

For Online Transmission of Question Papers:

Sr. No.	Infrastructure facilities at College	Yes /No
<b>Strong Room :</b>		
1	It must have Single Door Entry/Exit (with Safety Door/Grill for windows)	Yes
2	Minimum Area shall be 20 x 20 sq. ft.	Yes
3	Adequate Steel Almira/Cupboard for storage of Answer Books.	Yes
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.	NO
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 mbps speed, by an another Class 'A' ISP to ensure uninterrupted downloading facility, with 2(two) static IP's, Internet Dongle.	NO
7	Adequate Number of Paper Rims for printing Question Papers.	NO
8	One Photocopy Machine, UPS Backup.	NO
<b>Scanning Room :</b>		
9	Separate Scanning Room for scanning Answer Books after end of Examination Session under CCTV Surveillance. (Laptops and Scanners will be provided by the University Appointed Agency)	NO
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 mbps speed, by an another Class 'A' ISP to ensure uninterrupted downloading facility, with 2(two) static IP's, Internet Dongle.	NO

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.	NO
2	Wiring and Networking (with Raw Power Supply and UPS) and one Printer per DEC	NO
3	Air conditioners, Bio metric system, CCTV installation, Rest rooms and 24 x 7 security.	NO
4	Collapsible gate for the main entrance with Name board and locking facility.	NO
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 mbps speed, by an another Class 'A' ISP to ensure uninterrupted downloading facility, with 2(two) static IP's.	NO
6	Appointment of one Professor as a <b>Examination Co-ordinator</b> to Co-ordinate this Online process.	NO
7	Separate Evaluation Room for Evaluating the Answer Books under CCTV Surveillance.	NO

**KAMAL INSTITUTE OF NURSING  
EDUCATION, JATH.**



Tal. - Jath, Dist - Sangli

Ph. (02344) 247385, 246656 Fax 246043 Email : Kamal.education@rediffmail.com

Ref. No. 76/A49/22-23

Date 8/8/2023

प्रति,  
मा. रजिस्टार सो,  
महाराष्ट्र आरोग्य विज्ञान विद्यापीठ,  
नाशिक.

**विषय :- Online Transmission Of Evaluation**

महोदय,

वरील विषयास अनुसरून आमच्या महाविद्यालयास B.Sc Nursing या कोर्स ला दि. १४ फेब्रुवारी २०२३ रोजी मान्यता मिळाली आहे तरी सन २०२२-२३ मध्ये पहिली बॅच सुरु झाली असून आमच्या महाविद्यालयामध्ये स्ट्रॉग रुम व CCTV कॅमेरा अदयावत केली आहेत.

तरी आमच्या कॉलेज मध्ये Theory Center & Digital evaluation Center नाही तसेच आम्ही आमच्या कॉलेजमध्ये भविष्यात लवकरात लवकर सदर सुविधा अदयावत करून घेणार आहे.

कळावे,

Principal  
Kamal Institute of Nursing  
Education, Jath, Dist-Sangli

## Annexure-XIII (B)

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

Name Of the College :- Shri Umajirao Sanamadikar Medical Foundation, Jat, **Kamal Institute of Nursing Education, Jath,**

Mobile No.: 9730141503/9822338014

Name of the Subject :- **Psychiatric Nursing**

Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Kamal Institute of Nursing Education, Jath	Psychiatric Nursing	Mr. Siddharam Y Guddad	Associate Professor	02-05-2023	B.Sc. Nursing 2008	M.Sc. Nursing 2016	6 Yrs 9 Month	Yes	MUHS/UG /E- 6/152142 /965/202 3 Date: 28/05/20 23	529045549275	EXSPG3069B	10-01-1986	siddisir8@gmail.com	9011908952	NO

  
 Principal  
 Kamal Institute of Nursing  
 Education, Jath. Dist-Sangli

## Annexure-XIII (B)

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

Name Of the College :- Shri Umajirao Sanamadikar Medical Foundation, Jath, **Kamal Institute of Nursing Education, Jath.**

Mobile No.: 9730141503/9822338014

Name of the Subject :- **Obstetrics & Gynaecological Nursing**

Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of joining	UG	PG	Teaching Experience after PG passing	MUHS	If Yes MUHS	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
						Qualification & year of Passing	Qualification & Year of Passing		Approval (Yes/No)	Approval Letter & Date						
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Kamal Institute of Nursing Education, Jath	Obstetrics & Gynaecological Nursing	Ms. Deepa S. Patil	Lecturer	02-05-2023	Post B.Sc. Nursing 2012	M.Sc. Nursing 2017	3 Year 7 Month	Yes	MUHS/UG/E-6/152142/965/2023 Date.: 28/05/2023	332614163009	DLQPS1850C	07-09-1979	kamblesantosh431@gmail.com	9373743480	NO

  
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 Education, Jath. Dist-Sangli

## Annexure-XIII (B)

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

Name Of the College :- Shri Umajirao Sanamadikar Medical Foundation, Jat, Kamal Institute of Nursing Education, Jath,

Mobile No.: 9730141503/9822338014

Name of the Subject :- FON

Sl. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Kamal Institute of Nursing Education, Jath	FON	Mr. Amol Bhausaheb Waghmode	Lecturer	02-05-2023	B.Sc. Nursing 2013	M.Sc. Nursing 2017	2 Yrs 3 Month	Yes	MUHS/UG /E-6/152142/965/2023 Date: 28/05/2023	311566649032	ACSPW7875K	11-09-1991	amol31422@gmail.com	9082546676	NO

  
 Principal  
 Kamal Institute of Nursing  
 Education, Jath. Dist-Sangli

## Annexure-XIII (B)


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

**Name Of the College :-** Shri Umajirao Sanamadikar Medical Foundation, Jat, **Kamal Institute of Nursing Education, Jath,**

**Mobile No.:** 9730141503/9822338014

**Name of the Subject :-** Medical Surgical Nursing

Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Kamal Institute of Nursing Education, Jath	Medical Surgical Nursing	Mr. Amol Bhausahab Waghmode	Lecturer	02-05-2023	B.Sc. Nursing 2013	M.Sc. Nursing 2017	2 Yrs 3 Month	Yes	MUHS/UG /E- 6/152142 /965/202 3 Date.: 28/05/20 23	311566649032	ACSPW7875K	11-09-1991	amol31422@gmail.com	9082546676	NO

  
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## Annexure-XIII (B)

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

Name Of the College :- Shri Umajirao Sanamadikar Medical Foundation, Jat, Kamal Institute of Nursing Education, Jath,

Mobile No.: 9730141503/9822338014

Name of the Subject :- Community Health Nursing

No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
	Kamal Institute of Nursing Education, Jath	Community Health Nursing	Mr. Sateesh Satawaji Sindhe	Principal	02-05-2023	B.Sc. Nursing Sep. 2005	M.Sc. Nursing May 2009	14 Yrs	Yes	MUHS/UG /E- 6/152142 /965/2023 Date.: 28/05/2023	529045549275	CWKP9035H	19-01-1975	shindesateesh45@gmail.com	9108476769	NO

  
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
**Annexure-XIII (C)**

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

**Name Of the College :-** Shri Umajirao Sanamadikar Medical Foundation, Jat, Kamal Institute of Nursing Education, Jath,  
**Mobile No.:** 9730141503/9822338014  
**Name of the Subject :-**

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/Specialty	Type of Appointment (Regular / Temp. / Honorary)	Qualification	University Approval (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University.)	No. of PG Students Guided last 5 year	Date of Birth	E-mail ID	Mobile No.	Aadhar Card No	If Debarred (Yes/No)	Signature of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17

N.A.

  
 Principal  
 Kamal Institute of Nursing  
 Education, Jath. Dist-Sangli