

ANNEXURE – VIII-B

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

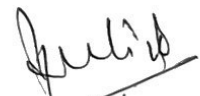
Name of the College : JAYWANT INSTITUTE OF MEDICAL SCIENCES.,KM GAD SANGLI
Phone/Mobile No. :
Name of the Subject : RACHANA SHARIR

S. No.	College Name	Subject	Fill name of the Teacher (First Name Middle Name Last Name)	Designation	Type of Appointment (Regular / Temp. / Honorary)	Qualification (UG/PG)	Teaching Experience after PG Passing	PG Teacher Recognition (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	RACHANA SHARIR	DR. PALLAVI GIRISH KULKARNI	PROFESSOR	Temp.	BAMS M.D. RACHANASHARIR	20 YEARS	NO	NO	11/08/71 (54)	drpallavikulkarni13@gmail.com	9422606014	244950328598	No	
2.	JAYWANT INSTITUTE OF MEDICAL SCIENCES.,KM GAD SANGLI	SAMHITA SIDDHANT AND SANSKRIT	DR. SURYAKANT ATMARA MANE 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.C. Gad Sangli, Dist. Sangli
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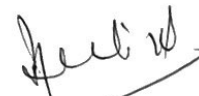
Name of the College : JAYWANT INSTITUTE OF MEDICAL SCIENCES.,KM GAD SANGLI
Phone/Mobile No. :
Name of the Subject : Samhita Siddhant

S. No.	College Name	Subject	Full name of the Teacher (First Name Middle Name Last Name)	Designation	Type of Appointment (Regular / Temp. / Honorary)	Qualification (UG/PG)	Teaching Experience after PG Passing	PG Teacher Recognition (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 ATMARA MANE M	PROFESSOR	Temp	BAMS M.D. SAMHITA	16 YEARS	NO	NO	1/1/1979 (45)	suryakant7910@gmail.com	7620079243	467143032569	NO	

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K.M.G. Gad Sangli, 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 : Kriya Sharir

S. No	College Name	Subject	Fill name of the Teacher (First Name Middle Name Last Name)	Designation	Type of Appointment (Regular / Temp. / Honorary)	Qualification (UG/PG)	Teaching Experience after PG Passing	PG Teacher Recognition (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	KRIYASHARIR	DR.AJANALKAR PRASHANT VASANT	PROFESSOR	Temp	BAMS M.D. KRIYASHARIR	32YEARS	YES	YES	30/11/1967 (58)	ajanalkar.pr123@gmail.com	9420134992	242469954138	No	
2.	JAYWANT INSTITUTE OF MEDICAL SCIENCES.,KM GAD SANGLI	KRIYASHARIR	DR.SHEELA RAJARAM KEWAT	ASSO.PROF	Temp	BAMS M.D. KRIYASHARIR	07YEARS	NO	NO	-	ayursheel.a@gmail.com	8097437535	241814613782	No	

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Signature of Member

Signature of Chairman


Principal
 Jaywant Institute of Medical Sciences
 K.M.Gad, Tal. Vasahat, 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 : Samhita Siddhant

S. No.	College Name	Subject	Fill name of the Teacher (First Name Middle Name Last Name)	Designation	Type of Appointment (Regular / Temp. / Honorary)	Qualification (UG/PG)	Teaching Experience after PG Passing	PG Teacher Recognition (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 ATMARA MANE M	PROFESSOR	Temp	BAMS M.D. SAMHITA	16 YEARS	NO	NO	1/1/1979 (45)	suryakant7910@gmail.com	7620079243	467143032569	NO	
2.	JAYWANT INSTITUTE OF MEDICAL SCIENCES.,KM GAD SANGLI	SAMHITA SIDDHANT AND SANSKRIT	DR.NITSURE AVANTI	ASSO.PR OF	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

[Signature]
Principal
Jaywant Institute Of Medical Sciences
K.M.G-1 Tol, Wadga, Dist Sangli

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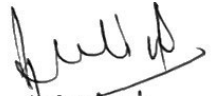
Name of the College : JAYWANT INSTITUTE OF MEDICAL SCIENCES.,KM GAD SANGLI
Phone/Mobile No. :
Name of the Subject : Rasashastra & Bhaishajya Kalpana

S. No.	College Name	Subject	Fill name of the Teacher (First Name Middle Name Last Name)	Designation	Type of Appointment (Regular / Temp. / Honorary)	Qualification (UG/PG)	Teaching Experience after PG Passing	PG Teacher Recognition (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	RASASHASTRA AND BHAISHAJYA KALPANA	DR.AMOL ASHOKRAO YADAV	ASSO.PR OF	Temp	BAMS M.D. RASASHASTRA	09 YEARS	NO	NO	10.06.19 (83)	dramol10683@gmail.com	9730849887	575562750823	No	

Signature of Member

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Signature of Chairman


Principal
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K.M.Gad, Tal. Nashik, Dist. Sangli.

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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 Appointment (Regular / Temp. / Honorary)	Qualification (UG/PG)	Teaching Experience after PG Passing	PG Teacher Recognition (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	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	

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Signature of Member

Signature of Chairman


Principal
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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

S. No.	College Name	Subject	Fill name of the Teacher (First Name Middle Name Last Name)	Designation	Type of Appointment (Regular / Temp. / Honorary)	Qualification (UG/PG)	Teaching Experience after PG Passing	PG Teacher Recognition (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	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

[Signature]
Principal
Jaywant Institute Of Medical Sciences
K.M.Gad, Tal. Waiwara, Dist. Sangli.
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