

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

AnnexureXIII(B)

SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

Name of the College :- M.V.P. Samaj's Institute of Nursing Education, Adgaon, Nashik
Name of the Subject :- Child Health Nursing

Phone / Mobile No:- 0253-2303340 , 9420751259

1	Sr. No.	
M.V.P. Samaj's Institute of Nursing Education, Adgaon, Nashik	2	College Name
Child Health Nursing	3	P.G Subject thought use separate row for separate subjects
Ms. Sara Tomy	4	Name of Teacher (Last Name First Name Middle Name)
Associate Professor	5	Designation Don't use short form
2016	6	M.Sc Passing Year (YYYY)
Child Health Nursing	7	M.Sc (N) Subject Qualification
NA	8	Sub Specialty If any
No	9	Ph.D Nursing Yes / No if yes passing year
Temporary	10	Type of Appointment (Regular/Temp. Honorary)
9 year 6 month	11	UG Teaching Experience in year
8 year 6 month	12	After PG Teaching Experience (in Years)
4 year 3month	13	Teaching Experience to Teach PG Student In Years
Yes	14	PG Teacher Recognition Yes/No
MUHS/PG/E- 5/153101/1703/2024 Dt: 14/08/2024	15	Recognition Letter Date issued by University.)
20-05-2026	16	Recognition Valid Till date (DD/MM/YYYY)
17	17	No. of PG Student s Guided last 5 year
28-12-1990	18	Date of Birth
sneha.tomy777@gmail.com	19	E-mail ID
7875479378	20	Mobile No. give only one number
248145339213.0	21	Aadhar Card No
No	22	If Debar red (Yes/ No)
	23	Sign..of Teacher

Date: 31 / 01 /2025



Dean / Principal Stamp & Signature

Sneha Tomy
Principal
M.V.P. Samaj's
Institute of Nursing Education
Adgaon, Nashik

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

Annexure XIII(B)

Name of the College :- M.V.P. Samaj's Institute of Nursing Education, Adgaon, Nashik
Name of the Subject :- Obstetrics & Gynecological Nursing

Phone / Mobile No:- 0253-2303340 , 9420751259

1	Sr. No.	
M.V.P. Samaj's Institute of Nursing Education, Adgaon, Nashik	2	College Name
Obstetrics & Gynecological Nursing	3	P.G Subject thought use separate row for separate subjects
Ms. Gaikwad Vanita Shivaji	4	Name of Teacher (Last Name First Name Middle Name)
Associate Professor	5	Designation Don't use short form
2017	6	M.Sc Passing Year (YYYY)
Obstetrics & Gynecological Nursing	7	M.Sc (N) Subject Qualification
NA	8	Sub Specialty If any
No	9	Ph.D Nursing Yes / No if yes passing year
Temporary	10	Type of Appointment (Regular/Temp. Honorary)
2 year 8month	11	UG Teaching Experience in year
7 year 6 month	12	After PG Teaching Experience (In Years)
4 year 3month	13	Teaching Experience to Teach PG Student In Years
Yes	14	PG Teacher Recognition Yes/No
MUHS/PG/E-5/153101/1703/2024 Dt: 14/08/2024	15	Recognition Letter Date issued by University.)
20-05-2026	16	Recognition Valid Till date (DD/MM/YYYY)
9	17	No. of PG Student s Guided last 5 year
31-03-1991	18	Date of Birth
shraddhasgaikwad20@gmail.com	19	E-mail ID
8329853711.0	20	Mobile No. give only one number
292024076713.0	21	Aadhar Card No
No	22	If Debar red (Yes/ No)
Vanita	23	Sign..of Teacher

Date: 31 / 01 /2025



Dean / Principal Stamp & Signature
Principal
M.V.P. Samaj's
Institute of Nursing Education,
Adgaon, Nashik