




ANNEXURE - VIII-A

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK  
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : HSPM Ayurvedic Medical College, Peth Vadgaon  
Phone/Mobile No. : 0230-2471018  
Name of the subject : Ayurved Samhita & Siddhant

Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG- Qualification and Year of passing	PG - Qualification and Year of passing	Teaching experience After PG	MUHS Approval (Yes/No)	If Yes, MUHS Approval letter & Date	AdharNo	PAN No.	Date of Birth (Age in Year)	Latest Email Address	Contact No. (Mobile)	Debbared Yes / No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	AMC Peth Vadgaon	Ayurved Samhita & Siddhant	Vd. Patil Vinod Shrawan	Associate professor / Reader	04-03-2004	BAMS 1999	M.D. 2003	19 Y	Yes	MUHS/E-3/UG/3209/4661 Dt. 15/11/2011	878604445267	AMQPP6699E	01-01-1977 48 Year	vinodpatil1177@gmail.com	9822050611	No
2	AMC Peth Vadgaon	Ayurved Samhita & Siddhant	Vd. Kadam Mohan Krishna	Lecturer / Assistant Professor	01-12-2020	BAMS 2004	M.D. 2019	4 Y	Yes	MUHS/UG/E-3 /122108/498/2024 Dt. 28/02/2024	878166187022	EEYPK8489B	16/03/1981 44 Years	drmohankadam0288@gmail.com	9850783792	No
3	AMC Peth Vadgaon	Sanskrit	Vda. Vipra Smita Avinash	Lecturer / Assistant Professor	01-01-2022	BAMS 2003	M.A. Sanskrit 2013	5 Y	Yes	MUHS/UG/E-3 /122108/498/2024 Dt. 28/02/2024	666019205373	AOKPV1508A	04-12-1981 43 Yers	drsmitavipra@gmail.com	7057221030	No

  
**PRINCIPAL**  
Dr. Vinod S. Patil  
Ayurvedic Medicals College, Peth Vadgaon

Signature of Member

Signature of Member

Signature of Chairman




ANNEXURE - VIII-A

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK  
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : HSPM Ayurvedic Medical College, Peth Vadgaon  
Phone/Mobile No. : 0230-2471018  
Name of the subject : Rachana Sharir

Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG- Qualificati on and Year of passing	PG - Qualificati on and Year of passing	Teachin g experien ce After PG	MUHS Appro val (Yes/ No)	If Yes, MUHS Approval letter & Date	AdharNo	PAN No.	Date of Birth (Age in Year)	Latest Email Address	Contact No. (Mobile)	Debb ared Yes / No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
4	AMC Peth Vadgaon	Rachana Sharir	Vd. Bidave Anil Balasahen	Associate professor / Reader	27-11-1989	BAMS 1987	---	--	Yes	MUHS/UG/E-3 /122108/498/2024 Dt. 28/02/2024	306721906056	AAUPB2761R	25-05-1963 61 Year	bidanild63@gmail.com	7798117573	No

  
**PRINCIPAL**  
Dr. Vinod S. Patil  
Ayurvedic Medicals College, Peth Vadgaon

Signature of Member

Signature of Member

Signature of Chairman



ANNEXURE - VIII-A

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK  
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : HSPM Ayurvedic Medical College, Peth Vadgaon  
Phone/Mobile No. : 0230-2471018  
Name of the subject : Kriya Sharir

Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG- Qualification and Year of passing	PG - Qualification and Year of passing	Teaching experience After PG	MUHS Approval (Yes/No)	If Yes, MUHS Approval letter & Date	AdharNo	PAN No.	Date of Birth (Age in Year)	Latest Email Address	Contact No. (Mobile)	Debbared Yes / No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
6	AMC Peth Vadgaon	Kriya Sharir	Vd. Tatte Sanjay Manikrao	Professor	10-10-1991	BAMS 1985	M.D. 1991	34 Y	Yes	MUHS/E-3/UG/3209/6296 Dt. 07/08/2003	619164114469	AAPPT6577Q	24-12-1960 64 Year	smtatte@gmail.com	8420456108	No

  
**PRINCIPAL**  
Dr. Vinod S. Patil  
Ayurvedic Medicals College, Peth Vadgaon

Signature of Member

Signature of Member

Signature of Chairman




ANNEXURE - VIII-A

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK  
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : HSPM Ayurvedic Medical College, Peth Vadgaon  
Phone/Mobile No. : 0230-2471018  
Name of the subject : Rasashatra evam Bhaishajya Kalpana

Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG- Qualificati on and Year of passing	PG - Qualificati on and Year of passing	Teachin g experien ce After PG	MUHS Appro val (Yes/ No)	If Yes, MUHS Approval letter & Date	AdharNo	PAN No.	Date of Birth (Age in Year)	Latest Email Address	Contact No. (Mobile)	Debb ared Yes / No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
9	AMC Peth Vadgaon	Rasashtra evam Bhaishajya Kalpana	Vd. Veerdhaval Shamrao Patil	Associate professor / Reader	16-08-2024	BAMS 1996	M.D. 2002	14 Y	No	-	815021117802	AJHPP5066B	24-10-1974 50 Year	veerdhavalpatil24@gmail.com	7741092520	No

  
**PRINCIPAL**  
Dr. Vinod S. Patil  
Ayurvedic Medicals College, Peth Vadgaon

Signature of Member

Signature of Member

Signature of Chairman




ANNEXURE - VIII-A

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK  
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : HSPM Ayurvedic Medical College, Peth Vadgaon  
Phone/Mobile No. : 0230-2471018  
Name of the subject : Rog Nidan avum vikriti Vigyan

Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG- Qualificati on and Year of passing	PG - Qualificati on and Year of passing	Teachin g experien ce After PG	MUHS Appro val (Yes/ No)	If Yes, MUHS Approval letter & Date	AdharNo	PAN No.	Date of Birth (Age in Year)	Latest Email Address	Contact No. (Mobile)	Debb ared Yes / No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
11	AMC Peth Vadgaon	Rog Nidan avum vikriti Vigyan	Vda. Shinde Kshitija Sanjeev	professor	08-08-1991	BAMS 1989	M.D. 1998	33 Y	Yes	MUHS/E-3/UG/3209/4661 Dt. 15/11/2011	735687710915	AATPD7477M	01-06-1968 56 Year	kshitijashinde98@gmail.com	9860054798	No
12	AMC Peth Vadgaon	Rog Nidan avum vikriti Vigyan	Vda. Patil Sonali Ravindra	Lecturer / Assistant Professor	01-07-2016	BAMS 2009	M.D. 2012	12 Y	Yes	MUHS/UG/E-3 /122108/498/2024 Dt. 28/02/2024	680557523154	BSDPP8091G	01-06-1986 38 Year	dr.sonaliptil2801@gmail.com	8378901455	No

  
PRINCIPAL  
Dr. Vinpd S. Patil  
Ayurvedic Medicals College, Peth Vadgaon

Signature of Member

Signature of Member

Signature of Chairman




ANNEXURE - VIII-A

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK  
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : HSPM Ayurvedic Medical College, Peth Vadgaon  
Phone/Mobile No. : 0230-2471018  
Name of the subject : Dravyaguna Vigyana

Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG- Qualification and Year of passing	PG - Qualification and Year of passing	Teaching experience After PG	MUHS Approval (Yes/No)	If Yes, MUHS Approval letter & Date	AdharNo	PAN No.	Date of Birth (Age in Year)	Latest Email Address	Contact No. (Mobile)	Debbared Yes / No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
13	AMC Peth Vadgaon	Dravyaguna Vigyana	Vd. Ghorpade Sachin Bacharam	Associate professor / Reader	01-12-2022	BAMS 2003	M.D. 2012	13 Y	Yes	MUHS/UG/E-3 /122108/498/2024 Dt. 28/02/2024	768784445820	ALEPG6252F	02/03/1979 46 Year	sghorpade6878@gmail.com	9890817038	No

  
PRINCIPAL  
Dr. Vinod S. Patil  
Ayurvedic Medicals College, Peth Vadgaon

Signature of Member

Signature of Member

Signature of Chairman




ANNEXURE - VIII-A

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK  
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : HSPM Ayurvedic Medical College, Peth Vadgaon  
Phone/Mobile No. : 0230-2471018  
Name of the subject : Swastha Vritta & Yoga

Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG- Qualificati on and Year of passing	PG - Qualificati on and Year of passing	Teachin g experien ce After PG	MUHS Appro val (Yes/ No)	If Yes, MUHS Approval letter & Date	AdharNo	PAN No.	Date of Birth (Age in Year)	Latest Email Address	Contact No. (Mobile)	Debb ared Yes / No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
15	AMC Peth Vadgaon	Swastha Vritta & Yoga	Vd. Chile Kuldeep Krishnarao	Associate professor / Reader	01-12-2022	BAMS 2006	M.D. 2013	10 Y	Yes	MUHS/UG/E-3 /122108/498/2024 Dt. 28/02/2024	884709489168	ATAPC2473R	13/05/1984 40 Year	kuldeepchile@gmail.com	9423282167	No

  
**PRINCIPAL**  
Dr. Vinod S. Patil  
Ayurvedic Medicals College, Peth Vadgaon

Signature of Member

Signature of Member

Signature of Chairman




ANNEXURE - VIII-A

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK  
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : HSPM Ayurvedic Medical College, Peth Vadgaon  
Phone/Mobile No. : 0230-2471018  
Name of the subject : Agad Tantra

Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG- Qualificati on and Year of passing	PG - Qualificati on and Year of passing	Teachin g experien ce After PG	MUHS Appro val (Yes/ No)	If Yes, MUHS Approval letter & Date	AdharNo	PAN No.	Date of Birth (Age in Year)	Latest Email Address	Contact No. (Mobile)	Debb ared Yes / No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
18	AMC Peth Vadgaon	Agad Tantra	Vda. Jugulkar Rachana Lalitkumar	Associate professor / Reader	01-03-2021	BAMS 2003	M.D. 2015	6 Y	Yes	MUHS/UG/E-3 /122108/498/2024 Dt. 28/02/2024	335694545719	BTUPJ6856K	22/05/1979 45 Year	rachana.jugulkar@gmail.com	7588088076	No

  
PRINCIPAL  
Dr. Vinod S. Patil  
Ayurvedic Medicals College, Peth Vadgaon

Signature of Member

Signature of Member

Signature of Chairman



ANNEXURE - VIII-A

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK  
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : HSPM Ayurvedic Medical College, Peth Vadgaon  
Phone/Mobile No. : 0230-2471018  
Name of the subject : Prasuti & Stri Roga

Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG- Qualificati on and Year of passing	PG - Qualificati on and Year of passing	Teachin g experien ce After PG	MUHS Appro val (Yes/ No)	If Yes, MUHS Approval letter & Date	AdharNo	PAN No.	Date of Birth (Age in Year)	Latest Email Address	Contact No. (Mobile)	Debb ared Yes / No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
19	AMC Peth Vadgaon	Prasuti & Stri Roga	Vd. Rade Ajit Rajaram	Associate professor / Reader	18-08-2011	BAMS 1998	M.D. 2003	21 Y	Yes	MUHS/E-3/UG/3209/4661 Dt. 15/11/2011	204449772230	AJHPR7098D	21-09-1977 47 Year	drajitrade77@gmail.com	9822517123	No
20	AMC Peth Vadgaon	Prasuti & Stri Roga	Vda. Rakhangi Simeen Mahammad	Lecturer / Assistant Professor	01-01-2017	BAMS 2011	M.D. 2016	8 Y	Yes	MUHS/UG/E-3 /122108/498/2024 Dt. 28/02/2024	392876166951	AXPR3504K	03-04-1989 36 Year	sims.rakhangi@gmail .com	9767573510	No

**PRINCIPAL**  
Dr. Virud S. Patil

Ayurvedic Medicals College, Peth Vadgaon

Signature of Member

Signature of Member

Signature of Chairman




ANNEXURE - VIII-A

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK  
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : HSPM Ayurvedic Medical College, Peth Vadgaon  
Phone/Mobile No. : 0230-2471018  
Name of the subject : Kaumarbhritya

Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG- Qualification and Year of passing	PG - Qualification and Year of passing	Teaching experience After PG	MUHS Approval (Yes/No)	If Yes, MUHS Approval letter & Date	AdharNo	PAN No.	Date of Birth (Age in Year)	Latest Email Address	Contact No. (Mobile)	Debbared Yes / No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
21	AMC Peth Vadgaon	Kaumarbhritya	Vd. Vhatkar Nikhil Dhondiram	Associate professor / Reader	10-09-2012	BAMS 2006	M.D. 2012	12 Y	Yes	MUHS/UG/E-3 /122108/498/2024 Dt. 28/02/2024	971131936411	AHRPV8830D	19-11-1984 41 Year	nikhilvhatkar@gmail.com	8275909327	No

  
**PRINCIPAL**  
Dr. Vinod S. Patil  
Ayurvedic Medicals College, Peth Vadgaon

Signature of Member

Signature of Member

Signature of Chairman




ANNEXURE - VIII-A

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK  
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : HSPM Ayurvedic Medical College, Peth Vadgaon  
Phone/Mobile No. : 0230-2471018  
Name of the subject : Kayachikitsa

Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG- Qualification and Year of passing	PG - Qualification and Year of passing	Teaching experience After PG	MUHS Approval (Yes/No)	If Yes, MUHS Approval letter & Date	AdharNo	PAN No.	Date of Birth (Age in Year)	Latest Email Address	Contact No. (Mobile)	Debbared Yes / No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
24	AMC Peth Vadgaon	Kayachikitsa	Vd. Patil Ranjit Prataprao	Associate professor / Reader	23-05-2007	BAMS 2004	M.D. 2007	17 Y	Yes	MUHS/UG/E-3 /122108/498/2024 Dt. 28/02/2024	598122581191	AIQPJ1518A	26-10-1979 45 Year	ranjitpatil.007@gmail.com	9422516766	No
26	AMC Peth Vadgaon	Kayachikitsa	Vd. Shelke Sheetal Abhijeet	Associate professor / Reader	01-08-2019	BAMS 2009	M.D. 2019	5 Y	No	--	338054494962	FHTPS6956L	14-02-1987 38 Year	sheetalwaware87@gmail.com	7709922311	No

  
PRINCIPAL  
Dr. Vinod S. Patil  
Ayurvedic Medicals College, Peth Vadgaon

Signature of Member

Signature of Member

Signature of Chairman




ANNEXURE - VIII-A

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK  
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : HSPM Ayurvedic Medical College, Peth Vadgaon  
Phone/Mobile No. : 0230-2471018  
Name of the subject : Shaly Tantra

Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG- Qualificati on and Year of passing	PG - Qualificati on and Year of passing	Teachin g experien ce After PG	MUHS Appro val (Yes/ No)	If Yes, MUHS Approval letter & Date	AdharNo	PAN No.	Date of Birth (Age in Year)	Latest Email Address	Contact No. (Mobile)	Debb ared Yes / No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
27	AMC Peth Vadgaon	Shaly Tantra	Vd. Patil Ranjeetsinh Babanrao	Associate professor / Reader	19-11-2014	BAMS 2008	M.D. 2013	10 Y	Yes	MUHS/UG/E-3 /122108/498/2024 Dt. 28/02/2024	970436869128	BGAPP2051D	25-06-1986 38 Year	drran23@gmail.com	9975248177	No

  
**PRINCIPAL**  
Dr. Vinod S. Patil  
Ayurvedic Medicals College, Peth Vadgaon

Signature of Member

Signature of Member

Signature of Chairman



ANNEXURE - VIII-A

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK  
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : HSPM Ayurvedic Medical College, Peth Vadgaon  
Phone/Mobile No. : 0230-2471018  
Name of the subject : Shalaky Tantra

Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG- Qualification and Year of passing	PG - Qualification and Year of passing	Teaching experience After PG	MUHS Approval (Yes/No)	If Yes, MUHS Approval letter & Date	AdharNo	PAN No.	Date of Birth (Age in Year)	Latest Email Address	Contact No. (Mobile)	Debbared Yes / No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
29	AMC Peth Vadgaon	Shalaky Tantra	Vd. Munde Santosh Eknath	Professor	23-07-2007	BAMS 2003	M.D. 2007	17 Y	Yes	MUHS/UG/E-3 /122108/498/2024 Dt. 28/02/2024	300290489577	AVJPM4639F	01-01-1980 45 Year	drsantoshmunde77@gmail.com	9822280568	No

  
**PRINCIPAL**  
Dr. Vinod S. Patil  
Ayurvedic Medicals College, Peth Vadgaon

Signature of Member

Signature of Member

Signature of Chairman




ANNEXURE - VIII-A

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK  
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : HSPM Ayurvedic Medical College, Peth Vadgaon  
Phone/Mobile No. : 0230-2471018  
Name of the subject : Panchkarma

Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG- Qualificati on and Year of passing	PG - Qualific ation and Year of passing	Teachin g experien ce After PG	MUHS Appro val (Yes/ No)	If Yes, MUHS Approval letter & Date	AdharNo	PAN No.	Date of Birth (Age in Year)	Latest Email Address	Contact No. (Mobile)	Debb ared Yes / No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
31	AMC Peth Vadgaon	Pachkarma	Vda. Bhandari Nilima Vishal	Associate professor / Reader	02-05-2017	BAMS 2009	M.D. 2015	8 Y	Yes	MUHS/UG/E-3 /122108/498/2024 Dt. 28/02/2024	898198318897	CIIPB25581	03-05-1988 36 Year	drnilimakhambe@gmail.com	9860326557	No

  
**PRINCIPAL**  
Dr. Vinod S. Patil  
Ayurvedic Medicals College, Peth Vadgaon

Signature of Member

Signature of Member

Signature of Chairman