

ANNEXURE- VIII-B
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

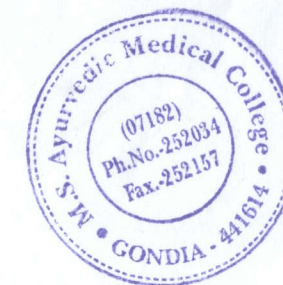
Phone/Mobile No.: 07182-252034

Name of the Subject : - Samhita Sidhanta

Sr. No.	College Name	Subject	Full Name of the Teacher (First Name Middel 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 No. (Mob)	Aadhar No.	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Aadhar No.	Datarred Yes/No	Signature of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
1	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Samhita Sidhanta	Dr.Vaishali V. Nakhale	Professor	Regular	BAMS & MD	15 Yrs	No	0	12-02-75	anvidesh@yahoo.co.in	9666772154	950819573661	Yes	MUHS/(UG)/E-3/125106/538/2024 Date 06/03/2024	950819573661	No	<i>Vaishali</i>
2	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Samhita Sidhanta	Dr. Pratibha O. Pandhao	Reader	Regular	BAMS & MD	6 Yrs	No	0	07-06-79	aryaakhare@gmail.com	9881309412	869051510816	Yes	MUHS/(UG)/E-3/125106/538/2024 Date 06/03/2024	869051510816	No	<i>Pratibha</i>
3	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Samhita Sidhanta	Dr. Vidya K. Rahangdale	Lecturer	Regular	BAMS & MD	3 Yrs	No	0	23-08-89	vidykr2310@gmail.com	8208752016	902654889155	Yes	MUHS/(UG)/E-3/125106/2016/2023 Dt.07-08-2023	902654889155	No	<i>VKB</i>
4	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Samhita & Siddhant	Smt. Mohini A. Gupta	Lecturer	Regular	BA & MA	10 Yrs	No	0	03-09-73	guptamohini1973@gmail.com	7798629272	620452807194	Yes	MUHS/(UG)/E-3/125106/538/2024 Date 06/03/2024	620452807194	No	<i>Mohini</i>

Name of the Subject : -Sharir Rachana

Sr. No.	College Name	Subject	Full Name of the Teacher (First Name Middel Name Last Name)	Designation	Type of Appointment	Qualification (UG/PG)	Teaching experience After PG Passing	PG Teacher Recognition	No. of PG Students	Date of Birth (Age in Year)	Latest Email Address	Contact No. (Mob)	Aadhar No.	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Aadhar No.	Datarred Yes/No	Signature of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
5	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Sharir Rachana	Dr. Vandana P. Jugade	Professor	Regular	BAMS & MD	25 Yrs	No	0	21-08-64	vandanaaloni@gmail.com	8999337214	427910506501	Yes	MUHS/(UG)/E-3/125106/538/2024 Date 06/03/2024	427910506501	No	<i>Vandana</i>
6	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Sharir Rachana	Dr. Demendrakumar G. Thakre	Reader	Regular	BAMS & MD	7 Yrs	No	0	22-03-88	demendra.thakre@gmail.com	9860183216	843139118069	Yes	MUHS/(UG)/E-3/125106/2016/2023 Dt.07-08-2023	843139118069	No	<i>Thakre</i>



Vishwaje
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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)	Designation	Type of Appointment	Qualification (UG/PG)	Teaching experience After	PG Teacher Recognit	No. of PG Students	Date of Birth (Age in	Latest Email Address	Contact No. (Mob)	Aadhar No.	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Aadhar No.	Datarred Yes/No	Signature of Teacher
1	2	3	4	5		7	9			14	15	16	12	10	11	12	17	17
7	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Sharir Kriya	Dr. Deepali P.Kohale	Professor	Regular	BAMS & MD	15 Yrs	No	0	15-04-79	deepalikohale15@gmail.com	9766588938	329058292701	Yes	MUHS/(UG)/E-3/125106/538/2024 Date 06/03/2024	329058292701	No	
8	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Sharir Kriya	Dr. Shrinkousar A. Sheikh	Reader	Regular	BAMS & MD	6 Yrs	No	0	14-04-88	shirin.sheikh88@gmail.com	9730602488	891260723786	Yes	MUHS/(UG)/E-3/125106/538/2024 Date 06/03/2024	891260723786	No	

Name of the Subject : -Dravyaguna

Sr. No.	College Name	Subject	Full Name of the Teacher (First Name Middel Name Last)	Designation	Type of Appointment	Qualification (UG/PG)	Teaching experience After	PG Teacher Recognit	No. of PG Students	Date of Birth (Age in	Latest Email Address	Contact No. (Mob)	Aadhar No.	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Aadhar No.	Datarred Yes/No	Signature of Teacher
1	2	3	4	5		7	9			14	15	16	12	10	11	12	17	17
9	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Dravyaguna	Dr. Leena R. Zade (Wanjari)	Professor	Regular	BAMS & MD	13 Yrs	No	0	29-11-83	drleenawanjari@gmail.com	9405513722	466926838368	Yes	MUHS/(UG)/E-3/125106/538/2024 Date 06/03/2024	466926838368	No	
10	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Dravyaguna	Dr. Priyanka S. Wate	Reader	Regular	BAMS & MD	7 Yrs	No	0	11-02-87	drpriyankawate@gmail.com	9423127426	902933887979	Yes	MUHS/(UG)/E-3/125106/538/2024 Date 06/03/2024	902933887979	No	

Name of the Subject : -Rasshastra & Bhaishjya Kalpana

Sr. No.	College Name	Subject	Full Name of the Teacher (First Name Middel Name Last)	Designation	Type of Appointment	Qualification (UG/PG)	Teaching experience After	PG Teacher Recognit	No. of PG Students	Date of Birth (Age in	Latest Email Address	Contact No. (Mob)	Aadhar No.	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Aadhar No.	Datarred Yes/No	Signature of Teacher
1	2	3	4	5		7	9			14	15	16	12	10	11	12	17	17
11	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Rasshastra & Bhaishjya Kalpana	Dr. Pratibha V. Kokate	Professor	Regular	BAMS & MD	22 Yrs	No	0	17-01-72	drpratibhachatur@gmail.com	9823275572	393818097844	Yes	MUHS/(UG)/E-3/125106/538/2024 Date 06/03/2024	393818097844	No	
12	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Rasshastra & Bhaishjya Kalpana	Dr. Sumit D. Madankar	Reader	Regular	BAMS & MD	7 Yrs	No	0	17-10-86	drsumitmadankar@gmail.com	9890764470	663823071587	Yes	MUHS/(UG)/E-3/125106/313/2024 Dt.30-07-2024	663823071587	No	



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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 : - Agadtantra & Vyavhar Ayurved

Sr. No.	College Name	Subject	Full Name of the Teacher (First Name Middel Name Last)	Designation	Type of Appointment	Qualification (UG/PG)	Teaching experience After	PG Teacher Recognit	No. of PG Students	Date of Birth (Age in	Latest Email Address	Contact No. (Mob)	Aadhar No.	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Aadhar No.	Datarred Yes/No	Signature of Teacher
1	2	3	4	5		7	9			14	15	16	12	10	11	12	17	17
13	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Agadtantra & Vyavhar Ayurved	Dr. Bharati R. Patil	Professor	Regular	BAMS & MD	23 Yrs	No	0	01-01-72	bbagade56@gmail.com	9823520202	271388951322	Yes	MUHS/(UG)/E-3/125106/538/2024 Date 06/03/2024	271388951322	No	
14	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Agadtantra & Vyavhar Ayurved	Dr. Jaiprakash S. Ukey	Reader	Regular	BAMS & MD	9 Yrs	No	0	25-03-87	drjaiprakash2@gmail.com	7798295495	788259543776	Yes	MUHS/(UG)/E-3/125106/313/2024 Dt.30-07-2024	788259543776	No	

Name of the Subject : - Swasthvritta & Yoga

Sr. No.	College Name	Subject	Full Name of the Teacher (First Name Middel Name Last)	Designation	Type of Appointment	Qualification (UG/PG)	Teaching experience After	PG Teacher Recognit	No. of PG Students	Date of Birth (Age in	Latest Email Address	Contact No. (Mob)	Aadhar No.	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Aadhar No.	Datarred Yes/No	Signature of Teacher
1	2	3	4	5		7	9			14	15	16	12	10	11	12	17	17
15	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Swasthvritta & Yoga	Dr. Vrushali V. Thote	Professor	Regular	BAMS & MD	13 Yrs	No	0	06-08-85	vrushali.thote@gmail.com	9960945342	610717150279	Yes	MUHS/(UG)/E-3/125106/538/2024 Date 06/03/2024	610717150279	No	
16	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Swasthvritta & Yoga	Dr. Sushama B. Warhade	Reader	Regular	BAMS & MD	6 Yrs	No	0	31-10-84	dr.sushamawarhade@gmail.com	9860907338	283588933994	Yes	MUHS/(UG)/E-3/125106/538/2024 Date 06/03/2024	283588933994	No	

Name of the Subject : - Rog Nidan & Vikruti Vigyan

Sr. No.	College Name	Subject	Full Name of the Teacher (First Name Middel Name Last)	Designation	Type of Appointment	Qualification (UG/PG)	Teaching experience After	PG Teacher Recognit	No. of PG Students	Date of Birth (Age in	Latest Email Address	Contact No. (Mob)	Aadhar No.	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Aadhar No.	Datarred Yes/No	Signature of Teacher
1	2	3	4	5		7	9			14	15	16	12	10	11	12	17	17
17	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Rog Nidan & Vikruti Vigyan	Dr. Vinay M Pandey	Reader	Regular	BAMS & MD	10 Yrs	No	0	03-05-86	dr.vmpandey3@gmail.com	8390640000	735122055562	Yes	MUHS/(UG)/E-3/125106/2016/2023 Dt.07-08-2023	735122055562	No	
18	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Rog Nidan & Vikruti Vigyan	Dr. Swati R. Lanjewar	Lecturer	Regular	BAMS & MD	5 Yrs	No	0	19-11-90	srlanjewar1990@gmail.com	9730517624	922543522610	Yes	MUHS/(UG)/E-3/125106/2016/2023 Dt.07-08-2023	922543522610	No	



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Name of the Subject : - Kayachikitsa

Sr. No.	College Name	Subject	Full Name of the Teacher (First Name Middel Name Last)	Designation	Type of Appointment	Qualification (UG/PG)	Teaching experience After	PG Teacher Recognit	No. of PG Students	Date of Birth (Age in	Latest Email Address	Contact No. (Mob)	Aadhar No.	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Aadhar No.	Datarred Yes/No	Signature of Teacher
1	2	3	4	5		7	9			14	15	16	12	10	11	12	17	17
19	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Kayachikitsa	Dr. Surekha R. Pillewan	Professor	Regular	BAMS & MD	25 Yrs	No	0	06-10-70	surekha.mankar1970@gmail.com	9823110359	757037383770	Yes	MUHS/(UG)/E-3/125106/2016/2023 Dt.07-08-2023	757037383770	No	
20	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Kayachikitsa	Dr. Vinod K. Badole	Reader	Regular	BAMS & MD	10 Yrs	No	0	09-11-84	badole0911@gmail.com	7774810712	893242097447	Yes	MUHS/(UG)/E-3/125106/2016/2023 Dt.07-08-2023	893242097447	No	
21	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Kayachikitsa	Dr. Pramod L . Gahane	Reader	Regular	BAMS & MD	6 Yrs	No	0	19-07-91	pramodgahane1991.pg@gmail.com	9404322838	697153462304	No	No	697153462304	No	

Name of the Subject : -Stree Roga & Prasuti Tantra

Sr. No.	College Name	Subject	Full Name of the Teacher (First Name Middel Name Last)	Designation	Type of Appointment	Qualification (UG/PG)	Teaching experience After	PG Teacher Recognit	No. of PG Students	Date of Birth (Age in	Latest Email Address	Contact No. (Mob)	Aadhar No.	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Aadhar No.	Datarred Yes/No	Signature of Teacher
1	2	3	4	5		7	9			14	15	16	12	10	11	12	17	17
22	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Stree Roga & Prasuti Tantra	Dr. Jaymala V. Shirke	Professor	Regular	BAMS & MS	33 Yrs	No	0	14-10-62	dr.jaymala@gmail.com	9822370915	626406711735	Yes	MUHS/E-3/UG/3504/324 Dt. 05-02-2011	626406711735	No	
23	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Stree Roga & Prasuti Tantra	Dr. Lukesh B. Khot	Reader	Regular	BAMS & MS	14 Yrs	No	0	07-02-75	lbkhot@gmail.com	9881643986	661848467996	Yes	MUHS/(UG)/E-3/125106/538/2024 Date 06/03/2024	661848467996	No	

Name of the Subject : -Kaumar Bhritya

Sr. No.	College Name	Subject	Full Name of the Teacher (First Name Middel Name Last)	Designation	Type of Appointment	Qualification (UG/PG)	Teaching experience After	PG Teacher Recognit	No. of PG Students	Date of Birth (Age in	Latest Email Address	Contact No. (Mob)	Aadhar No.	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Aadhar No.	Datarred Yes/No	Signature of Teacher
1	2	3	4	5		7	9			14	15	16	12	10	11	12	17	17
24	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Kaumar Bhritya	Dr. Sonali P. Dhumale	Professor	Regular	BAMS & MD	21 Yrs	No	0	22-08-75	drsonalimandekar@gmail.com	9423643877	461849321317	Yes	MUHS/(UG)/E-3/125106/538/2024 Date 06/03/2024	461849321317	No	
25	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Kaumar Bhritya	Dr. Hitesh N. Mantri	Reader	Regular	BAMS & MD	14 Yrs	No	0	14-02-82	drhiteshmantri14@gmail.com	9890228018	340352349849	Yes	MUHS/(UG)/E-3/125106/313/2024 Dt.30-07-2024	340352349849	No	



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

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Name of the Subject : - Shalya Tantra

Sr. No.	College Name	Subject	Full Name of the Teacher (First Name Middel Name Last)	Designation	Type of Appointment	Qualification (UG/PG)	Teaching experience After	PG Teacher Recognit	No. of PG Students	Date of Birth (Age in	Latest Email Address	Contact No. (Mob)	Aadhar No.	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Aadhar No.	Datarred Yes/No	Signature of Teacher
1	2	3	4	5		7	9			14	15	16	12	10	11	12	17	17
26	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Shalya Tantra	Dr. Chittaranjan D. Nakade	Professor	Regular	BAMS & MS	14 Yrs	No	0	02-07-84	chittu.nakade@gmail.com	9021165364	924688314725	Yes	MUHS/(UG)/E-3/125106/538/2024 Date 06/03/2024	924688314725	No	<i>[Signature]</i>
27	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Shalya Tantra	Dr. Amit S. Lodhi	Reader	Regular	BAMS & MS	7 Yrs	No	0	01-06-87	amyloahi25@gmail.com	9130400987	843139118069	Yes	'MUHS/(UG)/E-3/125106/2016/2023 Dt.07-08-2023	843139118069	No	<i>[Signature]</i>

Name of the Subject : -Shalaky Tantra

Sr. No.	College Name	Subject	Full Name of the Teacher (First Name Middel Name Last)	Designation	Type of Appointment	Qualification (UG/PG)	Teaching experience After	PG Teacher Recognit	No. of PG Students	Date of Birth (Age in	Latest Email Address	Contact No. (Mob)	Aadhar No.	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Aadhar No.	Datarred Yes/No	Signature of Teacher
1	2	3	4	5		7	9			14	15	16	12	10	11	12	17	17
28	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Shalaky Tantra	Dr. Hemantkumar S. Gautam	Professor	Regular	BAMS & MS	21 Yrs	No	0	21-06-71	drhemantgautam@gmail.com	9822949680	892424213328	Yes	MUHS/(UG)/E-3/125106/538/2024 Date 06/03/2024	892424213328	No	<i>[Signature]</i>
29	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Shalaky Tantra	Dr. Vaishali D. Thakre	Reader	Regular	BAMS & MS	6 Yrs	No	0	15-07-84	vaishalideshmukh1507@gmail.com	9730846729	678653918861	Yes	MUHS/(UG)/E-3/125106/538/2024 Date 06/03/2024	678653918861	No	<i>[Signature]</i>

Name of the Subject : - Panchkarma

Sr. No.	College Name	Subject	Full Name of the Teacher (First Name Middel Name Last)	Designation	Type of Appointment	Qualification (UG/PG)	Teaching experience After	PG Teacher Recognit	No. of PG Students	Date of Birth (Age in	Latest Email Address	Contact No. (Mob)	Aadhar No.	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Aadhar No.	Datarred Yes/No	Signature of Teacher
1	2	3	4	5		7	9			14	15	16	12	10	11	12	17	17
30	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Panchkarma	Dr. Rajalaxmi R. Jain	Professor	Regular	BAMS & MD	14 Yrs	No	0	31-10-67	rajlaxmijain30@gmail.com	9423634573	539061529610	Yes	MUHS/(UG)/E-3/125106/538/2024 Date 06/03/2024	539061529610	No	<i>[Signature]</i>
31	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Panchkarma	Dr. Jawaharlal H. Rahangdale	Reader	Regular	BAMS & MD	5 Yrs	No	0	14-11-88	dr.jhrahangdale14@gmail.com	9405986367	824910004569	No	No	824910004569	No	<i>[Signature]</i>



[Signature]
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