

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**SUBJECT WISE TEACHER LIST**

ANNEXURE -XIII-A

College email id

: knpatelns@gmail.com

Official No. 7620995771

Subject Name

: Midwifery/Obstetrics & Gyenecology I & II

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 Name Middle Name Last Name.)	Designation	Date of Joining	UG-Qualification	PG-Qualification With Spetialization & Year of Passing	PG Qualification Passing Year	PG Qualification Specify if any	Ph.D Completed if Yes Mention Year of Passing	Teaching experience 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 Nos. (Mob)	Debarred Yes/No	Sign of Teacher
1	Smt K.N. Patel college of nursing, Bhandara	Bhandara	Nagpur	Midwifery Obstetrics & Gynecology Nursing		Mrs. Dilshadbegum K Bidarkundi	Lecturer	24-06-2023	P. B. B. Sc. Nursing 2016	M. Sc. Nursing - 2020	Midwifery & Gynecology Nursing	-	4.6yr	6.3yr	Yes	MUHS/UG/E-5/155149/214/2026, 04-03-2026	04-03-2026	343925941813	BQIPB2747L	01-06-1978	47yr	dilshadbidarkundi994@gmail.com	9113669836	No		

  
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 SMT. K. N. PATEL  
 COLLEGE OF NURSING  
 BHANDARA.

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Official No. 7620995771

Subject Name

: Adult Health Nursing I & II

Sr. No.	College Name	District where college situated	Region of Examinee College	Subject thought use separate row for separate subjects	Subject Code	Full name of the Teacher (First Name Middle Name Last Name.)	Designation	Date of Joining	UG-Qualification & Year of Passing	PG Qualification	PG Qualification Passing Year	PG Qualification Specify if any	Ph.D Complete if Yes Mention Year of Passing	Teaching experience 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 Nos. (Mob)	Debanded Yes/No	Sign of Teacher
1	Smt K.N. Patel college of nursing, Bhandara	Bhandara	Nagpur	FON I & II		Ms. Lognaya ki R	Lecturer	10-01-2025	B. Sc. Nursing 2002	M. Sc. Nursing-	2019	Medical Surgical Nursing	-	7yr	18.9yr	Yes	MUHS/UG/E-5/155149/198/2025, 25-02-2025	25-02-2027	867616723407	BJXP A10094	14-07-1980	45yr	logiramasamy@gmail.com	8551886873	No	<i>Lognaya ki R</i>

  
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Official No. 7620995771

Subject Name

: Child Health Nursing I & II

Sr. No.	College Name	District where college situated	Region of Examiner College	Subject though use separate row for separate subjects	Subject Code	Full name of the Teacher (First Name Middle Name Last Name.)	Designation	Date of Joining	UG- Qualification & Year of Passing	PG- Qualification With Specialization & Year of Passing	PG Qualification Sub Specify if any	Ph.D Completed if Yes Mention Year of Passing	Teaching experience 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 Addresses	Contact Nos. (Mob)	Debarred Yes/No	Sign of Teacher	
1	Smt K.N. Patel college of nursing, Bhandara	Bhandara	Nagpur	Child Health Nursing I & II		Mrs. Archana N. Shinde (Archana Suraskar)	Associate Professor	17-01-2025	B. Sc. Nursing 2014	M. Sc. Nursing	2017	Child Health nursing	-	8.4 yr	9.6yr	Yes	MUHS/UG/E-5/155/149/25/2025, 13-03-2025	13-03-2027	693341005021	DHK PS20 78J	21-07-1991	34yr	suraskararchana56@gmail.com	8830497988	No	

  
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ANNEXURE -XIII-A

Official No. 7620995771

Subject Name : Mental Health Nursing

Sr. No.	College Name	District where college situated	Region of Examiner College	Subject though use separate row for separate subjects	Subject Code	Full name of the Teacher (First Name Middle Name Last Name.)	Designation	Date of Joining	UG- Qualification & Year of Passing	PG- Qualification	PG Qualification Passing Year	PG Qualification Specify if any	Ph.D Completed if Yes Mention Year of Passing	Teaching experience After PG Passing	Total Teaching Experience in years	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Age in years	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No	Sign of Teacher	
1	Smt K.N. Patel college of nursing, Bhandara	Bhandara	Nagpur	Mental Health Nursing		Ms. Princy Bangre	Lecturer	09-04-2025	B. Sc. Nursing 2018	M. Sc. Nursing -	2024	Mental Health Nursing	-	1.4yr	4.4yr	Yes	MUHS/UG/ E- 5/155149/2 14/2026, 04-03-2026	04-03-2026	749237131287	FQGPB5 512M	#####	30yr	bangreprincy@gmail.com	7447396087	No	

  
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College email id

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ANNEXURE -XIII-A

Official No. 76209957

Subject Name : Community Health Nursing

Sr. No.	College Name	District where college situated	Region of Examiner College	Subject though t use separate row for separate subjects	Subject Code	Full name of the Teacher (First Name Middle Name Last Name.)	Designation	Date of Joining	UG- Qualification & Year of Passing	PG- Qualification	PG Qualification Passing Year	PG Qualification Sub Specify if any	Ph.D Completed if Yes Mention Year of Passing	Teaching experience After PG Passing	Total Teaching Experience in years	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Approval Valid Till Date (DD/MM/YY)	Adhar No.	Pan No.	Date of Birth	Age in years	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/ No	Sign of Teacher
1	Smt K.N. Patel college of nursing, Bhandara	Bhandara	Nagpur	Community Health Nursing		Mr. Anand G Hattikal	Vice Principal	24-06-2023	B. Sc. Nursing 2009	M. Sc. Nursing - 2014	2014	Community Health Nursing	-	10.8yr	12.8yr	Yes	MUHS/UGE- 5/155149/214/2026, 04-03-2026	04-03-2028	913493391863	AEDP H146 3B	31-07-1985	40yr	hattikal.anand02@gmail.com	8087143752	No	

  
Principal,  
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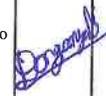
ANNEXURE -XIII-A

College email id

: knpatelnsng@gmail.com

Official No. 7620995771

Subject Name : FON I & II

Sr. No.	College Name	District where college situated	Region of Examiner College	Subject though use separate row for separate subjects	Full name of the Teacher (First Name Middle Name Last Name.)	Designation	Date of Joining	UG- Qualification & Year of Passing	PG- Qualification	PG Qualification Passing Year	PG Qualification on Specialty if any	Ph.D Completed if Yes Mention Year of Passing	Teaching experience After PG Passing	Total Teaching Experience in years	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Approval Valid Till Date (DD/MM/YY)	Adhar No.	Pan No.	Date of Birth	Age in years	Latest Email Address	Contact Nos. (Mob) give only OTD Registered 10 digit number only one	Debarred Yes/No	Sign of Teacher
1	Smt K.N. Patel college of nursing, Bhandara	Bhandara	Nagpur	FON I & II	Mrs. Archana N. Shinde (Archana Suraskar)	Associate Professor	17-01-2025	B. Sc. Nursing 2014	M. Sc. Nursing Child Health nursing	2017	Child Health nursing	-	8.4yr	9.6yr	Yes	MUHS/UG/E-5/155149/225/2025, 13-03-2025	13-03-2027	693341005021	DHKP S2078 J	21-07-1991	34yr	suraskar.archana@gmail.com	8830497988	No	
2	Smt K.N. Patel college of nursing, Bhandara	Bhandara	Nagpur	FON I & II	Ms. Lognaya ki R	Lecturer	10-01-2025	B. Sc. Nursing 2002	M. Sc. Nursing-	2019	Medical Surgical Nursing	-	7yr	18.9yr	Yes	MUHS/UG/E-5/155149/198/2025, 25-02-2025	25-02-2027	867616723407	BJXP A1009 4	14-07-1980	45yr	lognaya.ki.r@gmail.com	8551886873	No	

  
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