ANNEXURE X

(Part-Time Teachers)

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK DETAILED INFORMATION OF PART-TIME / GUEST FACULTY AS ON 30/06/2023

Faculty:

PHYSIOTHERAPY

Name of the College: HORIZON COLLEGE OF PHYSIOTHERAPY

Sr. No.	Name of the Teachers	Subject	Post	Signature
01	Dr. Anand. J. Reddy – MD (Anatomy)	Human Anatomy	Asst Prof	ARA
02	Dr. B. Vandana - MD (Physiology)	Human Physiology	Assoc Prof	1
03	Dr. Narwade Narayan - MD (Bio-Chem)	Bio-Chemistry	Asst Prof	Man
04	Dr. Pawar. K. Tukaram – MD (Patho)	Pathology	Asst Prof	The second
05	Dr. Smitha Despande – MD (Micro)	Microbiology	Asst Prof	2.1
06	Dr. Rohit Thakawad – Mbbs; DPM (Psyh)	Psychiatry including Psychology	Asst Prof	Dula
07	Dr. Murnal Shirshat - PhD (Pharm)	Pharmacology	Prof	NowA
08	Dr. Shinde Prashant – MS (GS)	Surgery - I	Asst Prof	Onlle
09	Dr. G. Pralhad Vijaykumar – DNB (Ortho)	Surgery - II	Prof	(000m
10	Dr. K. Dnyaneshwar Vithalrao – DNB (Med)	Medicine - I	Asst Prof	(3)
11	Dr. A. Swapnil Vyankatrao – MCh (Neuro)	Medicine - II	Asst Prof	busporil- A
12	Dr. T. Ravindra Gulagrao – MD (Paed)	Medicine - II	Assoc Prof	CVE
13	Dr. W. Arvindkumar Narayanrao – MD (Com. Med.)	Community Medicine	Asst Prof	1 William
14	Dr. G. Rajendra Narayanrao — PhD (Socio)	Sociology	Prof	Days
15	Dr. S. Anil Panditrao – DNB (OBG)	Obstetrics & Gynecology	Prof	Delu -
16	Dr. D. Joythi Gunderao – MBBS; DD (Derma)	Dermatology	Prof	ALW -

(Human Anatomy, Human Physiology, Biochemistry, Pathology, Microbiology, Pharmacology, Psychiatry including Psychology, Surgery-I, Surgery-II, Medicine-I, Medicine-II, Community Medicine & Sociology, Obstetrics & Gynecology, Dermatology subjects Teachers)



Signature of Dean / Principal with Seal Principal

Horizon College of Physiotherapy Vishnupuri, Nanded.

YEAR – III

(Part-Time Teachers)

CONSENT OF TEACHING FACULTY

I, Dr / Mr / Miss / Mrs Chinde Prashant Rausprakash, with full
cognizant and compliance, herewith give my consent to join as FULL-TIME / PART-TIME /
GUEST / HONORARY Teaching Faculty in your - Horizon College of Physiotherapy,
Vishnupuri, Nanded – for teaching the COURSE SUBJECT as shown below and described to
the PHYSIOTHERAPY STUDENTS, as accepted from the said date
till the completion of entire syllabus as described.

Table-1 Course Subjects Allotted

Sr. No.	Course Subject	Course Hours	Allotted	Class Description
1	Anatomy	210	Yes / No	Class Description
2	Physiology	200	Yes / No	
3	Biochemistry	050	Yes / No	To Complete the
4	Microbiology	050	Yes / No	prescribed Syllabus
5	Pathology	035	Yes / No	within the
6	Pharmacology	050	Yes / No	stipulated Teaching
7	Psychology& Psychiatry	050	Yes / No	Hours that includes
8	Sociology	020	Yes / No	- Theory, Practical,
9	Medicine	055	Yes / No	Demonstration,
40	Surgery (Gen. & Plastic)	055	Yes / No	Clinical, Class
11	ENT, OBG, Derma, Opthal	040	Yes / No	Tests, Internal
12	Paediatrics	025	Yes / No	Assessments
13	Orthopaedics, Trauma, & Sports	060	Yes / No	(Theory &
14	Neurology	040	Yes / No	Practical), etc.
15	Cardio-Thoracic	055	Yes / No	
16	Social & Preventive Medicine	040	Yes / No	

Table-2 Qualification Details

Sr. No.	Subject	Qualification	Year of Passing	University	Total Teaching Experience
- (,	Susgeey - I	MBB8; M8 (G.S)	2019	MUHS	4 UK.
	Sx)				1
	Ph: 8275	072343	4		

Date: 03 |04|2023

Place: Nanded

Signature with Date & Address

will go an

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK



P. R. No.: 22191

Seat No. : 91086

COLLEGE CODE:



No. 19005118

PASSING CERTIFICATE

This is to certify that Shri/Smt.

SHINDE PRASHANT RAVIPRAKASH

appeared for and passed the

M.S. IN GENERAL SURGERY

Examination held by the Maharashtra University of Health Sciences, Nashik

SUMMER-2019

Nashik

Date: 26 June 2019

1 3

 $Controller\ of\ {\it Examinations}$



1850 Blue

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Examination

Statement No. : 1,9034910

Name of the Candidate SHINDE PRASHANT RAVIPRAKASH

College Code : 1404150

P. R. No.

Seat No.

91086

			and print today bridge plants about the control of	and white chiefs graph reach related making adults public colors only	Carrier regally related valued results related regaller resident visiting results
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PAPER-I: Basic Sciences.

PAPER-II: General Surgery Including Clinical Surgery.

PAPER-III: General Surgery Including Subspecialities.

PAPER-IV: Recent Advances.

: ABSENT

FFF : FAIL

MIN : MINIMUM MARKS

MAX : MAXIMUM MARKS

DATE 26 June 2017

17171086

CONTROLLER OF EXAMINATIONS

the University within six months of issue of this Marksheet.







महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक Maharashtra University of Health Sciences, Nashik, India

(ISO 9001:2008)

आम्ही, कुलपती, प्रतिकुलपती, कुलगुरु आणि व्यवस्थापन परिषद व विद्यापरिषदेचे सदस्य वैद्यक आणि शल्यचिकित्सा स्नातक

ही पदवी हिवाळी-२०१३ मधील परीक्षेत उत्तीर्ण झाल्याबद्दल अंबाजोगई येथील स्वामी रामानंद तिर्थ ग्रामीण वैद्यकीय महाविद्यालया चे/च्या

> शिंदे प्रशांत रिवप्रकाश यांना २२ मे २०१५ च्या दीक्षांत समारंभात प्रदान करीत आहोत

We, the Chancellor, Pro-Chancellor, Vice-Chancellor and Members of the Management Council, Academic Council confer the Degree of Bachelor of Medicine & Bachelor of Surgery

on Shinde Prashant Raviprakash

(PRN 0110141230)

Swami Ramanand Teerth Rural Medical College, Ambajogai

for the examination held in Winter-2013 at the Convocation held on 22nd May 2015



VICE-CHANCELLOR



Maharashtra Medical Council, Mumbai

Certificate of Registration

Registration No. 2015/05/2720

This is to certify that the withinsigned





Doctor (Mr.) SHINDE PRASHANT RAVIPRAKASH

possessing the qualification M.B.B.S. of MAHARASHTRA UNIVERSITY OF HEALTH

SCIENCES, NASHIK, 2015 has been duly registered in part I of the register under the

Maharashtra Medical Council Act, 1965 (Mah. XLVI of 1965).

This certificate is valid upto 20/05/2020.

In witness whereof are herewith affixed the Seal of the Maharashtra Medical Council, Mumbai & the Signature of the Registrar.



Dated the 20/05/2015

Rail-

Registrar



Maharashtra Medical Council, Mumbai

189-A, Anand Complex, 2nd Floor, Sane Guruji Marg, Arthur Road Naka, Chinchpokali(W), Mumbai 400011. Tel 23010668 http://www.maharashtramedicalcouncil.in

No: MMC/RENW/2015052720/202006910

To, Dr. SHINDE PRASHANT RAVIPRAKASH NOOR PATEL COLONY, SHELAL ROAD, UDGIR, DIST - LATUR -413517, MAHARASHTRA.

Sub: Renewal of Registration No: 2015052720

Ref: Your Application date: 11/07/2020

Sir,

I have to inform you that your name has been continued up to 20 May 2025 on the medical register of this Council, maintained under the provision of Maharashtra Medical Council Act 1965.

It is stated that the Medical Graduates / Practitioners registered with this Council will be required to approach this Council two months in advance before expiry of the above period for next renewal of registration as per section 23(C) of the Maharashtra Medical Council (Amendment) Act 2003.

Your's Truly

(Speshmosh

Date: 23/07/2020

(Sanjay Deshmukh) Registrar

Maharashtra Medical Council

CONSENT OF TEACHING FACULTY

I, Dr / Mr / Miss / Mrs Cadeward Pralhad Waylerman, with full
cognizant and compliance, herewith give my consent to join as FULL-TIME / PART-TIME /
GUEST / HONORARY Teaching Faculty in your - Horizon College of Physiotherapy,
Vishnupuri, Nanded - for teaching the COURSE SUBJECT as shown below and described to
the PHYSIOTHERAPY STUDENTS, as accepted from the said date
till the completion of entire syllabus as described.

Table-1 Course Subjects Allotted

Sr. No.	Course Subject	Course Hours	Allotted	Class Description
1	Anatomy	210	Yes / No	Class Description
2	Physiology	200	Yes / No	
3	Biochemistry	050	Yes / No	To Complete the
4	Microbiology	050	Yes / No	prescribed Syllabus
5	Pathology	035	Yes / No	within the
6	Pharmacology	050	Yes / No	stipulated Teaching
7	Psychology& Psychiatry	050	Yes / No	Hours that includes
8	Sociology	020	Yes / No	- Theory, Practical,
9	Medicine	055	Yes / No	Demonstration,
10	Surgery (Gen. & Plastic)	055	Yes / No	Clinical, Class
11	ENT, OBG, Derma, Opthal	040	Yes / No	Tests, Internal
12	Paediatrics	025	Yes / No	Assessments
13	Orthopaedics, Trauma, & Sports	060	Yes / No	(Theory &
14	Neurology	040	Yes / No	Practical), etc.
15	Cardio-Thoracic	055	Yes / No	
16	Social & Preventive Medicine	040	Yes / No	

Table-2 Qualification Details

Sr. No.	Subject	Qualification	Year of Passing	University	Total Teaching Experience
1.	Sugery 2011	MBBS; DNB (Ort	0) 2004	NBE- New Delhi	19 yrs.
	(Orthopaedics)	D.07/50	2001	Dr. B. A. Maraltwade	7,4,2,
	Ph-844613	14801; 9850411231	4	Univ	

Date: 03/04/2023

Place: Nanded

Signature with Date & Address

Regd. No. 85579.

Date 11TH FEBRUARY 1998.

Maharashtra Medical Council

189-A, Anand Complex, 2nd Floor, Sane Guruji Marg, Arthur Road Naka, Mumbai - 400 011.

REGISTRATION CERTIFICATE FOR ADDITIONAL MEDICAL QUALIFICATION

Certificate No. 25012

Dated

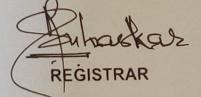
14TH JULY 2006.

I hereby certify that the following qualification has been duly registered in the Medical Register of the Council.

NAME: ADDITIONAL QUALIFICATION

DR. GADEWAR PRALHAD VIJAYKUMAR

DIPLOMATE OF THE N.B. (ORTHO.) NATIONAL BOARD OF EXAMS. NEW DELHI, 2004;



Dr. Babasaheb Ambedkar Marathwada University

No./Prof./

85



PASSING CERTIFICATE

Scat No. . . 1027 ...

This is to certify that bradewax Pralhad Vija Passed the Dorthopaedics	ykumar
Passed the Dorthopaedics	
Examination held in the month of April-May / November-December 200	
and was placed in theDivision.	

Aurangabad-431 004

Dated 1.8. JAN 2002.

Received Rs. 25/-

Controller of Examinations



Me.

the Chancellor, Vice-Chancellor and Members of the Management Council of Br. Babasaheb Ambedkar Marathwada University

Certify

Gadewar.

that the withinsigned

Frathad Vijaykumar Gadewar having been examined and found duly qualified for the Degree of Bachelor of Medicine and Bachelor of Swgery in Oct (Nov 1996. The Degree of

Tachelor of Medicine

has been conferred on ______ at Aurangabad, on the sixteenth day of the month of January in the year one thousand nine hundred and ninety - nine _____.

In Testimony whereof are set the Seal of the said University and the signature of the said \[\frac{1}{2}\text{ixe-Chancellor.} \]

Seat No. 960.

Place: Aurangabad

Date of issue of the

Degree Certificate _ 4 MAY 1999

del.

Vice-Chancellor

MAHARASHTRA MEDICAL COUNCIL, MUMBAI

CERTIFICATE OF REGISTRATION

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				*	•				}
		**(17)	CERT	FICATE	OF REC	GISTRA	TION		
	Registratio	n Nº	85579						
	Th	is is	to cer	tify	that t	he w	ithin -		
	Signed		Madewal	,		Do	ctor	Shri §	Shrimati/
	Kumari_		GADEWAR	PRAI	LHAD V	IJAYKU	UMAR		
3	possessin	ng the	qualific	cation	s of M.	B.B.S	.(DR. E	BABASAHEB	AMBEDKAR
	MARATHWA	.DA),1998	8;						
	has been	a duly	regist	ered	under	the	Maha	rashtra	Medical

has been duly registered under the Maharashtra Medical Council Act, 1965 (Mah. XLVI of 1965), in Part the register.

In witness whereof are herewith affixed the seal of Maharashtra Medical Council, Mumbai and the signature of the Registrar.

Registrar.

Dated the 11TH FEBRUARY 1998.



CONSENT OF TEACHING FACULTY

I, Dr / Mr / Miss / Mrs Kendge Dayaneshwar Vilbalrao, with full
cognizant and compliance, herewith give my consent to join as FULL-TIME / PART-TIME /
GUEST / HONORARY Teaching Faculty in your - Horizon College of Physiotherapy,
Vishnupuri, Nanded - for teaching the COURSE SUBJECT as shown below and described to
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.8	Sociology	020	Yes / No	- Theory, Practical,
19	Medicine	055	Yes / No	Demonstration,
10	Surgery (Gen. & Plastic)	055	Yes/No	Clinical, Class
11	ENT, OBG, Derma, Opthal	040	Yes / No	Tests, Internal
12	Paediatrics .	025	Yes / No	Assessments
13	Orthopaedics, Trauma, & Sports	060	Yes / No	(Theory &
14	Neurology	040	Yes / No	Practical), etc.
15	Cardio-Thoracic	055	Yes / No	
16	Social & Preventive Medicine	040	Yes / No	1

Table-2 Qualification Details

Sr. No.	11	Qualification	Year of Passing	University	Total Teaching Experience
(-	(Gen. Med.)	MBBE; DNB (Med)	2021	NBE-New Delhi	1.5yx.
	Ph: 7875980	288	4		

Date: 03/04/2023

Place: Nanded

Signature with Date & Address

PROVISIONAL PASS CERTIFICATE DIPLOMATE OF NATIONAL BOARD

Certified that **Dr**. **DNYANESHWAR VITHALRAO KENDRE** has been declared **PASS** in the DNB final examination conducted by National Board of Examinations in Medical Sciences (NBEMS) in **DECEMBER 2021** session with **Roll No. 2121113043** in the discipline of **GENERAL MEDICINE**. He/She is qualified for award of the Certificate of **DIPLOMATE OF NATIONAL BOARD (DNB)**. The Total marks obtained in DNB Final Theory & Practical examination are as under:

Roll No.	Marks Obtained (Out of 700)		
2121113043	373.00		

As per notification issued by Government of India time to time, DNB Broad specialty is equivalent to Post Graduate Qualification (MD/MS) awarded by Indian Universities. DNB is a recognized qualification as per the National Medical Commission Act, 2019 and First schedule of the Indian Medical Council Act (1956).

NBEMS has "NO OBJECTION" to his/her pursuing higher specialty courses at any other Board / University.

Rashmi Munjal
Assistant Director (NM)
Department of Examinations Conduct

Dr. DNYANESHWAR VITHALRAO KENDRE AT.WAKHRADWADI TQ. KANDHAR DIST. NANDED NANDED-431714 MAHARASHTRA Mobile: 7875980288

Copy to: Head of the Institute, C.S.I. HOLDSWORTH MEMORIAL HOSPITAL, POST BOX-38 MANDI MOHALLA, MYSORE.,

KARNATAKA-570001

- This PPC shall be valid for all purposes, including but not limited to, registration with state medical council and employment, till such time the final degree certificate is conferred upon the concerned candidate in the next convocation.
- This document has been issued without any overwriting/manual corrections/application of fluid.



2018102281







महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक Maharashtra University of Health Sciences, Nashik, India

आम्ही, कुलपती, प्रतिकुलपती, कुलगुरु आणि व्यवस्थापन परिषद व विद्यापरिषदेचे सदस्य वैद्यक आणि शल्यचिकित्सा स्नातक

ही पदवी हिवाळी—२०१६ मधील परीक्षेत उत्तीर्ण झाल्याबद्दल नांदेड येथील डॉ. शंकरराव चव्हाण, शासकीय वैद्यकीय महाविद्यालया चे/च्या

केंद्रे ज्ञानेश्वर विठ्ठलराव

यांना

२१ मे २०१८ च्या दीक्षांत समारंभात प्रदान करीत आहोत

We, the Chancellor, Pro-Chancellor, Vice-Chancellor and Members of the Management Council, Academic Council confer the Degree of Bachelor of Medicine & Bachelor of Surgery

on **Kendre Dnyaneshwar Vithalrao**

(PRN 0113153028)

Dr. Shankarrao Chavan, Government Medical College, Nanded

for the examination held in Winter-2016 at the Convocation held on 21st May 2018





VICE-CHANCELLOR कुलगुरु







MAHARASHTRA MEDICAL COUNCIL, MUMBAI

Registration	No.	2018/08/433	1
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This is to certify that the withinsigned



Doctor (Mr.) KENDRE DNYANESHWAR VITHALRAO

possessing the qualification M.B.B.S. of MAHARASHTRA UNIVERSITY OF

HEALTH SCIENCES, NASHIK, 2018 has been duly registered in part 1 of the register

under the Maharashtra Medical Council Act, 1965 (Mah. XLVI of 1965).

This certificate is valid upto 18/08/2023.

In witness whereof are herewith affixed the Seal of the Maharashtra Medical Council. Mumbai & the Signature of the Registrar.



Boshnush Registrar

Dated the 18/08/2018

CONSENT OF TEACHING FACULTY

I, Dr / Mr / Miss / Mrs Swapni Uyankatrao Adhau , with full
cognizant and compliance, herewith give my consent to join as FULL-TIME / PART-TIME /
GUEST / HONORARY Teaching Faculty in your - Horizon College of Physiotherapy,
Vishnupuri, Nanded - for teaching the COURSE SUBJECT as shown below and described to
the PHYSIOTHERAPY STUDENTS, as accepted from the said date
till the completion of entire syllabus as described.

Table-1 Course Subjects Allotted

Sr. No.	Course Subject	Course Hours	Allotted	Class Description
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3	Biochemistry	050	Yes / No	To Complete the
4	Microbiology	050	Yes / No	prescribed Syllabus
5	Pathology	035	Yes / No	within the
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8	Sociology	020	Yes / No	- Theory, Practical,
9	Medicine	055	Yes / No	Demonstration,
10	Surgery (Gen. & Plastic)	055	Yes / No	Clinical, Class
11	ENT, OBG, Derma, Opthal	040	Yes / No	Tests, Internal
12	Paediatrics	025	Yes / No	Assessments
13	Orthopaedics, Trauma, & Sports	060	Yes / No	(Theory &
14	Neurology	040	Yes / No	Practical), etc.
15	Cardio-Thoracic	055	Yes / No	
16	Social & Preventive Medicine	040	Yes / No	

Table-2 Qualification Details

Sr. No.	**	Qualification	Year of Passing	University	Total Teaching Experience
1.	Medicine - 11	MBBS: MS:	2014	MAHE Manipal	4 01%
	(Neurology)	Mich (News)		Kasnataka	448.
	Phi 8446134	801	4		

Date: 03/04/2023

Place: Nanded

Signature with Date & Address



Manipal Academy of Higher Education

Deemed to be University under the UGC Act 3, 1956

Faculty of . Hesticine

Kasturba Medical College, Manipal

This is to certify that

DR. SWAPNIL VYANKATRAO ADHAV

has been admitted to the Degree of

Master of Chirurgiae (M.Ch.)

in Neuro Surgery

having fulfilled the prescribed requirements

in July 2014







Khnung

Vice-Chancellor

GIVEN UNDER THE SEAL OF MANIPAL ACADEMY OF HIGHER EDUCATION, MANIFAL, INDIA

No: 136410

ON THIS DATE: October 12, 2014 Rug No. \$10139002







MAHARASHTRA MEDICAL COUNCIL, MUMBAI

(Established by Government of Maharashtra Under MMC Act, 1965)

Address: - 189/A, ANAND COMPLEX, 1ST FLOOR, SANE GURUJI MARG, ARTHUR ROAD NAKA, CHINCHPOKALI (W), MUMBAI - 400 011. Contact Details: Tel. No.: 022-2300 7650

Website: www.maharashtramedicalcouncil.in Email Id: maharashtramcouncil@gmail.com

No: MMC/RENW/2002031648/202251097

Date: 23/06/2022

To.
Dr. ADHAV SWAPNIL VYANKATRAO
SWAYAMBHU, VASANT NAGAR,
TAL-NANDED - 431602,
MAHARASHTRA.

Sub: Renewal of Registration No: 2002031648

Ref: Your Application date: 14/06/2022

Sir.

I have to inform you that your name has been continued up to 28 Feb 2027 on the medical register of this Council, maintained under the provision of Maharashtra Medical Council Act 1965.

It is stated that the Medical Graduates / Practitioners registered with this Council will be required to approach this Council two months in advance before expiry of the above period for next renewal of registration as per section 23(C) of the Maharashtra Medical Council (Amendment) Act 2003.

Signature Valid
Digitally Signed by SANJAA BALASAHEB
DESHMUKH (REGISTRAR OF
MAHARASHTRAMEDICAL COUNCIL)
Date: 7/22/2022 6: 55605 PM

Registrar Maharashtra Medical Council

University of Mumbai Erstr of Mumbai
VERSITY OF MUMBAL UNIVERSITY OF MUMBAL
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VERSITY OF MUMBAI UNIVERSITY OF MUMBAI UNIVERSITY OF MUMBAI
passed the Master of Surgery (M.S.) Degree
Examination in Branch General Surgery
VERSITY OF MUMBAL UNIVERSITY OF MUMBAL UNIVERSITY OF MUMBAL
held
by the University of Mumbai in the Month
of November 2007.
VERSITY OF MUMBAL UNIVERSITY OF MUMBAL UNIVERSITY OF MUMBAL I
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Mumbai 2 9 DEC 2007
ERS (jury) BAI LINE BETTY OF THE
Assistant Registrar Controller of Examinations

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Maharashtra Medical Council, Mumbai

Registration No.: 2002/03/1648

Dated: 20/03/2002

ADDITIONAL MEDICAL QUALIFICATION REGISTRATION CERTIFICATE

Certificate No.: 0949/2009

Dated: 27/04/2009



I hereby certify that the following qualification has been duly registered in the Medical Register of the Council.

NAME

ADDITIONAL QUALICATION

DR. ADHAV SWAPNIL VYANKATRAO M. S. (GENL. SURG.) MUMBAI UNIVERSITY, 2007

Notes-This qualification has been added in the schedule to Maharashtra Medical Council Act, 1965 vide Government Notification No., MMC - 1006/CR-87/06/EDU-2 dated 18-12-2008.



REGISTRAR



आयुःशल्य विज्ञान स्नातक

श्री स्वप्नील त्यंकटरात आढाव

यांनी

अमरावती विद्यापीठाची आयुःशख्य विज्ञान रनातक परीक्षा हिवाळी २००० मध्ये उत्तीर्ण केल्याबद्दल त्यांना ही पदवी प्रदान करण्यात येत आहे.

> कुलगुरू कुलगुरू

अमरावती : 2 6 MAY 2002

Amendati Amisersity

Bachelor of Medicine & Bachelor of Surgery

This degree of Bachelor of Medicine & Bachelor of Surgery is conferred upon Shri Swapnil Vyankatrae Adhav on having passed the examination for the said Degree

n Winter 2000.

Still &

Vice - Chancellor

0001995

26 MAY 2002

MAHARASHTRA MEDICAL COUNCIL, MUMBAI

E.S.I.S. Hospital Campus, Nurses Quarters, 1st Floor, L.B.S. Marg, Mulund (West), Mumbai-400 080.



CERTIFICATE OF REGISTRATION

Registration No. 2002/03/1648.

This is to certify that the within -

Signed

Sdiav

SWAPNIL

Doctor Shri / Shrimati

Kumari

ADHAV

VYANKATRAO

possessing the qualifications of M.B.B.S. (AMRAVATI), 2002;

has been duly registered under the Maharashtra Medical Council Act, 1965 (Mah.XLVI of 1965), in Part I of the register.

In witness whereof are herewith affixed the seal of the Maharashtra Medical Council, Mumbai and the signature of the Registrar.

Dated the 2002.

Registrar



CONSENT OF TEACHING FACULTY

I, Dr / Mr / Miss / Mrs Thakase Ravindsa Gulagrao, with full
cognizant and compliance, herewith give my consent to join as FULL-TIME / PART-TIME
GUEST / HONORARY Teaching Faculty in your - Horizon College of Physiotherapy,
Vishnupuri, Nanded - for teaching the COURSE SUBJECT as shown below and described to
the PHYSIOTHERAPY STUDENTS, as accepted from the said date
till the completion of entire syllabus as described.

Table-1 Course Subjects Allotted

Sr. No.	Course Subject	Course Hours	Allotted	Class Description
1	Anatomy	210	Yes / No	
2	Physiology	200	Yes / No	
3	Biochemistry	050	Yes / No	To Complete the
4	Microbiology	050	Yes / No	prescribed Syllabus
5	Pathology	035	Yes / No	within the
6	Pharmacology	050	Yes / No	stipulated Teaching
7	Psychology& Psychiatry	050	Yes / No	Hours that includes
8	Sociology	020	Yes/No	Theory, Practical,
9	Medicine .	055	Yes/No	Demonstration,
10	Surgery (Gen. & Plastic)	055	Yes / No	Clinical, Class
11/	ENT, OBG, Derma, Opthal	040	Yes/No	Tests, Internal
12	Paediatrics	025	Yes / No	Assessments
13	Orthopaedics, Trauma, & Sports	060	Yes / No	(Theory &
14	Neurology	040	Yes / No	Practical), etc.
15	Cardio-Thoracic	055	Yes / No	
16	Social & Preventive Medicine	040	Yes / No	

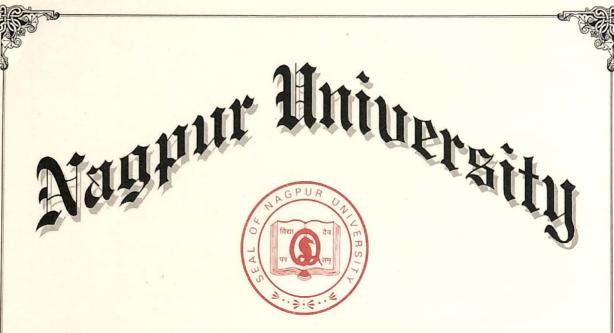
Table-2 Qualification Details

Sr. No.	Subject	Qualification	Year of Passing	University	Total Teaching Experience
1.	Medicine-II	MBBS: MD (Pared)	2000	Nagnu Univ	8 urs
	(Paediatrice)	,		01	
	Ph: 942127	5188	4		

Date: 03/04/2023

Place: Manded

Signature with Date & Address



Doctor of Medicine

(Paediatrics)

(Faculty of Medicine)

This degree of Ductur of Medicine in Paediatrics is awarded to Ravindra Gulabrao Thakre having been found to be duly qualified in the written examination, clinical, practical and viva-voce examinations and on examination of the thesis in this University in the Examination held in Summer 2000

Nagpur April 28, 2002 As. Latheraly Wice-Chancellor



Maharashtra Medical Council, Mumbai

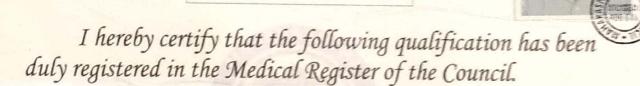
Registration No.: 51993

Dated: 08/03/1984

ADDITIONAL MEDICAL QUALIFICATION REGISTRATION CERTIFICATE

Certificate No.: 4063/2010

Dated: 27/12/2010



DR. THAKRE RAVINDRA
GULABRAO

M. D. (PAED.) NAGPUR UNIVERSITY, 2000



REGISTRAR

189-A, ANAND COMPLEX, SECOND FLOOR, , SANE GURUJI MARG, ARTHUR ROAD NAKA, CHINCHPOKLI (W), MUMBAL-400011.

Web site:- www.mmcmumbai.com

TOPICATE DUPLICATE DUPLICA

आयु:शल्य विज्ञान स्नातक (Bachelor of Medicine & Bachelor of Surgery)

-XX-

This is to certify that

Shri Ravindra Gulabrao Thakare

obtained the degree of आयु:शल्य विज्ञान स्नातक

(Bachelor of Medicine & Bachelor of Surgery)

in this University in the Examination of

November, 1982.

Nagpur University: 28th January, 1981. 14th January 1992 Vice-Chancellor

Maharashtra Medical Council, Bombay CERTIFICATE OF REGISTRATION

Registration No.: 51993

This	is	to	certif	У	that	the	within-
d (Shrimati

-Kumari

THAKRE

RAVINDRA

GULABRAO

possessing the qualifications of M.B.B.3.(NAGFUR), 1984;

has been duly registered under the Maharashtra Medical Council Act, 1965 (Mah. XLVI of 1965), in Part_____ of the register.

In witness whereof are herewith affixed the seal of the Maharashtra Medical Council, Bombay and the signature of the Registrar.

Dated the 1974.

Registrar.

CONSENT OF TEACHING FACULTY

I, Dr / Mr / Miss / Mrs Wash are Assim leads Natagara., with full cognizant and compliance, herewith give my consent to join as FULL-TIME / PART-TIME / GUEST / HONORARY Teaching Faculty in your — Horizon College of Physiotherapy, Vishnupuri, Nanded — for teaching the COURSE SUBJECT as shown below and described to the PHYSIOTHERAPY STUDENTS, as accepted from the said date ______ till the completion of entire syllabus as described.

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7	Psychology& Psychiatry	050	Yes / No	Hours that includes
8	Sociology	020	Yes / No	- Theory, Practical,
9	Medicine	055	Yes / No	Demonstration,
10	Surgery (Gen. & Plastic)	055	Yes / No	Clinical, Class
11	ENT, OBG, Derma, Opthal	040	Yes / No	Tests, Internal
12	Paediatrics	025	Yes / No	Assessments
13	Orthopaedics, Trauma, & Sports	060	Yes / No	(Theory &
14	Neurology	040	Yes / No	Practical), etc.
	Cardio-Thoracic	055	Yes / No	
46	Social & Preventive Medicine	040	Yes / No	

Table-2 Qualification Details

Sr. No.	Subject	Qualification	Year of Passing	University	Total Teaching
1.	Social & Preut Medicine	MBBS; MD (Com. med.)	2021	MUHR, Nashik Mahayashtra	Experience
	Ph: 9011758	210	4	50	

Date: 03/04/2013

Place: Nourded

Signature with Date & Address



2021200638







महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक Maharashtra University of Health Sciences, Nashik, India

आम्ही, कुलपती, प्रतिकुलपती, कुलगुरु आणि व्यवस्थापन परिषद व विद्यापरिषदेचे सदस्य डॉक्टर ऑफ मेडिसीन (जन औषध वैद्यक शास्त्र)

ही पदवी हिवाळी—२०२१ मधील परीक्षेत उत्तीर्ण झाल्याबद्दल नांदेड येथील डॉ. शंकरराव चव्हाण, शासकीय वैद्यकीय महाविद्यालया चे/च्या

वाघमारे अरविंदकुमार नारायणराव

यांना ०२ मार्च २०२२ च्या दीक्षांत समारंभात प्रदान करीत आहोत

We, the Chancellor, Pro-Chancellor, Vice-Chancellor and Members of the Management Council, Academic Council confer the Degree of Doctor of Medicine (Community Medicine)

on **Waghmare Arvindkumar Narayanrao**

(PRN 2121115608)

Dr. Shankarrao Chavan, Government Medical College, Nanded

for the examination held in Winter-2021 at the Convocation held on 02nd March 2022



20F10400922



VICE-CHANCELLOR कुलग्रु







MAHARASHTRA MEDICAL COUNCIL, MUMBAI

Registration No. : 2008/01/0121

Dated: 14/01/2008

ADDITIONAL MEDICAL QUALIFICATION REGISTRATION CERTIFICATE

Certificate No.: 1512/2022

Dated: 25/04/2022



RMP STATELY

I hereby certify that the following qualification has been duly registered in the Medical Register of the Council.

NAME	ADDITIONAL QUALIFICATION		
DR. (Mr.) WAGHMARE ARVINDKUMAR NARAYANRAO	M.D.(Community Medicine) MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK, 2021		





Registrar



We, the Chancellor, the Pro-Chancellor, the Vice-Chancellor, the Members of the Menagement Council and the Academic Council of the Maharashtra University of Health Sciences, Nashik, certify that

Shri/Smt. WAGHMARE ARVINDKUMAR NARAYANRAO

of Government Medical College, Nanded

having been examined and found duly qualified for the

Bachelor of Medicine & Bachelor of Surgery

> the said Degree has been conferred on him/her. In testimony whereof is set the seal of the said University.

PRN 0101130317

A LANGE AND A CONTROL OF THE PARTY OF THE PA

VICE-CHANCELLOR











महाराष्ट्र आरोग्य ^{'08012} विज्ञान विद्यापीठ, नाशिक

आम्ही, महाराष्ट्र आरोग्य विज्ञान विद्यापीठाचे कुलपति, प्रकुलपति, कुलगुरू, व्यवस्थापन परिषद व विद्यापरिषद सदस्य प्रमाणित करतो की, नांदेड येथील शासकीय वैद्यकीय महाविद्यालया चे/च्या

वाघमारे अरविंदकुमार नारायणराव

हे/हया जून-२००६ मध्ये

वैद्यक आणि शल्यचिकित्सा स्नातक

परीक्षा उत्तीर्ण झाल्याबद्दल त्यांना ही पदवी प्रदान करण्यात येत आहे. याची साक्ष म्हणून विद्यापीठाची अधिकृत मुख् येथे अंकित करण्यात येत आहे.

मुदुला फडक



Maharashtra Medical Council, Mumbai

Certificate of Registration

Registration No. 2008/01/0121

This is to certify that the withinsigned

Arraghmare



Doctor WAGHMARE ARVINDKUMAR NARAYANRAO

possessing the qualification M.B.B.S. of MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES,

NASHIK, 2007 has been duly registered in part I of the register under the Maharashtra Medical Council Act, 1965 (Mah. XLVI of 1965).

This certificate is valid upto 14/01/2013.

In witness whereof are herewith affixed the Seal of the Maharashtra Medical Council, Mumbai & the Signature of the Registrar.



Dated the 14/01/2008

Raja

Registrar

CONSENT OF TEACHING FACULTY

I, Dr/Mr/Miss/Mrs Gonaskas Rajendra Nasayanvao, with full
cognizant and compliance, herewith give my consent to join as FULL-TIME / PART-TIME /
GUEST / HONORARY Teaching Faculty in your - Horizon College of Physiotherapy,
Vishnupuri, Nanded - for teaching the COURSE SUBJECT as shown below and described to
the PHYSIOTHERAPY STUDENTS, as accepted from the said date
till the completion of entire syllabus as described.

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4	Microbiology	050	Yes / No	prescribed Syllabus	
5	Pathology	035	Yes/No	within the stipulated Teaching	
6	Pharmacology	050	Yes / No		
7	Psychology& Psychiatry	050	Yes / No	Hours that includes	
8	Sociology	020	Yes / No	- Theory, Practical,	
9	Medicine	055	Yes/No	Demonstration, Clinical, Class Tests, Internal	
10	Surgery (Gen. & Plastic)	055	Yes / No		
11	ENT, OBG, Derma, Opthal	040	Yes / No		
12	Paediatrics	025	Yes / No	Assessments	
13	Orthopaedics, Trauma, & Sports	060	Yes / No	(Theory &	
14	Neurology	040	Yes / No	Practical), etc.	
15	Cardio-Thoracic	055	Yes / No		
16	Social & Preventive Medicine	040	Yes / No		

Table-2 Qualification Details

Sr. No.	Subject	Qualification	Year of Passing	University	Total Teaching Experience
1.	Socialogy	BA; MA: PhD	2012	Dr. B.A. Malakoada	11 475.
	.00	(Sociologi		Univ	7.0.
		91			
3	Ph: 98906192	24	4		

Date: 03/04/2023

Place: Nanded.

Signature with Date & Address

Dr. Babasaheb Ambedkar Marathwada University AURANGABAD- 431 004. MAHARASHTRA (INDIA)

NAAC Accredited B*

Office PBX

2403399, 2403400

Telephones Registrar

(Office) 2403333 (Rest.) 2400203

Fax Telegram: 0240-2403335 BAMUSITY

Web Site : E-mail : E-mail :

www.hamu.net vc.a bamu.net registraria bamu.net



AURANGABAD-431 004 (Maharaban) PuDIA

NOTIFICATION

It is hereby notified that, the thesis entitled, "प्राचीन भारतीय समाज : चार्वाकाच्या जडवादी विचारप्रणालीचा समाजशास्त्रीय अभ्यास" submitted by Mr. Rajendra Narayanrao Gonarkar has been accepted by this University for the award of Ph.D. Degree in Sociology under the faculty of Social Sciences. Mr. Rajendra Narayanrao Gonarkar has been declared eligible for the award of the said Degree. The candidate submitted his thesis under the guidance of Dr. S.G. Phule, Research Guide, Associate Professor & Head, Department of Sociology, Dr. Sow. I.B.P. Mahila Kala Mahavidyalaya, Aurangabad.

University Campus, Aurangabad.		
Ref. No. P.G./Ph.D./Dec-2005/ Socio./2012/13867-77		[Dr. M.S. Shingare]
Date :- November 30, 2012.	II II	Director, (BCUD)
][

P.T.O.



We,

the Chancellor, Dice-Chancellor and Members of the Management Council of Dr. Babasaheb Ambedkar Marathwada University Certify

> that the withinsigned Rajenda Marayansao Genackae

having been examined and found duly qualified for the Degree of Master of Philosophy and placed in the First Division in Outember 2000 . The Degree of

laster of Philosoph

has been	conferred on_	_bim a	/ Aurangab	ad, on the
puth	-day of the n	nonth of	February	in the year
_ tun Ikau	sand one		42	

The subject in which he was examined was :-

In Testimony whereof we set the Seal of the said University and the signature of the said Vice-Chanceller.

Fent No. 808 (MIA 1994)

Place : Aurangabad

Date of issue of the

Degree Conspicate 2 2 DEC 2005 The Son Selection 16th Octomber, 2000



Vice-Chancellow



Me,

the Chancellor, Vice-Chancellor and Members of the Management Council of Dr. Babasaheb Ambedkar Marathwada University Certify

Rejendra Narayanrao Genarkar
having been examined and found duly qualified for the Degree
of Master of Arts and placed in the First
Division in April 1996. The Degree of

Master of Arts

has been conferred on him at Aurangabad, on the eighteenth day of the month of January in the year one thousand nine hundred and ninetysever.

The subject in which he was examined was:

In Testimony whereof are set the Seal of the said University and the signature of the said Chanceller.

Sent No. 58001029

Place: Surangabad

Date of issue of the

Degree Certificate 1 & JAN 1997

Almandul

Chancellor



We,

the Chancellor, Vice-Chancellor and Members of the Management Council of Dr. Babasaheb Ambedkar Marathwada University

Certify that Anagement the withinsigned

Rejector Management of Gordan General General

Bachelor of Arts

has been conferred on him at Aurangabad, on the twenty-eighthday of the month of fantuary in the year one thousand nine hundred and ninety-fire.

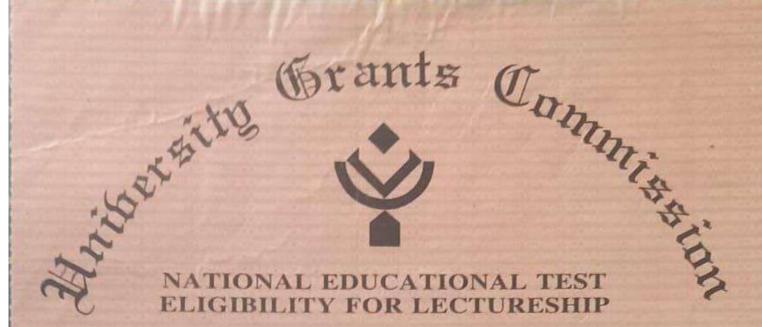
The subjects in which he was examined were:

Hindi Goctology and Blitical Frence.

In Testimony whereof are set the Seal of the said University, and the signature of the said Chancellor.

Sent No. 87135.

Physamether Chancellor



USERef. No.: 1618/(SC)(NET-DEC. 2000) Roll No.: N190314

Certified that SHRI GONARKAR RAJENDRA NARAYANRAO

Son/Daughter of Mother: SMT GONARKAR CHAGUNABAI N

Father: SHRI GOARKAR NARAYANRAO V

has qualified at the USE NET Examination for Lectureship held in

DECEMBER 2000 in the Subject SOCIOLOGY

He/She is declared eligible for Lectureship in Universities Colleges

subject to the following conditions.

- a) At least 55% of the marks in the Post Graduate Degree (See instructions overleaf)
- b) Category certificate as specified in Ref. No. above (See instructions overleaf)

The validity of the certificate is permanent.

Certificate No.: A 106800

Date of Issue: 1 5 JUN 2001

HEAD NET BUREAU

STATE ELIGIBILITY TEST, MAHARASHTRA

ELIGIBILITY TEST FOR LECTURERSHIP

CONDUCTED BY UNIVERSITY OF PUNE AS THE STATE AGENCY

(Ref.: Govt. of Maharashtra Resolution No.: USG-1391/2066/VS-4 dt. 14-7-1994) BY U.G.C. ACCREDITED

PUNE 411 007.

Seat No.: 04390

Certified that

GONARKAR RAJENDRA NARAYANRAO

has qualified at the Maharashtra State Eligibility Test for Lecturership

held in JULY, 1996 in the Subject SOCIOLOGY

He / She is further declared eligible for Lecturership in Universities / Colleges.

Vacas Garanter Chairman

Steering Committee

Member Secretary

Implementation Committee

CONSENT OF TEACHING FACULTY

I, Dr/Mr/Miss/Mrs Sakhage Anil Panditrao, wi	th full
cognizant and compliance, herewith give my consent to join as FULL-TIME / PART-T	EME /
GUEST / HONORARY Teaching Faculty in your - Horizon College of Physioth	erapy,
Vishnupuri, Nanded - for teaching the COURSE SUBJECT as shown below and descri	bed to
the PHYSIOTHERAPY STUDENTS, as accepted from the said date	
till the completion of entire syllabus as described.	

Table-1 Course Subjects Allotted

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M	ENT, OBG, Derma, Opthal	040	Yes / No	Tests, Internal
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13	Orthopaedics, Trauma, & Sports	060	Yes / No	(Theory &
14	Neurology	040	Yes/No	Practical), etc.
15	Cardio-Thoracic	055	Yes / No	
16	Social & Preventive Medicine	040	Yes / No	

Table-2 Qualification Details

Sr. No.	Subject	Qualification	Year of Passing	University	Total Teaching Experience
1.	088.100	MBBS; DNB (OBG)	2002	NBE, New Delbi	2048.
	Ph: 94221 701	48	4		

Date: 03/04/2013

Place: Nanded

Signature with Date & Address

Roard of Kraminations Rew Delhi, India

hereby certifies that

Sakhare Anil Panditrao

has pursued the prescribed course of postgraduate training and has demonstrated his proficiency at an examination held in May, 2002 to the satisfaction of the Board.

Accordingly, on this Twentysixth day of September in the pear Two Thousand Three the Board admits him at the Convocation held at Kochi as

Diplomate of the National Board

for the practice of

Obstetrics & Gynaecology



Controller of Exam.

President



Maharashtra Medical Council, Mumbai

Registration No.: 79130

Dated: 04/03/1996

ADDITIONAL MEDICAL QUALIFICATION REGISTRATION CERTIFICATE

Certificate No.: 2457/2010

Dated: 03/08/2010



I hereby certify that the following qualification has been duly registered in the Medical Register of the Council.

NAME	ADDITIONAL QUALICATION
DR. SAKHARE ANIL PANDITRAO	D.N.B. (OBST. & GYNAE.) N.B.E. NEW DELHI, 2002



Administrator
Maharashtra Medical Council
REGISTRAR



Me.

the Chancellor, Vice-Chancellor and Members of the Management Council of Dr. Babasaheb Ambedkar Marathwada University Certify

The Cokhore . that the withinsigned

Anil Panditras Saphare

having been examined and found duly qualified for the Diploma in Gynaecology and Obstetrics in Afril 1999. The

Piploma ins

Eynaecology & Obstetrics

has been conferred on <u>line</u> at Aurangabad, on the fifth day of the month of <u>February</u> in the year one thousand nine hundred and ninety two thousand.

In Testimony whereof are set the Seal of the said University and the signature of the said Yice - Chanceller.

Seat No. 1332.

Place : Aurangabad

Date of issue of the

Diploma Certificate 25 JUL 2000

Wie Chancellor



Me.

the Chancellor, Vice-Chancellor and Members of the Management Council of **Dr.** Babasaheb Ambedkar Marathwada University Certify

Jui Carlail that the withinsigned

having been examined and found duly qualified for the Degree of Bachelor of Medicine and Bachelor of Surgery in Oct 1 Nov 1994. The Degree of

Tachelog of Medicine

has been conferred on __him _at Aurangabad, on the eighteenth day of the month of January _in the year one thousand nine hundred and ninety-seven.

In Testimony whereof are set the Seal of the said University and the signature of the said Lice-Chancellor.

Sent No. 964.

Place: Aurangalid

Inte of issue of the Degree Certificate 1 2 MAY 1937 1.1

Vice-Chancellor

MAHARASHTRA MEDICAL COUNCIL, BOMBAY CERTIFICATE OF REGISTRATION

Registration Nº 079130

This is to certify that the within-
Signed Julakhar Doctor Shri Strimatt
SAKHARE ANIL PANDITRAO
possessing the qualifications of M.B.B.S. (DR. BABASAHEB AMBEDKAR MARATHWADA), 1996;
has been duly registered under the Maharashtra
Medical Council Act. 1965 (Mah. XLVI of 1965),
in Part of the register.
In witness whereof are herewith affixed the

In witness whereof are herewith affixed the seal of the Maharashtra Medical Council, Bombay and the signature of the Registrar.

4TH MARCH 1996.



AHON

Registrar.

CONSENT OF TEACHING FACULTY

I, Dr / Mr / Miss / Mrs Durughax Joyti Gunderao, v	vith full
cognizant and compliance, herewith give my consent to join as FULL-TIME / PART-	TIME /
GUEST / HONORARY Teaching Faculty in your - Horizon College of Physiot	therapy,
Vishnupuri, Nanded - for teaching the COURSE SUBJECT as shown below and desc	ribed to
the PHYSIOTHERAPY STUDENTS, as accepted from the said date	
till the completion of entire syllabus as described.	

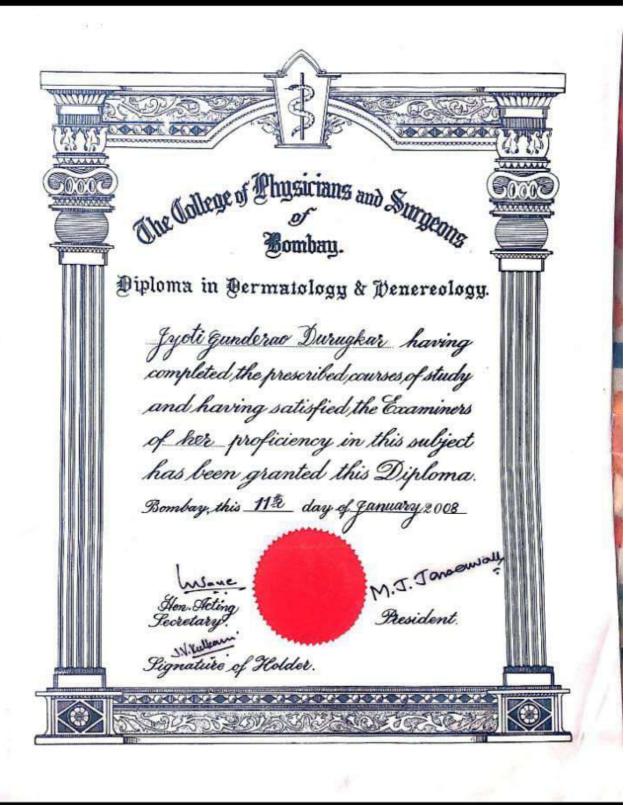
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6	Pharmacology	050	Yes / No	stipulated Teaching
7	Psychology& Psychiatry	050	Yes / No	Hours that includes
8	Sociology	020	Yes / No	- Theory, Practical,
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V1	ENT, OBG, Derma, Opthal	040	Yes / No	Tests, Internal
12	Paediatrics	025	Yes/No	Assessments
13	Orthopaedics, Trauma, & Sports	060	Yes/No	(Theory &
14	Neurology	040	Yes / No	Practical), etc.
15	Cardio-Thoracic	055	Yes/No	
16	Social & Preventive Medicine	040	Yes/No	

Table-2 Qualification Details

Sr. No.	Subject	Qualification .	Year of Passing	University	Total Teaching Experience
1:	Dermatology	MBB8; Dip. Deln	at 2008	CPS-Mumbai	114%.
	Ph, 9422170	168-	4.		Y

Date: 03/04/2023
Place: Nanded



Straini Mamanani Teerth Marathunada Unibersity

We, the Chancellor, the Vice Chancellor, Members of the Management Council and the Academic Council of the Swami Ramanand Teorth Marathwada University, certify that Durugkar Jyoti Gunderac M. I.M. S.R. Medical College, Latur.

having been examined and found duty qualified for the degree of Bachelor of Medicine and Bachelor of Surgery

Pass Class in November December 2001 the said degree has been conferred on him/her. In testimony whereof is set the seal of the said University.

स्वामी रामानंद तीर्थ मराठवाडा विद्यापीठ, नांदेड

आम्ही, स्वामी रामानंद तीर्थ मराठवाडा विद्यापीठाचे कुलपती, कुलगुरू, व्यवस्थापन परिषद आणि विद्या परिषद सदस्य, प्रमाणित करितो की,

दुरुगकर ज्योती गुंडेराव एम. आय. एम. एस. आर. मेडिकल कॉलेज, लातूर. हे / ह्या

येथून

आयुःशल्य विज्ञान स्नातक

उत्तीर्ण श्रेणीत नोव्हेबर/डिसेबर २००१ उत्तीर्ण झाल्याबद्दल त्यांना ही पदवी प्रदान करण्यात येत आहे. याची साक्ष म्हणून विद्यापीठाची अधिकृत मुद्रा येथे अंकित करण्यात येत आहे.

PI31/2yasaga7

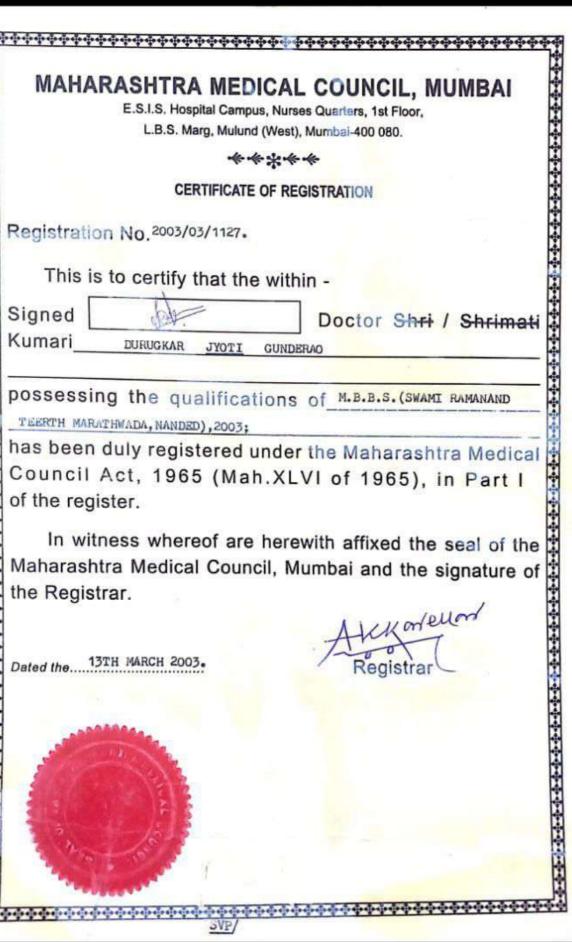
Vice-Chancellor

16th April, 2015

Date:



Signed	oble-	=	Docto	r	Shri	1	Shrimat
Kumari	DURUGKAR	JYOTI	GUNDERAO		15-15 91,003,900	CX.	



YEAR – II

(Part-Time Teachers)

CONSENT OF TEACHING FACULTY

1. Dr Mr Miss Mrs Smitg Sandanrao Despande cognizant and compliance, herewith give my consent to join as FULL-TIME / PART-TIME / GUEST / HONORARY Teaching Faculty in your - Horizon College of Physiotherapy, Vishnupuri, Nanded - for teaching the COURSE SUBJECT as shown below and described to the PHYSIOTHERAPY STUDENTS, as accepted from the said date till the completion of entire syllabus as described.

Table-1 Course Subjects Allotted

Sr. No.	Course Subject	Course Hours	Allotted	Class Description
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2	Physiology	200	Yes / No	
3	Biochemistry	050	Yes / No	To Complete the
4	Microbiology	050	Yes / No	prescribed Syllabus
5	Pathology	035	Yes / No	within the
6	Pharmacology	050	Yes / No	stipulated Teaching
7	Psychology & Psychiatry	050	Yes / No	Hours that includes
8	Sociology	020	Yes / No	- Theory, Practical,
9	Medicine	055	Yes / No	Demonstration.
10	Surgery (Gen. & Plastic)	055	Yes / No	Clinical, Class
11	ENT. OBG. Derma. Opthal	040	Yes / No	Tests, Internal
12	Paediatrics	025	Yes / No	Assessments
13	Orthopaedics, Trauma, & Sports	060	Yes / No	(Theory &
14	Neurology	040	Yes / No	Practical), etc.
15	Cardio-Thoracic	055	Yes / No	
16	Social & Preventive Medicine	040	Yes / No	

Table-2 Qualification Details

Sr. No.	Subject	Qualification	Year of Passing	University	Total Teaching Experience
1	micro biology	MBBs; MD (Mīco	2021	MUAS	3 m/5

Date: 15/06/2022

Place: Nanded

Signature with Date & Address

94 030 32258



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK



No. 21011001

P. R. No.: 2121115459

Seat No. : 15459

COLLEGE CODE: 1403102

PASSING CERTIFICATE

This is to certify that Shri/Smt.

DESHPANDE SMITA SADANANDRAD

m.p. in Michaelalacour

Examination held by the Maharashtra University of Health Sciences, Nashin

SUMMER-2021

Nashik

Date: 15 September

ontroller of Examinations

Report the discrepancy of Name, Year etc., (if any) in abeve Conditions to the University within Six months of issue of certifical

OF HEALTH SCIENCES, NASHIK MAHARASHTRA UNIVERSITY

Council of the Maharashtra University of he Vice-Chancellor, the Members of the We, the Chancellor, the Pro-Chancellor, magement Council and the Academic Health Sciences, Nashik certify that

Shri/Smt DESHPANDE SMITA SADANANDRAO

of S.V.N. COVERNMENT MEDICAL YAVATMAI COLLEGE

Bachelor of Medicine & having been examined and found duly qualified for the

Backetor of Surgery

the said Degree has been in October-2002

the seal of the said University in testimony whereof is set conferred on him/her

PRN M99112856

30th April 2004

VICE-CHANCELLOR

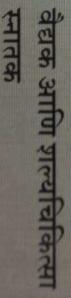


महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

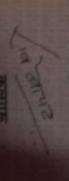
प्रमाणित करतो की, व्यवस्थापन परिषद व विद्यापरिषद सदस्य कुलपति, प्रकुलपति, कुलगुरू, आम्ही, महाराष्ट्र आरोग्य विज्ञान विद्यापीठाचे

वैद्यकीय महाविद्यालया बे/का यवतमाळ येथील एस.व्ही एन जासकीय देशपांडे स्मिता सदानंदराव

हे /ह्या ऑक्टोबर-२००२ मध्ये



याची साक्ष म्हणून विद्यापीठाची अधि परीक्षा उत्तीणं झाल्याबद्दल त्यांना येथे अंकित करण्यात येत आ ही पदवी प्रदान करण्यात येत आहे



CONSENT OF TEACHING FACULTY

I. Dr / Mr / Miss / Mrs Pawar Krishna Tukaran	, with full
cognizant and compliance, herewith give my consent to join as FULL	-TIME / PART-TIME /
GUEST / HONORARY Teaching Faculty in your - Horizon Co	llege of Physiotherapy.
Vishnupuri, Nanded - for teaching the COURSE SUBJECT as shown	below and described to
the PHYSIOTHERAPY STUDENTS, as accepted from the said date	essesses assessment is a systematic or the destruction of the contract of the
till the completion of entire syllabus as described.	

Table-1 Course Subjects Allotted

Sr. No.	Course Subject	Course Hours	Allotted	Class Description
1	Anatomy	210	Yes / No	Company or consistency and a phase phase or consistency of the constant of the
2	Physiology	200	Yes / No	
3	Biochemistry	050	Yes / No	To Complete the
4	Microbiology	050	Yes / No	prescribed Syllabus
5	Pathology	035	Yes/No	within the
6	Pharmacology	050	Yes / No	stipulated Teaching
7	Psychology & Psychiatry	050	Yes / No	Hours that includes
8	Sociology	020	Yes / No	– Theory, Practical,
9	Medicine	055	Yes / No	Demonstration,
10	Surgery (Gen. & Plastic)	055	Yes / No	Clinical, Class
11	ENT, OBG, Derma, Opthal	040	Yes / No	Tests, Internal
12	Paediatrics	025	Yes / No	Assessments
13	Orthopaedics, Trauma, & Sports	060	Yes / No	(Theory &
14	Neurology	040	Yes / No	Practical), etc.
15	Cardio-Thoracic	055	Yes / No	
16	Social & Preventive Medicine	040	Yes / No	and the second

Table-2 Qualification Details

Sr. No.	Subject	Qualification	Year of Passing	University	Total Leaching Experience
ł ·	Paltrology	MBBS; MD (Patho)	2019	mutts	34%.
	ti. 1907. seth heromogin dan sahadisus sahi majamankuan sahida aparin				

Date: 15/06/2012

Place: Nanded

Signature with trate & Midress



2019208087





AND THE CONTROL OF TH

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक Maharashtra University of Health Sciences, Nashik, India

आम्ही, कुलपती, प्रतिकुलपती, कुलगुरु आणि व्यवस्थापन परिषद व विद्यापरिषदेचे सदस्य डॉक्टर ऑफ मेडिसीन (शरीरविकृतीशास्त्र)

ही पदवी हिवाळी—२०१९ मधील परीक्षेत उत्तीर्ण झाल्याबद्दल परळ, मुंबई येथील सेठ गो. सुं. वैद्यकीय महाविद्यालया चे/च्या

पवार कृष्णा तुकाराम

यांना

२१ जानेवारी २०२० च्या दीक्षांत समारंभात प्रदान करीत आहोत

We, the Chancellor, Pro-Chancellor, Vice-Chancellor and Members of the Management Council, Academic Council confer the Degree of

Doctor of Medicine (Pathology)

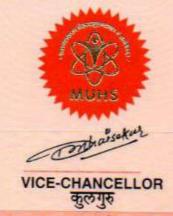
Pawar Krishna Tukaram

(PRN 2119190207)

Seth G.S. Medical College, Parel, Mumbai

for the examination held in WINTER-2019 at the Convocation held on 21st January 2020









MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

Members of the Management Council the Chancellar, Pro-Chancellor, Vice-Chancellor

Bachelor of Medicine & Bachelor of Surgery

confer the Degree of Academic Council



Pawar Krishna Tukaram (PRN 0107112362)

Swami Ramanand Teerth Rural Medical College

Ambajogai

for the examination held in Summer-2011 held on 5th October, 2012 at the Convocation





वैद्यक आणि शल्यचिकित्सा स्नातक कुलपता, प्र.कुलपता विद्यापरिपानेचे सदस्य यवस्थापन परिषद व 3111 कुलगुरु आणि

अंबाजोगई येथील स्वामी रामानंद तिर्थ ग्रामीण ही पदबी उन्हाळी-२०११ मधील परीक्षेत उत्तीर्ण वेद्यकीय महाविद्यालया च/च्या

दोश्रात समारभात प्रदान करीत आहोत पवार कृणा तुकाराम ०५ अक्टाबर, २०१२ च्या

VICE-CHANCELLOR / कुलगुरू







MAHARASHTRA MEDICAL COUNCIL, MUMBAI

Registration No.: 2020/12/6921

Dated: 16/12/2020

ADDITIONAL MEDICAL QUALIFICATION REGISTRATION CERTIFICATE

Certificate No.: 3703/2020

Dated: 30/12/2020



I hereby certify that the following qualification has been duly registered in the Medical Register of the Council.

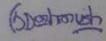
(Chances

NAME

ADDITIONAL QUALIFICATION

DR. (Mr.) PAWAR KRISHNA TUKARAM M.D. (Pathology) MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK, 2019





Registrar

189-A, Anand Complex, 1st Floor, Sane Guruji Marg, Arthur Road Naka, Chinchpokali (W), Mumbai - 400 011.
Website: www.maharashtramedicalcouncil.in





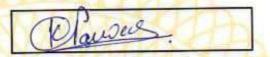


MAHARASHTRA MEDICAL COUNCIL, MUMBAI

CERTIFICATE OF REGISTRATION

Registration No. 2020/12/6921

This is to certify that the withinsigned





Doctor (Mr.) PAWAR KRISHNA TUKARAM

possessing the qualification M.B.B.S. of MAHARASHTRA UNIVERSITY OF

HEALTH SCIENCES, NASHIK, 2012 has been duly registered in part I of the register

under the Maharashtra Medical Council Act, 1965 (Mah. XLVI of 1965).

This certificate is valid upto 16/12/2025.

In witness whereof are herewith affixed the Seal of the Maharashtra Medical Council, Mumbai & the Signature of the Registrar.



(Spechoush Registrar

Dated the 16/12/2020

CONSENT OF TEACHING FACULTY

1. Dr / Mr/ Miss / Mrs Mumal·k. Shirsal w	ith full
cognizant and compliance, herewith give my consent to join as FULL-TIME / PART-1	TIME /
GUEST / HONORARY Teaching Faculty in your - Horizon College of Physiothere	
Vishnupuri, Nanded - for teaching the COURSE SUBJECT as shown below and descr	ibed to
the PHYSIOTHERAPY STUDENTS, as accepted from the said date	
till the completion of entire syllabus as described.	

Table-1 Course Subjects Allotted

Sr. No.	Course Subject	Course Hours	Allotted	Class Description
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10	Surgery (Gen. & Plastic)	055	Yes / No	Clinical, Class
11	ENT, OBG, Derma, Opthal	040	Yes / No	Tests, Internal
12	Paediatrics	025	Yes / No	Assessments (Theory &
13	Orthopaedics, Trauma, & Sports	060	Yes / No	Practical), etc.
14	Neurology	040	Yes / No	Tractical). etc.
15	Cardio-Thoracic	055	Yes / No	
16	Social & Preventive Medicine	040	Yes / No	

Table-2 Qualification Details

Sr. No.	Subject	Qualification	Year of	University	Total
	1 1	•	Passing		Teaching Experience
7	Pharmacology	MPhain; PhD.	2012	Rajasthan Univ	16.54%
	ph:9970744716				

Date: 15/06/2022

Place: Nandad.

Signature with Date & Address



विषय पर मौलिक शोध-प्रबन्ध स्वीकृत होने के उपरान्त डॉक्टर ऑव् फिलॉसफी (पी.एच.डी.) फार्माकोगनोसी (फार्मेसी)

की उपाधि प्रदान की गई।



This is to certify that

in September, 2013 the degree of Doctor of Philosophy (Ph.D.) PHARMACOGNOSY (PHARMACY

was conferred on.

जयपुर (राजस्थान), भारत JAIPUR (RAJASTHAN), INDIA

दिनांक / Dated : 02-02-2015







NORTH MAK A ASHTRA UNIVERSITY J. LGAON - 425 001 STATEMENT NO. (NAAC ACCREDITED * * * * MASTER OF PHARMACY (M.PHARM.) (SEM-I/II/III/IV) EXAM. HELD IN JUNE, 2007. STATEMENT OF MARKS FOR CENTRE: 1509 SEAT NO.: 28244 COLLEGE: NAME: 150051 MRUNAL KRISHNARAD SHIRSAT MARKS OBTAINED MARKS MARKS SUBJECT NAME PRACTICAL COURSE NAME SUBJECT NAME THEORY MAX TOTAL MIN MIN OBT SPECIALIZATION : PHARMACOGNOSY 118 100 58 60 100 45 ADVANCED PHARMACOGNOSY-I 138 100 45 ADVANCED ANALYTICAL TECHNIQUES 100 45 73 059 ELECTIVE-I(DRA, IPR & QUALITY ASSURANCE) NA 100 59 Grade A SEMINAR 139 64 100 45 100 45 ADVANCED PHARMACOGNOSY-II SEM-II NA ELECTIVE-II (HERBAL DRUG TECHNOLOGY) NA 100 45 65 NA ELECTIVE-III (PHARMACEUTICAL ADMINISTRATION) 100 NA 45 SEMINAR Grade SEM-III SEMINAR SEM-IV #SEMINAR 207 150 NA #DIBSERTATION & VIVA-VOCE SEM-IV 1 207/300 SEM-II : 271/400 SEM-III : A Grade SEM-I : 315/500 RESULT : FIRST CLASS GRAND TOTAL : 793/1200 15 NOV. 2007. DATE

0433926

CONTROLLER OF



STATEMENT OF MARKS

BACHELOR OF PHARMACY FINAL YEAR (MUHS SYLLABUS) Summer 2004 ROLL NO. NAME OF THE CANDIDATE COLLEGE CATEGORY MRUNAL KRISHNARAO SHIRSAT ENROLMENT NO ENG MAXIMUM MARKS MINIMUM MARKS OBTAINED SUBJECT THEORY PRACTICAL THEORY EXT INT/SES EXT INT/SES INT/SES EXT NT/SES 4001 Pharmaceutics-III 4002 Biopharmaceutics And Pharmacokinetics 4003 Pharmaceutical Chemistry (Medicinal)-II 4004 Pharmaceutical Analysis-III 4005 Pharmacology & Bioassay 4006 Pharmacognosy & Phytochemistry-II 4007 Pharmaceutical Jurisprudence(Practice Of Phar 4008 Pharmaceutical Marketing 4009 Clinical Pharmacy & Drug Interaction EXAMINATION/S BALANCED Part I PASS I Part II Part III

NOTE S F = FULL T = THEORY EXT = EXTERNAL AA = ABSENT = PRACTICAL I

Part-IV

INT = INTERNAL

THIS STATEMENT IS SUBJECT TO CORRECTION, IF ANY DATE:

17/07/04

= Passes by incentive marks vide Ordinance No. 1 Of 85
 = Passes by Grace Mades vide Ordinance No. 18 Of 2001

** = Passes by Condonation marks wide Ordinance No. 18Of 2001

CONTROLLER OF EXAMS AMRAVATI UNIVERSITY

CONSENT OF TEACHING FACULTY

1. Dr. Mr. Mis Thakawad Robit Laumanrao , with full cognizant and compliance, herewith give my consent to join as FULL-TIME / PART-TIME / GUEST / HONORARY Teaching Faculty in your - Horizon College of Physiotherapy. Vishnupun. Nanded - for teaching the COURSE SUBJECT as shown below and described to the PHYSIOTHERAPY STUDENTS, as accepted from the said date till the completion of entire syllabus as described.

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6	Pharmacology	050	Yes / No	stipulated Teaching
	Psychology & Psychiatry	050	Yes/No	Hours that includes Theory, Practical.
8	Sociology	020	Yes No	
-9	Medicine	055	Yes/No	Demonstration.
10	Surgery (Gen & Plastic)	055	Yes/No	Clinical, Class
11	ENT. OBG, Derma, Opthal	040	Yes / No	Tests, Internal
12	Paediatrics	025	Yes / No	Assessments
13	Orthopaedics, Irauma, & Sports	060	Yes / No	(Theory & Practical), etc.
14	Neurology	040	Yes / No	
15	Cardio-Thoracic	055	Yes / No	
16	Social & Preventive Medicine	040	Yes / No	

Table-2 Qualification Details

Sr. No.	Subject	Qualification	Year of Passing	University	Total Teaching Experience
1 P	suchrboan E	mBBB; DIP PSY	med.	Ranchi Univ	5 yrs.
	Diachiatry	, - , ,	2017		
	22 GENATIN				

Date: 15/06/202

Place Nanded

Signature with Datum Address

Ph - 8421912020



प्रमाणित किया जाता है कि केन्द्रीय मनश्चिकित्सा संस्थान के ठकरवाड रोहित लक्ष्मणराव को, जिन्होंने अप्रैल 2017 ई. में आयोजित डिप्लोमा इन साइकोलॉजिकल मेडिसिन परीक्षा में उत्तीर्णता प्राप्त की, आज यह उपाधि प्रदान की गयी।



RANCHI UNIVERSITY

This is to certify that THAKARWAD ROHIT LAXMANRAO of Central Institute of Psychiatry passed the Diploma in Psychological Medicine Examination held in the month of April 2017, was this day admitted to the degree.

Ranchi University, Ranchi

Dated: 29 MAR 2019

Armor Kuen Charle

Registrar

O REDMI NOTE 8 PRO
O AI QUAD CAMERA



YEAR – I (Part-Time Teachers)



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK महाराष्ट्र आरोग्य विज्ञान विद्यापीट, नाशिक

the Chancellor, Pro-Chancellor, Vice-Chancellor

Members of the Management Council, Academic Council Doctor of Medicine (Biochemistry)

confer the Degree of

Narwade Narayan Bhanudas (PRN 2112113452)

Byramjee Jeejeebhoy Medical College, Pune

for the examination held in Summer-2012 held on 5th October, 2012 at the Convocation



डॉक्टर ऑफ मेडिसीन (जीवरसायनशास्त्र) कुलपती, प्र.कुलपती, व्यवस्थापन परिषद व विद्यापरिषदेचे सदस्य कुन्नगुर आणि

3नाक्,

ही पदवी उन्हाळी-२०१२ मधील परीक्षेत उनीर्ष

पुणे येथील वैरामजी जीजीभाँय वैद्यकीय महाविद्यालया चे/च्या झाल्याबहुल

नरवाडे नारायण भानुदास

दीक्षांत समारंभात प्रदान करीत आहोत ०५ ऑक्टोबर, २०१२ च्या



VICE-CHANCELLOR / कुलगुरू

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

We, the Chancellor, the Pro-Chancellor, the Vice-Chancellor, the Members of the Management Council and the Academic Council of the Maharashtra University of Health Sciences, Nashik, certify that

Shri/Smt.

NARWADE NARAYAN BHANUDAS of GOVERNMENT MEDICAL COLLEGE, NANDED

having been examined and found duly qualified for the Bachelov of Medicine &

Bachelon of Sungery
in October-2003

conferred on him/her In testimony whereof is set the seal of the said University

the said Degree has been

PRN 0100125042

12th May 2005

Mice-CHANCELLOR

hat Chang

महाराष्ट्र आरोग्य

05012847

विज्ञान विद्यापीठ, नाशिक

आप्ही, महाराष्ट्र आरोग्य विज्ञान विद्यापीठाचे कुलप्पति, प्रकुलप्पति, कुलगुरू, व्यवस्थापन परिषद् व विद्यापरिषद् सदस्य नांदेड येथील शासकीय वैद्यकीय महाविद्यालया चे/च्या

नरवाडे नारायण भानुदास

हे/हया ऑक्टोबर-२००३ मध्ये

वैद्यक आणि शल्यचिकित्सा स्नातक

परीक्षा उत्तीर्ण झाल्याबद्दल त्यांना ही पदवी प्रदान करण्यान येत आहे. याची साक्ष म्हणून विद्यापीटाची अधिकृत मुद्रा येथे अंकित करण्यात येत आहे.

200

सुद्धा कडक



Maharashtra Medical Council, Mumbai

Registration No.: 2005/01/0368

Dated: 17/01/2005

ADDITIONAL MEDICAL QUALIFICATION REGISTRATION CERTIFICATE

Certificate No.: 3060/2012

Dated: 14/08/2012





I hereby certify that the following qualification has been duly registered in the Medical Register of the Council.

NAME

ADDITIONAL QUALIFICATION

DR. NARWADE NARAYAN BHANUDAS M. D. (BIOCHEMISTRY) MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK, 2012



No Wede.





Maharashtra Medical Council, Mumbai

ANAND COMPLEX, SECOND FLOOR, 189-A, SANE GURUJI MARG, ARTHUR ROAD NAKA, CHINCHPOKLI, MUMBAI - 400011

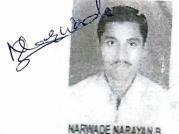
Certificate of Registration

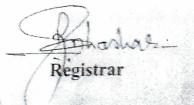
Registration No. 2005/01/0368.

This is to certify that the wi Doctor Shri/Arimati/Kumari		NARAYAN	BHANUDAS
		_possessing	the qualificati
M.B.,B.S. of (Maharashi	TRA UNIVERSITY (F HEALTH S	CIENCES, NASHIK
,	has	been duly	2004 i registered uni
the Maharashtra Medical Counc	cil Act, 1965	(Mah	XLVI of 196
in Part I of the register.			

In wtitness whereof are herewith affixed the Seal of the Maharash. Medical Council, Mumbai & the Signature of the Registrar.









		cute,		
	the Cha	ncellor Bice-Ci	jancellor	
		of the Manager		
Dr.	Bavasaheh An	ibedkar Ma	rathwada U	niversity
		Certify	X	O
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of Ze	octor of Medicine	/Ingswi	ogy S	Branch]
in	Tunes July	2003 - ,	The Degi	ree of
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	Aurangabad		To place the second sec	
pre.		A. A.	1	
	Bertificate		Vice-Char	rcellor
**				



Me,

the Chancellor, Vice-Chancellor
and Members of the Management Council of

Dr. Babasaheb Ambedkar Marathwada University

Certify

and more	that the withinsigned
Handana Bharatre	as Dudhamal
having been examined and found d	July qualified for the
Degree of Bachelor of Medicine and in — Oct / Nov 1997.	Bachelor of Surgery
in - Oct / Nov. 1997.	The Degree of

Tachelor of Medicine

has been conferred on Mer at Aurangabad, on the fifth—day of the month of February in the year two thousand.

In **Testimony** whereof are set the Seal of the said University and the signature of the said Vice-Chancellor.

Sent 1	16 2	08.	
	Nurang		
-	issue of		
	Certifical		An at a lain



Vice-Chancellor

Date

Maharashtra Medical Council

189-A, Anand Complex, 2nd Floor, Sane Guruji Marg, Arthur Road Naka, Mumbai - 400 011.

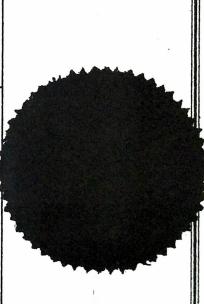
REGISTRATION CERTIFICATE FOR ADDITIONAL MEDICAL QUALIFICATION

Certificate No. 23713

Dated 26TH DECEMBER 2005

I hereby certify that the following qualification has been duly registered in the Medical Register of the Council.

NAME:	ADDITIONAL QUALIFICATION
DR. DUDHAMAL (MISS) VANDANA BHARATRAO	M.D. (PHY.) DR. BABASAHEB AMBEDKAR MARATHWADA UNIVERSITY, 2002;



Saharlas

MAHARASHTRA MEDICAL COUNCIL, MUMBAI

THE WAS TO WAS T

HOTEL REGAL PALACE BUILDING, OPP. ROXY CINEMA, MUMBAI-400 004.

>>

CERTIFICATE OF REGISTRATION

Registration No 789681

This is to certify that the within-

Signed	Behama		Doctor	Shri Shrimati	
Kumari_	DUDHAMAL	VANDANA	BHARATRAO		
possessing the qualifications of M.B.B.S.(DR. BABASAHEB AMBEDKAR MARATHWADA), 1909;					
has been duly registered under the Maharashtra Medical Council Act, 1965 (Mah. XLVI of 1965), in Part I of the register.					

In witness whereof are herewith affixed the seal of the Maharashtra Medical Council, Mumbai and the signature of the Registrar.

Dated the 22ND FEBRUARY 1999.

Registrar.





6823 MD-0022



the Chancellor, the Vice-Chancellor, members of the Board of Management and the Academic Council of the



Bharati Vidyapeeth Deemed University, Pune (India)

(Established u/s. 3 of the UGC Act 1956)

Certify that

Anand Jagannath Reddy

of Bharati Vidyapeeth's

Medical College, Pune

having been examined for the Degree of

Doctor of Medicine (Anatomy)

and having been declared to have passed its Examination in

June-2011

the Degree of

Doctor of Medicine (Anatomy)

M. D. (Anatomy)

has been conferred on him at Pune, on the

14th day of the month of January in the year Two Thousand Twelve

In Testimony whereof are set the Seal of the University and the Signatures of the Chancellor and the Vice-Chancellor.



VICE CHANCELLOR

CHANCELLOR

OF HEALTH SCIENCES, NASHIK MAHARASHTRA UNIVERSITY

certify that Management Council and the Academic the Vice-Chancellor, the Members of the Council of the Maharashtra University of We, the Chancellor, the Pro-Chancellor, Health Sciences, Nashik,

Shri/Smt.

MAMADAGE ANAND **JAGANNATHRAO**

TALEGAON DABHADE, PUNE of M.I.M.E.R. MEDICAL COLLEGE,

duly qualified for the having been examined and found

Bachelor of Medicine &

In June-2004 the said Degree has been Bachelon of Sungery

In testimony whereof is set the seal of the said University conferred on him/her.

PRN 0100127307

VICE-CHANCELLOR

विज्ञान विद्यापीठ, नाशिक महाराष्ट्र आरोग्य

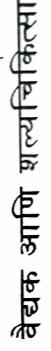
आम्ही, महाराष्ट्र आरोग्य विज्ञान विद्यापीठाचे व्यवस्थापन परिषद् व विद्यापरिषद् सदस्य कुलपति, प्रकुलपति, कुलगुरू, ॥स्वाक्रमक्षणाय विकासमूर्यधनाय व सर्वित्य ॥ प्रमाणित करतो की,

एम.आय.एम.इ.आर. वैद्यकीय तळेगांव दाभाडे, पुणे येथील

हे/हया जून-२००४ मध्ये

मामडगे आनंद जगन्नाथराव

महाविद्यालया चे/च्या



स्नातक

ही पदबी प्रदान करण्यात येत आहे. परीक्षा उत्तीर्ण झाल्याबद्दल त्यांना

याची साक्ष म्हणून विद्यापीठाची अधिकृत मुद्रा येथे अंकित करण्यात येत आहे.

सर्वा कडक









25th April 2006



Maharashtra Medical Council, Mumbai

Registration No.: 2005/12/4230

Dated: 30/12/2005

ADDITIONAL MEDICAL QUALIFICATION REGISTRATION CERTIFICATE

Certificate No.: 1955/2012

Dated: 21/06/2012



I hereby certify that the following qualification has been duly registered in the Medical Register of the Council.

NAME

ADDITIONAL QUALIFICATION

DR. REDDY ANAND JAGANNATH

M.D.(ANATOMY) BHARATI VIDYAPEETH UNIVERSITY, PUNE, 2011





REGISTRAR



Maharashtra Medical Council, Mumbai

DUPLICATE

Certificate of Registration

Registration No. 2005/12/4230

This is to certify that the withinsigned



Doctor REDDY ANAND JAGANNATHRAO

possessing the qualification M.B.B.S. of MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK, 2005 has been duly registered in part I of the register under the Maharashtra Medical Council Act, 1965 (Mah. XLVI of 1965).

This certificate is valid upto 29/12/2015.

In witness whereof are herewith affixed the Seal of the Maharashtra Medical Council, Mumbai & the Signature of the Registrar.



Dated the 30/12/2005

Duplicate Certificate With Change of Name Issued on 21/05/2012

Registrar