

Annexure-XIII(A)

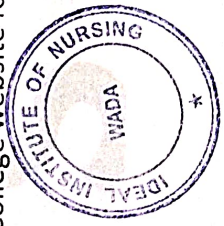
**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK  
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)**

Name of the College:-Ideal Institute of Nursing, At-Post-Posheri, Taluka-Wada, Dist: Palghar -421303, Phone/Mobile No of college. :-8329987529

Sr. No.	College Name	District where college situated	Region of examiner College	Subject thought use separate row for separate subjects	Subject Code	Full name of the Teacher (First/Middle/Last)	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 Specialty if any	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 Email Address	Contact No. (Mob.) give only OTD Registered 10 digit number only one	Debarred Yes/No	Signature of teacher
1					05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
2																											
3																											
4																											
5																											
6																											
7																											

Copy Attached

- 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**



*Qu*  
**PRINCIPAL**  
**IDEAL INSTITUTE OF NURSING**  
 AT POST - POSHERI, TALUKA - WADA,  
 DIST. - PALGHAR, MH-421303

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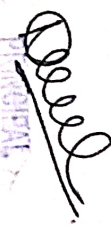
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
College Name	District where college situated	Region of examiner College	Subject thought use separate row for separate subjects	Subject Code	Full name of the Teacher (First/Middle/Last)	Designation as per staff approval letter	Date of Joining current institute	Passing year Qualification & UG	Qualification Post Graduate	Passing year (YYYY) Qualification PG	Qualification Subject PG	Qualification Sub PG Specialty if any	Ph.D. Completed if Yes Mention Year of Passing	Teaching Experience in years after PG passing	Total Teaching Experience in years	Approval (Yes/No) MUHS	If Yes MUHS Approval Letter & Date	(DD/MM/YYYY) Approval Valid Till date	Adhar No.	Pan No.	Date of Birth
1	Palghar	Palghar	Community health nursing	53501	Mr. Arjuni nghanla	Associate Professor	22/02/2023	2013	Yes	2016	Community health nursing			9 yr	10 yrs	Yes	muhs/ug/E-6/151136/1050/2	06-04-2026	232509500928	HHRP517530	01/05/1990
	Palghar	Palghar	Adult health nursing I & II	EEEB0000300017353202 & EEBB0000300017354202	Dr. Menaka S P	Principal Cum Professor	10/7/2024	2002	Yes	2008	Medical Surgical Nursing		2020	17 year	21 years	No	No	No	572236177872	ATGMA971P	30/06/1979
	Palghar	Palghar	Nursing Foundation I & II	EEEB0000300017353202	Dr. Menaka S P	Principal Cum Professor	10/7/2024	2002	Yes	2008	Medical Surgical Nursing		2020	17 year	21 years	No	No	No	572236177872	ATGMA971P	30/06/1979



Local resident of the state	Palghar	muslim	married	11/08/1988 01/11/2011	Ms. Richem Sangay Daul	Assistant Professor	24.06- 2024	2014	yes	2021	Obstetri- c and General nursing	No	years	years	yes	050/2 0	89545279 8125	AWMPPD2 141F	05-12-1988
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