



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

UNIVERSITY NAME

दिंडोरी रोड, म्हासरुळ, नाशिक ४२२००४

Dindori Road, Mhasrul, Nashik - 422004 Tel: 0253-2539118/212/214/6659118/212/214


Email : preexam@muhs.ac.in Website:www.muhs.ac.in

Teacher Approval Application Format

Faculty Homoeopathy **Department** Physiology including Biochemistry **Subject** Physiology including Biochemistry

| A | | | | | TEACHER'S INFORMATION | | | | | | | | | |
|---|--|--|---|--|--|---|--|--|------|---|--------------------------------------|--|--|--|
| Teacher Name : | | | | | AVISHKAR ARVIND ZAGDAY | | | | | | | | | |
| DOB | | | | | 04-06-1987 | | | | | | | | | |
| Mobile No | | | | | 9702510650 | | | | | | | | | |
| Gender | | | | | Male | | | | | | | | | |
| Email Id | | | | | aavishkarzagday@gmail.com | | | | | | | | | |
| Category | | | | | OPEN | | | | | | | | | |
| Current Working College | | | | | Smt. C. M. Patel Homoeopathic Medical College, Vileparle, Mumbai | | | | | | | | | |
| Current Designation | | | | | Reader / Associate Professor | | | | | | | | | |
| Type of Appointment | | | | | Permanent | | | | | | | | | |
| Name Change Document | | | | | | | | | | | | | | |
| B | | | | | | | | | | QUALIFICATION DETAILS | | | | |
| Qualifications (Diploma, Graduate, Postgraduate, Superspeciality) | | | Qualification | | | University Name | | | Year | | Documents uploaded in OTD (Yes / No) | | | |
| Graduate | | | Bachelor of Homoeopathic Medicine & Surgery | | | Maharashtra University of Health Sciences | | | 2010 | | | | | |
| Post Graduate Degree | | | M.D. IN HOMOEOPATHY (HOMOEOPATHIC MATERIA MEDICA) | | | Maharashtra University of Health Sciences | | | 2013 | | | | | |
| C | | | | | | | | | | State Council Registration / Central Council Registration Details (if applicable) | | | | |
| It is certified that my UG & PG qualifications registered with Central Council/ State Council and relevant documents have been uploaded in OTD. | | | | | | | | | | | | | | |
| State Council Registration Number | | | | | 51214 | | | | | 05-05-2010 | | | | |
| Central Council Registration Number | | | | | | | | | | | | | | |

| D | Current Academic Experience Details | | |
|---|---|-------------------------------------|-------------------------------|
| Course | Designation | From | Approved |
| | Reader / Associate Professor | 25-04-2022 | Yes |
| I have uploaded relevant Experience Certificate documents in OTD | | | |
| E | Research Article Publications | | |
| I hereby certify that my publications meets criteria prescribed by the Central Council/ University and details of publications are as under: | | | |
| Designation | National | International | |
| Lecturer / Assistant Professor | 0 | 1 | |
| No. Of Publications | 1 | | |
| NOTE: "*" It is mandatory to upload these documents in OTD. | | | |
| F | List of Documents: | | |
| Sr. No. | Documents to be uploaded in OTD | Verification by College Yes / No | Verification by MUHS Yes / No |
| 01 | UG Degree Certificate | | |
| 02 | PG Degree Certificate | | |
| 03 | Name Change Certificate (Gazette Copy / Affidavit / Marriage Certificate) | | |
| 04 | Date of Birth Certificate | | |
| 05 | Latest Appointment order | | |
| 06 | Joining Report by Teacher | | |
| 07 | Experience certificate | | |
| 08 | Resignation Letter | | |
| 9 | Relieving order/ Letter | | |
| 10 | Caste Certificate, if applicable | | |
| 11 | Caste Validity Certificate, if applicable | | |
| 12 | Non-creamy layer Certificate, if applicable | | |
| 13 | MUHS UG approval letter | | |
| 14 | MUHS PG Teacher Recognition letter | | |
| G | Undertaking of the Teacher | | |
| <ul style="list-style-type: none"> I have uploaded my qualification, experience, registration details in Academic online Teachers Database. I hereby submit that information furnished by me is true and authentic & if any information or document is found false or forged at any time, the University has right to initiate action against me. | | | |
| Place:- MUMBAI | | DR AVISHKAR <i>ZAGDAY</i> ZAGDAY | |
| Date:- 18-08-2022 | | | |
| Name and Signature of the Teacher | | | |

| H | Undertaking of the Dean/Principal | |
|--|-----------------------------------|-------------------------------------|
| <ul style="list-style-type: none"> • It is submitted that educational documents, experience and publication documents of the aforesaid teacher have been verified and it is certified that, aforesaid teacher fulfills eligibility criteria as prescribed by the Central Council & University for current designation. • It is also certified that aforesaid teacher have uploaded relevant documents viz. Qualifications, Experience & Publication documents in Academic Online Teachers Database. In case if any document(s) is found false / forge then Dean / Principal shall initiated suitable against such Teacher. • I certify that information furnished is true & correct. <p>Place:- <i>Mumbai.</i></p> <p>Date:- <i>18/8/2022</i></p> <div style="display: flex; justify-content: space-around; align-items: center;">  <div style="text-align: right;"> <p><i>P. F. Damania.</i></p> <p>DR. P. F. DAMANIA</p> <p>Principal</p> <p>Smt. C.M.P. Hom. Med College, Mumbai-56.</p> </div> </div> | | |
| Seal & Stamp Name of College | | Signature & Stamp of Dean/Principal |

For Office use only:

- On scrutiny of proposal, it is observed as under:
1. Eligible to grant "Approval" as per University norms.
 2. Not Eligible. Kindly specify reasons:

Clerk

Faculty In charge



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

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Teacher Approval Application Format

Faculty Homoeopathy **Department** Physiology including Biochemistry **Subject** Physiology including Biochemistry

| A | | TEACHER'S INFORMATION | | |
|---|--|---|------------|--------------------------------------|
| Teacher Name : | | SHYAMA MANAN BORA | | |
| DOB | | 18-02-1988 | | |
| Mobile No | | 9969753544 | | |
| Gender | | Female | | |
| Email Id | | shyamagaja@gmail.com | | |
| Category | | OPEN | | |
| Current Working College | | Smt. C. M. Patel Homoeopathic Medical College, Vileparle, Mumbai | | |
| Current Designation | | Lecturer / Assistant Professor | | |
| Type of Appointment | | Temporary For Two Years | | |
| Name Change Document | | | | |
| B | | QUALIFICATION DETAILS | | |
| Qualifications (Diploma, Graduate, Postgraduate, Superspeciality) | Qualification | University Name | Year | Documents uploaded in OTD (Yes / No) |
| Post Graduate Degree | M.D. IN HOMOEOPATHY (ORGANON OF MEDICINE WITH HOMOEOPATHIC PHILOSOPHY) | Maharashtra University of Health Sciences, Nashik | 2014 | |
| Graduate | Bachelor of Homoeopathic Medicine & Surgery | Maharashtra University of Health Sciences, Nashik | 2011 | |
| C | | State Council Registration / Central Council Registration Details (if applicable) | | |
| It is certified that my UG & PG qualifications registered with Central Council/ State Council and relevant documents have been uploaded in OTD. | | | | |
| State Council Registration Number | | 73208 | 02-03-2020 | |
| Central Council Registration Number | | | | |

| D | | | |
|---|---|---|-------------------------------|
| Current Academic Experience Details | | | |
| Course | Designation | From | Approved |
| | Lecturer / Assistant Professor | 21-01-2022 | Yes |
| I have uploaded relevant Experience Certificate documents in OTD | | | |
| E | | | |
| Research Article Publications | | | |
| I hereby certify that my publications meets criteria prescribed by the Central Council/ University and details of publications are as under: | | | |
| Designation | National | International | |
| No. Of Publications | 0 | | |
| NOTE: "*" It is mandatory to upload these documents in OTD. | | | |
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| Undertaking of the Teacher | | | |
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| Place:- MUMBAI | |  DR. SHYAMA BORA | |
| Date:- 28-08-2022 | | | |
| Name and Signature of the Teacher | | | |
| H | | | |
| Undertaking of the Dean/Principal | | | |

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- It is also certified that aforesaid teacher have uploaded relevant documents viz. Qualifications, Experience & Publication documents in Academic Online Teachers Database. In case if any document(s) is found false / forge then Dean / Principal shall initiated suitable against such Teacher.
- I certify that information furnished is true & correct.

Place:- Mumbai

Date:- 18/8/2022



P. F. Damania
DR. P. F. DAMANIA
 Principal
 Smt. C.M.P. Hom. Med
 College, Mumbai-56.

Seal & Stamp Name of College

Signature & Stamp of Dean/Principal

For Office use only:

On scrutiny of proposal, it is observed as under:

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Clerk

Faculty In charge