


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

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	Email ID	Mobile No.	Aadhar Card No.	If debarred, specify with details (Yes /No)	Signature of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr. Sancheti Parag Kantilal	Professor & Dean	Orthopaedics	Regular	M.S.Ortho., DNB (Ortho), F.ASIF (SWISS), M.Ch. (Ortho.)		31	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	14	19/05/1967	parag@sanchetihospital.org	8888553333	562815497060	No	



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	Email ID	Mobile No.	Aadhar Card No.	If debarred, specify with details (Yes / No)	Signature of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
2	Dr. Joshi Rajeev Shriprakashchandra	Professor	Orthopaedics	Regular	M.S.Ortho.		33	Yes	MUHS/PG/E-1/Sancheti Inst/430/2008 Date – 15/04/2008 MUHS/PG/E-1/6202/1521/13 Date – 11/06/2013	14	21/10/1960	ortho.joshi@gmail.com	9922742610	602476619099	No	
3	Dr. Patwardhan Sandeep Arvind	Professor	Orthopaedics	Regular	M.S. Ortho., D'Ortho. (CPS)		27	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	14	01/08/1969	sandappa@gmail.com	9823063989	275830014723	No	
4	Dr. Pradhan Chetan Vijay	Professor	Orthopaedics	Regular	M.S.Ortho.		27	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	14	11/11/1969	pradhan.chetan@hotmail.com	9823030657	576076289370	No	

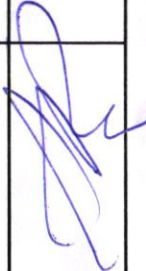
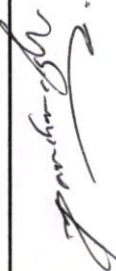


Handwritten signature in blue ink.

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	Email ID	Mobile No.	Aadhar Card No.	If debarred, specify with details (Yes /No)	Signature of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	15	17
5	Dr. Patil Atul Ashok	Associate Professor	Orthopaedics	Regular	M.S. Ortho.		23	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	27/06/1974	atulapatil@hotmail.com	9545457660	286539384628	No	<i>Atul Patil</i>
6	Dr. Puram Chetan Prabhakar	Associate Professor	Orthopaedics	Regular	M.S.Ortho.		21	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	<i>C.P. Puram</i>

Handwritten signature

ACADEMIC WING
SANCHETI TRUST FOR ORTHO & REHAB
PUNE 411 005

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	Email ID	Mobile No.	Aadhar Card No.	If debarred, specify with details (Yes /No)	Signature of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
7	Dr. Ashok Kumar Shyam Murari	Associate Professor	Orthopaedics	Regular	M.S.Ortho.		14	Yes	MUHS/PG/E-1/6202/2599/14 Date - 29/09/2014 MUHS/PG/E-1/6202/27/2392/18 Date - 14/06/2018	5	06/02/1978	drashokshyam@yahoo.co.uk	9833110366	920799328447	No	
8	Dr. Kothari Ajay Ramesh	Associate Professor	Orthopaedics	Temporary	DNB Ortho.		13	Yes	MUHS/PG/E-1/6202/27/75/21 Date - 07/01/2021 MUHS/PG/E-1/102110/5631/2022 Date- 22/12/2022	4	24/09/1981	drjaykothari@gmail.com	9324963536	738498591823	No	
9	Dr. Panchwagh Yogesh Sudhir	Assistant Professor	Orthopaedics	Regular	M.S.Ortho., DNB (Ortho.)		20	Yes	MUHS/PG/E-1/6202/27/75/21 Date - 07/01/2021 MUHS/PG/E-1/102110/5631/2022 Date- 22/12/2022	4	13/09/1975	drpanchwagh@gmail.com	9325380025	245340449038	No	


Dr. Parag Sancheti
Dean

