

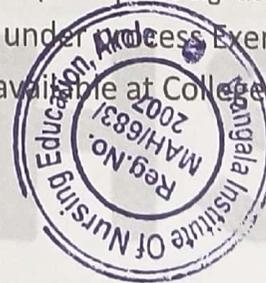
## MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

## SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College:- Mangala Institute of Nursing Education Phone/Mobile No of college. :- \_\_\_\_\_

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																											
4																											
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**



**PRINCIPAL**  
Mangala Institute Of Nursing Education  
Akole, Tal. Akole, Dist. Ahilyanagar

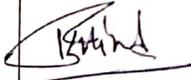
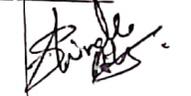
**Annexure-XIII(A)**

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**

**SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)**

Name of the College:- Mangala Institute of nursing education akole \_\_\_\_\_ Phone/Mobile No of college. :-  
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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	MINE AKOLE	Ahilya nagar	Pune	MSN	626701	Dr. Alka Hari Manjrekar	Vice Principal	01/01/2025	1989	yes	2010	MSN	Cardio.	2020	6	33	YES	11/06/2025	11/06/2027	441255768918		01/04/1963	62	alkahalwal@gmail.com	9661656620	NO	
2				OBGY	62801	Dr. Mangal Suresh Khadse	Asso. Prof	01/01/2025	1992	yes	2018	OBGY	No	2021	4	37	YES	11/06/2025	11/06/2027	948127908888		1/12/1964	63	manjalkhadse@gmail.com	9867053728	NO	
3				CHN	62702	Mrs. Priti Pimpalekar	Asso. Prof	01/02/2025	2012	yes	2014	CHN	No	NO	9	11	YES	11/06/2025	11/06/2027	920847677883		12/06/1988	37	pritiimpalekar@gmail.com	9867087029	NO	

4			MSN	62701	Mr. Vishal Khinde	Assis. Prof	4/02/2026	2016	yes	2025	MSN	cnco	NO	3	6	NO			5096 3856 6492	24/1 1/19 91	35	vishu lkhin de@ gmail .com		NO	
5			CHN	62802	Mr. Pramod Kanade	Assi. Prof	4/02/2026	2021	yes	2025	CHN	NO	NO	9MON TH	4	NO					30	pram odka nade @gm ail.co m	9822458597	NO	
6			MHN	62703	Mr. Aniket Shinde	Assi. Prof	4/02/2026	2020	yes	2025	MHN	NO	NO	4 MONT H	3	NO					26	Shin deani ket7l 0@g mail com	9130849667	NO	
7																									

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