ANNEXURE – VIII-A

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

Name of the College : Dr.Bhanudas Dhere College of Ayurved
Phone/Mobile No. : 9960212188
Name of the Subject : Rachana Sharir

Sr. No.	College Name	Subject	Name of Teacher (Last Name, First Name Middle Name)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years	Latest Email Address	Contact No. (Mob.)	Debared Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17

NA

Signature of Member Signature of Member Signature of Chairman

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 Exerience 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 Address	Contact Nos. (Mob)	Adhar No	Debarred Yes/ No	Signature of Teacher
	NA														

Signature of Member Signature of Member Signature of Chairman