

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College:- Sahyadri Institute of Nursing Education, B.Sc Chincholirao Latur

Sr. No.	College Name	District where college situated	Region of examiner College	Subject through which registration is done for separate subjects	Subject Code	Full name of the Teacher (First/Initial/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 Subject 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 five only OTD Registered 10 digit number only year	Debarred Yes/No	Signature of teacher
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	
1	Sahyadri Institute of Nursing Education, B.Sc Chincholirao Latur	Latur	Marathwada	Nursing Foundation	62503	Mr Chinnasam y Azhagesan	Principal	10/3/2024	B.Sc Nursing - 2006	M.Sc Nursing	2009	Child Health Nursing		17 Years 5 Months	18 Years 5 Months	Yes	MUHS/UGE-5/154147/18/2025	21/02/25	327312326241	AVSPA9581 B	02/07/1981	46	chinnaaia@gmail.com	9545989802	No		
2	Sahyadri Institute of Nursing Education, B.Sc Chincholirao Latur	Latur	Marathwada	Child Health Nursing	62702	Mr Chinnasam y Azhagesan	Principal	10/3/2024	B.Sc Nursing - 2006	M.Sc Nursing	2009	Child Health Nursing		17 Years 5 Months	18 Years 5 Months	Yes	MUHS/UGE-5/154147/18/2025	21/02/25	327312326241	AVSPA9581 B	02/07/1981	46	chinnaaia@gmail.com	9545989802	No		
3	Sahyadri Institute of Nursing Education, B.Sc Chincholirao Latur	Latur	Marathwada	Nursing Foundation	61301	Mr Chinnasam y Azhagesan	Principal	10/3/2024	B.Sc Nursing - 2006	M.Sc Nursing	2009	Child Health Nursing		17 Years 5 Months	18 Years 5 Months	Yes	MUHS/UGE-5/154147/18/2025	21/02/25	327312326241	AVSPA9581 B	02/07/1981	46	chinnaaia@gmail.com	9545989802	No		
4	Sahyadri Institute of Nursing Education, B.Sc Chincholirao Latur	Latur	Marathwada	Child Health Nursing	61307	Mr Chinnasam y Azhagesan	Principal	10/3/2024	B.Sc Nursing - 2006	M.Sc Nursing	2009	Child Health Nursing		17 Years 5 Months	18 Years 5 Months	Yes	MUHS/UGE-5/154147/18/2025	21/02/25	327312326241	AVSPA9581 B	02/07/1981	46	chinnaaia@gmail.com	9545989802	No		



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Name of the College:- Sahyadri Institute of Nursing Education, B.Sc Chincholirao Latur

Sl. No.	College Name	District where college situated	Region of examiner College	Subject taught/one separate row for each subject	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 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)	Aadhar No.	Pan No.	Date of Birth	Age in years	Latest Email Address	Contact No. (Mob) as per UID Registered 10 digit number only use	Behavioral Yes/No	Signature of teacher
5	Sahyadri Institute of Nursing Education, B.Sc Chincholirao Latur	Latur	Marathwada	Nursing Foundation - I & II	EEB0000300017552202	Mr. Chinmasamy Azhagesan	Principal	10/3/2024	B.Sc Nursing - 2006	M.Sc Nursing	2009	Child Health Nursing		17 Years 5 Months	18 Years 5 Months	Yes	MUHS/UGE-5/154147/18/2025	21/02/25	327312326241	AVSPA9581B	02/07/1981	46	chinmaalag@gmail.com	9545989802	No		
6	Sahyadri Institute of Nursing Education, B.Sc Chincholirao Latur	Latur	Marathwada	Child Health Nursing - I & II	53601	Mr. Chinmasamy Azhagesan	Principal	10/3/2024	B.Sc Nursing - 2006	M.Sc Nursing	2009	Child Health Nursing		17 Years 5 Months	18 Years 5 Months	Yes	MUHS/UGE-5/154147/18/2025	21/02/25	327312326241	AVSPA9581B	02/07/1981	46	chinmaalag@gmail.com	9545989802	No		
7	Sahyadri Institute of Nursing Education, B.Sc Chincholirao Latur	Latur	Marathwada	Nursing Foundation	62503	Ms. Padmavathi Ramalingam	Vice Principal	1/25/2025	B.Sc Nursing - 2006	M.Sc Nursing	2010	M.Sc Obstetric and Gynecological Nursing		16 Years 6 Months	17 Years 6 Months	Yes	MUHS/UGE-5/154147/18/2025	21/02/25	574286544883	BDYBR3596J	5/5/1983	44	padhumilgms@gmail.com	9764090971	No		
8	Sahyadri Institute of Nursing Education, B.Sc Chincholirao Latur	Latur	Marathwada	Midwifery and Obstetrical Nursing	62801	Ms. Padmavathi Ramalingam	Vice Principal	1/25/2025	B.Sc Nursing - 2006	M.Sc Nursing	2010	M.Sc Obstetric and Gynecological Nursing		16 Years 6 Months	17 Years 6 Months	Yes	MUHS/UGE-5/154147/18/2025	21/02/25	574286544883	BDYBR3596J	5/5/1983	44	padhumilgms@gmail.com	9764090971	No		



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Annexure-XIII(A)

Name of the College: Sahyadri Institute of Nursing Education, B.Sc Chincholirao Latur

Sl. No.	College Name	Division where college situated	Region of Examiners College	Subject (though use separate row for separate subject)	Subject Code	Full name of the Teacher (Print/Write in I)	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 Subject	PG Qualification Subject	Ph.D. Completed (Yes/No)	Teaching Experience in years after PG passing	Total Teaching Experience in years	MUHS (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. (Mobile No. or ID No Registered to digit number only one)	Declared Yes/No	Signature of teacher
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		
9	Sahyadri Institute of Nursing Education, B.Sc Chincholirao Latur	Latur	Marathwada	Nursing Foundation	61301	Ms. Padmavathi Ramalingam	Vice Principal	1/25/2025	B.Sc Nursing - 2006	M.Sc Nursing	2010	M.Sc Obstetric and Gynecological Nursing			16 Years 6 Months	17 Years 6 Months	Yes	MUHS/UGE-5/154147/18/2025	21/02/25	574286544883	BDYBR3596J	5/5/1983	44	padhuan@latris@gmail.com	9764090971	No		
10	Sahyadri Institute of Nursing Education, B.Sc Chincholirao Latur	Latur	Marathwada	Maternal Nursing	61306	Ms. Padmavathi Ramalingam	Vice Principal	1/25/2025	B.Sc Nursing - 2006	M.Sc Nursing	2010	M.Sc Obstetric and Gynecological Nursing			16 Years 6 Months	17 Years 6 Months	Yes	MUHS/UGE-5/154147/18/2025	21/02/25	574286544883	BDYBR3596J	5/5/1983	44	padhuan@latris@gmail.com	9764090971	No		
11	Sahyadri Institute of Nursing Education, B.Sc Chincholirao Latur	Latur	Marathwada	Nursing Foundation - I & II	EEB0000300017552202	Ms. Padmavathi Ramalingam	Vice Principal	1/25/2025	B.Sc Nursing - 2006	M.Sc Nursing	2010	M.Sc Obstetric and Gynecological Nursing			16 Years 6 Months	17 Years 6 Months	Yes	MUHS/UGE-5/154147/18/2025	21/02/25	574286544883	BDYBR3596J	5/5/1983	44	padhuan@latris@gmail.com	9764090971	No		
12	Sahyadri Institute of Nursing Education, B.Sc Chincholirao Latur	Latur	Marathwada	Nursing Foundation - I & II	EEB0000300017552202	Ms. Padmavathi Ramalingam	Vice Principal	1/25/2025	B.Sc Nursing - 2006	M.Sc Nursing	2010	M.Sc Obstetric and Gynecological Nursing			16 Years 6 Months	17 Years 6 Months	Yes	MUHS/UGE-5/154147/18/2025	21/02/25	574286544883	BDYBR3596J	5/5/1983	44	padhuan@latris@gmail.com	9764090971	No		



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

Name of the College- Sahyadri Institute of Nursing Education, B.Sc Chincholirao Latar

Sl. No.	College Name	District where college situated	Region of examiner College	Subject taught in separate row for separate subjects	Subject Code	Full name of the Teacher (Printed Name in (I))	Designation as per 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 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	Last Email Address	Contact No. (Mobi) give only one number & 10 digit number only use	Debarred Yes/No	Signature of teacher
13	Sahyadri Institute of Nursing Education, B.Sc Chincholirao Latar	Latur	Marathwada	Nursing Foundation	62503	Mr. Rajat Bhiva Gaikwad	Lecturer	2/10/2025	B.Sc Nursing - 2016	M.Sc Nursing	2019	Mental Health Nursing		1 Year 6 Months	8 Years 1 Months	Yes	MUHS/UG-5/154147/18/2025	21/02/25	953657624795	CCAPG9641 M	6/9/1993	32	rajatgaikwad83@gmail.com	7709030203	No	Rajat Gaikwad	
14	Sahyadri Institute of Nursing Education, B.Sc Chincholirao Latar	Latur	Marathwada	Mental Health Nursing	62703	Mr. Rajat Bhiva Gaikwad	Lecturer	2/10/2025	B.Sc Nursing - 2016	M.Sc Nursing	2019	Mental Health Nursing		1 Year 6 Months	8 Years 1 Months	Yes	MUHS/UG-5/154147/18/2025	21/02/25	953657624795	CCAPG9641 M	6/9/1993	32	rajatgaikwad83@gmail.com	7709030203	No	Rajat Gaikwad	
15	Sahyadri Institute of Nursing Education, B.Sc Chincholirao Latar	Latur	Marathwada	Nursing Foundation	61301	Mr. Rajat Bhiva Gaikwad	Lecturer	2/10/2025	B.Sc Nursing - 2016	M.Sc Nursing	2019	Mental Health Nursing		1 Year 6 Months	8 Years 1 Months	Yes	MUHS/UG-5/154147/18/2025	21/02/25	953657624795	CCAPG9641 M	6/9/1993	32	rajatgaikwad83@gmail.com	7709030203	No	Rajat Gaikwad	
16	Sahyadri Institute of Nursing Education, B.Sc Chincholirao Latar	Latur	Marathwada	Mental Health Nursing	61413	Mr. Rajat Bhiva Gaikwad	Lecturer	2/10/2025	B.Sc Nursing - 2016	M.Sc Nursing	2019	Mental Health Nursing		1 Year 6 Months	8 Years 1 Months	Yes	MUHS/UG-5/154147/18/2025	21/02/25	953657624795	CCAPG9641 M	6/9/1993	32	rajatgaikwad83@gmail.com	7709030203	No	Rajat Gaikwad	



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College: Sahyadri Institute of Nursing Education, B.Sc Chincholirao Latur

Sl. No.	College Name	District where college situated	Region of ex-aminee's college situated	Subject taught (use separate row for separate subject)	Subject Code	Full name of the Teacher (Please indicate as I or II)	Designation as per the 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 Speciality 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 (Year No)	If Yes MUHS Approval Letter & Date	Approval Valid Till date (DD/MM/YYYY)	Albhar No.	Pan No.	Date of Birth	Age in years	Latest Email Address	Contact No. (With) pin only OTD Registered to digit number only not	Debarred Yes/No	Signature of teacher
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	
17	Sahyadri Institute of Nursing Education, B.Sc Chincholirao Latur	Latur	Marathwada	Nursing Foundation-I & II	EEB000 0300017 552202	Mr. Rajat Bhiva Gaikwad	Lecturer	2/10/2025	B.Sc Nursing-2016	M.Sc Nursing	2019	Mental Health Nursing			1 Year 6 Months	8 Years 1 Months	Yes	MUHS/UGE-5/154147/18/2025	21/02/25	953657624795	CCAPG9641 M	6/9/1993	32	rajatgaikwad82@gmail.com	7709030203	No	
18	Sahyadri Institute of Nursing Education, B.Sc Chincholirao Latur	Latur	Marathwada	Mental Health Nursing-I & II	53602	Mr. Rajat Bhiva Gaikwad	Lecturer	2/10/2025	B.Sc Nursing-2016	M.Sc Nursing	2019	Mental Health Nursing			1 Year 6 Months	8 Years 1 Months	Yes	MUHS/UGE-5/154147/18/2025	21/02/25	953657624795	CCAPG9641 M	6/9/1993	32	rajatgaikwad82@gmail.com	7709030203	No	
19	Sahyadri Institute of Nursing Education, B.Sc Chincholirao Latur	Latur	Marathwada	Nursing Foundation	62503	Mr. Chetan Gangaram Shinde	Lecturer	2/1/2025	B.Sc Nursing-2017	M.Sc Nursing	2022	Medical Surgical Nursing			3 Years 10 Months	6 Years	Yes	MUHS/UGE-5/154147/18/2025	21/02/25	669930133372	JDRPS9266M	9/9/1995	30	shindechetan1@gmail.com	7387428501	No	
20	Sahyadri Institute of Nursing Education, B.Sc Chincholirao Latur	Latur	Marathwada	Medical Surgical Nursing (I)	62602	Mr. Chetan Gangaram Shinde	Lecturer	2/1/2025	B.Sc Nursing-2017	M.Sc Nursing	2022	Medical Surgical Nursing			3 Years 10 Months	6 Years	Yes	MUHS/UGE-5/154147/18/2025	21/02/25	669930133372	JDRPS9266M	9/9/1995	30	shindechetan1@gmail.com	7387428501	No	



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (U.C Courses)

Name of the College- Sahyadri Institute of Nursing Education, B.Sc Chincholirao Latur

Sr. No.	College Name	Place where college situated	Region of ex-aminer's College	Subject through which separate row for separate subjects	Subject Code	Full name of the Teacher (Print/Write in Latin)	Designation as per approval letter	Date of joining current institute	U.C Qualification & Passing year	Post Graduate Qualification	Qualification Passing year (YYYY)	PG Qualification Subject	PG Qualification Sub-Speciality if any	Ph.D Completed or not	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. (Mobi) Give only 10 digit number only	Debarred Yes/No	Signature of teacher
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		
21	Sahyadri Institute of Nursing Education, B.Sc Chincholirao Latur	Latur	Marathwada	Medical Surgical Nursing (II)	62701	Mr Chetan Gangaram Shinde	Lecturer	2/1/2025	B Sc Nursing - 2017	M Sc Nursing	2022	Medical Surgical Nursing			3 Years 10 Months	6 Years	Yes	MUHS/UGE-5/154147/18/2025	21/02/25	669930133372	JDRPS9266M	9/9/1995	30	shindebetanra@gmail.com	7387428501	No		
22	Sahyadri Institute of Nursing Education, B.Sc Chincholirao Latur	Latur	Marathwada	Nursing Foundation	61301	Mr Chetan Gangaram Shinde	Lecturer	2/1/2025	B Sc Nursing - 2017	M Sc Nursing	2022	Medical Surgical Nursing			3 Years 10 Months	6 Years	Yes	MUHS/UGE-5/154147/18/2025	21/02/25	669930133372	JDRPS9266M	9/9/1995	30	shindebetanra@gmail.com	7387428501	No		
23	Sahyadri Institute of Nursing Education, B.Sc Chincholirao Latur	Latur	Marathwada	Medical and Surgical Nursing	61308	Mr Chetan Gangaram Shinde	Lecturer	2/1/2025	B Sc Nursing - 2017	M Sc Nursing	2022	Medical Surgical Nursing			3 Years 10 Months	6 Years	Yes	MUHS/UGE-5/154147/18/2025	21/02/25	669930133372	JDRPS9266M	9/9/1995	30	shindebetanra@gmail.com	7387428501	No		
24	Sahyadri Institute of Nursing Education, B.Sc Chincholirao Latur	Latur	Marathwada	Nursing Foundation-I & II	60300017	Mr Chetan Gangaram Shinde	Lecturer	2/1/2025	B Sc Nursing - 2017	M Sc Nursing	2022	Medical Surgical Nursing			3 Years 10 Months	6 Years	Yes	MUHS/UGE-5/154147/18/2025	21/02/25	669930133372	JDRPS9266M	9/9/1995	30	shindebetanra@gmail.com	7387428501	No		



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

Annexure-XIII(A)

Name of the College:- **Sahyadri Institute of Nursing Education, B.Sc Chincholirao Latur**

Sl. No.	College Name	District where college situated	Region of examiner College	Subject Group/one for separate subjects	Subject Code	Full name of the Teacher (Print/Handwritten)	Designation as per staff approval letter	Date of Joining current institute	UG Qualification & Passing year	Post Graduate Qualification	PG Qualification Passed for (YYYY)	PG Qualification Subject	PG Qualification Speciality, if any	Ph.D Completed if Yes Mention Year of Passing	Teaching Experience in years of PG passing	Total Teaching Experience in years	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Approval Valid Till date (DD/MM/YYYY)	Aadhar No.	Pan No.	Date of Birth	Age in years	Latest Email Address	Contact No. (Mobile No. give only 10 digit No. give only 10 digit number only one)	Beharred Yes/No	Signature of teacher
25	Sahyadri Institute of Nursing Education, B.Sc Chincholirao Latur	Latur	Marathwada	Adult Health Nursing - I	00300017	Mr Chetan Gangaram Shinde	Lecturer	2/1/2025	B Sc Nursing 2017	M Sc Nursing	2022	Medical Surgical Nursing		3 Years 10 Months	6 Years	Yes	MUHS/UGE-5/154147/18/2025	21/02/25	669930133372	JDRPS9266M	9/9/1995	30	shindechetanraji@gmail.com	7387428501	No		
26	Sahyadri Institute of Nursing Education, B.Sc Chincholirao Latur	Latur	Marathwada	Adult Health Nursing - II	00300017	Mr Chetan Gangaram Shinde	Lecturer	2/1/2025	B Sc Nursing 2017	M Sc Nursing	2022	Medical Surgical Nursing		3 Years 10 Months	6 Years	Yes	MUHS/UGE-5/154147/18/2025	21/02/25	669930133372	JDRPS9266M	9/9/1995	30	shindechetanraji@gmail.com	7387428501	No		

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 Submitting this Sheet

Refer Annexure VII also before




Principal
Sahyadri Institute Of Nursing Education
Basic B.Sc. Chincholirao
Tq. Dist. Latur