

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

Name of the College :

Phone/Mobile No. :

Name of the Subject :

NOT APPLICABLE

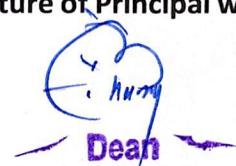
Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/. Temp. / Honorary	Qualification	University Approx at (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University.)	No. of PG Students Guided last 5 year	Date of Birth	E-mail ID	Mobile No.	Aadhar Card No	If Debarred (Yes/No)	Sign.. of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1																
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1. Hard copy &amp; soft copy of this Annexure must be submitted to the University.

2. The information must be made available on the College website.



Signature of Principal with Seal



Dean  
**Government Homoeopathy  
 College, Jalgaon**