

Maharashtra University of Health Sciences, Nashik

Name of College: DR. RAJENDRA GODE INSTITUTE OF NURSING Faculty: NURSING

Academic Year :- 2023-2024 College Code: 15515D MUHS Staffing Pattern 07/2024 Table No: 09

Intake: - B.Sc Nursing: 100 P.B.Sc Nursing: NA M.Sc Nursing: -

Teaching Staff: - (UG/PG)

Req.	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	%	%	%			
01	-			01	01		01			01			03	02	01	06	02	04	18	18	00	30	23	07	100	80%	20%
01	-			01	01		01			01			03	01		01		01	09	09	-	30	11	-	100%	36%	
	-																										



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

Date:

Blabla
Principals
Dr. Rajendra Gode Institute of Health Sciences
Dr. Rajendra Gode Institute of Health Sciences
Dr. Rajendra Gode Institute of Health Sciences

Dean/Principal Stamp & Signature
Dean/Principal Stamp & Signature

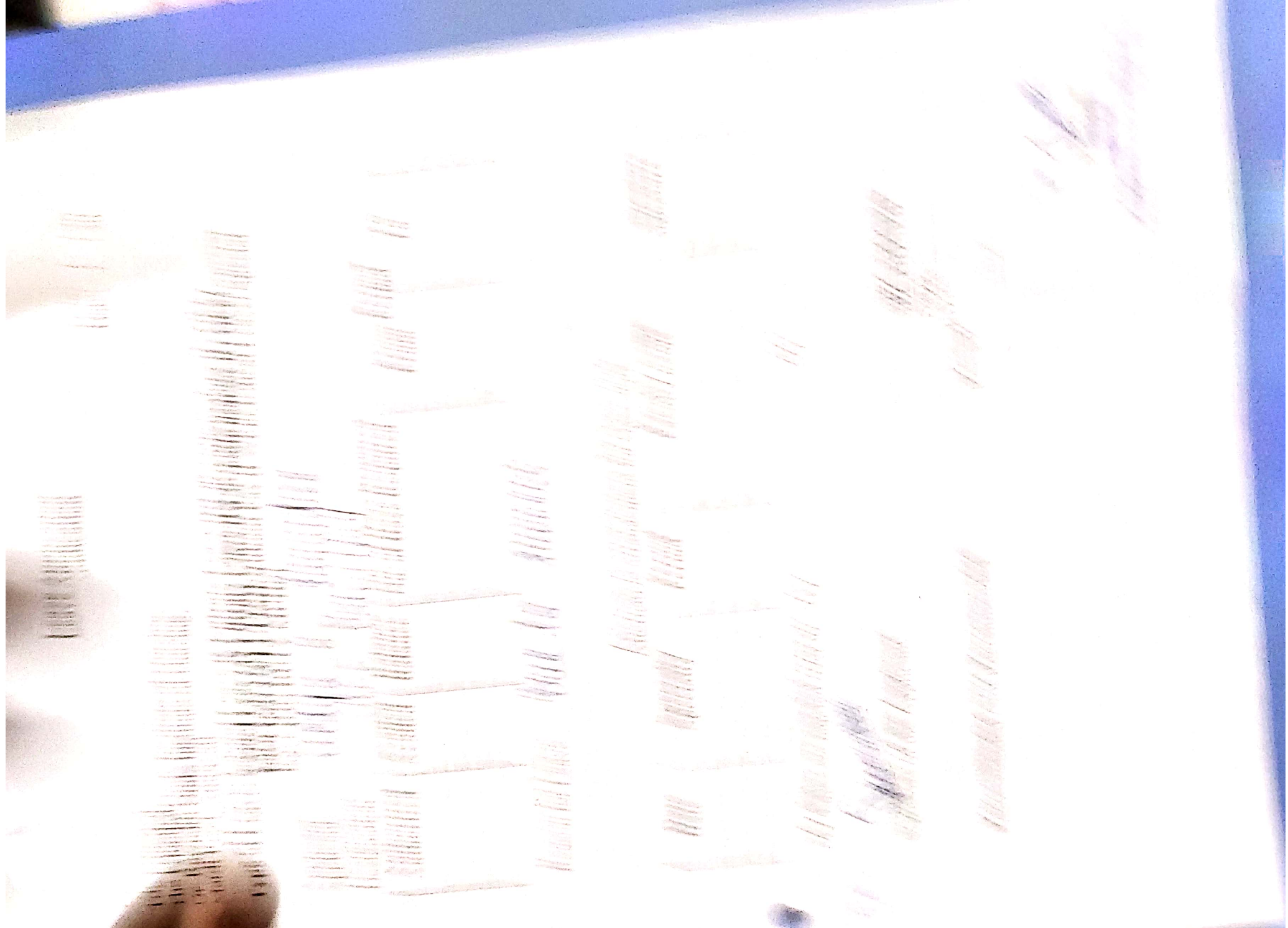
ANNEXURE-VII
 MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, PASHIK
 DETAIL INFORMATION OF TEACHING STAFF (Approved & Not Approved Separate Sheet to be used)
 UG & P.G Degree ASOH - / /
 Faculty - Nursing

Sl. No.	Name of the Teaching Staff	Designation	Specialization	MNC Registration No.	MNC Registration Validity	Date of Birth (DDMMYYYY)	Age in Years	Gender	Date of Appointment (DDMMYYYY)	Qualification	Post in Institution	Date of Joining	Teaching Experience							Date of Appointment (DDMMYYYY)	Remarks	Photograph							
													1	2	3	4	5	6	7				8						
11	Mr. Pawan Atankar	Cl / Tutor	Nursing	NA	Yes	NA	NA	mankarwan23@gmail.com	912116168249	IV-1240	30/03/2017	16/09/1997	27 Y 4 M 21 D		21/3/2024	B B SC Nursing College Buldhana	Tutor	18/03/2024	NA	NA	NA	NA	NA	2 Y		Temporary	18/03/2024		
12	Mr. Pawan Wankar	Cl / Tutor	Nursing	NA	Yes	NA	NA	pawanwankar@gmail.com	20601043508	IV-1246	30/03/2018	4/2/1999	26 Y 2 D		21/3/2024	B B SC Nursing College Buldhana	Tutor	18/3/2024	NA	NA	NA	NA	NA	2 Y		Temporary	18/03/2024		

Sleeth
 Chairman
 HAE
 07/02/2025

Samy
 Member
 HAE
 07/02/2025

A
B
S
E
N
T



Leave Application

Date: / / 20

To,
The Principal,
Dr. Rajendra Gode Institute of Nursing,
Mardi Road, Amravati

Type of Leave: Casual Leave (CL)/Duty Leave (DL)/Compensatory (C-OFF)
Earn Leave (EL) /Leave without Pay (LWP)/Medical Leave/ Special
leave (ON DUTY MUHS)

Applicant: - Nidya O. Samudre.

Designation: - vice Principa

Authorized	Availed	Balance	No. of Days Required	Period	
				From	To

Reason for Leave: - Due to sickness -

Alternative arrangement for class work

Date	Specialty	Period	Faculty name	signature

My duties are handed over to: - (1) _____ (2) _____

Nidya O. Samudre.

Signature of the Applicant

Recommended /Not Recommended

SECTIONED		
	Days	
	Date	
Remark		

Dr. Chhadge

Principal
Principal

Dr. Rajendra Gode Institute of
Nursing, Amravati-445002 (MH)



To,
Honorable president sir,
IBSS.
Amravati.

Subject: unable to attend college due to illness

Respected Sir,

I regret to inform you that I will not be able to come to college as I am feeling unwell. I have been experiencing symptoms of illness. I apologize for any inconvenience this may cause and assure you that I will make every effort to catch up on any missed work or responsibilities as soon as possible.

Thank you for your understanding and support during this time. I will keep you updated on my condition and hope to return to college soon.

Thanking you!

Samudra

Yours sincerely
[Ms. Vidya O. Samudra]

Date :-

Place - Amravati.



OPD CASE PAPER

PRN No : 2502070564



OPD No : CA2502071411

Patient Name : Mrs . VIDYA SAMUDRE

Visit Type : Normal

Age : 40 Yr 0 Months 6 Days

Visit Date : 07-Feb-2025

Gender : Female

Specialization : ORTHOPAEDICS

Address : AMRAVATI , ,AMRAVATI,AMRAVATI,Maharashtra,India

Unit : ORTHOPAEDICS UNIT 2

Phone No. :

User Name : DHANASHRI28

DATE	HISTORY :	TREATMENT :
<p>07/21/2025</p> <p>Adv SOS MRI LS Spine with screening of whole spine</p> <p>Complete bed rest for 10 days</p> <p>Dr Kachewar (ASSIST. PROF.)</p> <p>HOD Orthopaedics Dept. Dr. Rajendra Gode Medical College and Hospital, Amravati</p>	<p>U/S B ortho Dr Kachewar (AP)</p> <p>40 low back pain :: 20 days N/O Tingling sensation N/O claudication N/O Fall / trauma. N/O any other injury</p> <p>O/E Back</p> <p>Tenderness (+) over L3-L5 paraspinal region Active SLR RT-TO LT 60° EHL and FHL grade V Distal pulsation (+)</p>	<p>Rx - Complete bed rest for 10 days - LS Belt (Large) - Hot water fomentation - Tab ETOVA MR BD x 10 days - Tab Pom 40mg OD x 10 days - Tab Sheical XT OD x 15 days - Tab Neurobion fort OD x 15 days - Review after 10 days</p> <p>Dr Kachewar</p>



Indira Bahuuddeshiya Shikshan Sanstha Buldana's

Dr. Rajendra Gode Institute of Nursing, Amravati

Dr. Rajendra Gode Educational Campus, Mardi Road, Amravati Tq. Dist. Amravati - 666402

Affiliated By Govt. Of Maharashtra, M.U.H.S. Nashik, M.N.C. Mumbai, I.N.C. New Delhi

E-mail : drrgionamravati@gmail.com

website:www.drgion.com

MUHS College Code : 155150

DMER College Code : 09253

President.

Mr. Yogendra R. Gode

Outword No./B.Sc.Nsg./702/2025

Date :- 05/02/2025



To

The Dean,

Dr. Rajendra Gode Medical College,

Amravati.

Subject: Nomination of the faculty for ALS Workshop & Infection Control Safety.

Respected Sir,

With the Above Mentioned Subject, I would Like to inform you that, we are sending our Teaching Faculty for the ALS Workshop on Dated 06/02/2025 & Infection Control Safety on Dated 07/02/2025.

Following names of the staff

1. Mr. Vaibhav Bhure
2. Mr. Abhishek Jethe
3. Mr. Sameer Khobragade
4. Mr. Pavan Mankar

Thanking You.

Principal
Dr. Rajendra Gode Institute of Nursing, Amravati.
Amravati - 444602 (M.S.)

CC -

Dr. Rajendra Gode Medical College, Amravati



Leave Application

Date: 05/02/2025

To,
The Principal,
Dr. Rajendra Gode Institute of Nursing,
Mardi Road, Amravati

Type of Leave: Casual Leave (CL)/Duty Leave (DL)/Compensatory (C-OFF)
Earn Leave (EL) /Leave without Pay (LWP)/Medical Leave/ Special
leave (ON DUTY MUHS)

Applicant: - Mr. Sumner P. Khobragade

Designation: - Tutor

Authorized	Availed	Balance	No. of Days Required	Period	
				From	To
				06/07/2025	07/07/2025

Reason for Leave: - LEAVE FOR WORKSHOP [07]

Alternative arrangement for class work

Date	Specialty	Period	Faculty name	signature

My duties are handed over to: - (1) S.N.L. KARADE (2) _____

Signature of the Applicant

Recommended /Not Recommended

SECTIONED		
	Days	
	Date	
Remark		


Principal
Principal
Dr. Rajendra Gode Institute of
Nursing, Amravati-444602 (MH)

Leave Application

Date: 06/02/2025.

To,
The Principal,
Dr. Rajendra Gode Institute of Nursing,
Mardi Road, Amravati

Type of Leave: Casual Leave (CL)/Duty Leave (DL)/Compensatory (C-OFF)
Earn Leave (EL) /Leave without Pay (LWP)/Medical Leave/ Special
leave (ON DUTY MUHS)

Applicant: - Mr. Vaibhav - Dhure.

Designation: - C.S. (Tutor)

Authorized	Availed	Balance	No. of Days Required	Period	
				From	To
				06/02/2025	07/02/2025

Reason for Leave: - LEAVE FOR WORKSHOP [ODT]

Alternative arrangement for class work

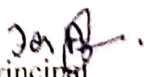
Date	Specialty	Period	Faculty name	signature

My duties are handed over to: - (1) PRERNA. ATHAWLE(2) _____

Signature of the Applicant

Recommended /Not Recommended

SECTIONED		
	Days	
	Date	
Remark		


Principal
Dr. Rajendra Gode Institute of
Nursing, Amravati-444602 (MH)

Leave Application

Date: 05/04/2025.

To,
The Principal,
Dr. Rajendra Gode Institute of Nursing,
Mardi Road, Amravati

Type of Leave: Casual Leave (CL)/Duty Leave (DL)/Compensatory (C-OFF)
Earn Leave (EL) /Leave without Pay (LWP)/Medical Leave/ Special
leave (ON DUTY MUHS)

Applicant: - Mr. Pavan B. Manekar

Designation:- Tutor

Authorized	Availed	Balance	No. of Days Required	Period	
				From	To
				06/02/2025	07/02/2025

Reason for Leave: - LEAVE FOR WORKSHOP. [OD]

Alternative arrangement for class work

Date	Specialty	Period	Faculty name	signature

My duties are handed over to: - (1) VAJSHNAVI. THATE (2) _____

Signature of the Applicant

Recommended /Not Recommended

SECTIONED		
	Days	
	Date	
Remark		

P.R.
Principal
Dr. Rajendra Gode Institute of
Nursing, Amravati-444602 (MH)

Leave Application

Date: 05/02/2025

To,
The Principal,
Dr. Rajendra Gode Institute of Nursing,
Mardi Road, Amravati

**Type of Leave: Casual Leave (CL)/Duty Leave (DL)/Compensatory (C-OFF)
Earn Leave (EL) /Leave without Pay (LWP)/Medical Leave/ Special
leave (ON DUTY MUHS)**

Applicant: - Mr. Abhishek K. Jethu

Designation: - Tutor

Authorized	Availed	Balance	No. of Days Required	Period	
				From	To
				06/02/2025	07/02/2025

Reason for Leave: - LEAVE FOR WORKSHOP. [OD]

Alternative arrangement for class work

Date	Specialty	Period	Faculty name	signature

My duties are handed over to: - (1) VANDAN RAKSHAS/AN (2) _____

Signature of the Applicant

Recommended /Not Recommended

SECTIONED		
	Days	
	Date	
Remark		

704
Principal
Dr. Rajendra Gode Institute of
Nursing, Amravati-444602 (MH)

Leave Application

Date: 07/02/2025

To,
The Principal
Dr. Rajendra Gode Institute of nursing,
Mardi Road, Amravati

Type of Leave: Casual Leave (CL)/Duty Leave (DL)/Compensatory (C-OFF)
Earn Leave (EL) /Leave without Pay (LWP)/Medical Leave

Applicant: - Ms. Shweta A. Hivole

Designation: - Tutor Nursing

Authorized	Availed	Balance	No. of Days Required	Period	
				From	To
				01/02/2025	07/02/2025

Reason for Leave: - Health Issue

Alternative arrangement for class work

Date	Specialty	Period	Faculty name	signature
			<u>Alisha. Pimwakar</u>	<u>[Signature]</u>

My duties are handed over to: - (1) Alisha. Pimwakar (2) _____

[Signature]

Signature of the Applicant

Recommended /Not Recommended

SECTIONED		
	Days	
	Date	
Remark		

[Signature]
Principal

Dr. Nilesh Keche
Orthopaedic Surgeon

M.B.B.S (Nagpur), M.S. Orthopedics (Mumbai),
D.N.B. Orthopedics (New Delhi),
Fellowship in Spine & Joint Surgery,
(Mumbai, South Korea, Singapore)
Reg. No. MMC 2017/12/5642.



**Janarpan
Hospital**

Dr Nilesh Keche's Center of Spine and Joint Surgery,
Obstetrics and Gynec Hospital, Amravati
अर्वाटिउमेडरामी संपर्क : ☎ 0209 2999092 | मो. 999 0912344449

Dr. Arati N. Keche
Gynecologist & Obstetrician

M.D.D.D., M.D. (OBGY), BJMC, Pune
Reg. No. MMC 2012/02/0204

DISCHARGE CARD

Date :

Patient Id: 22715 Patient Name: STHAWAN HIROLE Gender: Male Date: 04-02-2025

Age: 26 Doctor Name: DR. NILESH JANARDAN KECHHE Surgery Date: 01-02-2025

DOA: 30-01-2025 TOA: 4.30 PM DOD: 04-02-2025 TOD: 3 PM Department: OT

Diagnosis: LEFT PATELLAR FRACTURE AND LEFT LATERAL CONDYLE DISTAL FEMURE FRACTURE WITH INTTRA ARTICULAR EXTENSION

Presenting Complaints: PAIN AND DEFORMITY OF LEFT LEG

Relevant Past History: SELF FALL FROM BIKE

History of Any Allergy: Food/Drug NONE

Condition On Admission: STABLE

Operation Notes: SURGEON - DR NILESH KECHE, ANAESTHETIC - DR AASHISHI DHOGE, IMPLANT - MAULI SURGICALS, UNDER AWP, UNDER SPINAL ANAESTHESIA SCRUBBING, PAINTING AND DRAPING DONE, UNER TOURNIQUET. OPEN REDUCTION AND INTERNAL FIXATION BY ENCIRCLAGE WIRE FOR PATELLA FRACTURE AND 6.5MM CC SCREW AND DISTAL FEMUR LOCKNG PLATE FOR DISTAL FEMUR LATERAL CONDYLE FRACTURE .. WASHI GIVEN WITH SALINE. INCISION CLOSED WITH ETHILON O. ASEPTIC DRESSING GIVEN.

Treatment Given In Hospital: INJ ANTIBIOTICS AND ANALGESICS

Investigation Done ATTACHED TO FILE

Procedure Performed: OPEN REDUCTION AND INTERNAL FIXATION BY ENCIRCLAGE WIRE FOR PATELLA FRACTURE AND 6.5MM CC SCREW AND DISTAL FEMUR LOCKNG PLATE FOR DISTAL FEMUR LATERAL CONDYLE FRACTURE .

Post Operative Course: NIL

Condition On Discharge: STABLE

Preventive Aspect of Care: NON WEIGHT BEARING, LIMB ELEVATION, FINGER MOVEMENT

Follow Up Advice: AFTER 15 DAYS

When To Obtained Urgent Care: IF PAIN AND SWELLING APPEARS

Sr. No	Rx	Medicine Name	Timings	Days	Doses
1	TABLET	AXEL SP	सकाळ/ संध्याकाळ	10	१ टॅबलेट जेवणांतर
2	TABLET	LORAB DSR	सकाळ/ संध्याकाळ	10	१ टॅबलेट जेवणांतराधी
3	TABLET	CEFUDIF CV 625	सकाळ/ संध्याकाळ	10	१ टॅबलेट जेवणांतर
4	TABLET	CALBUS PLUS	संध्याकाळ	30	१ टॅबलेट जेवणांतर

CONTINUE PREVIOUS MEDICATION.

Signature



Dr. Nilesh Keche

Dr. NILESH J. KECHHE

M.B.B.S. (Nagpur)
M.S. Ortho (Mumbai)
D.N.B. Ortho (New Delhi)
Fellow Spine & Joint Surg. Singapore & South Korea
Reg - MMC-5642

https://softlab.co.in/janarpanhospital/billing/billing/discharge_report_view/1192

Hospital Add.: Rathi Nagar, Near Water Tank, Amravati-444602

OPD Timing - Dr. Nilesh Kecho (11 PM. to 3 PM. & 7 PM. To 8 PM.)
Dr. Arati Kecho (2 PM. to 5 PM. & 6 PM. to 9 PM.)

Sunday OPD Closed

