



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

Sr. No.	Subject Name	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 MHHS (Yes / No)	Temp / Letter No. & Date	NEXT Workshop Done in Last 05 years / Details	Photograph with Signature
								Date of Appointment	UG (Yrs)	Total				Form	To				
1	Homoeopathic Pharmacy	DR. MURDEHY JITENDRA MADHUKAR	READER	9371198796	drmurdehy@homoeopathy.edu	01-05-1980	NO	02/01/2017	5 Yr. 8 Month 13 Days	02 Yr. 4 Month 15 Days	8 Yr. 28 Days	N.A	Temp	Under Process	N.A	N.A	N.A	 Signature	
2	Homoeopathic Pharmacy	DR. JIBHVENKAR PRATYANKA NILESH	LECTURER	8600149669	drjibhvenkar@homoeopathy.edu	25-12-1984	NO	13/01/2025	18 Days	-	18 Days	N.A	Temp	Under Process	N.A	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 Deputy Principal with Seal
 DEPUTY 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 : 31/01/2025

ANNEXURE - VI (A)

FACULTY :- BHMS
 NAME OF COLLEGE :- SRI CHANDRAMATA HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, JALGAON
 COLLEGE CODE :- 4309
 WHETHER UG :- UG
 INTAKE CAPACITY :- 100

Sl. No.	Subject Name	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. years PG	Type of Appointment	University Approval (Year / No)	Temp. Approval		Details of PG teacher Recognition (Yes / No)	M.T. Workshop Done in Last 05 years Yes / No Give Details	Photograph with Signature
									UG (Yrs)	Asst. Prof.	Asso. Prof.				Prof.	From			
1	OBGY	DR. KJANDHEKAR REKHA SARDHESING	HEAD	9403210151	mkha.p.rekar@gmail.com	05/03/1981	NO	01/06/2008	7 Yr. 11 Month 25 Days	08 Yr. 8 Month 25 Days	16 Yr. 07 Month 30 Days	N/A	Temp	Uder Process			N/A	N/A	 Dr. Jandekar
2	OBGY	DR. DAN BASHMI KISHAL CHAND	LECTURER	9421256590	shubh@kashemkashmi.ac.in	04/09/1989	NO	16/09/2022	1 Yr. 2 Month			N/A	Temp	Uder Process			N/A	N/A	 Dr. Dan Bashmi

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Signature of Deey/Principal with Seal
 PRINCIPAL
 SRI CHANDRAMATA HOMOEOPATHIC
 Medical College & Hospital, Jalgaon

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

COLLEGE CODE :- 4309

WHETHER UG :-
 INTAKE CAPACITY :-

Sl. No.	Subject Name	Name of the Teaching staff	Designation	Mob. No.	Email ID	Date of Birth	Whether Reserved category (If so specify category)	Date of Appointment	Teaching Experience			Total Teaching Exp. in years To	Type of Appointment	University Approval Status (Yes / No)	Temp. Approval		Details of PG Teacher Recognition by MHS (Yes / No)	MHT Teacher Appointment Done in Last 05 years Yes / No Give Details	Photograph with Signature
									UG (Yrs)	Post. Prof.	Asso. Prof.				Form	To			
1	Forensic Medicine & Toxicology	DR. SANJAY SHISHIRAO DASHRAV	READER	9970831060	drsanjay@homsoc.edu.in	28/08/1984	NO	01/11/2022	02 Yrs. 02 Month 30 Days			7 Yrs. 10 Days	N.A.	Under Process			N.A.	N.A.	 Signature
2	Forensic Medicine & Toxicology	DR. CHANDRANI PANDU VIRMANATH	LECTURER	9827746271	drchandrani@homsoc.edu.in	25/12/1983	NO	06/02/2021	03 Yrs. 10 Month 14 Days			01 Yrs. 10 Month 14 Days	N.A.	Under Process			N.A.	N.A.	 Signature

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Signature of Deputy Principal with Seal
 DEPUTY PRINCIPAL
 Shri Chamundamata Homoeopathic Medical College & Hospital, Jalgaon



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCE, NASHIK

DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF AS ON APPROVED + NOT APPROVED UG DEGREE AS ON : 31/01/2025

ANNEXURE - VI (a)

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

WHETHER UG :- UG
 INTAKE CAPACITY :- 100

Sr. No.	Subject Name	Name of the Teaching staff	Designation	Mob. No.	Email ID	Date of Birth	Whether belonged to reserved category (if so specify category)	Date of Appointment	Teaching Experience			Total Teaching Exp. in years	Type of Appointment	Reg. No.	University Approval (Yes / No)	Temp. Approval	Details of PG teacher Recognition by MDS (Yes / No)	MERT Workshop Done in Last 05 years Yes / No Give Details	Photograph with Signature
									Asst. Prof.	Assoc. Prof.	Prof.								
1	Surgery	DR KOTHAWADE TUSHAR KESAVAY	READER	9822975270	dr.kothawade@gmail.com	14/02/1975	NO	01/03/2002	8 Yrs 16 Days	14 Yrs 10 Days	23 Yrs 11 Days	N/A	Reg.	Yes			N/A	N/A	 Signature
2	Surgery	DR SANMANSHEV SRIKANT ASHWIN	LECTURER	9595618546	drsanmshw@homoeopathy.edu	11/09/1989	NO	01/11/2022	02 Yrs 03 Month	-	02 Yrs 03 Month	N/A	Temp.	Under Process			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  Principal with Seal
 Shri Chandamata 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 : 31/01/2025

ANNEXURE - VI (a)

FACULTY :-

BHMS

WHETHER UG :-



UG

NAME OF COLLEGE

SHRI CHAMUNDAMATA HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, JALGAON

COLLEGE CODE :- 4309

INTAKE CAPACITY 100



Sl. No.	Subject Name	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 M / No / Yes / No	MET Workshop Done in Last 05 Years Yes / No Give Details	Photograph with Signature	
									Ast. Prof.	Asso. Prof.	Prof.				Total	Form				To
1	Physiology Including Biochemistry	DR JAVAR MAHENDRA UTTARAO	READER	9960734426	mahendrajavars65@gmail.com	29/07/1984	NO	01/11/2018	3 Yr. 10 Month 14 Days	2 Yr. 4 Month 15 Days	-	6 Yr. 3 Month	N.A.	Temp	Under Process			N.A.	N.A.	
2	Physiology Including Biochemistry	DR MARKHIDE BHAYYASHRU VILAS	LECTURER	9235460389	dmkhide@homoeopathy.ac.in	19/01/1996	NO	13/08/2024	06 Month 18 Days	-	-	05 Month 18 Days	N.A.	Temp	Under Process			N.A.	N.A.	

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

FACULTY :- BHMS
 NAME OF COLLEGE :- SHRI CHAMUNDAMATA HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, JALGAON
 COLLEGE CODE :- 4309
 WHEATHER UG :- UG
 INTAKE CAPACITY :- 100

Sr. No.	Subject Name	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 at Coll.	Teaching Experience in Years				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 MUIS (Yes / No)		MET Workshop Done in Last 05 Years Yes / No Give Details	Photograph with Signature
									Asst. Prof.	Asso. Prof.	Prof.	Total				Form	To	Temp / Regn	Letter No. & date		
1	Anatomy	DR BHAMBE MANOHAR PANDHARANATH	PROFESSOR	8007843339	dr.bhambe@gmail.com	21/01/1965	NO	01/03/2002	07 Yr-10 Month 16 Days	13 Yr-5 Month	14 Yr-10 Month 12 Days	36 Yr-2 Month	N.A.	Regular	Yes			N.A.	N.A.		 Signature
3	Anatomy	DR TATYA SANDEEP SHANTILAL	LECTURER	9421528799	sandeep_tatyaa@yahoo.in	28/04/1982	NO	01/04/2009	15 Yr-10 Month			15 Yr-10 Month	N.A.	Regular	Yes			N.A.	N.A.		 Signature

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Signature of 
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 : 31/01/2025

ANNEXURE - VI (A)

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







Sr. No.	Subject Name	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 No	Type of Appointment	University Approval Status (Yes / No)	Temp. Approval		Details of PG Teacher Recognition by MDS (Yes / No)	MPT Workshop Done in Last 05 Years Yes / No Date	Photograph with Signature
									Asst. Prof.	Asso. Prof.	Prof.				Temp.	To			
1	Homoeopathic Materia Medica	DR. RAJKUMAR CHANASYAM PANDITRAO	PROFESSOR	942081922	pranodpanditgaur@gmail.com	01/04/1972	NO	01/07/2000	11 Yr. 08 Month 12 Days	12 Yr. 04 Yr. 20 Month 12 Days	28 Yr. 07 Month	N/A	Temp	Under Process	Temp	To	N/A	N/A	 Signature
2	Homoeopathic Materia Medica	DR. SANJAYKUMAR SANGHVI VISHNU	READER	982330957	drsanjayk7@gmail.com	12/07/1977	NO	27/03/2002	7 Yr. 11 Month 19 Days	05 Yr. 07 Month 03 Days	22 Yr. 10 Month 14 Days	N/A	Temp	Under Process	Temp	To	N/A	N/A	 Signature
3	Homoeopathic Materia Medica	DR. PAUL VINHAL BHOSAR	LECTURER	976608630	drvinhal@homoeopathicall.com	11/06/1983	NO	27/03/2021	3 Yr. 10 Month 14 Days	-	3 Yr. 10 Month 4 Days	N/A	Temp	Under Process	Temp	To	N/A	N/A	 Signature
4	Homoeopathic Materia Medica	DR. GURUJAKE SHIBHUSH MANOHAR	LECTURER	982704553	gurujake@homoeopathicall.com	13/11/1976	NO	13/01/2025	18 Days	-	18 Days	N/A	Temp	Under Process	Temp	To	N/A	N/A	

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Signature of Dean/Principal with Seal
PRINCIPAL
 Shri Chamundamata Homoeopathic Medical College & Hospital

FACULTY :- **BEMS**
 NAME OF COLLEGE :- **SRI CHANDAMATA HOMOEPATHIC MEDICAL COLLEGE & HOSPITAL, JALGAON**
 COLLEGE CODE :- **4309**
 WHETHER UG :- **UG**
 INTAKE CAPACITY :- **100**





Sr. No.	Subject Name	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. 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 Yes / No Give Details	Photograph with Signature
									Asst. Prof.	Asso. Prof.	Prof.				Perm	To			
1	Case Taking & Repertory	DR. GURJANT SANGDE SHANTIRAM	LECTURER	9821001081	gmsangde@homoeopathy.ac.in	10/10/1988	NO	03/10/2020	1 Yr. 3 Month 28 Days	-	-	1 Yr. 3 Month 28 Days	N/A	Temp	Under Process	N/A	N/A	 	
2	Case Taking & Repertory	DR. KANHE KAMLESH PANDURANG	LECTURER	9921820072	dkpandur@homoeopathy.ac.in	18/04/1983	NO	13/01/2023	18 Days	-	-	18 Days	N/A	Temp	Under Process	N/A	N/A	 	
3	Case Taking & Repertory	DR. JAIN SHIRAM SUSHILKUMAR	LECTURER	7020642112	shirajain@homoeopathy.ac.in	11/03/1996	NO	13/01/2023	18 Days	-	-	18 Days	N/A	Temp	Under Process	N/A	N/A	 	

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 Shri Chamundamata Homoeopathic Medical College & Hospital, Jalgaon

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

Sr. No.	Subject Name	Name of the Teaching Staff	Designation	Mob. No.	Email ID	Date of Birth	Whether belongs to Reserved category (if no specify category)	Teaching Experience			Total Teaching Exp. in Years (Ug/Post)	Type of Appointment	University Approval Status (Yes/No)	Temp. Approval		Details of PG Teacher Recognition by MCHS (Yes/No)	MCHS Workshop Done in Last 05 Years Yes/No	Photograph with Signature
								Date of Appointment	Asst. Prof.	Assoc. Prof.				Total	Form			
1	Practice of Medicine	DR. KILKURE AVINASH CHINTAMAN	PROFESSOR	9470007107	avinashkure1975@gmail.com	04/08/1975	NO	01/07/2000	9 Yr, 7 Month, 27 Days	10 Yr, 4 Yr, 5 Month, 27 Days	24 Yr, 07 Month	Temp	Under Process			N/A	N/A	 Signature
2	Practice of Medicine	DR. SUDHAKR PAVANSHANKAR JOSHI	READER	9429688192	man.pavane1@gmail.com	12/12/1975	NO	01/08/2008	12 Yr, 2 Days	4 Yr, 5 Month, 27 Days	16 Yr, 06 Month	Temp	Under Process			N/A	N/A	 Signature
3	Practice of Medicine	DR. PAUL ANAND DATTARAY	LECTURER	9764787437	anandp@chomocampus.ac.in	12/03/1984	NO	20/01/2022	03 Yr, 11 Days	-	03 Yr, 11 Days	Temp	Under Process			N/A	N/A	 Signature
4	Practice of Medicine	DR. BANDE SNEHAL GANESH	LECTURER	8478937863	drbande@chomocampus.ac.in	18/09/1994	NO	25/08/2023	01 Yr, 05 Month, 6 Days	-	01 Yr, 05 Month, 6 Days	Temp	Under Process			N/A	N/A	 Signature

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

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

COLLEGE CODE : 4309

WHETHER UG : UG
 REFRAE CAPACITY : 100

Sl. No.	Subject Name	Name of the Teaching Staff	Designation	Mob. No.	Email ID	Date of Birth	Whether belong to reserved category (if so specify)	Date of Appointment	Teaching Experience			Total Teaching Exp. In years PG	Type of Appointment	University Approval Status (Yes / No)	Temp. Approval		Details of PG Recogntion by MUIS (Yes / No)	MET Workshop Done in last 5 years Yes / No Give Details	Photograph with signature
									Ast. Prof.	Asso. Prof.	Prof.				Temp. Form	To			
1	Pathology	DR KAJALE (ANJALI NAJIBO)	READER	9421082977	shajale2022@gmail.com	01/07/1970	NO	01/07/2000	11 Yr. 4 Month 8 Days	16 Yr. 10 Month 21 Days	28 Yr. 3 Month	N.A.	Regular	Yes			N.A.	N.A.	 Kajale
2	Pathology	DR. P. S. SHYAM SHIRSHASTHA	READER	9973006243	shirshastha@unmc.edu.in	06/03/1984	NO	01/09/2024	02 Month	04 Month	4 Yr. 8 Month	N.A.	Temp	Under Process			N.A.	N.A.	
3	Pathology	DR. P. T. PANKAJ SURESH	LECTURER	9730000045	pankajshirshastha@gmail.com	11/08/1982	NO	01/09/2024	3 Month		3 Month	N.A.	Temp	Under Process			N.A.	N.A.	

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Signature of Dean/Principal with Seal


 PRINCIPAL

Shri Chamundamata Homoeopathic Medical College & Hospital, Jalgaon



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

Sr. No.	Subject Name	Name of the Teaching staff	Designation	Mob. No.	Email ID	Date of Birth	Whether belongs to Reserved category (If any specify category)	Date of Appointment	Teaching Experience (OO (Yrs))			Total Teaching Exp. in years Pd	Type of Appointment	Internally Approved Status (Yes / No)	Temp. Approval		Details of PG Registration by AYUSH (Yes / No)	MET Workshop Done in past Yes / No Give Details	Photograph with Signature
									Post Prof.	Asst. Prof.	Total				From	To			
1	Community Medicine	DR.PATIL ANILKANT DATTI	RECTOR	9890159474	anilkantdatti4@gmail.com	01/06/1974	NO	24.12.2003	06 Yr 14 Yr 2 Mo 10 Days	21 Yr 1 Mo 3 Day	N.A	Regular	Yes			N.A	N.A	 Signature	
2	Community Medicine	DR.CHAVAN RESHMA MADHU	LECTURER	982246946	dr.reshma23@gmail.co	17/02/1985	NO	01/08/2012	12 Yr 6 Mo 13 Day	12 Yr 6 Month	N.A	Temp	Under Process			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 :- 31/01/2025

ANNEXURE - VI (A)

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

Sr. No.	Subject Name	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			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)	MTT Workshop Date in Last 05 years Yes / No Give Details	Photograph with Signature	
									UG (Yrs)	Asst. Prof.	Asso. Prof.				Total	Form				To
1	Organon of Medicine	DR PATIL DIPAK PONDLIK	READER	9423492380	drpatil9423@gmail.co	05/05/1979	NO	01/09/2006	09 Yr. 7 Month 29 Days	08 Yr. 8 Month 30 Days	18 Yr. 5 Month	N/A	Temp	Yes	29/11/2021	28/11/2023	N/A	N/A	 Signature	
2	Organon of Medicine	DR VASHALI ATENDRA MANDORE	LECTURER	9373714400	drmandorevashali@gmail.com	28/09/1969	NO	01/05/2013	05 Yr. 5 Month	-	11 Yr. 9 Month	N/A	Temp	Yes	Under Process	-	-	N/A	N/A	 Signature

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PRINCIPAL
 Shri Chamundamata Homoeopathic Medical College & Hospital, Jalgaon



**SHRI CHAMUNDAMATA
HOMOEOPATHIC MEDICAL
COLLEGE & HOSPITAL, JALGAON**

Gat No.95/1, Near Airport,
Behind Shakambharimata Temple, Chincholi, Jalgaon
Phone : 0257-2957555, 2958555, 2228777
Email : info@homoeopathy.ac.in

Ref. No.- SCHMC/

Date : / /

ANNEXURE – VI(B)

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Homoeopathy Faculty

Name of College: Shri. Chamundamata Homoeopathic Medical College & Hospital, Jalgaon
College Code: 4309 **Intake Capacity 100**

List of (UG) Guest Faculty :

Sr. No.	Name of the Teachers	Subject	Post	Remark
1	-	Cardiology	Consultant	
2	Dr. Hitendra Arun Bhole	Pediatrics	Consultant	
3	-	Psychiatry	Consultant	
4	Dr. Rakesh Suresh Patil	Radiology	Consultant	
5	Dr. Yogesh Sudhakar Teni	Ophthalmology	Consultant	
6	-	Pain Palliative Care	Consultant	
7	-	Geriatrics	Consultant	
8	-	Dermatology	Consultant	
9	-	Nephrology	Consultant	
10	Dr. Parikshit Shriram Baviskar	General Medicine	Consultant	
11	-	Neurology	Consultant	
12	Dr. Anjali Lalitkumar Patil	Ob/Gyn.	Consultant	
13	-	Emergency Medicine	Consultant	
14	Dr. Mahendrakumar Santosh Mal	Surgery	Consultant	
15	Dr. Manish Narayan Chaudhari	Dentistry	Consultant	
16	-	Physiotherapy	Consultant	
17	-	Rhumatology	Consultant	
18	-	ENT	Consultant	
19	-	Homoeopathy	Consultant	
20	Dr. Rahul Ravindra Mayur	Pathology	Consultant	
21	Dr. Atul Dinakar Patil	Anesthetist	Consultant	

[Signature]
Signature of Principal with Seal
PRINCIPAL
Shri Chamundamata Homoeopathic
Medical College & Hospital, Jalgaon