

Annexure-XIII(A)

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

Name of the College:- Loknete Dr. Shivajirao Shendge B.Sc Nursing College Takali(A) 414202, Phone/Mobile No of college. :- 9404256334

| Sr. No. | College Name | District where college situated | Region of examiner College | Subject thought use separate row for separate subjects | 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 Sub 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 only OTD Registered 10 digit number only one | Debarred Yes/No | Signature of teacher |
|---------|--------------|---------------------------------|----------------------------|--|--------------|--|--|-----------------------------------|---------------------------------|-----------------------------|--------------------------------------|--------------------------|---------------------------------------|---|---|------------------------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------|---------------|--------------|----------------------|--|-----------------|----------------------|
| 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | College | Not | | | | | obtained | teaching | | | | | | | | | | | | 5th | approval, Hence | eligible |
| 4 | | | | | | | Examiners | | | | | are | not | available | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | |

- 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
- Refer Annexure VII also before Submitting this Sheet