
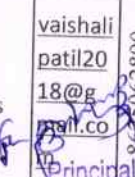


MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECT WISE ELIGIBLE EXAMINERS LIST (FON I&II) (UG COURSES)

Name of the College:- Hirai Institute of Nursing Education At-Malwadi Post-Masur Tal-Karad Dist-Satara

Mobile No of College:- 9970335812

Sr No	College Name	District Name	Region of examiner college	Subject thought use separate row for separate subjects	Subject Code	Faculty Name of the Teacher (First/Middle/Last)	Designation as per staff approval letter	Date of Joining current Institute	UG Qualification & year of Passing	Post Graduate Qualification	PG Qualification & Year of Passing	PG Qualification Subject	PG Qualification Specialty if any	Ph.D Completed 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)	Aadhar No	Date of Birth	Age in years	Latest Email Address	Contact No.give only OTD Registered 10 digit number only one	Debarred 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
1	HINE Masur	Satara	Pune		EEB0000300017553202	Mr.Ajay Kawar	Lecturer	16-08-2021	PB. Bsc Nsg 2019	Msc (N)	2021	MED Surg Nsg		NA	5Years	5Years	Yes	MUHS/ Ug/E-6/ 152137/ 644/2025 Dated - 07/05/2025	46442	724858300628	03-06-1992	33 Yrs	ajaykawar123@123	9970335812	No	
2	HINE Masur	Satara	Pune		EEB0000300017552202	Ms. Sarika Pramod Satpute	Lecturer	01-06-2022	PB Bsc Nsg 2015	Msc (N)2021	04 Years	Pediatric Nsg		NA	04 Years	04 Years	Yes	MUHS/ Ug/E-6/ 152137/ 197/2024	15/1/2024	457698855232	03-06-1992	32 Yrs	sarikasatpute05@gmail.com	783259594	No	
3	HINE Masur	Satara	Pune		EEB0000300017553202	Mr.Aks hay Prakash Waghmare	Lecturer	01-10-2022	B.Bsc Nsg 2018	Msc. Nsg	Msc Nsg 2022	Mental Health Nursing			3 year	6 year	yes	MUHS/ Ug/E-6/ 152137/ 644/2025 Dated - 07/05/2025	24-02-2027	828764466694	27-12-1996	29 Yrs	waghmareaks2@gmail.com	8390744717	No	
3	HINE Masur	Satara	Pune		EEB0000300017553202	Ms.Vaishali Vikas Mane	Lecturer	01-09-2025	P.B.Bsc.Nsg 2020	Msc. Nsg	Msc Nsg 2025	Community Health Nursing			3.7 Months			In-Process	473153242960	01-12-1996	30 Yrs	vaishalipatil2018@gmail.com	8628062800	No		



✓ Regularly Updated list in Excel Format (don't paste signature) must be available at college website for use of Examination Department

Refer Annexure VII also before Submitting this sheet

Hirai Institute of Nursing Education
 Malwadi (Masur), Tal. Karad,
 Dist. Satara Pin 415106

MAHARASHTRA UNIVERSITY OF HEALTH +BI:AC7SCIENCES,NASHIK
SUBJECT WISE ELIGIBLE EXAMINERS LIST(Medical Surgical I) (UG COURSES)

Name of the College:- Hirai Institute of Nursing Education At-Malwadi Post-Masur Tal-Karad Dist-Satara

Mobile No of College:- 9970335812

Sr No	College Name	District Name	Region of examiner college	Subject thought use separate row for separate subjects	Subject Code	Faculty Name of the Teacher (First/Middle/Last)	Designation as per staff approval letter	Date of Joining current Institute	UG Qualification & year of Passing	Post Graduate Qualification	PG Qualification & Year of Passing	PG Qualification Subject	PG Qualification Specialty if any	Ph.D Completed 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)	Aadhar No	Pan No	Date of Birth	Age in years	Latest Email Address	Contact No.give only OTD Registered 10 digit number only one	Debarred 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	
1	HINE Maur	Satara	Pune		EEB0000 30001755 3202	Manisha Gholap	associate Professor	15/1/2024	PB. Bsc Nsg 1992	Msc (N)	2014	MED Surg Nsg	NA	12 Years	12 Years	Yes	MUHS/U g/E-6/ 152137	15/1/2024	419064843766	AEU	24/3/1963	62 years	manishac gholap@g mail.com	9822148588	No		
2	HINE Maur	Satara	Pune		EEB0000 30001755 3202	Mr.Ajay Kawar	Assistant Professor	16-08-2021	PB. Bsc Nsg 2019	Msc (N)	2021	MED Surg Nsg	NA	5Year s	5 Years	Yes	MUHS/U g/E-6/ 152137/6 44/2025 Dated - 07/05/2025	46442	724858300628		03-06-1992	33Yr s	ajaykawar 123@123	9970335812	No		



Principal
Principal
Hirai Institute of Nursing Education
Malwadi (Masur), Tal. Karad,
Dist. Satara Pin 415106

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECT WISE ELIGIBLE EXAMINERS LIST (Community Health Nursing I & II) (UG COURSES)

Annexure-XIII(A)

Name of the College:- Hirai Institute of Nursing Education At-Malwadi Post-Masur Tal-Karad Dist-Satara

Mobile No of College:- 9970335812

Sr No	College Name	District Name	Region of examiner college	Subject thought use separate row for separate subjects	Subject Code	Faculty Name of the Teacher (First/Middle/Last)	Designation as per staff approval letter	Date of Joining current Institute	UG Qualification & year of Passing	Post Graduate Qualification	PG Qualification & Year of Passing	PG Qualification Subject	PG Qualification Specialty if any	Ph.D Completed 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)	Aadhar No	Pan No	Date of Birth	Age in years	Latest Email Address	Contact No.give only OTD Registered 10 digit number only one	Debarred Yes/No	Signature of teacher
1	HINE Masur	Satara	Pune		EEB0000 30001755 5201	Mr. Nakib Mujawar	associate Professor	01-01-2021	PB. Bsc Nsg 2008	Msc (N) 2018	11 Years	Community Health Nsg	NA	9 Years	9 Years	Yes	MUHS/ UG/E-6/ 152137/ 644/2025 Dated - 07/05/2025	24-02-2027	917577355521		#####	45 Years	nrmujawar@gmail.com	9370631068	No		




 Principal
 Hirai Institute of Nursing Education
 Malwadi (Masur), Tal. Karad,
 Dist. Satara Pin 415106

MAHARASHTRA UNIVERSITY OF HEALTH +X4+A2:AB7+A2:AB8+A+A2:AB8
SUBJECT WISE ELIGIBLE EXAMINERS LIST(Obstetrician & Gynecologist) (UG COURSES)

Name of the College:- Hirai Institute of Nursing Education At-Malwadi Post-Masur Tal-Karad Dist-Satara

Mobile No of College:- 9970335812

Sr No	College Name	District Name	Region of examiner college	Subject thought use separate row for separate subjects	Subject Code	Faculty Name of the Teacher (First/Middle/Last)	Designation as per staff approval letter	Date of Joining current Institute	UG Qualification & year of Passing	Post Graduate Qualification	PG Qualification & Year of Passing	PG Qualification Subject	PG Qualification Specialty if any	Ph.D Completed 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)	Aadhar No	Pan No	Date of Birth	Age in years	Latest Email Address	Contact No.give only OTD Registered 10 digit number only one	Debarred Yes/No	Signature of teacher
1	HINE Masur	Satara	Pune			Ms.Rohini Mohite	Assistant Professor	01-01-2022	B.Bsc Nsg 2015	Msc (N)	2021	OBG		NA	6Years	6Years	Yes	MUHS/UG/E-6/152137/644/2025 Dated - 07/05/2025	24-02-2027	691871069573		28-08-1996	29 Years	rohinimohite7576@gmail.com	8087121679	No	
2	HINE Masur	Satara	Pune			Ms.Rajeshree vilas salunkhe	Assistant Professor	01-01-2023	B.Bsc Nsg 2019	Msc (N)	2022	OBG		NA	3Years	3Years	Yes	MUHS/UG/E-6/152137/644/2025 Dated - 07/05/2025	24-02-2026	545334845598		28-08-1996	29 Years	rohinimohite7576@gmail.com	9607579128	No	



[Signature]
Principal
Hirai Institute of Nursing Education
Malwadi (Masur), Tal. Karad,
Dist. Satara Pin 415106

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECT WISE ELIGIBLE EXAMINERS LIST (Community Health Nursing I & II) (UG COURSES)

Name of the College:- Hirai Institute of Nursing Education At-Malwadi Post-Masur Tal-Karad Dist-Satara

Mobile No of College:- 9970335812

Sr No	College Name	District Name	Region of examiner college	Subject thought use separate row for separate subjects	Subject Code	Faculty Name of the Teacher (First/Middle/Last)	Designation as per staff approval letter	Date of Joining current Institute	UG Qualification & year of Passing	Post Graduate Qualification	PG Qualification & Year of Passing	PG Qualification Subject	PG Qualification Specialty if any	Ph.D Completed 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)	Aadhar No	Pan No	Date of Birth	Age in years	Latest Email Address	Contact No.give only OTD Registered 10 digit number only one	Debarred Yes/No	Signature of teacher
1	HINE Masur	Satara	Pune		EEB0000 30001755 5201	Mr. Nakib Mujawar	associate Professor	01-01-2021	PB. Bsc Nsg 2008	Msc (N) 2018	11 Years	Commu nity Health Nsg	NA	9 Years	9 Years	Yes	MUHS/ Ug/E-6/ 152137/ 644/202 5 Dated - 07/05/20 25	24-02-2027	917577355521		#####	45 Years	nrmujawa r@gmail.c om	9370631068	No		



[Signature]
Principal
Hirai Institute of Nursing Education
Malwadi (Masur), Tal. Karad,
Dist. Satara Pin 415106

MAHARASHTRA UNIVERSITY OF HEALTH +X4+A2:AB7+A2:AB8+A+A2:AB8
SUBJECT WISE ELIGIBLE EXAMINERS LIST (Obstetrician & Gynecologist) (UG COURSES)

Name of the College:- Hirai Institute of Nursing Education At-Malwadi Post-Masur Tal-Karad Dist-Satara

Mobile No of College:- 9970335812

Sr No	College Name	District Name	Region of examiner college	Subject thought use separate row for separate subjects	Subject Code	Faculty Name of the Teacher (First/Middle/Last)	Designation as per staff approval letter	Date of Joining current Institute	UG Qualification & year of Passing	Post Graduate Qualification	PG Qualification & Year of Passing	PG Qualification Subject	PG Qualification Specialty if any	Ph.D Completed 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)	Aadhar No	Pan No	Date of Birth	Age in years	Latest Email Address	Contact No.give only OTD Registered 10 digit number only one	Debarred Yes/No	Signature of teacher
1	HINE Masur	Satara	Pune			Ms.Rohini Mohite	Assistant Professor	01-01-2022	B.Bsc Nsg 2015	Msc (N)	2021	OBG		NA	6Years	6Years	Yes	MUHS/UG/E-6/152137/644/2025 Dated - 07/05/2025	24-02-2027	691871069573		28-08-1996	29 Years	rohini mohite7576@gmail.com	8087121679	No	
2	HINE Masur	Satara	Pune			Ms.Rajeshree vilas salunkhe	Assistant Professor	01-01-2023	B.Bsc Nsg 2019	Msc (N)	2022	OBG		NA	3Years	3Years	Yes	MUHS/UG/E-6/152137/644/2025 Dated - 07/05/2025	24-02-2026	545334845598		28-08-1996	29 Years	rohini mohite7576@gmail.com	9607579128	No	



Principal
Hirai Institute of Nursing Education
Malwadi (Masur), Tal. Karad,
Dist. Satara Pin 415106

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECT WISE ELIGIBLE EXAMINERS LIST (Pediatrics) (UG COURSES)

Annexure-XIII(A)

Name of the College:- Hirai Institute of Nursing Education At-Malwadi Post-Masur Tal-Karad Dist-Satara

Mobile No of College:-9970335812

Sr No	College Name	District Name	Region of examiner college	Subject thought use separate row for separate subjects	Subject Code	Faculty Name of the Teacher (First/Middle/Last)	Designation as per staff approval letter	Date of Joining current Institute	UG Qualification & year of Passing	Post Graduate Qualification	PG Qualification & Year of Passing	PG Qualification Subject	PG Qualification Specialty if any	Ph.D Completed 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)	Aadhar No	Pan No	Date of Birth	Age in years	Latest Email Address	Contact No.give only OTD Registered 10 digit number only one	Debarred Yes/No	Signature of teacher
1	HINE Masur	Satara	Pune			Ms. Sarika Pramod Satpute	Assistant Professor lecturer		PB.Bsc Nsg 2015	Msc.Nsg	Msc(N)2021	04 Years	Pediatric Nsg		NA	04 Years	04 Years	In Process		4.57699E+11	457698855232	06-03-1992	33	sarikasatpute05@gmail.com	7083259594	No	
2	HINE Masur	Satara	Pune			Mrs. Ashwini Abaso Shinde	Assistant Professor lecturer		PB.Bsc Nsg 2015	Msc Nsg	Msc(N)2019	7.8 Years	Pediatric Nsg		NA	7.8 Years	7.8 Years	In Process		7.74602E+11	JEHPS 2538D	13-08-1990	36 Years	ashwinishinde2022@gmail.com	8855078856	No	



(Signature)
Principal
Hirai Institute of Nursing Education
Malwadi (Masur), Tal. Karad,
Dist. Satara Pin 415106

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECT WISE ELIGIBLE EXAMINERS LIST (Mental Health Nursing I & II) (UG COURSES)

Name of the College:- Hirai Institute of Nursing Education At-Malwadi Post-Masur Tal-Karad Dist-Satara

Mobile No of College:- 9823591589

Sr. No	College Name	District Name	Region of examiner college	Subject thought use separate row for separate subjects	Subject Code	Faculty Name of the Teacher (First/Middle/Last)	Designation as per staff approval letter	Date of Joining current Institute	UG Qualification & year of Passing	Post Graduate Qualification	PG Qualification & Year of Passing	PG Qualification Subject	PG Qualification Specialty if any	Ph.D Completed 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)	Aadhar No	Pan No	Date of Birth	Age in years	Latest Email Address	Contact No, give only OTD Registered 10 digit number only one	Debarred 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	
1	HINE Masur	Satara	Pune			Mr Akshay Prakash Waghmare	Assistant Professor	lecturer	B.Bsc Nsg 2018	Msc. Nsg	Msc Nsg 2022	Mental Health Nursing		3 year	6 year	yes	MUHS/UG/E-6/152137/644/2025 Dated - 07/05/2025	24-02-2027	4.57699E+11	#####	#####	#####	sarikasatpute05@gmail.com	7083259594	No		




 Principal
 Hirai Institute of Nursing Education
 Malwadi (Masur), Tal. Karad,
 Dist. Satara Pin 415106