

# ANNEXURE – VIII-B

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

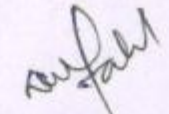
Name of the College :  
Phone/Mobile No. :  
Name of the Subject :

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

Signature of Member

Signature of Member

Signature of Chairman

  
Principal

Dhanwantari Ayurved Medical  
College Udgir Dist. Latur - 413517