

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

Name of the College : Government Ayurvedic College Osmanabad

Phone/Mobile No. : 02472-251741

Name of the Subject : KRIYA SHARIR

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp. / Honorary)	Qualification	University Approved at (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recognition 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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr. RAVINDRA SAHEBRAO DHIMDHIME	PROFESSOR	Kriya Sharir	Regular	BAMS MD Phd. Kriya Sharir	Yes	26 Years	Yes	MUHS/E-3/PG/3402/2336 Date: 26/01/2010	14	03-05-1964	rutusama1964@gmail.com	9075423288	552332500162	No	<i>[Signature]</i>
2	DR. MILIND CHOKHOBA KIRTE	ASSO. PROFESSOR	Kriya Sharir	Regular	BAMS MD Kriya Sharir	Yes	26 Years 13	Yes	MUHS/E3-1/1233105/201/2023 Date: 18/01/2023	5	04-05-1978	milind_kirte@yahoo.co.in	9325013874	930845151548	No	<i>[Signature]</i>




*[Signature]*  
 Dean/ Principal Stamp & Signature  
**Dean,**  
 Govt. Ayurvedic College  
 Osmanabad

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

Name of the College : Government Ayurvedic College Osmanabad

Phone/Mobile No. : 02472-251741

Name of the Subject : Sharir Rachana

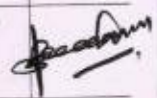
Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp. / Honorary)	Qualification	University Approx at (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University.)	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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	VD. DAWRE MANISHA KISHANRAO	PROFESSOR	Rachana Sharir	Regular	BAMS MD	Yes	6 Years	Yes	MUHS/PG/E-3/31/05/745 Dt 16/03/2017	13	27-06-1978	manisha.dawre218@gmail.com	9423441048	829079394180	No	



  
 Dean/ Principal Stamp & Signature  
 Govt. Ayurvedic College  
 Osmanabad

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

Name of the College : Government Ayurvedic College Osmanabad  
 Phone/Mobile No. : 02472-251741  
 Name of the Subject : Research Methodology & Medical statistics

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp. / Honorary)	Qualification	University Appro x at (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University.)	No. of PG Student s Guided last 5 year	Date of Birth	E-mail ID	Mobile No.	Aadhar Card No	If Debar red (Yes/ No)	Sign.. of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr. RAVINDRA SAHEBRAO DHIMDHIME	PROFESSOR	Kriya Sharir	Regular	BAMS MD Phd. Kriya Sharir	Yes	26 Years	Yes	MUHS/E-3/PG/3402/2336 Date:26/010/2010	14	03-05-1964	rutusama1964@gmail.com	9075423288	552332500162	No	



Dean/ Principal  & Signature  
 Govt. Ayurvedic College  
 Osmanabad

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

Name of the College : Government Ayurvedic College Osmanabad  
 Phone/Mobile No. : 02472-251741  
 Name of the Subject : Dravyaguna

Sr. No.	Name of Teacher (Last Name, First Name, Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp. / Honorary)	Qualification	University Approved at (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recognition 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. Teach
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	VD. KHARAT RAVINDRA SAHEBRAO	ASSO. PROFESSOR	Dravyaguna	Regular	BAMS MD	Yes	17 Years	Yes	MUHS/E3- /1/1233105/201/2023 Date: 18/01/2023	6	27-06-1978	ravikharat2@gmail.com	9822281494	908999148081	No	
2	VD. MORE DYANESHWAR BAPURAO	ASSI. PROFESSOR	Dravyaguna	Regular	BAMS MD	Yes	5 Years	Yes	MUHS/E-3/PG/31/17/2658 Date : 17-11-2017	5	01-09-1980	dmore602@gmail.com	9923954489	497733402263	No	DM
3	VD. PRACHI ANAND KHAIRE	ASSI. PROFESSOR	Dravyaguna	Regular	BAMS MD	Yes	3 Years 9 Months	Yes	MUHS/E-3/PG/31/08/2649/ 2019 Date: 02/07/2019	3	10-08-1986	drprachikhaire10@gmail.com	9029260190	586256922650	No	Prachi



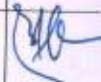
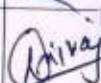
Dean/ Principal Stamp & Signature  
 Dean,  
 Govt. Ayurvedic College  
 Osmanabad

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

Name of the College : Government Ayurvedic College Osmanabad

Phone/Mobile No. : 02472-251741

Name of the Subject : Agad Tantra

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp./ Honorary)	Qualification	University Appro x at (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University.)	No. of PG Student s Guided last 5 year	D ate of Birth	E-mail ID	Mobile No.	Aadhar Card No	If Debar red (Yes/ No)	Sign. of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	VD. GANGASAGRE NAGNATH S.	PROFESSOR	Agad Tantra	Regular	BAMS MD	Yes	16 Y	Yes	MUHS/PG/E-3/3402/43 Date :04/06/2007	10	02-03-1963	gangasagrens@gmail.com	9422165970	386781841404	No	
2	VD. KOPARDE SHITAL PRAVIN	ASSO. PROFESSOR	Agad Tantra	Regular	BAMS MD	Yes	7 Y 6 M 14D	Yes	MUHS/PG/E-3/31/01/452 Date: 18/02/2016	9	10-03-1980	drkopardesheetal@gmail.com	9326141020	486507435233	NO	



Dean/ Principal Stamp & Signature  
 Govt. Ayurvedic College  
 Osmanabad

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

Name of the College : Government Ayurvedic College Osmanabad

Phone/Mobile No. : 02472-251741

Name of the Subject : Rasa Shastra

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp. / Honorary)	Qualification	University Approved at (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recognition 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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	VD. BHISE DNYANESHWAR DHONDBARAO	Assistant Professor	Ras Shastra	Regular	BAMS MD	Yes	6 Years	Yes	MUHS/E-3/PG/31/10/17/57 Date 05/07/2017	7	03-07-1978	ddbhise03@gmail.com	9860912948	702050908052	NO	<i>[Signature]</i>
2	VD. DONGRE SUSHMA DAMUJI	Assistant Professor	Ras Shastra	Regular	BAMS MD Ph.D.	Yes	6 Years	Yes	MUHS/E-3/PG/31/10/17/57 Date 05/07/2017	6	25-09-1973	Sushmanagrate07@gmail.com	9970648450	979037597889	No	<i>[Signature]</i>




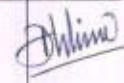

*[Signature]*  
 Dean/ Principal Stamp & Signature  
 Dean,  
 Govt. Ayurvedic College  
 Osmanabad

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

Name of the College : Government Ayurvedic College Osmanabad


Phone/Mobile No. : 02472-251741

Name of the Subject : Shalya Tantra

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp. / Honorary)	Qualification	University Appointed (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recognition 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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr. SEEMA RAJESH GIRI	PROFESSOR	Shalya Tantra	Regular	BAMS MD	Yes	12 Years	Yes	MUHS/PG/E-3/31/04/1212 Date : 16-05-2016	11	13-06-1971	giriseema02@gmail.com	9422776343	934769711232	No	
2	Dr. DHANA WAMAN LILKE	ASSO. PROFESSOR	Shalya Tantra	Regular	BAMS <del>MD</del> M.S.	Yes	5 Years 5 Months	Yes	MUHS/E-3/PG/31/18/2672 Date: 18/11/2017	05	16-09-1983	dhana_lilke@rediffmail.com	9922208586	434776094203	No	
3	Dr. VITTHAL KISHANRAO KASLE	Assistant Professor	Shalya Tantra	Regular	BAMS <del>MD</del> M.S.	Yes	6 Years	Yes	MUHS/E-3/PG/31/12/1921 Date :27/07/2017	05	20-03-1981	vkasle@gmail.com	9923915749	800347709305	No	



Dean/ Principal Stamp & Signature

  
 Govt. Ayurvedic College  
 Osmanabad

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

Name of the College : Government Ayurvedic College Osmanabad

Phone/Mobile No. : 02472-251741

Name of the Subject : Stree Rog and Prasuti tantra

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp./ Honorary)	Qualification	University Approved at (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recognition 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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	VD. PATIL VEENA AJAY	PROFESSOR	Stree Rog Prsutantra	Regular	BAMS MD	Yes	24 Years	Yes	MUHS/E-3/PG/3402/1446 Date:22/07/2010	16	8/10/1969	drveenapati810@gmail.com	9881493298	797906863033	No	
2	VD. KUWAR REKHA CHHAGAN	ASSO. PROFESSOR	Stree Rog Prsasutantra	Regular	BAMS MD	Yes	9.1 Y	Yes	In process	8	3/3/1976	dr.rekhakuwar@gmail.com	9405010769	553512729777	No	
3	VD. AGAWANE UMESH KRISHNA	Assistant Professor	Stree Rog Prasantantra	Regular	BAMS MD	Yes	13.2 Years	Yes	MUHS/E-3/PG/31/02/218 Date:09/01/2019	7	13/05/1974	ketkiamesh@rediffmail.com	9881483661	747218674724	No	



Dean/Principal Stamp & Signature  
 Govt. Ayurvedic College  
 Osmanabad