

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

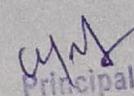
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College:- Dr. Rajendra Gode Institute of Nursing Phone/Mobile No of college :- _____
Amt.

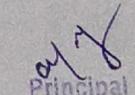
Sr. No.	College Name	District where college situated	Region of examiner College	Subject thought use separate row for separate subjects	Subject Code	Full name of the Teacher (First/Middle/Last)	Designation as per staff approval letter	Date of Joining current institute	UG Qualification & Passing year	Post 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
01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26		
1																											
2																											
3																											
4																											
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6																											
7																											

List 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**


 Principal
 Dr. Rajendra Gode Institute of Nursing, Amravati-444602 (MH)

Row No	Initial	First Name	Middle Name	Last Name	Full Name	Gender	Date of Birth	PAN No	OSAC ID	Taught Subject	PG Qualification Year	PG Guide	PHD Guide	Deber	College	Faculty	Department	Designation	HOD	Approve Status PG	Approve Status UG	UG Exp (Years)	UG Exp (Months)	UG Exp (Days)	PG Exp (Years)	PG Exp (Months)	PG Exp (Days)	Mobile No	Email	Aadhar No
1	MRS	Parasakti		Manickam	MRS Parasakti Manickam	F	6/23/1977	EKRPP0393G		15048,1 6011,16 346,165 78,1671 5,19316 .19481	2012	No	No	No	Dr.Rajendra Gode Institute of Nursing	15	OBGY	Professor	Yes	No	Yes	18	6	3	18	6	3	6380537015	parasakthi.m20@gmail.com	739065342666
2	Miss	Minal	Vishwanath	Bayaskar	Miss Minal Vishwanath Bayaskar	F	4/7/1990	CPWPB0902F	ZMUHS10407	15048,1 6011,16 346,165 78,1671 5,19316 .19481	2016	No	No	No	Dr.Rajendra Gode Institute of Nursing	15	OBGY	Reader / Associate Professor	Yes	No	Yes	10	7	2	10	7	2	9511733784	mbayaskar@gmail.com	494046764915
3	Miss	Monica	Edward	Chandekar	Miss Monica Edward Chandekar	F	6/29/1992	BDZPC7866B	22MUHS9507	16346,1 6624,16 753,193 16,1937 5,19462	2017	No	No	No	Dr.Rajendra Gode Institute of Nursing	15	CHN	Reader / Associate Professor	Yes	No	Yes	9	8	3	9	8	3	8484868745	mon(ca29)june@gmail.com	255817985498
4	Miss	Pooja	Ramkrushna	Gubare	Miss Pooja Ramkrushna Gubare	F	3/10/1993	BVWPG9399G	22MUHS9375	14872,1 6011,16 346,165 14,1672 7,19316 .19413	2018	No	No	No	Dr.Rajendra Gode Institute of Nursing	15	CHHN	Reader / Associate Professor	Yes	No	Yes	8	7	0	8	7	0	7887473389	poojagubare93@gmail.com	331715724967
5	MR	Prashik	Baburao	Chavan	MR Prashik Baburao Chavan	M	3/8/1994	BMIIPC1147D	ZMUHS10148	16346,1 5425,16 472,167 38,1483 7,16011 .16206, 19316,1 9335,19 353	2018	No	No	No	Dr.Rajendra Gode Institute of Nursing	15	AHN	Reader / Associate Professor	Yes	No	Yes	8	6	11	8	6	11	9970075861	prashikchavan8394@gmail.com	757890553147
6	Miss	Priyanka	Edward	Chandekar	Miss Priyanka Edward Chandekar	F	3/16/1995	BKVPC8559C	22MUHS9592	14944,1 6011,16 765,193 16,1943 2,16346 .16542	2020	No	No	No	Dr.Rajendra Gode Institute of Nursing	15	MHN	Lecturer / Assistant Professor	Yes	No	Yes	6	10	2	6	10	2	8856893948	priyanka.chandekar1995@gmail.com	612732847316


 Principal
 Dr. Rajendra Gode Institute of
 Nursing, Amravati-444002 (SI)