Annexure-XIII (B)

MAHARASHTRA UNIVERSITY OF HEALTH SICENCES, NASHIK.
SUBJECT WISE ELIGIBLE EXAMINERS LIST (PG COURSE)

Name of the College: BHAUSAHEB MULAK NURSING COLLEGE, NAGPUR **Institute Phone /Mobile No:-**

Full Address of the College:- KDK Campus, Jagnade Square, Great Nag Road, Nandanvan, Nagpur-24

	College Name	P.G Subject thought use separate row for separate subjects	Name of Teacher (Last Name First Name Middle Name)	Designation Don't use short form	M.Sc Passing Year (YYYY)	M.Sc (N) Subject Qualification	Sub Specialty If any	Ph.D Nursing Yes / No if yes passing year	Type of Appointment (Regular/Temp./ Honorary)	UG Teaching Experience in year	After PG Teaching Experience e (in Years)	Teaching Experience to Teach PG Student In Years	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University.)	Recognition Valid Till date (DD/MM/YYYY)	No. of PG Student s Guided last 5 year	Date of Birth	E-mail ID	Mobile No. give only one number	Aadhar Card No	If Debar red (Yes/ No)	Sign..of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1																						
2											NA											
3																						
4																						

- This list hard Copy to be sent with inspection report with Dean and teachers signature and keep soft copy in Excel format (don't paste signature) in Inspection pen Drive to university
- Print must be taken on A-3 Page, MUHS approval status don't write under process Yes or No
- Regularly Updated list in Excel Format (don't paste signature) must be available at College website for use of Examination Department only for Colleges under MUHS not applicable to external teacher from other university

Date 17 FEB 2025

Bhausaheb Mulak Nursing College NAGPUR

Name & Signature of Dean/Principal

PRINCIPAL
Bhausaheb Mulak Nursing College
Nagpur