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- Scanned copy of nomination letter such as BOS and academic council



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

दिंडोरी रोड, म्हसळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

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**डॉ. कलिदास द. चव्हाण**

एम.बी.बी.एस., एम.डी. (न्यायवैद्यकशास्त्र)

**कुलसचिव**

**Dr. Kalidas D. Chavan**

M.B.B.S., M.D.(Forensic Medicine)

**Registrar**

**Ref. No. MUHS/ELN/A-656/2020**

**Date: 23/10/2020**

**TO WHOM SO EVER IT MAY CONCERN**

This is to certify that, **Dr. Arun Wamanrao Patil** was member of the following authority in the Maharashtra University of Health Sciences, Act 1998.

The details are as follows.

Sr. No.	Name of the member	Name of the Authority /Body	Tenure	Nature of membership (Section of the MUHS Act, 1998 )
01	<b>Dr. Arun Wamanrao Patil</b>	B.O.S. IN Para-Clinical Medical Subjects (UG)	27/09/2012 to 26/09/2017	36 (3) (c) (iii) (b)
02		Faculty of Medicine		32 (5) (c)

**Registrar**







**MUHS**

# महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**

(An ISO 9001:2008 Certified University)

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**डॉ. कालिदास द. चव्हाण**

एम.बी.बी.एस, एम.डी. (न्यायवैद्यकशास्त्र),

**परीक्षा नियंत्रक**

**Dr. Kalidas D. Chavan**

M.B.B.S., M.D. (Forensic Medicine)

**Controller of Examinations**

Ref. No. MUHS/XC/3471/2019

Date: 08/07/2019

**Confidential**

To,

**Dr. Vijay B. Patil,**

: Chairman

MVPS Dr. Vasantao Pawar Medical College,

Hospital & Research Centre,

Vasantdada Nagar, Adgaon,

Nashik - 422003.

**Dr. Mahesh R. Mitra,**

: Member

N.D.M.V.P.'s College of Physiotherapy,

Dr. Vasantao Pawar Medical College & Hospital

Vasantdada Nagar, Adgaon,

Nashik - 422 003.

**Dr. Deepanjali Lomte,**

: Member

Dept. of Pharmaceutical Medicine, Optometry &

Ophthalmic Science, MUHS Campus,

Nashik - 422 004.

**Sub :- Cessation of membership of Special Examination Committee appointed for Summer- 2018, Winter - 2018 & Phase-I (PG Medical) Summer-2019 Examinations.**

**Ref.** University letter No. MUHS/XC-54/001/5974/2018, Dated 23/06/18

Sir/Madam,

With reference to the above, it is intimated that the University had appointed a Special Examination Committee as per Ordinance No.01/2002 (amended) for examinations of the year 2018 vide letter cited at reference and you had been nominated as a Chairman/ member. Since, the tenure of this committee is completed; the University has appointed a new committee for the examinations of year 2019, therefore, your membership of the said committee has been over.

*Thank you very much for your co-operation extended during the functioning of Special Examination Committee's proceedings.*

With warm regards!

Yours,



(Dr. Ajit G. Pathak )  
**Controller of Examinations**

**Copy for information:-** Hon'ble Vice-Chancellor Office, MUHS, Nashik.



**MUHS**

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**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**

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**Dr. Kalidas D. Chavan**

M.B.B.S., M.D.(Forensic Medicine)

**Controller of Examinations**

Ref. No. MUHS/XC-54/001/4289/2017

Date: 27/06/2017

**Confidential**

To,

**Dr. Vijay B. Patil,**

: **Chairman**

MVPS Dr. Vasant Rao Pawar Medical College,

Hospital & Research Centre,

Vasantdada Nagar, Adgaon,

Nashik - 422003.

**Dr. Shivanand S. Tonde,**

: **Member**

A.S.S. Ayurved College,

Ganeshwadi, Panchavati,

Nashik - 422 003.

**Dr. Swanand N. Shukla,**

: **Member**

Motiwalla Homoeopathic Medical College,

Motiwalla Nagar, Gangapur,

Nashik - 422 222.

**Sub :-** Nomination on Special Examination Committee for Summer - 2017 & Winter - 2017 Examination.

Sir,

It gives me great pleasure in informing you that Hon'ble Vice-Chancellor has constituted a Special Examination Committee as per rule 65 of Ordinance 1/2014 for Summer-2017 & Winter-2017 examinations and you have been nominated as a Chairman/ Members on the said Committee.

You are requested to go through the contents of rule 66 of Ordinance 1/2014 for your necessary information. I look forward to a very fruitful and pleasant association with you during your tenure in this prestigious appointment.

You shall be entitled for TA/DA & Remuneration as per University rules.

Yours,

**Controller of Examinations**



**Enclosure:-** Extract of Ordinance 01/2014

**Copy for information:-** Hon'ble Vice-Chancellor Office, MUHS, Nashik.