

## MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

NAME OF THE COLLEGE: SHIVA TRUST'S, AURANGABAD TRAINING COLLEGE OF B.SC NURSING, BHALGAON, AURANGABAD

PHONE/MOBILE NO. : 7045110616

NAME OF THE SUBJECT: NURSING EDUCATION

Sr. No	Name of Teacher (Last Name Middle Name)	Designation	Subject / Specialty	Type of Appointment (Regular/Temp./Honorary)	Qualification	University Approx. at (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University.)	No. of PG Students Guided last 5 year	Date of Birth	E-mail ID	Mobile No.	Adhaar Card No	If Debarred (Yes/No)	Signature of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	DR. DONIT JOHN	Associate Professor	Mental Health Nursing	Temp	PhD in Nursing	Yes	9 Years	Yes	MUHS/PG/E 6/154102/14 1/2021 DATED 17/01/2022	8	08/09/1989	donitj ohn23@gmail.com	7045110616	700383121822	NO	
2	DR. RAJSHRI BALASAH EB KOAKATE	Assistant Professor	Mental Health Nursing	Temp	PhD in Nursing	Yes	7 Years	Yes	MUHS/PG/E 6/154102/84 2/2023 ED	3	6/9/1990	rajshri.kokat e12@gmail.com	9168522999	679409069496	NO	



Principal

Aurangabad Nursing College  
of M.Sc. Nursing,  
Bhalgaon, Aurangabad

3	MS. DIPALI RAMESH INGALE	Assistant Professor	Obstetrics & Gynecological Nursing	Temp	M.Sc Nursing	Yes	7 Years	Yes	MUHS/PG/E 6/154102/30 14/2022DAT ED 26/12/2022	10	7/4/198 7	<u>dipalii</u> <u>ngale</u> <u>77@g</u> <u>mail.c</u> <u>om</u>	93591 30182 4409	2915 8551 4409	NO	
4	MS. SANDHYA BHIMRAO WAGH	Assistant Professor	Child Health Nursing	Temp	M.Sc Nursing	Yes	6 Years	Yes	MUHS/PG/E 6/154102/30 14/2022DAT ED 26/12/2022	8	31/05/1 992	<u>sandh</u> <u>yawag</u> <u>h30@</u> <u>email.</u> <u>com</u>	72187 40993 7762	3937 7589 7762	NO	
5	MR. VENUGOP AL K	Associate Professor	Medical Surgical Nursing	Temp	M.Sc Nursing	Yes	9 Years	Yes	MUHS/PG/E 6/154102/84 2/2023DAT ED 04/05/2023	8	31/8/19 89	<u>kalluri</u> <u>venul</u> <u>04@g</u> <u>mail.c</u> <u>om</u>	80744 92733 7878	3636 6775 7878	NO	
6	MS. ROJITA MUTUM	Assistant Professor	Medical Surgical Nursing	Temp	M.Sc Nursing	Yes	4 Years	Yes	MUHS/PG/E 6/154102/14 1/2021 DATED 17/01/2022	3	1/1/199 4	<u>mutu</u> <u>mrojit</u> <u>a@gm</u> <u>ail.co</u> <u>m</u>	77308 93064 0367	8834 3490 0367	NO	



*Principal*

**Principal  
of M.Sc. Nursing,  
Aurangabad Nursing College  
Bha'gaon, Aurangabad**



7	MS. BANKAR PRITIMAL A ANAND	Assistant Professor	Community Health Nursing	Temp	M.Sc Nursing	Yes	8 Years	Yes	MUHS/PG/E 6/154102/14 1/2021 DATED 17/01/2022	4	3/9/198 7	<u>priti</u> <u>ba</u> <u>nk</u> <u>ar</u> <u>9</u> <u>387</u> <u>@</u> <u>email</u> <u>.</u> <u>com</u>	80744 92733	8834 3490 0367	NO	
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Principal  
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Aurangabad Nursing College  
of M.Sc. Nursing,  
Bha'gaon, Aurangabad

## MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

NAME OF THE COLLEGE: SHIVA TRUST'S, AURANGABAD TRAINING COLLEGE OF B.SC NURSING, BHALGAON, AURANGABAD  
 PHONE/MOBILE NO. : 7045110616

## NAME OF THE SUBJECT: MENTAL HEALTH NURSING

Sr. No	Name of Teacher (Last Name Middle Name)	Designation	Subject / Specialty	Type of Appointment (Regular/Temp/Honorary)	Qualification	University Approx. at (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University.)	No. of PG Students Guided last 5 year	Date of Birth	E-mail ID	Mobile No.	Adhaar Card No	If Debarred (Yes/No)	Signature of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	DR. DONIT JOHN	Associate Professor	Mental Health Nursing	Temp	PhD in Nursing	Yes	9 Years	Yes	MUHS/PG/ E6/154102/1 41/ 2021 DATED 17/01/2022	8	08/09/ 1989	donitj ohn23 @gma il.com	70451 10616	7003 8312 1822	NO	
2	DR RAJSHRI BALASAH EB KOAKATE	Assistant Professor	Mental Health Nursing	Temp	PhD in Nursing	Yes	7 Years	Yes	MUHS/PG/ E6/154102/8 42/2023DAT ED 04/05/2023	3	6/9/199 0	rajshri kokat e12@ gmail. com	91685 22999	6794 0906 9496	NO	





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NAME OF THE COLLEGE: SHIVA TRUST'S, AURANGABAD TRAINING COLLEGE OF B.SC NURSING, BHALGAON, AURANGABAD

PHONE/MOBILE NO. : 7045110616

NAME OF THE SUBJECT: OBSTETRICS &amp; GYNECOLOGICAL NURSING

Sr. No	Name of Teacher (Last Name Middle Name)	Designation	Subject / Specialty	Type of Appointment (Regular/Temp/Honorary)	Qualification	University Approx. at (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University.)	No. of PG Students Guided last 5 year	Date of Birth	E-mail ID	Mobile No.	Adhaar Card No	If Debarred (Yes/No)	Signature of Teacher
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1	MS. DIPALI RAMESH INGALE	Assistant Professor	Obstetrics & Gynecological Nursing	Temp	M.Sc Nursing	Yes	7 Years	Yes	MUHS/PG/ E6/154102/3 014/2022DA TED 26/12/2022	10	7/4/1987	dipaliii ngale 77@g mail.c om	93591 30182	2915 8551 4409	NO	



*[Signature]*  
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PHONE/MOBILE NO. : 7045110616

NAME OF THE SUBJECT: CHILD HEALTH NURSING

Sr. No	Name of Teacher (Last Name Middle Name)	Designation	Subject / Specialty	Type of Appointment (Regular/Temp./Honorary)	Qualification	University Approx. at (UG)	PG Teaching Experience (in Years) after PCM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University.)	No. of PG Students Guided last 5 year	Date of Birth	E-mail ID	Mobile No.	Adhaar Card No	If Debarred (Yes/No)	Signature of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	MS. SANDHYA BHIMRAO WAGH	Assistant Professor	Child Health Nursing	Temp	M.Sc Nursing	Yes	6 Years	Yes	MUHS/PG/ E6/154102/3 014/2022DA TED 26/12/2022	8	31/05/1992	sandh yawag h30@gmail.com	7218740993	393775897762	NO	



*[Signature]*  
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 Aurangabad Nursing College  
 of M.Sc. Nursing,  
 Bhalgaon, Aurangabad



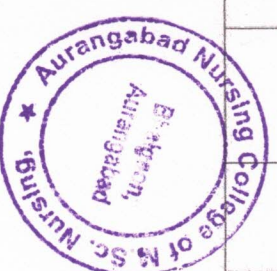
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SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

NAME OF THE COLLEGE: SHIVA TRUST'S, AURANGABAD TRAINING COLLEGE OF B.SC NURSING, BHALGAON, AURANGABAD  
PHONE/MOBILE NO. : 7045110616

## NAME OF THE SUBJECT: MEDICAL SURGICAL NURSING

Sr. No	Name of Teacher (Last Name Middle Name)	Designation	Subject / Specialty	Type of Appointment (Regular/Temp/Honorary)	Qualification	University Appox. at (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University.)	No. of PG Students Guided last 5 year	Date of Birth	E-mail ID	Mobile No.	Adhaar Card No	If Debarred (Yes/No)	Signature of Teacher
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PHONE/MOBILE NO. : 7045110616

NAME OF THE SUBJECT: COMMUNITY HEALTH NURSING

Sr. No	Name of Teacher (Last Name Middle Name)	Designation	Subject / Specialty	Type of Appointment (Regular/Temp./Honorary)	Qualification	University Approx. at (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University.)	No. of PG Students Guided last 5 year	Date of Birth	E-mail ID	Mobile No.	Adhaar Card No	If Debarred (Yes/No)	Signature of Teacher
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