

EXAMINATION RELATED INFORMATION FOR A.Y.20.....-20.....**For Online Transmission of Question Papers:**

Sr. No.	Infrastructure facilities at College	Yes /No
Strong Room :		
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
Scanning Room :		
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)	No
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.	No

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.	No
2	Wiring and Networking (with Raw Power Supply and UPS) and one Printer per DEC	No
3	Air conditioners, Bio metric system, CCTV installation, Rest rooms and 24 x 7 security.	Yes
4	Collapsible gate for the main entrance with Name board and locking facility.	Yes
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.	Yes
6	Appointment of one Professor as a Examination Co-ordinator to Co-ordinate this Online process.	Yes
7	Separate Evaluation Room for Evaluating the Answer Books under CCTV Surveillance	Yes



Signature of Principal with Seal

College & Hospital, Chandrapur

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

Name of College : P. B. Homoeopathic Medical College & Hospital, Chandrapur
 Phone/Mobile No. : 7757962370

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	Total Teaching experience After PG Passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & 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	P. B. Homoeopathic Medical College & Hospital, Chandrapur	Anatomy	Dr. Ramesh Aimmaram Chavhan	Asso. Prof/Reader	01-08-99	1998			Yes	MUHS/E-4(UG)/4504/4306/12 Dt. 29/10/2012	608356473326	AKBPC2152L	29-12-72	ramesh.chavhan1972@gmail.com	9422153159	No
2			Dr. Sunil Ramdas Pakde	Lecturer	03-10-16	2006	MD-2012	6	Yes	MUHS/(UG)/E4/4504/238/2019, Dt. 23/02/2019	252025297372	GSZPT1361G	19-04-85	sunil.pakde@gmail.com	9960151548	No
3			Dr. Kavita N. Jinde	(Guest) Professor	18-07-11	2004			Yes	MUHS/E4/(UG)/4504/2936/2011	922842567582	BGCPFS2484H	12-01-77	pbhmc@rediffmail.com	9422836786	No



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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of College : P. B. Homeopathic Medical College & Hospital, Chandrapur


Phone/Mobile No. : 7757962370

Subject : Physiology Incl. Bio- Chemistry

Annexure-Xb

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	Total 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.	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	P. B. Homeopathic Medical College & Hospital, Chandrapur	Physiology Incl Bio-Chemistry	Dr. Suresh Kashinath Meshram	Asso. Prof. / Reader	07-01-97	DHMS 1985			Yes	MUHS/E-4/UG/4504/2394 Dt. 28/07/2010	553487065241	ACUPM4270E	22-11-1962	meshram.suresh121@gmail.com	9422139329	No
2			Dr. Vidya Nanaji Parthi	Lecturer	03-06-20	BHMS 2003	MD - 2007	3	Yes	MUHS/E-4/UG/4504/1480 Dt. 23-08-2021	50294042551	BRAPD671K	09-09-80	vidyadawre123@gmail.com	8805786822	No
3			Dr. Sunita A. Kasatwar	(Guest) Professor	01-06-23	MBBS 1983	-	-	No	-	497389207687	AJIPK8385M	20-06-61	pbnmc@rediffmail.com	9422838970	No




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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of College : P. B. Homoeopathic Medical College & Hospital, Chandrapur

Phone/Mobile No. : 7757962370

Subject : Hom. Pharmacy

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	Total Teaching experience After PG	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.	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	P. B. Homoeopathic Medical College & Hospital, Chandrapur	Hom. Pharmacy	Dr. Prashant R. Sammanwar	Professor	11-12-91	1983			Yes	MUHS/E-4(UG)/4504/2497/06 Dt.18/05/2006	863554057473	ARQPS7990G	11-12-91	sammanwarprashant@yahoo.com	9422837637	No
2			Dr. Yashodhan Wadkar	Lecturer	01-07-13	2008	MD-2011	10	Yes	MUHS/UG/E4/4504/2856/2015 Dt. 20-07-2015	852672163943	ACIPW1561G	22-06-85	yashodhan22@gmail.com	9423448254	No
3			Dr. Vaishali Ghumde	(Guest) Reader	01-10-16	2003			Yes	--	27494786215	BFMPKS819P	01-10-16	divaishalikamde@rediffmail.com	9822436118	No



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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of College : P. B. Homoeopathic Medical College & Hospital, Chandrapur

Phone/Mobile No. : 7757962370

Subject : Pathology

Sl. 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	Total 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.	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	P. B. Homoeopathic Medical College & Hospital, Chandrapur	Pathology	Dr. Prabodhanchandra Meshram	Lecturer	03-06-20	2006	MD-2014	3	Yes	MUHS/E-4/UG/4504/1480 23-08-2021	597567471099	BBVPM6164N	20-02-84	drpbmeshram@gmail.com	9822548418	No
2			Dr. Ajit E. Sighai	(Guest) Professor	17-07-95	1975			Yes	MUHS/E-4/4504/2004 Dt. 19/10/2004	--	--	01-12-14	pbhmc@rediffmail.com	7757962376	No



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

Name of College : P. B. Homoeopathic Medical College & Hospital, Chandrapur
 phone/mobile No. : 7757962370

Subject : Forensic Medicine & Toxicology

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	Total Teaching experience After PG Passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & 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	P. B. Homoeopathic Medical College & Hospital, Chandrapur	Forensic Medicine & Toxicology	Dr. Umesh Vasantrao Madyaswar	Professor	09-01-88	1984			YES	MUHS/E-4(UG)/4504/2497/06 Dt. 18/05/2006 MUHS/(UG)/E4/4504/238/2019, Dt. 23/08/2019	660083927742	AIIFPM1449Q	26/04/1960	drumeshmadyaswar1960@gmail.com	9730128622	No
2			Dr. Mohammad Siraj R. Khan	Lecturer	18-07-11	2005			YES	MUHS/E-4(UG)/4504/4306/12 Dt. 29/10/2012	961450706426	AXKPK7906L	02-09-82	strajkhan3982@gmail.com	9822996747	No
3			Dr. Vijay Desale	(Guest) Reader	01-07-13				YES			ABNPD7320C	18-12-64	pbbmrc@rediffmail.com	9822946581	No



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

Name of College : P. B. Homoeopathic Medical College & Hospital, Chandrapur

Phone/Mobile No. : 7757962370

Subject : Surgery

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	Total 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.	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	P. B. Homoeopathic Medical College & Hospital, Chandrapur	Surgery	Dr. Rekha Dandekar	Asso. Professor	19/09/1991	1982			Yes	MUHS/E-4(UG)/4504/2004 Dt. 19/10/2004	310130509149	ABNPD0618F	18-09-60	pblmnc@rediffmail.com	9881104055	No
2			Dr. Pankaj N. Longadge	Lecturer	01-09-07	2006			Yes	MUHS/E-4(UG)/4504/4306/12 Dt. 29/10/2012	551727407344	AERPL6289H	06-12-83	drpankaj_longadge@yahoo.com	9765866471	No
3			Dr. Mahavir A. Sotikar	(Guest) Professor	09-01-88	1980			Yes	MUHS/E-4(UG)/4504/2004 Dt. 19/10/2004	753814416676	AAHHA8438F	10-07-54	pblmnc@rediffmail.com	9422136634	No



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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of College : P. B. Homoeopathic Medical College & Hospital, Chandrapur

Phone/Mobile No. : 7757962370

Subject : Obstetric & 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	Total 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.	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	P. B. Homoeopathic Medical College & Hospital, Chandrapur	Obstetric & Gynaecology	Dr. Suchita M. Vaidya	Professor	09-08-99	1989			Yes	MUHS/E-4(UG)/4504/4306/12 Dt. 29/10/2012	859671286713	AHHPD4634J	16-06-67	suchita.mvaidya@gmail.com	9922400992	No
2			Dr. Nameeta M. Dabhere	Lecturer	29-01-19	2003	MD-2019	4	Yes	MUHS/(UG)/E4/4504/238/2019, Dt. 23/08/2019	646330170215	APFPD5290M	02-08-80	nameeta.dabhere@rediffmail.com	9822192104	No
3			Dr. Rupita Suresh Bajaj	(Guest) Reader	18-07-11	2001			Yes	MUHS/E-4(UG)/4504/2936/2011 Dt. 02/08/2011	604711533965		12-03-79	pblmnc@rediffmail.com	9970155282	No



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

Name of College : P. B. Homoeopathic Medical College & Hospital, Chandrapur

Phone/Mobile No. : 7757962370

Subject : Homoeopathic Materia Medica

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	Total 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.	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	P. B. Homoeopathic Medical College & Hospital, Chandrapur	Homoeopathic Materia Medica	Dr. Sau Mukta Suresh Chopne	Professor	10-01-92	1986			YES	MUHS/E-4/4504/2497/2006 Date : 18-05-2006	619123565332	AJMPCT611G	29-01-66	munikachopane@gmail.com	9881015663	No
2			Dr. Monika Vishesh. Pise	Lecturer	04-10-12	2006			YES	MUHS/E-4/UG/4504/4306/12 Dt. 29/10/2012	509950382237	CBDPPI10IP	08-06-81	monikapise5@gmail.com	8007151266	No
3			Dr. Zenith V. Dethhe	Lecturer	22-03-10	2001			YES	MUHS/E-4/UG/4504/2394 Dt. 22/03/2010	692834404022	ARRPD2565R	21-08-78	dethezenith@yahoo.com	9890726416	No

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P. B. Homoeopathic Medical
College & Hospital, Chandrapur

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of College : P. B. Homoeopathic Medical College & Hospital, Chandrapur
 Phone/Mobile No. : 7757962370

Subject : Organon of 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	Total 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.	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	P. B. Homoeopathic Medical College & Hospital, Chandrapur	Organon of Medicine	Dr. Mrs. Rajashree O. Potdukhe	Asso. Professor	01-10-91	DHMS 1992			Yes	MUHS/E-4/4504/4552/04 Dt. 18/10/2004	296591800399	APRPP1428L	21/09/1965	neha10nt@gmail.com	9403195021	No
2			Dr. Bhagyashree Giri	Lecturer	24-07-20	BHMS 2015	MD-2019	3	Yes	MUHS/E-4/4504/1352/2023 Dt. 18/07/2023	708343292930	CAPPB9775G	25/10/1990	dr.bhagyashreebhanuwan@gmail.com	9822237664	No
3			Dr. Rajik Sheikh Sheikh Inayant	Guest (Professor)	18-07-11	BHMS 2006			Yes			BHSPS6264L	05-12-74	pahmcc@rediffmail.com	9422137249	No



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 P. B. Homoeopathic Medical
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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of College : P. B. Homoeopathic Medical College & Hospital, Chandrapur

Phone/Mobile No. : 7757962370

Subject : Practice of 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	Total 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.	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	P. B. Homoeopathic Medical College & Hospital, Chandrapur	Practice of Medicine	Dr. Rajesh R. Kamde	Professor	04-08-00	1996	MD-2003	20	Yes	MUHS/UG/E4/4504/4898/2016/30/06/2016 MUHS/(UG)/E4/4504/238/2019, Dt. 23/08/2019	276087282660	ALXPK1820G	17-12-72	dr.rajeshkamde@rediffmail.com	9850327213	No
2			Dr. Anand Y. Fulzele	Lecturer	10-07-07	2000			Yes	MUHS/E-4(UG)/4504/2394/23/07/2010	929745765878	AAMMPF6506A	29-12-78	dr.anandfulzele29@gmail.com	9823129146	No
3			Dr. Shrikant C. Joshi	Lecturer	07-07-00	1975			Yes	MUHS/E-4(UG)/4504/2497/06/Dt. 18/05/2006	351393916974	ABLPG9239Q	15-04-66	scjoshi1966@gmail.com	9422138837	No



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P. B. Homoeopathic Medical College & Hospital, Chandrapur

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of College : P. B. Homoeopathic Medical College & Hospital, Chandrapur

Phone/Mobile No.: 7757962370

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	Total Teaching experience After PG Passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & 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	P. B. Homoeopathic Medical College & Hospital, Chandrapur	Community Medicine	Dr. Kishor K. Jenekar	Professor	01-09-90	1987			Yes	MUHS/E-4(UG)/4504/2497/06 Dt. 18/05/2006	292998729050	ADRPJ9966C	19-08-59	kenekar@rediffmail.com	9422181230	No
2			Dr. Ashishkumar S. Julne	Lecturer	18-07-11	2003	MID-2008	12	Yes	MUHS/(UG)/E4/4504/228/2019, Dt. 23/08/2019	239654811253	AKYPT7681C	10-12-79	dr.ashishjulne@yahoo.co.in	9922329381	No
			Dr. Aparna S Andankar	(Guest) Reader	01-10-16	1980			Yes		821570684136	ACTPA5839Q	24-12-51	aparnaandankar@gmail.com	9822707866	No



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P. B. Homoeopathic Medical
College & Hospital, Chandrapur

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of College : P. B. Homoeopathic Medical College & Hospital, Chandrapur
 phone/Mobile No.: 7757962370

Subject : Repertory

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	Total Teaching experience After PG Passing	MUHS Approval (Yes/No)	If Yes MUSH Approval Letter & Date	Adhar 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	P. B. Homoeopathic Medical College & Hospital, Chandrapur	Repertory	Dr. Gopal P. Rajpurohit	Reader	18-07-11	2004			Yes	MUHS/E-4(UG)/4504/4306/12 Dt. 29/10/2012	350581920659	AJYTR4947E	01-01-79	gopal.rajpurohit6347@gmail.com	9422136849	No
2			Dr. Sudhakar Yashwantrao Sakarkar	(Guest) Professor	09-01-88	1978			Yes	MUHS/E-4(UG)/4504/2497/06 Dt. 18/05/2006 NU/G/502/9/9/98 MUHS/E-4/4504/4352/2304 Dt. 18/10/2004	876758865944	AFCP54760A	04-01-54	pblmchchandrapur@gmail.com	9422910249	No



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