Annexure-XIII(A)

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College:-**Shobha Babar Institute of Nursing, Gardi, Tal – Khanapur** 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
	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
1																											
2																											
3																											
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5																											
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7																											

NOT APPLICABLE

- 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
Shobha Babar Institute of Nursing
Gardi,Tal.Khanapur,Dist.Sangli