

ANNEXURE- XIII -C

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

Name of the College : DR. SHUBHANGI PRADIP PATIL AYURVEDIC MEDICAL COLLEGE , Phone/Mobile No. :9511317111 , Name of the Subject :

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp./ Honorary)	Qualification	University Appox at (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University.)	No. of PG Students Guided last 5 year	Date of Birth	E-mail ID	Mobile No.	Aadhar Card No	If Debarred (Yes/ No)	Sign. of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
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N/A



SP
PRINCIPAL
 Dr. Shubhangi Pradip Patil Ayurvedic
 Medical college, Korochi - Ichalkaranji
 CARE HOSPITAL