



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** Repertory **Subject** Repertory

A				
TEACHER'S INFORMATION				
Teacher Name :	GAUSIA ZIAUDDIN SAYED			
DOB	26-04-1974			
Mobile No	9892463555			
Gender	Female			
Email Id	drgausia74@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	2003	
Post Graduate Degree	M.D. IN HOMOEOPATHY (ORGANON OF MEDICINE WITH HOMOEOPATHIC PHILOSOPHY)	University of Mumbai	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	30047	01-03-2000		
Central Council Registration Number				

D			
Current Academic Experience Details			
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			
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	5	
No. Of Publications	5		
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. Gausia Z. Sayed	
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



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Teacher Approval Application Format

Faculty Homoeopathy **Department** Repertory **Subject** Repertory

A					TEACHER'S INFORMATION				
Teacher Name :					NEHA NARESH PATEL				
DOB					14-12-1990				
Mobile No					9172060710				
Gender					Female				
Email Id					drpatelneha@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)		
Graduate		Bachelor of Homoeopathic Medicine & Surgery		Maharashtra University of Health Sciences, Nashik		2014			
Post Graduate Degree		M.D. IN HOMOEOPATHY (PSYCHIATRY)		Maharashtra University of Health Sciences, Nsashik		2018			
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					60948		09-07-2014		
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		
Lecturer / Assistant Professor			3		5		
No. Of Publications			8				
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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Place:- Mumbai				 Dr. Neha Patel			
Date:- 18/08/22							
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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