ANNEXURE-IV

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved)

UG Degree/ PG Degree/ Super Specialty) AS ON: ..... /..... /.....

Name of the Dept. : ..... Subject: ..... Whether UG.... /UG+PG..... /UG+PG+SuperSpecialty.....

Name of the College : ..... College Code : ..... Intake Capacity: .....

Sr. No.	Subject	Name of Teacher	Designation	Mob. No.	E-mail ID	DOB	Whether belongs to Reserved category (if Yes, specify category)	Date of appointment at College	Teaching Experience UG(Yrs.)				Total Teaching Experience in years of PG	Type of Appointment Temp./ Regular/ Contractual	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition		MET Workshop attended in last 5 years	Photograph with Signature
									Asst. Prof.	Asso. Prof.	Prof.	Total				From	To	Temp/ Regular	Letter No. & date		
SEPEARATE SHEET ATTACHED																					

Note: The College shall submit one hard copy & a soft copy (in Excel Format) of the list in Pen Drive to the LIC Committee.

Data Verified by the Committee members:

Member Member Member Chairman

IRE-V

Scanned with OKEN Scanner