ANNEXURE- XIII -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	Designation	Date of Joining	UG-Qualification & Year of Passing	PG-Qualification & Year of Passing	Teaching experience After	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Aadhar No.	PAN	Date of Birth (Age in	Date of Birth (Age in	Latest Email Address	Contact No. (Mob)	Datarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13		14	15	16	17
1	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Samhita Sidhanta	Dr.Vaishali V. Nakhale	Reader	30-11-15	BAMS & 1997	MD & 2002	13 Yrs	Yes	MUHS/E-3/UG & PG/217/2022 Dt.19-01-2022	950819573661	AMIPV2625E	48	12-02-75	anvidesh@yahoo.co.in	9666772154	No
2	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Samhita & Siddhant	Smt. Mohini A. Gupta	Lecturer	01-07-14	BA & 1993	MA & 1996	8 Yrs	Yes	MUHS/E-3/UG & PG/217/2022 Dt.19-01-2022	620452807194	ATTPG4468J	49	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	Designation	Date of Joining	UG-Qualification & Year of Passing	PG-Qualification & Year of Passing	Teaching experience After	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Aadhar No.	PAN	Date of Birth (Age in	Date of Birth (Age in	Latest Email Address	Contact No. (Mob)	Datarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13		14	15	16	17
3	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Sharir Rachana	Dr. Demendrakumar G. Thakre	Reader	02-01-17	BAMS & 2012	MD & 2015	5 Yrs	Yes (Under Consideration of MUHS)	--	843139118069	APSPT7849F	35	22-03-88	demendra.thakre@gmail.com	9860183216	No

Name of the Subject : - Sharir Kriya

Sr. No.	College Name	Subject	Full Name of the Teacher (First Name Middel Name Last	Designation	Date of Joining	UG-Qualification & Year of Passing	PG-Qualification & Year of Passing	Teaching experience After	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Aadhar No.	PAN	Date of Birth (Age in	Date of Birth (Age in	Latest Email Address	Contact No. (Mob)	Datarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13		14	15	16	17
4	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Sharir Kriya	Dr. Deepali P.Kohale	Reader	30-11-15	BAMS & 2000	MD & 2005	14 Yrs	Yes	MUHS/E-3/UG & PG/217/2022 Dt.19-01-2022	329058292701	AMPPK9072R	44	15-04-79	deepalikohale15@gmail.com	9766588938	No

Name of the Subject : -Dravyaguna

Sr. No.	College Name	Subject	Full Name of the Teacher (First Name Middel Name Last	Designation	Date of Joining	UG-Qualification & Year of Passing	PG-Qualification & Year of Passing	Teaching experience After	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Aadhar No.	PAN	Date of Birth (Age in	Date of Birth (Age in	Latest Email Address	Contact No. (Mob)	Datarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13		14	15	16	17
5	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Dravyaguna	Dr. Leena R. Zade (Wanjari)	Reader	20-02-21	BMAS & 2006	MD & 2011	11 Yrs	Yes (Under Consideration of MUHS)	--	466926838368	ABBPZ6652K	39	29-11-83	drleenawanjari@gmail.com	9405513722	No
6	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Dravyaguna	Dr. Priyanka S. Wate	Lecturer	30-12-17	BAMS & 2009	MD & 2017	5 Yrs	Yes	MUHS/E-3/UG & PG/217/2022 Dt.19-01-2022	902933887979	ACNPW8558N	36	11-02-87	drpriyankawate@gmail.com	9423127426	No

Name of the Subject : -Rasshastra & Bhaishjya Kalpana

Sr. No.	College Name	Subject	Full Name of the Teacher (First Name Middel Name Last	Designation	Date of Joining	UG-Qualification & Year of Passing	PG-Qualification & Year of Passing	Teaching experience After	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Aadhar No.	PAN	Date of Birth (Age in	Date of Birth (Age in	Latest Email Address	Contact No. (Mob)	Datarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13		14	15	16	17
7	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Rasshastra & Bhaishjya Kalpana	Dr. Pratibha V. Kokate	Reader	10-11-09	BAMS & 1994	MD & 2001	20 Yrs	Yes	MUHS/E-3/UG/3504/324 Dt. 05-02-2011	393818097844	AEVPC7400F	51	17-01-72	drpratibhachatur@gmail.com	9823275572	No

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30/04/23

Principal
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Hospital & Research Institute, Gondia (M.S)

ANNEXURE- XIII -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 : - Agadtantra & Vyavhar Ayurved

Sr. No.	College Name	Subject	Full Name of the Teacher (First Name Middel Name Last	Designation	Date of Joining	UG-Qualification & Year of Passing	PG-Qualification & Year of Passing	Teaching experience After	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Aadhar No.	PAN	Date of Birth (Age in	Date of Birth (Age in	Latest Email Address	Contact No. (Mob)	Datarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13		14	15	16	17
8	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Agadtantra & Vyavhar Ayurved	Dr. Bharati R. Patil	Reader	21-04-07	BAMS & 1993	MD & 1998	21 Yrs	Yes	MUHS/E-3/UG /3504/3274 Dt. 26-11-2009	271388951322	AMNPP5359G	51	01-01-72	bbagade56@gmail.com	9823520202	No
9	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Agadtantra & Vyavhar Ayurved	Dr. Jaiprakash S. Ukey	Lecturer	30-11-15	BAMS & 2009	MD & 2015	7 Yrs	Yes	MUHS/E-3/UG & PG/217/2022 Dt.19-01-2022	788259543776	AFGPU8364N	36	25-03-87	drjaiprakash2@gmail.com	7798295495	No

Name of the Subject : - Swasthvritta & Yoga

Sr. No.	College Name	Subject	Full Name of the Teacher (First Name Middel Name Last	Designation	Date of Joining	UG-Qualification & Year of Passing	PG-Qualification & Year of Passing	Teaching experience After	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Aadhar No.	PAN	Date of Birth (Age in	Date of Birth (Age in	Latest Email Address	Contact No. (Mob)	Datarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13		14	15	16	17
10	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Swasthvritta & Yoga	Dr. Vrushali V. Thote	Reader	22-01-21	BAMS & 2008	MD & 2011	11 Yrs	Yes (Under Consideration of MUHS)	--	610717150279	AKWPT7337B	37	06-08-85	vrushali.thote@gmail.com	9960945342	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	Date of Joining	UG-Qualification & Year of Passing	PG-Qualification & Year of Passing	Teaching experience After	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Aadhar No.	PAN	Date of Birth (Age in	Date of Birth (Age in	Latest Email Address	Contact No. (Mob)	Datarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13		14	15	16	17
11	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	8 Yrs	Yes (Under Consideration of MUHS)	--	735122055562	CHVPP9335B	37	03-05-86	dr.vmpandey3@gmail.com	8390640000	No

Name of the Subject : - Kayachikitsa

Sr. No.	College Name	Subject	Full Name of the Teacher (First Name Middel Name Last	Designation	Date of Joining	UG-Qualification & Year of Passing	PG-Qualification & Year of Passing	Teaching experience After	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Aadhar No.	PAN	Date of Birth (Age in	Date of Birth (Age in	Latest Email Address	Contact No. (Mob)	Datarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13		14	15	16	17
12	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Kayachikitsa	Dr. Surekha R. Pillewan	Professor	24-01-15	BAMS & 1993	MD & 1999	23 Yrs	Yes (Under Consideration of MUHS)	--	757037383770	AVMPM6830F	52	06-10-70	surekha.mankar1970@gmail.com	9823110359	No
13	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Kayachikitsa	Dr. Vinod K. Badole	Reader	01-02-21	BAMS & 2008	MD & 2013	8 Yrs	Yes (Under Consideration of MUHS)	--	893242097447	AVJPB1562E	38	09-11-84	badole0911@gmail.com	7774810712	No
14	M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Kayachikitsa	Dr. Pramod L . Gahane	Lecturer	13-10-18	BAMS & 2013	MD & 2018	4 Yrs	Yes	MUHS/E-3/UG & PG/217/2022 Dt.19-01-2022	697153462304	BRRPG1291C	31	19-07-91	pramodgahane1991.pg@gmail.com	9404322838	No

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ANNEXURE- XIII -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 : -Stree Roga & Prasuti Tantra

College Name	Subject	Full Name of the Teacher (First Name Middel Name Last	Designation	Date of Joining	UG-Qualification & Year of Passing	PG-Qualification & Year of Passing	Teaching experience After	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Aadhar No.	PAN	Date of Birth (Age in	Date of Birth (Age in	Latest Email Address	Contact No. (Mob)	Datarred Yes/No
2	3	4	5	6	7	8	9	10	11	12	13		14	15	16	17
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	31 Yrs	Yes	MUHS/E-3/UG/3504/324 Dt. 05-02-2011	626406711735	ALBPS8825R	60	14-10-62	dr.jaymala@gmail.com	9822370915	No

Name of the Subject : -Kaumar Bhritya

College Name	Subject	Full Name of the Teacher (First Name Middel Name Last	Designation	Date of Joining	UG-Qualification & Year of Passing	PG-Qualification & Year of Passing	Teaching experience After	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Aadhar No.	PAN	Date of Birth (Age in	Date of Birth (Age in	Latest Email Address	Contact No. (Mob)	Datarred Yes/No
2	3	4	5	6	7	8	9	10	11	12	13		14	15	16	17
M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Kaumar Bhritya	Dr. Sonali P. Dhumale	Reader	27-12-08	BAMS & 1997	MD & 2002	19 Yrs	Yes	MUHS/E-3/UG/3504/324 Dt. 05-02-2011	461849321317	BIEPM2919P	47	22-08-75	drsonalimandekar@gmail.com	9423643877	No

Name of the Subject : - Shalya Tantra

College Name	Subject	Full Name of the Teacher (First Name Middel Name Last	Designation	Date of Joining	UG-Qualification & Year of Passing	PG-Qualification & Year of Passing	Teaching experience After	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Aadhar No.	PAN	Date of Birth (Age in	Date of Birth (Age in	Latest Email Address	Contact No. (Mob)	Datarred Yes/No
2	3	4	5	6	7	8	9	10	11	12	13		14	15	16	17
M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Shalya Tantra	Dr. Amit S. Lodhi	Reader	13-06-22	BAMS & 2012	MS & 2016	5 Yrs	Yes (Under Consideration of MUHS)	--	843139118069	APSPT7849F	36	01-06-87	amylodhi25@gmail.com	9130400987	No

Name of the Subject : -Shalakya Tantra

College Name	Subject	Full Name of the Teacher (First Name Middel Name Last	Designation	Date of Joining	UG-Qualification & Year of Passing	PG-Qualification & Year of Passing	Teaching experience After	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Aadhar No.	PAN	Date of Birth (Age in	Date of Birth (Age in	Latest Email Address	Contact No. (Mob)	Datarred Yes/No
2	3	4	5	6	7	8	9	10	11	12	13		14	15	16	17
M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Shalakya Tantra	Dr. Hemantkumar S. Gautam	Reader	22-02-21	BAMS & 1995	MS & 2003	19 Yrs	Yes (Under Consideration of MUHS)	--	892424213328	AKFPG1755M	52	21-06-71	drhemantgautam@gmail.com	9822949680	No

Name of the Subject : - Panchkarma

College Name	Subject	Full Name of the Teacher (First Name Middel Name Last	Designation	Date of Joining	UG-Qualification & Year of Passing	PG-Qualification & Year of Passing	Teaching experience After	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Aadhar No.	PAN	Date of Birth (Age in	Date of Birth (Age in	Latest Email Address	Contact No. (Mob)	Datarred Yes/No
2	3	4	5	6	7	8	9	10	11	12	13		14	15	16	17
M. S. Ayurvedic Medical College , Hospital & Research Institute, Gondia	Panchkarma	Dr. Ravindra Bapurao Ghaywate	Reader	13-02-23	BAMS & 2006	MD & 2011	11 Yrs	Yes (Under Consideration of MUHS)	--	506264599838	BLFPG3405A	39	13-11-83	ravindraghaywate232@gmail.com	9960847310	No

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