


	महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक UNIVERSITY NAME 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
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Teacher Approval Application Format

Faculty Homoeopathy **Department** Homoeopathic Pharmacy

Subject Homoeopathic Pharmacy

A	TEACHER'S INFORMATION			
Teacher Name :	SUMIT SUNILKUMAR GOEL			
DOB	24-12-1971			
Mobile No	9322288631			
Gender	Male			
Email Id	sumitgoel@yahoo.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	University of Bombay	1996	
Post Graduate Degree	M.D. IN HOMOEOPATHY(Ext.)-ORGANON OF HOM. PHILOSOPHY	UNIVERSITY OF MUMBAI	2005	
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	23843	20-04-1996		
Central Council Registration Number				

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	9	
No. Of Publications	9		
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. SUMIT GOEL	
Date:- 18-08-2022			
			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

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** Homoeopathic Pharmacy

Subject Homoeopathic Pharmacy

A				
TEACHER'S INFORMATION				
Teacher Name :		DIVYA SIDDHARTH MENON		
DOB		03-07-1988		
Mobile No		9892542102		
Gender		Female		
Email Id		divya.panicker11@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 (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		56615	08-06-2012	
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.							
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. Divya Menon			
Date:- 18-08-2022							
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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