

ANNEXURE – VIII-B

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

Name of the College :
Phone/Mobile No. :
Name of the Subject :

S. No.	College Name	Subject	Fill name of the Teacher (First Name Middle Name Last Name)	Designation	Type of Appointment (Regular / Temp. / Honorary)	Qualification (UG/PG)	Teaching Experience after PG Passing	PG Teacher Recognition (Yes/No)	No. of PG Students guided in last 5 years	Date of Birth (Age in Year)	Latest Email Addresses	Contact Nos. (Mob)	Adhar No	Debarred Yes/No	Signature of Teacher
							Not Applicable								



Principal
Indian Institute of Medical
Sciences Ayurved College
At. Post Manori, Tal. Dindori, Dist. Nashik

Signature of Member

Signature of Member

Signature of Chairman