

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

Annexure-XIII(A)

Name of the College: - **Vilasrao Deshmukh Government College of Nursing (BSc), Latur** Phone/Mobile No of college: - 02382299545

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	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	27
2																											
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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

Principal
 Vilasrao Deshmukh Govt.
 College of Nursing Latur

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECT WISE TEACHER LIST FOR PRACTICAL EXAMINATION

Practical Subject :- FON, AHN, Community Health Nursing, Psychiatric Nursing, Child Health Nursing, OBGY Nursing

Sl. No.	College Name	Full name of the Teacher (First Name Middle Name Last Name-)	Designation	Date of Joining	UG Qualification & Passing Year	PG Qualification & Specialization & Year of Passing	Teaching Experience After PG			MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)	Departed Yes/No	Signature	Reason
							Year	Month	Days										
1	Vilasrao Deshmukh Govt. College of Nursing Latur	Mrs Bele Ashwini Gorkhnath	Professor cum Principal	22-Jul-97	P.C.Bsc Nursing 2005	M.Sc. Nursing / Obstetric and Gynaecology Nursing / 2012	15	0	3	YES		6531 7068 2439	ABOP BE6020 A	13-11-1974	ashbele@rediffmail.com	928415198 4/8087532 819	No		
2	Vilasrao Deshmukh Govt. College of Nursing Latur	Smt Gude sukumar Rukameji	Professor cum Vice-Principal	29-Jan-02	P.B.Bsc Nursing 2009	M.Sc. Nursing / Community Health Nursing / 2013	11	1	1	Yes		3897 0145 3406	AIDPG 6544Q	16-02-1977	gudesr16@gmail.com	940300924 2/	No		