

ANNEXURE- XIII-A

Examination Related Information.

(Hard Copy & Soft Copy of this Annexure must be submitted to the university.)

For Online Transmission of Question Papers.

Sr. No.	Infrastructure Facilities at College	Yes/No
Strong Room		Yes
1	It must have single Door Entry/Exit (with safety Door/grill for windows)	Yes
2	Minimum Area shall be 20X20 sq.ft.	Yes
3	Adequate Steel Almirah/Cupboard for storage of Answer Books.	
4	C.C.T.V. Camera with Recording facility that covers entire area or Downloading and Printing of online transmission of question paper process.	Yes
5	Latest version Computer (Minimum 4) and printer (Minimum 4),with Inverter facility, MS Office, PDF Reader, WinRAR or WinZip.	Yes
6	Dual Internet Service, Primary with 1:1 dedicated line of 100 mbps speed by class 'A' ISP, and alternate line with 1:1dedicated line of 50 mbps speed, by an another Class 'A' ISP to ensure uninterrupted downloading facility, with 2 (two) Static IP's Internet Dongle.	Yes
7	Adequate Number of paper Rims of printing Question Papers.	Yes
8	One Photocopy Machine, UPS Backup.	Yes
Scanning Room		
9	Separate Scanning Room for Scanning Answer Book after end of Examination will be provided by the University Appointed Agency.	Yes
10	Dual Internal Service Primary with 1:1 dedicated line of 100 mbps speed by Class 'A' ISP and alternate line with 1:1 dedicated line of 50 mbps speed, by an another Class 'A' ISP to ensure uninterrupted downloading facility, with 2 (two) Static IP's Internet Dongle.	Yes

To Set up DEC for Onscreen Evaluation of Answer Books:

Sr. No.	Infrastructure facilities at College	Yes /No
1	Computers (20) with latest licensed Operating System Software (OSS) with antivirus and firewalls to provide all lock station with Computer charts and key board tray.	Yes
2	Wiring and Networking (with Raw Power Supply and UPS) and one Printer per DEC.	Yes
3	Air Conditioners, Bio metric System CCTV Installation, Rest rooms and 24X7 security.	Yes
4	Collapsible gate for the main entrance with Name Board and Locking Facility.	Yes
5	Dual Internal Service Primary with 1:1 dedicated line of 100 mbps speed by Class 'A' ISP and alternate line with 1:1 dedicated line of 50 mbps speed, by an another Class 'A' ISP to ensure uninterrupted downloading facility, with 2 (two) Static IP's.	Yes
6	Appointment of one Professor as an Examination Co-coordinator to Co-ordinate this online process.	Yes
7	Separate Evaluation Room for Evaluating the Answer Book under CCTV Surveillance.	Yes

Maharashtra University of Health Sciences, Nashik.
(SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES))

ANNEXURE - XIII - B

Name of the College :- Late. Babruwan Vitthalrao Kale Ayurved Medical College and Hospital, Latur.
College / Mob. No. :- (02382) 247677, 9405647469
Name of the Subject :- Samhita Adhyayan

Sr. No.	College Name	Subject	Full name of the Teacher (First Name Middle 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 you MUHS Approval Letter & Date	Adhar No	Pan NO	Date of Birth (Age in years)	Latest Email Address	Contact Nos. (Res./Mob.)	debarred (Yes/No)
1	Late. Babruwan Vitthalrao Kale Ayurved Medical College and Hospital, Latur.	Samhita Adhyayan	Vd. Rajendra Madhavrao Nirgude	Professor	04/03/2005	BAMS 2002	MD - Samhita Siddhant 2004-05	-----	Yes	MUHS-3/UG/3405/4256 dated 04/12/2018	9426 8544 9458	AKEPN4538C	10/06/1979	nirguder.atendra@gmail.com	9822915758	No
2	Late. Babruwan Vitthalrao Kale Ayurved Medical College and Hospital, Latur.	Samhita Adhyayan	Vd. Anuradha Abhimanyu More	Lecturer	03/10/2009	BAMS 2003	MD - Samhita Siddhant 2009	-----	Yes	MUHS-3/UG/3405/5214 dated 14/12/2011	4888 5157 7079	BDZPM9699G	22/12/1981	dr.anuradhadamore@gmail.com	8275304939	No
3	Late. Babruwan Vitthalrao Kale Ayurved Medical College and Hospital, Latur.	sanskrit	Smt. Sumitra Sureshchandra Udgirkar	Lecturer	01/01/2001	B.A. 1998	M.A.-sanskrit 2000	--	Yes	MUHS / E-1408 /2003 dated 17/04/2003	9895 3832 8952	AAOPU5762B	05/01/1977	sumitraud.rikar1977@gmail.com	9890248485	No



PRINCIPAL
Late Babruwan Vitthalrao Kale
Ayurved Medical College & Hospital
Gandhi Maidan, Latur

Maharashtra University of Health Sciences, Nashik.
(SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)
Name of the College :- Late. Babruwan Vitthalrao Kale Ayurved Medical College and Hospital, Latur.
College / Mob. No. :- (02382) 247677, 9405647469

Name of the Subject :-Padarth Vidnyan evam Ayurved ka Itihas

Sr. No.	College Name	Subject	Full name of the Teacher (First Name Middle 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 you MUHS Approval Letter & Date	Adhar No	Pan NO	Date of Birth (Age in years)	Latest Email Address	Contact Nos. (Resi./Mob.)	debarred (Yes/No)
1	Late. Babruwan Vitthalrao Kale Ayurved Medical College and Hospital, Latur.	Padarth Vidnyan evam Ayurved ka Itihas	Vd. Rajendra Madhavrao Nitgude	Professor	04/03/2005	BAMS 2002	MD - Samhita Siddhant 2004-05	----	Yes	MUHS/E-3/UG/3405/4260 dated 04/12/2018	9426 8544 9458	AKEPN4538C	10/06/1979	nitguderajendra@gmail.com	9822915758	No
2	Late. Babruwan Vitthalrao Kale Ayurved Medical College and Hospital, Latur.	Padarth Vidnyan evam Ayurved ka Itihas	Vd. Anuradha Abhimanyu More	Lecturer	03/10/2009	BAMS 2003	MD - Samhita Siddhant 2009	----	Yes	MUHS/E-3/UG/3405/5214 dated 14/12/2011	4888 5157 7079	BDZPM9699G	22/12/1981	dr.anuradhamore@gmail.com	8275304939	No

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Maharashtra University of Health Sciences, Nashik.
(SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES))
Name of the College :- Late. Babruwan Vitthalrao Kale Ayurved Medical College and Hospital, Latur.
College / Mob. No. :- (02382) 247677, 9405647469
Name of the Subject :- Rachana Sharir

Sr. No.	College Name	Subject	Full name of the Teacher (First Name Middle 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 you MUHS Approval Letter & Date	Adhar No	Pan NO	Date of Birth (Age in years)	Latest Email Address	Contact Nos. (Res./Mob.)	debarred (Yes/No)
1	Late. Babruwan Vitthalrao Kale Ayurved Medical College and Hospital, Latur.	Rachana Sharir	Vd. Sunildatta Venkatrao Mujje	Professor	01/03/2001	BAMS 1992	MD - Sharir Rachana 1999	7 yrs	Yes	MUHS/E-3/UG/ 3405/5214 dated 14/12/2011	5728 0286 3904	AKQPM3073M	01/05/1969	dr.mulesv@gmail.com	9403013028	No
2	Late. Babruwan Vitthalrao Kale Ayurved Medical College and Hospital, Latur.	Rachana Sharir	Vd. Tatyasaheb Abasaheb Deshmukh	Reader	10/01/2022	BAMS 1993	MD - Sharir Rachana 2013	1 yrs	Yes	MUHS/E-3/UG/ 445/2023 dated 07/02/2023	8021 2662 4533	AESP6416R	11/06/1971	dr.tatyasahebdeshmukh@gmail.com	9923888995	No
3	Late. Babruwan Vitthalrao Kale Ayurved Medical College and Hospital, Latur.	Rachana Sharir	Vd. Sunil Mohanrao Bhosale	Lecturer	13/02/2019	BAMS 2008	MD - Sharir Rachana 2018	4 yrs	Yes	MUHS/E-3/UG/ 428/2023 dated 06/02/2023	65880 0022 4877	CTEPP3408E	22/07/1987	dr.sunnila.pawar@gmail.com	8793727304	No
4	Late. Babruwan Vitthalrao Kale Ayurved Medical College and Hospital, Latur.	Rachana Sharir	Vd. Hanuman Ramrao Kadam	Lecturer	01/03/2023	BAMS 2016	MD - Sharir Rachana 2020	----	No	No	4592 0192 7852	ESBRK7967M	01/05/1992	hanuman.kadam98@gmail.com	9422509768 9284556463	No

PRINCIPAL

**Late Babruwan Vitthalrao Kale
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Maharashtra University of Health Sciences, Nashik.
(SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES))

Name of the University :- Maharashtra University of Health Sciences, Nashik.
Name of the College / Institution :- Late. Babruwan Vitthalrao Kale Ayurved Medical College and Hospital, Latur.
College / Inst. Phone / Mob. No. :- (02382) 247677, 9405647469
Subject :- Kriya Sharir

Sr. No.	College Name	Subject	Full name of the Teacher (First Name Middle 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 you MUHS Approval Letter & Date	Adhar No	Pan NO	Date of Birth (Age in years)	Latest Email Address	Contact Nos. (Res./Mob.)	debarred (Yes/No)
1	Late. B.V. Kale Ayurved Medical College and Hospital, Latur.	Kriya Sharir	Vd. Sunil Vajjanath Mahindrakar	Professor	30/07/2003	BAMS 1997-98	MD - Kriya Sharir 2003	-----	Yes	MUHS/E-3/UG/3405/4260 dated 04/12/2018	84125225 0625	AJSPM4513D	09/09/1976	oiasparib3@gmail.com	9422185856	No
2	Late. B.V. Kale Ayurved Medical College and Hospital, Latur.	Kriya Sharir	Vd. Vinaya Vijay Potdar	Lecturer	30/09/2019	BAMS 2013	MD - Sharir Kriya 2018	-----	Yes	MUHS/E-3/UG/445/2023 dated 07/02/2023	996371023262	CTTPPO373E	27/05/1991	vinavapordar@gmail.com	9921435863	No

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Name of the University :- Maharashtra University of Health Sciences, Nashik.
Name of the College / Institution :- Late. Babruwan Vitthalrao Kale Ayurved Medical College and Hospital, Latur.
College / Inst. Phone / Mob. No. :- (02382) 247677, 9405647469
Subject :- Dravyaguna Vigyan

Sr. No.	College Name	Subject	Full name of the Teacher (First Name Middle 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 you MUHS Approval Letter & Date	Adhar No	Pan NO	Date of Birth (Age in years)	Latest Email Address	Contact Nos. (Res./Mob.)	debarred (Yes/No)
1	Late. B.V. Kale Ayurved Medical College and Hospital, Latur.	Dravyaguna Vigyan	Vd. Varsha Vasantrao Khanapurkar	Reader	23/08/2010	BAMS 2004	MD - Dravyaguna 2010	-----	Yes	MUHS/E-3/UG/3405/4260 dated 04/12/2018	6773 1473 8031	CATPK6380C	22/07/1983	dr.k.vanshavay@gmail.com	9923663340	No
2	Late. B.V. Kale Ayurved Medical College and Hospital, Latur.	Dravyaguna Vigyan	Vd. Purwa Vinayakrao Khanrosekar	Lecturer	16/02/2022	BAMS 2010	MD - Dravyaguna 2018	-----	Yes	MUHS/E-3/UG/445/2023 dated 07/02/2023	6936 6286 6199	DTJPK0610P	02/06/1988	purwapaati112@gmail.com	9284427276	No

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Maharashtra University of Health Sciences, Nashik.
(SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

Name of the University :- Maharashtra University of Health Sciences, Nashik.
Name of the College / Institution :- Late. Babruwan Vitthalrao Kale Ayurved Medical College and Hospital, Latur.
College / Inst. Phone / Mob. No. :- (02382) 247677, 9405647469
Subject :- Rasashastra Evum Bhaishajya Kalpana

Sr. No.	College Name	Subject	Full name of the Teacher (First Name Middle 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 you MUHS Approval Letter & Date	Adhar No	Pan NO	Date of Birth (Age in years)	Latest Email Address	Contact Nos. (Resi./Mob.)	debarred (Yes/No)
1	Late. B.V.Kale Ayurved Medical College and Hospital, Latur	Rasas hasstra Evum Bhais hajya Kalpana	Vd. Manjusha Balbhim Puri	Professor	21/08/2004	BAMS 1991	MD - Rasashastra Bhaishajya Kalpana 1998 Ph.D. 2008	-----	Yes	MUHS/E- 3/UG/ 3405/3832 dated 09/12/2010	9472 9525 4770	AJAPB2049M	04/10/1969	manjushabhujbal@yahoo.com	9423347467	No
2	Late. B.V.Kale Ayurved Medical College and Hospital, Latur	Rasas hasstra Evum Bhais hajya Kalpana	Vd. Maruti Tukaram Narhare	Lecturer	29/11/2004	BAMS 1998	MD - Rasashastra Bhaishajya Kalpana 2003	-----	Yes	MUHS/E- 3/UG/ 3405 /4260 dated 04/12/2018	6710 6679 7147	ADXPNI454H	05/04/1975	dmarmay1@gmail.com	9860034017	No


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Name of the University :- Maharashtra University of Health Sciences, Nashik.
Name of the College / Institution :- Late. Babruwan Vitthalrao Kale Ayurved Medical College and Hospital, Latur.
College / Inst. Phone / Mob. No. :- (02382) 247677, 9405647469
Subject :- Agadanttra Evum Vyavhar Ayurved

Sr. No.	College Name	Subject	Full name of the Teacher (First Name Middle 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 you MUHS Approval Letter & Date	Adhar No	Pan NO	Date of Birth (Age in years)	Latest Email Address	Contact Nos. (Resi./Mob.)	debarred (Yes/No)
1	Late. B.V. Kale Ayurved Medical College and Hospital, Latur.	Agadanttra Evum Vyavhar Ayurved	Vd. Sangeeta Suresh Deshmukh	Professor	01/06/2006	BAMS 1993	MD - Agadanttra 2006	-----	Yes	MUHS/E-3/UG/3405 /260 dated 04/12/2018	8600 4651 9722	AHCPD6567E	10/11/1971	sangeeta.deshmukh008@gmail.com	9881049993	No
2	Late. B.V. Kale Ayurved Medical College and Hospital, Latur.	Agadanttra Evum Vyavhar Ayurved	Vd. Sheela Datal	Lecturer	14/08/2019	BAMS 2011	MD - Agadanttra Tantra evum Vidhi Vaidyaka 2018	-----	Yes	MUHS/E-3/UG/445/2023 dated 07/02/2023	9861 5001 8395	CEBPD6800G	25/10/1988	sheelada.talpawar@gmail.com	9834765458	No

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Maharashtra University of Health Sciences, Nashik.
(SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES))

Name of the University :- Maharashtra University of Health Sciences, Nashik.
Name of the College / Institution :- Late. Babruwan Vithalrao Kale Ayurved Medical College and Hospital, Latur.
College / Inst. Phone / Mob. No. :- (02382) 247677, 9405647469
Subject :- Rog Nidan Evum Vikrut Vigyan

Sr. No.	College Name	Subject	Full name of the Teacher (First Name Middle 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 you MUHS Approval Letter & Date	Adhar No	Pan NO	Date of Birth (Age in years)	Latest Email Address	Contact Nos. (Res./Mob.)	debarred (Yes/No)
1	Late. B.V. Kale Ayurved Medical College and Hospital, Latur.	Rog Nidan Evum Vikrut Vigyan	Vd. Shubhangi Milind Shastri	Reader	15/09/2008	BAMS 1997	MD - Rognidan 2007	-----	Yes	MUHS/El-3/UG/3405/4260 dated 04/12/2018	4924 5426 4051	BNXPSS5969M	23/09/1976	shastriatshastriat@hera@gmail.com	8275925465	No
2	Late. B.V. Kale Ayurved Medical College and Hospital, Latur.	Rog Nidan Evum Vikrut Vigyan	Vd. Vidya Laxmikant Rathod	Lecturer	01/02/2023	BAMS 2001	MD - Rognidan 2020	-----	No	No	9409 5834 9247	ESOPR4966Q	15/05/1980	dnvd/eachavhan@gmail.com	9637043171	Yes


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Late Babruwan Vithalrao Kale
Ayurved Medical College & Hospital
Gandhi Maidan, Latur

Maharashtra University of Health Sciences, Nashik.
(SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

Name of the University :- Maharashtra University of Health Sciences, Nashik.
Name of the College / Institution :- Late. Babruwan Vitthalrao Kale Ayurved Medical College and Hospital, Latur.
College / Inst. Phone / Mob. No. :- (02382) 247677, 9405647469
Subject :- Swasthvrta and Yoga

Sr. No.	College Name	Subject	Full name of the Teacher (First Name Middle 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 you MUHS Approval Letter & Date	Adhar No	Pan NO	Date of Birth (Age in years)	Latest Email Address	Contact Nos. (Resi./Mob.)	debarred (Yes/No)
1	Late. B.V. Kale Ayurved Medical College and Hospital, Latur.	Swasthvrta and Yoga	Vd. Rohit Chandarrao Patil	Reader	01/02/2022	BAMS 2002	MD Swasthvrta 2008	-----	Yes	MUHS/E-3/UG/445/2023 dated 07/02/2023	8017 1923 1759	BMKPP6511Q	22/10/1980	dr.ropatil@gmail.com	8668577488	No
2	Late. B.V. Kale Ayurved Medical College and Hospital, Latur.	Swasthvrta and Yoga	Vd. Manisha Suryakant Sagar	Lecturer	08/02/2022	BAMS 2012	MD Kayachikitsa 2017	-----	Yes	MUHS/E-3/UG/445/2023 dated 07/02/2023	7231 9303 7599	FLLPS7703H	05/01/1990	mnshsaga3@gmail.com	98609955687	No


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Maharashtra University of Health Sciences, Nashik.
(SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES))

Name of the University :- Maharashtra University of Health Sciences, Nashik.
Name of the College / Institution :- Late. Babruwan Vitthalrao Kale Ayurved Medical College and Hospital, Latur.
College / Inst. Phone / Mob. No. :- (02382) 247677, 9405647469
Subject :- Prasuti Tantra Evum Strirog

Sr. No.	College Name	Subject	Full name of the Teacher (First Name Middle 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 you MUHS Approval Letter & Date	Adhar No	Pan NO	Date of Birth (Age in years)	Latest Email Address	Contact Nos. (Resi./Mob.)	debarred (Yes/No)
1	Late. B.V. Kale Ayurved Medical College and Hospital, Latur.	Prasuti Tantra Evum Strirog	Vd. Nilima Khanderao Nandanwanka	Professor	01/03/2023	BAMS 1994	MD - Prasutiantara & Strirog APRIL 2007	-----	No	No	276650675386	AHMPN8762D	19/09/1973	snehdeep99@gmail.com	9623229776	No
2	Late. B.V. Kale Ayurved Medical College and Hospital, Latur.	Prasuti Tantra Evum Strirog	Vd. Dipa Prakash Acharya	Lecturer	01/02/2023	BAMS 2017	MS - Prasutiantara Evum Strirog 2021	-----	No	No	219056987904	CLMPA9548N	26/06/1991	deepachad8600@gmail.com	9284130623	No

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Gandhi Maidan, Latur

Maharashtra University of Health Sciences, Nashik.
(SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES))

Name of the University :- Maharashtra University of Health Sciences, Nashik.
Name of the College / Institution :- Late. Babruwan Vitthalrao Kale Ayurved Medical College and Hospital, Latur.
College / Inst. Phone / Mob. No. :- (02382) 247677, 9405647469
Subject :- Kaumarbhritya (Balrog)

Sr. No.	College Name	Subject	Full name of the Teacher (First Name Middle 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 you MUHS Approval Letter & Date	Adhar No	Pan NO	Date of Birth (Age in years)	Latest Email Address	Contact Nos. (Res./Mob.)	debarred (Yes/No)
1	Late. B.V. Kale Ayurved Medical College and Hospital, Latur.	Kaumarbhritya (Balrog)	Vd. Kolapkar Atul Ravindra	Reader	25/08/2015	BAMS 2009	MD Kayachikitsa 2015	-----	Yes	MUHS/FE-3/UG/3405/4260 dated 04/12/2018	7010 2511 2276	DLYPK0484C	18/12/1986	atulrk2008@gmail.com	8149597587	No
2	Late. B.V. Kale Ayurved Medical College and Hospital, Latur.	Kaumarbhritya (Balrog)	Vd. Shivkumar Surykant Martule	Lecturer	06/04/2022	BAMS 2015	MD Kaumarbhritya - Balroga 2020	-----	No	Not Approved	4590 3521 1075	DLFPM5656H	01/01/1994	shiv1194@gmail.com	9404269871	No


PRINCIPAL
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Gandhi Maidan, Latur

Maharashtra University of Health Sciences, Nashik.
(SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES))

Name of the University :- Maharashtra University of Health Sciences, Nashik.
Name of the College / Institution :- Late. Babruwan Vitthalrao Kale Ayurved Medical College and Hospital, Latur.
College / Inst. Phone / Mob. No. :- (02382) 247677, 9405647469
Subject :- Kayachikitsa

Sr. No.	College Name	Subject	Full name of the Teacher (First Name Middle 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)	MUHS Approval Letter & Date	Adhar No	Pan NO	Date of Birth (Age in years)	Latest Email Address	Contact Nos. (Resi./Mob.)	debarred (Yes/No)
1	Late. B.V. Kale Ayurved Medical College and Hospital, Latur.	Kayachikitsa	Vd. Vandana Bapurao Ghate	Professor	13/02/2003	BAMS 1996	MD Kayachikitsa 2002	-----	Yes	MUHS/E-3/UG/3405/4260 dated 04/12/2018	9942 9976 6487	ALLPK2546E	01/06/1975	vandana.ghate@gmail.com	9822008324	No
2	Late. B.V. Kale Ayurved Medical College and Hospital, Latur.	Kayachikitsa	Vd. Geeta Lalasaheb Deshmukh	Reader	01/04/2022	BAMS 2001	MD Kayachikitsa 2006	-----	No	MUHS/E-3/UG/651/2023 dated 27/02/2023	4606 9942 3867	AKOPD0053E	17/11/1979	gp462008@gmail.com	9881117000	No
3	Late. B.V. Kale Ayurved Medical College and Hospital, Latur.	Kayachikitsa	Vd. Ravikiran Chandrashekar Naikwadi	Lecturer	03/11/2020	BAMS 2013	MD Kayachikitsa 2019	-----	Yes	MUHS/E-3/UG/445/2023 dated 07/02/2023	9849 1559 7789	BCHPN8636H	15/01/1989	ravikiran01naikwadi@gmail.com	9699979832	No

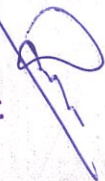
PRINCIPAL

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Ayurved Medical College & Hospital
Gandhi Maidan, Latur

Maharashtra University of Health Sciences, Nashik.
(SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES))

Name of the University :- Maharashtra University of Health Sciences, Nashik.
Name of the College / Institution :- Late. Babruwan Vitthalrao Kale Ayurved Medical College and Hospital, Latur.
College / Inst. Phone / Mob. No. :- (02382) 247677, 9405647469
Subject :- Panchakarma

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Sr. No.	College Name	Subject	Full name of the Teacher (First Name Middle 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 you MUHS Approval Letter & Date	Adhar No	Pan NO	Date of Birth (Age in years)	Latest Email Address	Contact Nos. (Resi./Mob.)	debarred (Yes/No)
1	Late. B.V. Kale Ayurved Medical College and Hospital, Latur.	Panchakarma	Vd. Anand Mukundrao Pawar	Principal	03/12/2021	BAMS 1998	MD Panchakarma 2003	-----	Yes	MUHS/FE 3/UG/ 445/ dated 07/02/2023 MUHS/FE 3/UG/ 3405 /4260 dated 04/12/2019	2370 6763 3504	AKXPP0244Q	11/06/1976	vd anand@rediffmail.com	9823717342	No
2	Late. B.V. Kale Ayurved Medical College and Hospital, Latur.	Panchakarma	Vd. Smita Dinkar Mule	Lecturer	13/06/2018	BAMS 1995	MD Kayachikitsa 2001	-----	Yes	MUHS/FE 3/UG/ 3405 /4260 dated 04/12/2018	9479 7027 8281	ALXPM4329C	22/03/1974	smitadi_1@gmail.com	9423734839	No


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Maharashtra University of Health Sciences, Nashik.
(SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES))

Name of the University :- Maharashtra University of Health Sciences, Nashik.
Name of the College / Institution :- Late. Babruwan Vitthalrao Kale Ayurved Medical College and Hospital, Latur.
College / Inst. Phone / Mob. No. :- (02382) 247677, 9405647469
Subject :- Shalya Tantra

Sr. No.	College Name	Subject	Full name of the Teacher (First Name Middle 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 you MUHS Approval Letter & Date	Adhar No	Pan NO	Date of Birth (Age in years)	Latest Email Address	Contact Nos. (Resi./Mob.)	debarred (Yes/No)
1	Late. B.V. Kale Ayurved Medical College and Hospital, Latur.	Shalya Tantra	Vd. Dayanand Swami Santosh	Reader	10/11/2009	BAMS 2004	MS - Shalya Tantra 2009	-----	Yes	MUHS/E-3/UG/3405/4260 dated 04/12/2018	5893 4163 1366	CWHPS3749D	30/08/1981	santoshswami1981@gmail.com	9604968096	No
2	Late. B.V. Kale Ayurved Medical College and Hospital, Latur.	Shalya Tantra	Vd. Ganesh Pandurang Malwade	Lecturer	08/03/2014	BAMS 2006	MS - Shalya Tantra 2011	-----	Yes	MUHS/E-3/UG/3405/4260 dated 04/12/2018	2111 5009 3690	AVTPM0556H	10/09/1983	ganesh.malwade@gmail.com	9890914153	No

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Maharashtra University of Health Sciences, Nashik.
(SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES))

ANNEXURE - XIII - B

Name of the University :- Maharashtra University of Health Sciences, Nashik.
Name of the College / Institution :- Late. Babruwan Vitthalrao Kale Ayurved Medical College and Hospital, Latur.
College / Inst. Phone / Mob. No. :- (02382) 247677, 9405647469
Subject :- Shalaky Tantra

Sr. No.	College Name	Subject	Full name of the Teacher (First Name Middle 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 you MUHS Approval Letter & Date	Adhar No	Pan NO	Date of Birth (Age in years)	Latest Email Address	Contact Nos. (Res./Mob.)	debarred (Yes/No)
1	Late. B.V. Kale Ayurved Medical College and Hospital, Latur.	Shalaky Tantra	Vd. Sunil Anantrao Walewadikar	Professor	01/01/2003	BAMS 1994	MS - Shalaky Tantra 2002	-----	Yes	MUHS/E-3/UG/3405/4260 dated 04/12/2018	8794 7352 5446	AAQPW1228A	15/06/1972	drsunil.walewadikar@gmail.com	9422611690	No
2	Late. B.V. Kale Ayurved Medical College and Hospital, Latur.	Shalaky Tantra	Vd. Apoorva Suhlas Lakhote	Lecturer	06/03/2023	BAMS 2015	MS - Shalaky Tantra 2019	-----	No	No	5059 1597 7795	AMBPL8878N	05/10/1991	dmathar.vl@yahoo.co.in	9404897550	No

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(SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES))
Maharashtra University of Health Sciences, Nashik.

Name of the University :- Maharashtra University of Health Sciences, Nashik.
Name of the College / Institution :- Late. Babruwan Vitthalrao Kale Ayurved Medical College and Hospital, Latur.
College / Inst. Phone / Mob. No. :- (02382) 247677, 9405647469
College Email :- manjaraayurved1@rediffmail.com
Subject :- Charak Samhita (P)

Sr. No.	College Name	Subject	Full name of the Teacher (First Name Middle 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 you MUHS Approval Letter & Date	Adhar No	Pan NO	Date of Birth (Age in years)	Latest Email Address	Contact Nos. (Resl./Mob.)	debarred (Yes/No)
1	Late. B.V. Kale Ayurved Medical College and Hospital, Latur.	Charak Samhita (P)	Vd. Rajendra Madhavrao Nirgude	Professor	04/03/2005	BAMS 2002	MD - Samhita Siddhant 2004-05	-----	Yes	MUHS/E-3/UG/3405/4560 dated 04/12/2018	9426 8544 9458	AKERN4538C	10/06/1979	nirguderajendra@gmail.com	9822915758	No
2	Late. B.V. Kale Ayurved Medical College and Hospital, Latur.	Charak Samhita (P)	Vd. Anuradha Abhimanyu More	Lecturer	03/10/2009	BAMS 2003	MD - Samhita Siddhant 2009	-----	Yes	MUHS/E-3/UG/3405/5214 dated 14/12/2011	4888 5157 7079	BDZPM9699G	22/12/1981	dr.anura_dhamore@gmail.com	8275304939	No

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Maharashtra University of Health Sciences, Nashik.
(SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)
Name of the University :- Maharashtra University of Health Sciences, Nashik.
Name of the College / Institution :- Late. Babruwan Vitthalrao Kale Ayurved Medical College and Hospital, Latur.
College / Inst. Phone / Mob. No. :- (02382) 247677, 9405647469
Subject :- Charak Samhita (U)

Sr. No.	College Name	Subject	Full name of the Teacher (First Name Middle 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 you MUHS Approval Letter & Date	Adhar No	Pan NO	Date of Birth (Age in years)	Latest Email Address	Contact Nos. (Res./Mob.)	debarred (Yes/No)
1	Late. B.V. Kale Ayurved Medical College and Hospital, Latur.	Charak Samhita (U)	Vd. Rajendra Madhavrao Nirgude	Professor	04/03/2005	BAMS 2002	MD - Samhita Siddhant 2004-05	-----	Yes	MUHS/E-3/UG/3405/4750 dated 04/12/2018	9426 8544 9458	AKEPN4538C	10/06/1979	nirgude.rajendra@gmail.com	9822915758	No
2	Late. B.V. Kale Ayurved Medical College and Hospital, Latur.	Charak Samhita (U)	Vd. Anuradha Abhimanyu More	Lecturer	03/10/2009	BAMS 2003	MD - Samhita Siddhant 2009	-----	Yes	MUHS/E-3/UG/3405/5214 dated 14/12/2011	4888 5157 7079	BDZPM9699G	22/12/1981	dr.anuradhadamore@gmail.com	8275304939	No

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Maharashtra University of Health Sciences, Nashik.
(SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES))

Name of the University :- Maharashtra University of Health Sciences, Nashik.
Name of the College / Institution :- Late. Babruwan Vitthalrao Kale Ayurved Medical College and Hospital, Latur.
College / Inst. Phone / Mob. No. :- (02382) 247677, 9405647469
Subject :- Research Methodology & Medical Statistics

Sr. No.	College Name	Subject	Full name of the Teacher (First Name Middle 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 you MUHS Approval Letter & Date	Adhar No	Pan NO	Date of Birth (Age in years)	Latest Email Address	Contact Nos. (Resi./Mob.)	debarred (Yes/No)
1	Late. B.V.Kale Ayurved Medical College and Hospital, Latur.	Research Methodology & Medical Statistics	Vd. Maruti Tukaram Narhare	Lecturer	29/11/2004	BAMS 1998	MD - Rasashashtra Bhaishajya Kalpana 2003	-----	Yes	MUHS/P G/E/31/01/1604 /dated/17/06/2016	6710 6679 7147	ADXPNI454H	05/04/1975	dmarnav_1@gmail.com	9860034017	No


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ANNEXURE - XIII - C

Maharashtra University of Health Sciences, Nashik.
(SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG COURSES)

Name of the College :- Late. Babruwan Vitthalrao Kale Ayurved Medical College and Hospital, Latur.
College / Mob. No. :- (02382) 247677, 9405647469
Name of the Subject :- Sharir Rachana

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject Speciality	Type of Appointment (Regular / Temp / Honorary	Qualification	University Approxat UG	PG Teaching Experience (in year after PGM	PG Teacher Recopnili on Yes / No	(Recogniti on Letter Date issued by University)	No of PG Students Guided last 5 year	Date of Birth	E mail ID	Mobile No.	Adhar card No	debarred (Yes/No)	Sig of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Vd. Sunil Vyankatrao Mulje	Professor	Rachana Sharir	Regular	MD - Sharir Rachana	Yes	7 yrs	Yes	Yes	yes	01/05/1969	dr.muljesv@gmail.com	9403013028	5728 0286 3904	No	
2	Vd. Tatyasaheb Abasaheb Deshmukh	Reader	Rachana Sharir	Regular	MD - Sharir Rachana	Yes	1 yrs	yes	yes	yes	11/06/1971	dr.tatyasahebdeshmukh@gmail.com	9923888995	8021 2662 4533	No	

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