

Annexure-XIII (B)

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

Name of the College :
Phone/Mobile No. :
Name of the Subject :

Sr. No.	Name of Teacher (Last Name, First Name, Middle Name)	Designation	Subject/Speciality	Type of Appointment (Regular, Temp., Honorary)	Qualification	University/Approx at (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																
2																
3																
4																
5																
6																
7																
8																
9																

NOT APPLICABLE

S. Deepa Ganga
PRINCIPAL
College of Nursing
St. Luke's Hospital
Shrirampur, Dist. A.Nagar