

For Online Transmission of Question Papers :- Make details to be available at web site

Sr. No.	Infrastructure facilities at College	Yes/No
Strong Room:		
1	It must have Single Door Entry /Exit (with Safety Door/Grill for windows)	YES
2	Minimum Area shall be 20x20sq.ft.	YES
3	Adequate Steel Almirah /Cupboard for storage of Answer Books.	YES
4	C.C.T.V. Camera with recording facility that covers entire area or Downloading and Printing of online transmission of Question Paper process.	YES
5	Latest version Computer(Minimum4) and Printer(Minimum4)with Inverter facility, MS Office , PDF Reader ,Winrar or Win zip.	YES
6	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class 'A' ISP, and alternate line with 1 : 1 dedicated line of 50mbps speed, by an another Class 'A' ISP to ensure uninterrupted Downloading facility, with 2 (two) static IP's, Internet Dongle.	YES
7	Adequate Number of Paper Rims for printing Question Papers.	YES
8	One Photo copy Machine, UPS Backup.	YES
Scanning Room:		
9	Separate Scanning Room for scanning Answer Books after end of Examination Session under CCTV Surveillance. (Laptop and Scanners will be provided by the University Appointed Agency)	YES
10	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class 'A' ISP, and alternate line with 1 : 1 dedicated line of 50 mbps speed, by an another Class 'A' ISP to ensure uninterrupted Downloading facility, with2 (two) static IP's, Internet Dongle.	YES

To Set Up DEC for On screen Evaluation of Answer Books:

Sr. No.	Infrastructure facilities at College	Yes/No
1	Computers (20) with latest licensed Operating System Software (OSS) with antivirus and firewalls to provide all lock, work station with Computer charts and key board tray.	YES
2	Wiring and Networking (with Raw Power Supply and UPS) and one Printer per DEC	YES
3	Air conditioners, Biometric system, CCTV installation, Restrooms And 24x7 security.	YES
4	Collapsible gate for the main entrance with Name board and locking Facility.	YES
5	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class 'A' ISP, and alternate line with 1 : 1 dedicated line of 50mbps speed, by an another Class 'A' ISP to ensure uninterrupted Downloading facility, with2 (two) static IP's.	YES
6	Appointment of one Professor as a <u>Examination Co-ordinator</u> to Co-ordinate this Online process.	YES
7	Separate Evaluation Room for Evaluating the Answer Books under CCTV Surveillance	YES

Here by I declare all relevant document uploaded are clear and visible on web site & are true as per my knowledge & belief

Date 07/02/2025


 Dean / Principal

 Principal
 Siddhagiri Nursing Institute
 Kaneri, Kolhapur - 416 234


MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECT WISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College:- Siddhagiri Nursing Institute

Phone/Mobile No of college :- 8261049063

1	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	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)	Contact No. (Mob.) give only QTD Registered 10 digit number only one	Debarred Yes/No	Signature of teacher
1	01	Siddhagiri Nursing Institute Kolhapur	PUNE	Community Health Nursing, M Sc	Miss.Regina David Satvekar	53501	Professor Cum Principal	Community Health Nursing, M Sc	2/11/2020	2014	PG	Nill	Nil	10	28	YES	MUHS/UG/E-6/152134/840/2023 Date: 04/05/2023	Permanent	864363 329115 BVWPS3728K	NO	
	02																		18/05/1960	19 Adhar No.	
	03																		21 Pan No.		
	04																		22 Date of Birth		
	05																		23 Age in years		
	06																		24 Latest Email Address		
	07																		25		
	08																		26		
	09																		27		

- 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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Siddhagiri Nursing Institute
Kaneri, Kolhapur - 416 234

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SUBJECT WISE ELIGIBLE EXAMINERS LIST (UG Courses)**

Name of the College:- Siddhagiri Nursing Institute

Phone/Mobile No of college :- 8261049063

Sr. No.	College Name
1	Siddhagiri Nursing Institute 01
Kolhapur	District where college situated 02
PUNE	Region of examiner College 03
M Sc Medical Surgical Nursing	Subject thought use separate row for separate subjects 04
EEB0000300 017553202	Subject Code 05
Mr.Chidanand Kalagouda Patil	Full name of the Teacher (First/Middle/Last) 06
Professor Cum Vice Principal	Designation as per staff approval letter 07
1/1/2021	Date of Joining current institute 08
BSC N 2007	UG Qualification & Passing year 09
M Sc	Post Graduate Qualification 10
	PG Qualification Passing year (YYYY) 11
M Sc Medical Surgical Nursing	PG Qualification Subject 12
Nill	Qualification Sub Specialty if any 13
	Ph.D Completed if Yes Mention Year of Passing 14
13	Teaching Experience in years after PG passing 15
13	Total Teaching Experience in years 16
YES	MUHS Approval (Yes/No) 17
MUHS/UG/E-6/152134 840/2023 Date: 04/05/2023	If Yes MUHS Approval Letter & Date 18
Permanent	Approval Valid Till date (DD/MM/YYYY) 19
463944581264	Adhar No. 20
AUAPP4893J	Pan No. 21
,18/11/1984	Date of Birth 22
40 Years	Age in years 23
chidanandkp@gmail.com	Latest Email Address 24
88888836290	Contact No. (Mo.) give only OTD Registered 10 digit number only one 25
NO	Debarred Yes/No 26
	Signature of teacher 27

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Name of the College:- Siddhagiri Nursing Institute

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	
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
01	Siddhagiri Nursing Institute	Kolhapur	PUNE	Maternal Health Nursing	Mrs. Vijayalaxmi C. Patil	Associate Professor	17/12/2020	B SC N 2008	M Sc	2014	Maternal Health Nursing	Nill	YES	6/1521341840/2023	04/05/2023	Permanent	342652319473	CDYPP051N	08/07/1985	39 Yrs	vijayalaxmickp@gmail.com	8999123031	NO				

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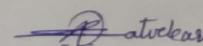
Name of the College:- Siddhagiri Nursing Institute

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1	Siddhagiri Nursing Institute	Kolhapur	PUNE	M Sc Child Health Nursing	Mrs. Leena Shamuwel Kale	Lecturer	11/1/2024	P B B SC 2013	M Sc	2018	2018	Nill	Nill	5	8	YES	6B/152134/1035/2024 Date: 23/04/2024	11/3/2026	935237511025 DILPK8325L	3/4/1975	49 Yrs	leenakale75@gmail.com	8999766729	NO			
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	

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