

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

Name of the College:- \_\_\_\_\_ Phone/Mobile No of college. :- \_\_\_\_\_

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	Indutai Gaikwad-Patil College of Nursing	Nagpur				Mr.Pankaj Ramsaran Soni	Associate Professor	18/08/2025	Bsc.Nursing g October-2023	PG:Msc. Nursing (Medical Surgical Nursing) 2021	PG:Msc. Nursing (Medical Surgical Nursing) 2021	Medical Surgical Nursing	Medical Surgical Nursing	Yes 2021	3 y 3 m	10 yr	YES	MUHS/UG/E-5/155/43/828/25 DATE:11/06/2025		963661207990		22/03/1992	34	soni.pankaj653@gmail.com	8237670146	NA	

- 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  
Indutai Gaikwad Patil  
College of Nursing (B.Sc)  
Dongargaon, Nagpur