ANNEXURE–VI

Maharashtra University of Health Sciences, Nashik

Name of College:...Lifeline Institute of Nursing, Pandharpur.....Faculty:-....Nursing.....

Academic Year :- 20.25.-20.26. College Code:.152145.. MUHS Staffing Pattern 07/2024 Table No:-.....15.....

Intake:- B.Sc Nursing:- .....50..... P.B.B.Sc Nursing:-..... M.Sc Nursing:- .....—.....

Teaching Staff :-(UG/PG)

	PROFESSOR CUM PRINCIPAL			PROFESSOR CUM VICE PRINCIPAL			PROFESSOR			ASSOCIATE PROFESSOR			ASSISTANT PROFESSOR/LECTURER			TUTOR/CLINICAL INSTRUCTOR			TOTAL			PERCENTAGE		
	Req.	Exist	Deficit	Req.	Exist	Deficit	Req.	Exist	Deficit	Req.	Exist	Deficit	Req.	Exist	Deficit	Req.	Exist	Deficit	Req.	Exist	Deficit	Req. %	Exist %	Deficit %
TOTAL	01	01	0	01	1	01	0	1	1	01	01	0	3	3	0	09	09	0	15	14	01	100%	93.33%	6.66%
Approved		01			1			1			1			1			06			07			46.66%	
Unapproved					-			1			01			3			03			07			46.66%	

Staff Approval on Process Not to be counted as Approved Staff till get approval letter from University and Check Eligibility of Unapproved Staff before Counting

Principal
Lifeline Institute of Nursing
Pandharpur, Dist. Solapur

Date:-.....

Dean/Principal Stamp & Signature

Date:-

Dean/ Principal Stamp & Signature

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
Maharashtra University of Health Sciences, Nashik
वणी-दिंडोरी रोड, म्हसरूळ, नाशिक-४२२००४, Vani-Dindori Road, Mhasrul, Nashik- 422 004
Tel: (0253)-2539198,200,268,307 Student Helpline: (02532539111/6659111/100
Web.: www.muhs.ac.in E-mail : academicnursing@muhs.ac.in

डॉ. सुनिल ह. फुगारे
एम.एस्सी., पीएच.डी.
उपकुलसचिव

Dr. Sunil H. Fugare
MSc. Ph.D.
Deputy Registrar

Outward No.: MUHS/UG/ E-6/152145/846 /2024 Date: 02/04/2024

To,
The Principal
Siddhanath Foundation Charitable Trust,
Lifeline Institute of Nursing, Pandharpur,
Tal. Pandharpur,
Dist. Solapur - 413 304

Sub. : Temporary Approval to the Appointment of Teacher(s).
Ref. : 1) University Direction No. 01/2017 dated 13/04/2017.
2) Your Letter No. SFCT/LION/63/2024 dated 02/03/2024 .
3) Your Email dated 18/03/2024.

Sir/Madam,

With reference to the subject cited above, I am directed to inform you that, the proposal of approval to the appointment of the following teacher(s) have been considered by the University and it has been decided to grant the approval, as indicated and subject to following conditions :-

Sr. No.	Subject	Name of the Teacher	Designation	Status of Approval
01	Psychiatric Nursing	Dr. Rajandeva Hiremath	Professor cum Principal	w.e.f. 02/03/2024 for two years only.
02	Medical Surgical Nursing	Mrs. Joshi Meena Santosh	Professor cum Vice-Principal	w.e.f. 02/03/2024 for two years only.
03	Medical Surgical Nursing	Mr. Ghule Satesh Dayaram	Assistant Professor	w.e.f. 02/03/2024 for two years only.
04	Nursing	Ms. Salunkhe Kajal Suresh	Tutor	w.e.f. 02/03/2024 for two years only.
05	Nursing	Ms. Thite Archana Vitthal	Tutor	w.e.f. 02/03/2024 for two years only.
06	Nursing	Mr. Patil Prashant Tanaji	Tutor	w.e.f. 02/03/2024 for one year only against OBC category.
07	Nursing	Ms. Ghadage Kajal Jagnnath	Tutor	w.e.f. 02/03/2024 for two years only.

P.T.O.

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:-...../...../..... Faculty:-Nursing

Name of College:...lifeline Institute of Nursing, pandharpur Last Staff Approval Process Conducted on :- / /20

College Code:-152145.....Intake Capacity:- B.Sc Nursing:-.....50..... 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									
																				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)	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
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