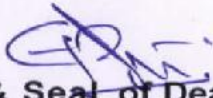


MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**SUBJECT WISE TEACHER LIST TO INCLUDE NAME IN PANEL FOR P.G. EXAMINATIONS OF MUHS, NASHIK**

(The Proforma should be sent separately for each subject)

(Include Name of only eligible PG Recognized Teachers and Guides from the department) for which college holds affiliation (Running PG Course)

| A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P |
|---------|-----------------------|---------|---|-------------|---|--------------------------|---|------------------------------------|---|---------------------|-----------|------------|-----------------|--|------------------|
| Sr. No. | College Name | Subject | Name of Teacher (Last Name First Name Middle Name) | Designation | Type of Appointment (Regular / Temp. / Honorary) | Qualification (UG/PG) | PG Teaching Experience after PG Passing | PG Teacher Recognition (Yes/No) | No. of PG Students guided in last 5 years | Date of Birth & Age | E-mail ID | Mobile No. | Aadhar Card No. | If Debarred specify with details (Yes/No) | Sign. of Teacher |
| 1 | Not Applicable | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |


Signature & Seal of Dean/Principal
Acting Principal
 (Chaitanya Ayurved Mahavidyalaya,
 Sakegaon, Tal Bhusawal)