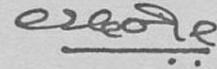


Vidya Vaibhav Shikshan Mandal's
Dapoli Homoeopathic Medical College & Hospital
At. Aпти, Post. Talsure. Tal. Dapoli, Dist. Ratnagiri

Annexure – IX

Examination Related Information



(Dr. Mrs. C. S. Goriwale)
Senate Member MUHS, Nashik

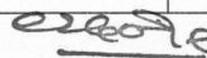
PRINCIPAL
Dapoli Homoeopathic Medical College
At Aпти, Po. Talsure. Tal. Dapoli, Dist. Ratnagiri.

EXAMINATION RELATED INFORMATION FOR A.Y. 2026 - 2027
For Online Transmission of Question Papers:

Sr. No.	Infrastructure facilities at College	Yes /No (Mentioned in Handwritten)
Strong Room :		
1	It must have a door Entry/Exit (with Safety Door/Grill for windows)	
2	Minimum Area shall be 20 x 20 sq. ft.	
3	Adequate Steel Almira/Cupboard for storage of Answer Books.	
4	C.C.T.V. Camera with recording facility that covers entire area or Downloading and Printing of online transmission of Question Paper process.	
5	Latest version Computer (Minimum 4) and Printer (Minimum 4) with Inverter facility, MS Office, PDF Reader, Winrar or Winzip.	
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.	
7	Adequate Number of Paper Rims for printing Question Papers.	
8	One Photocopy Machine, UPS Backup.	
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)	
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.	

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.	
2	Wiring and Networking (with Raw Power Supply and UPS) and one Printer per DEC	
3	Air conditioners, Bio metric system, CCTV installation, Rest rooms and 24 x 7 security.	
4	Collapsible gate for the main entrance with Name board and locking facility.	
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.	
6	Appointment of one Professor as a Examination Co-ordinator to Co-ordinate this Online process.	
7	Separate Evaluation Room for Evaluating the Answer Books under CCTV Surveillance	



Signature of Principal with Seal
Dr. Mrs. Chetana S. Goriwale
Principal
Dapoli Homoeopathic Medical College
Tal. Dapoli, Dist. Raiaagiri.

1. Hard copy & soft copy of this Annexure must be submitted to the University.
2. The information must be made available on the College website.

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINER LIST (UG COURSE)

Name of the College :- Dapoli Homoeopathic Medical College, Dapoli
 Phone / Mobile No. :- 9209933763

Name of the Subject. :- Anatomy

Sr. No.	College Name	Subject Name	Name of the Teaching Staff (First, Middle, Surname)	Designation	Date of Joining	UG Qualification & Year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG Passing	MUHS Approval Yes/No
1	2	3	4	5	6	7	8	9	10
1	Dapoli Homoeopathic Medical College	Anatomy	Dr. Mohan Doulu Nale	Professor	01.06.1993	BHMS Nov. 1994			Yes
2		Anatomy	Dr. Sandesh Ravindra Lakhmade	Asso. Professor	01.02.2002	BHMS Dec. 1999	MD Nov.2010	14.6 yrs	Yes

(Signature)

Signature of Principal with seal

Dr. Mrs. Chetana S. Goriwale
 Principal
 Dapoli Homoeopathic Medical College
 Tal. Dapoli, Dist. Ratnagiri.

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINER LIST (UG COURSE)

Name of the College :- Dapoli Homoeopathic Medical College, Dapoli

Phone / Mobile No. :- 9209933763

Name of the Subject. :- Anatomy

If Yes MUHS Approval Letter No. & Date 11	Aadhar No.	Pan No.	Date of Birth (Age in Years)	Latest E-Mail ID Address	Mobile No	Debarred Yes/No at college
MUHS/E4(UG)/4106/2457/ 2005 dated 12.07.2005	6381 4385 1365	13 ACZPN2057R	14 27.04.1967 58 yrs	16 dr.mohannale@gmail.com	16 9226557904	17 No
MUHS/E4(UG)/4106/2457/ 2005 dated 12.07.2005	6772 0184 7981	ABRPL6563H	29.08.1977 48 yrs	srlakhmade@gmail.com	9226239993	No

Signature of Principal with seal

Dr.Mrs.Chetana S. Goriwale
Principal
Dapoli Homoeopathic Medical College
Tal.Dapoli,Dist.Ratnagiri.

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINER LIST (UG COURSE)

Name of the College :- Dapoli Homoeopathic Medical College, Dapoli

Phone / Mobile No. :- 9209933763

Name of the Subject. :- Physiology

Sr. No.	College Name	Subject Name	Name of the Teaching Staff (First, Middle, Surname)	Designation	Date of Joining	UG Qualification & Year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG Passing	MUHS Approval Yes/No
1	2	3	4	5	6	7	8	9	10
1	Dapoli Homoeopathic Medical College	Physiology	Dr. Mrs. Manasi Mangesh Jatkar	Professor	01.04.1992	BHMS Oct.1988	MD Apr-07	18.6 yrs	Yes
2		Physiology	Dr. Vinod Manmath Swami	Asso. Professor	01.08.2002	BHMS Nov. 2000			Yes

(Signature)

Signature of Principal with seal

Dr. Mrs. Chetana S. Gortwale
Principal
Dapoli Homoeopathic Medical College
Tal. Dapoli, Dist. Ratnagiri.

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINER LIST (UG COURSE)

Name of the College :- Dapoli Homoeopathic Medical College, Dapoli
 Phone / Mobile No. :- 9209933763

Name of the Subject. :- Physiology

If Yes MUHS Approval Letter No. & Date	Aadhar No.	Pan No.	Date of Birth (Age in Years)	Latest E-Mail ID Address	Mobile No	Debarred Yes/No at college
11 MUHS/E4(UG)/4106/3370/ 2007 dated 27.04.2007	12 9927 5274 6233	13 ABEPJ3029P	14 16.04.1967 58 yrs	16 manasijatkar@gmail.com	16 9422372201 9970917922	17 No
12 MUHS/E4(UG)/4106/1045/ 2012 dated 20.03.2012	7598 2213 0975	AWSPS0665B	26.04.1978 47 yrs	vinodswami2000@rediffmail.com	9403727988	No

(Signature)

Signature of Principal with seal

Dr. Mrs. Chetana S. Goriwale
 Principal
 Dapoli Homoeopathic Medical College
 Tal. Dapoli, Dist. Ratnagiri.

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINER LIST (UG COURSE)

Name of the College :- Dapoli Homoeopathic Medical College, Dapoli
 Phone / Mobile No. :- 9209933763

Name of the Subject. :- Hom. Pharmacy

Sr. No.	College Name	Subject Name	Name of the Teaching Staff (First, Middle, Surname)	Designation	Date of Joining	UG Qualification & Year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG Passing	MUHS Approval Yes/No
1	2	3	4	5	6	7	8	9	10
1	Dapoli Homoeopathic Medical College	Pharmacy	Dr. Mrs. Chetana Sunil Goriwale	Professor	01.04.1996	DHMS May-95	MD Apr-07	18.6 yrs	Yes
2	Dapoli Homoeopathic Medical College	Pharmacy	Dr. Mrs. Pallavi Viresh Chavan	Asst. Professor	01.06.2011	BHMS May-03	MD Jan-17	8.6 yrs	Yes

(Signature)

Signature of Principal with seal

Dr. Mrs. Chetana S. Goriwale
 Principal
 Dapoli Homoeopathic Medical College
 Tal. Dapoli, Dist. Ratnagiri.

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINER LIST (UG COURSE)

Name of the College :- Dapoli Homoeopathic Medical College, Dapoli
 Phone / Mobile No. :- 9209933763

Name of the Subject. :- Hom. Pharmacy

If Yes MUHS Approval Letter No. & Date	Aadhar No.	Pan No.	Date of Birth (Age in Years)	Latest E-Mail ID Address	Mobile No	Debarred Yes/No at college
11 MUHS/E4(UG)/4106/3370/ 2007 dated 27.04.2007	12 9742 2813 0718	13 AGAPG2135N	14 12.05.1973 52 yrs	16 csgoriwale@gmail.com	16 9960193763	17 NO
2012 dated 20.03.2012 MUHS/E4(UG)/4106/1045/	6301 5731 0610	AUUPP2385D	28.01.1978 47 yrs	pallujp@gmail.com	9702975473	NO

(Signature)

Signature of Principal with seal

Dr. Mrs. Chetana S. Goriwale
 Principal
 Dapoli Homoeopathic Medical College
 Tal. Dapoli, Dist. Ratnagiri.

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINER LIST (UG COURSE)

Name of the College :- Dapoli Homoeopathic Medical College, Dapoli

Phone / Mobile No. :- 9209933763

Name of the Subject. :- Pathology

Sr. No.	College Name	Subject Name	Name of the Teaching Staff (First, Middle, Surname)	Designation	Date of Joining	UG Qualification & Year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG Passing	MUHS Approval Yes/No
1	2	3	4	5	6	7	8	9	10
1	Dapoli Homoeopathic Medical College	Pathology	Dr. Mrs. Madhuri Ghansham Sathe	Professor	10.09.1998	DHMS Nov. 1997	MD Oct. 2007	18.4 yrs	Yes
2		Pathology	Dr. Jaishil Jaywant Magar	Asso. Professor	15.09.2000	DHMS Feb. 2000			Yes

Dr. Mrs. Chetana S. Goriwale

Signature of Principal with seal

Dr. Mrs. Chetana S. Goriwale
Principal
Dapoli Homoeopathic Medical College
Tal. Dapoli, Dist. Ratnagiri.

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINER LIST (UG COURSE)

Name of the College :- Dapoli Homoeopathic Medical College, Dapoli

Phone / Mobile No. :- 9209933763

Name of the Subject. :- Pathology

If Yes MUHS Approval Letter No. & Date 11	Aadhar No. 12	Pan No. 13	Date of Birth (Age in Years) 14	Latest E-Mail ID Address 16	Mobile No 16	Debarred Yes/No at college 17
MUHS/E4(UG)/4106/2423/ 2009 dated 01.09.2009	8980 3843 4978	BKSPS3921D	02.04.1977 48.8 yrs	drmgsthe@gmail.com	9890134507	No
MUHS/UG/E4/R/52/4106/775 2014 dated 21.02.2014	3696 8051 7409	AJDPM2626E	23.11.1973 52.2 yrs	jaishilmagar@gmail.com	9423326780	No

e2e07e

Signature of Principal with seal

Dr. Mrs. Chetana S. Goriwale
Principal
Dapoli Homoeopathic Medical College
Tal. Dapoli, Dist. Ratnagiri.

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINER LIST (UG COURSE)

Name of the College :- Dapoli Homoeopathic Medical College, Dapoli

Phone / Mobile No. :- 9209933763

Name of the Subject. :- Forensic Medicine & Toxicology

Sr. No.	College Name	Subject Name	Name of the Teaching Staff (First, Middle, Surname)	Designation	Date of Joining	UG Qualification & Year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG Passing	MUHS Approval Yes/No
1	2	3	4	5	6	7	8	9	10
1	Dapoli Hom. Med. College	FMT	Dr. Amol Rajaram Salagre	Asst. Professor	01.10.2000	DHMS Dec. 1999	MD Nov. 2009	16.3 yrs	Yes

(Signature)

Signature of Principal with seal

Dr. Mrs. Chetana S. Goriwale
Principal
Dapoli Homoeopathic Medical College
Tal. Dapoli, Dist. Ratnagiri.

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINER LIST (UG COURSE)

Name of the College :- Dapoli Homoeopathic Medical College, Dapoli

Phone / Mobile No. :- 92099333763

Name of the Subject. :- Forensic Medicine & Toxicology

If Yes MUHS Approval Letter No. & Date	Aadhar No.	Pan No.	Date of Birth (Age in Years)	Latest E-Mail ID Address	Mobile No	Debarred Yes/No at college
11 MUHS/UG/E4/R/52/4106/775 2014 dated 21.02.2014	12 6527 4089 5122	13 AWGPS9630Q	14 05.06.1978 47.7 yrs	16 drsalagre@rediffmail.com	16 9146059813	17 No



Signature of Principal with seal

Dr. Mrs. Chetana S. Goriwale
Principal
Dapoli Homoeopathic Medical College
Tal. Dapoli, Dist. Ratnagiri.

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINER LIST (UG COURSE)

Name of the College :- Dapoli Homoeopathic Medical College, Dapoli

Phone / Mobile No. :- 9209933763

Name of the Subject. :-Surgery

Sr. No.	College Name	Subject Name	Name of the Teaching Staff (First, Middle, Surname)	Designation	Date of Joining	UG Qualification & Year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG Passing	MUHS Approval Yes/No
1	2	3	4	5	6	7	8	9	10
1	Dapoli Homoeopathic Medical College	Surgery	Dr. Javed Majid Shaikh	Professor	01.07.2001	BHMS Apr-92			Yes
2		Surgery	Dr. Mrs. Amruta Anil Hon	Asst. Professor	08.02.2024	BHMS Oct-04	MD Dec-19	2 yrs	Yes

(Signature)

Signature of Principal with seal

Dr. Mrs. Chetana S. Goriwale
Principal
 Dapoli Homoeopathic Medical College
 Tal. Dapoli, Dist. Ratnagiri.

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINER LIST (UG COURSE)

Name of the College :- Dapoli Homoeopathic Medical College, Dapoli

Phone / Mobile No. :- 9209933763

Name of the Subject. :- Surgery

If Yes MUHS Approval Letter No. & Date	Aadhar No.	Pan No.	Date of Birth (Age in Years)	Latest E-Mail ID Address	Mobile No	Debarred Yes/No at college
11 MUHS/E4(UG)/4106/2423/ 2009 dated 01.09.2009	12 9705 9410 5043	13 AVEPS3997B	14 18.12.1967 59 yrs	16 javedshaikh7061@gmail.com	16 7666421159 8087302699	17 No
MUHS/E-4/UG/141107/461 2025 dated 28/05/2025	9742 2813 0718	ACAPH3367D	05.12.1983 42 YRS	amrutahon83@gmail.com	7588966717	No

Dr. Chetana S. Goriwale

Signature of Principal with seal

Dr. Mrs. Chetana S. Goriwale
Principal
Dapoli Homoeopathic Medical College
Tal. Dapoli, Dist. Ratnagiri.

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINER LIST (UG COURSE)

Name of the College :- Dapoli Homoeopathic Medical College, Dapoli
 Phone / Mobile No. :- 9209933763

Name of the Subject. :- Obst. & Gynaecology

Sr. No.	College Name	Subject Name	Name of the Teaching Staff (First, Middle, Surname)	Designation	Date of Joining	UG Qualification & Year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG Passing	MUHS Approval Yes/No
1	2	3	4	5	6	7	8	9	10
1	Dapoli Homoeopathic Medical College	OBGY	Dr. Mrs. Sheetal Yogesh Mokul	Professor	01.12.2002	BHMS May-01			Yes
2		OBGY	Dr. Mrs. Samruddhi Sandesh Lakhmade	Asst. Professor	01.07.2009	BHMS May-05			Yes

(Handwritten Signature)

Signature of Principal with seal

Dr. Mrs. Chetana S. Goriwale
 Principal
 Dapoli Homoeopathic Medical College
 Tal. Dapoli, Dist. Ratnagiri.

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINER LIST (UG COURSE)

Name of the College :- Dapoli Homoeopathic Medical College, Dapoli
 Phone / Mobile No. :- 9209933763

Name of the Subject. :- Obst. & Gynaecology

If Yes MUHS Approval Letter No. & Date	Aadhar No.	Pan No.	Date of Birth (Age in Years)	Latest E-Mail ID Address	Mobile No	Debarred Yes/No at college
11 MUHS/E4(UG)/4106/2423/ 2009 dated 01.09.2009	12 8851 3090 4854	13 AITPM3656R	14 05.10.1979 46.4 yrs	16 sheetal.mokal@gmail.com	16 9975852200	17 No
2012 dated 20.03.2012 MUHS/E4(UG)/4106/1045/	6185 1584 8706	AEIPL5860P	22.12.1982 43.2 yrs	samruddhi.lakhmade@gmail.com	8087666788	No

Dr. Mrs. Chetana S. Goriwale

Signature of Principal with seal

Dr. Mrs. Chetana S. Goriwale
Principal
 Dapoli Homoeopathic Medical College
 Tal. Dapoli, Dist. Ratnagiri.

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINER LIST (UG COURSE)

Name of the College :- Dapoli Homoeopathic Medical College, Dapoli

Phone / Mobile No. :- 9209933763

Name of the Subject. :- Medicine

Sr. No.	College Name	Subject Name	Name of the Teaching Staff (First, Middle, Surname)	Designation	Date of Joining	UG Qualification & Year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG Passing	MUHS Approval Yes/No
1	2	3	4	5	6	7	8	9	10
1	Dapoli Hom. Med. College	Medicine	Dr. Sagar Ajit Rahalkar	Asso. Professor	01.06.2011	BHMS Dec. 2005	MD Dec. 2010	14.6 Yrs	Yes

Chetana S. Goriwale

Signature of Principal with seal

Dr. Mrs. Chetana S. Goriwale
Principal
Dapoli Homoeopathic Medical College
Tal. Dapoli, Dist. Raigad.

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINER LIST (UG COURSE)

Name of the College :- Dapoli Homoeopathic Medical College, Dapoli

Phone / Mobile No. :- 9209933763

Name of the Subject. :- Medicine

If Yes MUHS Approval Letter No. & Date 11	Aadhar No.	Pan No.	Date of Birth (Age in Years)	Latest E-Mail ID Address	Mobile No	Debarred Yes/No at college
MUHS/UG/E4/R/52/4106/775 2014 dated 21.02.2014	7569 7909 7418	13 AREPR0202L	14 16.04.1984 41.10 yrs	16 sagar_rahalkar@rediffmail.com	16 9822513292	17 No

(Signature)

Signature of Principal with seal

Dr. Mrs. Chetana S. Goriwale
Principal
Dapoli Homoeopathic Medical College
Tal. Dapoli, Dist. Ratnagiri.

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINER LIST (UG COURSE)

Name of the College :- Dapoli Homoeopathic Medical College, Dapoli
 Phone / Mobile No. :- 9209933763

Name of the Subject. :- Community Medicine

Sr. No.	College Name	Subject Name	Name of the Teaching Staff (First, Middle, Surname)	Designation	Date of Joining	UG Qualification & Year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG Passing	MUHS Approval Yes/No
1	2	3	4	5	6	7	8	9	10
1	Dapoli Hom. Med. College	Community Medicine	Dr. Abdulsattar Nuruddin Antule	Professor	01.09.1993	BHMS Oct. 1998			Yes

Dr. Mrs. Chetana S. Goriwale

Signature of Principal with seal

Dr. Mrs. Chetana S. Goriwale
 Principal
 Dapoli Homoeopathic Medical College
 Tal. Dapoli, Dist. Ratnagiri.

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINER LIST (UG COURSE)

Name of the College :- Dapoli Homoeopathic Medical College, Dapoli
 Phone / Mobile No. :- 9209933763

Name of the Subject. :-Community Medicine

If Yes MUHS Approval Letter No. & Date	Aadhar No.	Pan No.	Date of Birth (Age in Years)	Latest E-Mail ID Address	Mobile No	Debarred Yes/No at college
11 MUHS/E4(UG)/4106/3147/ 2005 dated 13.09.2005	12 8201 8393 1131	13 AAXPA9431A	14 22.07.1971 55.6 yrs	16 asn.antulay@gmail.com	16 9881357735	17 No

Dr. Mrs. Chetana S. Goriwale

Signature of Principal with seal

Dr. Mrs. Chetana S. Goriwale
 Principal
 Dapoli Homoeopathic Medical College
 Tal. Dapoli, Dist. Ratnagiri.

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINER LIST (UG COURSE)

Name of the College :- Dapoli Homoeopathic Medical College, Dapoli

Phone / Mobile No. :- 9209933763

Name of the Subject. :- Hom. Materia Medica

Sr. No.	College Name	Subject Name	Name of the Teaching Staff (First, Middle, Surname)	Designation	Date of Joining	UG Qualification & Year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG Passing	MUHS Approval Yes/No
1	2	3	4	5	6	7	8	9	10
1	Dapoli Homoeopathic Medical College	HMM	Dr. Shivdeep Sunit Keer	Asst. Professor	01.07.2009	DHMS Dec. 1996	MD Nov.2010	15.3 yrs	Yes
2		HMM	Dr. Ajit Anant Bhosale	Asso. Professor	11.09.2000	DHMS			Yes

Dr. Mrs. Chetana S. Gowale

Signature of Principal with seal

Dr. Mrs. Chetana S. Gowale
Principal
Dapoli Homoeopathic Medical College
Tal. Dapoli, Dist. Ratnagiri.

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINER LIST (UG COURSE)

Name of the College :- Dapoli Homoeopathic Medical College, Dapoli

Phone / Mobile No. :- 9209933763

Name of the Subject. :- Hom. Materia Medica

If Yes MUHS Approval Letter No. & Date	Aadhar No.	Pan No.	Date of Birth (Age in Years)	Latest E-Mail ID Address	Mobile No	Debarred Yes/No at college
11 MUHS/E4(UG)/4106/1045/ 2012 dated 20.03.2012	12 3652 0046 5394	13 AFOPK6176L	14 05.06.1976 49.8 yrs	16 drshivdeepkeer@gmail.com	16 9405958766	17 No
MUHS/E-4(UG)4106/2423/ 2009 dated 01.09.2009	6695 6748 7025	AGFPB2079R	10.10.1972 53.4 yrs	drbhosaalejit@gmail.com	9226044672	No

(Signature)

Signature of Principal with seal

Dr. Mrs. Chetana S. Gortwale
Principal
Dapoli Homoeopathic Medical College
Tal. Dapoli, Dist. Ratnagiri.

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINER LIST (UG COURSE)

Name of the College :- Dapoli Homoeopathic Medical College, Dapoli
 Phone / Mobile No. :- 9209933763

Name of the Subject. :- Organon of Medicine

Sr. No.	College Name	Subject Name	Name of the Teaching Staff (First, Middle, Surname)	Designation	Date of Joining	UG Qualification & Year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG Passing	MUHS Approval Yes/No
1	2	3	4	5	6	7	8	9	10
1	Dapoli Homoeopathic Medical College	Organon	Dr. Mrs. Vaishali Umesh Vaishmpayan	Professor	01.09.1999	DHMS May-98			Yes
2		Organon	Dr. Vilayatoli Abdalla Mukadam	Asst. Professor	01.10.2009	BHMS Jul-05			Yes

Dr. Mrs. Chetana S. Goriwale

Signature of Principal with seal

Dr. Mrs. Chetana S. Goriwale
 Principal
 Dapoli Homoeopathic Medical College
 Tal. Dapoli, Dist. Ratnagiri.

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINER LIST (UG COURSE)

Name of the College :- Dapoli Homoeopathic Medical College, Dapoli

Phone / Mobile No. :- 9209933763

Name of the Subject. :- Organon of Medicine

If Yes MUHS Approval Letter No. & Date	Aadhar No.	Pan No.	Date of Birth (Age in Years)	Latest E-Mail ID Address	Mobile No	Debarred Yes/No at college
11 MUHS/E4(UG)/4106/2423/ 2009 dated 01.09.2009	12 6788 8696 4333	13 ACOPV6737H	14 26.02.1977 48 yrs	16 vaishali.vaishmpayan@gmail.com	16 8806133144	17 No
MUHS/UG/E4/R/52/4106/775 2014 dated 21.02.2014	9758 1023 2241	BCXPM2704B	10.08.1979 46 yrs	drvilayat2006@gmail.com	8411071022	No

Dr. Mrs. Chetana S. Goriwale

Signature of Principal with seal

Dr. Mrs. Chetana S. Goriwale
Principal
Dapoli Homoeopathic Medical College
Tal. Dapoli, Dist. Ratnagiri.

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINER LIST (UG COURSE)

Name of the College :- Dapoli Homoeopathic Medical College, Dapoli

Phone / Mobile No. :- 9209933763

Name of the Subject. :- Repertory

Sr. No.	College Name	Subject Name	Name of the Teaching Staff (First, Middle, Surname)	Designation	Date of Joining	UG Qualification & Year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG Passing	MUHS Approval Yes/No
1	2	3	4	5	6	7	8	9	10
1	Dapoli Homoeopathic Medical College	Repertory	Dr. Prasad Avadhut Karmarkar	Professor	01.06.1989	DHMS Dec.1988	MD Apr-07	18 yrs	Yes
2		Repertory	Dr. Sanika Shivdeep Keer	Lecturer	17.06.2011	BHMS Nov. 2002			Yes

(Signature)

Signature of Principal with seal

Dr. Mrs. Chetana S. Goriwale
Principal
Dapoli Homoeopathic Medical College
Tal. Dapoli, Dist. Ratnagiri.

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINER LIST (UG COURSE)

Name of the College :- Dapoli Homoeopathic Medical College, Dapoli
 Phone / Mobile No. :- 9209933763

Name of the Subject. :- Ar Repertory

If Yes MUHS Approval Letter No. & Date 11	Aadhar No.	Pan No.	Date of Birth (Age in Years)	Latest E-Mail ID Address	Mobile No	Debarred Yes/No at college
MUHS/E4(UG)/4106/2457/ 2005 dated 12.07.2005	12 6922 7995 5929	13 ACLPK114J	14 12.01.1964 61 yrs	16 pkarmarkar64@yahoo.in	16 9423296155 7798720710	17 No
MUHS/E4(UG)/4106/1045/ 2012 dated 20.03.2012	8111 8958 9017	BILPK9975J	18.09.1978 47 yrs	drsantikakeer@gmail.com	9764106537	No



Signature of Principal with seal

Dr. Mrs. Chetana S. Goriwale
 Principal
 Dapoli Homoeopathic Medical College
 Tal. Dapoli, Dist. Ratnagiri.

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINER LIST (PG COURSES)

Name of the College :- Dapoli Homeopathic Medical College, Dapoli Phone/Mobile No.:- 9209393763

Sr. No.	Name of the Teaching Staff (First, Middle, Surname)	Designation	Subject/ Speciality	Type of Appointment Regular/ Temp./ Honorary	Qualification	University Approx at UG	PG		Recognition Letter Date issued by University
							Teaching Experience in Years after PGM	Teacher Recognition Yes/No	
1	2	3	4	5	6	7	8	9	10
Subject - Hom. Pharmacy									
1	Dr. Mrs. Chetana Sunil Goriwale	Professor	Organon of Medicine		MD Apr-07		18.2 yrs	Yes	MUHS/E-4/PG/1832/2018 dated 24.10.2018
Subject - Repertory									
3	Dr. Prasad Avadhut Karmarkar	Professor	Repertory		MD Apr-07		18.2 yrs	Yes	MUHS/E-4/PG/1554/2018 dated 15.09.2018



Signature of Principal with Seal
Dr. Mrs. Chetana S. Goriwale
Principal
Dapoli Homeopathic Medical College
Tal. Dapoli, Dist. Ratnagiri.

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINER LIST (PG COURSES)

Name of the College :- Dapoli Homoeopathic Medical College, Dapoli Phone/Mobile No.:- 9209393763

No. of PG Students Guided last 5 year	Date of Birth	Latest E-Mail ID Address	Mobile No	Aadhar No.	Debarred Yes/No at college	Sign of Teacher
11	12	13	14	15	16	17
	12.05.1973	csgoriwale@gmail.com	9960193763	9742 2813 0718	No	
	12.01.1964	pkarmarkar64@yahoo.in	9423296155 7798720710	6922 7995 5929	No	



Signature of Principal with Seal
Dr. Mrs. Chetana S. Goriwale
Principal
 Dapoli Homoeopathic Medical College
 Tal. Dapoli, Dist. Ratnagiri.