

**Examination Related Information**


(Hard copy &amp; soft copy of this Annexure must be submitted to the University).

**ANNEXURE- XIII -A****For Online Transmission of Question Papers:**

Sr. No.	Infrastructure facilities at College	Yes /No
<b>Strong Room :</b>		
1	It must have Single Door Entry/Exit (with Safety Door/Grill for windows)	Yes
2	Minimum Area shall be 20 x 20 sq. ft.	Yes
3	Adequate Steel Almirah/Cupboard for storage of Answer Books.	Yes
4	C.C.T.V. Camera with recording facility that covers entire area or Downloading and Printing of online transmission of Question Paper process.	Yes
5	Latest version Computer (Minimum 4) and Printer (Minimum 4) with Inverter facility, MS Office, PDF Reader, Winrar or Winzip.	Yes
6	Dual internet service, Primary with 1:1 dedicated line of 100 mbps speed by class „A“ ISP, and alternate line with 1 : 1 dedicated line of 50 mpbs speed, by an another Class „A“ ISP to ensure uninterrupted downloading facility, with 2(two) static IP"s, Internet Dongle.	Yes
7	Adequate Number of Paper Rims for printing Question Papers.	Yes
8	One Photocopy Machine, UPS Backup.	Yes
<b>Scanning Room :</b>		
9	Separate Scanning Room for scanning Answer Books after end of Examination Session under CCTV Surveillance. (Laptops and Scanners will be provided by the University Appointed Agency)	No
10	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class „A“ ISP, and alternate line with 1 : 1 dedicated line of 50 mpbs speed, by an another Class „A“ ISP to ensure uninterrupted downloading facility, with 2(two) static IP"s, Internet Dongle.	No

**To Set Up DEC for Onscreen Evaluation of Answer Books :**

Sr. No.	Infrastructure facilities at College	Yes /No
1	Computers (20) with latest licensed Operating System Software (OSS) with antivirus and firewalls to provide all lock, work station with Computer charts and key board tray.	No
2	Wiring and Networking (with Raw Power Supply and UPS) and one Printer per DEC	No
3	Air conditioners, Bio metric system, CCTV installation, Rest rooms and 24 x 7 security.	No
4	Collapsible gate for the main entrance with Name board and locking facility.	No
5	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class „A“ ISP, and alternate line with 1 : 1 dedicated line of 50 mpbs speed, by an another Class „A“ ISP to ensure uninterrupted downloading facility, with 2(two) static IP"s.	No
6	Appointment of one Professor as a <b>Examination Co-ordinator</b> to Co-ordinate this Online process.	No
7	Separate Evaluation Room for Evaluating the Answer Books under CCTV Surveillance	No

  
**Principal,**  
**R.T. Ayurved Mahavidyalaya,**  
**AKOLA**




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

Name of the College : Radhakisan Toshniwal Ayurved Mahavidyalaya, Akola

Phone/Mob.No./College E-mail: 0724-2450129 /rtayurved@gmail.com

Name of the Subject : Samhita Siddhant , Sanskrit

Sr. No.	College Name	Subject	Full Name of the Teacher (First/Middle/last)	Designation	Date of Joining	UG Qualification & Year of Passing	PG Qualification & 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	Latest E-mail address	Contact No. (Mob no.)	Dabarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	R.T.Ayurved Mahavidyalaya Akola	SAMHITA SIDDHANT	VD. MADHUMATI SHAILESH NAWKAR	ASSOCIATE PROFESSOR	30.12.2015	BAMS, 1997	MD 2001	17/07	Yes	MUHS/E-3/UG/3509/608 Dt.10.02.16 MUHS/PG/E-3/31/03/1166 Dt.07.05.16	490665287676	ADVPN8438K	05.09.1975	madhumati.nawkar@gmail.com	9657355366	NO
2	R.T.Ayurved Mahavidyalaya Akola	SANSKRIT	SHRI VIVEK JAGDISH BIDWAI	ASSISTANT PROFESSOR	05.02.2014	BA-1996	MA 1999	23/10	Yes	MUHS/E-3/UG/3509/1598 Dt.29.03.2014	207067783764	AEYPB1677E	27.08.1976	vivekbidwai@gmail.com	9421754372	NO

  
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**R. T. Ayurved Mahavidyalaya,**  
**AKOLA**

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


**ANNEXURE-XIII-B**

Name of the College : Radhakisan Toshniwal Ayurved Mahavidyalaya, Akola

Phone/Mob.No./College E-mail: 0724-2450129 /rtayurved@gmail.com

Name of the Subject : RACHANA SHARIR

Sr. No.	College Name	Subject	Full Name of the Teacher (First/Middle/last)	Designation	Date of Joining	UG Qualification & Year of Passing	PG Qualification & 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	Latest E-mail address	Contact No. (Mob no.)	Dabarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	R.T.Ayurved Mahavidyalaya Akola	RACHANA SHARIR	VD. SUDHIR MORESHWAR KANDEKAR	PROFESSOR	05.02.2014	BAMS 1989	MD 1995	21/07	Yes	MUHS/E-3/UG/3509/1598 Dt.29.03.2014 MUHS/E-3/PG/3509/2532 /2014 Dt.23.09.14	,851588002310	ACXPK4051G	15.12.1965	drsudhirkandekar@gmail.com	9422904810	NO
2	R.T.Ayurved Mahavidyalaya Akola	RACHANA SHARIR	Vd.Yogeshwar Nilkanth Deshpande	Assistant. Prof	10.02.2014	BAMS-2005	MD 2010	12/00	Yes	MUHS/E-3/UG/3509/1598 DATED 29.03.2014	,756198830696	AVCPD9680N	11.08.1983	yogeshwardeshpande@gmail.com	7719923259	NO

  
 Principal,  
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**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
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Name of the College : Radhakisan Toshniwal Ayurved Mahavidyalaya, Akola

Phone/Mob.No./College E-mail: 0724-2450129 /rtayurved@gmail.com

Name of the Subject : KRIYA SHARIR

Sr. No.	College Name	Subject	Full Name of the Teacher (First/Middle/last)	Designation	Date of Joining	UG Qualification & Year of Passing	PG Qualification & 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	Latest E-mail address	Contact No. (Mob no.)	Dabarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	R.T.Ayurved Mahavidyalaya Akola	KRIYA SHARIR	VD. RAJENDRA YASHWANT MENDKI	ASSOCIATE PROFESSOR		BAMS-1984	....	36/10	Yes	MUHS/E-3/UG/3509/3695/2019 Dt.07.10.2019	584699065077	ABXPM1790P	03.02.1962	rymendki@rediffmail.com	9421668734	NO

  
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**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
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Name of the College : Radhakisan Toshniwal Ayurved Mahavidyalaya, Akola

Phone/Mob.No./College E-mail: 0724-2450129 /rtayurved@gmail.com

Name of the Subject : DRAVYAGUNA

Sr. No.	College Name	Subject	Full Name of the Teacher (First/Middle/last)	Designation	Date of Joining	UG Qualification & Year of Passing	PG Qualification & 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	Latest E-mail address	Contact No. (Mob no.)	Dabared Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	R.T.Ayurved Mahavidyalaya Akola	DRAVYAGUNA	VD.SAMADHAN PUNDLIK KANKAL	PROFESSOR	18.05.2010	BAMS 1987	MD 1993	26/10	Yes	MUHS/E-3/UG/3509/3232 Dt.21.10.2010 MUHS/E-3/PG/3509/32 Dt.02.06.07	608870771546	ADJPK3199E	11.05.1964	samadhankankal20@gmail.com	9822264894	NO

  
 Principal,  
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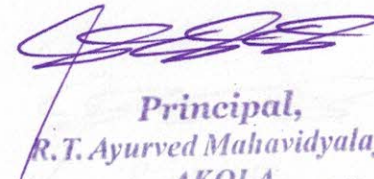
**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)**

Name of the College : Radhakisan Toshniwal Ayurved Mahavidyalaya, Akola

Phone/Mob.No./College E-mail: 0724-2450129 /rtayurved@gmail.com

Name of the Subject : RASSHAstra

Sr. No.	College Name	Subject	Full Name of the Teacher (First/Middle/last)	Designation	Date of Joining	UG Qualification & Year of Passing	PG Qualification & 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	Latest E-mail address	Contact No. (Mob no.)	Dabar red Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	R.T.Ayurved Mahavidyalaya Akola	RASSHAstra	VD. SHAILESH SAHADEO NAWKAR	ASSOCIATE PROFESSOR	30.12.2015	BAMS 1995	MD 2001	20/00	Yes	MUHS/E-3/UG/3509/608 Dt.10.02.16	'307321661381	ACBPN5901A	20.07.1974	shailmadhupa@gmail.com	9011928998	NO

  
**Principal,**  
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**AKOLA**

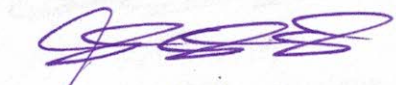
**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)**

Name of the College : Radhakisan Toshniwal Ayurved Mahavidyalaya, Akola

Phone/Mob.No./College E-mail: 0724-2450129 /rtayurved@gmail.com

Name of the Subject :ROGNIDAN

Sr. No.	College Name	Subject	Full Name of the Teacher (First/Middle/last)	Designation	Date of Joining	UG Qualification & Year of Passing	PG Qualification & 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	Latest E-mail address	Contact No. (Mob no. )	Dabar red Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	R.T.Ayurved Mahavidyalaya Akola	ROGNIDAN	VD.VIPUL PRAVINCHANDRA KANANI	PROFESSOR	16.01.2015	BAMS 1998	MD 2002	20/08	Yes	MUHS/E-3/UG/3509/3285 Dt.22.08.2017 MUHS/E-3/PG/31/03/379 5 Dt.25.10.2018	942966945979	AJYPK5307P	23.10.1975	vipulkanani@rediffmail.com	9503972732	NO

  
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**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
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Name of the College : Radhakisan Toshniwal Ayurved Mahavidyalaya, Akola

Phone/Mob.No./College E-mail: 0724-2450129 /rtayurved@gmail.com

Name of the Subject :SWASTHVRIITA

Sr. No.	College Name	Subject	Full Name of the Teacher (First/Middle/last)	Designation	Date of Joining	UG Qualification & Year of Passing	PG Qualification & 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	Latest E-mail address	Contact No. (Mob no.)	Dabarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	R.T.Ayurved Mahavidyalaya Akola	SWASTHVRIITA	VD.KISHOR MORESHWAR PIMPARKAR	PROFESSOR	08.09.2009	BAMS 1983	MD 1998	37/04	Yes	MUHS/E-3/UG/3509/3039 Dt.06.11.2009	832056869053	ACMPP6947K	06.09.1960	drkmpimparkar@gmail.com	9422860560	NO

  
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**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
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Name of the College : Radhakisan Toshniwal Ayurved Mahavidyalaya, Akola

Phone/Mob.No./College E-mail: 0724-2450129 /rtayurved@gmail.com

Name of the Subject : AGADTANTRA

Sr. No.	College Name	Subject	Full Name of the Teacher (First/Middle/last)	Designation	Date of Joining	UG Qualification & Year of Passing	PG Qualification & 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	Latest E-mail address	Contact No. (Mob no.)	Dabarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	R.T.Ayurved Mahavidyalaya Akola	AGADTANTRA	VD. ATUL GOVIND GINODE	ASSOCIATE PROFESSOR	31.12.2015	BAMS 2003	MD 2007	15/06	Yes	MUHS/E-3/UG/3509/608 Dt.10.02.16	549979526126	ANNPG0290J	01.04.1982	dratulginode@gmail.com	9420006323	NO

  
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**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
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Name of the College : Radhakisan Toshniwal Ayurved Mahavidyalaya, Akola

Phone/Mob.No./College E-mail: 0724-2450129 /rtayurved@gmail.com

Name of the Subject : PRASUTITANTRA

Sr. No.	College Name	Subject	Full Name of the Teacher (First/Middle/last)	Designation	Date of Joining	UG Qualification & Year of Passing	PG Qualification & 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	Latest E-mail address	Contact No. (Mob no.)	Dabarred Yes/NO
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	R.T.Ayurved Mahavidyalaya Akola	PRASUTITANTRA	VD. MANISHA BHANUDAS DEOKATE	PROFESSOR	06.02.2014	BAMS 1992	MS 1997	23/03	Yes	MUHS/E-3/UG/3509/1598 Dt.29.03.2014 MUHS/E-3/PG/3509/3153/2014 Dt.24.11.14	283920950913	AJEPJD2326D	13.07.1971	manisha.deokate@yahoo.in	9011493626	NO

  
 Principal,  
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 AKOLA



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


ANNEXURE-XIII-B

Name of the College : Radhakisan Toshniwal Ayurved Mahavidyalaya, Akola

Phone/Mob.No./College E-mail: 0724-2450129 /rtayurved@gmail.com

Name of the Subject : SHALYATANTRA

Sr. No.	College Name	Subject	Full Name of the Teacher (First/Middle/last)	Designation	Date of Joining	UG Qualification & Year of Passing	PG Qualification & 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	Latest E-mail address	Contact No. (Mob no.)	Dabarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	R.T.Ayurved Mahavidyalaya Akola	SHALYATANTRA	VD. DILIP KRUSHNACHANDRA MANKAR	PROFESSOR	16.01.2015	BAMS 1984	MD 1994	23/05	Yes	MUHS/E-3/UG/3509/3285 Dt.22.08.2017 MUHS/E-3/PG/3509/2404 Dt.02.11.10	955482078793	AEMPM5557N	27.12.1960	drdilupmankar2712@gmail.com	9422863128	NO
2	R.T.Ayurved Mahavidyalaya Akola	SHALYATANTRA	Vd.Chandrakant Arun Dhanokar	Assistant. Prof	01.04.2010	BAMS 2003	MS,2008	6/11	Yes	MUHS/E-3/UG/3509/3186 DATED 14.10.2010	243122763742	AVRPD2010M	16.09.1981	jagdishdhanokar2010@rediffmail.com	9975053354	NO

  
 Principal,  
 R.T. Ayurved Mahavidyalaya,  
 AKOLA


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

Name of the College : Radhakisan Toshniwal Ayurved Mahavidyalaya, Akola

Phone/Mob.No./College E-mail: 0724-2450129 /rtayurved@gmail.com

Name of the Subject :SHALAKYATANTRA

Sr. No.	College Name	Subject	Full Name of the Teacher (First/Middle/last)	Designation	Date of Joining	UG Qualification & Year of Passing	PG Qualification & 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	Latest E-mail address	Contact No. (Mob no.)	Dabared Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	R.T.Ayurved Mahavidyalaya Akola	SHALAKYATANTRA	VD.RAVI SHYAMSUNDAR AILANI	ASSISTANT PROFESSOR	01.01.2019	BAMS 2003	MS,2009	13/04	Yes	MUHS//UG/E-3/3509/3232 Dt.21.10.2010	690868527165	ALAPA9990Q	03.09.1981	ailanirs@yahoo.co.in	,9850313366	NO

  
 Principal,  
 R.T. Ayurved Mahavidyalaya,  
 AKOLA




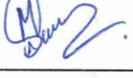

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**SUBJECT WISE ELIGIBLE EXAMINERS LIST ( PG Courses)**


**ANNEXURE-XIII - C**

NAME OF COLLEGE : R.T. AYURVED MAHAVIDYALAYA, AKOLA

Contact No. : 0724-2450129

Name of the Subject : SAMHITA SIDDHANT

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular / Temp. / Honorary)	Qualification	University Approxat (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
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	VD.PRASHANT PANDURANG KACHARE	Professor	SAMHITA SIDDHANT	Regular	BAMS MD	MUHS/E-3/UG&PG/125111/303 Dt.02.02.2022	14/05	Yes	MUHS/E-3/UG&PG/125111/303 Dt.02.02.2022	-	02.08.1976	drprashantkachare@rediffmail.com	9822924392	823884483174	No	
2	VD.SAU. MADHUMATI SHAILESH NAWKAR	Asso.Prof.	SAMHITA SIDDHANT	Regular	BAMS MD	MUHS/E-3/UG/3509/608 Dt.10.02.16	14/00	Yes	MUHS/PG/E-3/31/1166 Dt.07.05.16	10	05.09.1975	madhumati.nawkar@gmail.com	9657355366	490665287676	No	
3	VD. SNEHAL SHARADRAO KALMEGH	Assist.Prof	SAMHITA SIDDHANT	Regular	BAMS MD	MUHS/E-3/PG/3509/31/04/167/2021 DT. 10/05/2021	03/02	Yes	MUHS/E-3/PG/3509/31/04/1167/2021 DT. 10/05/2021	-	28.06.1991	snehalkalmegh5@gmail.com	9130657020	320348782356	No	

  
Principal,  
R.T. Ayurved Mahavidyalaya,  
AKOLA

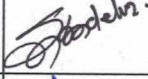
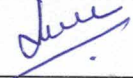


**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**SUBJECT WISE ELIGIBLE EXAMINERS LIST ( PG Courses)**


**ANNEXURE-XIII - C**

NAME OF COLLEGE : R.T. AYURVED MAHAVIDYALAYA, AKOLA

Contact No. : 0724-2450129

Name of the Subject : RACHANA SHARIR

Sr. No.	Name of Teacher-(Last Name First Name Middle Name)	Designation	Subject/Speciality	Type of Appointment (Regular / Temp. / Honorary)	Qualification	University Approxat (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
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	VD.SUDHIR MORESHWAR KANDEKAR	Professor	RACHANA SHARIR	Regular	BAMS MD	MUHS/E-3/UG/3509/1598 Dt.29.03.2014	09/05	Yes	MUHS/E-3/PG/3509/2532/2014 Dt.23.09.2014	6	15.12.1965	drsudhirkandekar@gmail.com	9422904810	851588002310	No	
2	DR. SUNITA SUNIL NIWANE	Professor	RACHANA SHARIR	Regular	BAMS MD	MUHS/E-3/UG/3629/2019 Dt.01.10.2019	25/03	Yes	MUHS/E-3/UG&PG/125111/303 Dt.02.02.2022	-	23.09.1962	sunitaniwane23@gmail.com	7588905917	431393233235	No	
3	VD.YOGESHWAR NILKANTH DESHPANDE	Assist.Prof.	RACHANA SHARIR	Regular	BAMS MD	MUHS/E-3/UG/3509/1598 Dt.29.03.2014	07/06	Yes	MUHS/PG/E-3/31/06/2659 Dt.15.10.2016	1	11.08.1983	yogeshwardeshpande@gmail.com	7719923259	756198830696	No	
4	VD. SUHAS SUDARSHAN PAKHARE	Assist.Prof	RACHANA SHARIR	Regular	BAMS MD	MUHS/E-3/PG/3509/31/04/167/2021 DT. 10/05/2021	05/01	Yes	MUHS/E-3/PG/3509/31/04/1167/2021 DT. 10/05/2021	-	20.08.1988	suhaspakhare20@gmail.com	9665999820	403083561991	No	

  
Principal,  
R.T. Ayurved Mahavidyalaya,  
AKOLA





**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**SUBJECT WISE ELIGIBLE EXAMINERS LIST ( PG Courses)**


**ANNEXURE-XIII - C**

NAME OF COLLEGE : R.T. AYURVED MAHAVIDYALAYA, AKOLA

Contact No. : 0724-2450129

Name of the Subject : ROGNIDAN & V.V.

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular / Temp. / Honorary)	Qualification	University Approxat (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
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	VD. VIPUL PRAVINCHANDRA KANANI	Professor	ROGNIDAN & V.V.	Regular	BAMS MD	MUHS/E-3/UG/3509/3285 Dt.22.08.2017	13/11	Yes	MUHS/E-3/PG/31/03/3795 Dt.25.10.2018	12	23.10.1975	vipulkanani@rediffmail.com	9503972732	942966945979	No	
2	VD. SAPNA RAMANLAL UPADHYAY	Asso.Prof	ROGNIDAN & V.V.	Regular	BAMS MD	MUHS/E-3/PG/3509/31/04/1167/2021 DT. 10/05/2021	12/09	Yes	MUHS/E-3/PG/3509/31/04/1167/2021 DT. 10/05/2021	5	09.09.1984	upadhyaydrsapna@gmail.com	8275287035	893353021231	No	

  
Principal,  
R.T. Ayurved Mahavidyalaya,  
AKOLA



**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**SUBJECT WISE ELIGIBLE EXAMINERS LIST ( PG Courses)**


**ANNEXURE-XIII - C**

NAME OF COLLEGE : R.T. AYURVED MAHAVIDYALAYA, AKOLA

Contact No. : 0724-2450129

Name of the Subject : KAYCHIKITSA

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular / Temp. / Honorary)	Qualification	University Approxat (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
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17.
1	VD.SAU. SADHANA ASHUTOSH KULKARNI	Professor	KAYCHIKITSA	Regular	BAMS MD	MUHS/E-3/PG/3509/31/04/167/2021 DT. 10/05/2021	08/00	Yes	MUHS/E-3/PG/3509/31/04/1167/2021 DT. 10/05/2021	12	02.08.59	drsadhana.k@gmail.com	9422939510	572766768254	No	
2	VD.SNEHAL SUNILRAO DESHMUKH	Assist.Prof	KAYCHIKITSA	Regular	BAMS MD	MUHS/E-3/PG/3509/31/04/167/2021 DT. 10/05/2021	03/02	Yes	MUHS/E-3/PG/3509/31/04/1167/2021 DT. 10/05/2021	-	24.03.1991	drsnehaladeshmuh1991@gmail.com	9403392190	243208282194	No	

  
**Principal,**  
**R.T. Ayurved Mahavidyalaya,**  
**AKOLA**



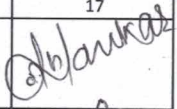
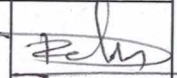

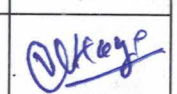
**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**SUBJECT WISE ELIGIBLE EXAMINERS LIST ( PG Courses)**


**ANNEXURE-XIII - C**

NAME OF COLLEGE : R.T. AYURVED MAHAVIDYALAYA, AKOLA

Contact No. : 0724-2450129

Name of the Subject : SHALYA TANTRA

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular / Temp. / Honorary)	Qualification	University Approxat (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
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	VD. DILIP KRUSHNACHA-NDRA MANKAR	Professor	SHALYA TANTRA	Regular	BAMS MS	MUHS/E-3/UG/3509/3285 Dt.22.08.2017	13/03	Yes	MUHS/E-3/PG/3509/2404 Dt.02.11.10	2	27.12.1960	drdilipmankar2712@gmail.com	9422863128	955482078793	No	
2	VD. DINESH ISHWARDAS RATHI	Professor	SHALYA TANTRA	Regular	BAMS MS	MUHS/E-3/PG/3509/31/04/1167/2021 DT. 10/05/2021	03/02	Yes	MUHS/E-3/PG/3509/31/04/1167/2021 DT. 10/05/2021	2	05.12.1962	drdineshrathi231@gmail.com	9423160400	681279365679	No	
3	VD. CHANDRAKANT ARUN DHANOKAR	Assist.Prof	SHALYA TANTRA	Regular	BAMS MS	MUHS/E-3/UG/3509/3186 Dt.14.10.2010	07/06	Yes	MUHS/PG/E-3/31/06/2659 Dt.15.10.2016	4	16.09.1981	jagdishdhanokar2010@rediffmail.com	9975053354	243122763742	No	
4	VD. VINOD VISHVANATH HAGE	Assist.Prof	SHALYA TANTRA	Regular	BAMS MS	MUHS/E-3/UG/3629/2019 Dt.01.10.2019	09/04	Yes	MUHS/E-3/PG/3509/31/04/1167/2021 DT. 10/05/2021	-	04.06. 1985	drvinodhage@gmail.com	8275233562	807279384105	No	

  
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