

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

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

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																
2																
3																
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5																
6																
7																

Signature of Principal with Seal

1. Hard copy & soft copy of this Annexure must be submitted to the University.
2. The information must be made available on the College website.