

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	AYKC01054	Dr. NITIN JALINDHAR SHINGARE	JALINDHAR SHINGARE	17/Mar/1983	9822309870	nitinshingare20@gmail.com	PROFESSOR	17/Dec/2024	BAMS (MUHS 2004)	MD(KAYACHIKITSA) BYDU 2009)	24/Oct/2009 TO 12/Oct/2010 14/Oct/2010 TO 01/Jul/2013 02/Jul/2013 TO 23/Oct/2015 24/Oct/2015 TO 07/Feb/2019 01/Mar/2021 TO 31/Mar/2023 01/Apr/2023 TO 20/Oct/2023 21/Dec/2023 TO 16/Dec/2024 17/Dec/2024 TO Till Date	ASST PROF ASST PROF ASST PROF ASSO PROF PROF PROF PROF	LRPAMC SANGLI SSRAMC HARUGERI LKRAMC KOLHAPUR LKRAMC KOLHAPUR LKRAMC KOLHAPUR BAC MUZAFFARNA GAR VKRYASP SANGAMNER MADAC YEOLA	SWASTHAVR ITTA BALROG BALROG BALROG BALROG BALROG BALROG	13 Yrs 02 Month 03days	Regular	Ganga darwaja road,Near khangate hospital Yeola,Dist-Nashik	Kalpaja Residency, Plot No. 86, Sec 9, Moshi Pradhikarn, Alandi Devachi, Pune				

Signature of Principal with date