


 <b>MUHS</b>	<b>महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक</b> <b>UNIVERSITY NAME</b> दिंडोरी रोड, म्हासळ, 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** Forensic Medicine & Toxicology **Subject** Forensic Medicine & Toxicology

A	TEACHER'S INFORMATION			
<b>Teacher Name :</b>	RAKESH KUMAR MURARILAL GUPTA			
<b>DOB</b>	29-10-1981			
<b>Mobile No</b>	9987527451			
<b>Gender</b>	Male			
<b>Email Id</b>	drrakesh_gupta@yahoo.co.in			
<b>Category</b>	OPEN			
<b>Current Working College</b>	Smt. C. M. Patel Homoeopathic Medical College, Vileparle, Mumbai			
<b>Current Designation</b>	Reader / Associate Professor			
<b>Type of Appointment</b>	Permanent			
<b>Name Change Document</b>				
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 SCIENCE, NASHIK	2005	
Post Graduate Degree	Master of Business Administration (Health Care Administration)	SIKKIM MANIPAL UNIVERSITY	2013	
Post Graduate Degree	M.D. IN HOMOEOPATHY (PRACTICE OF MEDICINE)	University of Mumbai	2008	
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.				
<b>State Council Registration Number</b>	39318	18-05-2005		
<b>Central Council Registration Number</b>				

<b>D</b>			
<b>Current Academic Experience Details</b>			
Course	Designation	From	Approved
Bachelor of Homoeopathic Medicine & Surgery	Reader / Associate Professor	03-01-2020	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:			
Designation	National	International	
Lecturer / Assistant Professor	4	1	
Reader / Associate Professor	4	3	
No. Of Publications	12		
NOTE: "*" It is mandatory to upload these documents in OTD.			
<b>F</b>			
<b>List of Documents:</b>			
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		
<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:- Mumbai			
Date:- 18/08/22			
 (DR. RAKESH GUPTA)			

**H****Undertaking of the Dean/Principal**

- 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:- 18/08/2022.



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

Seal &amp; Stamp Name of College

Signature &amp; Stamp of Dean/Principal

**For Office use only:**

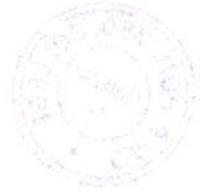
On scrutiny of proposal, it is observed as under:

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

**Clerk****Faculty In charge**



ALABAMA  
1901  
JAN 1 1901  
S. J. B. B. B.




1901  
JAN 1 1901


	<b>महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक</b> <b>UNIVERSITY NAME</b> 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** Forensic Medicine & Toxicology **Subject** Forensic Medicine & Toxicology

A	TEACHER'S INFORMATION			
<b>Teacher Name :</b>	PRACHI ASHOK SINGH			
<b>DOB</b>	24-05-1989			
<b>Mobile No</b>	7507152253			
<b>Gender</b>	Female			
<b>Email Id</b>	dr.prachisingh241@gmail.com			
<b>Category</b>	OPEN			
<b>Current Working College</b>	Smt. C. M. Patel Homoeopathic Medical College, Vileparle, Mumbai			
<b>Current Designation</b>	Lecturer / Assistant Professor			
<b>Type of Appointment</b>	Permanent			
<b>Name Change Document</b>				
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 (PSYCHIATRY)	Maharashtra University of Health Sciences	2015	
Graduate	Bachelor of Homoeopathic Medicine & Surgery	Maharashtra University of Health Sciences	2010	
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.				
<b>State Council Registration Number</b>	56571	05-06-2012		
<b>Central Council Registration Number</b>				

<b>D</b>				
<b>Current Academic Experience Details</b>				
Course	Designation	From	Approved	
Bachelor of Homoeopathic Medicine & Surgery	Lecturer / Assistant Professor	03-01-2020	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:				
Designation	National	International		
Lecturer / Assistant Professor	2	0		
No. Of Publications	2			
NOTE: "*" It is mandatory to upload these documents in OTD.				
<b>F</b>				
<b>List of Documents:</b>				
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			
<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:- Mumbai				
Date:- 18/08/22		DR. PRACHI SINGH		
Name and Signature of the Teacher				

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:- <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><b>DR. P. F. DAMANIA</b> Principal 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