



**ANANTRAO KANASE**  
HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL

KULSWAMI MEDICAL FOUNDATION'S

# ANANTRAO KANASE HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL

(Recognized by -Central Council of Homoeopathy, New Delhi &  
Affiliated to Maharashtra University of Health Sciences, Nashik)

Alephata, Tal - Junnar, Dist - Pune, Pin- 412411, Tel- 7028196080, E-mail-akhmcr@hotmail.com, Website-www.akhmc.org

**Principal : Dr. GHOLAP K.V. M. D. (Hom.),CCMP.**

Ref. No. : AKHMC / 326 / 2022

Date : 05/05/2022

## COLLEGE DETAILS

Name of Trust / Society	: Kulswami Medical Foundation
Name of the College / Institute	: Anantrao Kanase Homoeopathic Medical College & Hospital
Address	: A/P- Alephata, Pune-Nashik Highway, Tal-Junnar, Dist-Pune, Pin-412411
Email ID	: akhmcr@hotmail.com
Telephone / Mobile No.(s)	: 7028196080 / 9637090640
Website	: https://akhmc.org
College Code	4211

## Details of the Dean/Principal

Name of the Dean/ Principal	: Dr. Gholap Kamlesh Vijay
Mobile No.	: 9421773740 / 9881643730
Office Landline	: 7028196080
E-mail	: kamalesh.gholap@gmail.com
Nature of Appointment	: Approved



Principal  
Anantrao Kanase Homoeopathic  
Medical College & Hospital  
Alephata





महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक  
Maharashtra University of Health Sciences, Nashik  
वणी - दिंडोरी रोड, म्हासुरुळ, नाशिक - ४२२००४, Vani-Dindori Road, Mhasrul, Nashik-422 004  
EPABX: 0253-2539100-300, Fax - 0253-2539195, Phone: 0253-2539193,235  
E-mail : academic1@muhs.ac.in Web.: www.muhs.ac.in

डॉ. कलिवदास द. चव्हाण  
एम.बी.बी.एस., एम.डी. (न्यायवैद्यकशास्त्र)  
कुलसचिव

Dr. Kalidas D. Chavan  
M.B.B.S., M.D.(Forensic Medicine)  
Registrar

Out No.: MUHS/E-4/UG/4211/1565/2020

Date: 15/12/2020.

**[Temporary approval for the post(s) of Open Category]**

To,  
The Principal,  
Anantrao Kanase Homoeopathic Medical College  
Alephata, Tal. Junnar,  
Dist. Pune - 412 411

- Sub. : Temporary Approval to the Appointment of Teacher(s).  
Ref. : 1) University Direction No. 01/2017 dated 13/04/2017  
2) Your letter No. AKHMC/485/2020 dated 29/09/2020  
3) University letter No. MUHS/UG/E4/4211/1120 dated 29/10/2020  
4) Your college E-mail dated 10/12/2020

Sir/Madam,

With reference to the subject cited above, I am directed to inform you that, the proposal of approval to the appointment of the following teachers have been considered by the University and it has been decided to grant the approval, as indicated below:-

Sr. No.	Subject	Name of the Teacher	Designation	Status of Approval
1	---	Dr. Gholap Kamlesh Vijay	Principal	Temporary upto 28/09/2022 w.e.f. date of joining i.e. 29/09/2020 subject to following conditions
2	Physiology	Dr. Gholap Kamlesh Vijay	Professor	Temporary upto 28/09/2022 w.e.f. date of joining i.e. 29/09/2020 subject to following conditions
3	Physiology	Dr. Amrita Rodrigues Lawrence	Lecturer	Temporary upto 28/09/2022 w.e.f. date of joining i.e. 29/09/2020 subject to following conditions
4	Repertory	Dr. Awari Sunita Akash	Reader	Temporary upto 28/09/2022 w.e.f. date of joining i.e. 29/09/2020 subject to following conditions
5	HMM	Dr. Shete Priya Prakash	Lecturer	Temporary upto 28/09/2022 w.e.f. date of joining i.e. 29/09/2020 subject to following conditions
6	Pathology	Dr. Shinde Jyoti Pravin	Lecturer	Temporary upto 28/09/2022 w.e.f. date of joining i.e. 29/09/2020 subject to following conditions

G.27:2020/4211/Approval letter

A.K.H.M.C. & Hospital, Alephata

Inward No. 031

Date: 27/01/2024

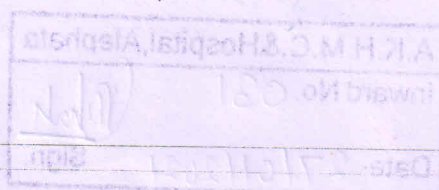
Sign.



- 1) The approval granted by the University is subject to successful completion of at least one Medical Education Technology (MET) workshop conducted by the University, within the period of one year from the date of approval. If any teacher fails to comply with the said provision, the approval granted by the Vice-Chancellor may be cancelled.
- 2) The approval granted by the University is valid till the above said teachers are in the services (teaching) of your College or attains the age of superannuation, whichever happens earlier. However, it is mandatory to prepare the Reservation Roster and get it approved from the appropriate authorities & fill up the post permanently as early as possible.
- 3) This temporary approval is granted subject to the rules and regulations of the University, from time to time, and shall be liable to be cancelled or amended, at any time, without prior notice.

  
Registrar

**Copy to:** Concern Teacher(s)





We,  
the Chancellor, Vice-Chancellor  
and Members of the Management Council of  
**Dr. Babasaheb Ambedkar Marathwada University,**  
Aurangabad (Maharashtra State), India.

Certify that the withinsigned

*Ghanshyam K. K.*

----- *Kaamlesh Vijay Ghole* -----  
Student of *Shri. Bhagwan Homoeopathic Medical College, A. Bad.*

having been examined and found duly qualified for the  
degree of Medicine Homoeopathic

(Homoeopathic ----- *Repertory* -----)

Branch in - *July / August* - 2007 The Degree of

**Doctor of Medicine**

in  
(Homoeopathic ----- *Repertory* -----)

has been conferred on ----- *him* ----- at Aurangabad, on the  
*eleventh* ----- day of the month of ----- *March* ----- in the year  
*two thousand eight* -----

In Testimony whereof are set the Seal of the said University  
and the signature of the said Vice-Chancellor.

Seat No. - *355* -----

Place: Aurangabad

Date of issue of the

Degree Certificate - *7 NOV 2008*

Vice-Chancellor