



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
 DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF AS ON (APPROVED + NOT APPROVED) UG DEGREE AS ON - 15/03/2023

FACULTY :- BHMS
 NAME OF COLLEGE :- SHRI CHANDAMATA HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL,
 JALGAON

SUBJECT :- ANATOMY
 COLLEGE CODE :- 4309

WHETHER UG :- UG
 INTAKE CAPACITY :- 100

Sr. No.	Name of the Teaching staff	Designation	Mob. No.	Email-ID	Date of Birth	Whether belongs to Reserved category (if so specify category)	Date of Appointment	Teaching Experience			Total Teaching Exp. in years PG	Type of Appointment Tem./Regular/Contractual	University Approval Status (Yes / No)	Temp. Approval		Details of PG teacher Recognition by MUIS (Yes / No)	MET Workshop Done in Last 05 years Yes / No Give Details	Photograph with Signature
								UG (Via)	Asst. Prof.	Asso. Prof.				Form	To			
1	DR BHAMRE MANOHAR PANDHARINATH	PROFESSOR	8007843339	dr.bhamre@gmail.com	21/07/1965	NO	01/03/2002	07 Yr-10 Month	12 Yr-11 Month	34 Yr-3 Month	N/A	Regular	Yes		N/A	N/A	 M.P. Pandharinath	
3	DR TATIYA SANDEEP SHANTILAL	LECTURER	9421528799	sandeep_tatiya@yahoo.in	28/04/1982	NO	01/04/2009	13 Yr-11 Month		13 Yr-11 Month	N/A	Regular	Yes		N/A	N/A	 S. Shantilal	

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

Signature of Dean/Principal with Seal






PRINCIPAL

Shri Chamundamata Homoeopathic
 Medical College & Hospital, Jalgaon



DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF AS ON (APPROVED + NOT APPROVED) UG DEGREE AS ON : 15/03/2023

FACULTY :- BHMS SUBJECT :- PHYSIOLOGY WHETHER UG :- UG NAME OF COLLEGE SHRI CHANDAMATA HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, JALGAON COLLEGE CODE :- 4309 INTAKE CAPACITY 100

Sr. No.	Name of the Teaching staff	Designation	Mob. No.	Email-ID	Date of Birth	Whether belongs to Reserved category (if so specify category)	Teaching Experience			Total Teaching Exp. in years PG	Type of Appointment Temp./Regular/Contractual	University Approval Status (Yes / No)	Temp. Approval		Details of PG teacher Recognition by MUHS (Yes / No)	MET Workshop Done in Last 05 year Yes / No Or Details	Photograph with Signature
							UG (Yrs)	Asst. Prof.	Asso. Prof.				Prof.	Form			
1	DR PAWAR MAHENDRA UTTAMRAO	READER	996072426	mahendrapawar68@gmail.com	29/07/1984	NO	05 Month	3 Yr. 10 Month	4 Yr. 4 Month	N.A.	Temp	YES	10/11/2022	09/11/2024	N.A.	N.A.	 
2	DR. RASHMI K. JAIN	LECTURER	942166690	rashmikain@homoeopathy.ac.in	04/09/1989	NO	05 Month	05 Month	05 Month	N.A.	Temp	YES	10/11/2022	09/11/2024	N.A.	N.A.	 

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



Signature of Dean/Principal with Seal


PRINCIPAL

Shri Chamundamata Homoeopathic Medical College & Hospital, Jalgaon

DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF AS ON (APPROVED + NOT APPROVED) UG DEGREE AS ON 15/09/2023

SUBJECT :- PHARMACY

BMS

FACULTY :-



WHETHER UG :- UG

SHRI CHANDAMATA HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL,
JALGAON

NAME OF COLLEGE

COLLEGE CODE :- 4309

INTAKE CAPACITY 100

Sr. No.	Name of the Teaching staff	Designation	Mob. No.	Email-ID	Date of Birth	Whether belongs to Reserved category (if so specify category)	Date of Appointment	Teaching Experiences			Total Teaching Exp. In years PG	Type of Appointment	University Approval Status (Yes / No)	Temp. Approval		Details of PG teacher Recognition by MUHS (Yes / No)	MET Workshop Done in Last 05 years Yes / No Give Details	Photograph with Signature
								Asst. Prof.	Asso. Prof.	Prof.				Form	To			
1	DR MUREHY JITENDRA MADHUKAR	READER	9371198796	dr.jitendra@homoeopathy.ac.in	01/05/1980	NO	02/01/2017	5 Yr. 8 Month	05 Month	6 Yr. 2 Month	N.A.	Temp	Yes	Under Process	N.A.	N.A.	 Signature	
2	DR MITALI DHIRAJ PATIL	LECTURER	9423938436	drmitali@homoeopathy.ac.in	25/06/1986	NO	16/09/2022	05 Month	-	05 Month	N.A.	Temp	Yes	10/11/2022	09/11/2024	N.A.	N.A.	 Signature

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

Signature of Dean/Principal with Seal





Signature of Dean/Principal with Seal

Signature of Principal

PRINCIPAL

Shri Chandamata Homoeopathic Medical College & Hospital, Jalgaon

FACULTY :- BHMS SUBJECT :- ORGANON WHETHER UG :- UG
 NAME OF COLLEGE SHRI CHANDAMATA HOMIOPATHIC MEDICAL COLLEGE & HOSPITAL, JALGAON COLLEGE CODE :- 4309 INTAKE CAPACITY 100

Sr. No.	Name of the Teaching staff	Designation	Mob. No.	Email ID	Date of Birth	Whether belongs to Reserved category (If so specify category)	Date of Appointment	Teaching Experiences			Total Teaching Exp. In years PG	Type of Appointment Temp./Regular/Contractual	University Approval Status (Yes / No)	Temp. Approval		Details of PG teacher Recognition by MUHS (Yes / No)	MRT Workshop Done in Last 05 years Yes / No Give Details	Photograph with Signature	
								UG (Yes)	Asst. Prof.	Prof.				Form	To				Term P / Regu lar
1	DR PATEL DIPAK PUNDLIK	READER	942492580	drdipakpatel195@gmail.com	05/05/1979	NO	01/09/2006	9 Yr. 7 Month	06 Yr. 10 Month	16 Yr. 6 Month	NA	Temp	Yes	29/11/2021	28/11/2023	NA	NA		
2	DR PATEL PRAFULLA CHANDRAKANT	LECTURER	9130054985	prashwin143@gmail.com	19/04/1986	NO	16/08/2018	4 Yr. 6 Month	-	4 Yr. 6 Month	NA	Temp	Yes	Under Process			NA	NA	

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Signature of Dean/Principal


PRINCIPAL
 Shri Chamundamata Homiopathic
 Medical College & Hospital, Jalgaon



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
 DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF AS ON (APPROVED + NOT APPROVED) UG DEGREE AS ON - 15/03/2023

FACULTY :- BHMS SUBJECT :- H.M.M. UG
 NAME OF COLLEGE SHRI CHANDAMATA HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, JALGAON COLLEGE CODE :- 4909 INTAKE CAPACITY 100



Sr. No.	Name of the Teaching staff	Designation	Mob. No.	Email ID	Date of Birth	Whether belongs to Reserved Category (UG specify category)	Date of Appointment	Teaching Experience			Total Teaching Exp. in years PG	Type of Appointment Temp./Regular/Contractual	University Approval Status (Yes/No)	Temp. Approval		Details of PG teacher Recognition by MUHS (Yes/No)	MFT Workshop Done in last 5 years Yes/No Give Details	Photograph with Signature
								UG (Yes)	Asst. Prof.	Prof.				Prof. Total	Form			
1	DR. RAJAGUAR CHANSHYAM PANDITRO	PROFESSOR	9420381922	ghanshyambadgujr@gmail.com	01/04/1972	NO	01/07/2000	12 Yr. 8 Month	02 Yr. 3 Month	26 Yr. 08 Month	N.A.	Yes	Under Process		N.A.	N.A.		
2	DR. SAKALIKAR SAMEER SURESH	READER	982338957 / 9422275357	drsakalikar7@gmail.com	12/07/1977	NO	27/03/2002	7 Yr. 11 Month		20 Yr. 11 Month	N.A.	Yes	Under Process		N.A.	N.A.		
3	DR. PATIL VISHAL BHASKAR	LECTURER	9766086830	drvishal@homoeopathy.ac.in	11/06/1985	NO	27/03/2021	1 Yr. 11 Month		1 Yr. 11 Month	N.A.	Yes	29/11/2021	28/11/2023	N.A.	N.A.		

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




Signature of Dean/Principal with Seal
 PRINCIPAL
 Shri Chandamata Homoeopathic Medical College & Hospital, Jalgaon

FACULTY :- **PHYSIOLOGY** SUBJECT :- **PATHOLOGY** WHETHER UG :- **UG**
 NAME OF COLLEGE :- **SRI CHANDRAMATA HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, JALGAON** COLLEGE CODE :- **4009** INTAKE CAPACITY :- **100**

Sr. No.	Name of the Teaching staff	Designation	Mob. No.	Email-ID	Date of Birth	Whether belongs to reserved category (if so specify category)	Date of Appointment	Teaching Experience			Total Teaching Exp. in PG Years PG	Type of Appointment	University Approval Status (Yes / No)	Temp. Approval		Details of PG teacher Recognition by MUIHS (Yes / No)	MPT/ Wipro/ Doct/ Last 06 years Yes / No/ Other Details	Photograph with Signature
								Asst. Prof.	Prof.	Total				Form	To			
1	DR. KAJALE ASHARAM NAMDEO	READER	9421612677	ksah0002@emiliscm	01/07/1970	NO	01/07/2000	11 Yr. 4 Month	13 Yr. 3 Month	26 Yr. 4 Month	N.A.	Regular	Yes			N.A.	N.A.	 Kajale
2	DR. N. BHANU JYOTI TRAKASRI	LECTURER	9379649371	lyothirent@gmail.com	30/06/1980	NO	23/06/2018	4 Yr. 08 Month	-	4 Yr. 08 Month	N.A.	Temp	Yes	10/11/2022	09/11/2024	N.A.	N.A.	 Jyoti

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

Signature of Dean/Principal with Seal

 DEAN/PRINCIPAL
 Sri Chamundamata Homoeopathic Medical College & Hospital, Jalgaon




ANNEXURE - VI (a)

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF AS ON (APPROVED + NOT APPROVED) UG DEGREE AS ON :- 13/06/2023

FACULTY :- BIMS SUBJECT :- PATHOLOGY WHETHER UG :- UG INTAKE CAPACITY :- 100 COLLEGE CODE :- 4309

NAME OF COLLEGE :- SHRI CHAMUNDAMATA HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, JALGAON

Sr. No.	Name of the Teaching staff	Designation	Mob. No.	Email ID	Date of Birth	Whether belong to Reserved category (if no specify category)	Date of Appointment	Teaching Experience			Type of Appointment Tem./Regular/Contractual	University Approval Status (Yes / No)	Temp. Approval		Details of PG Recognition by MUHS (Yes / No)	MET Workshop Done in Last 05 Years Yes / No Give Details	Photograph with Signature
								UG (Yes)	Ast. Prof.	Prof.			Total	Form			
1	Dr. Tushar Paul	LECTURER	8657155792		10/09/1995	NO	01/06/2023										

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




Signature of Dean/Principal with Seal



PRINCIPAL
Shri Chamundamata Homoeopathic
Medical College & Hospital, Jalgaon



FACULTY :- **BTMS** SUBJECT :- **SURGERY** WHETHER UG :- **UG** COLLEGE CODE :- **4309** INTAKE CAPACITY :- **100**

Sr. No.	Name of the Teaching staff	Designation	Mob. No.	Email-ID	Date of Birth	Whether belongs to reserved category (specify category)	Teaching Experience			Total Teaching Exp. In years PG	Type of Appointment Temp./Regular/Contractual	University Approval Status (Yes/No)	Temp. Approval		Details of PG teacher Rejected by MHS (Yes/No)	MET Workshop Done In Last 05 years with Details	Photograph with Signature
							Asst. Prof.	Prof.	Total				Form	To			
1	DR KOTHAWADE PUSHPK KESHAV	READER	9422975270	dr.kushk@gmail.com	14/02/1975	NO	8 Yr. 11 Month	12 Yr. 11 Month	21 Yr.	N.A.	Yes			N.A.	N.A.		
2	DR NARATHE KANLESH MADHAVRAO	READER	9226140708	dr.kanleshnarathe@velifirma.com	19/02/1978	NO	5 Yr. 11 Month	9 Yr. 1 Month	15 Yr. 1 Month	N.A.	Yes	10/11/2022	09/11/2024	N.A.	N.A.		
3	DR SANDANSHIV SARIKA ABEN	LECTURER	9595418546	dr.sandanshiv@shrichamunda.ac.in	11/09/1989	NO	04 Month	04 Month	04 Month	N.A.	Yes			N.A.	N.A.		

Signature of Dean/Principal with Seal


PRINCIPAL
 Shri Chamundamaia Homoeopathic Medical College & Hospital, Jalgaon

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





FACULTY :- BHMS

SUBJECT :- ORGY

WHETHER UG :- UG

NAME OF COLLEGE :- SHRI CHANDAMATA HOMIOPATHIC MEDICAL COLLEGE & HOSPITAL, JALGAON

COLLEGE CODE :- 4309 INTAKE CAPACITY :- 100

Sr. No.	Name of the Teaching staff	Designation	Mob. No.	Email ID	Date of Birth	Whether belongs to category (If so specify category)	Date of Appointment	Teaching Experience			Total Teaching Exp. in years PG	Type of Appointment Temp./Regular/Contractual	University Approval Status (Yes / No)	Temp. Approval		Details of PG teacher Recognition by MUHS (Yes / No)	MET Workshop Done in Last 05 years (Yes / No) & Details	Photograph with Signature
								UG (Yrs)	Asst. Prof.	Prof.				Form	To			
1	DR. KHANDEIKAR REKHA SARDARSING	READER	9403921615	rekha.p.rajpuri@gmail.com	05/05/1981	NO	01/06/2008	7 Yr. 11 Month	06 Yr. 00 Month	14 Yr. 00 Month	N.A	Yes	29/11/2021	28/11/2023	N.A	N.A	 Dr. Khandeikar Rekha Sardarsing	
2	DR. LODHA DEEPAJI RAJENDRA	LECTURER	9420023004	deepalodha1986@gmail.com	28/05/1986	NO	02/01/2017	6 Yr. 2 Month	0 Yr. 2 Month	6 Yr. 2 Month	N.A	Yes	29/11/2021	28/11/2023	N.A	N.A	 Dr. Lodha Deepaji Rajendra	

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Signature of Dean/Principal with Seal


PRINCIPAL
Shri Chamundamata Homoeopathic
Medical College & Hospital, Jalgaon






ANNEXURE - VI (a)

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF AS ON (APPROVED + NOT APPROVED) UG DEGREE AS ON - 15/05/2023



FACULTY :- BHMS SUBJECT :- PRACTICE OF MEDICINE WHETHER UG :- UG NAME OF COLLEGE :- SHRI CHANDAMATA HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, JALGAON COLLEGE CODE :- 4309 INTAKE CAPACITY :- 100

Sr. No.	Name of the Teaching staff	Designation	Mob. No.	Email:ID	Date of Birth	Whether belongs to reserved category (if specify category)	Date of Appointment at	Teaching Experience			Total Teaching Exp. In Years PG	Type of Appointment Temp./Regular/Contractual	University Approval Status (Yes/No)	Temp. Approval Form	Details of PG teacher Recognition by MUHS (Yes/No)	MFT Workshop Done in Last 05 years or Details	Photograph with Signature	
								UG (Yrs)	Asst. Prof.	Prof.								Total
1	DR KURKURE AVINASHI CHINTAMAN	PROFESSOR	937007707	avinashkure@gmail.com	04/06/1975	NO	01/07/2006	9 Yr. 7 Month	10 Yr. 5 Month	2 Yr. 7 Month	22 Yr. 08 Month	N.A.	Temp	Yes	Under Process	N.A.	N.A.	 [Signature]
2	DR.SIDDHIQI PARVEEN RUSANA	READER	942668192	kazi.parveen7@gmail.com	12/12/1975	NO	01/08/2008	12 Yr. 01 Month	2 Yr. 7 Month	14 Yr. 7 Month	N.A.	Temp	Yes	Under Process	N.A.	N.A.	 [Signature]	
3	DR.PATIL AMOL DATTARAY	LECTURER	976787447	amolpatil@homoeopathy.edu	12/03/1984	NO	20/01/2022	01 Yr. 01 Month	-	01 Yr. 01 Month	N.A.	Temp	Yes	10/11/2022	09/11/2024	N.A.	N.A.	 [Signature]

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Signature of Dean/Principal with Seal
PRINCIPAL
 Shri Chandamata Homoeopathic Medical College & Hospital, Jalgaon

Sr. No.	Name of the Teaching staff	Designation	Mob. No.	Email ID	Date of Birth	Whether belongs to reserved category (If so specify category)	Date of Appointment	Teaching Experience			Total Teaching Exp. in years PG	Type of Appointment Temp./Regular/Contract	University Approval Status (Yes / No)	Temp. Approval		Details of PG teacher Recognition by MHRD (Yes / No)	MET Workshop Done in years Yes / No Give Details	Photograph with signature
								UG (Yrs)	Asst. Prof.	Asst. Prof.				Form	To			
1	DR PATIL BHARAT DATTU	READER	9890359474	bdpatil674@gmail.com	01/06/1974	NO	28/12/2003	06 Yr. 12 Yr. 2 Month	11 Month	19 Yr. 2 Month	N.A.	Regular	Yes	29/11/2021	28/11/2023	N.A.	N.A.	 Patil
2	DR CHAVAN RESHMA MELIND	LECTURER	9822246046	drreshma413@gmail.com	17/02/1985	NO	01/08/2012	10 Yr. 7 Month	-	10 Yr. 7 Month	N.A.	Temp	Yes	29/11/2021	28/11/2023	N.A.	N.A.	 Chavan

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Signature of Dean/Principal with Seal


PRINCIPAL
Shri Chamundamata Homoeopathic Medical College & Hospital, Jalgaon



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
 DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF AS ON (APPROVED + NOT APPROVED) UG DEGREE AS ON - 15/03/2023

FACULTY :- BHMS SUBJECT :- COMMUNITY MEDICINE WHETHER UG :- UG INTAKE CAPACITY 100
 NAME OF COLLEGE SHRI CHANDAMATA HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, JALGAON COLLEGE CODE :- 4309



Sr. No.	Name of the Teaching staff	Designation	Mob. No.	Email ID	Date of Birth	Whether belongs to Reserved category (if no specify category)	Date of Appointment	Teaching Experience			Total Teaching Exp. in years PG	Type of Appointment Term / Regular / Contractual	University Approval Status (Yes / No)	Temp. Approval		Details of PG teacher Recognition by MUIS (Yes / No) Temp / Regular	MERT Workshop Done in Last 05 years Yes / No Give Details	Photograph with Signature
								UG (Yrs)	Asst. Prof.	Prof.				Form	To			
1	DR. PRATIKSHA RUPESH PATIL	LECTURER	8106401831	drpratishkha@gmail.com	12/10/1985	NO	01/10/2022	05 Month			05 Month	Regular	Yes	Under Process	N.A.	N.A.		

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Signature of Dean/Principal with Seal



 PRINCIPAL
 Shri Chandamata Homoeopathic
 Medical College & Hospital, Jalgaon



Sr. No.	Name of the Teaching staff	Designation	Mob. No.	Email-ID	Date of Birth	Whether belongs to Reserved category (to specify category)	Date of Appointment	Teaching Experience			Total Teaching Exp. in years PG	Type of Appointment	University Approval Status (Yes / No)	Temp. Approval		Details of PG teacher Recognition (Yes / No)	MPT Workshop Done in Last 05 years Yes / No	Photograph with Signature
								UG (Yes)	Asst. Prof.	Asso. Prof.				Prof.	Form			
1	DR CHAVAN MILIND SURUSH	READER	98500 9750	Dr. milind24@gmail.com	16/03/1981	NO	01/04/2014	14 Yr 8 Month	4 Yr 3 Month	18 Yr 11 Month	N.A.	Yes	10/1/2022	09/11/2024	N.A.	N.A.		
2	DR GERCHAL SANTOSH SHINAPUR	LECTURER	7821001681	drgerchal@homoeopathic.edu.in	10/10/1985	NO	01/10/2020	2 Yr 5 Month	-	2 Yr 5 Month	N.A.	Yes	Under process		N.A.	N.A.		

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Signature of Dean/Principal with Seal


PRINCIPAL
 Shri Chamundamata Homoeopathic Medical College & Hospital, Jalgaon



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF AS ON (APPROVED * NOT APPROVED) UG DEGREE AS ON :- 15/03/2023

Sr. No.	Name of the Teaching staff	Designation	Mob. No.	Email ID	Date of Birth	Whether belongs to Reserved category (If so specify category)	Date of Appointment	Teaching Experience			Total Teaching Exp. in years PG	Type of Appointment Tem./ Regular / Contract	University Approval Status (Yes / No)	Temp. Approved From To	Details of PG teacher Recognition by MUHS (Yes / No)	MPT Workshop & Last Date	Photograph with Signature
								UG (Yrs)	Asst. Prof.	Prof.							
1	DR PANJABI AMAR LAXMANDAS	READER	9226376518	drpanabi@hmsc.ac.in	10/06/1980	NO	14/10/2019	9 Yr. 2 Month	5 Yr. 10 Month	15 Yr. 1 Month	N.A.	Temp	Yes	Under Process	N.A.	N.A.	 <i>Panabi</i>
2	DR CHAUDHARI PANKAJ VISHWATH	LECTURER	932744470	pankaj@hmsc.ac.in	25/12/1983	NO	09/02/2021	2 Yr. 1 Month	-	2 Yr. 1 Month	N.A.	Temp	Yes	Under Process	N.A.	N.A.	 <i>Chaudhari</i>

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Signature of Dean/Principal with Seal



PRINCIPAL
Shri Chandumata Homeopathic
Medical College & Hospital, Jalgaon

FACULTY :- BHMS

SUBJECT :- FWT


WHETHER UG :- UG

NAME OF COLLEGE

SHRI CHAMUNDAMATA HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, JALGAON


COLLEGE CODE :- 4309

INTAKE CAPACITY 100

Sr. No.	Name of the Teaching staff	Designation	Mob. No.	Email ID	Date of Birth	Whether belongs to Reserved category (if so specify category)	Date of Appointment	Teaching Experience			Total Teaching Exp. In years PG	Type of Appointment	University Approval Status (Yes / No)	Temp. Approval		Details of PG teacher Recognition by MUHS (Yes / No)	MET Workshop Done in Last 05 Years Yes / No Give Details	Photograph with Signature	
								UG (Yrs)	Asst. Prof.	Asso. Prof.				Prof.	Total				Form
1	DR SANJAY SHESRAO JADHAV	READER	9970831063	drjadhar@chamundamata.edu.in	28/08/1984	NO	01/11/2022	4 Yr: 9 Month	4	Month	5 Yr: 3 Month	N.A.	Temp	Yes	10/11/2022	10/11/2024	N.A	N.A	

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Signature of Dean/Principal with Seal


PRINCIPAL
 Shri Chamundamata Homoeopathic
 Medical College & Hospital, Jalgaon

