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.									
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 mpbs speed, by an another Class 'A' ISP to ensure uninterrupted downloading facility, with 2(two) static IP's, Internet Dongle.									
7	Adequate Number of Paper Rims for printing Question Papers.	Yes								
8	One Photocopy Machine, UPS Backup.	Yes								
Scanning Rooi	m:									
9	Separate Scanning Room for scanning Answer Books after end of Examination Session under CCTV Survellience. (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 mpbs 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 mpbs 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 <u>Examination Co-ordinator</u> to Co-ordinate this Online process.	Yes
7	Separate Evaluation Room for Evaluating the Answer Books under CCTV Survellience	Yes

CHANDRAPUR COLLEGE

Pridolilli/ Signature of Principal with Seal.

College & Hospital, Chandrapage 3 of 22

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

Phone/Mobile No.: 7757962370

Subject : Anatomy

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	Chandrapur	Medical College	Homoeopathic	P.B.	2										College Name
				Anatomy	3										Subject
Dr. Kavita N. Jinde	Paka ie	Dr Sunil Pamdas	Chavhan	Anatomy Dr. Ramesh Atmaram	4							Name Last Name.)	Name Middle	Teacher (First	Full name of the Designat Date of
(Guest) Professor	Decimien	Today	Reader	Asso. Prof/	Sī									ion	Designat
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2004	2006			1998	7					Passing	of	& year	cation	Qualifi	UG
	MD- 2012				8					Passing Passing After	of	& year & year experi	cation	Qualifi	PG
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Yes	Yes			Yes	10								(Yes/No)	Approval	PG Total MUHS
MUHS/E4/(UG)/4504/2936 /2011	MUHS/(UG)/E4/4504/238/ 2019, Dt. 23/02/2019	Dt. 29/10/2012	4(UG)/4504/4306/12	MUHS/E-	11									Letter & Date	If Yes MUSH Approval
922842567582	252025297372			608356473326	12										Adhar no.
BGGPS2484H	CSZPP1361G			AKBPC21521	13										Pan no.
12-01-77	19-04-85			29_12_72	14									(age in years)	Date of Birth
pbhmc@rediffmail.com	sunil.pakde@gmail.com		m	ramach charchan 10770 amail an	15										Latest Email Address
9422836786	9960151348		7422133139		16										Contact No Deharre
No	No		No		17							200100	VecNo	d d	Daharra



Signature of Principal With Seal
P. B. Homoeopathic Medical
College & Hospital, Chandrapur

Name of College: P.B. Homoeopathic Medical College & Hospital, Chandrapur SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Phone/Mobile No.: 7757962370

Subject: Physiology Incl. Bio- Chemistry

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Nome	Name							2	P. B.	Homoeopath	ic Medical College &	Hospital,				
Subject								3	Physiology Dr. Suresh	Incl. Bio-	Chemistry Meshram					
rum mame or	the Teacher (First Name	Middle Name	Last Name.)					4	Dr. Suresh	Kashinath	Meshram	Dr. Vidya Nanaji		Dr. Sunita A.	Kasatwar	
Designat	ion							5	Asso.	Prof./	Reader	Lectures		(Guest)	Professor	
Date of	Joining		7 -	3				6	07-01-97			03-06-20		01-06-23		
06	Qualificati Qualific Teachin Approval on & year ation & g (Yes/No)	of Passing year of experie						7	DHMS	1985		BHMS	2002	MBBS	1983	
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MUHS	Approval (Yes/No)							10	Yes			Yes		No	ě	
If Yes MUSH	Approval Letter &							11	MUHS/E-	4(UG)/4504/2394	Dt. 28/07/2010	MUHS/E-	4/ UG/4504/1480 Dt. 23-08-2021	1	1	
Adhar no.								12	553487065241			602946442551		497389207687	47/30720/00/	
Pan no.								13	AGI IPM4270F			BRAPD6771K		AIIPK8385M	AJIFNOSOSINI	
Date of Birth	(age in years)		107					14	22-11-1962			09-09-80		20-06-61	19-90-07	
Latest Email Address								15	machrameurach 171@cma	il com	and a control of	vidyadawre123@gmai	<u>l.com</u>	nhhm@radiffmail co	pbhmc@rediffmail.co <u>m</u>	
Contact No. Debarred								16	0/22/2020	7744137343		8805786822		0/70828070	9422838970	
Debarred	Yes/No							17	N. S.	INO		36		NI	No	



Signature of Principal with Sealcal

Name of College: P. B. Homoeopathic Medical College & Hospital, Chandrapur SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Phone/Mobile No.: 7757962370

Subject: Hom. Pharmacy

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Date of Birth (age in years) 14	274947862 15	852672163 943	473	12 863554057	Adhar no.
Latest Email Address Contact No. 15 16 Sannmanwarprashan 9422837637 16@yahoo.com yashodhan22@gmail 9423448254	BFMPK5819P	ACIPW1561G	D		
16 9422837637 9423448254 9822436118		22-06-85			Date of Birth (age in years)
Contact No. 16 9422837637 9423448254 9822436118			t@yahoo.com	15	Latest Email Address
Deba red Yes/ No 17 No	9822436118	9423448254			Contact No.
	No	No	NO	17	Deba rred Yes/ No



Signature of Principal with Sealcal

Name of College: P. B. Homoeopathic Medical College & Hospital, Chandrapur SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Phone/Mobile No. : 7757962370

Subject : Pathology

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Yes	Yes	10		MUHS Approval (Yes/No)
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1	597567471 099	12		Adhar no.
-	BBVPM6164 N	13		Pan no.
01-12-14	20-02-84	14		Date of Birth (age in years)
pbhmc@rediffmad.o2 7757962376	<u>drpbmeshram@gmai</u> 9822548418 <u>l.com</u>	15		Date of Birth (age in years)
7757962376	9822548418	16		Contact No.
No	No	17		Debarre d Yes/No



Signature of Principal with Seal

College & Hospital, Chandrapur

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

phone/Mobile No.: 7757962370

Subject : Forensic Medicine & Toxicology

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Date of UG PG Total MUHS If Yes MUSH Approval Letter & Date Get in years Contact No. Date of Birth Latest Email Address Contact No. Date of Birth Date o	Dr. Vijay Deotale	Dr. Mohhamad Siraj R. Khan			Madyaswar	Ur. Umesh	. 4		Last Name.)	Middle Name	(First Name	the Teacher	
UG PG Total MUHS If Yes MUSH Approval food and the took of	(Guest) Reader	Lecturer				Professor	5					n	Designatio
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Adhar no. Pan no. (age in years) Date of Birth (age in years) Latest Email Address Contact No. 12 13 14 15 16 660083927742 AIFFM1449Q 26/04/1960 drumeshmadyaswar1960@ 9730128622 9730128622 gmail.com gmail.com 9822946747 961450706426 AXKPK7906 02-09-82 siralkhan3982@gmail.com 9822946747 ABNPD7320 18-d.2-64 pbhmc@rediffmail.com 9822946581		MUHS/E- 4(UG)/4504/4306/12 Dt. 29/10/2012	0/ 2013, 121, 23/ 00/ 2013	MUHS/(UG)/E4/4504/23	4(UG)/4504/2497/06 Dt. 18/05/2006	MUHS/E-	11	2				Letter & Date	If Yes MUSH Approval
15 15 16 drumeshmadyaswar1960@ 9730128622 gmail.com 9822996747 sirajkhan3982@gmail.com 9822946581		961450706426				660083927742	12						Adhar no.
15 15 16 drumeshmadyaswar1960@ 9730128622 gmail.com 9822996747 sirajkhan3982@gmail.com 9822996747	ABNPD7320 C	AXKPK7906 L				AIFPM1449Q	13						Pan no.
Contact No. 16 9730128622 9822946581	18-12-64	02-09-82				26/04/1960	14				,	(age in vears)	Date of Birth
Contact No. 16 9730128622 9822946581	pbhmc@rediffmail.com	sírajkhan3982@gmail.com			gmail.com	drumeshmadyaswar1960@	15						Latest Email Address
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Signature of Principal with Sealedical College & Hospital, Chandrapur

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

Phone/Mobile No.: 7757962370
Subject: Surgery

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	Hospital, Chandrap ur	Homoeop athic Medical College &	\perp	ne
		Dandekar	3	Subject
Dr. Mahavir A. Soitkar	Dr. Pankaj N. Longadge	Dr. Kekna Dandekar	4	Subject Full name of Designati the Teacher on (First Name Middle Name Last Name.)
(Guest) Professor	Lecturer	Asso. Professor	5	Designati on
09-01-88	01-09-07	19/09/1991	6	Date of Joining
1980	2006	1982	7	UG PG Total MUHS Qualificat Qualific Teaching Approval ion & ation & experienc (Yes/No) year of year of e After Passing PG Passing PG Passing PG
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Yes	Yes	Yes	10	MUHS Approval (Yes/No)
MUHS/E- 4(UG)/4504/2004 Dt. 19/10/2004	MUHS/E- 4(UG)/4504/4306/12 Dt. 29/10/2012	MUHS/E- 4(UG)/4504/2004 Dt. 19/10/2004	11	If Yes MUSH Approval Letter & Date
753814416676	551727407344	310130509149	12	Adhar no.
AAHHA8438F	AERPL6289H	ABNPD0618F	13	Pan no.
10-07-54	06-12-83	18-09-60	14	Date of Birth (age in years)
pbhmc@rediffmail. <u>com</u>	drpankaj longadg e@yahoo.com	pbhmc@rediffmail. com	15	Latest Email Address
9422136634	9765866471	9881104055	16	Contact No.
No	No	No	17	Debarre d Yes/No



Signature of Principal with Seal at the monopolital Chandrapur

Name of College: P. B. Homoeopathic Medical College & Hospital, Chandrapur SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Phone/Mobile No.: 7757962370

Subject :Obstric & Gynaecology

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Name	2	P. B.	hic Medical ogy College & Hospital,	Chandrapur	. 5		
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the Teacher on (First Name Middle Name Last Name)	4	Obstric & Dr. Suchita M.	уали уа	Dr. Nameeta M. Dabhere		Dr. Rujuta Suresh Rajaj	a reger
on	51	Professor		Lecturer		(Guest) Reader	
Joining	6	09-08-99		29-01-19		18-07-11	
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Approval (Yes/No)	10	Yes		Yes		Yes	
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Pan no.	13	85967128671 AHIPD4634J		APFPD5290	ż		
Date of Birth (age in years)	14	16-06-67		02-08-80		12-03-79	
Latest Email Address	15	suchita.mvaidya@gmail.	com	nameeta_dabhere@redif	шап.сош	pbhmc@rediffmail.com	
Contact No.	16	9922		9822192104		9970155282	
Debarr ed Yes/No	1	No :		No		No	



Signature of Principal With Seal
P. B. Homoeopathic Medical

College & Hospital, Chandrapur

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

Phone/Mobile No.: 7757962370

Subject: Homoeopathic Materia Medica

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	Lecturer		Lecturer			rrotessor		SI							n	Designatio	
	22-03-10		04-10-12			10-01-92	10 01 00	6							Joining		
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	ARRPD2565R		CBDPP1101P			AJMPC7611G 29-01-66		13								Pan no.	
	21-08-78		08-06-81			29-01-66	T.T.	14						in years)	Birth (age	Date of	
	21-08-78 dethezenith@yahoo.com		08-06-81 monikapise5@gmail.com		om	muktachopane@gmail.c	150	15								Latest Email Address	
	9890728416		8007151266			9881015663	TO	16								Contact No.	
	No		No			No	1/	1							d Yes/No	Debarre	

Signature of Principal with Sealledical P. B. Holligal with Sealledical College & Hospital, Chandrapur

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

phone/Mobile No.: 7757962370

Subject : Organon of Medicine

Teacher (First Name Middle Name Last Name) Passing year of e After Passing Pa	Ç.		П		_	7		T
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Doning Qualificat Qualific Teaching Approval				Or Medicine	CIBATION	Organon	ω	Subject
Qualification Qualification Qualification Qualification Creaching Approval Approval Approval Letter & On & year ation & experienc Yes/No Date	2	Dr. bnagyashree Giri	D. Pl.	O. Potdukhe	Dr. Mrs. Kajashree	D. Mar Bailet	4	Full name of the Teacher (First Name Middle Name Last Name.)
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11 Approval Letter & Date 11 MUHS/E- 4/4504/4552/04 Dt. 18/10/2004 MUHS/E- 4/4504/1352/2023 Dt. 18/07/2023		MD- 2019					00	PG Qualific ation & year of Passing
11 Approval Letter & Date 11 MUHS/E- 4/4504/4552/04 Dt. 18/10/2004 MUHS/E- 4/4504/1352/2023 Dt. 18/07/2023		ပ				,	٥	Total Teaching experienc e After PG Passing
	Y &	Yes			Yes	TO	10	MUHS Approval (Yes/No)
Adharno. Pan no. Date of Bit (age in yea) 12 13 14 296591800399 APRPP1428L 21/09/19 708343292930 CAPPB9775G 25/10/199 BFSPS6264L 05-12-74		MUHS/E- 4/4504/1352/2023 Dt. 18/07/2023	Dt. 18/10/2004	4/4504/4552/04	MUHS/E-	11	1	If Yes MUSH Approval Letter & Date
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	05-12-74	25/10/1990			21/09/1965	14		Date of Birth (age in years)
				com	neha10nt@gmail.	15		Latest Email Address
Contact No. 16 9403195021 9822237664 9422137249	9422137249	9822237664			9403195021	16		Contact No.
Debarre d YesyNo No No	No	No			No	17		Debarre d Yes/No



Signature of Principal with Seal cal

College & Hospital, Chandrapur

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

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

Phone/Mobile No.: 7757962370

Subject : Practice of Medicine

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			Chandrapur	College & Hospital,	Homoeopathi c Medical	PR	Name
					Medicine Kamde	3 Practice of	omject
	Dr. Shrikant C. Joshi	Dr. Anand Y. Fulzele			Medicine Kamde	Dr Daisch D	me or acher Vame Name ame.)
	Lecturer	Lecturer			riolessor	5	on
	07-07-00	10-07-07			04-08-00	6	Date of Joining
	1975	2000			1996		UG Qualifi cation & year of Passing
					MD- 2003	8	PG Qualificat ion & year of Passing
					20	9	Oualifi Qualificat Teaching Approcation ion & experienc val & year of Passing PG o) Passing Passing Passing
	Yes	Yes			Yes		Appro val (Yes/N o)
	MUHS/E- 4(UG)/4504/2497/06/ Dt. 18/05/2006	MUHS/E-4(UG)/4504/2394 23/07/2010		MUHS/(UG)/E4/4504/238/ 2019, Dt. 23/08/2019	MUHS/UG/E4/4504/4898/ 2016/30/06/2016	11	MUHS If Yes MUSH Approval Appro Letter & Date val (Yes/N o)
	351393916974	929745765878			276087282660	12	Adhar no.
	ABLPG9239Q	AAMPF6506A			ALXPK1820G	13	Pan no.
	15-04-66	29-12-78			17-12-72	14	Date of Birth (age in years)
	scjoshi1966@gmail.co <u>m</u>	dranandfulzele29@g mail.com			drrajeshkamde@redif fmail.com	15	Latest Email Address
	9422138837	9823129146	(24) (27)		9850327213	16	Contact No.
	No	No			No	17	Debar red Yes/N o



Signature of Principal with Sealical

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

bject : Community Medicine

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

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			- ,	1	No.
	Hospital, Chandrapu	Homoeopa thic Medical	P.B.	2	Name
			unity	a)	Subject
Andankar	Dr. Ashishkumar S. Julme	Jenekar	Dr Kishor K	A	Full name of the Designati Teacher (First on Name Middle Name Last Name.)
(Guest) Reader	Lecturer	1.10K5901	Droforos	7	Designati on
01-10-16	18-07-11	07-09-90	6	,	Date of Joining
1980	2003	170/	7	'	UG Qualifica tion & year of Passing
*	MD-2008		90		PG Qualificatio n & year of Passing
	12		9		UG PG Total MUHS Qualificatio Teaching Approval tion & n & year of experience (Yes/No) year of Passing Passing Passing Total MUHS Approval After PG Passing
Yes	Yes	Yes	10		MUHS Approval (Yes/No)
	MUHS/(UG)/E4/4504/ 238/2019, Dt. 23/08/2019	MUHS/E- 4(UG)/4504/2497/06 Dt. 18/05/2006	11		MUHS If Yes MUSH Approval Approval Letter & Date (Yes/No)
821570684136	239654811253	292998729050	12		Adhar no.
821570684136 ACTPA5839Q 24-12-51	AKYPJ7681C	ADRPJ9966C	13		Pan no.
	10-12-79	19-08-59	14		Date of Birth (age in years)
apamaandankar@gmail.c ب <u>س</u>	dr.ashishjulme@yahoo.co <u>m</u>	kjenekar®rediffmail.com	15		Date of Latest Email Address irth (age in years)
9822707866	9323239381	9422181230	16		Contact No.
No	N _o	No	17		Debarre d Yes/No



Signature of Principal with Seal P. B. Homoeopathic Nedical College & Hospital, Chandrapur

Name of College : P. B. Homoeopathic Medical College & Hospital, Chandrapur SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

phone/Mobile No. : 7757962370

Subject : Repertory

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				Sakarkar	Dr. Sudhakar Yashwantrao		Rajpurohit	Repertory Dr. Gopal P.	4			Last Name.)	Middle Name	(First Name	the Teacher	Full name of Designatio Date of
				TOTOGOOT	(Guest)			Reader	51						n	Designatio
					09-01-88			18-07-11	6						Joining	Date of
			,		1978		1002	2004	7		Passing Passin Passing	of	& year	cation	Qualifi	UG
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		Dt. 18/10/2004	MUHS/E-	10G/4504/249//06 Dt. 18/05/2006	MUHS/E-	Dt. 29/10/2012	4(UG)/4504/4306/12	Mille /E	11						Letter & Date	Total MUHS If Yes MUSH Approval
		1			876758865944		350581920659		12							Adhar no.
	-			,	AFCPS4760A		AJYPK4947E	1	13							Pan no.
					04-01-54		01-01-79	ET	14				,	in years)	Birth (age	Date of
1				ail.com	pbhmcchandrapur@gm	mail.com	gopal.rajpurohit6347@g	12	15							Latest Email Address
+					m 9422910249		9422136849	10	16							Contact No
					No		No	1/	1				redirec	Yes/No	ed .	Deharr



Signature of Principal with Seal

P. B. Homoeopathic Medical