



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक  
UNIVERSITY NAME

दिंडोरी रोड, म्हास्रुळ, 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 Pathology & Microbiology

Subject Pathology & Microbiology

A				
TEACHER'S INFORMATION				
Teacher Name :		PRACHI HARISH BEDEKAR		
DOB		19-05-1967		
Mobile No		9820803699		
Gender		Female		
Email Id		dr.prachibedekar@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)
Post Graduate Degree	M.D. IN HOMOEOPATHY(Ext.)-ORGANON OF HOM. PHILOSOPHY	University of Mumbai	2005	
Graduate	Bachelor of Homoeopathic Medicine & Surgery	University of Mumbai	1991	
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		18771	10-12-1991	
Central Council Registration Number				

<b>D</b>			
<b>Current Academic Experience Details</b>			
<b>Course</b>	<b>Designation</b>	<b>From</b>	<b>Approved</b>
Bachelor of Homoeopathic Medicine & Surgery	Reader / Associate Professor	18-01-2005	Yes
I have uploaded relevant Experience Certificate documents in OTD			
<b>E</b>			
<b>Research Article Publications</b>			
I hereby certify that my publications meets criteria prescribed by the Central Council/ University and details of publications are as under:			
<b>Designation</b>	<b>National</b>	<b>International</b>	
<b>No. Of Publications</b>	0		
NOTE: "*" It is mandatory to upload these documents in OTD.			
<b>F</b>			
<b>List of Documents:</b>			
<b>Sr. No.</b>	<b>Documents to be uploaded in OTD</b>	<b>Verification by College Yes / No</b>	<b>Verification by MUHS Yes / No</b>
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		
<b>G</b>			
<b>Undertaking of the Teacher</b>			
<ul style="list-style-type: none"> <li>I have uploaded my qualification, experience, registration details in Academic online Teachers Database.</li> <li>I hereby submit that information furnished by me is true and authentic &amp; if any information or document is found false or forged at any time, the University has right to initiate action against me.</li> </ul>			
Place:- <u>MUMBAI</u>			
Date:- <u>18-08-2022</u>			
 Name and Signature of the Teacher			
<b>H</b>			
<b>Undertaking of the Dean/Principal</b>			

- 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.

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:

1. Eligible to grant "Approval" as per University norms.
2. Not Eligible. Kindly specify reasons:

**Clerk**

**Faculty In charge**



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**Teacher Approval Application Format**

**Faculty** Homoeopathy **Department** Pathology & Microbiology

**Subject** Pathology & Microbiology

A				
TEACHER'S INFORMATION				
Teacher Name :		PRACHI RAMESH BHANUSHALI		
DOB		01-01-1989		
Mobile No		9820252240		
Gender		Female		
Email Id		prachibhanushali@yahoo.co.uk		
Category		OPEN		
Current Working College		Smt. C. M. Patel Homoeopathic Medical College, Vileparle, Mumbai		
Current Designation		Lecturer / Assistant 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)
Post Graduate Degree	M.D. IN HOMOEOPATHY (ORGANON OF MEDICINE WITH HOMOEOPATHIC PHILOSOPHY)	Maharashtra University of Health Sciences, Nashik	2015	
Graduate	Bachelor of Homoeopathic Medicine & Surgery	Maharashtra University of Health Sciences, Nashik	2012	
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		56515	31-05-2012	
Central Council Registration Number				

**D** **Current Academic Experience Details**

Course	Designation	From	Approved
Bachelor of Homoeopathic Medicine & Surgery	Lecturer / Assistant Professor	20-09-2016	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
<b>No. Of Publications</b>	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
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**G** **Undertaking of the Teacher**


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- 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

Date:- 18-08-2022

Name and Signature of the Teacher

DR. PRACHI R. BHANUSHALI

H	Undertaking of the Dean/Principal	
<ul style="list-style-type: none"> <li>• 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 &amp; University for current designation.</li> <li>• It is also certified that aforesaid teacher have uploaded relevant documents viz. Qualifications, Experience &amp; 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.</li> <li>• I certify that information furnished is true &amp; correct.</li> </ul> <p>Place:- Mumbai</p> <p>Date:- 18/08/22</p> <div style="display: flex; justify-content: space-around; align-items: center;">  <div style="text-align: center;"> <p><i>P.F. Damania</i></p> <p><b>DR. P. F. DAMANIA</b></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

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