ANNEXURE – XIII

DECLARATION



Sub Treasury Officer

2 9 UEC 2022

Annexure- XIII

DECLARATION

I, the Dean / Director/ Principal of the Shri Sai Institute of Nursing and Medical Science – Wakadr – 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 <u>Annexure VII</u> 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 <u>Annexure VII</u> 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 <u>Annexure VII</u> are not practicing in College working hours or out-side the City where the College /Institute is situated.

52

जोडपत्र-१ /Annexure-1

कक्त प्रतिज्ञापत्रासाठी (अनुच्छेद-४) /Only For Affidavit(Artcle-4) प्रतिज्ञापत्रा कोणाकडे सादर कमवयाथे :-प्रतिज्ञापत्रासाठी कारण :-मुद्रांक विकत घेणाऱ्याचे नों, व रहिवादी पत्ता :-मुद्रांक विकत घेणाऱ्याचे नों व वही ठानु उड मुद्रांक विकत घेणाऱ्याची सही... परवानाधारक मुद्राक विक्रेत्वाची सही :-परवाना क्रमांक : 49004003

412 328 Sals HA 5505/3/ 13. 1.023 755999

(जे.एम.रामटेके)मु.वि.आरमोरी परवाना क्र.४९०४००३ जि गडांग्रिजे

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 SHRI SAI INSTITUTE OF MURSING Name of the Signatory- MEDICAL SCIENCE, WAKADI (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 Scinece, Wakdi, Gadchiroli. Phone No/Mobile No: 9588668509/7773945388

							Name of The Subjec	t: Nursing Four	dation							
Sr.No	College Name	Subject	Full Name Of The Teacher (First/Middale /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	Aadhar No	Pan No	Date Of Birth Age In Year	Latest Email Address	Contact No. (Mob.)	Debard
								Fassing	Yes/No							Yes/No
1	Shri Sai Institute Of Nursing & Medical Scinece	Nursing Foundation	S.Kargapalatha	Professor cum principal	03-01-2023	B.B.Sc Nursing	M.Sc Nursing	13	Yes	MUHS/UG/E- 6/155146/1254/20 23	826053654665	BSCPK5086K	07-07-1977	karpagalthas@gmail.com	8157938127	no
						1999	2008			Dt:-06/07/2023						
2	Shri Sai Institute Of Nursing & Medical Scinece	Nursing Foundation	Deepesh Chodhary	Professor cum vice principal	17/01/2023	P.BBSC Nursing	M.Sc Nursing	6	Yes	MUHS/UG/E- 6/155146/1254/20	958735280785	AMRPC5480B	10-06-1978	choudharydeepesh25@gmail.co <u>m</u>	9096448867	no
			1			2008	2016			23 Dt:-06/07/2023						
3.	Shri Sai Institute Of Nursing & Medical Scinece	Nursing Foundation	Nishikant Chakole	Assitant Professor	17/01/2023	B.B.Sc Nursing	M.Sc Nursing 2018	5	Yes .	MUHS/UG/E- 6/155146/1254/20 23 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	M.Sc Nursing	6 •	Yes	MUHS/UG/E- 6/155146/1254/20 23 Dt:-06/07/2023	976654882154	ACWPW0564D	22-09-1992	wadeharish36@gmail.com	9420689381	No
5	Shri Sai Institute Of Nursing & Medical Scinece	Nursing Foundation	Uttamkumar Khante	Assitant Professor	07-01-2023	B.B.Sc Nursing	M.Sc Nursing 2019	4	No		270645836764	DVZPK5249G	10-12-1992	uttamkhantu@gmail.com	9637808394	no
6	Shri Sai Institute Of Nursing & Medical Scinece	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

Karpagalatha'S PRINCIPAL SHIRI SAI INSTITUTE OF NURSING & MEDICAL SCIENCE, WAKADI DIST.-GADCHIROLI

ANNEXURE: XIII(B)

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: Comminty Health Nursing

Sr. No	College Name	Subject	Full Name Of The Teacher (First/Middal e /Last	Designation	Date Of Joining	UG Qualification & Year Of Passing	PG Qualification & Year Of Passing		T	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 Scinece	Comminty Health Nursing	S.Kargapalatha	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	BSCPK5086K	07-07-1977	karpagalthas@g mail.com	8157938127	no
	Shri Sai Institute Of Nursing & Medical Scinece	Comminty 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	Choudharydeep esh25@gmail.co	9096448867	no
2 1 - A / A	Shri Sai Institute Of Nursing & Medical Scinece	Comminty 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	Nishikantchakol e63@gmail.com	9579052002	no
10000	Shri Sai Institute Of Nursing & Medical Scinece	Comminty 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	Uttamkhantu@	9637808394	no

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SHRI SAI INSTITUTE OF NURSING 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 Scinece, Wakdi, Gadchiroli.

Phone No/Mobile No: 9588668509

Name Of The Subject: Obstetric & Gynecological nursing

•	Sr.	College Name	Subject	Full Name Of	Designati	Date Of	Ug	Pg	Teaching	Muhs	If Yes	Adhar No	Pan No	Date Of	Latest Email	Contact	Debard
1	No			The Teacher	on	Joining	Qualificati	Qualificati	Experience	Approval	Muhs		a man	Birth Age	Address	No	Yes/No
				(Friest/Midda			on & Year	on & Year	s After Pg		Approval			In Year		(Mob.)	
1				le /Last	akh mirate at	THE PROPERTY	Of Passing	Of Passing	Passing		Letter &	added the second					3
										Yes/No	Date						
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		Shri Sai Institute Of Nursing & Medical	Obstetric & Gynecological	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	8.831E+09	No
		Scinece	nursing	Jonatkkey	FIDIESSOI		2015	. 2019							.com		
L			Mar Star														

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

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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.N	College	Subject	Full Name Of	Designatio	Date Of	Ug	Pg	Teaching	Muhs	If Yes	Adhar No	Pan No	Date Of	Latest Email	Contact No	Debard
0	Name		The Teacher	n	Joining			Experience		Muhs			Birth	Address	(Mob.)	Yes/No
			(First/Middale	شيشتين ا		on & Year	on & Year	s After Pg	Yes/No	Approval			Age In			
			/Last)				Of Passing			Letter &			Year			
										Date			Section La			
1	Shri Sai Institute	Mental	Harsih Wade	Assitant	17/01/2023	B.B.Sc Nursing	M.Sc Nursing	6	Yes	MUHS/UG/E-	976654882154	ACWPW0564D	22-09-	Wadeharish36@	9420689381	No
	Of Nursing &	Health		Professor						6/155146/12			1992	gmail.com		
	Medical Science	Nursing	S. F. States and							54/2023						199
							¥	Section 1					A. C. S.			
				Charles Charles		•	Elen and		Marke Ste		•					Contraction of the
						2014	2017			Dt:-						
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1	Research Constant												8 0 0			

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& MEDICAL SCIENCE, WAKADI DIST.-GADCHIROLI

MAHARASTRA UNIVERSITY OF HEALT 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/Middale /Last	Designation		on & Year		Teaching Experience s After PG Passing	V/ /**	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	15/05/202 3	P.B.B.Sc Nursing 2008	M.Sc Nursing 2017	7	Yes	MUHS/UG/E- 6/155146/1254/202 3 Dt:-06/07/2023	318433668560	AYNPP081 8N	25-12- 1986	pimplekarashish307@ gmail.com	8459951821	No

SALINSTITUTE

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