

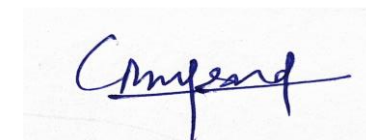
**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES,  
NASHIK SUBJECTWISE ELIGIBLE EXAMINERS LIST  
(UG Courses)**

**Name of the College:-** Matoshri Homoeopathic college

**Phone/Mobile No. :**

**Name of the Subject :** Human Antomy

Sr. No	College Name	Subject	Full name of the Teacher (First/Middle/Last)	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 years)	Latest Email Address	Contact No. (Mob.)	Debared Yes/No
1	Matoshri Homoeopathy college, Eklahare, Nashik.	Human Antomy	Dr. Gangaraju Bhavnarayana Prasad	Professor	02/06/2025	1987	2006	19 years 2 month 5 days	No	MUHS/UG/E4/4301/2438/2019 DATED 09/08/2019	533295108161	AGEP7113L	6/2/1964	gbp369@gmail.com	9146794540	No
2	Matoshri Homoeopathy college, Eklahare, Nashik.	Human Antomy	Dr. Abhishek Jayram Khode	Reader / Associate Professor	19/01/2026	2003	2008		No		760118929740	BPLPK9657L	7/13/1982	khodeabhishek16@gmail.com	9822263349	No



**Signature of Principal with Seal**

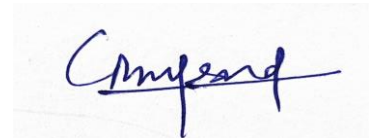
**MAHARASHTRA UNIVERSITY OF HEALTH  
SCIENCES, NASHIK SUBJECTWISE ELIGIBLE  
EXAMINERS LIST (UG Courses)**

**Name of the College:-** Matoshri Homoeopathic college

**Phone/Mobile No. :**

**Name of the Subject :** Homoeopathic Materia Medica

Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	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 years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	Matoshri Homoeopathy college Eklahare, Nashik	Homoeopathic Materia Medica	Dr. Dattatraya Lobhajirao Kadam	Professor	02/06/2025		2008	18 years	YES	MUHS/UG/E4/143120/46/2025 Dated 21/05/2025	533295108161	AGEP7113L	6/2/1964	gbp369@gmail.com	9146794540	No



Signature of Principal with Seal


**MAHARASHTRA UNIVERSITY OF HEALTH  
SCIENCES, NASHIK SUBJECTWISE ELIGIBLE  
EXAMINERS LIST (UG Courses)**

**Name of the College:-** Matoshri Homoeopathic college

**Phone/Mobile No. :**

**Name of the Subject :** Organon Of Medicine

Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	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	Adhaar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	Matoshri Homoeopathy college Eklahane, Nashik	Organon Of Medicine	Dr. Afzal Puthuparackat Kutty	Professor	02/06/2025		2006		yes	MUHS/UG/E4/4301/2438/2019 DATED 09/08/2019	533295108161	AGEP G7113L	6/2/19 (64 years)	gbp369@gmail.com	9146794540	No



Signature of Principal with Seal

**MAHARASHTRA UNIVERSITY OF HEALTH  
SCIENCES, NASHIK SUBJECTWISE ELIGIBLE**

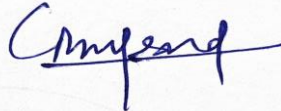
**EXAMINERS LIST (UG Courses)**

**Name of the College:-** Matoshri Homoeopathic college

**Phone/Mobile No. :**

**Name of the Subject :** Repertory & Case Taking

Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	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 years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	Matoshri Homoeopathy college, Eklahare, Nashik	Repertory & Case Taking	Dr. Mateen Ahemad Saifullah Shaikh	Professor	10/07/2025	2003	2007	13 yrs 8 month 11 days	Yes	MUHS/ E-4/UG/4308/196/2024 DATED 09/07/2024	710876100891	CCTP S8770E	10/8/1979	drm3.skhd@gmail.com	7972475591	No
2	Matoshri Homoeopathy college, Eklahare, Nashik	Repertory & Case Taking	Dr. Maya Pundlik Dambale	Reader / Associate Professor	01/02/2025	2014	2019	5years 4 months 16 days	Yes	MUHS/UG/E4/143120/46/2025 Dated 21/05/2025	481663894521	CTCP D5338M	2/16/1991	dr.maya_dambale@rediffmail.com	9765626099	No



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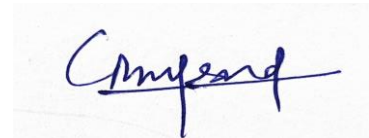
**MAHARASHTRA UNIVERSITY OF HEALTH  
SCIENCES, NASHIK SUBJECTWISE ELIGIBLE  
EXAMINERS LIST (UG Courses)**

**Name of the College:-** Matoshri Homoeopathic college

**Phone/Mobile No. :**

**Name of the Subject :** Pharmacy

Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	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	Adhaar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	Matoshri Homoeopathy college Eklahare, Nashik	Pharmacy	Dr. Neha Bharat Gare	Reader / Associate Professor	15/04/2025	2008	2017	08 years 9 month 23 days	Yes	MUHS/UG/E4/143120/46/2025 Dated 21/05/2025	593517323999	AMG PG47 21L	11/11/1986	nehagare@gmail.com	9309027406	No



Signature of Principal with Seal


**MAHARASHTRA UNIVERSITY OF HEALTH  
SCIENCES, NASHIK SUBJECTWISE ELIGIBLE  
EXAMINERS LIST (UG Courses)**

**Name of the College:-** Matoshri Homoeopathic college

**Phone/Mobile No. :**

**Name of the Subject :** Physiology

Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	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 years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	Matoshri Homoeopathy college, Eklahare, Nashik	Physiology	Dr. SHARAD SHANKARRAO THORAT	Professor	10/07/2025		2002	23 years 22 days	Yes	MUHS/ E4/4302/3093/2003 DATED 16/06/2003	453610964484		10/8/1979		9422766070	No
2	Matoshri Homoeopathy college, Eklahare, Nashik	Physiology	Dr. Dhanashree Prasad Choudhari	Reader / Associate Professor	18/09/2024	2005	2018		Yes	MUHS/UG/E4/4301/2438/2019 DATED 09/08/2019	395149087599	AHRPC 9036E	2/16/1991	drdhanshreec@gmail.com	9850447907	No



**Signature of Principal with Seal**

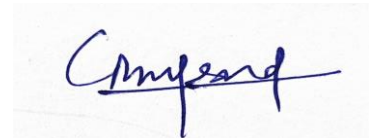
**MAHARASHTRA UNIVERSITY OF HEALTH  
SCIENCES, NASHIK SUBJECTWISE ELIGIBLE  
EXAMINERS LIST (UG Courses)**

**Name of the College:-** Matoshri Homoeopathic college

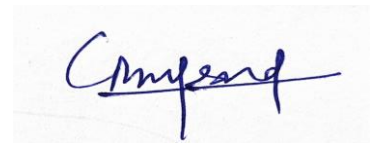
**Phone/Mobile No. :**

**Name of the Subject :** Obstetrics & Gynecology

Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debared Yes/No
1	Matoshri Homoeopathy college, Eklahare, Nashik	Obstetrics & Gynecology	JITENDRA ASHOK LUNKAD	Reader / Associate Professor	20/05/2025	2004	2009	5 years 3 month			326006197598	ACVP L1512 B	11/5/1981	drlunkad@rediffmail.com	9403538411	No



Signature of Principal with Seal

A handwritten signature in black ink, appearing to read "C. Myer", is written on a light-colored rectangular background.

**Signature of Principal with Seal**