

**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 Almirah/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.	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 mbps 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.	Yes
8	One Photocopy Machine, UPS Backup.	Yes
<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)	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 mbps speed, by an another Class 'A' ISP to ensure uninterrupted Downloading facility, with 2(two) static IP's, Internet Dongle.	Yes

**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	Yes
3	Air conditioners, Bio metric system, CCTV installation, Rest rooms And 24 x 7 security.	Yes
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 mbps speed, by an another Class 'A' ISP to ensure uninterrupted Downloading facility, with 2(two) static IP's.	Yes
6	Appointment of one Professor as a <b>Examination Co-ordinator</b> to Co-ordinate this Online process.	Yes
7	Separate Evaluation Room for Evaluating the Answer Books under CCTV Surveillance	Yes



**Principal**  
Kamal Institute of Nursing  
Education, Iath Diet, Serahi

**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

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	Kamal Institute of Nursing Education, Jath	Community Health Nursing	Mr. Sateesh Satawaji Sindhe	Principal	02-05-23	B.Sc. Nursing Sep. 2005	M.Sc. Nursing May 2009	15 Yrs	Yes	MUHS/UG /E-6/152142 /965/2023 Date: 28/05/2023	529045549275	CWKRPS9035H	19-01-75	shindesatesh45@gmail.com	9108476769	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 :- 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	Kamal Institute of Nursing Education, Jath	Psychiatric Nursing	Mr. Siddharam Y Guddad	Associate Professor	02-05-23	B.Sc. Nursing 2008	M.Sc. Nursing 2016	7 Yrs 6 Month	Yes	MUHS/UG /E- 6/152142 /965/202 3 Date.: 28/05/20 23	529045549275	BXSPG3069B	10-01-86	siddsri8@gmail.com	9011908952	NO



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Kamal Institute of Nursing  
Education, Jath, Dist-Sangli

**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.:** 9730141503/98222338014

**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	Kamal Institute of Nursing Education, Jath	Medical Surgical Nursing	Mr. Amol Bhausaheb Waghmode	Lecturer	02-05-23	B.Sc. Nursing 2013	M.Sc. Nursing 2017	6 Yrs 3 Month	Yes	MUHS/UG /E- 6/152142 /965/2023 Date.: 28/05/2023	311566649032	ACSPW7875K	11-09-91	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 :- Obstetrics & Gynaecological 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	Kamal Institute of Nursing Education, Jath	Obstetrics & Gynaecological Nursing	Ms. Priyanka P. Kale	Lecturer	07-10-23	B.Sc. Nursing 2016	M.Sc. Nursing 2020	3 Year 1 Month	Yes		331289499412	FBWPKS484E	28-02-94	kamblesantosh431@gmail.com	9284671337	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 :- FON

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	Kamal Institute of Nursing Education, Jath	FON	Mr. Amol Bhausaheb Waghmode	Lecturer	02-05-23	B.Sc. Nursing 2013	M.Sc. Nursing 2017	6 Yrs 3 Month	Yes	MUHS/UG /E- 6/152142 /965/202 3 Date: 28/05/20 23	311566649032	ACSPW7875K	11-09-91	amol31422@gmail.com	9082546676	NO



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Education, Jath, Dist-Sangli

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**

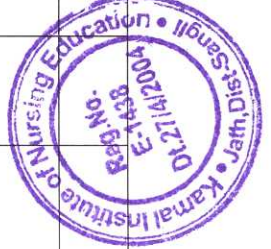
**SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)**


**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 Approx at (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.	Aadhaar Card No	If Debarred (Yes/No)	Sign. of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1																
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N.A.



  
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