ANNEXURE – V
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved)
UG Degree/ PG Degree) AS ON: _____

Faculty: Ayurved **Subject: Kriya Shrir** **Course: BAMS**

Name of College: AMS Ayurved Medical College & Hospital, Sayne Khurd, Malegaon Dist. Nashik

College Code: 03144   **MUHS -123136**   **NCISM-AYU0857**

Intake Capacity: 60 Seats

Sr. No	Teacher Code	Name of the Teaching Staff	Designation	Mob. No.	E-mail ID	Date of Birth	Whether belongs to Reserved category (if Yes, specify category)	Date of appointment (IN THE INSTITUTE)	Teaching Experience UG (yrs) Asst. prof.	Asso. Prof.	Prof	Total	Total Teaching Experience in years of PG	Type of Appointment Temp./Regular Contractual	University Approval Status (Yes/No)	Details of PG teacher Recognition by MUHS (Yes/No) Temp/ Regular	Letter No. & date	Photograph with Signature
1	AYKS0025	Dr Apashchim Suganchand Baranth	Principal & Professor	9422755399	apshchim@gmail.com	16-05-1978	Open	09-01-2024	5 yrs	5 yrs	1 yrs	11 yrs	0	Regular	No	-	-	
2	AYKS01118	Dr Kolhe Bhagyashree Ashok	Assistant Professor	7798829360	bhagyashreekolhe@gmail.com	30-07-1996	Open	16-11-2024	1 yrs 1 month	0	0	1 yrs 1 month	0	Regular	No	-	-	

Signature of Member   Signature of Member   Signature of Chairman

ANNEXURE – V

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved)
UG Degree/ PG Degree) AS ON: _____

Course: BAMS

Faculty: Ayurved   **Subject: Sharir Rachana**

Name of College: AMS Ayurved Medical College & Hospital, Sayne Khurd, Malegaon Dist. Nashik

MUHS -123136   **NCISM-AYU0857**

College Code: 03144

Intake Capacity: 60 Seats

Sr. No	Teacher Code	Name of the Teaching Staff	Designation	Mob. No.	E-mail ID	Date of Birth	Whether belongs to Reserved category (if Yes, specify category)	Date of appointment (IN THE INSTITUTE)	Teaching Experience UG (yrs) Asst. prof.	Asso. Prof.	Prof	Total	Total Teaching Experience in years of PG	Type of Appointment Temp./Regular Contractual	University Approval Status (Yes/No)	Details of PG teacher Recognition by MUHS (Yes/No) Temp/ Regular	Letter No. & date	Photograph with Signature
1	AYRS00231	Dr Pagar Nishikant Sayaji	Professor	8308266034	drnspatil9@gmail.com	28.05.1982	Open	26.12.2024	8 yrs 3 month	2 yrs 8 month	1 yrs 4 month	12 yrs 3 month	0	Regular	No	-	-	
2	AYRS00700	Dr Bairagi Amit Kachardas	Assistant Professor	9890221931	dramitbairagai@gmail.com	23-10-1985	Open	15-06-2021	4 yrs	0	0	0	0	Regular	No	-	-	

Signature of Member   Signature of Member   Signature of Chairman

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved)
UG Degree/ PG Degree) AS ON: _____

Faculty: Ayurved **Subject: Samita Siddhant** **Course: BAMS**

Name of College: AMS Ayurved Medical College & Hospital, Sayne Khurd, Malegaon Dist. Nashik

College Code: 03144 **MUHS -123136** **NCISM-AYU0857**

Intake Capacity: 60 Seats

Sr. No	Teacher Code	Name of the Teaching Staff	Designation	Mob. No.	E-mail ID	Date of Birth	Whether belongs to Reserved category (if Yes, specify category)	Date of appointment (IN THE INSTITUTE)	Teaching Experience UG (yrs) Asst. prof.	Asso. Prof.	Prof	Total	Total Teaching Experience in years of PG	Type of Appointment Temp./Regular Contractual	University Approval Status (Yes/No)	Details of PG teacher Recognition by MUHS (Yes/No) Temp/ Regular	Letter No. & date	Photograph with Signature
1	AYSS01228	Dr Pawar Smita Anil	Professor	8149215268	drsmitapagarpawar@gmail.com	09-05-1982	Open	12-11-2024	5 yrs	5 yrs	4 days	10 yrs 4 days	0	Regular	No	-	-	
2	AYSS02031	Dr Habiba Zohara Maulvi Mohd	Assistant Professor	8272515614	hs9795253@gmail.com	04-06-1989	Open	18-05-2024	8 month	0	0	8month	0	Regular	No	-	-	
3	AYSS02030	Dr Wakhare Snehal Shantila	Assistant Professor	8087513975	snehalwakhare@gmail.com	09-03-1994	Open	18-05-2024	8 month	0	0	8month	0	Regular	No	-	-	
4	AYSS02031	Mr Liddad Madan Ramchandra	Assistant Professor	9404553720	Liddadmadan@gmail.com	02-07-1990	Open	18-05-2024	8 month	0	0	8month	0	Regular	No	-	-	

Signature of Member　　　　　　　**Signature of Member**　　　　　　　**Signature of Chairman**