

ANNEXURE-I

PROFORMA TO FURNISH THE DETAILS OF TEACHING STAFF

Sr. No.	Teacher Code	Full Name of the Teaching Staff	Fathers Name	Date of Birth	Mob. No.	E-mail ID	Designation	Date of Appointment	UG Qualification & Year	PG Qualification & Year	Teacher Experience					Total Teaching Exp. in years of PG	Nature of Temp./Regular/Contractual	Local Address	Permanat Addresss	Photograph of teacher	Signature of teacher	Verification by visitors					
											UG																
											Duration	Designation	Name of the college	Dept	Total												
3	AYD001849	DR.BABASAHE VITTHAL SHINDE	VITTHAL SHINDE	02/06/1982	9890045621	drshindeb@gmail.com	LECTURER	24.11.2023	BAMS MUHS 2007	MD (AYURVED) MUHS 2022	24/Nov/2023 Till Date	ASST PROF	JES MADAC YEOLA	DRAVYAGUNA	01 Years 04 Month 03 DAYS			A/P PATODA TAL YEOLA DIST. NASHIK									

Signature of Principal with date