ANNEXURE – VIII-B

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

S. No.	College Name	Subject	Fill name of the Teacher (First Name Middle Name Last Name)	Designation	Type of Appoint ment (Regular / Temp. / Honorary	Qualification (UG/PG)	Teaching Exerience after PG Passing	PG Teacher Recognit ion (Yes/No)	No. of PG Students guided in last 5 years	Date of Birth (Age in Year)	Latest Email Address	Contact Nos. (Mob)	Adhar No	Debarred Yes/ No	Signature of Teacher
1.	JAYWANT INSTITUTE OFMEDICAL SCIENCES.,KM GAD SANGLI	RACHANA SHARIR	DR. PALLAVI GIRISH KULKARNI	PROFESSOR	Temp.	BAMS M.D. RACHANASHARIR	20 YEARS	NO	NO	11/08/71 (54)	drpallavikulkarni13@gmai.com	9422606014	244950328598	No	
2.	JAYWANT INSTITUTE OF MEDICAL SCIENCES.,KM GAD SANGLI	SAMHITA SIDDHANT AND SANSKRIT	DR. SURYKANT ATMARAMANE M	PROFESSOR	Temp	BAMS M.D. SAMHITA	16 YEARS	NO	NO	1/1/1979 (45)	suryakant7910@gmail.com	7620079243	467143032569	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-B

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

S. No.	College Name	Subject	Fill name of the Teacher (First Name Middle Name Last Name)	Designation	Type of Appoint ment (Regular / Temp. / Honorary	Qualification (UG/PG)	Teaching Exerience after PG Passing	PG Teacher Recognit ion (Yes/No)	No. of PG Students guided in last 5 years	Date of Birth (Age in Year)	Latest Email Address	Contact Nos. (Mob)	Adhar No	Debarred Yes/ No	Signature of Teacher
1.	JAYWANT INSTITUTE OF MEDICAL SCIENCES.,KM GAD SANGLI	SAMHITA SIDDHANT AND SANSKRIT	DR. SURYKANT ATMARAM ANE M	PROFESSOR	Temp	BAMS M.D. SAMHITA	16 YEARS	NO	NO	1/1/1979 (45)	suryakant7910@gmail.com	7620079243	467143032569	NO	

Signature of Member Signature of Member Signature of Chairman

Principal
Jaywant Institute of Medical Sciences
K.M.G. Campus, Dist. Sangli

ANNEXURE – VIII-B

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

S. No.	College Name	Subject	Fill name of the Teacher (First Name Middle Name Last Name)	Designation	Type of Appoint ment (Regular / Temp. / Honorary	Qualification (UG/PG)	Teaching Exerience after PG Passing	PG Teacher Recognit ion (Yes/No)	No. of PG Students guided in last 5 years	Date of Birth (Age in Year)	Latest Email Address	Contact Nos. (Mob)	Adhar No	Debarred Yes/ No	Signature of Teacher
1.	JAYWANT INSTITUTE OFMEDICAL SCIENCES.,KM GAD SANGLI	KRIYASHARIR	DR.AJANALKAR PRASHANT VASANT	PROFESSOR	Temp	BAMS M.D. KRIYSHARIR	32YEARS	YES	YES	30/11/1967 (58)	ajanalkar.pr123@gmail.com	9420134992	242469954138	No	
2.	JAYWANT INSTITUTE OFMEDICAL SCIENCES.,KM GAD SANGLI	KRIYASHARIR	DR.SHEELA RAJARAM KEWAT	ASSO.PROF	Temp	BAMS M.D. KRIYSHARIR	07YEARS	NO	NO	-	ayursheela@gmail.com	8097437535	241814613782	No	

Signature of Member Signature of Member Signature of Chairman

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

ANNEXURE – VIII-B

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

S. No.	College Name	Subject	Fill name of the Teacher (First Name Middle Name Last Name)	Designation	Type of Appoint ment (Regular / Temp. / Honorary	Qualification (UG/PG)	Teaching Exerience after PG Passing	PG Teacher Recognit ion (Yes/No)	No. of PG Students guided in last 5 years	Date of Birth (Age in Year)	Latest Email Address	Contact Nos. (Mob)	Adhar No	Debarred Yes/ No	Signature of Teacher
1.	JAYWANT INSTITUTE OF MEDICAL SCIENCES.,KM GAD SANGLI	SAMHITA SIDDHANT AND SANSKRIT	DR. SURYKANT ATMARAMANE M	PROFESSOR	Temp	BAMS M.D. SAMHITA	16 YEARS	NO	NO	1/1/1979 (45)	suryakant7910@gmail.com	7620079243	467143032569	NO	
2.	JAYWANT INSTITUTE OFMEDICAL SCIENCES.,KM GAD SANGLI	SAMHITA SIDDHANT AND SANSKRIT	DR.NITSURE AVANTI	ASSO.PROF	Temp	BAMS M.D. SAMHITA	09 YEARS	NO	NO	13.03.19 (84)	nitsureavanti@rediffmail.com	9561736398	292569339618	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-B

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

S. No.	College Name	Subject	Fill name of the Teacher (First Name Middle Name Last Name)	Designation	Type of Appoint ment (Regular / Temp. / Honorary	Qualification (UG/PG)	Teaching Exerience after PG Passing	PG Teacher Recognit ion (Yes/No)	No. of PG Students guided in last 5 years	Date of Birth (Age in Year)	Latest Email Address	Contact Nos. (Mob)	Adhar No	Debarred Yes/ No	Signature of Teacher
1.	JAYWANT INSTITUTE OFMEDICAL SCIENCES.,KM GAD SANGLI	RASASHASTRA AND BHAISHAJYA KALPANA	DR.AMOL ASHOKRAO YADAV	ASSO.PROF	Temp	BAMS M.D. RASASHASTRA	09 YEARS	NO	NO	10.06.19 (83)	dramol10683@gmail.com	9730849887	575562750823	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-B

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 : Swasthavritta & Yoga

S. No.	College Name	Subject	Fill name of the Teacher (First Name Middle Name Last Name)	Designation	Type of Appoint ment (Regular / Temp. / Honorary	Qualification (UG/PG)	Teaching Exerience after PG Passing	PG Teacher Recognit ion (Yes/No)	No. of PG Students guided in last 5 years	Date of Birth (Age in Year)	Latest Email Address	Contact Nos. (Mob)	Adhar No	Debarred Yes/ No	Signature of Teacher
1.	JAYWANT INSTITUTE OFMEDICAL SCIENCES.,KM GAD SANGLI	SWASTHVRITTA AND YOGA	DR.INDRAJIT RAMESH PATIL	ASSO.PROF	Temp	BAMS M.D. SWASTHVRITTA	05 YEARS	NO	NO	27.04.1988	indradip9631@gmail.com	9823411333	478472683499	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-B

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

S. No.	College Name	Subject	Fill name of the Teacher (First Name Middle Name Last Name)	Designation	Type of Appoint ment (Regular / Temp. / Honorary	Qualification (UG/PG)	Teaching Exerience after PG Passing	PG Teacher Recognit ion (Yes/No)	No. of PG Students guided in last 5 years	Date of Birth (Age in Year)	Latest Email Address	Contact Nos. (Mob)	Adhar No	Debarred Yes/ No	Signature of Teacher
1.	JAYWANT INSTITUTE OFMEDICAL SCIENCES.,KM GAD SANGLI	DRAVYAGUNA	DR.MANOJ MADHUKAR PISAL	PROFESSOR	Temp	BAMS M.D. DRAVYAGUNA	10 YEARS	NO	NO	24.04.1984	vdmanojpisal@gmail.com	9850892425	237949982509	No	

Signature of Member Signature of Member Signature of Chairman

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