

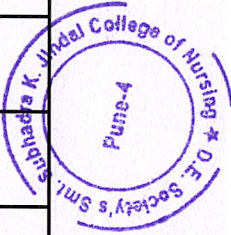
Annexure-XIII(B)

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)**

Name of the College: - D.E. S' Smt. Subhadra K. Jindal College of Nursing Institute Phone / Mobile No. :- 9225340941

Full Address of College :- Ferguson College Campus, Shivaji Nagar, Pune - 411004

Sr.No.	College Name	P.G Subject thought use separate row for separate subjects										(Last Name First Name Middle Name) Name of Teacher		Don't use short form Designation	M.Sc Passing Year (YYYY)	M.Sc (N) Subject Qualification	Sub Specialty If any	Yes / No if yes passing year Nursing	Type of Appointment (Regular/Temp./ Honorary)	UG Teaching Experience in year	Teaching Experience After PG (in Years)	Teaching Experience to Teach PG Student In Years	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University.)	Recognition Valid Till date (DD/MM/YYYY)	Student's Guided last 5 year PG No. of	Date of Birth	E-mail ID	Mobile No. give only one number	Aadhar Card No	If Debar red (Yes/ No)	Sign. Of Teacher
1	D. E. S. Smt. Subhadra K. Jindal College of Nursing, Pune	Medical Surgical Nursing			Dr. Chavan Sharada Rakesh	Professor cum Principal	2010	Medical Surgical Nursing	CVTN	2024	Temporary	15 years	15 years	06 years	Yes	16-03-2024	08-11-2025	9	25-03-1981	sharadul@gmail.com	8308877670	8009 8585 0154	No									
		CVTN																														
		CCN																														
		Advanced Nursing Practice																														
		Nursing Education																														
		Nursing Research & Statistics																														
		Nursing Management																														
2	D. E. S. Smt. Subhadra K. Jindal College of Nursing, Pune	Medical Surgical Nursing			Dr. Malavade Shubhangi Rupesh	Professor cum Vice Principal	2009	Medical Surgical Nursing	CVTN	2022	Temporary	17 years	16 years	06 years	Yes	18-06-2024	29-04-2026	9	29-02-1984	shubhangir029@gmail.com	9850955873	9441 7193 5004	No									
		CVTN																														
		CCN																														
		Advanced Nursing Practice																														
		Nursing Education																														
		Nursing Research & Statistics																														
		Nursing Management																														



Sr.No.	College Name	P.G Subject thought use separate row for separate subjects	(Last Name First Name Middle Name) Teacher	Don't use short form Designation	M.Sc Passing Year (YYYY)	M.Sc (N) Subject Qualification	Sub Specialty If any	Yes / No if yes passing year Nursing	Type of Appointment (Regular/Temp./Honorary)	UG Teaching Experience in year	(in Years Teaching Experience After PG)	Teaching Experience to Teach PG Student In Years	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University.)	Recognition Valid Till date (DD/MM/YYYY)	Student's Guided last 5 year No. of PG	Date of Birth	E-mail ID	Mobile No. give only one number	Aadhar Card No	If Debarred (Yes/No)	Sign. Of Teacher
3	D. E. S. Smt. Subhadra K. Jindal College of Nursing, Pune	Mental Health (Psychiatric) Nursing Nursing Research & Statistics Nursing Management	Mr. Amol Kanade	Associate Professor	2014	Psychiatric Nursing	0	No	Temporary	Nil	12 years	03 years	Yes	18-08-2025	07-04-2027	3	11-04-1990	amolkanade623@gmail.com	9960976328	6432 3138 2633	No	

Ø This list hard Copy to be sent with inspection report with Dean and teachers signature and keep soft copy in Excel format (don't paste signature) in Inspection pen Drive to university

Ø Print must be taken on A-3 Page, MUHS approval status don't write under process Yes or No

Ø Regularly Updated list in Excel Format (don't paste signature) must be available at College website for use of Examination Department only for Colleges under MUHS not applicable to external teacher from other university



Dean / Principal Stamp & Signature

PRINCIPAL

D.E. Society's Smt. Subhadra K. Jindal
College of Nursing, Pune