






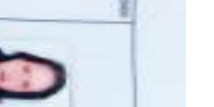
ANNOUNCEMENT

REGISTRATION TO ENROLL IN THE STUDIES OF THE DEGREE STUDY

(The name details of the members of the Department is listed)

No	Name of the member and member code	Faculty name	Date of birth	US (Coordinating University Address)	US (Subject Address)	US (Institution address)	US (Home address)	Personal Phone No.	Program of Study	Name of the subject	Department of (if any)	Name of primary subject	Name of secondary subject	Name of tertiary subject	Name of quaternary subject	Signature of the member	Signature of the President	Signature of the Secretary
1	DR. ESTHER OLUKAYI (140233)	Faculty of Health Sciences	25/12/1980	2501/1234, UNIVERSITY OF NORTH AFRICA, KAMPALA	2501/1234, UNIVERSITY OF NORTH AFRICA, KAMPALA	2501/1234, UNIVERSITY OF NORTH AFRICA, KAMPALA	2501/1234, UNIVERSITY OF NORTH AFRICA, KAMPALA	011 234 567 890	Bachelor of Health Sciences	Health Sciences	Health Sciences	Health Sciences	Health Sciences	Health Sciences	Health Sciences			
2	DR. ESTHER OLUKAYI (140233)	Faculty of Health Sciences	25/12/1980	2501/1234, UNIVERSITY OF NORTH AFRICA, KAMPALA	2501/1234, UNIVERSITY OF NORTH AFRICA, KAMPALA	2501/1234, UNIVERSITY OF NORTH AFRICA, KAMPALA	2501/1234, UNIVERSITY OF NORTH AFRICA, KAMPALA	011 234 567 890	Bachelor of Health Sciences	Health Sciences	Health Sciences	Health Sciences	Health Sciences	Health Sciences	Health Sciences			
3	DR. ESTHER OLUKAYI (140233)	Faculty of Health Sciences	25/12/1980	2501/1234, UNIVERSITY OF NORTH AFRICA, KAMPALA	2501/1234, UNIVERSITY OF NORTH AFRICA, KAMPALA	2501/1234, UNIVERSITY OF NORTH AFRICA, KAMPALA	2501/1234, UNIVERSITY OF NORTH AFRICA, KAMPALA	011 234 567 890	Bachelor of Health Sciences	Health Sciences	Health Sciences	Health Sciences	Health Sciences	Health Sciences	Health Sciences			
4	DR. ESTHER OLUKAYI (140233)	Faculty of Health Sciences	25/12/1980	2501/1234, UNIVERSITY OF NORTH AFRICA, KAMPALA	2501/1234, UNIVERSITY OF NORTH AFRICA, KAMPALA	2501/1234, UNIVERSITY OF NORTH AFRICA, KAMPALA	2501/1234, UNIVERSITY OF NORTH AFRICA, KAMPALA	011 234 567 890	Bachelor of Health Sciences	Health Sciences	Health Sciences	Health Sciences	Health Sciences	Health Sciences	Health Sciences			

Prof.   
 Saayan Kanyalenk State University  
 College and Hospital  
 Limpopu, Mozambique

Sl. No.	Name	Designation	Qualification	Experience	Age	Marital Status	Religion	Address	Phone No.	Emergency Contact	Remarks
1		...	...	...	...	...	...	...	...	...	...
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3		...	...	...	...	...	...	...	...	...	...
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5		...	...	...	...	...	...	...	...	...	...
6		...	...	...	...	...	...	...	...	...	...

  
 29/8/22  
 Head of Department  
 Sri Sankar Hospital  
 Erode, Tamil Nadu

Sl. No.	Name	Designation	Grade	Age	DOB	Qualification	Experience	Remarks	Photo	Signature
1	Dr. Jyoti Chavhan	Senior Lecturer	AS	38	1984-08-15	B.A., B.L.S., M.A., M.L.S., M.B.A., M.F.A., M.P.A., M.P.S., M.P.T., M.P.H., M.P.N., M.P.O., M.P.P., M.P.R., M.P.S., M.P.T., M.P.H., M.P.N., M.P.O., M.P.P., M.P.R.	15 Years			<i>Anita</i>
2	Dr. Anurag Chavhan	Senior Lecturer	AS	35	1987-03-15	B.A., B.L.S., M.A., M.L.S., M.B.A., M.F.A., M.P.A., M.P.S., M.P.T., M.P.H., M.P.N., M.P.O., M.P.P., M.P.R.	12 Years			<i>ON DUTY LEAVE</i>
3	Dr. Pooja Chavhan	Senior Lecturer	AS	32	1990-01-15	B.A., B.L.S., M.A., M.L.S., M.B.A., M.F.A., M.P.A., M.P.S., M.P.T., M.P.H., M.P.N., M.P.O., M.P.P., M.P.R.	10 Years			<i>C=L</i>
4	Dr. Sneha Chavhan	Senior Lecturer	AS	30	1992-05-15	B.A., B.L.S., M.A., M.L.S., M.B.A., M.F.A., M.P.A., M.P.S., M.P.T., M.P.H., M.P.N., M.P.O., M.P.P., M.P.R.	8 Years			<i>C=L</i>
5	Dr. Arjun Chavhan	Senior Lecturer	AS	28	1994-09-15	B.A., B.L.S., M.A., M.L.S., M.B.A., M.F.A., M.P.A., M.P.S., M.P.T., M.P.H., M.P.N., M.P.O., M.P.P., M.P.R.	6 Years			<i>Arjun</i>
6	Dr. Adarsh Chavhan	Senior Lecturer	AS	26	1996-03-15	B.A., B.L.S., M.A., M.L.S., M.B.A., M.F.A., M.P.A., M.P.S., M.P.T., M.P.H., M.P.N., M.P.O., M.P.P., M.P.R.	4 Years			<i>Adarsh</i>

29/8/22  
 Principal & Superintendent  
 Swami Kishanrao Vaze Ayurvedic  
 College and Hospital  
 Marol, Marol Nagar, Mumbai

Sl. No.	Name	Gender	Age	Qualification	Experience	Salary	Grade	Remarks	Signature	Photo
1	Dr. S. S. Srinivas	Male	45	B.A., B.L., LL.M., LL.B.	15	12,000	ASST. COMMISSIONER			
2	Dr. S. S. Srinivas	Male	45	B.A., B.L., LL.M., LL.B.	15	12,000	ASST. COMMISSIONER			
3	Dr. S. S. Srinivas	Male	45	B.A., B.L., LL.M., LL.B.	15	12,000	ASST. COMMISSIONER			
4	Dr. S. S. Srinivas	Male	45	B.A., B.L., LL.M., LL.B.	15	12,000	ASST. COMMISSIONER			
5	Dr. S. S. Srinivas	Male	45	B.A., B.L., LL.M., LL.B.	15	12,000	ASST. COMMISSIONER			
6	Dr. S. S. Srinivas	Male	45	B.A., B.L., LL.M., LL.B.	15	12,000	ASST. COMMISSIONER			
7	Dr. S. S. Srinivas	Male	45	B.A., B.L., LL.M., LL.B.	15	12,000	ASST. COMMISSIONER			
8	Dr. S. S. Srinivas	Male	45	B.A., B.L., LL.M., LL.B.	15	12,000	ASST. COMMISSIONER			
9	Dr. S. S. Srinivas	Male	45	B.A., B.L., LL.M., LL.B.	15	12,000	ASST. COMMISSIONER			

ON MEDICAL LEAVE

Principal & Signatory  
Swami Srinivas Stee Ashram  
College and Hospital  
Karnataka, Mysore

29/12/22

Sl. No.	Name of the Candidate	Grade	Percentage	Remarks	Signature of the Candidate	Date	Signature of the Teacher	Date
1								
2								
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*[Handwritten signature]*  
29/8/22

Practitioner & Superintendent  
Saraswati Kalashashree Sree Ayurveda  
College and Hospital  
Bangalore, Mysuru

1. Please attach the practice copies of Under Graduate and Post Graduate Degree Certificate, Bachelor Certificate, Diploma Certificate and Awarding order along with a 'signature' verified destination from all per prescribed format of every awarded teaching staff after test sessions. The provisional certificates will be provided only for two years after issuing the admission.
2. All the teachers shall bring the Enrolment or the provision of the students of NIOSA (new students will sign against the names of such teacher).
3. The duly signed Provisional shall be submitted as an enclosure to the subject report.