

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

Name of the College: - Global Nursing Institute, Janapuri Dist. Nanded

Phone/Mobile No of college: - 9172524020

| 2                         | 1                          | 1  | College Name                                                         |
|---------------------------|----------------------------|----|----------------------------------------------------------------------|
| Global Nursing Institute  | Global Nursing Institute   | 2  | District where college situated                                      |
| Nanded                    | Nanded                     | 3  | Region of examiner College                                           |
| Nanded                    | Nanded                     | 4  | Subject thought use separate row for separate subjects               |
|                           |                            | 5  | Subject Code                                                         |
| MSN                       | CHN                        | 6  | Full name of the Teacher (First/Middle/Last)                         |
| Mr. Sandip Trimbak Chavan | Mrs. Meena Gangadhar Bokan | 7  | Designation as per staff approval letter                             |
| Lecturer                  | Principal                  | 8  | Date of Joining current Institute                                    |
| 20-01-2025                | 10-02-2025                 | 9  | UG Qualification & Passing year                                      |
| B.Sc.Nursing-2014         | P.B.B.Sc.Nursing-1988      | 10 | Post Graduate Qualification                                          |
| M.Sc.Nursing              | M.Sc.Nursing               | 11 | PG Qualification Passing year (YY)                                   |
| 2017                      | 2012                       | 12 | PG Qualification Subject                                             |
| MSN                       | CHN                        | 13 | PG Qualification Sub Specialty if any                                |
| MSN                       | CHN                        | 14 | Ph.D Completed if Yes Mention Year of Passing                        |
|                           |                            | 15 | Teaching Experience in years after PG passing                        |
| 8                         | 13                         | 16 | Total Teaching Experience in years                                   |
| 12                        | 35 Year                    | 17 | MUHS Approval (Yes/No)                                               |
|                           |                            | 18 | IF YES MUHS Approval Letter & Date                                   |
|                           |                            | 19 | Approval Valid Till date (DD/MM/YYYY)                                |
| 911371100762              | 623534270602               | 20 | Adhar No.                                                            |
| ANAPC8914E                | ABKPB2369Q                 | 21 | Pan No.                                                              |
| 05-08-1991                | 01-09-1959                 | 22 | Date of Birth                                                        |
| 34                        | 64                         | 23 | Age in years                                                         |
| sandychavan55@gmail.com   | bokanmeenayahoo.com        | 24 | Latest Email Address                                                 |
| 8308888710                | 8446613135                 | 25 | Contact No. (Mob.) give only OTD Registered 10 digit number only one |
| No                        | No                         | 26 | Debarred Yes/No                                                      |
|                           |                            | 27 | Signature of teacher                                                 |