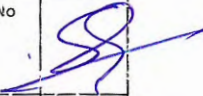
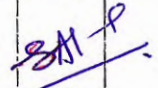
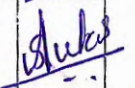
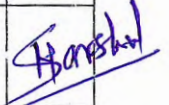
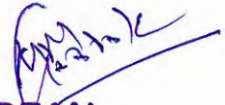


MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG) COURSE

ANNEXURE -XIII-C

Name of the College : Yashwant Ayurvedic College Post Graduate Training and Research Centre, Kodoli
 Phone / Mobile No : Dr.Milind Mohan Godbole (Dean) - 9850119900
 Name of the Subject : Ayurved Samhita

Sr. No	Name of Teaching Staff	Designation	Subject / Speciality	Type of Appointment Regular/Temporary/Honorary	Qualification	University Approved at (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recog. Yes/No	(Recognition Letter Date issued by University)	No. of PG Students Guided last 5 year	Date of Birth	E - mail ID	Mobile No.	Aadhar Card No	If Debarred (Yes / No)	Sign of Teacher
1	Vd. Kulkarni Sanjay Gajanan	Professor	Ayurved Samhita	Regular	B.A.M.S. P.G. Dip.	MUHS/E-3/UG/ 3210/46 dt 04.01.2014	09 Y 02 M	Y	MUHS/PG/E-3/ 3210/1802 dt.15.07.2014	7	29.06.1963	sanjaygk50@gmail.com	9423270485	408098253139	No	
2	Vd. Waghmare Sachin Sadashiv	Professor	Ayurved Samhita	Regular	B.A.M.S. M.D.	Proposal Sent to MUHS	10 Y 04 M	Y	Proposal Sent to MUHS	8	25.09.1977	swwaghmaresachin@gmail.com	9822472010	818988813914	No	
3	Vd. Sutar Asmita Maheshkumar	Reader	Ayurved Samhita	Regular	B.A.M.S. M.D.	MUHS/E-3/UG/ 3210/46 dt.04.01.2014	11 Y 06 M	Y	MUHS/PG/E-3/ 31/05/1405 dt.04.04.2016	6	20.03.1982	getasmita1@rediffmail.com	9960467200	596619372226	No	
4	Vd. Sabale Harshal Satishpatrao	Reader	Ayurved Samhita	1 Year	B.A.M.S. M.D.	MUHS/E-3/UG & PG/ 3013/2022 dt 22.08.2022	03 Y 08 M	Y	MUHS/E-3/PG/ 122109/ 31/ 09/ 3356/ 2022 dt .15.09.2022	4	03.07.1986	drharshal1819s@gmail.com	9960446171	868418136544	No	


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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
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ANNEXURE -XIII-C

Name of the College : Yashwant Ayurvedic College Post Graduate Training and Research Centre, Kodoli

Phone / Mobile No : Dr.Milind Mohan Godbole (Dean) - 9850119900

Name of the Subject : Rachana Sharir

Sr. No	Name of Teaching Staff	Designation	Subject / Speciality	Type of Appoint(Regular/ Tmp./Honorary)	Qualification	University Approx at (UG)	PG Teaching Experience (InYears) after PGM	PG Teacher Recog. Yes/No	(Recognition Letter Date Issued by University)	No.of PG Students Guided last 5 year	Date of Birth	E - mail ID	Mobile No.	Aadhar Card No	If Debarred (Yes / No)	Sign of Teacher
1	Vd. Patil Chhaya Vinod	Professor	Rachana Sharir	Regular	B.A.M.S. M.D.	MUHS/E-3/UG/ 3210/4383 dt.19.10.2011	11 Y 07 M	Y	MUHS/E-3/PG/ 31/05/1405 dt.29.05.2017	5	27.10.1967	drchhaya.patil27@gmail.com	9730694469 9881821462	452184896522	No	
2	Vd. Khot Sachin Shashikant	Reader	Rachana Sharir	Regular	B.A.M.S. M.D.	MUHS/E-3/UG/ 3210/3202 dt.21.11.2009	15 Y 01 M	Y	MUHS/PG/E-3/ 31/11/2637 dt.15.10.2016	5	21.06.1973	drsachinkhot@gmail.com	9423284894	942401595197	No	
3	Vd. Vipra Avinash Tukaram	Reader	Rachana Sharir	Regular	B.A.M.S. M.D. None	MUHS/E-3/UG/ 3210/46 dt.04.01.2014	14 Y 00 M	Y	MUHS/PG/E-3/ 31/05/822 dt.04.04.2016	3	09.06.1978	dravinashvipra@rediffmail.com	9422185895	309653475570	No	

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Yashwant Ayurvedic College
Post Graduate Training &
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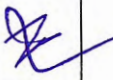
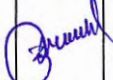
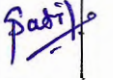
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG) COURSE

ANNEXURE -XIII-C

Name of the College : Yashwant Ayurvedic College Post Graduate Training and Research Centre, Kodoli

Phone / Mobile No : Dr.Milind Mohan Godbole (Dean) - 9850119900

Name of the Subject : Kriya Sharir

Sr. No	Name of Teaching Staff	Designation	Subject / Speciality	Type of Appoint (Regular/ Trmp./Hono)	Qualification	University Approx at (UG)	PG Teaching Experience (InYears) after PGM	PG Teacher Recog. Yes/No	(Recognition Letter Date Issued by University)	No.of PG Students Guided last 5 year	Date of Birth	E - mail ID	Mobile No.	Aadhar Card No	If Debarred (Yes / No)	Sign of Teacher
1	Vd. Bande Uttam Kashinath	Professor	Kriya Sharir	Regular	B.A.M.S. M.D. Ph.D	MUHS/E-3/UG/ 3210/46 dt.04.01.2014	16 Y 02 M	Y	MUHS/PG/E-3/ 31/05/822 dt.04.04.2016	14	05.02.1971	ukbande@gmail.com	9011090327	998766348883	No	
2	Vd. Sonavane Mukund Arjun	Reader	Kriya Sharir	Regular	B.A.M.S. M.D.	MUHS/E-3/UG/ 3210/46 dt.04.01.2014	09 Y 09 M	Y	MUHS/E-3/PG/ 3210/308/2014 dt 28.01.2014	3	02.07.1978	mukund.sonavane@gmail.com	7887564558	784381963458	No	
3	Vd. Patil Satish Babaso	Reader	Kriya Sharir	1 Year	B.A.M.S. M.D.	MUHS/E-3/ UG&PG/1257/2022 Date 30/05/2022	01 Y 10 M	Y	Proposal Sent to MUHS	5	21.05.1988	anusatish37@gmail.com	9765754037	650405364196	No	



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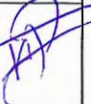
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG) COURSE

ANNEXURE -XIII-C

Name of the College : Yashwant Ayurvedic College Post Graduate Training and Research Centre, Kodoli

Phone / Mobile No : Dr.Milind Mohan Godbole (Dean) - 985D119900

Name of the Subject : Dravyaguna

Sr. No	Name of Teaching Staff	Designation	Subject / Specialty	Type of Appoint(Regular/ Tmp./Honorar)	Qualification	University Approx at (UG)	PG Teaching Experience (inYears) after PGM	PG Teacher Recog. Yes/No	(Recognition Letter Date Issued by University)	No.of PG Students Guided last 5 year	Date of Birth	E - mail ID	Mobile No.	Aadhar Card No	If Debarred (Yes / No)	Sign of Teacher
1	Vd. Patil Laxmikant Balasaheb	Professor	Dravyaguna	2 Year	B.A.M.S. M.D.	MUHS/(UG)/E-3/ 122109/5397/2022 Dt.08.12.2022	10 Y 01 M	Y	MUHS/PG/E-3/422 /2023 dt 06.02.2023	15	16.02.1975	laxmiayurved@gmail.com	9422050209	490263395192	No	
2	Vd. Patil Ranjeet Zunzarao	Reader	Dravyaguna	2 Year	B.A.M.S. M.D.	MUHS/(UG)/E-3/ 122109/5397/2022 Dt.08.12.2022	07 Y 03 M	Y	MUHS/PG/E-3/422 /2023 dt 06.02.2023	10	06.06.1983	ranjeet48@hotmail.com	9921556767	852792754716	No	
3	Vd. Devane Yuvraj Annasaheb	Reader	Dravyaguna	1 Year	B.A.M.S. M.D.	MUHS/E- 3/UG&PG/1298/202 2 Date 20/05/2022	01 Y 06M	Y	Proposal Sent to MUHS Nashik	3	20.08.1988	yuvrajadevan@gmail.com	8149730976	210209983284	No	



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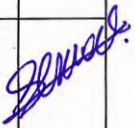
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG) COURSE

ANNEXURE -XIII-C

Name of the College : Yashwant Ayurvedic College Post Graduate Training and Research Centre, Kodoli

Phone / Mobile No : Dr.Milind Mohan Godbole (Dean) - 9850119900

Name of the Subject : Rasashastra

Sr. No	Name of Teaching Staff	Designation	Subject / Speciality	Type of Appointment (Regular/Temporary/Honorary)	Qualification	University Approved at (UG)	PG Teaching Experience (In Years) after PGM	PG Teacher Recog. Yes/No	(Recognition Letter Date Issued by University)	No. of PG Students Guided last 5 year	Date of Birth	E - mail ID	Mobile No.	Aadhar Card No	If Debarred (Yes / No)	Sign of Teacher
1	Vd. Bakare Sunil Chandrakant	Professor	Rasashastra	Regular	B.A.M.S. M.D.	MUHS/E-3/UG/ 3210/3202 dt.21.11.2009	19 Y 11 M	Y	MUHS/E-3/PG/ 3210/241 dt.05.09.2007	8	20.07.1967	drbakare@rediffmail. com	9822257304	306766458173	No	
2	Vd. Patil Swati Vishwas	Reader	Rasashastra	1 Year	B.A.M.S. M.D.	MUHS/E-3/UG/ 418/2020 dt.14.02.2020	07 Y 08 M	Y	MUHS/PG/E-3/422 /2023 dt 06.02.2023	7	01.06.1973	swati.2908@gmail.com	9503628150	350738247081	No	
3	Vd. Patil Ranjit Dattatray	Lecturer	Rasashastra	1 Year	B.A.M.S. M.D.	MUHS/(UG)/E- 3/122110/5397/202 2 Date 08/12/2022	02 Y 02 M	Y	Lecturer - MUHS/PG/E-3/ 422 /2023 dt 06.02.2023 Reader- Proposal Sent to MUHS Nashik	3	14.12.1984	sarthipatil1234@rediffmail.com	9665160284	681323044245	No	



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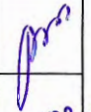
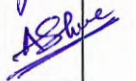
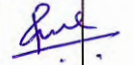
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG) COURSE

ANNEXURE -XIII-C

Name of the College : **Yashwant Ayurvedic College Post Graduate Training and Research Centre, Kodoli**

Phone / Mobile No : **Dr.Milind Mohan Godbole (Dean) - 9850119900**

Name of the Subject : **Rognidan**

Sr. No	Name of Teaching Staff	Designation	Subject / Specialty	Type of Appoint(Regular/ Tmp./Honorary)	Qualification	University Approx at (UG)	PG Teaching Experience (InYears) after PGM	PG Teacher Recog. Yes/No	(Recognition Letter Date issued by University)	No.of PG Students Guided last 5 year	Date of Birth	E - mail ID	Mobile No.	Aadhar Card No	If Debarred (Yes / No)	Sign of Teacher
1	Vd. Mokashi Mukund Wamanrao	Professor	Rognidan	Regular	B.A.M.S. M.D.	MUHS/E-3/ 3210/ 1830 dt.07.04.2007	19 Y 11 M	Y	MUHS/PG/E-3/ 31/09/1626 dt.17.06.2016	12	05.05.1964	mvmokashi@rediffmail.com	9423858458	653216528205	No	
2	Vd. Patil Ashok Sadashiv	Reader	Rognidan	2 Year	B.A.M.S. M.D.	MUHS/(UG)/E-3/ 122109/5397/2022 Dt.08.12.2022	08 Y 04 M	Y	MUHS/PG/E-3/422 /2023 dt 06.02.2023	8	04.03.1981	drashok.rognidan@gmail.com	9423802308	787389178120	No	
3	Vd. Gune Pallavi Abhijit	Reader	Rognidan	1 Year	B.A.M.S. M.D.	MUHS/E- 3/UG&PG/3013/202 2 Date 22/08/2022	11 Y 01 M	Y	MUHS/E-3/PG/ 122109/31/09/3356/ 2022 dt.15.09.2022	5	15.06.1978	drpallavigune@gmail.com	9420777288	927948160674	No	


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Yashwant Ayurvedic College
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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG) COURSE

ANNEXURE -XIII-C

Name of the College : Yashwant Ayurvedic College Post Graduate Training and Research Centre, Kodoli

Phone / Mobile No : Dr.Milind Mohan Godbole (Dean) - 9850119900

Name of the Subject : Agadtantra

Sr. No	Name of Teaching Staff	Designation	Subject / Speciality	Type of Appoint(Regular/ Trmp./Honorary	Qualification	University Approx at (UG)	PG Teaching Experience (inYears) after PGM	PG Teacher Recog. Yes/No	(Recognition Letter Date issued by University)	No.of PG Students Guided last 5 year	Date of Birth	E - mail ID	Mobile No.	Aadhar Card No	If Debarred (Yes / No)	Sign of Teacher
1	Vd. Patil Vijay Vasantrao	Professor	Agadtantra	2 Year	B.A.M.S. M.D.	MUHS/E-3/UG/ 122109/2077/2020 dt.05.11.2020	08 Y 02 M	Y	MUHS/E-3/PG/ 122109 /31/ 04/388/2022 dt.11.02.2022	10	24.02.1982	drvijay.patilayu@gmail.com	7507313566	571530174199	No	<i>Kaishy</i>
2	Vd. Hingmire Nayana Satish	Reader	Agadtantra	Regular	B.A.M.S. M.D.	MUHS/E-3/UG/ 3210/3202 dt.21.11.2009	13 Y 00 M	Y	MUHS/E-3/PG/ 31/05/1405 dt.29.05.2017	7	10.03.1975	nayanahingmire@gmail.com	9921417263	268842419436	No	<i>Shah</i>
3	Vd. Patil Akshara Akash	Reader	Agadtantra	1 Year	B.A.M.S. M.D.	MUHS/(UG)/E- 3/122110/5394/202 2 Date 08/12/2022	01 Y 11 M	Y	MUHS/PG/E-3/122109/ 1372/ 2023 dt.26.05.2023	2	25.10.1985	dr.aksharapatil25@gmail.com	9970040451	913394 067627	No	<i>Shah</i>

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Yashwant Ayurvedic College
Post Graduate Training &
Research Center, Kodoli

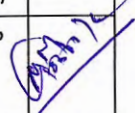
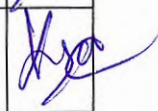
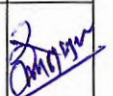
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG) COURSE

ANNEXURE -XIII-C

Name of the College : Yashwant Ayurvedic College Post Graduate Training and Research Centre, Kodoli

Phone / Mobile No : Dr.Milind Mohan Godbole (Dean) - 9850119900

Name of the Subject : Swasthavritta

Sr. No	Name of Teaching Staff	Designation	Subject / Speciality	Type of Appoint (Regular/Temp./Honorary)	Qualification	University Approx at (UG)	PG Teaching Experience (in Years) after FGM	PG Teacher Recog. Yes/No	(Recognition Letter Date issued by University)	No. of PG Students Guided last 5 year	Date of Birth	E - mail ID	Mobile No.	Aadhar Card No	If Debarred (Yes / No)	Sign of Teacher
1	Vd. Godbole Milind Mohan	Professor & D	Swasthavritta	Regular	B.A.M.S. P.G. Dip. M.D.	MUHS/PG/E-3/31/ 09/1626 dt.17.06.2016	18 Y 05 M	Y	MUHS/PG/E-3/ 31/09/1626 dt.17.06.2016	13	07.12.1964	drmilindgodbole@gmail.com	9850119900	379526306222	No	
2	Vd. Jadhav Kalpana Krishnarao	Reader	Swasthavritta	Regular	B.A.M.S. M.D. Ph.D	MUHS/E-3/UG/ 3210/212 dt.19.01.2010	15 Y 03 M	Y	MUHS/PG/E-3/ 31/09 /1626 dt.17.06.2016	10	18.06.1967	kalpanajadhav70@yahoo.com	9423871049	761190324704	No	
3	Vd. Mane Patil Abhijeet Anandrao	Reader	Swasthavritta	2 Year	B.A.M.S. M.D.	MUHS/E- 3/UG&PG/122109/2 609/2021 Date 22/09/2021	01 Y 11 M	Y	MUHS/E-3/PG/122109/ 31/05/2818/2021 dt. 18.10.2021	4	18.04.1988	manepatilabhijeet@gmail.com	9657864908	440171236968	No	


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Yashwant Ayurvedic College
Post Graduate Training &
Research Center, Kodoli

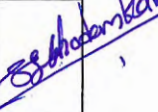
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG) COURSE

ANNEXURE -XIII-C

Name of the College : Yashwant Ayurvedic College Post Graduate Training and Research Centre, Kodoli

Phone / Mobile No : Dr.Milind Mohan Godbole (Dean) - 9850119900

Name of the Subject : **Strirog**

Sr. No	Name of Teaching Staff	Designation	Subject / Speciality	Type of Appoint(Regular/ Tmp./Hono)	Qualification	University Approx at (UG)	PG Teaching Experience (inYears) after PGM	PG Teacher Recog. Yes/No	(Recognition Letter Date Issued by University)	No.of PG Students Guided last 5 year	Date of Birth	E - mail ID	Mobile No.	Aadhar Card No	If Debarred (Yes / No)	Sign of Teacher
1	Vd. Turlapati Vishala Srinivas	Professor	Strirog	Regular	B.A.M.S. M.D. Ph.D	MUHS/E-3/UG/ 3210/3375 dt.08.10.2008	18 Y 11 M	Y	MUHS/E-3/PG/ 31/08/2825 dt.16.07.2019	15	16.11.1967	vishalaturlapati@gmail.com	9960217429	359787013438	No	
2	Vd. Mule Kavita Chandrashekhar	Reader	Strirog	Regular	B.A.M.S. M.D.	MUHS/E-3/UG/ 3210/1277/2017 dt.13.03.2014	09 Y 03 M	Y	MUHS/E-3/PG/ 122109/31/09/3356/ 2022 dt.15.09.2022	10	12.06.1972	kvt126@gmail.com	9423277612	565820189460	No	
3	Vd. Smita Sachin Chodankar	Reader	Strirog	1 Year	B.A.M.S. M.S.	MUHS/E- 3/UG&PG/3013/202 2 Date 22/08/2022	03 Y 11 M	Y	MUHS/E-3/PG/ 122109/31/09/3356/ 2022 dt.15.09.2022	5	09.07.1978	dr.chodankarsmita@gmail.com	9423874786	670221467083	No	



DEAN

Yashwant Ayurvedic College
Post Graduate Training &
Research Center, Kodoli

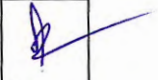
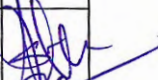
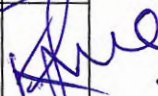
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG) COURSE

ANNEXURE -XIII-C

Name of the College : Yashwant Ayurvedic College Post Graduate Training and Research Centre, Kodoli

Phone / Mobile No : Dr.Milind Mohan Godbole (Dean) - 9850119900

Name of the Subject : Kaumarbhritya

Sr. No	Name of Teaching Staff	Designation	Subject / Speciality	Type of Appoint(Regular/ Trmp./Honorary)	Qualification	University Approx at (UG)	PG Teaching Experience (inYears) after PGM	PG Teacher Recog. Yes/No	(Recognition Letter Date issued by University)	No.of PG Students Guided last 5 year	Date of Birth	E - mail ID	Mobile No.	Aadhar Card No	If Debarred (Yes / No)	Sign of Teacher
1	Vd. Dash Pravat Kumar	Professor	Kaumarbhritya (Balrog)	Regular	B.A.M.S. M.D. Ph D.	MUHS/E-3/UG/ 3210/3202 dt.21.11.2009	16 Y 02 M	Y	MUHS/PG/E-3/ 31/ 10/1792 dt.07.07.2016	15	11.04.1968	drpkdash25@gmail.com	9423277590	833776296157	No	
2	Vd. Rajgolkar Shailesh Raghunath	Reader	Kaumarbhritya (Balrog)	2 Year	B.A.M.S. M.D.	MUHS/E-3/UG/ 1366/2020 dt.07.08.2020	03 Y 02 M	Y	MUHS/PG/E-3/ 3887 /2022 dt.25.10.2022	9	15.07.1986	shaileshrajgolkar@gmail.com	8308410222	786065899452	No	
3	Vd. Navane Kirti Sadashiv	Reader	Kaumarbhritya (Balrog)	1 Year	B.A.M.S. M.D.	MUHS/E- 3/UG&PG/1257/202 2 Date 13/05/2022	01 Y 05 M	Y	Proposal Sent to MUHS	4	21.04.1989	kirtinavane96@gmail.com	9482742515	291244488174	No	



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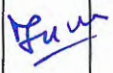
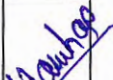
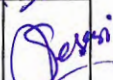
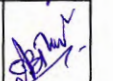
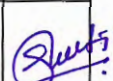
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG) COURSE

ANNEXURE -XIII-C

Name of the College : Yashwant Ayurvedic College Post Graduate Training and Research Centre, Kodoli

Phone / Mobile No : Dr.Milind Mohan Godbole (Dean) - 9850119900

Name of the Subject : Shalya Tantra

Sr. No	Name of Teaching Staff	Designation	Subject / Speciality	Type of Appointment (Regular/Temporary/Honorary)	Qualification	University Appointed (UG)	PG Teaching Experience (In Years) after PGM	PG Teacher Recog. Yes/No	(Recognition Letter Date issued by University)	No. of PG Students Guided last 5 year	Date of Birth	E - mail ID	Mobile No.	Aadhar Card No	If Debarred (Yes / No)	Sign of Teacher
1	Vd. Turlapati Srinivas Narsimha	Professor	Shalya Tantra	Regular	B.A.M.S. M.D.	MUHS/E-3/UG/ 3210/3375 dt.08.10.2008	19 Y 05M	Y	MUHS/E-3/PG/ 31/08/2825 dt.16.07.2019	15	01.07.1965	drsrinivast@gmail.com	9503147698	462098234856	No	
2	Vd. Narhare Laxmi Maroti	Professor	Shalya Tantra	Regular 2 Years	B.A.M.S. M.D.	MUHS/E-3/UG/ 418/2020 dt.14.02.2020	16 Y 02 M	Y	MUHS/PG/E-3/422 /2023 dt 06.02.2023	14	10.06.1968	draxminarhare@gmail.com	9822189226	945340448883	No	
3	Vd. Desai Sayaji Bapu	Reader	Shalya Tantra	Regular	B.A.M.S. M.S.	MUHS/E-3/UG/ 3210/46 dt. 04.01.2014	09 Y 07 M	Y	MUHS/E-3/PG/ 3210/308/2014 dt.28.01.2014	8	02.06.1977	drsayaji@yahoo.com	9423282354	461189826802	No	
4	Vd. Thorat Ardra Bhagwanrao	Reader	Shalya Tantra	1 Year	B.A.M.S. M.S.	MUHS/E-3/UG/ 418/2020 dt.14.02.2020	03 Y 11 M	Y	MUHS/PG/E-3/4222/2023 dt. 06.02.2023	8	20.08.1984	dradrathorat@gmail.com	9970223088	845621566900	No	
5	Vd. Patil Suyog Sadashiv	Reader	Shalya Tantra	1 Year	B.A.M.S. M.S.	MUHS/E-3/UG&PG/3013/2022 Date 22/08/2022	03 Y 02 M	Y	MUHS/PG/E-3/3886/2022 dt.25.10.2022	8	26.07.1986	drsuyog0222@gmail.com	9823190222	486676655510	No	



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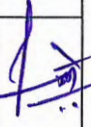
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG) COURSE

ANNEXURE -XIII-C

Name of the College : Yashwant Ayurvedic College Post Graduate Training and Research Centre, Kodoli

Phone / Mobile No : Dr.Milind Mohan Godbole (Dean) - 9850119900

Name of the Subject : Panchakarma

Sr. No	Name of Teaching Staff	Designation	Subject / Speciality	Type of Appointment (Regular/Temp./Honorary)	Qualification	University Approx at (UG)	PG Teaching Experience (In Years) after PGM	PG Teacher Recog. Yes/No	(Recognition Letter Date Issued by University)	No. of PG Students Guided last 5 year	Date of Birth	E - mail ID	Mobile No.	Aadhar Card No	If Debarred (Yes / No)	Sign of Teacher
1	Vd. Thorwat Vidyanand Keraba	Professor	Panchakarma	Temporary 2 Years	B.A.M.S. M.D.	MUHS/E-3/UG/ 418/2020 dt. 14.02.2020	13 Y 00 M	Y	MUHS/PG/E-3/422 /2023 dt 06.02.2023	12	18.10.1976	vidyanandthorwat@yahoo.com	9011081819	378843602071	No	
2	Vd. Patil Ravikumar Bhagwan	Reader	Panchakarma	1 Year	B.A.M.S. M.D. Ph.D	MUHS/E- 3/UG&PG/3013/202 2 Date 22/08/2022	04 Y 11 M	Y	MUHS/PG /E-3/3886/2022 dt.25.10.2022	8	01.06.1985	vaidyaravipatil@gmail.com	9822010316	606447644802	No	
3	Vd. Ingavale Abhijeet Subhashrao	Reader	Panchakarma	1 Year	B.A.M.S. M.D.	MUHS/E- 3/UG&PG/1258/202 2 Date 13/05/2022	01 Y 05 M	Y	Proposal Sent to MUHS	5	11.06.1988	abhijeetingavale@gmail.com	9822919000	924446724868	No	



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SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG) COURSE

ANNEXURE -XIII-C

Name of the College : Yashwant Ayurvedic College Post Graduate Training and Research Centre, Kodoli

Phone / Mobile No : Dr.Milind Mohan Godbole (Dean) - 9850119900

Name of the Subject : Research Methodology & Medical Statistics

Sr. No	Name of Teaching Staff	Designation	Subject / Speciality	Type of Appoint(Regular/ Tmp./Honorary	Qualification	University Approx at (UG)	PG Teaching Experience (inYears) after PGM	PG Teacher Recog. Yes/No	(Recognition Letter Date issued by University)	No.of PG Students Guided last 5 year	Date of Birth	E - mail ID	Mobile No.	Aadhar Card No	If Debarred (Yes / No)	Sign of Teacher
1	Vd. Khot Sachin Shashikant	Reader	Research Methodology	Regular	B.A.M.S. M.D.	MUHS/E-3/UG/ 3210/3202 dt. 21.11.2009	12 Y 09 M	Y	MUHS/E-3/PG/ 3210/2334 dt.26.10.2010	--	21.06.1973	drsachinkhot@gmail.com	9423284894	942401595197	No	<i>Sachin</i>
2	Vd. Jadhav Kalpana Krishnarao	Reader	Research Methodology	Regular	B.A.M.S. M.D. Ph.D	MUHS/E-3/UG/ 3210/1182 dt. 28.05.2012	11 Y 02 M	Y	MUHS/E-3/PG/ 3210/1182 dt.28.05.2012	--	18.06.1967	kalpanajadhav70@yahoo.com	9423871049	761190324704	No	<i>Kalpana</i>
3	Vd. Godbole Milind Mohan	Professor & Dean	Medical Statistics	Regular	B.A.M.S. P.G. Dip. M.D.	MUHS/PG/E-3/31/ 09/1626 dt. 17.06.2016	12 Y 09 M	Y	MUHS/E-3/PG/ 3210/2334 dt.26.10.2010	--	07.12.1964	drmilindgodbole@gmail.com	9850119900	379526306222	No	<i>Milind</i>

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