

Annexure-XIII(B)

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses) : NOT APPLICABLE

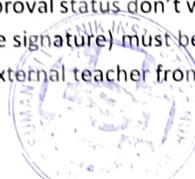
Name of the College: - **SUMANTAI WASNIK INSTITUTE OF NURSING NAGPUR** Institute Phone/Mobile No. :- 09823047163 / 09370356022

Full Address Of College :- **Kha. No. 142/1, Shivpriya Nagar, Dabha, Wadli, Nagpur - 440023**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Colleges Name	P.G Subject through, use separate row for separate subjects	Name of Teacher (Last Name First Name Middle Name)	Designation (Don't use short form)	M.Sc. Passing Year (YYYY)	M.Sc (N) Subject Qualification	Sub Speciality If any	Ph.D Nursing Yes/No if yes passing year	Type of Appointment (Regular/Temp./Honorary)	U.C Teaching Experience in year	After PG Teaching Experience c (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)	No. of PG Student's Guided last 5 year	Date of Birth	E-mail ID	Mobile No. give only one number	Aadhar Card No	If Debarred (Yes/ No)	Sign. of Teacher	
1																						
2																						
3																						
4																						

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

Date - 26/2/26



R. Jadhav
PRINCIPAL
SUMANTAI WASNIK
INSTITUTE OF NURSING
NAGPUR