	5 Months
Asst. Professor	21/01/2001	31/01/2006	5 yrs	-
Assoc. Professor	01/02/2006	31/03/2010	4 yrs	01 Month
Professor	01/04/2010	Till Date	15 Yrs	09 Months

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

Sign & Stamp

Head of the Department

Professor & HOD

Date 18/02/26

Dept. of Obst. & Gyn.  
MIMER MEDICAL COLLEGE  
TALEGAON (D), PUNE

Sign & Stamp

Dean/Principal/Head of Institute

Date

PRINCIPAL

MIMER MEDICAL COLLEGE  
TALEGAON DABHADE  
PUNE - 410507

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

**Information to be submitted with respect to newly appointed mentors  
Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**

Title of the Course applied for:-Fellowship -High Risk Obstetrics

This to Certify that **Dr. Vaishali Raychand Korde** has worked in the Department of OBSTETRICS & GYNAECOLOGY , MIMER Medical College & Dr. BSTR Hospital , Talegaon Dabhade , Pune Training Centre as per following details .

**A) General Experience**

Designation	From	To	Total period Year/Months	
Junior Resident	07/12/1998	07/12/1999	1 Yr	-
Senior Resident	08/12/1999	07/12/2000	1 Yr	-
Assist. Lecturer	01/02/2001	14/04/2003	2 Yrs	2 Months
Asst. Professor	15/04/2003	31/05/2008	5 Yrs	1 Month
Assoc. Professor	01/06/2008	30/06/2012	4 Yrs	1 Month
Professor	01/07/2012	TILL DATE	13 Yrs	7 Months

**B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total period Year/Months	
Junior Resident	07/12/1998	07/12/1999	1 Yr	-
Senior Resident	08/12/1999	07/12/2000	1 Yr	-
Assist. Lecturer	01/02/2001	14/04/2003	2 Yrs	2 Months
Asst. Professor	15/04/2003	31/05/2008	5 Yrs	1 Month
Assoc. Professor	01/06/2008	30/06/2012	4 Yrs	1 Month
Professor	01/07/2012	TILL DATE	13 Yrs	7Months

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

Sign & Stamp  
Head of the Department  
Date  
15/12/20  
Dept. of Obst. & Gyn.  
MIMER MEDICAL COLLEGE  
TALEGAON (D), PUNE

Sign & Stamp  
Dean/Principal/Head of Institute  
Date  
PRINCIPAL  
MIMER MEDICAL COLLEGE  
TALEGAON DABHADE  
PUNE - 410507

Name of Inspectors	Signature of Inspectors
1) Chairman	
2) Member	
3) Member	
4) Member	

**Information to be submitted with respect to newly appointed mentors  
Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**

Title of the Course applied for:-Fellowship -High Risk Obstetrics

This to Certify that **Dr. Jitendra Mane** has worked in the Department

of OBSTETRICS & GYNAECOLOGY , MIMER Medical College & Dr. BSTR Hospital , Talegaon Dabhade , Pune Training Centre as per following details .

**A) General Experience**

Designation	From	To	Total period Year/Months	
Junior Resident	01/12/2002	31/12/2005	3 yrs	-
Asst. Professor	04/02/2006	13/06/2007	1 yr	4 Months
	18/08/2009	20/06/2012	2 yrs	10 Months
	05/05/2015	22/08/2017	2 yrs	03 Months
Assoc. Professor	23/08/2017	27/02/2018	-	06 Months
	08/03/2018	19/04/2021	3 yrs	01 Month
Professor	20/04/2021	21/11/2022	1 yr	07 Months
	24/02/2023	Till Date	02 Yrs	11 Months

**B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total period Year/Months	
Junior Resident	01/12/2002	31/12/2005	3 yrs	-
Asst. Professor	04/02/2006	13/06/2007	1 yr	4 Months
	18/08/2009	20/06/2012	2 yrs	10 Months
	05/05/2015	22/08/2017	2 yrs	03 Months
Assoc. Professor	23/08/2017	27/02/2018	-	06 Months
	08/03/2018	19/04/2021	3 yrs	01 Month
Professor	20/04/2021	21/11/2022	1 yr	07 Months
	24/02/2023	Till Date	02 Yrs	11 Months

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

Sign & Stamp

Head of the Department

Date Dept. of Obst. & Gyn.

MIMER MEDICAL COLLEGE  
TALEGAON (D), PUNE

Sign & Stamp

Dean/Principal/Head of Institute

Date

PRINCIPAL  
MIMER MEDICAL COLLEGE  
TALEGAON DABHADE.  
PUNE -410507

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

**Information to be submitted with respect to newly appointed mentors  
Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**

Title of the Course applied for:-Fellowship -High Risk Obstetrics

This to Certify that **Dr. Shashikant Pawar** has worked in the Department of OBSTETRICS & GYNAECOLOGY , MIMER Medical College & Dr. BSTR Hospital , Talegaon Dabhade , Pune Training Centre as per following details .

**A) General Experience**

Designation	From	To	Total period Year/Months	
Junior Resident	01/01/1983	31/12/1985	3 Yrs	-
Asst. Professor	01/01/2005	14/02/2010	5 Yrs	-
Assoc. Professor	15/02/2010 05/08/2015	31/01/2014 Till Date	4 Yrs 10 Yrs	05 Months
Professor	-	-	-	-

**B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total period Year/Months	
Junior Resident	01/01/1983	31/12/1985	3 Yrs	-
Asst. Professor	01/01/2005	14/02/2010	5 Yrs	-
Assoc. Professor	15/02/2010 05/08/2015	31/01/2014 Till Date	4 Yrs 10 Yrs	05 Months
Professor	-	-	-	-

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

Sign & Stamp

Head of the Department

Date

*18/12/20*  
Professor & HOD  
Dept. of Obst. & Gyn.  
MIMER MEDICAL COLLEGE  
TALEGAON (D). PUNE

Sign & Stamp

Dean/Principal/Head of Institute

Date

*Foster and Singh*  
PRINCIPAL  
MIMER MEDICAL COLLEGE  
TALEGAON DABHADE  
PUNE - 410507

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

**Information to be submitted with respect to newly appointed mentors  
Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**

Title of the Course applied for:-Fellowship -High Risk Obstetrics

This to Certify that **Dr. Sachin Vedpathak** has worked in the Department of OBSTETRICS & GYNAECOLOGY , MIMER Medical College & Dr. BSTR Hospital , Talegaon Dabhade , Pune Training Centre as per following details .

**A) General Experience**

Designation	From	To	Total periodYear/Months	
Junior Resident	28.08.2006	27.08.2009	03 Yrs	-
Senior Resident	Sept. 2009	April 2010	-	08 Months
Asst. Professor	18.08.2011	30/06/2019	07 Yrs	10 Months
Assoc. Professor	01.07.2019	Till Date	06Yrs	06Month
Professor	-	-	-	-

**B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total periodYear/Months	
Junior Resident	28.08.2006	27.08.2009	03 Yrs	-
Senior Resident	Sept. 2009	April 2010	-	08 Months
Asst. Professor	18.08.2011	30/06/2019	07 Yrs	10 Months
Assoc. Professor	01.07.2019	Till Date	06Yrs	06Month
Professor	-	-	-	-

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

Sign & Stamp

Head of the Department

Date

*Sachin Vedpathak*  
18/2/2020  
Professor & HOD  
Dept. of Obst. & Gyn.  
MIMER MEDICAL COLLEGE  
TALEGAON (D), PUNE

Sign & Stamp

Dean/Principal/Head of Institute

Date

*For Sandhya*  
PRINCIPAL  
MIMER MEDICAL COLLEGE  
TALEGAON DABHADE  
PUNE-410507

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

**Information to be submitted with respect to newly appointed mentors  
Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**

Title of the Course applied for:-Fellowship -High Risk Obstetrics

This to Certify that **Dr. Priya Bagade** has worked in the Department of OBSTETRICS & GYNAECOLOGY , MIMER Medical College & Dr. BSTR Hospital , Talegaon Dabhade , Pune Training Centre as per following details .

**A) General Experience**

Designation	From	To	Total period Year/Months	
			Year	Months
Junior Resident	31/05/2005	30/05/2007	02 Yrs	-
	01/08/2007	14/08/2009	02 Yrs	15 Days
Senior Resident	11/07/2012	10/07/2013	01 Yr	-
	01/06/2014	31/05/2016	02 Yrs	-
Asst. Prof.	01/06/2016	31/10/2017	01 Yr	05 Months
	06/11/2017	31/03/2023	05 Yrs	05 Months
Asso. Prof.	01/04/2023	Till Date	02 Yrs	09 Months
Professor	-	-	-	-

**B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total period Year/Months	
			Year	Months
Junior Resident	31/05/2005	30/05/2007	02 Yrs	-
	01/08/2007	14/08/2009	02 Yrs	15 Days
Senior Resident	11/07/2012	10/07/2013	01 Yr	-
	01/06/2014	31/05/2016	02 Yrs	-
Asst. Prof.	01/06/2016	31/10/2017	01 Yr	05 Months
	06/11/2017	31/03/2023	05 Yrs	05 Months
Asso. Prof.	01/04/2023	Till Date	02 Yrs	09 Months
Professor	-	-	-	-

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

Sign & Stamp

Head of the Department

Date

*Priya Bagade*  
18/2/26  
Professor & HOD  
Dept. of Obst. & Gyn.  
MIMER MEDICAL COLLEGE  
TALEGAON (D), PUNE

Sign & Stamp

Dean/Principal/Head of Institute

Date

*Priya Bagade*  
PRINCIPAL  
MIMER MEDICAL COLLEGE  
TALEGAON DASHADE  
PUNE - 410507

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

**Information to be submitted with respect to newly appointed mentors  
Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**

Title of the Course applied for:-Fellowship -High Risk Obstetrics

This to Certify that **Dr. Jaya Barla** has worked in the Department of OBSTETRICS & GYNAECOLOGY , MIMER Medical College & Dr. BSTR Hospital , Talegaon Dabhade , Pune Training Centre as per following details .

**A) General Experience**

Designation	From	To	Total period Year/Months	
Junior Resident	01.05.2007	30.04.2010	03 Yrs	-
Senior Resident	13.07.2010	12.07.2013	03 Yrs	-
Asst. Professor	01.07.2016	29/02/2024	07 Yrs	8 Months
Assoc. Professor	01/03/2024	Till Date	01 Yr.	11 Months
Professor	-	-	-	-

**B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total period Year/Months	
Junior Resident	01.05.2007	30.04.2010	03 Yrs	-
Senior Resident	13.07.2010	12.07.2013	03 Yrs	-
Asst. Professor	01.07.2016	29/02/2024	07 Yrs	8 Months
Assoc. Professor	01/03/2024	Till Date	01 Yr.	11 Months
Professor	-	-	-	-

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

Sign & Stamp

Head of the Department

Date

*Dr. Jaya Barla*  
18/2/26  
Professor & HOD  
Dept. of Obst. & Gyn.  
MIMER MEDICAL COLLEGE  
TALEGAON (D), PUNE

Sign & Stamp

Dean/Principal/Head of Institute

Date

*Dr. Prakash Mahajan*  
PRINCIPAL  
MIMER MEDICAL COLLEGE  
TALEGAON DABHADE  
PUNE-410507

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

**Information to be submitted with respect to newly appointed mentors  
Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**

Title of the Course applied for:-Fellowship -High Risk Obstetrics

This to Certify that **Dr. Meenakshi Surve** has worked in the Department of OBSTETRICS & GYNAECOLOGY , MIMER Medical College & Dr. BSTR Hospital , Talegaon Dabhade , Pune Training Centre as per following details .

**A) General Experience**

Designation	From	To	Total period Year/Months	
Junior Resident	02.05.2009	30.04.2012	03 Yrs	-
Asst. Professor	02.01.2017	30.09.2024	07Yrs	09 Months
Assoc. Professor	01.10/2024	TILL DATE	01 Yr	04 Months
Professor	-	-	-	-

**B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total period Year/Months	
Junior Resident	02.05.2009	30.04.2012	03 Yrs	-
Asst. Professor	02.01.2017	30.09.2024	07Yrs	09 Months
Assoc. Professor	01.10/2024	TILL DATE	01 Yr	04 Months
Professor	-	-	-	-

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

Sign & Stamp *Surve*  
Head of the Department  
Date 10/2/2024  
Professor & HOD  
Dept. of Obst. & Gyn.  
MIMER MEDICAL COLLEGE  
TALEGAON (D), PUNE

Sign & Stamp *Perksandhye*  
Dean/Principal/Head of Institute  
Date PRINCIPAL  
MIMER MEDICAL COLLEGE  
TALEGAON DABHADE,  
PUNE-410507

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

**FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2026-2027**

(As per provisions of the Maharashtra University of Health Sciences Act, 1998 and University Rule / Guidelines)

<b>Date of Inspection</b>	:	
---------------------------	---	--

**1. Name(s) of the Fellowship/Certificate Course(s)**

Sr. No.	Name of the Fellowship/Certificate Course	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentor and Contact Details
01	Fellowship course in Neonatology	2017-2018	02	1) Dr. Shahaji Gaikwad 96233 31091 2) Dr. Vijay Bhavari 9822109299 3) Dr. Dilip Sankpal 9763131073

(Attach separate List if necessary)

**2. Year-wise number of students admitted to Fellowship/ Certificate course during last 5 years**

Sr. No.	Academic Year	Name of Fellowship / Certificate Course	Intake Capacity	No. of Students Admitted (In figure only)
1	A.Y. 2020– 2021	Fellowship course in Neonatology	02	-
2	A.Y. 2021 – 2022	Fellowship course in Neonatology	02	-
3	A.Y. 2022 – 2023	Fellowship course in Neonatology	02	01
4	A.Y. 2023– 2024	Fellowship course in Neonatology	02	-
5	A.Y. 2024– 2025	Fellowship course in Neonatology	02	-

**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**

Title of the Course applied for:- Fellowship course in Neonatology  
This to Certify that Dr. Dilip Mahadeo Sankpal  
Worked in the Department of Pediatrics Training Centre as per following details

**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Prof DYPMC Pimpri	2/3/1998	30/4/2004	06 years	
Associate Prof DYPMC Pimpri	1/5/2004	30/9/2006	02 years	04 months
MIMER Medical College	16/3/2015	9/12/2015	-	09 months
	16/4/2018	Till date	07 years	11 months

**B) Actual experience in the subject of concerned Fellowship/Certificate Course  
applied for :-**

Designation	From	To	Total period Year/Months	

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

Sign &amp; Stamp

Head of the Department

Date: / /

*Dilip Mahadeo Sankpal*  
Prof. & HOD

Dept of Paediatrics  
MIMER Medical College  
Talegaon Dabhade

*Forksandhyk*  
PRINCIPAL

Sign &amp; Stamp

Dean/Principal/Head of Institute

Date: PUNE -410507

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**

Title of the Course applied for:- Fellowship course in Neonatology

This to Certify that Dr. Vijay Laxman Bhavari

Worked in the Department of Pediatrics Training Centre as per following details

**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Prof DUPMC Jalgaon.	27/11/2008	03/12/2014	06 years	
MIMER Medical college	06/12/2014	29/02/2016	01 year	02 months
Associate Prof. MIMER Medical college	01/03/2016	30/04/2021	05 years	02 months
Professor MIMER Medical college	1/05/2021	Till date	04 year	08 months

**B) Actual experience in the subject of concerned Fellowship/Certificate Course  
applied for :-**

Designation	From	To	Total period Year/Months	

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

Sign &amp; Stamp

Head of the Department

Date: / /

Prof. *[Signature]*  
HOD  
Dept. of Paediatrics  
MIMER Medical College  
Talegaon Dabhara

*[Signature]*  
PRINCIPAL  
MIMER MEDICAL COLLEGE  
Talegaon Dabhara Institute  
PUNE - 410507

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**

Title of the Course applied for:- Fellowship course in Neonatology  
This to Certify that Dr. Shahaji Gaikwad  
Worked in the Department of Pediatrics Training Centre as per following details

**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Prof ARMC Solapur	16/11/2013	21/12/2020	07 years	
Associate Prof ARMC Solapur	1/1/2021	6/3/2023	02 years	9 months
MIMER Medical College	10/4/2023	Till date	02 year	

**B) Actual experience in the subject of concerned Fellowship/Certificate Course  
applied for :-**

Designation	From	To	Total period Year/Months	

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

Sign & Stamp  
Head of the Department  
Date : / /  
Prof. & HOD  
Department of Paediatrics  
MIMER Medical College  
Talegaon Dabhade

Sign & Stamp  
Date: / /  
Principal/Head of Institute  
Date: / /  
PRINCIPAL  
MIMER MEDICAL COLLEGE  
TALEGAON DABHADE  
PUNE - 410507

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

**FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 20.....-20.....**

(As per provisions of the Maharashtra University of Health Sciences Act, 1998 and University Rule / Guidelines)

<b>Date of Inspection</b> ;	
-----------------------------	--

**1. Name(s) of the Fellowship/Certificate Course(s)**

Sr. No.	Name of the Fellowship/ Certificate Course	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentor and Contact Details
01	Fellowship course in Regional Anaesthesia	2017-2018	02	Dr. Shilpa Y. Gurav 9850303375
				Dr. Anita Kulkani 9689652384
				Dr. Leena Paulose 9604865712

(Attach separate List if necessary)

**2. Year-wise number of students admitted to Fellowship/ Certificate course during last 5 years**

Sr. No.	Academic Year	Name of Fellowship / Certificate Course	Intake Capacity	No. of Students Admitted (In figure only)
1	A.Y. 2024 – 2025	Fellowship course in Regional Anaesthesia	02	Nil
2	A.Y. 2023 – 2024	Fellowship course in Regional Anaesthesia	02	Nil
3	A.Y. 2022 – 2023	Fellowship course in Regional Anaesthesia	02	02
4	A.Y. 2021 – 2022	Fellowship course in Regional Anaesthesia	02	Nil
5	A.Y. 2020 – 2021	Fellowship course in Regional Anaesthesia	02	Nil

**Information To be submitted with respect to newly appointed mentors**

Professional Teaching Experience Certificate for Fellowship/Certificate  
Courses Director/ Mentor

Title of the Course applied for:- Fellowship Course in Regional Anaesthesia

This to Certify that **Dr. Shilpa Y. Gurav**..... has worked in the Department of Anaesthesiology  
.....Training Centre as per following details

**A) General Experience**

Designation	From	To	Total period Year/Months	
Asst. Prof (SRTR) Ambajogai	09/08/2002	06/12/2002		04 Months
(GMC) Miraj	10/12/2002	04/04/2003		04 Months
(KIMS) Karad	05/04/2003	12/06/2005	02 Yrs	02 mth
(GMC) Yavatmal	13/06/2005	16/08/2007	02 Yrs	02 mth
(MIMER) Pune	17/08/2007	16/09/2007		01 month
Asso. Prof (MIMER) Pune	17/09/2007	31/01/2012	04 yrs	04 Months
Prof. (MIMER) Pune	01/02/2012	Till Date	14 Yrs	

**B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total period Year/Months	
Asst. Prof (SRTR) Ambajogai	09/08/2002	06/12/2002		04 Months
(GMC) Miraj	10/12/2002	04/04/2003		04 Months
(KIMS) Karad	05/04/2003	12/06/2005	02 Yrs	02 mth
(GMC) Yavatmal	13/06/2005	16/08/2007	02 Yrs	02 mth
(MIMER) Pune	17/08/2007	16/09/2007		01 month
Asso. Prof (MIMER) Pune	17/09/2007	31/01/2012	04 yrs	04 Months
Prof. (MIMER) Pune	01/02/2012	Till Date	14 Yrs	

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

Sign & Stamp  
Head of the Department  
Date

*Shilpa*  
**Dr. Shilpa Gurav**  
Prof. & HOD  
Reg. No. 85506  
Dept. of Anaesthesiology  
MIMER Medical College

Sign & Stamp  
Dean/Principal/Head of Institute  
Date

*For Prasad*  
**PRINCIPAL**  
MIMER MEDICAL COLLEGE  
TALEGAON DABHDE  
PUNE - 410507

Name of Inspector	Signature of Inspectors
1) <i>For Prasad</i>	Chairman
2)	Member
3)	Member
4)	Member

Information To be submitted with respect to newly appointment mentors

**Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**

Title of the Course applied for:- **Fellowship Course in Regional Anaesthesia**

This to Certify that **Dr. Anita Kulkarni**..... has worked in the Department of **Anaesthesiology** .....Training Centre as per following details

**C) General Experience**

Designation	From	To	Total period	
			Year/Months	
Asst. Prof. (MIMER)	12/05/2009	31/01/2015	05 Yrs	08 mths
Asso. Prof.	01/02/2015	31/12/2023	08 Yrs	10 Mths
Professor	01/01/2024	Till Date	02 Year	

**D) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total period	
			Year/Months	
Asst. Prof. (MIMER)	12/05/2009	31/01/2015	05 Yrs	08 mths
Asso. Prof.	01/02/2015	31/12/2023	08 Yrs	10 Mths
Professor	01/01/2024	Till Date	01 Year	

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

Sign & Stamp  
Head of the Department  
Date

*Shilpa Gurav*  
**Dr. Shilpa Gurav**  
**Prof. & HOD**  
**Reg. No. 85506**  
**Dept. of Anaesthesiology**  
**MIMER Medical College**  
**Talegaon Dabhade**

*For Khandbye*  
**PRINCIPAL**  
**MIMER MEDICAL COLLEGE**  
**TALEGAON DABHADE**  
**PUNE -410507**

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

Information To be submitted with respect to newly appointment mentors**Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**Title of the Course applied for:- **Fellowship Course in Regional Anaesthesia**This to Certify that **Dr. Leena Paulose** ..... has worked in the Department of **Anaesthesiology** ..... Training Centre as per following details**E) General Experience**

Designation	From	To	Total period Year/Months	
Sr. Resident (MIMER)	06/01/05	23/07/06	1 Yrs	6 Mths
Sr. Resident (Choithram)	04/08/06	04/08/08	2 Yrs	
Sr. Resident (MIMER)	07/08/10	30/06/16	5 Yrs	10 Mths
Asst. Prof (MIMER)	01/07/2016	28/02/2021	4 Yrs	07 Mths
Asso. Prof. (MIMER)	01/03/2021	Till Date	04 Yrs	11 mths

**F) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total period Year/Months	
Sr. Resident (MIMER)	06/01/05	23/07/06	1 Yrs	Sr. Resident (MIMER)
Sr. Resident (Choithram)	04/08/06	04/08/08	2 Yrs	Sr. Resident (Choithram)
Sr. Resident (MIMER)	07/08/10	30/06/16	5 Yrs	Sr. Resident (MIMER)
Asst. Prof (MIMER)	01/07/2016	28/02/2021	4 Yrs	07 mths
Asso. Prof. (MIMER)	01/03/2021	Till Date	04 Yrs	11 mths

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

Sign &amp; Stamp

Head of the Department

Date

*Dr. Shilpa Gurav*  
**Dr. Shilpa Gurav**  
**Prof. & HOD**  
**Reg. No. 85508**  
**Dept. of Anaesthesiology**  
**MIMER Medical College**  
**Talegaon Dabhade**

Sign &amp; Stamp

Dean/Principal/Head of Institute

Date

*Fadkarnalhyk*  
**PRINCIPAL**  
**MIMER MEDICAL COLLEGE**  
**TALEGAON DABHADE**  
**PUNE -410507**

Name of Inspectors	Signature of Inspectors
1) Chairman	
2) Member	
3) Member	
4) Member	

**FOR Ph.D. COURSE(S) FOR A.Y. 2026-2027**

(Please submit separate report for each subject)

<b>Date of Inspection</b>	:	
---------------------------	---	--

**Faculty:** Medical**Subject/Specialty:** Biochemistry**1. Name & Address of the College/Research Centre: -**

MAEER MIT Pune's MIMER Medical College &amp; Dr. BSTR Hospital, Talegaon Dabhade

**Name of Head of the Department: -** Dr. Vaishali V. Dhat**Designation:** Professor & Head**2. Department / Subject wise details of available PhD Guides: -**  
(Attach Annexure "A")

Sr. No.	Name of Ph.D. Guide	Designation	Date of Birth	Date of Retirement	Total No. of PhD Scholars Registered till date	Has completed six days Research Methodology Workshop? Yes/No	PhD Recognition No. and Date
1	Dr. Vaishali Dhat	Professor & Head	11/06/1972	10/06/2042	01	No	No.MUHS/Ph.D./Guide/68/2024 Dt. 03/04/2024

**4. Details of available infrastructure for Research:**i) Adequate number of Computers with Internet facility is available? **Yes**ii) Adequate number of Books / Journals are available? **Yes**

Any other specific thing available at the Department:

**Research Laboratory, Museum****5. Details of Central Research Laboratory:**

i) Available Area (in sq. ft): . . . . .

**200 sq. mt.**ii) Is Drugs/Medicines/Chemicals etc. are available for research? **Yes**iii) Is Adequate number of Instruments are available? **Yes**iv) Is Records of Stock book available? **Yes****6. Details of Central Animal House:**

i) Available Area in sq. ft:

**Not functioning**ii) Functioning Central Animal House? **No****Animal experiments are replaced by computer assisted learning (CAL)****7. Details of Institutional Ethical Committee: (Attach Annexure "B")**i) Date of Composition: **31<sup>st</sup> Jan. 2023**ii) Total Number of Members: **08**iii) Number of meetings held in previous year: **04**iv) Whether Records of proceedings are maintained properly? **Yes**v) Is Human and Animal Ethics Committee, registered under the appropriate authority? **Yes in Human****8. Details of Research Advisory Committee: (Attach Annexure "C")**

i) Date of Composition: . . . . .

**6<sup>th</sup> June 2023**ii) Total number of Members: **04**

- iii) Number of meetings held in previous year: ..... 02
- iv) Whether records of proceedings are maintained properly? Yes
9. Is Doctoral Committee constituted in the lines of RAC? Yes
- i) If Yes, Date of Composition: .....
- ii) Total number of Members: 05
- iii) Name of External Subject Expert: Dr. Samir Singru, Professor, SKNMC, Pune
10. Is Plagiarism detection software facility available? Yes
- If Yes, Name of the Software Drillbit software
11. Is attendance of the Ph.D. Scholar maintained properly? Yes
12. Whether Research Centre is registered under MPCB provisions? Yes
13. Whether BMW facility is available? Yes
14. Any other important thing related to Research/Department/Facilities, which will be helpful to carry out good quality research under this department:

.....

**DECLARATION BY LIC**

We, the LIC Members, hereby certify that, we have thoroughly inspected and verified the Department/College/Research Centre, the available other facilities, required instruments and equipment, available at the research centre. The overall observations of the Inspection Committee are as follows: -

.....

.....

.....

Name of Inspectors		Sign. of Inspectors with Date
1)	Chairman	
2)	Member	
3)	Member	
4	Member	



॥ स्वास्थ्य-सेवा-सुशिक्षणम् ॥  
MIMER MEDICAL COLLEGE

MAEER MIT PUNE's  
MAHARASHTRA INSTITUTE OF MEDICAL EDUCATION AND RESEARCH  
MEDICAL COLLEGE (ESTD - 1995)  
Dr. BHAUSAHEB SARDESAI TALEGAON RURAL HOSPITAL

Accredited by NAAC

ISO 9001 : 2015 Certified

Talegaon Dabhade, Pune 410507, Maharashtra, India.

■ Tel.: 02114 - 308300 ■ Reg. No. F - 2555

■ Website : www.mimer.edu.in ■ Email : info@mitmimer.com.

Ref. No. MIMER/

Date :-

ANNEXURE-IX-A

List of Ph.D. Guides Available at Ph.D. Research Centre

Sr. No.	Name of Ph.D. Guide	Designation	Date of Birth	Date of Retirement	Total No. of PhD Scholars Registered till date	Has completed six days Research Methodology Workshop? Yes/No	PhD Recognition No. and Date
1	Dr. Vaishali Dhat	Professor & Head	11/06/1972	10/06/2042	01	No	No.MUHS/Ph.D./Guide/68/2024 Dt. 03/04/2024

Date:

Signature, Name and stamp of

Dean/Principal/Director



*Ksandyaa*  
FOOT  
PRINCIPAL  
MIMER MEDICAL COLLEGE  
TALEGAON DABHADE,  
PUNE -410507

**FOR Ph.D COURSE(S) FOR A.Y. 2026 -2027**

(Please submit separate report for each subject)

<b>Date of Inspection</b>	:	
---------------------------	---	--

Faculty: Medical

Subject/Specialty: Ph.D. In Pathology

## 1. Name &amp; Address of the College/Research Centre: -

MAEER's Pune's MIMER Medical College Dr. Bhausaheb Sardesai Talegaon Rural Hospital, Talegaon Dabhade

Name of Head of the Department: - **DR. SMITA BHIDE**Designation:- **Professor & head**2. Department / Subject wise details of available PhD Guides: -  
(Attach Annexure "A")

Sr. No.	Name of Ph.D. Guide	Designation	Date of Birth	Date of Retirement	Total No. of PhD Scholars Registered till date	Has completed six days Research Methodology Workshop? Yes/No	PhD Recognition No. and Date
1	Dr. Smita Pushkar Bhide	Prof. & HOD	29-09-1971	29-09-2041	...	Yes	MUHS/UDC/(Ph.D) Guide/328/2022, Dt. 22/9/2022
2	Dr.Sneha Ramdas Joshi	Professor	28-12-1958	28-12-2028	....	Yes	MUHS/UDC/(Ph.D) Guide/328/2022, Dt. 22/9/2022

## 4. Details of available infrastructure for Research:

i) Adequate number of Computers with Internet facility is available? **Yes**ii) Adequate number of Books / Journals are available ? **Yes**

Any other specific thing available at the Department:

**Research Laboratory, Museum**

## 5. Details of Central Research Laboratory:

i) Available Area (in sq. ft) : . . . . .

**200 sq. mt.**ii) Is Drugs/Medicines/Chemicals etc. are available for research? **Yes**iii) Is Adequate number of Instruments are available? **Yes**iv) Is Records of Stock book available? **Yes**

## 6. Details of Central Animal House:

i) Available Area in sq. ft:

**Not functioning**ii) Functioning Central Animal House? **No****Animal experiments are replaced by computer assisted learning (CAL)**

## 7. Details of Institutional Ethical Committee: (Attach Annexure "B")

i) Date of Composition: **31<sup>st</sup> Jan. 2023**ii) Total Number of Members: **08**iii) Number of meetings held in previous year: **04**iv) Whether Records of proceedings are maintained properly? **Yes**

v) Is Human and Animal Ethics Committee, registered under the appropriate authority? **Yes in Human**

**8. Details of Research Advisory Committee: (Attach Annexure "C")**

- i) Date of Composition: ..... **6<sup>th</sup> June 2023**
- ii) Total number of Members: **04**
- iii) Number of meetings held in previous year: ..... **02**
- iv) Whether records of proceedings are maintained properly? **Yes**

**9. Is Doctoral Committee constituted in the lines of RAC?**

**Yes**

i) If Yes, Date of Composition: .....

ii) Total number of Members: **05**

iii) Name of External Subject Expert: **Dr. Samir Singru, Professor, SKNMC, Pune**

**10. Is Plagiarism detection software facility available?**

**Yes**

If Yes, Name of the Software

**Drillbit software**

**11. Is attendance of the Ph.D. Scholar maintained properly?**

**Yes**

**12. Whether Research Centre is registered under MPCB provisions?**

**Yes**

**13. Whether BMW facility is available?**

**Yes**

**14. Any other important thing related to Research/Department/Facilities, which will be helpful to carry out good quality research under this department:**

.....

.....

.....

**DECLARATION BY LIC**

We, the LIC Members, hereby certify that, we have thoroughly inspected and verified the Department/College/Research Centre, the available other facilities, required instruments and equipment, available at the research centre. The overall observations of the Inspection Committee are as follows: -

.....

.....

.....

Name of Inspectors		Sign. of Inspectors with Date
1)	Chairman	
2)	Member	
3)	Member	
4	Member	



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MEDICAL COLLEGE (ESTD - 1995)  
Dr. BHAUSAHEB SARDESAI TALEGAON RURAL HOSPITAL

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Talegaon Dabhade, Pune 410507, Maharashtra, India.

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Ref. No. MIMER/

Date :-

ANNEXURE-VI-A

List of Ph.D. Guides Available at Ph.D. Research Centre

Sr. No.	Name of Ph.D. Guide	Designation	Date of Birth	Date of Retirement	Total No. of PhD Scholars Registered till date	Has completed six days Research Methodology Workshop? Yes/No	PhD Recognition No. and Date
1	Dr. Smita Pushkar Bhide	Prof. & HOD	29-09-1971	29-09-2041	...	Yes	MUHS/UDC/(Ph.D) Guide/328/2022, Dt. 22/9/2022
2	Dr. Sneha Ramdas Joshi	Professor	28-12-1958	28-12-2028	....	Yes	MUHS/UDC/(Ph.D) Guide/328/2022, Dt. 22/9/2022

Date:

Signature, Name and stamp of

Dean/Principal/Director



*Dee J*  
PRINCIPAL  
MIMER MEDICAL COLLEGE  
TALEGAON DABHADE  
PUNE -410507

**FOR Ph.D COURSE(S) FOR A.Y. 2026 -2027**

(Please submit separate report for each subject)

Date of Inspection

:

Faculty: Medical

Subject/Specialty: PhD. In Microbiology

## 1. Name &amp; Address of the College/Research Centre: -

MAEER's Pune's MIMER Medical College Dr. Bhausaheb Sardesai Talegaon Rural Hospital, Talegaon Dabhade

Name of Head of the Department: - DR. SADHANA CHATE

Designation:- Professor &amp; head

2. Department / Subject wise details of available PhD Guides: -  
(Attach Annexure "A")

Sr. No.	Name of Ph.D. Guide	Designation	Date of Birth	Date of Retirement	Total No. of PhD Scholars Registered till date	Has completed six days Research Methodology Workshop? Yes/No	PhD Recognition No. and Date
1	Dr. Sandhya Kulkarni	Professor	08.10.1969	-	-	No	O.No.MUHS/UDC (Ph.D) Guide Date: 23/09/2022
2							

## 4. Details of available infrastructure for Research:

i) Adequate number of Computers with Internet facility is available? Yes

ii) Adequate number of Books / Journals are available? Yes

Any other specific thing available at the Department:

Research Laboratory, Museum

## 5. Details of Central Research Laboratory:

i) Available Area (in sq. ft) : . . . . .

200 sq. mt.

ii) Is Drugs/Medicines/Chemicals etc. are available for research? Yes

iii) Is Adequate number of Instruments are available? Yes

iv) Is Records of Stock book available? Yes

## 6. Details of Central Animal House:

i) Available Area in sq. ft:

Not functioning

ii) Functioning Central Animal House? No

Animal experiments are replaced by computer assisted learning (CAL)

## 7. Details of Institutional Ethical Committee: (Attach Annexure "B")

i) Date of Composition: 31<sup>st</sup> Jan. 2023

ii) Total Number of Members: 08

iii) Number of meetings held in previous year: 04

iv) Whether Records of proceedings are maintained properly? Yes

v) Is Human and Animal Ethics Committee, registered under the appropriate authority? Yes in Human

8. **Details of Research Advisory Committee: (Attach Annexure "C")**
- i) Date of Composition: ..... **6<sup>th</sup> June 2023**
- ii) Total number of Members: **04**
- iii) Number of meetings held in previous year: ..... **02**
- iv) Whether records of proceedings are maintained properly? **Yes**
9. Is Doctoral Committee constituted in the lines of RAC? **Yes**
- i) If Yes, Date of Composition: .....
- ii) Total number of Members: **05**
- iii) Name of External Subject Expert: **Dr. Samir Singru, Professor, SKNMC, Pune**
10. Is Plagiarism detection software facility available? **Yes**  
If Yes, Name of the Software **Drillbit software**
11. Is attendance of the Ph.D. Scholar maintained properly? **Yes**
12. **Whether Research Centre is registered under MPCB provisions?** **Yes**
13. **Whether BMW facility is available?** **Yes**
14. **Any other important thing related to Research/Department/Facilities, which will be helpful to carry out good quality research under this department:**
- .....
- .....
- .....

**DECLARATION BY LIC**

We, the LIC Members, hereby certify that, we have thoroughly inspected and verified the Department/College/Research Centre, the available other facilities, required instruments and equipment, available at the research centre. The overall observations of the Inspection Committee are as follows: -

.....

.....

.....

Name of Inspectors		Sign. of Inspectors with Date
1)	Chairman	
2)	Member	
3)	Member	
4	Member	



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Date :-

ANNEXURE-VI A

List of Ph.D. Guides Available at Ph.D. Research Centre

Sr. No.	Name of Ph.D. Guide	Designation	Date of Birth	Date of Retirement	Total No. of PhD Scholars Registered till date	Has completed six days Research Methodology Workshop? Yes/No	PhD Recognition No. and Date
1	Dr. Sandhya Kulkarni	Professor	8.10.1969	-	-	No	23/09/2022 O.No. MUHS/UDC (Ph.D) Guide/328/2022

Date:



Signature, Name and stamp of

Dean/Principal/Director

*[Handwritten Signature]*  
**PRINCIPAL**  
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TALEGAON DABHADE,  
PUNE -410507

**FOR Ph.D COURSE(S) FOR A.Y. 2026 -2027**

(Please submit separate report for each subject)

Date of Inspection

:

Faculty: Dr. Chincholikar Sanjeev Vasantryao Subject/Specialty: Community Medicine

## 1. Name &amp; Address of the College/Research Centre: -

MAEER's Pune's MIMER Medical College Dr. Bhausaheb Sardesai Talegaon Rural Hospital, Talegaon Dabhade

Name of Head of the Department: - Dr. Chincholikar Sanjeev Vasantryao  
Designation:- Professor & head2. Department / Subject wise details of available PhD Guides: -  
(Attach Annexure "A")

Sr. No.	Name of Ph.D. Guide	Designation	Date of Birth	Date of Retirement	Total No. of PhD Scholars Registered till date	Has completed six days Research Methodology Workshop? Yes/No	PhD Recognition No. and Date
1	Dr. Chincholikar Sanjeev Vasantryao	Prof & Head	05/05/1966	04-05-2036	4	Yes	MUHS/PG/E-1/1204/27/3527/14 date 23.12.2014

## 4. Details of available infrastructure for Research:

i) Adequate number of Computers with Internet facility is available? Yes

ii) Adequate number of Books / Journals are available? Yes

Any other specific thing available at the Department:

Research Laboratory, Museum

## 5. Details of Central Research Laboratory:

i) Available Area (in sq. ft) : . . . . .

200 sq. mt.

ii) Is Drugs/Medicines/Chemicals etc. are available for research? Yes

iii) Is Adequate number of Instruments are available? Yes

iv) Is Records of Stock book available? Yes

## 6. Details of Central Animal House:

i) Available Area in sq. ft:

Not functioning

ii) Functioning Central Animal House? No

Animal experiments are replaced by computer assisted learning (CAL)

## 7. Details of Institutional Ethical Committee: (Attach Annexure "B")

i) Date of Composition:

31<sup>st</sup> Jan. 2023

ii) Total Number of Members:

08

iii) Number of meetings held in previous year:

04

iv) Whether Records of proceedings are maintained properly? Yes

v) Is Human and Animal Ethics Committee, registered under the appropriate authority? Yes in Human

## 8. Details of Research Advisory Committee: (Attach Annexure "C")

- i) Date of Composition: . . . . . **6<sup>th</sup> June 2023**
- ii) Total number of Members: **04**
- iii) Number of meetings held in previous year: . . . . . **02**
- iv) Whether records of proceedings are maintained properly? **Yes**
9. Is Doctoral Committee constituted in the lines of RAC? **Yes**
- i) If Yes, Date of Composition: . . . . .
- ii) Total number of Members: **05**
- iii) Name of External Subject Expert: **Dr. Samir Singru, Professor, SKNMC, Pune**
10. Is Plagiarism detection software facility available? **Yes**
- If Yes, Name of the Software **Drillbit software**
11. Is attendance of the Ph.D. Scholar maintained properly? **Yes**
12. **Whether Research Centre is registered under MPCB provisions?** **Yes**
13. **Whether BMW facility is available?** **Yes**
14. **Any other important thing related to Research/Department/Facilities, which will be helpful to carry out good quality research under this department:**

.....

.....

.....

**DECLARATION BY LIC**

We, the LIC Members, hereby certify that, we have thoroughly inspected and verified the Department/College/Research Centre, the available other facilities, required instruments and equipment, available at the research centre. The overall observations of the Inspection Committee are as follows: -

.....

.....

.....

Name of Inspectors		Sign. of Inspectors with Date
1)	Chairman	
2)	Member	
3)	Member	
4	Member	



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Date :-

ANNEXURE- VI A

List of Ph.D. Guides Available at Ph.D. Research Centre

Sr. No.	Name of Ph.D. Guide	Designation	Date of Birth	Date of Retirement	Total No. of PhD Scholars Registered till date	Has completed six days Research Methodology Workshop? Yes/No	PhD Recognition No. and Date
1	Dr. Chincholikar Sanjeev Vasant	Professor and Head	05/05/1966	04-05-2036	4	Yes	MUHS/PG/E-1/1204/27/3527/14 date 23.12.2014

Date:



Signature, Name and stamp of

Dean/Principal/Director

**PRINCIPAL**

MIMER MEDICAL COLLEGE  
TALEGAON DABHADE,  
PUNE -410507

**FOR Ph.D COURSE(S) FOR A.Y. 2026-2027**

(Please submit separate report for each subject)

Date of Inspection	:	
--------------------	---	--

Faculty: Medical.Subject/Specialty: General Surgery

1. Name &amp; Address of the College/Research Centre: -

MAHARASHTRA INSTITUTE MEDICAL EDUCATION AND RESEARCH  
(MEDICAL COLLEGE) & DR. BHAUSAHEB SIRDESAI TALEGAON RURAL  
HOSPITAL, P.O. TALEGAON GENRAL HOSPITAL, TALEGAON DABHADE,  
TAL. MAVAL, DIST. PUNE PIN410507

Name of Head of the Department: - **Dr. SACHIN NAIK**Designation: **Professor & HOD**2. Department / Subject wise details of available PhD Guides: -  
(Attach Annexure "A")

Sr. No.	Name of Ph.D. Guide	Designation	Date of Birth	Date of Retirement	Total No. of PhD Scholars Registered till date	Has completed six days Research Methodology Workshop? Yes/No	PhD Recognition No. and Date
1	Dr. Sachin Naik	Professor & HOD	06/06/1970	05/06/2040	--	Yes	No. MUHS/UDC(Ph.D)/Guide/328/2022 dt. 22/09/2022
2							

4. Details of available infrastructure for Research:

i) Adequate number of Computers with Internet facility is available? **Yes**ii) Adequate number of Books / Journals are available? **Yes**

Any other specific thing available at the Department:

**Research Laboratory, Museum**

5. Details of Central Research Laboratory:

i) Available Area (in sq. ft) : . . . . .

**200 sq. mt.**

ii) Is Drugs/Medicines/Chemicals etc. are available for research?

**Yes**

iii) Is Adequate number of Instruments are available?

**Yes**

iv) Is Records of Stock book available?

**Yes**

6. Details of Central Animal House:

i) Available Area in sq. ft:

**Not functioning**

ii) Functioning Central Animal House?

**No****Animal experiments are replaced by computer assisted learning (CAL)**

7. Details of Institutional Ethical Committee: (Attach Annexure "B")

i) Date of Composition:

**31<sup>st</sup> Jan. 2023**

ii) Total Number of Members:

**08**

iii) Number of meetings held in previous year:

**04**

- iv) Whether Records of proceedings are maintained properly? **Yes**  
 v) Is Human and Animal Ethics Committee, registered under the appropriate authority? **Yes in Human**

**8. Details of Research Advisory Committee: (Attach Annexure "C")**

- i) Date of Composition: . . . . . **6<sup>th</sup> June 2023**  
 ii) Total number of Members: **04**  
 iii) Number of meetings held in previous year: . . . . . **02**  
 iv) Whether records of proceedings are maintained properly? **Yes**

**9. Is Doctoral Committee constituted in the lines of RAC?**

**Yes**

- i) If Yes, Date of Composition: . . . . .

- ii) Total number of Members: **05**

- iii) Name of External Subject Expert: **Dr. Samir Singru, Professor, SKNMC, Pune**

**10. Is Plagiarism detection software facility available?**

**Yes**

If Yes, Name of the Software

**Drillbit software**

**11. Is attendance of the Ph.D. Scholar maintained properly?**

**Yes**

**12. Whether Research Centre is registered under MPCB provisions?**

**Yes**

**13. Whether BMW facility is available?**

**Yes**

**14. Any other important thing related to Research/Department/Facilities, which will be helpful to carry out good quality research under this department:**

.....  
 .....  
 .....

**DECLARATION BY LIC**

We, the LIC Members, hereby certify that, we have thoroughly inspected and verified the Department/College/Research Centre, the available other facilities, required instruments and equipment, available at the research centre. The overall observations of the Inspection Committee are as follows: -

.....  
 .....  
 .....

Name of Inspectors		Sign. of Inspectors with Date
1)	Chairman	
2)	Member	
3)	Member	
4	Member	



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MEDICAL COLLEGE (ESTD - 1995)  
Dr. BHAUSAHEB SARDESAI TALEGAON RURAL HOSPITAL

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Ref. No. MIMER/

Date :-

ANNEXURE-IX-A

List of Ph.D. Guides Available at Ph.D.  
Research Centre

Sr. No.	Name of Ph.D. Guide	Designation	Date of Birth	Date of Retirement	Total No. ofPhD Scholars Registere d till date	Has completed six days Research Methodology Workshop? Yes/No	PhD Recognition No. and Date
	Dr. Sachin Naik	Professor & HOD	06/06/1970	05/06/2040	--	Yes	No.MUHS/UDC(P h.D)/Guide/328/20 22 dt. 22/09/2022



*Devi*  
**PRINCIPAL**  
MIMER MEDICAL COLLEGE  
TALEGAON DABHADE  
PUNE -410507

**FOR Ph.D COURSE(S) FOR A.Y. 2026-2027**

(Please submit separate report for each subject)

Date of Inspection : Faculty: Medical

Subject/Specialty:

OBGY

## 1. Name &amp; Address of the College/Research Centre: -

MAHARASHTRA INSTITUTE MEDICAL EDUCATION AND RESEARCH  
(MEDICAL COLLEGE) & DR. BHAUSAHEB SIRDESAI TALEGAON RURAL  
HOSPITAL, P.O. TALEGAON GENRAL HOSPITAL, TALEGAON DABHADE,  
TAL. MAVAL, DIST.PUNE PIN410507

Name of Head of the Department: - **Dr. Shashikant Pawar**Designation: **Associate Professor**2. Department / Subject wise details of available PhD Guides: -  
(Attach Annexure "A")

Sr. No.	Name of Ph.D. Guide	Designation	Date of Birth	Date of Retirement	Total No. of PhD Scholars Registered till date	Has completed six days Research Methodology Workshop? Yes/No	PhD Recognition No. and Date
1	Dr. Sushma Sharma	Professor	07/12/1970	07/12/2040	-	Yes	O.No. MUHS/ UDC (Ph.D.) Guide/ 328/2022 dt. 22/09/2022
2							

## 4. Details of available infrastructure for Research:

i) Adequate number of Computers with Internet facility is available? **Yes**ii) Adequate number of Books / Journals are available ? **Yes**

Any other specific thing available at the Department:

**Research Laboratory, Museum**

## 5. Details of Central Research Laboratory:

i) Available Area (in sq. ft) : . . . . . **200 sq. mt.**ii) Is Drugs/Medicines/Chemicals etc. are available for research? **Yes**iii) Is Adequate number of Instruments are available? **Yes**iv) Is Records of Stock book available? **Yes**

## 6. Details of Central Animal House:

i) Available Area in sq. ft: **Not functioning**ii) Functioning Central Animal House? **No****Animal experiments are replaced by computer assisted learning (CAL)**

## 7. Details of Institutional Ethical Committee: (Attach Annexure "B")

i) Date of Composition: **31<sup>st</sup> Jan. 2023**ii) Total Number of Members: **08**iii) Number of meetings held in previous year: **04**

- iv) Whether Records of proceedings are maintained properly? **Yes**  
 v) Is Human and Animal Ethics Committee, registered under the appropriate authority? **Yes in Human**

**8. Details of Research Advisory Committee: (Attach Annexure "C")**

- i) Date of Composition: ..... **6<sup>th</sup> June 2023**  
 ii) Total number of Members: **04**  
 iii) Number of meetings held in previous year: ..... **02**  
 iv) Whether records of proceedings are maintained properly? **Yes**

**9. Is Doctoral Committee constituted in the lines of RAC?**

**Yes**

- i) If Yes, Date of Composition: .....

- ii) Total number of Members: **05**

- iii) Name of External Subject Expert: **Dr. Samir Singru, Professor, SKNMC, Pune**

**10. Is Plagiarism detection software facility available?**

**Yes**

If Yes, Name of the Software

**Drillbit software**

**11. Is attendance of the Ph.D. Scholar maintained properly?**

**Yes**

**12. Whether Research Centre is registered under MPCB provisions?**

**Yes**

**13. Whether BMW facility is available?**

**Yes**

**14. Any other important thing related to Research/Department/Facilities, which will be helpful to carry out good quality research under this department:**

.....  
 .....  
 .....

**DECLARATION BY LIC**

We, the LIC Members, hereby certify that, we have thoroughly inspected and verified the Department/College/Research Centre, the available other facilities, required instruments and equipment, available at the research centre. The overall observations of the Inspection Committee are as follows: -

.....  
 .....  
 .....

Name of Inspectors		Sign. of Inspectors with Date
1)	Chairman	
2)	Member	
3)	Member	
4	Member	



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MEDICAL COLLEGE (ESTD - 1995)  
Dr. BHAUSAHEB SARDESAI TALEGAON RURAL HOSPITAL

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Ref. No. MIMER/

Date :-

ANNEXURE-VI-A

List of Ph.D. Guides Available at Ph.D. Research Centre

Sr. No.	Name of Ph.D. Guide	Designation	Date of Birth	Date of Retirement	Total No. of PhD Scholars Registered till date	Has completed six days Research Methodology Workshop? Yes/No	PhD Recognition No. and Date
1	Dr. Sushma Sharma	Professor	07/12/1970	07/12/2040	-	Yes	O.No. MUHS/ UDC (Ph.D.) Guide/ 328/2022 dt. 22/09/2022

Date:



Signature, Name and stamp of

Dean/Principal/Director

**PRINCIPAL**  
MIMER MEDICAL COLLEGE  
TALEGAON DABHADE.  
PUNE -410507



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■ Website : www.mimer.edu.in ■ Email : info@mitmimer.com.

Ref. No. MIMER/ IEC / 2344 / 12 / 2024

Date :- 02 / 12 / 2024

**INSTITUTIONAL ETHICS COMMITTEE**

I hereby establish and constitute an Ethics Committee of MIMER Medical College, to ensure a competent review of all ethical aspects of project proposal received and execute the same, free from any bias and influence that could affect the objective.

Members of Institutional Ethics Committee

Sr. No.	Name	Designation
1	Dr. Sudhir Jadhav	Chairperson (Non Affiliated)
2	Dr. Rupali Baburdikar	Member Secretary
3	Dr. Santhosh Kumar Rajamani	Member - Clinician
4	Dr. Sandesh Gawade	Member - Clinician
5	Dr. Harsha Dangare	Member - Basic Medical Scientist
6	Adv. Miss Pauravi Gambhir	Member - Legal Expert (Non Affiliated)
7	Mr. Shashank Ogale	Member - Person from Community (Non Affiliated)
8	Mr. Jagmohan Dhingra	Member - Social Scientist (Non Affiliated)



*Kscondhye*  
Principal  
PRINCIPAL  
MIMER MEDICAL COLLEGE  
TALEGAON DABHADE  
PUNE -410507

**Available Instruments in Central Research Laboratory**

Sr. no.	Name of the equipment	Make	Sr. no/Model No.
1	pH meter	Lab India	PICO Sr. No. PH17520661
2	Mini Centrifuge	Remi	RM-02 Plus
3	Vortex mixer	Remi	CM-101
4	Analytical Balance	Metler Toledo	ME204 Model No. - IND/09/12/421 Sr. No. - 2737021044
5	Circular shape Water bath - 5 Lit	Meta-Lab	Model No. - MSI - 24
6	Centrifuge	Remi	R-4C Sr. No. - ZDCN - 09313
7	Magnetic stirrer with hot plate	Remi	5MLH Sr. No. - ZDDY- 11539
8	Digital Spinot with hot plate	Tarson	Model no. MC02Sr. No. - D1601562
9	Hot air Oven	Meta-Lab	i-therm-AI-7481
10	ultrasonic cleaning system	Life care Fast Clean	MT- 3 Sr. No. - 2K1701001
11	Rotamantle	Lab-HOSP	
12	Water purifier system	Merck	Direct - Q
13	Co2 Incubator	Thermo scientific	
14	Ductless Bio safty Cabinet	Techpanacea	
15	UV-Visible Spectrophotometer	Agilent Technologies	Cary-60 Product No. - G6860A Sr. No. - MY17200001
16	Fluorescent Microscope	Zeiss	AXIO Observer 3
17	PH electrode	Euthech	
18	Fluorescence Spectrophotometer	Agilent Technologies	Cary Eclipse
19	Probe Sonicator	Labman	PRO 250
20	Microplate Photometer	Thermo	Multiskan FC
21	Rocking shaker	Tarson	Rockymax

  
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**PUNE - 410507**



महाराष्ट्र MAHARASHTRA

2025

EP 693889

या कारणासाठी या मुद्रांक कोटी केवळ शासकीय कारणासाठी मुद्रांक आहे. इतर कोणत्याही उद्देशासाठी या मुद्रांकाचा वापर करण्यात येऊ नये.

अनु क्र १६३४७ दि 10 FEB 2026 मु रा रकम ५००/-

दस्ताचा प्रकार ..... होयनापत्र

दस्त नोंदणी करणार आहेत का ? होय / नाही.

मुद्रांक विकत घेणाऱ्याचे वर्णन.....

मुद्रांक विकत घेणाऱ्याचे नाव प्राचार्य रामभायर समईकार

पत्ता ..... न. दाभाडे

दुसऱ्या पक्षकाराचे नाव.....

हस्ते व्यक्तीचे नाव व पत्ता..... सुनिल आठवले स ६१

श्री चंद्रकांत तानाजी थिटे  
परवाना क्र. २२०८००३

मुद्रांक विकत घेणाऱ्याची सही जिजाभाता चौक, तळेगाव दाभाडे



ANNEXURE-VII

DECLARATION

I, the Dean/ Director/ Principal of the MAER MIT Pune's Maharashtra Institute of Medical Education & Research (MIMER) Medical College, Talegaon (D), Tal.Maval, Dist.Pune – 410 507,

solemnly states on affirmation, that the information provided by me in Inspection Format as well as uploaded on College Website alongwith all Annexures is true and correct to the best of my knowledge. The said information is provided to me by the concerned teachers and duly verified by me. It is further submitted the teachers information attached in respective **Annexure- II & IV** are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 2026-2027 as per my knowledge and information provided by the concerned teachers.

The teachers in the **Annexure- II & IV** are staying in the same city / town / village where the College / Institute is situated or adjacent to the city / town / village, where the College/Institute is situated and having the valid proof of residence of the said city / town / village. The teachers in the **Annexure- II & IV** are not practicing in College working hours or out-side the City where the College /Institute is situated.

I am further hereby declare that every information or contents in this Inspection Format is based on the information provided by the concerned teachers and endorsed by me after due verification and the same is/are absolutely true and correct. If at any stage it is revealed that any information or content given in this declaration is not true and correct, in such event the undersigned/ the concerned teacher as the case may be, shall be liable for disciplinary action or penal action or Affiliation of the College shall be withdrawal, as the case may be.

This declaration is voluntarily signed by me on ..... day of January 2026 at Talegaon (D).

Date : / /2026

Place : Talegaon(D), Dist.Pune

Signature of Dean/Principal 

Name of the Signatory- **Dr. Deepa Sanjeev Nair**



**PRINCIPAL**  
**MIMER MEDICAL COLLEGE**  
**TALEGAON DABHADE**  
**PUNE -410507**