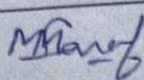


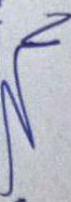
**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

Name of the College : Ayurved Seva Sangh Ayurved Mahavidyalaya, Nashik  
Phone/Mobile No. : 02532513112  
Name of the Subject : Sanskrit Samhita Siddhant

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)	Signature of Teacher
1	Vd.MONA MOHAN SARAF	Professor	Sanskrit Samhita Siddhant	Regular	BAMS MD	20 Y. 8M.	20 Y. 8M.	Yes	MUHS/E- 3/PG/3301 /244 Dt.5-9-2007	0	13.02.1965	monasaraf 65@gmail .com	758830 4970	718561578369.00	No	

Date - 03-04-2023  
Place - Nashik




  
**I/C Principal**  
Ayurved Mahavidyalaya, Nashik

## ANNEXURE- XIII -C

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

Name of the College : Ayurved Seva Sangh Ayurved Mahavidyalaya, Nashik  
Phone/Mobile No. : 02532513112  
Name of the Subject : RACHANA SHARIR

Sr.No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Specialty	Type of Appoint- ment (Regular/ Honorary)	Qualificat- ion	University Approx at (UG)	PG Teaching Experient e (in Years) after PGM	PG Teacher Recogniti on Yes/No	(Recognition Letter Date issued by University.)	No. of PG Student s Guided last 5 year	Date of Birth	E- mail ID	Mobile No.	Aadhar Card No	If Debar- red (Yes/ No)	Sign- of Teacher
1	VD.NARESH BABU GUPTA	Profess OR	RACHANA SHARIR	Regular	BAMS MD	30 Y	16 Y	Yes	MUHS/E- 3/PG/33 01/26 Dt.2-6- 2007	0	15.07.1963	nareshs hubham @gmail. com	8805548973.00	339359132133.00	No	

Date - 03-04-2023

Place - Nashik



**I/C Principal**  
Ayurved Mahavidyalaya, Nashik

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

Name of the College : Ayurved Seva Sangh Ayurved Mahavidyalaya, Nashik  
Phone/Mobile No. : 02532513112  
Name of the Subject : KRIYA SHARIR

Sr.No	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp./ Honorary)	Qualification	University Approved at (U/G)	PG	PG	Teaching Experience (in Years) after PGM	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 Debar red (Yes/ No)	Signature of Teacher
1	VD.LAXMIKANT GOPALRAO JOSHI	Professor	KRIYA SHARIR	Regular	BAMS MD	19 Y	15 Y	Yes	MUHS/E- 3/PG/330 1/1194 Dt.23-9- 2008	0	06.12.1975	lgjoshi06 @gmail.co m	8805548973.00	413935246784.00	No			
2	VD.NITTIN PRATAPSINGH CHAVAN	ASSISTANT PROFESSOR	KRIYA SHARIR	Regular	BAMS MD	16 Y	10 Y	Yes	MUHS/E- 3/PG/330 1/1188, Dt.28/5/2 012	0	04.03.1976	npensnk@g mail.com	9923108889.00	713493031529.00	No			

Date - 03-04-2023  
Place - Nashik



**I/C Principal**  
Ayurved Mahavidyalaya, Nashik

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

ANNEXURE- XIII -C

Name of the College : Ayurved Seva Sangh Ayurved Mahavidyalaya, Nashik  
Phone/Mobile No. : 02532513112  
Name of the Subject : Dravyaguna

Sr.No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp./ Honorary)	Qualification	University Approved at (UG)	PG Teaching Experience (in Years) after PCM	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 Debar red (Yes/ No)	Sign- of Teacher
1	Vd. ARCHANA GAJANAN BHASKARWAR	Professor (Re- Designate d)	Dravyagun	Regular	BAMS MD	27 Y - 00 M	15 Y - 09 M -	Yes	MUHS/E- 3/PG/33 01/26 Dt. 2-6- 2007	0	8/5/1966	archnadi shah@gm ail.com	9371557762	454501232854	No	<i>Archana Bhaskarwar</i>
2	Vd. DEVDATTA ARUN DESHMUKH	Assistant Professor a	Dravyagun	Regular	BAMS MD	18 Y - 05 M	14 Y - 05 M Yes	Yes	MUHS/E- 3/PG/33 01/1194 Dt. 23-9- 2008	0	4/16/1977	dadeshm ukh1977 @gmail.c om	9422115844	614777930820	No	<i>Devdatta Arun Deshmukh</i>

Date - 03-04-2023  
Place - Nashik

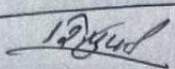


I/C Principal  
Ayurved Mahavidyalaya, Nashik

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


ANNEXURE - XIII -C

Name of the College : Ayurved Seva Sangh Ayurved Mahavidyalaya, Nashik  
Phone/Mobile No. : 02532513112  
Name of the Subject : Rasashastra Bhaisajya Kalpana

Sr.No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Specialty	Type of Appointment (Regular/ Temp. / Honorary)	Qualification	University Approx at (UC)	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 Debar red (Yes/ No)	Sign- of Teacher
1	VD.PANDE SHISHIR PURUSHOTTAM	Professor	Rasashastra Bhaisajya Kalpana	Regular	BAMS MD	25 Y - 03 M	20 Y - 11 M	Yes	MUHS/E- 3/Pg/33 01/26 Dt 2-6- 2007	0	02.01.196 9	shishir. nshk@g mail.co m	9420830818	93116561666	No	

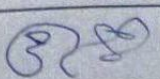
Date - 03-04-2023  
Place - Nashik



  
**I/C Principal**  
Ayurved Mahavidyalaya, Nashik

Name of the College : Ayurved Seva Sangh Ayurved Mahavidyalaya, Nashik  
 Phone/Mobile No. : 02532513112  
 Name of the Subject : Swasthavrita

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK  
 SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)  
 ANNEXURE- XIII -C

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 Student's Guided last 5 year	Date of Birth	E- mail ID	Mobile No.	Aadhar Card No	If Debarred (Yes/No)	Sign. of Teacher
1	VD.TONDE SHIVANAND SAKHARAM	Asso.Pro fessor	Swasthav rita	Regular	BAMS MD	21 Y - 00 M	15 Y	Yes	MUHS/E- 3/PG330 1/269 25/03/20 08	0	21-06- 1971	archana. tonde@g mail.com	9423474832	716529752965	No	

Date - 03-04-2023  
 Place - Nashik



*N*  
 I/C Principal  
 Ayurved Mahavidyalaya, Nashik

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

Name of the College : Ayurved Seva Sangh Ayurved Mahavidyalaya, Nashik  
Phone/Mobile No. : 02532513112  
Name of the Subject : AGADTANTRA

Sr.No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp. / Honorary)	Qualification	University Approved at (UG)	Teaching Experience (in Years) after PGM	PG	Teacher Recogniti ion Yes/No	(Recognition Letter Date issued by University.)	No. of PG	Student s Guided s last 5 year	Date of Birth	E-mail ID	Mobile No.	Aadhar Card No	If Debar red (Yes/ No)	Sign., of Teacher
1	VD.PATKAR ABHAY HARIBHAU	Professor	AGADTANT RA	Regular	BAMS PG Diploma in Agadanttr a	31 Y - 02 M	18 Y - 04 M	Yes	MUHS/P G/E- 3/3301/ 26		14-09- 1965	ahpnsk@ mail.com	8007431099	336541427543.00	No			

Date - 03-04-2023  
Place - Nashik

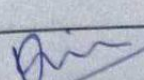


**I/C Principal**  
Ayurved Mahavidyalaya, Nashik

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

ANNEXURE- XIII -C

Name of the College : Ayurved Seva Sangh Ayurved Mahavidyalaya, Nashik  
Phone/Mobile No. : 02532513112  
Name of the Subject : KAUMARBHRIITYATANTRA

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 Debar red (Yes/ No)	Sign. of Teacher
1	VD.KATE KIRTI SHRIKANTRAO	Associate Professor	KAUMARB BHRIITYATAN TRA	Regular	BAMS MD	22 Y - 08 M	14 Y - 06 M	Yes	MUHS/E3 /PG/330 1/1194	0	18-03- 1981	kate.kirti @gmail.co m	9823297135	678950541319.00	No	


Date - 03-04-2023  
Place - Nashik



*N*  
**I/C Principal**  
Ayurved Mahavidyalaya, Nashik

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

Name of the College : Ayurved Seva Sangh Ayurved Mahavidyalaya, Nashik  
Phone/Mobile No. : 02532513112  
Name of the Subject : SHALAKYATANTRA

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)	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 Debar red (Yes/ No)	Sign. of Teacher
1	VD.JINGALE PUSHPALAT A DAMODAR	Associate Professor	SHALAKYA TANTRA	Regular	BAMS MD	22 Y - 08 M	14 Y - 06 M	Yes	MUHS/E- 3/PG/33 01/1194 Dt.23-9- 2008	0	5/3/1969	pdingaledr @gmail.com	820878084	67895054131.00	No	

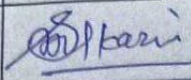

Date - 03-04-2023  
Place - Nashik



**I/C Principal**  
Ayurved Mahavidyalaya, Nashik

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

Name of the College : Ayurved Seva Sangh Ayurved Mahavidyalaya, Nashik  
Phone/Mobile No. : 02532513112  
Name of the Subject : PANCHAKARMA

Sl. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temporary/ Honorary)	Qualification	University Approx at (U/G)	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 Debar red (Yes/ No)	17 Signature of Teacher
1	VD.SAVITA 1 AMBADAS KULKARNI	Professor	PANCHAKAR MA	Regular	BAMS MD	13 Y - 06 M	09 Y - 02 M	Yes	MUHS/E- 3/Pg/123101 /31/07/1916 /2022 Dt.01- 01-2022	5	30.10.1965	drsavita.k07 @gmail.com	9423081487	204430382132.00	No	
2	VD.KULKARNI 2 KETAKI RAJAN	Assistant Professor	PANCHAKAR MA	Regular	BAMS MD	03 Y - 04 M	01 Y - 08 M	Yes	MUHS/E- 3/Pg/123101/3 1/03/259/2022 .Dt.28/1/2022	0	12/22/1988	ketakikulkar ni2212@gma il.com	9673682887	548267821198.00	No	

Date - 03-04-2023  
Place - Nashik



**I/C Principal**  
Ayurved Mahavidyalaya, Nashik

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

Name of the College : Ayurved Seva Sangh Ayurved Mahavidyalaya, Nashik  
Phone/Mobile No. : 02532513112  
Name of the Subject : SHALYATANTRA

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 PCM)	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 Debar red (Yes/ No)	Sign. of Teacher
1	VD. VINAY RAGHUNATH SONAMBekar	Professor	SHALYATA NTRA	Regular	BAMS MS	22 Y - 08 M	18 Y - 04 M	Yes	MUHS/PG/E- 3/31/01/830 Dt 04.04.2016	10	07.04.1970	sonambek ar.chimmay @gmail.co m	9822624890	657761789760.00	No	
2	VD. PANKAJ PRABHAKAR DIXIT	Professor	SHALYATA NTRA	Regular	BAMS MS	18 Y - 09 M	13 Y - 09 M	Yes	MUHS/E- 3/PG/3301/1 188.Dt.28/5/ 2012	5	09.01.1977	drpankajp dixit@gma il.com	9011045371	219572911288.00	No	
3	VD. SANTOSH SHRIDHAR PATHAK	Assistant Professor	SHALYATA NTRA	Regular	BAMS MS	17 Y - 07 M	13 Y - 03 M	Yes	MUHS/E- 3/PG/3301/1 194 Dt.27-11- 2009	5	14.06.1978	drsantosh p@gmail.c om	9405369727	505537027411.00	No	
4	VD. SHRI PAD MANGALMUR TI UPASANI	Associate Professor	SHALYATA NTRA	Regular	BAMS MS	19 Y - 09 M	01 Y - 02 M	Yes	MUHS/E- 3/PG/3301/3 1/05/978/20 22.Dt.19/4/2 022		24.06.1975	upasani hripad24 @gmail.c om	9823033591	335364250564.00	No	

Date - 03-04-2023

Place - Nashik

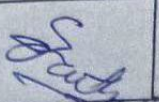
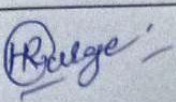


**I/C Principal**  
Ayurved Mahavidyalaya, Nashik

Name of the College : Ayurved Seva Sangh Ayurved Mahavidyalaya, Nashik  
 Phone/Mobile No. : 02532513112  
 Name of the Subject : KAYACHIKITSA

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

ANNEXURE - XIII -C

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	VD.SANJIVANI NITIN RATHOD	Asso.Professor	KAYACHIKITSA	Regular	BAMS MD	07 Y - 10 M	00 Y - 02 M	YES	MUHS/E3/P G/31/03/16 12Dated12/4/2018	4	09.06.1978	sanjivanirathod431@gmail.com	9623059379	242513630987	No	
2	VD.GARGE HARI RANGANATH	Asso.Professor	KAYACHIKITSA	Regular	BAMS MD	14 Y - 02 M	01 Y - 02 M	YES	MUHS/E-3/Pg/3301/31/05/978/2022.Dt.19/4/2022	2	26.04.1961	drhgaege@gmail.com	9405366160	455970211834	No	

Date - 03-04-2023  
 Place - Nashik



Ayurved Mahavidyalaya, Nashik