

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 Address	Photograph of teacher	Signature of teacher	Verification by visitors					
											UG																
											Duration	Designation	Name of the college	Dept	Total												
1	AYK01056	Dr. NILAMBARI LAXMAN DARADE	LAXMAN DARADE	05/Jun/1989	7020961114	daradenilambarl@gmail.com	READER	02/Jan/2024	BAMS MUHS 2011	MD (KAYACHIKITSA) MUHS 2017	01/Jan/2019 TO 01/Jan/2024	ASST PROF	MADAC YEOLA	KAYACHI KITSA	06 Yrs 02 Month 03 days		Regular	JUNI MALI LANE YEOLA	JUNI MALI LANE YEOLA								
											02/Jan/2024 TO Till Date	ASSO PROF	MADAC YEOLA	KAYACHI KITSA													

Signature of Principal with date