

ANNEXURE – XIII

DECLARATION



Sub Treasury Officer
Armori

29 DEC 2022

Annexure- XIII

DECLARATION

I, the Dean / Director/ Principal of the **Shri Sai Institute of Nursing and Medical Science – Wakadi – Dist: Gadchiroli** solemnly states on affirmation that the information provided by me in Inspection Format as well as uploaded on College Website along with all Annexures is true and correct to the best of my knowledge. The said information is provided to me by the concerned teachers and duly verified by me. It is further submitted the teachers information attached in respective **Annexure VII** are not working in / at any other College or presented themselves at any inspection for the Academic Year 2023-2024, as per my knowledge and information provided by the concerned teachers. The teachers in the **Annexure VII** are staying in the same city / town / village where the College / Institute is situated or adjacent to the city / town / village, where the College/Institute is situated and having the valid proof of residence of the said city / town / village. The teachers in the **Annexure VII** are not practicing in College working hours or out-side the City where the College /Institute is situated.

जोडपत्र-१ /Annexure-1

कथत प्रतिज्ञापत्रासाठी (अनुच्छेद-४) /Only For Affidavit(Article-4)

प्रतिज्ञापत्र कोणाकडे सादर करावयाचे :-

प्रतिज्ञापत्रासाठी कारण :-

मुद्रांक विकत घेणाऱ्याचे जिन. वरिष्ठतादी पत्र :-

मुद्रांक विक्री वावतची नोंद वही जतु क्र.....

मुद्रांक विकत घेणाऱ्याची सही.....

परवानाधारक मुद्रांक विक्रेत्याची सही :-

परवाना क्रमांक : 49004003

गिरीश भाई रावसाहेब पार ३२४ उच्चमरु लाव

5505/3/13.1.023 गिरीशराव

(जे.एम.रामटेके)मु.वि.आरमोरी

परवाना क्र.४९०४००३ जि. गडचिरोली

I am further hereby declare that every information or contents in this Inspection Format is based on the information provided by the concerned teachers and endorsed by me after due verification and the same is/are absolutely true and correct. If at any stage it is revealed that any information or content given in this declaration is not true and correct, in such event the undersigned/ the concerned teacher as the case may be, shall be liable for disciplinary action or penal action or Affiliation of the College shall be withdrawal, as the case may be.

This declaration is voluntarily signed by me on 3rd day of July 2023 at Gadchiroli.

Date: 03/07/2023

Place: Gadchiroli

Karpogalatha S

Signature of Dean/Principal

Name of the Signatory- **PRINCIPAL
SHRI SAI INSTITUTE OF NURSING
MEDICAL SCIENCE, WAKADI
DIST. GADCHIROLI**

(with Seal of the College / Institute)

MAHARASTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECT WISE ELIGIBLE EXAMINER LIST(BASIC B.Sc NURSING)

Name Of the College: Shri Sai Institute Of Nursing & Medical Science, Wakdi, Gadchiroli.

Phone No/Mobile No: 9588668509/7773945388

Name of The Subject: Nursing Foundation

Sr.No	College Name	Subject	Full Name Of The Teacher (First/Middle/Last)	Designation	Date Of Joining	UG Qualification & Year Of Passing	PG Qualification & Year Of Passing	Teaching Experiences After PG Passing	MUHS Approval YES / NO Yes/No	If Yes MUHS Approval Letter & Date	Aadhar No	Pan No	Date Of Birth Age In Year	Latest Email Address	Contact No. (Mob.)	Debard Yes/No
1	Shri Sai Institute Of Nursing & Medical Science	Nursing Foundation	S.Kargalatha	Professor cum principal	03-01-2023	B.B.Sc Nursing 1999	M.Sc Nursing 2008	13	Yes	MUHS/UG/E-6/155146/1254/2023 Dt:-06/07/2023	826053654665	BSCP5086K	07-07-1977	karpagalathas@gmail.com	8157938127	no
2	Shri Sai Institute Of Nursing & Medical Science	Nursing Foundation	Deepesh Chodhary	Professor cum vice principal	17/01/2023	P.BBSC Nursing 2008	M.Sc Nursing 2016	6	Yes	MUHS/UG/E-6/155146/1254/2023 Dt:-06/07/2023	958735280785	AMRPC5480B	10-06-1978	choudharydeepesh25@gmail.com	9096448867	no
3	Shri Sai Institute Of Nursing & Medical Science	Nursing Foundation	Nishikant Chakole	Assitant Professor	17/01/2023	B.B.Sc Nursing 2014	M.Sc Nursing 2018	5	Yes	MUHS/UG/E-6/155146/1254/2023 Dt:-06/07/2023	306289957002	BCVPC3828E	22-02-1991	nishikantchakole63@gmail.com	9579052002	no
4	Shri Sai Institute Of Nursing & Medical Science	Nursing Foundation	Harsih Wade	Assitant Professor	17/01/2023	B.B.Sc Nursing 2014	M.Sc Nursing 2017	6	Yes	MUHS/UG/E-6/155146/1254/2023 Dt:-06/07/2023	976654882154	ACWPCW0564D	22-09-1992	wadeharish36@gmail.com	9420689381	No
5	Shri Sai Institute Of Nursing & Medical Science	Nursing Foundation	Uttamkumar Khante	Assitant Professor	07-01-2023	B.B.Sc Nursing 2014	M.Sc Nursing 2019	4	No	---	270645836764	DVZPK5249G	10-12-1992	uttamkhantu@gmail.com	9637808394	no
6	Shri Sai Institute Of Nursing & Medical Science	Nursing Foundation	Aishwarya Sonatkkey	Assitant Professor	07-01-2023	B.B.Sc Nursing 2015	M.Sc Nursing 2019	4	No	----	938203715759	GTBPS7211H	09-08-1993	aish.ds08@gmail.com	8830855380	No

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PRINCIPAL
SHRI SAI INSTITUTE OF NURSING
& MEDICAL SCIENCE, WAKADI
DIST.-GADCHIROLI

MAHARASTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECT WISE ELIGIBLE EXAMINER LIST(BASIC B.S.c NURSING)

Name Of The College: Shri Sai Institute Of Nursing & Medical Science, Wakdi, Gadchiroli.

Phone No/Mobile No :9588668509

Name Of The Subject: Community Health Nursing

Sr. No	College Name	Subject	Full Name Of The Teacher (First/Middle/Last)	Designation	Date Of Joining	UG Qualification & Year Of Passing	PG Qualification & Year Of Passing	Teaching Experience After PG Passing	MUHS Approval Yes/No	If Yes MUHS Approval Letter & Date	Adhar No	Pan No	Date Of Birth Age In Year	Latest Email Address	Contact No. (Mob.)	Debard Yes/No
1	Shri Sai Institute Of Nursing & Medical Science	Community Health Nursing	S.Kargalalatha	professor cum principal	03-01-2023	B.B.Sc Nursing 1999	M.Sc Nursing 2008	13	Yes	MUHS/UG/E-6/155146/1254/2023 Dt:-06/07/2023	826053654665	BSCP5086K	07-07-1977	karpagalathas@gmail.com	8157938127	no
2	Shri Sai Institute Of Nursing & Medical Science	Community Health Nursing	Deepesh Chodhary	Professor cum vice principal	17/01/2023	P.BBSC Nursing 2008	M.Sc Nursing 2016	6	Yes	MUHS/UG/E-6/155146/1254/2023 Dt:-06/07/2023	958735280785	AMRPC5480B	10-06-1978	Choudharydeepesh25@gmail.co	9096448867	no
3	Shri Sai Institute Of Nursing & Medical Science	Community Health Nursing	Nishikant Chakole	Assitant Professor	17/01/2023	B.B.Sc Nursing 2014	M.Sc Nursing 2018	5	Yes	MUHS/UG/E-6/155146/1254/2023 Dt:-06/07/2023	306289957002	BCVPC3828E	22-02-1991	Nishikantchakole63@gmail.com	9579052002	no
4	Shri Sai Institute Of Nursing & Medical Science	Community Health Nursing	Uttamkumar Khante	Assitant Professor	07-01-2023	B.B.Sc Nursing 2014	M.Sc Nursing 2019	4	No	---	270645836764	DVZPK5249G	10-12-1992	Uttamkhanu@	9637808394	no

Karpagalalatha S

PRINCIPAL
SHRI SAI INSTITUTE OF NURSING
& MEDICAL SCIENCE, WAKADI
DIST.-GADCHIROLI

MAHARASTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECT WISE ELIGIBLE EXAMINER LIST (BASIC B.Sc NURSING)

Name Of The College: Shri Sai Institute Of Nursing & Medical Science, Wakdi, Gadchiroli.

Phone No/Mobile No : 9588668509

Name Of The Subject: Obstetric & Gynecological nursing

Sr. No	College Name	Subject	Full Name Of The Teacher (First/Middle/Last)	Designation	Date Of Joining	Ug Qualification & Year Of Passing	Pg Qualification & Year Of Passing	Teaching Experience After Pg Passing	Muhs Approval Yes/No	If Yes Muhs Approval Letter & Date	Adhar No	Pan No	Date Of Birth Age In Year	Latest Email Address	Contact No (Mob.)	Debar Yes/No
1	Shri Sai Institute Of Nursing & Medical Science	Obstetric & Gynecological nursing	Aishwarya Sonatkkey	Assitant Professor	07-01-2023	B.B.Sc Nursing 2015	M.Sc Nursing 2019	4	No	-----	938203715759	GTBPS7211H	09-08-1993	aish.ds08@gmail.com	8.831E+09	No

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PRINCIPAL
SHRI SAI INSTITUTE OF NURSING
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DIST.-GADCHIROLI

MAHARASTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECT WISE ELIGIBLE EXAMINER LIST(BASIC B.S.c NURSING)

Name Of The College: Shri Sai Institute Of Nursing & Medical Scinece,Wakdi, Gadchiroli.

Phone No/Mobile No :9588668509

Name Of The Subject: Mental Health Nursing

Sr.No	College Name	Subject	Full Name Of The Teacher (First/Middle/Last)	Designation	Date Of Joining	Ug Qualification & Year Of Passing	Pg Qualification & Year Of Passing	Teaching Experiences After Pg Passing	Muhs Approval Yes/No	If Yes Muhs Approval Letter & Date	Adhar No	Pan No	Date Of Birth Age In Year	Latest Email Address	Contact No (Mob.)	Debard Yes/No
1	Shri Sai Institute Of Nursing & Medical Science	Mental Health Nursing	Harsih Wade	Assitant Professor	17/01/2023	B.B.Sc Nursing 2014	M.Sc Nursing 2017	6	Yes	MUHS/UG/E-6/155146/1254/2023 Dt:- 06/07/2023	976654882154	ACWPW0564D	22-09-1992	Wadeharish36@gmail.com	9420689381	No

Karpagalathra.S
PRINCIPAL
SHRI SAI INSTITUTE OF NURSING
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DIST.-GADCHIROLI

MAHARASTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECT WISE ELIGIBLE EXAMINER LIST(BASIC B.S.c NURSING)

Name Of The College: Shri Sai Institute Of Nursing & Medical Scinece,Wakdi, Gadchiroli.

Phone No/Mobile No :9588668509

Name Of The Subject: Medical Surgical Nursing

Sr.No	College Name	Subject	Full Name Of The Teacher (Friest/Middle/Last)	Designation	Date Of Joining	UG Qualificati on & Year Of Passing	PG Qualificati on & Year Of Passing	Teaching Experience s After PG Passing	MUHS Approval Yes/No	If Yes MUHS Approval Letter & Date	Adhar No	Pan No	Date Of Birth Age In Year	Latest Email Address	Contact No (Mob.)	Debard Yes/No
1	Shri Sai Institute Of Nursing & Medical Science	Medical Surgical Nursing	Ashish Pimpelekar	Associate professor	15/05/2023	P.B.B.Sc Nursing 2008	M.Sc Nursing 2017	7	Yes	MUHS/UG/E-6/155146/1254/2023 Dt:-06/07/2023	318433668560	AYNPP0818N	25-12-1986	pimplekarashish307@gmail.com	8459951821	No

Kalpajalathras
PRINCIPAL
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DIST.-GADCHIROLI