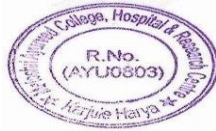


Name of the college : Matoshri  
Ayurved College Hospital &  
Research Center Ph./Mob.  
No. : 02488-299407  
Name of the Subject :

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

Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	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																	
2																	
3																	
4																	
5																	
6			Not Applicable														
7																	
8																	
9																	
10																	
11																	
12																	



  
**Principal**  
Matoshri Ayurved College,  
Hospital and Research Center,  
Karjule Harya(Ahmednagar)

