

ANNEXURE- VIII-A
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Course)

Name of the college /Phone/Mob. No. : - M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia

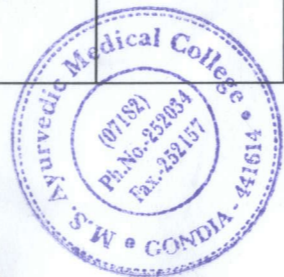
Phone/Mobile No.: 07182-252034

Name of the Subject : - Samhita Sidhanta

Sr. No.	College Name	Subject	Name of the Teacher (First Name Middel Name Last 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	Aadhar No.	PAN	Date of Birth (Age in Year)	Date of Birth (Age in Year)	Latest Email Address	Contact No. (Mob)	Datarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	14	15	16	17
1	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Samhita Sidhanta	Dr.Vaishali V. Nakhale	Professor	01-02-23	BAMS & 1997	MD & 2002	15 Yrs	Yes	MUHS/(UG)/E-3/125106/538/2024 Date 06/03/2024	950819573661	AMIPV2625E	49	12-02-75	anvidesh@yahoo.co.in	9666772154	No
2	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Samhita Sidhanta	Dr. Pratibha O. Pandhao	Reader	01-03-23	BAMS & 2000	MD & 2016	6 Yrs	Yes	MUHS/(UG)/E-3/125106/538/2024 Date 06/03/2024	869051510816	CMFPA1473A	44	07-06-79	aryaakhare@gmail.com	9881309412	No
3	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Samhita Sidhanta	Dr. Vidya K. Rahangdale	Lecturer	01-02-21	BAMS & 2011	MD & 2019	3 Yrs	Yes	MUHS/(UG)/E-3/125106/2016/2023 Dt.07-08-2023	902654889155	EWXPK1510E	34	23-08-89	vidyagr2310@gmail.com	8208752016	No
4	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Samhita & Siddhant	Smt. Mohini A. Gupta	Lecturer	01-07-14	BA & 1993	MA & 1996	10 Yrs	Yes	MUHS/(UG)/E-3/125106/538/2024 Date 06/03/2024	620452807194	ATTPG4468J	51	03-09-73	guptamohini1973@gmail.com	7798629272	No

Name of the Subject : -Sharir Rachana

Sr. No.	College Name	Subject	Full Name of the Teacher (First Name Middel Name Last 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	Aadhar No.	PAN	Date of Birth (Age in Year)	Date of Birth (Age in Year)	Latest Email Address	Contact No. (Mob)	Datarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	14	15	16	17
5	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Sharir Rachana	Dr. Vandana P. Jugade	Professor	01-04-23	BAMS & 1986	MD & 1993	25 Yrs	Yes	MUHS/(UG)/E-3/125106/538/2024 Date 06/03/2024	427910506501	ADZPA1717E	59	21-08-64	vandanaaloni@gmail.com	8999337214	No
6	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Sharir Rachana	Dr. Demendrakumar G. Thakre	Reader	01-02-23	BAMS & 2012	MD & 2015	7 Yrs	Yes	MUHS/(UG)/E-3/125106/2016/2023 Dt.07-08-2023	843139118069	APSPT7849F	36	22-03-88	demendra.thakre@gmail.com	9860183216	No



(Signature)
Principal
M.S. Ayurvedic Medical College,
Hospital & Research Institute, Gondia (M.S)

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Name of the college /Phone/Mob. No. : - M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia

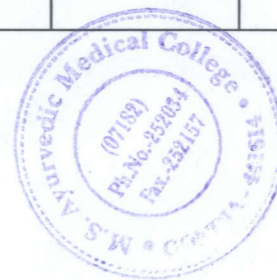
Phone/Mobile No.: 07182-252034

Name of the Subject : - Sharir Kriya

Sr. No.	College Name	Subject	Full Name of the Teacher (First Name Middel Name Last 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	Aadhar No.	PAN	Date of Birth (Age in Year)	Date of Birth (Age in Year)	Latest Email Address	Contact No. (Mob)	Datarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	14	15	16	17
8	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Sharir Kriya	Dr. Deepali P.Kohale	Professor	01-02-23	BAMS & 2000	MD & 2005	16 Yrs	Yes	MUHS/(UG)/E-3/125106/538/2024 Date 06/03/2024	329058292701	AMPPK9072R	45	15-04-79	deepalikohale15@gmail.com	9766588938	No
9	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Sharir Kriya	Dr. Shrinkousar A. Sheikh	Reader	01-03-23	BAMS & 2011	MD & 2017	7 Yrs	Yes	MUHS/(UG)/E-3/125106/538/2024 Date 06/03/2024	891260723786	ANPPT1623E	35	14-04-88	shirin.sheikh88@gmail.com	9730602488	No

Name of the Subject : -Dravyaguna

Sr. No.	College Name	Subject	Full Name of the Teacher (First Name Middel Name Last 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	Aadhar No.	PAN	Date of Birth (Age in Year)	Date of Birth (Age in Year)	Latest Email Address	Contact No. (Mob)	Datarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	14	15	16	17
11	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Dravyaguna	Dr. Leena R. Zade (Wanjari)	Professor	01-02-23	BAMS & 2006	MD & 2011	13 Yrs	Yes	MUHS/(UG)/E-3/125106/538/2024 Date 06/03/2024	466926838368	ABBPZ6652K	41	29-11-83	drleenawanjari@gmail.com	9405513722	No
12	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Dravyaguna	Dr. Priyanka S. Wate	Reader	01-02-23	BAMS & 2009	MD & 2017	7 Yrs	Yes	MUHS/(UG)/E-3/125106/538/2024 Date 06/03/2024	902933887979	ACNPW8558N	37	11-02-87	drpriyankawate@gmail.com	9423127426	No



J. J. Joshi
Principal
M.S. Ayurvedic Medical College,
Hospital & Research Institute, Gondia (M.S.)

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SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Course)

Name of the college /Phone/Mob. No. :- M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia

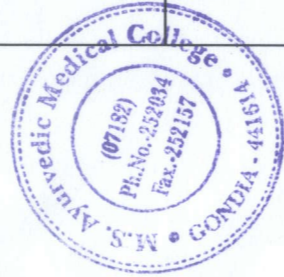
Phone/Mobile No.: 07182-252034

Name of the Subject :-Rasshastra & Bhaishjya Kalpana

Sr. No.	College Name	Subject	Full Name of the Teacher (First Name Middel Name Last 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	Aadhar No.	PAN	Date of Birth (Age in Year)	Date of Birth (Age in Year)	Latest Email Address	Contact No. (Mob)	Datarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	14	15	16	17
14	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Rasshastra & Bhaishjya Kalpana	Dr. Pratibha V. Kokate	Professor	01-02-23	BAMS & 1994	MD & 2001	22 Yrs	Yes	MUHS/(UG)/E-3/125106/538/2024 Date 06/03/2024	393818097844	AEVPC7400F	53	17-01-72	drpratibhachatur@gmail.com	9823275572	No
15	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Rasshastra & Bhaishjya Kalpana	Dr. Sumit D. Madankar	Reader	01-02-23	BAMS & 2012	MD & 2015	7 Yrs	Yes	MUHS/(UG)/E-3/125106/313/2024 Dt.30-07-2024	663823071587	BZHPM6556J	38	17-10-86	drsumitmadankar@gmail.com	9890764470	No

Name of the Subject :- Agadtantra & Vyavhar Ayurved

Sr. No.	College Name	Subject	Full Name of the Teacher (First Name Middel Name Last 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	Aadhar No.	PAN	Date of Birth (Age in Year)	Date of Birth (Age in Year)	Latest Email Address	Contact No. (Mob)	Datarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	14	15	16	17
17	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Agadtantra & Vyavhar Ayurved	Dr. Bharati R. Patil	Professor	01-02-23	BAMS & 1993	MD & 1998	23 Yrs	Yes	MUHS/(UG)/E-3/125106/538/2024 Date 06/03/2024	271388951322	AMNPP5359G	53	01-01-72	bbagade56@gmail.com	9823520202	No
18	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Agadtantra & Vyavhar Ayurved	Dr. Jaiprakash S. Ukey	Reader	01-02-23	BAMS & 2009	MD & 2015	9 Yrs	Yes	MUHS/(UG)/E-3/125106/313/2024 Dt.30-07-2024	788259543776	AFGPU8364N	37	25-03-87	drjaiprakash2@gmail.com	7798295495	No



J. Shinde
Principal
M.S. Ayurvedic Medical College,
Hospital & Research Institute, Gondia (MS)

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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
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Name of the college /Phone/Mob. No. : - M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia

Phone/Mobile No.: 07182-252034

Name of the Subject : - Swasthviritta & Yoga

Sr. No.	College Name	Subject	Full Name of the Teacher (First Name Middel Name Last 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	Aadhar No.	PAN	Date of Birth (Age in Year)	Date of Birth (Age in Year)	Latest Email Address	Contact No. (Mob)	Datarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	14	15	16	17
20	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Swasthviritta & Yoga	Dr. Vrushali V. Thote	Professor	01-02-23	BAMS & 2008	MD & 2011	13 Yrs	Yes	MUHS/(UG)/E-3/125106/538/2024 Date 06/03/2024	610717150279	AKWPT7337B	39	06-08-85	vrushali.thote@gmail.com	9960945342	No
21	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Swasthviritta & Yoga	Dr. Sushama B. Warhade	Reader	08-02-23	BAMS & 2007	MD & 2014	6 Yrs	Yes	MUHS/(UG)/E-3/125106/538/2024 Date 06/03/2024	283588933994	ABMPW7477L	39	31-10-84	dr.sushamawarhade@gmail.com	9860907338	No

Name of the Subject : - Rog Nidan & Vikruti Vigyan

Sr. No.	College Name	Subject	Full Name of the Teacher (First Name Middel Name Last 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	Aadhar No.	PAN	Date of Birth (Age in Year)	Date of Birth (Age in Year)	Latest Email Address	Contact No. (Mob)	Datarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	14	15	16	17
24	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Rog Nidan & Vikruti Vigyan	Dr. Vinay M Pandey	Reader	01-01-21	BAMS & 2009	MD & 2014	10 Yrs	Yes	MUHS/(UG)/E-3/125106/2016/2023 Dt.07-08-2023	735122055562	CHVPP9335B	38	03-05-86	dr.vmpandey3@gmail.com	8390640000	No
25	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Rog Nidan & Vikruti Vigyan	Dr. Swati R. Lanjewar	Lecturer	15-01-21	BAMS & 2013	MD & 2017	5 Yrs	Yes	MUHS/(UG)/E-3/125106/2016/2023 Dt.07-08-2023	922543522610	AMRPL5746M	33	19-11-90	srlanjewar1990@gmail.com	9730517624	No



J. Shinde
Principal
M.S. Ayurvedic Medical College,
Hospital & Research Institute, Gondia (M.S.)

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Name of the college /Phone/Mob. No. : - M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia

Phone/Mobile No.: 07182-252034

Name of the Subject : - Kayachikitsa

Sr. No.	College Name	Subject	Full Name of the Teacher (First Name Middel Name Last 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	Aadhar No.	PAN	Date of Birth (Age in Year)	Date of Birth (Age in Year)	Latest Email Address	Contact No. (Mob)	Datarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	14	15	16	17
26	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Kayachikitsa	Dr. Surekha R. Pillewan	Professor	01-02-23	BAMS & 1993	MD & 1999	25 Yrs	Yes	MUHS/(UG)/E-3/125106/2016/2023 Dt.07-08-2023	757037383770	AVMPM6830F	54	06-10-70	surekha.mankar1970@gmail.com	9823110359	No
27	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Kayachikitsa	Dr. Vinod K. Badole	Reader	01-02-21	BAMS & 2008	MD & 2013	10 Yrs	Yes	MUHS/(UG)/E-3/125106/2016/2023 Dt.07-08-2023	893242097447	AVJPB1562E	40	09-11-84	badole0911@gmail.com	7774810712	No
28	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Kayachikitsa	Dr. Pramod L . Gahane	Reader	13-10-18	BAMS & 2013	MD & 2018	6 Yrs	No	No	697153462304	BRRPG1291C	33	19-07-91	pramodgahane1991.pg@gmail.com	9404322838	No

Name of the Subject : -Stree Roga & Prasuti Tantra

Sr. No.	College Name	Subject	Full Name of the Teacher (First Name Middel Name Last 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	Aadhar No.	PAN	Date of Birth (Age in Year)	Date of Birth (Age in Year)	Latest Email Address	Contact No. (Mob)	Datarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	14	15	16	17
30	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Stree Roga & Prasuti Tantra	Dr. Jaymala V. Shirke	Professor	04-12-08	BAMS & 1987	MS & 1997	33 Yrs	Yes	MUHS/E-3/UG/3504/324 Dt. 05-02-2011	626406711735	ALBPS8825R	61	14-10-62	dr.jaymala@gmail.com	9822370915	No
31	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Stree Roga & Prasuti Tantra	Dr. Lukesh B. Khot	Reader	01-02-23	BAMS & 2000	MS & 2007	14 Yrs	Yes	MUHS/(UG)/E-3/125106/538/2024 Date 06/03/2024	661848467996	AGRPD3232E	48	07-02-75	lbkhot@gmail.com	9881643986	No



J. Shirke
Principal
M.S. Ayurvedic Medical College,
Hospital & Research Institute, Gondia (M.S.)

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SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Course)

Name of the college /Phone/Mob. No. : - M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia

Phone/Mobile No.: 07182-252034

Name of the Subject : -Kaumar Bhritya

Sr. No.	College Name	Subject	Full Name of the Teacher (First Name Middel Name Last 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	Aadhar No.	PAN	Date of Birth (Age in Year)	Date of Birth (Age in Year)	Latest Email Address	Contact No. (Mob)	Datarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	14	15	16	17
35	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Kaumar Bhritya	Dr. Sonali P. Dhumale	Professor	01-02-23	BAMS & 1997	MD & 2002	21 Yrs	Yes	MUHS/(UG)/E-3/125106/538/2024 Date 06/03/2024	461849321317	BIEPM2919P	49	22-08-75	drsonalimandekar@gmail.com	9423643877	No
36	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Kaumar Bhritya	Dr. Hitesh N. Mantri	Professor	03-01-23	BAMS & 2005	MD & 2010	14 Yrs	Yes	MUHS/(UG)/E-3/125106/313/2024 Dt.30-07-2024	340352349849	BFZPM2434R	41	14-02-82	drhiteshmantri14@gmail.com	9890228018	No

Name of the Subject : - Shalya Tantra

Sr. No.	College Name	Subject	Full Name of the Teacher (First Name Middel Name Last 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	Aadhar No.	PAN	Date of Birth (Age in Year)	Date of Birth (Age in Year)	Latest Email Address	Contact No. (Mob)	Datarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	14	15	16	17
38	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Shalya Tantra	Dr. Chittaranjan D. Nakade	Professor	27-03-23	BAMS & 2005	MS & 2010	14 Yrs	Yes	MUHS/(UG)/E-3/125106/538/2024 Date 06/03/2024	924688314725	AJEPN3669B	39	02-07-84	chittu.nakade@gmail.com	9021165364	No
39	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Shalya Tantra	Dr. Amit S. Lodhi	Reader	13-06-22	BAMS & 2012	MS & 2016	7 Yrs	Yes	'MUHS/(UG)/E-3/125106/2016/2023 Dt.07-08-2023	843139118069	APSPT7849F	37	01-06-87	amylodhi25@gmail.com	9130400987	No



J. Shrivastava
Principal
M.S. Ayurvedic Medical College,
Hospital & Research Institute, Gondia (M.S.)

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Phone/Mobile No.: 07182-252034

Name of the Subject : -Shalakya Tantra

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	14	15	16	17
41	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Shalakya Tantra	Dr. Hemantkumar S. Gautam	Professor	22-01-21	BAMS & 1995	MS & 2003	21 Yrs	Yes	MUHS/(UG)/E-3/125106/538/2024 Date 06/03/2024	892424213328	AKFPG1755M	53	21-06-71	drhemantgautam@gmail.com	9822949680	No
42	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Shalakya Tantra	Dr. Vaishali D. Thakre	Reader	08-02-23	BAMS & 2005	MS & 2016	6 Yrs	Yes	MUHS/(UG)/E-3/125106/538/2024 Date 06/03/2024	678653918861	BQEPD4573J	39	15-07-84	vaishalideshmukh1507@gmail.com	9730846729	No

Name of the Subject : - Panchkarma

Sr. No.	College Name	Subject	Full Name of the Teacher (First Name Middel Name Last 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	Aadhar No.	PAN	Date of Birth (Age in Year)	Date of Birth (Age in Year)	Latest Email Address	Contact No. (Mob)	Datarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	14	15	16	17
45	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Panchkarma	Dr. Rajalaxmi R. Jain	Professor	04-01-23	BAMS & 1989	MD & 1996	14 Yrs	Yes	MUHS/(UG)/E-3/125106/538/2024 Date 06/03/2024	539061529610	AANPJ7643K	57	31-10-67	rajlaxmijain30@gmail.com	9423634573	No
47	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Panchkarma	Dr. Jawaharlal H. Rahangdale	Reader	26-12-18	BAMS & 2012	MD & 2018	5 Yrs	No	No	824910004569	AUUPR3141	35	14-11-88	dr.jhrahangdale14@gmail.com	9405986367	No



J. Shinde
Principal
M.S. Ayurvedic Medical College,
Hospital & Research Institute, Gondia (M.S)