For Online Transmission of Question Papers:

Sr. No.	Infrastructure facilities at College	Yes /No
Stron	g Room :	
1	It must have Single Door Entry/Exit (with Safety Door/Grill for windows)	294
2	Minimum Area shall be 20 x 20 sq. ft.	705
3	Adequate Steel Almirah/Cupboard for storage of Answer Books.	705
4	C.C.T.V. Camera with recording facility that covers entire area or Downloading and Printing of online transmission of Question Paper process.	Yes
5	Latest version Computer (Minimum 4) and Printer (Minimum 4) with Inverter facility, MS Office, PDF Reader, Winrar or Winzip.	Yes
6	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class 'A' ISP, and alternate line with 1:1 dedicated line of 50 mpbs speed, by an another Class 'A' ISP to ensure uninterrupted downloading facility, with 2(two) static IP's, Internet Dongle.	Yes
7	Adequate Number of Paper Rims for printing Question Papers.	462
8	One Photocopy Machine, UPS Backup.	715
Scanı	ning Room :	
9	Separate Scanning Room for scanning Answer Books after end of Examination Session under CCTV Survellience. (Laptops and Scanners will be provided by the University Appointed Agency)	Yes
10	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class 'A' ISP, and alternate line with 1:1 dedicated line of 50 mpbs speed, by an another Class 'A' ISP to ensure uninterrupted	Yes
	downloading facility, with 2(two) static IP's, Internet Dongle.	

To Set Up DEC for Onscreen Evaluation of Answer Books :

Sr. No.	Infrastructure facilities at College	Yes /No
1	Computers (20) with latest licensed Operating System Software (OSS) with antivirus and firewalls to provide all lock, work station with Computer charts and key board tray.	Yes
2	Wiring and Networking (with Raw Power Supply and UPS) and one Printer per DEC	462
3	Air conditioners, Bio metric system, CCTV installation, Rest rooms and 24 x 7 security.	Jes
4	Collapsible gate for the main entrance with Name board and locking facility.	Yes
5	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class 'A' ISP, and alternate line with 1:1 dedicated line of 50 mpbs speed, by an another Class 'A' ISP to ensure uninterrupted downloading facility, with 2(two) static IP's.	762
6	Appointment of one Professor as a <u>Examination Co-ordinator</u> to Co-ordinate this Online process.	405
7	Separate Evaluation Room for Evaluating the Answer Books under CCTV Survellience	468

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK SUBJECT WISE EXAMINERS LIST(UG Courses) Phone/Mobile No - 02185-226752 Name of Subject- Nursing Foundation

c ₅	4	ω	2	-	No.
VMP College Of Nursing & MRI Akluj	VMP College Of Nursing & MRI Akluj	VMP College Of Nursing & MRI Akluj	VMP College Of Nursing & MRI Akluj	VMP College Of Nursing & MRI Akluj	College Name
Nursing Foundatioin	Nursing Foundation	Nursing Foundatioin	Nursing Foundatioin	Midwifery & Obstetrical Nursing	Subject.
Ms.Rupali Shubhashrao Walke	Mr.Kashinath Bheemarao Chavan	Mr.Shivateerthayya Malikarjunayya Hiremath	Mr. Prasad N. Patil	Mrs. Mary Sumathi R.	Full name of the Teacher (First Name Middle Name Last Name.)
Assistant Professor/ Lecturer	Assistant Professor/Lecturer	Professor	Vice Principal	Principal	Designation
16/09/2019	01/02/2022	26/02/2022	01/10/2016	06/06/2012	Date of Joining
P.B.Sc.Nursing 2015	B.Sc.Nursing 2014	B.Sc.Nursing 2009	B.Sc.Nursing 2004	B.Sc.Nursing 1999	UG- Qualification & Year of Passing
M.Sc.Nursing 2019	M.Sc.Nursing 2018	M.Sc. Nursing 2012	M.Sc.Nursing 2009	M.Sc.Nursing 2005	PG- Qualification & Year of Passing
On	Ø	12	15	19	Teaching experience after PG Passing
Yes	Yes	Yes	Yes	Yes	MUHS Approval (Yes/No)
MUHS/UG/E- 6/152114/1981/20 23 Date 21/09/2023	MUHS/UG/E- 6/152114/1981/20 23 Date 21/09/2023	MUHS/JUG/E- 6/1598/2022 Date 01/09/2022:	MUHS/PG/E- 6/274/2022 Date 446443973452 08/07/2022:	MUHS/UG/E- 6/6229003/737 Date 15/02/2014	If Yes MUHS Approval Letter & Date
487340337879	447266469518	664440403425	446443973452	576320319373	Adhar No.
ACYPW4585A 22/01/1992	BCSPC1907R	ADTPH0510L	BIYPP6874L	врсрм6896Q	Pan No.
22/01/1992	BCSPC1907R 01/06/1989	ADTPH0510L 26/07/1986	03/02/1981	ВРСРМ6896Q 15/06/1978	Date of Birth (Age in year)
rupaliw35@gmail.com	kashinathchavankb@gmail.co m	shivateerth@gmail.com	patilprasad1@gmail.com	marysumathi1@gmail.co m	Latest Email Address
8805829922	8722366308	9792758546	9110266166	9994945879	Contact Nos. (Mob)
No	No	N	8	No.	. Debarred Yes/No



WHEN HYMP CO.

Salassa Taran

VIJAVSINH MOHITE-PATIL COLLEGE OF NURSING & MEDICAL RESEARCH INSTITUTE, AKLUJ

Name of College-VMP College of Nursing & Medical Resarch Institute, Akluj Phone/Mobile No- 02185-226752 Name of Subject- Medical Surgical Nursing

N	_	No.
VMP College Of Nursing & MRI Aktuj	VMP College Of Nursing & MRI Aktuj	College Name
Medical Surgical Nursing	Medical Surgical Nursing	Subject.
Mr.Kashinath Bheemarao Chavan	Mr.Shivateerthayya Wallikarjunayya Hiremath	Full name of the Teacher (First Name Middle Name Last Name.)
Assistant Professor/Lectur er	Professor	Designation
01/02/2022	26/02/2022	Date of Joining
B.Sc.Nursing 2014 M.Sc.Nursing 2018	B.Sc.Nursing 2009 M.Sc.Nursing 2012	UG-Qualification & Year of Passing
M.Sc.Nursing 2018	M.Sc.Nursing 2012	UG-Qualification PG-Qualification & Year of & Year of Passing Passing
o,	12	Teaching experience after PG Passing
Yes	Yes	MUHS Approval (YesiNo)
MJHS/UG/E- 6/152114/1981/2023 Date 21/09/2023	MJHSJUGE- 6/1598/2022 Date 01/09/2022?	If Yes MUHS Approval Letter & Date
447266469518	66440403425	Adhar No.
BCSPC1907R	ADTPH0510L	Pan No.
01/06/1989	26/07/1986	Date of Birth (Age in year)
kashinathchavankb@gmail.com	shivateerth@gmail.com	Latest Email Address
8722366308	9792758546	Contact Nos. (Mob)
No	N _o	Debarred Yes/No



VIJAY PHINCIDATITE-PATIL OLLEGE OF NURSING & MEDICAL RESEARCH INSTITUTE, AKLUJ

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK SUBJECT WISE ELIGIBLE EXAMINER LIST(UG COURSES)

Phone/Mobile No- 02185-226752 Name of College-VMP College of Nursing & Medical Resarch Institute, Akluj

Name of Subject- Adult Health Nursing

	<u> </u>	
2	-	Sr.
VMP College Of Nursing & MRI Akluj	VMP College Of Nursing & MRI Akluj	College Name
Adult Health Nursing	Adult Health Nursing	Subject.
Mr.Kashinath Bheemarao Chavan	Mr.Shivateerthay ya Mallikarjunayya Hiremath	Full name of the Teacher (First Name Middle Name Last Name.)
Assistant Professor/L ecturer	Professor	Designati on
Assistant Professor/L 01/02/2022 B.Sc.Nursin M.Sc.Nursi g 2014 ng 2018	26/02/2022 B.Sc.Nursin M.Sc.Nursi g 2009 ng 2012	Date of Joining
B.Sc.Nursin g 2014	B.Sc.Nursin g 2009	UG- Qualificati on & Year of Passing
M.Sc.Nursi ng 2018	M.Sc.Nursi ng 2012	UG- Qualificati Qualificati on & Year on & Year of of Passing Passing
o,	12	Qualificati Qualificati experience on & Year on & Year after PG Passing Passing
Yes	Yes	MUHS Approval (Yes/No)
MUHS/UG/E- 6/152114/1981 447266469 /2023 Date 518 21/09/2023	MUHS/UG/E- 6/1598/2022 Date 01/09/2022`	If Yes MUHS Approval Adhar No. Pan No. Letter & Date
447266469 518	664440403 425	Adhar No.
BCSPC190 7R	ADTPH051 0L	Pan No.
BCSPC190 7R	664440403 ADTPH051 26/07/1986	Date of Birth (Age in year)
kashinathcha vankb@gmaii .com	shivateerth@ gmail.com	Latest Email Address
kashinathcha vankb@gmail 8722366308 .com	9792758546	Contact Nos. (Mob)
No	No	Debarred Yes/No





VIJAYSINH MOHITE-PATIL COLLEGE OF NURSING & MEDICAL RESEARCH INSTITUTE, AKLUJ

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Name of College-VMP College of Nursing & Medical Resarch Institute, Akluj Phone/Mobile No- 02185-226752 SUBJECT WISE EXAMINER ELIGIBLE LIST (UG COURSES)

Name of Subject- Child Health Nursing

-	Sr. No.
VMP College Of Nursing & MRI Aktuj	College Name
Child Health Nursing	Subject
Mr. Prasad N. Patil	Full name of the Teacher (First Name Middle Name Last Name.)
Vice Principal	Designation
01/10/2016	Date of Joining
B.Sc.Nursing 2004 M.Sc.Nursing 2009	UG-Qualification & Year of Passing
M.Sc.Nursing 2009	PG-Qualification & Year of Passing
ä	Teaching experience after PG Passing
Yes	MUHS Approval (Yes/No)
MUHS/PGIE-6/274/2022 Date 08/07/2022	If Yes MUHS Approval Letter & Date
446443973452	adhar No.
BIYPP6874L	Pan No.
BIYPP6874L 03/02/1981	Date of Birth (Age in year)
patiprasad1@gmail.com	Latest Email Address
9110266166	Contact Nos. (Mob)
8	Debarre d YesiNo



PRINCIPAL

VIJAYSINH MOHITE-PATIL COLLEGE OF NURSING & MEDICAL RESEARCH INSTITUTE, AKLUJ

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK SUBJECT WISE ELIGIBLE EXAMINER LIST(UG COURSES)

Name of College - VMP College of Nursing & Medical Resarch Institute, Akluj Phone/Mobile No - 02185-226752

Name of Subject-Mental Health Nursing

N	-	No.
VMP College Of Nursing & MRI Akluj	VMP College Of Nursing & MRI Akluj	College Name
Mental Health Nursing	Mental Health Nursing	Subject.
Mr.Virat Shankar Gore	Ms.Rupali Shubhashrao Walke	Full name of the Teacher (First Name Middle Name Last Name.)
Assistant Professor/ Lecturer	Assistant Professor/ Lecturer	Designation
10/09/2020	16/09/2019	Date of Joining
B.Sc.Nursing 2014	P.B.Sc.Nursing 2015	Qualification & Year of Passing
M.Sc.Nursing 2020	M.Sc.Nursing 2019	PG. experience A Year of Passing Passing Passing
3 Year 4 Month	5 Year	experience after PG Passing
Yes	Yes	Approval (Yes/No)
MUHS/UGIE- 6/15/2114/1981/2 531916978198 023 Date 21/09/2023	MUHSJUGE- 6/152114/1981/2 023 Date 21/09/2023	If Yes MUHS Approval Letter & Date
531916978198	487340337879	Adhar No.
BGHPG7821B	ACYPW4565A	Pan No.
BGHPG7821B 04/02/1992	ACYPW4565A 2Z/01/1992	Date of Birth (Age in year)
viralgore1992@gmail.com	rupaliw35@gmail.com	Latest Email Address
9373379893	8805829922	Contact Nos. (Mob)
8	N	Debarred Yes/No



VIJAYSINH MOHITE-PATIL COLLEGE OF NURSING & MEDICAL RESEARCH INSTITUTE, AKLUJ

PRINCIPAL

Principal

Debarred Yes/No

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK SUBJECT WISE TEACHER LIST

Name of College-VMP College of Nursing & Medical Resarch Institute, Akluj Phone/Mobile No- 02185-226752
Name of Subject- Midwifery & Obstetrical Nursing

4	No.
VMP College Of Nursing & MRI Akluj	College Name
Midwifery & Obstetrical Nursing	Subject.
Mrs. Mary Sumathi R.	Full name of the Teacher (First Name Middle Name Last Name.)
Principal	Designation
06/06/2012	Designation Date of Joining
B.Sc.Nursing 1999	UG- Qualification & Year of Passing
B.Sc.Nursing M.Sc.Nursing2	PG- Qualification & Year of Passing
19	Teaching MUHS experien Approv ce after al PG (Yes/Not Passing)
Yes	MUHS Approv al (Yes/No)
MUHS/J/G/E- 6/6229003/737 Date 15/02/2014	UG- PG- experien Approv If Yes MUHS Qualification Qualification ce after al Approval Letter & Year of & Year of PG (Yes/No & Date Passing Passing Passing)
576320319373 BPCPM6896Q 15/06/1978	Adhar No.
ВРСРМ6896Q	Pan No.
	Date of Birth (Age in year)
marysumathi1@gmail.com	Latest Email Address
9994945879	Contact Nos. (Mob)



VIJAYSINH MOHITE-PATIL COLLEGE OF NURSING & MEDICAL RESEARCH INSTITUTE, AKLUJ

Principal

No

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK SUBJECT WISE ELIGIBLE EXAMINER LIST(UG COURSES)

Name of College - VMP College of Nursing & Medical Resarch Institute, Akluj
Phone/Mobile No - 02185-226752
Name of Subject- Community Health Nursing

-	No.
VMP College Of Nursing & MRI Akluj	College Name
Community Health Nursing	Subject.
VMP College Of Community Nursing & MRI Health Akluj Nursing	College Name Subject. (First Name Middle Name Last Name.)
Associate Professor 20/09/2023	Designation
	Date of Joining
B.Sc.Nursing 2005	UG- Qualification & Year of Passing
M.Sc.Nursing 2014	Qualification Qualification & experience Approval Approval Passing Pas
9 Year	Teaching experience after PG Passing
Yes	MUHS Approval (Yes/No)
MUHS/UG/E- 6/152114/114/20 24 Date 13/01/2024	If Yes MUHS Approval Letter & Date
337380113494	Adhar No.
CPGPB7764D	Pan No.
CPGPB7764D 27/07/1978	Date of Birth (Age in year)
rbumrah@yahoo.com	Latest Email Address
9637574687	Contact Nos. (Mob) Debarred Yes/No
N _o	Debarre Yes/No



PRINCIPAL

VIJAVSINH MOHITE-PATIL
JOLLEGE OF NURSING & MEDICAL
RESEARCH INSTITUTE, AKLUJ



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

NAME OF COLLEGE- VIJAYSINH MOHITE-PATIL COLLEGE OF NURSING & MEDICAL RESEARCH INSTITUTE, AKLUJ

Phone No- 02185-226752 Name of the Subject- Child Health Nursing

Debar red Sign of Yes/N Teacher o	
	O _N
Adhar Card No.	4464 4397 3452
Mobile No.	9110266166
Email ID	03/02/1981 @gmail.com
Date of Birth	03/02/1981
No of PG Students Guided last 5 years	13
PG (Recongnitio Teacher n Letter Date Recopnil issued by Yes/No universiy.)	MUHS/PG/E- 6/1274/202 2
PG Teacher Recopnil Yes/No	yes
PG University Teaching Approx at experience (UG) (in Years) After PGM	15years
University Approx at (UG)	10
Qualification Approx at experience (Becongnitio (UG) (in Years) Yes/No universiy.)	M.Sc. Nursing
Type Of Approval (Regular/Temp./ Honorary)	Temp for 02(Two) year
Subject/ Speciality	Child Health Nursing (Paediatric), Nursing Education
Designatio n	Vice
Sr. (First Name n Speciality (Regular/If Honorar Honorar)	Mr.Prasad Nandkumar Patil
Sr.	1







महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

Maharashtra University of Health Sciences, Nashik वणी - दिंडोरी रोड, म्हसरुळ, नाशिक - ४२२००४, Vani-Dindori Road, Mhasrul, Nashik- 422004 Tel: (0253-2539198-268, Student Helpline: (0253)-2539111/665911

E-mail: academic2@muhs.ac.in Web.: www.muhs.ac.in

डॉ. कालिदास द. चव्हाण एम.बी.बी.एस., एम.डी.(न्यायवैद्यकशास्त्र),पीएच.डी, डी.एस्सी. क्लसचिव

Dr. Kalidas D. Chavan M.B.B.S., M.D.(Forensic Medicine), Ph.D, D.Sc. Registrar

No. MUHS/PG/E-6/1274/2022

Date: 08/07/2022

To,
The Principal
Vijaysinh Mohite-Patil Nursing College & MRI,
Shivaratna Knowldege City,
Shivamurut Road, Akluj,
Tal.-Malshiras, Dist.Solapur- 413 118

Sub :- Recognition as Post-GraduateTeacher...

Ref:- 1) University Direction No.01/2017 dated 13/04/2017

2) Your letter No. VMP/CON/2021-22/292 dated 22/06/2022.

Sir/Madam,

With reference cited above, I am directed to inform you that, the proposal of Recognition as Post-Graduate Teacher of the following teacher has been considered by the University subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree, in the subject mentioned against his name.

Sr. No.	Subject	Name of the Teacher	Designation	Status of PG recognition
1	Child Health (Paediatric) Nursing	Mr. Prasad N. Patil	Professor	w.e.f. 22/06/2022 upto 05/05/2024

Registrar

Copy to:

1) Concern Teacher

2) Examination Department, Muhs, Nashik

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

NAME OF COLLEGE- VIJAYSINH MOHITE-PATIL COLLEGE OF NURSING & MEDICAL RESEARCH INSTITUTE, AKLUJ Name of the Subject. Community of the Subject.

Debar red Sign of Yes/N Teacher o	1
Debar red Yes/N o	O _Z
Adhar Card No.	3373 8011 3494
Mobile No.	9637574687
Email ID	rbumrah@y ahoo.co.in
Date of Birth	27/07/1978
(Recongnition No of PG Students issued by Guided last 5 universiy.)	ıs
PG Teacher Recongnition No of PG Recopnil Students Students Issued by Guided last Ves/No universiy.)	MUHS/PG/E- 6/152114/26 1/2024
	yes
PG Teaching experience (in Years) After PGM	14years
University Approx at (UG)	œ
Qualification	M.Sc. Nursing
Type Of Approval (RegularTemp./H onorary)	Temp for 01(Two) year
Subject Speciality	Community Health Nursing
Designation	Associate Professor
Name of the Subject- Community Health Nursing Full name of the Teacher Sr. (First Name No. (First Name Middle Name) Last Name.)	Ms.Gurpreet 1 Kaur S Nirmal Singh
Sr. Sr.	н

VIJAYBINH MOHITE-PATIL





महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

Maharashtra University of Health Sciences, Nashik वणी-दिंडोरी रोड, म्हसरुळ, नाशिक-४२२००४, Vani-Dindori Road, Mhasrul, Nashik-422 004

Tel: (0253)-2539198,200,268,307 Student Helpline: (0253)-2539111/6659111/100 Web.: www.muhs.ac.in E-mail: academicnursing@muhs.ac.in



डॉ. सुनिल ह. फुगारे एम.एस्सी. पीएच.डी

उपकुलसचिव

Dr. Sunil H. Fugare MSc. Ph.D.

Deputy Registrar

Outward No.: MUHS/PG/E-6/151114/ 261/2024

Date: 67/02/2024

To. The Principal, Vijaysing Mohite-Patil College ... of Nursing& Medical Research Institute, Akluj, Tal-Malshiras, Dist- Solapur-413 118

Sub. :-

Temporary Recognition as Post-Graduate Teacher.

Ref. :-

1) University Direction No. 01/2017 dated 13/04/2017.

2) Your Letter No. VMP/CON/2023-24/295 dated 17/01/2024.

Sir / Madam,

With reference to the subject cited above, I am directed to inform you that, the proposal of extension to recognition as Post-Graduate Teacher of the following teacher(s) has been considered by the University subject to terms and conditions of appointment order for imparting instructions to the Post Graduate Degree, Diploma of Super-Speciality Course(s) (as applicable) in the subject mentioned against his /her name as indicated below & subject to following conditions.

Sr. No.	Subject	Name of the Teacher	Designation	Status of PG recognition
01	Community Health Nursing	Ms. Gurpreet Kaur S Nirmal Singh	Associate Professor	w.e.f. 17/01/2024 upto 18/12/2025.

- 1) *Indicates that, the recognition granted by the University is subject to successful completion of at least one Medical Education Technology (MET) workshop conducted by the University within the period of one year from the date of recognition. If any teacher fails to comply with the said provision, the approval granted by the Vice-Chancellor shall stand cancelled automatically. It is further clarified that the validity of 'Research Methodology Workshop' is for five years only and it must be renewed after every five years as per Circular No. 14/2011 dated 22/06/2011.
- 2) Kindly note that the Recognition granted by the University is valid till the above said teacher is in the services of the said PG teaching College or attains the age of superannuation, whichever happens earlier.
- 3) A copy of this letter may be handed over to concerned Teacher.

z/2024\teacher approval nursing\pg - nursing\pg recognition\pune region\vijaysinh monite patil con, ekiuj\teller 07-02-24.dog

