ANNEXURE-XIII

For Online Transmission of Question Papers

ANNEXURE-XIII (A)

Subject wise Eligible Examiners List (UG Courses) Excel format in pen drive, website and Hard Copy

Annexure-XIII (A)

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECT WISE ELIGIBLE EXAMINERS LIST (UG Courses) (B.Sc & P.B.Sc NURSING)

Name of the College:-Shri Sai Institute Of Nursing & Medical Scinece, Wakdi, Gadchiroll. Phone/Mobile No of college. :-9588668509/7773945388
Name of The Subject: Nursing Foundation

Sr. No.	College Name	District where college situated	Region of examiner College	Subject thought	Subject Code	Full name of the Teacher (First/Middle/L	Designation as per staff	Date of Joining current	UG Qualification & Passing year	Post Graduate Qualification	PG Qualification Passing upper	PG Qualification	PG Qualification Sub Specialty	Ph.D Completed If	Teaching Experience in	Vests after PG Total Teaching Experience in	MUHS Approval (Ves/No)	If Yes MUHS Approval Letter & Date	Approval Vaild	Adhar No.	Pan No.	Date of Birth	Age in years	Latest Email Address	Contact No. (Mob.) gives only OTD Registered 10	Debarred	Signature of teacher
	01	02.	a	04	05	06	07	80	09	10	11	12	13	14	15	15	17	18	19	20	21	22	23	24	25	26	D
1	Shri Sai Institutei Of Nursing & . Medical Scinece	Sadchiro		Nursing Founda tion	54			/2023	B.B.Sc Nursing 1999	M.Se Nursing		munit Y	Commun ity Health Nursing		15	20	VES	MUHS/UG/E- 6/155146/12 54/2023 Ot:- 06/07/2023				1977	7	karpagalthas @gmail.com	815/93812/	No	Gas of
2	Shri Sai institutes Of Nursing B Medical Scinece	Gadchiro		Nursing Founda tion		Uttamkum ar Umrao Khante		/2023			M.Sc Nursing 2019	munit y	Community Health Nursing		05,5	8.5	YES	MUHS/UG/E- 5/155146/91 /2025 Dt:- 27/01/2025				12-10- 1992	32	Uttamkhantu @gmail.com	9637808394	No (Specific
	Shri Sai Institute) Of Nursing & Medical Scinece	Sadchiro)		Nursing Founda tion		Alshwarya Dippalsingh Sonatkkey		/2023	B.B.Sc Nursing 2015		Nursing	tric & Gynec ologic	Gynecol		05.5	07	VES	MUHS/UG/E- 6/155146/26 0/2024 Ots- 07/02/2024				D8-09- 1993	31	aish.ds08@g mall.com	8830855380	No	X

This list hard Copy to be sent with inspection report and keep soft copy Excel format (don't paste signature) in Inspection Pen Drive to university Print must be taken on A-3 Page, in MUHS approval status don't write under process Exercise Yes or No Regularly Updated list in Excel Format (don't paste signature) must be available at College website for use of Examination Department

Refer Annexure VII also before Submitting this Sheet

SHRI SAINSTITUTE OF NURSING 8 MEDICAL SCIENCE, WAKADI GADCHIROLI - 442805

Annexure-XIII(A)

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECT WISE ELIGIBLE EXAMINERS LIST (UG Courses) (B.Sc & P.B.Sc NURSING)

Name of the College:-Shri Sai Institute of Nursing & Medical Scinece, Wakdi, Gadchiroli. Phone/Mobile No of college: :-9588668509/7773945388
Name of The Subject: Community Health Nursing

Sr. No.	College Name	District where college situated	Region of examiner	Subject thought	Subject Code	Full name of the Teacher	Designation as per staff	Date of Joining current	UG Qualification & Passing year	Post Graduate Qualification	PG Qualification	PG Qualification	PG Qualification Sub Soncialty	Ph.D Completed if	Teaching Experience in	Total Teaching Experience in	MUHS Approval	MacMah If Yes MUHS Approval Letter & Date	Approval Valid Till date (DD/MM/YYY	Adhar No.	Pan No.	Date of Birth	Age in years	Latest Email Address	Contact No. (Mab.) give only OTD	Debarred	Signature of teacher
	CT.	02	03	64	05	96	07	08	00	10	11	12	13	14	15	15	17	18	19	20	21	22	23	24	25	26	27
	Shri Sai Institute Of Nursing & Medical Scinece	Gadchiro I	Nagpu	Commu (nity Health Mursing		S.Karpagal thu		/2023	B.B.Sc Nursing 1999		M.Sc Nursing 2008	unity Health	nity		15	20	YES	MUHS/UG/E 6/155146/12 54/2023 Dt:- 06/07/2023	025			07-07- 1977	47	karpagalth as@gmait. com		No	Tomas deexy
	Shri Sai Institutes Of Nursing & Medical Scinece	Sadchiro I		Commus nity Health Nursing		Uttamkum er Umrao Khante	Associate e Profess or	/2023	190112020	PRESE	M.Sc Nursing 2019	unity Health	Commu nity Health Nursing		05.5	8.5	YES	MUHS/UG/E 5/155146/91 /2025 Dt- 27/01/2025	026			12-10- 1992	32	Uttamkha ntu@gmai Lcom	AUTO NOON WHITE TO	No	Lhon

This list hard Copy to be sent with inspection report and keep soft copy Excel format (don't paste signature) in Inspection Pen Drive to university Print must be taken on A-3 Page, in MUHS approval status don't write under process Exercise Yes or No

Regularly Updated list in Excel Format (don't paste signature) must be available at College website for use of Examination Department

Refer Annexure VII also before Submitting this Sheet

SHRISAINSTITUTE OF NURSING 8 NE DICAL SCIENCE, WARDI GADCHIROL - 442605

Annexure-XIII (A)

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECT WISE ELIGIBLE EXAMINERS LIST (UG Courses) (B.Sc & P.B.Sc NURSING)

Name of the College:-Shri Sai Institute of Nursing & Medical Scinece, Wakdi, Gadchiroli. Phone/Mobile No of college.:-9588668509/7773945388
Name of The Subject: Obstetric & Gynecological nursing

Sr. No.	College Name	District where college situated	Region of examiner College	Subject thought use separate row for senarate subjects	Subject Code	Full name of the Tescher (First/Middle/Lest)	Designation as per staff approval letter	Date of Joining current Institute	UG Qualification & Passing year	Post Graduate Qualification	PG Qualification	Passing year (YYYY) PG Qualification Subject	PG Qualification Sub	Ph.D Completed if Yes Mention Year of Passing	Teaching Experience in years after PG passing	Total Teaching Experience in years	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Approval Valid Till date (DD/MM/YYYY)	Adhar No.	Pan No.	Date of Birth	Age in years	Latest Ernail Address	Contact No. (Mob.) give only OTD Registered 10 digit number only one	Debarred Yes/No	Signature of teacher
	OI.	02	03	04	05	06	07	68	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
	Shri Sai Institute Of Nursing & Medical Scinece	Gadchiroli		Obstatrie c & Gynecol ogical nursing	57	Alshwarya Dippalsingh Sonatikey		/2023	B.B.Sc Nursing 2015	Nursing	M.Sc Nursing 2019	Gynec logical	c & o Gyneco ogical gnursing		05,5	07	VES	MUHS/UG/E- 6/155146/26 0/2024 Dt 07/02/2024		93820371 5759		08-09- 1993	31	aish.ds08 @gmail.co m	8830855380	No	X /

This list hard Copy to be sent with inspection report and keep soft copy Excel format (don't paste signature) in inspection Pen Drive to university. Print must be taken on A-3 Page, in MUHS approval status don't write under process Exercise Yes or No Regularly Updated list in Excel Format (don't paste signature) must be available at College website for use of Examination Department

Refer Annexure VII also before Submitting this Sheet

PRINCIPAL
PRINCIPAL
SHRI SAI INSTITUTE OF NURSING
MEDICAL SCIENCE, WAKADI
GADCHIROLI - 442805

Annexure-XIII (A)

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECT WISE ELIGIBLE EXAMINERS LIST (UG Courses) (B.Sc & P.B.Sc NURSING)

Name of the College:-Shrl Sai Institute Of Nursing & Medical Scinece, Wakdi, Gadchiroli. Phone/Mobile No of college: :-9588668509/7773945388
Name of The Subject: Medical Surgical Nursing.

Sr. 780.	College Mema	District where college situated	Ragion of examiner	Subject thought	Subject Code	Full name of the Teacher (Hnt/Middle/L	Designation as per staff	Date of Joining	UG Qualification & Passing year	Post Graduate Qualification	PG Qualification Passing year	PG Qualification	PG Qualification Sub Speciality	Ph.D Completed If	Teaching Experience in	Total Teaching Experience in	MUHS Approval	Yaefherl If Yes MUHS Approval Letter & Date	Approval Valid Till date (DD/MM/YYY	Adhar No.	Pan No.	Date of Birth	Age in years	Latest Email Address	Contact No. (Mob.) give only OTD Registered 10	Debarred Yes/No	Signature of teacher
	01	62	03	04	05	06	07	30	09	10	11	12	13	14	15	16	17	18	19	20	21	12	23	24	25	26	n
	Shri Sai Institute Of Nursing & Medical Scinoce	Gadichiro II		Medi al Surgi al Nursi g		Asish Pimpelekar	Associa e Profess or	2023	/PBBSc Nursing 2008	Nursing	Nursing	cal	Medical Surgical Nursing		08	11	YES	MUHS/UG/E 6/195146/11 54/2023 Dt:- 06/07/2023	25		AYNPPO BISN	25-12- 1986	38	pimplekaras hish307@g mail.com	8459951821		Janes S
	Shri Sai Institutes Of Nursing & Medical Scinece	Sadchiro		Medical Surgical Nursing		Ms. Nains K.Sukhdve	Assistan t Profess or	2024			OLIVER TO STATE OF	cal	Medical Surgical Nursing		04	05	YES	MUHS/UG/E 6/155146/26 0/2024 Db- 07/02/2024	26			02/08/19 95	28	nainerukhde ve08@gmai Lcom		No (Bu

This list hard Copy to be sent with inspection report and keep soft copy Excel format (don't paste signature) in Inspection Pen Drive to university Print must be taken on A-3 Page, In MUHS approval status don't write under process Exercise Yes or No

Print must be taken on A-3 Page, In MUHS approval status don't write under process Exercise Yes or No
Regularly Updated list in Excel Format (don't paste signature) must be available at College website for use of Examination Department
Refer Annexure VII also before Submitting this Sheet

PRINCIPAL
SHRISAINSTITUTE OF NURSING
8 MEDICAL SCIENCE, WAXADI
GADCHIROLI - 442605