




DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF AS ON (APPROVED + NOT APPROVED) UG DEGREE AS ON :- 15/12/2023

FACULTY :- BHMS
 NAME OF COLLEGE SHRI CHAMUNDAMATA 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)	Teaching Experience				Total Teaching Exp. in years Pg	Type of Appointment / Regular / Contractual	University Approval Status (Yes / No)	Temp. Approval		Details of PG teacher Recognition by MUSH (Yes / No)		MET Workshop Done in Last 05 years Yes / No Give Details	Photograph with Signature	
							Date of Appointment	Asst. Prof.	Asso. Prof.	Prof.				Total	Form	To	Team p / No. & Regu lar			Letter No. & date
1	DR BHAMBRE MANOHAR PANDHARINATH	PROFESSOR	8007843339	dr-bhambre@gmail.com	21/01/1965	NO	01/03/2002	07 Yr-10 Month	14 Yr	13 Yr-08 Month	35 Yr-6 Month	N A	Regular	Yes	19/03/2010	Till Date	N A	N A		 Signature
3	DR TATIYA SANDEEP SHANTILAL	LECTURER	9421528799	sandeep_tatiya@sjhoo.in	28/04/1982	NO	01/04/2009	14 Yr-08 Month	-	-	14 Yr-08 Month	N A	Regular	Yes	19/03/2010	Till Date	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)




 Sandeep Tatiya
 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 :- 15/12/2023



ANNEXURE - VI (a)

FACULTY :- BHMS SUBJECT :- PHYSIOLOGY

WHETHER UG :- UG

NAME OF COLLEGE SHRI CHANDAMATA HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, JALGAON COLLEGE CODE :- 4309

INTAKE CAPACITY 100

Sl. No.	Name of the Teaching staff	Designation	Mob. No.	Email ID	Date of Birth	Whether belongs to Restricted category (if so specify category)	Teaching Experience				Total Teaching Exp. year Pg	Type of Appointment	University Approval Status / No.	Temp. Approval		Details of PG Teacher Recognition by MHS (Yes / No)	MET Workshop Done in Last 05 years Yes / No Give Details	Photograph with Signature
							Aast. Prof.	Asso. Prof.	Prof.	Total				Form	To			
1	DR. PAVAN MAHENDRA UTTAMRAO	READER	9960234425	mahendrapawan66@gmail.com	29/07/1984	NO	01/11/2018	3 Yr. 10 Month	01 Yr. 02 Month	5 Yr.	N/A	Temp.	10/11/2022	09/11/2024	N/A	N/A	 [Signature]	
2	DR. USHAK SHIVAJIRAM PATIL	LECTURER	8657155792	ushakar@mmcshripcj.ac.in	10/09/1995	NO	01/06/2023	16 Month		06 Month	N/A	Temp.			N/A	N/A	 [Signature]	

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[Signature]
PRINCIPAL
Shri Chamundamata Homoeopathic
Medical College & Hospital, Jalgaon

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASIK

DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF AS ON (APPROVED + NOT APPROVED) UG DEGREE AS ON :- 15/12/2023

ANNEXURE - VI (B)

FACULTY :- BHMS
 SUBJECT :- PHARMACY
 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 Resecond 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 MUSH (Yes / No)		MET Workshop Done in Last 05 years Yes / No Give Details	Photograph with Signature
							Date of Appointment	UG (Yrs)	Ast. Prof.	Asso. Prof.				Total	Form	To	Temp p / Regu lar		
1	DR. VIRENJI JIENDUKA MADHUKAR	READER	93711983796	dr.jienduka@hmscollege.ac.in	01/05/1980	NO	02/01/2017	5 Yr 8 Month	01 Year 02 Month	6 Yr 10 Month	N/A	Temp	Under Process			N/A	N/A		 Signature
2	DR. SNEHAL RANDE	LECTURER	8378037663	dr.snehalran@hmscollege.ac.in	18/09/1994	NO	25/08/2023	04 Month	-	04 Month	N/A	Temp	Under Process			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
 Shri Chamundamata Homoeopathic Medical College & Hospital, Jalgaon

MAHARASHITRA UNIVERSITY OF HEALTH SCIENCES, NASHIK





DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF AS ON (APPROVED + NOT APPROVED) UG DEGREE AS ON :- 15/12/2023

ANNEXURE - VI (a)

FACULTY :- **BHMS**
 NAME OF COLLEGE :- **SHRI CHAMUNDAMATA HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, JALGAON**
 SUBJECT :- **ORGANON**


WHETHER UG :- **UG**
 INTRADE CAPACITY :- **100**

COLLEGE CODE :- **4309**

Sl. 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)	MGT Workshop Done in last 05 year Yes / No Give Details	Photograph with Signature
							Ast. Prof.	Asso. Prof.	Prof.	UG (Yrs)	UG (Yrs)	Prof.				Total	From			
1	DR PAUL DHYAK FOUNDRK	READER	9423492580	drdipakant15@gmail.com	05/05/1979	NO	01/09/2006	9 Yr 7 Month	66 Yr 10 Month	-	10 Yr 6 Month	N/A	Temp	Yes	29/11/2021	28/11/2023	N/A	N/A	Yes BRM Workshop Done of 4,5,6 Oct 2023	 
2	DR.PATIL PRAFULLA CHINAIKARANT	LECTURER	9130052085	prashant143@gmail.com	19/04/1986	NO	16/08/2018	4 Yr 6 Month	-	4 Yr 6 Month	N/A	Temp	Yes	26/06/2023	23/06/2025	N/A	N/A	Yes BRM Workshop Done of 4,5,6 Oct 2023	 	

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 SHRI CHAMUNDAMATA
 Medical College & Hospital, Jalgaon

Signature of Principal/Principal with Seal

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK








ANNEXURE - VI (a)

DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF AS ON (APPROVED + NOT APPROVED) UG DEGREE AS ON : 15/12/2023

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


SUBJECT :- H.M.M.
 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 (specify category)	Teaching Experience			Total Teaching Exp. In years PG	Type of Appointment / Regular / Contractual	University Approval Status (Yes / No)	Temp. Approval		Details of PG teacher Recognition by MHS (Yes / No)	MHT Workshop Done in Last 05 years Yes / No (Give Details)	Photograph with Signature	
							Date of Appointment at	UG (Yrs)	Total				Form	To				
1	DR BADDJUR GHANSHYAM PANDITRAO	PROFESSOR	9420381923	ghansh@vsnl.net	01/04/1972	NO	01/07/2018	12 Yr. 8 Month	12 Yr. 02 Yr. 08 Month	26 Yr. 08 Month	N.A.	Temp	Yes	26/06/2023	25/06/2024	N.A.	N.A.	 
2	DR. SAKU JEAR SANKER SURESH	PROFESSOR	982318957 / 9422375357	dsankar@rediffmail.com	12/07/1977	NO	27/03/2002	7 Yr. 11 Month	20 Yr. 11 Month	N.A.	Temp	Yes	Under Process	N.A.	N.A.	N.A.	Yes BSM Workshop Done of 4,5,6 Oct 2023	   
3	DR.PATIL VISITAL BIRASANK	LECTURER	9766986830	drpatil@homoeopathiccollege.com	11/06/1985	NO	27/03/2021	1 Yr. 11 Month	1 Yr. 11 Month	N.A.	Temp	Yes	26/06/2023	25/06/2024	N.A.	N.A.		

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Signature of  PRINCIPAL
 Shri Chamundamata Homoeopathic Medical College & Hospital, Jalgaon

MAHARASHITRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

ANNEXURE - VI (a)

DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF AS ON (APPROVED + NOT APPROVED) UG DEGREE AS ON - 15/12/2023

FACULTY :- **BHMS** SUBJECT :- **PATHOLOGY** 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 specially category)	Teaching Experience			Total Teaching Exp. in years PG	Type of Appointment	University Approval Status (Yes / No)	Temp. Approval		Details of PG Teacher Recognition by UHS (Yes / No)		MERT Workshop Done in Last 05 years Yes / No Give Details	Photograph with Signature
							UG (Yrs)	Aso. Prof. Prof.	Asso. Prof. Total				Form	To	Temp / Regular / Continue	Temp / No. & Regn. date		
1	DR KAJAL ANSARAM KANDHO	READER	9421683677	kajalkandho27@gmail.com	01/07/1970	NO	11 Yr. 05 Month	16 Yr. 02 Month	27 Yr. 6 Month	N/A	Regular	Yes	19/10/2010	Till Date	N/A	N/A	 Kajal	
2	DR NAYILIANI JYOTI PRAKASHI	LECTURER	937944575	jyothiran@gmail.com	30/06/1980	NO	23/06/2018	5 Yr. 05 Month	5 Yr. 06 Month	N/A	Temp	Yes	10/11/2022	09/11/2024	N/A	N/A	 Jyoti	

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Prakashini
 Shri Chamundamata Homoeopathic
 Medical College & Hospital, Jalgaon
PRINCIPAL
 Signatory of Dean/Principal with Seal

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK




ANNEXURE - VI (G)

DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF AS ON (APPROVED + NOT APPROVED) UG DROPEE AS ON :- 15/12/2023

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

SUBJECT :- PWT
 COLLEGE CODE :- 4309

WHETHER UC :- UC
 INTAKE CAPACITY :- 100

Sr. No.	Name of the Teaching Staff	Designation	Mob. No.	Email ID	Date of Birth	Whether belongs to Reserved category (Using as per 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 Recruiters (Year / No)	MTR Workshop Done in last 05 years (Yes / No) Details	Photograph with Signature
							Asst. Prof.	Prof.	10 (Yrs)	15 (Yrs)	3 (Yrs)				From	To			
1	DR. SANJAY SHESHU RAJADIVY	READER	9970831063	sheshu@shrihomoeopathy.com	28/08/1984	NO	01/11/2012	4 Months	0	3 Yrs, 3 Months	N/A	Temp	Yes	10/11/2022	09/11/2024	N/A	N/A	 Signature	
2	DR. PUNJARI AMAR LAKSHMAN DAS	READER	9236376511	drpunhari@shrihomoeopathy.com	10/06/1980	NO	14/11/2019	9 Yrs, 2 Months	3 Yrs, 10 Months	13 Yrs, 1 Month	N/A	Temp	Yes	Under Process		N/A	N/A	 Signature	
3	DR. CHAUDHARI PANKAJ VISHWANATH	LECTURER	9537740470	drch@shrihomoeopathy.com	25/12/1983	NO	09/10/2021	2 Yrs, 1 Month	0	2 Yrs, 1 Month	N/A	Temp	Yes	26/06/2023	25/06/2023	N/A	N/A	 Signature	

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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 : 15/12/2023


ANNEXURE - VI (a)

FACULTY :- BHMS SUBJECT :- SURGERY
 NAME OF COLLEGE SHRI CHAMUNDAMATA HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, JALGAON 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)	Teaching Experience			Total Teaching Exp. in years PG	Type of Appointment	University Approval Status (Yes / No)	Temp. Approval		Details of PG teacher Recognition by MDS (Yes / No)	Temp. p / No. & Regn. date	MRT Workshop Done in Last 05 years Yes / No Give Details	Photograph with Signature
							Date of Appointment	Asst. Prof.	Asso. Prof.				Prof.	From				
1	DR KOTIYAWADE TUSHAR KESHAU	READER	9822975370	dr.tusharkk@gmail.com	14/02/1975	NO	01/03/2002	8 Yr. 11 Month	12 Yr. 11 Month	21 Yr.	N.A.	Regular	Yes	19/03/2010	Till Date	N.A.	N.A.	 Tushar K. Kotiyawade
2	DR. MAKATIE KAMLESH MADHAVRAO	READER	9230140708	dr.makatiemakatesh@gmail.com	19/02/1979	NO	02/12/2013	8 Yr. 11 Month	1 Yr. 11 Month	9 Yr. 3 Month	N.A.	Temp	Yes	10/11/2022	09/11/2024	N.A.	N.A.	Yes BHM Workshop Done of 4,3,6 Oct 2023  
3	DR SANJAYSHIV SARKAR ARJUN	LECTURER	9535418346	psarkar@homoeopathy.ac.in	11/09/1989	NO	01/11/2022	04 Month	-	04 Month	N.A.	Temp	Yes	10/11/2022	09/11/2024	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 : 15/12/2023

ANNEXURE - VI (a)

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

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)	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 AHS (Yes / No)	Temp. Letter No. & date	MET Workshop Done in Last 05 years Yes / No Give Details	Photograph with signature
							Date of Appointment	Ast. Prof. Month	Asso. Prof. Month					Prof. Month	Form				
1	DR. KJANDEKAR RISHIK SAKDASING	READER	940321615	reshika.p.singh@gmail.com	05/07/1981	NO	01/06/2008	7 Yr. 11 Month	06 Yr. 10 Month	14 Yr. 09 Month	N/A	Temp	Yes	26/06/2023	23/06/2024	N/A	N/A		 Signature
2	DR. LODIA DEEPAI KAJENDRA	LECTURER	942002304	deepalodiasingh@gmail.com	24/05/1986	NO	02/01/2017	6 Yr. 2 Month	6 Yr. 2 Month	6 Yr. 2 Month	N/A	Temp	Yes	26/06/2023	23/06/2024	N/A	N/A	Yes BHM Workshop Done of 4,5,6 Oct 2023	 

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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 : 15/12/2023

ANNEXURE - VI (a)

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

SUBJECT :- PRACTICE OF MEDICINE
 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	University Approval Status (Yes / No)	Temp. Approval		Details of PG teacher Recognition by MHS (Yes / No)	MET Workshop Done in Last 05 years Yes / No Give Details	Photograph with Signature	
								Asst. Prof.	Asso. Prof.	Prof.				Form	To				Temp. / Regular / Contract
1	DR. KIRKURE ANONSHI CHINTAMAN	PROFESSOR	937007707	kanshikure@gmail.com	04/06/1975	NO	01/07/2000	9 Yr. 7 Month	10 Yr. 5 Month	2 Yr. 7 Month	22 Yr. 08 Month	N/A	Temp	Yes	26/06/2023	25/06/2024	N/A	N/A	 Signature
2	DR. SIDDHANT PARVEEN KUSANA	READER	942068192	kaziparveer@gmail.com	12/12/1975	NO	01/06/2008	12 Yr. 7 Month	2 Yr. 7 Month	14 Yr. 7 Month	N/A	Temp	Yes	26/06/2023	25/06/2024	N/A	N/A	 Signature	
1	DR. DIVIL ANOL DAITARAV	LECTURER	974097417	anolsai@homoeopathy.edu	12/03/1984	NO	21/12/2022	01 Yr. 01 Month	-	01 Yr. 01 Month	N/A	Temp	Yes	10/12/2022	09/12/2024	N/A	N/A	 Signature	

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Signature of Director/Principal with Seal
PRINCIPAL
 Shri Chamundamata Homoeopathic
 Medical College & Hospital, Jalgaon

MAHARASHITRA UNIVERSITY OF HEALTH SCIENCES, NASIK

DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF AS ON (APPROVED - NOT APPROVED) UG DEGREE AS ON : 15/12/2023

ANNEXURE - VI (a)

FACULTY :- BAMS
 SUBJECT :- COMMUNITY MEDICINE
 NAME OF COLLEGE :- SHRI CHAMUNDAMATA HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, JALGAON
 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 Referred to category (If so specify category)	Teaching Experience			Total Teaching Exp. In years PG	Type of Appointment	University Approval Status (Yes / No)	Temp Approval		Details of PG teacher Recognition by MHS (Yes / No)		MHT Workshop Done in Last 05 years / No. of Details	Photograph with Signature
							Asst. Prof.	Asso. Prof.	Prof.				Form	Till Date	Temp / Regular / Contracte total	Temp Approval		
1	DR. PAVITR JHARKAT DATTU	READER	9809359474	bjparkat1674@gmail.com	01/06/1974	NO	28/12/2003	06 Yr 2 Month	13 Yr 11 Month	19 Yr 2 Month	N/A	Regular	Yes	10/03/2010	Till Date	N/A	N/A	 Signature: 
2	DR. GUNVAN RESHMA MUND	LECTURER	982326446	#reshma123@gmail.com	17/02/1985	NO	01/08/2012	11 Yr 7 Month	N/A	10 Yr 7 Month	N/A	Temp	Yes	26/06/2023	25/06/2025	N/A	N/A	 Signature: 
1	DR. PRATISNA RUPSHI PATIL	LECTURER	8109491851	dr.pratisnapatil@gmail.com	12/10/1985	NO	01/10/2022	05 Month	N/A	05 Month	N/A	Regular	Yes	26/06/2023	25/06/2025	N/A	N/A	 Signature: 

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 DR. P. B. PATIL
 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 :- 15/12/2023

ANNEXURE - VI (a)

FACULTY :- BHMS
 NAME OF COLLEGE :- SHRI CHAMUNDAMATA HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, JALGAON
 SUBJECT :- REPERTORY
 COLLEGE CODE :- 4309
 WHETHER UG :- UG
 INTAKE CAPACITY :- 1111

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	University Approval Status (Yes / No)	Temp. Approval		Details of PG Teacher Recognition by MUIS (Yes / No)	MUT Workshop Done in Last 05 years Yes / No Give Details	Photograph with Signature		
							Date of Appointment	UG (Yrs)	Prof. Total				Form	To					
1	DR. CHAVAN MELIND SUBHASH	READER	9810019750	dr.mindachk@gmail.com	16/03/1981	NO	01/04/2004	14 Yr. 8 Month	4 Yr. 3 Month	18 Yr. 11 Month	N/A	Temp	Yes	10/11/2022	09/11/2024	N/A	N/A		
2	DR. GURJITL SANDIP KUNANTORAM	LECTURER	7821001681	drsandipg@homoeopathic.in	10/10/1985	NO	09/10/2020	2 Yr. 3 Month	-	2 Yr. 5 Month	N/A	Temp	Yes	26/06/2023	23/06/2024	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)




 Sandip Gurjitl
 PRINCIPAL
 Shri Chamundamata Homoeopathic
 Medical College & Hospital, Jalgaon