

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिडोरीरोड, म्हसरुळ, नाजिक-४२२००४Dindori 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. (न्याबवैद्यक्तास्त्र) क्लसचिव

No. MUHS/PG/E-4/17/39/12020

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

Date: 24 /12/2020

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

R. No. MLDMHILF-002/2021

Date: 02/01/2-21

Sub

:- Recognition as Post-Graduate Teacher.

Ref

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

2)University Cicular No. 04/2019 dtd. 22/01/2019. 3)University Cicular No.69/2019 dtd. 15/10/2019.

4)Your Letter No.एमएलडीएमएचबाय/पाल/म२ : ३२३/२०२०.दि.२५/११/२०२०.

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

6)Your Letter No.एमएलडीएमएचनाय/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	_	
01	Practice of		Designation	Status of PG recognition
-	Medicine	Dr. Shama Manoj Rao	Professor	w.e.f. 07/10/2020 Subject to
02	Paediatrics	Dr. Kanaiyalal Purushottamdas	7 70100301	following Conditions
	Practice of	Pandya	Reader	W.e.f. 07/10/2020 Subject to
03	Medicine	Dr. Champatlal Bhabutmalji Jain	V44-51	Tollowing Conditions.
04			Reader	w.e.f. 07/10/2020 Subject to following Conditions.
04	Materia Medica	Dr. Vivek Vitthal Kadam	Lecturer	We f Artis
05	Practice of	Dr. Harashala Chandrakant		following Conditions
	Medicine	Sarvagod	Lecturer	w.e.f. 07/10/2020 Subject to following Conditions.

New folder Recognition letter.docx

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	Br. Omkar Deepak Anavkar	Lecturer	w.e.f. 07/10/2020 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, wichiever happens earlier.

 Same IA
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 Dates
 Date:

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.





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हॉ.कलिदास द. चव्हाण

एम.बी.बी.एस., एम.डी. (न्यासवैद्यवसास्त्र) कुलसचिव

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

Date: 19/03/2021

No. MUHS/PG/E-4/ 4 6 8 /2021

Date: 01/02/2021

R. No. ML9MXZIP-083/2021

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

Sub :- Recognition as Post-Graduate Teacher.

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

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Sr.No.	Subject	Name of the Teacher	Designation	Status of PG red	Connitio	
01	Materia Medica	Dr. Bipinkumar Sohanraj Jain	Dest	w.e.f. 31/12/2020		
02	Homoeopathic		Professor	following Conditions	Subject	t
	Philosophy	Dr. Anand Ramchandra Kapse	Professor	w.e.f. 31/12/2020 following Conditions	Subject	to
03	Repertory	Dr. Anup Mohan Nigwekar	Professor	w.e.f. 31/12/2020 following Conditions	Subject	to
04	Paediatrics	Dr. Chandrasekhar Ramkrushna Goda	Professor	w.e.f. 31/12/2020 following Conditions	Subject	to
05	Psychiatry	Dr. Manoj Kanchanbhai Patel	Professor	w.e.f. 31/12/2020 following Conditions	Subject	to
06	Materia Medica	Dr. Bhavik Ramesh Parekh	Reader	w.e.f. 31/12/2020	Subject	to
07	Homoeopathic	Dr. S	Santa Santa	following Conditions	2000 St. 700	
08	Philosophy	Dr. Sunil Dattatray Bhalinge	Reader	w.e.f. 31/12/2020 following Conditions	Subject	to
09	Repertory	Dr. Prashant Prakash Tamboli	Reader	The second secon	Subject	to
	Psychiatry	Dr. Sunita Bhanudas Nikumbh	1127	to the last	Subject	to

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, wichiever happens earlier.

Registrar

Copy to: - The Concern Teacher

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MUHS

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विडोरीरोड, म्हसरुळ, नाशिक-४२२००४Dindori Road, Mhasrul, Nashik - 422004 Tel : (0253) 2539194/2539291≌ Student Helpline : 0253-2539111/6659111

Website: www.muhs.ac.in, E-mail: academi2@muhs.ac.in

ध्य वी.वी.च्या (श्याचीयशास्त्र) तीत्व वी. वी. प्रस्ती. कुलसचिय Dr. Kalidas D. Chavan

Registrar

Date: 0 4 /03/2022

o. MUHS/PG/E-4/UG& PG//4-8 o /2022

To,

The Dean/Principal

Dr. M. L. Dhawale Memorial Homoeopathic Institute,

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

Dist. Paighar - 401 404.

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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.	All and the Law or A.	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 t 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 Ansvkar	Reader	w.e.f. 12/07/22 Onwards subject to following Conditions.
5	Homosopathic Philosophy	*Dr. Sachin Gajanan Junagade	Reader	w.e.f. 12/07/22 Onwards subject to following Condiions.
6	Materia Medica	Dr. Vivek Vitthal Kadam	Reader	w.e.f. 12/07/22 Onwards subject to following Condinue

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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	Or. Nikita Surashchandra 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 Condiions.
11	Practice of Medicine	* Dr. Sonam Ashishkumar Mishra		w.e.f. 12/07/22 Onwards subject to following Condiions.
12	Materia Medica	Dr. Akshatha Darnodar Nayak	Lecturer	w.e.f. 12/07/22 Onwards subject to following Conditions.
13	Psychiatry	Dr. Sheikh Tanvir Abdul Hamid	Lecturer	w.e.f. 12/07/22 Onwards subject to ollowing Conditions.

- 1) The above mentioned teacher / teachers is / are required to attend "Research Methodology Workshop" conducted by Regional Certre, 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.
- 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, wichiever happens earlier.

Copy to: - Concern Teacher /s



Registrar



दिडोरीरोड, म्हसच्छ, नाशिक-४२२००४Dindori Road, Mhasrul, Nashik - 422004 Tel : (0253) 2539194/2539291≅Student Helpline : 0253-2539111/6659111 Website: www.muhs.ac.in, E-mail: <u>academi2@muhs.ac.in</u>



हॉ.कालिदास द. चव्हाण

दन थी औ.एम ,एम जी (न्यायवैद्यक्तामन),चीदव जी ,बी एनसी,

कुलसचिव

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

Registrar

No. MUHS/PG/E-4/PG/ 11 Cq /2022

Date: 2 3 /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.

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

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.		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	rivador	w.e.f 12/04/2022 Temporary upto 11/04/2024 subject to following conditions.

The above mentioned teacher / teachers is / are required to attend "Research Methodology Workshop" conducted by Regional Certre, 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.

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- 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, wichiever happens earlier.

Registrar

Copy to: Concern Teacher



MUHS

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

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हॉ.कालिदास द. चव्हाण एन.बी.बी.एस., एम.बी. (न्यावनेबकातम)

प्र. कुलसचिव

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

Date: 25/06/2021

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

To,

The Dean/Principal

Dr. M. L. Dhawale Memorial Homoeopathic Institute,

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

Dist. Palghar - 401 404.

R. No MICONT LULBERA.

Name: MUMHI

Date 25/07/2021

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/म २-१६१/२०२१ दि. १६/०३/२०२१

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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.

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S 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.
1	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-Checellor 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, ehichever happens earlier.

Registrar

Copy to:Concern Teacher





कलसचिव

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

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हॉ.क्ट्रिक्टिंग्स द. चट्हाण एम.बी.बी.एस., एम.बी. (न्यावनैवक्सास्त्र)

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

No. MUHS/PG/E-4/ 4 6 8 /2021

Date: 01/02/2021

R. No. ML9MHZIP-083|2021 Name: Date: 19 | 03 | 702 |

To,
The Dean/Pricipal,
Dr. M. L. Dhawale Memorial
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Sr.No.	Subject	Name of the Teacher	Designation	Status of PG rec	ognition	1
01	Materia Medica	Dr. Bipinkumar Sohanraj Jain	Professor	w.e.f. 31/12/2020 following Conditions.	Subject	to
02	Homoeopathic Philosophy	Dr. Anand Ramchandra Kapse	Professor	w.e.f. 31/12/2020 following Conditions	Subject	to
03	Repertory	Dr. Anup Mohan Nigwekar	Professor	w.e.f. 31/12/2020 following Conditions	Subject	to
04	Paediatrics	Dr. Chandrasekhar Ramkrushna Goda	Professor	w.e.f. 31/12/2020 following Conditions	Subject	to
05	Psychiatry	Dr. Manoj Kanchanbhai Patel	Professor	w.e.f. 31/12/2020 following Conditions	Subject	to
06	Materia Medica	Dr.Bhavik Ramesh Parekh	Reader	w.e.f. 31/12/2020 following Conditions	Subject	to
07	Homoeopathic Philosophy	Dr. Sunil Dattatray Bhalinge	Reader	w.e.f. 31/12/2020 following Conditions	Subject	to
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दिंडोरीरोड, म्हसरुळ, नाशिक-४२२००४Dindori Road, Mhasrul, Nashik - 422004 Tel: (0253) 2539292 Fax: (0253) 2539294

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

हॉ.कालिदास द. चव्हाण एन.बी.बी.एस., एम.डी. (न्यायवैद्यक्तास्य), पीएच.डी कलसचिव

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

R. No. MESMHT P.

10/7/2021

Registrar

Date: 0 6/06/2021

No. MUHS/PG/E-4/PG/ 1136 /2021

To.

The Dean/Principal

Dr. M. L. Dhawale Memorial Homoeopathic Institute,

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

Dist. Palghar - 401 404.

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 - Your Letter No. एमएलडिएमएचआय/पाल/म २-१६१/२०२१ दि.१६/०३/२०२१

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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	Paediatrics	* Dr. Nikita Sureshchandra Mehta	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 falls to comply with the said provision, the approval granted by the Vice-Checellor 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, ehichever happens earlier.

Copy to: Concern Teacher

Registrar



दिडोरीरोड, म्हसरुळ, नाशिक-४२२००४Dindori Road, Mhasrul, Nashik - 422004 Tel : (0253) 2539194/2539291**2** Student Helpline : 0253-2539111/6659111 Website: www.muhs.ac.in, E-mail: <u>academi2@muhs.ac.in</u>



डॉ.यत्रिटास द. चव्हाण एम.बी.बी.एस.,पन.डी.(श्वामकेप्रकास्त्र),पीएक.डी.,डी.एस्सी. क्लसचिव

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

Registrar

No. MUHS/PG/E-4/PG/ 2.85 /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/म २-१६१/२०२१ दि.१६/०३/२०२१

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.

0:459-2521/act pt oil record 2020-21M-GTR New as per Direction No. 51,2017 M/Dr. M.L. Dhawale Hom. Palghar/Recognition latter stock

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महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिडोरीरोड, म्हसरुळ, नाशिक-४२२००४Dindori Road, Mhasrul, Nashik - 422004 EPABX: 0253-6659100-300, Phone: 0253-6659199/194

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

डॉ.कालिदास द. चव्हाण एम.बी.बी.एस., एम.डी. (न्यायवैद्यक्सास्त्र) कुलसचिव

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

No. MUHS/PG/E-4/1739-12020

Date: 24 /12/2020

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

R. No. MLDMHILF-002/2021 Date: 02/01/2-2,

:- Recognition as Post-Graduate Teacher.

Ref

:- 1)University Direction No. 01/2017 dtd., 13/04/2017. 2)University Cicular No. 04/2019 dtd. 22/01/2019. 3)University Cicular No.69/2019 dtd. 15/10/2019.

4)Your Letter No.एमएलडीएमएचनाय/पाल/म२ :३२३/२०२०.वि.२५/११/२०२०.

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

6)Your Letter No.एमएलडीएमएचनाय/पाल/म२ :३०८/२०२०,दि.२९/१०/२०२०.

7)Your Letter No.एमएलडीएमएचमाय/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	
01	Practice of		Designation	Status of PG recognition
01	Medicine	Dr. Shama Manoj Rao	Professor	w.e.f. 07/10/2020 Subject to
02	Paediatrics	Dr. Kanaiyalal Purushottamdas	177.24.54.64.65	following Conditions.
	altition and an arrangement	Pandya	Reader	w.e.f. 07/10/2020 Subject to
03	Practice of	Dr. Ob		following Conditions.
	Medicine	Dr. Champatlal Bhabutmalji Jain	Reader	w.e.f. 07/10/2020 Subject to
04	Materia Medica			Tollowing Conditions
4	materia medica	Dr. Vivek Vitthal Kadam	Lecturer	W.e.f. 07/10/2020 Subject 6
0=	Practice of	Dr. Harashala Chandrakant	400,0101	following Conditions.
05	Medicine	Sarvagod Chandrakant	Lecturer	w.e.f. 07/10/2020 Subject to following Conditions.

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Dist.

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 University 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.

	anera th
	Name:
1460	Dates
	Date:

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 विंडोरीरोड, म्ह्सरुळ, नाशिक-४२२००४Dindori Road, Mhasrul, Nashik - 422004

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

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

हॉ.क्रिक्टास द. चव्हाण एम.बी.बी.एस., एम.बी. (न्यामवैद्यवज्ञास्त्र)

कुलसचिव

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

Date: 2.4 /12/2020

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

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

R. No. MLDMHILF-002/202)

Date: 02/01/2-21

:- Recognition as Post-Graduate Teacher.

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

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

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

4)Your Letter No.एमएलडीएमएचकाय/पाल/म२ : ३२३/२०२०.दि.२५/११/२०२०.

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

6)Your Letter No.एमएलडीएमएचबाय/पाल/म२ :३०८/२०२०.वि.२९/१०/२०२०.

7)Your Letter No.एमएलढीएमएचआय/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		
01	Practice of		Designation	Status of PG recognition
77.	Medicine	Dr. Shama Manoj Rao	Professor	The second second
02	Paediatrics	Dr. Kanaiyalal - Purushottamdas	. 10103301	following Conditions
00	Practice of	Pandya	Reader	W.e.f. 07/10/2020 Subject to
03	Medicine	Dr. Champatlal Bhabutmalji Jain		we for orditions.
04	Materia Medica	Control of the Contro	Reader	following Conditions. Subject to
-		Dr. Vivek-Vitthal Kadam	Lecturer	Wo f OTHER
05	Practice of	Dr. Harashala Chandrakant		following Conditions
	Medicine	Sarvagod	Lecturer	w.e.f. 07/10/2020 Subject to following Conditions.

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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 University 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.

	41111
	Name and
- 1	
	Onto:

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 वणी - दिश्रीरी रोड, म्हसस्ळ, नाहिक - ४२२००४, Vani-Dindori Road, Mhaerut, 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

हों. यत्रलिवास व. चव्हाण एम.श्री.बी.स., एम.श्री. (नामवेदान्त्रास्त्र) यहलसचिव

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

Registrar

Out No.: MUHS/E-4/PG/ 13 23 /2020

Date: 1//10/2020

To

The Principal,

Dr. M. L. Dhawale Memorial Homoeopathic Institute, Opp. S. T. Workshop, Boisar, Road.

Dist. Palghar - 401 404

R. No. MUDMY 2 19-149/2020

Name:

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/म२/-३०६/२०२० वि.२८/२०/२०२०.
- 3) University Letter No. MUHS/E-4/PG/914/2020 dtd. 08/09/2020
- 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. Deptardar	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

PRINCIPAL Palghar Dist Thans

D. Vanderick D. E.S. 2005 PETIC OF STR New at per Direction No. D. 2007 Asses, sep. stool St. Approved Million



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

MUHS

EPABX: 0253-2539100-300, Phone: 0253-2539199/194 E-mail: academic2@muhs.ac.in Web.: www.muhs.ac.in

डॉ. कालिदास द. चव्हाण एम.बी.बी.एस., एम.डी. (न्यायवैद्यक्शास्त्र) कलसचिव

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, Bolsar, Road, Palghar

Dist. Palghar - 401 404.

R. No. MUDMHZ/P-317/2018

Name: 24/12/2019

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.

- 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.
- 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.
- 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

65



दिंडोरी रोड, म्हसरुळ, 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

हॉ. क्रिलदास द. चव्हाण एम.बी.बी.एस., एम.डी. (न्यामवैद्यवज्ञास्त्र)

कुलसचिव

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

R. No. MLDMH218-019/2019

Data: 12 (01 /2019

Date: /5/01/2019

No. MUHS/PG/E-4/ 60 /2019

The Dean / Principal,

Dr. M. L. Dhawale Memorial Homoeopathic Institute,

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

Dist. Palghar - 401 404.

Sub :- Approval as Guide / Examiner.

Ref :- Your letter No. MLDMHI/M6-694/2018, dtd. 10/12/2018.

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	0
04	Practice of		- sa granton	Status of Guide Approval
01	Medicine	Dr. Shama Manoj Rao	Professor	w.e.f. 10/12/2018 & Onwards
02	Practice of	Dr. Champatial Bhabutmalji		Subject to following conditions.
U2	Medicine	Jain	Reader	w.e.f. 10/12/2018 & Onwards
03	Repartory	Dr. Prashant Prakash		Subject to following conditions.
200		Tamboli	Reader	w.e.f. 10/12/2018 & Onwards Subject to following conditions.
04	Materia Medica	Dr. Vivek Viitthal Kadam		w.e.f. 10/12/2018 & Onwards.
\rightarrow		- Trion Filtrial Naudill	Lecturer	Subject to following
05	Practice of	Harshala Chandrakant		Subject to following conditions.
05	Medicine	Sarvagod	Lecturer	w.e.f. 10/12/2018 & Onwards.
	- The American Company	- arragou		Subject to following conditions.
06	Paediatrics	Dr. Omkar Deepak Anavkar	Lecturer	w.e.f. 10/12/2018 & 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, whichever happens earlier.

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

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





दिडोरी रोड, म्हसरुळ, 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. कालिदास द. चव्हाण

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

कुलसचिव

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

R. No. MLDMHZ/P-316/2018

Name:....

Date: 24/12/2018

Date: 15 /12/2018

No. MUHS/PG/E-4/ 2.27c/2018

To:

The Dean / Principal.

Dr. M. L. Dhawale Memorial Homoeopathic Institute,

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

Dist. Palghar - 401 404.

Approval as Guide / Examiner. Sub

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 proposa i.e. 23/11/2018. 8 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 Concern Teacher





दिडोरी रोड, म्हसरुळ, माझिक - 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. क्रलिदास द. चव्हाण एम.बी.बी.एस., एम.डी. (न्यायवैद्यक्शास्त्र)

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

युळसचिव

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

MLOMHILP-277/2018

24/09/18

Date: /5 /09/2018

To.

The Dean / Principal,

Dr. M. L. Dhawale Memorial Homoeopathic Institute,

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

Dist. Palghar - 401 404.

:- Approval as Guide / Examiner.

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

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

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	or Guide Approval
02	Paediatrics	Dr. Chandrashekhar Ramkrishna Goda	Professor	w.e.f. date of proposal i.e. 20/07/2018. Subject to followin conditions.
03	Paediatrics	Kanallal Purushottam Pandya	Reader	
04	Psychiatry	Dr.Gayatri Manoj Patel	Lecturer	

- 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.
- 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.
- 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





दिंडोरी रोड, म्हसरुळ, नाजिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004 EPABX: 0253-2539100-300, Phone: 0253-2539199/194

MUHS

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

हॉ. कालिदास द. चव्हाण एम.बी.बी.एस., एम.डी. (न्यायवैद्यनकास्य) कुलसचिव

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

No. MUHS/PG/E-4/ 4/30 /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. MILDMHIP-070/2019

Date: 20/03/2019

Sub :- Approval as Guide / Examiner.

:- 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. Ancop 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
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.

 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

Date:.....





विद्योरी रोड, म्हसरुळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

MUHS

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

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

डॉ. कालिदास द. चव्हाण एम.बी.बी.एस., एम.डी. (न्यायवैद्यकतास्त्र) कुलसचिव

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

Registrar

No. MUHS/PG/E-4/ 78 /2017

Date: 3 1 /08/2017

To.

The Dean / Principal,

MUDMY 1 P- 328/2017 08/09/2017

Dr. M. L. Dhawale Memorial Homoeopathic Institute,

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

Dist. Palghar - 401 404.

:- 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.

Subject	Name of the Teacher	Designation	Status of Guide Approval	
Psychiatry	Dr. Sunita Bhanudas Nikumbh	Asso.	w.e.f. 09/08/2017 & Onwards. Subject to following conditions.	
		Psychiatry Dr. Sunita Bhanudas	Psychiatry Dr. Sunita Bhanudas Asso.	

- 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 Nash

2) Concern Teacher

. HOMRegistrar

77 | MLDMH1 /18



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हसरुळ, नाशिक - ४२२००४ Dindari Road, Mhasrul, Nashik - 422004 EPABX: 0253-2539100-300, Phone: 0253-2539199/194

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

MUDMH7/P-071/2018

हॉ. क्त्रलिदास द. चव्हाण

एम.बी.बी.एस., एम.डी. (न्यायवैद्यक्जास्त्र) कुलसचिव

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

Registrar

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

Date: 0 1 /03/2018

To.

The Dean / Principal,

Dr. M. L. Dhawale Memorial Homoeopathic Institute,

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

Dist. Palghar - 401 404.

:- 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.

Subject	Name of the Town			
	Hame 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	
	Materia	Materia Materia	Materia Medica Dr. Bipin Sohanraj Jain Professor	

- 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



दिहोरी रोड, व्हसकळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004 EPABX: 0253-2539100-300, Phone: 0253-2539199/194

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डॉ. क्विटिदास द. चट्हाण एम.बो.बी.एस., एस.डी. (न्वाबवैद्यक्सास्त्र)

युळसचिव

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

MLDMHILP-277/2018

24/09/12

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

Date: 5 /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,

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

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		
02	Paediatrics	Dr. Chandrashekhar Ramkrishna Goda	Professor	w.e.f. date of proposal i.e. 20/07/2018. Subject to following conditions.	
03	Paediatrics	Kanailal Purushottam Pandya	Reader		
04	Psychiatry	Dr.Gayatri Manoj Patel	Lecturer		

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- 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.
- 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



(AB)

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

दिहोरी रोड, म्हसरुळ, नाणिक - ४२२००४ Dindorl Road, Mhasrul, Nashik - 422004 EPABX: 0253-2539100-300, Phone: 0253-2539199/194 E-mail: academic2@muhs.ac.in Web.: www.muhs.ac.in

MUHS

हॉ. कालिदास द. चव्हाण एम.बी.बी.एस., एम.बी. (न्यायवैद्यक्शास्त्र) कलसचिव

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

R. No. MLDMH2/P-019/2019

Name:....

Date: 19 (01 /2019

No. MUHS/PG/E-4/ 60 /2019

Date: /5/01/2019

To.

The Dean / Principal,

Dr. M. L. Dhawale Memorial Homoeopathic Institute,

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

Dist. Palghar - 401 404.

Sub :- Approval as Guide / Examiner.

Ref :- Your letter No. MLDMHI/M6-694/2018, dtd. 10/12/2018.

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. Shama Manoj Rao	Professor	w.e.f. 10/12/2018 & Onwards. Subject to following conditions.	
02	Practice of Medicine	Dr. Champatlal Bhabutmalji Jain	Reader	w.e.f. 10/12/2018 & Onwards. Subject to following conditions.	
03	Repartory	Dr. Prashant Prakash Tamboli	Reader	w.e.f. 10/12/2018 & Onwards. Subject to following conditions.	
04	Materia Medica	Dr. Vivek Viitthal Kadam	Lecturer	w.e.f. 10/12/2018 & Onwards. Subject to following conditions.	
05	Practice of Medicine	Harshala Chandrakant Sarvagod	Lecturer	w.e.f. 10/12/2018 & Onwards. Subject to following conditions.	
06	Paediatrics	Dr. Omkar Deepak Anavkar	Lecturer	w.e.f. 10/12/2018 & Onwards. Subject to following conditions.	

 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.

 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.

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

2) Concern Teacher





विद्योरी रोड, म्हसरुळ, नाज्ञिक - ४२२००४ Dindorl Road, Mhasrul, Nashik - 422004 EPABX: 0253-2539100-300, Phone: 0253-2539199/194 E-mail: academic2@muhs.ac.in

MUHS

डॉ. कालिदास द. चव्हाण एम.वी.बी.एस., एम.डी. (न्यायवैद्यक्शास्त्र) कलसचिव

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. MUDMHZ/P-317/2018

Date: 24/12/2019

Web.: www.muhs.ac.in

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



विंडोरी रोड, म्हसरुळ, 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. कालिदास द. चव्हाण

एम.बी.बी.एस., एम.बी. (न्यायवैद्यवसास्त्र) कुळसचिव Dr. Kalidas D. Chavan M.B.B.S., M.D. (Forensic Medicine) Registrar

Date: / 2 /03/2019

No. MUHS/PG/E-4/4/30 /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. MILDMHIP-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. Sunii Dattatray Bhalinge	Reader	w.e.f. date of proposal i.e. 25/01/2019. & Onwards Subject to following conditions.

 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.

 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 supprennuation, which

ever happens earlier.

Patghar Diet Thans

 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





विडोरीरोड, म्हसरुळ, माशिक-४२२००४Dindori Road, Mhasrul, Nashik - 422004 EPABX: 0263-2539100-300, Phone: 0253-2539199/194

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

डॉ.कालिदास द. चव्हाण प्राची श्री प्रमाण ही (श्रामीना

एम.बी.बी.एस., एम.डी. (न्यायवैद्यक्शास्त्र) कुळसचिव Dr. Kalidas D. Chavan M.B.B.S., M.D.(Forensic Medicine) Registrar

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

Date: @3 /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. MUDMIT 19-174/2019

Name:....

Date: 11/07/19

Sub

:- Approval as Guide / Examiner.

Ref :-

:- Your letter No. MLDMHI/M6-187/2019, 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 proposa 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.

 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.

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 lage of superannuation, which

ever happens earlier.

Palghar Dist. Thane

Communities (Carlo Artifator) Scientists and Confession St. (C.D. VI. Decorate Assessment Management St.

 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





विडोरी रोड, म्हसरुळ, नाक्षिक -४२२००४ Dindori Road, Mhasrul, Nashik - 422004 EPABX: 0253-2539100-300, Phone: 0253-2539199/194

हाँ. कालिदास द. चव्हाण

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

कुलसचिव

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

Dr. Kalidas D. Chavan

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

Registrar

Date: 15 /12/2018

No. MUHS/PG/E-4/ 2年76/2018

To.

The Dean / Principal,

Dr. M. L. Dhawale Memorial Homoeopathic Institute.

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

Dist. Palghar - 401 404.

R. No MLDMHILE-316/2018

vamo:.....

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.

- 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 level 19 the concerned teacher(s) for further

necessary action.

Registrar

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

MLDMHI /18



महाराष्ट आरोग्य विज्ञान विद्यापीठ. न MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्ह्सरुळ, नाजिक - 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. कालिदास द. चव्हाण एम.बी.बी.एस., एम.डी. (न्यायवैद्यकशास्त्र)

क्लसचिव

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

MUDMH718-071/2018

Date: 0 1 /03/2018

No. MUHS/PG/E-4/ 22-4/2018

To.

The Dean / Principal,

Dr. M. L. Dhawale Memorial Homoeopathic Institute.

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

Dist. Palghar - 401 404.

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



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES

(An ISO 9001:2008 Certified University)

दिंडोरी रोड, म्हसरुळ, 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. क्र. सोनवणे

सहा. कुलसचिव

A.K. Sonawane

Asstt. Registrar

No. MUHS/PG/E4/3/4 g /2016

Date: 2.1 /11/2016

To,

The Dean / Principal.

MLDMH7/P- 514/2016

Dr. M. L. Dhawale Memorial Homoeopathic Institute,

Opp. S.T. Workshop,

Boisar, Road, Dist. Palghar - 401 404

Sub

Approval as Guide / Examiner.

Ref

- :- 1) Your Letter No. MLDMHI/M6-377/2016 dtd.19/11/2016.
 - Your Letter No. MLDMHI/M6-358/2016 dtd.02/11/2016.
 - 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.
- 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

E-Id3-2016/CCH-2516/Examiner , Guide Approval Committeel/University Approval Inter/2, Dr. M.T. Dhawale HMC, PalghanApproval Inter, dOCX



MUHS

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

विडोरी रोड, म्हसरुळ, 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

डॉ. कालिदास द. चव्हाण

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

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

कुलसचिव

No. MUHS/PG/E-4/ 78 /2017

Date: 3 1 /08/2017

Registrar

To.

The Dean / Principal.

MUDMH = 1P-328/2017 08/09/2017

Dr. M. L. Dhawale Memorial Homoeopathic Institute,

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

Dist. Palghar - 401 404.

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



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES

(An ISO 9001:2008 Certified University)

दिंडोरी रोड, म्हसरुळ, 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. का. सोनवणे

सहा. कुलसचिव

A.K. Sonawane

Asstt. Registrar

No. MUHS/PG/E4/ 3/4 % /2016

Date: 2.1 /11/2016

To.

The Dean / Principal.

MLOMHTIP- 514/2016

Dr. M. L. Dhawale Memorial Homoeopathic Institute,

Opp. S.T. Workshop,

Boisar, Road,

Dist. Palghar - 401 404

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.

Kindiy 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

Palghar

further necessary action.

Yours faithfully,

Asstt. Registrar

Copy to :- The Controller of Examination, MUHS Nashik

E163-3016/CCH-2016/Examiner , Guide Approval Committee/University Approval Inter/2, Dr. M.L. Chawole HMC, Palghar/Approval letter. dOCX



दिवोरी रोड, ऋसफळ, 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

Dr. Kalidas D. Chavan

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

Registrar

डॉ. कालिदास द. चव्हाण एम.बी.बी.एस., एम.डी. (न्यायवैद्यवज्ञास्त्र)

कलसचिव

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

Date: / 5/09/2018

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.

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

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
02	Psychiatry	Dr. Rajesh Ramkunwar Yadav	Lecturer	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, 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

Concern Teacher

Registrar



दिडोरी रोड, म्हसरुळ, नाजिक - ४२९००४ 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. कालिदास द. चव्हाण एम.बी.बी.एस., एम.डी. (न्यायवैद्यक्सास्त्र) कुलसचिव

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

MLSMHIP-277/2018

24/09/18

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

Date: |5 /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.

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	
02	Paediatrics	Dr. Chandrashekhar Ramkrishna Goda	Professor	w.e.f. date of proposal i.e.
03	Paediatrics	Kanailal Purushottam Pandya	Reader	20/07/2018. Subject to following conditions.
04	Psychiatry	Dr.Gayatri Manoj Patel	Lecturer	

SE.

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- 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.
- 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





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

दिशोरी रोड, स्वयस्क, मासिक - ४९२००४, 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

एम. एस्सी.,पीएक.की.

गैलिक विभागप्रमुख (पदब्युतार)

Dr. Sunil H. Fugare

M. Sc., Ph. D.

I/c, Academic Section (PG)

Date: 10 /02/2015

No. MUHS/PG/E4/ 439 /2015

To.

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

Thane - 401 404

MLDMH1 P-093/2015

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)(I) of the MUHS Act, 1998 Hon'ble Vice-Chancellor is placed 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 Dagree, 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,

Academic Section (PG)

COMMON DESCRIPTION OF PROTECTION AND ADMINISTRATE DR MIL DRIVEN STATE PARTY AND ADMINISTRATE PARTY AND ADMINISTRAT



मधाराष्ट्र गाराज्य ।वज्ञान ।वद्यापाठ, न्याराक

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

बपी - विशेरी रोड, म्लस्का, नाशिव - ४२९०४, Vani-Dindori Road, Mhasrul, Nashik- 422 004

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

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

डॉ. सुनिल एच. फुगारे

एस एस्सी , पीएच औ.

शैदाणिक विभागप्रमुख (पदव्युत्तर) No. MUHS/PG/E4/317 R /2014 Dr. Sunil H. Fugare

M. Sc., Ph. D.

I/c, Academic Section (PG)

Date: 2.5711/2014

The Dean / Principal,

Dr. M. L. Dhawale Memorial Homoeopathic Institute.

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

Thane - 401 404

Sub:- Recognition as Post-Graduate Teacher.

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

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

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

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)(I) 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. Sunii Dattetray 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 eller to the concerned teacher(s) for further

necessary action.

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Yours faithfully.

I/C Academic Section (PG)



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

विंडोरी रोड, म्हसरुळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004 EPABX: 0253-2539100-300, Phone: 0253-2539199/194

डॉ. कालिदास द. चव्हाण

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

एम.बी.बी.एस., एम.डी. (न्यायवैद्यक्त्रास्त्र) कुलसचिव

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

MLDMXZ1P-163/2018

Date: // /01/2018

No. MUHS/PG/E-4/ 582/2018

To.

The Dean / Principal,

Dr. M. L. Dhawale Memorial Homoeopathic Institute,

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

Dist. Palghar - 401 404.

Sub

:- Approval as Guide / Examiner.

Ref

Your letter No. MLDMHI/M6-130/2018, dtd. 16/04/2018.

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. (Mrs)-Shama Manoj Rao	Professor	w.e.f. date of proposal i.e. 16/04/2018 upto 31/07/2019. Subject to following conditions.
02	Practice of Medicine	Dr. Champat Bhabutmal Jain	Reader	w.e.f. date of proposal i.e. 16/04/2018 upto 31/07/2019. Subject to following conditions.
03	Repertory	Dr. Prashant Prakash Tamboli	Reader	w.e.f. date of proposal i.e. 16/04/2018 upto 31/07/2019. Subject to following conditions.
04	Repertory	Dr. Nikunj Jagdish Jani	Reader	w.e.f. date of proposal i.e. 16/04/2018 upto 03/03/2019. Subject to following conditions.
05	Paediatrics	Dr. Nandan Bhalchandra Daptardar	Lecturer	w.e.f. date of proposal i.e. 16/04/2018 upto 31/03/2019. Subject to following conditions.

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

RINCIPAL Palghar

- 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.
- 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





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

wit - Start vis. serves, milite - versey, Vani-Dindori Road, Mhasrul, Nashik-422 004

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

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

डॉ. सुनिल एच. फुगारे

एम.एस्सी ,पीएप.डी.

शैक्षणिक विभागप्रमुख (पदम्बुलार)

No. MUHS/PG/E4/272W2014

To,

The Dean / Principal,

Dr. M. L. Dhawale Memorial Homoeopathic Institute.

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

Thane - 401 404

Sub:-Recognition as Post-Graduate Teacher.

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

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

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

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

Sir / Madnm.

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)(1) of the MUHS Act, 1998 Hon bie 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 Remakrishna Goda	Professor	w.e.f.20/08/2014 & Onward
2	Psychiatry	Dr. Manoj Kanchanbhai Patel	Professor	w.s.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. Professori 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.

Dr. Sunil H. Fugare

Vc, Academic Section (PG)

975 | MLDMH7 | 2014

M. Sc., Ph. D.

Date: y /10/2014

NC Academic Section (PG)



रेझेरी होद्रु महत्त्रकोह्न, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004 PABX: d253-2539100-300, Phone: 0253-2539199/194

10-11/17 FE-mail: academic2@muhs.ac.in Web.; www.muhs.ac.in

Dr. Kalidas D. Chavan

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

Date: o / /10/2017

MLDMHILP - 397/2017

06/11/2017

हाँ. कालिदास द. चव्हाण

एम.ची.वी.एस., एम.डी. (न्यायवैश्वक्यास्व)

कुलसचिव

No. MUHS/PG/E-4/ 60 3 /2017

To,

The Dean / Principal.

Dr. M. L. Dhawale Memorial Homoeopathic Institute,

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

Dist. Palghar - 401 404.

Sub :- Approval as Guide / Examiner.

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

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

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.
03	Psychiatry	Dr. Rajesh R. Yadav	Lecturer	Subject to following conditions.
04	Peadiatrics	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.

> PRINCIPAL Palghar

teacher(s) for further necessary action(a)

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

2) Concern Teacher

Registrar



कुलसचिव

महाराष्ट आरोग्य विज्ञान विद्यापीठ. ना MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिहोरी रोड, म्हसरुळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004 EPABX: 0253-2539100-300, Phone: 0253-2539199/194

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हाँ. कालिदास द. चव्हाण

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

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

MUDMH71P-071/2018

Registrar

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

Date: 61 /03/2018

To.

The Dean / Principal,

Dr. M. L. Dhawale Memorial Homoeopathic Institute,

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

Dist. Palghar - 401 404.

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 Dr. Bipin Sohanraj Jain	Designation	Status of Guide Approval	
01	Materia Medica		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.
- 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



दिहोरी रोड, म्हसरुळ, नाणिक - 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

हॉ. क्यलिदास द. चव्हाण एन.बी.बी.एस., एम.डी. (न्वायवैद्यक्तास्त्र)

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

Registrar

कुलसचिव

No. MUHS/PG/E-4/ 7/8 /2017

Date: 3 \ /08/2017

To.

The Dean / Principal,

MUDMHIP-328/2017

Dr. M. L. Dhawale Memorial Homoeopathic Institute,

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

Dist. Palghar - 401 404.

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.	

- 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.
- 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.

 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



दिडोरी रोड, म्हसरुळ, नाशिक -४२२००४ Dindorl Road, Mhasrul, Nashik - 422004 EPABX: 0253-2539100-300, Phone: 0253-2539199/194

MUHS

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

हॉ. कालिदास द. चव्हाण एम.बी.बी.एस., एम.डी. (न्वाववैद्यकशास्त्र)

कुलसचिव

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

R. No MLSMHZ/P-316/2018

Namo:....

Date: 24/12/2018

Date: 15 /12/2018

No. MUHS/PG/E-4/ 2.17c/2018

To.

The Dean / Principal,

Dr. M. L. Dhawale Memorial Homoeopathic Institute,

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

Dist. Palghar - 401 404.

Approval as Guide / Examiner.

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 proposa i.e. 23/11/2018. 8 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



दिडोरी ऱोड, म्हसरुळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

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MUHS

कुलसचिव

डॉ. कालिदास द. चव्हाण एम.बी.बी.एस., एम.डी. (न्यायवैद्यकतास्त्र) Web.: www.muhs.ac.in

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

Registrar

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

Date: 17 /12/2018

The Dean / Principal,

Dr. M. L. Dhawale Memorial Homoeopathic Institute,

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

Dist. Palghar - 401 404.

R. No. MUDMHZ/P- 317/2018

Date: 24/12/2019

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 Nashi