

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**SUBJECT WISE TEACHER LIST TO INCLUDE NAME IN PANEL FOR P.G. EXAMINATIONS OF MUHS, NASHIK**(The Proforma should be sent separately for each subject) - **Not Applicable**

(Include Name of only eligible PG Recognized Teachers and Guides from the department) for which college holds affiliation (Running PG Course)

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
Sr. No.	College Name	Subject	Name of Teacher (Last Name First Name Middle Name)	Designation	Type of Appointment (Regular / Temp. / Honorary)	Qualification (UG/PG)	PG Teaching Experience after PG Passing	PG Teacher Recognition (Yes/No)	No. of PG Students guided in last 5 years	Date of Birth & Age	E-mail ID	Mobile No.	Aadhar Card No.	If Debarred specify with details (Yes/No)	Sign. of Teacher
1															
2															
3															
4															

Signature & Seal of Dean/Principal