ANNEXURE- VIII -B

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : SWAMI VIVEKANAND AYURVED MEDICAL COLLEGE AND RESEARCH CENTER, AT/P- PARGAON SUDRIK TAL- SHROGONDA DIST- AHMEDNAGAR

Phone/Mobile No. : 02487- 271112

Name of the Subject : SAMHITA & SIDHANT

Sr. No	COLLEGE NAME	SUBJECT NAME	FULL NAME OF THE TEACHER (First/Middle/ Last)	Designation	Type of Appiontment (Regular/Temp./Honorary	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	PG Teacher Recognition (Yes/No)	No. of PG Students guided in last 5 years	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Adhar No.	Debarred Yes/No	Signature of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	SWAMI VIVEKANAND AYURVED MEDICAL COLLEGE AND RESEARCH CENTER	Samhita & siddahnt,	DR. KULKARNI ANITA BALASAHEB	READER	Regular	BAMS 2007	MD Ayurved Siddhant and Siddhant 2012	6 years 8 month	NO	NO	10-10-1984 (40)	kulkarnidranita@gmail.com	84465 38652	9757 0474 6449	NO	
2		Sanskrit	VD. SAHASRABUDDHE SWAPNIL ANIL	LECTURER	Regular	B.A.M.S 1996	MA SANSKRIT 2015	06 Year 04 DAYS	NO	NO	15-05-1974 (49)	aaiclinic2001@gmail.com	98507 47642	7707 4749 5430	NO	

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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : SWAMI VIVEKANAND AYURVED MEDICAL COLLEGE AND RESEARCH CENTER, AT/P- PARGAON SUDRIK TAL- SHROGONDA DIST- AHMEDNAGAR
Phone/Mobile No. : 02487- 271112
Name of the Subject : KRIYA SHARIR

Sr. No	COLLEGE NAME	SUBJECT NAME	FULL NAME OF THE TEACHER (First/Middle/Last)	Designation	Type of Appiontment (Regular/Temp./Honorary	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	PG Teacher Recognition (Yes/No)	No. of PG Students guided in last 5 years	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Adhar No.	Debarred Yes/No	Signature of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	SWAMI VIVEKANAND AYURVED MEDICAL COLLEGE AND RESEARCH CENTER	Kriya Sharir	VD. RASKAR SOMNATH SAHADU	READER	Regular	BAMS 2012	MD KRIYA SHARIR 2016	07 YEAR 6 MONTH	No	No	11.10.1987 (36)	nochangesp@gmail.com	72192 80265	5769 7109 4553	NO	
2			DR. HINGE KANCHAN YOGESH	LECTURER	Regular	BAMS 2011	MD KRIYA SHARIR 2016	13Year 0 MONTH 9 DAYS	No	No	13-08-1985 (39)	kanchanhinge@gmail.com	9096009330	436921 323220	NO	

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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : SWAMI VIVEKANAND AYURVED MEDICAL COLLEGE AND RESEARCH CENTER, AT/P- PARGAON SUDRIK TAL- SHROGONDA DIST- AHMEDNAGAR
Phone/Mobile No. : 02487- 271112
Name of the Subject : RACHANA SHARIR

Sr. No	COLLEGE NAME	SUBJECT NAME	FULL NAME OF THE TEACHER (First/Middle/Last)	Designation	Type of Appiontment (Regular/Temp./ Honorary	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	PG Teacher Recognition (Yes/No)	No. of PG Students guided in last 5 years	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Adhar No.	Debarred Yes/No	Signature of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	SWAMI VIVEKANAND AYURVED MEDICAL COLLEGE AND RESEARCH CENTER	Rachana Sharir	VD. DESHPANDE MAHESH NARAYNRAO	READER	Regular	BAMS 2006	MD RACHANA SHARIR 2016	7 Year 8 Month	No	No	22-07-1984 (40)	dr.maheshnd@gmail.com	99233 33070	4272 8648 7674	NO	

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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : SWAMI VIVEKANAND AYURVED MEDICAL COLLEGE AND RESEARCH CENTER, AT/P- PARGAON SUDRIK TAL- SHROGONDA DIST- AHMEDNAGAR

Phone/Mobile No. : 02487- 271112

Name of the Subject : DRAVYAGUNA VIGYANA

Sr. No	COLLEGE NAME	SUBJECT NAME	FULL NAME OF THE TEACHER (First/Middle/Last)	Designation	Type of Appiontment (Regular/Temp./Honorary	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	PG Teacher Recognition (Yes/No)	No. of PG Students guided in last 5 years	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Adhar No.	Debarred Yes/No	Signature of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	SWAMI VIVEKANAND AYURVED MEDICAL COLLEGE AND RESEARCH CENTER	Dravyagun Vigyan	DR. KADAM VIRAJ PRAKASH	READER	Regular	BAMS 2012	MD Dravyaguna 2016	6 Year 8 Month	No	No	10/02/1989 (35)	drvirajkadam102@gmail.com	95036 56262	9685 5243 5736	NO	

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SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : SWAMI VIVEKANAND AYURVED MEDICAL COLLEGE AND RESEARCH CENTER, AT/P- PARGAON SUDRIK TAL- SHROGONDA DIST- AHMEDNAGAR

Phone/Mobile No. : 02487- 271112

Name of the Subject : RASA SHASTRA

Sr. No	COLLEGE NAME	SUBJECT NAME	FULL NAME OF THE TEACHER (First/Middle/ Last)	Designation	Type of Appiontment (Regular/Temp./Honorary	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	PG Teacher Recognition (Yes/No)	No. of PG Students guided in last 5 years	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Adhar No.	Debarred Yes/No	Signature of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	SWAMI VIVEKANAND AYURVED MEDICAL COLLEGE AND RESEARCH CENTER	Rasshastra evan bhaisjya kalpana	DR. KADAM AJIT JAGANNATH	Principal	Regular	BAMS 1997	MD Rasashtra and Bhaishjya kalpana 2003	20 Year 11 Month	No	No	02/09/1975 (49)	ayudermatology@gmail.com	93712 76560	3297 1090 2814	NO	
2			DR. DANI MAYURI MUKUNDA	READER	Regular	BAMS 2013	MD Rasashtra and Bhaishjya kalpana 2017	06 YEAR 07 MONTH	No	No	22/02/1990 (34)	mayuridani.md@gmail.com	84483 11076	8634 5311 5994	NO	

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SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : SWAMI VIVEKANAND AYURVED MEDICAL COLLEGE AND RESEARCH CENTER, AT/P- PARGAON SUDRIK TAL- SHROGONDA DIST- AHMEDNAGAR

Phone/Mobile No. : 02487- 271112

Name of the Subject : ROGNIDAN

Sr. No	COLLEGE NAME	SUBJECT NAME	FULL NAME OF THE TEACHER (First/Middle/Last)	Designation	Type of Appiontment (Regular/Temp./Honorary	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	PG Teacher Recognition (Yes/No)	No. of PG Students guided in last 5 years	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Adhar No.	Debarred Yes/No	Signature of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	SWAMI VIVEKANAND AYURVED MEDICAL COLLEGE AND RESEARCH CENTER	Rognidan Evam Vikruti Vigyan	DR. AMOL AWHAD BHUSAHEB	Professor	Regular	BAMS 2007	MD ROGNIDAN 2012	12 YEAR 2 Month	No	No	27/05/1985 (39)	amolavhad7236@gmail.com	98600 54445	9010 6022 6663	NO	
2		Rognidan Evam Vikruti Vigyan	DR. KALE ATUL MANOHAR	LECTURER	Regular	BAMS 2006	MD ROGNIDAN 2014	3 YEAR 10 DAY	No	No	16-02-1985 (39)	dr.atulkale@gmail.com	99708 60133	5108 4059 3188	NO	

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Name of the College : SWAMI VIVEKANAND AYURVED MEDICAL COLLEGE AND RESEARCH CENTER, AT/P- PARGAON SUDRIK TAL- SHROGONDA DIST- AHMEDNAGAR

Phone/Mobile No. : 02487- 271112

Name of the Subject : SWASTHAVRITTA

Sr. No	COLLEGE NAME	SUBJECT NAME	FULL NAME OF THE TEACHER (First/Middle/Last)	Designation	Type of Appiontment (Regular/Temp./Honorary	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	PG Teacher Recognition (Yes/No)	No. of PG Students guided in last 5 years	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Adhar No.	Debarred Yes/No	Signature of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	SWAMI VIVEKANAND AYURVED MEDICAL COLLEGE AND RESEARCH CENTER	Swasthvrutta And Yoga	Dr.MUNDE VINAYAK DASHRATH	READER	Regular	B.A.M.S. 2004	M.D. swasthvrutta 2009	10 Year 8 Month 18 Days	No	No	02.05.1982 (42)	munde208@gmail.com	989092 2875	9183 4244 8241	No	
2		Swasthvrutta And Yoga	VD. RAFIQUE AHMED PIRSAHEB MUJAWAR	LECTURER	Regular	B.A.M.S. 2014	M.D. swasthvrutta 2019	5 Year 1 Month	No	No	03-03-1992 (32)	rpmujawar03@gmail.com	94236 10595	3050 7267 2883	No	

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SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : SWAMI VIVEKANAND AYURVED MEDICAL COLLEGE AND RESEARCH CENTER, AT/P- PARGAON SUDRIK TAL- SHROGONDA DIST- AHMEDNAGAR

Phone/Mobile No. : 02487- 271112

Name of the Subject : AGADTANTRA

Sr. No	COLLEGE NAME	SUBJECT NAME	FULL NAME OF THE TEACHER (First/Middle/ Last)	Designation	Type of Appiontment (Regular/Temp./Honorary	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	PG Teacher Recognition (Yes/No)	No. of PG Students guided in last 5 years	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Adhar No.	Debarred Yes/No	Signature of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	SWAMI VIVEKANAND AYURVED MEDICAL COLLEGE AND RESEARCH CENTER	Agad Tantra Evam Vikruti Vigyan	Dr. PRIYA POPATRAO SHINDE	READER	Regular	B.A.M.S. 2008	M.D. AGADTANTRA 2013	9 YEAR 11 MONTH	No	No	11.12.1985 (39)	priyashinde2000@gmail.com	83085 37175	4208 8522 3213	N0	

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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : SWAMI VIVEKANAND AYURVED MEDICAL COLLEGE AND RESEARCH CENTER, AT/P- PARGAON SUDRIK TAL- SHROGONDA DIST- AHMEDNAGAR

Phone/Mobile No. : 02487- 271112

Name of the Subject : STRIROG & PRASUTI

Sr. No	COLLEGE NAME	SUBJECT NAME	FULL NAME OF THE TEACHER (First/Middle/Last)	Designation	Type of Appiontment (Regular/Temp./Honorary	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	PG Teacher Recognition (Yes/No)	No. of PG Students guided in last 5 years	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Adhar No.	Debarred Yes/No	Signature of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	SWAMI VIVEKANAND AYURVED MEDICAL COLLEGE AND RESEARCH CENTER	Prasuti Evam Steirog	DR. TAKPERE SAGAR DATTATRAY	READER	Regular	BAMS 2008	MS STREE PRASUTI TANTRA 2019	5 YEAR 11 MONTH	No	No	28-11-1985 (39)	sagar.t5644@gmail.com	9975725644	6948 7598 1540	NO	

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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : SWAMI VIVEKANAND AYURVED MEDICAL COLLEGE AND RESEARCH CENTER, AT/P- PARGAON SUDRIK TAL- SHROGONDA DIST- AHMEDNAGAR

Phone/Mobile No. : 02487- 271112

Name of the Subject : KAUMARBRITYA (BALROG)

Sr. No	COLLEGE NAME	SUBJECT NAME	FULL NAME OF THE TEACHER (First/Middle/ Last)	Designation	Type of Appiontment (Regular/Temp./Honorary	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	PG Teacher Recognition (Yes/No)	No. of PG Students guided in last 5 years	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Adhar No.	Debarred Yes/No	Signature of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	SWAMI VIVEKANAND AYURVED MEDICAL COLLEGE AND RESEARCH CENTER	Kaumarbhritya (Balroga)	DR.WAVAL SANDIP SHANKARRAO	READER	Regular	BAMS 2003	MD Kaumarbhritya 2019	5 YEAR 11 MONTH	No	No	23-11-1981 (41)	drsandipwow@gmail.com	98900 95110	6033 2497 2448	NO	

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SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : SWAMI VIVEKANAND AYURVED MEDICAL COLLEGE AND RESEARCH CENTER, AT/P- PARGAON SUDRIK TAL- SHROGONDA DIST- AHMEDNAGAR

Phone/Mobile No. : 02487- 271112

Name of the Subject : KAYACHIKITSA

Sr. No	COLLEGE NAME	SUBJECT NAME	FULL NAME OF THE TEACHER (First/Middle/Last)	Designation	Type of Appiontment (Regular/Temp./Honorary	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	PG Teacher Recognition (Yes/No)	No. of PG Students guided in last 5 years	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Adhar No.	Debarred Yes/No	Signature of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	SWAMI VIVEKANAND AYURVED MEDICAL COLLEGE AND RESEARCH CENTER	Kaychikitsa	Dr.KHEDEKAR DHANASHREE BABAN	PROFFESOR	Regular	BAMS 2002	MD Kayachikitsa 2007	10 years 7 months	No	No	30-07-1980 (44)	dhanshreeooo54@gmail.com	97651 44858	271242856880	NO	
2		Kaychikitsa	DR. KAKADE ANAND SURYAJI	READER	Regular	B.A.M.S. 2008	M.D Kayachikitsa 2014	9 YEAR 2 MONTH	No	No	21-06-1987 (35)	dranandsk@gmail.com	90969 64137	6049 6883 9563	NO	

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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : SWAMI VIVEKANAND AYURVED MEDICAL COLLEGE AND RESEARCH CENTER, AT/P- PARGAON SUDRIK TAL- SHROGONDA DIST- AHM
Phone/Mobile No. : 02487- 271112
Name of the Subject : shalya Tantra

Sr. No	COLLEGE NAME	SUBJECT NAME	FULL NAME OF THE TEACHER (First/Middle/ Last)	Designation	Type of Appiontment (Regular/Temp./Honorary	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	PG Teacher Recognition (Yes/No)	No. of PG Students guided in last 5 years	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Adhar No.	Debarred Yes/No	Signature of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	SWAMI VIVEKANAND AYURVED MEDICAL COLLEGE AND RESEARCH CENTER	shalya Tantara	DR. PATIL VISHWAJIT	RADER	Regular	BAMS 2013	MS shalyatantra 2017	6 year 7 Month	No	No	21-05-1990 (34)	patilvishwajit19@gmail.com	90492 15431	8089 6083 7478	NO	

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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : SWAMI VIVEKANAND AYURVED MEDICAL COLLEGE AND RESEARCH CENTER, AT/P- PARGAON SUDRIK TAL- SHROGONDA DIST- AHMEDNAGAR

Phone/Mobile No. : 02487- 271112

Name of the Subject : SHALAKYA- Shalakya Tantara

Sr. No	COLLEGE NAME	SUBJECT NAME	FULL NAME OF THE TEACHER (First/Middle/Last)	Designation	Type of Appiontment (Regular/Temp./Honorary	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	PG Teacher Recognition (Yes/No)	No. of PG Students guided in last 5 years	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Adhar No.	Debarred Yes/No	Signature of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	SWAMI VIVEKANAND AYURVED MEDICAL COLLEGE AND RESEARCH CENTER	Shalakya Tantara	DR. KAKADE SANTOSH SAMBHAJIRAO	PROFESSOR	Regular	B.A.M.S. 1990	DIPLOMA IN SHALAKYA TANTRA 1994	22 YEAR 9 MONTH	No	No	07-04-1969 (53)	drsantoshkakade69@gmail.com	95033 55757	3494 0993 1485	NO	
2			DR.YADAV PRIYANKA EKNATH	READER	Regular	B.A.M.S. 2006	MS SHALAKYA 2012	5 YEAR 11 MONTH	No	No	10-04-1985 (39)	drpriyankay32@gmail.com	86570 32022	7426 9889 7793	NO	

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Phone/Mobile No. : 02487- 271112

Name of the Subject : Panchkarma

Sr. No	COLLEGE NAME	SUBJECT NAME	FULL NAME OF THE TEACHER (First/Middle/Last)	Designation	Type of Appiontment (Regular/Temp./Honorary	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	PG Teacher Recognition (Yes/No)	No. of PG Students guided in last 5 years	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Adhar No.	Debarred Yes/No	Signature of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	SWAMI VIVEKANAND AYURVED MEDICAL COLLEGE AND RESEARCH CENTER	Panchkarma	DR. JARAD ANAND NANASAHEB	READER	Regular	BAMS in 2001	MD Panchakarma 2018	5 years 3 months	No	No	23-06-1980 (44)	anandjarad@gmail.com	9405852019	526409567188	NO	

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