

## ANNEXURE- XIII -C

**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	<b>N.A</b>														
2															
3															
4															



  
**Principal**  
 Anjaneya Ayurved College  
 and Hospital, Nashik

Signature &amp; Seal of Dean/Principal