



4	3	2	1	Sr No	
Sahyadri College of Nursing				College Name	
Dharashiv				District where college situated	
Aurangabad				Region of examiner College	
Adult Health Nursing - I	Community Health Nursing	Community Health Nursing	Adult Health Nursing - I	Community Health Nursing	Subject thought use separate row for separate subjects Subject thought use separate row for separate subjects
Adult Health Nursing - II			Adult Health Nursing - II		
			Nursing Foundation I & II		
Adult Health Nursing - I (EEB0000300017553202)	53501	53501	Nursing Foundation I & II (EEB0000300017552202)	53501	Subject Code
Adult Health Nursing - II (EEB0000300017554202)			Adult Health Nursing - I (EEB0000300017553202)		
			Adult Health Nursing - II (EEB0000300017554202)		
Mr. Jangadish Unki	Mr. Raghavendra Chawan	Mr. Arvind Mallikarjun Masali	Mr. Balasaheb Mallikarjun Biradar	Mrs. Mary Praneethi	Full name of the Teacher (First/Middle/Last)
Assistant Professor	Associate Professor	Associate Professor	Professor Cum Vice-Principal	Professor Cum-Principal	Designation as per staff approval letter
01/02/2025	01/02/2025	01/02/2025	13/07/2023	13/07/2023	Date of Joining current institute
B.BSc Nursing 2009	B.BSc Nursing 2011	B.BSc Nursing 2012	B.BSc Nursing 2008	B.Sc Nursing 1995	UG Qualification & Passing year
MSc Nursing	MSc Nursing	MSc Nursing	MSc Nursing	MSc Nursing	Post Graduate Qualification
XVII-9763	2011	2014	2012	2006	PG Qualification Passing year (YYYY)
Medical Surgical Nursing	Community Health Nursing	Community Health Nursing	Medical Surgical Nursing	Community Health Nursing	PG Qualification Subject
Nephro-Urology	No	No	Nephro-Urology	No	Qualification Sub Specialty if any
9	9	10	12	11	Teaching Experience in years after PG passing
11.9	10	11	12	24.8	Total Teaching Experience in years
In Process	In Process	In Process	Yes	Yes	MUHS Approval (Yes/No)
In Process	In Process	In Process	MUHS/UG/E-6/154137/1468/2023	MUHS/UG/E-6/154137/1468/2023	If Yes MUHS Approval Letter & Date
In Process	In Process	In Process	13/07/2025	13/07/2025	Approval Valid Till date (DD/MM/YYYY)
353942796264	9590312424	754927094378	515074296413	463536599688	Adhar No
334723907598	334723907598	KSYDB8654L	ARHPB7272M	334723907598	Pan No.
10/06/1987	12/08/1986	29/07/1988	29/07/1984	15/09/1974	Date of Birth
37	38	36	40	50	Age in years
osurwase345@gmail.com	reshmachavan636@gmail.com	chinmayi3237@gmail.com	bmbiradar29@gmail.com	mpraneethi@yahoo.com	Latest Email Address
9922081500	9945280027	8983219164	9767244954	9449140825	Contact No. (Mob.) give only OTD Registered 10 digit number only one
No	No	No	No	No	Debarred Yes/No
JL	R	Arvind		SA	Signature of teacher

Name of College: Sahyadri College of Nursing

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

Phone/Mobile No of college: - 02472 - 222445

ANNEXURE - VIII(A)

6	5	Sr No
		College Name
		District where college situated
		Region of examiner College
Paediatric Nursing	Psychiatric Nursing	Subject thought use separate row for separate subjects Subject thought use separate row for separate subjects
		Subject Code
Mr. Mahadevappa R Bembalge	Mr. Anil Rayagond Teli	Full name of the Teacher (First/Middle/Last)
Assistant Professor	Assistant Professor	Designation as per staff approval letter
13/07/2023	28/02/2024	Date of Joining current institute
B.BSc Nursing 2010	B.BSc Nursing 2014	UG Qualification & Passing year
MSc Nursing	MSc Nursing	Post Graduate Qualification
XVII-2388	XVII-14498	PG Qualification Passing year (YYYY)
Paediatric Nursing	Psychiatric Nursing	PG Qualification Subject
No	No	Qualification Sub Specialty if any
7.5	5	Teaching Experience in years after PG passing
7.5	5.11	Total Teaching Experience in years
In Process	Yes	MUHS Approval (Yes/No)
In Process	MUHS/UG/E-6/154137/460/2024	If Yes MUHS Approval Letter & Date
In Process	11/03/2026	Approval Valid Till date (DD/MM/YYYY)
602528920578	537163179800	Adhar No
602526920578	362979585635	Pan No.
09/08/1984	01/06/1991	Date of Birth
40	33	Age in years
mahadevbembalge20@gmail.com	baradeniranjan423@gmail.com	Latest Email Address
8123427060	9373023030	Contact No. (Mob.) give only OTD Registered 10 digit number only one
No	No	Debarred Yes/No
		Signature of teacher