Image of College: IMV, Institute of Nursing Education and Research College Code: 152/133 IntakeCapacity ::50 Image of College: IMV, Institute of Nursing Education and Research College Code: 152/133 IntakeCapacity ::50 Image of College: IMV, Institute of Nursing Education and Research College Code: 152/133 IntakeCapacity ::50 Image of College: IMV, Institute of Nursing Education and Research College Code: 152/133 IntakeCapacity ::50 Image of College: IMV, Institute of Nursing Education and Research College Code: 152/133 IntakeCapacity ::50 Image of College: IMV, Institute of Nursing Education and Research College Code: 152/133 IntakeCapacity ::50 Image of College: IMV, Institute of Nursing Education and Research College Code: 152/133 IntakeCapacity :50 Image of College: IMV, Institute of Nursing Education and Research College Code: 152/133 IntakeCapacity :50 Image of College: IMV, Institute of Image of the Image
Univer sity Approval Status (Yes/No) ves ves ves h h h th Trust

ANNEXURE-VII

											Concernance of
		4	3	2	1		·z	ŝ			
		Ms. Savita Kharat	Ms. Shreesha Patil	Ms. Sneha Patil	Ms.SonaliSatpute			Name of the Teaching Staff			
		Q	Q	Q	Asst Prof			Desig nation			
		7507487727	8208403029	8806422364	9075240751			Mob. No.	Name	Facu	
	@gmail.com	savitakharat1991	<u>seemajadhav@gm</u> <u>all.com</u>	<u>patilsneha3112@</u> <u>gmail.com</u>	<u>satputesonali08@ gmail.com</u>			E-mail ID	Name of College: TMV,Institute of Nursing Education and Research College Code:152133	Faculty:NURSING	
		14-03-1991	08-12-1995	31-12-1989	17/8/1993			Date of Birth	MV,Institu	DETAIL	
		SC	Open	Open	sc	category)	(if Yes, specify	Whether belongs to Reserved category	te of Nursi	MAH,	
		01-06-2023	15-06-2023	05-06-2023	07-04-2022			Date of appointment	ing Educat	MAHARASHTRAUNIVERSITYOFHEALTHSCIENCES,NASHIK DETAILINFORMATIONOFSUBJECTWISETEACHINGSTAFF(Approved+NotApproved) UGDegree/PGDegreeASON: 03 /06/2023 Subject: MENTAL HEALTH NURSING Whe	
		8 months	2 yrs 7 month	8 yrs 3m	3 yrs	2	2		ion and I	AUNIVER	
						prof.	Ant		Resea	₹SITYΩ VISET Subje	
				1		Prof.	-		rch C	DFHE/ EACH UGI ct: ME	
= !	ci.							Teach	ollege	ALTHS INGS Degre	
l Ed Iak Ma			1				UG (yrs)	Teaching Experience	Code	SCIEN TAFF(e/PGD	
nstitute lucation	Dr:					pal	D	rience	3:1521	CES,N Appro Degree _TH_N	
of Nurs	Drinking	8	2 yrs 7 month	8 yrs 3m	3 yrs		1		33	RSITYOFHEALTHSCIENCES,NASHIK NISETEACHINGSTAFF(Approved+Not UGDegree/PGDegreeASON: 0 Subject: MENTAL HEALTH NURSING	
Institute of Nursing Education & Resea Signatur Tilak Maharashtra Vidvaneeth Trust	/						years of	Total Teachin g Experie nce in	Intake	HEALTHSCIENCES,NASHIK ACHINGSTAFF(Approved+NotApproved) UGDegree/PGDegreeASON: 03 /06/2023 MENTAL HEALTH NURSING Whe	
ure of De st	.4	Regular	Regular	Regular	Regular	egular Contractu al		Type of Appoint ment	IntakeCapacity.:50	oved) 2023 Whether UG	
Institute of Nursing Education & Resea Signature of Dean/ Principal Aaharashtra Vidyapeeth Trust		No	No	N _o	Yes			University Approval Status (Yes/No)	1:50	UG	
oal						Regular	Tam				ANNEXURE-VII
							Ves/N	Details of PG teache Recognition by MUH			(URE-
						& date		7 MUH			-VII

GUILENUI, FUILE - HILL VUIL

							T	
ŝ			1	2		ω.		4
Name of the Teaching Staff			Prof .Dr.Perpetua R Fernandes	Mrs.Shilpa Bakal			Vaibhav Kamble	MsPratikshaAidal e
Designation			Prof cum Vice- Principal	Asso Prof			Clinical Instructor	Clinical Instructor
Mob. No.			8308977277	9422323902			9561983444	8208236261
E-mail ID			<u>perpetuar</u> fernandes@ <u>yahoo.com</u>	<u>sbakal016@gmail.c</u> om			kanmblevaibhav@g <u>mail.com</u>	pratikshaaidale04 @gmail.com
Date of Birth			18-06-1980	18/11/1980			13-03-1994	04-10-1995
Whether belongs to Reserved category	(if Yes, specify	category)	Open		Open		Open	SC
Date of appointment		•	12-02-2019	06-02-2022			06-08-2022	13-05-2023
		I C	5Y 5Y	6y 15			1y '	th on m r.6
		As st. prof.	5yrs					
		Asso. Prof.	2 yrs	lyr 2mth				ņ
Te		Prof						
Teaching Experience	UG (yrs)	VP	3 yrs 7 mnth 25 days					Principal
rience		Princip al						pal
		Total	19yrs 7 mnths and 25 days	7yr 2 month		1 уг		3yr.6 month
Total Teachi ng Experi	years for PG		9yrs					
Type a Appoin ment		Temp./ Regular Contract ual		c	Regular		Regular	Regular
	(Yes/N 0)		yes	yes		yes		No
Detai Re		Tem p/ Regula r	Regula r					
Details of PG teacher Recognition by MUHS	(Yes/No)	Letter No. & date	MUHS/PG/E 6/1988/2017					

ANNEXURE-VII

Faculty:NURSING

DETAILINFORMATIONOFSUBJECTWISETEACHINGSTAFF(Approved+NotApproved) UGDegree/PGDegreeASON:01 /06/2023 JRSING SubjectMEDICAL-SURGICAL NURSING Whether UG

MAHARASHTRAUNIVERSITYOFHEALTHSCIENCES, NASHIK

Created with Scanner Pro

	5		4	ω	2		1		N.		š			
		Ms.Kanchan Kumbhar	Ms. Priyanka Sable	Ms. DhansampadaTapkire	Ms. Radha Shinde		Ms. Madhuri Kotkar				Name of the Teaching Staff			
		Clinical Instructor		Clinical Instructor	Clinical Instructor		Lecturer				Designation	Nam	Π	
		7.066E+0 9	9.405E+0 9	7.972E+09	83089160 9		9.69E+09				Mob. No.	e of Coll	aculty:N	
	ail.com		sablepriyanka@gm ail.com	sampada9404@gm <u>ail.com</u>	radhashine1793@gma il.com	madhurikotkar07@gm ail.com					E-mail ID	lege:TMV,Institu	DETAII Faculty:NURSING	
	20-02-1992		24-09-1994	17-10-1991	01-07-1993		27-06-1993				Date of Birth	Name of College:TMV,Institute of Nursing Education and Research College	DETAILINFORMATIONOFSUBJECTWISETEACHINGSTAFF(Approved+NotApproved) UGDegree/PGDegreeASON: 01 /06/2023 Subject: Midwifery and Obstetrical Nursing Whethe	MAHARASHTRAU
	OBC		SC	open	open	open		specity categor y)	(if Yes,	Reserved	Whether belongs	lucation a	DFSUBJE PGDegre	HTRAUN
	14/03/2020		14/06/2021	01-09-2020	15/07/2019	15/07/2019				:	Date of appointme nt	and Resea	JECTWISETEACHING: greeASON: 01 /06/2023 nd Obstetrical Nursing	INIVERSITYOFHEALTHSCIENCES,NASHIK
		3yrs 4 months	3 yr	3 yr .9 months	6 утѕ		4 years	CI				arch Coll	TEACHIN 01 /06/20 al Nursii	OFHEAL
							2 yrs	Ass t. prof.				ege	NGST/ 123 ng	_THSC
								Ass P o. Prof			Teach	Code:152133	AFF(A	IENC
Tilak N Gu	-						_	Pro V f P	UG (yrs)		Teaching Experience	:1521	pprov	ES,N
PriSignature c Institute of Nursing Education & Research Aaharashtra Vidyapeeth Jitekdi Pune - 411 0.3								Princip al	C		oerience	33	/ed+N	ASHIK
PriStignature Institute of Nursing ducation & Researc aharashtra Vidyapee fekdi Pune - 411 0		syrs 4 month s	3 yrs	3 yr .9 month s	6 yrs		6 yrs	Tota 1				Intak	otApp M	
PriSignature of Dea Institute of Nursing Education & Research Tilak Maharashtra Vidyapeeth Trust Gultekdi Pune - 411 0.37									years of PG	Experie nce in	Total Teachin	IntakeCapacity.:50	proved) Whether UG	
Pri Signature of Dean/ Principal ute of Nursing tion & Research sshtra Vidyapeeth Trust Pune - 411 037	Regular		Regular	Regular	Regular	Regular		Temp./Regul ar Contractual			Type of Appoint ment	ty.:50	Ð	
sipal	yes		Yes	yes	yes		yes			Status (Yes/No)	Universi ty Approval			
								Temp/ Regular	(Yes/No)	MUHS	Details of P teacher Recognition			
		and N	100				No. of Concession, Name	da Ne	No)	SH	of P Ier ion	and the second		at filling

ANNEXURE-VII

<section-header><section-header><section-header><text></text></section-header></section-header></section-header>															
Name of the Teaching Staff Designatio n Mob Prof. Urmila Chaudhari Asso Professor 955239 Ms. Heera Bhalerao Instructor 727630			2 yr 6 month				onth	A contract of	NT-D	24-10-1993	ashwinipalwade24@g mail.com	9834362699	Clinical Instructor	Ms.AshwiniPalwade	ω
Name of the Teaching Staff Designatio n Mob Prof. Urmila Chaudhari Asso Professor 955239 Ms. Heera Bhalerao Clinical									SC	01-07-1983	heerabhalerao9@g mail.com	7276304150			2
Name of the Teaching Staff Designatio n Mob Prof. Urmila Chaudhari Asso Professor 955239							yrs	S					Clinical	Ms.Heera Bhalerao	
Name of the Teaching Staff n n Mob			13 утѕ						NT-2	06-08-1985	<u>urmilasalgar1959@gm ail.com</u>	9552398744	Asso Professor	Prof. Urmila Chaudhari	-
Name of the Designatio Mob Teaching Staff n Mob	Contractual						prof.								
Name of the Designatio Mob Teaching Staff n Mob	Temp./Reg ular					Asso. Prof.			category)						
Name of the Designatio Mob					UG (yrs)				(if Yes, specify						
MAHARASHTRAUNIVERSITYOFHEALTHSCIENCES,NASHIK DETAILINFORMATIONOFSUBJECTWISETEACHINGSTAFF(Approved+NotApproved UGDegree/PGDegreeASON:01 /06/2023 Subject: CHILD HEALTH NURSING Whethe NameofCollege: TMV,Institute of Nursing Education and Research College Code:152133 IntakeCapaci	Type of Appoint ment	Total Teaching Experienc e in years of PG		ence	hing Experi	Teacl		Date of appointme nt	-	Date of Birth	E-mail ID	Mob. No.	Designatio n	Name of the Teaching Staff	· 0
MAHARASHTRAUNIVERSITYOFHEALTHSCIENCES,NASHIK DETAILINFORMATIONOFSUBJECTWISETEACHINGSTAFF(Approved+NotAp UGDegree/PGDegreeASON:01 / Subject: CHILD HEALTH NURSING	Ipaci	IntakeCa	152133	Code:1	College	earch	und Res	Education a	of Nursing I	V,Institute	eofCollege: TM	Namo			
	oved) 2023 hethe	G 01/	s,NASH proved+ reeASO NURSI	;IENCES NFF(App PGDegr IEALTH	ALTHSC IINGSTA Degree/ CHILD H	OFHE/ EACH UGI oject: (ERSITY TWISET Sut	HTRAUNIVE DFSUBJEC	MAHARASH	ETAILINF		Facu			

Signature of Dean/ Principal Principal Institute of Nursing Education & Research Tilak Maharashtra Vidyapeeth Trust Gultekdi, Pune - 411 037