

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECT WISE TEACHER LIST**

Name of College : Dr. Panjabrao Deshmukh Nursing Insitute, Amravati
Subject: Nursing Foundation
Mobile No.: 0721-2551164/ 9604407979

Sr. No.	College Name	Subject.	Full name of the Teacher (First Name Middle Name Last Name.)	Designation	Date of Joining	UG- Qualification &	UG Year of Passing	PG- Qualification With Sptialization & Year of Passing	PG Year of Passing	Teaching experience After PG Passing	MUHS Approval (Yes/No)	Type Of Approval (pl. specify Approval is Perment / Temp. of one year / Temp for two year etc.)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No	Sign of Teacher
1	Dr. PDNI, Amt	Nursing Foundation	Mr. Prabhudas Raiborde	Professor	01/08/2008	Post B B Sc N	2004	M Sc N	2010	12 Y 11 M	Yes	Permanen t	MUHS/U G/E- 6/155104/ 1111/202 3 dt 19/06/202 3	83292344 2189	BCIDR09 37G	05/02/1972	prabhudas _r@yahoo. com	9822927965	No	
2	Dr. PDNI, Amt	Nursing Foundation	Ms. Mahima Alekar	Assistant Professor	17/10/2015	Basic B Sc N	2010	M Sc N	2014	9 Y	Yes	Permanen t	MUHS/U G/E- 6/155104/ 2965/201 9 dt 06/12/201 9	88404070 2205	APXPA80 03R	19/07/1998	mahimaal ekar1@g mail.com	9561584548	No	
3	Dr. PDNI, Amt	Nursing Foundation	Ms. Priyanka Adhau	Associate Professor	24/02/2016	Post B B Sc N	2012	M Sc N	2014	8 Y 10 M	Yes	Permanen t	MUHS/U G/E- 6/155104/ 1111/202 3 dt 19/06/202 3	65654127 4704	BDJPA37 31R	16/07/1987	priyankaa dhau16@ gmail.co m	9561676635	No	
4	Dr. PDNI, Amt	Nursing Foundation	Mr. Sandesh Sonawane	Assistant Professor	17/10/2015	Basic B Sc N	2011	M Sc N	2015	8 Y	Yes	Permanen t	MUHS/U G/E- 6/155104/ 2965/201 9 dt 06/12/201 9	32266559 5632	GPPPS80 95D	03/03/1988	sandeshs onawane 859@gma il.com	9860704828	No	

5	Dr. PDNI, Amt	Nursing Foundation	Mr. Sandeep Kolaskar	Associate Professor	17/12/2012	Basic B Sc N	2012	M Sc N	2016	7 Y	Yes	Permanent	MUHS/U G/E-1111/2023 dt 19/06/2023	280630820652	ENRPK2701J	09/09/1990	sandipkolaskar@gmail.com	9604407979	No	
6	Dr. PDNI, Amt	Nursing Foundation	Ms. Anuradha Wankhade	Assistant Professor	09/01/2017	Basic B Sc N	2012	M Sc N	2016	7 Y	Yes	Permanent	MUHS/U G/E-1111/2023 dt 19/06/2023	795904358482	ADIPW8713H	17/09/1991	anuradha.wankhade91@gmail.com	9767109452	No	
7	Dr. PDNI, Amt	Nursing Foundation	Ms. Swati Gayki	Assistant Professor	27/08/2019	Basic B Sc N	2014	M Sc N	2017	6 Y 3 M	Yes	Temporary	MUHS/U G/E-1111/2023 dt 19/06/2023	808203412217	B SC PG1466P	13/06/1991	swatimah.aonline952@gmail.com	9552238310	NO	
8	Dr. PDNI, Amt	Nursing Foundation	Ms. Pooja Gubare	Assistant Professor	24/03/2022	Basic B Sc N	2015	M Sc N	2018	5 Y 6 M	Yes	Temporary	MUHS/U G/E-1111/2023 dt 19/06/2023	331715724967	BVWPG9399G	10/03/1993	poojagubare93@gmail.com	7887473389	NO	

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECT WISE TEACHER LIST

Name of College : Dr. Panjabrao Deshmukh Nursing Insitute, Amravati
Subject: Medical Surgical Nursing
Mobile No.: 0721-2551164/ 9604407979

Sr. No.	College Name	Subject.	Full name of the Teacher (First Name Middle Name Last Name.)	Designation	Date of Joining	UG- Qualification &	UG Year of Passing	PG- Qualification With Spetialization & Year of Passing	PG Year of Passing	Teaching experience After PG Passing	MUHS Approval (Yes/No)	Type Of Approval (pl. specifiy Approavl is Perment / Temp. of one year / Temp for two year etc.)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No	Sign of Teacher
1	Dr. PDNI, Amravati	Medical Surgical Nursing	Mr. Prabhudas Raiborde	Professor	01/08/2008	Post B B Sc N	2004	M Sc N	2010	12 Y 11 M	Yes	Permanen t	MUHS/UG/E- G/155104 /1111/202 3 dt 19/06/202 3	83292344 2189	BCIDR09 37G	05/02/1972	prabhudas _r@yahoo. com	9822927965	No	

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECT WISE TEACHER LIST**

Name of College : Dr. Panjabrao Deshmukh Nursing Insitute, Amravati
Subject: Community Health Nursing
Mobile No.: 0721-2551164/ 9604407979

Sr. No.	College Name	Subject.	Full name of the Teacher (First Name Middle Name Last Name.)	Designation	Date of Joining	UG- Qualification &	UG Year of Passing	PG- Qualification With Spetialization & Year of Passing	PG Year of Passing	Teaching experience After PG Passing	MUHS Approval (Yes/No)	Type Of Approval (pl. specifiy Approavl is Perment / Temp. of one year / Temp for two year etc.)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No	Sign of Teacher
1	Dr. PDNI, Amravati	Community Health Nursing	Ms. Priyanka Adhau	Associate Professor	24/02/2016	Post B B Sc N	2012	M Sc N	2014	8 Y 10 M	Yes	Permanen t	MUHS/UG/E- G/155104 /1111/202 3 dt 19/06/202 3	65654127 4704	BDJPA37 31R	16/07/1987	priyankaadha u16@gmail.c om	9561676635	No	
2	Dr. PDNI, Amravati	Community Health Nursing	Mr. Sandeep Kolaskar	Associate Professor	17/12/2012	Basic B Sc N	2012	M Sc N	2016	7 Y	Yes	Permanen t	MUHS/UG/E- G/155104 /1111/202 3 dt 19/06/202 3	28063082 0652	ENRPK27 01J	09/09/1990	sandipkolask ar@gmail.co m	9604407979	No	
3	Dr. PDNI, Amravati	Community Health Nursing	Ms. Anuradha Wankhad e	Assistant Professor	09/01/2017	Basic B Sc N	2012	M Sc N	2016	7 Y	Yes	Permanen t	MUHS/UG/E- G/155104 /1111/202 3 dt 19/06/202 3	79590435 8482	ADIPW87 13H	17/09/1991	anuradhawa nkhade91@g mail.com	9767109452	No	

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECT WISE TEACHER LIST

Name of College : Dr. Panjabrao Deshmukh Nursing Insitute, Amravati
Subject: Maternal Nursing
Mobile No.: 0721-2551164/ 9604407979

Sr. No.	College Name	Subject.	Full name of the Teacher (First Name Middle Name Last Name.)	Designation	Date of Joining	UG- Qualification &	UG Year of Passing	PG- Qualification With Spetialization & Year of Passing	PG Year of Passing	Teaching experience After PG Passing	MUHS Approval (Yes/No)	Type Of Approval (pl. specifiy Approavl is Perment / Temp. of one year / Temp for two year etc.)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No	Sign of Teacher
1	Dr. PDNI, Amt	Maternal Nursing	Ms.Swati Gayki	Assistant Professor	27/08/2019	Basic B Sc N	2014	M Sc N	2017	6 Y 3 M	Yes	Temporary	MUHS/UG/E-G/155104/1111/2023 dt 19/06/2023	808203412217	B SCPG1466P	13/06/1991	swatimah aonline952@gmail.com	9552238310	NO	

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECT WISE TEACHER LIST**

Name of College : Dr. Panjabrao Deshmukh Nursing Insitute, Amravati
Subject: Child Health Nursing
Mobile No.: 0721-2551164/ 9604407979

Sr. No.	College Name	Subject.	Full name of the Teacher (First Name Middle Name Last Name.)	Designation	Date of Joining	UG- Qualification &	UG Year of Passing	PG- Qualification With Spetialization & Year of Passing	PG Year of Passing	Teaching experience After PG Passing	MUHS Approval (Yes/No)	Type Of Approval (pl. specify Approval is Perment / Temp. of one year / Temp for two year etc.)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No	Sign of Teacher
1	Dr. PDNI, Amravati	Child Health Nursing	Mr. Sandesh Sonawane	Assistant Professor	17/10/2015	Basic B Sc N	2011	M Sc N	2015	8 Y	Yes	Permanen t	MUHS/UG/E-6/155104/2965/2019 dt 06/12/2019	322665595632	GPPPS8095D	03/03/1988	sandeshsonawane859@gmail.com	9860704828	No	
2	Dr. PDNI, Amravati	Child Health Nursing	Ms. Pooja Gubare	Assistant Professor	24/03/2022	Basic B Sc N	2015	M Sc N	2018	5 Y 6 M	Yes	Temporariy	MUHS/UG/E-6/155104/1111/2023 dt 19/06/2023	331715724967	BVWPG9399G	10/03/1993	poojagubare93@gmail.com	7887473389	NO	

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECT WISE TEACHER LIST

Name of College : Dr. Panjabrao Deshmukh Nursing Insitute, Amravati
Subject: Mental Health Nursing
Mobile No.: 0721-2551164/ 9604407979

Sr. No.	College Name	Subject.	Full name of the Teacher (First Name Middle Name Last Name.)	Designation	Date of Joining	UG- Qualification &	UG Year of Passing	PG- Qualification With Spetialization & Year of Passing	PG Year of Passing	Teaching experience After PG Passing	MUHS Approval (Yes/No)	Type Of Approval (pl. specify Approavl is Perment / Temp. of one year / Temp for two year etc.)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No	Sign of Teacher
1	Dr. PDNI, Amravati	Mental Health Nursing	Ms. Mahima Alekar	Assistant Professor	17/10/2015	Basic B Sc N	2010	M Sc N	2014	9 Y	Yes	Permanent	MUHS/UG/E-6/155104/2965/2019 dt 06/12/2019	884040702205	APXPA8003R	19/07/1998	mahimaalekar1@gmail.com	9561584548	No	

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECT WISE TEACHER LIST

Name of College : Dr. Panjabrao Deshmukh Nursing Insitute, Amravati
Subject: Adult Health Nursing
Mobile No.: 0721-2551164/ 9604407979

Sr. No.	College Name	Subject.	Full name of the Teacher (First Name Middle Name Last Name.)	Designation	Date of Joining	UG- Qualification &	UG Year of Passing	PG- Qualification With Spetialization & Year of Passing	PG Year of Passing	Teaching experience After PG Passing	MUHS Approval (Yes/No)	Type Of Approval (pl. specify Approval is Perment / Temp. of one year / Temp for two year etc.)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No	Sign of Teacher
1	Dr. PDNI, Amravati	Adult Health Nursing	Mr. Prabhudas Raiborde	Professor	01/08/2008	Post B B Sc N	2004	M Sc N	2010	12 Y 11 M	Yes	Permanen t	MUHS/U G/E- G/155104 /1111/202 3 dt 19/06/202 3	83292344 2189	BCIDR09 37G	05/02/1972	prabhudas _r@yahoo. com	9822927965	No	