

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**DETAIL INFORMATION OF TEACHING STAFF (Not Approved Staff)**



UG Degree AS ON:-...../0..../2025 Faculty:-Nursing

Name of College: Uma Institute Of Nursing Sciences Jath Last Staff Approval Process Conducted on :- 21/01/2026



College Code:-152129 Intake Capacity:-B.Sc. Nursing:-60 P.B.B.Sc Nsg:-40






02	01	01	Sr No		
Mr. Varesh Chilapur	Mr.Mali Basaning S	02	Name of the Teaching Staff		
Professor Cum-Vice Principal	Professor Cum- Principal	03	Designation write full		
B.Sc (N) -2005	B.Sc (N) -2008	04	Passing		
M.Sc (N) (Medical Surgical Nursing)	M.Sc (N) Mental Health Nursing	05	Subject or Post graduate Subject if applicable		
2009	2013	06	Passing year Of M.sc Nursing If applicable		
Yes	Yes	07	Staff Enrolled in OTD MUHS YES / NO		
9356834718	9284083978	08	Staff Mob. No. OTD Registered		
	1299435	09	NUID NO IF AVAILABLE		
vareshchilapur6@gmail.com	malibs@gmail.com	10	Staff Personal E-mail ID		
791504009332	666944056411	11	Adhar Card No		
XVII-26686	XVII-1128	12	M.N.C REGISTRATION NO		
	14/01/2029	13	M.N.C REGISTRATION VALID TILL		
01/06/1973	01/06/1984	14	Date of Birth (DD/MM/YYYY)		
52 Year	42 Year	15	Age In Years		
No	No	16	Whether belongs to Reserved category (if Yes, specify category)		
21/01/2026	21/01/2026	17	Date of appointment (DD/MM/YYYY)		
UINS Jath	UINS Jath	18	Name of previous institution		
Proffessor	Professor Cum-Vice Principal	19	Post in Previous institute		
07/07/2023	10/02/2024	20	Date of previous Inst reliving		
2 Year 7 Month	2 Year 7 Month	21	Tutor / Clinical Instructors	Teaching Experience	Experience
5 Year 8 Month	5 Year 8 Month	22	Assistant Professor /Lecturer		
4 Year 7 Month	4 Year 7 Month	23	Associate Professor.		
2 Year 5 Month	-	24	Professor		
11 Month	2 Year	25	Vice Principal		
-	-	26	Principal		
16 Year 6 Month	15 Year 2 Month	27	Total		
-	-	28	Total Clinical Experience In Yrs		
16 Year 6 Month	10 Year 5 Month	29	Total Teaching exp after m. Bsc (Nsg) Qualification In Yrs		
-	-	30	Total Clinical exp in Yrs before P.B.B.Sc Nursing If applicable		
3 Year 3 Month	5 Year 2 Month	31	Total Teaching exp In Yrs Non Collegiate Programme		
13 Year 3 Month	15 Year 7 Month	32	Total Teaching +clinical Exp In Yrs (24+25)		
Temp	Temp	33	Type of Appointment Temp./ Permanent		
Yes	Yes	34	University Approval Status U.G (Yes/No)		
In process	In process	35	University Approval U.G Letter No. & date		
-	-	36	University U.G approval valid till date DD/MM/YYYY date		
		37	Latest Photo graph (not older than 3 months) with Signature with date don't print photo here		



04	03	01	Sr No
Mrs.Leeja Sabu	Mr.Rajashekhara Gouda	02	Name of the Teaching Staff
Associate professor	Associate professor	03	Designation write full
P.B.Sc (N) -2011	BSc(N)2006	04	Under graduate Qualifications and Year of Passing
M.Sc (N) (Medical Surgical Nursing)	MSc(N)2009 Community Health Nursing	05	Subject of Post graduate Subject if applicable
2016	MSc(N)2009	06	Passing year Of M.sc Nursing If applicable
Yes	Yes	07	Staff Enrolled in OTD MUHS YES / NO
9764592475	8007076728	08	Staff Mob. No. OTD Registered
		09	NUID NO IF AVAILABLE
leejasabu74@gmail.com	Rajashekhargouda1972@gmail.com	10	Staff Personal E-mail ID
893526716391	331215311698	11	Adhar Card No
XXVIII-11713	XVII-24283	12	M.N.C REGISTRATION NO
30/03/2027	25/06/2025	13	M.N.C REGISTRATION VALID TILL
21/09/1974	24/12/1972	14	Date of Birth (DD/MM/YYYY)
51 Year	52 Year	15	Age In Years
Open	open	16	Whether belongs to Reserved category (if Yes, specify category)
21/01/2026	31/01/2025	17	Date of appointment (DD/MM/YYYY)
UINS Jath	UINS JATH.	18	Name of previous institution
Assistant professor	Assistant professor	19	Post in Previous institute
15/04/2025	10/10/2022	20	Date of previous Inst reliving
4 Year 4 Month	07 month	21	Tutor / Clinical Instructors
5 Year 11 Month	10 year	22	Assistant Professor /Lecturer
8 Month	03 Year 03 month	23	Associate Professor.
-	1 Year 1 Month	24	Professor
-	-	25	Vice Principal
-	-	26	Principal
10 Year 1 Month	14 year 11 month.	27	Total
-	-	28	Total Clinical Experience In
10 Year 1 Month	14 year 11 month.	29	Total Teaching exp after m.sc (Nsg) Qualification In
-	-	30	Total Clinical exp in Yrs before P.B.B.Sc Nursing If
-	-	31	Total Teaching exp In Yrs Non Collegiate Programme
10 Year 1 Month	14 year 11 month.	32	Total Teaching +clinical Exp In Yrs (24+25)
Temp	Temp	33	Type of Appointment Temp/ Permanent
In process	YES	34	University Approval Status U.G (Yes/No)
	MUHS/UG/E-5/152129/571/2025	35	University Approval U.G Letter No. & date
	31/01/2027	36	University U.G approval valid till date
		37	Latest Photo graph (not older than 3 months) with Signature with date don't print photo here





SR.NO		01	
Name of the Teaching Staff	Mrs. Aruna Maruti Suryawanshi	02	Mr. Honwad Basavaraj
Designation write full	Associate Professor	03	Associate Professor
of Passing	B.Sc (N) -2012	04	B.B.Sc (N) -2011
Subject of Post graduate Subject if applicable	M.Sc (N) Chid Health Nursing	05	M.Sc (N) – Mental Health Nursing
Passing year of M.Sc Nursing if applicable	2016	06	2020
Staff Enrolled in OTD MUHS YES / NO	Yes	07	Yes
Staff Mob. No. OTD Registered	9322370993	08	9766920017
NUID NO IF AVAILABLE	736585	09	--
Staff Personal E-mail ID	arunasuryawanshi100@gmail.com	10	bhonwad@gmail.com
Adhar Card No	703144099241	11	943504158804
M.N.C REGISTRATION NO	XVII-5521	12	XVII-29851
M.N.C REGISTRATION VALID TILL	14/03/2025	13	10/12/2025
Date of Birth (DD/MM/YYYY)	05/01/1990	14	15/09/1988
Age In Years	35 Year	15	37 Year
Whether belongs to Reserved category (if Yes, specify category)	No	16	No
Date of appointment (DD/MM/YYYY)	21/02/2026	17	31/01/2025
Name of previous institution	UINS Jath	18	UINS Jath
Post in Previous institute	Associate Professor	19	AssisstantProfessor
Date of previous Inst reliving	09/02/2024	20	09/02/2024
Teaching Experience	6 Year	21	10 Years 8 Months
	1Year 4 Month	22	11 Months
	11Month	23	1 Year
	-	24	-
	-	25	-
	-	26	-
	8Year 5 Month	27	12 Year 7 Months
Experience	1 year	28	-
	8 Year 5 Month	29	5 Year 7 Months
	-	30	-
	-	31	-
	9 Year 5 Month	32	12 Year 7 Months
Type of Appointment Temp./ Permanent	Temp	33	Temp
University Approval Status U.G (Yes/No)	Yes	34	YES
University Approval U.G Letter No. & date	In process	35	MUHS/UG/E-5/152129/571/2025
University U.G approval valid till date DD/MM/YYYY date		36	31/01/2027
Latest Photo graph (not older than 3 months) with Signature with date don't print photo here		37	





08	07	01	SR.NO	
Mrs.Pooja Morbad	Mr. Sangmesh Pattanshetti	02	Name of the Teaching Staff	
Assisstant Professor	Assisstant Professor	03	Designation write full	
B.Sc (N) -2018	B.B.Sc (N) -2008	04	Passing	
M.Sc (N) OBG	M.Sc (N) – Community Health Nursing	05	Subject of Post graduate Subject if applicable	
2021	2012	06	Passing year Of M.sc Nursing If applicable	
Yes	Yes	07	Staff Enrolled in OTD MUHS YES / NO	
9765243309	8847710311	08	Staff Mob. No. OTD Registered	
-	-	09	NUID NO IF AVAILABLE	
Poojamorbad96@gmail.com	Sangmeshpattanshetti1@gmail.com	10	Staff Personal E-mail ID	
212890317601	567940520080	11	Adhar Card No	
	XVII-493	12	M.N.C REGISTRATION NO	
	10/05/2025	13	M.N.C REGISTRATION VALID TILL	
01/02/1996	13/08/1984	14	Date of Birth (DD/MM/YYYY)	
30 Year	42 Year	15	Age In Years	
No	No	16	Whether belongs to Reserved category (if Yes, specify category)	
21/01/2026	31/01/2025	17	Date of appointment (DD/MM/YYYY)	
UINS Jath	UINS Jath	18	Name of previous institution	
Tutor	AssisstantProfessor	19	Post in Previous institute	
10/01/2026	101/0/2022	20	Date of previous Inst reliving	
4 Year	10Months	21	Tutor / Clinical Instructors	
-	12 Years	22	Assistant Professor /Lecturer	
-	1 Year	23	Associate Professor.	
-	-	24	Professor	
-	-	25	Vice Principal	
-	-	26	Principal	
4 Year	13 Year 10Months	27	Total	
-	-	28	Total Clinical Experience In Yrs	
4 Year	12 Years	29	Total Teaching exp after m.sc (Nsg) Qualification In Yrs	
-	-	30	Total Clinical exp in Yrs before P.B.B.Sc Nursing If applicable	
-	-	31	Total Teaching exp In Yrs Non Collegiate Programme	
4 Year	13 Year 10Months	32	Total Teaching +clinical Exp In Yrs (24+25)	
Temp	Temp	33	Type of Appointment Temp./ Permanent	
Yes	Yes	34	University Approval Status U.G (Yes/No)	
In process	MUHS/UG/E-5/152129/571/2025	35	University Approval U.G Letter No. & date	
-	31/01/2027	36	University U.G approval valid till date DD/MM/YYYY date	
		37	Latest Photo graph (not older than 3 months) with Signature with date don't print photo here 	

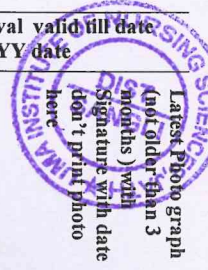
10	09	01	SR.NO	
Mr.Gururaj Sajjan	Ms.Lalita Baichabal	02	Name of the Teaching Staff	
Assistant Professor	Assisstant Professor	03	Designation write full	
BSC(N)2018	P.B.Sc (N) -2012	04	Under graduate Qualifications and Year of Passing	
MSc(N)Medical Surgical Nursing	M.Sc (N) - OBG	05	Subject of Post graduate Subject if applicable	
2021	2021	06	Passing year Of M.sc Nursing If applicable	
Yes	Yes	07	Staff Enrolled in OTD MUHS YES / NO	
8007076728	8208266007	08	Staff Mob. No. OTD Registered	
	823538	09	NUID NO IF AVAILABLE	
gurusajjan2020@gmail.com	lalitabaichabal777@gmail.com	10	Staff Personal E-mail ID	
476951229429	528384191986	11	Adhar Card No	
-	XVII-25187	12	M.N.C REGISTRATION NO	
-		13	M.N.C REGISTRATION VALID TILL	
31/05/1996	01/06/1986	14	Date of Birth (DD/MM/YYYY)	
28 year	40 Year	15	Age In Years	
open	No	16	Whether belongs to Reserved category (if Yes, specify category)	
31/01/2025	21/01/2026	17	Date of appointment (DD/MM/YYYY)	
UINS JATH.	UINS Jath	18	Name of previous institution	
Assistant professor	AssisstantProfessor	19	Post in Previous institute	
31/01/2025	09/02/2024	20	Date of previous Inst reliving	
03 Year 08 month	2 Year 9 Month	21	Tutor / Clinical Instructors	Teaching Experience
1 Year	1 Year 11 Month	22	Assistant Professor /Lecturer	
-	-	23	Associate Professor.	
-	-	24	Professor	
-	-	25	Vice Principal	
-	-	26	Principal	
04 year 08 month	5 Year 3 Month	27	Total	
-	-	28	Total Clinical Experience In Yrs	Experience
04 year 08 month	5 Year 3 Month	29	Total Teaching exp after m.sc (Nsg) Qualification In Yrs	
-	-	30	Total Clinical exp in Yrs before P.B.B.Sc Nursing If applicable	
-	-	31	Total Teaching exp In Yrs Non Collegiate Programme	
04 year 08 month	5 Year 3 Month	32	Total Teaching +clinical Exp In Yrs (24+25)	
Temp	Temp	33	Type of Appointment Temp/ Permanent	
Yes	Yes	34	University Approval Status U.G (Yes/No)	
In process	In process	35	University Approval U.G Letter No. & date	
		36	University U.G approval valid till date DD/MM/YYYY date	
		37	Latest Photo graph (dont older than 3 months) with Signature with date don't print photo here	





12	11	01	SR.NO
Ms.Sampada Hanchinamani	Mrs.Ambika Amarappa	02	Name of the Teaching Staff
Assistant Professor	Assistant Professor	03	Designation write full
BSC(N)2018	BSC(N) 2009	04	Under graduate Qualifications and Year of Passing
M.Sc (N) OBG	M.Sc (N) Chid Health Nursing	05	Subject of Post graduate Subject if applicable
2021	2016	06	Passing year Of M.sc Nursing If applicable
Yes	Yes	07	Staff Enrolled in OTD MUHS YES / NO
8275390019	7447372179	08	Staff Mob. No. OTD Registered
		09	NUID NO IF AVAILABLE
sampadahanchainalani@gmail.com	ambikaamra@gmail.com	10	Staff Personal E-mail ID
643702917168	519125112585	11	Adhar Card No
KNC-81630		12	M.N.C REGISTRATION NO
-	-	13	M.N.C REGISTRATION VALID TILL
03/10/1993	23/06/1986	14	Date of Birth (DD/MM/YYYY)
32year	.40 year	15	Age In Years
open	open	16	Whether belongs to Reserved category (if Yes, specify category)
31/01/2025	31/01/2025	17	Date of appointment (DD/MM/YYYY)
UINS JATH.	UINS JATH.	18	Name of previous institution
Assistant professor	Assistant professor	19	Post in Previous institute
31/01/2025	31/01/2025	20	Date of previous Inst reliving
04 Year 11 month	04 Year 06 month	21	Tutor / Clinical Instructors
-	-	22	Assistant Professor /Lecturer
-	-	23	Associate Professor.
-	-	24	Professor
-	-	25	Vice Principal
-	-	26	Principal
04 Year 11 month	04 year 06 month	27	Total
-	-	28	Total Clinical Experience In Yrs
04 Year 11 month	04 year 06 month	29	Total Teaching exp after m.sc (Nsg) Qualification In Yrs
-	-	30	Total Clinical exp in Yrs before P.B.B.Sc Nursing If applicable
-	-	31	Total Teaching exp In Yrs Non Collegiate Programme
04 Year 11 month	04 year 06 month	32	Total Teaching +clinical Exp In Yrs (24+25)
Temp	Temp	33	Type of Appointment Temp./ Permanent
MUHS/UG/E-5/152129/571/2025	Yes	34	University Approval Status U.G (Yes/No)
31/01/2027	In process	35	University Approval U.G Letter No. & date
		36	University U.G approval valid till date DD/MM/YYYY date
		37	Latest Photo graph (not older than 3 months) with Signature with date don't put photo here






14	13	01	SR.NO
Mrs.Amruta Jadhav	Mrs.Anjali Negalur	02	Name of the Teaching Staff
Assistant Professor	Assistant Professor	03	Designation write full
BSC(N)2019	BSC(N)2018	04	Under graduate Qualifications and Year of Passing
M.Sc (N) Psychiatric Nursing	M.Sc (N) OBG	05	Subject of Post graduate Subject if applicable
2024	2020	06	Passing year Of M.sc Nursing If applicable
Yes	Yes	07	Staff Enrolled in OTD MUHS YES/ NO
8698171189	9158303218	08	Staff Mob. No. OTD Registered
		09	NUID NO IF AVAILABLE
amrutajadhav@gmail.com	anjalinagalur90@gmail.com	10	Staff Personal E-mail ID
312208188823	489292347259	11	Adhar Card No
	KNC-158631	12	M.N.C REGISTRATION NO
-	-	13	M.N.C REGISTRATION VALID TILL
01/11/1996	29-05-1990	14	Date of Birth (DD/MM/YYYY)
29 year	33 Year	15	Age In Years
open	open	16	Whether belongs to Reserved category (if Yes, specify category)
21/01/2026	31/01/2025	17	Date of appointment (DD/MM/YYYY)
UINS JATH.	UINS JATH.	18	Name of previous institution
Tutor/Clinical Instructor	Assistant professor	19	Post in Previous institute
01/03/2024	31/01/2025	20	Date of previous Inst reliving
3 Year 10 Month	06 Year 3 Month	21	Tutor / Clinical Instructors
-	-	22	Assistant Professor /Lecturer
-	-	23	Associate Professor.
-	-	24	Professor
-	-	25	Vice Principal
-	-	26	Principal
3 Year 10 Month	06 Year 3 Month	27	Total
-	-	28	Total Clinical Experience In Yrs
3 Year 10 Month	06 Year 3 Month	29	Total Teaching exp after m.sc (Nsg) Qualification In Yrs
-	-	30	Total Clinical exp in Yrs before P.B.B.Sc Nursing If applicable
-	-	31	Total Teaching exp In Yrs Non Collegiate Programme
3 Year 10 Month	06 Year 3 Month	32	Total Teaching +clinical Exp In Yrs (24+25)
Temp	Temp	33	Type of Appointment Temp./ Permanent
Yes	MUHS/UG/E-5/152129/571/2025	34	University Approval Status U.G (Yes/No)
In process	31/01/2027	35	University Approval U.G Letter No. & date
		36	University U.G approval valid till date DD/MM/YYYY date
		37	Latest Photo graph (not older than 3 months) with signature with date don't print photo here









 Latest Photo graph
 (not older than 3
 months) with
 signature with date
 don't print photo
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16	15	01	SR.NO	
Ms.Malabadi Jakkawa Gurulingappa	Mrs. WaghmarePoojaShivaji	02	Name of the Teaching Staff	
Tutor/Clinical Instructor	Tutor/Clinical Instructor	03	Designation write full	
B.B.Sc (N) -2011	P.B.B.Sc (N) -2016	04	Under graduate Qualifications and Year of Passing	
-	-	05	Subject of Post graduate Subject if applicable	
-	-	06	Passing year Of M.sc Nursing If applicable	
Yes	Yes	07	Staff Enrolled in OTD MUHS YES / NO	
9730141503	7020432519	08	Staff Mob. No. OTD Registered	
625869	1300706	09	NUID NO IF AVAILABLE	
utagiravi156@gmail.com	poojawahmare093@gmail.com	10	Staff Personal E-mail ID	
381421508416	340555834979	11	Adhar Card No	
XVII-2921	XVII-14527	12	M.N.C REGISTRATION NO	
	08/05/2024	13	M.N.C REGISTRATION VALID TILL	
05/02/1988	06/01/1993	14	Date of Birth (DD/MM/YYYY)	
37 Year	32 Year	15	Age In Years	
No	No	16	Whether belongs to Reserved category (if Yes, specify category)	
21/01/2026	21/01/2026	17	Date of appointment (DD/MM/YYYY)	
UINS Jath	UINS Jath	18	Name of previous institution	
TUTOR	TUTOR	19	Post in Previous institute	
09/02/2024	09/02/2024	20	Date of previous Inst reliving	
4Year 4Month	4 Year 5 Month	21	Tutor / Clinical Instructors	Teaching Experience
-	-	22	Assistant Professor /Lecturer	
-	-	23	Associate Professor.	
-	-	24	Professor	
-	-	25	Vice Principal	
-	-	26	Principal	
4Year 4Month	4 Year 5 Month	27	Total	
-	-	28	Total Clinical Experience In Yrs	Experience
-	-	29	Total Teaching exp after m.sc (Nsg) Qualification In Yrs	
-	-	30	Total Clinical exp in Yrs before P.B.B.Sc Nursing If applicable	
-	-	31	Total Teaching exp In Yrs Non Collegiate Programme	
4Year 4Month	4 Year 5 Month	32	Total Teaching +clinical Exp In Yrs (24+25)	
Temp	Temp	33	Type of Appointment Temp./ Permanent	
Yes	Yes	34	University Approval Status U.G (Yes/No)	
In process	In process	35	University Approval U.G Letter No. & date	
		36	University U.G approval valid till date DD/MM/YYYY date	
		37	Latest Photo graph (not older than 3 months) with Signature with date don't print photo here	









18	17	01	Sr No
Ms.Pallavi Vitthal.Mane	Mr.RaviUtagi	02	Name of the Teaching Staff
Tutor/Clinical Instructor	Tutor/Clinical Instructor	03	Designation write full
B.B.Sc (N) -2022	.B.B.Sc (N) -2011	04	Under graduate Qualifications and Year of Passing
-	-	05	Subject of Post graduate Subject if applicable
-	-	06	Passing year Of M.sc Nursing If applicable
Yes	Yes	07	Staff Enrolled in OTD MUHS YES / NO
8088730183	9021025563	08	Staff Mob. No. OTD Registered
3262489	1026789	09	NUID NO IF AVAILABLE
Pallavimane195@gmail.com	utagiravi156@gmail.com	10	Staff Personal E-mail ID
507048777518	994899588513	11	Adhar Card No
XVII-37451	XVII-2867	12	M.N.C REGISTRATION NO
29/01/2025		13	M.N.C REGISTRATION VALID TILL
01/01/2001	10/05/1984	14	Date of Birth (DD/MM/YYYY)
25 Year	41 Year	15	Age In Years
No	No	16	Whether belongs to Reserved category (if Yes, specify category)
21/01/2026	21/01/2026	17	Date of appointment (DD/MM/YYYY)
UINS Jath	UINS Jath	18	Name of previous institution
TUTOR	TUTOR	19	Post in Previous institute
09/02/2024	09/02/2024	20	Date of previous Inst reliving
3 Year 1Month	4Year 4Month	21	Tutor / Clinical Instructors
-	-	22	Assistant Professor /Lecturer
-	-	23	Associate Professor.
-	-	24	Professor
-	-	25	Vice Principal
-	-	26	Principal
3Year 1Month	4Year 4Month	27	Total
-	-	28	Total Clinical Experience In Yrs
-	-	29	Total Teaching exp after m.sc (Nsg) Qualification In Yrs
-	-	30	Total Clinical exp in Yrs before P.B.B.Sc Nursing If applicable
-	-	31	Total Teaching exp In Yrs Non Collegiate Programme
3Year 1Month	4Year 4Month	32	Total Teaching +clinical Exp In Yrs (24+25)
Temp	Temp	33	Type of Appointment Temp./ Permanent
Yes	Yes	34	University Approval Status U.G (Yes/No)
In process	In process	35	University Approval U.G Letter No. & date
		36	University U.G approval valid till date DD/MM/YYYY date
		37	Latest Photo graph (not older than 3 months) with Signature with date dop & print photo here 



20	19	01	Sr No	
Mrs. Suvasini Kotyal	Mrs. Dipali Sadanand Kamble	02	Name of the Teaching Staff	
Tutor/Clinical Instructor	Tutor/Clinical Instructor	03	Designation write full	
P.B.B.Sc (N) -2020	P.B.B.Sc (N) -2013	04	Under graduate Qualifications and Year of Passing	
-	-	05	Subject of Post graduate Subject if applicable	
-	-	06	Passing year Of M.sc Nursing If applicable	
Yes	Yes	07	Staff Enrolled in OTD MUHS YES / NO	
9763341713	7620781314	08	Staff Mob. No. OTD Registered	
1013516	7635405	09	NUID NO IF AVAILABLE	
Suvasinramesh60@gmail.com	kambledipali77@gmail.com	10	Staff Personal E-mail ID	
753444962359	782655881524	11	Adhar Card No	
XVII-14594	XXVIII-23428	12	M.N.C REGISTRATION NO	
02/10/2025	30/03/2027	13	M.N.C REGISTRATION VALID TILL	
28/09/1993	07/11/1979	14	Date of Birth (DD/MM/YYYY)	
31 Year	45 Year	15	Age In Years	
No	No	16	Whether belongs to Reserved category (if Yes, specify category)	
11/10/2022	21/01/2026	17	Date of appointment (DD/MM/YYYY)	
UINS, Jath	UINS Jath	18	Name of previous institution	
TUTOR	TUTOR	19	Post in Previous Institute	
10/10/2022	31/01/2025	20	Date of previous Inst reliving	
4 Year 1 Month	4 Year 4 Months	21	Tutor / Clinical Instructors	Teaching Experience Collegiate Experience
-	-	22	Assistant Professor /Lecturer	
-	-	23	Associate Professor.	
-	-	24	Professor	
-	-	25	Vice Principal	
-	-	26	Principal	
4Year 1 Month	4 Year 4 Months	27	Total	
-	4 Year 4 Months	28	Total Clinical Experience In Yrs	Experience
-	-	29	Total Teaching exp after m.sc (Nsg) Qualification In Yrs	
-	-	30	Total Clinical exp in Yrs before P.B.B.Sc Nursing If applicable	
-	-	31	Total Teaching exp In Yrs Non Collegiate Programme	
4Year 1 Month	4 Year 4 Months	32	Total Teaching +clinical Exp In Yrs (24+25)	
Temp	Temp	33	Type of Appointment Temp./ Permanent	
Yes	Yes	34	University Approval Status U.G (Yes/No)	
MUHS/UG/E-5/152129/571/2025	In process	35	University Approval U.G Letter No. & date	
31/01/2027		36	University U.G approval valid till date DD/MM/YYYY date	
		37	 Latest Photo graph (not older than 3 months) with Signature with date don't print photo here	

22	21	01	Sr No	
Mr. Shridhar Shindhe	Mrs.Akkamahadevi Bhimanna	02	Name of the Teaching Staff	
Tutor/ Clinical Instructor	Tutor/ Clinical Instructor	03	Designation write full	
B.B.Sc (N) -2020	P.B.B.Sc (N) -2020	04	Under graduate Qualifications and Year of Passing	
-	M.Sc (N) Chid Health Nursing	05	Subject of Post graduate Subject if applicable	
-	2023	06	Passing year Of M.sc Nursing If applicable	
Yes	Yes	07	Staff Enrolled in OTD MUHS YES / NO	
8421018168	8999341450	08	Staff Mob. No. OTD Registered	
8425711	697581	09	NUID NO IF AVAILABLE	
Shiridharshinde2022@gmail.com	asrangatti@gmail.com	10	Staff Personal E-mail ID	
539431666129	541958675742	11	Adhar Card No	
XVII-35745	XVII-403798	12	M.N.C REGISTRATION NO	
08/12/2025	08/12/2025	13	M.N.C REGISTRATION VALID TILL	
16/07/199	01/06/1989	14	Date of Birth (DD/MM/YYYY)	
26 Year	36 Year	15	Age In Years	
OPEN	NO	16	Whether belongs to Reserved category (if Yes, specify category)	
31/01/2025	01/08/2023	17	Date of appointment (DD/MM/YYYY)	
UINS Jath	UINS Jath	18	Name of previous institution	
Tutor/ Clinical Instructor	Tutor/ Clinical Instructor	19	Post in Previous institute	
-	-	20	Date of previous Inst reliving	
2 Year 09 Month	1 Year 5 Months	21	Tutor / Clinical Instructors	
-	-	22	Assistant Professor /Lecturer	
-	-	23	Associate Professor.	
-	-	24	Professor	
-	-	25	Vice Principal	
-	-	26	Principal	
2 Year 09 Month	1 Year 5 Months	27	Total	
-	7Years	28	Total Clinical Experience In Yrs	
-	1 Year 5 Months	29	Total Teaching exp after m.sc (Nsg) Qualification In Yrs	
-	-7Years	30	Total Clinical exp in Yrs before P.B.B.Sc Nursing If applicable	
-	-	31	Total Teaching exp In Yrs Non Collegiate Programme	
2 Year 09 Month	8 Year 5 Months	32	Total Teaching +clinical Exp In Yrs (24+25)	
Temp	Temp	33	Type of Appointment Temp./ Permanent	
In Process	Yes	34	University Approval Status U.G (Yes/No)	
-	MUHS/UG/E-5/152129/571/2025	35	University Approval U.G Letter No. & date	
-	31/01/2027	36	University U.G approval valid till date DD/MM/YYYY date	
		37	 Latest Photo graph (not older than 3 months) with Signature with date don't print photo here	

24	23	01	Sr No	
Mr.Suresh Kamble	Ms. Shinde Supriya Subhash	02	Name of the Teaching Staff	
Tutor/ Clinical Instructor	Tutor/ Clinical Instructor	03	Designation write full	
P..B.B.Sc (N) -2022	B.B.Sc (N) -2023	04	Under graduate Qualifications and Year of Passing	
-	-	05	Subject of Post graduate Subject if applicable	
-	-	06	Passing year Of M.sc Nursing If applicable	
Yes	Yes	07	Staff Enrolled in OTD MUHS YES/ NO	
8698171189	9322810012	08	Staff Mob. No. OTD Registered	
9970194434	6158745	09	NUID NO IF AVAILABLE	
suresh775@gmail.com	vshindesupriya025@gmail.com	10	Staff Personal E-mail ID	
894155081758	860623618959	11	Adhar Card No	
XLVI-2683	II-38893	12	M.N.C REGISTRATION NO	
30/03/2027	30/03/2027	13	M.N.C REGISTRATION VALID TILL	
09/04/1997	25/02/2002	14	Date of Birth (DD/MM/YYYY)	
24 Year	22 Year	15	Age In Years	
YES	YES(SC)	16	Whether belongs to Reserved category (if Yes, specify category)	
31/01/2025	01/10/2023	17	Date of appointment (DD/MM/YYYY)	
UINS Jath	UINS Jath	18	Name of previous institution	
Tutor/ Clinical Instructor	Tutor/ Clinical Instructor	19	Post in Previous institute	
31/01/2025	-	20	Date of previous Inst reliving	
1Years 6Months	1Years 3Months	21	Tutor / Clinical Instructors	
-	-	22	Assistant Professor /Lecturer	
-	-	23	Associate Professor.	
-	-	24	Professor	
-	-	25	Vice Principal	
-	-	26	Principal	
1Years 6Months	1Years 3Months	27	Total	
-	-	28	Total Clinical Experience In Yrs	
-	-	29	Total Teaching exp after m.sc (Nsg) Qualification In Yrs	
-	-	30	Total Clinical exp in Yrs before P.B.B.Sc Nursing If applicable	
-	-	31	Total Teaching exp In Yrs Non Collegiate Programme	
1Years 6Months	1Years 3Months	32	Total Teaching +clinical Exp In Yrs (24+25)	
Temp	Temp	33	Type of Appointment Temp./ Permanent	
In Process	In Process	34	University Approval Status U.G (Yes/No)	
-	-	35	University Approval U.G Letter No. & date	
-	-	36	University U.G approval valid till date DD/MM/YYYY date	
		37	 <p>Latest Photo graph (not older than 3 months) with Signature with date don't print photo here</p>	

26	25	01	Sr No
Mr. Mahesh Kamble	Mr.Ranagatti Somanath Yallappa	02	Name of the Teaching Staff
Tutor/Clinical Instructor	Tutor/ Clinical Instructor	03	Designation write full
.B.B.Sc (N) -2022	B.B.Sc (N) -2020	04	Under graduate Qualifications and Year of Passing
-	M.Sc (N) Community Health Nursing	05	Subject of Post graduate Subject if applicable
-	2024	06	Passing year Of M.sc Nursing If applicable
Yes	Yes	07	Staff Enrolled in OTD MUHS YES/ NO
9545953278	8421018168	08	Staff Mob. No. OTD Registered
-	859674	09	NUID NO IF AVAILABLE
Kamleraj1999@gmail.com	srfriendsgroup@gmail.com	10	Staff Personal E-mail ID
634124144087	389380145803	11	Adhar Card No
IV-1079	XVII-40800	12	M.N.C REGISTRATION NO
30/03/2027	08/12/2025	13	M.N.C REGISTRATION VALID TILL
20/05/1999	01/06/1988	14	Date of Birth (DD/MM/YYYY)
26 Year	37 Year	15	Age In Years
YES(SC)	OPEN	16	Whether belongs to Reserved category (if Yes, specify category)
21/01/2026	01/10/2023	17	Date of appointment (DD/MM/YYYY)
UINS Jath	UINS Jath	18	Name of previous institution
TUTOR	Tutor/ Clinical Instructor	19	Post in Previous institute
01/09/2025	-	20	Date of previous Inst reliving
1 Year 4 Month	2 Years 3Months	21	Tutor / Clinical Instructors
-	-	22	Assistant Professor /Lecturer
-	-	23	Associate Professor.
-	-	24	Professor
-	-	25	Vice Principal
-	-	26	Principal
1 Year 4 Month	2 Years 3Months	27	Total
1 Year 4 Month	-	28	Total Clinical Experience In Yrs
-	-	29	Total Teaching exp after m.sc (Nsg) Qualification In Yrs
-	-	30	Total Clinical exp in Yrs before P.B.B.Sc Nursing If applicable
-	-	31	Total Teaching exp In Yrs Non Collegiate Programme
1 Year 4 Month	2 Years 3Months	32	Total Teaching +clinical Exp In Yrs (24+25)
Temp	Temp	33	Type of Appointment Temp./ Permanent
In Process	In Process	34	University Approval Status U.G (Yes/No)
-	-	35	University Approval U.G Letter No. & date
-	-	36	University U.G approval valid till date DD/MM/YYYY date
		37	 Latest Photo graph (not older than 3 months) with Signature with date don't print photo here

28	27	01	Sr No
Mr. Haresh Ibhad	Mr. Shivanand Mali	02	Name of the Teaching Staff
Tutor/Clinical Instructor	Tutor/Clinical Instructor	03	Designation write full
.B.B.Sc (N) -2022	.B.B.Sc (N) -2022	04	Under graduate Qualifications and Year of Passing
-	-	05	Subject of Post graduate Subject if applicable
-	-	06	Passing year Of M.sc Nursing If applicable
Yes	Yes	07	Staff Enrolled in OTD MUHS YES / NO
7030320740	7028898385	08	Staff Mob. No. OTD Registered
-	-	09	NUID NO IF AVAILABLE
Hareshibhad98@gmail.com	Shivanandmali844@gmail.com	10	Staff Personal E-mail ID
248506224369	262269244328	11	Adhar Card No
XLVII-8293	XLVII-1079	12	M.N.C REGISTRATION NO
30/03/2027	30/03/2027	13	M.N.C REGISTRATION VALID TILL
29/01/1998	10/06/1999	14	Date of Birth (DD/MM/YYYY)
27 Year	26 Year	15	Age In Years
ST	OPEN	16	Whether belongs to Reserved category (if Yes, specify category)
21/01/2026	21/01/2026	17	Date of appointment (DD/MM/YYYY)
UINS Jath	UINS Jath	18	Name of previous institution
TUTOR	TUTOR	19	Post in Previous institute
01/03/2023	01/09/2025	20	Date of previous Inst reliving
2 Year 10 Month	1 Year 4 Month	21	Tutor / Clinical Instructors
-	-	22	Assistant Professor /Lecturer
-	-	23	Associate Professor.
-	-	24	Professor
-	-	25	Vice Principal
-	-	26	Principal
2 Year 10 Month	1 Year 4 Month	27	Total
2 Year 10 Month	1 Year 4 Month	28	Total Clinical Experience In Yrs
-	-	29	Total Teaching exp after m.sc (Nsg) Qualification In Yrs
-	-	30	Total Clinical exp in Yrs before P.B.B.Sc Nursing If applicable
-	-	31	Total Teaching exp In Yrs Non Collegiate Programme
2 Year 10 Month	1 Year 4 Month	32	Total Teaching +clinical Exp In Yrs (24+25)
Temp	Temp	33	Type of Appointment Temp./ Permanent
In Process	In Process	34	University Approval Status U.G (Yes/No)
-	-	35	University Approval U.G Letter No. & date
-	-	36	University U.G approval valid till date DD/MM/YYYY date
		37	Latest Photo graph (not older than 3 months) with Signature with date don't print photo here 

30	29	01	Sr No
Mr. Basavaraj Mali	Mr. Shashidhar Dollu	02	Name of the Teaching Staff
Tutor/Clinical Instructor	Tutor/Clinical Instructor	03	Designation write full
.B.B.Sc (N) -20223	.B.B.Sc (N) -2010	04	Under graduate Qualifications and Year of
-	-	05	Subject of Post graduate Subject If applicable
-	-	06	Passing year Of M.sc Nursing If applicable
Yes	Yes	07	Staff Enrolled in OTD MUHS YES / NO
9307602781	8421718984	08	Staff Mob. No. OTD Registered
-	-	09	NUID NO IF AVAILABLE
Basavarajmali99@gmail.com	shashidollibjp@gmail.com	10	Staff Personal E-mail ID
289351680689	347908708475	11	Adhar Card No
IV-1620	XLVII-96	12	M.N.C REGISTRATION NO
30/03/2027	-	13	M.N.C REGISTRATION VALID TILL
03/11/1999	11/08/1986	14	Date of Birth (DD/MM/YYYY)
26 Year	40 Year	15	Age In Years
OPEN	OPEN	16	Whether belongs to Reserved category (if Yes, specify category)
21/01/2026	21/01/2026	17	Date of appointment (DD/MM/YYYY)
UINS Jath	Dadgojirao patil GNM nursing school, Hadgaon.	18	Name of previous institution
TUTOR	TUTOR	19	Post in Previous institute
01/10/2023	10/06/2018	20	Date of previous Inst reliving
2 Year 10 Month	8 Year	21	Tutor / Clinical Instructors
-	-	22	Assistant Professor /Lecturer
-	-	23	Associate Professor.
-	-	24	Professor
-	-	25	Vice Principal
-	-	26	Principal
2 Year 10 Month	8 Year	27	Total
2 Year 10 Month	8 Year	28	Total Clinical Experience In Yrs
-	-	29	Total Teaching exp after m.sc (Nsg) Qualification In Yrs
-	-	30	Total Clinical exp in Yrs before P.B.B.Sc Nursing If applicable
-	-	31	Total Teaching exp In Yrs Non Collegiate Programme
2 Year 10 Month	8 Year	32	Total Teaching +clinical Exp In Yrs (24+25)
Temp	Temp	33	Type of Appointment Temp./ Permanent
In Process	In Process	34	University Approval Status U.G (Yes/No)
-	-	35	University Approval U.G Letter No. & date
-	-	36	University U.G approval valid till date DD/MM/YYYY date
		37	Latest Photo graph (not older than 3 months) with Signature with date don't print photo here



Note : The College shall submit one hard copy & soft copy(in Excel Format) separate for approved and non approved& the list from Academic Section online Teacher Database (OTD)/Automation software to be enclosed.

Its Mandatory that Teacher must be registered In Maharashtra Nursing Council it can be verified in <https://maharashtranursingcouncil.org> log in tab – registration log in – Nurse Info tab

Non Approved Staff Eligibility for the post Nursing Council Registrations previous reliving all document in original to be checked before making remarks

Photograph should not print on this sheet

Only latest 3 month photo which should be clear and original to be pasted on this sheet

Use A-3 Page for print Out this sheet



Signature of Dean/ Principal

A handwritten signature in green ink, appearing to be "D.M.A.", written over the printed name of the Principal.

PRINCIPAL

**DMA INSTITUTE OF NURSING
SCIENCES, JATINDET-SANGLI**