

**For Online Transmission of Question Papers:-Make details to be available at web site**

Sr.N	Infrastructure facilities at College	Yes/No
<b>Strong Room:</b>		
1	It must have Single Door Entry /Exit (with Safety Door/Grill for windows)	Yes
2	Minimum Area shall be 20x20sq.ft.	Yes
3	Adequate Steel Almirah /Cupboard for storage of Answer Books.	Yes
4	C.C.T.V. Camera with recording facility that covers entire area or Downloading and Printing of online transmission of Question Paper process.	Yes
5	Latest version Computer(Minimum4) and Printer(Minimum4)with Inverter facility, MSOffice , PDF Reader ,Winrar or Win zip.	Yes
6	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class 'A' ISP, and alternate line with 1 : 1 dedicated line of 50mbps speed, by another Class 'A' ISP to ensure uninterrupted Downloading facility, with 2(two) static IP's, Internet Dongle.	Yes
7	Adequate Number of Paper Rims for printing Question Papers.	Yes
8	One Photo copy Machine, UPS Backup.	Yes
<b>Scanning Room:</b>		
9	Separate Scanning Room for scanning Answer Books after end of Examination Session under CCTV Surveillance.(Laptop and Scanners will be provided by the University Appointed Agency)	Yes
10	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class 'A' ISP, and alternate line with 1 : 1 dedicated line of 50 mbps speed, by another Class 'A' ISP to ensure uninterrupted Downloading facility, with 2(two) static IP's, Internet Dongle.	Yes

**To Set Up DEC for On screen Evaluation of Answer Books:**

Sr.N	Infrastructure facilities at College	Yes/No
1	Computers(20) with latest licensed Operating System Software (OSS) with antivirus and firewalls to provide all lock, work station with Computer charts and key board tray.	Yes
2	Wiring and Networking (with Raw Power Supply and UPS) and one Printer per DEC	Yes
3	Air conditioners, Biometric system, CCTV installation, Restrooms And 24x7 security.	Yes
4	Collapsible gate for the main entrance with Name board and locking Facility.	Yes
5	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class 'A' ISP, and alternate line with 1 : 1 dedicated line of 50mbps speed, by another Class 'A' ISP to ensure uninterrupted Downloading facility, with 2(two) static IP's.	Yes
6	Appointment of one Professor as a <b>Examination Co-ordinator</b> to Co-ordinate this Online process.	Yes
7	Separate Evaluation Room for Evaluating the Answer Books under CCTV Surveillance	Yes

Here by I declare all relevant document uploaded are clear and visible on web site & are true as per my knowledge & Belief

  
**PRINCIPAL**  
**UMA INSTITUTE OF NURSING**  
**SCIENCES, JATH. DIST-SANGLI**

# MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

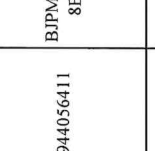
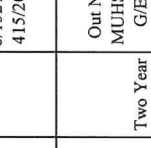

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : Uma Institute Of Nursing Sciences Jath

Phone/Mobile No. : 9673641466

Course:-B.Sc Nursing Semester

Name of the Subject : Mental Health Nursing I&II

Sr. No.	College Name	Subject Code	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	PG Qualification Specialization	Teaching Experience after PG passing	MUHS Approval (Yes/No)	Type of Approval Specially Approval Temp. of one year/ Temp for two year etc.)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No	Sign of Teacher	Reason
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
1	Uma Institute of Nursing Sciences, Jath Sangli	53602	Mental Health Nursing I&II	Mr.Mali Basaning Shivappa	Professor Cum Vice Principal	31-03-2018	Oct-08	May 2013	Psychiatric Nursing	12 Year	Yes	Two Year	Out No: MUHS/U G/E- 6/152129/415/2024	666944056411	BJPM1808E	01-06-1984	malibs84@gmail.com	9284083978	No		
1	Uma Institute of Nursing Sciences, Jath Sangli	EEB0000 30001755 1202	Applied Anatomy & Applied Physiology	Mr.Mali Basaning Shivappa	Professor Cum Vice Principal	31-03-2018	Oct-08	May 2013	Psychiatric Nursing	12 Year	Yes	Two Year	Out No: MUHS/U G/E- 6/152129/415/2024	666944056411	BJPM1808E	01-06-1984	malibs84@gmail.com	9284083978	No		
1	Uma Institute of Nursing Sciences, Jath Sangli	EEB0000 30001755 4201	Pharmacology & Pathology & Genetics	Mr.Mali Basaning Shivappa	Professor Cum Vice Principal	31-03-2018	Oct-08	May 2013	Psychiatric Nursing	12 Year	Yes	Two Year	Out No: MUHS/U G/E- 6/152129/415/2024	666944056411	BJPM1808E	01-06-1984	malibs84@gmail.com	9284083978	No		

  
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 UMA INSTITUTE OF NURSING SCIENCES, JATH, DIST-SANGLI

# MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK





SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Course:-B.Sc Nursing Semester

Name of the College : Uma Institute Of Nursing Scinces Jath

Phone/Mobile No. : 9673641466

Name of the Subject : Adult Health Nursing I &amp;II

Sr. No.	College Name	Subject Code	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	Type of Approval Specify Approval Temp. of one year/ two year etc.)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No	Sign of Teacher	Reason
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17					
1	Uma Institute of Nursing Scinces, Jath Sangli	EEB0000 30001755 3202	Adult Health Nursing I	Mrs. Lejia Sabu	Associate Professor	01-05-2025	Jul-11	Medical Surgical Nursing	December 2016	12 Year	Yes	Two Year	Out No: MUHS/U G/E- 22/10/2019	893526716391	HDKPSS83 52H	21-09-1974	lejia.sabu74@gmail.com	9764592475	No		
1	Uma Institute of Nursing Scinces, Jath Sangli	EEB0000 30001755 4202	Adult Health Nursing II	Mrs. Lejia Sabu	Associate Professor	01-05-2025	Jul-11	Medical Surgical Nursing	December 2016	12 Year	Yes	Two Year	Out No: MUHS/U G/E- 22/10/2019	893526716391	HDKPSS83 52H	21-09-1974	lejia.sabu74@gmail.com	9764592475	No		
1	Uma Institute of Nursing Scinces, Jath Sangli	EEB0000 30001755 2201	Applied Biochemistry & Applied Nutrition & dietetics	Mrs. Lejia Sabu	Associate Professor	01-05-2025	Jul-11	Medical Surgical Nursing	December 2016	12 Year	Yes	Two Year	Out No: MUHS/U G/E- 22/10/2019	893526716391	HDKPSS83 52H	21-09-1974	lejia.sabu74@gmail.com	9764592475	No		
1	Uma Institute of Nursing Scinces, Jath Sangli	EEB0000 30001755 4201	Pharmacology & Pathology (I&II) And Genetics	Mrs. Lejia Sabu	Associate Professor	01-05-2025	Jul-11	Medical Surgical Nursing	December 2016	12 Year	Yes	Two Year	Out No: MUHS/U G/E- 22/10/2019	893526716391	HDKPSS83 52H	21-09-1974	lejia.sabu74@gmail.com	9764592475	No		

  
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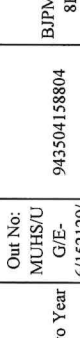
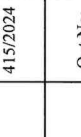
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : Uma Institute Of Nursing Sciences Jath

Phone/Mobile No. : 9766920017

Course:-B.Sc Nursing Semester

Name of the Subject : Applied Psychology &amp; Applied Sociology

Sr. No.	College Name	Subject Code	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	Type of Approval Specify Approval is Perment Temp.of one year/ two year etc.)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No	Sign of Teacher	Reason
1	Uma Institute of Nursing Sciences, Jath Sangli	EEB0000 30001755 1203	Applied Sociology & Applied Psychology	Mr. Basav araj Honawad 22MUHS 9266	Assistant Professor	10-02-2024	Oct-11	Psychiatric Nursing	2020	5 Year	Yes	Two Year	Out No: MUHS/UG/E- 6/152129/ 415/2024	943504158804	BJPM180 8E	15-09-1988	bhonwad@gmail.com	9766920017	No		
1	Uma Institute of Nursing Sciences, Jath Sangli	EEB0000 30001755 2201	Applied Nutrition & Dietetics	Mr. Basav araj Honawad 22MUHS 9266	Assistant Professor	10-02-2024	Oct-11	Psychiatric Nursing	2020	5 Year	Yes	Two Year	Out No: MUHS/UG/E- 6/152129/ 415/2024	943504158804	BJPM180 8E	15-09-1988	bhonwad@gmail.com	9766920017	No		

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

Name of the College : Uma Institute Of Nursing Sciences Jath

Phone/Mobile No. :9322370993

Course:-B.Sc Nursing Semester

Name of the Subject :Child Health Nursing I&amp;II

Sr. No.	College Name	Subject Code	Subject	Full name of the Teacher (Firs/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification on Specialization	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	Type of Approval Specity Approval is Perment Temp.of one year/ two year etc.)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No	Sign of Teacher
1	Uma Institute of Nursing Sciences, Jath Sangli	53601	Child Health Nursing I & II	Mrs.Anna Maruti Suryawanshi	Associate Professor	11-10-2022	May-12	Child Health Nursing	2016	9Year	Yes	Two Year	Out No: MUHS/U G/E- 6/152129/ 415/2024	703144099241	BHDPV4 021K	05-01-1990	anumasury wanshi100@gmail.com	9322370993	No	
2	Uma Institute of Nursing Sciences, Jath Sangli	EEB0000 30001755 3201	Applied Microbiology And Infection control Including Safty	Mrs.Anna Maruti Suryawanshi	Associate Professor	11-10-2022	May-12	Child Health Nursing	2016	9Year	Yes	Two Year	Out No: MUHS/U G/E- 6/152129/ 415/2024	703144099241	BHDPV4 021K	05-01-1990	anumasury wanshi100@gmail.com	9322370993	No	

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# MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK




SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Course:-B.Sc Nursing Semester

Name of the College : Uma Institute Of Nursing Sciences Jath

Phone/Mobile No. : 7338128428

Name of the Subject : Community Health Nursing-I

Sr. No.	College Name	Subject Code	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification on Specialization	PG Qualification & Year of Passing	Teaching Experience (Year/No) after PG passing	MUHS Approval (Yes/No)	Type of Approval (Speciality Approval is Perment Temp. of one year/ two year etc.)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No	Sign of Teacher	Reason
1	Uma Institute of Nursing Sciences, Jath Sangli	3	COMMUNITY HEALTH NURSING G-I	Mr. Sanga mesh Pattanshet ti 22MUHS 9277	Assistant Professor	10-02-2024	2008	COMMUNITY HEALTH NURSING	2008	13 Year	Yes	Two Year	Out No: MUHS/U G/E- 6/152129/ 415/2024	567904520080	BJPM180 8E	13-08-1984	bhonwad @gmail.c om	7338128428	No		
2	Uma Institute of Nursing Sciences, Jath Sangli	3	Nursing Management & Leadership	Mr. Sanga mesh Pattanshet ti 22MUHS 9277	Assistant Professor	10-02-2024	2008	COMMUNITY HEALTH NURSING	2008	13 Year	Yes	Two Year	Out No: MUHS/U G/E- 6/152129/ 415/2024	567904520080	BJPM180 8E	13-08-1984	bhonwad @gmail.c om	7338128428	No		
3	Uma Institute of Nursing Sciences, Jath Sangli	3	Adult Health Nursing I	Mr. Sanga mesh Pattanshet ti 22MUHS 9277	Assistant Professor	10-02-2024	2008	COMMUNITY HEALTH NURSING	2008	13 Year	Yes	Two Year	Out No: MUHS/U G/E- 6/152129/ 415/2024	567904520080	BJPM180 8E	13-08-1984	bhonwad @gmail.c om	7338128428	No		

  
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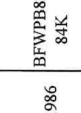
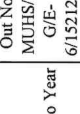
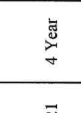
# MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : Uma Institute Of Nursing Sciences Jath  
Phone/Mobile No. : 8208266007

Course:-B.Sc Nursing Semester

Name of the Subject : Adult Health Nursing-II

Sr.No.	College Name	Subject Code	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	Type of Approval (Specify Approval Period Temp./Temp for two year etc.)	IF Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No	Sign of Teacher	Reason
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17					
1	Uma Institute of Nursing Sciences, Jath Sangli	EEB0000 30001755 4202	Adult Health Nursing-II	Ms.Lalita Batchabal	Assistant Professor Lecturer	10-02-2024	May-12	Obstetrics and Gynecological Nursing	Jul-21	4 Year	Yes	Two Year	Out No: MUHS/U G/E- 6/152129/ 415/2024	528384191986	BFW/PB82 84K	01-06-1986	lalitabaich abaaal777@gmail.com	8208266007	No		
2	Uma Institute of Nursing Sciences, Jath Sangli	EEB0000 30001755 2202	Nursing Foundation I & II	Ms.Lalita Batchabal	Assistant Professor Lecturer	10-02-2024	May-12	Obstetrics and Gynecological Nursing	Jul-21	4 Year	Yes	Two Year	Out No: MUHS/U G/E- 6/152129/ 415/2024	528384191986	BFW/PB82 84K	01-06-1986	lalitabaich abaaal777@gmail.com	8208266007	No		
3	Uma Institute of Nursing Sciences, Jath Sangli	53502	Education at Technology/ Nursing Education	Ms.Lalita Batchabal	Assistant Professor Lecturer	10-02-2024	May-12	Obstetrics and Gynecological Nursing	Jul-21	4 Year	Yes	Two Year	Out No: MUHS/U G/E- 6/152129/ 415/2024	528384191986	BFW/PB82 84K	01-06-1986	lalitabaich abaaal777@gmail.com	8208266007	No		

  
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UMA INSTITUTE OF NURSING  
SCIENCES, JATH, DIST-SANGLI

# MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK




SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : Uma Institute Of Nursing Sciences Jath

Phone/Mobile No. : 9545953278

Course:-B.Sc Nursing Semester

Name of the Subject : Community health Nursing

Sr. No.	College Name	Subject Code	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification in Specialization	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	Type of Approval Specify Approval is Permanent Temp. of one year/ Temp for two year etc.)	Out No: MUHS/UG/E- Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No	Sign of Teacher	Reason
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17					
1	Uma Institute of Nursing Sciences, Jath Sangli	53501	Community health Nursing-I Including Environmental Sciences And Epidemiology	Mr. Rajshakar Gauda	Associate Professor Lecturer	01-02-2025	Sep-06	Community Health Nursing	May-09	6 Year	Yes	Two Year	Out No: MUHS/UG/E- 5/152129/571/2025	331215311698	BFWPB82 84K	24-12-1972	rajashekharahiregoudar143@gmail.com	9545953278	No		
2	Uma Institute of Nursing Sciences, Jath Sangli	53603	Nursing Management & Leadership	Mr. Rajshakar Gauda	Associate Professor Lecturer	01-02-2025	Sep-06	Community Health Nursing	May-09	6 Year	Yes	Two Year	Out No: MUHS/UG/E- 5/152129/571/2025	331215311698	BFWPB82 84K	24-12-1972	rajashekharahiregoudar143@gmail.com	9545953278	No		
3	Uma Institute of Nursing Sciences, Jath Sangli	EEB00003 00017552 202	Nursing Foundation I & II	Mr. Rajshakar Gauda	Associate Professor Lecturer	01-02-2025	Sep-06	Community Health Nursing	May-09	6 Year	Yes	Two Year	Out No: MUHS/UG/E- 5/152129/571/2025	331215311698	BFWPB82 84K	24-12-1972	rajashekharahiregoudar143@gmail.com	9545953278	No		

  
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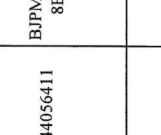
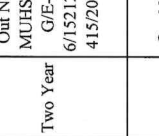
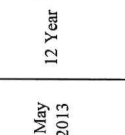
# MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : Uma Institute Of Nursing Sciences Jath  
Phone/Mobile No. : 9673641466

Course:-Basic B.Sc Nursing

Name of the Subject : Mental Health Nursing

Sr. No.	College Name	Subject Code	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)	Type of Approval Specify Approval is Temp./of one year/ Temp for two year etc.)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No	Sign of Teacher	Reason
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17				
1	Uma Institute of Nursing Sciences, Jath Sangli	62703	Mental Health Nursing	Mr.Mali Basanning Shivappa	Professor Cum Vice Principal	31-03-2018	Oct-08	Psychiatric Nursing May 2013	12 Year	Yes	Two Year	Out No: MUHS/U G/E- 6/152129/ 415/2024	666944056411	BJPM180 8E	01-06-1984	malibs84@gmail.com	9284083978	No		
2	Uma Institute of Nursing Sciences, Jath Sangli	62504	Physiology	Mr.Mali Basanning Shivappa	Professor Cum Vice Principal	31-03-2018	Oct-08	Psychiatric Nursing May 2013	12 Year	Yes	Two Year	Out No: MUHS/U G/E- 6/152129/ 415/2024	666944056411	BJPM180 8E	01-06-1984	malibs84@gmail.com	9284083978	No		
3	Uma Institute of Nursing Sciences, Jath Sangli	62704	Nursing Research & statistics	Mr.Mali Basanning Shivappa	Professor Cum Vice Principal	31-03-2018	Oct-08	Psychiatric Nursing May 2013	12 Year	Yes	Two Year	Out No: MUHS/U G/E- 6/152129/ 415/2024	666944056411	BJPM180 8E	01-06-1984	malibs84@gmail.com	9284083978	No		

  
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SCIENCES, JATH DIST-SANGLI

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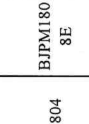
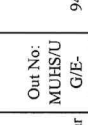
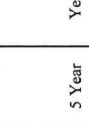
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Course:-Basic B.Sc Nursing

Name of the College : Uma Institute Of Nursing Sciences Jath

Phone/Mobile No. : 9766920017

Name of the Subject : Nutrition & Biochemistry

Sr. No.	College Name	Subject Code	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)	Type of Approval Specity Approval is Temp of one year/ two year etc.)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No	Sign of Teacher	Reson
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17				
1	Uma Institute of Nursing Sciences, Jath Sangli	62502	Nutrition & Biochemistry	Mr. Basav araj Honawad 22MUHS 9266	Assistant Professor	10-02-2024	Oct-11 Psychiatric Nursing	2020	5 Year	Yes	Two Year	Out No: MUHS/U G/E- 6/152129/ 415/2024	943504158804	BIPM180 8E	15-09-1988	bhonwad@gmail.com	9766920017	No		
2	Uma Institute of Nursing Sciences, Jath Sangli	62601	Sociology	Mr. Basav araj Honawad 22MUHS 9266	Assistant Professor	10-02-2024	Oct-11 Psychiatric Nursing	2020	5 Year	Yes	Two Year	Out No: MUHS/U G/E- 6/152129/ 415/2024	943504158804	BIPM180 8E	15-09-1988	bhonwad@gmail.com	9766920017	No		
3	Uma Institute of Nursing Sciences, Jath Sangli	62603	Pathology, Pharmacology & Genetics	Mr. Basav araj Honawad 22MUHS 9266	Assistant Professor	10-02-2024	Oct-11 Psychiatric Nursing	2020	5 Year	Yes	Two Year	Out No: MUHS/U G/E- 6/152129/ 415/2024	943504158804	BIPM180 8E	15-09-1988	bhonwad@gmail.com	9766920017	No		

  
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UMA INSTITUTE OF NURSING  
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**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**

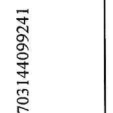
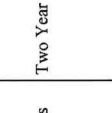
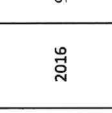

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : Uma Institute Of Nursing Sciences Jath

Phone/Mobile No. :9322370993

Course:-Basic B.Sc Nursing

Name of the Subject :Child Health Nursing

Sr. No.	College Name	Subject Code	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)	Type of Approval (Specify Approval is Perment Temp. of one year/ two year etc.)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No	Sign of Teacher	Reason
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17				
1	Uma Institute of Nursing Sciences, Jath Sangli	62702	Child Health Nursing	Mrs. Aruna Maruti Suryavanshi	Associate Professor	11-10-2022	May-12	2016	9Year	Yes	Two Year	Out No: MUHS/UG/E-6/152129/415/2024	703144099241	BHDPV4 021K	05-01-1990	arunasuryawanshi100@gmail.com	9322370993	No		
2	Uma Institute of Nursing Sciences, Jath Sangli	62803	Management of Nursing Service & Education	Mrs. Aruna Maruti Suryavanshi	Associate Professor	11-10-2022	May-12	2016	9Year	Yes	Two Year	Out No: MUHS/UG/E-6/152129/415/2024	703144099241	BHDPV4 021K	05-01-1990	arunasuryawanshi100@gmail.com	9322370993	No		
3	Uma Institute of Nursing Sciences, Jath Sangli	62501	Anatomy & Physiology	Mrs. Aruna Maruti Suryavanshi	Associate Professor	11-10-2022	May-12	2016	9Year	Yes	Two Year	Out No: MUHS/UG/E-6/152129/415/2024	703144099241	BHDPV4 021K	05-01-1990	arunasuryawanshi100@gmail.com	9322370993	No		
4	Uma Institute of Nursing Sciences, Jath Sangli	62505	Microbiology	Mrs. Aruna Maruti Suryavanshi	Associate Professor	11-10-2022	May-12	2016	9Year	Yes	Two Year	Out No: MUHS/UG/E-6/152129/415/2024	703144099241	BHDPV4 021K	05-01-1990	arunasuryawanshi100@gmail.com	9322370993	No		

**PRINCIPAL**  
**UMA INSTITUTE OF NURSING**  
**SCIENCES, JATH, DIST. SANGLI**

# MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK




SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Course:-Basic B.Sc Nursing

Name of the College : Uma Institute Of Nursing Sciences Jath

Phone/Mobile No. : 7338128428

Name of the Subject : Community Health Nursing

Sr. No.	College Name	Subject Code	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	PG Qualification & Year of Passing	Teaching Experience	MUHS Approval (Yes/No)	Type of Approval (Temp. of one year/ two year etc.)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No	Sign of Teacher	Reason
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17					
1	Uma Institute of Nursing Sciences, Jath Sangli	62604	Community Nursing-I	Mr. Sanga mesh Pattanshetti 22MUHS 9277	Assistant Professor	10-02-2024	2008	COMMUNITY HEALTH NURSING	13 Year	Yes	Two Year	Out No: MUHS/UG/E-6/152129/415/2024	567904520080	BIPM180 8E	13-08-1984	bhonnwad @@gmail.c om	7338128428	No			
2	Uma Institute of Nursing Sciences, Jath Sangli	62802	Community Nursing-II	Mr. Sanga mesh Pattanshetti 22MUHS 9277	Assistant Professor	10-02-2024	2008	COMMUNITY HEALTH NURSING	13 Year	Yes	Two Year	Out No: MUHS/UG/E-6/152129/415/2024	567904520080	BIPM180 8E	13-08-1984	bhonnwad @@gmail.c om	7338128428	No			
3	Uma Institute of Nursing Sciences, Jath Sangli	62503	Nursing Foundation	Mr. Sanga mesh Pattanshetti 22MUHS 9277	Assistant Professor	10-02-2024	2008	COMMUNITY HEALTH NURSING	13 Year	Yes	Two Year	Out No: MUHS/UG/E-6/152129/415/2024	567904520080	BIPM180 8E	13-08-1984	bhonnwad @@gmail.c om	7338128428	No			

  
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# MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK





SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : Uma Institute Of Nursing Sciences Jath

Phone/Mobile No. : 8208266007

Course:-Basic B.Sc Nursing

Name of the Subject : Medical Surgical Nursing

Sr. No.	College Name	Subject Code	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)	Type of Approval (Temp of one year/ Temp for two year etc.)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No	Sign of Teacher	Reason
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17				
1	Uma Institute of Nursing Sciences, Jath Sangli	62801	Midwifery and Obstetrical Nursing	Ms.Lalita Baichabal	Assistant Professor Lecturer	10-02-2024	May-12 Obstetrics and Gynecological Nursing	Jul-21 4 Year	Yes	Two Year	Out No: MUHS/UG/E-6/152129/415/2024	528384191986	BFWPB8284K	01-06-1986	lalitabaichabaal777@gmail.com	8208266007	No			
2	Uma Institute of Nursing Sciences, Jath Sangli	62605	Communication & Educational Technology	Ms.Lalita Baichabal	Assistant Professor Lecturer	10-02-2024	May-12 Obstetrics and Gynecological Nursing	Jul-21 4 Year	Yes	Two Year	Out No: MUHS/UG/E-6/152129/415/2024	528384191986	BFWPB8284K	01-06-1986	lalitabaichabaal777@gmail.com	8208266007	No			
3	Uma Institute of Nursing Sciences, Jath Sangli	62701	Medical Surgical Nursing-II	Ms.Lalita Baichabal	Assistant Professor Lecturer	10-02-2024	May-12 Obstetrics and Gynecological Nursing	Jul-21 4 Year	Yes	Two Year	Out No: MUHS/UG/E-6/152129/415/2024	528384191986	BFWPB8284K	01-06-1986	lalitabaichabaal777@gmail.com	8208266007	No			
4	Uma Institute of Nursing Sciences, Jath Sangli	62602	Medical Surgical Nursing-I	Ms.Lalita Baichabal	Assistant Professor Lecturer	10-02-2024	May-12 Obstetrics and Gynecological Nursing	Jul-21 4 Year	Yes	Two Year	Out No: MUHS/UG/E-6/152129/415/2024	528384191986	BFWPB8284K	01-06-1986	lalitabaichabaal777@gmail.com	8208266007	No			

  
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 UMA INSTITUTE OF NURSING  
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# MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

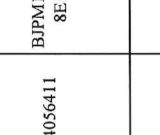
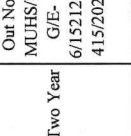
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Course:-Post B.Sc Nursing

Name of the College : Uma Institute Of Nursing Sciences Jath

Phone/Mobile No. : 9673641466

Name of the Subject : Mental Health Nursing

Sr. No.	College Name	Subject Code	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)	Type of Approval Specify Approval is Permanent Temp./of one year/ Temp for two year etc.)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No	Sign of Teacher	Reson
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17				
1	Uma Institute of Nursing Sciences, Jath Sangli	61413	Mental Health Nursing	Mr.Mali Basaning Shivappa	Professor Cum Vice Principal	31-03-2018	Psychiatric Nursing Oct-08	May 2013	12 Year	Yes	Two Year	Out No: MUHS/UG/E-6/152129/415/2024	666944056411	BJPM1808E	01-06-1984	malibs84@gmail.com	9284083978	No		
2	Uma Institute of Nursing Sciences, Jath Sangli	61304	Physiology	Mr.Mali Basaning Shivappa	Professor Cum Vice Principal	31-03-2018	Psychiatric Nursing Oct-08	May 2013	12 Year	Yes	Two Year	Out No: MUHS/UG/E-6/152129/415/2024	666944056411	BJPM1808E	01-06-1984	malibs84@gmail.com	9284083978	No		

  
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# MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

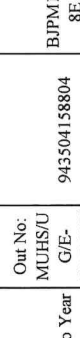
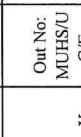
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Course:-Post B.Sc Nursing

Name of the College : Uma Institute Of Nursing Sciences Jath

Phone/Mobile No. : 9766920017

Name of the Subject : Biochemistry & Biophysics

Sr. No.	College Name	Subject Code	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	PG Qualification on Specialization	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	Type of Approval Specified (Temp. of one year/ two year etc.)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No	Sign of Teacher	Reason
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	Uma Institute of Nursing Sciences, Jath Sangli	61303	Biochemistry & Biophysics	Mr. Basavaraj Honawad 22MUHS 9266	Assistant Professor	10-02-2024	Oct-11	2020	Psychiatric Nursing	5 Year	Yes	Two Year	Out No: MUHS/UG/E-6/152129/415/2024	943504158804	BJPM1808E	15-09-1988	bhionwad@gmail.com	9766920017	No			
1	Uma Institute of Nursing Sciences, Jath Sangli	61302	Nutrition & Dietetics	Mr. Basavaraj Honawad 22MUHS 9266	Assistant Professor	10-02-2024	Oct-11	2020	Psychiatric Nursing	5 Year	Yes	Two Year	Out No: MUHS/UG/E-6/152129/415/2024	943504158804	BJPM1808E	15-09-1988	bhionwad@gmail.com	9766920017	No			



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**UMA INSTITUTE OF NURSING**  
**SCIENCES, JATH DIST. SANGLI**

# MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

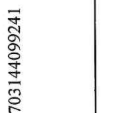
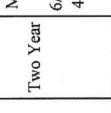
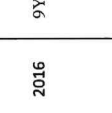
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Course:-Post B.Sc Nursing

Name of the College : Uma Institute Of Nursing Sciences Jath

Phone/Mobile No. :9322370993

Name of the Subject :Child Health Nursing

Sr. No.	College Name	Subject Code	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	PG Qualification on Specialization	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	Type of Approval Specity Approval 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 years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No	Sign of Teacher	Reason
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	Uma Institute of Nursing Sciences, Jath Sangli	61307	Child Health Nursing	Mrs.Aruna Maruti Suryawanshi	Associate Professor	11-10-2022	May-12	2016	Child Health Nursing	2016	9Year	Yes	Two Year	Out No: MUHS/U G/E- 6/152129/ 415/2024	703144099241	BHDPV4 021K	05-01-1990	arunasury.wanshi100@gmail.com	9322370993	No		
2	Uma Institute of Nursing Sciences, Jath Sangli	61305	Microbiology	Mrs.Aruna Maruti Suryawanshi	Associate Professor	11-10-2022	May-12	2016	Child Health Nursing	2016	9Year	Yes	Two Year	Out No: MUHS/U G/E- 6/152129/ 415/2024	703144099241	BHDPV4 021K	05-01-1990	arunasury.wanshi100@gmail.com	9322370993	No		
3	Uma Institute of Nursing Sciences, Jath Sangli	61306	Maternal Nursing	Mrs.Aruna Maruti Suryawanshi	Associate Professor	11-10-2022	May-12	2016	Child Health Nursing	2016	9Year	Yes	Two Year	Out No: MUHS/U G/E- 6/152129/ 415/2024	703144099241	BHDPV4 021K	05-01-1990	arunasury.wanshi100@gmail.com	9322370993	No		



**PRINCIPAL**  
**UMA INSTITUTE OF NURSING**  
**SCIENCES, JATH. DIST. SANGLI**

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**


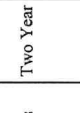
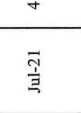
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : Uma Institute Of Nursing Sciences Jath

Phone/Mobile No. : 8208266007

Course:-Post B.Sc Nursing

Name of the Subject : Medical Surgical Nursing

Sr. No.	College Name	Subject Code	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)	Type of Approval (Temp/Permanent for two year etc.)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No	Sign of Teacher	Reason
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17				
1	Uma Institute of Nursing Sciences, Jath Sangli	61308	Medical Surgical Nursing	Ms.Lalita Baichabal	Assistant Professor Lecturer	10-02-2024	May-12 Obstetrics and Gynecological Nursing	Jul-21 4 Year	Yes	Two Year	Out No: MUHS/UG/E-6/152129/415/2024	528384191986	BFWPB8284K	01-06-1986	lalitabaichabaal777@gmail.com	8208266007	No			
2	Uma Institute of Nursing Sciences, Jath Sangli	61414	Introduction to Nursing Education	Ms.Lalita Baichabal	Assistant Professor Lecturer	10-02-2024	May-12 Obstetrics and Gynecological Nursing	Jul-21 4 Year	Yes	Two Year	Out No: MUHS/UG/E-6/152129/415/2024	528384191986	BFWPB8284K	01-06-1986	lalitabaichabaal777@gmail.com	8208266007	No			
2	Uma Institute of Nursing Sciences, Jath Sangli	61301	Nursing Foundation	Ms.Lalita Baichabal	Assistant Professor Lecturer	10-02-2024	May-12 Obstetrics and Gynecological Nursing	Jul-21 4 Year	Yes	Two Year	Out No: MUHS/UG/E-6/152129/415/2024	528384191986	BFWPB8284K	01-06-1986	lalitabaichabaal777@gmail.com	8208266007	No			



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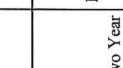

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK****SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)**

Name of the College : Uma Institute Of Nursing Sciences Jath

Phone/Mobile No. : 7338128428

Course:-Post B.Sc Nursing

Name of the Subject : Community Health Nursing

Sr. No.	College Name	Subject Code	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 (Yes/No)	MUHS Approval (Yes/No)	Type of Approval Specificity (Temp. or one year/ two year etc.)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No	Sign of Teacher	Reason
1	Uma Institute of Nursing Sciences, Jath Sangli	61412	Community Health Nursing	Mr. Sanga Mesh Pattanshetti 22MUHS 9277	Assistant Professor	10-02-2024	2008	COMMUNITY HEALTH NURSING	13 Year	Yes	Two Year	Out No: MUHS/U G/E- 6/152129/415/2024	567904520080	BJPM1808E	13-08-1984	bhpnwad@gmail.com	7338128428	No		
2	Uma Institute of Nursing Sciences, Jath Sangli	61415	Introduction to Nursing Service administration	Mr. Sanga Mesh Pattanshetti 22MUHS 9277	Assistant Professor	10-02-2024	2008	COMMUNITY HEALTH NURSING	13 Year	Yes	Two Year	Out No: MUHS/U G/E- 6/152129/415/2024	567904520080	BJPM1808E	13-08-1984	bhpnwad@gmail.com	7338128428	No		
3	Uma Institute of Nursing Sciences, Jath Sangli	61411	Sociology	Mr. Sanga Mesh Pattanshetti 22MUHS 9277	Assistant Professor	10-02-2024	2008	COMMUNITY HEALTH NURSING	13 Year	Yes	Two Year	Out No: MUHS/U G/E- 6/152129/415/2024	567904520080	BJPM1808E	13-08-1984	bhpnwad@gmail.com	7338128428	No		



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**UMA INSTITUTE OF NURSING**  
**SCIENCES, JATH, DIST-SANGLI**