ANNEXURE-VIII-A

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College/.: Ashtang Ayurved Mahavidyalaya,Pune

Phone/Mobile No : 020-29520542 / 9518944339

Name of the Subject : Samhita Siddhant

Sr. No.	college Name	Subject Name	Full Name of the Teacher (First name, middle name and last name	Designation	Date of Joining	UG-Qualification and Year of passing	PG - Qualification and Year of passing	Teaching Experience After PG Passing	MUHS Approval (Yes/No)	If Yes, MUHS Approval letter & Date	AdharNo	PAN No.	Date of Birth (Age in Year)	Latest Email Address	Contact No.s (Mobile)	Debbarred Yes / No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Ashtang Ayurved Mahavidyalaya, Pune	Samhita Siddhant	Vd.Mrs.Mohana Sanjay Sane	Professor	14-12-2011	B.A.M.S. 1990	MD 1994	25	Yes	MUHS/U.G/ E-3/122101/814/2023, Dt.15/3/2023	877909117166	AUFPS2329K	14-09-1967	mohana.sane@rediffmail.com	9764719892	No
2		Samhita Siddhant	Vd.Manojkumar Vitthalrao Chaudhari	Assistant Professor	17-02-2006	BAMS 1997	MD 2002	22	Yes	MUHS/E-3/ U.G / 3201/ 2363, Dt.11/5/2006	963193051819	ADMPC9380J	03-04-1976	manojsamhita@gmail.com	9552509052	No

Principal
Ashtang Ayurved College
2062 Sadashiv Peth, Pune-30.

ANNEXURE-VIII-A

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College/.: Ashtang Ayurved Mahavidyalaya,Pune

Phone/Mobile No : 020-29520542 / 9022565796

Name of the Subject : RACHANA SHARIR

Sr. No.	college Name	Subject Name	Full Name of the Teacher (First name, middle name and last name	Designation	Date of Joining	UG-Qualification and Year of passing	PG - Qualification and Year of passing	Teaching Experience After PG Passing	MUHS Approval (Yes/No)	If Yes, MUHS Approval letter & Date	AdharNo	PAN No.	Date of Birth (Age in Year)	Latest Email Address	Contact No.s (Mobile)	Debbarred Yes / No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Ashtang Ayurved Mahavidyalaya, Pune	Rachana Sharir	Vd.Pradeep Itnar	Professor	05-11-2021	BAMS 2002	MD 2009	12	Yes	MUHS/U.G/ E-3/ 122101 /962/2023, Dt.06/04/2023	608725515288	ABUPI1374C	15-06-1981	drpradipitnar@gmail.com	9860868440	No

Principal
Ashtang Ayurved College
2062 Sadashiv Peth, Pune-30.

ANNEXURE-VIII-A

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College/.: Ashtang Ayurved Mahavidyalaya,Pune

Phone/Mobile No : 020-29520542 / 9022565796

Name of the Subject : KRIYA SHARIR

Sr. No.	college Name	Subject Name	Full Name of the Teacher (First name, middle name and last name	Designation	Date of Joining	UG-Qualification and Year of passing	PG - Qualification and Year of passing	Teaching Experience After PG Passing	MUHS Approval (Yes/No)	If Yes, MUHS Approval letter & Date	AdharNo	PAN No.	Date of Birth (Age in Year)	Latest Email Address	Contact No.s (Mobile)	Debbared Yes / No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Ashtang Ayurved Mahavidyalaya, Pune	Kriya Sharir	Vd.Mrs.Manasi Ranjit Nimbalkar	Assistant Professor	03-01-2008	BAMS 1994	MD- 2000 M.A.-1996	21	Yes	MUHS/E-3/ 3201/246, Dt.30/01/2008	408217109431	AAVPA2595B	06-10-1973	manasi.dr@gmail.com	9850678450	No

Principal
Ashtang Ayurved College
2062 Sadashiv Peth, Pune-30.

ANNEXURE-VIII-A

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College/.: Ashtang Ayurved Mahavidyalaya,Pune

Phone/Mobile No : 020-29520542 / 9022565796

Name of the Subject : DRAVYAGUNA VIGYAN

Sr. No.	college Name	Subject Name	Full Name of the Teacher (First name, middle name and last name	Designation	Date of Joining	UG-Qualification and Year of passing	PG - Qualification and Year of passing	Teaching Experience After PG Passing	MUHS Approval (Yes/No)	If Yes, MUHS Approval letter & Date	AdharNo	PAN No.	Date of Birth (Age in Year)	Latest Email Address	Contact No.s (Mobile)	Debbarred Yes / No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Ashtang Ayurved Mahavidyalaya, Pune	Dravyaguna	Vd.Vivek Gokhale	Professor	04-01-2022	BAMS 1993	MD 1998	23	Yes	MUHS/U.G/ E-3/122101/815/2023, Dt.15/3/2023	704480815878	AFRPG9539C	12-02-1971	drvivekgokhale@gmail.com	9423005458	No

Principal
Ashtang Ayurved College
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ANNEXURE-VIII-A

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College/.: Ashtang Ayurved Mahavidyalaya,Pune

Phone/Mobile No : 020-29520542 / 9022565796

Name of the Subject : RASASHASTRA BHAISHAJYA KALPANA

Sr. No.	college Name	Subject Name	Full Name of the Teacher (First name, middle name and last name	Designation	Date of Joining	UG-Qualification and Year of passing	PG - Qualification and Year of passing	Teaching Experience After PG Passing	MUHS Approval (Yes/No)	If Yes, MUHS Approval letter & Date	AdharNo	PAN No.	Date of Birth (Age in Year)	Latest Email Address	Contact No.s (Mobile)	Debbared Yes / No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Ashtang Ayurved Mahavidyalaya, Pune	Rasashastra Bhaishajya Kalpana	Vd.Yogesh Kale	Professor	02-01-2001	BAMS 1996	MD 2001	15	Yes	MUHS/U.G/ E-3/122101/814/2023, Dt.15/3/2023	278186708945	AKVPK8364N	18-02-1975	dryogeshkale@yahoo.com	9422352150	No

Principal
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ANNEXURE-VIII-A

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College/.: Ashtang Ayurved Mahavidyalaya,Pune

Phone/Mobile No : 020-29520542 / 9022565796

Name of the Subject : ROGNIDAN VIKRUTIVIGYAN

Sr. No.	college Name	Subject Name	Full Name of the Teacher (First name, middle name and last name	Designation	Date of Joining	UG-Qualification and Year of passing	PG - Qualification and Year of passing	Teaching Experience After PG Passing	MUHS Approval (Yes/No)	If Yes, MUHS Approval letter & Date	AdharNo	PAN No.	Date of Birth (Age in Year)	Latest Email Address	Contact No.s (Mobile)	Debbared Yes / No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Ashtang Ayurved Mahavidyalaya, Pune	Rognidan Vikrutividnyan	Vd.Mrs.Asmita Anant Kuber	Assistant Professor	03-01-2008	BAMS 1995	MD 2001	21	Yes	MUHS/E-3/ UG/3201/246, Dt. 30/01/2008	584759631419	AJUPK3992Q	18-03-1974	asmitakuber@yahoo.com	9822458351	No

Principal
Ashtang Ayurved College
2062 Sadashiv Peth, Pune-30.

ANNEXURE-VIII-A

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College/.: Ashtang Ayurved Mahavidyalaya,Pune

Phone/Mobile No : 020-29520542 / 9022565796

Name of the Subject : SWASTHAVRITTA

Sr. No.	college Name	Subject Name	Full Name of the Teacher (First name, middle name and last name	Designation	Date of Joining	UG-Qualification and Year of passing	PG - Qualification and Year of passing	Teaching Experience After PG Passing	MUHS Approval (Yes/No)	If Yes, MUHS Approval letter & Date	AdharNo	PAN No.	Date of Birth (Age in Year)	Latest Email Address	Contact No.s (Mobile)	Debbarred Yes / No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Ashtang Ayurved Mahavidyalaya, Pune	Swasthavritta	Vd.Prakash Bajirao Thombare	Assistant Professor	16-04-2005	BAMS 1995	MD- 2001	21	Yes	MUHS/E-3/ 3201/1869, Dt. 21/05/2005	817554138626	ACHPT7763Q	13-07-1974	prakashpillu@yahoo.co.in	9850042832	No

Principal
Ashtang Ayurved College
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ANNEXURE-VIII-A

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College/.: Ashtang Ayurved Mahavidyalaya,Pune

Phone/Mobile No : 020-29520542 / 9022565796

Name of the Subject : PRASUTITANTRA STRIROGA

Sr. No.	college Name	Subject Name	Full Name of the Teacher (First name, middle name and last name	Designation	Date of Joining	UG-Qualification and Year of passing	PG - Qualification and Year of passing	Teaching Experience After PG Passing	MUHS Approval (Yes/No)	If Yes, MUHS Approval letter & Date	AdharNo	PAN No.	Date of Birth (Age in Year)	Latest Email Address	Contact No.s (Mobile)	Debbarred Yes / No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Ashtang Ayurved Mahavidyalaya, Pune	Prasutitantra Striroga	Vd.Mrs.Hemalata Rajendra Jalgaonkar	Professor	01-02-2002	B.A.M.S. 1992	M.S. 1997	22	Yes	MUHS/ E-3/ UG/3057/2022, Dt.23/8/2022	470826168748	ADCPJ1127G	03-09-1971	hrj9371@gmail.com	9881466344	No
2		Prasutitantra Striroga	Vd.Mrs. Sujata Sunil Bahirat	Professor	03-01-2007	BAMS 1993	M.S. 1998	16	Yes	MUHS/U.G/ E-3/122101/815/2023, Dt.15/3/2023	985724228744	AFYPP5427R	19-12-1971	sujata.bahirat@gmail.com	9822612634	No

Principal
Ashtang Ayurved College
2062 Sadashiv Peth, Pune-30.

ANNEXURE-VIII-A

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College/.: Ashtang Ayurved Mahavidyalaya,Pune

Phone/Mobile No : 020-29520542 / 9022565796

Name of the Subject : KAYCHIKITSA

Sr. No.	college Name	Subject Name	Full Name of the Teacher (First name, middle name and last name	Designation	Date of Joining	UG-Qualification and Year of passing	PG - Qualification and Year of passing	Teaching Experience After PG Passing	MUHS Approval (Yes/No)	If Yes, MUHS Approval letter & Date	AdharNo	PAN No.	Date of Birth (Age in Year)	Latest Email Address	Contact No.s (Mobile)	Debbarred Yes / No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Ashtang Ayurved Mahavidyalaya, Pune	Kaychikitsa	Vd.Rahul Desai	Associate Professor	23-12-2014	BAMS 2009	MD 2014	9	Yes	MUHS/Acad/UG / E-3/ 122101 /1644/2023, Dt.22/06/2023	879807626062	CDEPD9251M	19-10-1986	drrahuldesai2020 @gamil.com	8446540390	No
2		Kaychikitsa	Vd.Mrs.Aparna Prasanna Sole	Assistant Professor	01-02-2002	B.A.M.S. 1994	MD 1999	22	Yes	MUHS/E-/ UG/3201/6974, Dt. 15/11/2016	794147069293	ATUPS5766N	14-09-1972	aparnasole@gmail .com	9422089892	No

Principal
Ashtang Ayurved College
2062 Sadashiv Peth, Pune-30.

ANNEXURE-VIII-A

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College/.: Ashtang Ayurved Mahavidyalaya,Pune

Phone/Mobile No : 020-29520542 / 9022565796

Name of the Subject : SHALYATANTRA

Sr. No.	college Name	Subject Name	Full Name of the Teacher (First name, middle name and last name	Designation	Date of Joining	UG-Qualification and Year of passing	PG - Qualification and Year of passing	Teaching Experience After PG Passing	MUHS Approval (Yes/No)	If Yes, MUHS Approval letter & Date	AdharNo	PAN No.	Date of Birth (Age in Year)	Latest Email Address	Contact No.s (Mobile)	Debbarred Yes / No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Ashtang Ayurved Mahavidyalaya, Pune	Shalyatantra	Vd. Mrs. Smita Bhupendra Mohole	Assistant Professor	01-01-2007	BAMS 1997	MS 2003	17	Yes	MUHS/E-3/3201/188 , Dt. 12/01/2007	725141278179	AMQPM5609P	17-06-1976	smita.mohole@yahoo.com	9860485409	No

Principal
Ashtang Ayurved College
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ANNEXURE-VIII-A

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College/.: Ashtang Ayurved Mahavidyalaya,Pune

Phone/Mobile No : 020-29520542 / 9022565796

Name of the Subject : SHALAKYATANTRA

Sr. No.	college Name	Subject Name	Full Name of the Teacher (First name, middle name and last name	Designation	Date of Joining	UG-Qualification and Year of passing	PG - Qualification and Year of passing	Teaching Experience After PG Passing	MUHS Approval (Yes/No)	If Yes, MUHS Approval letter & Date	AdharNo	PAN No.	Date of Birth (Age in Year)	Latest Email Address	Contact No.s (Mobile)	Debbared Yes / No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Ashtang Ayurved Mahavidyalaya, Pune	Shalakyatantra	Vd.Nivrutti Fula Shinde	Associate Professor	12-02-2017	BAMS 2010	MS 2017	6	Yes	MUHS/U.G/ E-3/122101/815/2023, Dt.15/3/2023	572203457146	CREPS0989K	04-08-1985	dr.nivruttis@gmail.com	9970317439	No

Principal
Ashtang Ayurved College
2062 Sadashiv Peth, Pune-30.

ANNEXURE-VIII B

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECT WISE ELIGIBLE EXAMINERS LIST (PG Course)

Name of the College/.: Ashtang Ayurved Mahavidyalaya,Pune

Phone / Mobile No.: 020-29520542 / 9518944339

Name of the Subject : Samhita Siddhant

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
Sr. No.	college Name	Subject	Name of the Teacher (Last name, First name and Middle name	Designation	Type of Appointmen t (Regular / Temp. /Honorary	Qualifica tion (UGPG)	PG - Teaching Experience	PG Teacher Recongni tion (Yes/No)	No of PG Students guided in last years	Date of Birth & Age	Email-ID	Mobile NO.	AdharNo	If Debbared specify with details Yes / No	Signature of Teacher
1	Ashtang Ayurved Mahavidyal aya, Pune	Samhita Siddhant	Vd.Chaudhari Manojkumar Vitthalrao	Associate Professor	17-02-2006	BAMS MD PH.D.	16	YES	5	03-04-1976	manojsamhi ta@gmail.co m	9552509052	963193051819	No	

Principal
Ashtang Ayurved College
2062 Sadashiv Peth, Pune-30.

ANNEXURE-VIII B

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECT WISE ELIGIBLE EXAMINERS LIST (PG Course)

Name of the College/.: Ashtang Ayurved Mahavidyalaya,Pune

Phone / Mobile No.: 020-29520542 / 9518944339

Name of the Subject : PRASUTITANTRA STRIROGA

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
Sr. No.	college Name	Subject	Name of the Teacher (Last name, First name and Middle name	Designation	Type of Appointment (Regular / Temp. /Honorary	Qualification (UGPG)	PG - Teaching Experience	PG Teacher Recognition (Yes/No)	No of PG Students guided in last years	Date of Birth & Age	Email-ID	Mobile NO.	AdharNo	If Debbared specify with details Yes / No	Signature of Teacher
1	Ashtang Ayurved Mahavidyalaya, Pune	Prasutitantra Striroga	Vd.Mrs.Hemalata Rajendra Jalgaonkar	Professor	01-02-2002	B.A.M.S. M.S. Ph.D.	22	Yes	13	09-03-0971	hrj9371@gmail.com	9881466344	470826168748	No	

Principal
Ashtang Ayurved College
2062 Sadashiv Peth, Pune-30.