

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

DETAIL INFORMATION OF DEPARTMENT WISE TEACHING STAFF AS ON 15th APRIL, 2013

Name of the Dept. : **HUMAN ANATOMY**

College Phone No. : **(02141) 222643 / Fax No. (02141) 228607**

Name of the College : **K.E.S., C.H.K. Homoeopathic Medical College & Hospital, Alibag - Raigad.**

College E-mail ID : **keschkhmca@yahoo.co.uk**

Name of the Dean/ Principal : **Dr. R. J. Jain**

College Website : **www.kesalibag.edu.in**

Sr. No.	Name of the Teaching Staff	Designation	Ph. No. (Resi.)	E-mail ID	Date of Birth	Education	Date of appointment	Whether belongs to Reserved category (if so specify category)	Teach exp.		Total Teaching Exp. In years	Whether				Whether approved by University		Not approved	
									UG yrs	PG yrs		FT	PT	CHB	HON	Temporary	Permanent		Letter No. & date
01	Dr. Mrs. R. K. G. RAPATA	Professor	(02141) 226751 (0) 9422696260 (0) 9860579194	dr.rrkg@gmail.com	18.07.70	D.H.M.S.	07.12.98	No	14 yrs 1 mnth	---	14 yrs 1 mnth	Full Time	---	---	---	---	Yes	MUHS/E-4/ (UG)/4105/ 741/2010 dt. 02.03.10 as Professor	---
02	Dr. PALKAR R. S.	Guest Reader	(02141) 225873 (0) 9422493400	palkarramesh@yahoo.co.in	14.01.70	M.S. (Ortho)	16.07.03	No	17 yrs as Guest Faculty * P.E.	---	17 yrs as Guest Faculty * P.E.	---	Guest	---	---	---	---	MUHS/E-4/ (UG)/4105/ 4988/2011 dt. 30.11.11 as G. Reader	---
03	Dr. VAJESH C. PATIL	Lecturer	(0) 9270503296	vaijeshpatil@yahoo.co.in	13.04.80	B.H.M.S.	16.02.10	No	3 yrs	---	3 yrs	Full Time	---	---	---	---	Yes	MUHS/E-4/ (UG)/4105/ 741/2010 dt. 02.03.10 as Lecturer	---

* P.E. = Professional Experience.

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

DETAIL INFORMATION OF DEPARTMENT WISE TEACHING STAFF AS ON 15th APRIL, 2013

Name of the Dept. : **HUMAN PHYSIOLOGY & BIO-CHEMISTRY**

College Phone No. : **(02141) 222643 / Fax No. (02141) 228607**

Name of the College : **K.E.S., C.H.K. Homoeopathic Medical College & Hospital, Alibag - Raigad.**

College E-mail ID : **keschkhmca@yahoo.co.uk**

Name of the Dean/ Principal : **Dr. R. J. Jain**

College Website : **www.kesalibag.edu.in**

Sr. No.	Name of the Teaching Staff	Designation	Ph. No. (Resi.)	E-mail ID	Date of Birth	Education	Date of appointment	Whether belongs to Reserved category (if so specify category)	Teach exp.		Total Teaching Exp. In years	Whether				Whether approved by University		Not approved	
									UG yrs	PG yrs		FT	PT	CHB	HON	Temporary	Permanent		Letter No. & date
01	Dr. MEHTA R. V.	Professor	(02141) 227895 (0) 9272403821	mehtaravikant@gmail.com	29.03.57	G.C.E.H.	11.12.90	No	22 yrs	---	22 yrs	Full Time	---	---	---	---	Yes	MUHS/E-4/4104/1879/2005 dt. 24.05.05 as Professor	---
02	Dr. PRASHANT S. BAIKAR	Guest Reader	9273632996	keschkhmca@yahoo.co.uk	30.04.71	B.H.M.S.	16.09.11	No	1.4 yrs	---	1.4 yrs	---	Guest	---	---	---	---	MUHS/E4 (UG)/4105/1806/2012 dt. 15.05.12 as Lecturer for 1 year.	---
03	Dr. CHETNA AMRUT PATIL	Lecturer	9422494503	keschkhmca@yahoo.co.uk	16.04.77	M.D.(Hom.)	26.02.11	Yes	2 yrs	---	2 yrs	Full Time	---	---	---	---	Yes	MUHS/E4 (UG)/4105/1139/2011 dt. 09.04.11 as Lecturer	

* P.E. = Professional Experience.

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

DETAIL INFORMATION OF DEPARTMENT WISE TEACHING STAFF AS ON 15th APRIL, 2013

Name of the Dept. : **ORGANON OF MEDICINE**

College Phone No. : **(02141) 222643 / Fax No. (02141) 228607**

Name of the College : **K.E.S., C.H.K. Homoeopathic Medical College & Hospital, Alibag - Raigad.**

College E-mail ID : **keschkhmca@yahoo.co.uk**

Name of the Dean/ Principal : **Dr. R. J. Jain**

College Website : **www.kesalibag.edu.in**

Sr. No.	Name of the Teaching Staff	Designation	Ph. No. (Resi.)	E-mail ID	Date of Birth	Education	Date of appointment	Whether belongs to Reserved category (if so specify category)	Teach exp.		Total Teaching Exp. In years	Whether				Whether approved by University		Not approved	
									UG yrs	PG yrs		FT	PT	CHB	HON	Temporary	Permanent		Letter No. & date
01	Dr. JAIN R. J.	Principal & Professor	(02141) 228562 (0) 9850686663	drrjain@gmail.com	20.07.61	L.C.E.H.	02.01.89	No	24 yrs	---	24 yrs	Full Time	---	---	---	---	Yes	MUHS/E-4/4104/1879/2005 dt. 24.05.05 as Professor MUHS/E-4(UG)/4105/1139/2011 dt. 09.04.11 as Principal	---
02	DR. SACHIN EKNATH PATIL	Guest Reader	(02141) 222643	keschkhmca@yahoo.co.uk	04.02.94	M.D.(Hom.)	25.10.12	No	1 yr 6 yrs * P.E.	---	1 yr 6 yrs * P.E.	Guest	---	---	---	---	Yes	---	---
03	DR. MRS. ADITI K. SASHTE	Lecturer	(02141) 224020 (0) 9224253494 9822976476	aksashte@gmail.com	22.10.79	B.H.MS.	02.01.06	No	7 yrs 6 mnths	---	7 yrs 6 mnths	Full Time	---	---	---	---	Yes	MUHS/E-4/(UG)/4105/741/2010 dt. 02.03.10 as Lecturer	---
04	Dr. MRS. SUPRIYA VALJESH PATIL	Lecturer	9270503296	keschkhmca@yahoo.co.uk	26.05.83	B.H.MS.	16.09.11	No	5 yrs * P.E.	---	5 yrs * P.E.	Full Time	---	---	---	---	Yes	MUHS/E4(UG)/4105/1587/2012 dt. 30.04.12 as Lecturer	---

* P.E. = Professional Experience.

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

DETAIL INFORMATION OF DEPARTMENT WISE TEACHING STAFF AS ON 15th APRIL, 2013

Name of the Dept. : **HOMOEOPATHIC PHARMACY**

College Phone No. : **(02141) 222643 / Fax No. (02141) 228607**

Name of the College : **K.E.S., C.H.K. Homoeopathic Medical College & Hospital, Alibag - Raigad.**

College E-mail ID : **keschkmca@yahoo.co.uk**

Name of the Dean/ Principal : **Dr. R. J. Jain**

College Website : **www.kesalibag.edu.in**

Sr. No.	Name of the Teaching Staff	Designation	Ph. No. (Resi.)	E-mail ID	Date of Birth	Education	Date of appointment	Whether belongs to Reserved category (if so specify category)	Teach exp.		Total Teaching Exp. In years	Whether				Whether approved by University		Not approved	
									UG yrs	PG yrs		FT	PT	CHB	HON	Temporary	Permanent		Letter No. & date
01	Dr. MILIND ATMARAM BHAGAT	Professor	(0) 9370810459	keschkmca@yahoo.co.uk	25.06.76	M.D.(Hom.)	01.04.13	No	11 yrs 15 yrs * P.E.	---	11 yrs 15 yrs * P.E.	Full Time	---	---	---	---	Yes	---	---
02	Dr. SMT GAMBHIR AARTI ARVIND	Lecturer	(0) 9823596446 8888166996	gambhiraarti@yahoo.com	17.03.75	B.H.M.S.	02.01.06	No	7 yrs	---	7 yrs	Full Time	---	---	---	---	Yes	MUHS/E-4/ (UG)/4105/ 741/2010 dt. 02.03.10 as Lecturer	---

* P.E. = Professional Experience.

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

DETAIL INFORMATION OF DEPARTMENT WISE TEACHING STAFF AS ON 15th APRIL, 2013

Name of the Dept. : **MATERIA MEDICA**

College Phone No. : **(02141) 222643 / Fax No. (02141) 228607**

Name of the College : **K.E.S., C.H.K. Homoeopathic Medical College & Hospital, Alibag - Raigad.**

College E-mail ID : **keschkhmca@yahoo.co.uk**

Name of the Dean/ Principal : **Dr. R. J. Jain**

College Website : **www.kesalibag.edu.in**

Sr. No.	Name of the Teaching Staff	Designation	Ph. No. (Resi.)	E-mail ID	Date of Birth	Education	Date of appointment	Whether belongs to Reserved category (if so specify category)	Teach exp.		Total Teaching Exp. In years	Whether				Whether approved by University		Not approved	
									UG yrs	PG yrs		FT	PT	CHB	HON	Temporary	Permanent		Letter No. & date
01	Dr. MRS. DEVKATE K. A.	Professor	(02141) 227625 (0) 9325327791	kalikadevkate@gmail.com	06.08.75	M. D. (HOM.)	01.01.98	No	15 yrs 1 month	---	15 yrs 1 month	Full Time	---	---	---	---	Yes	MUHS/E-4/ (UG)/4105/ 4988/2011 dt. 30.11.11 as Professor	---
02	Dr. ANAND A. NAIK	Lecturer	(0) 9822117181 (0) 8087567587	naikanand00@gmail.com	14.01.77	B.H.M.S.	16.02.10	No	3 yrs	---	3 yrs	Full Time	---	---	---	---	Yes	MUHS/E-4/ (UG)/4105/ 741/2010 dt. 02.03.10 as Lecturer	---
03	Dr. SAMEER S. DHATAVKAR	Lecturer	9421164233 9270697304	dr1_sameer@yahoo.com	27.06.83	B.H.M.S.	16.09.11	No	1.4 yrs 6 yrs * P.E.	---	1.4 yrs 6 yrs * P.E.	Full Time	---	---	---	---	---	MUHS/E4 (UG)/4105/ 1587/2012 dt. 30.04.12 as Lecturer	---

* P.E. = Professional Experience.

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

DETAIL INFORMATION OF DEPARTMENT WISE TEACHING STAFF AS ON 15th APRIL, 2013

Name of the Dept. : **PRACTICE OF MEDICINE**

College Phone No. : **(02141) 222643 / Fax No. (02141) 228607**

Name of the College : **K.E.S., C.H.K. Homoeopathic Medical College & Hospital, Alibag - Raigad.**

College E-mail ID : **keschkhmca@yahoo.co.uk**

Name of the Dean/ Principal : **Dr. R. J. Jain**

College Website : **www.kesalibag.edu.in**

Sr. No.	Name of the Teaching Staff	Designation	Ph. No. (Resi.)	E-mail ID	Date of Birth	Education	Date of appointment	Whether belongs to Reserved category (if so specify category)	Teach exp.		Total Teaching Exp. In years	Whether				Whether approved by University		Not approved	
									UG yrs	PG yrs		FT	PT	CHB	HON	Temporary	Permanent		Letter No. & date
01	Dr. MRS. SWAPNA SUDHIR SHINDE	Professor	09422689951	swapna_2251@rediffmail.com	21.08.72	M.D. (Hom.)	01.09.00	No	12 yrs 5 mnths	---	12 yrs 5 mnths	Full Time	---	---	---	---	Yes	MUHS/E4 (UG)/4105/1129/2011 dt. 09.04.11 as Professor	---
02	Dr. YUGESH RAMA PATIL	Lecturer	9422495204	keschkhmca@yahoo.com	30.07.76	B.H.M.S.	16.09.11	No	1.4 yrs. 9 yrs * P.E.	---	1.4 yrs. 9 yrs * P.E.	Full Time	---	---	---	---	---	MUHS/E4 (UG)/4105/1587/2012 dt. 30.04.12 as Lecturer	---
02	Dr. ABHJIT YERUNKA	Lecturer	9920897668	keschkhmca@yahoo.com	22.08.80	M.D. (Hom.)	25.10.12	No	7 mnths 8 yrs * P.E.	---	7 mnths 8 yrs * P.E.	Full Time	---	---	---	---	---	---	---

* P.E. = Professional Experience.

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

DETAIL INFORMATION OF DEPARTMENT WISE TEACHING STAFF AS ON 15th APRIL, 2013

Name of the Dept. : **SURGERY, ENT & OPHTHALMOLOGY**

College Phone No. : **(02141) 222643 / Fax No. (02141) 228607**

Name of the College : **K.E.S., C.H.K. Homoeopathic Medical College & Hospital, Alibag - Raigad.**

College E-mail ID : **keschkhmca@yahoo.co.uk**

Name of the Dean/ Principal : **Dr. R. J. Jain**

College Website : **www.kesalibag.edu.in**

Sr. No.	Name of the Teaching Staff	Designation	Ph. No. (Resi.)	E-mail ID	Date of Birth	Education	Date of appointment	Whether belongs to Reserved category (if so specify category)	Teach exp.		Total Teaching Exp. In years	Whether				Whether approved by University		Not approved	
									UG yrs	PG yrs		FT	PT	CHB	HON	Temporary	Permanent		Letter No. & date
01	Dr. ASHISH ASHOK BHAGAT	Professor	(02141) 226170 (0) 9822302313	ashu1411@yahoo.com	03.06.78	M.D. (Hom.)	04.06.01	No	12 yrs	---	12 yrs	Full Time	---	---	---	---	Yes	MUHS/E4 (UG)/4105/ 1587/2012 dt. 30.04.12 as Professor	---
02	Dr. VILAS JANARDAN PATIL	Guest Reader	(02141) 222643	keschkhmca@yahoo.com	23.12.50	M.S. (Gen.Sur.)	16.07.03	No	12 yrs	---	12 yrs	Guest	---	---	---	---	Yes	---	---
									8 yrs * P.E.		8 yrs * P.E.								
03	Dr. Mrs. RAKHI AMIT JOSHI	Lecturer	(02141) 641417 (0) 9545721210	rajoshi09@gmail.com	02.05.82	B.H.M.S.	16.08.10	No	2 yrs.	---	2 yrs.	Full Time	---	---	---	---	Yes	MUHS/E4 (UG)/4105/ 1129/2011 dt. 09.04.11 as Lecturer	---

* P.E. = Professional Experience.

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

DETAIL INFORMATION OF DEPARTMENT WISE TEACHING STAFF AS ON 15th APRIL, 2013

Name of the Dept. : **OBSTETRICS & GYNAECOLOGY**

College Phone No. : **(02141) 222643 / Fax No. (02141) 228607**

Name of the College : **K.E.S., C.H.K. Homoeopathic Medical College & Hospital, Alibag - Raigad.**

College E-mail ID : **keschkhmca@yahoo.co.uk**

Name of the Dean/ Principal : **Dr. R. J. Jain**

College Website : **www.kesalibag.edu.in**

Sr. No.	Name of the Teaching Staff	Designation	Ph. No. (Resi.)	E-mail ID	Date of Birth	Education	Date of appointment	Whether belongs to Reserved category (if so specify category)	Teach exp.		Total Teaching Exp. In years	Whether				Whether approved by University		Not approved	
									UG yrs	PG yrs		FT	PT	CHB	HON	Temporary	Permanent		Letter No. & date
01	Dr. MRS. NAMRATA VIJAY THAKUR	Professor	(02141) 221930 9850556595	vinamra.thakur1@gmail.com	30.11.68	M. D. (Hom.)	01.11.95	No	17 yrs 2 mnths	---	17 yrs 2 mnths	Full Time	---	---	---	---	Yes	MUHS/E-4/ (UG)/4105/ 741/2010 dt. 02.03.10 as Professor	---
02	Dr. MRS. MEGHA M. GHATE	Guest Reader	(02141) 225065 (0)9850829865	keschkhmca@yahoo.com	14.04.63	M.B.B.S., D.G.O.	09.06.04	No	10.1 yrs as Guest Faculty 24 yrs * P.E.	---	10.1 yrs as Guest Faculty 24 yrs * P.E.	---	Guest			---	Yes	MUHS/E4 (UG)/4105/ 1129/2011 dt. 09.04.11 as G. Reader	---
03	Dr. MRS. KAVITA K. KANTAK (ULE)	Lecturer	9225710329 9422594520	keschkhmca@yahoo.com	09.10.77	B.H.M.S.	16.09.11	No	1.4 yrs 7 yrs * P.E.	---	1.4 yrs 7 yrs * P.E.	Full Time	---			---	---	MUHS/E4 (UG)/4105/ 1587/2012 dt. 30.04.12 as Lecturer	---

* P.E. = Professional Experience.

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

DETAIL INFORMATION OF DEPARTMENT WISE TEACHING STAFF AS ON 15th APRIL, 2013

Name of the Dept. : **PATHOLOGY, BACTERIOLOGY & PARASITOLOGY**

College Phone No. : **(02141) 222643 / Fax No. (02141) 228607**

Name of the College : **K.E.S., C.H.K. Homoeopathic Medical College & Hospital, Alibag - Raigad.**

College E-mail ID : **keschkhmca@yahoo.co.uk**

Name of the Dean/ Principal : **Dr. R. J. Jain**

College Website : **www.kesalibag.edu.in**

Sr. No.	Name of the Teaching Staff	Designation	Ph. No. (Resi.)	E-mail ID	Date of Birth	Education	Date of appointment	Whether belongs to Reserved category (if so specify category)	Teach exp.		Total Teaching Exp. In years	Whether				Whether approved by University		Not approved	
									UG yrs	PG yrs		FT	PT	CHB	HON	Temporary	Permanent		Letter No. & date
01	DR. NABAR K.V.	Guest Professor	(02141) 222643 (0) 9422690300	keschkhmca@yahoo.com	04.12.61	M.B.B.S. MCPS, DVD	16.07.03	No	9.6 yrs as Guest Faculty 33 yrs * P.E.	---	9.6 yrs as Guest Faculty 33 yrs * P.E.	---	Guest	---	---	---	Yes	MUHS/E4 (UG)/4105/ 1129/2011 dt. 09.04.11 as G. Professor	---
02	Dr. MRS. SWATI RAKESH VIRKUD	Lecturer	9420836829	dalvi.swati@yahoo.com	04.06.79	B.H.M.S.	16.05.11	No	1.9 yrs. 7 yrs * P.E.	---	1.9 yrs. 7 yrs * P.E.	Full Time	---	---	---	---	Yes	MUHS/E4 (UG)/4105/ 1587/2012 dt. 30.04.12 as Lecturer	---

* P.E. = Professional Experience.

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

DETAIL INFORMATION OF DEPARTMENT WISE TEACHING STAFF AS ON 15th APRIL, 2013

Name of the Dept. : **COMMUNITY MEDICINE / P.S.M.**

College Phone No. : **(02141) 222643 / Fax No. (02141) 228607**

Name of the College : **K.E.S., C.H.K. Homoeopathic Medical College & Hospital, Alibag - Raigad.**

College E-mail ID : **keschkhmca@yahoo.co.uk**

Name of the Dean/ Principal : **Dr. R. J. Jain**

College Website : **www.kesalibag.edu.in**

Sr. No.	Name of the Teaching Staff	Designation	Ph. No. (Resi.)	E-mail ID	Date of Birth	Education	Date of appointment	Whether belongs to Reserved category (if so specify category)	Teach exp.		Total Teaching Exp. In years	Whether				Whether approved by University		Not approved	
									UG yrs	PG yrs		FT	PT	CHB	HON	Temporary	Permanent		Letter No. & date
01	DR. RAJENDRA G. CHANDORKAR	Guest Professor	(02141) 223907	keschkhmca@yahoo.com	01.06.71	M.D. (Paed.) D.C.H.	16.07.03	No	9.6 yrs as Guest Faculty 13 yrs * P.E.	---	9.6 yrs as Guest Faculty 13 yrs * P.E.	---	Guest	---	---	---	---	MUHS/E4 (UG)/4105/1587/2012 dt. 30.04.12 as G. Professor	---
02	Dr. KIRAN H. JAIN	Lecturer	(02141) 222643	keschkhmca@yahoo.com	08.06.78	B.H.M.S.	02.01.06	No	6 yrs 12 yrs * P.E.	---	6 yrs 12 yrs * P.E.	Full Time	---	---	---	---	Yes	---	---

* P.E. = Professional Experience.

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
DETAIL INFORMATION OF DEPARTMENT WISE TEACHING STAFF AS ON 15th APRIL, 2013

Name of the Dept. : **FORENSIC MEDICINE & TOXICOLOGY**

College Phone No. : **(02141) 222643 / Fax No. (02141) 228607**

Name of the College : **K.E.S., C.H.K. Homoeopathic Medical College & Hospital, Alibag - Raigad.**

College E-mail ID : **keschkhmca@yahoo.co.uk**

Name of the Dean/ Principal : **Dr. R. J. Jain**

College Website : **www.kesalibag.edu.in**

Sr. No.	Name of the Teaching Staff	Designation	Ph. No. (Resi.)	E-mail ID	Date of Birth	Education	Date of appointment	Whether belongs to Reserved category (if so)	Teach exp.		Total Teaching Exp. In years	Whether				Whether approved by University		Not approved	
									UG yrs	PG yrs		FT	PT	CHB	HON	Temporary	Permanent		Letter No. & date
01	DR. ARCHANA S. PATIL	Guest Professor	9158752425 9158752426	keschkhmca@yahoo.com	16.02.73	B.H.M.S.	16.09.11	No	1.4 yrs as Guest Faculty	---	1.4 yrs as Guest Faculty	---	Guest	---	---	---	---	MUHS/E4 (UG)/4105/1587/2012 dt. 30.04.12 as G. Professor	---
02	DR. MRS. SAKSHI GAUTAM PATIL	Lecturer	(02141) 225514 (0) 9226960056	drsakshigautampatil@rediffmail.com	20.10.78	B.H.M.S.	02.06.06	No	6 yrs	---	6 yrs	Full Time	---	---	---	Yes	MUHS/E4 4104/2007/3113 dt. 25.05.07 as Lecturer	---	

* P.E. = Professional Experience.

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
DETAIL INFORMATION OF DEPARTMENT WISE TEACHING STAFF AS ON 15th APRIL, 2013

Name of the Dept. : **CASE TAKING & REPERTORISATION**

College Phone No. : **(02141) 222643 / Fax No. (02141) 228607**

Name of the College : **K.E.S., C.H.K. Homoeopathic Medical College & Hospital, Alibag - Raigad.**

College E-mail ID : **keschkhmca@yahoo.co.uk**

Name of the Dean/ Principal : **Dr. R. J. Jain**

College Website : **www.kesalibag.edu.in**

Sr. No.	Name of the Teaching Staff	Designation	Ph. No. (Resi.)	E-mail ID	Date of Birth	Education	Date of appointment	Whether belongs to Reserved category (if so)	Teach exp.		Total Teaching Exp. In years	Whether				Whether approved by University		Not approved	
									UG yrs	PG yrs		FT	PT	CHB	HON	Temporary	Permanent		Letter No. & date
01	Dr. Mrs. SHEETAL MILIND BHAAT	Reader	9604528090	keschkhmca@yahoo.com	21.10.77	M.D.(Hom.)	01.04.13	No	11 yrs	---	11 yrs	Full Time	---	---	---	---	---	MUHS/E4 (UG)/4105/1587/2012 dt. 30.04.12 as Lecturer	---
									15 yrs * P.E.	---	15 yrs * P.E.								
02	Dr. Mrs. SONALI ANAND NAIK	Lecturer	9881398471	drsonalinaik@gmail.com	18.08.83	B.H.M.S.	16.11.10	No	2 yrs 2 mnths	---	2 yrs 2 mnths	Full Time	---	---	---	---	---	MUHS/E4 (UG)/4105/1587/2012 dt. 30.04.12 as Lecturer	---
									6 yrs * P.E.	---	6 yrs * P.E.								

* P.E. = Professional Experience.