

ANNEXURE - VIII-A

MAHARAJA GYAN UNIVERSITY OF HEALTH SCIENCES, NAGPUR
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)



Name of the College : Dr. Shubhangi Pradip Patil Ayurvedic Medical College, Korochi-Ichalkaranji

Phone/ Mobile No :

Name of the Subject : Swasthavritta & Yoga

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.)	Debarred Yes / No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr. Shubhangi Pradip Patil	Swasthavritta & Yoga	Dr. Ranjit Sadashivrao Patil	Professor	31-05-2022	2002	2008	16Y 3Months	Yes	No194/2024 24-04-2024	3068 8167 4216	AZTPP58 50D	29-01-1980	dranjeetay u@gmail.c om	9823709500	
2	Ayurvedic Medical College, Korochi-Ichalkaranji	Swasthavritta & Yoga	Dr. Mohanadasif Abdulraja Kakikar	Lecturer	01-06-2023	2015	2020	1Y 10 Months	-	-	6246 7372 2693	DOAPK7 704A	07-05-1993	mak07051993@gmail.c om	7721939764	
3			Mr. Aniket Anand Kamble	Yoga Teacher	01-10-2022	2013	2017	2Y 2Months	-	-	3745 1515 2917	DBXPK5 725F	17-05-1991	kambleanik et823@gm ail.com	9960461630	

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

Name of the College : Dr. Shubhangi Pradip Patil Ayurvedic Medical College, Korochi-Ichalkaranji
 Phone/ Mobile No :
 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.)	Debarred Yes / No
1	Shubhangi Pradip Patil Ayurvedic Medical College, Korochi-Ichalkaranji	Rachana Sharir	Dr. Atul Sudhakar Mankar	Professor	01-05-2023	1997	2002	20 Y	Yes	No194/2024 16-04-2024	8588 0184 9567	AKZPM5 640F	17-01-1976	dr.atulmankar@rediffmail.com	9422045446	
2	Dr. Sandesh Dilip Arekar	Lecture	01-01-2023	2011	2020	3Y 10 Months	Yes	1645/2023 27-05-2023	7602 3743 6150	BILPA92 51J	10-06-1987	sandesh7arekar@gmail.com	9595134910			

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Name of the College : Dr. Shubhangi Pradip Patil Ayurvedic Medical College, Korochi-Ichalkaranji
 Phone/ Mobile No :
 Name of the Subject : Kriya Sharir



1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
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.)	Debarred Yes / No
1	Dr. Shubhangi Pradip Patil	Kriya Sharir	Dr. Ranjit Rajaram Patil Dinde	Reader	01-04-2023	2011	2016	8Y 2Months	Yes	1645/2023 27-05-2023	5316 0137 5030	BTNPPD65 94D	18-07-1981	dr.ranjitdinde@gmail.com	9860997557	
2	Ayurvedic Medical College, Korochi-Ichalkaranji	Kriya Sharir	Dr. Dipiti Atul Mankar	Lecture	01-05-2023	2004	2013	6Y 3Months	Yes	1645/2023 27-05-2023	6963 4778 8882	AIQPT87 08A	25-12-1982	dipitimankar.r.dr@gmail.com	9403492525	

Name of the College : Dr. Shubhangi Pradip Patil Ayurvedic Medical College, Korochi-Ichalkaranji
 Phone/ Mobile No :
 Name of the Subject : Dravyaguna

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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 Passings	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.)	Debarred Yes / No
1	Dr. Shubhangi Pradip Patil	Dravyaguna	Dr. Nikhil Jayaram Patil	Reader	20-10-2023	2007	2012	8Y 10Months	-	-	7896 9735 6402	AYGPP37 57K	15-04-1985	dr.nikhil.patil@yahoo.com	9850656664	
2	Ayurvedic Medical College, Korochi-Ichalkaranji	Dravyaguna	Dr. Priya Sambhaji Mohite	Lecture	12-05-1995	2017	2022	2y, 4Months	-	-	7794 6503 2313	DMFPM6 862L	12-05-1995	mohitepriyasambhaji@gmail.com	7559429723	

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 Name of the College : Dr. Shubhangi Pradip Patil Ayurvedic Medical College, Korochi-Ichalkaranji
 Phone/ Mobile No :
 Name of the Subject : Rasa Shastra & Bhaisajya Kalpana



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 Passings	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.)	Debarred Yes / No
1	Dr. Shubhangi Pradip Patil	Rasa Shastra & Bhaisajya Kalpana	Dr. Tushar Baburao Kaskar	Professor	20-01-2025	1993	1999	12Y 10Months	-	-	2870 1532 3296	AHLPK39 53C	17-05-1971	dtushar17@gmail.com	9422596416	
2	Ayurvedic Medical College, Korochi-Ichalkaranji	Rasa Shastra & Bhaisajya Kalpana	Dr. Arnol Dhulgonda Patil	Lecture	04-12-2024	2009	2024	2Months	-	-	5367 6978 8611	BVQPP29 83R	04-12-1985	amolpatil1956@gmail.com	9595723800	
3			Dr. Pallavi Makarand Athavale	Lecture	28-12-2024	2018	2023	2Months	-	-	3906 2355 5982	BWBPA3 455K	04-05-1997	pallavi8vale@gmail.com	8329568203	

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Name of the College : Dr. Shubhangi Pradip Patil Ayurvedic Medical College, Korochi-Ichalkaranji
Phone/ Mobile No :
Name of the Subject : Rognidan avum Vikriti Vigyan

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.)	Debarred Yes / No
1	Dr. Shubhangi Pradip Patil Ayurvedic Medical College, Korochi-Ichalkaranji	Rognidan avum Vikriti Vigyan	Dr. Mukund Wamanrao Mokashi	Professor	18-12-2024	1987	1991	32Y	-	-	6532 1652 8205	AAUPM2 207P	05-05-1964	mvmokashi@rediffmai l.com	9423858458	
2	Dr. Shubhangi Pradip Patil Ayurvedic Medical College, Korochi-Ichalkaranji	Rognidan avum Vikriti Vigyan	Dr. Raviraj Vasant Nikam	Lecture	07-01-2025	2012	2018	8 Months	-	-	8168 0838 3257	AHILPN52 00H	02-02-1990	ravirajnika m5368@g mail.com	9890389589	

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Name of the College : Dr. Shubhangi Pradip Patil Ayurvedic Medical College, Korochi-Ichalkaranji

Phone/ Mobile No :

Name of the Subject : Agad Tantra ayum Vidhi Vaidyaka



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.)	Debarred Yes / No
1	Dr. Shubhangi Pradip Patil Ayurvedic Medical College, Korochi-Ichalkaranji	Agad Tantra Avum Vidhi Vaidyaka	Dr. Sheetal Prashant Patil	Reader	18-03-2024	2004	2014	7Y 3Months	-	-	4387 5061 2989	AQQPP18 29C	12-12-1980	sheetalprashant212@gmail.com	8928987531	
2	Dr. Shubhangi Pradip Patil Ayurvedic Medical College, Korochi-Ichalkaranji	Agad Tantra Avum Vidhi Vaidyaka	Prasad Dinkar Mohite	Lecture	01-11-2023	2004	2022	1Y 3Months	-	-	7634 2890 4506	BPPPM68 06H	25-07-1982	drprasadmohite@gmail.com	9271698001	