

ANNEXURE-VIII-A
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.)	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	SAMHITA SIDDHANT	VD. MADHUMATI SHAILESH NAWKAR	ASSOCIATE PROFESSOR	30.12.2015	BAMS, 1997	MD 2001	18/09.	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	25/11.	Yes	MUHS/E-3/UG/3509/1598 Dt.29.03.2014	207067783764	AEYPB1677E	27.08.1976	vivekbidwai@gmail.com	9421754372	NO
3	R.T.Ayurved Mahavidyalaya Akola	SAMHITA SIDDHANT	VD.PRASHANT PANDURANG KACHARE	PROFESSOR	01.12.2016	BAMS1998	MD2003	14/6.	Yes	MUHS/E-3/UG&PG/125111/303/2022 Dt. 02.02.2022	82884483174	ASXPK3168Q	2.08.1976	drprashantkachare@rediffmail.com	9822924392	NO
4	R.T.Ayurved Mahavidyalaya Akola	SAMHITA SIDDHANT	VD.SNEHAL SHARADRAO KALMEGH	ASSISTANT PROFESSOR	16.12.2020	BAMS2013	MD2019	02/08.	Yes	MUHS/E-3/UG&PG/125111/984/2021 Dt. 07.04.2021	,320348782356	CLGPK7901P	28.06.1991	snehalkalmegh5@gmail.com	9130657020	NO

Signature of Member

Signature of Member

Signature of Chairman


Principal,
R. T. Ayurved Mahavidyalaya,
AKOLA

ANNEXURE-VIII-A
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 : 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 Passining	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	RACHANA SHARIR	VD. SUDHIR MORESHWAR KANDEKAR	PROFESSOR	05.02.2014	BAMS 1989	MD 1995	22/09.	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	13/01.	Yes	MUHS/E-3/UG/3509/1598 DATED 29.03.2014	,756198830696	AVCPD9680N	11.08.1983	yogeshwardeshpande@gmail.com	7719923259	NO
3	R.T.Ayurved Mahavidyalaya Akola	RACHANA SHARIR	VD.SUNITA SUNIL NIWANE	PROFESSOR	01.12.2015	BAMS1985	MD1997	24/06.	Yes	MUHS/E-3/PG/125111/31/07/874/2022 Dt.05.04.2022	4.31393E+11	ACJPN6244Q	20.08.1988	sunitaniwane231@gmail.com	7588905917	NO

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

Signature of Member

Signature of Member

Signature of Chairman


ANNEXURE-VIII-A
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 :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	01.01.2014	BAMS-1984	37/12.	Yes	MUHS/E-3/UG/3509/3695/2019 Dt.07.10.2019	,584699065077	ABXPM1790P	03.02.1962	rymendki@rediffmail.com	9421668734	NO


Principal,
R. T. Ayurved Mahavidyalaya,
AKOLA

Signature of Member

Signature of Member

Signature of Chairman

ANNEXURE-VIII-A

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 : 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.)	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	DRAVYAGUNA	VD.SAMADHAN PUNDLIK KANKAL	PROFESSOR	18.05.2010	BAMS 1987	MD 1993	28/01.	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,

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

Signature of Member

Signature of Member

Signature of Chairman


ANNEXURE-XIII-B
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.)	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	RASSHASTRA	VD. SHAILESH SAHADEO NAWKAR	ASSOCIATE PROFESSOR	30.12.2015	BAMS 1995	MD 2001	20/02.	Yes	MUHS/E-3/UG/3509/608 Dt.10.02.16	'307321661381	ACBPN5901A	20.07.1974	shailmadhupa@gmail.com	9011928998	NO


Principal,
R.T. Ayurved Mahavidyalaya,
AKOLA

Signature of Member

Signature of Member

Signature of Chairman


ANNEXURE-VIII-A
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 Passining	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	ROGNIDAN	VD.VIPUL PRAVINCHANDRA KANANI	PROFESSOR	16.01.2015	BAMS 1998	MD 2002	21/07.	Yes	MUHS/E-3/UG/3509/3285 Dt.22.08.2017 MUHS/E-3/PG/31/03/3795 Dt.25.10.2018	942966945979	AJYPK5307P	23.10.1975	vipulkanani@rediffmail.com	9503972732	NO
2	R.T.Ayurved Mahavidyalaya Akola	ROGNIDAN	VD.SAPNA RAMANLAL UPADHYAY	ASSOCIATE PROFESSOR	16.12.2020	BAMS 2006	MD2012	11/05.	Yes	MUHS/E-3/UG&PG/125111/984/2021 Dt. 07.04.2021	8.93353E+11	AAWPU2024J	09.09.1984	upadhyaydrsapna@gmail.com	8275287035	NO


Principal,
R. T. Ayurved Mahavidyalaya,
AKOLA

Signature of Member

Signature of Member

Signature of Chairman

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

Name of the Subject :SWASTHVRITTA

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 Passining	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	SWASTHVRITTA	VD.KISHOR MORESHWAR PIMPARKAR	PROFESSOR	08.09.2009	BAMS 1983	MD 1998	37/11.	Yes	MUHS/E-3/UG/3509/3039 Dt.06.11.2009	832056869053	ACMPP6947K	06.09.1960	drkmpimparkar@gmail.com	9422860560	NO


Principal,
R.T. Ayurved Mahavidyalaya,
AKOLA

Signature of Member

Signature of Member

Signature of Chairman


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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 Passining	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	16/08.	Yes	MUHS/E-3/UG/3509/608 Dt.10.02.16	,549979526126	ANNPG0290J	01.04.1982	dratulginode@gmail.com	9420006323	NO


Principal,
R.T. Ayurved Mahavidyalaya,
AKOLA

Signature of Member

Signature of Member

Signature of Chairman

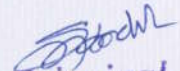
ANNEXURE-VIII-A
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES,NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : Radhakisan Toshniwal Ayurved Mahavidyalaya, Akola

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

Name of the Subject :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 Passining	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	24/04.	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,
R. T. Ayurved Mahavidyalaya,
AKOLA

Signature of Member

Signature of Member

Signature of Chairman

ANNEXURE-VIII-A
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 :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 Passining	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	SHALYATANTRA	VD. DINESH ISHWARDAS RATHI	PROFESSOR	16.12.2020	BAMS 1987	MS 2000	02/09.	Yes	MUHS/E-3/UG&PG/125111/984/2021 Dt. 07.04.2021	.681279365679	ABFPR7095A	05.12.1962	jagdishdhanokar2010@rediffmail.com	9423160400	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
3	R.T.Ayurved Mahavidyalaya Akola	SHALYATANTRA	VD.VINOD VISHVANATH HAGE	Assistant. Prof	16.12.2020	BAMS 2008	MS2014	07/06.	Yes	MUHS/E-3/UG&PG/125111/984/2021 Dt. 07.04.2021	2.43208E+11	FJLPD2823P	04.06.1985	drvinodhage@gmail.com	8275233562	NO



Principal,
R.T. Ayurved Mahavidyalaya,
AKOLA

Signature of Member

Signature of Member

Signature of Chairman

ANNEXURE-VIII-A
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 :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.)	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	SHALAKYATANTRA	VD.RAVI SHYAMSUNDAR AILANI	ASSOCIATE PROFESSOR	01.01.2019	BAMS 2003	MS,2009	14/05.	Yes	MUHS//UG/E-3/3509/3232 Dt.21.10.2010	690868527165	ALAPA9990Q	03.09.1981	ailanirs@yahoo.co.in	,9850313366	NO

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

Signature of Member

Signature of Member

Signature of Chairman


ANNEXURE-VIII-A
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 : KAYCHIKITSA

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	KAYCHIKITSA	SNEHAL SUNILRAO DESHMUKH	ASSISTANT PROFESSOR	16.12.2020	BAMS 2015	MD 2019	01/08.	Yes	MUHS/E-3/UG&PG/125111/984/2021 Dt. 07.04.2021	2.43208E+11	FJPD2823P	24.03.1991	drsnehaldeshmukh1991@gmail.com	9403392190	NO


Principal,
R. T. Ayurved Mahavidyalaya,
AKOLA

Signature of Member

Signature of Member

Signature of Chairman

ANNEXURE-VIII-A
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 : RESEARCH METHODOLOGY & STATISTICS

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	RESEARCH METHODOLOGY & STATISTICS	VD. ATUL GOVIND GINODE	ASSOCIATE PROFESSOR	31.12.2015	BAMS 2003	MD 2007	16/08.	Yes	MUHS/E-3/UG/3509/608 Dt.10.02.16	,549979526126	ANNPG0290J	01.04.1982	dratulginode@gmail.com	9420006323	NO

Signature of Member

Signature of Member

Signature of Chairman


Principal,
R.T. Ayurved Mahavidyalaya,
AKOLA