

ANNEXURE-VI MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASIK

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

UG & P.G Degree AS ON

Faculty:-Nursing

Sl. No.	Name of the Teaching Staff	Designation (as per Full)	Under graduate Certifications and Year of Passing	Subject of Post graduate Subject if applicable	Passing year of M. Sc. of Nursing if applicable	M. Sc. (Nursing) (Passing Year)	M. Sc. (Nursing) (Passing Year)	M. Sc. (Nursing) (Passing Year)	Date of Birth (DD/MM/YYYY)	Age in Years	Whether belongs to Reserved category (if Yes, specify category)	Date of appointment (DD/MM/YYYY)	Name of previous institution	Post in Previous institute	Date of previous post receiving	Teaching Experience							Experience					Type of Appointment	University Approval Status (U.C. Temp./ Permanent) (Yes/No)	University Approval (U.C. Letter No. & Date)	University Approval (U.C. Letter No. & Date)	Photo	Signature																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
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1	Ms. Mrs. Sanyasir 1 V	Associate Professor	Open Nursing	2016	Yes	NA	NA	NA	23/03/2021	34 Y 9 M 30 D		3/2/2025	DR. PDNI AMRAVATI	Associate Professor	31/01/2025																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	</

UG & P.G Degree AS ON : / /

ON WATERBURY
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Faculty/Hours



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WAC Member
07/01/2025~~

ANNEXURE-VII
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
DETAIL INFORMATION OF TEACHING STAFF (Approved & Not Approved Separate Sheet to be used)
UG & P.G. Degree AS ON - / / Faculty - Nursing

UG & P.G Degree AS ON														Faculty-Nursing																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
Sl. No.	Name of the Teaching Staff	Designation	Qualification	MNC Registration No.	MNC Registration Valid Till	Date of Birth (DD/MM/YYYY)	Age in Years	Whether belongs to Reserved category (If Yes, specify category)	Date of appointment (DD/MM/YYYY)	Designation	Post in Previous Institution	Date of joining	Teaching Experience													Date of last increment	Present Salary (Per Annum)	Remarks																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
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Shubho
Chairman
NAE
07/02/2025

Samyukta
Member NA
07/02/2025