

Annexure-XIII(A)

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

Name of the College:-MANWATKAR COLLEGE OF NURSING

Phone/Mobile No of college. :-7030960742

Sr. No.	
1	College Name
2	District where college situated
3	Region of examiner College
4	Subject thought use separate row for separate subjects
5	Subject Code
6	Full name of the Teacher (First/Middle/Last)
7	Designation as per staff approval letter
8	Date of Joining current institute
9	UG Qualification & Passing year
10	Post Graduate Qualification
11	PG Qualification Passing year (YYYY)
12	PG Qualification Subject
13	PG Qualification Sub Specialty if any
14	Ph.D Completed if Yes Mention Year of Passing
15	Teaching Experience in years after PG passing
16	Total Teaching Experience in years
17	MUHS Approval (Yes/No)
18	If Yes MUHS Approval Letter & Date
19	Approval Valid Till date (DD/MM/YYYY)
20	Adhar No.
21	Pan No.
22	Date of Birth
23	Age in years
24	Latest Email Address
25	Contact No. (Mob.) give only OTD Registered 10 digit number only one
26	Debarred Yes/No
27	Signature of teacher

L S S T

Extracted

- 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



Principal
 Manwatkar College of Nursing
 Ghodpeth, Chandrapur.

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECT WISE TEACHER LIST

1	Sr. No.
MANWATKAR COLLEGE OF NURSING , CHANDRAPUR	College Name
62604	Subject code
COMMUNITY HEALTH NURSING-I	Subject
DR. PARUL P. KIBLIWALA	Full name of the Teacher (first Name Middie Name Last Name)
PROFESSOR CUM PRINCIPAL	Designation
01-01-2024	Date of Joining
POST BASIC B.Sc NURSING	UG Qualification
1990	UG Qualification Year of Passing
M.Sc NURSING	PG-Qualification
COMMUNITY HEALTH NURSING	PG-Qualification Spetlization
1995	PG-Qualification Year of Passing
28 YEARS	Teaching experience After PG
YES	MUHS Approval (Yes/No)
Temp for two year	Type Of Approval (pl.spectly Approavl is Perment/Temp,of one year/Temp for two year etc.)
MUHS/UG/E-6/155147/46/2024/11/03/2024	If Yes MUHS Approval Letter&Date
352165848712	Adhar No
AABPK2514L	Pan No
15-12-1957	Date of Birth (Age in year
kibliwalaparul@gmail.com	Latest Email Address
9892123773	Contact No.(Mob)
NO	Debarred Yes/No
	Sign of Teacher



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Principal
Manwatkar College of Nursing
Ghodpeth, Chandrapur.

Parul

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECT WISE TEACHER LIST

1	Sr. No.
MANWATKAR COLLEGE OF NURSING , CHANDRAPUR	College Name
62802	Subject code
COMMUNITY HEALTH NURSING- II	Subject
DR. PARUL P. KIBLIWALA	Full name of the Teacher (first Name Middle Name Last Name)
PROFESSOR CUM PRINCIPAL	Designation
01-01-2024	Date of Joining
POST BASIC B.Sc NURSING	UG Qualification
1990	UG Qualification Year of Passing
M.Sc NURSING	PG-Qualification
COMMUNITY HEALTH NURSING	PG-Qualification Spetlization
1995	PG-Qualification Year of Passing
28 YEARS	Teaching experience After PG
YES	MUHS Approval (Yes/No)
Temp for two year	Type Of Approval (pl.spectly Approavl is Perment/Temp,of one
MUHS/UG/E- 6/155147/46/2024/11/03/2024	If Yes MUHS Approval Letter&Date
352165848712	Adhar No
AABPK2514L	Pan No
15-12-1957	Date of Birth (Age in year
kibliwalaparul@gmail.com	Latest Email Address
9892123773	Contact No.(Mob)
NO	Debarred Yes/No
	Sign of Teacher



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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECT WISE TEACHER LIST

1	Sr. No.
MANWATKAR COLLEGE OF NURSING , CHANDRAPUR	College Name
62503	Subject code
NURSING FOUNDATION	Subject
DR. PARUL P. KIBLIWALA	Full name of the Teacher (first Name Middie Name Last Name)
PROFESSOR CUM PRINCIPAL	Designation
01-01-2024	Date of Joining
POST BASIC B.Sc NURSING	UG Qualification
1990	UG Qualification Year of Passing
M.Sc NURSING	PG-Qualification
COMMUNITY HEALTH NURSING	PG-Qualification Spetlization
1995	PG-Qualification Year of Passing
28 YEARS	Teaching experience After PG
YES	MUHS Approval (Yes/No)
Temp for two year	Type Of Approval (pl.speclty Approavl is Perment/Temp,of one year/Temp for two year etc.)
MUHS/UG/E-6/155147/46/2024/11/03/2024	If Yes MUHS Approval Letter&Date
352165848712	Adhar No
AABPK2514L	Pan No
15-12-1957	Date of Birth (Age in year
kibliwalaparul@gmail.com	Latest Email Address
9892123773	Contact No.(Mob)
NO	Debarred Yes/No
	Sign of Teacher


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SUBJECT WISE TEACHER LIST

1	Sr. No.
MANWATKAR COLLEGE OF NURSING , CHANDRAPUR	College Name
EEB0000300017553201	Subject code
MATERNAL NURSING	Subject
ABDUL WASIM ABDUL HABIB SHEIKH	Full name of the Teacher (first Name Middle Name Last Name)
ASSOCIATE. PROFESSOR	Designation
02-02-2023	Date of Joining
BASIC B.Sc NURSING	UG Qualification
2013	UG Qualification Year of Passing
M.Sc NURSING	PG-Qualification
OBGY	PG-Qualification Spetlization
2016	PG-Qualification Year of Passing
8YEAR 5 MONTH	Teaching experience After PG
YES	MUHS Approval (Yes/No)
Temp for two year	Type Of Approval (pl.speclty Approavl is Perment/Temp,of one year/Temp for two year etc.)
MUHS/UG/E-6/155147/46/2024/11/03/2024	If Yes MUHS Approval Letter&Date
542578056232	Adhar No
FFFPS3755M	Pan No
30-05-1990	Date of Birth (Age in year
abdulwasims786@gmail.com	Latest Email Address
8788624890	Contact No.(Mob)
NO	Debarred Yes/No
	Sign of Teacher



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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECT WISE TEACHER LIST

1	Sr. No.
MANWATKAR COLLEGE OF NURSING , CHANDRAPUR	College Name
61306	Subject code
MATERNAL NURSING	Subject
ABDUL WASIM ABDUL HABIB SHEIKH	Full name of the Teacher (first Name Middie Name Last Name)
ASSOCIATE. PROFESSOR	Designation
02-02-2023	Date of Joining
BASIC B.Sc NURSING	UG Qualification
2013	UG Qualification Year of
M.Sc NURSING	PG-Qualification
OBGY	PG-Qualification Spetlization
2016	PG-Qualification Year of
8YEAR 5 MONTH	Teaching experience After PG
YES	MUHS Approval (Yes/No)
Temp for two year	Type Of Approval (pl.speclty Approavl is Perment/Temp,of one year/Temp for two year etc.)
MUHS/UG/E-6/155147/46/2024/11/03/2024	If Yes MUHS Approval Letter&Date
542578056232	Adhar No
FFFPS3755M	Pan No
30-05-1990	Date of Birth (Age in year
abdulwasims786@gmail.com	Latest Email Address
8788624890	Contact No.(Mob)
NO	Debarred Yes/No
	Sign of Teacher



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(Signature)

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECT WISE TEACHER LIST

1	Sr. No.
MANWATKAR COLLEGE OF NURSING , CHANDRAPUR	College Name
62801	Subject code
MIDWIFERY & OBSTETRICAL NURSING	Subject
ABDUL WASIM ABDUL HABIB SHEIKH	Full name of the Teacher (first Name Middle Name Last Name)
ASSOCIATE. PROFESSOR	Designation
02-02-2023	Date of Joining
BASIC B.Sc NURSING	UG Qualification
2013	UG Qualification Year of Passing
M.Sc NURSING	PG-Qualification
OBGY	PG-Qualification Spetlization
2016	PG-Qualification Year of Passing
8YEAR 5 MONTH	Teaching experience After PG
YES	MUHS Approval (Yes/No)
Temp for two year	Type Of Approval (pl.spectly Approavl is Perment/Temp,of one year/Temp for two year etc.)
MUHS/UG/E-6/155147/46/2024/11/03/2024	If Yes MUHS Approval Letter&Date
542578056232	Adhar No
FFFPS3755M	Pan No
30-05-1990	Date of Birth (Age in year
abdulwasims786@gmail.com	Latest Email Address
8788624890	Contact No.(Mob)
NO	Debarred Yes/No
	Sign of Teacher



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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECT WISE TEACHER LIST

1	Sr. No.
MANWATKAR COLLEGE OF NURSING , CHANDRAPUR	College Name
61301	Subject code
NURSING FOUNDATION	Subject
ABDUL WASIM ABDUL HABIB SHEIKH	Full name of the Teacher (first Name Middie Name Last Name)
ASSOCIATE. PROFESSOR	Designation
02-02-2023	Date of Joining
BASIC B.Sc NURSING	UG Qualification
2013	UG Qualification Year of Passing
M.Sc NURSING	PG-Qualification
OBGY	PG-Qualification Spetlization
2016	PG-Qualification Year of Passing
8YEAR 5 MONTH	Teaching experience After PG
YES	MUHS Approval (Yes/No)
Temp for two year	Type Of Approval (pl.spectly Approavl is Perment/Temp,of one year/Temp for two year etc.)
MUHS/UG/E-6/155147/46/2024/11/03/2024	If Yes MUHS Approval Letter&Date
542578056232	Adhar No
FFFPS3755M	Pan No
30-05-1990	Date of Birth (Age in year
abdulwasims786@gmail.com	Latest Email Address
8788624890	Contact No.(Mob)
NO	Debarred Yes/No
	Sign of Teacher



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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECT WISE TEACHER LIST

1	Sr. No.
MANWATKAR COLLEGE OF NURSING , CHANDRAPUR	College Name
62503	Subject code
NURSING FOUNDATION	Subject
ABDUL WASIM ABDUL HABIB SHEIKH	Full name of the Teacher (first Name Middle Name Last Name)
ASSOCIATE. PROFESSOR	Designation
02-02-2023	Date of Joining
BASIC B.Sc NURSING	UG Qualification
2013	UG Qualification Year of Passing
M.Sc NURSING	PG-Qualification
OBGY	PG-Qualification Spetlization
2016	PG-Qualification Year of Passing
8YEAR 5 MONTH	Teaching experience After PG
YES	MUHS Approval (Yes/No)
Temp for two year	Type Of Approval (pl.spectly Approavl is Perment/Temp,of one year/Temp for two year etc.)
MUHS/UG/E-6/155147/46/2024/11/03/2024	If Yes MUHS Approval Letter&Date
542578056232	Adhar No
FFFPS3755M	Pan No
30-05-1990	Date of Birth (Age in year
abdulwasims786@gmail.com	Latest Email Address
8788624890	Contact No.(Mob)
NO	Debarred Yes/No
	Sign of Teacher



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**MAHARASHTRA UNIVERSITY OF HEALTH
SUBJECT WISE TEACHER LIST FOR THEORY &**

1		Sr. No.
MANWATKAR COLLEGE OF NURSING		College Name
Ms.MADHURI SARVESHWAR WANI		Full name of the Teacher (First Name Middle Name Last Name.)
M7378454236		User ID
MEDICAL SURGICAL NURSING (Cardiovascular and Thorasic		Subject
Associate Professor		Designation
01-06-2024		Date of Joining
B.Sc. Nursing, Passing Year: 17Feb 2012		UG-Qualification & Passing Year
M.Sc. Nursing Passing Year:06/09/2016		PG Qualification Spetialization &/ Year of Passing
UG PG		
4Years 7Years	Year	Teaching experience After PG
8Moths 5Months	Months	
12Days 14Days	Days	
Yes Yes		MUHS Approval (Yes/No)
Temporary		Teacher Approval Perment / Temporrav
MUHS/E6/6517003/527 13/11/2023 MUHS/UG/E-6/2796/2022 15/12/2022		If Yes MUHS Approval Letter & Date
499181907836		Adhar No.
ADEPW1640H		Pan No.
20/10/1989 (35 Year)		Date of Birth (Age in year)
madhuriwani845@gmail.com		Latest Email Address
1. 7378454236 2. 8459672738		Contact Nos. (Mob)
		Debarred Yes/No
		Sign of Teacher



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Ghodpet, Chandrapur.

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECT WISE TEACHER LIST

1	Sr. No.
MANWATKAR COLLEGE OF NURSING , CHANDRAPUR	College Name
61301	Subject code
MENTAL HEALTH NURSING	Subject
KSHUSHBU SHEKHARRAO SAHARE	Full name of the Teacher (first Name Middie Name Last Name)
ASSISTANT PROFESSOR/ LECTURER	Designation
31-05-2023	Date of Joining
BASIC B.Sc NURSING	UG Qualification
2018	UG Qualification Year of Passing
M.Sc NURSING	PG-Qualification
MENTAL HEALTH NURSING (MHN)	PG-Qualification Spetlization
2020	PG-Qualification Year of Passing
4 YEARS	Teaching experience After PG
YES	MUHS Approval (Yes/No)
Temp for two year	Type Of Approval (pl.speclty Approavl is Perment/Temp,of one year/Temp for two year etc.)
MUHS/UG/E-6/155147/46/2024/11/03/2024	If Yes MUHS Approval Letter&Date
447531085459	Adhar No
IWZPS2764A	Pan No
24-07-1995	Date of Birth (Age in year
knaina2019@gmail.com	Latest Email Address
7741957867	Contact No.(Mob)
NO	Debarred Yes/No
	Sign of Teacher



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Principal
Manwatkar College of Nursing
Ghodpeth, Chandrapur.

Post