

## ANNEXURE - VIII-B

## MAHARSHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

## SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG COURSES)

Name of the College :- B.S.D.Trust, Ayurved Mahavidyalaya, Wagholi, Pune

Phone/ Mobile No. :- (020)67346152

Name of the Subject :- Samhita Siddhanta and Sanskrit

Sr.No.	Name of The Teacher (Last /First/Middle)	Designation	Subject/Specialty	Type of Appointment (Regular /Temp/ Hon.	Qualification	University Approval at UG	PG Teaching Exp. (in Yrs after PGM)	PG Teaching Recognition Yes/No	(Recognition Letter Date issued by University.)	No. of PG Students Guided las 5 years	Date of Birth	Email Id	Mobile No	Aadhar Card No.	If Debared (yes/No)
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1	Dr. VINEETA VASANT DESHMUKH	Professor	Samhita Siddhanta	Regular	BAMS, MD, PhD.	MUHS/E-3/UG/3205 /1554 Dt. 25/04/2012	16 Y - 08 M - 03 D	Yes	MUHS/E-3/PG/3205/962 Dt.07/08/2008	8	09-06-1971	vineeta_deshmukh@yahoo.co.in	98206 48058	444215 965958	No
2	Dr. RANIBALA MOTIRAM NEMADE	Reader / Associate Professor	Samhita Siddhanta	Regular	BAMS, MD, PhD.	Yes MUHS/E-3/UG/3205/1660	13 Y - 07 M - 01 D	Yes	MUHS/E-3/PG/3205/1646 Dt. 29/07/2011	4	18-06-1975	dr.pushpanemade@gmail.com	976660 7380	409677 952520	No



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**MAHARSHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG COURSES)**

Name of the College :- B.S.D.Trust, Ayurved Mahavidyalaya, Wagholi, Pune

Phone/ Mobile No. :- (020)67346152

Name of the Subject :- Rachana Sharir

Sr.No	Name of The Teacher (Last/First/Middle)	Designation	Subject/Specialty	Type of Appointment (Regular/Temp/Hon.	Qualification	University Approval at UG	PG Teaching Exp. (in Yrs after PGM)	PG Teaching Recognition Yes/No	(Recognition Letter Date issued by University.)	No. of PG Students Guided as 5 years	Date of Birth	Email Id	Mobile No	Aadhar Card No.	If Debared (yes/No)
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1	Vd. SUVARNA MADHAVRAO DHAWALE	Professor	Rachana Sharir	Regular	BAMS MD	Yes MUHS/Acad/UG/E-3/122104/2860/2023 Dt. 16/10/2023	13 Y - 06 M - 27 D	Yes	Yes MUHS/Acad/PG/ E-3/122104/2979/2023 Dt. 27/10/2023	14	01-04-1981	drsuvarnadhawale@yahoo.com	9960568961	703939162831	No
2	Vd. PRIYANKA ASHOK SHINDE	Reader / Associate Professor	Rachana Sharir	Regular	BAMS MD	Yes MUHS/Acad/UG/E-3/122104/2860/2023 Dt. 16/10/2023	07 Y - 09 M - 25 D	Yes	Yes MUHS/Acad/PG/ E-3/122104/2979/2023 Dt. 27/10/2023	9	16-09-1985	dr.priyanka.burde@gmail.com	9823629026	987904483345	No



**MAHARSHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG COURSES)**

Name of the College :- B.S.D.Trust, Ayurved Mahavidyalaya, Wagholi, Pune

Phone/ Mobile No. :- (020)67346152

Name of the Subject :- Roga Nidanand Vikriti Vigyana

Sr.No.	Name of The Teacher (Last/First/Middle)	Designation	Subject/Specialty	Type of Appointment (Regular/Temp/Hon.)	Qualification	University Approval at UG	PG Teaching Exp. (in Yrs after PGM)	PG Teaching Recognition Yes/No	(Recognition Letter Date issued by University.)	No. of PG Students Guided las 5 years	Date of Birth	Email Id	Mobile No	Aadhar Card No.	If Debared (yes/No)
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1	Vd. ARCHANA ARUN KULKARNI	Professor	Roga Nidan and Vikriti Vigyana	Regular	BAMS MD	Yes MUHS/Acad/UG/E-3/122104/2860/2023 Dt. 16/10/2023	11 Y - 06 M - 12 D	Yes	Yes MUHS/Acad/PG/ E-3/122104/2979/2023 Dt. 27/10/2023	12	03-06-1977	archana.arukul karni@gmail.com	94221 64367	604682 551993	No



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**MAHARSHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
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Name of the College :- B.S.D.Trust, Ayurved Mahavidyalaya, Wagholi, Pune

Phone/ Mobile No. :- (020)67346152

Name of the Subject :- KAYACHIKITSA

Sr.No.	Name of The Teacher (Last /First/Middle	Designation	Subject/Specialty.	Type of Appointment (Regular /Temp/ Hon.	Qualification	University Approval at UG	PG Teaching Exp. (in Yrs after PGM)	PG Teaching Recognition Yes/No	(Recognition Letter Date issued by University.)	No. of PG Students Guided las 5	Date of Birth	Email Id	Mobile No	Aadhar Card No.	If Debared (yes/No)
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1	Dr. ANJALI ANIRUDDHA DESHPANDE	Professor	Kayachikitsa	Regular	BAMS MD Phd	Yes MUHS/Acad/UG/E-3/ 122104/2860/2023 Dt. 16/10/2023	13 Y - 06 M - 28 D	Yes	Yes MUHS/Acad/PG/ E-3/ 122104/2979 /2023 Dt. 27/10/2023	11	16-10-1970	leena1610@yahoo.in	97300 69747	9707400 88343	No
2	Dr. SUSHRUT SADANAND SARDESHMUKH	Reader / Associate Professor	Kayachikitsa	Regular	BAMS MD Phd	Yes MUHS/Acad/E-3/ UG /122104/2177/ 2023 Dt. 22/08/2023	03 Y - 05 M - 18 D	Yes	Yes MUHS/Acad/PG/ E-3/ 122104/2979 /2023 Dt. 27/10/2023	3	29-09-1982	ayuharmony@gmail.com	90110 74077	403191 376022	No



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Name of the College :- B.S.D.Trust, Ayurved Mahavidyalaya, Wagholi, Pune

Phone/ Mobile No. :- (020)67346152

Name of the Subject :- Research Methodology & Medical Statistics

Sr.No.	Name of The Teacher (Last /First/Middle)	Designation	Subject/Specialty	Type of Appointment (Regular/Temp/Hon.	Qualification	University Approval at UG	PG Teaching Exp. (in Yrs after PGM)	PG Teaching Recognition Yes/No	(Recognition Letter Date issued by University.)	No. of PG Students Guided las 5 years	Date of Birth	Email Id	Mobile No	Aadhar Card No.	If Debared (yes/No)
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1	Vd. Prashant Pandurang Amrutkar	Professor	Research Methodology	Regular	MD	Yes	11 Y - 02 M - 05 D	Yes	Yes MUHS/UG/E-3/122106/422/2024	2	22-04-1985	drprashantamrutkar@gmail.com	86982 82507	303401 707095	No
2	Vd. Prashant Pandurang Amrutkar	Professor	Medical Statistics	Regular	MD	Yes	11 Y - 02 M - 05 D	Yes	Yes MUHS/UG/E-3/122106/422/2024	2	22-04-1985	drprashantamrutkar@gmail.com	86982 82507	303401 707095	No
3	Mr. Khandagale Sagar Anil	Lecturer / Assistant Professor	Research Methodology	Part - Time	Msc.	NA	10 Y 2 M	NA	NA	0	01-06-1988	im.sagark@gmail.com	99759 19876	733955 657049	No
4	Mr. Khandagale Sagar Anil	Lecturer / Assistant Professor	Medical Statistics	Part - Time	Msc.	NA	10 Y 2 M	NA	NA	0	01-06-1988	im.sagark@gmail.com	99759 19876	733955 657049	No



**PRINCIPAL**  
 Dr. Anand. B. Kulkarni  
 B.S.D.T'S Ayurved Mahavidyalaya  
 At Post-Wagholi, Tal-Haveli, Dist-Pune.