

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

ANNEXURE-VII

DETAIL INFORMATION OF TEACHING STAFF (Approved & Not Approved Separate Sheet to be used)

UG & PG Degree AS ON :-31 /01/2026

Name of College : Maharashtra Institute of Nursing Sciences, Latur

College Code:- 154104

Intake Capacity :- B.Sc Nursing :- 100

P.B.B.Sc Nursing :- 50

Last Staff Approval Process Conducted on:- 10.12.2024

Faculty :- Nursing

M.Sc Nursing :- 00

3		2		1																																																											
Sr. No		Name of the Taching Staff		Designation Write Full		Under Graduate Qulifications & Year of Passing		Subject of Post Graduate subject if applicable		Passing Year of M.Sc Nursing if applicable		Staff Enrolled in OTD MUHS YES / No		Staff Mobile no. OTD Registered		NUID NO IF AVAILABLE		Staff Personal Email I.D		Aadhar Card No.		MNC Registration No.		MNC registration Valid Till		Date of Birth		Age in Years		Whether belongs to Reserve Category (If YES, Specify Category)		Date of Appointment (DD/MM/YYYY)		Name of the Previous Institution		Post in Previous Institute		Date of Previous Institute Reliving		Teaching Experience							Experience							Type of Appointment Temporary / Permanent		University Approval Status UG (Yes / No)		University Approval UG Letter No. And Date		University U.G Approval valid till date (D/MM/YYYY)		Latest Photograph (Not older than 3 Months) with signature with date Don't print photo here	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37																											
1	Dr. Saravanan S.S	Professor Cum Principal	B.Sc. Nursing - 2003	M.Sc Nursing (Medical Surgical Nursing)	2007	YES	9923013913	MH1160214	sss20in@gmail.com	3378 4187 8324	XVII - 513	19-03-2028	01-06-1981	44 Years	No	01-08-2007	Maharashtra Nursing School, Latur	Tutor	10-06-2005	02 Years 05 Months	-	-	-	-	18 Years 06 Months	20 Years 11 Months	-	18 Years 06 Months	-	-	20 Years 11 Months	Permanent	Yes	MUHS/E6/6403003/1119 Dated: 20/03/2015	-																												
2	Dr. Siddamma Sangaraju	Professor Cum Vice-Principal	B.Sc. Nursing - 1990	M.Sc. Nursing (Community Health Nursing)	2006	YES	9049485342	-	sangarajusiddamma404@gmail.com	6803 0008 9462	XVII-5274	23-07-2028	20-05-1966	59 Years	No	21-01-2015	Laxmi College of Nursing, Hyderabad	Vice- Principal	30-06-2012	03 Years 05 Months	06 Years 07 Months	-	-	11 Years 00 Months	21 Years 00 Months	-	17 Years 07 Months	-	-	21 Years 00 Months	Permanent	Yes	MUHS/E-6/6403003/1119 Dated: 20/03/2015	-																													
3	Mr. Santoshkumar S. Kolate	Professor	B.Sc. Nursing - 2006	M.Sc. Nursing (Psychiatric Nursing)	2010	YES	7760553555	MH1180623	santosh4u555@gmail.com	2948 98872485	XVII-25104	20-12-2027	22-03-1982	42 Years	No	23-11-2020	Maharashtra Nursing College, Latur	Asso. Professor	20-11-2020	04 Years 08 Months	08 Years 06 Months	02 Years 02 Months	01 Year 01 Months	-	-	16 Years 05 Months	15 Years 00 Months	-	-	16 Years 05 Months	Temporary	Yes	MUHS/UG/E-5/154104/74/2025 Date: 20/01/2025	10-12-2026																													



7	6	5	4	Sr. No
Mr. Sirsat Keshav Bhausaheb	Mr. Tonde Pandurang Laxman	Ms. Darade Sonali Baliram	Dr. Shyam Kumar K.	
Assistant Professor	Associate Professor	Associate Professor	Professor	
B.B.Sc. Nursing -2016	B.B.Sc. Nursing -2014	B.B.Sc. Nursing -2013	B.Sc. Nursing - 2009	
M.Sc. Nursing (Child Health Nursing)	M.Sc. Nursing (Community Health Nursing)	M.Sc Nursing (Psychiatric Nursing)	M.Sc. Nursing (Medical Surgical Nursing)	
2020	2018	2017	2012	
YES	YES	YES	YES	
9766237229	9021918198	9075000100	9003393229	
MH883955	MH941217	MH942640	MH1315165	
sirsatkeshavb@gmail.com	tondepandurang1992@gmail.com	sonalidarade094@gmail.com	kshyamkumar85@gmail.com	
6182 4702 0706	6275 8311 3246	6680 3458 4451	7210 1690 1188	
XLVII-2775	XLVII-2022	II-18901	XVII-11598	
30-03-2027	30-03-2027	30-03-2027	21-11-2028	
13-03-1993	09-10-1992	08-10-1991	06-02-1985	
32 Years	33 Years	34 Years	40 Years	
No	Yes NT-D	Yes NT-D	No	
01-12-2020	01-08-2018	31-08-2017	10-06-2024	
New Vision Nursing School, Latur	Maharashtra Institute of Nursing Sciences, Latur	Maharashtra Nursing School, Latur	Mauli Nursing College, Hattia	
Tutor	Tutor	Tutor	Asso. Professor	
29-10-2018	20-08-2016	20-07-2015	15-06-2024	
01 Years 11 Months	01 Years 11 Months	09 Years 02 Months	01 Years 03 Months	
05 Years 02 Months	06 Years 05 Months	-	09 Years 01 Months	
-	01 Years 01 Months	01 Years 01 Months	02 Years 09 Months	
-	-	-	01Years 07 Months	
-	-	-	-	
-	-	-	-	
07 Years 01 Months	09 Years 04 Months	10 Years 03 Months	14 Years 08 Months	
-	-	-	-	
05 Years 02 Months	07 Years 05 Months	09 Years 02 Months	13 Years 05 Months	
-	-	-	-	
-	-	-	-	
07 Years 01 Months	09 Years 04 Months	10 Years 03 Months	14 Years 08 Months	
Temporary	Temporary	Temporary	Temporary	
Yes	Yes	Yes	Yes	
MUHS/UG/E-5/154104/74/2025 Date: 20/01/2025	MUHS/UG/E-5/154104/74/2025 Date: 20/01/2025	MUHS/UG/E-5/154104/74/2025 Date: 20/01/2025	MUHS/UG/E-5/154104/74/2025 Date: 20/01/2025	
10-12-2025	10-12-2026	10-12-2026	10-12-2026	
				
Latest Photograph (Not older than 3 Months) with signature with date Don't print photo here				37



11	10	9	8	Sr. No
Ms. Rathod Payal Jagram	Ms. Dake Shradha Manohar	Mr. Mundhe Akshaykumar Ramkishan	Ms. Mehre Bhagyashree Prabhakar	Name of the Taching Staff
Assistant Professor	Assistant Professor	Assistant Professor	Assistant Professor	Designation Write Full
B.B.Sc. Nursing -2017	B.B.Sc. Nursing -2017	B.B.Sc. Nursing -2017	B.B.Sc. Nursing -2016	Under Graduate Qulifications & Year of Passing
M.Sc. Nursing (Medical Surgical Nursing)	M.Sc. Nursing (Child Health Nursing)	M.Sc. Nursing (Child Health Nursing)	M.Sc. Nursing (OBGY Nursing)	Subject of Post Graduate subject if applicable
2021	2020	2022	2023	Passing Year of M.Sc Nursing if applicable
YES	YES	YES	YES	Staff Enrolled in OTD MUHS YES / No
9145777283	7758096649	9049791207	7620742422	Staff Mobile no. OTD Registered
-	MH947753	-	-	NUID NO IF AVAILABLE
payalrathod067@gmail.com	shradhadakem7350@gmail.com	akshaykumarmundhe@gmail.com	mehre1993@gmail.com	Staff Personal Email I.D
3375 6388 5850	2569 9239 7697	3096 8997 3600	9939 1654 9962	Aadhar Card No.
II-25554	II-25307	XLVII-3302	II-23649	MNC Registration No.
30-03-2027	30-03-2027	30-03-2027	30-03-2027	MNC registration Valid Till
04-10-1995	16-06-1996	26-02-1995	09-06-1993	Date of Birth
30 Years	29 Years	30 Years	32 Years	Age in Years
No	Yes OBC	Yes NT-D	Yes NT-C	whether belongs to Reserve Category (If YES, Specify Category)
06-12-2021	10-06-2024	01-03-2024	10-04-2023	Date of Appointment (DD/MM/YYYY)
-	Beleshwar Institute of B.Sc. Nursing, Parbhani	Vijaysinh Mohite Patil College of Nursing , Akluj	Shri Bhagwan Nursing School , Latur	Name of the Previous Institution
-	Tutor	Assistant Professor	Tutor	Post in Previous Institute
-	30-06-2024	27-02-2024	30-11-2020	Date of Previous Institute Reliving
03 Years 00 Months	04 Years 03 Months	03 Years 03 Months	04 Years 09 Months	Teaching Experience
01 Years 01 Months	01 Years 07 Months	02 Years 11 Months	01 Years 01 Months	
-	-	-	-	
-	-	-	-	
-	-	-	-	
-	-	-	-	
04 Years 01 Months	05 Years 10 Months	06 Years 01 Months	05 Years 10 Months	Experience
01 Years 07 Months	-	-	-	
04 Years 01 Months	04 Years 09 Months	02 Years 11 Months	02 Years 10 Months	
-	-	-	-	
-	-	-	-	
05 Years 08 Months	05 Years 10 Months	06 Years 01 Months	05 Years 10 Months	
Temporary	Temporary	Temporary	Temporary	Type of Appointment Temporary / Permanent
Yes	Yes	Yes	Yes	University Approval Status UG (Yes / No)
MUHS/UG/E-5/154104/74/2025 Date: 20/01/2025	MUHS/UG/E-5/154104/74/2025 Date: 20/01/2025	MUHS/UG/E-5/154104/74/2025 Date: 20/01/2025	MUHS/UG/E-5/154104/74/2025 Date: 20/01/2025	University Approval UG Letter No. And Date
10-12-2026	10-12-2025	10-12-2026	10-12-2025	University U.G Approval valid till date (D D/MM/YYYY)
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15	14	13	12	Sr. No
Ms. Alapure Sanjivani Prabhu	Ms. Dahiwal Ravina Chandrakant	Ms. Waghmare Ayesha Rajkumar	Mr. Chate Dattatray Subhash	Name of the Taching Staff
Assistant Professor	Assistant Professor	Assistant Professor	Assistant Professor	Designation Write Full
P.B.B.Sc. Nursing 2017	B.B.Sc. Nursing -2017	Post B. B.Sc. Nursing - 2018	B.B.Sc. Nursing -2017	Under Graduate Qulifications & Year of Passing
M.Sc. Nursing (Child Health Nursing)	M.Sc. Nursing (Medical Surgical Nursing)	M.Sc. Nursing (OBGY Nursing)	M.Sc. Nursing (Medical Surgical Nursing)	Subject of Post Graduate subject if applicable
2022	2021	2021	2023	Passing Year of M.Sc Nursing if applicable
Yes	YES	YES	YES	Staff Enrolled in OTD MUHS YES / No
7499981933	8329955315	8007659182	7972479183	Staff Mobile no. OTD Registered
MH936309	MH944696	MH945989	MH949146	NUID NO IF AVAILABLE
sanjanaalpure@gmail.com	ravinadahiwal123@gmail.com	ayeshawaghmare@gmail.com	chatedatta163@gmail.com	Staff Personal Email I.D
6809 0301 6355	5944 6764 7265	5722 8696 6548	5843 8711 3665	Aadhar Card No.
XXVIII-37181	II-25197	XXVIII - 48584	XLVII-3299	MNC Registration No.
30-03-2027	30-03-2027	30-03-2027	30-03-2027	MNC registration Valid Till
01-03.1987	23-05-1995	11-04-1994	22-06-1995	Date of Birth
38 Years	30 Years	31 Years	29 Yrs	Age in Years
Yes OBC	Yes OBC	Yes SC	Yes NT-D	whether belongs to Reserve Category (If YES, Specify Category)
04-12-2023	07-03-2024	01-04-2022	01-02-2024	Date of Appointment (DD/MM/YYYY)
Maharashtra College of Nursing, Latur	Singhad College of Nursing, Pune	Maharashtra Nursing School, Latur	Late. P.M. School of Nursing (GNM), Ambajogai	Name of the Previous Institution
Tutor	Tutor	Tutor	Tutor	Post in Previous Institute
30-11-2023	26-02-2024	09-09-2019	15-02-2020	Date of Previous Institute Reliving
05 Years 08 Months	02 Years 07 Months	01 Years 00 Months	04 Yrs 01 M	Teaching Experience
01 Years 02 Months	01 Years 11 Months	03 Years 09 Months	01 Years 01 Months	
06 Years 10 Months	04 Years 06 Months	04 Years 09 Months	05 Years 02 Months	Collegiate Experience
	01 Years 02 Months			
03 Years 02 Months	04 Years 06 Months	03 Years 09 Months	02 Years 00 Months	
06 Years 10 Months	05 Years 08 Months	04 Years 09 Months	05 Years 02 Months	Experience
Temporary	Temporary	Temporary	Temporary	Type of Appointment Temporary / Permanent
Yes	Yes	Yes	Yes	University Approval Status UG (Yes / No)
MUHS/UG/E-6/154104/163/2024 Date: 23/01/2024	MUHS/UG/E-5/154104/74/2025 Date: 20/01/2025	MUHS/UG/E-5/154104/74/2025 Date: 20/01/2025	MUHS/UG/E-5/154104/74/2025 Date: 20/01/2025	University Approval UG Letter No. And Date
11.01.2026	10-12-2025	10-12-2026	10-12-2025	University U.G Approval valid till date (D D/MM/YYYY)
				Latest Photograph (Not older than 3 Months) with signature with date Don't print photo here



19	18	17	16	Sr. No
Mr. Biradar Basavaraj Manappa	Mr. Shivukumar S. Sthavarmath	Ms. Munde Kavita Shivaji	Ms. Giri Rupali Dhanraj	Name of the Taching Staff
Assistant Professor	Assistant Professor	Assistant Professor	Assistant Professor	Designation Write Full
B. B.Sc. Nursing- 2009	B. B.Sc. Nursing- 2010	B.B.Sc. Nursing -2013	B.B.Sc. Nursing 2017	Under Graduate Qulifications & Year of Passing
M.Sc. Nursing (Psychiatric Nursing)	M.Sc. Nursing (Psychiatric Nursing)	M.Sc. Nursing (Community Health Nursing)	M.Sc. Nursing (Community Health Nursing)	Subject of Post Graduate subject if applicable
2024	2024	2025	2024	Passing Year of M.Sc Nursing if applicable
YES	YES	YES	Yes	Staff Enrolled in OTD MUHS YES / No
9591926187	9860367513	8329976496	8379961207	Staff Mobile no. OTD Registered
-	-	-	-	NUID NO IF AVAILABLE
basavarajbiradar996@gmail.com	shivukumar.swamyss@gmail.com	karadkavita11@gmail.com	rupaligirivivek19@gmail.com	Staff Personal Email I.D
8212 6942 5509	3787 0135 4759	7602 6219 3772	6785 5491 4869	Aadhar Card No.
In Process	XVII-554	II-18744, XVI-15532	II-25131	MNC Registration No.
-	-	30-03-2027	30-03-2027	MNC registration Valid Till
04-10-1987	20-06-1986	16-05-1991	15-09-1995	Date of Birth
38 Yrs	39 Years	34 Years	30 Years	Age in Years
No	No	YES NT-D	Yes NT-B	whether belongs to Reserve Category (If YES, Specify Category)
22-01-2026	22-01-2026	19-01-2026	01-01-2026	Date of Appointment (DD/MM/YYYY)
Parvatibai Mhaske Institute of Nursing, Ahmednagar	Maharashtra Institute of Nursing Sciences, Latur	Shri Bhagwan Nursing School in Latur	Sahyadri Institute of Nursing Education, Latur	Name of the Previous Institution
Tutor	Tutor	Tutor	Tutor	Post in Previous Institute
04-03-2017	21-01-2017	25-08-2023	20-12-2025	Date of Previous Institute Reliving
07 Years 00 Months	06 Years 06 Months	09 Years 11 Months	05 Years 09 Months	Teaching Experience
-	-	-	-	
-	-	-	-	
-	-	-	-	
-	-	-	-	
-	-	-	-	
07 Years 00 Months	06 Years 06 Months	09 Years 11 Months	05 Years 09 Months	Experience
-	-	-	-	
-	-	-	01 Years 03 Months	
-	-	-	-	
-	-	-	-	
07 Years 00 Months	06 Years 06 Months	09 Years 11 Months	05 Years 09 Months	
Temporary	Temporary	Temporary	Temporary	Type of Appointment Temporary / Permanent
No	No	No	No	University Approval Status UG (Yes / No)
Not Approval	Not Approval	Not Approval	Not Approval	University Approval UG Letter No. And Date
-	-	-	-	University U.G Approval valid till date (D D/MM/YYYY)
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23	22	21	20	Sr. No
Mr. Kendre Hemant Suresh	Ms. Deshmukh Tanushri Anilkumar	Ms. Gochade Yogita Khelba	Mr. Kendre Ishwar Manik	Name of the Taching Staff
Tutor	Tutor	Tutor	Tutor	Designation Write Full
B.B.Sc. Nursing 2021	B.B.Sc. Nursing -2020	B.B.Sc. Nursing -2019	B.B.Sc. Nursing 2021	Under Graduate Qulifications & Year of Passing
M.Sc. Nursing (Medical Surgical Nursing)	M.Sc. Nursing (Community Health Nursing)	M.Sc. Nursing (Child Health Nursing)	M.Sc. Nursing (Medical Surgical Nursing)	Subject of Post Graduate subject if applicable
2024	2024	2024	2024	Passing Year of M.Sc Nursing if applicable
YES	YES	YES	YES	Staff Enrolled in OTD MUHS YES / No
9975286791	9130369809	9325694493	8329247099	Staff Mobile no. OTD Registered
-	MH1384349	MH1383938	-	NUID NO IF AVAILABLE
kendrehemant888@gmail.com	tanushrideshmukh1899@gmail.com	yogitagochde@gmail.com	ishwarkendre574@gmail.com	Staff Personal Email I.D
4714 6507 8925	6793 6729 1829	3799 9192 8061	5513 2073 3915	Aadhar Card No.
XLVII-6157	II-31577 / XVI-28365	II-31066 / XVI-27854	XLVII-5191	MNC Registration No.
30-03-2027	30-03-2027	30-03-2027	30-03-2027	MNC registration Valid Till
08-08-1998	01-08-1999	04-05-1999	05-07-1997	Date of Birth
27 Years	26 Years	26 Yrs	28 Years	Age in Years
Yes NT-D	Yes EWS	Yes NT-C	Yes NT-D	whether belongs to reserve Category (if YES, Specify Category)
01-08-2025	01-10-2024	26-08-2024	14-08-2024	Date of Appointment (DD/MM/YYYY)
Prayag Karad College of Nursing, Nandgaon Latur	Dr. BB Khaladkar GNM Nursing School, Pune	New Vision Nursing School, Latur	Yash Institute of Nursing, Indapur	Name of the Previous Institution
Tutor	Tutor	Tutor	Tutor	Post in Previous Institute
31-07-2025	01-09-2022	31-01-2022	31-01-2022	Date of Previous Institute Reliving
02 Years 07 Months	02 Years 09 Months	02 Years 07 Months	02 Years 05 Months	Teaching Experience
-	-	-	-	
-	-	-	-	
-	-	-	-	
-	-	-	-	
-	-	-	-	
02 Years 07 Months	02 Years 09 Months	02 Years 07 Months	02 Years 05 Months	Experience
-	-	-	-	
01 Year 05 Months	01 Years 03 Months	01 Years 05 Months	01 Years 05 Months	
-	-	-	-	
-	-	-	-	
02 Years 07 Months	02 Years 09 Months	02 Years 07 Months	02 Years 05 Months	
Temporary	Temporary	Temporary	Temporary	Type of Appointment Temporary / Permanent
No	Yes	Yes	Yes	University Approval Status UG (Yes / No)
Not Approval	MUHS/UG/e-5/154104/74/2025 Date: 20/01/2025	MUHS/UG/e-5/154104/74/2025 Date: 20/01/2025	MUHS/UG/e-5/154104/74/2025 Date: 20/01/2025	University Approval UG Letter No. And Date
-	10-12-2026	10-12-2026	10-12-2026	University U.G Approval valid till date (D D/MM/YYYY)
				Latest Photograph (Not older than 3 Months) with signature with date Don't print photo here

27	26	25	24	Sr. No
Mr. Mane Prakash Ashok	Mr. Shinde Kuldeep Sakharan	Ms. Rathod Kiran Tryambak	Mr. Dahiphale Gunaji Vyankat	Name of the Taching Staff -
Tutor	Tutor	Tutor	Tutor	Designation Write Full
B.B.Sc. Nursing -2021	B.B.Sc. Nursing -2022	B.B.Sc. Nursing -2019	B.B.Sc. Nursing - 2021	Under Graduate Qulifications & Year of Passing
-	-	-	M.Sc. Nursing (Child Health Nursing)	Subject of Post Graduate subject if applicable
-	-	-	2025	Passing Year of M.Sc Nursing if applicable
YES	YES	YES	YES	Staff Enrolled in OTD MUHS YES / No
7559110450	9423270160	9423255692	7887928517	Staff Mobile no. OTD Registered
-	-	-	-	NUID NO IF AVAILABLE
manepakash443@gmail.com	shindekuldeep48@gmail.com	kieanchavan1997@gmail.com	gunaji8517@gmail.com	Staff Personal Email I.D
5568 7251 4484	7484 4803 3603	4888 9021 4648	3415 7043 1363	Aadhar Card No.
XLVII-8468	IV-927	XVI-25162	XLVII-7429	MNC Registration No.
30-03-2027	30-03-2027	30-03-2027	30-03-2027	MNC registration Valid Till
13-12-1998	14-08-1996	10-08-1998	10-05-1999	Date of Birth
26 Yrs	29 Years	27 Years	26 Yeras	Age in Years
Yes NT-C	Yes OBC	Yes VJ-A	Yes NT-D	whether belongs to Reserve Category (If YES, Specify Category)
11-01-2024	11-01-2024	01-04-2022	10-09-2025	Date of Appointment (DD/MM/YYYY)
Maharashtra Nursing School, Latur	Maharashtra Nursing School, Latur	-	Jijamata Nursing School, Latur	Name of the Previous Institution
Tutor	Tutor	-	Tutor	Post in Previous Institute
28-12-2023	30-12-2023	-	30-08-2023	Date of Previous Institute Reliving
03 Years 00 Months	03 Years 02 Months	03 Years 09 Months	01 Years 10 Months	Teaching Experience
-	-	-	-	
-	-	-	-	
-	-	-	-	
-	-	-	-	
-	-	-	-	
-	-	-	-	
03 Years 00 Months	03 Years 02 Months	03 Years 09 Months	01 Years 10 Months	Experience
-	-	-	-	
-	-	-	00 Years 04 Months	
-	-	-	-	
-	-	-	-	
-	-	-	-	
03 Years 00 Months	03 Years 02 Months	03 Years 09 Months	01 Years 10 Months	
Temporary	Temporary	Temporary	Temporary	Type of Appointment Temporary / Permanent
Yes	Yes	Yes	No	University Approval Status UG (Yes / No)
MUHS/UG/E-6/154104/162/2024 Date: 23/01/2024	MUHS/UG/E-6/154104/163/2024 Date: 23/01/2024	MUHS/UG/E-5/154104/74/2025 Date: 20/01/2025	Not Approval	University Approval UG Letter No. And Date
11-01-2026	11-01-2026	10-12-2026	-	University U.G Approval valid till date (D D/MM/YYYY)
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Sr. No	Name of the Taching Staff-	Designation Write Full	Under Graduate Qulifications & Year of Passing	Subject of Post Graduate subject if applicable	Passing Year of M.Sc Nursing if applicable	Staff Enrolled in OTD MUHS YES / No	Staff Mobile no. OTD Registered	NUID NO IF AVAILABLE	Staff Personal Email I.D	Aadhar Card No.	MNC Registration No.	MNC registration Valid Till	Date of Birth	Age in Years	whether belongs to Reserve Category (If YES, Specify Category)	Date of Appointment (DD/MM/YYYY)	Name of the Previous Institution	Post in Previous Institute	Date of Previous Institute Reliving	Teaching Experience							Experience							Type of Appointment Temporary / Permanent	University Approval Status UG (Yes / No)	University Approval UG Letter No. And Date	University U.G Approval valid till date (D D/MM/YYYY)	Latest Photograph (Not older than 3 Months) with signature with date Don't print photo here
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37		
28	Mr. Chame Mahesh Tukaram	Tutor	B.B.Sc. Nursing -2022	-	-	YES	7756007944	-	chamemahesh29@gmail.com	6519 2159 4377	XLVII-5197	30-03-2027	29-10-1997	28 Years	Yes OBC	11-01-2024	KSPM's Jijamata Nursing School, Latur	Tutor	01-09-2022	03 Years 06 Months	-	-	-	-	-	-	-	-	-	-	03 Years 06 Months	Temporary	Yes	MUHS/UG/E-6/154104/163/2024 Date: 23/01/2024	11-01-2026			
29	Ms. Rathod Shilpa Annasaheb	Tutor	B.B.Sc. Nursing -2020	-	-	YES	7620830914	-	shilparathod543@gmail.com	4040 9530 3436	II-31067 / XVI-27855	30-03-2027	20-05-1997	28 Years	Yes VJ-A	08-08-2022	Sharada Institute of Nursing, Latur	Tutor	01.02.2022	04 Years 06 Months	-	-	-	-	-	-	-	-	-	-	04 Years 06 Months	Temporary	Yes	MUHS/UG/E-5/154104/74/2025 Date: 20/01/2025	10-12-2025			
30	Mr. Admane Adinath Bhairavnath	Tutor	B.B.Sc. Nursing -2023	-	-	YES	9765757307	-	adinathadmane97@gmail.com	5332 7744 0602	IV-2186	30-03-2027	20-02-2001	25 Years	Yes SEBC	10-12-2023	Maharashtra institute of Med. Sci Re. Nursing, latur	Tutor	05-12-2024	02 Years 01 Months	-	-	-	-	-	-	-	-	-	-	02 Years 01 Months	Temporary	Yes	MUHS/UG/E-5/154104/74/2025 Date: 20/01/2025	10-12-2025			
31	Mr. Sakhare Gajanan Dilip	Tutor	B.B.Sc. Nursing -2023	-	-	YES	7559125503	-	sakharegajanan437@gmail.com	9580 4830 3236	IV-1931	30-03-2027	16-06-2001	24 Years	Yes SEBC	10-12-2024	Maharashtra institute of Med. Sci Re. Nursing, latur	Tutor	05-12-2024	02 Years 01 Months	-	-	-	-	-	-	-	-	-	-	02 Years 01 Months	Temporary	Yes	MUHS/UG/E-5/154104/74/2025 Date: 20/01/2025	10-12-2026			



35		34		33		32		Sr. No			
Mr. Phad Avinash Hanumantrao		Ms. Devkate Sangita Murlidhar		Ms. Chate Varsha Rangnath		Ms. Lahane Dipali Bhagwan		Name of the Taching Staff -			
Tutor		Tutor		Tutor		Tutor		Designation Write Full			
B.B.Sc. Nursing -2022		B.B.Sc. Nursing -2022		B.B.Sc. Nursing -2022		B.B.Sc. Nursing -2021		Under Graduate Qulifications & Year of Passing			
-		-		-		-		Subject of Post Graduate subject if applicable			
-		-		-		-		Passing Year of M.Sc Nursing if applicable			
YES		YES		YES		YES		Staff Enrolled in OTD MUHS YES / No			
7448161058		8788739854		7057851959		9545810472		Staff Mobile no. OTD Registered			
-		-		-		-		NUID NO IF AVAILABLE			
phadavinash1112@gmail.com		sangitachapte92@gmail.com		chatevarsha8@gmail.com		dlahane338@gmail.com		Staff Personal Email I.D			
6691 1070 4814		2832 9388 8997		8105 7067 3181		7589 5710 9893		Aadhar Card No.			
IV-1450		XXVIII-44277		II-37015		II-34613 / XVI-31401		MNC Registration No.			
30-03-2027		30-03-2027		30-03-2027		30-03-2027		MNC registration Valid Till			
28-12-1998		20-07-1992		29-03-1999		29-03-1999		Date of Birth			
27 Years		33 Years		26 Years		26 Years		Age in Years			
Yes NT-D		Yes NT-C		Yes NT-D		Yes NT-D		Whether belongs to Reserve Category (If YES, Specify Category)			
10-12-2024		10-12-2024		10-12-2024		15-06-2024		Date of Appointment (DD/MM/YYYY)			
Maharashtra Institute of Med. Sci. & Re.Nsg. Latur		Maharashtra Institute of Med. Sci. & Re.Nsg. Latur		Maharashtra Nursing School, Latur		Kai. Baburao Ghule School of Nursing, Ambajogai		Name of the Previous Institution			
Tutor		Tutor		Tutor		Tutor		Post in Previous Institute			
05-12-2024		05-12-2024		29-02-2024		31-07-2023		Date of Previous Institute Reliving			
02 Years 07 Months		02 Years 09 Months		02 Years 07 Months		02 Years 08 Months		Teaching Experience			
								Collegiate Experience		Experience	
02 Years 07 Months		02 Years 09 Months		02 Years 07 Months		02 Years 08 Months		Total Clinical Experience in Yrs.		Total Teaching Experience After M.Sc (Nsg) Qualification in Yrs.	
-		-		-		-		-		Total Clinical Experience in Yrs Before P.B.B.Sc Nursing If Applicable	
-		-		-		-		-		Total Teaching Experience in Years Non Collegiate Programme	
-		-		-		-		-		Total Teaching + Clinical Experience in Years (24 + 25)	
02 Years 07 Months		02 Years 09 Months		02 Years 07 Months		02 Years 08 Months		Type of Appointment Temporary / Permanent		University Approval Status UG (Yes / No)	
Temporary		Temporary		Temporary		Temporary		University Approval UG Letter No. And Date		University U.G Approval valid till date (D D/MM/YYYY)	
Yes		Yes		Yes		Yes		University Approval UG Letter No. And Date		University U.G Approval valid till date (D D/MM/YYYY)	
MUHS/UG/E-5/154104/74/2025 Date: 20/01/2025		MUHS/UG/E-5/154104/74/2025 Date: 20/01/2025		MUHS/UG/E-5/154104/74/2025 Date: 20/01/2025		MUHS/UG/E-5/154104/74/2025 Date: 20/01/2025		University U.G Approval valid till date (D D/MM/YYYY)		Latest Photograph (Not older than 3 Months) with signature with date Don't print photo here	
10-12-2025		10-12-2026		10-12-2025		10-12-2026					
											



Sr. No	Name of the Taching Staff -	Designation Write Full	Under Graduate Qulifications & Year of Passing	Subject of Post Graduate subject if applicable	Passing Year of M.Sc Nursing if applicable	Staff Enrolled in OTD MUHS YES / No	Staff Mobile no. OTD Registered	NUID NO IF AVAILABLE	Staff Personal Email I.D	Aadhar Card No.	MNC Registration No.	MNC registration Valid Till	Date of Birth	Age in Years	whether belongs to Reserve Category (If YES, Specify Category)	Date of Appointment (DD/MM/YYYY)	Name of the Previous Institution	Post in Previous Institute	Date of Previous Institute Reliving	Teaching Experience							Experience					Type of Appointment Temporary / Permanent	University Approval Status UG (Yes / No)	University Approval UG Letter No. And Date	University U.G Approval valid till date (D D/MM/YYYY)	Latest Photograph (Not older than 3 Months) with signature with date Don't print photo here
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37
36	Mr. Dakore Nilesh Sahebrao	Tutor	B.B.Sc. Nursing -2023	-	-	YES	9325381243	-	dakorenilesh1999@gmail.com	9761 3094 2683	IV-2009	30-03-2027	31-08-1999	26 Years	Yes SC	10-12-2024	Maharashtra Institute of Med. Sci. & Re.Nsg. Latur	Tutor	05-12-2024	02 Years 02 Months	-	-	-	-	-	-	-	-	-	02 Years 02 Months	-	Temporary	Yes	MUHS/UG/E-5/154104/74/2025 Date: 20/01/2025	10-12-2026	
37	Mr. Kshirsagar Ramakant Shridhar	Tutor	B.B.Sc. Nursing -2017	-	-	YES	9970506094	-	ramakantkshirsagar117@gmail.com	3685 5722 3213	XLVII-3286	30-03-2027	17-06-1995	30 Years	Yes OBC	10-12-2024	Maharashtra Institute of Med. Sci. & Re.Nsg. Latur	Tutor	05-12-2024	02 Years 09 Months	-	-	-	-	-	-	-	-	-	08 Years 03 Months	05 Years 06 Months	Temporary	Yes	MUHS/UG/E-5/154104/74/2025 Date: 20/01/2025	10-12-2026	
38	Mr. Premkant Subhash	Tutor	Post.B.B.Sc. Nursing -2022	-	-	YES	7020097572	-	prempujari86@gmail.com	8545 4302 7378	XVII-35801	14-07-2025	01-06-1986	39 Years	NO	10-12-2024	Jijamata College of Nursing, Majalgaon	Tutor	15-10-2024	03 Years 10 Months	-	-	-	-	-	-	-	-	-	03 Years 10 Months	-	Temporary	Yes	MUHS/UG/E-5/154104/74/2025 Date: 20/01/2025	10-12-2026	
39	Ms. Sirsat Pranita Laxmanrao	Tutor	B.B.Sc. Nursing -2020	-	-	YES	9370567902	-	sirsatpranita0707@gmail.com	6745 8424 4021	II-30581 / XVI-27639	30-03-2027	07-08-1998	27 Years	Yes NT-D	10-12-2024	Jijamata College of Nursing, Majalgaon	Tutor	15-10-2024	02 Years 04 Months	-	-	-	-	-	-	-	-	-	02 Years 04 Months	Temporary	Yes	MUHS/UG/E-5/154104/74/2025 Date: 20/01/2025	10-12-2025		

43	42	41	40	Sr. No
Ms. Devkate Pallavi Murlidhar	Ms. Birajdar Divya Shivprakash	Ms. Chavan Ashvini Uddhavrao	Mr. Mane Prashant Sakharam	Name of the Taching Staff
Tutor	Tutor	Tutor	Tutor	Designation Write Full
B.B.Sc.Nursing-2021	B.B.Sc.Nursing-2022	B.B.Sc.Nursing-2022	B.B.Sc.Nursing-2023	Under Graduate Qulifications & Year of Passing
-	-	-	-	Subject of Post Graduate subject if applicable
-	-	-	-	Passing Year of M.Sc Nursing if applicable
YES	YES	YES	YES	Staff Enrolled in OTD MUHS YES / No
7517625504	7756887410	9130264682	9665649918	Staff Mobile no. OTD Registered
-	MH1457965	-	-	NUID NO IF AVAILABLE
pallavidevkate5504@gmail.com	divyabirajdar1@gmail.com	ashvinichavan152@gmail.com	prashantmane7741@gmail.com	Staff Personal Email I.D
3702 5521 6180	7364 2788 5433	7174 7710 6876	2699 0466 9918	Aadhar Card No.
II-34790 / XVI-31578	II-35198	II-35374	IV-2187	MNC Registration No.
30-03-2027	30-03-2027	30-03-2027	30-03-2027	MNC registration Valid Till
07-01-1998	20-04-2000	23-01-2000	26-04-2001	Date of Birth
28 Years	25 Years	26 Years	24 Years	Age in Years
Yes NT-C	Yes EWS	No	Yes Open	whether belongs to Reserve Category (If YES, Specify Category)
13-02-2025	01-04-2025	14-02-2025	07-02-2025	Date of Appointment (DD/MM/YYYY)
Maharashtra institute of Med. Sci Re. Nursing, latur	Shivai Institute of Nursing, Omerga	D.S.P.M. School of Nursing, Babhalgaon	Jijamata Nursing School, Latur	Name of the Previous Institution
Tutor	Tutor	Tutor	Tutor	Post in Previous Institute
11-02-2025	01-03-2025	03-01-2025	06-02-2025	Date of Previous Institute Reliving
02 Years 07 Months	01 Years 10 Months	02 Years 06 Months	02 Years 01 Months	Teaching Experience
-	-	-	-	
-	-	-	-	
-	-	-	-	
-	-	-	-	
-	-	-	-	
02 Years 07 Months	01 Years 10 Months	02 Years 06 Months	02 Years 01 Months	Collegiate Experience
-	01 Years 00 Months	-	-	
-	-	-	-	
-	-	-	-	
-	-	-	-	
-	-	-	-	
02 Years 07 Months	02 Years 10 Months	02 Years 06 Months	02 Years 01 Months	Total Clinical Experience in Yrs.
-	-	-	-	Total Teaching Experience After M.Sc (Nsg) Qualification in Yrs.
-	-	-	-	Total Clinical Experience in Yrs Before P.B.B.Sc Nursing If Applicable
-	-	-	-	Total Teaching Experience in Years Non Collegiate Programme
02 Years 07 Months	02 Years 10 Months	02 Years 06 Months	02 Years 01 Months	Total Teaching + Clinical Experience in Years (24 + 25)
Temporary	Temporary	Temporary	Temporary	Type of Appointment Temporary / Permanent
No	No	No	No	University Approval Status UG (Yes / No)
Not Approval	Not Approval	Not Approval	Not Approval	University Approval UG Letter No. And Date
-	-	-	-	University U.G Approval valid till date (D D/MM/YYYY)
				Latest Photograph (Not older than 3 Months) with signature with date Don't print photo here



46		45		44		Sr. No	
Mr. Kekan Rushikesh Arjun		Mr. Munde Bhagwat Shankar		Ms. Waghmare Ashwini Ganpati		Name of the Taching Staff	
Tutor		Tutor		Tutor		Designation Write Full	
B.B.Sc. Nursing-2023		B.B.Sc. Nursing-2023		P.B.B.Sc.Nursing-2024		Under Graduate Qulifications & Year of Passing	
-		-		-		Subject of Post Graduate subject if applicable	
-		-		-		Passing Year of M.Sc Nursing if applicable	
YES		YES		YES		Staff Enrolled in OTD MUHS YES / No	
8975562941		8999197244		8055168458		Staff Moblie no. OTD Registered	
-		-		-		NUID NO IF AVAILABLE	
rushikekan5043@gmail.com		mundebhagwat2019@gmail.com		ashwiniwaghmare780@gmail.com		Staff Personal Email I.D	
9353 4747 4753		7579 6633 8705		7388 7430 7094		Aadhar Card No.	
IV-1608		IV-1452		XXVIII-60835		MNC Registration No.	
30-03-2027		30-03-2027		30-03-2027		MNC registration Valid Till	
05-09-1997		10-08-1996		11-06-1995		Date of Birth	
28 Years		29 Years		30 Years		Age in Years	
Yes NT-D		Yes NT-D		Yes NT-C		whether belongs to Reserve Category (If YES, Specify Category)	
12-01-2026		12-01-2026		01-01-2026		Date of Appointment (DD/MM/YYYY)	
Swami Vivekanand Institute of Nursing, Latur		Jijamata School of Nursing, Majalgaon		Maharashtra institute of Med. Sci Re. Nursing, latur		Name of the Previous Institution	
Tutor		Tutor		Tutor		Post in Previous Institute	
15-11-2025		22-04-2024		30-12-2025		Date of Previous Institute Reliving	
02 Years 04 Months		01 Years 01 Months		01 Years 02 Months		Teaching Experience	
-		-		-			Tutor / Clinical Instructor
-		-		-			Assistant Professor / Lecturer
-		-		-			Associate Professor
-		-		-			Professor
-		-		-			Vice-Principal
-		-		-			Principal
02 Years 04 Months		01 Years 01 Months		01 Years 02 Months		Total	
-		-		-		Total Clinical Experience in Yrs.	
-		-		-		Total Teaching Experience After M.Sc (Nsg) Qualification in Yrs.	
-		-		-		Total Clinical Experience in Yrs Before P.B.B.Sc Nursing If Applicable	
-		-		-		Total Teaching Experience in Years Non Collegiate Programme	
02 Years 04 Months		01 Years 01 Months		01 Years 02 Months		Total Teaching + Clinical Experience in Years (24 + 25)	
Temporary		Temporary		Temporary		Type of Appointment Temporary / Permanent	
No		No		No		University Approval Status UG (Yes / No)	
Not Approval		Not Approval		Not Approval		University Approval UG Letter No. And Date	
-		-		-		University U.G Approval valid till date (D D/MM/YYYY)	
						Latest Photograph (Not older than 3 Months) with signature with date Don't print photo here	

Note: The College shall submit one hard copy & soft copy (in Excel Format) separate for approved and non approved & the list from Academic Section Online Teacher Database (OTD) /

Automation software to be enclosed

Its Mandatory that Teacher must be registered in Maharashtra Nursing Council it can be verified in <https://maharashtranursingcouncil.org> log in tab-registration in - Nurse Info tab

Non approved Staff Eligibility for the post Nursing Council Registrations previous relieving all document in original to be checked before making remarks.

Photograph should not print on this sheet

Only latest 3 month photo which should be clear and original to be pasted on this sheet

Use a-3 Page for print out this sheet.




PRINCIPAL
 Signature of Dean / Principal
 M.I.N.S. College of Nursing
 LATUR - 413 531.