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)

1	4	w	2	-	No.	7
					Sr. College Name Subject	,
					Subject	-
					Name of Teacher (Last Name First Name Middle Name)	
					Type of Appoint Appoint Ment (Regular (UG/PG) (Temp. / Honorary	ţ.
		-			Type of Appoint ment (Regular / Temp. / Honorary	-
		<u> </u>			Qualification (UG/PG)	G
			-		PG PG Teaching Teacher No. of PG Date Experience Recognit Students of E-mail Mobile Aadhar specify of Passing (Yes/No) last 5 Age Passing (Yes/No) Last 5 Age Passing PG Date Debarred of Sign. Debarred of Passing (Yes/No) Last 5 Age (Yes/No) Last 5 Age (Yes/No)	Н
					PG Teacher Recognit ion (Yes/No)	_
					No. of PG Students guided in last 5 years	J
					Date of Birth & Age	X
					E-mail ID	L
					Mobile No.	Z
					Aadhar Card No.	Z
					If Debarred specify with details (Yes/No)	0
				V	Sign. of Teach	P

Signature & Sealph Dean/Principal

Karmavir V.T.Randhir Ayurved College,Boradi, Tal.Shirpur,Dist.Dhule 425 428