



MUHS

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक  
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हासुरुळ, नाशिक- ४२२००४ Dindori Road, Mhasrul, Nashik - 422004  
EPABX: 0253-6659100-300, Phone: 0253-6659199/194  
E-mail :academic2@muhs.ac.in Web.:www.muhs.ac.in

डॉ. कलिदास द. चव्हाण  
एम.बी.बी.एस., एम.डी. (न्यायवैद्यकशास्त्र)  
कुलसचिव

Dr. Kalidas D. Chavan  
M.B.B.S., M.D.(Forensic Medicine)  
Registrar

No. MUHS/PG/E-4/1739/2020

Date: 24/12/2020

To,  
The Dean/Principal,  
Dr. M. L. Dhawale Memorial  
Homoeopathic Institute, Opp. S. T.  
Workshop, Bolsar Road,  
Dist. Palghar - 401 404.

R. No. MLD/MHI/P-002/2021

Name: .....

Date: 02/01/2021

Sub :- Recognition as Post-Graduate Teacher.

Ref :- 1) University Direction No. 01/2017 dtd., 13/04/2017.

2) University Circular No. 04/2019 dtd. 22/01/2019.

3) University Circular No. 69/2019 dtd. 15/10/2019.

4) Your Letter No. एमएलडीएमएचआय/पाल/मर : ३२३/२०२०. दि. २५/११/२०२०.

5) University Letter No. मजाविवि/पीजी/ई४/३१८३/२०२० दि. १९/११/२०२०.

6) Your Letter No. एमएलडीएमएचआय/पाल/मर : ३०८/२०२०. दि. २९/१०/२०२०.

7) Your Letter No. एमएलडीएमएचआय/पाल/मर : २७७/२०२०. दि. ०७/१०/२०२०.

Sir / Madam,

With reference cited above, I am directed to inform you that, the proposal of Recognition as Post-Graduate Teacher of the following teacher(s) has been considered by the University subject to terms and conditions of appointment order for imparting instructions to the Post Graduate Degree, Diploma of Super-Speciality Course(s) (as applicable) in the subject mentioned against his /her name.

Sr.No.	Subject	Name of the Teacher	Designation	Status of PG recognition
01	Practice of Medicine	Dr. Shama Manoj Rao	Professor	w.e.f. 07/10/2020 Subject to following Conditions.
02	Paediatrics	Dr. Kanaiyalal - Purushottamdas Pandya	Reader	w.e.f. 07/10/2020 Subject to following Conditions.
03	Practice of Medicine	Dr. Champatlal Bhabutmalji Jain	Reader	w.e.f. 07/10/2020 Subject to following Conditions.
04	Materia Medica	Dr. Vivek Vitthal Kadam	Lecturer	w.e.f. 07/10/2020 Subject to following Conditions.
05	Practice of Medicine	Dr. Harashala Chandrakant Sarvagod	Lecturer	w.e.f. 07/10/2020 Subject to following Conditions.



Sr.No.	Subject	Name of the Teacher	Designation	Status of PG recognition
06	Homoeopathic Philosophy	Dr. Sachin Gajanan Junagade	Lecturer	w.e.f. 07/10/2020 Subject to following Conditions.
07	Psychiatry	Dr. Gayatri Manoj Patel	Lecturer	w.e.f. 07/10/2020 Subject to following Conditions.
08	Paediatrics	Dr. Omkar Deepak Anavkar	Lecturer	w.e.f. 07/10/2020 Subject to following Conditions.

Kindly note that the Recognition granted by the Univeristy is valid till the above said teacher is in the services of the said PG teaching College or attains the age of superannuation, wichiever happens earlier.

.....:om M  
.....:etjaG

  
Registrar

Copy to: - The Concern Teacher

Note: In case, if it is found at later stage that information furnished in Post Graduate Recognition form by the teacher concerned is incorrect, PG Recognition/UG approval granted by the University will stand cancelled.







# महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

## MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

विठोरीरोड, म्हासरुळ, नाशिक- ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

EPABX: 0253-6659100-300, Phone: 0253-6659199/194

E-mail : [academic2@muhs.ac.in](mailto:academic2@muhs.ac.in) Web.: [www.muhs.ac.in](http://www.muhs.ac.in)

डॉ. कलिदास द. चव्हाण  
एम.बी.बी.एस., एम.डी. (न्यायवैद्यशास्त्र)  
कुलसचिव

Dr. Kalidas D. Chavan  
M.B.B.S., M.D. (Forensic Medicine)  
Registrar

No. MUHS/PG/E-4/468/2021

Date: 01/02/2021  
03

To,  
The Dean/Principal,  
Dr. M. L. Dhawale Memorial  
Homoeopathic Institute, Opp. S. T.  
Workshop, Boisar Road,  
Dist. Palghar - 401 404.

R. No. ML9MHZ/P-083/2021

Name: .....

Date: 19/03/2021

Sub :- Recognition as Post-Graduate Teacher.

Ref :- 1) University Direction No. 01/2017 dtd., 13/04/2017.

2) University Circular No. 04/2019 dtd. 22/01/2019.

3) University Circular No. 69/2019 dtd. 15/10/2019.

4) Your Letter No. एमएलडीएमएचआय/पाल/मर : १७१/२०२०. दि. ३१/१२/२०२०.


Sir / Madam,

With reference cited above, I am directed to inform you that, the proposal of Recognition as Post-Graduate Teacher of the following teacher(s) has been considered by the University subject to terms and conditions of appointment order for imparting instructions to the Post Graduate Degree, Diploma of Super-Speciality Course(s) (as applicable) in the subject mentioned against his /her name.

Sr.No.	Subject	Name of the Teacher	Designation	Status of PG recognition
01	Materia Medica	Dr. Bipinkumar Sohanraj Jain	Professor	w.e.f. 31/12/2020 Subject to following Conditions.
02	Homoeopathic Philosophy	Dr. Anand Ramchandra Kapse	Professor	w.e.f. 31/12/2020 Subject to following Conditions
03	Repertory	Dr. Anup Mohan Nigwekar	Professor	w.e.f. 31/12/2020 Subject to following Conditions
04	Paediatrics	Dr. Chandrasekhar Ramkrushna Goda	Professor	w.e.f. 31/12/2020 Subject to following Conditions
05	Psychiatry	Dr. Manoj Kanchanbhai Patel	Professor	w.e.f. 31/12/2020 Subject to following Conditions
06	Materia Medica	Dr. Bhavik Ramesh Parekh	Reader	w.e.f. 31/12/2020 Subject to following Conditions
07	Homoeopathic Philosophy	Dr. Sunil Dattatray Bhalinge	Reader	w.e.f. 31/12/2020 Subject to following Conditions
08	Repertory	Dr. Prashant Prakash Tamboli	Reader	w.e.f. 31/12/2020 Subject to following Conditions
09	Psychiatry	Dr. Sunita Bhanudas Nikumbh	Reader	w.e.f. 31/12/2020 Subject to following Conditions



Kindly note that the Recognition granted by the Univeristy is valid till the above said teacher is in the services of the said PG teaching College or attains the age of superannuation, wichiever happens earlier.

  
Registrar

Copy to: - The Concern Teacher

Note: In case, if it is found at later stage that information furnished in Post Graduate Recognition form by the teacher concerned is incorrect, PG Recognition/UG approval granted by the University will stand cancelled





**महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक**  
**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**

MUHS

विडोरीरोड, म्हासुर, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004  
 Tel : (0253) 2539194/2539291 Student Helpline : 0253-2539111/6659111  
 Website: www.muhs.ac.in, E-mail: academ2@muhs.ac.in

**डॉ. कलिदास द. चव्हाण**  
 एम.बी.बी.एस., एम.डी. (फॉरेंसिक मेडिसिन), मे.एच.डी., पी.एच.डी.,  
**कुलसचिव**

**Dr. Kalidas D. Chavan**  
 M.B.B.S., M.D. (Forensic Medicine), Ph.D., D.Sc  
**Registrar**

o. MUHS/PG/E-4/UG& PG/1480 /2022

Date: 04/08/2022

To,  
 The Dean/Principal  
 Dr. M. L. Dhawale Memorial Homoeopathic Institute,  
 Opp. S.T. Workshop, Boisar, Road,  
 Dist. Paighar - 401 404.

Sub :- Recognition as Post-Graduate Teacher.

- Ref :- 1) University Direction No. 01/2017 dtd., 13/04/2017.  
 2) University Circular No. 04/2019 dtd. 22/01/2019.  
 3) University Circular No. 69/2019 dtd. 15/10/2019.  
 4) Your Letter No. एमएलडिएमएचआय/पाल/मं-३७७/२०२२ दि. १२/०७/२०२२

Sir / Madam,

With reference cited above, I am directed to inform you that, the proposal of Recognition as Post-Graduate Teacher of the teacher(s) mentioned below was considered by the University subject to terms and conditions of appointment order for imparting instructions to the Post Graduate Degree, Diploma of Super-Speciality Course(s) (as applicable) in the subject mentioned against his /her name and accordingly recognition letter was issued by the University.

Sr. No.	Subject	Name of the Teacher	Designation	Status of Approval
1	Psychiatry	* Dr. Sunita Bhanudas Nikumbh	Professor	w.e.f. 12/07/22 Onwards subject to following Conditions.
2	Repertory	Dr. Nikunj Jagdish Jani	Reader (Additional)	w.e.f. 12/07/22 Onwards subject to following Conditions.
3	Psychiatry	Dr. Rajesh Ramkunwar Yadav	Reader	w.e.f. 12/07/22 Onwards subject to following Conditions.
4	Paediatrics	Dr. Omkar Deepak Anavkar	Reader	w.e.f. 12/07/22 Onwards subject to following Conditions.
5	Homoeopathic Philosophy	*Dr. Sachin Gajanan Junagade	Reader	w.e.f. 12/07/22 Onwards subject to following Conditions.
6	Materia Medica	Dr. Vivek Vitthal Kadam	Reader (Additional)	w.e.f. 12/07/22 Onwards subject to following Conditions.

© 10/2022 by D.L.D. Dr. M. L. Dhawale Memorial Homoeopathic Institute, Paighar, Dist. Thane





Sr. No.	Subject	Name of the Teacher	Designation	Status of Approval
7	Repertory	* Dr. Devangini Ramesh Broker	Lecturer	w.e.f. 12/07/22 Onwards subject to following Conditions.
8	Psychiatry	Dr. Mansi Jayantibhai Surati	Lecturer	w.e.f. 12/07/22 Onwards subject to following Conditions.
9	Paediatrics	Dr. Nikita Sureshchandra Mehta	Lecturer	w.e.f. 12/07/22 Onwards subject to following Conditions.
10	Homoeopathic Philosophy	Dr. Mehvish Haris Dandoti	Lecturer	w.e.f. 12/07/22 Onwards subject to following Conditions.
11	Practice of Medicine	* Dr. Sonam Ashishkumar Mishra	Lecturer	w.e.f. 12/07/22 Onwards subject to following Conditions.
12	Materia Medica	Dr. Akshatha Damodar Nayak	Lecturer	w.e.f. 12/07/22 Onwards subject to following Conditions.
13	Psychiatry	Dr. Sheikh Tanvir Abdul Hamid	Lecturer (Additional)	w.e.f. 12/07/22 Onwards subject to following Conditions.

- 1) The above mentioned teacher / teachers is / are required to attend "Research Methodology Workshop" conducted by Regional Centre, Pune of this University or any other centre authorized by the University (if not attended earlier), within a period of one year from the date of recognition. It is further clarified that the validity of 'Research Methodology Workshop' is for five years only and it must be renewed after every five years as per Circular 14/2011 dated 22/06/2011.
- 2) \*Indicates that, the recognition granted by the University is subject to successful completion of at least one Medical Education Technology (MET) workshop conducted by the University within the period of one year from the date of recognition. If any teacher fails to comply with the said provision, the approval granted by the Vice-Chancellor shall stand cancelled automatically.
- 3) Kindly note that the Recognition granted by the University is valid till the above said teacher is in the services of the said PG teaching College or attains the age of superannuation, whichever happens earlier.

Registrar

Copy to: - Concern Teacher /s





महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक  
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हासुरुळ, नाशिक- ४२२००४ Dindori Road, Mhasrul, Nashik - 422004  
Tel : (0253) 2539194/2539291 Student Helpline : 0253-2539111/6659111  
Website: www.muhs.ac.in, E-mail: [academi2@muhs.ac.in](mailto:academi2@muhs.ac.in)



डॉ. कलिदास द. चव्हाण  
एम.बी.बी.एस., एम.डी. (आयुर्वेदशास्त्र), पीएच.डी., डी.एनबी,  
कुलसचिव

Dr. Kalidas D. Chavan  
M.B.B.S., M.D. (Forensic Medicine), Ph.D., D.Sc.  
Registrar

No. MUHS/PG/E-4/PG/ 1159 /2022

Date: 23 /06/2022

To,  
The Dean/Principal  
Dr. M. L. Dhawale Memorial Homoeopathic Institute,  
Opp. S.T. Workshop, Boisar, Road,  
Dist. Palghar - 401 404.

- Sub :- Recognition as Post-Graduate Teacher.  
Ref :- 1) University Direction No. 01/2017 dtd., 13/04/2017.  
2) University Circular No. 04/2019 dtd. 22/01/2019.  
3) University Circular No. 69/2019 dtd. 15/10/2019.  
4) Your Letter No. एमएलडिएमएचआय/पाल/म२-१९०/२०२२ दि. १२/०४/२०२२

Sir / Madam,

With reference cited above, I am directed to inform you that, the proposal of Recognition as Post-Graduate Teacher of the teacher(s) mentioned below was considered by the University subject to terms and conditions of appointment order for imparting instructions to the Post Graduate Degree, Diploma of Super-Speciality Course(s) (as applicable) in the subject mentioned against his /her name and accordingly recognition letter was issued by the University,

Sr. No.	Subject	Name of the Teacher	Designation	Status of Approval
1	Practice of Medicine	Dr. Pandey Namrata Awadhesh	Additional Lecturer	w.e.f 12/04/2022 Temporary upto 11/04/2024 subject to following conditions.
2	Practice of Medicine	* Dr. Harashala Chandrakant Sarvagod	Reader	w.e.f 12/04/2022 Temporary upto 11/04/2024 subject to following conditions.

- 1) The above mentioned teacher / teachers is / are required to attend "Research Methodology Workshop" conducted by Regional Centre, Pune of this University or any other centre authorized by the University (if not attended earlier), within a period of one year from the date of recognition. It is further clarified that the validity of 'Research Methodology Workshop' is for five years only and it must be renewed after every five years as per Circular 14/2011 dated 22/06/2011.



- 2) \*Indicates that, the recognition granted by the University is subject to successful completion of at least one Medical Education Technology (MET) workshop conducted by the University within the period of one year from the date of recognition. If any teacher fails to comply with the said provision, the approval granted by the Vice-Chancellor shall stand cancelled automatically.
- 3) Kindly note that the Recognition granted by the Univeristy is valid till the above said teacher is in the services of the said PG teaching College or attains the age of superannuation, whichever happens earlier.

  
Registrar

Copy to: Concern Teacher







# महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरीरोड, म्हसळ, नाशिक- ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

EPABX: 0253-6659100-300, Phone: 0253-6659199/194

E-mail : pgacademic@muhs.ac.in Web.: www.muhs.ac.in

डॉ. कलिदास द. चव्हाण

एम.बी.बी.एस., एम.डी. (न्यायवैद्यशास्त्र)

प्र. कुलसचिव

Dr. Kalidas D. Chavan

M.B.B.S., M.D. (Forensic Medicine)

Offg. Registrar

No. MUHS/PG/E-4/PG/ 1077 /2021

Date: 25/06/2021

To,

The Dean/Principal

Dr. M. L. Dhawale Memorial Homoeopathic Institute,

Opp. S.T. Workshop, Boisar, Road,

Dist. Palghar - 401 404.

R. No. MUHS/1111/2021

Name: MUHS

Date: 25/06/2021

Sub :- Recognition as Post-Graduate Teacher.

Ref :- 1) University Direction No. 01/2017 dtd., 13/04/2017.

2) University Circular No. 04/2019 dtd. 22/01/2019.

3) University Circular No. 69/2019 dtd. 15/10/2019.

4) Your Letter No. एमएलडिएमएचआय/पाल/मर-१६१/२०२१ दि. १६/०३/२०२१

Sir / Madam,

With reference cited above, I am directed to inform you that, the proposal of Recognition as Post-Graduate Teacher of the following teacher(s) has been considered by the University subject to terms and conditions of appointment order for imparting instructions to the Post Graduate Degree, Diploma of Super-Speciality Course(s) (as applicable) in the subject mentioned against his /her name.

Sr. No.	Subject	Name of the Teacher	Designation	Status of Approval
1	Psychiatry	* Dr. Sunita Bhanudas Nikumbh	Professor	w.e.f 16/03/2021 Temporary upto 04/03/2023 subject to following conditions.
2	Repertory	Dr. Nikunj Jagdish Jani	Reader	Temporary approved for one year only upto 04/03/2022 against SC Category w.e.f 16/03/2021 subject to following conditions.
3	Psychiatry	Dr. Rajesh Ramkunwar Yadav	Reader	w.e.f 16/03/2021 Temporary upto 04/03/2023 subject to following conditions.
4	Paediatrics	* Dr. Omkar Deepak Anavkar	Reader	w.e.f 16/03/2021 Temporary upto 04/03/2023 subject to following conditions.



Sr. No.	Subject	Name of the Teacher	Designation	Status of Approval
5	Homoeopathic Philosophy	Dr. Sachin Gajanan Junagade	Reader	w.e.f 16/03/2021 Temporary upto 04/03/2023 subject to following conditions.
6	Materia Medica	Dr. Vivek Vitthal Kadam	Reader	Temporary approved for one year only upto 04/03/2022 against SC Category w.e.f 16/03/2021 subject to following conditions.
7	Repertory	* Dr. Devangini Ramesh Broker	Lecturer	w.e.f 16/03/2021 Temporary upto 04/03/2023 subject to following conditions.
8	Psychiatry	* Dr. Mansi Jayantibhai Surati	Lecturer	w.e.f 16/03/2021 Temporary upto 04/03/2022 subject to following conditions.
9	Homoeopathic Philosophy	Dr. Mehvish Haris Dandoti	Lecturer	Temporary approved for one year only upto 04/03/2022 against SC Category w.e.f 16/03/2021 subject to following conditions.
10	Practice of Medicine	* Dr. Sonam Ashishkumar Mishra	Lecturer	w.e.f 16/03/2021 Temporary upto 04/03/2023 subject to following conditions.
11	Materia Medica	* Dr. Akshatha Damodar Nayak	Lecturer	w.e.f 16/03/2021 Temporary upto 04/03/2023 subject to following conditions.

\* Indicate that, The approval granted by the University is subject to successful completion of at least one Medical Education Technology (MET) workshop conducted by the University, within the period of one year from the date of Recognition. If any teacher fails to comply with the said provision, the approval granted by the Vice-Chancellor may be cancelled.

Kindly note that the approval granted by the University is valid till the above said teacher is in the services of the said PG teaching College or attains the age of superannuation, whichever happens earlier.

  
Registrar

Copy to: Concern Teacher







# महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

## MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हसळ, नाशिक-४२२००४ Dindori Road, Mhasrul, Nashik - 422004  
EPABX: 0253-6659100-300, Phone: 0253-6659199/194  
E-mail :academic2@muhs.ac.in Web.:www.muhs.ac.in

डॉ. कलिदास द. चव्हाण  
एम.बी.बी.एस., एम.डी. (न्यायवैद्यशास्त्र)  
कुलसचिव

Dr. Kalidas D. Chavan  
M.B.B.S., M.D.(Forensic Medicine)  
Registrar

No. MUHS/PG/E-4/468/2021

Date: 01/02/2021  
०३

To,  
The Dean/Principal,  
Dr. M. L. Dhawale Memorial  
Homoeopathic Institute, Opp. S. T.  
Workshop, Boisar Road,  
Dist. Palghar - 401 404.

R. No. MLDMH/1P-083/2021

Name: .....

Date: 19/03/2021

Sub :- Recognition as Post-Graduate Teacher.

Ref :- 1) University Direction No. 01/2017 dtd., 13/04/2017.

2) University Circular No. 04/2019 dtd. 22/01/2019.

3) University Circular No. 69/2019 dtd. 15/10/2019.

4) Your Letter No. एमएलडीएमएचआय/पाल/म२ : ३७१/२०२०. दि. ३१/१२/२०२०.

Sir / Madam,

With reference cited above, I am directed to inform you that, the proposal of Recognition as Post-Graduate Teacher of the following teacher(s) has been considered by the University subject to terms and conditions of appointment order for imparting instructions to the Post Graduate Degree, Diploma of Super-Speciality Course(s) (as applicable) in the subject mentioned against his /her name.

Sr.No.	Subject	Name of the Teacher	Designation	Status of PG recognition
01	Materia Medica	Dr. Bipinkumar Sohanraj Jain	Professor	w.e.f. 31/12/2020 Subject to following Conditions.
02	Homoeopathic Philosophy	Dr. Anand Ramchandra Kapse	Professor	w.e.f. 31/12/2020 Subject to following Conditions
03	Repertory	Dr. Anup Mohan Nigwekar	Professor	w.e.f. 31/12/2020 Subject to following Conditions
04	Paediatrics	Dr. Chandrasekhar Ramkrushna Goda	Professor	w.e.f. 31/12/2020 Subject to following Conditions
05	Psychiatry	Dr. Manoj Kanchanbhai Patel	Professor	w.e.f. 31/12/2020 Subject to following Conditions
06	Materia Medica	Dr. Bhavik Ramesh Parekh	Reader	w.e.f. 31/12/2020 Subject to following Conditions
07	Homoeopathic Philosophy	Dr. Sunil Dattatray Bhalinge	Reader	w.e.f. 31/12/2020 Subject to following Conditions
08	Repertory	Dr. Prashant Prakash Tamboli	Reader	w.e.f. 31/12/2020 Subject to following Conditions
09	Psychiatry	Dr. Sunita Bhanudas Nikumbh	Reader	w.e.f. 31/12/2020 Subject to following Conditions





Kindly note that the Recognition granted by the Univeristy is valid till the above said teacher is in the services of the said PG teaching College or attains the age of superannuation, wichiever happens earlier.

  
Registrar

Copy to: - The Concern Teacher

Note: In case, if it is found at later stage that information furnished in Post Graduate Recognition form by the teacher concerned is incorrect, PG Recognition/UG approval granted by the University will stand cancelled







महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक  
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हासळ, नाशिक- ४२२००४ Dindori Road, Mhasrul, Nashik - 422004  
Tel : (0253) 2539194/2539291 Student Helpline : 0253-2539111/6659111  
Website: www.muhs.ac.in, E-mail: [academi2@muhs.ac.in](mailto:academi2@muhs.ac.in)



डॉ. कलिदास द. चव्हाण

एम.बी.बी.एस., एम.डी. (स्वायत्तशासन), पीएच.डी., डी.एलसी.  
कुलसचिव

Dr. Kalidas D. Chavan  
M.B.B.S., M.D. (Forensic Medicine), Ph.D., D.Sc.  
Registrar

No. MUHS/PG/E-4/PG/ 285 /2022

Date: 14/02/2022

To,

The Dean/Principal

Dr. M. L. Dhawale Memorial Homoeopathic Institute,  
Opp. S.T. Workshop, Boisar, Road,  
Dist. Palghar - 401 404.

Sub :- Recognition as Post-Graduate Teacher.

Ref :- 1) University Direction No. 01/2017 dtd., 13/04/2017.

2) University Circular No. 04/2019 dtd. 22/01/2019.

3) University Circular No. 69/2019 dtd. 15/10/2019.

4) Your Letter No. एमएलडिएमएचआय/पाल/म२-१६१/२०२१ दि. १६/०३/२०२१

5) MUHS/PG/E-4/PG/1077/2021 dt. 25/06/2021

Sir / Madam,

With reference cited above, I am directed to inform you that, the proposal of Recognition as Post-Graduate Teacher of the teacher(s) mentioned below was considered by the University subject to terms and conditions of appointment order for imparting instructions to the Post Graduate Degree, Diploma of Super-Speciality Course(s) (as applicable) in the subject mentioned against his /her name and accordingly recognition letter was issued by the University,

Sr. No.	Subject	Name of the Teacher	Designation	Status of Approval
1	Psychiatry	* Dr. Sunita Bhanudas Nikumbh	Professor	w.e.f 16/03/2021 Temporary upto 04/03/2023 subject to following conditions.
2	Repertory	Dr. Nikunj Jagdish Jani	Reader	Temporary approved for one year only upto 04/03/2022 against SC Category w.e.f 16/03/2021 subject to following conditions.
3	Psychiatry	Dr. Rajesh Ramkunwar Yadav	Reader	w.e.f 16/03/2021 Temporary upto 04/03/2023 subject to following conditions.
4	Paediatrics	* Dr. Omkar Deepak Anavkar	Reader	w.e.f 16/03/2021 Temporary upto 04/03/2023 subject to following conditions.







# महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरीरोड, म्हासुरुळ, नाशिक- ४२२००४ Dindori Road, Mhasrul, Nashik - 422004  
EPABX: 0253-6659100-300, Phone: 0253-6659199/194  
E-mail :academic2@muhs.ac.in Web.:www.muhs.ac.in

डॉ. कलिदास द. चव्हाण  
एम.बी.बी.एस., एम.डी. (न्यायवैद्यशास्त्र)  
कुलसचिव

Dr. Kalidas D. Chavan  
M.B.B.S., M.D.(Forensic Medicine)  
Registrar

No. MUHS/PG/E-4/1739/2020

Date: 24/12/2020

To,  
The Dean/Principal,  
Dr. M. L. Dhawale Memorial  
Homoeopathic Institute, Opp. S. T.  
Workshop, Boisar Road,  
Dist. Palghar - 401 404.

R. No. MLD/MHI/P-002/2021

Name: .....

Date: 02/01/2021

- Sub :- Recognition as Post-Graduate Teacher.  
Ref :- 1) University Direction No. 01/2017 dtd., 13/04/2017.  
2) University Circular No. 04/2019 dtd. 22/01/2019.  
3) University Circular No. 69/2019 dtd. 15/10/2019.  
4) Your Letter No. एमएलडीएमएचआय/पाल/म२ : ३२३/२०२०. दि. २५/११/२०२०.  
5) University Letter No. मजाविवि/पीजी/ई४/३१८३/२०२० दि. १९/११/२०२०.  
6) Your Letter No. एमएलडीएमएचआय/पाल/म२ : ३०८/२०२०. दि. २९/१०/२०२०.  
7) Your Letter No. एमएलडीएमएचआय/पाल/म२ : २७७/२०२०. दि. ०७/१०/२०२०.

Sir / Madam,

With reference cited above, I am directed to inform you that, the proposal of Recognition as Post-Graduate Teacher of the following teacher(s) has been considered by the University subject to terms and conditions of appointment order for imparting instructions to the Post Graduate Degree, Diploma of Super-Speciality Course(s) (as applicable) in the subject mentioned against his /her name.

Sr.No.	Subject	Name of the Teacher	Designation	Status of PG recognition
01	Practice of Medicine	Dr. Shama Manoj Rao	Professor	w.e.f. 07/10/2020 Subject to following Conditions.
02	Paediatrics	Dr. Kanaiyalal - Purushottamdas Pandya	Reader	w.e.f. 07/10/2020 Subject to following Conditions.
03	Practice of Medicine	Dr. Champatlal Bhabutmalji Jain	Reader	w.e.f. 07/10/2020 Subject to following Conditions.
04	Materia Medica	Dr. Vivek Vitthal Kadam	Lecturer	w.e.f. 07/10/2020 Subject to following Conditions.
05	Practice of Medicine	Dr. Harashala Chandrakant Sarvagod	Lecturer	w.e.f. 07/10/2020 Subject to following Conditions.



Sr.No.	Subject	Name of the Teacher	Designation	Status of PG recognition
06	Homoeopathic Philosophy	Dr. Sachin Gajanan Junagade	Lecturer	w.e.f. 07/10/2020 Subject to following Conditions.
07	Psychiatry	Dr. Gayatri Manoj Patel	Lecturer	w.e.f. 07/10/2020 Subject to following Conditions.
08	Paediatrics	Dr. Omkar Deepak Anavkar	Lecturer	w.e.f. 07/10/2020 Subject to following Conditions.

Kindly note that the Recognition granted by the Univeristy is valid till the above said teacher is in the services of the said PG teaching College or attains the age of superannuation, whichever happens earlier.

.....  
 .....  
 .....

Registrar

Copy to: - The Concern Teacher

Note: In case, if it is found at later stage that information furnished in Post Graduate Recognition form by the teacher concerned is incorrect, PG Recognition/UG approval granted by the University will stand cancelled.







महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक  
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हासळ, नाशिक-४२२००४ Dindori Road, Mhasrul, Nashik - 422004  
EPABX: 0253-6659100-300, Phone: 0253-6659199/194  
E-mail : academic2@muhs.ac.in Web.: www.muhs.ac.in

डॉ. कलिदास द. चव्हाण  
एम.बी.बी.एस., एम.डी. (न्यायवैद्यशास्त्र)  
कुलसचिव

Dr. Kalidas D. Chavan  
M.B.B.S., M.D.(Forensic Medicine)  
Registrar

No. MUHS/PG/E-4/1739/2020

Date: 24/12/2020

To,  
The Dean/Principal,  
Dr. M. L. Dhawale Memorial  
Homoeopathic Institute, Opp. S. T.  
Workshop, Boisar Road,  
Dist. Palghar - 401 404.

R. No. MLD/MHI/P-002/2021

Name: .....

Date: 02/01/2021

- Sub :- Recognition as Post-Graduate Teacher.  
Ref :- 1) University Direction No. 01/2017 dtd., 13/04/2017.  
2) University Circular No. 04/2019 dtd. 22/01/2019.  
3) University Circular No. 69/2019 dtd. 15/10/2019.  
4) Your Letter No. एमएलडीएमएचआय/पाल/मर : ३२३/२०२०. दि. २५/११/२०२०.  
5) University Letter No. मन्नाविवि/पीजी/ई४/३१८३/२०२० दि. १९/११/२०२०.  
6) Your Letter No. एमएलडीएमएचआय/पाल/मर : ३०८/२०२०. दि. २९/१०/२०२०.  
7) Your Letter No. एमएलडीएमएचआय/पाल/मर : २७७/२०२०. दि. ०७/१०/२०२०.

Sir / Madam,

With reference cited above, I am directed to inform you that, the proposal of Recognition as Post-Graduate Teacher of the following teacher(s) has been considered by the University subject to terms and conditions of appointment order for imparting instructions to the Post Graduate Degree, Diploma of Super-Speciality Course(s) (as applicable) in the subject mentioned against his /her name.

Sr.No.	Subject	Name of the Teacher	Designation	Status of PG recognition
01	Practice of Medicine	Dr. Shama Manoj Rao	Professor	w.e.f. 07/10/2020 Subject to following Conditions.
02	Paediatrics	Dr. Kanaiyalal - Purushottamdas Pandya	Reader	w.e.f. 07/10/2020 Subject to following Conditions.
03	Practice of Medicine	Dr. Champatlal Bhabutmalji Jain	Reader	w.e.f. 07/10/2020 Subject to following Conditions.
04	Materia Medica	Dr. Vivek Vitthal Kadam	Lecturer	w.e.f. 07/10/2020 Subject to following Conditions.
05	Practice of Medicine	Dr. Harashala Chandrakant Sarvagod	Lecturer	w.e.f. 07/10/2020 Subject to following Conditions.





Sr.No.	Subject	Name of the Teacher	Designation	Status of PG recognition
06	Homoeopathic Philosophy	Dr. Sachin Gajanan Junagade	Lecturer	w.e.f. 07/10/2020 Subject to following Conditions.
07	Psychiatry	Dr. Gayatri Manoj Patel	Lecturer	w.e.f. 07/10/2020 Subject to following Conditions.
08	Paediatrics	Dr. Omkar Deepak Anavkar	Lecturer	w.e.f. 07/10/2020 Subject to following Conditions.

Kindly note that the Recognition granted by the Univeristy is valid till the above said teacher is in the services of the said PG teaching College or attains the age of superannuation, whichever happens earlier.

.....:omr M  
.....:ojag

  
Registrar

Copy to: - The Concern Teacher

Note: In case, if it is found at later stage that information furnished in Post Graduate Recognition form by the teacher concerned is incorrect, PG Recognition/UG approval granted by the University will stand cancelled.





# महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

Maharashtra University of Health Sciences, Nashik

बणी - दिंडोरी रोड, म्हासुड, नाशिक - ४२२००४, Vani-Dindori Road, Mhasrul, Nashik- 422 004  
EPABX: 0253-2539100-300, Fax - 0253-2539195, Phone: 0253-2539193,235  
E-mail : academic1@muhs.ac.in Web.: www.muhs.ac.in

डॉ. कबलिव्हास द. चव्हाण  
एम.बी.बी.एस., एम.डी. (न्यायवैद्यशास्त्र)  
कुलसचिव

Dr. Kalidas D. Chavan  
M.B.B.S., M.D.(Forensic Medicine)  
Registrar

Out No.: MUHS/E-4/PG/1323 /2020

Date: 11/10/2020

To  
The Principal,  
Dr. M. L. Dhawale Memorial Homoeopathic Institute,  
Opp. S. T. Workshop, Boisar, Road,  
Dist. Palghar - 401 404

R. No. MLDMH/2/P-147/2020

Name: .....

Date: 19/12/2020

- Sub. : Extension to Temporary Post Graduate Teacher Recognition extended by the College
- Ref. : 1) University Circular No. 14/2020 (amended) dated 23/06/2020  
2) Your Letter dtd. एमएलडिएमएचआय/पाल/मच/-३०६/२०२० दि. २८/१०/२०२०.  
3) University Letter No. MUHS/E-4/PG/914/2020 dtd. 08/09/2020  
4) University Letter No. MUHS/PG/E4/1886/2019 dtd. 03/07/2019.

Sir/Madam,

With reference to the subject cited above, I am to inform you that, the proposal of Extension to Post Graduate Teacher Recognition extended by the College for grant of temporary Recognition of the following teacher(s) is considered by the University. It is decided by the University to grant temporary Recognition for one year as per order issued by the Institute :-

Sr. No.	Subject	Name of the Teacher	Designation	Status of Approval
1	Repertory	Dr. Nikunj J. Jani	Reader	w.e.f. 29/05/2020 Temporary for one year upto 28/05/2021 Subject to following Conditions
2	Psychiatry	Dr. Rajesh R. Yadav	Lecturer	w.e.f. 29/05/2020 Temporary for one year upto 28/05/2021 Subject to following Conditions
3	Paediatrics	Dr. Nandan B. Daptardar	Lecturer	w.e.f. 29/05/2020 Temporary for one year upto 28/05/2021 Subject to following Conditions

Kindly note that the Recognition granted by the University is valid till the above said teacher is in the services of the said PG teaching College or attains the age of superannuation, whichever happens earlier.

Copy to: Concern Teacher(S)

Registrar







महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक  
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हासुरुळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

EPABX: 0253-2539100-300, Phone: 0253-2539199/194

E-mail : academic2@muhs.ac.in Web.: www.muhs.ac.in

MUHS

डॉ. कलिदास द. चव्हाण

एम.बी.बी.एस., एम.डी. (न्यायवैद्यकशास्त्र)

कुलसचिव

Dr. Kalidas D. Chavan

M.B.B.S., M.D. (Forensic Medicine)

Registrar

No. MUHS/PG/E-4/2288/2018

Date: 17/12/2018

To,

The Dean / Principal,

Dr. M. L. Dhawale Memorial Homoeopathic Institute,

Opp. S.T. Workshop, Boisar, Road, Palghar

Dist. Palghar - 401 404.

R. No. MLDMHI/P-317/2018

Name: .....

Date: 24/12/2018

Sub :- Approval as Guide / Examiner.

Ref :- Your letter No. MLDMHI/M6-251/2018, dtd. 23/11/2018.

Sir / Madam,

With reference to the above cited subject, I am directed to inform you that in view of the norms prescribed as per provision under the section / clause 12 of the CCH Regulation 2015 (Amended), University has decided to grant approval as Guide / Examiner to the following teacher(s) of your Institute / College subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree, Course(s) in the subject mentioned against his/ her name.

Sr. No	Subject	Name of the Teacher	Designation	Status of Guide Approval
01	Repertory	Dr. Devangini Rameshbhai Broker	Lecturer	w.e.f. date of proposal i.e. 23/11/2018. Upto 31.07.2020 Subject to following conditions.

- 1) In case, if it is found at later stage that information furnished in Guide / Examiner form by any teacher is incorrect, Guide approval granted by the University will stand cancelled.
- 2) Note that the approval granted by the University is valid till the above said teacher is in the services of the said PG teaching College or attains the age of superannuation, which ever happens earlier.
- 3) You are requested to handover the copy of letter to the concerned teacher(s) for further necessary action.

Registrar

Copy to :- 1) The Controller of Examination, MUHS Nashik

2) Concern Teacher









# महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

## MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हासुरुळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

EPABX: 0253-2539100-300, Phone: 0253-2539199/194

E-mail : academic2@muhs.ac.in Web.: www.muhs.ac.in

MUHS

डॉ. कालिदास द. चव्हाण

एम.बी.बी.एस., एम.डी. (न्यायवैद्यकशास्त्र)

कुलसचिव

Dr. Kalidas D. Chavan

M.B.B.S., M.D. (Forensic Medicine)

Registrar

No. MUHS/PG/E-4/ 2१७८/2018

Date: 15/12/2018

To,

The Dean / Principal,

Dr. M. L. Dhawale Memorial Homoeopathic Institute,

Opp. S.T. Workshop, Boisar, Road, Palghar

Dist. Palghar - 401 404.

R. No. MLDMHI/P-316/2018

Name: .....

Date: 24/12/2018

Sub :- Approval as Guide / Examiner.

Ref :- Your letter No. MLDMHI/M6-253/2018, dtd. 23/11/2018.

Sir / Madam,

With reference to the above cited subject, I am directed to inform you that in view of the norms prescribed as per provision under the section / clause 12 of the CCH Regulation 2015 (Amended), University has decided to grant approval as Guide / Examiner to the following teacher(s) of your Institute / College subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree, Course(s) in the subject mentioned against his/ her name.

Sr. No	Subject	Name of the Teacher	Designation	Status of Guide Approval
01	Materia Medica	Dr. Bhavik Ramesh Parekh	Reader	w.e.f. date of proposal i.e. 23/11/2018. & Onwards Subject to following conditions.

- 1) In case, if it is found at later stage that information furnished in Guide / Examiner form by any teacher is incorrect, Guide approval granted by the University will stand cancelled.
- 2) Note that the approval granted by the University is valid till the above said teacher is in the services of the said PG teaching College or attains the age of superannuation, which ever happens earlier.
- 3) You are requested to handover the copy of letter to the concerned teacher(s) for further necessary action.

Copy to :- 1) The Controller of Examination, MUHS Nashik  
2) Concern Teacher

© All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or by any information storage and retrieval system, without the prior written permission of the publisher.







महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक  
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हासळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

EPABX: 0253-2539100-300, Phone: 0253-2539199/194

E-mail : academic2@muhs.ac.in Web.: www.muhs.ac.in

MUHS

डॉ. कलिदास द. चव्हाण

एम.बी.बी.एस., एम.डी. (न्यायवैद्यशास्त्र)

मुख्यसचिव

No. MUHS/PG/E-4/1555 /2018

Dr. Kalidas D. Chavan

M.B.B.S., M.D. (Forensic Medicine)

Registrar

Date: 15/09/2018

To,

The Dean / Principal,

Dr. M. L. Dhawale Memorial Homoeopathic Institute,

Opp. S.T. Workshop, Boisar, Road, Palghar

Dist. Palghar - 401 404.

MLDMHI/P-277/2018

24/09/18

Sub :- Approval as Guide / Examiner.

- Ref :- 1) Your letter No. MLDMHI/M6-223/2018, dtd. 28/08/2018.  
2) University Letter No. MUHS/PG/E-4/1285/2018 dtd.27/08/2018.  
3) Your letter No. MLDMHI/M6-223/2018, dtd. 28/08/2018.

Sir / Madam,

With reference to the above cited subject, I am directed to inform you that in view of the norms prescribed as per provision under the section / clause 12 of the CCH Regulation 2015 (Amended), University has decided to grant approval as Guide / Examiner to the following teacher(s) of your Institute / College subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree, Course(s) in the subject mentioned against his/ her name.

Sr. No	Subject	Name of the Teacher	Designation	Status of Guide Approval
01	Homoeopathic Philosophy	Dr. Anand Ramchandra Kapse	Professor	w.e.f. date of proposal i.e. 20/07/2018. Subject to following conditions.
02	Paediatrics	Dr. Chandrashekhar Ramkrishna Goda	Professor	
03	Paediatrics	Kanallal Purushottam Pandya	Reader	
04	Psychiatry	Dr. Gayatri Manoj Patel	Lecturer	





- 1) In case, if it is found at later stage that information furnished in Guide / Examiner form by any teacher is incorrect, Guide approval granted by the University will stand cancelled.
- 2) Note that the approval granted by the University is valid till the above said teacher is in the services of the said PG teaching College or attains the age of superannuation, which ever happens earlier.
- 3) You are requested to handover the copy of letter to the concerned teacher(s) for further necessary action.

  
Registrar

Copy to :- 1) The Controller of Examination, MUHS Nashik  
2) Concern Teacher





**महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक**  
**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**

दिंडोरी रोड, म्हासकळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

EPABX: 0253-2539100-300, Phone: 0253-2539199/194

E-mail : [academic2@muhs.ac.in](mailto:academic2@muhs.ac.in) Web.: [www.muhs.ac.in](http://www.muhs.ac.in)

**MUHS**

**डॉ. कलिदास द. चव्हाण**  
एम.बी.बी.एस., एम.डी. (न्यायवैद्यनशास्त्र)

**कुलसचिव**

**Dr. Kalidas D. Chavan**  
M.B.B.S., M.D. (Forensic Medicine)  
**Registrar**

No. MUHS/PG/E-4/430/2019

Date: 12/03/2019

To,  
The Dean / Principal,  
Dr. M. L. Dhawale Memorial Homoeopathic Institute,  
Opp. S.T. Workshop, Bolar, Road, Palghar  
Dist. Palghar - 401 404.

R. No. MLDMHI/P-070/2019

Name: .....

Date: 20/03/2019

Sub :- Approval as Guide / Examiner.

Ref :- Your letter No. MLDMHI/M6-044/2019, dtd. 25/01/2019.

Sir / Madam,

With reference to the above cited subject, I am directed to inform you that in view of the norms prescribed as per provision under the section / clause 12 of the CCH Regulation 2015 (Amended), University has decided to grant approval as Guide / Examiner to the following teacher(s) of your Institute / College subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree, Course(s) in the subject mentioned against his/ her name.

Sr. No	Subject	Name of the Teacher	Designation	Status of Guide Approval
01	Repertory	Dr. Anoop Mohan Nigwekar	Professor	w.e.f. date of proposal i.e. 25/01/2019. & Onwards Subject to following conditions.
02	Psychiatry	Dr. Manoj Kanchanbhai Patel	Professor	w.e.f. date of proposal i.e. 25/01/2019. & Onwards Subject to following conditions.
03	Homoeopathic Philosophy (Organon of Medicine)	Dr. Sunil Dattatray Bhalinge	Reader	w.e.f. date of proposal i.e. 25/01/2019. & Onwards Subject to following conditions.

- 1) In case, if it is found at later stage that information furnished in Guide / Examiner form by any teacher is incorrect, Guide approval granted by the University will stand cancelled.
- 2) Note that the approval granted by the University is valid till the above said teacher is in the services of the said PG teaching College or attains the age of superannuation, which ever happens earlier.





3) You are requested to handover the copy of letter to the concerned teacher(s) for further necessary action.

Registrar

R. No. \_\_\_\_\_  
Copy to :- 1) The Controller of Examination, s MUHS Nashik  
2) Concerned Teacher  
Date: \_\_\_\_\_





# महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हासळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

EPABX: 0253-2539100-300, Phone: 0253-2539199/194

E-mail : [pgacademic@muhs.ac.in](mailto:pgacademic@muhs.ac.in) Web.: [www.muhs.ac.in](http://www.muhs.ac.in)

MUHS

डॉ. कलिदास द. चव्हाण  
एम.बी.बी.एस., एम.डी. (न्यायवैद्यकशास्त्र)

कुलसचिव

Dr. Kalidas D. Chavan  
M.B.B.S., M.D. (Forensic Medicine)  
Registrar

No. MUHS/PG/E-4/ 73 /2017

Date: 31/08/2017

To,  
The Dean / Principal,  
Dr. M. L. Dhawale Memorial Homoeopathic Institute,  
Opp. S.T. Workshop, Boisar, Road,  
Dist. Palghar - 401 404.

MLDMHI/P-328/2017  
08/09/2017

Sub :- Approval as Guide / Examiner.

Ref :- Your letter No. MLDMHI/M6-326/2017, dtd. 09/08/2017.

Sir / Madam,

With reference to the above cited subject, I am directed to inform you that in view of the norms prescribed as per provision under the section / clause 11 of the CCH Regulation 2015 (Amended), University has decided to grant approval as Guide / Examiner to the following teacher(s) of your Institute / College **subject to the terms and conditions of appointment order** for imparting instructions to the Post Graduate Degree, Course(s) in the subject mentioned against his/ her name.

Sr. No	Subject	Name of the Teacher	Designation	Status of Guide Approval
01	Psychiatry	Dr. Sunita Bhanudas Nikumbh	Asso. Professor	w.e.f. 09/08/2017 & Onwards. Subject to following conditions.

- 1) In case, if it is found at later stage that information furnished in Guide / Examiner form by any teacher is incorrect, Guide approval granted by the University will stand cancelled.
- 2) Note that the approval granted by the University is valid till the above said teacher is in the services of the said PG teaching College or attains the age of superannuation, which ever happens earlier.
- 3) You are requested to handover the copy of letter to the concerned teacher(s) for further necessary action.

Copy to :- 1) The Controller of Examination, MUHS Nashik  
2) Concern Teacher







MUHS

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक  
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हासकुळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

EPABX: 0253-2539100-300, Phone: 0253-2539199/194

E-mail : academic2@muhs.ac.in Web.: www.muhs.ac.in

डॉ. कलदास द. चव्हाण  
एम.बी.बी.एस., एम.डी. (न्यायवैद्यशास्त्र)

कुलसचिव

Dr. Kalidas D. Chavan  
M.B.B.S., M.D. (Forensic Medicine)  
Registrar

No. MUHS/PG/E-4/224/2018

Date: 05/03/2018

To,  
The Dean / Principal,  
Dr. M. L. Dhawale Memorial Homoeopathic Institute,  
Opp. S.T. Workshop, Boisar, Road,  
Dist. Palghar - 401 404.

MLDMHI/P-071/2018  
05/03/2018

Sub :- Approval as Guide / Examiner.

Ref :- Your letter No. MLDMHI/M6-14/2017, dtd. 02/02/2018.

Sir / Madam,

With reference to the above cited subject, I am directed to inform you that in view of the norms prescribed as per provision under the section / clause 12 of the CCH Regulation 2015 (Amended), University has decided to grant approval as Guide / Examiner to the following teacher(s) of your Institute / College **subject to the terms and conditions of appointment order** for imparting instructions to the Post Graduate Degree, Course(s) in the subject mentioned against his/ her name.

Sr. No	Subject	Name of the Teacher	Designation	Status of Guide Approval
01	Materia Medica	Dr. Biplin Sohanraj Jain	Professor	w.e.f. 02/02/2018 & Onwards. Subject to following conditions.

- 1) In case, if it is found at later stage that information furnished in Guide / Examiner form by any teacher is incorrect, Guide approval granted by the University will stand cancelled.
- 2) Note that the approval granted by the University is valid till the above said teacher is in the services of the said PG teaching College or attains the age of superannuation, which ever happens earlier.
- 3) You are requested to handover the copy of letter to the concerned teacher(s) for further necessary action.

  
Registrar

Copy to :- 1) The Controller of Examination, MUHS Nashik.  
2) Concern Teacher



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक  
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हासळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

EPABX: 0253-2539100-300, Phone: 0253-2539199/194

E-mail : academic2@muhs.ac.in Web.: www.muhs.ac.in

MUHS

डॉ. कलिदास द. चव्हाण  
एम.बी.बी.एस., एम.डी. (न्यायवैद्यशास्त्र)  
कुलसचिव

Dr. Kalidas D. Chavan  
M.B.B.S., M.D. (Forensic Medicine)  
Registrar

No. MUHS/PG/E-4/555 /2018

Date: 15/09/2018

To,  
The Dean / Principal,  
Dr. M. L. Dhawale Memorial Homoeopathic Institute,  
Opp. S.T. Workshop, Boisar, Road, Palghar  
Dist. Palghar - 401 404.

MLDMHI/P-277/2018  
24/09/18

Sub :- Approval as Guide / Examiner.

Ref :- 1) Your letter No. MLDMHI/M6-223/2018, dtd. 28/08/2018.  
2) University Letter No. MUHS/PG/E-4/1285/2018 dtd.27/08/2018.  
3) Your letter No. MLDMHI/M6-223/2018, dtd. 28/08/2018.

Sir / Madam,

With reference to the above cited subject, I am directed to inform you that in view of the norms prescribed as per provision under the section / clause 12 of the CCH Regulation 2015 (Amended), University has decided to grant approval as Guide / Examiner to the following teacher(s) of your Institute / College subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree, Course(s) in the subject mentioned against his/ her name.

Sr. No	Subject	Name of the Teacher	Designation	Status of Guide Approval
01	Homoeopathic Philosophy	Dr. Anand Ramchandra Kapse	Professor	w.e.f. date of proposal i.e. 20/07/2018. Subject to following conditions.
02	Paediatrics	Dr. Chandrashekhar Ramkrishna Goda	Professor	
03	Paediatrics	Kanailal Purushottam Pandya	Reader	
04	Psychiatry	Dr. Gayatri Manoj Patel	Lecturer	





- 1) In case, if it is found at later stage that information furnished in Guide / Examiner form by any teacher is incorrect, Guide approval granted by the University will stand cancelled.
- 2) Note that the approval granted by the University is valid till the above said teacher is in the services of the said PG teaching College or attains the age of superannuation, which ever happens earlier.
- 3) You are requested to handover the copy of letter to the concerned teacher(s) for further necessary action.

  
Registrar

Copy to :- 1) The Controller of Examination, MUHS Nashik  
2) Concern Teacher











# महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हास्रुळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

EPABX: 0253-2539100-300, Phone: 0253-2539199/194

E-mail : academic2@muhs.ac.in Web.: www.muhs.ac.in

**डॉ. कलिदास द. चव्हाण**  
एम.बी.बी.एस., एम.डी. (न्यायवैद्यकशास्त्र)  
कुलसचिव

**Dr. Kalidas D. Chavan**  
M.B.B.S., M.D. (Forensic Medicine)  
Registrar

No. MUHS/PG/E-4/430/2019

Date: 12/03/2019

To,  
The Dean / Principal,  
Dr. M. L. Dhawale Memorial Homoeopathic Institute,  
Opp. S.T. Workshop, Boisar, Road, Palghar  
Dist. Palghar - 401 404.

R. No. MLDMHI/P-076/2019

Name: .....

Date: 20/03/2019

Sub :- Approval as Guide / Examiner.

Ref :- Your letter No. MLDMHI/M6-044/2019, dtd. 25/01/2019.

Sir / Madam,

With reference to the above cited subject, I am directed to inform you that in view of the norms prescribed as per provision under the section / clause 12 of the CCH Regulation 2015 (Amended), University has decided to grant approval as Guide / Examiner to the following teacher(s) of your Institute / College subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree, Course(s) in the subject mentioned against his/ her name.

Sr. No	Subject	Name of the Teacher	Designation	Status of Guide Approval
01	Repertory	Dr. Anoop Mohan Nigwekar	Professor	w.e.f. date of proposal i.e. 25/01/2019. & Onwards Subject to following conditions.
02	Psychiatry	Dr. Manoj Kanchanbhai Patel	Professor	w.e.f. date of proposal i.e. 25/01/2019. & Onwards Subject to following conditions.
03	Homoeopathic Philosophy (Organon of Medicine)	Dr. Sunil Dattatray Bhalinge	Reader	w.e.f. date of proposal i.e. 25/01/2019. & Onwards Subject to following conditions.

- 1) In case, if it is found at later stage that information furnished in Guide / Examiner form by any teacher is incorrect, Guide approval granted by the University will stand cancelled.
- 2) Note that the approval granted by the University is valid till the above said teacher is in the services of the said PG teaching College or attains the age of superannuation, which ever happens earlier.



3) You are requested to handover the copy of letter to the concerned teacher(s) for further necessary action.

  
Registrar

Copy to :- 1) The Controller of Examination,s MUHS Nashik  
2) Concerned Teacher





# महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरीरोड, म्हससळ, नाशिक-४२२००४ Dindori Road, Mhasrul, Nashik - 422004

EPABX: 0253-2539100-300, Phone: 0253-2539199/194

E-mail :academic2@muhs.ac.in Web.:www.muhs.ac.in

MUHS

डॉ. कलिदास द. चव्हाण  
एम.बी.बी.एस., एम.डी. (न्यायवैद्यकास्त्र)  
कुलसचिव

Dr. Kalidas D. Chavan  
M.B.B.S., M.D.(Forensic Medicine)  
Registrar

No. MUHS/PG/E-4/1866 /2019

Date: 03/07/2019

To,

The Dean / Principal,

Dr. M. L. Dhawale Memorial Homoeopathic Institute,

Opp. S.T. Workshop, Boisar, Road, Palghar

Dist. Palghar - 401 404.

R. No. MLDMHI/P-174/2019

Name: .....

Date: 11/07/19

Sub :- Approval as Guide / Examiner.

Ref :- Your letter No. MLDMHI/M8-187/2019, dtd. 19/06/2019.

Sir / Madam,

With reference to the above cited subject, I am directed to inform you that in view of the norms prescribed as per provision under the section / clause 12 of the CCH Regulation 2015 (Amended), University has decided to grant approval as Guide / Examiner to the following teacher(s) of your Institute / College subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree, Course(s) in the subject mentioned against his/ her name.

Sr. No	Subject	Name of the Teacher	Designation	Status of Guide Approval
01	Repertory	Dr. Nikunj Jagdish Jani	Reader	w.e.f. date of proposal i.e. 19/06/2019. Temporary upto 21/05/2020.
02	Paediatrics	Dr. Nandan Bhalchandra Daptardar	Lecturer	w.e.f. date of proposal i.e. 19/06/2019. Temporary upto 21/05/2020.
03	Psychiatry	Dr. Rajesh Ramkunwar Yadav	Lecturer	w.e.f. date of proposal i.e. 19/06/2019. Temporary upto 21/05/2020.

- 1) In case, if it is found at later stage that information furnished in Guide / Examiner form by any teacher is incorrect, Guide approval granted by the University will stand cancelled.
- 2) Note that the approval granted by the University is valid till the above said teacher is in the services of the said PG teaching College or attains the age of superannuation, which ever happens earlier.





3) You are requested to handover the copy of letter to the concerned teacher(s) for further necessary action.

Dr. H. S. Patil  
Principal  
M. S. Patil  
M. S. Patil  
M. S. Patil

  
Registrar

Copy to :- 1) The Controller of Examination,s MUHS Nashik  
2) Concerned Teacher





# महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हासुरुळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

EPABX: 0253-2539100-300, Phone: 0253-2539199/194

E-mail : academic2@muhs.ac.in Web.: www.muhs.ac.in

MUHS

डॉ. कलिव्दास द. चव्हाण  
एम.बी.बी.एस., एम.डी. (न्यायवैद्यकशास्त्र)  
कुलसचिव

Dr. Kalidas D. Chavan  
M.B.B.S., M.D. (Forensic Medicine)  
Registrar

No. MUHS/PG/E-4/ 2६७८/2018

Date: 15/12/2018

To,  
The Dean / Principal,  
Dr. M. L. Dhawale Memorial Homoeopathic Institute,  
Opp. S.T. Workshop, Boisar, Road, Palghar  
Dist. Palghar - 401 404.

R. No. MLDMHI/E-316/2018

Name: .....

Date: 24/12/2018

Sub :- Approval as Guide / Examiner.

Ref :- Your letter No. MLDMHI/M6-253/2018, dtd. 23/11/2018.

Sir / Madam,

With reference to the above cited subject, I am directed to inform you that in view of the norms prescribed as per provision under the section / clause 12 of the CCH Regulation 2015 (Amended), University has decided to grant approval as Guide / Examiner to the following teacher(s) of your Institute / College subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree, Course(s) in the subject mentioned against his/ her name.

Sr. No	Subject	Name of the Teacher	Designation	Status of Guide Approval
01	Materia Medica	Dr. Bhavik Ramesh Parekh	Reader	w.e.f. date of proposal i.e. 23/11/2018. & Onwards Subject to following conditions.

- 1) In case, if it is found at later stage that information furnished in Guide / Examiner form by any teacher is incorrect, Guide approval granted by the University will stand cancelled.
- 2) Note that the approval granted by the University is valid till the above said teacher is in the services of the said PG teaching College or attains the age of superannuation, which ever happens earlier.
- 3) You are requested to handover the copy of letter to the concerned teacher(s) for further necessary action.



Registrar

Copy to :- 1) The Controller of Examination, MUHS Nashik  
2) Concern Teacher



MUHS

77/MLDMHI/18  
9-8-18  
महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक  
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हासळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

EPABX: 0253-2539100-300, Phone: 0253-2539199/194

E-mail : academic2@muhs.ac.in Web.: www.muhs.ac.in

डॉ. कलिदास द. चव्हाण  
एम.बी.बी.एस., एम.डी. (न्यायवैद्यकशास्त्र)  
कुलसचिव

Dr. Kalidas D. Chavan  
M.B.B.S., M.D. (Forensic Medicine)  
Registrar

No. MUHS/PG/E-4/224/2018

Date: 05/03/2018

To,  
The Dean / Principal,  
Dr. M. L. Dhawale Memorial Homoeopathic Institute,  
Opp. S.T. Workshop, Boisar, Road,  
Dist. Palghar - 401 404.

MLDMHI/P-071/2018  
05/03/2018

Sub :- Approval as Guide / Examiner.

Ref :- Your letter No. MLDMHI/M6-14/2017, dtd. 02/02/2018.

Sir / Madam,

With reference to the above cited subject, I am directed to inform you that in view of the norms prescribed as per provision under the section / clause 12 of the CCH Regulation 2015 (Amended), University has decided to grant approval as Guide / Examiner to the following teacher(s) of your Institute / College subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree, Course(s) in the subject mentioned against his/ her name.

Sr. No	Subject	Name of the Teacher	Designation	Status of Guide Approval
01	Materia Medica	Dr. Bipin Sohanraj Jain	Professor	w.a.f. 02/02/2018 & Onwards. Subject to following conditions.

- 1) In case, if it is found at later stage that information furnished in Guide / Examiner form by any teacher is incorrect, Guide approval granted by the University will stand cancelled.
- 2) Note that the approval granted by the University is valid till the above said teacher is in the services of the said PG teaching College or attains the age of superannuation, which ever happens earlier.
- 3) You are requested to handover the copy of letter to the concerned teacher(s) for further necessary action.



Registrar

Copy to :- 1) The Controller of Examination, MUHS Nashik  
2) Concern Teacher





# महायष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES

(An ISO 9001:2008 Certified University)

दिंडोरी रोड, म्हसळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

Tel : (0253) 2539199, Fax : (0253) 2539200

Website : www.muhs.ac.in, E-mail : pgacademic@muhs.ac.in

अ. क. सोनवणे  
सहा. कुलसचिव

A.K. Sonawane  
Asstt. Registrar

No. MUHS/PG/E4/ 314 8 /2016

Date: 21/11/2016

To,

The Dean / Principal,

Dr. M. L. Dhawale Memorial Homoeopathic Institute,

Opp. S.T. Workshop,

Boisar, Road,

Dist. Palghar - 401 404

MLDMHI/P- 514/2016  
26/11/16

Sub :- Approval as Guide / Examiner.

- Ref :- 1) Your Letter No. MLDMHI/M6-377/2016 dtd.19/11/2016.  
2) Your Letter No. MLDMHI/M6-358/2016 dtd.02/11/2016.  
3) University Letter No. MUHS/PG/E-4/2684/2016 dtd.17/10/2016.  
4) Your Letter No. MLDMHI/M6-337/2016 dtd.19/10/2016.  
5) Your Letter No. MLDMHI/M6-269/2016 dtd.14/09/2016.

Sir / Madam,

With reference to the above cited subject, I am directed to inform you that in view of the norms prescribed as per provision under the section / clause 11 of the CCH Regulation 2015 (Amended). Hon'ble Vice-Chancellor is pleased to grant approval as Guide / Examiner to the following teacher(s) of your Institute / College **subject to the terms and conditions of appointment order** for imparting instructions to the Post Graduate Degree, Course(s) in the subject mentioned against his/ her/ their name.

Sr. No.	Subject	Name of the Teacher	Designation	Status of Guide Approval
1	Organon of Medicine	Dr. Sachin Junagade	Asst. Professor	w.e.f. 26/09/2016 & Onward.

**Note:** In case, if it is found at later stage that information furnished in Guide / Examiner form by any teacher is incorrect, Guide approval granted by the University will stand cancelled.

Kindly note that the approval granted by the University is valid till the above said teacher is in the services of the said PG teaching College or attains the age of superannuation, whichever happens earlier.

You are requested to handover the copy of letter to the concerned teacher(s) for further necessary action.

Yours faithfully,

Asstt. Registrar

Copy to :- The Controller of Examination, MUHS Nashik



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक  
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

विडोरी रोड, म्हासकुळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

EPABX: 0253-2539100-300, Phone: 0253-2539199/194

E-mail : pgacademic@muhs.ac.in Web.: www.muhs.ac.in

MUHS

डॉ. कलिदास द. चव्हाण  
एम.बी.बी.एस., एम.डी. (न्यायवैद्यकाशास्त्र)  
कुलसचिव

Dr. Kalidas D. Chavan  
M.B.B.S., M.D. (Forensic Medicine)  
Registrar

No. MUHS/PG/E-4/ १३ /2017

Date: ३१/08/2017

To,  
The Dean / Principal,  
Dr. M. L. Dhawale Memorial Homoeopathic Institute,  
Opp. S.T. Workshop, Boisar, Road,  
Dist. Palghar - 401 404.

MLDMHI/P-328/2017  
08/09/2017

Sub :- Approval as Guide / Examiner.

Ref :- Your letter No. MLDMHI/M6-326/2017, dtd. 09/08/2017.

Sir / Madam,

With reference to the above cited subject, I am directed to inform you that in view of the norms prescribed as per provision under the section / clause 11 of the CCH Regulation 2015 (Amended), University has decided to grant approval as Guide / Examiner to the following teacher(s) of your Institute / College **subject to the terms and conditions of appointment order** for imparting instructions to the Post Graduate Degree, Course(s) in the subject mentioned against his/ her name.

Sr. No	Subject	Name of the Teacher	Designation	Status of Guide Approval
01	Psychiatry	Dr. Sunita Bhanudas Nikumbh	Asso. Professor	w.e.f. 09/08/2017 & Onwards. Subject to following conditions.

- 1) In case, if it is found at later stage that information furnished in Guide / Examiner form by any teacher is incorrect, Guide approval granted by the University will stand cancelled.
- 2) Note that the approval granted by the University is valid till the above said teacher is in the services of the said PG teaching College or attains the age of superannuation, which ever happens earlier.
- 3) You are requested to handover the copy of letter to the concerned teacher(s) for further necessary action.



Registrar

Copy to :- 1) The Controller of Examination, MUHS Nashik  
2) Concern Teacher





# महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES

(An ISO 9001:2008 Certified University)

दिंडोरी रोड, म्हासुरुळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

Tel : (0253) 2539199, Fax : (0253) 2539200

Website : www.muhs.ac.in, E-mail : pgacademic@muhs.ac.in

अ. क. सोनवणे  
सहा. कुलसचिव

A.K. Sonawane

Asstt. Registrar

No. MUHS/PG/E4/ 314 & /2016

Date: 21/11/2016

To,

The Dean / Principal,

Dr. M. L. Dhawale Memorial Homoeopathic Institute,

Opp. S.T. Workshop,

Boisar, Road,

Dist. Palghar - 401 404

MLDMHI/P- 514/2016  
26/11/16

Sub :- Approval as Guide / Examiner.

Ref :- 1) Your Letter No. MLDMHI/M6-377/2016 dtd.19/11/2016.

2) Your Letter No. MLDMHI/M6-358/2016 dtd.02/11/2016.

3) University Letter No. MUHS/PG/E-4/2684/2016 dtd.17/10/2016.

4) Your Letter No. MLDMHI/M6-337/2016 dtd.19/10/2016.

5) Your Letter No. MLDMHI/M6-269/2016 dtd.14/09/2016.

Sir / Madam,

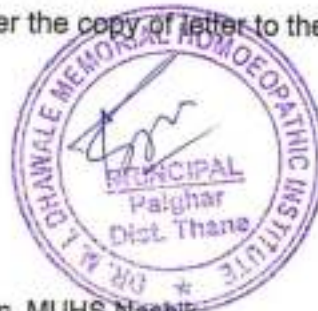
With reference to the above cited subject, I am directed to inform you that in view of the norms prescribed as per provision under the section / clause 11 of the CCH Regulation 2015 (Amended). Hon'ble Vice-Chancellor is pleased to grant approval as Guide / Examiner to the following teacher(s) of your Institute / College **subject to the terms and conditions of appointment order** for imparting instructions to the Post Graduate Degree, Course(s) in the subject mentioned against his/ her/ their name.

Sr. No.	Subject	Name of the Teacher	Designation	Status of Guide Approval
1	Organon of Medicine	Dr. Sachin Junagade	Asst. Professor	w.e.f. 26/09/2016 & Onward.

**Note:** In case, if it is found at later stage that information furnished in Guide / Examiner form by any teacher is incorrect, Guide approval granted by the University will stand cancelled.

Kindly note that the approval granted by the University is valid till the above said teacher is in the services of the said PG teaching College or attains the age of superannuation, whichever happens earlier.

You are requested to handover the copy of letter to the concerned teacher(s) for further necessary action.



Yours faithfully,

Asstt. Registrar

Copy to :- The Controller of Examination, MUHS Nashik



# महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हासळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

EPABX: 0253-2539100-300, Phone: 0253-2539199/194

E-mail : academic2@muhs.ac.in Web.: www.muhs.ac.in

MUHS

डॉ. कलिदास द. चव्हाण  
एम.बी.बी.एस., एम.डी. (न्यायवैद्यकशास्त्र)  
कुलसचिव

Dr. Kalidas D. Chavan  
M.B.B.S., M.D. (Forensic Medicine)  
Registrar

No. MUHS/PG/E-4/1556/2018

Date: 15/09/2018

To,

The Dean / Principal,

Dr. M. L. Dhawale Memorial Homoeopathic Institute,

Opp. S.T. Workshop, Boisar, Road, Palghar

Dist. Palghar - 401 404.

Sub :- Approval as Guide / Examiner.

Ref :- 1) Your letter No. MLDMHI/M6-223/2018, dtd. 28/08/2018.

2) University Letter No. MUHS/PG/E-4/1285/2018 dtd.27/08/2018.

3) Your letter No. MLDMHI/M6-172/2018, dtd. 11/08/2018.

Sir / Madam,

With reference to the above cited subject, I am directed to inform you that in view of the norms prescribed as per provision under the section / clause 12 of the CCH Regulation 2015 (Amended), University has decided to grant approval as Guide / Examiner to the following teacher(s) of your Institute / College subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree, Course(s) in the subject mentioned against his/ her name.

Sr. No	Subject	Name of the Teacher	Designation	Status of Guide Approval
01	Practice of Medicine	Dr. Harshala Chandrakant Sarvgoad	Lecturer	w.e.f. date of proposal i.e. 11/08/2018. Upto 31.07.2019 Subject to following conditions.
02	Psychiatry	Dr. Rajesh Ramkunwar Yadav	Lecturer	

- 1) In case, if it is found at later stage that information furnished in Guide / Examiner form by any teacher is incorrect, Guide approval granted by the University will stand cancelled.
- 2) Note that the approval granted by the University is valid till the above said teacher is in the services of the said PG teaching College or attains the age of superannuation, which ever happens earlier.
- 3) You are requested to handover the copy of letter to the concerned teacher(s) for further necessary action.

Registrar

Copy to :- 1) The Controller of Examination, MUHS Nashik

2) Concern Teacher





- 1) In case, if it is found at later stage that information furnished in Guide / Examiner form by any teacher is incorrect, Guide approval granted by the University will stand cancelled.
- 2) Note that the approval granted by the University is valid till the above said teacher is in the services of the said PG teaching College or attains the age of superannuation, which ever happens earlier.
- 3) You are requested to handover the copy of letter to the concerned teacher(s) for further necessary action.

  
Registrar

Copy to :- 1) The Controller of Examination, MUHS Nashik  
2) Concern Teacher





MUHS

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

Maharashtra University of Health Sciences, Nashik  
(An ISO 9001:2008 Certified University)

विश्वी रोड, म्हासरा, नाशिक - ४२२००४, Dindori Road, Mhasrul, Nashik- 422 004

Phone: 0253-2539199, 239 Fax - 0253-2539200

Web.: www.muhs.ac.in E-mail : pgacademic@muhs.ac.in

डॉ. सुनिल एच. फुगारे

एच.एससी., पीएच.डी.  
वैद्यकीय विभागप्रमुख (पदव्युत्तर)

No. MUHS/PG/E4/ 439/2015

Dr. Sunil H. Fugare

M. Sc., Ph. D.

I/c, Academic Section (PG)

Date: 10/02/2015

To,

The Dean / Principal,  
Dr. M. L. Dhawale Memorial Homoeopathic Institute,  
Opp. S.T. Workshop,  
Bolsar, Road, Palghar,  
Thane - 401 404

MLDMHI/P-093/2015

16/02/2015

Sub:- Recognition as Post-Graduate Teacher.

Ref :- Your Letter No. MLDMHI/M-2:358/2014 dtd.11/12/2014.

Sir / Madam,

With reference to the above cited subject, I am directed to inform you that in view of the norms prescribed as per provision under the section 29(2)(f) of the MUHS Act, 1998 Hon'ble Vice-Chancellor is pleased to grant recognition as Post-Graduate Teacher to the following teacher(s) of your Institute/College subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree, Diploma or Super-Speciality Course(s) (as applicable) in the subject mentioned against his/ her/ their name.

Sr. No.	Subject	Name of the Teacher	Designation	Status of PG recognition
1	Organon of Medicine	Dr. Anand Ramchandra Kapse	Professor	w.e.f.11/12/2014 & Onward
2	Repertory	Dr. Anoop Mohan Nigwekar	Professor	w.e.f.11/12/2014 & Onward

**Note:** In case, if it is found at later stage that information furnished in Post Graduate Recognition form by any teacher is incorrect, PG Recognition/ UG approval granted by the University will stand cancelled.

Kindly note that the recognition granted by the University is valid till the above said teacher is in the services of the said PG teaching College or attains the age of superannuation, whichever happens earlier.

You are requested to handover the copy of letter to the concerned teacher(s) for further necessary action.



Yours faithfully,

*(Signature)*

I/c Academic Section (PG)





MUHS

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

Maharashtra University of Health Sciences, Nashik

(An ISO 9001:2008 Certified University)

वनी - दिंदोरी रोड, म्हासुर, नाशिक - ४२२००४, Vani-Dindori Road, Mhasrul, Nashik-422 004

EPABX: 0253-2539100-300, Fax - 0253-2539200, Phone: 0253-2539239, 199

E-mail : [pgacademic@muhs.ac.in](mailto:pgacademic@muhs.ac.in) Web.: [www.muhs.ac.in](http://www.muhs.ac.in)

डॉ. सुनिल एच. फुगारे

एम. एस्सी., पीएच.डी.

शैक्षणिक विभागप्रमुख (पदव्युत्तर)

Dr. Sunil H. Fugare

M. Sc., Ph. D.

I/c, Academic Section (PG)

No. MUHS/PG/E4/3178/2014

Date: 2.5/11/2014

To,

The Dean / Principal,  
Dr. M. L. Dhawale Memorial Homoeopathic Institute,  
Opp. S.T. Workshop,  
Boisar, Road, Palghar,  
Thane - 401 404

1043 / MLDMHI/2014  
03/12/14

Sub:- Recognition as Post-Graduate Teacher.

Ref :- 1) University Letter No. MUHS/PG/E-4/2783/2014 dtd.16/10/2014.

2) Your Letter No. MLDMHI/M-2:275/2014 dtd.17/09/2014.

3) Your Letter No. MLDMHI/M-2:264/2014 dtd.09/09/2014.

4) University Letter No. MUHS/PG/E-4/2527/2013 dtd.04/09/2013.

Sir / Madam,

With reference to the above cited subject, I am directed to inform you that in view of the norms prescribed as per provision under the section 29(2)(f) of the MUHS Act, 1998 Hon'ble Vice-Chancellor is pleased to grant recognition as Post-Graduate Teacher to the following teacher(s) of your Institute/College subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree, Diploma or Super-Speciality Course(s) (as applicable) in the subject mentioned against his/ her/ their name.

Sr. No.	Subject	Name of the Teacher	Designation	Status of PG recognition
1	HMM	Dr. Bipin Schanraj Jain	Professor	w.e.f.17/09/2014 & Onward
2	Organon of Medicine	Dr. Sunil Dattatray Bhalinge	Reader	w.e.f.09/09/2014 & Onward

**Note:** In case, if it is found at later stage that information furnished in Post Graduate Recognition form by any teacher is incorrect, PG Recognition/ UG approval granted by the University will stand cancelled.

Kindly note that the recognition granted by the University is valid till the above said teacher is in the services of the said PG teaching College or attains the age of superannuation, whichever happens earlier.

You are requested to handover the copy of letter to the concerned teacher(s) for further necessary action.



Yours faithfully,

I/C Academic Section (PG)



- 2) Note that the approval granted by the University is valid till the above said teacher is in the services of the said PG teaching College or attains the age of superannuation, which ever happens earlier.
- 3) You are requested to handover the copy of letter to the concerned teacher(s) for further necessary action.

  
Registrar

Copy to :- 1) The Controller of Examination, MUHS Nashik  
2) Concern Teacher







महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक  
Maharashtra University of Health Sciences, Nashik  
(An ISO 9001:2008 Certified University)

पत्ती - विठोरी रोड, म्हासख, नाशिक - ४२२००४, Vani-Dindori Road, Mhasrul, Nashik-422 004

EPABX: 0253-2539100-300, Fax - 0253-2539200, Phone: 0253-2539239, 199

E-mail: [pgacademic@muhs.ac.in](mailto:pgacademic@muhs.ac.in) Web: [www.muhs.ac.in](http://www.muhs.ac.in)

डॉ. सुनिल एच. फुगारे

पंच. पदवी, पीएच.डी.

शैक्षणिक विभागप्रमुख (परामुखर)

Dr. Sunil H. Fugare

M. Sc., Ph. D.

Vc, Academic Section (PG)

No. MUHS/PG/E4/2384/2014

Date: 8/10/2014

To,

The Dean / Principal,  
Dr. M. L. Dhawale Memorial Homoeopathic Institute,  
Opp. S.T. Workshop,  
Boisar, Road, Palghar,  
Thane - 401 404

975/MLDMHT/2014  
27/10/2014

Sub:- Recognition as Post-Graduate Teacher.

Ref :- 1) Postgraduate Teacher Recognition Committee meeting dtd.18/09/2014.

2) Your Letter No. MLDMHM-2:284/2014 dtd.01/10/2014.

3) University Letter No. MUHS/PG/E-4/2478/2014 dtd.17/09/2014.

4) Your Letter No. MLDMHM-2:237/2014 dtd.20/08/2014.

Sir / Madam,

With reference to the above cited subject, I am directed to inform you that in view of the norms prescribed as per provision under the section 29(2)(f) of the MUHS Act,1998 Hon'ble Vice-Chancellor is pleased to grant recognition as Post-Graduate Teacher to the following teacher(s) of your Institute/College subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree, Diploma or Super-Speciality Course(s) (as applicable) in the subject mentioned against his/ her/ their name.

Sr. No.	Subject	Name of the Teacher	Designation	Status of PG recognition
1	Paediatrics	Dr. Chandrasekhar Ramakrishna Goda	Professor	w.e.f.20/08/2014 & Onward
2	Psychiatry	Dr. Manoj Kanchanbhai Patel	Professor	w.e.f.20/08/2014 & Onward
3	Psychiatry	Dr. Sunita Bhanudas Nikumbh	Asso. Professor/ Reader	w.e.f.20/08/2014 & Onward
4	Repertory	Dr. Prashant Prakash Tamboli	Asso. Professor/ Reader	w.e.f.20/08/2014 & Onward
5	Repertory	Dr. Mrs. Madhavi Prashant Tamboli	Asst. Professor / Lecturer	w.e.f.20/08/2014 & Onward

Note: In case, if it is found at later stage that information furnished in Post Graduate Recognition form by any teacher is incorrect, PG Recognition/ UG approval granted by the University will stand cancelled.

Kindly note that the recognition granted by the University is valid till the above said teacher is in the services of the said PG teaching College or attains the age of superannuation, whichever happens earlier.

You are requested to handover the copy of letter to the concerned teacher(s) for further necessary action.

Yours faithfully,



VC Academic Section (PG)



# महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

628 विद्योरी रोड, म्हासरोळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

EPABX: 0253-2539100-300, Phone: 0253-2539199/194

MUHS

10-11/17

E-mail : academic2@muhs.ac.in Web.: www.muhs.ac.in

डॉ. कलिदास द. चव्हाण

एम.बी.बी.एस., एम.डी. (म्ह्यायवैद्यकास्व)

कुलसचिव

Dr. Kalidas D. Chavan

M.B.B.S., M.D. (Forensic Medicine)

Registrar

No. MUHS/PG/E-4/403 /2017

Date: 01/10/2017

To,

The Dean / Principal,

Dr. M. L. Dhawale Memorial Homoeopathic Institute,

Opp. S.T. Workshop, Boisar, Road,

Dist. Palghar - 401 404.

MLDMHI/P-397/2017

06/11/2017

Sub :- Approval as Guide / Examiner.

Ref :- 1) Your letter No. MLDMHI/M6-382/2017, dtd. 11/10/2017.

2) University letter No. MUHS/PG/E4/320/2017, dtd. 10/10/2017.

3) Your letter No. MLDMHI/M6-361/2017, dtd. 25/09/2017.

Sir / Madam,

With reference to the above cited subject, I am directed to inform you that in view of the norms prescribed as per provision under the section / clause 11 of the CCH Regulation 2015 (Amended), University has decided to grant approval as Guide / Examiner to the following teacher(s) of your Institute / College **subject to the terms and conditions of appointment order** for imparting instructions to the Post Graduate Degree, Course(s) in the subject mentioned against his/ her name.

Sr. No	Subject	Name of the Teacher	Designation	Status of Guide Approval
01	Materia Medica	Dr. Vivek Vittal Kadam	Lecturer	w.e.f. date of proposal i.e. 25/09/2017 upto 15/03/2018. Subject to following conditions.
02	Practice of Medicine	Dr. Naziyabe Mohd. Gause Shaikh	Lecturer	w.e.f. date of proposal i.e. 25/09/2017 upto 31/07/2018. Subject to following conditions.
03	Psychiatry	Dr. Rajesh R. Yadav	Lecturer	
04	Pediatrics	Dr. Omkar Deepak Anavkar	Lecturer	w.e.f. date of proposal i.e. 25/09/2017 upto 31/07/2019. Subject to following conditions.

- 1) In case, if it is found at later stage that information furnished in Guide / Examiner form by any teacher is incorrect, Guide approval granted by the University will stand cancelled.
- 2) Note that the approval granted by the University is valid till the above said teacher is in the services of the said PG teaching College or attains the age of superannuation, whichever happens earlier.
- 3) teacher(s) for further necessary action.



Registrar

Copy to :- 1) The Controller of Examination, MUHS Nashik  
2) Concern Teacher





77/MLDMHI/18  
0-2-18  
महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक  
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हसळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004  
EPABX: 0253-2539100-300, Phone: 0253-2539199/194  
E-mail : academic2@muhs.ac.in Web.: www.muhs.ac.in

डॉ. कलिदास द. चव्हाण  
एम.बी.बी.एस., एम.डी. (न्यायवैद्यशास्त्र)  
कुलसचिव

Dr. Kalidas D. Chavan  
M.B.B.S., M.D. (Forensic Medicine)  
Registrar

No. MUHS/PG/E-4/224/2018

Date: 05/03/2018

To,  
The Dean / Principal,  
Dr. M. L. Dhawale Memorial Homoeopathic Institute,  
Opp. S.T. Workshop, Boisar, Road,  
Dist. Palghar - 401 404.

MLDMHI/P-071/2018  
05/03/2018

Sub :- Approval as Guide / Examiner.

Ref :- Your letter No. MLDMHI/M6-14/2017, dtd. 02/02/2018.

Sir / Madam,

With reference to the above cited subject, I am directed to inform you that in view of the norms prescribed as per provision under the section / clause 12 of the CCH Regulation 2015 (Amended), University has decided to grant approval as Guide / Examiner to the following teacher(s) of your Institute / College subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree, Course(s) in the subject mentioned against his/ her name.

Sr. No	Subject	Name of the Teacher	Designation	Status of Guide Approval
01	Materia Medica	Dr. Bipin Sohanraj Jain	Professor	w.e.f. 02/02/2018 & Onwards. Subject to following conditions.

- 1) In case, if it is found at later stage that information furnished in Guide / Examiner form by any teacher is incorrect, Guide approval granted by the University will stand cancelled.
- 2) Note that the approval granted by the University is valid till the above said teacher is in the services of the said PG teaching College or attains the age of superannuation, which ever happens earlier.
- 3) You are requested to handover the copy of letter to the concerned teacher(s) for further necessary action.



Registrar

Copy to :- 1) The Controller of Examination, MUHS-Nashik  
2) Concern Teacher





महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक  
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हासखळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

EPABX: 0253-2539100-300, Phone: 0253-2539199/194

E-mail : pgaacademic@muhs.ac.in Web.: www.muhs.ac.in

MUHS

डॉ. कलिदास द. चव्हाण

एम.बी.बी.एस., एम.डी. (न्यायवैद्यकास्त्र)

कुलसचिव

Dr. Kalidas D. Chavan

M.B.B.S., M.D. (Forensic Medicine)

Registrar

No. MUHS/PG/E-4/ 73 /2017

Date: 31/08/2017

To,

The Dean / Principal,

Dr. M. L. Dhawale Memorial Homoeopathic Institute,

Opp. S.T. Workshop, Boisar, Road,

Dist. Palghar - 401 404.

MLDMHI/P-328/2017

08/09/2017

Sub :- Approval as Guide / Examiner.

Ref :- Your letter No. MLDMHI/M6-326/2017, dtd. 09/08/2017.

Sir / Madam,

With reference to the above cited subject, I am directed to inform you that in view of the norms prescribed as per provision under the section / clause 11 of the CCH Regulation 2015 (Amended), University has decided to grant approval as Guide / Examiner to the following teacher(s) of your Institute / College **subject to the terms and conditions of appointment order** for imparting instructions to the Post Graduate Degree, Course(s) in the subject mentioned against his/ her name.

Sr. No	Subject	Name of the Teacher	Designation	Status of Guide Approval
01	Psychiatry	Dr. Sunita Bhanudas Nikumbh	Asso. Professor	w.e.f. 09/08/2017 & Onwards. Subject to following conditions.

- 1) In case, if it is found at later stage that information furnished in Guide / Examiner form by any teacher is incorrect, Guide approval granted by the University will stand cancelled.
- 2) Note that the approval granted by the University is valid till the above said teacher is in the services of the said PG teaching College or attains the age of superannuation, which ever happens earlier.
- 3) You are requested to handover the copy of letter to the concerned teacher(s) for further necessary action.



Registrar

Copy to :- 1) The Controller of Examination, MUHS Nashik  
2) Concern Teacher



# महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हासळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

EPABX: 0253-2539100-300, Phone: 0253-2539199/194

E-mail : academic2@muhs.ac.in Web.: www.muhs.ac.in

**MUHS**

**डॉ. कलियास द. चव्हाण**  
एम.बी.बी.एस., एम.डी. (न्यायवैद्यशास्त्र)  
**कुलसचिव**

**Dr. Kalidas D. Chavan**  
M.B.B.S., M.D. (Forensic Medicine)  
**Registrar**

No. MUHS/PG/E-4/ 267c/2018

Date: 15/12/2018

To,  
The Dean / Principal,  
Dr. M. L. Dhawale Memorial Homoeopathic Institute,  
Opp. S.T. Workshop, Boisar, Road, Palghar  
Dist. Palghar - 401 404.

R. No. MLDMHI/E-316/2018

Name: .....

Date: 24/12/2018

Sub :- Approval as Guide / Examiner.

Ref :- Your letter No. MLDMHI/M6-253/2018, dtd. 23/11/2018.

Sir / Madam,

With reference to the above cited subject, I am directed to inform you that in view of the norms prescribed as per provision under the section / clause 12 of the CCH Regulation 2015 (Amended), University has decided to grant approval as Guide / Examiner to the following teacher(s) of your Institute / College subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree, Course(s) in the subject mentioned against his/ her name,

Sr. No	Subject	Name of the Teacher	Designation	Status of Guide Approval
01	Materia Medica	Dr. Bhavik Ramesh Parekh	Reader	w.e.f. date of proposal i.e. 23/11/2018. & Onwards Subject to following conditions.

- 1) In case, if it is found at later stage that information furnished in Guide / Examiner form by any teacher is incorrect, Guide approval granted by the University will stand cancelled.
- 2) Note that the approval granted by the University is valid till the above said teacher is in the services of the said PG teaching College or attains the age of superannuation, which ever happens earlier.
- 3) You are requested to handover the copy of letter to the concerned teacher(s) for further necessary action.



Registrar

Copy to :- 1) The Controller of Examination, MUHS Nashik  
2) Concern Teacher





# महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हासळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

EPABX: 0253-2539100-300, Phone: 0253-2539199/194

E-mail : academic2@muhs.ac.in Web.: www.muhs.ac.in

MUHS

डॉ. कलिदास द. चव्हाण  
एम.बी.बी.एस., एम.डी. (न्यायवैद्यकात्म्य)  
कुलसचिव

Dr. Kalidas D. Chavan  
M.B.B.S., M.D. (Forensic Medicine)  
Registrar

No. MUHS/PG/E-4/2288/2018

Date: 17/12/2018

To,  
The Dean / Principal,  
Dr. M. L. Dhawale Memorial Homoeopathic Institute,  
Opp. S.T. Workshop, Boisar, Road, Palghar  
Dist. Palghar - 401 404.

R. No. MLDMHI/P-317/2018

Name: .....

Date: 24/12/2018

Sub :- Approval as Guide / Examiner.

Ref :- Your letter No. MLDMHI/M6-251/2018, dtd. 23/11/2018.

Sir / Madam,

With reference to the above cited subject, I am directed to inform you that in view of the norms prescribed as per provision under the section / clause 12 of the CCH Regulation 2015 (Amended), University has decided to grant approval as Guide / Examiner to the following teacher(s) of your Institute / College subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree, Course(s) in the subject mentioned against his/ her name.

Sr. No	Subject	Name of the Teacher	Designation	Status of Guide Approval
01	Repertory	Dr. Devangini Rameshbhai Broker	Lecturer	w.e.f. date of proposal i.e. 23/11/2018. Upto 31.07.2020 Subject to following conditions.

- 1) In case, if it is found at later stage that information furnished in Guide / Examiner form by any teacher is incorrect, Guide approval granted by the University will stand cancelled.
- 2) Note that the approval granted by the University is valid till the above said teacher is in the services of the said PG teaching College or attains the age of superannuation, which ever happens earlier.
- 3) You are requested to handover the copy of letter to the concerned teacher(s) for further necessary action.



Registrar

Copy to :- 1) The Controller of Examination, MUHS Nashik

2) Concern Teacher