

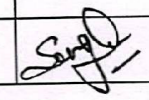


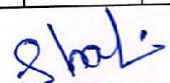
**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**SUBJECT WISE ELIGIBLE EXAMINERS LIST (UG Courses)**

Name of the College:- DKMM Homoeopathic medical college & Hospital, Chh.Sambhajinagar

Phone/Mobile No.: 0240-2401051/9421671050

Name of the 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	Teaching experience After PG Passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No	Signature
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1	DKMM HMC, A'BAD	Anatomy	Dr.Nawaz Baig Wahed Baig	Professor	07-01-89	DHMS May 1987	MD.(Hom) Organon Nov.2010	13 Yrs	Yes	MUHS/E-4/4401/1292/2007 Dt.08/03/2007	852140506626	BJLPB0738F	1/1/1963 60 Yrs 11 Months	baignawaz222@gmail.com	9860969802	No	
2	DKMM HMC, A'BAD	Anatomy	Dr.Navneet Natthuji Bhisekar	Lecturer	06-01-22	BHMS Sept 2013	MD.(Hom) Organon Summer 2019	04 Yrs	Yes	MUHS/(UG)/E 4/4401/1641/2022 Dt.08-09-2022	812637831125	OOUPB2395M	15-08-1986 37 Yrs 04 Months	dr.navneet.bhisekar	9011887386	No.	
3	DKMM HMC, A'BAD	Anatomy	Dr.Sanghmitra Kamble	Lecturer		BHMS 2010	MD.(Hom) Dec.2016 Psychiatry	09 Yrs	No	Approval In Process	807147409660	BUZPK1908D	24-02-1987 37 Yrs 11 Month	sangkamble001@gmail.com	8208933405	No.	

  
Signature of Principal with Seal  
PRINCIPAL  
D.K.M.M. HOMOEOPATHIC  
MEDICAL COLLEGE  
AURANGABAD - 431 604


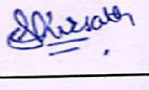
Annexure-Xb

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**SUBJECT WISE ELIGIBLE EXAMINERS LIST (UG Courses)**

Name of the College:- DKMM Homoeopathic medical college & Hospital Chh.Sambhajinagar

Phone/Mobile No.: 0240-2401051/9421671050

Name of the Subject : -Physiology

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	Teaching experience After PG Passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No	Signature
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1	DKMM HMC, A/BAD	Physiology	Dr.Pravin Ravindra Dilpe	Professor	03-01-98	BHMS Oct.1996	MD.(Hom) HMM Winter 2007	18 Yrs	Yes	MUHS/E-4/4401/1685/2023 Dt.24/08/2023	980008072026	AUAPD6411 G	21-03-72 52 Yrs 10 Months	drdilpepravin@gmail.com	,9422713456	No	
2	DKMM HMC, A/BAD	Physiology	Dr.Trupti Digamber Shirsath	Lecturer	29-07-16	BHMS Nov.2009	MD.(Hom) Medicine Summer 2015	09 Yrs	Yes	MUHS/(UG)/E4/4401/2480/2019 Dt.17/09/2019	447870455305	DPFPS6245A	14-08-86 38 Yrs 05 Months	shirsathtrupti2@gmail.com	8108310690	No	

*Shali*  
Signature of Principal with Seal



**PRINCIPAL**  
**D.K.M.M. HOMOEOPATHIC**  
**MEDICAL COLLEGE**  
**AURANGABAD - 431 604**

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**SUBJECT WISE ELIGIBLE EXAMINERS LIST (UG Courses)**

Name of the College:- DKMM Homoeopathic medical college & Hospital Chh.Sambhajinagar

Phone/Mobile No.: 0240-2401051/9421671050

Name of the Subject : -FMT

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	Teaching experience After PG Passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No	Signature
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1	DKMM HMC, A'BAD	FMT	Dr.Rekha Kiran Thakare	Professor	15-03-11	BHMS Oct.1995	MD.(Hom) Repertory April 2007	18 Yrs	Yes	MUHS/E-4/4401/1685/2023 Dt.24/08/2023	893744096371	AESPT6077Q	2/7/1974 49 Yrs 05 Months	drrekhatthakare@gmail.com	,9822047931	No.	
2	DKMM HMC, A'BAD	FMT	Dr.Mangesh Wamanrao Bramhankar	Lecturer	02-05-24	BHMS Winter 2011	MD.Hom (Medicine) Summer 2020	04 Yrs	Yes	MUHS/(UG)/E/4/4401/436/2024 Dt.18.11.2024	216671290026	BZNPB8817 M	25/06/1987 37 Yrs 07 Month	dr.mangeshbramhankar25@gmail.com	7798349582	No.	

*Shali*  
 Signature of Principal with Seal  
**PRINCIPAL**  
 D.K.M.M. HOMOEOPATHIC  
 MEDICAL COLLEGE  
 AURANGABAD - 431 604

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**SUBJECT WISE ELIGIBLE EXAMINERS LIST (UG Courses)**

Name of the College:- DKMM Homoeopathic medical college & Hospital Chh.Sambhajinagar.

Phone/Mobile No.: 0240-2401051/9421671050

Name of the Subject : -Pathology

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	Teaching experience After PG Passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No	Signature
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1	DKMM HMC, A'BAD	Pathology	Dr.Prashant Vasantrao Deshmukh	Professor	13-01-24	BHMS March 1994	MD.(Hom) Repertory 2011	15	Yes	MUHS/(UG)/E/4/4401/82/2024 Dt.04-05-2024	897104261070	AIQPD7853A	1-8-1966 58 Yrs 6 Months	drorashantv.deshmukh@gmail.com	9423472224	No	<i>[Signature]</i>
1	DKMM HMC, A'BAD	Pathology	Dr.Manasi Madhukarrao Kulkarni	Lecturer	01-01-04	MBBS April 1998	DPB, Oct.2003 Mumbai	20	Yes	MUHS/E4/(UG)/4401/1048/2012 Dt.20/03/2012	475193020630	AARPW4641 A	30-04-75 49 Yrs 09 Months	manasi.w.ghmare@rediffmail.com	9823514123	No	<i>[Signature]</i>



*Shol.*  
Signature of Principal with Seal

**PRINCIPAL**  
**D.K.M.M. HOMOEOPATHIC**  
**MEDICAL COLLEGE**  
**AURANGABAD - 431 604**

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**SUBJECT WISE ELIGIBLE EXAMINERS LIST (UG Courses)**

Name of the College:- DKMM Homoeopathic medical college & Hospital Chh.Sambhajinagar  
 Mob.No. : 0240-2401051/9421671050

Name of the Subject : -Organon

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	Teaching experience After PG Passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No	Signature
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1	DKMM HMC, A'BAD	Organon	Dr.Laxmikant Durgadasrao Gomte	Professor	27-12-2018	Gr.BHMS May 1996			Yes	MUHS/(UG)/E4/4401/112/2024 Dt.05.06.2024	'212076435621	ABPPB4859 E	5/5/1963 61 Yrs 8 Months	gomteld@gmail.com	8149344398	No	
2	DKMM HMC, A'BAD	Organon	Dr.Sunil Sanduji Sherkar	Lecturer	06-01-02	BHMS Dec.2000			Yes	MUHS/E4/(UG) 4401/1048/2012	.726346710561	ALWPS8824 R	1/10/1964 60 Yrs 04 Months	sunilsherkar@yahoo.co.in	9422740822	No	

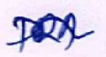
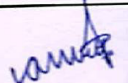

*Shah*  
 Signature of Principal with Seal

**PRINCIPAL**  
**D.K.M.M. HOMOEOPATHIC**  
**MEDICAL COLLEGE**  
**AURANGABAD - 431 604**

Annexure-Xb

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**SUBJECT WISE ELIGIBLE EXAMINERS LIST (UG Courses)**

Name of the College:- DKMM Homoeopathic medical college & Hospital Chh.Sambhajinagar.  
 Phone/Mobile No.: 0240-2401051/9421671050  
 Name of the Subject : -HMM

Sr. No.	College Name	Subject.	Full name of the Teacher (First Name Middle Name Last Name.)	Designation	Date of Joining	UG- Qualificati on & Year of Passing	PG- Qualificatio n & Year of Passing	Teaching experienc e After PG Passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No	Signature
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1	DKMM HMC, A'BAD	HMM	Dr. Rajesh Motilal Patni	Professor	07-01-89	DHMS Dec.1986	MD. Hom HMM Dec.2004	20 Yrs	Yes	MUHS/E-4/4401/4280/2004 Dt.28/09/2004	510776712013	AAVPP3315L	23/08/66 57 Yrs 05 Months	drmpatni17@gmail.com	,9422209948	No	
2	DKMM HMC, A'BAD	HMM	Dr.Anjali J.Shinde	Reader	19-06-17	BHMS April 1999	MD Hom Organon 2013	11 Yrs	Yes	MUHS/(UG)/E-4/4401/1685/2023 Dt.24.08.2023	765892890555	BCVPS8897P	26-06-1976 47 Yrs 07 Months	dranjaliamrutkar@gmail.com	9850629577	No	
3	DKMM HMC, A'BAD	HMM	Dr.Pooja T.Gabale	Lect.	01-09-23	BHMS 2018	MD Hom Organon 2022	2 Yrs	Yes	MUHS/(UG)/E-4/4304/308/2024 Dt.14.02.2024	504175969002	BYOPT2835F	21-12-1992 31 Yrs 01 Months	dr.poojagabale@gmail.com	8080605704	No	

*Shol:*  
 Signature of Principal with Seal  
**PRINCIPAL**  
 D.K.M.M. HOMOEOPATHIC  
 MEDICAL COLLEGE  
 AURANGABAD - 431 604

Annexure-Xb

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**SUBJECT WISE ELIGIBLE EXAMINERS LIST (UG Courses)**

Name of the College:- DKMM Homoeopathic medical college & Hospital Chh.Sambhajinagar  
 Phone/Mobile No.: 0240-2401051/9421671050

Name of the Subject : -Com.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	Teaching experience After PG Passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No	Signature
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1	DKMM HMC, A'BAD	Com. Medicine	Dr.Geetanji Harikishan Pardeshi	Reader	22-01-2018	BHMS Oct.1999	M.D.(Hom) Nov.2008	17 Yrs	Yes	MUHS/(UG)/E4/4401/2480/2019 Dt.17/09/2019	775720420992	ALFPD7816 B	14-08-76 47 Yrs 05 Months	drgeetanjalipardeshi@gmail.com	9422202707	No	<i>Geetanji</i>
2	DKMM HMC, A'BAD	Com. Medicine	Dr.Vaishali Ajay Bansod	Lecturer	08-05-16	BHMS Dec.2000	M.D.(Hom) Paediatric Summer 2013	11 Yrs	Yes	MUHS/(UG)/E4/4401/2480/2019 Dt.17/09/2019	821953891884	BZHPD5827 K	14-12-1989 44 Yrs 1 Months	bansodvaishali79@gmail.com	9923990254	No	<i>Vaishali</i>


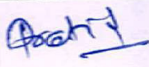
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Signature of Principal with Seal

**PRINCIPAL**  
**D.K.M.M. HOMOEOPATHIC**  
**MEDICAL COLLEGE**  
**AURANGABAD - 431 604**

Annexure-Xb

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**SUBJECT WISE ELIGIBLE EXAMINERS LIST (UG Courses)**

Name of the College:- DKMM Homoeopathic medical college & Hospital Chh.Sambhajinagar  
 Phone/Mobile No.: 0240-2401051/9421671050  
 Name of the Subject : -OB/GY

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	Teaching experience After PG Passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No	Signature
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1	DKMM HMC, A'BAD	OB/GY	Dr.Seema Shradhanand Yangad (Tidke)	Professor	15-06-1994	DHMS Oct.1992	MD (Hom) Orgonon Nov.2010	14 Yrs	Yes	MUHS/(UG)/E4/4401/1776/2023Dt.28/08/2023	678745252743	AKBPT5027D	12/8/1971 52 Yrs 05 Months	tidkeseema@gmail.com	,9975904719	No.	
2	DKMM HMC, A'BAD	OB/GY	Dr.Pratik Mahendra Chhajed	Lecturer	27-12-2018	BHMS June-2009	MD (Hom) Paediatrics 2013	11Yrs	Yes	MUHS/(UG)/E4/4401/2480/2019Dt.17/09/2019	266310331896	BAHPC7682N	4/12/1986 37 Yrs 02 Months	pratikmchhajed@gmail.com	,8888877079	No.	

*Shali*  
 Signature of Principal with Seal

**PRINCIPAL**  
**D.K.M.M. HOMOEOPATHIC**  
**MEDICAL COLLEGE**  
**AURANGABAD - 431 604**





Annexure-Xb

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**SUBJECT WISE ELIGIBLE EXAMINERS LIST (UG Courses)**

Name of the College:- DKMM Homoeopathic medical college & Hospital Aurangabad.

Phone/Mobile No.: 0240-2401051/9427702728

Name of the 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	Teaching experience After PG Passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No	Signature
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1	DKMM HMC, A'BAD	Surgery	Dr.Pawan Hiralal Dongre	Prof.	03-01-99	BHMS Nov.1997	MD (Hom) HMM Dec.2004	20 Yrs	Yes	MUHS/(UG)/E4/4401/2480/2019 Dt.17/09/2019	245244202902	AIAPD1910E	5/10/1975 47 Yrs 05 Months	drpawanhdongre@gmail.com	,9422201517	No.	
2	DKMM HMC, A'BAD	Surgery	Dr.Dnyaneshwar Babaji Dokh	Lect.	29-03-2005	BHMS Nov.1993			Yes	MUHS/E-4/4401/1919/2005 Dt.26/05/2005	217814583903	AHHPB9940 L	4/3/1970 53 Yrs 11 Months	dokhsir@gmail.com	,9850091179	No.	

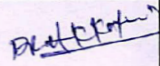


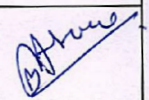
*Shali*  
 Signature of Principal with Seal  
**PRINCIPAL**  
**J.K.M.M. HOMOEOPATHIC**  
**MEDICAL COLLEGE**  
**AURANGABAD - 431 004**

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**SUBJECT WISE ELIGIBLE EXAMINERS LIST (UG Courses)**

Name of the College:- DKMM Homoeopathic medical college & Hospital Chh.Sambhajinagar.

Phone/Mobile No.: 0240-2401051/9421671050

Name of the Subject : -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	Teaching experience After PG Passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No	Signature
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1	DKMM HMC, A'BAD	Medicine	Dr.Ashok kisanlal kothari	Prof.	06-01-90	DHMS Dec.1980			Yes	MUHS/E-4/4401/395/2005 Dt.03/02/2005	226602771424	AQQPK1175 Q	2/2/1961 63 Yrs	dr.akkothari@gmail.com	9850034002	No	
2	DKMM HMC, A'BAD	Medicine	Dr.Pravin Rameshchandra Beedkar	Reader	06-01-11	BHMS Dec.1993	MD (Hom) Repertory August 2001	24 Yrs	Yes	MUHS/E4/UG/4401/1509/2012 Dt.20/04/2012	363284815412	AHMPB2442 G	1/10/1971 52 Yrs 04 Months	pravinbeedkar@gmail.com	9420265060	No	
3	DKMM HMC, A'BAD	Medicine	Dr.Daivashala Prabhakar Choure	Reader	23-09-2017	BHMS Dec.2009	MD (Hom) Medicine 2014	08 Yrs	Yes	MUHS/(UG)/E4/4401/112/2024 Dt.05.06.2024	830153830850	ARHPC4059 P	19-05-87 36 Yrs	dr.devchoure@gmail.com	8007407285	No	
4	DKMM HMC, A'BAD	Medicine	Dr.Meena A.Taro	Lect.	21-08-24	BHMS Winter 2015	MD (Hom) HMM 2022	02 Yrs	No	Approval In process	952728437840	BIXPT9781M	23-11-1993 30 Yrs, 02 Months	meenataro2311@gmail.com	9049382187	No	

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Signature of Principal with Seal

**PRINCIPAL**

**D.K.M.M. HOMOEOPATHIC  
 MEDICAL COLLEGE  
 AURANGABAD - 431 004**

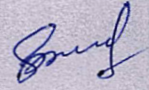
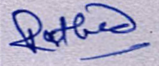

Annexure-Xb

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**SUBJECT WISE ELIGIBLE EXAMINERS LIST (UG Courses)**

Name of the College:- DKMM Homoeopathic medical college &amp; Hospital Chh.Sambhajinagar

Phone/Mobile No.: 0240-2401051/9421671050

Name of the 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	Teaching experience After PG Passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No	Signature
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1	DKMM HMC, A'BAD	Repertory	Dr.Sneha Mahendra Wagh	Professor	11-08-23	BHMS 1997 Dr.BAMU	MD (Hom) 2001 Dr.BAMU	23 Yrs	Yes	MUHS/(UG)/E4/4401/2269/2023 Dt.20/10/2023	479129846625	AASPW8861D	22-2-1974 49 Yrs 11 Months	waghsmwagh@gmail.com	8379845227	No	
2	DKMM HMC, A'BAD	Repertory	Dr.Keshav Rathod	Reader	23-04-24	BHMS Winter 2011	MD (Hom) Medicine 2016	9	Yes	MUHS/(UG)/E4/4401/112/2024 Dt.05.06.2024	972797488991	BJTIPR0980H	20-07-1987 4 38	keshavrathod31@gmail.com	9421373024	No	
3	DKMM HMC, A'BAD	Repertory	Dr.Akshay Sanmati Thole	Lecturer	01-08-23	BHMS 2014	MD (Hom) 2018	6 Yrs	Yes	MUHS/(UG)/E4/4401/1685/2023 Dt.24-8-2023	905978252591	AOVPT4623F	11-12-1990 33 Yrs	akshay.jain07@gmail.com	8983534352	No	

Signature of Principal with Seal

**PRINCIPAL**  
**D.K.M.M. HOMOEOPATHIC**  
**MEDICAL COLLEGE**  
**AURANGABAD - 431 604**

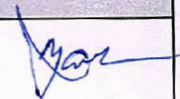
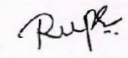
Annexure-Xb

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**SUBJECT WISE ELIGIBLE EXAMINERS LIST (UG Courses)**

Name of the College:- DKMM Homoeopathic medical college & Hospital Aurangabad.

Phone/Mobile No.: 0240-2401051/9421671050

Name of the Subject : -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	Teaching experience After PG Passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No	Signature
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1	DKMM HMC, A'BAD	Pharmacy	Dr.Sachin Arjum Mhatre	Professor	23-09-2017	BHMS Nov.2006	MD ( Hom) Paediatrics 2011	13 Yr	Yes	MUHS/(UG)/E 4/4401/1641/2022 Dt.08-09-2022	725022133373	AVPPM5759 G	24-01-83 40 Yrs	drsamhatre@gmail.com	9867717923	No.	
2	DKMM HMC, A'BAD	Pharmacy	Dr.Rupali N.Dange	Reader	01-07-23	BHMS April 2007	MD (Hom) 2015 Pharmacy	8 Yrs	Yes	MUHS/(UG)/E 4/4401/1644/2023 Dt.23-08-2023	960576251054	CEVPS6260M	09-11-1982 41 Yrs	drupalidan@gmail.com	8149782919	No.	

*ghal's*  
Signature of Principal with Seal

**PRINCIPAL**

D.K.M.M. HOMOEOPATHIC  
MEDICAL COLLEGE

AURANGABAD - 431 604