



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

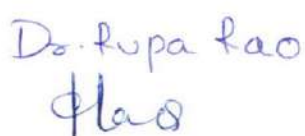
Teacher Approval Application Format


Faculty Homoeopathy

Department Community Medicine

Subject Community Medicine

A		TEACHER'S INFORMATION		
Teacher Name :	RUPA RAJESH RAO			
DOB	20-03-1965			
Mobile No	9869041281			
Gender	Female			
Email Id	raorupa1965@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)
Diploma	Licentiate of the Court of Examiners in Homoeopathy	The Court of Examiners of Homeopathic & Biochemic Systems of Medicine	1986	
Post Graduate Degree	M.D. IN HOMOEOPATHY (HOMOEOPATHIC MATERIA MEDICA)	Dr. Babasaheb Ambedkar Marathwada University	2006	
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	13933	04-04-1986		
Central Council Registration Number	13933			

D			
Current Academic Experience Details			
Course	Designation	From	Approved
Bachelor of Homoeopathic Medicine & Surgery	Reader / Associate Professor	18-01-2005	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	
Reader / Associate 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		
Date:-	18/08/22		
Name and Signature of the Teacher			

H	Undertaking of the Dean/Principal	
<p>• 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.</p> <p>• 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.</p> <p>• I certify that information furnished is true & correct.</p> <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 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



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
UNIVERSITY_NAME

दिंडोरी रोड, म्हासरुळ, नाशिक ४२२००४

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Teacher Approval Application Format

Faculty Homoeopathy

Department Community Medicine

Subject Community Medicine

A				
TEACHER'S INFORMATION				
Teacher Name :		TANVI ANIL CHITRAKATHI		
DOB		05-11-1989		
Mobile No		9702653861		
Gender		Female		
Email Id		tanvichitrakathi@gmail.com		
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 (PRACTICE OF MEDICINE)	Maharashtra University of Health Sciences, Nashik	2017	
Graduate	Bachelor of Homoeopathic Medicine & Surgery	Maharashtra University of Health Sciences, Nashik	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		59543	13-09-2013	
Central Council Registration Number				

D **Current Academic Experience Details**

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

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.

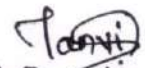
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G **Undertaking of the Teacher**

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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:- 18/08/22


Dr. Tanvi Chittrakathi

Name and Signature of the Teacher

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:- 18/8/2022



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

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Faculty In charge