EXAMINATION RELATED INFORMATION FOR A.Y.2022-2023

For Online Transmission of Question Papers:

Sr. No.	Infrastructure facilities at College	Yes/ No
Stron	g Room:	
1	It must have Single Door Entry/Exit (with Safety Door/ Grill for Windows)	Yes
2	Minimum Area shall be 20*20 sq.ft.	Yes
3	Adequate Steel Almirah/Cupboard for Storage of Answer Books	Yes
4	C.C.T.V. Camera with recording facility that covers entire area or Downloading and Printing of Online transmission of Question Paper process.	Yes
5	Latest version Computer (Minimum 4) and Printer (Minimum 4) with Inverter facility, MS Office, PDF Reader, Winrar or Winzip.	Available -1
6	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class 'A' ISP, and alternate line with 1:1 dedicated line of 50mpbs speed, by an another Class "A" ISP to ensure uninterrupted downloading facility, with 2(two) static IP'S, Internet Dongle.	Yes
7	Adequate Number of Paper Rims for printing Question Papers.	Yes
8	One Photocopy Machine, UPS Backup.	Yes
Scann	ning Room:	
9	Separate Scanning Room for scanning Answer Books after end of Examiniation Session under CCTV survellence. (Laptops and Scanners will be provided by the University Appointed Agency)	Not Available
10	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class 'A' ISP, and alternate line with 1:1 dedicated line of 50mpbs speed, by an another Class "A" ISP to ensure uninterrupted downloading facility, with 2(two) static IP'S, Internet Dongle.	Not Available

To Set Up DEC for On Screen Evaluation of Answer Books:

Sr. No.	Infrastructure facilities at College	Yes/No
1	Computers (20) with latest licensed Operating System Software (OSS) with antivirus and firewalls to provide all lock, work station with Computer charts and key board tray.	Not Available
2	Wiring and Networking (with Raw Power Supply and UPS) And One Printer per DEC	Not Available
3	Air conditioners, Bio metric systems, CCTV installation, Rest rooms and 24*7 security.	Not Available
4	Collapsible gate for the main entrance with Name board and locking facility.	Not Available
5	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class "A" ISP, and alternate line with 1:1 dedicated line of 50mpbs speed, by an another Class "A" ISP to ensure uninterrupted downloading facility, with 2(two) static IP'S.	Not Available
6	Appointment of one Professor as a Examination Co- ordinator to Co- ordinate this Online process.	Not Available
7	Separate Evaluation Room for Evaluating the Answer Books under CCTV Survellience.	Not Available

COLLEGE A SW. S. A. S. W. S. W

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Signature of Principal With Seal

Name of the College: Smt. Chandaben Mohanbhai Patel Homeopathic Medical College.

Phone/Mob.No.: 9833473679

Name of the Subject :

. No. College Name	Subject.	Full name of the Teacher (First Name Middle Name Last Name.)		Date of Joining	UG- Qualification & Year of Passing	PG-Qualification & Year of Passing		MUHS Approval (Yes/No)		Adhar No.	1	Date of Birth (Age in year)		Contact Nos. (Mob)	Debarred Yes/No	Signature of the Teacher
1 Smt. C. M. Patel Homoeopathic Medical College, Vileparle, Mumbai	Homoeopathic Pharmacy	Dr. Parizad Firoz Damania	Dean / Principal / Director/ Superintendent	09/20/2016	L.C.E.H. 1982	M.D. (Hom) 2006	35 Y - 01 M - 26 D	An Concess	MUHS/(UG)/E4/4101 /6326/2016	3890 7871 2009	AHBPD9126G		parizadfd@yahoo. co.in	9892131930	No	P.F. Daman



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Signature of Principal with Seal

Name of the College: Smt. Chandaben Mohanbhai Patel Homeopathic Medical College.

Phone/Mob.No.: 9833473679 Name of the Subject: Anatomy

S	r. No.	College Name	Subject.	Full name of the Teacher (First Name Middle Name Last Name.)			30000	PG-Qualification & Year of Passing		MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.		Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No	Signature of the Teacher
137	156	Smt. C. M. Patel Homoeopathic Medical College, Vileparle, Mumbai	Anatomy	Dr. Sonal Navinchnadra Kothari	Reader / 01/ Associate Professor	/18/2005 B.H	.H.M.S. 1989	5 -	28 Y - 00 M - 02 D	Yes	MUHS/E- 4/4101/3003/2005	2074 0854 4714	AGJPK9526C		drsonalnk@hotma il.com	9820979479	No	Shortage
		Smt. C. M. Patel Homoeopathic Medical College, Vileparle, Mumbai	Anatomy	Dr. Shivani Chetan Surve	Lecturer / 11/3 Assistant Professor	/22/1993 B.H	.H.M.S. 1991	-	29 Y - 03 M - 17 D	Yes	MUHS/E- 4/4101/3003/2005	6953 1872 5824	AWPPS3424H		drshivanisurve@g mail.com	9820279133	No	Jone.

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Signature of Principal with Seal

Name of the College: Smt. Chandaben Mohanbhai Patel Homeopathic Medical College.

Phone/Mob.No.: 9833473679

Name of the Subject: Physiology including Biochemistry

Sr. No.	College Name	Subject.	Full name of the Teacher (First Name Middle Name Last Name.)	Designation		ES ESTÉS 00 1500	PG-Qualification & Year of Passing		MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	0.0000000000000000000000000000000000000	Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No	Signature of the Teacher
	Smt. C. M. Patel Homoeopathic Medical College, Vileparle, Mumbai	Physiology including Biochemistry	Dr. Avishkar Arvind Zagday	Reader / Associate Professor	16/01/2020	B.H.M.S. 2010	M.D. (Hom) 2013	08 Y - 11 M - 17 D	Seemo	MUHS/(UG)/E4/4101 /297/2022	4290 1956 8491	AAOPZ3525D	04-06-1987 35 Years		9702510650	No	4



P. F. Damanie

Signature of Principal with Seal

Name of the College: Smt. Chandaben Mohanbhai Patel Homeopathic Medical College.

Phone/Mob.No.: 9833473679

Name of the Subject : Organon of Medicine

Sr. No.	College Name	Subject.	Full name of the Teacher (First Name Middle Name Last Name.)	Designation	Date of Joining	UG- Qualification & Year of Passing	PG-Qualification & Year of Passing	Teaching experience After PG Passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in year)		Contact Nos. (Mob)	Debarred Yes/No	Signature of the Teacher
	Smt. C. M. Patel Homoeopathic Medical College, Vileparle, Mumbai	Organon of Medicine	Dr. Prabhakar Yellappa Devadiga	Professor	01/01/2000	L.C.E.H. 1985	M.D. (Hom) 2006	37 Y - 07 M - 29 D		MUHS/E- 4/4101/3003/2005	3713 3947 9809	AABPD1414E	2222	drdevadiga@yaho o.co.in	9820478436	No	lax
	Smt. C. M. Patel Homoeopathic Medical College, Vileparle, Mumbai	Organon of Medicine	Dr. Nimish Vinaykant Mehta	Reader / Associate Professor	17/01/2005	L.C.E.H. 1985	M.D. (Hom) 2007	30 Y - 01 M - 21 D	1000000	MUHS/E- 4/4101/3003/2005	6580 9533 1635	ABNPM8256C	20-10-1963 59 Years	drnimishm@gmail	. 9820170918	No	relli
	Smt. C. M. Patel Homoeopathic Medical College, Vileparle, Mumbai	Organon of Medicine	Dr. Jayesh Parmanand Dhingreja	Lecturer / Assistant Professor	18/01/2005	B.H.M.S. 1999	M.D. (Hom) 2010	18 Y - 01 M - 21 D	Yes	MUHS/E- 4/4101/3003/2005	4424 4027 1826	AGFPD9877P	23-12-1976 46 Years	jayeshdhingreja@ gmail.com	9892126102	No	McH.



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Signature of Principal with Seal

Name of the College: Smt. Chandaben Mohanbhai Patel Homeopathic Medical College.

Phone/Mob.No.: 9833473679

Name of the Subject : Homeopathic Pharmacy

Sr. No.	College Name	Subject.	Full name of the Teacher (First Name Middle Name Last Name.)	Designation	Date of Joining		PG-Qualification & Year of Passing		MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.		Date of Birth (Age in year)		Contact Nos. (Mob)	Debarred Yes/No	Signature of the Teacher
	Smt. C. M. Patel Homoeopathic Medical College, Vileparle, Mumbai	Homeopathic pharmacy	Dr. Sumit Sunilkumar Goel	Reader / Associate Professor	01/18/2005	B.H.M.S. 1994	M.D. (Hom) 2005	26 Y - 07 M -07 D	Yes	MUHS/E- 4/4101/3003/2005	5177 4801 8784	ABIPG2873J		sumitgoel@yahoo. com	9322288631	No	Dod
	Smt. C. M. Patel Homoeopathic Medical College, Vileparle, Mumbai	Homeopathic pharmacy	Dr. Divya Siddhrath Menon	Lecturer / Assistant Professor	01/03/2020	B.H.M.S. 2010	M.D. (Hom) 2015	04 Y - 11 M - 22 D	Yes	MUHS/(UG)/E4/4101 /108/2020	7192 1157 7545	BYAPP6895F		divya.panicker11 @gmail.com	9892542102	No	Dunt



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Signature of Principal with Seal

Name of the College: Smt. Chandaben Mohanbhai Patel Homeopathic Medical College.

Phone/Mob.No.: 9833473679

Name of the Subject : Homeopathic Pharmacy

Sr. No.	College Name	Subject.	Full name of the Teacher (First Name Middle Name Last Name.)	Designation	Date of Joining	UG- Qualification & Year of Passing	PG-Qualification & Year of Passing		MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in year)		Contact Nos. (Mob)	Debarred Yes/No	Signature of the Teacher
	Smt. C. M. Patel Homoeopathic Medical College, Vileparle, Mumbai	Homoeopathic Materia Medica	Dr. Vanita Rajiv Johari	Professor	19/11/2019	B.H.M.S. 1989	M.D. (Hom) 2005	30 Y - 07 M - 21 D		MUHS/E- 4/UG/4101/2457/202 1	9665 3572 8046	AIVPM9343B	10-01-1967 55 Years	drvanita10@gmail .com	9820108374		Jas
	Smt. C. M. Patel Homoeopathic Medical College, Vileparle, Mumbai	Homoeopathic Materia Medica	Dr. Abhinandan Arjun Hulamani	Reader / Associate Professor	16/01/2020	B.H.M.S. 2001	M.D. (Hom) 2004	18 Y - 00 M - 19 D		MUHS/(UG)/E4/4101 /297/2022	9769 5499 9148	ACAPH0423J		drabhi5@rediffma il.com	9969926662		March.



Signature of Principal with Seal

Name of the College: Smt. Chandaben Mohanbhai Patel Homeopathic Medical College.

Phone/Mob.No.: 9833473679

Name of the Subject : Pathology & Microbiology

Sr. No.	College Name	Subject.	Full name of the Teacher (First Name Middle Name Last Name.)	Designation	Date of Joining	UG- Qualification & Year of Passing	PG-Qualification & Year of Passing	Teaching experience After PG Passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in year)		Contact Nos. (Mob)	Debarred Yes/No	Signature of the Teacher
	Smt. C. M. Patel Homoeopathic Medical College, Vileparle, Mumbai	Pathology & Microbiology	Dr. Prachi Harish Bedekar	Reader / Associate Professor	18/01/2005	B.H.M.S. 1989	M.D. (Hom) 2005	29 Y - 03 M - 17 D	350,555	MUHS/E- 4/4101/3003/2005	4440 0148 9827	AIRPB0691B		dr.prachibedekar @gmail.com	9820803699	No	PHBedekou
	Smt. C. M. Patel Homoeopathic Medical College, Vileparle, Mumbai	Pathology & Microbiology	Dr. Prachi Ramesh Bhanushali	Lecturer / Assistant Professor	20/09/2016	B.H.M.S. 2010	M.D. (Hom) 2015	06 Y - 05 M - 19 D	Yes	MUHS/(UG)/E4/4101 /6326/2016	9716 6481 1907	ATYPB5429R		prachibhanushali @yahoo.co.uk	9820252240	No	Manuelali



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Signature of Principal with Seal

Name of the College: Smt. Chandaben Mohanbhai Patel Homeopathic Medical College.

Phone/Mob.No.: 9833473679

Name of the Subject : Forensic Medicine & Toxicology

Sr. No.	College Name	Subject.	Full name of the Teacher (First Name Middle Name Last Name.)	Designation	Date of Joining	UG- Qualification & Year of Passing	PG-Qualification & Year of Passing	Teaching experience After PG Passing	MUHS Approval (Yes/No)		Adhar No.	Pan No.	Date of Birth (Age in year)		Contact Nos. (Mob)	Debarred Yes/No	Signature of the Teacher
0	Smt. C. M. Patel Homoeopathic Medical College, Vileparle, Mumbai	Forensic Medicine & Toxicology	Dr. Rakesh KumarMurarilal Gupta	Reader / Associate Professor	03/01/2020	B.H.M.S. 2003	M.D. (Hom) 2008	09 Y - 03 M - 09 D	Yes	MUHS/(UG)/E4/4101 /108/2020	3685 4929 5730	APHPG6754R		drrakesh_gupta@y ahoo.co.in	9987527451	No	Squpta
	Smt. C. M. Patel Homoeopathic Medical College, Vileparle, Mumbai	Forensic Medicine & Toxicology	Dr. Prachi Ashok Singh	Lecturer / Assistant Professor	03/01/2020	B.H.M.S. 2010	M.D. (Hom) 2015	04 Y - 09 M - 21 D	0.00000	MUHS/(UG)/E4/4101 /108/2020	7982 8800 3877	DCBPS1236Q		dr.prachisingh241 @gmail.com	7507152253	No	A.



Signature of Principal with Seal

Name of the College: Smt. Chandaben Mohanbhai Patel Homeopathic Medical College.

Phone/Mob.No.: 9833473679

Name of the Subject : Practice of Medicine

r. No.	College Name	Subject.	Full name of the Teacher (First Name Middle Name Last Name.)	Designation	Date of Joining	UG- Qualification & Year of Passing	PG-Qualification & Year of Passing	Teaching experience After PG Passing	MUHS Approval (Yes/No)		Adhar No.	Pan No.	Date of Birth (Age in year)		Contact Nos. (Mob)	Debarred Yes/No	Signature of the Teacher
	Smt. C. M. Patel Homoeopathic Medical College, Vileparle, Mumbai	Practice of Medicine	Dr. Nimish Pratap Shukla	Professor	18/01/2005	L.C.E.H. 1982	M.D. (Hom) 2006	39 Y - 05 M - 06 D	Yes	MUHS/E- 4/4101/3003/2005	6812 6425 4332	AAHPS8620D		drnimishshukla@ gmail.com	9322293128	No	Means
	Smt. C. M. Patel Homoeopathic Medical College, Vileparle, Mumbai	Practice of Medicine	Dr. Jenil Minocher Panthaki	Reader / Associate Professor	18/01/2005	B.H.M.S. 1991	-	29 Y - 03 M - 17 D	Yes	MUHS/E- 4/4101/3003/2005	3281 4043 1060	AACPP4880D	2220000	drpanthaki@hotm ail.com	9820891791	No	



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Signature of Principal with Seal

Name of the College: Smt. Chandaben Mohanbhai Patel Homeopathic Medical College.

Phone/Mob.No.: 9833473679 Name of the Subject: Surgery

Sr. No	College Name	Subject.	Full name of the Teacher (First Name Middle Name Last Name.)	Designation	Date of Joining	UG- Qualification & Year of Passing	PG-Qualification & Year of Passing		MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.		Date of Birth (Age in year)		Contact Nos. (Mob)	Debarred Yes/No	Signature of the Teacher
	Smt. C. M. Patel Homoeopathic Medical College, Vileparle, Mumbai	Surgery	Dr. Amirali Gulamabbas Badami	Reader / Associate Professor	18/01/2005	B.H.M.S. 1987	M.D. (Hom) 2006	32 Y - 11 M - 22 D	115 (5000)	MUHS/E- 4/4101/168/2006	6624 5667 5651	AEBPB5159E		dramirbadami@h otmail.com	9220881632	No	Myni

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Signature of Principal with Seal

Name of the College: Smt. Chandaben Mohanbhai Patel Homeopathic Medical College.

Phone/Mob.No.: 9833473679

Name of the Subject : Obst. & Gynaecology

Sr. No.	. College Name	Subject.	Full name of the Teacher (First Name Middle Name Last Name.)	Designation	Date of Joining	UG- Qualification & Year of Passing	PG-Qualification & Year of Passing		MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.		Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No	Signature of the Teacher
	Smt. C. M. Patel Homoeopathic Medical College, Vileparle, Mumbai	Obst. & Gynaecology	Dr. Trupti Mangesh Deorukhkar	Reader / Associate Professor	15/03/2014	B.H.M.S. 1998	M.D. (Hom) 2009	23 Y - 03 M - 08 D		MUHS/UG/E4/R/52/4 101/1641/2014	7163 0277 8066	AOTPB4021M		trupti_bhamre@ya hoo.co.in	9820203484	No	Thylecouldelland
	Smt. C. M. Patel Homoeopathic Medical College, Vileparle, Mumbai	Obst. & Gynaecology	Dr. Kanika Harsh Sabharwal	Lecturer / Assistant Professor	20/09/2016	B.H.M.S. 2010	M.D. (Hom) 2015	06 Y - 05 M - 19 D		MUHS/(UG)/E4/4101 /6326/2016	8944 8985 5550	BRBPS3730G		kanikasabharwal @gmail.com	9820136432	No	Varuka Do Hrosud



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Signature of Principal with Seal

Name of the College: Smt. Chandaben Mohanbhai Patel Homeopathic Medical College.

Phone/Mob.No.: 9833473679

Name of the Subject : Community Medicine

Sr. No.		Subject.	Full name of the Teacher (First Name Middle Name Last Name.)	Designation	Date of Joining	UG- Qualification & Year of Passing	PG-Qualification & Year of Passing	Teaching experience After PG Passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	250.525557779770	Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No	Signature of the Teacher
	Smt. C. M. Patel Homoeopathic Medical College, Vileparle, Mumbai	Community Medicine	Dr. Rupa Rajesh Rao	Reader / Associate Professor	18/01/2005	L.C.E.H. 1986	M.D. (Hom) 2006	29 Y - 03 M - 17 D	10000000	MUHS/E- 4/4101/3003/2005	8829 0457 9368	ADPPR4852H		raorupa1965@gm ail.com	9869041281	No	das.
	Smt. C. M. Patel Homoeopathic Medical College, Vileparle, Mumbai	Community Medicine	Dr. Tanvi Anil Chitrakathi	Lecturer / Assistant Professor	03/01/2020	B.H.M.S. 2012	M.D. (Hom) 2017	05 Y - 02 M - 08 D		MUHS/(UG)/E4/4101 /108/2020	6693 8472 1420	AZAPC6419Q		tanvichitrakathi@ gmail.com	9702653861	No	Takes



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Signature of Principal with Seal

Name of the College: Smt. Chandaben Mohanbhai Patel Homeopathic Medical College.

Phone/Mob.No.: 9833473679 Name of the Subject: Repertory

Sr. No.		Subject.	Full name of the Teacher (First Name Middle Name Last Name.)	Designation	Date of Joining	UG- Qualification & Year of Passing	PG-Qualification & Year of Passing	experience After	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.		Date of Birth (Age in year)		Contact Nos. (Mob)	Debarred Yes/No	Signature of the Teacher
	Smt. C. M. Patel Homoeopathic Medical College, Vileparle, Mumbai	Repertory	Dr. Gausia Ziauddin Sayed	Reader / Associate Professor	03/01/2020	B.H.M.S. 2003	M.D. (Hom) 2006	08 Y - 11 M - 25 D	1707570	MUHS/(UG)/E4/4101 /108/2020	9441 4168 8908	BJCPS1838Q	26-04-1974 48 Years	drgausia74@gmail .com	9892463555	No	years .
	Smt. C. M. Patel Homoeopathic Medical College, Vileparle, Mumbai	Repertory	Dr. Neha Naresh Patel	Lecturer / Assistant Professor	03/01/2020	B.H.M.S. 2014	M.D. (Hom) 2018	05 Y - 02 M - 08 D		MUHS/(UG)/E4/UG/4 101/108/2020	5357 9486 6965	BJBPP4760M		drpatelneha@gma il.com	9172060710	No	Hodel



P. F. Damana

Signature of Principal with Seal

Maharashtra University of Health Sciences, Nashik SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Course)

Name of

Smt. Chandaben Mohanbhai Patel Homeopahic Medical College

College /

Phone/Mobile No: Name of the Subject:

200000000000000000000000000000000000000	Name of Teacher (Last Name First Name Middle Name)	Designation	Speciality	Type of Appointment (Regular/ Temp./ Honorary)	1	Approx at (UG)	Teaching		n Letter	Students Guided last 5 year	birth				If Debarred (Yes/No)	Sign. of Teacher
1	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17															

P.F. Damaine.

Signature of Principal With Seal