Annexure-XIII(A)

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College:-__Smt. K. N. Patel College of Nursing, Bhandara_____ Phone/Mobile No of college. :- 7620995771_____

Subject : Medical Surgical Nursing

Sr. No.	College Name	District where college situated	Region of examiner College	use separate row for separate subjects Subject Taught	Subject Code	Full name of the Teacher (First/Middle/Last)	Designation as per staff approval letter	Date of Joining current institute	UGQualification &Passing year	QualificationPost Graduate	Qualification Passing year (YYYY) PG	Qualification Subject PG	Qualification Sub Specialty if any PG	Ph.D Completed if Yes Mention Year of Passing	Teaching Experience in years after PG passing	Total Teaching Experience in years	Approval (Yes/No) MUHS	Approval Letter & Date If Yes MUHS	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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
1	Smt K.N. Patel College of Nursing, Bhandara	Bhandara	Nagpur	FON I & FON II	EEB0000300 017552201 62502 61301	Mrs. Suvarna N Jituri	Principal cum Professor	24-06-2023	PB Bsc Nursing january 1992	M.Sc Nursing	2006	Medical Surgical Nursing	Medical Surgical Nursing	-	17 Yr	19 Yr	Yes	MUHS/UG/E-6/155149/1341/2023, 17-07-2023	17-07-2025	671929813421	AEDPJ3050N	01-06-1958	67	suvarnaijituri1@gmail.com	9141533747	-	
				Adult Health Nursing I & II	EEB0000300 017553202 EEB0000300 017554202 62701 61308																							

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Smt. K.N.Patel College of Nursing
Bhandara-441904

Annexure-XIII(A)

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College:-__Smt. K. N. Patel College of Nursing, Bhandara_____ Phone/Mobile No of college. :-__7620995771_____

Subject : Community Health Nursing

Sr. No.	College Name	District where college situated	Region of examiner College	use separate row for separate subjects Subject Taught	Subject Code	Full name of the Teacher (First/Middle/Last)	Designation as per staff approval letter	Date of Joining current institute	UGQualification &Passing year	Qualification Post Graduate	QualificationPassing year (YYYY) PG	Qualification Subject PG	Qualification Sub Specialty if any PG	Ph.D Completed if Yes Mention Year of Passing	Teaching Experience in years after PG passing	Total Teaching Experience in years	Approval (Yes/No) MUHS	Approval Letter & Date if Yes MUHS	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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
2	Smt K.N. Patel College of Nursing , Bhandara	Bhandara	Nagpur	-	-	Mr. Anand G Hattikal	Associate Professor	24-06-2023	Bsc Nursing August 2009	M.Sc Nursing	2014	Community Health Nursing	Community Health Nursing	-	10.8 Yr	11.6 Yr	Yes	MUHS/UG/E-6/155149/1341/2023, 17-07-2023	17-07-2025	913493391863	AEDPH1463B	31-07-1985	39	hattikalanand02@gmail.com	8087143752	-	

Smt. K. N. Patel College of Nursing Bhandara-441904

Principal
Smt. K. N. Patel College of Nursing
Bhandara 441904

Annexure-XIII(A)

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College:-__Smt. K. N. Patel College of Nursing, Bhandara **Phone/Mobile No of college. :- 7620995771**

Subject : Pedicatric Nursing

Sr. No.	College Name	District where college situated	Region of examiner College	use separate row for separate subjects Subject Taught	Subject Code	Full name of the Teacher (First/Middle/Last)	Designation as per staff approval letter	Date of Joining current institute	UGQualification &Passing year	QualificationPost Graduate	Qualification Passing year (YYYY) PG	Qualification Subject PG	Qualification Sub Specialty if any PG	Ph.D Completed if Yes Mention Year of Passing	Teaching Experience in years after PG passing	Total Teaching Experience in years	Approval (Yes/No) MUHS	Approval Letter & Date If Yes MUHS	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 STD Registered 10 digit number only one	Debarred Yes/No	Signature of teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
3	Smt K.N. Patel College of Nursing, Bhandara	Bhandara	Nagpur	-	-	Mr. Pralhad C Moodagi	Lecturer	24/06/2023	Bsc Nursing 2016	M.Sc Nursing	2021	Pediatric Nursing	Pediatric Nursing	-	-	4.5 Yr	Yes	MUHS/UG/E-6/155149/1341/2023, 17-07-2023	17-07-2025	609864865900	BVPPM8643A	02-03-1986	39	pralhad8728@gmail.com	8050448728	-	

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Bhandara - 441904

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Annexure-XIII(A)

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College:- Smt. K. N. Patel College of Nursing, Bhandara Phone/Mobile No of college. :-__7620995771

Subject : Child Health Nursing

Sr. No.	College Name	District where college situated	Region of examiner College	use separate row for separate subjects Subject Taught	Subject Code	Full name of the Teacher (First/Middle/Last)	Designation as per staff approval letter	Date of Joining current institute	UGQualification &Passing year	QualificationPost Graduate	QualificationPassing year (YYYY) PG	Qualification Subject PG	Qualification Sub Specialty if any PG	Ph.D Completed if Yes Mention Year of Passing	Teaching Experience in years after PG passing	Total Teaching Experience in years	Approval (Yes/No) MUHS	Approval Letter & Date if Yes MUHS	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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
5	Smt K.N. Patel College of Nursing, Bhandara	Bhandara	Nagpur	FON I & FON II	EEB00 00300 017552 201	Archana N. Shinde (Archana Suraskar)	Associate Professor	17-01-2025	B. Sc. Nursing 2014	M.Sc Nursing	2017	Child Health Nursing	Child Health Nursing	-	7.5yr	8.6Yr	Unapproved	-	-	693341005021		21-07-1991	33	suraskararchana56@gmail.com	8830497988	-	
				Child Health Nursing	62702 61307																						

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Annexure-XIII(A)

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

of the College:-__Smt. K. N. Patel College of Nursing, Bhandara_____ Phone/Mobile No of college. :-__7620995771_____

ect : OBG & Gynecology Nursing

Sr. No.	College Name	District where college situated	Region of examiner College	use separate row for separate subjects Subject Taught	Subject Code	Full name of the Teacher. (First/Middle/Last)	Designation as per staff approval letter	Date of Joining current institute	UGQualification &Passing year	QualificationPost Graduate	QualificationPassing year (YYYY) PG	Qualification Subject PG	Qualification Sub Specialty if any PG	Ph.D Completed if Yes Mention Year of Passing	Teaching Experience in years after PG passing	Total Teaching Experience in years	Approval (Yes/No) MUHS	Approval Letter & Date If Yes MUHS	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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
4	Smt K.N. Patel College of Nursing, Bhandara	Bhandara	Nagpur	-	-	Mrs. Dilshad begum K Bidarkundi	Lecturer	24/06/2023	PB Bsc Nursing 2016	M.Sc Nursing	2020	OBG & Gynecology	OBG & Gynecology	-	-	4.6 Yr	Yes	MUHS/UG/E-6/155149/1341/2023, 17-07-2023	17-07-2025	343925941813	BQIPB2747L	01-06-1978	46	dilshadbidarkundi994@gmail.com	9113669836	-	

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Principal
Smt. K. N. Patel College of Nursing
Bhandara