ANNEXURE

XIII-A

Appendix "A"

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECT WISE TEACHER LIST

Subject : Midwifery and Obstetrical Nursing,

Sr. No.	College Name	Subject. Code	Subject.	Full name of the Teacher (First Name Middle Name Last Name.)	Designation	Date of Joining	UG-Qualification & Year of Passing	PG-Qualification With Spetialization & Year of Passing	Teaching experience After PG Passing	MUHS Approval (Yes/No)	Type Of Approval (pl. specifiy Approavl is Perment / Temp. of one year / Temp for two year etc.)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No	Sign of Teacher
1	College of Nursing, GMCH Aurangabad	62801	Midwifery and Obstetric Nursing,	Bharti Pramod Pimpalkar	Principal	21/08/2006	P.C.BSc Nursing Summer 1993	M.sc Nursing (OBGY) Jun-2011	18 Years 05 month 16 day	Yes	Perment	MUHS/E-6(UG)/1401003/3320/2012	8035 6303 1599	ACEPP8791P	7/31/1967	Pimpalkar09@gmail.com	9552519302	No	
2	College of Nursing, GMCH Aurangabad	62801	Midwifery and Obstetric Nursing,	Dr. Sujata Raosaheb Palve	Tutor (Vice - Principal)	20/10/2009	P.C.BSc Nursing Jun -2001	M.sc Nursing (OBGY) Nov-2010	15Years 3Month 17 day	Yes	Perment	MUHS/E-6(UG)/1401003/3320/2012	3745 4948 0911	AGEPP9406D	2/18/1976	Sujatapalwe@gmail.com	9371120005	No	
3	College of Nursing, GMCH Aurangabad	62801	Midwifery and Obstetric Nursing,	Dr. Kavita Baburao Dahiphale	Tutor	25/07/2014	P.B.BSc Nursing June 2007	M.sc Nursing (OBGY) Nov 2010	10 Year 06 month	Yes	Permant	MUHS/E-6(UG)/1401003/5514/2016	6279 7083 3008	AGDPD6961C	3/8/1972	kavitadahiphale@gmail.com	9273360144	No	
4	College of Nursing, GMCH Aurangabad	62801	Midwifery and Obstetric Nursing,	Dr. Giri Vishranti Bhagwan	Tutor	5/10/2015	P.B.BSc Nursing June 2008	M.sc Nursing (OBGY) Nov 2015	09 Year 4 mts	Yes	Permant	MUHS/UG/E-6/1401003/796/2016	5474 4414 5395	AIOPG6527A	4/4/1981	vishrantigiri@gmail.com	8446115338	No	

Appendix "A"

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECT WISE TEACHER LIST

Subject: Medical Surgical Nursing

Sr. No.	College Name	Subject. Code	Subject.	Full name of the Teacher (First Name Middle Name Last Name.)	Designation	Date of Joining	UG-Qualification & Year of Passing	PG-Qualification With Spetialization & Year of Passing	Teaching experience After PG Passing	MUHS Approval (Yes/No)	Type Of Approval (pl. specifiy Approavl is Perment / Temp. of one year / Temp for two year etc.)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No	Sign of Teacher
1	College of Nursing, GMCH Auranbad	62701	Medical Suragical Nursing,	Dr. Nikumbh PUshpendra Ramu	Tutor	2/6/2014	2008	2013 Medical Suragical Nursing	10 Years 8 month	Yes	Perment	MUHS/E-6(UG)/1401003/551/2016	2149 4167 7335	ABWPN2834	6/1/1972	pnikumbh@redifimail.com	8446927976	No	
2	College of Nursing, GMCH Auranbad	62701	Medical Surgical Nursing	Meena Ramdas Vaidya	Tutor	5/7/2017	Dec-05	Medical suragical Nursing dec-2013	7 yrs 7 mts	Yes	Permant	MUHS/UG/E-6/154108/193/2020	5744 4404 6744	AESPV8690K	10/4/1978	meenavaidya@gmail.com	9552560862	No	

Dean/Principal

Appendix "A"

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECT WISE TEACHER LIST

Subject : Mental Health Nursing

Sr. No.	College Name	Subject. Code	Subject.	Full name of the Teacher (First Name Middle Name Last Name.)	Designation	Date of Joining	UG-Qualification & Year of Passing	PG-Qualification With Spetialization & Year of Passing	Teaching experience After PG Passing	MUHS Approval (Yes/No)	Type Of Approval (pl. specifiy Approavl is Perment / Temp. of one year / Temp for two year etc.)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No	Sign of Teacher
1	College of Nursing, GMCH Auranbad	62703	Mental Health Nursing	Miss Jyoti kishanrao Gaikwad	Tutor	9/5/2017	P.B.Basic Bsc. Nursing 2008	MSc Nsg. Jun- 2012 (Mental Heath Nursing)	07 yr 07 mont	yes	Permant	MUHS/UG/E-6/151122/38/2020 Date-10/02/20	243026003213	AKZPG6853C	5/5/1971	jyotikishanrao@gmail.com	8788500081	No	

Dean/Principal

Appendix "A"

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECT WISE TEACHER LIST

Subject : Community Health Nursing

Sr. No.	College Name	Subject Code	Subject	Full name of the Teacher (First Name Middle Name Last Name.)	Designation	Date of Joining	UG-Qualification & Year of Passing	PG-Qualification With Spetialization & Year of Passing	Teaching experience After PG Passing	MUHS Approval (Yes/No)	Type Of Approval (pl. specifiy Approavl is Perment / Temp. of one year / Temp for two year etc.)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No	Sign of Teacher
1	College of Nursing, GMCH Auranbad	62802	community Health Nursing,	Dr. Gaikwad Mahadeo Sadashiv	Tutor	25/07/2014	2009	Community Health Nursing 2013	10 Year 10 month 22 day	Yes	Permant	MUHS/E-6(UG)/1401003/5514/2016	668075670741	AHXPG4006A	5/1/1977	gaikwadrm81@gmail.com	8485074153	No	
2	College of Nursing, GMCH Auranbad	62802	community Health Nursing,	Ashish Anil kedari	Tutor	14/06/2017	2005	Community health Nursing 2012	07Years 08Month Adhoc- 3 years Total 10 yrs 3 mts	Yes	Permant	MUHS/UG/E-6/151111/873/2018	202906107284	AUNPK0943R	4/4/1981	ashishkedari2@gmail.com	9860039563	No	

Dean/Principal