

ANNEXURE-VI

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

DETAIL INFORMATION OF TEACHING STAFF (Approved & Not Approved Separate Sheet to be used)

Faculty:-Nursing{ U.G.}

Name of College:COLLEGE OF NURSING J J H MUMBAI

College Code:1101003 Intake Capacity:- 500

B.Sc Nursing:

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	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)
																																											Date of appointment (DD/MM/YYYY)
																																											Name of previous institution
																																											Post in Previous institute
																																											Date of previous Inst reliving
																																											Tutor / Clinical Instructors
																																											Assistant Professor /Lecturer
																																											Associate Professor.
																																											Professor
																																											Vice Principal
																																											Principal
																																											Total
																																											Total Clinical
																																											Total Teaching exp after m.sc (Nsg) Qualification In yrs
																																											Total Clinical exp in Yrs before P.B.B.Sc Nursing
																																											Total Teaching exp in Yrs Non Collegiate
																																											Total Teaching +clinical Exp
																																											Type of Appointment Temp/ Permanent
																																											University Approval Status I.I.G
																																											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

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 | New Registration | Home | Help | Contact | Logout

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

Signature of John D. Morris to be pasted on this sheet

Sir J.J. Group of Hospitals
Mumbai - 400 008