**Annexure**-**B**

Information or **Professors**/Associate Professors/Assistant Professors willing to undertake

Examinations work for Maharashtra Public Service Commission.

Name of subject: Veterinary Surgery and Radiology

| **Sr. No.** | **Particulars** | **Detail Information** |
| --- | --- | --- |
| 1. | Name of Prof/Asso.Prof/Asst. Prof. | Dr. S. B. Akhare |
| 2. | Designation | Professor and Head |
| 3. | Date of Birth | 12/03/1973 |
|  | Contact Details | 9881309416 |
|  | Email Id Personal | [sandeepakhare@yahoo.co.in](mailto:sandeepakhare@yahoo.co.in) |
| 4. | Mobile No. | 9881309416 |
|  | Office Phone No. | 0712-2511402 |
|  | Residence Phone No. | 9881303416 |
| 5. | Full Address of Residence | Plot no. 16/5, F-202, Parul Apartment, Giripeth, Nagpur-10 |
| 6. | Name of University | Maharashtra Animal and Fishery Sciences University, Nagpur-01 |
| 7. | Name of College/Institute | Nagpur Veterinary College, Nagpur |
| 8. | Full Address of College | Seminary Hills, High Land Drive Road, Nagpur-06 |
| 9. | Faculty or Department | Department of Veterinary Surgery and Radiology |
| 10. | Subject | Veterinary Surgery and Radiology |
| 11. | Educational Qualification | M.V.Sc., Ph.D. |
| 12. | Specialization, if any | Soft Tissue Surgery, Diagnostic Imaging Techniques |
| 13. | University Approval Reference | - |
| 14. | Total Teaching Experience in Years | 24 Years |
| 15. | University Examinations Experience in Years | 24 Years |
| 16. | If required, years of retirement | 9 Years remained |
| 17. | Other related information | - |