


**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG COURSES)**

**Name of the College** - Sancheti Institute for Orthopaedics & Rehabilitation, Post Graduate College,16, Shivajinagar, Pune - 411005.

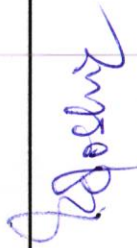
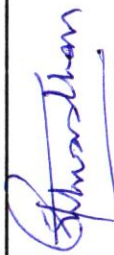
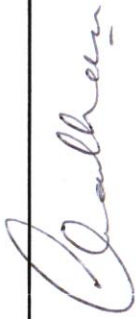
**Office No.** 020 - 25536262 / 28999134

**Name of the Subject** - Orthopaedics


A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	
Sr. No.	Name of Teacher (Last Name, First Name, Middle Name)	Designation	Subject / Speciality	Type of Appointment (Regular / Temp. Honorary)	Qualification	University Approval (UG)	PG Teaching Experience (in Years) (After PG)	PG Teacher Recognition (Yes / No)	Recognition letter Date issued by University	No. of PG Students guided last 5 Year	Date of Birth & Age	Email ID	Mobile No.	Aadhar Card No.	If debarred, specify with details (Yes /No)	Signature of Teacher
1	Dr. Sancheti Parag Kantilal	Professor & Dean	Orthopaedics	Regular	M.S.Ortho., DNB (Ortho), F.ASIF (SWISS), M.Ch. (Ortho.)		30	Yes	MUHS/PG/E-1/ Sancheti Inst/54/08 Date – 25/01/2008  MUHS/PG/E-1/ 6202/1521/13 Date – 11/06/2013  MUHS/PG/E- 1/6202/2599/14 Date – 29/09/2014	13	19/05/1967	parag@sanchetihospital.org	88885 53333	5628 1549 7060	No	






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Sr. No.	Name of Teacher (Last Name, First Name, Middle Name)	Designation	Subject / Speciality	Type of Appointment (Regular / Temp. Honorary)	Qualification	University Approval (UG)	PG Teaching Experience (in Years) (After PG)	PG Teacher Recognition (Yes / No)	Recognition letter Date issued by University	No. of PG Students guided last 5 Year	Date of Birth & Age	Email ID	Mobile No.	Aadhar Card No.	If debarred, specify with details (Yes / No)	Signature of Teacher
2	Dr. Joshi Rajeev Shriprakashchandra	Professor	Orthopaedics	Regular	M.S.Ortho.		32	Yes	MUHS/PG/E-1/Sancheti Inst/430/2008 Date – 15/04/2008  MUHS/PG/E-1/6202/1521/13 Date – 11/06/2013	13	21/10/1960	ortho.joshi@gmail.com	9922742610	602476619099	No	
3	Dr. Patwardhan Sandeep Arvind	Professor	Orthopaedics	Regular	M.S. Ortho., D'Ortho. (CPS)		25	Yes	MUHS/PG/E-1/PG/6202/1267/08 Date – 10/10/2008  MUHS/PG/E-1/6202/27/2392/18 Date – 14/06/2018	13	01/08/1969	sandappa@gmail.com	9823063989	275830014723	No	
4	Dr. Pradhan Chetan Vijay	Professor	Orthopaedics	Regular	M.S.Ortho.		25	Yes	MUHS/PG/E-1/PG/6202/1267/08 Date – 10/10/2008  MUHS/PG/E-1/6202/1521/13 Date – 11/06/2013 MUHS/PG/E-1/6202/27/2392/18 Date - 14/06/2018	13	11/11/1969	pradhan.chetan@hotmail.com	9823030657	576076289370	No	





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Sr. No.	Name of Teacher (Last Name, First Name, Middle Name)	Designation	Subject / Speciality	Type of Appointment (Regular / Temp. Honorary)	Qualification	University Approval (UG)	PG Teaching Experience (in Years) (After PG)	PG Teacher Recognition (Yes / No)	Recognition letter Date issued by University	No. of PG Students guided last 5 Year	Date of Birth & Age	Email ID	Mobile No.	Aadhar Card No.	If debarred, specify with details (Yes / No)	Signature of Teacher
5	Dr. Patil Atul Ashok	Professor	Orthopaedics	Temporary	M.S. Ortho.		22	Yes	MUHS/PG/E-1/6202/789/10 Date - 05/05/2010  MUHS/PG/E-1/6202/1521/13 Date - 11/06/2013  MUHS/PG/E-1/102110/5631/2022 Date- 22/12/2022	10	27/06/1974	atulapatil@hotmail.com	9545457660	286539384628	No	
6	Dr. Puram Chetan Prabhakar	Professor	Orthopaedics	Temporary	M.S.Ortho.		20	Yes	MUHS/PG/E-1/6202/789/10 Date - 05/05/2010  MUHS/PG/E-1/6202/1521/13 Date - 11/06/2013  MUHS/PG/E-1/102110/5631/2022 Date- 22/12/2022	11	04/03/1974	chetanpuram@yahoo.com	9822055873	770973003480	No	