



# BISHOP BENZIGER COLLEGE OF NURSING


Post Box No 46, Sastri Jn., Kadappakkada, Kollam - 691001

(Accredited by KUHS with A+ and Re-accredited by NAAC with B++)

Estd: 2004

Website: [www.bbconkollam.org](http://www.bbconkollam.org) email id: [office@bbcon.ac.in](mailto:office@bbcon.ac.in) Ph. No: 0474-2765582



	<b>Name: ARATI BHAULALA KATRE</b> <b>Designation: LECTURER</b>
Date of Appointment	28/04/2025
University FEP ID	N32253
Email ID	<a href="mailto:aratikatre10@gmail.com">aratikatre10@gmail.com</a>
Mobile Number	9834566552
Date of Birth	11/07/1991
Nationality	Indian
Department	FON
Areas of Expertise	OBGY

ACADEMIC DEGREES			
Degree	Month/Year of Completion	University and Institution	Specialty
UG	10/2013	MAHARASHTRA UNIVERSITY OF HEALTH SCIENCE	
PG	10/2019	MAHARASHTRA UNIVERSITY OF HEALTH SCIENCE	OBGY

LICENSURE		
License	Registration Number	Expiry Date
RNRM - Kerala Nurses and Midwives	KL04202200156	18/01/2027

CERTIFICATION			
Certificate	Certificate Type	Date Acquired	Expiry Date

TEACHING RESPONSIBILITY	
Course /Subject	Role/Responsibilities
SECOND SEMISTER B.Sc. NURSING FUNDAMENTAL OF NURSING	TEACHING AND SKILL LAB PRACTICE
HEALTH INFORMATICS	TEACHING AND COMPUTER TEACHING

NON-TEACHING RESPONSIBILITY	
Office/Committee	Role/Responsibilities
SSGP COMMITTEE OF QAS AND KUHS	TO SUPPORT AND GUIDE TO THE STUDENT
MENTOR OF 10 STUDENT	COUNSEL THEM
EXAMINATION DUTY	INVISILATOR

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TEACHING EXPERIENCE			
Before PG			
Designation	Institution	University	Start/Ending Dates
CLINICAL INSTRUCTOR	MANAKCHAND PRABHUDAN CHARITABLE TRUST KAMTHI	MAHARASHTRA UNIVERSITY OF HEALTH SCIENCE	01/03/2015 TO 31/08/2016
TUTOR CUM CLINICAL INSTRUCTOR	MURE MEMORIAL HOSPITAL AND SCHOOL OF NURSING	MAHARASHTRA NURSING COUNCIL	1/09/2016 TO 30/10/2017

TEACHING EXPERIENCE			
After PG			
Designation	Institution	University	Start/Ending Dates
NIL			

CLINICAL EXPERIENCE		
Designation	Institution	Start/Ending Dates
STAFF NURSE	KINGSWAY HOSPITAL NAGPUR	21/10/2019 TO 6//10/2020
STAFF NURSE ( GRADE II )	KIMS HEALTH HOSPITAL , KOTTIYAM, KOLLAM	22/09/2021 TO 16/01/2024

EXPERIENCE AS GUIDE				
University	College	Level	No. of Students	Duration (in months)
NIL				

ACHIEVEMENTS AND AWARDS		
SI No	Achievements / Awards title	Year
	NIL	

MEMBERSHIP IN PROFESSIONAL ORGANIZATION		
Name of the Organization	Membership Number	Validity (Duration)
NIL		

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SCHOLARLY WORK			
PUBLISHED PAPERS AND BOOKS			
<i>Title</i>	<i>Year</i>	<i>Citation in Vancouver Style</i>	<i>URL</i>
NIL			

PROFESSIONAL DEVELOPMENT			
<i>Title</i>	<i>Type/Institution</i>	<i>Date</i>	<i>Roles</i>
NIL			

EXTENSION AND SOCIAL ACTIVITIES	
<i>Sl. No.</i>	<i>Activities</i>
	NIL