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	ININEXOKE-	

						I □ ∃
Ms. Afreen Aslam Mangaware	Mr. Praveen Krishnarao Kulkarni	2	Name of the Teaching Staff		DETAIL INFORMATION OF ame of College - Shree Ambabai Talim Sanstha's Institute of Nursing, Miraplege Code- 152156 Intake Capacity:- B.Sc Nursing- 50	
Assit. Professor	Profcum Principal	ω				lege :
B.Sc. (2017)	B.Sc. (2005)	4	Under graduate Qualifications and Year of Passing			-Shr 2156
M.H.N.	Community Health Nursing	5	Subject of Post graduate Subject if applicable			ee A
M.Sc. (2020)	M.Sc. (2009)	6	Passing	mbal		
Yes	No	7.	Staff Enrolled in OTD MUHS YES / NO			– ⊃ai T
70663 14485	<u>:</u>	8	Staff Mob. No. OTD Registered			- alim
N _o	N _o	9				San
afreenmangalware96@gmail.com	praveenkulkarni8@gmail.com	10			nail ID	stha's
884761893593	217017679382	1		Adhar Card N	o	ETA Insti
II-24780 , XVI-21567	XVII-33428	12			ON NO	DETAIL INFORMATION OF TEACHING UG & P.G D anstha's Institute of Nursing, Miraj Intake Capacity: B.Sc Nursing-50
30.03.2027	24.02.2028	± ±	M.N.C	REGISTRATION '	VALID TILL	Nurs
08-07 1996	27.03.1984	14	Da	ite of Birth (DD/MM	I/YYYY)	ATIC sing, rsing
28	40	15		Age In Years		3- 50 Mir.
No	No	16	Whether belongs to Reserved category (if Yes, specify category)		F TEAC UG & aj	
24.02.2025	24.02.2025	1.7	(DD/MM/YYYY)	Date o	f appointment	CHIN , P.G
ollege of Nursing, Wanless Hospital, Miraj	Sri Sidhivinayak College of Nursing, Manglor	18	Name of previous institution			DF TEACHING STAFF (Approved & Not Approved UG & P.G Degree AS ON:- 01/02/2025 P.B.B.Sc Nsg- N.
C.I.	Principal	19	Post in Previous institute			AS ON:- 01/0
31.08.2024	01.01.2025	20	Date of previous Inst reliving			Approved & Not ON:- 01/02/2025 P.B.B.
4 Year 10 Month 2 Days	1 Year 6 Month 7 Days	21	Tutor / Clinical Instructors			d & Not . 02/2025 P.B.B.
5 Month 22 Days	09 Year 11 Month Days	22	Assistant Professor /Lecturer			lot Ap)25 3.B.Sc
0	1 Year 8 Month	23	Associate Professor.	Collegiate Experience	Teaching Experience	Nsg-NA
0	0	24	Professor	ate Expe	ng Expe	ed s
0	1 Year 11 Month 1 Day	25	Vice Principal	rience	erience	Separat A
0	1 Year 8 Mont 27 Days	26	Principal			rate
5 Year 4 Month 24 Day	16 Years 10 Month 13 Days	27	Total			Shee Fac
0	0	. 28	Total Clinical Ex	perience In Yrs		utly -
4 Year 3 Month 23 Day	16 Years 4 Month 6 Days	29	Total Teaching exp			Approved Separate Sheet to be used Faculty - Nursing Sc Nsg- NA M.Sc Nsg- NA
0	0	30	Total Clinical exp in ' Nursing If a		Experience	ed)
0	0	<u>~</u>	Non Collegiate Programme	Total Teaching exp	ICe	Shri Amba
5 Year 4 Month 24 Day	16 Years 10 Month 13 Days	32	In Yrs (24+25)	Total Teaching +clinical Exp		*
Temporary	Temporary	္သ	Type of	Appointment Temp./	Permanent	Total Stay
No	No	34		(Yes/No)	University Approval	
NA	ŅA	35		Letter No. & date	University Approval U.G	Prieru
NA .	NA	36		DD/MM/YYYY date	University U.G approval valid till date	11.211.13
		37		Latest Photo graph (nolder than 3 months) with older than 3 months of Signature with date do print photo here		

Sr No

Ce No.		
Sr No		
Name of the Teaching Staff		
Designation write full		
der graduate Qualifications and Year of Passing		
Subject of Post graduate Subject if applicable		
Passing year Of M.sc Nursing If applicable		
Staff Enrolled in OTD MUHS YES / NO		
Staff Mob. No. OTD Registered		
NUID NO IF AVAILABLE		
Staff Personal E-mail ID		
Adhar Card No		
M.N.C REGISTRATION NO		
M.N.C REGISTRATION VALID TILL		
Date of Birth (DD/MM/YYYY)		
Age In Years		
ner belongs to Reserved category (if Yes, specify category)		
M/YYYY) Date of appointment		
Name of previous institution		
Post in Previous institute		
Date of previous Inst reliving		
al Instructors		
Professor urer .		
Professor.		
Professor. Collegiate Experience ssor noipal		
erience		
pal		
al		
linical Experience In Yrs		
aching exp after m.sc (Nsg) Qualification In Yrs		
cal exp in Yrs before P.B.B.Sc Nursing If applicable		
egrate Total Teaching exp		
4+25) Total Teaching +clinical Exp		
Type of Appointment Temp, Permanent		
(Yes/No) University Approva		
Letter No. & date University Approval		
DD/MM/YYYY date University U.G approval valid till date		
Latest Photo graph (not older than 3 months) with Signature with date don't print photo here		

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	1.5		The state of the s			
တ		_	Sr No			
Ms. Koyal Dnaneshwar Kamble	Ms. Ankita Prashant Ahit	2	Name of the Teaching Staff			
Tutor	Tutor	ω				
PBBSc. (2021)	PBBSc. (2021)	4	Under graduate Qualifications and Year of Passing	g		
NA	NA	5	Subject of Post graduate Subject if applicable			
NA NA	NA	6				
No	Yes	7		_		
	7385785179	. 00	Staff Mob. No. OTD Registered			
N _O	N	9				
kkoyal302@gmail.com	ankitaahi98@gmail.com	10	Staff Personal E-mail ID	•		
561619054763	856012958216	1 = 1	Adhar Card No			
XXVIII-68433	XXVIII-69302	12	M.N.C REGISTRATION NO			
30.03.2027	30.03.2027	13	M.N.C REGISTRATION VALID TILL	_		
24-04-1999	26-11-1998	14	Date of Birth (DD/MM/YYYY)			
25	26	15	Age In Years			
Yes -SC	No	16	Whether belongs to Reserved category (if Yes, speci category)	ify		
24.02.2025	24.02.2025	17	(DD/MM/YYYY) Date of appointment			
Samarth Neuro & Super specilaty Hospital,Miraj	Parmsheettti Multispecialty Hospital, Miraj	18	Name of previous institution			
Staff Nurse	Staff Nurse	19	Post in Previous institute			
01.02.2024	31.07.2023	20	Date of previous Inst reliving			
04 Month 23 days	5 Month 23 Days	21	Tutor / Clinical Instructors			
0	0	22	Assistant Professor /Lecturer			
0	0	23				
0	0	24	Associate Professor. Professor Professor Vice Principal Collegia at Experience Teaching Experience Teaching Experience			
0	0	25	Vice Principal Vice Principal			
0	0	26	Principal			
0	0	27	Total			
1 Year 07 Month 2 Days	1 Year 1 Month 19 Days	28	Total Clinical Experience In Yrs			
0	0	29	Total Teaching exp after m.sc (Nsg) Qualification In Yrs	3/1		
0	0	30	Qualification In Yrs Total Clinical exp in Yrs before P.B.B.Sc Nursing If applicable Non Collegiate. Total Teaching exp.			
0	.0	<u>~</u>	Non Collegiate Total Teaching exp.	٠.		
1 Year 11 Month 25 Days	1 Year 7 Month 12 Days	32	In Yrs (24+25) Total Teaching +clinical Exp	91		
Temporary	Temporary	33	Type of Appointment Temp / Permanent	10		
No	No No	34	(Yes/No) University Approv	HEAT OF THE PARTY OF		
NA NA		္ဌ	Letter No. & date University Approv U.G	/al		
NA .	NA	36	DD/MM/YYYY date University U.G approval valid till da	ate		
		37	Latest Photo graph (not older than 3 months) with Signature with date don't print photo here			
		-1				

∞	7	_		Sr No			
Ms. Joysee Shashikant Waidande	Ms. Pratima Maruti Kamble		Name of the Teaching Staff				
Tutor	Tutor		Designation write full				
B. Sc. (2022)	PBBSc. (2020)	4	Under gradu	ate Qualifications a	nd Year of Passing		
NA	NA	C)	Subject o	Subject of Post graduate Subject if applicable			
NA	NA NA	0	Passing	Passing year Of M.sc Nursing If applicable			
No	No	7	Staff E	nrolled in OTD MUI	olled in OTD MUHS YES / NO		
		. ∞	Sta	aff Mob. No. OTD R	Registered		
N _O	Z _o	9		NUID NO IF AVAIL	UID NO IF AVAILABLE		
joyseewaidande81 @gmail.com	pratimakamble55 @gmail.com	10		Staff Personal E-mail ID			
598958235709	441669999368	=		Adhar Card No).		
II-37271	XXVIII-54687	12	M.N.C REGISTRATION NO				
30.03.2027	30.03.2027	13	· M.N.C	REGISTRATION '	VALID TILL		
14-03-2001	12-05-1996	14	Da	ate of Birth (DD/MM	M/YYYY)		
24	28	15		Age In Years			
No	Yes -SC	16	Whether belon	egory (if Yes, specify			
24.02.2025	24.02.2025	17	(DD/MM/YYYY) Da		appointment		
Anish Multi Supespecility Hospital, Kurundwad	Abhinav Institute of Nursing Education	18	Name of previous institution				
Staff Nurse	Tutor	19	Post in Previous institute				
13.02.2024	31.07.2023	20	Date of previous Inst reliving				
23 Days	23 Days	21	Tutor / Clinical Instructor	s			
0	0	22	Assistant Professor				
0	0	23	Associate Professor.	Colleg	Teach		
0	. 0	24	Professor	Collegiate Experience	Teaching Experience		
0	0	25	Vice Principal	erience	berieno		
0	0	26	Principal		0.		
0	0	27	Total				
1 Year 04 Month 04 days		28	Total Clinical E	xperience In Yrs			
0	0	29	Total Teaching exp after m.sc (Nsg) Qualification In Yrs		AExperience		
0	0	30	Total Clinical exp in Yrs before P.B.B.Sc Nursing If applicable		Shirt		
0	2 Year 06 Month 15 days	31	Non Collegiate Programme	Total Teaching exp	ance the		
1 Year 04 Month 23 days	2 Year 07 Month 08 days	32	In Yrs (24+25) Total Teaching		A Way		
Temporary	Temporary	33	+clinical Exp		Permanent/		
No	No	34	ω (Vas/Na) Univer		University Approva		
NA	NA	35		Letter No. & date	Status U.G University Approva U.G		
NA	NA	36		DD/MM/YYYY date	University U.G approval valid till dat		
		37		Latest Photo graph (not older than 3 months) with Signature with date don't print photo here	, , , , , , , , , , , , , , , , , , ,		

ANNEXURE-VII

Date:- 25.02.2025

9			Sr No				
Mr. Mahesh Gurulinga Jatkar	2	Name of the Teaching Staff					
Tutor		Designation write full Under graduate Qualifications and Year of Passing					
B. Sc. (2021)		Subject of Post graduate Subject if applicable					
NA NA	.51		Passing year Of M.sc Nursing If applicable				
NA NA	6						
No	7	Staff Enrolled in OTD MUHS YES / NO Staff Mob. No. OTD Registered					
	00						
Z	9	NU	NUID NO IF AVAILABLE				
maheshjatkar25@gmail.com	10	Staff Personal E-mail ID					
245892589289	=======================================		Adhar Card No				
XLVII-6629	12	M.N.	C REGISTRATION	NO			
30.03.2027	13	100	EGISTRATION VA				
08.06.1998	14	Date	of Birth (DD/MM/Y	YYY) · · ·			
26	15	AMIL OF THE	Age In Years to Reserved categor	ons (if Voc anceits			
No	16	Whether belongs	category)	ory (if Yes, specily			
24.02.2025	17	(DD/MM/YYYY)	Date of a	ppointment			
Abhinav Institute of Nursing Education	18	Name of previous institution					
Tutor	. 19	Post in Previous institute					
08.02.2025	20	Date of previous Inst reliving					
.0	21	Tutor / Clinical Instructors					
0	22	Assistant Professor /Lecturer					
0	23	Associate Professor.	Collegiate Experience	Teaching Experience			
0	24	Professor	ite Expe	g Expe			
0	25	Vice Principal	rience	rience			
0	26	Principal					
0	27	Total					
0	28	Total Clinical Experience In Yrs		and the second s			
0	29	Total Teaching exp after m.sc (Nsg) Qualification In Yrs		ann Amba			
0	30	Total Clinical eva in Vre before P.B.B.S.		Experier			
03 Year 04 Month	ω <u></u>	Non Collegiate Programme	Total Teaching exp	68			
03 Year 04 Month	32	In Yrs (24+25)	Total Teaching +clinical Exp	C. C. S. S.			
Temporary	33	Type of	Appointment Temp./	Permanent			
No	34		(Yes/No)	University Approval Status U.G			
NA NA	35		Letter No. & date	University Approval U.G			
NA ·	36		DD/MM/YYYY date	University U.G approval valid till date			
	37		Latest Photo graph (not older than 3 months) with Signature with date don't print photo here				

Principal
Shree Ambabai Talim Sanstha's
Institute Of Nursing