

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College:- DR PALLAVI S.SURYAWANSHI COLLEGE OF NURSING Phone/Mobile No of college. :- 9075915450

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	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	Debarred Yes/No	Signature of teacher
1	Dr.Pallavi S. Suryawanshi College of Nursing Sakat	Ahilyanagar	Jamkhed	Community Health Nursing	53701	Kannammal C.	Principal	08/09/2025	B.Sc Nursing 2002	M..Sc Nursing	2010	Community Health Nursing	Community Health Nursing	Yes	15 yrs 7 Month	24Yrs	Yes	NA	NA	679474826180	BAMPK4145H	15/06/1975	50yrs	kansbala@gmail.com	94063931564	No	

2	<p>Dr.Pallavi S. Suryawanshi College of Nursing Sakat</p> <p>Ahilyanagar</p> <p>Jamkhed</p> <p>Medical Surgical Nursing</p> <p>62704</p> <p>Sharma Gaurav Tarachand</p> <p>Vice-Principal</p> <p>01/01/2025</p> <p>B.Sc Nursing 2010</p> <p>M.Sc Nursing</p> <p>2014</p> <p>Medical Surgical Nursing</p> <p>Medical Surgical Nursing</p> <p>No</p> <p>11yrs</p> <p>13yrs 1 month</p> <p>No</p> <p>NA</p> <p>NA</p> <p>384011133909</p> <p>-</p> <p>12/05/1987</p> <p>38yrs</p> <p>gauravsharma@gmail.com</p> <p>8871677297</p> <p>No</p>
3	<p>Dr.Pallavi S. Suryawanshi College of Nursing Sakat</p> <p>Ahilyanagar</p> <p>Jamkhed</p> <p>Child Health Nursing</p> <p>62176</p> <p>Mahesh Ramappa Koti</p> <p>Lecturer</p> <p>05/02/2026</p> <p>P.B. B.Sc Nursing 2018</p> <p>M.Sc Nursing</p> <p>2022</p> <p>Child Health Nursing</p> <p>Child Health Nursing</p> <p>No</p> <p>2yrs</p> <p>5yrs</p> <p>No</p> <p>NA</p> <p>NA</p> <p>897352034535</p> <p>-</p> <p>22/07/1993</p> <p>32yrs</p> <p>maheshkoti@gmail.com</p> <p>7204388803</p> <p>No</p>

- 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