

Name of the college : Matoshri Ayurved College Hospital & Research Center Ph./Mob. No. : 02488-299407 Name of the Subject :				MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK SUBJECTWISE <u>ELIGIBLE EXAMINERS</u> LIST (UG Courses)													ANNEXURE- XIII -B	
Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualificatio n & year of Passing	PG Qualificatio n & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17		
1																		
2																		
3																		
4																		
5																		
6			Not Applicable															
7																		
8																		
9																		
10																		
11																		
12																		



  
**Principal**  
 Matoshri Ayurved College,  
 Hospital and Research Center,  
 Karjule Harya(Ahmednagar)

