ANNEXURE-XII

AISHE
(All India Survey of Higher Education) Certificate

The information must be made available on the College website.

सत्यमेव जयते

Government of India

Ministry of Education

Department of Higher Education

Statistics Division

New Delhi

Provisional Certificate

Reference No. C-71714-2024

This is to certify that BHUSHAN MADHAVRAO THAKAR of SHRI SAI INSTITUTE OF NURSING AND MEDICAL SCIENCE, WAKADI (C-71714) has successfully submitted the data of All India Survey on Higher Education(AISHE) for the survey year 2024-2025.

(Ms. Navanita Gogoi)

Deputy Director General

Dated: 06/11/2025

PRINCIPAL
SHRI SAI INSTITUTE OF NURSING
& MEDICAL SCIENCE, WAKADI
GADCHIROLI - 442605

ANNEXURE-XIII

(A)

Subject wise Eligible Examiners List (UG Courses) Excel format in pen drive , website and Hard Copy

Annexure-XIII (A)

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECT WISE ELIGIBLE EXAMINERS LIST (UG Courses) (B.Sc & P.B.Sc NURSING)

Name of the College:-**Shri Sai Institute Of Nursing & Medical Scinece, Wakdi, Gadchiroli.** Phone/Mobile No of college. :- **7773945388 / 9623177429**

Name of The Subject: **Nursing Foundation**

Sr. No.	College Name	District where college situated	Region of examiner College	Subject thought	Subject Code	Full name of the Teacher (First/Middle/L	Designation as per staff approval letter	Date of Joining current	UG Qualification & Passing year	Post Graduate Qualification	PG Qualification Passing year	PG Qualification	PG Qualification Sub Specialty	Ph.D Completed if Yes Mention	Teaching Experience in years after PG	Total Teaching Experience in years	MUHS Approval	If Yes MUHS Approval Letter & Date	Approval Valid Till date	Adhar No.	Pan No.	Date of Birth	Age in years	Latest Email Address	Contact No. (Mob.) give only OTD Registered 10 digit number	Debarred	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	Shri Sai Institute Of Nursing & Medical Scinece	Gadchiroli	Nagpur	Nursing Foundation	54	Ms. Nancy Wilson Welsy	Assistant Professor	07-01-2024	B.B.Sc Nursing 2017	M.Sc Nursing 2020	M.Sc Nursing 2020	obstetric & gynaecological nursing	obstetric & gynaecological nursing	-	05	06	YES	MUHS/UG/E-5/155146/91/2025 DATE-27/01/2025	19/12/2026	759262487803	AEXPW1613A	02-12-1996	30	psalms048@gmail.com	7038692844	No	
2	Shri Sai Institute Of Nursing & Medical Scinece	Gadchiroli	Nagpur	Nursing Foundation	54	Ms.Reena Ashok shelare	Assistant Professor	10-01-2024	B.B.Sc Nursing 2017	M.Sc Nursing 2022	M.Sc Nursing 2022	Community Health Nursing	Community Health Nursing	-	3.5	6.5	YES	MUHS/UG/E-5/155146/91/2025 DATE-27/01/2026	19/12/2026	833758171889	APCPT0666A	13-02-1995	31	Shelarereena13@gmail.com	99623177429	No	

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

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GADCHIROLI - 442605

Annexure-XIII(A)

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECT WISE ELIGIBLE EXAMINERS LIST (UG Courses) (B.Sc & P.B.Sc NURSING)

Name of the College:-**Shri Sai Institute Of Nursing & Medical Scinece,Wakdi,Gadchiroli.** Phone/Mobile No of college. :- **7773945388 /9623177429**

Name of The Subject: **Community Health Nursing**

Sr. No.	College Name	District where college situated	Region of examiner College	Subject thought	Subject Code	Full name of the Teacher (First/Middle/L	Designation as per staff approval letter	Date of Joining current institute	UG Qualification & Passing year	Post Graduate Qualification	PG Qualification Passing year	PG Qualification Subject	PG Qualification Sub Specialty	Ph.D Completed if	Teaching Experience in years after PG	Total Teaching Experience in	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Approval Valid Till date (DD/MM/YYY	Adhar No.	Pan No.	Date of Birth	Age In years	Latest Email Address	Contact No. (Mob.) give only OTD	Debarred	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	Shri Sai Institute Of Nursing & Medical Scinece	Gadchiroli	Nagpur	Community Health Nursing	63	Mr.Nishikant Pradeep Chakole	Associate Professor	17/01/2023	B.B.Sc Nursing 2014	M.Sc Nursing 2018	M.Sc Nursing 2018	Community Health Nursing	Community Health Nursing	-	07	09	YES	MUHS/UG/E-5/155146/91/2025 DATE-27/01/2025	19-12-2026	306289957002		22/2/1991	34	nishikantchakole@gmail.com	9579052002	No	
2	Shri Sai Institute Of Nursing & Medical Scinece	Gadchiroli	Nagpur	Community Health Nursing	63	Ms.Reena ashok shelare	Assistant Professor	10-01-2024	B.B.Sc Nursing 2017	M.Sc Nursing 2022	M.Sc Nursing 2022	Community Health Nursing	Community Health Nursing	-	3.5	6.5	YES	MUHS/UG/E-5/155146/91/2025 DATE-27/01/2026	19/12/2026	833758171889	APCPT0666A	13-02-1995	31	Shelareena13@gmail.com	9623177429	No	

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Annexure-XIII (A)

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECT WISE ELIGIBLE EXAMINERS LIST (UG Courses) (B.Sc & P.B.Sc NURSING)

Name of the College:-**Shri Sai Institute Of Nursing & Medical Scinece,Wakdi, Gadchiroli.** Phone/Mobile No of college. :- **7773945388 /9623177429**

Name of The Subject: **Obstetric & Gynecological nursing**

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	Shri Sai Institute Of Nursing & Medical Scinece	Gadchiroli	Nagpur	Obstetric & Gynecological nursing	67	Ms. Nancy Wilson Welsy	Assistant Professor	07-01-2024	B.B.Sc Nursing 2017	M.Sc Nursing 2020	M.Sc Nursing 2020	Obstetric & Gynecological nursing	Obstetric & Gynecological nursing	-	05	06	YES	MUHS/UG/E-5/155146/91/2025 DATE-27/01/2025	19/12/2026	759262487803	AEXPW1613A	02-12-1996	30	psalms048@gmail.com	7038692844	No	

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Annexure-XIII (A)

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECT WISE ELIGIBLE EXAMINERS LIST (UG Courses) (B.Sc & P.B.Sc NURSING)

Name of the College:-**Shri Sai Institute Of Nursing & Medical Scinece, Wakdi, Gadchiroli.** Phone/Mobile No of college. :- **7773945388/9623177429**

Name of The Subject: **Medical Surgical Nursing**

Sr. No.	College Name	District where college situated	Region of examiner College	Subject thought use separate	Subject Code	Full name of the Teacher (First/Middle/L	Designation as per staff approval Letter	Date of Joining current	UG Qualification & Passing year	Post Graduate Qualification	PG Qualification Passing year	PG Qualification	PG Qualification Sub Specialty	Ph.D Completed if	Teaching Experience in years after PG	Total Teaching Experience in	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Approval Valid Till date (DD/MM/YYY	Adhar No.	Pan No.	Date of Birth	Age in years	Latest Email Address	Contact No. (Mob.) give only OTD Registered 10	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
2	Shri Sai Institute Of Nursing & Medical Scinece	Gadchiroli	Nagpur	Medical Surgical Nursing	58	Ms. Naina K.Sukhdve	Assistant Professor	01/01/2024	B.Sc Nursing 2016	M.Sc Nursing 2020	M.Sc Nursing 2020	Medical Surgical Nursing	Medical Surgical Nursing	-	05	06	YES	MUHS/UG/E-6/155146/260/2024 Dt:-07/02/2024	20/01/2026	391107710400	GYNSP1901M	02/08/1995	28	nainasukhdeve08@gmail.com	8080973556	No	

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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECT WISE ELIGIBLE EXAMINERS LIST (UG Courses) (B.Sc & P.B.Sc NURSING)

Name of the College:-**Shri Sai Institute Of Nursing & Medical Scinece, Wakdi, Gadchiroli.** Phone/Mobile No of college. :- **7773945388 / 9623177429**

Name of The Subject: **Mental Health Nursing**

Sr. No.	College Name	District where college situated	Region of examiner College	Subject thought use separate	Subject Code	Full name of the Teacher (First/Middle/L	Designation as per staff approval letter	Date of Joining current	UG Qualification & Passing year	Post Graduate Qualification	PG Qualification Passing year	PG Qualification Subject	PG Qualification Sub Specialty	Ph.D Completed if	Teaching Experience in years after PG	Total Teaching Experience in	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Approval Valid Till date (DD/MM/YYY	Adhar No.	Pan No.	Date of Birth	Age in years	Latest Email Address	Contact No. (Mob.) give only OTD Registered 10	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
2	Shri Sai Institute Of Nursing & Medical Scinece	Gadchiroli	Nagpur	Mental Health Nursing	02	Mr.Akshay Nilesh Chavhan	Assistant Professor	21/8/2024	B.Sc Nursing 2015	M.Sc Nursing 2018	M.Sc Nursing 2018	Mental Health Nusing	Mental Health Nursing	-	07	08	YES	MUHS/UG/E-5/155146/91/2025 DATE-27/01/2025	19/12/2026	634235862702	BAVPC9913N	09/03/1993	32	Akshaychavann222@gmail.com	8830296944	No	

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