

ANNEXURE- XII

(B)

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College: Vivekanand Nursing College, Hivara Ashram

Phone/Mobile No.: 8087517301

Name of the Subject: Community Health Nursing

Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & Year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Aadhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	Vivekanand Nursing College	Community Health Nursing	Mr. Pravin Shingne	Asst Professor	03/10/2022	2014	2021	1 yr 9 month	Yes	MUHS/UG/E-6/1551406422023	480660476399	EMGP2811R	11/08/1989	pravinshingne44@gmail.com	9404448205	No



for
Vivekanand Nursing College
Hivara Bk. To Nashik Dist. Buldana

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

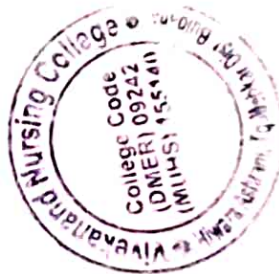
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College: Vivekanand Nursing College, Hiwara Ashram

Phone/Mobile No.: 8087517301

Name of the Subject: Nursing Foundation

Sr No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Aadhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Vivekanand Nursing College	Nursing Foundation	Mr. Pravin Shingne	Asst. Professor	03/10/2022	2014	2021	1 yr 9 month	Yes	MUHS/UG/E-6/ 155140/642/2023	480660476399	EMGP2811R	11/08/1999	pravinshingne44@gmail.com	9404448205	No



(Signature)
Vivekanand Nursing College
Hiwara Bk To Mehkar Dist Buldana

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

Name of the College: Vivekanand Nursing College, Hivara Ashram
 Phone/Mobile No.: 8087517301
 Name of the Subject: Child Health Nursing

Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	IF Yes MUHS Approval Letter & Date	Aadhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	Vivekanand Nursing College	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Vivekanand Nursing College	Child Health Nursing	Mrs. Sumathi R.	Principal cum professor	03.10.2002	1999	2009	13 yr 2 months	Yes	MUHS/UG/E-155140/04/1/2023	329631462237	CBTIPS1332K	10/06/1978	SUDHAKRANAND@gmail.com	7276331062	No



[Signature]
 Vivekanand Nursing College
 Hivara St. 19, Nashik Dist. 422004

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College: Vivekanand Nursing College, Hiwara Ashram

Phone/Mobile No.: 8087517301

Name of the Subject: Nursing foundation

Sr. No.	College Name	Subject	Full name of the Teacher (First-Middle-Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Aadhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	Vivekanand Nursing College	Nursing foundation	Ms. Sumathy R.	Principal cum professor	03.10.2022	1999	2009	13 yr 2 months	Yes	MUHS/UG/E-6/155140/6412023	329631462237	CBTIPS1332N	10.06/1978	sumathysenu@gmail.com	7276331062	No



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