

SUBJECT WISE ELIGIBLE EXAMINERS LIST (UGCourses)

Name of College:-_TreatWell College Of Nursing

Phone/Mobile No of college:- 8380092460

Sr.No.	College Name	District where college situated	Region of examiner College	Subject thought use separate row for separate subjects	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 Qualification	PG Qualification Passing year (YYYY)	PG Qualification Subject	PG Qualification Sub 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)	Adhar No.	Pan No.	Date of Birth	Age in years	Latest Email Address	Contact No. (Mob.) give only OTD Registered 10 digit number only one	Debarred Yes / No	Signature of teacher
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	
1	Treatwell CON	NGP	NAGPUR	CHN	CHN	DR PRIYADARSHANI MOON	Vice Principal	46042	PBBSC	Msc CHN		CHN	NA		10	10	NO	NA	NA	78624247080		31021	44	Priyamoan1984@gmail.com	7489820747	No	
2	Treatwell CON	NGP	NAGPUR	MSN	MSN	VIVEK SINGH THAKUR	ASSO PROF	45435	BSC	MSC		MSN	NA	7	7	YES	554/2024	10/06/2026	753850762		09/02/1990	35	vivek Singh09@gmail.com	9098688770	No		
4																											
7																											

- > This list hard Copy to be sent with inspection report and keep soft copy Excel format (don't paste signature) in Inspection Pen Drive to university
 - > Print must be take non A-3 Page, In MUHS approval status don't write under process Exercise Yes or 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**

(Signature)
 Director / Principal
 Treatwell College of
 Nursing, Nagpur