

Shri Bhavani Mata Seva Samiti Runs

SHRI BHAVANI COLLEGE OF NURSING
At Garla Tal. Kamptee, Dist. Nagpur



Current Add:- Near Shri Bhavani Mata Mandir, Punapur Road, Pardi, Nagpur-35

ANNEXURE-XIII (A)

(Subject Wise Eligible Examiners List UG Courses)

Annexure-XIII(A)

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

Name of the College:- **SHRI BHAVANI COLLEGE OF NURSING, NAGPUR**

Phone/Mobile No of college. :- **7410732081/9303242039**

Subject:- **COMMUNITY HEALTH NURSING**

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 one	Debarred Yes/No	Signature of teacher
1	SHRI BHAVANI COLLEGE OF NURSING	NAGPUR	NAGPUR	COMMUNITY HEALTH NURSING		MRS. ARUNA S. DHAKNAKAR	PRINCIPAL	23/02/2026	PB BSC NURSING 2004	MAY 2014	MSC NURSING 2014	COMMUNITY HEALTH NURSING	COMMUNITY HEALTH NURSING ONGOING		14	27	YES	UNDER PROCESS	23/02/2026	590450503313		24/12/1966	60	arunadakhankar@gmail.com 7774070237		NO	

- 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



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Annexure-XIII(A)

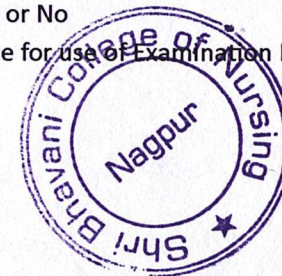
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College:- **SHRI BHAVANI COLLEGE OF NURSING, NAGPUR** Phone/Mobile No of college. :- **7410732081/9303242039**
Subject:- **OBSTRITIC & GYNECOLOGY**

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	SHRI BHAVANI COLLEGE OF NURSING	NAGPUR	NAGPUR	OBSTRITIC & GYNECOLOGY		MS. SONAM MATTHEW	ASSOCIATE PROFESSOR	23/02/2026	BSC NURSING 2014	MAY 2017	MSC NURSING 2014	OBSTRITIC & GYNECOLOGY		ONGOING	7	9	YES	UNDER PROCESS	23/02/2026	601846501611		01/05/1989	37	Sonammanoj35@g mail.com 7999915917		NO	

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Annexure-XIII(A)

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

Name of the College:- **SHRI BHAVANI COLLEGE OF NURSING, NAGPUR**

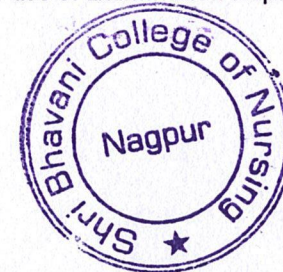
Phone/Mobile No of college. :- **7410732081/9303242039**

Subject:- **MEDICAL SURGICAL NURSING**

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 Speciality 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
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	SHRI BHAVANI COLLEGE OF NURSING	NAGPUR	NAGPUR	MEDICAL SURGICAL NURSING		MS. JEMIMAHA DEEP	ASSISTANT PROFESSOR	23/02/2026	BSC NURSING 2017	2020	MSC NURSING 2020	MEDICAL SURGICAL			3	7	NO			397902943063		01/01/1992	35	jemmahadeep@g mail.com	9109348766	NO	

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

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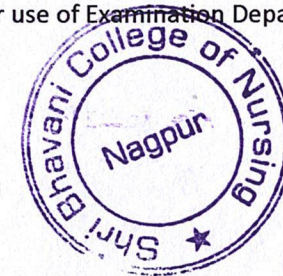
Phone/Mobile No of college. :- 7410732081/9303242039

Subject:- CHILD HEALTH NURSING

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	Qualification Sub Speciality 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	SHRI BHAVANI COLLEGE OF NURSING	NAGPUR	NAGPUR	CHILD HEALTH NURSING		MR. ARSHAD KHAN	ASSISTANT PROFESSOR	23/02/2026	BSC NURSING 2013	20	MSC NURSING 2020	MEDICAL SURGOICAL			9	11	NO			672518024278		16/06/1985	41	Arshad2khan0786@gmail.com 7999068199		NO	

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