

अमरावती महानगरपालिका अमरावती
सार्वजनिक आरोग्य विभाग
राष्ट्रीय आरोग्य अभियान करीता 15 वा वित्त आयोग अंतर्गत कंत्राटी स्वरूपात पदभरती->24-25
Post :- कंत्राटी MPW (EWS - 2 Post)

टिप :- सदर बाबत आक्षेप असल्यास उमेदवाराने लेखी आक्षेप दि. 25/09/2024 ते दि. 30/09/2024 पर्यंत (रविवार वगळून) अमरावती महानगरपालिका सार्वजनिक आरोग्य विभाग येथील आवक - जावक विभागामध्ये प्रत्यक्ष सादर करावा.

Sr. No	Personal Details (Name, Date Of Birth, Address, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- proportion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
1	Name :- Sharique Ahmad khan Abdul Hafiz Khan DOB :-15/02/1984 Add :- Q No 27 Teacher's Colony Gulistan Nagar Road Walgaon Road Amravati 444601 Mo.No. 8857950903 Email ID :- shariquik646@gmail.com	338/600	56.33	28.16	13.92	30	72.08		Qualified

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2	Name :- Imran Khan Muzaffar Khan DOB :- 24/12/1993 Add :- Taj Nagar Amravati 444601 Mo.No. 9011490568 Email Id :- imkhan@gmail.com	492/700	70.29	35.14	0	18	53.14		Qualified
3	Name :- Parvez Musharrat Mohd Sabir DOB :- 17/10/1995 Add :-Near Azad Urdu School Chandur Rly Dist. Amravati 444904 Mo.No. 9970516463 / 9172444273 Email Id :- parvezsabir50@gmail.com	700/1000	70	35	15.78	0	50.78		Qualified

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4	Name :- Syed Huzaif Ashhar Imran Ali DOB :- 25/10/2001 Add :- asir Colony Qtr No 13 Behind Bombay salt Factory Walgaon Road Amravati 444604 Mo.No. 9975857700 / 9890128045 Email ID :- syedashhar0007@gmail.com	563/800	70.37	35.18	11.88	0	47.06	<input type="checkbox"/> मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified
5	Name :- Dattaram Vishwambar Shinde DOB :- 22/07/1991 Add :- At.Post Sainagar UPP colony Beside Goatha Road. Umri. Tq- Umri, Dist - Nanded 431807 Mo.No. 9970834586 / 9404103841 Email Id :- dattaramshinde38@gmail.com	457/600	76.16	38.08	0	6	44.08	1) मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल 2) EWS Certificate not valid	disqualified

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6	Name :- Muhammad Aamir Naved DOB :- 24/08/1994 Add :- At Post Yeoda Tq. Daryapur Dist. Amravati 444706 Mo. No. 9960249556 Email Id ; navedaamir2@gmail.com	701/800	87.62	43.81	0	0	43.81	मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified

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7	Name :- Syed Shahid Ali Syed Sher Ali DOB :- 05/03/1996 Add:- Akbar Plot Patur Tq patur Dist. Akola 444501 Mo. No. 8097722317 Email ID:- shahid444501@gmail.com	624/800	78	39	0	3	42	मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified
8	Name :- Bhushan Ashokrao Kanhe DOB :- 13/05/1990 Add :- Sai Nagar, Beside Dr. Dharamthok Clinic Arvi Dist- Wardha 442201 Mo.No. 9890704708 / 9561096936 Email Id :- bkanhe777@gmail.com	636/800	79.5	39.75	0	0	39.75	<input type="checkbox"/> मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified

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9	Name :- Juber Khan Muzaffar Khan DOB :- 12/12/1996 Add :- Taj Nagar Amravati 444601 Mo.No. 8308667862 Email Id :- cafe786313@gmail.com	527/700	75.28	37.64	0	0	37.64	1) extra qualification is not related to paramedical post. 2) EWS Certificate Not Valid	Disqualified

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10	Name :- Tarique Anwar Abdul Rafique DOB :- 01/01/1998 Add :- habib Nagar At Post Yeoda Tq. Daryapur Dist :- Amravati 444706 Mo. No. 9881159046 Email ID:- tarikabdul15270@gmail.com	563/800	70.37	35.18	0	0	35.18	1)extra qualification is not related to paramedical post. 2) EWS Certificate Not Valid 3)मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Disqualified
11	Name : Jawed Khan Atullah Khan Add : Chaprashi pura Camp Corner Amravati 444602 Mo No : 7020815506 Email Id : khanjawed796@gmail.com	454/800	56.75	28.37	0	6	34.37	extra qualification is not related to paramedical post.	Qualified

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12	Shaikh Rehan Shaikh Amir Address: Aman Colony Arora layout Old Town Badnera, Amravati 444701 Mo. No. = 7507626660 Email ID: shaikhrehanasr6660@gmail.com	396/800	49.5	24.75	0	6	30.75		Qualified
13	Name :- Jameel Ahmed Wareer Ahmed DOB :- 20/08/1986 Add :- At. Post. Gupta Layout Hingoli Road, Washim 444505 Mo.No. 9637741786 / 9175516172 Email Id :- jameelshaikh777@gmail.com	375/800	46.87	23.43	0	3	26.43		Qualified

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14	Name :- Saiyyad Adnan Saiyyad Anis DOB :- 26/04/2003 Add :- At Post Sukali, Tq, Arvi. Dist. Yavatmal 445103 Mo.No. 9921688441 / 9823065253 Email Id :- adnansaiyyad027@gmail.com	0	0	0	11.89	0	11.89	no basic qualification as per advertisement is attached	Disqualified
15	Name :- Parvez Khan Mumtaz Khan DOB :- 03/06/1986 Add :- Chaya Nagar Amravati 444601 Mo.No. 9373724386 Email ID :- khatijatulkubrakhan@gmail.com	0	0	0	0	0	0	As Per Advertisement qualification Not Attached	Disqualified

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1	Name :- Mitesh Chandrabhanji Harsule DOB :- 07/08/1987 Add :- Plot No. 5 Mahatma phule Society Waghapur, Road Yavatmal 445001 Mo.No. 9404083864 Email Id :- harsule.mitesh7@gmail.com	270/400	67.5	33.57	0	30	63.57	मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	QUALIFIED
2	Name :- Nikhilesh Ganesh Garpawar DOB :- 15/01/1990 Add :- Plot No. 48, New Colony, Near Vanashri Colony, Dastur Nagar, Amravati 444606 Mo.No. 7387797671 / 7083263691 Email Id :- nikhilgarpawar1@gmail.com	718/800	89.75	44.87	0	0	44.87	1)extra qualification is not related to paramedical post. 2)मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	QUALIFIED

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3	Name :- Ashish Satyanarayan Yadao DOB :- 27/08/1993 Add :- Near Rajendra Colony, Shyam Nagar Amravati.444606 Mo.No. 9960221959 Email Id :- ashishyadav2893@gmail.com	626/800	78	39	0	0	39	extra qualification is not related to paramedical post. मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	QUALIFIED
4	Name :- Sushil Pundlik Matre DOB :- 22/06/1997 Add :- At Post. Vitholi, Tq Manora, Di. Washim, 444404 Mo.No. 9130247427 Email Id :- matresushil@gmail.com	290/400	72.5	36.25	0	0	36.25	1)extra qualification is not related to paramedical post. 2)मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	QUALIFIED
5	Name :- Suresh Indrajeet Alokar DOB :- 04/05/1992 Add :- At Post : Churani Aq. Chikhaldhra, Dist . Amravati, 444807 Mo.No. 8928966175 Email Id :- Nileshialokar@gmail.com	505/700	72.14	36.07	0	0	36.07	1)extra qualification is not related to paramedical post. 2)मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	QUALIFIED

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6	Name :- Dipak Gulabchand Jagtap DOB :- 13/11/1992 Add :- At Post Diya Tq. Dharani, Dist Amravati, 444702 Mo.No. 8605095891 Email Id :- dipakjagtap1199@gmail.com	504/700	72	36	0	0	36	extra qualification is not related to paramedical post.	QUALIFIED
7	Name :- Pranay Gajanan Surjuse DOB :- 26/06/2004 Add :- At Po. Hamdapur tq. Seloo Dist . Wardha 442102 Mo. No. 7057716178 Email Id : kartiksurjuse4@gmail.com	240/400	60	30	0	0	30	No 12th Science	DISQUALIFIED
8	Name :- Atul Narayan More DOB :- 02/08/1997 Add :- At. Uti Post. Mudana Tq. Mahagaon Dist. Yavatmal 445205 Mo.No. 7719064984 Email Id :- moreatul455@gmail.com	412/700	58.85	29.42	0	0	29.42	extra qualification is not related to paramedical post.	QUALIFIED

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9	Name - Uddesh Harishsingh Tehare Date of Birth - 18/12/1998 Address - Vyankatesh Nagar, Deomali Paratwada - 444806 Mob. No. - 8180095212 Email ID - uddeshtehare@gmail.com	0	0	0	0	0	0	QUALIFICATION IS NOT AS PER ADVERTISEMENT (B PHARM)	DISQUALIFIED
10	Name- Shreyash Ashok Gawali Add : Mahajanpura amle Plot Amravati 444601 Mo. No. 9356646603 Email Id : shreyashgawali9156406030@gmail.com	0	0	0	0	0	0	QUALIFICATION IS NOT AS PER ADVERTISEMENT (B.com)	DISQUALIFIED

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Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propection of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATI ON (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
1	Name :- Ritesh Madhukar Nawalkar DOB- 10/03/1986 Add:- At. Post samda, Tq. Daryapur Dist. Amravati 444803 Mo.No. 8600862386 Email Id : riteshnawalkar123@gmail.com	626/800	78.25	39.12	0	9	48.12		Qualified
2	Name :- Dinesh Navanath Gadhave DOB :- 15/10/1992 Add :- Ahillyaddevi Nagar Kais Tq Kaij Dist Beed 431123 Mo.No. 8459168700 Email Id :- gadhavedinesh989@gmail.com	719/800	89.88	44.94	0	0	44.94	मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
3	Name :- Pravin Janrao Pandit DOB :- 13/08/193 Add :- Takli (Purna) Tq. Daryapur Dist . Amravati 444803 444803 Mo.No. 9975184516 Email Id :- pravinpandit93@gmail.com	650/800	81.25	40.62	0	0	40.62	<input type="checkbox"/> मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified
4	Name :- Pavan Bhagawat Hekad DOB :- 24/06/2003 Add :- At.Post. Wanosa Tq. Mangaiulpur dist. Washim 444402 Mo.No. 9359504174 Email Id :- hekadpawan@gmail.com	650/800	81.25	40.62	0	0	40.62	1)12th sci Marksheet Not attached 2)मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Disqualified
5	Name :- Shubham Babarao Holkar DOB :- 14/05/1993 Add :- At Post kundat Tq. Naigaon Dist Nanded 431709 Mo.No. 8856012281 Email Id :- holkas111@gmail.com	304/400	76	38	0	0	38		Qualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATI ON (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
6	Name :- Shubham Eknath Chopade DOB :- 24/02/2000 Add:- at. Post:- Bahadura Tq. Balapur Dsit akola 444311 Mo. No. 8668395638 Email Id : shubhamchopade407@gmail.com	484/800	60.5	30.25	0	6	36.25		Qualified
7	Name :- Pramod Pandurang Hale DOB:- 08/12/1990 Add :- At. Virali Po. Udas Tq. Umred Dist. Nagpur 441203 Mo.No. 9371061816 email Id :- rahulhale9316@gmail.com	498/700	71.14	35.57	0	0	35.57	12th science marksheet Not attached	Disqualified
8	Name :- Karan Bhimrao Valkunde DOB :- 31/01/2004 Add :- At Post Revki Tq. Georai dist Beed 441127 Mo.No. 9404753228 Email Id :- Karanvalkunde1@gmail.com	520/800	65	32.5	0	0	32.5		Qualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATI ON (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
9	Name :- Kishor Yadao Ladake DOB :- 19/04/1991 Add :- At Post Sawana, Tq. Mahagaon Dist. Yavatmal 445205 Mo.No. 9527064652 Email Id :- kishorladake12345@gmail.com	520/800	65	32.5	0	0	32.5		Qualified
10	Name :- kishor Sanjay Dange DOB :- 21/06/1993 Add :- At. Sanjapur Post Hirpur Tq Murtizapur 444107 Mo.No. 9657362008 Email Id :- kishordange92@gmail.com	384/600	64	32	0	0	32		Qualified

Sr. No	Personal Details (Name, Date Of Birth, Address, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- proportion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATI ON (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
11	Name :- Vijay Ananda Dhanwate DOB :- 15/08/1992 Add :- At Virali Post Udasa tq. Umred Dist. Nagpur 441203 Mo.No. 9371061816 Email Id :- rahulhale9316@gmail.com	449/800	56.13	28.06	0	0	28.06		Qualified
12	Name :- Sagar Gajanan Divnale DOB :- 02/11/1997 Add :- At > Ambala Kandali Tq. Achalpur Di. Amravati 444806 Mo.No. 9657204878 Email Id :-	0	0	0	0	0	0	Paramedical Course Marksheet Not Attached	Disqualified

अमरावती महानगरपालिका अमरावती
सार्वजनिक आरोग्य विभाग
राष्ट्रीय आरोग्य अभियान करीता 15 वा वित्त आयोग अंतर्गत कंत्राटी स्वरूपात पदभरती->24-25
Post :- कंत्राटी MPW (OBC - 4 Post)

टिप :- सदर बाबत आक्षेप असल्यास उमेदवाराने लेखी आक्षेप दि. 25/09/2024 ते दि. 30/09/2024 पर्यंत (रविवार वगळून) अमरावती महानगरपालिका सार्वजनिक आरोग्य विभाग येथील आवक - जावक विभागामध्ये प्रत्यक्ष सादर करावा.

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propection of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATI ON (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
1	Name :- Bhushan Vijay Deshmukh DOB :- 30/09/1998 Add :- Plot No. 19A Ratan Nagar, Kimaya Dhanya Trading Ramna Maroti Nagar 440009 Mo.No. 7666078396 / 9503684265 Email ID :- dbhushan39@gmail.com	439/600	73.16	36.58	0	30	66.58		Qualified
2	Name :- Prabhanjan Ramkhilavan Kushwah DOB :- 17/06/1999 Add :- Hanuman Nagar Kevale Plot Amravati 444601 Mo.No.7744915476 / 8830554979 Email ID :- prabhanjankushwaha77@gmail.com	467/600	77.83	38.91	13.388	9	61.298	1) Non-Creamy Layer is expired	Disqualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATI ON (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
3	Name :- Sagar Subhashrao Rajurakar DOB :- 08/05/1989 Add :- Old Towm Badnera 444701 Mo.No. 7030940224 / 7709386080 Email Id :- sagarsrajurkar@gmail.com	456/800	57	28.5	0	30	58.5		Qualified
4	Name :- Nagesh nandiappa Bhure DOB :- 16/05/1999 Add :- At. Post Pimparkhed Tq. Hadgaon Dist Nanded 431712 Mo.No. 9975840957 Email Id : nageshbhure1651999@gmail.com	650/800	81.25	40.62	14.76	0	55.38		Qualified
5	Name :- Hitesh Sanjay Gedam Add :- At Dhulapur, Po. Bhulai, Tq. Darwha, Dist. Yavtamal 445202 Mo.No. 9309717306 Email Id :- gedamyash@gmail.com	644/800	80.5	40.25	12.272	0	52.522	1) Non-Creamy Layer Is Not Attached 2) मा. सहसंचालक आरोग्य सेवा यांच्या दि. 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Disqualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATI ON (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
6	Name :- Satish Ramesh Holey DOB :- 27/10/1982 Add :- Khaprde Garden Amravati 444601 Mo.No. 8766784531 / 7498431669 Email Id :- satishholey871@gmail.com	397/500	79.4	39.7	0	9	48.7	1) Non-Creamy Layer Is Attached But expair 2)Extra Qualification Is Not Related To Post	Disqualified
7	Name :- Dnyaneshwae Gajanan Shinde DOB :- 07/10/1999 Add :-At Post Yeoli Tq. Risod Dist Washim 444511 Mo.No. 9657919273 Email Id :- dnyaneshwargshinde370@gmail.com	725/800	90.62	45.31	0	3	48.31	मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATI ON (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
8	Name:- Manish Sureshram Meshram DOB :- 27/12/1999 Add:- At. Post, Mardi, Tq, Teosa. Dist, Amaravti 444904 Mo.No. 8698387900 Email Id:- manishameshram248@gmail.com	580/800	72.5	36.25	0	12	48.25	1)Extra Qualification BCA is not related to paramedical post. 2) Non-Creamy Layer Is Not Attached 3)मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Disqualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propeption of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATI ON (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
9	Name :- Shubham Umesh Ingole DOB :- 02/10/1996 Add :- At Post Talap Tq . Manora Dist. Washim 444404 Mo.No. 9359229011 Email Id :- shubhamingole436@gmail.com	665/800	83.13	42	0	6	48	1)Extra Qulification is not related to paramedical post. 2) Non-Creamy Layer Is Not Attached 3)मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Disqualified
10	Name :- Chandravadan Sudhakar Kshirsagar DOB :- 08/08/1984 Add :- Near, Charbhuj Tempal, At Post, Mangrulpir, Dist. Washim, 444403 Mo.No. 9860700541 Email Id :- kchandravadan@gmail.com	563/800	70.37	35.18	12.388	0	47.568		Qualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATI ON (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
11	Name :- Rahul Rajendra Rave DOB :- 18/08/1998 Add :- Gandhi Nagar, Ward No- 18 Chikhali 443201 Mo.No. 9730918949 Email Id :- rfastrack@gmail.com	645/800	80.63	40.31	0	6	46.31	1) Non-Creamy Layer Is Not Attached 2)Extra Qualification Is Not Related To Post	Disqualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propection of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATI ON (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
12	Name :- Nitin shivhari Pangorkar DOB :- 27/05/1998 Add :- At Post Sawkhed Nagar Tq deulgaon Raja Dist Buldhana 443201 Mo No. 9022012944 Email Id :- pangorkarnitin51@gmail.com	541/600	90.16	45.08	0	0	45.08	1) Extra Qulification Is Not Related To Post 2) Non-Creamy Layer Is Not Attached 3)मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Disqualified
13	Name :- Mahadev Vasanta Galat DOB :- 13/04/1995 Add :- At. Tembhi Po. Hatola, Ta. Barshitakali, Dist. Akola, 444405 Mo.No. 7350699424 Email Id :- mahadevgalat@gmail.com	312/400	78	39	0	6	45	Extra Qulification Is Not Related To Post	Qualified
14	Name :- Ajay Haribhau Ladwikar DOB :- 19/12/1999 Add :- At Post. Nerpinglai, Tq. Morshi, Dist. Amravati 444707 Mo.No. 9130561105 Email Id :- ajayladwikar2017@gmail.com	717/800	89.62	44.81	0	0	44.81	मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATI ON (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
15	Name :- Mahesh Vishvambar Kale DOB :- 06/07/1992 Add :- Ahilyadevi Nagar Kaij Tq. Kaij Dist Beed 431123 Mo.No. 8308018012 Email Id :- kalemahesh0607@gmail.com	712/800	89	44.5	0	0	44.5	मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified
16	Name :- Yadnyesh Shrikrushna sirsode DOB :- 01/10/2005 Add :- At. Wanoja Tq. Mangrulpir Dist. Washim 444403 Mo.No. 9623572217 Email Id :- ysirsode@gmail.com	648/800	81	40.5	0	3	43.5	मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified
17	Name :- Harish Ramwshawar Sawale DOB :- 08/11/2004 Add :- At Post Dongar Khandala Tq, Bhudhana Dist > Buldhana 443001 Mo. No 9881486709 / 8975209207 Email Id :- rameshwarsawale9636@gmial.com	505/600	84.16	42.08	0	0	42.08	Non-Creamy Layer Is Not Attached	Disqualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATI ON (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
18	Name :- Santosh Pralhad Bavaskar DOB :- 30/10/1998 Add :- Shiv Parvati Nagar, Alasana Road, Shegaon Buldhana 444203 Mo.No. 8208391902 Email ID :- santoshbavaskar1998@gmail.com	496/700	70.86	35.43	0	6	41.43	Extra Qualification Is Not Related To Post	Qualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propeption of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATI ON (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
19	Name :- Pawan Raju Kshirsagar DOB :- 12/01/1992 Add :- Sambhaji Nagar, Bay Pass Road Mangarulpir, Dist, Washim, 444403 Mo.No. 9561738686 Email ID :- kshirsagar.pawan@gmail.com	660/800	82.5	41.25	0	0	41.25	1)Extra Qulification is not related to paramedical post. 2)मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified
20	Name:- Adesh sureshrao Wankhade DOB :- 31/07/1998 Add:- Indira Nagar,Old Town Badanera. 444701 Mo.No. 8329445623 Email Id:- sswankhade31@gmail.com	413/800	51.63	25.81	0	15	40.81	Non-Creamy Layer Is Not Attached	Disqualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATI ON (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
21	Name :- Ankit Rameshwar Karche DOB :- 03/03/2000 Add :- At. Po. Kasola, Tq. Mangrulpir, Dist. Wahim 444403 Mo. No. 8378901806 email Id:- ankitkarche2020@gmail.com	650/800	81.25	40.62	0	0	40.62	मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified
22	Name:- Prathmesh Dinesh Rajgure DOB :- 17/02/1999 Add:- Flat No. 2 Manik Appart. , bhdhawara Amravati, 444601 Mo.No. 8669159512 Email ID:- prathmeshrajgure@gmail.com	498/800	62.25	31.12	0	9	40.12	Extra Qulification is not related to paramedical post.	Qualified
23	Name :- Aman Rakesh Yadav DOB :- 01/09/1998 Add :- Hanuman Nagar Amravati 444601 Mo.No. 7020266845 Email Id :- amanyadav7030@gmail.com	496/800	62	31	0	9	40	1) Non-Creamy Layer Is Not Attached 2)Candidate 12th Pass In Commers Stream	Disqualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATI ON (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
24	Name :- Vijay Ravindra Mali DOB : 20/10/1997 Add :- Kalyani Residential Nandurbar 425412 Mo.No. 7775994929 / 9011040923 Email Id :- raje80895@gmail.com	640/800	80	40	0	0	40	1)Extra Qulification is not related to paramedical post. 2)मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified
25	Name :- Abhishek Sahebrao Khadul DOB :- 01/06/2001 Add :- At. Jambhora Po. Umbharkhed, Tq. Dexraja, Dist. Buldhana 443204 Mo.No. 8767165387 Email Id :- abhishekkhadul2019@gmail.com	560/700	80	40	0	0	40	Non-Creamy Layer Is Not Attached	Disqualified
26	Name :- Darshan shrirang Kanade DOB : - 28/06/2002 Add :- sunrise colony Karanja Lad 444105 Mo No. 9850423358 / 7038504116 Email Id :- kanadedarshan05@gmail.com	639/800	79.88	39.93	0	0	39.93	1) Non-Creamy Layer Is Not Attached 2)मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Disqualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propeption of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATI ON (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
27	Name :- Suhas Pramod Pawar DOB :- 05/08/1989 Add :- At. Karankhed Post Kawhala Tq Chikhali Dist Buldhana Mo.No. 8275354662 / 8975057212 Email ID :- psuhas457@gmail.com	477/600	79.5	39.75	0	0	39.75	1) Extra Qulification is not related to paramedical post. 2)मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified
28	Name :- Shirinivas Balasaheb Gade DOB :- 17/08/2000 Add :- Rakshabhav Po. Mahlas sawala Dist Beed 431122 Mo.No 9922108370 Email ID :- gadeshrinivas18@gmail.com	418/800	52.25	26.12	13.5	0	39.62	Extra Qulification is not related to paramedical post.	Qualified
29	Name:- Devesh Ashokrao Mahakal DOB :- 15/06/2002 Add:- At. Manoli, Po. Aroak, Tq. Mangrulpir Dist. Washim. 444409 Mo. NO. 8766030789 / 9763340497 Email Id : deveshmahakal15@gmail.com	632/800	79	39.5	0	0	39.5	1)12th Sci Marksheet Not Attached 2) Non-Creamy Layer Is Not Attached 3)मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Disqualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATI ON (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
30	Name :- Aniket Rajendra Mahalle DOB :- 26/06/1996 Add :- At Post Kothara BK Amravati 444602 Mo.No. 9970629517 Email ID :- aniketmalle@gmail.com	626/800	78.25	39.12	0	0	39.12	1)Non-Creamy Layer Is Not Attached 2)Extra Qulification is not related to paramedical post.	Disqualified
31	Name :- Arjun Rajendra Lonare DOB :- 15/03/1997 Add :- Anicut Kamla Neharu Nagar Akola 444001 Mo.No. 8999260160 / 7057529251 Email Id :- arjunlonare97@gmail.com	1505/2500	60.2	30.1	0	9	39.1		Qualified
32	Name :- Dipak Vasanta Devhade DOB :- 24/09/1996 Add :- At. Post Yeo;l tq. Risod Di. Washim 444510 Mo. No. 9689250572 Email Id :- dipakdevhade1996@gmail.com	769/1000	76.9	38.45	0	0	38.45	1)Extra Qulification is not related to paramedical post 2)मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATI ON (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
33	Name :- Anhar Anwaar Riyaz Ahmad DOB :- 20/05/2005 Add :- At Post. Shirjgaon Kasaba, Tq. Chandur Bazar, Dist. Amravati, 444810 Mo.No. 8482856101 Email Id :- Anharqureshi87@gmail.com	460/600	76.67	38.33	0	0	38.33	1) Non-Creamy Layer Is Not Attached 2)मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Disqualified
34	Name :- Vedant Ravindra Jiraoure DOB :- 11/06/2004 Add :- Old Town, Badnera Dist Amravati 444701 Mo No. 9730775251 / 9922310557 Email Id :- vedantjirapure61@gmail.com	755/1000	75.5	37.75	0	0	37.75	मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified
35	Name :- Rohit Rajkumar Jangde DOB :- 12/02/2001 Add :- Hirvi Nagar Nagpur 440001 Mo.No 9225340596 Email Id :- rohitjangde3@gmail.com	370/800	46.25	23.12	14.3	0	37.42	1)Leaving Certificate Not Attached 2)Extra Qulification is not related to paramedical post 3) Non-Creamy Layer Is Not Attached	Disqualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATI ON (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
36	Name :- Sushma Atul Ade DOB :- 11/02/1981 Add :- Amravati 444601 Mo.No. 9665678929 / 8484872592 Email Id :-	487/800	60.88	30.44	0	6	36.44	1) Non-Creamy Layer Is Not Attached 2)Proper Form Not Attached 3)Post Not For Women <input type="checkbox"/>	Disqualified
37	Name :- Nishant Ajayrao Bhagat DOB :- 31/10/2000 Add :- At. Shirajgaon Kasaba, Tq. Chandur Bazar, Dist. Amravati, 444810 Mo.No. 7744022647 Email ID :- nishanbhagat7@gmail.com	434/600	72.33	36.16	0	0	36.16		Qualified
38	Name - Mohd Shoeb Akhtar Mohd Ansar DOB :- 05/05/2002 Add : Zeenat Pura Daryapur Dist. Amravati 444803 Mo No. 9921562682 Email Id : shoeb1377@gmail.com	593/900	65.88	32.94	0	3	35.94	Non-Creamy Layer Is Not Attached	Disqualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATI ON (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
39	Name :- Vaibhav Eknath Jadhao DOB :- 07/06/2000 Add :- At Post Karwand Ta. Chikhali Dist. Buldhana 444301 Mo.No. 8378033236 Email Id :- jadhavvaibhav2000@gmail.com	431/600	71.83	35.91	0	0	35.91		Qualified
40	Name :- Suyog Ramratan Zade DOB :- 14/02/1999 Add:- Malipura , Achalpur, Tq. Achalpur, Dist: Amravati, 444806 Mo. No. 9823423519 / 9403672695 Email Id:- suyogzade99@gmail.com	572/800	71.5	35.75	0	0	35.75	1)Extra Qulification is not related to paramedical post. 2)मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified
41	Name :- Rakshanda Ismail Shah DOB :- 14/09/1997 Add :- Near Aljabbar masjid Old Town Badnera 444901 Mo No 9834060055 Email Id :- rakshu1409@gmail.com	560/800	70	35	0	0	35	Post Not For Women- Only Male can apply as per advertisement	Disqualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propection of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATI ON (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
42	Name :- Nitin Chakradhar Kewati DOB :- 11/09/1989 Add :- At Post Chincholi B.K. Tq. Anjangaon Surji, Dist . Amravati 444705 Mo No 9356166810 Email Id :- nitinkewati2019@gmail.com	557/800	69.62	34.81	0	0	34.81	1)Leaving Certificate Not Attached 2) Extra Qulification is not related to paramedical post मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified
43	Name : Shahnawaz shah Ahmad Shah DOB :- 13/06/2004 Add : Chaya nagar Amravati 444601 Mo. No. 9028644587 Email ID : shahshahnawaz680@gmail.com	556/800	69.5	34.75	0	0	34.75	1)Non-Creamy Layer Is Not Attached 2)मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Disqualified
44	Name :- Shirish Anil Raut DOB :- 06/12/2000 Add :- Krushna Kunja Nagar, Amrai, Yavatmal 445001 Mo.No. 8975008026 Email Id :- shirishraut11@gmail.com	CGPA= 752/104	68.68	34.34	0	0	34.34	1) Non-Creamy Layer Is Not Attached 2)Experience Mention To Form But Certificate Not Attached	Disqualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATI ON (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
45	Name :- Swami Umakant Gangadhorappa DOB :- 12/05/1992 Add :- At. Anjaro Po. Bamari Tq. Bilori, Dist. Nanded 431710 Mo.No. 8080333955 Email Id :- umakantswami1251992@gmail.com	450/800	56.25	28.12	0	6	34.12	Extra Qualification not related to paramedical post.	Qualified
46	Name :- Nilesh suresh Harkale DOB :- 13/06/1990 Add :- Mahendra colony, Amravati 444604 Mo No 8600082167 Email Id :- Nileshharkale2012@gmail.com	544/800	68	34	0	0	34	Extra Qualification not related to paramedical post.	Qualified
47	Name :- Sohel Ahmed Akn Ahmed Saudagar DOB :- 25/04/2000 Add :- At Post. Vichori, Tq. Morshi, Dist. Amravati 444901 Mo.No. 9764882130 Email Id :- sohelsaudagar37@gmail.com	356/600	59.33	29.66	0	3	32.66		Qualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATI ON (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
48	Name :- Ashish Vikas Jadhav DOB :- 11/06/1997 Add :- Old Nurses Quarter SVNGMC medical Campus Yavtmal 445001 Mo.No. 8806980676 Email Id :- jadhaoashish11697@gmail.com	457/700	65.28	32.64	0	0	32.64		Qualified
49	Name :- Aditya Pundlik Maskare DOB :- 20/04/1996 Add :- Lodhikheda Po. Sakhra Ta. Warora Dist. Chandrapur 442907 Mo.No. 9834748573 / 9158203864 Email ID :- adityamaskare@gmail.com	520/800	65	32.5	0	0	32.5	Extra Qualification not related to paramedical post.	Qualified
50	Name :- Ritesh Subham Palaskar DOB :- 26/01/1993 Add :- Ravi Kiran Colony Amravati 444601 Mo.No. 8149227288 Email ID : riteshpalaskar@gmail.com	493/800	61.62	30.81	0	0	30.81	1)Extra Qualification not related to paramedical post 2) Non-Creamy Layer Is Not Attached 3).Leaving Certificate Not Attached	Disqualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATI ON (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
51	Name : shubham Ramdas Thotange DOB :- 25/12/1993 Add :- Chavare plot, Bihind Lady Haeding Hospital Akola 444001 Mo.No. 8459336796 Email.ID : shubhamthotange12@gmail.com	486/800	60.75	30.37	0	0	30.37	Extra Qualification not related to paramedical post.	Qualified
52	Name :- Amit Subhashrao Kalaskar DOB :- 11/11/1989 Add :- Kavitha Road Partwada 444805 Mo.No. 7875010501 Email Id :- amitkalaskar11@gmail.com	428/800	53.5	26.75	0	3	29.75	1)Extra Qulification is not related to paramedical post 2) Non-Creamy Layer Is Not Attached	Disqualified
53	Name:- Prathmesh Gajanan Bhakade DOB : 15/07/1999 Add:- Ambagate chaya flat, budhawara road matakhidki sq. Amravati 444601 Mo. No. 7775069638 / 7028844683 Email Id:- baprathmeshbakhade@gmail.com	463/800	57.88	28.94	0	0	28.94	Non-Creamy Layer Is Not Attached	Disqualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATI ON (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
54	Name :- Vaibhav Pramod Pund DOB :- 15/08/1996 Add:- At. Shivpur, Post : Bordi, Tq:Akot, Dist : Akola 444101 Mo.No. 9130103014 Email Id :- 9130103014	459/800	57.37	28.68	0	0	28.68		Qualified
55	Name :- Nilesh Ravindra Thakare DOB :- 17/12/1998 Add :- In fornt Of Sarswatis School Chandurrly Dist Amravati 444904 Mo.No. 8262966817 Email Id :- thakarenikhil141@gmail.com	388/700	55.43	27.71	0	0	27.71	Extra Qulification Is Not Related To Post	Qualified
56	Name :- Shlok Narsing Borse DOB :- 21/02/2002 Add :- N-12 D43/16 Swami Vivekanand Nagar HUDCO Chhatrapati Sambhajinagar 431003 Mo. No. 9970328015 / 9595414150 Email ID :- shlokborsepatil143s@gmail.com	442/800	55.25	27.62	0	0	27.62		Qualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATI ON (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
57	Name :- Vishwas Anilrao Bangre DOB :- 01/01/2000 Add :- Rashrasant Ward arvi Tq Arrvi dist Wardha 442201 Mo.No. 8237187585 Email ID :- 24garjamaharashtra@gmail.com	415/800	51.87	25.93	0	0	25.93		Qualified
58	Name :- Sagar Rameshwar Raut DOB :- 12/11/1995 Add :- Nasari Amravati 444601 Mo.No. 8793569810 Email Id :- sagarraut3416@gmail.com	401/800	50.12	25.06	0	0	25.06	1)Leaving Certificate Not Attached 2)Extra Qulification is not related to paramedical post	Qualified
59	Name :- Roshan Manoharrao sabale DOB :- 11/07/1990 Add :- Kiran Nagar Line 8 Amravati Mo.No. 8055159535 email Id :- roshansabale11@gmail.com	385/800	48.12	24.06	0	0	24.06	1) Non-Creamy Layer Is Not Attached 2)Extra Qulification is not related to paramedical post2)eng typing-30,40.	Disqualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATI ON (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
60	Name :- Ayush Sunil Ghormade DOB :- 28/10/2004 Add :- Vilas Nagar Line No. 4 Amravati, 444604 Mo.No. 8010177841 Email Id :- ayushghormade007@gmail.com	373/800	46.62	23.31	0	0	23.31	Non-Creamy Layer Is Not Attached	Disqualified
61	Name :- Vaibhav Gajanan Tarhekar DOB :- 01/03/1999 Add :- New Hanuman Nagar, Behind Mahendra colony, Amravati, 444601 Mo.No. 7028603053 Email Id :- vaibhavarhekar2017@gmail.com	0	0	0	0	6	6	Marksheet Not Attached To Related Post	Disqualified
62	Name :- Amit Sunil Diwase DOB :- 27/07/1994 Add :- At. Ashiti, Po. Tq. Pombhurana 442918 Mo.No. 8888626128 Email Id :- amitdiwase@gmail.com	0	0	0	0	0	0	Paramedical Course Marksheet Not Attached	Disqualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATI ON (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
63	Name - Akash Purushottam Sakharkar Date of Birth - 31/01/1997 Address - At Post Amla, Tq. Daryapur, Dist. Amravati. - 444803 Mob. No. - 8698395270 Email ID - akashsakharkar123@gmail.com	0	0	0	0	0	0	Qulification is Not Available to Related Post	Disqualified
64	Name:- Saurabh Rajesh Kitukale DOB :- 22/07/1997 Add:- Mahavir Nagar, Navathe Plot, Amravati, 444606 Mo.No. 9518336889 / 8408053255 Email Id : saurabhkitukale22@gmail.com	0	0	0	0	0	0	Qulification is Not Available to Related Post	Disqualified
65	Name :- Pratik Manoharrao Gulhane DOB :- 15/06/2001 Add :- At post Bori Tq Chandur rly Dist Amravati 444708 Mo.No.9623018060 Email Id :- pratikgulhane82@gmail.com	0	0	0	0	0	0	1) Non-Creamy Layer Is Not Attached 2)no required documents attached as per advertisement.	Disqualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATI ON (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
66	Name :- Amol Haribhau Kalaskar DOB :- 09/11/1988 Add :- At Post Kalashi, Tq- Daryapur, Dist - Amravati 444803 Mo.No. 9527972118 Email Id :- kalaskaramol438@gmail.com	0	0	0	0	0	0	1) Non-Creamy Layer Is Not Attached 2)educational documents are not attached as per advertisement.	Disqualified
67	Name :-Yash Sunil Maliye DOB :- 02/07/2002 Add :- Rajput Pura Daryapur Dist Amravati 444803 Mo.No. 7774899934 Email Id :- yashmaliye1234@gmail.com	0	0	0	0	0	0	Qulification is not Available For Post	Disqualified
68	Name :- Krushna vilas Raut DOB :- 25/05/2001 Add :- VTC Bori Khurd Po. Bori Arab Tq. Dist Yawatmal 445201 Mo.No. 8600442211 Email Id :- -----	0	0	0	0	0	0	1)SI Course Not Attached 2) Extra Qulification is not related to paramedical post	Disqualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propeption of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATI ON (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
69	Name :- Shyamali Mahadeorao Shende DOB :- 24/10/1997 Add :- Kishor Nagar Amravati 444606 MoNo. 7447799129 /9021786678 Email Id Shyamalishende124@gmail.com	0	0	0	0	0	0	Post Not for women Only Male	Disqualified
70	Name :- Tejal Prakashrao Chandurkar DOB :- 12/12/2001 Add :- At.Po. Rama Sahur, Tq. Bhatkuli, Dist. Amravati, 444804 Mo.No. 9637763671 / 7030276502 Email ID :- tejalprakashraochandurkar@gmail.com	0	0	0	0	0	0	1) Post Only Male Not For Women 2) Non-Creamy Layer Is Not Attached	Disqualified
71	Name :- Akshay Manoharrao Bhojar DOB :- 19/07/1998 Add :- At Po. Virul Ronghe Mo.No. 9309743021 Email Id :- akshaybhoya700@gmail.com	0	0	0	0	0	0	1) As Per Post Qualification Not Available 2)Leaving Not Attached	Disqualified

अमरावती महानगरपालिका अमरावती
सार्वजनिक आरोग्य विभाग
राष्ट्रीय आरोग्य अभियान करीता 15 वा वित्त आयोग अंतर्गत कंत्राटी स्वरुपात पदभरती->24-25
Post :- कंत्राटी MPW (Open - 10 Post)

टिप :- सदर बाबत आक्षेप असल्यास उमेदवाराने लेखी आक्षेप दि. 25/09/2024 ते दि. 30/09/2024 पर्यंत (रविवार वगळून) अमरावती महानगरपालिका सार्वजनिक आरोग्य विभाग येथील आवक - जावक विभागामध्ये प्रत्यक्ष सादर करावा.

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- proportion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
1	Name :- Mitesh Chandrabhanaji Harsule DOB :- 07/08/1987 Add :- Plot No.5 Mahamta Phule Society Waghapur Road, Yavatmal, 445001 Mo.No. 9404083864 Email Id :- harsule.mitesh7@gmail.com	270/400	67.5	33.75	0	30	63.75	1)मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified
2	Name :- Gautam Suresh Shahare DOB :- 14/09/1997 Add :- At- Kadohtala Post Makkatala Tq. Salekasa Dist Gondia 441902 Mo.No. 7517600947 Email Id :- gautamshahare14@gmail.com	521/700	74.43	37.21	13.88	12	63.09	1)Leaving Certificate Not Attached	Qualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATIO N (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
3	Name :- Abhijit Ramesh Chopade DOB :- 25/03/1989 Add :- Gajanan Nagar Dapki Road Akola 444001 Mo.No. 8788634937 Email Id :- Abhijitchopade8788@gmail.com	675/800	84.375	42.1875	13.2	6	61.3875	12th sci Marksheet Not Attached मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Disqualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- proportion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
4	Name :- Vivek Kisan Chopade DOB :- 09/02/1996 Add :- at. Post Kawatha BK Tq. Sengaon Dist Hingali 431542 Email Id :- vickychopade49@gmail.com	715/800	89.37	44.68	0	12	56.68	1) Extra Qualification Is Not Related To Post 2)मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified
5	Name :- Nagesh nandiappa Bhure DOB :- 16/05/1999 Add :- At. Post Pimparkhed Tq. Hadgaon Dist Nanded 431712 Mo.No. 9975840957 Email Id : nageshbhure1651999@gmail.com	650/800	81.25	40.62	14.61	0	55.23		Qualified
6	Name: Jay uttam Muneshwar DOB :- 14/04/2001 Add : At. Satara Tq: Arni Dist: Yawatama 445103 Mo No 9373274561 Email Id: mr.jaymuneshwar3585@gmail.com	626/800	78.25	39.12	0	15	54.12	Extra Qulification not related to paramedical post 1)ITI 2)YCMO(BA) मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified

Sr. No	Personal Details (Name, Date Of Birth, Address, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- proportion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
7	Name :- Imram Khan Muzaffar Khan DOB :- 24/12/1993 Add : Taj Nagar No2, Amravati, Mo.No. 9011490568 Email ID :- imkhan@gmail.com	492/700	70.29	35.14	0	18	53.14		Qualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
8	Name :- Aashish sambhajirao Gawali DOB :- 26/08/1996 Add :- At jaitapur Post Rahali BK Tq dist Nanded 431602 Mo. No . 7709144368 Email Id :- aashishgavaii96@gmail.com	603/900	67	33.5	0	18	51.5		Qualified
9	Name :- Santosh Surshrao Hirulkar DOB :- 01/12/1985 Add :- Galli No 1, Behind Kholapuri gate Polise station Hanuman Nagar amravati 444601 Mo.No. 9371865686 / 9403042111 Email Id :- hirulkarsantosh@gmail.com	724/800	90.5	45.25	0	6	51.25	1) Extra Qualification Not Related To Post 2)मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20 =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
10	Name :- Sidhart suresh Pandit DOB :- 10/12/1999 Add:- Malegaon Tq. Ardhapur Dist. Nanded 431750 Mo.No. 7887981569 Email.Id :- siddharthpandit358@gmail.com	465/700	66.42	33.21	0	18	51.21		Qualified
11	Name :- Mohd Ahefazuddin Mohd Salimuddin DOB :-18/04/2001 Add :- Yasmeen Nagar Amravati 444601 Mo.No. 9970228482 Email Id :- ahefazansari313@gmail.com	721/800	90.12	45.06	0	6	51.06	1) Extra Qualification Not Related To Post 2)मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
12	Name :- Akshay Ashokrao Kamble DOB :- 18/05/1995 Add :- At Post Revsa Dist Amravati 444801 Mo No. 9021831753 Email Id :- akshaykamblepatil01@gmail.com	540/900	60	30	0	21	51	1) As per Post 12th Sci Not Attached 2)मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Disqualified
13	Name :- Sumedh Kiran Khodke DOB :- 30/10/2000 Add:- At. Post Dongaon Tq. Mehkar Dist. Buldhana 443303 Mo.No. 8378917220 Email Id :- mr.sumedhkhodke@gmail.com	684/800	85.5	42.75	0	6	48.75	मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
14	Name :- Dnyaneshwar Gajanan Shinde DOB :- 07/10/1999 Add :- At Post Yeoti Tq. Risod Dist Washim 444510 Mo.No. 9657919273 Email Id: dnyaneshwargshinde370@gmail.com	725/800	90.62	45.31	0	3	48.31	मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified
15	Name :- Ritesh Madhukar Nawalkar DOB :- 19/04/1986 Add :- At Post sumda Tq. Daryapur Dist Amravati 444803 Mo No 8600862386 Email Id :- riteshnavalkar123@gmail.com	626/800	78.25	39.12	0	9	48.12	Extra Qualification not related to paramedical post. मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified
16	Name :- Ankush Suresh Solanke DOB :- 01/09/1996 Add :- Adesh Nagar, Navsari, Amravati.. 444604 Mo.No. 8788885020 Email Id :- ankushsolanke87@gmail.com	463/600	77.16	38.88	0	9	47.88	मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- proption of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
17	Name :- Amey Prakash Padhye DOB :- 14/06/1996 Add :- At. Khandi, Po. Dhamni, Tq. Mangrulpir Dist. Washim 444403 Mo.No.830983642 Email Id :- ameypadhye1996@gmail.com	670/800	83.75	41.87	0	6	47.87	मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified
18	Name : Syed Huzaif Ashhar Imran Ali DOB :- 25/10/2001 Add : Asir Colony Qtr No 13 Behind Bombay salt Factory Walgaon Road Amravati 444604 Mo. No. 9975857700 / 9890128045 Email ID : huzaifali2510@gmail.com	563/800	70.37	35.18	11.88	0	47.06	मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20 =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
19	Name : Mohd Afwan Ahmad Gulam Shafi DOB :- 13/03/2000 Add : At Post Vihigaon, Ta. Anjangao surji Dist. Amravati 444705 Mo. No. = 9561616332 / 9325908307 Email Id : affanahmad1288@gmail.com	1537/1800	85.38	42.69	0	3	45.69		Qualified
20	Name :- Mosood Khan Patel Mahmood Khan DOB :- 10/02/1999 Add :- Ring Road Near Neha colony Yusuf Nagar Amravati 444706 Mo. No. 9822387054 Email Id:- khanmasoodmalik258@gmail.com	725/800	90.62	45.31	0	0	45.31	मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified

Sr. No	Personal Details (Name, Date Of Birth, Address, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- proportion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
21	Name - Kunal Manik Shinde Date of Birth - 21/03/2005 Address - At Post Yeoti, Tq. Risod, Dist. Washim - 444505 Mob. No. - 9322128315 Email ID - kunalshindepatil01@gmail.com	718/800	89.75	44.87	0	0	44.87	मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified
22	Name :- Sushil Ramdhan Jadhav DOB :- 02/02/1993 Add :- At Ramji Naik Tanda Po. Ksthari Sind 431805 Mo.No. 8007883621 / 9765767592 Email Id :- sushil.jadhav3511@gmail.com	621/800	77.62	38.81	0	6	44.81	Extra Qualification not related to paramedical post	Qualified
23	Name - Vishal Madhav Shinde Date of Birth - 23/07/2001 Address - At Post Yeoti, Tq. Risod, Dist. Washim - 444505 Mob. No. - 9145762741 Email ID - vishalmshinde2001@gmail.com	705/800	88.12	44.06	0	0	44.06	Extra qualification not related to paramedical post मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
24	Name :- Muhammad Amir Naved DOB :- 24/08/1994 Add :- At. Post. Yevda Tq. Daryapur Dist. Amravati 444706 Mo.No. 9960249556 Email ID :- navedadmir2@gmail.com	701/800	87.62	43.81	0	0	43.81	Extra Qualification not related to paramedical post. मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified
25	Name :- Omkar Shivaji Bangar DOB :- 20/02/2002 Add :- At Post Waghira Tq. Patoda Dist Beed Mo.No. 9359704790 Email Id :- omkarbangar7775@gmail.com	701/800	87.62	43.81	0	0	43.81		Qualified
26	Name :- Atul Baban Rathod DOB :- 14/04/1996 Add :- At.Post, Pedgaon, Tq. Mangrulpir, Dist. Washim 444402 Mo.No. 9021922659 Email Id :- atulr2815@gmail.com	704/800	87.59	43.77	0	0	43.77	1)Extra Qualification Is Not Related To Post 2)मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
27	Name :- Dyanial Prakash sing DOB :- 17/08/1996 Add :- At . Post. Karanjgaon Tq. Chandur Bazar Dist. Amravati 444809 Mo. No. 7350357388 Email ID :- -----	520/600	86.67	43.33	0	0	43.33	मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified
28	Name :- Piyush subhash Gawande DOB :- 21/02/1997 Add :- Plot No. 3A Dewansh colony, Near saat Bahgla, Amravati. 444603 Mo. No. 9284891147 Email ID: gawande2772@gmail.com	338/400	84.5	42.25	0	0	42.25	1)Experince Certificate Not Attached 2) Extra Qualification Is Not related To Post	Qualified
29	Name :- Utkarsh Eknath Gajbhiye DOB :- 02/01/1996 Add :- At post deoli 442101 Mo no 8626067672 Email Id :- gajbhiye.utkarsh358@gmail.com	336/400	84	42	0	0	42	Extra Qualification not related to paramedical post	Qualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
30	Name :- Dnyandeep Ajabrao Girhe DOB :- 10/07/1997 Add :- At Januna Po. Tandoli TqDist Washim 444505 Mo.No.9130206376 Email ID :- dnyandipgirhe578@gmail.com	665/800	83.12	41.56	0	0	41.56	मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified
31	Name :- Nilesh Santosh Bhadage DOB :- 30/01/1992 Add :- Near ZP High School Ward No 1 Mangrulpir, Dist . Washim 444403 Mo.No. 9011402460 Email Id :- nilbhadage@gmail.com	664/800	82	41.5	0	0	41.5	Extra Qualification not related to post मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified
32	Name :- Pranav Vivek Badnerkar DOB :- 27/07/1999 Add :- Bhavani Nagar Road, Near Datta Mandir Murtizapur, Dist Akola 444107 Mo.No. 7775983380 Email Id :- pranavbadnerkarexam@gmail.com	650/800	81.25	40.62	0	0	40.62	Extra Qualification not related to paramedical post मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
33	Name:- Ritesh Duryodhan Ingale DOB :- 12/02/1998 Add :- At Post. Rahul Nagar Bichhu Tekdi, Amravati 444602 Mo. No. 9765419428 / 8459541932 / 7028419428 Email ID :- riteshingale1298@gmail.com	346/500	69.2	34.6	0	6	40.6		Qualified
34	Name :- Ravi Nanasaheb Gorale DOB : 19/02/1987 Add :- Dastur Nagar, Amravati 444606 Mo.No. 8830844595 Eamil Id :- ravigorle9@gmail.com	600/800	75	37.5	0	3	40.5	1) Extra Qualification Is Not Related To Post 2)मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified
35	Name :- Vikas Dattarao Khandare DOB :- 09/06/2002 Add :- At. Shegaon Bonhade Tq. Malegaon Post. Chivara Dist. Washim 444505 Mo No 7776036462 Email Id : - khandare1414@gmail.com	648/800	81	40.5	0	0	40.5	1)Leaving Certificate Not Attached 2) Extra Qualification Is Not Related To Post 3)मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
36	Name:- Sahil Gaffar Shaikh DOB :- 24/10/2005 Add :- Shirdi Sakvri Shiv, Shirdi. At/po Shirdi Tq, Rahata, Dist. Ahmadnagar 423109 Mo.No. 9404322786 Email Id :- dunish2002shaikh@gmail.com	643/800	80.37	40.18	0	0	40.18	1)12th sci marksheet not attached 2)मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Disqualified
37	Name :- Sheikh Assadvakar Sk Sikandar DOB :- 07/12/1994 Add:- Hafiz Bag Nagar Arni Tq. Arni Dist Yavatmal 445103 Mo. No. 8625875455 Email Id :- asudsheikh8079@gmail.com	640/800	80	40	0	0	40	मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified
38	Name :- Satish Baburao Ingle DOB :- 16/05/1989 Add :- At. Dorli Post Mendka Tq. Bhokar 431806 Mo.No.7276770043 Email Id :- sisatish20@gmail.com	480/600	80	40	0	0	40	Extra Qualification Not Related To Post	Qualified

Sr. No	Personal Details (Name, Date Of Birth, Address, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- proportion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
39	Name :- Manoj Vitthalrao Bramhane DOB :- 18/02/1992 Add :- Ward No 2 sidharth Nagar Jarud Tq. Warud Dist Amravati 444908 Mo.No. 9503591209 Email Id :- manojbramhane92@gmail.com	444/800	55.5	27.75	0	12	39.75	Extra Qualification not related to paramedical post	Qualified
40	Name- Shantanu Surendra Chavan Date Of Birth : 24/01/2004 Address - Uttam Nagar, Near Benoda School< Mahadev Road< Amravati 444606 Mo. No = 8208120554	627/800	78.37	39.18	0	0	39.18	1)12th Sci Not Attached 2)मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Disqualified
41	Name :- Mohsin Shahbaz Sk Quadeep DOB :- 02/08/1989 Add:- Maqlapura, Tarkheda, Road, Amravati 444601 Mo.No. 8055532005 / 8055442045 Email Id :- 301victory@gmail.com	626/800	78.25	39.12	0	0	39.12		Qualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- proportion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
42	Name :- Ashish satyanarayan Yadao DOB :- 27/08/1993 Add :- shyam Nagar Rajendra colony Amravati 444606 Mo.No. 9960221959 Email Id :- ay13058@gmail.com	626/800	78	39.12	0	0	39.12	Leaving Certificate Not Attached मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified
43	Name:- Anuja Vinodrao Deshmukh DOB :- 11/07/1999 Add:- At. Post, Ugwa, Tq,Dist.Akola 444006 Mo.No. 9689570864 / 8010206814 Email Id : deshmukhanuja98@gmail.com	1)611/900 2)462/600	77	38.5	0	0	38.5	Post Only for Male Not For Women	Disqualified
44	Name :- Shivray Sajay Wankhade DOB :- 19/02/2001 Add :- Milind Nagar, chandur Rly, Tq. Chandur Rly, Dist Amravati.. 444904 Mo.No. 9022762939 Email Id :- shivraywankhade@gmail.com	618/800	77	38.5	0	0	38.5	मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propeortion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
45	Name :- Dipak Vasanta Devhade DOB :- 24/09/1996 Add :- At. Post Yeo;l tq. Risod Di. Washim 444510 Mo. No. 9689250572 Email Id :- dipakdevhade1996@gmail.com	769/1000	76.9	38.45	0	0	38.45	<input type="checkbox"/> मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified
46	Name :- Akash Satish Sakharkar DOB :- 20/08/2001 Add :- Bhortipura Karanja (Lad) Dist Washim 444105 Mo.No.9921963170 / 7517576346 Email Id:- aksahsakharkar7777@gmail.com	421/800	52.63	26.31	0	12	38.31	Extra Qualification Not Related To Post	Qualified
47	Name :- Gaurav Kailas Purohit DOB :- 06/10/1992 Add :- Mu Post Dharani Ta Dharani 444702 Mo No. 9737755787 Email Id :- gauravpurohit0610@gmail.com	536/700	76.57	38.28	0	0	38.28	1) Extra Qualification Not Related To Post	Qualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
48	Name :- Noman Kashif Shaikh Mushtaque DOB :- 26/05/2005 Add :- At Post. Shirajgaon Kasaba Dist :- Amravati, 444810 Mo No. 9970024711 / 9561607161 Email Id :- nawabnoman57@gmail.com	452/600	75.33	37.66	0	0	37.66	मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified
49	Name :- Rahul Sham Nikam DOB :- 14/02/2003 Add :- Cidco , Jay Bajrang colony, sambhajinagar 431005 Mo. No. 9420892320 Email Id :- rahulnikam2514@gmail.com	450/600	75	37.5	0	0	37.5		Qualified
50	Name :- Lucky Rajendra Athawale DOB :- 04/11/1997 Add :- At Post Jalka hirapur Tq. Chandur Baar Dist Amravati 444801 Mo.No. 9721361420 / 8830812733 Email Id :- athawalelucky1@gmail.com	300/400	75	37.5	0	0	37.5	1) 12th Sci Marksheet Not Attached 2)Extra Qualification not related to paramedical post.	Disqualified

Sr. No	Personal Details (Name, Date Of Birth, Address, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- proportion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
51	Name :- Ashish Gautam Bharshankar DOB :- 29/04/1987 Add :- 23, Gaglani Nagar, Near Wadali Naka, Camp, Amravati 444602 Mo.No. 9421818718 Email Id :- ashishbharshankar.ab@gmail.com	600/800	75	37.5	0	0	37.5	1)मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल 2)Extra Qualification not related to paramedical post.	Qualified
52	Name :- Sandip Prabhakar Rao Hagawane DOB :- 17/01/1985 Add :- At Post Shirajgao (mo) Tq. Tiwsa Dist Amravati 444902 Mo.No. 9923427502 / 7057713780 Email Id :- sandiphagawane2014@gmail.com	497/800	62.12	31.06	0	6	37.06	Extra Qualification not related to post	Qualified
53	Name :- Rutvik Sanjay Gawande DOB :- 10/01/2000 Add :- At Post Rani Amravati tq. Babbhulgaon Dist Yavatmal 445101 Mo.No. 7798474839 Email Id : rutvikgawande5@gmail.com	587/800	73.38	36.69	0	0	36.69	1)Extra Qualificatin not related to paramedical post 2)Leaving Not Attached	Qualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- proportion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
54	Name :- Juber Khan Muzaffar Khan DOB :- 12/12/1996 Add :- Taj Nagar No.2 Amravati 444601 Mo.No. 8308667862 Email Id :- cafe786313@gmail.com	527/700	75.29	36.64	0	0	36.64	Extra Qualification is not related paramedical to post	Qualified
55	Name :-Sushil Pundlik Matre DOB :- 22/06/1997 Add :- At Po. Vitholi Tq. Manora, Dist. Washim, 444404 Mo.No. 9130247427 Email Id :- matresushil@gmail.com	290/400	72.5	36.25	0	0	36.25	1)Extra Qualification is not related paramedical to post 2)मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified
56	Name :- Anup Ramkrishna Thorat DOB :- 12/12/1990 Add :- anant vihar colony, rahatgao road, shegao naka, amravati. 444604 Mo.No. 9518514594 Email Id : anup.thorat12@gmail.com	387/800	48.37	24.18	0	12	36.18		Qualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- proportion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
57	Name :- Dilip wasudev Lingot DOB :- 15/07/1972 Add :- At Post Wadner Gangai Dist Amravati 444605 Mo No. 8080192725 / 9623461864 Email ID :- diliplingote12@gmail.com	433/600	72.17	36.08	0	0	36.08	Upper Age Limit	Disqualified
58	Name :- Vijay Rajendra Samdure DOB :- 20/08/2002 Add :- Near Resthouse, Shant Nagar, Pusad. Dist. Yavatmal 445204 Mo.No. 9356403318 Email Id:- samdurevijay36@gmail.com	632/900	70.22	35.11	0	0	35.11	Extra Qulification Bsc is not related to paramedical post .	Qualified
59	Name : Vijay Gannulal Bethekar DOB :- 05/09/1995 Add: At Post Amravati VMV college Back Side New Hamuman Nagar Amravati 444604 Mo.No. 7218042952/8055573722 Email Id: vijaybethekar1995@gmail.com	491/700	70.14	35.07	0	0	35.07	Extra Qulification BA is not related to paramedical post .	Qualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propeortion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATIO N (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
60	Name :- Mukesh Babusing Chavan DOB :- 16/06/1999 Add :- At. Jambharun, Po. Kirala, Tq. Mantha, Dist. Jalana, 431504 Mo.No. 7219556361 / 9503186420 Email Id :- mukeshchavan2018@gmail.com	452/800	56.5	28.3	0	6	34.3		Qualified
61	Name :- Ziaur Rahman Abdul Wahab DOB :- 17/08/1989 Add :- Mastan Chowk Road Near Markar Masjid Juna Fail Khamgaon, Dist Buldhana 444303 Mo.No. 8208551515 / 9767556197 Email Id :- ziawahab123@gmail.com	543/800	67.87	33.93	0	0	33.93	मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified
62	Name :- Amogh Ravindra Wankhade DOB :- 06/03/1999 Add:- At. Wardha, Post Chincholi (BK), Tq. Anjangaon (Suraji) Dist.: Amravati 444705 Mo.No. 9850498972 Email Id :- amoghwankhade72@gmail.com	279/500	55.8	27.9	0	6	33.9		Qualified

Sr. No	Personal Details (Name, Date Of Birth, Address, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- proportion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
63	Name :- Sneharaj Rajendra Manware DOB :- 25/02/1991 Add :- Wadali Naka Amravati 444602 Mo.No. 8149315469 Email ID :- snehraj.manware@gmail.com	529/800	66.12	33.06	0	0	33.06	1)Extra Qualification not related to paramedical post 2)मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified
64	Name :- Chandan Ramesh Nishanrao DOB :- 25/04/1997 Add:- K.N. college Road Gawalipura, karanja (lada) Dist. Washim 444105 Mo. No. 8788474626 Email Id :- chandannishanrao.nc@gmail.com	422/800	52.75	26.37	0	6	32.37		Qualified
65	Name :- Qazi Mohd Salequin Abdul Salim DOB :- 19/03/1998 Add :- Zahed Nagar Amravati, 444601 MO.No. 9689359095 Email Id :- saleui1111@gmail.com	830/1300	64	32	0	0	32		Qualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- proportion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
66	Name :- Akash Gajanan Mahulkar DOB :- 03/03/1998 Add :- At Post. Wathoda shukleshwar Tq. Bhatkuli, Dist, Amravati 444802 Mo.No. 9922235699 Email ID :- akashmahulkar123@gmail.com	515/800	63.87	32	0	0	32	1)Extra Education is not related to paramedical post. 2)मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified
67	Name :- Ritik Dayaram pal DOB :- 07/04/2001 Add :- New Rathi Nagar Bdanera 444701 Mo.No. 7387177219 Email Id :- ritikpal1777@gmail.com	510/800	63.75	31.87	0	0	31.87	1)12th Sci Marksheet Not Attached 2)Extra Qualification is not related to paramedical post.	Qualified
68	Name :- Pavan Pundlik Solunke DOB :- 05/05/2001 Add :- Plot No, 36/103, Dinkar Nagar, Asoda Road Jalgaon 425001 Mo.No. 7620974744 Email Id :- pavansolunke0805@gmail.com	502/800	62.75	31.37	0	0	31.37	Extra Qualification is not related to paramedical post	Qualified

Sr. No	Personal Details (Name, Date Of Birth, Address, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- proportion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
69	Shaikh Rehan Shaikh Amir DOB :-25/01/1998 Address: Aman Colony Arora layout Old Town Badnera, Amravati 444701 Mo. No. = 7507626660 Email ID: shaikhrehanasr6660@gmail.com	396/800	49.5	24.75	0	6	30.75		Qualified
70	Name :- Akbar Hashamat Pathan DOB :- 19/05/1998 Add :- Patharwala BK Tq. Ambad Dist Jalna 431212 Mo.No. 7038286589 / 9921043057 Email Id :- akbarpathan880@gmail.com	482/800	60.25	30.12	0	0	30.12		Qualified
71	Name :- Samir Shabbir Shaha Nazir Shah DOB :- 30/10/1990 Add :- At- Sirsoli, Po- Hinganwadi, Tq- Karanja (Lad) Dist - Washim 444110 Mo.No. 8459576563 / 9923703027 Email Id :- shah51538@gmail.com	478/800	59.75	29.87	0	0	29.87	Extra Qualification is not related paramedical to post	Qualified

Sr. No	Personal Details (Name, Date Of Birth, Address, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- proportion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
72	Name :- Yash Prabhakar Rewale DOB :- 25/02/2000 Add :- Old City Balapur, Naka Bhirad Wada Akola 444002 Mo.No. 9765735369 / 8275303929 Email Id :- yashrewale25@gmail.com	470/800	58.75	29.37	0	0	29.37		Qualified
73	Name : Ashwadeep Sukhdev Meshram DOB :- 10/03/1997 Add : Plot No. 55 Rajgruha Nagar, Mhada Layout, nari Road, Uppalwadi, Nagpur. 440026 Mo. No. 9370661280	454/800	56.75	28.37	0	0	28.37		Qualified
74	Name :- Arjun Hanuman Sapkal DOB :- 05/01/1998 Add :- At Khandeparagaon, Post. Antharvan pimpari, Tq. Beed Dist. Beed 431122 Mo.No. 9518713539 Email ID : sapkalarjun76@gmail.com	453/800	56.63	28.31	0	0	28.31	Extra Qualification is not related to paramedical post.	Qualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propeortion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
75	Name :- Shahid Khan Pathan Rahemat Khan DOB :- 13/05/1995 Add :- Ziya colony Near Fatima Masjid Karanja Lad Dist. Washim 444105 Mo.No. 8484949684 Email Id :- shahid8855.sk@gmail.com	449/800	56.12	28.06	0	0	28.06		Qualified
76	Name :- Kashif Khan Aziz Khan DOB :- 06/12/2002 Add :- Peerbavanpura Near By Shahadat Khan Jiyarat Achalpur Dist. Amravati 444806 Mo.No. 9422158976 Email Id :- khankashif1520@gmail.com	442/800	55.25	27.62	0	0	27.62	Extra Qualification is not related to paramedical post.	Qualified
77	Name :- Nakul Madhukar Rathod DOB :- 03/08/2000 Add :- At Post Naiknagar Tq. Arni Dist Yawtamal 445103 Mo.No. 7038337170 Email Id :- nakulmrathod2000@gmail.com	436/800	54.5	27.25	0	0	27.25		Qualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- proportion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
78	Name :- Jameel Ahmed Wareer Ahmed DOB :- 20/08/1986 Add :- At. Post. Gupta Layout Hingoli Road, Washim 444505 Mo.No. 9637741786 / 9175516172 Email Id :- jameelshaikh777@gmail.com	375/800	46.87	23.43	0	3	26.43	Extra Qualification is not related to paramedical post.	Qualified
79	Name :- Akshay Diwakar Meshram DOB :- 27/03/2000 Add :- At po Kokadi, Tq Desaiganj Wadsa, Dist. Gadchiroli 442207 Mo.No. 9403314349 Email Id :- akshaymeshram492@gmail.com	419/800	52.37	26.18	0	0	26.18	1)Leaving Not Attached 2)Extra Qualification is not related to paramedical post	Qualified
80	Name:- Sajan Kisan Chavhan DOB :- 05/09/1995 Add:- At. Bargaon, Post, Bhavani, Tq, Umarakhel, Dist, Yawatamal 445230 Mon.No. 9398809192 Email Id: sanjaychavahn686@gmail.com	415/800	51.88	25.94	0	0	25.94	Extra Qualification is not related to paramedical post.	Qualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATIO N (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
81	Name :- Vishwas Anilrao Bangre DOB :- 01/01/2000 Add :- Rashrasant Ward arvi Tq Arrvi dist Wardha 442201 Mo.No. 8237187585	415/800	51.87	25.93	0	0	25.93		Qualified
82	Name:- Pavan Ramesh Rathod DOB:- 08/06/1999 Add:- Kisan Nagar, Po. Poha, Tq. Karanja Lad, Dist, Washim 444105 Mo. No. 8329688766 / 8669591020 Email Id: pavanrathod391@gmail.com	408/800	51	25.5	0	0	25.5	Extra Qualification is not related paramedical to post	Qualified
83	Name:- Chandan Rajendra Bhurbhure DOB :- 17/06/2000 Add:- sanjay Gandhi Nagar, No. 1 Line No Amravati, 444606 Mo.No. 7020670019 Email Id:- chandanbhurbhure@gmail.com	396/800	49.5	24.75	0	0	24.75		Qualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- proportion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
84	Name :- Roshan Manoharrao Sabale DOB :- 11/07/1990 Add :- Kiran Nagr Amravati 444606 Mo.No. 8055159535 Email Id: roshansabale11@gmail.com	385/800	48.12	24.06	0	0	24.06		Qualified
85	Name :- Anupkant Pramod Patne DOB :- 23/02/1992 Add :- Near Shree Gajanan Maharaj Mandir, Ravinagar Amravati, 444605 Mo.No. 7620185388 Email Id :- anup23patne@gmail.com	0	0	0	0	24	24	SI Marksheet Not Attached	Disqualified
86	Name : Ahtaz khan Razzaque Khan DOB :- 21/11/2002 Add : At. Post . Rel Tq. Akot Dist. Akola 444111 Mo. No. 8408917119 Email ID : ahfaz8408@gmail.com	364/800	45.5	22.75	0	0	22.75		Qualified

Sr. No	Personal Details (Name, Date Of Birth, Address, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- proportion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
87	Name :- Ateeb Aaqib Ashfaque Ahmad DOB :- 08/06/1999 Add :- Old Town Badnera 444701 Mo.No. 8983461146 Email Id :- ateebaaqib123@gmail.com	0	0	0	0	6	6	SI Marksheet Not Attached	Disqualified
88	Name - Akash Purushottam Sakharkar Date of Birth - 31/01/1997 Address - At Post Amla, Tq. Daryapur, Dist. Amravati. - 444803 Mob. No. - 8698395270 Email ID - akashsakharkar123@gmail.com	0	0	0	0	0	0	QUALIFICATION IS NOT AS PER ADVERTISEMENT <input type="checkbox"/>	Disqualified
89	Name: Rajsingh surajsingh Thakur DOB :- 09/05/1997 Add: vilas nagar Lane no 2 vmv new cottan market road amravati 444601 Mo. No. 8888262126 Email Id: Rajsinghthakur202@gmail.com	0	0	0	0	0	0	As Per Post Qualification Not Attached	Disqualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATIO N (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
90	Name:- Rohit Bharat Karpe DOB :- 13/10/2003 Add:- Panchshil Nagar Karanja Road Mangrulpir 444403 Mo No. 9527211321 Email Id: _____	0	0	0	0	0	0	1) SI course Marksheet Not attached 2)मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Disqualified
91	Name :- Raj Damodharrao Tayade DOB :- 07/08/1993 Add :- Samadhan Nagar, Behind Harina foundation Amravati 444602 Mo.No. 8308389424 / 9960879822 Email Id :- _____	0	0	0	0	0	0	As Per advertisement Qulification Not Attached	Disqualified
92	Name :- Rupesh Gajanan Panhale DOB :- 16/03/2004 Add :- Bhiwapurkar Nagar, Amravati 444604 Mo. No. 7030417285 Email iD :- panhalerupesh8287@gmail.com	0	0	0	0	0	0	Leprosy Marsheet Not Attached Leaving Certificate Not Attached	Disqualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- proportion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATIO N (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
93	Name :- Mohd Faisal Mohd Ilyas Parvez DOB :- 07/07/2000 Add :- Jamil Colony , Amravati 444601 Mo No. 9359334768 Email Id :- -----	0	0	0	0	0	0	Application form Not In Propar format Disqualified As Per Advertisement Qualification Not Attached	Disqualified
94	Name :- Vishal Bhaurao Rathod DOB :- 06/01/2002 Add :- At Post Kalmba Tq. Mangrulpir , Dist Washim 444507 Mo.No. 9356083017 Email Id :- vishalrathod67887@gmail.com	0	0	0	0	0	0	As Per Post Qulification Not Attached	Disqualified
95	Name :- Harshal Pandurang Adbol DOB :- 24/11/2000 Add :- Banosa Darayapur 444803 Mo.No. 9175579733 Email ID :- harshalpandurangadbol1@gmail.com	0	0	0	0	0	0	As Per Post Qulification Not Attached	Disqualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propeortion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATIO N (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
96	Name :- Samik Aras Mohd Riyaz DOB :- 15/08/2004 Add :- At Post. Bairagod Tq. Dharani Dist. Amravati 444702 Mo.No. 827571517 Email Id :- samilanas75@gmail.com	0	0	0	0	0	0	As Per Post Qulification Not Attached	Disqualified
97	Name :- Prajkata satish Unhone DOB :- 29/04/1998 Add :- Paravti Nagar Amaravti 444607 Mo.No. 9325878059 Email Id :- prajkataunhone11@gmail.com	0	0	0	0	0	0	Post Only Male Not For Women	Disqualified
98	Name :- Abdul Nadeem Abdul Naim DOB :- 30/04/1995 Add :- Abdul Naim, Shakti Goods Garage, Nagpuri Gate, Amravti 444601 Mo.No. 9156917495 Email Id :- abnadeem92@gmail.com	0	0	0	0	0	0	As Per advertisement Qulification Not Attached Leaving Certificate Not Attached	Disqualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATIO N (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
99	Name :- Soham Chetan Telang DOB :- 22/04/2004 Add :- Samadhan Nagar, Camp, Amravati. 444602 Mo.No. 8308389424 / 7620089614 Email Id :- -----	0	0	0	0	0	0	As Per advertisement Qulification Not Attached	Disqualified
100	Name :- Pavan Suresh Ingale DOB :- 29/06/1994 Add :- Savda Road, Shantidut Nagar Raver Tq. Raver Dist. Jalgaon, 425508 Mo.No. 9284829779 Email Id :- psiingale50@gmail.com	0	0	0	0	0	0	Leprosy Marksheet Not Attached	Disqualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20 =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
101	Name :- Nikhil Dipak Gadling DOB :- 03/05/1999 Add :- At.Po. Nagsen Nagar, Partwada, Tq, Achalpur, Dist Amravati, 444805 Mo.No. 8407978149 Email Id :- nikhilgadling3@gmail.com	0	0	0	0	0	0	Leprosy Marksheet Not Attached Experience Certificate War Javak Kramank Nahi	Disqualified
102	Name :- Apeksha Sunil suryawanshi DOB :- 18/01/2000 Add :- At Po. Wasera Tq. Sindewadi, Dist, Chandrapur 441223 Mo.No. 9067937359 Email Id :- apekshass18@gmail.com	0	0	0	0	0	0	Post Only Male Not For Women	Disqualified

अमरावती महानगरपालिका अमरावती
सार्वजनिक आरोग्य विभाग
राष्ट्रीय आरोग्य अभियान करीता 15 वा वित्त आयोग अंतर्गत कंत्राटी स्वरूपात पदभरती->24-25
Post :- कंत्राटी MPW (SC - 1 Post)

टिप :- सदर बाबत आक्षेप असल्यास उमेदवाराने लेखी आक्षेप दि. 25/09/2024 ते दि. 30/09/2024 पर्यंत (रविवार वगळुन) अमरावती महानगरपालिका सार्वजनिक आरोग्य विभाग येथील आवक - जावक विभागामध्ये प्रत्यक्ष सादर करावा.

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical I Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
1	Name :- Abhijit Ramesh Chopade DOB :- 25/03/1989 Add :- Gajanan Nagar Dapki Road Akola 444001 Mo.No. 8788634937 Email Id :- Abhijitchopade8788@gmail.com	675/800	84.375	42.1875	13.2	6	61.3875	12th sci Marksheet Not Attached मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Disqualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedica I Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATIO N (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
2	Name :- Rohit Mohan Aghom DOB :- 15/05/2000 Add :- Vikas Nagar, Ner (Parsopant) Dist:- yavatmal 445001 Mo.No. 7083850153 Email Id :- rohitagham2000@gmail.com	643/800	80.37	40.18	15.06	6	61.24	1) Extra Qulification is not related to post 2)मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical I Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propeertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
3	Name :- Alka Shankarrao Yesankar DOB :- 14/12/1984 Add:- Chawre Nagar, Near Sutgirani Road, Amravati 444607 Mo.No. 7773978874 / 8806027321 Email Id : alkayesankar1984@gmail.com	500/950	52.63	26.31	0	21	47.31	Post Only Male Not Women	Disqualified
4	Name :- Lucky Rajendra Athawale DOB :- 04/11/1997 Add :- At Post Jalka hirapur Tq. Chandur Baar Dist Amravati 444801 Mo.No. 9721361420 / 8830812733 Email Id :- athawalelucky1@gmail.com	300/400	75	37.5	0	9	46.5		Qualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedica I Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATIO N (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
5	Name :- Rohan Madan Khillare DOB :- 16/01/1995 Add :- At. Ozarkhd Post. Walgaon, Dist. Amravati, 444801 Mo.No. 9623647464 / 8788275789 Email Id :- rohankhillare21@gmail.com	652/900	72.44	36.22	0	9	45.22	1)मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical I Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
6	Name :- Rushikesh Kailas Kolhe DOB :- 01/05/1998 Add :- Pimpala Chure Basmati Hingoli 431512 Mo.No. 705770618 / 9209327477 Email Id :- rishikolhe358@gmail .com	560/800	70	35	0	9	44		Qualified
7	Name :- Swapnil Ramdas Undre DOB :- 19/06/1989 Add :- Shahapur, Dhurve Lay Out, Mangrulpir 444403 Dist Washim Mo No . 8888335535 Email Id :- undreswapnil@gmail.com	675/800	84.37	42.18	0	0	42.18	<input type="checkbox"/> मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical I Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
8	Name :- Pravin Govardhan Tayde DOB :- 26/08/1983 Add:- Infortn LNp convhent Vikaram Nagar Shivar Akola 444104 Mo.No. 9822185062 Email Id : _____ -	656/800	82	41	0	0	41	1)12th Sci Marksheet Not Atatched 2)मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Disqualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical I Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propection of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
9	Name :- Utkarsh Bhagawan Mane DOB :- 21/08/2005 Add :- At.Post Lasona 413519 Mo.No. 9322585946 / 9881842903 Email Id :- utkarshmane818@gmail.com	646/800	80.75	40.37	0	0	40.37		Qualified
10	Name :- Rohit Ramesh Kamble DOB :- 18/04/1996 Add :- samata nagar, allada Plot, washim, Tq, Dist, Washim 444505 Mo. No. 7775811007 Email Id :- rohitkamble588@gmail.com	392/500	78.4	39.2	0	0	39.2	मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
11	Name :- Shivray Sajay Wankhade DOB :- 19/02/2001 Add :- Milind Nagar, chandur Rly, Tq. Chandur Rly, Dist Amravati.. 444904 Mo.No. 9022762939 Email Id :- shivraywankhade@gmail.com	618/800	77	38.5	0	0	38.5	मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical I Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
12	Name :-Mahesh Manohar Bhagat DOB :- 13/01/1997 Add :- Plot No 9, Near Nagbhumi Vihar, Samata Nagar, Arni Road Wadgaon, Yavatmal 445001 Mo.No.9561060099 / 9423691954 Email ID :- maheshbhagat96@gmail.com	536/700	76.57	38.28	0	0	38.28		Qualified
13	Name :- Satish Kailashnath Gawali DOB :- 11/03/1996 Add :- Tathgat Nagar Shivaji Dist Akola 444104 Mo No 8275286884 Email Id :- satishgawai@gmail.com	531/700	75.57	37.78	0	0	37.78		Qualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
14	Name :- Ashish Gautam Bharshankar DOB :- 29/04/1987 Add :- 23, Gaglani Nagar Near Wadali Naka, Camp Amravati 444602 Mo.No. 9421818718 Email ID :- ashishbharshnkar.ab@gmail.com	600/800	75	37.5	0	0	37.5	1) Extra Qualification Is Not Related to Post 2)मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical I Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
15	Name :- Anup Ramkrishna Thorat DOB :- 12/12/1990 Add :- anant vihar colony, rahatgao road, shegao naka, amravati. 444604 Mo.No. 9518514594 Email Id : anup.thorat12@gmail.com	387/800	48.37	24.18	0	12	36.18		Qualified
16	Name :- Sunil Nagorao Suryavanshi DOB :- 25/06/1987 Add :- Ramabai Ambedkar Nagar Near New Cotton Market Amravati 444604 Mo.No. 9579830085 Email Id :- sameersuryavanshi25@gmail.com	481/800	60.12	30.06	0	6	36.06	12th Sci Marksheet Not Attached	Disqualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedica I Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATIO N (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
17	Name:- Avinash Rustam Wankhade DOB :- 31/07/1990 Add :- At. Dubalwel Post. Amkheda Tq. Malegaon Dist. Washim 444503 Mo. No. 9850630558 / 8010683277 Email Id :- avinashwankhade02@gmail.com	428/600	71.33	35.66	0	0	35.66		qualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
18	Name :- Manish Babarao Mankar DOB :- 25/01/1990 Add :- Om Shanti Colony Near ITI College Rahatgaon Amravati 444602 Mo.No. 8983267876 Email ID :- mmankar766@gmail.com	495/700	70.11	35.35	0	0	35.35	12th Sci Marksheet Not Attached	Disqualified
19	Name :- Nilesh Dadarao Ingle DOB :- 19/10/1991 Add : Warkhed tq. Sangrampur, Dist. Buldhana 444201 Mo.No. 8806145036 Email Id :- ingleshailesh56@gmail.com	556/800	69.5	34.75	0	0	34.75	मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedica I Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATIO N (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
20	Name :- Piyush sitaram Ghore DOB :- 16/02/2006 Add :- At Po. Wastapur Tq. Chikhaldhara Dist Amravati 444717 Mo.No. 8799882465 / 7990848389 Email Id :- Ghorep9@gmail.com	555/800	69.37	34.68	0	0	34.68	मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
21	Name :- Abhishek Kailash Jethe DOB :- 26/06/1999 Add :- Panchshil Nagar, Rahatgaon, Amravati Mo No 7875718594 Email Id :- abhishekjethe@gmail.com	683/1000	68.3	34.15	0	0	34.15	मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified
22	Name :- Amogh Ravindra Wankhade DOB :- 06/03/1999 Add:- At. Wardha, Post Chincholi (BK), Tq. Anjangaon (Suraji) Dist.: Amravati 444705 Mo.No. 9850498972 Email Id :- amoghwankhade72@gmail.com	279/500	55.8	27.9	0	6	33.9		Qualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedica I Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATIO N (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
23	NAME- PRANIT RAMESH WAGHMARE DOB :- 12/08/1994 House No. 76 Near Sai Mandir Sai Mandir, Sainagar Deulgaon Raja Dist. Buldhana 443204 Mo. No = 7666382755 Email ID : wpranit33@gmail.com	520/800	65	32.5	0	0	32.5		qualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical I Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
24	Name :- Madhuri Jayprakash Dakaha DOB :- 10/04/1987 Add:- Old Town, Khatikpura Badnera 444701 Mo.No. 9049890428 / 7385756877 Email Id :- Nileshbirha123@gmail.com	493/800	61.63	30.81	0	0	30.81	Post Only Male Not Women	Disqualified
25	Name :- Jatin Nagesh Panpatte DOB :- 31/10/1994 Add :- Rahul Nagar Nutan Colony Prabhani 431401 Mo.No. 8329739950 Email Id :- panpattejatin609@gmail.com	430/800	53.75	26.87	0	3	29.87	12th Sci Marksheet Not Attached	Disqualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedica I Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATIO N (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
26	Name :- Sudharshan Nagorao Bobade DOB :- 29/10/1998 Add :- Milind Nagar Telhara Tq. Telhara Dist. Akola 444108 Mo.No. 9623020093 Email Id :- surdhanboblade8@gmail.com	453/800	56.63	28.31	0	0	28.31		Qualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedica I Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propection of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATIO N (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
27	Name- Sachin Ram Athavale DOB :- 17/04/1992 Rajeshwar Nagar Dabaki Road, Akola 444002 Mo. No. 9579596146 Email Id : sachinathavale007@gmail.com <input type="checkbox"/>	450/800	56.25	28.12	0	0	28.12		qualified
28	Name :- Sushant Rajendra Raut DOB :- 08/05/1997 Add : - At Post, Rahatgaon Plot Amravati 444602 Mo.No. 8668529329 Email ID:- sushantraut8@gmail.com	435/800	54.38	27.18	0	0	27.18		Qualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propection of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
29	Name :- Abhijit Gopalrao Shende DOB :- 21/09/2002 Add :- Athavadi Bazar Jarud, Tq. Warud Dist. Amravati, 444908 Mo.No. 7414966119 Email Id :- shendeabhijit21@gmail.com	413/800	51.62	25.81	0	0	25.81		Qualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedica I Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATIO N (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
30	Name :- Chandan Rajendra Bhurbhure DOB :- 17/06/2000 Add :- Sanjay Gandhi Nagar No. 1 Amravati 444606 Mo.No. 7020670019 Email ID :- chandanbhurbhure@gmail.com	396/800	49.5	24.75	0	0	24.75		Qualified
31	Name :- Rahul Ravindra Wankhade DOB :- 08/08/1999 Add :- At Po. Turkhed, Tq. Anjangaon Dist. Amravati 444705 Mo.No. 9021254342 Email Id :- wankhaderahul06@gmail.com	380/800	47.5	23.75	0	0	23.75	12th Sci Marksheet Not Attached	Disqualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C = 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) = 20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
32	Name :- Yash Nana Sawarakar DOB :- 14/05/2004 Add :- Parvati Nagar Akoli Road Amravati 444607 Mo. No. 9325110388 Email Id :- yashsawarkar08@gmail.com	368/800	46	23	0	0	23	12th Sci Marksheet Not Attached	Disqualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical I Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
33	Name :- Amit Raosaheb Sirsath DOB :- 23/05/1999 Add:- Thugaon Pimpri, Tq. Chandur Bazar, Dist. Amravati, 444723 Mo.No. 8605040891 Email Id :- amitsirsath3@gmail.com	0	0	0	0	0	0	As per Advertisement Edu cational documents Not Attchaed	Disqualified
34	Name:- Nilesh sahebrao Makode DOB :- 16/12/1984 Add:- At. Post Bhatkuli, Tq. Bhatkuli, Dist. Amravati 444602 Mo. No. 9405321890 Email Id :- unnatimakode@gmail.com	0	0	0	0	0	0	As per Advertisement Edu cational documents Not Attchaed	Disqualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
35	Name :- Kundan Ashok Kamble DOB :- 24/05/2001 Add :- Wagao dist Digras 445203 Mo No. 9324407813 Email Id :- kundankamble701@gmail.com	0	0	0	0	0	0	As per Advertisement Edu cational documents Not Attchaed	Disqualified
36	Name :- Sunita Sadhashiv Vijekar DOB :- 01/05/1985 Add :- Pravati Nagar Akoli Amravati 444607 Mo.No. 8796222111 Email Id :- nanasawarkar01@gmail.com	0	0	0	0	0	0	Post Only Male Not Women	Disqualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical I Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
37	Name :- Pavan Ramprasad Dawale DOB :- 29/12/1999 Add :- At. Post Bairagad Tq. Dharani Dist. Amravati 444702 Mo. No. 8459767756 Email Id :- pavandawale@gmail.com	0	0	0	0	0	0	As per Advertisement Edu cational documents Not Attchaed	Disqualified
38	Name :- Jitesh Pavanrao Pande DOB :- 14/10/2002 Add :- Katik Pura Old Town Badnera 444701 Mo.No. 8857026305 Email Id :- jiteshpande2002@gmail.com	0	0	0	0	0	0	As per Advertisement Edu cational documents Not attached.	Disqualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- proption of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
39	Name :- Bhavesh Mohan Hadale DOB :- 24/04/2003 Add :- Daroga Plot Amravati 444606 Mo No. 9359467694 Email Id :- bhaveshhadole66@gmail.com	0	0	0	0	0	0	As per Advertisement Edu cational documents Not attached	Disqualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propertion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
40	Name :- Arpit Diliprao Dongare DOB :- 08/11/1999 Add :- At Post Talwel, Tq. Chnadur Bazar, Dist Amravati, 444801 Mo.No. 7066440913 Email ID :- arpitdongare615@gmail.com	0	0	0	0	0	0	As per Advertisement Eductional documents , Not Attached	Disqualified
41	Name :- Kunal Anil Gaikwad DOB :- 27/05/1996 Add :- Ganga Nagar, Kandali Tq. Achalpur, Dist Amravati. 444805 Mo.No. 7972087564 Email Id :- gaikwadkunal@gmail.com	0	0	0	0	0	0	Leaving Certificate Not Attached Leprosy Marksheet Not Attached	Disqualified

Sr. No	Personal Details (Name, Date Of Birth, Adderes, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- propektion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
42	Name :- Parag Sanjay Oundhkar DOB :- 07/03/1996 Add :- Near Kailash Mandir Sindhi Meghe, Warf No.2 Hind Nagar, Wardha, 442001 Mo.No. 7447381576 Email Id :- paragoundhkar44@gmail.com	0	0	0	0	0	0	As per Advertisement Eductional documents , Not Attached	Disqualified

अमरावती महानगरपालिका अमरावती
सार्वजनिक आरोग्य विभाग
राष्ट्रीय आरोग्य अभियान करीता 15 वा वित्त आयोग अंतर्गत कंत्राटी स्वरूपात पदभरती->24-25
Post :- कंत्राटी MPW (ST - 2 Post)

टिप :- सदर बाबत आक्षेप असल्यास उमेदवाराने लेखी आक्षेप दि. 25/09/2024 ते दि. 30/09/2024 पर्यंत (रविवार वगळून) अमरावती महानगरपालिका सार्वजनिक आरोग्य विभाग येथील आवक - जावक विभागामध्ये प्रत्यक्ष सादर करावा.

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1	Name :- Ankush Suresh Solanke DOB :- 01/09/1996 Add :- Adesh Nagar, Navsari, Amravati.. 444604 Mo.No. 8788885020 Email Id :-ankushsolanke87@gmail.com	463/600	77.16	38.58	0	9	47.58	मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified

Sr. No	Personal Details (Name, Date Of Birth, Address, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- proportion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
2	Name :- Tadavi fayaz Kha Nazeer kha DOB :- 27/03/1991 Add :- A/P Tadavi Wada Nhavi Talk Yawal Dist. Jalgaon 425524 Mo.No. 9552888364 / 8208556062 Email ID :- fayajt4@gmail.com	524/600	87.33	43.66	0	3	46.66	<input type="checkbox"/> मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified

Sr. No	Personal Details (Name, Date Of Birth, Address, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- proportion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
3	Name :- Vinod Dadarao Tarphe DOB :- 24/02/1997 Add :- At.Po. Harshi, Tq. Pusad, Dist. Yavatmal 445204 Mo.No. 7972371189 Email Id :- vinodtarphe97@gmail.com	728/800	91	45.5	0	0	45.5		Qualified
4	Name :- Rajeshkumar Hiralal Dhigar DOB :- 17/02/1994 Add :- Waard No 01 Gupta Nagar-Kandali, Kandali, Amravati, 444806 Mo.No. 8484888285 Email Id :- rjeshkumardhgr@gmail.com	725/800	90.62	45.31	0	0	45.31	मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified

Sr. No	Personal Details (Name, Date Of Birth, Address, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- proportion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
5	Name - Vaibhav Purushottam Kumbhare Date of Birth - 11/10/2001 Address - C/o, Satargaon, Tq. Nandgaon Khandeshwar, Dist. Amravati. 444701 Mobile No. - 8459758297 Email ID - kumbarevaibhav01@gmail.com	724/800	90.5	45.25	0	0	45.25	मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified

Sr. No	Personal Details (Name, Date Of Birth, Address, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- proportion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
6	Name :- Vijay Prakash Tarphe DOB :- 25/06/1996 Add :- At.Po. Harshi, Tq. Pusad, Dist. Yavatmal 445204 Mo.No. 7057191176 Email Id :- vijaytarphe7057@gmail.com	720/800	90	45	0	0	45		Qualified
7	Name :- Rajesh Somaji Mavaskar DOB :- 29/09/1985 Add :- At. Korda Dist Gangarkheda Tq. Chikhaldhra Dist. Amravati 444807 Mo.No. 7620259311 / 9404309006 Email ID :- rajeshmavaskarq1985@gmail.com	714/800	89.25	44.62	0	0	44.62	मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified

Sr. No	Personal Details (Name, Date Of Birth, Address, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- proportion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
8	Name :- Atish kishor sidam DOB :- 11/06/1997 Add:- Near Idea Tower shahapur Tq. Mangrulpir Dist. Washim 444403 Mo.No. 8380905720 / 7888010028 Email Id :- atishsidam@gmail.com	671/800	83.87	41.93	0	0	41.93	मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified

Sr. No	Personal Details (Name, Date Of Birth, Address, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- proportion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
9	Name :- Yoginath Vishwanath Zalke DOB:- 21/12/1994 Add :- At. Dhamdhami, Po. Amanwadi, Tq. Malegaon 444503 Mo. No. 9022735523 / 9130171790 Email Id :- zalkeyoginath12@gmail.com	571/700	81.57	40.78	0	0	40.78	1)Extra Qualification not related to post. 2)मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified
10	Name :- Sachin Prabhulal Mankar DOB :- 12/08/1995 Add :- At. Warjai Po. Tiwasa, Tq. Darwha, Dist. Yavatmal 445201 Mo.No. 967565472 Email ID :- sachinpmankar95@gmail.com	649/800	81.12	40.56	0	0	40.56	<input type="checkbox"/> मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified

Sr. No	Personal Details (Name, Date Of Birth, Address, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- proportion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
11	Name :- Sunil Kailash Patil DOB :- 06/05/1989 Add:- At Post Churani Tq. Chikhldhara Dist. Amravati 444807 Mo. No. 9021688798 Email ID : sunil9takola@gmail.com	633/800	79.12	39.56	0	0	39.56	<input type="checkbox"/> मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified

Sr. No	Personal Details (Name, Date Of Birth, Address, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- proportion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
12	Name - Rahul Gorelal Dhikar DOB :- 08/04/1998 At. Pili Mojkheda Ta. Chandur Bazar Dist. Amravati 444723 Mo. No. 7559190817 rahuldhikar81@gmail.com	628/800	78.5	39.25	0	0	39.25	मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified
13	Name :- Shridev Ramu Javarkar DOB :- 12/02/2002 Add :- At. Zilangpati Post Bijudhavadi tq. Dharani Dist Amravati 444702 Mo.No. 9404760467 Email ID :- jawarkarshridev585@gmail.com	528/700	75.42	37.71	0	0	37.71		Qualified

Sr. No	Personal Details (Name, Date Of Birth, Address, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- proportion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
14	Name :- Saurabh Sajjula Bhilawekar DOB :- 23/07/1992 Add:- C/O S.G. Bhilawekar, Behind Panehayat sarriti office Ward no. 1 Dharani 444702 Mo.No. 8055844342 Email Id:- ssbhilawekar@gmail.com	528/700	75.43	37.71	0	0	37.71		Qualified

Sr. No	Personal Details (Name, Date Of Birth, Address, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- proportion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
15	Name :- Dinesh Batu Patel DOB :- 21/09/1984 Add :- At.Post. Sadrabadi Ta. Dharani Dist Amravati 444719 Mo No. 8888090214 Email Id :- dpatel5159@gmail.com	145/200	72.5	36.25	0	0	36.25		Qualified
16	Name :- Akshay Ramesh Fupane DOD :- 28/07/1996 Add :- At Po. Kapra (me) Tq, Dist. Yavatmal 445001 Mo.No. 8999620173 Email Id :- afupare@gmail.com	567/800	70.87	35.43	0	0	35.43	<input type="checkbox"/> मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified

Sr. No	Personal Details (Name, Date Of Birth, Address, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- proportion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION ON (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
17	Name :- Rambhau shyambhau Naik DOB :- 14/10/1996 Add :- Nageshwadi Post Jawala Tq. Aundha Dist. Hingoli 431705 Mo.No. 84591327345 Email Id :- rambhauunaik22@gmail.com	493/700	70.43	35.21	0	0	35.21		Qualified

Sr. No	Personal Details (Name, Date Of Birth, Address, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- proportion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
18	Name : Vijay Gannulal Bethekar DOB :- 05/09/1995 Add: At Post Amravati VMV college Back Side New Hamuman Nagar Amravati 444604 Mo.No. 7218042952/8055573722 Email Id: vijaybethekar1995@gmail.com	491/700	70.14	35.07	0	0	35.07		Qualified
19	Name :- Jiva shyamlal Bhilavekar DOB :- 29/01/1995 Add :- Behind Old College, Dharani, Ward No. 06 Dharni, Dist. Amravati. 444702 Mo. No. 8554920726 Email Id :- jivabhilavekar95@gmail.com	490/700	70	35	0	0	35		Qualified

Sr. No	Personal Details (Name, Date Of Birth, Address, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- proportion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
20	Name :- Tadvi sameer Kha Nazeer Kha DOB :- 01/09/1994 Add :- S/O Tadvi Nazeer Nashir, Tadvi. Wada Nhavi Tal Yawal, Dist, Jalgaon, 425524 Mo.No. 9890960299 / 9422675855 Email Id :- sameertadvi010994@gmail.com	435/800	54.37	27.18	0	6	33.18		Qualified

Sr. No	Personal Details (Name, Date Of Birth, Address, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- proportion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
21	Name :- Ashish Kishor Bhilawrkar DOB : 25/10/1994 Add :- Navsari Amravati 444604 Mo.No. 7083196233 / 9209254880 Email Id :- ----	317/500	63.4	31.7	0	0	31.7	extra qualification is not related to post	Qualified
22	Name :- Swapnil Dadarao Pandhare DOB :- 24/04/1996 Add :- New Lunavat Nagar Near Swami Samarth Temple Dhamangaon Rly Dist. Amravati, 444709 Mo.No. 9112656769 Email Id :- swapnilpandhare007@gmail.com	490/800	61.25	30.62	0	0	30.62		Qualified

Sr. No	Personal Details (Name, Date Of Birth, Address, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- proportion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
23	Name :- Sabulal Babulal Dahikar DOB :- 20/06/1984 Add :- At Post. Motha Tq. Chikhaldhra Dist Amravati 444807 Mo.No. 9604201647 Email Id :- melghatsabula@gmail.comS	0	0	0	0	6	6	As Per Advartisement Qualification Not Attached	Disqualified
24	Name :- Roshan Ratiram Kasdekar DOB :- 02/05/1997 Add :- At. Bhilkheda, Post- Dhamangao gadi, Tq. Chikhaldhara, dist Amravati, 444807 Mo. No. 9307989099 / 8237251481 Email Id :- roshankasdekarkr82@gmail.com	0	0	0	0	0	0	No Qualification As per advertisement	Disqualified

Sr. No	Personal Details (Name, Date Of Birth, Address, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- proportion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
25	Name :- sachin Gajanan Lokhande DOB :- 22/11/1996 Add :- samarth nagar, akola road patur Dist Akola 444501 Mo.No. 7774064466 Email Id :- lsachin612@gmail.com	0	0	0	0	0	0	SI Course Marksheet Not Attached	Disqualified

अमरावती महानगरपालिका अमरावती
सार्वजनिक आरोग्य विभाग
राष्ट्रीय आरोग्य अभियान करीता 15 वा वित्त आयोग अंतर्गत कंत्राटी स्वरूपात पदभरती->24-25

Post :- कंत्राटी MPW (VJ-A - 1 Post)

टिप :- सदर बाबत आक्षेप असल्यास उमेदवाराने लेखी आक्षेप दि. 25/09/2024 ते दि. 30/09/2024 पर्यंत (रविवार वगळून) अमरावती महानगरपालिका सार्वजनिक आरोग्य विभाग येथील आवक - जावक विभागामध्ये प्रत्यक्ष सादर करावा.

Sr. No	Personal Details (Name, Date Of Birth, Address, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- proportion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
1	Name: Umesh Babulal Jadhav DOB :- 05/02/1996 Add:: At. Kamathwade Post. Jamb Tq. Karanja Dist. Washim 444105 Mo No 7020936242/8551933243 Email Id: umeshjadhav@3243gmail.com	472/800	59	29.5	17.02	3	49.52	, Leaving Certificate , Cast Validity Certificate , Not Attached	Qualified
2	Name :- Nayan Rajesh Rathod DOB :- 01/03/2000 Add :- At Amraipora Arni Tq. Arvi Dist. Yavatmal 445103 Mo.No. 7038365413 Email Id :- nayanrrathod2000@gmail.com	715/800	89.37	44.685	0	0	44.685	मा. सहसंचालक आरोग्य सेवा यांच्या दि 20-02-2024 च्या प्राप्त पत्रानुसार अभ्यासक्रमाची /course/ Diploma याची शासन मान्यता नाही, तरी शासन निर्णयसह, महाराष्ट्र शासनाच्या मान्यतेचा पुरावा सादर करावा लागेल	Qualified

Sr. No	Personal Details (Name, Date Of Birth, Address, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- proportion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATIO N (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
3	Name :- Rahul Santosh Chavhan DOB :- 10/07/2000 Add:- At. Po. Dhanora (Khurd) Tq.Mangrulpir Dist. Washim 444403 Mo.No. 7057346340 Email ID :- rahulschavhan2000@gmail.com	670/800	83.75	41.875	0	0	41.875		Qualified
4	Name :- Shubham Shankar Kurhade DOB :- 18/07/1995 Add :- Old Bypass Road Near Water Tank Wadarpura 444606 Mo.No. 9767828725 Email ID :- shubhamkurhade39@gmail.com	601/800	75.13	37.565	0	0	37.565		Qualified
5	Name :- Chetan Bandu Chavhan DOB :- 16/07/2001 Add :- At:- Ubadi (devtanda), Post :- Bramangaon Tq. Pusad, Dist:- Yavatmal, 445204 Mo.No. 9158464542 / 9850318499 Email Id :- chetanchavhan20192@gmail.com	541/800	67.63	33.815	0	0	33.815		Qualified

Sr. No	Personal Details (Name, Date Of Birth, Address, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- proportion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATIO N (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
6	Name:- Pramod Vijay Chavan DOB :- 24/08/1998 Add:- Panjari Dhunkat, Post - Kata, Tq- Malegoan, Dist- Washim, 444505 Mo.No. 8605052134 Email Id:- pramodvchavhan24@gmail.com	414/800	51.75	25.875	0	6	31.875		Qualified
7	Name :- Vicky Narayan Bhandekar DOB :- 27/09/1997 Add :- Wadarpura Near Wataer Tank camp Amravati 444602 Mo.No. 7798711989 Email Id :- vickybhandekar97@gmail.com	502/800	62.75	31.375	0	0	31.375		Qualified
8	Name :- Samir Shabbir Shaha Nazir Shah DOB :- 30/10/1990 Add :- Sirsoli, po- hinganwad, Tq- karanja lad, dist Washim 444110 Mo.No. 8459576563 / 9923703027 Email Id :- shah5153@gmail.com	478/800	59.75	29.875	0	0	29.875		Qualified

Sr. No	Personal Details (Name, Date Of Birth, Address, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- proportion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATIO N (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
9	Name:- Pankaj Niranjana Jadhav DOB :- 17/07/2000 Add:- At. Umardari Post.Jalka, Tq. Malegaon Dist. Washim, 444503 Mo.No. 9325401572 Email Id:- pankajjadhav007@gmail.com	412/700	58.85	29.425	0	0	29.425		Qualified
10	MAYUR BHIMRAO RATHOD DOB :- 04/04/1993 Add: Aai Nivas, Infront of siddheshwar Mandir Mahasul Colony , Malkapur , Akola Maharashtra 444001 Mo. No. - 8308400401 E-mail - mayur7481@gmail.com	443/800	55.38	27.69	0	0	27.69		Qualified
11	Name :- Shubham Sanjay Rathod DOB :- 30/10/1998 Add :- At. Dapura BK, Post. Dapura Kd, Tq. Manora, Dist. Washim. 444404 Mo.No. 9579594882 Email ID :- shubhamrathod1260@gmail.com	440/800	55	27.5	0	0	27.5		Qualified

Sr. No	Personal Details (Name, Date Of Birth, Address, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- proportion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
12	Name :- Nakul Madhukar Rathod DOB :- 03/08/2000 Add :- At Post Naiknagar Tq. Arni Dist Yawtamal 445103 Mo.No. 7038337170 Email Id :-- nakulmrathod 2000@gmail.com	436/800	54.5	27.25	0	0	27.25		Qualified
13	Name:- Sajan Kisan Chavhan DOB :- 16/03/2000 Add:- At. Borgaon, Post, Bhavani, Tq, Umarakhel, Dist, Yawatamal 445230 Mon.No. 9398809192 Email Id: sanjaychavahn686@gmail.com	415/800	51.88	25.94	0	0	25.94		Qualified
14	Name :- Nitin Ramesh Pawar DOB :-31/10/1999 Add :- At Post. Karwand Tq. Chikhali, Dist. Buldhana 444301 Mo.No. 9325217509 Email Id :- np7500563@gmail.com	0	0	0	11.5	0	11.5	SI Course Not Attached	Disqualified

Sr. No	Personal Details (Name, Date Of Birth, Address, Mo.No, Email.Id)	Marks of Paramedical Basic Training Course OR Sanitary Inspector Course <input type="checkbox"/>	Percentage of Final Year Paramedical Basic Training Course OR Sanitary Inspector Course (A)	AS per nuhm guidelines- proportion of qualifying marks(total out of 50)C 50*B/100 (50 Marks)	NHM GUIDELINES MARKS FOR EXTRA QUALIFICATION (MAX -20) =20*C/100 (Marks 20)	Total Experience Marks (Govt. + Pvt.) (Marks 30)	MARKS OBTAINED OUT OF 100 (Marks 100)	Remark	Qualified / Disqualified
15	Name :- Pratima Indal Rothod DOB :- 26/09/1999 Add :- At. Ganeshpur Po Jauika Tq Malegaon Dist Washim Mo.No. 8007051011 / 7798467229 Email Id :- parirathod1011@gmail.com	0	0	0	0	0	0	Post Only Male Not For Women	Disqualified
16	Name :- Nilesh Babusing Chavhan DOB :- 05/02/1994 Add :- At. Post. Pohara Tq. Dist. Amravati 444904 Mo.No. 9595616434 Email Id :- nileshchavhan5@gmail.com	0	0	0	0	0	0	SI Diploma Not Attached	Disqualified