



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

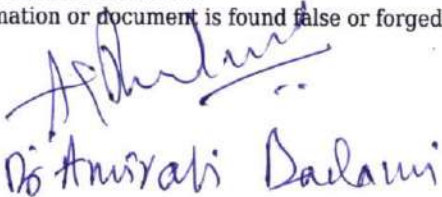
**Department**

Surgery

**Subject**

Surgery

A				
TEACHER'S INFORMATION				
Teacher Name :		AMIRALI GULAMABBAS BADAMI		
DOB		23-03-1963		
Mobile No		9220881632		
Gender		Male		
Email Id		dramirbadami@hotmail.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.)-HOMOEOPATHIC MATERIA MEDICA	University of Pune	2006	
Graduate	Bachelor of Homoeopathic Medicine & Surgery	University of Bombay	1987	
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		17026	26-06-1989	
Central Council Registration Number				

<b>D</b>			
<b>Current Academic Experience Details</b>			
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			
<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	
<b>No. Of Publications</b>	0		
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		 Dr. Anurabi Daulami	
Date:- 18/08/22			
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





महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

UNIVERSITY\_NAME

दिंडोरी रोड, म्हासरुळ, नाशिक ४२२००४

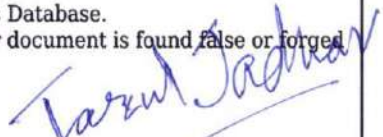
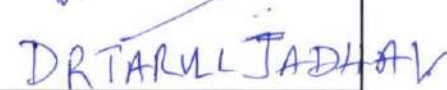
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**Teacher Approval Application Format**

**Faculty** Homoeopathy **Department** Surgery **Subject** Surgery

A				
TEACHER'S INFORMATION				
Teacher Name :	TARUL SHRIKANT JADHAV			
DOB	18-05-1981			
Mobile No	9869627254			
Gender	Female			
Email Id	drtarul@hotmail.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)	Sant Gadge Baba Amravati University	2008	
Graduate	Bachelor of Homoeopathic Medicine & Surgery	Maharashtra University of Health Sciences, Nashik	2003	
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	39215	02-05-2005		
Central Council Registration Number				

<b>D Current Academic Experience Details</b>			
Course	Designation	From	Approved
Bachelor of Homoeopathic Medicine & Surgery	Lecturer / Assistant Professor	22-06-2010	Yes
I have uploaded relevant Experience Certificate documents in OTD			
<b>E 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	
No. Of Publications	0		
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Place:- Mumbai		 	
Date:- 18/08/22			
Name and Signature of the Teacher			
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Place:- Mumbai

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*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**