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:-03./.02../.2025.. Faculty:-Nursing

Name of College:-Sara..institute..of...Nursig...education. Last Staff Approval Process Conducted on :- / /20

College Code:-157147.....Intake Capacity:- B.Sc Nursing:-..60..... P.B.B.Sc Nsg:-..—..... M.Sc Nsg:-.....—.....

Sr No	Name of the Teaching Staff	Designation write full	Under graduate Qualifications and Year of Passing	Subject of Post graduate Subject if applicable	Passing year Of M.sc Nursing If applicable	Staff Enrolled in OTD MUHS YES / NO	Staff Mob. No. OTD Registered	NUID NO IF AVAILABLE	Staff Personal E-mail ID	Adhar Card No	M.N.C REGISTRATION NO	M.N.C 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)	Name of previous institution	Post in Previous institute	Date of previous Inst reliving	Teaching Experience							Experience					Type of Appointment Temp./ Permanent	University Approval Status U.G (Yes/No)	University Approval U.G Letter No. & date	University U.G approval valid till date DD/MM/YYYY date	Latest Photo graph (not older than 3 months) with Signature with date don't print photo here
																				Collegiate Experience																
																				Tutor / Clinical Instructors	Assistant Professor /Lecturer	Associate Professor.	Professor	Vice Principal	Principal	Total	Total Clinical Experience In Yrs	Total Teaching exp after m.sc (Nsg) Qualification In Yrs	Total Clinical exp in Yrs before P.B.B.Sc Nursing If applicable	Total Teaching exp In Yrs Non Collegiate Programme	Total Teaching +clinical Exp In Yrs (24+25)					
01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37
01																																				
02																																				
03																																				

Note :The College shall submit one hard copy & soft copy (in Excel Format) separate for approved and non approved & the list from Academic Section online Teacher Database (OTD)/Automation software to be enclosed.

Its Mandatory that Teacher must be registered In Maharashtra Nursing Council it can be verified in https://maharashtranursingcouncil.org log in tab – registration log in – Nurse Info tab

Non Approved Staff Eligibility for the post Nursing Council Registrations previous reliving all document in original to be checked before making remarks

Photograph should not print on this sheet

Only latest 3 month photo which should be clear and original to be pasted on this sheet

Use A-3 Page for print Out this sheet

Signature of Dean/ Principal

PRINCIPAL

SARA INSTITUTE OF NURSING EDUCATION

Poyanje, Navi Mumbai

Tal: Panvel, Dist: Raigad