Annexure-XIII (A)

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES,NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College:- Savitribai Phule College of Nursing, Kolhapur Mobile No:- 9930259953

		Sr No
Savitribai Phule College of Nursing	1	College Name
Kolhapur	2	District where college situated
Pune	3	Region of examiner college
Midwifery & Obstetrical Nursing / Education Technology / Nursing Management & Leadership / Nursing Research & Statistics / Fundamental of Nursing	4	subject thought use separate row for separate subject
62801 / 53502 / 62803 / 62704 / EEB000030 0017552202	5	subject code
Dr. Kalpana Anant Kamble	6	Full Name of the Teacher (First / Middle / Last)
Professor Cum Principal	7	Designation as per staff approval letter
28.11.2024	8	Date of Joining current institute
P.B.B.Sc.1997	9	UG Qualification & Passing Year
M.Sc. Nursing, Ph. D. Nursing	10	Post Graduate Qualificateion
2006	11	PG Qualification Passing Year (YYYY)
Obstetric and Gynecology Nursing	12	PG Qualificatio Subject
--	13	PG Qualification Sub Specialty if any
Yes 2016	14	Ph.D Complete if Yes Mention Year of Passing
20 Years	15	Teaching Experience in years after PG Passing
24 Years	16	Total Teaching Experience in Years
Yes	17	MUHS Approval (Yes / No)
MUHS/UG/E-5/152108/280/2025 27.03.2025	18	If Yes MUHS Approval Letter & Date
27.03.2027	19	Approval Valid Till Date (DD/MM/YYYY)
898997913989	20	Adhar No
AGIPK9533G	21	Pan No
04.04.1966	22	Date of Birth
59	23	Age in Years
Kalpana.kamble1234@gmail.com	24	Latest Email Address
9930259953	25	Contact No. (Mob.) give only OTD Registred 10 digit number only one
NO	26	Dearred (Yes / No)
	27	Signature of Teacher

Annexure-XIII (A)

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES,NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College:- Savitribai Phule College of Nursing, Kolhapur Mobile No:-

Sr No	College Name	District where college situated	Region of examiner college	subject thought use separate row for separate subject	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 Qualificateion	PG Qualification Passing Year (YYYY)	PG Qualificatio Subject	PG Qualification Sub Specialty if any	Ph.D Complete 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 Registred 10 digit number only one	Dearred (Yes / No)	Signature of Teacher
	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
2	Savitribai Phule College of Nursing	Kolhapur	Pune	Mental Health Nursing	62703	Dr. Vishalkumar Dagadu Powar	Professor Cum Vice - Principal	01.09.2022	B.B.Sc. 2007	Ph.D. Nursing	2012	Mental Health Nursing	--	Yes	14 Yrs	17 Yrs	Yes	MUHS/UG/E-5/152108/280/2025 27.03.2025	27.03.2027	570667186760	BCAPP8310F	10.09.1984	41	vishalpawar388@gmail.com	8446611490	NO	
				Education Technology / Nursing Education	53502																						
				Nursing Management & Leadership	62803																						
				Nursing Research & Statistics	62704																						

Annexure-XIII (A)

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES,NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College:- Savitribai Phule College of Nursing, Kolhapur

Mobile No:-

3		Sr No
Savitribai Phule College of Nursing	1	College Name
Kolhapur	2	District where college situated
Pune	3	Region of examiner college
Adulth Health Nursing - I & II Education Technology / Nursing Education Nursing Management & Leadership Nursing Research & Statistics Fundamental of Nursing	4	subject thought use separate row for separate subject
EEB000030 0017553202 & 01755202 53502 62803 62704 EEB000030 0017552202	5	subject code
Ms. Milka Sujit Kalekar	6	Full Name of the Teacher (First / Middle / Last)
Assitant Professor	7	Designation as per staff approval letter
21.09.2020	8	Date of Joining current institute
B.Sc 2016	9	UG Qualification & Passing Year
--	10	Post Graduate Qualificateion
M.Sc. 2019	11	PG Qualification Passing Year (YYYY)
Medical Surgical Nursing	12	PG Qualificatio Subject
--	13	PG Qualification Sub Specialty if any
--	14	Ph.D Complete if Yes Mention Year of Passing
5 Yrs 3 Months	15	Teaching Experience in years after PG Passing
5 Yrs 3 Months	16	Total Teaching Experience in Years
Yes	17	MUHS Approval (Yes / No)
MUHS/UG/E-6/152108/314/2024 15.02.2025	18	If Yes MUHS Approval Letter & Date
12.02.2026	19	Approval Valid Till Date (DD/MM/YYYY)
985113362389	20	Adhar No
AVGPJ4832L	21	Pan No
24.10.1994	22	Date of Birth
31	23	Age in Years
milkajadhav1205@gmail.com	24	Latest Email Address
8459051064	25	Contact No. (Mob.) give only OTD Registred 10 digit number only one
NO	26	Dearred (Yes / No)
	27	Signature of Teacher

Annexure-XIII (A)

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES,NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College:- Savitribai Phule College of Nursing, Kolhapur Mobile No:-

Sr No	College Name	District where college situated	Region of examiner college	subject thought use separate row for separate subject	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 Qualificateion	PG Qualification Passing Year (YYYY)	PG Qualificatio Subject	PG Qualification Sub Specialty if any	Ph.D Complete 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 Registred 10 digit number only one	Dearred (Yes / No)	Signature of Teacher
	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
5	Savitribai Phule College of Nursing	Kolhapur	Pune	Child Health Nursing	62703	Ms. Upasana Uttam Khandagle	Assistant Professor	09.05.2022	B.Sc. 2016	--	M.Sc. 2019	Child Health Nursing	--	No	5 Yrs	7.6 Yrs	Yes	MUHS/UG/E-6/152108/314/2024 15.02.2025	12.02.2026	985113362389	EQGPK1332H	08.04.1994	31	sweetykhandagale67@gmail.com	7020564800	NO	
				Education Technology / Nursing Education	53502																						
				Nursing Management & Leadership	62803																						
				Applied Sociology & Psychology	EEB000030 0017551203																						

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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES,NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College:- Savitribai Phule College of Nursing, Kolhapur Mobile No:-

Sr No	College Name	District where college situated	Region of examiner college	subject thought use separate row for separate subject	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 Qualificateion	PG Qualification Passing Year (YYYY)	PG Qualificatio Subject	PG Qualification Sub Specialty if any	Ph.D Complete 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 Registred 10 digit number only one	Dearred (Yes / No)	Signature of Teacher
	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
4	Savitribai Phule College of Nursing	Kolhapur	Pune	Community Health Nursing - I & II	53501	Ms. Pournima Manish Powar	Assitant Professor	12.09.2022	B.Sc. 2015	--	M.Sc. 2022	Community Health Nursing	--	--	4 Yrs	8 Yrs	Yes	MUHS/UG/E-5/152108/280/ 2025 27.03.2025	27.03.2027	688753557243	DKFPP7812B	10.10.1992	32	pournimakhodave@gmail.com	9145761990	NO	
				Education Technology / Nursing Education	53502																						
				Nursing Management & Leadership	62803																						

Annexure-XIII (A)

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES,NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College:- Savitribai Phule College of Nursing, Kolhapur

Mobile No:-

6		Sr No
Savitribai Phule College of Nursing	1	College Name
Kolhapur	2	District where college situated
Pune	3	Region of examiner college
Adulth Health Nursing - I & II / Education Technology / Nursing Education / Nursing Research & Statistics / Fundamental of Nursing	4	subject thought use separate row for separate subject
EEB000030 0017553202 & 017554202 / 53502 / 62704 / EEB000030 0017552202	5	subject code
Ms. Shweta Sunil Jadhav	6	Full Name of the Teacher (First / Middle / Last)
Clinical Instuctor	7	Designation as per staff approval letter
10.11.2021	8	Date of Joining current institute
B.Sc. 2018	9	UG Qualification & Passing Year
--	10	Post Graduate Qualificateion
M.Sc. 2021	11	PG Qualification Passing Year (YYYY)
Medical Surgical Nursing	12	PG Qualificatio Subject
--	13	PG Qualification Sub Specialty if any
No	14	Ph.D Complete if Yes Mention Year of Passing
4 Yrs	15	Teaching Experience in years after PG Passing
5 Yrs	16	Total Teaching Experience in Years
Yes	17	-MUHS Approval (Yes / No)
MUHS/UG/E-5/152108/280/2025 27.03.2025	18	If Yes MUHS Approval Letter & Date
27.03.2027	19	Approval Valid Till Date (DD/MM/YYYY)
780061678501	20	Adhar No
BDTPJ8991G	21	Pan No
03.10.1996	22	Date of Birth
29	23	Age in Years
jadhavshweta469@gmail.com	24	Latest Email Address
8830795062	25	Contact No. (Mob.) give only OTD Registred 10 digit number only one
NO	26	Dearred (Yes / No)
Jadhav	27	Signature of Teacher