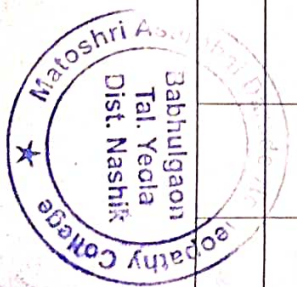


MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

Name of the College : *Matoshri Asarabai Darade Homoeopathy college, Babhulgaon Yeola*
Phone/Mobile No. : *9822524202*
Name of the Subject : *- N.A.*

Sl. 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
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NA



Principal

Matoshri Asarabai Darade
Signature of Principal with Seal
Babhulgaon, Tal. Yeola Dist. Nashik