

SUBJECT WISE TEACHERS' LIST

Certified that I wish to apply for considering for the appointment as External Examiner to conduct practical examination of **Maharashtra University of Health Sciences, Nashik** for which I am fully eligible

Personal Details:-

Full Name of the Teacher :-.....

Qualification :-

Post Held :-.....

Total Teaching Experience :- UG :- PG:-

Approved/Not Approved :-.....

Date of Birth :-.....

Qualified as Examiner (Yes/ No) :-.....

Willing/Unwilling for examiner ship (Yes/ No) :-.....

Residential Address :-.....
.....

Telephone No. Residence :-

Mobile :-

Email Address :-

Office Details :-

Name of the College :-.....

Address of the College :-

Course & Year :-.....

Subject :-.....

Office Telephone No :-

(With STD Code) :- _____ Operator :- _____

Dean/Principal :- _____ Residence :- _____

Fax No :- _____ Email :- _____

Signature of Teacher

Enclosure: - (Attested copies of following documents)

1. Teaching Experience Certificate
2. UG & PG Certificate
3. Letter of Approval (If any)

Signature Head of Department

Signature & Seal of Dean/Principal

(I kindly solicit your co-operation by forwarding the information on email address **coe@muhsnashik.com**)