

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECT WISE ELIGIBLE EXAMINER LIST (UG COURSES)

Name of the College: Sai Siddhi College of Nursing, Yeola
Phone No/ Mob No: 9975229097

Name of the Subject: Applied Anatomy, Physiology, Nutrition & Dietetics, Biochemistry, FON-
I, II, Micro- Biology, Medical Surgical Nursing -I, II, Pharmacology, Pathology & Genetics,
Nsg Research, Nursing Management

Sr. No.	College Name	Subject.	Full name of the Teacher (First Name Middle Name Last Name.)	Designation	Date of Joining	UG- Qualification	UG- Qualification Year of Passing	PG- Qualification	PG- Qualification Specialization	PG- Qualification Year of Passing	Teaching experience			MUHS Approval (Yes/No)	Type Of Approval (pl. specify Approval is Perment / Temp. of one year /	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/ No
											Year	Month	Days									
1	SAI SIDDHI COLLEGE OF NURSING Paregaon, Tal- Yeola, Dist- Nashik	Medical Surgical Nursing	Prof. Phanase Sunil Deoram	Professor Cum Principal	01.12.2022	B.Sc. Nursing	2005	M.Sc. Nursing, 2009	Medical Surgical Nursing	2009	16	3	20	YES	Temporary for Two years	MUHS/UG/E-6/153135/1421/2023	874794074410	APMPP 3531L	22.12.1980	phanase.sunil11@gmail.com	9975229097	No



(Signature)
Dean/Principal
PRINCIPAL
SAI SIDDHI COLLEGE OF NURSING
Paregaon, Yeola, Dist. Nashik - 423401

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ANNEXURE XIII (B)

Name of the College: **Sai Siddhi College of Nursing, Yeola**
Phone No/ Mob No: **9284964167**

Name of the Subject: **Mental Health Nursing, Nursing Foundation I & II, Nursing management, Administration, Applied Nutrition & Dietitics, Nursing Research**

Sr. No.	College Name	Full name of the Teacher (First Name Middle Name Last Name.)	Designation	Date of Joining	UG- Qualificati on	UG- Qualifica tion Year of Passing	PG- Qualificati on	PG- Qualificatio n Spetializati on	PG- Qualificati on Year of Passing	Teaching experience			MUHS Approval (Yes/No)	Type Of Approval (pl. specify Approavl is Perment / Temp. of one year / Temp for two year etc.)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)	Debarr ed Yes/No
										Year	Month	Days									
1	SAI SIDDHI COLLEGE OF NURSING Paregaon, Tal- Yeola, Dist- Nashik	Mr. Gawade Rupesh	Asst. Prof / Lecturer	03.03.2023	M.Sc. Nursing	2016	M.Sc. Nursing, 2020	Mental Health Nursing	2020	3 Years	6 Month	12 day	YES	Temporary	MUHS/UG/E-6/153135/1420/2023	465925477448	BXLPG1522L	16.09.1994	ravinup96@gmail.com	9284964168	No




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Appendix "A"

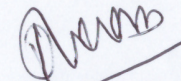
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECT WISE ELIGIBLE EXAMINER LIST (UG COURSES)

Name of the College: Sai Siddhi College of Nursing, Yeola
Phone No/ Mob No: 9588447502

Name of the Subject: Obstetrics & Gynaecological Nursing Nursing Foundation I & II, Nursing management,
Administration, Applied Nutrition & Dietetics, Nursing Research

Sr. No.	College Name	Full name of the Teacher (First Name Middle Name Last Name.)	Designation	Date of Joining	UG- Qualification	UG- Qualification Year of Passing	PG- Qualification	PG- Qualification Specialization	PG- Qualification Year of Passing	Teaching experience			MUHS Approval (Yes/No)	Type Of Approval (pl. specify Approval is Perment / Temp. of one year / Temp for two year etc.)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No
										Year	Month	Days									
1	SAI SIDDHI COLLEGE OF NURSING Paregaon, Tal- Yeola, Dist- Nashik	Ms. Barvkar Nutan Ramdas	Asst. Prof / Lecturer	02.01.2023	B.Sc. Nursing	2016	M.Sc. Nursing, 2009	Obstetrics & Gynaecological Nursing	2020	3 Years	8 Month	18 day	YES	Temporary	MUHS/UG/E 6/153135/14 20/2023	315817491816	BWBPB0449N	28.01.1993	nutanbarvkar1993@gmail.com	9588447502	No




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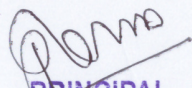
Name of the College: **Sai Siddhi College of Nursing, Yeola**

Phone No/ Mob No.-**7588137201**

Name of the Subject: **Applied Anatomy, Physiology, Nutrition & Dietetics, Biochemistry, Micro-Biology, Medical Surgical Nursing -I, II, Pharmacology, Pathology & Genetics, Nsg Research, Nursing Management**

Sr. No.	College Name	Full name of the Teacher (First Name Middle Name Last Name.)	Designation	Date of Joining	UG- Qualification	UG- Qualification Year of Passing	PG- Qualification	PG- Qualification Specialization	PG- Qualification Year of Passing	Teaching experience			MUHS Approval (Yes/No)	Type Of Approval (pl. specify Approavl is Perment / Temp	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No
										Year	Month	Days									
1	SAI SIDDHI COLLEGE OF NURSING Paregaon, Tal- Yeola, Dist- Nashik	Mr. Kothawade Gaurav Rajendra	Asso. Prof	05.02.2024	M.Sc. Nursing	Feb-14	M.Sc. Nursing, 2020	Medical Surgical Nursing	Aug-18	8 Years	4 Months	0	In Process	Temporary	No	397818383694	ENCPK4060B	26.05.1992	gkothawade9@gmail.com	7588137201	No




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