



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. GAUTAM AJIT SHROFF**
Desig. : Professor & Head
Dept : Anatomy
Date of Birth : 28/11/1971
Blood Group : B+ve
Employee No : 10543

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole on Right Middle Finger
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Magan Clinic, Machali Khadak, Aurangabad
Cell : 8087667140



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. MRS. VAISHALI S. MANDHANA**
Desig. : Associate Professor
Dept : Anatomy
Date of Birth : 10/06/1972
Blood Group : O+ve
Employee No : 10516

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole on Left Side of Forehead
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : G-39, Chanakya Puri II Near Shahnoormiya Dargah,
Aurangabad Cell : 9422209404



**MAHATMA GANDHI MISSION'S
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N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. MRS. SUVARNA A. GULANIKAR**
Desig. : Assistant Professor
Dept : Anatomy
Date of Birth : 20/05/1970
Blood Group : A+ve
Employee No : 10172

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. A Mole on Right Cheek
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : 28, Matrurvandana, Pannalal Nagar, Aurangabad
Cell : 9822043053



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. SHINDE SMITA B.**
Desig. : Assistant Professor
Dept : Anatomy
Date of Birth : 17/08/1982
Employee No : 10526

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Resi. Dr. Quarters, MGM Campus, N-6 Cidco, Aurangabad.
Cell : 9405919586



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. NAWAL ANAGHA SAHEBRAO**
Desig. : Associate Professor
Date of Birth : 02/06/1980
Dept : Anatomy
Employee No : 10634

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Resi. Dr. Quarters, MGM Campus, N-6 Cidco, Aurangabad.

Cell : 9049894554



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. KHISTE SAVITA ARUN**
Desig. : Associate Professor
Dept : Anatomy
Date of Birth : 26/10/1968
Blood Group : B+ve
Employee No : 10057

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Plot No. 19 H Parijat Nagar, Near Tapadiya Park,

Sec 23-24, N-4 Cidco, Aurangabad. Cell : 9960028745



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. SHROFF AJIT GOVINDDAS**
Desig. : Medical Director
Blood Group : O+ve
Date of Birth : 15/06/1946
Employee No : 10402

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole on left hand backside
2. Mole on left eye brow

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Magan Clinic, Machali Khadak, Aurangabad

Cell : 9422290667



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr. GANJEWAR MANJIRI VAIBHAV**
Desig. : Assistant Professor
Dept : Anatomy
Date of Birth : 21/04/1984
Blood Group : B+ve
Employee No : 10836

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : 506, Silver Nest, Plot No. 5 to 11, Apna Nagar,

Aurangabad. Cell : 7720035617



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr. Shaikh Shamama Farheen**
Desig. : Assistant Professor
Dept : Anatomy
Date of Birth : 29/04/1986
Blood Group : O+ve
Employee No : 10900

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Rabia Mansion, Lane No.17, Sharif Colony, Opp. Bank

of Maharashtra, Roshan Gate, Aurangabad. Cell : 9960028745



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. SANGITA M. RANKHAMB**
Desig. : Associate Professor
Dept : Physiology
Date of Birth : 21/11/1970
Blood Group : A+ve
Employee No : 10043

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Black Mole on Left Cheek & Black Mole Back
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Shripati Niwas, Plot, No. 171, N-5, Cidco, Aurangabad Cell : 9423790176



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Mrs. PRAFULLATA S. BHAKARE**
Desig. : Lecturer
Dept : Physiology
Date of Birth : 18/02/1969
Blood Group : B+ve
Employee No : 10041

AUTHORISED SIGN.

CARD HOLDERS SIGN.

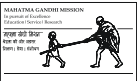
IDENTIFICATION MARK

1. Mole on Left Hand
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Swaget Plot No. 214, Samarth Nagar, Aurangabad Cell : 9404881872



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr. PHATALE SANGITA R.**
Desig. : Professor
Dept : Physiology
Date of Birth : 07/04/1973
Blood Group : O-ve
Employee No : 10757

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. A Mole on Left Side of Forehead
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : C/o R.N.Phatale, "Raghuprem" N-5, F-40, Shrinagar Colony, Near Bajrag Chowk, Cidco, Aurangabad Cell : 9860061004



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. SARKATE KIRTI PRAMOD**
Desig. : Assistant Professor
Dept : Physiology
Date of Birth : 26/07/1970
Blood Group : A+ve
Employee No : 10047

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole Over Right Hand
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Swaraj Savarnayog, Garkheda, Aurangabad Cell : 9604650555



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr.KADAM PRANITA MANISH**
Desig. : Assistant Professor
Dept : Physiology
Date of Birth : 05/06/1972
Blood Group : A+ve
Employee No : 10817

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : c/o Dr.Manish Kadam, C-10, A, N-4, CIDCO, Aurangabad Cell : 9518553627



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. PRAMOD U. SHINDE**
Desig. : Professor & HOD
Dept : Physiology
Date of Birth : 01/01/1975
Blood Group : A+ve
Employee No : 10526

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. A Scar on Lift Cheek
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : 'Shree Rajyog' Residency, Plot No. 49/50, Mukund Housing Society, Mahajan Colony, Thakare Nagar, N-2, Cidco, A.bad Cell : 9921148810



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. SAROJ V. MULKHEDE**
Desig. : Assistant Professor
Dept : Physiology
Date of Birth : 15/08/1977
Blood Group : A+ve
Employee No : 10530

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Black Mole on Chest
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Plot No. 45, Gut No. 91, Samrat Nagar, Satara Parisar, Beed by Pass Aurangabad Cell : 9403529360



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr. ISAAC DAVID NAVIN**
Desig. : Assistant Professor
Dept : Physiology
Date of Birth : 10/12/1971
Blood Group : B+ve
Employee No : 10910

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole on Mark on Left Index Finger
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : A-3, Pride Plaza, Station-MIDC Road, Vedantnagar, Aurangabad Cell : 9890031016



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **FARAHANAZ BAMAN IRANI**
Desig. : Assistant Professor
Dept : Physiology
Date of Birth : 08/02/1971
Blood Group : B+ve
Employee No : 10567

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. A Mole on Over Left Thumb
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Flat No. 1, Meridian Padmalayaa, Bhagya Nagar, Aurangabad Cell : 9922208436



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. KHAN SABA ANJUM**
Desig. : Tutor
Dept : Physiology
Date of Birth : 26/03/1977
Blood Group : A+ve
Employee No : 10956

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : H.No.CN 77, P.No.8, Arish Masjid Lane, Arish Colony, Kat-Kat Gate Road, Aurangabad Cell : 7020631355



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. DHANANJAY V. BHALE**
Desig. : Professor & HOD
Dept : Biochemistry
Date of Birth : 05/08/1975
Blood Group : O+ve
Employee No : 10108

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole on Left Forearm
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Plot No. 2, Ekta Housing, Society, Mayur Park, Road
Opp. Krishana Mangal Karyalay Aurangabad Cell : 9850779749



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr. Jadhav Benazeer Shobha Shriram**
Desig. : Associate Professor
Dept : Biochemistry
Date of Birth : 11/08/1982
Blood Group :
Employee No : 10976

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole on Left Cheek
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : 1, Jait, Parimal Colony, Pundlik Nagar, Road, Garkheda,
Aurangabad Cell : 9764133033



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. DEEPALI MILIND VAISHNAV**
Desig. : Professor
Dept : Biochemistry
Date of Birth : 11/01/1975
Blood Group : B+ve
Employee No : 10418

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole on Right Eyelid
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Flat No. 4, Suman Residency Aditya Nagar, Behind
Ulka Nageri Garkheda Aurangabad Cell : 9422011015



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr. Jambure Ashlesha Mahesh**
Desig. : Asst. Professor
Dept : Biochemistry
Date of Birth : 07/01/1983
Blood Group :
Employee No : 10819

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : A-13, Muthiyani Residency, Deep Nagar,
Darga Road, Aurangabad Cell : 7030266994



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. HOLKAR SHRIRANG RAVJI**
Desig. : Assistant Professor
Dept : Biochemistry
Date of Birth : 01/06/1965
Blood Group : O+ve
Employee No : 10009

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole on Dorsum of Right Hand
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Plot No. 15, N-12, Sector-F, CIDCO
Near ICICI ATM, Aurangabad Cell : 9421303669



MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr.Ansari Hinakausar Faiyaz Ah.**
Desig. : Assistant Professor
Dept : Biochemistry
Date of Birth : 07/10/1981
Blood Group :
Employee No : 10820

AUTHORISED SIGN.

CARD HOLDERS SIGN.

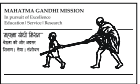
IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Plot No. 15, N-12, Sector-F, Cidco, near ICICI ATM,
Aurangabad Cell : 9028332444



MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr.Hivre Manjusha Damodar**
Desig. : Assistant Professor
Dept : Biochemistry
Date of Birth : 21/07/1984
Blood Group :
Employee No : 10754

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Flat No.1, Plot No.1, Rajlaxmi Complex,
Town Center, Aurangabad Cell : 9665275541



MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr.Anandgaonkar Ruta Prakash**
Desig. : Assistant Lecturer
Dept : Biochemistry
Date of Birth : 11/04/1977
Blood Group : O+ve
Employee No : 10916

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Plot No.2, Ekta Housing Society, Mayur Park Road,
Opp Krushna Mangal Karyalay, Harsul Area, Aurangabad Cell : 8888819022



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. ARCHANA B. BEMBDE**
Desig. : Associate Professor
Dept : Pathology
Date of Birth : 23/02/1975
Blood Group : AB+ve
Employee No : 10484

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole Over Left Forehand
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Plot. No. 31, Seven Hills, Jalna Road,
Aurangabad Cell : 9225310652



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr.SHEWALE ROHINI P.**
Desig. : Assistant Professor
Dept : Pathology
Date of Birth : 25/05/1987
Blood Group : A+ve
Employee No : 10921

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : A/1,O/1, Mayur Park, Harsool, Aurangabad.
Cell : 9421383681



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. REETA N. TAKSALI**
Desig. : Associate Professor
Dept : Pathology
Date of Birth : 24/04/1973
Blood Group : B+ve
Employee No : 10518

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole Over Left Ear
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Flat No. 4,5 Shivalik Appartment, Shilp Nagar,
Bansilal Nagar, Aurangabad Cell : 9325378882



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr.Sarwade Pramod Dattatray**
Desig. : Assistant Professor
Dept : Pathology
Date of Birth : 04/12/1987
Blood Group : B+ve
Employee No : 10933

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Plot No.44, Shivjyoti Colony, N6, Cidco,
Aurangabad. Cell : 9970799755



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. CHANDRASHEKAR BHALE**
Desig.: Professor & HOD
Dept : Pathology
Date of Birth : 12/12/1965
Blood Group : AB+ve
Employee No : 10025

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Scar Over Right Leg
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Plot No.6, N-9, D-Sector, Shree Ganesh Housing,
Cidco, Aurangabad Cell : 9371012383



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. KALE SACHIN SADANAND**
Desig. : Professor
Dept : Pathology
Date of Birth : 08/11/1973
Blood Group : A+ve
Employee No : 10077

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole on Right Cheek
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : 31, Mitranagar, Behind Akashwani
Aurangabad Cell : 9823244033



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. PINGLE SUPARNA SHARAD**
Desig. : Asso. Professor
Dept : Pathology
Date of Birth : 28/04/1970
Blood Group : O+ve
Employee No : 10046

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole Over Right Arm
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Plot No. 5, Pratap Nagar, Osmanpura, Darga Road,
Aurangabad Cell : 9860151002



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. KULKARNI SANGITA NAGESH**
Desig. : Asstt. Lecturer
Dept : Pathology
Date of Birth : 10/03/1965
Blood Group : O+ve
Employee No : 10403

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole on Nose
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Flat No. A-3, Ulkanagari, Aurangabad Cell : 9822917822



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. MAHAJAN MEERA SHANTARAM**
Desig. : Asstt. Professor
Dept : Pathology
Date of Birth : 12/10/1971
Blood Group : B+ve
Employee No : 10542

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole on Right Cheek
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : A/6 Disha Chintamani, Vivekanandpuram,
Peerbazar, Aurangabad Cell : 9850476026



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. VARE ANIL ASARAM**
Desig.: Asso. Professor
Dept : Pathology
Date of Birth : 12/02/1966
Blood Group : A+ve
Employee No : 10030

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole Over Right First Finger
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : 21, New Osmanpura, Aurangabad Cell : 9823567808



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr.PATIL ANURADHA V.**
Desig. : Asstt.Professor
Dept : Pathology
Date of Birth : 17/08/1984
Blood Group :
Employee No : 10841

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : C/o Manik Bhise, D3, Symbiosis Society, N8, CIDCO, Aurangabad Cell : 7875772517



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. BORDE NEHA DEEPAK**
Desig. : Asstt. Professor
Dept : Pathology
Date of Birth : 14/12/1984
Blood Group : A+ve
Employee No : 10858

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole on Right Cheek
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : 203, "Sheshadri Pristine" Plot No.8, Surana Nagar, Aurangabad Cell : 9423484968



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR.KADAM GANESH A.**
Desig. : Asstt.Professor
Dept : Pathology
Date of Birth : 30/04/1983
Blood Group :
Employee No : 10628

AUTHORISED SIGN.

CARD HOLDERS SIGN.

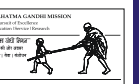
IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : 71/A, Shubham Housing Society, Zambad Estate, Shrey Nagar, Aurangabad, Cell : 9823665857



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr.Rachakarla Praveen Kumar**
Desig. : Asstt. Professor
Dept : Pathology
Date of Birth : 20/11/1984
Blood Group : B+ve
Employee No : 10938

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : H.No.Flat No.B1, Shri Sai Vihar Apt., Khadkeshwar, Aurangabad Cell : 9700151791



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr.SONTAKKE PRANITA B.**
Desig. : Asstt. Professor
Dept : Pathology
Date of Birth : 18/07/1988
Blood Group : O+ve
Employee No : 10964

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : 104, Plot. No.12, Vasant Nagar, Nr. Hedgewar Hospital, Aurangabad Cell : 9890594109



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. ANUPAMA S. WYAWAHARE**
Desig. : Professor
Dept : Microbiology
Date of Birth :18/10/1967
Blood Group : B+ve
Employee No : 10022

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole on Right Forearm
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : 49, Sarang Society, Near Gajanan Mandir, Garkheda, Aurangabad Cell : 9921241818



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr. MULAY MANJUSHREE VIJAY**
Desig. : Professor & HOD
Dept : Microbiology
Date of Birth : 29/12/1967
Blood Group : B+ve
Employee No : 10049

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole Above Right Side of Lip
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Plot No.17, A-Sector, N-1, Cidco, Aurangabad Cell : 9423451870



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr. NAIK SHRADDHA D.**
Desig. : Assistant Professor
Dept : Microbiology
Date of Birth : 04/01/1981
Blood Group :
Employee No : 10912

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : D-5, Samruddhi Park, Beed Bypass, Aurangabad Cell : 9422207287



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. VISHVESH P. BANSAL**
Desig.: Asso. Professor
Dept : Microbiology
Date of Birth : 14/07/1969
Blood Group : O+ve
Employee No : 10010

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole on Front Side of Neck
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Prakash 9/10, Govind Nagar, Near Anandpur Ashram, RTO Road, Aurangabad Cell : 9850864224



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr. POHEKAR JAYSHREE A.**
Desig. : Assistant Professor
Dept : Microbiology
Date of Birth : 15/06/1978
Blood Group : A+ve
Employee No : 10967

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : C/o Nilkanth Hospital, N2, A44, Ramnagar, Sadashivnagar, CIDCO, Aurangabad Cell : 9422207287



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. TEJESWINI G. PATHRIKAR**
Desig. : Associate Professor
Dept : Microbiology
Date of Birth : 09/09/1982
Blood Group : A+ve
Employee No : 10656

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole on Left Forearm
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Plot No. 209, Nandanwan Colony, Behind Little Flower School, Chawani Area, Aurangabad Cell : 8237846399



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **MRS. JYOTSNA K. MISHRA**
Desig. : Assistant Professor
Dept : Microbiology
Date of Birth : 03/02/1968
Blood Group : O+ve
Employee No : 10019

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. A Mole on Neck
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : C/o Anil Sharma, B-19, Indranil Appartment, Vedant Nagar, Aurangabad Cell : 9822679229



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr.Khan Heena Kausar Jaleel**
Desig. : Assistant Professor
Dept : Microbiology
Date of Birth : 15/05/1976
Blood Group : O+ve
Employee No : 10834

AUTHORISED SIGN.

CARD HOLDERS SIGN.

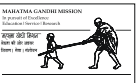
IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : H.No.2-10-60, Fazalpur, Labour Colony, Aurangabad Cell : 9673783652



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr.Kulkarni Smita Sitaram**
Desig. : Assistant Professor
Dept : Microbiology
Date of Birth : 17/07/1985
Blood Group : O+ve
Employee No : 10838

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Flat No.2, Samadhan Appt., Sandesh Nagar, Garkheda, Aurangabad Cell : 9272548907



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. DEEPAK S. BHOSALE**
Desig. : Professor & HOD
Dept : Pharmacology
Date of Birth : 10/05/1974
Blood Group : O+ve
Employee No : 10213

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole on Left Cheek
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : 31, Sai Leela Emerald City, Garkheda Parisar
Aurangabad Cell : 9422212062



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. JYOTI S. LAHANE**
Desig. : Associate Professor
Dept : Pharmacology
Date of Birth : 26/10/1974
Blood Group : B+ve
Employee No : 10099

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole on Right Cheek
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Flot No.5, Shivam Residency Plot No. 58,
Seven Hill Colony, Aurangabad Cell : 9423781558



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. DEEPALI JAYBHAYE**
Desig. : Associate Professor
Dept : Pharmacology
Date of Birth : 27/04/1980
Blood Group : A+ve
Employee No : 10585

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Black Mole Below
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Flat No. 1, Plot. No. 55, Swaranjali Apt. Laxmi Nagar,
Aurangabad Cell : 9423330726



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr. CHANDRA SHRUTI**
Desig.: Asstt. Professor
Dept : Pharmacology
Date of Birth : 12/10/1983
Blood Group :
Employee No : 10911

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : W/o Dr.Amol Ubale, 101, A-5, Millenium Park,
Chikalhana MIDC, Aurangabad. Cell : 9975336706



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr.Kardile Shradha Dattatraya**
Desig. : Asstt. Professor
Dept : Pharmacology
Date of Birth : 29/12/1987
Blood Group :
Employee No : 10963

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address :N-11, K-3/1, Navjeevan Colony, Hudco,
Aurangabad Cell : 9860922882



MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr.KADAM RAJESH D.**
Desig. : Deputy Registrar & Asso. Professor
Dept : Pharmacology
Date of Birth : 05/03/1988
Blood Group : A+ve
Employee No : 10818

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : MGM Resi. Doctors Quarters, MGM Campus N-6, Cidco,
Aurangabad Cell : 9561707496



MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr.Chavan Snehal Yeshwant**
Desig. : Asstt.Professor
Dept : Pharmacology
Date of Birth : 29/05/1993
Blood Group : A+ve
Employee No : 11011

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Behind Dwarkadas Shamkumar, Judicial Society, N6, CIDCO,
Aurangabad Cell : 7020146725



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr. Jaybhaye Prasad Laxman**
Desig. : Associate Professor
Dept : Forensic Medicine
Date of Birth : 21/12/1984
Blood Group : A+ve
Employee No : 10993

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Flat No.02, Plot No.77, Alankar Society, Garkheda
Aurangabad Cell : 7798879835



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. JAMBURE MAHESH PANDITRAO**
Desig. : Professor & HOD
Dept : Forensic Medicine
Date of Birth : 17/01/1983
Blood Group : A+ve
Employee No : 10668

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole over right Thumb
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : A-13, Muthiyar Residency, Deep Nagar,
Darga Road, Aurangabad. Cell : 9850333361



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. PRAKASH RANGNATH KULKARNI**
Desig. : Assistant Professor
Dept : F. M. T.
Date of Birth : 29/10/1953
Blood Group : O+ve
Employee No : 10595

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole at Left Index Finger
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Flat No. 1 Plot No. 7, Neha Residency, New
SBH Colony, Jyoti Nagar, Aurangabad Cell : 9822078863



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. VIJAYKUMAR S. GULWE**
Desig. : Asso. Professor
Dept : General Medicine
Date of Birth : 14/10/1967
Blood Group : A+ve
Employee No : 10581

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole on Left Hand
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : B-6, Abhishek Apt. Vedant Nagar,
Aurangabad Cell : 9326001410



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. JYOTI MILIND KHARCHE**
Desig. : Asso. Professor
Dept : General Medicine
Date of Birth : 06/03/1978
Blood Group : A+ve
Employee No : 10642

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole on Left Side of Fore Head
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : House No. 4, Vivekanad Nagar, N-4, Cidco
Aurangabad Cell : 9823709990



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. A. G. KULKARNI**
Desig. : Asso. Professor
Dept : General Medicine
Date of Birth : 04/01/1952
Blood Group : A+ve
Employee No : 10181

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole on Left Cheek
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : 178, Parijat Nagar N-5, South Cidco,
Aurangabad Cell : 9422211910



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. NIKALJE ANAND MARUTI**
Desig. : Asso. Professor
Dept : General Medicine
Date of Birth : 19/12/1968
Blood Group : B+ve
Employee No : 10612

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : R-8, Sara Nagar, N-1, Cidco, Aurangabad
Cell : 9822496190



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. SONALI RAVINDRA BHATTU**
Desig.: Associate Professor
Dept : General Medicine
Date of Birth : 12/05/1972
Blood Group : A+ve
Employee No : 10538

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole on Left Cheek
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Flat No. 8, Ganesh Apartment Shreya Nagar,
Aurangabad Cell : 99970182314



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. SYED UMAR QUADRI**
Desig. : Associate Professor
Dept : Emergency Medicine
Date of Birth : 12/02/1982
Blood Group : O+ve
Employee No : 10620

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole on Upper Lip
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : 2nd Floor, Seema Nursing Home, Azam Colony Roshan Gate, Aurangabad Cell : 9923798702



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. MANJIRI RAJIV NAIK**
Desig. : Professor & HOD
Dept : General Medicine
Date of Birth : 28/07/1971
Blood Group : B +ve
Employee No : 10071

AUTHORISED SIGN.

CARD HOLDERS SIGN.

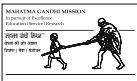
IDENTIFICATION MARK

1. A Mole on Left Cheek
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Ketki Hospital N-3, Cidco, Plot. No. 477, Near Kamgar Chowk, Aurangabad Cell : 9422202905



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. MAHENDRA WAWHAL**
Desig. : Asso. Professor
Dept : General Medicine
Date of Birth : 10/09/1970
Blood Group : O+ve
Employee No : 10501

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole on Right Cheek
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Vishnu Nagar, V-C/12, Behind A-1, R.S. Aurangabad Cell : 9271212232



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. SOMANI B. K.**
Desig. : Medical Superintendant
Dept : General Medicine
Date of Birth : 25/11/1951
Blood Group :
Employee No : 10154

AUTHORISED SIGN.

CARD HOLDERS SIGN.

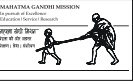
IDENTIFICATION MARK


1. _____
2. _____


INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : N7, J-14, Jaylaxmi Colony, CIDCO, Aurangabad Cell : 7588521705


**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
 N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100


Name : DR. BANGAR SACHIN ARJUN
 Desig. : Associate Professor
 Dept : General Medicine
 Date of Birth : 02/04/1979
 Blood Group : B+ve
 Employee No : 10689


 AUTHORISED SIGN. CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Scar over left upper eye brow _____
 2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Resident Doctors Quarters, MGM Campus, N-6, Cidco
 Aurangabad Cell : 8692063338, 8898142181


**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
 N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100


Name : DR. SONI NAMITA ANAND
 Desig. : Associate Professor
 Dept : General Medicine
 Date of Birth : 30/03/1981
 Blood Group : O +ve
 Employee No : 10685


 AUTHORISED SIGN. CARD HOLDERS SIGN.


IDENTIFICATION MARK


1. _____
 2. _____


INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Flat No. 4, 1st Floor, Samyak Plaza, Bl. No.
 6A, Cannought Cidco, Cell : 9421178888


**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
 N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100


Name : DR. SONI ANAND ASHOK
 Desig. : Asstt. Professor
 Dept : General Medicine
 Date of Birth : 08/08/1980
 Blood Group : O +ve
 Employee No : 10793


 AUTHORISED SIGN. CARD HOLDERS SIGN.


IDENTIFICATION MARK


1. _____
 2. _____


INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Flat No. 4, 1st Floor, Samyak Plaza, Bl. No. 6 A,
 Cannought Cidco, Aurangabad Cell : 9167300052


**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
 N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100


Name : Dr. SANAP SANDEEP M.
 Desig. : Assistant Professor
 Dept : General Medicine
 Date of Birth : 03/06/1986
 Blood Group : O +ve
 Employee No : 10958


 AUTHORISED SIGN. CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
 2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Om Niwas, A41, F1, N-4, CIDCO, Aurangabad.
 Cell : 9422212447



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr.Kothare Amit Vishwanath**
Desig. : Assistant Professor
Dept : General Medicine
Date of Birth : 31/03/1986
Blood Group : AB+ve
Employee No : 10960

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : BM-2160, Thakre Nagar, N2, CIDCO,
Aurangabad Cell : 9923949999



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr. Mohite Ashok Rohidas**
Desig. : Assistant Professor
Dept : General Medicine
Date of Birth : 11/06/1982
Blood Group :
Employee No : 10859

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Flat No.4, Plot No.39, Laxmi Vishnu Apartment,
Surana Nagar, Nr.7 hills, behind shiva in hotel, Aurangabad Cell : 9920621611



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr. Toshniwal Manoj Murlidhar**
Desig. : Assistant Professor
Dept : General Medicine
Date of Birth : 03/02/1985
Blood Group :
Employee No : 10884

AUTHORISED SIGN.

CARD HOLDERS SIGN.

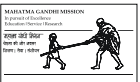
IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : 604, 6th Floor, Building A, Ved Mantra, Near Gajanan,
Maharaj Mandir, Aurangabad Cell : 9028359012



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr.Kausadikar Shripad R.**
Desig. : Assistant Professor
Dept : General Medicine
Date of Birth : 04/02/1984
Blood Group : A+ve
Employee No : 10986

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Shriramhari Aprt., N2, CIDCO, Aurangabad.
Cell : 9909928993



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr.SHEIKH DANISH SATTAR**
Desig. : Assistant Professor
Dept : General Medicine
Date of Birth : 20/02/1991
Blood Group : B+ve
Employee No : 10959

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : 14/2 Shabistan Colony, Besides IKON Hospital,
Aurangabad Cell : 9822818832



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : Dr.DIVEKAR SAGAR KAILASH
Desig. : Assistant Professor
Dept : General Medicine
Date of Birth : 26/09/1984
Blood Group : O+ve
Employee No : 11052

ShrMMH

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : H.No.966, Shubhashree Colony, N6, CIDCO,
Aurangabad Cell : 8237741678



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : Dr.Ghadge Sushe Limbaji
Desig. : Assistant Professor
Dept : General Medicine
Date of Birth : 13/12/1985
Blood Group : B+ve
Employee No : 10992

ShrMMH

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Silver Pearl's Apart., Flat No.12, 3rd Floor, Ulkanagari,
Garkheda, Aurangabad Cell : 8237930615



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : Dr.Deshmukh Farhan Sharief
Desig. : Senior Resident
Dept : General Medicine
Date of Birth : 06/09/1989
Blood Group : A+ve
Employee No : 10995

ShrMMH

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Plot No. 53, Motiwala Nagar, Opp.MGM Hospital,
Central Naka Road, Aurangabad Cell : 7899553465



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : Dr.Paymode Prakash Dnyandeo
Desig. : Senior Resident
Dept : General Medicine
Date of Birth : 22/08/1988
Blood Group : A+ve
Employee No : 11065

ShrMMH

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : 16/2, Changle Nagar, Ambad, Dist.Jalna.
Cell : 7350937772



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **ASHISH S. DESHMUKH**
Desig. : Professor & HOD
Dept : Respiratory Medicine
Date of Birth : 07/12/1974
Blood Group : A+ve
Employee No : 10215

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole on Right Palm
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : B-16, Meadows Uptown, Stadium Durga Road, Shahanoorwadi, Aurangabad Cell : 9422205538



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. SUNIL BABURAO JADHAV**
Desig. : Asso. Professor
Dept : Respiratory Medicine
Date of Birth : 24/07/1969
Blood Group : AB+ve
Employee No : 10227

AUTHORISED SIGN.

CARD HOLDERS SIGN.

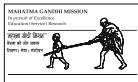
IDENTIFICATION MARK

1. Black Mole at Shin of Right Leg
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Flat No. C-2, Sai, Residency, Manjeet Nagar, Opp. Akaswani, Jalna Road, Aurangabad Cell : 9422701490



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. KASAT SHIVPRASAD PANDURANG**
Desig. : Asst. Professor
Dept : Respiratory Medicine
Date of Birth : 26/11/1979
Blood Group : A+ve
Employee No : 10630

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. A Mole on Left Cheek
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : A-4, Sai, Residency, Manjeet Nagar, Opp. Near Akaswani, Jalna Road, Aurangabad Cell : 9420165297



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. DESHMUKH HAFIZ MOHD.**
Desig. : Respiratory Medicine
Dept : Respiratory Medicine
Date of Birth : 24/12/1980
Blood Group : B+ve
Employee No : 10669

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : N-12 D, Plot No. 11, Bharatmata Nagar Cidco, Aurangabad Cell : 9920557468



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. MARWALE ARUN VISHWANBHARRAO**
Desig. : Professor
Dept : Psychiatry
Date of Birth : 15/06/1959
Blood Group :
Employee No : 10536

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : 10-B, Opp. Brotherhood Church, Samta Nagar,
Aurangabad Cell : 7887487942



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. MANIK CHANGOJI BHISE**
Desig. : Professor & HOD
Dept : Psychiatry
Date of Birth : 19/12/1982
Blood Group :
Employee No : 10649

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : C/o Plto No. D/3, Shri Panditrao Jadhav
N-8, Cidco, Aurangabad Cell : 9823703068



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr. Deshmukh Deepanjali Diliprao**
Desig. : Asstt. Professor
Dept : Psychiatry
Date of Birth : 15/10/1987
Blood Group :
Employee No : 10865

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Rajdeep, Plot No. 18, Shambhumahadev Nagar,
Near Jyoti Nagar, Aurangabad Cell : 9422126783



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr. Jadhav Shraddha Shivajirao**
Desig. : Assistant Professor
Dept : Psychiatry
Date of Birth : 12/04/1991
Blood Group : O-ve
Employee No : 10898

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

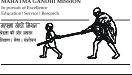
1. _____
2. _____

INSTRUCTIONS



- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Plot No.1, Shriniketan Colony, Nr. LMS, Jalna Road,
Aurangabad Cell : 9767057636

MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL
 N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. ANIRUDHA GULANIKAR**
 Desig. : Asso. Professor
 Dept : Skin & VD
 Date of Birth : 29/08/1965
 Blood Group : O+ve
 Employee No : 10387

AUTHORISED SIGN. CARD HOLDERS SIGN.

IDENTIFICATION MARK


1. Mole on Left Wrist _____
 2. _____

INSTRUCTIONS



- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : 28, Pannalal Nagar, Aurangabad Cell : 9822377963

MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL
 N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. ASHISH RAMCHANDRA DESHMUKH**
 Desig. : Professor & HOD
 Dept : Skin & VD
 Date of Birth : 29/07/1975
 Blood Group : A+ve
 Employee No : 10606

AUTHORISED SIGN. CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole on Right Cheek _____
 2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Flat No. 4, Ssubham Apt. Plot No. 17, Vidya Nagar,
 Aurangabad Cell : 9422213292

MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL
 N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. SHILPA S. PATHRIKAR**
 Desig. : Associate Professor
 Dept : Skin & VD
 Date of Birth : 15/05/1978
 Blood Group : O-ve
 Employee No : 10659




AUTHORISED SIGN. CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole on Right Cheek _____
 2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : 209, Nandanvan Colony Behind L.F.S.Cantt.
 Aurangabad Cell : 9527413388



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. SURYAWANSHI PRAVIN R.**
Desig. : Deputy Dean, Prof. & HOD of Surgery
Date of Birth : 23/10/1969
Blood Group : AB+ve
Employee No : 10082

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : 'YAHVI' 46, Seven Hills Colony, Surana Nagar,
Aurangabad. Cell : 9764999449



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. RAJGOPAL J. TOTLA**
Desig. : Associate Professor
Dept : General Surgery
Date of Birth : 29/07/1959
Blood Group : O+ve
Employee No : 10540

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole on Right Forearm
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : 29, Venkatesh Nagar, Opposite SFS School
Jalna Road, Aurangabad Cell : 9822037781



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr. PAWAR ARJUN APPARAO**
Desig. : Assistant Professor
Dept : General Surgery
Date of Birth : 22/06/1984
Blood Group : A+ve
Employee No : 10926

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : O-1, A-1, Mayur Park, Harsool, Aurangabad.,
Cell : 7303698118



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. TEJINDER SINGH CHHABADA**
Desig. : Associate Professor
Dept : General Surgery
Date of Birth : 01/11/1977
Blood Group : AB+ve
Employee No : 10540

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole Over Right Lip
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Chhabad Hospital, 88 Sant Eknath Rang Mandir,
New Osmanpura, Aurangabad Cell : 9850684545



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. MOHD ABDUL QUAYYAM KHAN**
Desig.: Associate Professor
Dept : General Surgery
Date of Birth : 02/04/1975
Blood Group : A+ve
Employee No : 10376

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole Over Right Palm
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Plot No. 25, Opposite Imperial Lawn Hattisinghpura,
Katkot Gate, Aurangabad Cell : 9422702317



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. ISHTYAQUE ANSARI**
Desig. : Associate Professor
Dept : General Surgery
Date of Birth : 25/07/1979
Blood Group : A+ve
Employee No : 10654

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole on Right Arm
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Plot No. 15, N -12, F- Sector Cidco Near
Lake New Plaza, Aurangabad Cell : 954558899



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. RAJENDRA M. SHINDE**
Desig. : Associate Professor
Dept : General Surgery
Date of Birth : 19/12/1960
Blood Group : B+ve
Employee No : 10624

AUTHORISED SIGN.

CARD HOLDERS SIGN.

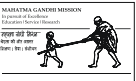
IDENTIFICATION MARK

1. Mole on Right Chest
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Janki Hospital, Bansilal Nagar, Station Road,
Aurangabad Cell : 9822044086



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. KASLIWAL NAVIN RAJENDRA**
Desig. : Associate Professor
Dept : General Surgery
Date of Birth : 03/11/1977
Blood Group :
Employee No 10654

AUTHORISED SIGN.

CARD HOLDERS SIGN.

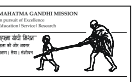
IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Plot No. 4, Sector - C4, 70WN Centre, Cidco,
Aurangabad Cell : 9370353555



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. SURYWANSHI MAHENDRA G.**
Desig. : Asstt. Professor
Dept : General Surgery
Date of Birth : 05/11/1983
Blood Group : O +ve
Employee No : 10679

AUTHORISED SIGN.

CARD HOLDERS SIGN.

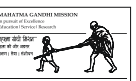
IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : B-10, Chinar Garden, Ellora Road,
Aurangabad Cell : 9630895220



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr. Deshpande Vidyanand Pramod**
Desig. : Asstt. Professor
Dept : General Surgery
Date of Birth : 25/12/1980
Blood Group : A +ve
Employee No : 10764

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : MGM Resi. Doctors Quarters, MGM Campus N-6,
Aurangabad Cell : 7744010813



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr.Karad Aruna Dinkar**
Desig. : Asstt. Professor
Dept : General Surgery
Date of Birth : 21/02/1961
Blood Group : A +ve
Employee No : 10800

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

- _____
- _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Dhanvantariya Nursing Home, C-252/2/B,
More Chowk, MIDC, Waluj, Aurangabad Cell : 7276111132



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr.Sanap Narayan Arjunrao**
Desig. : Asstt. Professor
Dept : General Surgery
Date of Birth : 19/07/1982
Blood Group : A +ve
Employee No : 10758

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

- _____
- _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : "Vrundavan" Plot No. 62, Alankar Society, Near Essar
Petrol Pump, Gajanan Mandir, Garkheda, Aurangabad Cell : 9975511201



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr.Mandhane Anirudha Madanlal**
Desig. : Asstt. Professor
Dept : General Surgery
Date of Birth : 19/12/1984
Blood Group : A +ve
Employee No : 10758

AUTHORISED SIGN.

CARD HOLDERS SIGN.

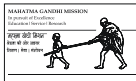
IDENTIFICATION MARK

- _____
- _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Flat No.04, Jayashri Apt., Deshmukh Nagar,
Shivajinagar, Aurangabad Cell : 8007188388



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr.KOTECHA NITIN MANIKCHAND**
Desig. : Asstt. Professor
Dept : General Surgery
Date of Birth : 10/01/1984
Blood Group :
Employee No : 10862

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

- _____
- _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : J3, Pride Enigma, Sutgirn Chowk, Garkheda,
Aurangabad Cell : 9922916803



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr.Shinde Sushilkumar Manikrao**
Desig. : Asstt. Professor
Dept : Emergency Medicine
Date of Birth : 23/11/1985
Blood Group :
Employee No : 10876

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

- _____
- _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : "Gurukripa" Plot No. 12, Survey No. 91,
New Satara Area, Sangram Nagar, Aurangabad Cell : 8860243235



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr.Kandewad Varsha Poshattirao**
Desig. : Asstt. Professor
Dept : General Surgery
Date of Birth : 25/03/1985
Blood Group :
Employee No : 10881

Shrma

AUTHORISED SIGN.

CARD HOLDERS SIGN.

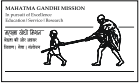
IDENTIFICATION MARK

- _____
- _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : N-9, J/27, Ranjanwan Society, CIDCO,
Aurangabad Cell : 8805986186



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr. MANTRI ADITYA DEEPAK**
Desig. : Assistant Professor
Dept : General Surgery
Date of Birth : 03/12/1988
Blood Group : O+ve
Employee No : 11005

Shrma

AUTHORISED SIGN.

CARD HOLDERS SIGN.

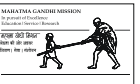
IDENTIFICATION MARK

- _____
- _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : C-404, Blue Bell Apt. N1 Road, Chikhalthana MIDC,
Besides Prozone Mall, Aurangabad Cell : 8879103447



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr.Pawar Praful Panditrao**
Desig. : Assistant Professor
Dept : General Surgery
Date of Birth : 07/04/1985
Blood Group :
Employee No : 10840

Shrma

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

- _____
- _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Vijaya Niwas, Plot No 61, Venkatesh Nagar,
Jalna Road, Aurangabad Cell : 8087077777



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr.Galande Ashok Bandurao**
Desig. : Assistant Professor
Dept : General Surgery
Date of Birth : 24/11/1983
Blood Group :
Employee No : 10886

Shrma

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

- _____
- _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Flat No.1, Plot No.12, Gurudwara Road,
Sindhi Colony, Aurangabad Cell : 9823835396



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr. BHAMRE AAKASH SUDHIR**
Desig. : Assistant Professor
Dept : General Surgery
Date of Birth : 22/06/1990
Blood Group : O+ve
Employee No : 11063

Shrma

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

- _____
- _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : MGM Resident Quarters, MGM Campus,
Aurangabad Cell : 8208514262



MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr.JAIN SIDDHARTH MOHANLAL**
Desig. : Assistant Professor
Dept : General Surgery
Date of Birth : 16/01/1988
Blood Group : A+ve
Employee No : 10988

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : MGM Resident Quarters, MGM Campus,
Aurangabad Cell : 8446101008



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. RAJENDRA N. SHEWALE**
Desig. : Professor
Dept : Orthopedic
Date of Birth : 01/06/1960
Blood Group : B+ve
Employee No : 10361

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole on Neck
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Shewale Hospital, Nutan Colony,
Aurangabad Cell : 9422210524



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. GIRISH N. GADEKAR**
Desig. : Professor & HOD
Dept : Orthopedic
Date of Birth : 04/05/1975
Blood Group : B+ve
Employee No : 10603

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole Over Left ForeHead
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Pushkar, 269-C, N-1 Cidco,
Aurangabad- 431003, Cell : 9422211910



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr. Vibhute Dinesh Prabhakar**
Desig. : Senior Resident
Dept : Orthopedic
Date of Birth : 27/08/1981
Blood Group :
Employee No : 10732

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Aurangabad
Cell : 9923990060



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr. Mapari Yogesh Madhukar**
Desig.: Senior Resident
Dept : Orthopedic
Date of Birth : 15/01/1987
Blood Group : B+ve
Employee No : 11002

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : 10, Shrinagar East Society, Behind Saurabh Wedding Hall,
Garkheda, Aurangabad Cell: 8390094222



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr. Dagdia Laxmikant Babulal**
Desig.: Asst. Professor
Dept : Orthopedic
Date of Birth : 12/10/1985
Blood Group :
Employee No : 10848

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : B-72, Nath Nagar, Behind Sindhy Colony,
Aurangabad Cell: 9823340303



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. RAJPUT YUVRAJ MAGANSING**
Desig. : Associate Professor
Dept : Orthopedic
Date of Birth : 07/12/1972
Blood Group : B+ve
Employee No : 10562

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole on Over Suprasternal Notch
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Plot. No. 7, Bajrang Chouk, N-6,Cidco, Aurangabad Cell : 9421401144



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. MANGESH PRABHAKAR PANAT**
Desig. : Asso. Professor
Dept : Orthopedic
Date of Birth : 06/05/1972
Blood Group : A+ve
Employee No : 10798

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole on Fore Head
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : 12, Sushil Society, Shreya Nagar, Aurangabad Cell : 9422207491



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr. Gaikhe Chandrashekhar Vijay**
Desig. : Asstt. Professor
Dept : Orthopedic
Date of Birth : 14/01/1985
Blood Group :
Employee No : 10866

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : C/O D.G. Kardile, N-11, K-3/1, Navjeevan Colony, Hudco, Aurangabad Cell : 9850205014



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr. Kathar Gajanan Madhavrao**
Desig. : Assistant Professor
Dept : Orthopedic
Date of Birth : 03/01/1986
Blood Group :
Employee No : 10864

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Gajanan Niwas, B6, Smashan Maroti Road, Sanjay Nagar, Near Baijipura, Aurangabad Cell : 9975073468



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr. Shinde Abhishek Trimbak**
Desig. : Assistant Professor
Dept : Orthopedic
Date of Birth : 05/02/1984
Blood Group :
Employee No : 10890

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : 10, Shrinagar East Society, Behind Saurabh Wedding Hall, Garkheda, Aurangabad Cell : 8600900626



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. PRASANNA S. MISHRIKOTKAR**
Desig. : Professor
Dept : Radiology
Date of Birth : 29/05/1966
Blood Group : B+ve
Employee No : 10031

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole on Right Hand
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : 21 / 22, Row House, Complex, Seven Colony,
Opposite Raj Hights Aurangabad Cell : 9372001332



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. POLE SHIVAJI MAROTRAO**
Desig. : Asso. Prof & Interventional Radiologist
Dept : Radiology
Date of Birth : 01/01/1979
Blood Group : B + ve
Employee No : 10652

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : C/o Mr. Shinde Shivaji, Near Jain Mandir, N-3 , Cidco
Aurangabad . Cell : 9822333380



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. DEVIDAS B. DAHIPHALE**
Desig. : Professor & HOD
Dept : Radiology
Date of Birth : 15/01/1975
Blood Group : B+ve
Employee No : 10646

AUTHORISED SIGN.

CARD HOLDERS SIGN.

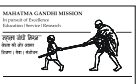
IDENTIFICATION MARK

1. Mole Over Right Thumb
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Row House No.H-4, Kasliwal Heritage, New
Shreya Nagar Aurangabad Cell : 9372207575



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. ASMITA P. SURYAWANSHI**
Desig : Associate Professor
Dept : Radiology
Date of Birth : 01/11/1974
Blood Group : AB+ve
Employee No : 10111

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole Below Right Earbrow
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Yahvi Plot No. 45,46, Seven Colony, Surana Nagar,
Aurangabad Cell : 9422211900



MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr. Joshi Saurabh Prakash**
Desig. : Assistant Professor
Dept : Radiology
Date of Birth : 17/03/1988
Blood Group : B+ve
Employee No : 10971

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address :Plot No.29, Flat No.6, 3rd Floor, Ramleela Apt.,
Aurangabad Cell : 9886521153`



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. SANHITA JITEN KULKARNI**
Desig. : Professor & HOD
Date of Birth : 18/09/1968
Blood Group : A+ve
Employee No : 10044

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole Over Neck
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : 50, Aditya Nagar, Gharkheda,
Aurangabad Cell : 9881300645



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. VASANTI MUKUND SASTURKAR**
Desig. : Professor
Dept : Anaesthesia
Date of Birth : 21/08/1970
Blood Group : A+ve
Employee No : 10037

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole Over Face
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Plot No.131, Parimal, Chintamani, Housing Society,
Tilaknagar, Aurangabad Cell : 9370668196



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. PRAMOD VASANTRAO BHALE**
Desig. : Professor
Dept : Anaesthesia
Date of Birth : 09/06/1965
Blood Group : A+ve
Employee No : 10035

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. A Mole Over Right Foot
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Plot No. 2, Ekta Housing Society, Near Mayur,
Park Road, Aurangabad Cell : 8888819021



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. SADHANA SUDHIR KULKARNI**
Desig. : Professor & HOD
Dept : Emergency Medicine
Date of Birth : 07/06/1953
Blood Group : O+ve
Employee No : 10883

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole on Left Cheek
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Advait, 113, Tilak Nagar,
Aurangabad Cell : 9422708248



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. KULKARNI PRADNYA M.**
Desig. : Associate Professor
Dept : Anaesthesia
Date of Birth : 27/03/1981
Blood Group : O + ve
Employee No : 10690

AUTHORISED SIGN.

CARD HOLDERS SIGN.


IDENTIFICATION MARK


1. _____
2. _____


INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : 109, 'Sheshadri' Nandanvan Colony,
Aurangabad Cell : 9823752665


**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
 N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100


Name : Dr.Pandav Amol Anantrao
 Desig. : Asstt.Professor
 Date of Birth : 01/06/1987
 Blood Group :
 Employee No : 10857
 Dept : Anaesthesia


 AUTHORISED SIGN. CARD HOLDERS SIGN.


IDENTIFICATION MARK


1. _____
2. _____


INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : B-8, Siddhant Dream Home, B/H Moral Kids School,
Aloknagar, Satara Parisar, Aurangabad Cell : 9420249112


**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
 N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100


Name : Dr.Jogdand Anuradha Kalyan
 Desig. : Asstt.Professor
 Date of Birth : 16/10/1983
 Blood Group :
 Employee No : 10861
 Dept : Anaesthesia


 AUTHORISED SIGN. CARD HOLDERS SIGN.

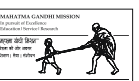
IDENTIFICATION MARK


1. _____
2. _____


INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Flat No.4, Plot No.39, Laxmi Vishnu Apartment, Surana Nagar,
Nr.7 hills, behind shiva in hotel, Aurangabad Cell : 7710926797


**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
 N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100


Name : Dr.Patangankar Jyeshthraj V.
 Desig. : Asstt.Professor
 Date of Birth : 22/01/1987
 Blood Group :
 Employee No : 10887
 Dept : Anaesthesia


 AUTHORISED SIGN. CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : C/o V.J. Patangankar, Row Bunglow No.5, Phase IV
Guruprasad Nagar, Beed Bypass, Aurangabad Cell : 8805056135



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. RAJENDRA B. BOHRA**
Desig. : Dean
Date of Birth :14/05/1961
Blood Group : O+ve
Employee No : 10086

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole on Left Forearm
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : B-2, Varad Ganesh, Apt. 241, Samartnagar,
Aurangabad Cell : 9225304660



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. REENA ANIL VARE**
Desig. : Professor & HOD
Dept : Oto-Rhino-Laryngology
Date of Birth : 13/03/1971
Blood Group : O-ve
Employee No : 10069

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole on Left Cheek
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Vare Hospital, 21, New Osampura,
Aurangabad Cell : 9823412266



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr.Rathod Jitendra Kerba**
Desig. : Asst. Professor
Dept : Oto-Rhino-Laryngology
Date of Birth : 18/04/1985
Blood Group : B+ve
Employee No : 10803

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Plot No.53, Flat No. 1, Wadkar Resi. Shivajinagar,
Aurangabad Cell : 9860155966



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. ANSARI ASHFAQUE**
Desig. : Asst. Professor
Dept : Oto-Rhino-Laryngology
Date of Birth : 25/07/1979
Blood Group : A+ve
Employee No : 10560

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole on Right Hand
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Plot. No.15, N-12, F-Sector, Cidco,
Aurangabad Cell : 9324445272



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr.Narkhede Parag Prakash**
Desig. : Assistant Professor
Dept : Oto-Rhino-Laryngology
Date of Birth : 09/05/1989
Blood Group : A+ve
Employee No : 10996

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : N7,R-78,HIG-38,MHADA colony, CIDCO,
Aurangabad Cell : 8087782465



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : Dr.Narkhede Parag Prakash
Desig. : Assistant Professor
Dept : Oto-Rhino-Laryngology
Date of Birth : 09/05/1989
Blood Group : A+ve
Employee No : 10996

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : N7,R-78,HIG-38,MHADA colony, CIDCO,
Aurangabad Cell : 8087782465



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr. SALVE SHOBHA BANSI**
Desig. : Professor & HOD
Dept : Community Medicine
Date of Birth : 25/05/1967
Blood Group :
Employee No : 10018

AUTHORISED SIGN.

CARD HOLDERS SIGN.

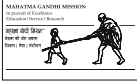
IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : 26/3, Abhilasha Apt., Sangeeta Colony,
Bhavsingpura Road, Aurangabad Cell : 9823263167



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. DASE RAJESH KESHAVRAO**
Desig. : Associate Professor
Dept : Community Medicine
Date of Birth : 31/10/1981
Blood Group : B+ve
Employee No : 10574

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole on Right Limb Leg
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : C/o. Giri House No. 112, Laxmi Nagar,
Garkheda, Aurangabad Cell : 9921100065



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. SWATI M. MAHAJAN**
Desig. : Professor
Dept : Community Medicine
Date of Birth : 17/07/1971
Blood Group : B+ve
Employee No : 10065

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole on Neck
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : 1, Sukhkarta Residency, Pannalal Nagar,
Aurangabad Cell : 9423185012



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. ADCHITRE SANGITA ARUN**
Desig. : Asso. Professor
Dept : Community Medicine
Date of Birth : 27/10/1972
Blood Group : A+ve
Employee No : 10070

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole on Right Cheek
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Adchitre Eye Hospital, Jijamata Colony, Nirala Bazar
Paithan Gate, Road Aurangabad Cell : 9423148437



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr. Tayade Deepak Narayan**
Desig. : Asstt. Professor
Dept : Community Medicine
Date of Birth : 01/06/1985
Blood Group : B+ve
Employee No : 10776

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : R.H.No.6/3, Astavinayak Housing Society, Nr.Garware Stadium,
Chikalhana, Aurangabad Cell : 7776900089



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr. Joshi Bhavna Pramod**
Desig. : Assistant Professor
Dept : Community Medicine
Date of Birth : 14/02/1985
Blood Group : O+ve
Employee No : 10913

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : R.H.No.6/3, Astavinayak Housing Society,
Nr.Garware Stadium, Chikalthana, Cell : 8600109644



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr. Takwale Glory Pranay**
Desig. : Asstt. Professor
Dept : Community Medicine
Date of Birth : 28/02/1992
Blood Group : A+ve
Employee No : 10915

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : 26/3 Abhilasha Apt., Sangita Colony,
Bhavsingpura Road, Aurangabad. Cell : 8830651079



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. SURWE RAHUL RAVINDRA**
Desig. : Asstt. Professor
Dept : Community Medicine
Date of Birth : 13/05/1980
Blood Group :
Employee No : 10601

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : 6- Lokmat apptt. Town center, Cidco,
Aurangabad. Cell : 9404510004



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr. Magare Anwaya Ramesh**
Desig. : Asstt. Professor
Dept : Community Medicine
Date of Birth : 23/06/1981
Blood Group : O+ve
Employee No : 10792

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Flat No.2, Plot No.64, Apurv Apartment,
Nandanvan Colony, Aurangabad. Cell : 9423782832



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr. Kunde Pallavi Bhimrao**
Desig. : Asstt. Professor
Dept : Community Medicine
Date of Birth : 25/11/1983
Blood Group : A+ve
Employee No : 10795

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : F1/5, Kasliwal Residency, Pratapnagar, Dargaroad,
Osmanpura, Aurangabad. Cell : 9921879799



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr. ANJALI VASANT KALE**
Desi.: Professor
Dept : Padiatrics
Date of Birth : 14/08/1956
Blood Group : A+ve
Employee No : 10186

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole on Four Head Left Side _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Dr V. M. Kale Diwan Deodi, Road
Aurangabad Cell : 9325212376



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr. MOHAMMAD HASEEB**
Desig. : Associate Professor
Dept : Padiatrics
Date of Birth : 01/01/1981
Blood Group : B+ve
Employee No : 10583

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole on Left Arm _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Banglow No. 9, Near Azad College, Rauzahag,
Aurangabad Cell : 9890057325



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr. MADHURI BHAGWAN ENGADE**
Desig. : Associate Professor & HOD
Dept : Padiatrics
Date of Birth : 09/09/1978
Blood Group : B+ve
Employee No : 10586

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Scar on Outside of Left Leg _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Plot. No. 4, Khushbu Housing Society,
Pahadsingapura Aurangabad Cell : 9404000465



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr. SIDDIQUI MOHD. SAEED**
Desig. : Asso. Professor
Dept : Padiatrics
Date of Birth : 01/12/1976
Blood Group : A+ve
Employee No : 10493

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole on Right second toe _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Plot. No. 4, Near Naaz Complex,
Altamash Colony, Aurangabad Cell : 9890307150



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr.Sangle Avinash Laxmanrao**
Desig. : Asstt. Professor
Dept : Padiatrics
Date of Birth : 15/08/1982
Blood Group : AB+ve
Employee No : 10782

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole on Right Cheek
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : 21, Om Shanti Nagar Hsg Soc., Lane No.10, Jay Bhawani Nagar,
Nr. CIDCO N-4, Aurangabad Cell : 9422119313



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr. GAVHANE SUNIL DNYANOBA**
Desig. : Associate Professor
Dept : Padiatrics
Date of Birth : 20.07.1981
Blood Group : AB + ve
Employee No : 10663

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : 86, Datta Niwas, SBH Colony, Jyoti Nagar,
Aurangabad Cell : 9158675555



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr. MAGAR SUVARNA GHANSHYAM**
Desig. : Asstt. Professor
Dept : Padiatrics
Date of Birth : 10.05.1984
Blood Group : A+ve
Employee No : 10765

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : C/o Nandini Hospital, NS-12, Near Moraya
Mangal Karyalay, Shivaji Nagar, Aurangabad Cell : 9004045137



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr.KALE AJAY BHAGWANRAO**
Desig. : Assistant Professor
Dept : Padiatrics
Date of Birth : 14/02/1986
Blood Group :
Employee No : 10807

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : BJ-Flat No.7, Singhagad, Tirupati Executive, Behind Sant
Eknath Hosp, Ulkanagari, Aurangabad Cell : 9923397000



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr. IDHATE TUSHAR BALMUKUND**
Desig. : Assistant Professor
Dept : Peadiatrics
Date of Birth : 26.07.1985
Blood Group :O +ve
Employee No : 10855

AUTHORISED SIGN.

CARD HOLDERS SIGN.



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr. INGALE VINOD CHHAGANRAO**
Desig. : Assistant Professor
Dept : Peadiatrics
Date of Birth : 09.10.1983
Blood Group :O +ve
Employee No : 10874

AUTHORISED SIGN.

CARD HOLDERS SIGN.



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr. DHULE SACHIN SUBHASH**
Desig. : Assistant Professor
Dept : Peadiatrics
Date of Birth : 15/05/1984
Blood Group : B+ve
Employee No : 10930

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : C/o Madhukar Mapari, Jivhala, In front of Garkheda area, Aurangabad Cell : 9730959654

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : C/o Madhukar Mapari, Jivhala, In front of Garkheda area, Aurangabad Cell : 9730959654

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : C/o Madhukar Mapari, Jivhala, In front of Garkheda area, Aurangabad Cell : 9967065234



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. LAXMIKANT K. BICHILE**
Desig. : Asst. Professor & HOD
Dept : Dental
Date of Birth : 02/08/1955
Blood Group : AB+ve
Employee No : 10053

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : A/7, Darshan Plaza, N-2 Cidco
Aurangabad Cell : 9422709054



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. DEEPALI L. DESHMUKH**
Desig. : Dental Surgeon
Date of Birth : 10/08/1979
Blood Group : O-ve
Employee No : 10189

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole on Cheek
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Raj Heights Flat. No.104 E Wing In Front of
MGM College N-6, Cidco, Aurangabad Cell : 9422024541



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. BASMEH ALI JAFAR**
Desig. : Dental Surgeon
Date of Birth : 07/01/1982
Blood Group : O+ve
Employee No : 20621

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole on Right Cheek Below Right Eye
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : H. No. 9-01-139, Lane No.06, Sharif Colony
Aurangabad Cell : 9623786007



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. AMEY J. RATHI**
Desig.: Asst. Professor
Dept : Dental
Date of Birth : 18/08/1984
Blood Group : O+ve
Employee No : 10655

AUTHORISED SIGN.

CARD HOLDERS SIGN.


IDENTIFICATION MARK


1. Mole on Left Upper Lip
2. _____


INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : 4, Kalyani Chandrashalin 2, Govind Nagar,
Station Road, Aurangabad Cell : 8698459911


MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL
 N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100


 Name : **DR. RACHANA G. DESHMUKH**
 Desig. : Dental Surgeon
 Date of Birth : 05/01/1981
 Blood Group : A+ve
 Employee No : 21301


 AUTHORISED SIGN.

CARD HOLDERS SIGN.


IDENTIFICATION MARK


1. Mole on Fore Head _____
 2. _____


INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Plot No. 25, Parijat Nagar, A-1, Sector N-5, Cidco, Aurangabad Cell : 9422701384


MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL
 N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100


 Name : **DR. SOMANI BADRINARAYAN K.**
 Desig. : Medical Superitendant
 Date of Birth : 25.11.1951
 Blood Group : B+ ve
 Employee No : 21154


 AUTHORISED SIGN.

CARD HOLDERS SIGN.


IDENTIFICATION MARK


1. Mole in right clavicular area _____
 2. _____


INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : N-7, J-14, Jaylaxmi Colony, Cidco, Aurangabad. Cell : 7588521705


MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL
 N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100


 Name : **Mr. Karhale Sudhakar Gopinathrao**
 Desig. : Computer Operator
 Date of Birth : 10/05/1984
 Blood Group : O+ve
 Employee No : 400542


 AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
 2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Sinhgad Colony, 16/7, M2, N-6, Cidco, Aurangabad. Cell : 9657582878



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. MUDALIAR HEMESHWARI V.**
Desig. : DYMS
Date of Birth : 10/05/1946
Blood Group : O+ ve
Employee No : 363

AUTHORISED SIGN.

CARD HOLDERS SIGN.



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. KAMALA LAXMAN DAYALANI**
Desig. : SUPERVISOR IN HOSPITAL
Date of Birth : 27/12/60
Blood Group :
Employee No : 365

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole Over Left Thumbs
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Flat No.-10, Samrath Apartments, seven hills, vijay Nager
MGM Road, Aurangabad. Cell : 9823547202

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Flat No.-16, Godavari Apartment, New Shrey Nagar,
Aurangabad. Cell : 9021712311



MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. SUDHIR G. KULKARNI**
Desig. : Professor & HOD
Dept : Medicine
Date of Birth : 10/07/1951
Blood Group : O+ve
Employee No : 142

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Scar on Chin Scar at Angle of Right Eye
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Advait, 113, Tilak Nagar,
Aurangabad Cell : 9422713691



MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. GADEKAR KSHITIJA GIRISH**
Desig. : Associate Professor
Dept : Nephrology
Date of Birth : 04/02/1977
Blood Group :
Employee No :

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : 269-C, N-1 Cidco, Aurangabad
Cell : 9422206548



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. SHISODE VINOD SHIVAJIRAO**
Desig. : Assistant Professor
Dept : Cardiology
Date of Birth : 28/12/1969
Blood Group :
Employee No : 10672

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : 02/39/02, Tapadiya Nagar, Shahnoorwadi, Aurangabad
Cell : 9822076765



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. UDGIRE PRASHANT PRABHAKAR**
Desig. : Professor & HOD
Dept : Cardiology
Date of Birth : 13/06/1979
Blood Group : O+ve
Employee No : 10658

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole Over Neck
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Flat No.2, Samadhan Apptt. Sandesh Nagar
Garkheda Parisar, Aurangabad Cell : 9503181111



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr.Aute Tukaram Sonaji**
Desig. : Assistant Professor
Dept : Cardiology
Date of Birth : 20/01/1983
Blood Group :
Employee No : 10828

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS



- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Cell : 9820482315

MAHATMA GANDHI MISSION
 N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100

**MAHATMA GANDHI MISSION'S
 MEDICAL COLLEGE & HOSPITAL**

Name : DR. YELIKAR AVINASH D.
 Desig. : Professor & HOD
 Dept : Plastic Surgery
 Date of Birth : 04/05/1956
 Blood Group :
 Employee No : 10594

AUTHORISED SIGN. CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
 2. _____

INSTRUCTIONS



- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : 12, Ashwini Hospital, Samrth Nagar,
 Aurangabad Cell : 9823097408

MAHATMA GANDHI MISSION
 N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100

**MAHATMA GANDHI MISSION'S
 MEDICAL COLLEGE & HOSPITAL**

Name : DR. PATIL ANURADHA JAGDISH
 Desig. : Associate Professor
 Dept : Plastic Surgery
 Date of Birth : 11/10/1979
 Blood Group : O +ve
 Employee No : 10682

AUTHORISED SIGN. CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole on left hand dorsum _____
 2. _____

INSTRUCTIONS



- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Plot No. 06, Gurukunj Housing Society,
 Tilak Nagar, Aurangabad Cell : 9970046660

MAHATMA GANDHI MISSION
 N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100

**MAHATMA GANDHI MISSION'S
 MEDICAL COLLEGE & HOSPITAL**

Name : DR. JITEN J. KULKARNI
 Desig. : Asso. Professor
 Dept : Plastic Surgery
 Date of Birth : 15/03/1968
 Blood Group : O+ve
 Employee No : 10192

AUTHORISED SIGN. CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole on Chest _____
 2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : 50, Aditya Nagar, Garkheda,
 Aurangabad Cell : 9822017579



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. BELAPURKAR YOGESH P.**
Desig. : Asso. Professor
Dept : CVTS
Date of Birth : 16.10.1970
Blood Group :
Employee No : 226

sharma

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Flat No. 11, Penguin Apptt., Surana Nagar,
Jalna Road, Aurangabad Cell : 9371137725



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. ANNACHHATRE SUHRID R.**
Desig. : Asstt. Professor
Dept : CVTS
Date of Birth : 14/05/1973
Blood Group :
Employee No : 229

sharma

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Plot No. 85, Ranjeet Nagar,
Aurangabad Cell : 9900244265



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. MANOHAR B. KALBANDE**
Desig.: Professor & HOD
Dept : CVTS
Date of Birth : 12/10/1954
Blood Group : B+ve
Employee No : 213

sharma

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Black Mole on Left Thumb
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : 20, Sant Ekanath Housing Society, Opp. Akashwani
Aurangabad Cell : 9822597440



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. MARTAND G. PATIL**
Desig. : Professor & HOD
Dept : Urology
Date of Birth : 02/03/1953
Blood Group : O+ve
Employee No : 10613

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole on Abdomen Right Side
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : 10 - A, Shrustivihar, New Shreya Nagar ,
Aurangabad Cell : 9823043957



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **DR. ABHAY D. MAHAJAN**
Desig. : Associate Professor
Dept : Urology
Date of Birth : 20/05/1969
Blood Group : B+ve
Employee No : 10219

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. Mole Over Right Thumb
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Sai Urology Hospital 1, Vishal Nagar, Gajanan Mandir
Road, Aurangabad Cell : 9822321224



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr. Darakh Prashant Purushottam**
Desig. : Assistant Professor
Dept : Urology
Date of Birth : 15/06/1979
Blood Group : B+ve
Employee No : 10783

AUTHORISED SIGN.

CARD HOLDERS SIGN.

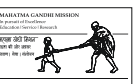
IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : 22,23 Raghuvveer Nagar, Opp. SFS Jalna Road,
Road, Aurangabad Cell : 9422240007



**MAHATMA GANDHI MISSION'S
MEDICAL COLLEGE & HOSPITAL**
N-6, CIDCO, AURANGABAD - 431 003. TEL. : 0240 - 6601100



Name : **Dr. Bathe Sandeep Trimbakrao**
Desig. : Assistant Professor
Dept : Urology
Date of Birth : 23/04/1980
Blood Group : A+ve
Employee No : 10804

AUTHORISED SIGN.

CARD HOLDERS SIGN.

IDENTIFICATION MARK

1. _____
2. _____

INSTRUCTIONS

- ▶ Finder is requested to send it to the address given below.
- ▶ The Card is not transferable.
- ▶ Card should be produced on demand.
- ▶ Loss of Card to be reported to HOI immediately.

Address : Parvati, Near Indian Oil Company, Jyoti Nagar
Aurangabad Cell : 9822321224