

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

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 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
1																
2							N/A									
3																
4																
5																
6																
7																

Signature of Principal with Seal

**PRINCIPAL**  
**Takhatmal Shrivallabhi**  
**Homoeopathic Medical College**  
**Hospital, Rajapeth, Amravati**

1. Hard copy & soft copy of this Annexure must be submitted to the University.
2. The information must be made available on the College website.