

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

ANNEXURE- XIII -C

Name of the College :

Phone/Mobile No. :

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 Approx at (UG)	PG Teaching Experienc e (in Years) after PGM	PG Teacher Recopnil ion Yes/No	(Recognition Letter Date issued by University.)	No. of PG Student s Guided last 5 year	Date of Birth	E-mall ID	Mobile No.	Aadhar Card No	If Debar red (Yes/ No)	Sign.. of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1																
2																
3		NOT APPLICABLE														
4																
5																
6																
7																
8																
9																

(Signature)

PRINCIPAL
S.R.C. Ayurved Mahavidyalaya
Chikhli, Dist. Buldana - 430001