# ANNEXURE – VIII-A

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

**Name of the College : JAYWANT INSTITUTE OF MEDICAL SCIENCES.,KM GAD SANGLI**
**Phone/Mobile No. :**
**Name of the Subject : Samhita Siddhant**

| Sr. No. | College Name | Subject | Name of Teacher (Last Name, First Name Middle Name) | 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 (Age in years | Latest Email Address | Contact No. (Mob.) | Debarred Yes/ No |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 1. | JAYWANT INSTITUTE OF MEDICAL SCIENCES.,KM GAD SANGLI | SAMHITA SIDDHANT AND SANSKRIT | DR.MANE SURYKANT ATMARAM | PROFESSOR | 1.9.2023 | BAMS 2001 | M.D. SAMHITA 2007 | | YES | MUHS/UG/E-3/122135/547/2024 DT.27.3.2024 | 467143032569 | AUDPM1391F | 1.1,1979 | suryakant7910@gmail.com | 7620079243 | NO |
| 2. | JAYWANT INSTITUTE OFMEDICAL SCIENCES.,KM GAD SANGLI | SAMHITA SIDDHANT AND SANSKRIT | DR.Nitsure AVANTI | ASSO.PROF | 20.10.2023 | BAMS 2005 | M.D. SAMHITA 2011 | 09 YEARS | NO | - | 292569339618 | AGZPN4993N | 13.03.1984 | nitsureavanti@rediffmail.com | 9561736398 | NO |

Signature of Member  Signature of Member  Signature of Chairman

Principal
Jaywant Institute Of Medical Sciences
K.M.Gad, Tal.Walwa, Dist.Sangli

# ANNEXURE – VIII-A

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

**Name of the College : JAYWANT INSTITUTE OF MEDICAL SCIENCES.,KM GAD SANGLI**
**Phone/Mobile No. :**
**Name of the Subject : Rasashastra & Bhaishajya Kalpana**

| Sr. No. | College Name | Subject | Name of Teacher (Last Name, First Name Middle Name) | 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 (Age in years | Latest Email Address | Contact No. (Mob.) | Debarred Yes/ No |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 1. | JAYWANT INSTITUTE OFMEDICAL SCIENCES.,KM GAD SANGLI | RASASHASTRA AND BHAISHAJYA KALPANA | DR.AMOL ASHOKRAO YADAV | ASSO.PROF | 14.01.2025 | BAMS 2006 | M.D. RASASHASTRA 2011 | 09 | NO | - | 575562750823 | AGPPY2298D | 10.06.1983 | dramol10683@gmail.com | 9730849887 | No |

Signature of Member  Signature of Member  Signature of Chairman

Principal
Jaywant Institute Of Medical Sciences
K.M.Gad

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

**Name of the College : JAYWANT INSTITUTE OF MEDICAL SCIENCES.,KM GAD SANGLI**
**Phone/Mobile No. :**
**Name of the Subject : Kriya Sharir**

| Sr. No. | College Name | Subject | Name of Teacher (Last Name, First Name Middle Name) | Design ati on | Date of Joining | UG Qualific a tion & year of Passing | PG Qualificat ion & Year of Passing | Teaching Experien ce after PG passing | MU HS App roval (Yes /No) | If Yes MUHS Approv al Letter & Date | Adhar No. | Pan No. | Date of Birth (Age in years | Latest Email Address | Conta ct No. (Mob. ) | Deb arre d Yes/ No |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 3. | JAYWANT INSTITUTE OFMEDICAL SCIENCES.,KM GAD SANGLI | KRIYASHARI R | DR.AJANALK AR PRASHANT VASANT | PROFESSO R | 18.09.202 4 | BAMS 1990 | M.D. KRIYSHARIR 2007 | 32YEARS | NO | - | 242469 954138 | AAOP A3751 A | 30.11 1967 | ajanalkar.pr123 @gmail.com | 942013 4992 | NO |
| 4. | JAYWANT INSTITUTE OFMEDICAL SCIENCES.,KM GAD SANGLI | KRIYASHARI R | DR.SHEELA RAJARAM KEWAT | ASSO.PRO F | 20.10.202 3 | BAMS 2007 | M.D. KRIYSHARIR 2012 | 07YEARS | NO | - | 241814 613782 | BGGP K3516 E | | ayursheela@gm ail.com | 809743 7535 | No |

Signature of Member  Signature of Member  Signature of Chairman

Principal
Jaywant Institute of Medical Sciences
K.M.Gad, Tal. Walwa, Dist. Sangli.

# ANNEXURE – VIII-A

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

**Name of the College : JAYWANT INSTITUTE OF MEDICAL SCIENCES.,KM GAD SANGLI**
**Phone/Mobile No. :**
**Name of the Subject : Dravyaguna**

| Sr. No. | College Name | Subject | Name of Teacher (Last Name, First Name Middle Name) | 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 (Age in years | Latest Email Address | Contact No. (Mob.) | Debarred Yes/ No |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 1 | JAYWANT INSTITUTE OFMEDICAL SCIENCES.,KM GAD SANGLI | DRAVYAGUNA | DR.MANOJ MADHUKAR PISAL | PROFESSOR | 22.01.2025 | BAMS 2006 | M.D. DRAVYAGUNA 2010 | 10 | NO | - | 237949982509 | AZBPP6303R | 24.04.1984 | vdmanojpisal@gmail.com | 9850892425 | NO |

Signature of Member

Signature of Member

Signature of Chairman

Principal
Jaywant Institute Of Medical Sciences
K.M.Gad,Tal.Walwa,Dist.Sangli.

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

**Name of the College : JAYWANT INSTITUTE OF MEDICAL SCIENCES.,KM GAD SANGLI**
**Phone/Mobile No. :**
**Name of the Subject : Rachana Sharir**

| Sr. No. | College Name | Subject | Name of Teacher (Last Name, First Name Middle Name) | Design ati on | Date of Joining | UG Qualific a tion & year of Passing | PG Qualificat ion & Year of Passing | Teaching Experien ce after PG passing | MU HS App rova l (Yes /No) | If Yes MUHS Approv al Letter & Date | Adhar No. | Pan No. | Date of Birth (Age in years | Latest Email Address | Conta ct No. (Mob. ) | Deb arre d Yes/ No |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 1. | JAYWANT INSTITUTE OFMEDICAL SCIENCES.,KM GAD SANGLI | RACHANA SHARIR | DR.KULKAR NI PALLAVI GIRISH | PROFESSO R | 18.09.202 4 | BAMS APRIL 1993 | M.D. RACHANASH ARIR OCT-1997 | 20 YEARS | NO | -- | 244950 328598 | AKNP K7199 K | 11.08.19 71 | drpallavikulkarn i13@gmai.com | 942260 6014 | No |
| 4. | JAYWANT INSTITUTE OFMEDICAL SCIENCES.,KM GAD SANGLI | RACHANA SHARIR | Dr. Khot | | | | | | | | | | | | | |

Signature of Member  Signature of Member  Signature of Chairman

Principal
Jaywant Institute Of Medical Sciences
K.M.Gad, Tal. Miraj, Dist. Sangli

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

**Name of the College : JAYWANT INSTITUTE OF MEDICAL SCIENCES.,KM GAD SANGLI**
**Phone/Mobile No. :**
**Name of the Subject : Dravyaguna**

| Sr. No. | College Name | Subject | Name of Teacher (Last Name, First Name Middle Name) | 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 (Age in years | Latest Email Address | Contact No. (Mob.) | Debarred Yes/ No |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 1 | JAYWANT INSTITUTE OFMEDICAL SCIENCES.,KM GAD SANGLI | SWASTHAVRITTA & YOGA | DR.INDRAJIT RAMESH PATIL | ASSO.PROFESSOR | 18.01.2025 | BAMS 2009 | SWASTHAVRITTA 2018 | 05 | NO | - | 478472683499 | BLQPP4484D | 27.04.1988 | Indradip9631@gmail.com | 9823411333 | NO |

Signature of Member

Signature of Member

Signature of Chairman

Principal
Jaywant Institute Of Medical Sciences
K.M.Gad, Tal. Miraj, Dist.Sangli.