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

Name of the College: DR. S.P.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 Appoint ment (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	lf Debar red (Yes/ No)	Sign of Teacher
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PRINCIPAL

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