

For Online Transmission of Question Papers:

SN	Infrastructure facilities at College	Yes /No
Strong Room :		
1	It must have Single Door Entry/Exit (with Safety Door/Grill for windows)	Yes
2	Minimum Area shall be 20 x 20 sq. ft.	Yes
3	Adequate Steel Almira/Cupboard for storage of Answer Books.	Yes
4	C.C.T.V. Camera with recording facility that covers entire area or Downloading and Printing of online transmission of Question Paper process.	Yes
5	Latest version Computer (Minimum 4) and Printer (Minimum 4) with Inverter facility, MS Office, PDF Reader, Winrar or Winzip.	Yes
6	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class 'A' ISP, and alternate line with 1 : 1 dedicated line of 50 mpbs speed, by an another Class 'A' ISP to ensure uninterrupted downloading facility, with 2(two) static IP's, Internet Dongle.	Yes
7	Adequate Number of Paper Rims for printing Question Papers.	Yes
8	One Photocopy Machine, UPS Backup.	Yes
Scanning Room :		
9	Separate Scanning Room for scanning Answer Books after end of Examination Session under CCTV Surveillance. (Laptops and Scanners will be provided by the University Appointed Agency)	Yes
10	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class 'A' ISP, and alternate line with 1 : 1 dedicated line of 50 mpbs speed, by an another Class 'A' ISP to ensure uninterrupted downloading facility, with 2(two) static IP's, Internet Dongle.	Yes

To Set Up DEC for Onscreen Evaluation of Answer Books :

SN	Infrastructure facilities at College	Yes /No
1	Computers (20) with latest licensed Operating System Software (OSS) with antivirus and firewalls to provide all lock, work station with Computer charts and key board tray.	Yes
2	Wiring and Networking (with Raw Power Supply and UPS) and one Printer per DEC	Yes
3	Air conditioners, Bio metric system, CCTV installation, Rest rooms and 24 x 7 security.	Yes
4	Collapsible gate for the main entrance with Name board and locking facility.	Yes
5	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class 'A' ISP, and alternate line with 1 : 1 dedicated line of 50 mpbs speed, by an another Class 'A' ISP to ensure uninterrupted downloading facility, with 2(two) static IP's.	Yes
6	Appointment of one Professor as a Examination Co-ordinator to Co-ordinate this Online process.	Yes
7	Separate Evaluation Room for Evaluating the Answer Books under CCTV Surveillance	Yes


 Dean,
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 Chhatrapati Sambhajinagar

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSE)





Sr. No.	Name of Teacher (Last Name First Middle Name)	Designation	Subject/ Specialty	Type of Appointment (Regular/ Temp./ Honorar y)	Qualification	University Appox at (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University.)	No. of PG Students Guided last 5 year	Date of Birth	E-mail ID	Mobile No.	AadharCard No	If Debarred (Yes/No)
1	Dr.Kishor Mahale	Professor & Head	Prosthodontics Crown & Bridge	REGULAR	MDS	MUHS /E- 2/2101/394/2015 DATE 28/01/2015	16 YEARS	YES	PG:MUHS //PG/10 DATE 30/10/20	10	04/01/1974	drkishorhorm@rediffmail.com"	9823182550	695247803184	NO
2	Dr.Smita Khalikar	Professor	Prosthodontics Crown & Bridge	REGULAR	MDS	MUHS /E- 2/2401/2769/2018 DATED 21/07/2018	14 YEARS	YES	PG:MUHS /PG/11 2/3099/2018 DA 18/08/2018	11	30/04/1965	smitakhalikar@yahoo.com	9423456600	736623059137	NO
3	Dr.Vilas Rajguru	Asso. Professor	Prosthodontics Crown & Bridge	REGULAR	MDS	MUHS/E- 2//53/2401/66301/210MONTHS 016	7 YEARS	YES	PG:MUHS/PG/02 2/2401/384/17 13/02/2017	15	15/05/1978	vilasrajguru3@gmail.com	998606904264	425761327257	NO
4	Dr.Sonali Mahajan	Asso. Professor	Prosthodontics Crown & Bridge	REGULAR	MDS	MUHS/E- 2/2401/SSC/5594/21MONTHS 014 DATED 16/12/2014	3 YEARS 7 MONTHS	YES	PG:MUHS/E- 2/1141/01/2460 08/09/2021	02	19/06/1981	sonaliprosthodont@gmail.com	9225305700	381062107982	NO
5	Dr.Ulhas Tandale	Asso. Professor	Prosthodontics Crown & Bridge	REGULAR	MDS		3 YEARS	YES	PG:MUHS/E- 2/PG/114101/53 06/01/2022	02	30/05/1981	ulhastandale@gmail.com"	9970418575	94405853115	NO



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Chhatrapati Sambhajnagar

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

SN	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS/IA approval (Yes/no)	If/Yes MUHS Approval letter and date	Adhar No.	Pan No.	Date of Birth (Age In Years)	Latest Email Address	Contact No. (Mob.)	Deb arre d Yes /No	Signature
1	Government Dental College and Hospital, Aurangabad	Conservative Dentistry and Endodontics	Dr. Pradya Vilas Bansode	HOD and Professor	13-07-1998	BDS 1994	MDS 1998	25 yrs	Yes	MUHS/PG/E-2/102/2008 18 MUHS/E-2/2401/1295	4386 4058 8526	AEPWPB1000M	21-07-1971	drpradnya.mds@rediffmail.co.in	9421679094	No	
2	Government Dental College and Hospital, Aurangabad	Conservative Dentistry and Endodontics	Dr. Seetha Dhananjay Patil	Associate Professor	13-07-1998	BDS 1992	MDS 1998	21 yrs	Yes	MUHS/PG/E-2/132/14 MUHS/E-2/2401/1295	5346 6688 5098	AGOPP9974A	25-04-1971	seethadpatil@gmail.com	9850694750	No	
3	Government Dental College and Hospital, Aurangabad	Conservative Dentistry and Endodontics	Dr. Madhuri B Ambhure	Associate Professor	01-06-2005	BDS 1998	MDS 2003	19 yrs	Yes	MUHS/PG/E-2/2401/2014 16 MUHS/E-2/2401/1295	5943 6307 0079	AARPW1078R	07-04-1973	mbwaydhane@gmail.com	9890053082	No	
4	Government Dental College and Hospital, Aurangabad	Conservative Dentistry and Endodontics	Dr. Shirish Bhimrao Khedekar	Associate Professor	21-01-2011	BDS 1995	MDS 2005	14 yrs	Yes		6979 3060 6089	ABPPK6519G	20-12-1963	Shirish.khedekar@yahoo.co.in	9850055445	No	

XVI B



Dean,
Govt. Dental College & Hospital,
Chhatrapati Sambhaji Maharaj
Aurangabad

APPENDIX "XVI B"

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

XVI B

NAME OF COLLEGE :

Sambhajinagar

0240-

Contact No. :

240381

Subject

Periodontics




A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	Q		
Sr. No.	College Name	Subject	Name of Teacher (First Name Middle Name Last Name)	Designation	Date of Joining	UG- Qualification & Year of Passing	PG- Qualification & Year of Passing	Teaching Experience After PG Passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (AGE in year)	Latest Email Address	Latest Contact Mobile No.	Debarred yes/no	Sign. Of Teacher
1	Government Dental College Chhatrapati Sambhajinagar	Periodontics	Dr Maya Indurkar	Professor & Dean	8.8.2009	1986	1989	34	yes	MUHS/4 536, 01.11.2011	2.84E+11	AACPI 2788R	24-01-1965, 58 years	drmayai indurkar @gmail. com	9823182694	no	



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Chhatrapati Sambhajinagar



2	Government Dental College Chhatrapati Sambhaji nagar	Periodontics	Dr C D Dhalkari	Professor & Head	3.5.2018	1991	1998	31	yes	MUHS/3 712, 2018	4.73E+11	AAJPD 8330R	23.4.1970	drccdhaikari@gmail.com	9.4E+09	no	
2	Government Dental College Chhatrapati	Periodontics	Dr Ashok Kumar Bhansali	Associate Professor	7.3.2014	2002	2009	14	YES	MUHS/3 614, 2018	8.92E+11	AGFPB 2058L	28/6/81, 42 years	bhansaliak@rediffmail.com	9.6E+09	no	
3	Government Dental College Chhatrapati Sambhaji nagar	Periodontics	Dr Tushar Bhople	Associate Professor	4.5.2012	2012	2016	6	yes		6.06E+11	APXPB 6322G	26/11/1989, 34 YRS	tushar.5002@yahoo.in	8.1E+09	no	



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Chhatrapati Sambhajnagar

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College: Phone/Mobile No.: Name of the Subject: Oral and Maxillofacial Surgery

SN	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG Passing	MUHS Approval (Yes/No)	IF Yes MUHS Approval letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	GDC Aurangabad	Oral and Maxillofacial Surgery	Dr. Kanchan Shah	HOD AND PROFESSOR	21/10/2000	BDS 1984	MDS 1994	25 YEARS 6 MONTHS	YES	MUHS/PG/4286359 E-2/939/2018	93149		20/07/1967	dkkanchans@gmail.com	8275092597	No
2	GDC Aurangabad	Oral and Maxillofacial Surgery	Dr. Jayant Landge	ASSOCIATE PROFESSOR	06/11/2013	BDS 2005	MDS 2011	13 YEARS 6 MONTHS	YES	MUHS/PG/3483093 E-2/111101/2042/2018 dated 11-05-2018	85706	ADIP 12726983R	02/07/1983	djayant27@yahoo.co.in	9833644688	No
3	GDC Aurangabad	Oral and Maxillofacial Surgery	Dr. Wahab Shaikh	ASSOCIATE PROFESSOR						MUHS/E-2/PG/114101/2527/2023						
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Chhatranati Samithi

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Annexure-XVI-B

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Subject: ORTHODONTICS

SN	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	AdharNo.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	GDCH AURANGABAD	Orthodontics	Rajjan Kundanlal Mahindra	Professor and Head	22/2/1991	BDS May 1987	MDS Nov 1990	34 years	Yes	Yes MUHS/UG/E-2/53/2401/296/2017date: 24/1/2017 and MUHS/PG-E2/1252/2018. Date 19/3/2018	337811593038	ABVPM6 977C	07/07/1964	rmahindra2007@gmail.com	9823034254	No
2	GDCH AURANGABAD	Orthodontics	Dr Rakesh Kai Mohode	Associate Professor	16/4/1976	BDS JUNE 1999	MDS JAN 2005	20 Years	Yes	MUHS/UG/E-2/53/2401/7618/2016 and MUHS/PG/E-2/854/2018	785589670976	ALEPM6 480B	16/04/76	rakeshmo@node@gmail.com	9869103113	No
3	GDCH AURANGABAD	Orthodontics	Dr Govind Raghunath Suryawanshi	Associate Professor	1/12/2014	BDS October 2003	MDS June 2010	9 Years	Yes	MUHS/E-2/2401/SSC/1496/2015 and MUHS/E-2/PG/14101/2584/2023 DATE-22/09/2023	973533161512	DYTPSS 305C	13/08/1981	dr. govindsuryawanshi@yahoo.com	9860371813	No

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Chhatrapati Sambhaji Maharaj



Name of the College: Phone/Mobile No.:

Name of the Subject: **Oral Medicine and Radiology**

APPA course UG course

SN	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after Pg passing	MUHS Approval (Yes/No)	IF Yes MUHS Approval letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	GDCCH, Chh. Sambhajinagar	Oral Medicine	Dr. Jaishri Pagare	Professor and HOD of dept.	09/01/200	BDS 1994	MDS 1999	22 years 14 months	YES	MUHS/PG/ E-2/42/2021	771499122911	AL/EP/ P7194971D	03/09/1971	drjaishripa.gare@gmail.com	98906121	No
2	GDCCH, Chh. Sambhajinagar	Oral Medicine	Dr. Vikrant Kasat	Associate professor	18/08/201	BDS 2001	MDS 2006	18 years 3 months	YES	MUHS/PG/ 2/42/2021	627970956501	ASSXP/ K9777B	4/1/1979	drvikrantka80870515sat@rediffmail.com	80870515	No
3	GDCCH, Chh. Sambhajinagar	Oral Medicine	Dr. Rashmi Ingale	Assistant Professor	03/01/202	BDS 2020	MDS 2024	-	-	-	219672450400	AJJP/ 4615B	11/12/1996	rashmihibup87881227endrange32@gmail.com	87881227	No
4	GDCCH, Chh. Sambhajinagar	Oral Medicine	Dr. Pooja Malu	Assistant Professor	03/01/202	BDS 2018	MDS 2024	-	-	-	872315412737	DRJP/ M9071E	10/10/1996	poojamalu996@gmail.com	97671834	No
5	GDCCH, Chh. Sambhajinagar	Oral Medicine	Dr. Archana Danna	Dental surgeon and Tutor	31/05/300	BDS 1989	-	6 years 5 months	-	-	526289866657	ADU/ PD1166D	11/09/1968	drarchanadanna@gmail.com	94222049	No
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Govt. Dental College & Hospital
 Dear,
 Attached

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the college: Government Dental college and hospital, Chhatrapati Sambhajnagar

Phone No:

Name of subject: Oral Pathology and Microbiology

Sl No	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PGPas sing	MU HS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Achar No.	PanNo.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred (Yes/No)
1	GDC, Chh. Sambhajnagar	Oral pathology & Microbiology	Dr M S Mandale	Prof(Academic)	17/05/1993	BDS 1987	MDS 1991 (Oral path.)	31 yr 7 month	YES	MUHS/Pg/E-2/2401/211/17 Date-19/01/2017	888352 ABUPM50 579687 65C	1/3/1964 60yrs	mmandale17@gmail.com	9822496382	NO	
2	GDC, Chh. Sambhajnagar	Oral pathology & Microbiology	Dr J G Humbe	Asso. Prof	22/08/2000	BDS 1991	MDS 1999 (Oral Path.)	24 yr 4 month	YES	MUHS/Pg/E-2/3099/2018, Date-18/08/2018	728662 AFUPM544 493761 0D	14/4/1970 54yrs	humbe.jaya0nti@gmail.com	9404002493	NO	
3	GDC, Chh. Sambhajnagar	Oral pathology & Microbiology	Dr V A Nandkedar	Asso. Prof(Academic)	24/07/2017	BDS 1993	MDS 1999 (Oral Path.)	7 yr 5 month	YES	MUHS/E-2/Pg/1141011 01/154/2024 dated 5/9/2024	521225 ADCPN640 336816 0A	07/08/1972 52 yrs	vaishalipath72@gmail.com	9850043795	NO	
4	GDC, Chh. Sambhajnagar	Oral pathology & Microbiology	Dr S P Wagh	Asst. Prof	05/07/2019	BDS 1993	MDS 1998 (Oral Path.)	5 yr 5 month	YES	MUHS/E-2/Pg/1927/20 Date: 20.10.2020	691510 AGLPD354 154827 1Q	23/07/1971 53yrs	savitawagh23@gmail.com	9822467957	NO	


Dean,
 Govt. Dental College & Hospital, Chhatrapati Sambhajnagar
 Nashik


Head of Department,
 Oral Pathology and Microbiology
 Govt. Dental College & Hospital, Chhatrapati Sambhajnagar
 Nashik

Annexure-XVI-B

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College: Government Dental College and Hospital, Chhatrapati Sambhajinagar

Subject :Public Health Dentistry

College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	M UH S (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	P a n N (Age in years)	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mobile.)	De
GDCH, PUBLI C HEALTH DENTISTRY	3	Dr. Jagdishchan dra Vathar	Professor and HOD	2/1/2014	BDS 2003	MDS PUBLI C HEALTH DENTISTRY 2008	16 yrs. 08 months	YES	MUHS/E-2/UG/1771/8876922	937148876905	13/4/1979 (45 years)	28/09/1986 (38 years)	drjagdish.v@rediffmail.com 959452NO	3409	NO
GDCH, PUBLI C HEALTH DENTISTRY	4	Dr. Harshal Prakash Bafna	Associate Professor	19/01/2022	BDS 2010	MDS PUBLI C HEALTH DENTISTRY 2014	10 yrs 9 months	YES	MUHS/E2/UG/114101/68702921/2022	945657029244	28/09/1986 (38 years)	28/09/1986 (38 years)	bafnaharsh706606@gmail.com 0919	0919	NO



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Chhatrapati Sambhajinagar

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Annexure-XVI-B

Name of the College :
 Phone/Mobile No. :

Name of the Subject :

SN	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarre Yes/No	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	
			Pediatric & Preventive Dentistry	Dr. Chaitali Mirajkar	Associate Professor (educational)	28-08-2017	1999	2004	17	yes	MUHS/FE-2/2401/3726/2017 Dated-13/11/2017	4511-5627-7826	ACAP 976 H8213 J	30/12/1976	chaitalimirajkar@gmail.com	942222845	No

Chaitali Mirajkar

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 Govt. Dental College & Hospital,
 Chhatrapati Sambhaji Maharaj

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG COURSE)

XV)

Prosthodontics

Sr. No.	Name of Teacher (Last Name First Middle Name)	Designation	Subject/ Specialty	Type of Appointment (Regular/ Temp./ Honorar y)	Qualification	University Approx at (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University.)	No. of PG Students Guided last 5 year	Date of Birth	E-mail ID	Mobile No.	Aadhar Card No	If arre d (Yes /No)	Sign. of Teacher		
1	Dr. Kishor Mahale	Professor & Head	Prosthodontics Crown & Bridge	REGULAR	MDS	MUHS/E-22101/394/2015 DATE 28/01/2015	16 YEARS	YES	PG:MUHS //PG/10 DATE 30/10/20	04	04/01/1973	dkishorrrn@rediffmail.com	9823182550	6952478031	NO	84	16	17
2	Dr. Smita Khalikar	Professor	Prosthodontics Crown & Bridge	REGULAR	MDS	MUHS/E-22401/2769/2018 DATED 21/07/2018	14 YEARS	YES	PG:MUHS /PG/11 2/3099/2018 DA 18/08/2018	30	30/04/1965	smitakhalika@yahoo.com	9423456600	7366230591	NO	37		
3	Dr. Vilas Rajguru	Asso. Professor	Prosthodontics Crown & Bridge	REGULAR	MDS	MUHS/E-22/53/2401/66301/210MONTHTS 016	7 YEARS	YES	PG:MUHS/PG/02 2/2401/384/17T 13/02/2017	15	05/1978	vilasrajguru3@gmail.com	9860690426	4257613272	NO	57		
4	Dr. Sonali Mahajan	Asso. Professor	Prosthodontics Crown & Bridge	REGULAR	MDS	MUHS/E-2/2401/SSC/5594/2MONTHTS 014 DATED 16/12/2014	3 YEARS 7 MONTHS	YES	PG:MUHS/E-2/21141/01/2460 08/09/2021	19	06/1198	sonaliproshh@gmail.com	9225305700	3810621079	NO	82		
5	Dr. Ulhas Tandale	Asso. Professor	Prosthodontics Crown & Bridge	REGULAR	MDS		3 YEARS	YES	PG:MUHS/E-2/PG/114101/53 06/01/2022	02	30/05/198	ulhasandale@gmail.com	9970418575	9440585311	NO	5		

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Chhatrapati Sambhaji

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

Sl. No.	Name of Teacher (Last Name First Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ temporary/ honorar y)	Qualification	University at (UG)	PG Teaching Experience (in Years)	PG Teaching Recor d (Yes/No)	(Recognition Letter Date issued by University.)	No. of PG Students Guided last 5 year	Date of Birth	E-mail ID	Mobile No.	Aadhar Card No	If Debarred (Yes/No)	Sign. of Teacher
1	Dr. Bansode Pradya Vilas	HOD and Professor	Conservative Dentistry and Endodontics	Regular	MDS	Marathwada University	16 years Yes	MUHS/PG/E-2/102/2008 18		7	21-07-1971	dr.pradya@mds@rediff.com	9421679094	4386 4058 8526	No	
2	Dr. Parthak Seema Dhananjay	Associate Professor	Conservative Dentistry and Endodontics	Regular	MDS	Marathwada University	10 years Yes	MUHS/PG/E-2/132/14		5	25-04-1971	seemadparthak@gmail.com	9850694750	5346 6688 9098	No	
3	Dr. Ambhure Madhuri	Associate Professor	Conservative Dentistry and Endodontics	Regular	MDS	Marathwada University	8 yrs Yes	MUHS/PG/E-2/2401/2014/16 29/08/2016		3	07-04-1973	mbwavdhane@gmail.com	9890053082	5943 6307 0079	No	

XVI.C

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Chhatrapati Sambhaji Maharaj

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

Name of the College:




GOVERNMENT DENTAL COLLEGE AND HOSPITAL, CHHT, SAMBHAJINAGAR

Phone/Mobile No.:

9598307

Name of the Subject:

PERIODONTICS

Sl. No.	Name of Teacher (Last Name/First Name/Initials)	Designation	Subject/Speciality	Type of Appointment (Regular/Temp./Honorary)	Qualification	University (Approx. UG)	PG Teaching Experience (After PGM)	PG Teacher Recognition (Yes/No)	(Recognition Date/Issued by University)	No. of Postgraduate Students Guided last 5 years	Date of Birth	E-mail ID	Mobile No.	Aadhar Card No.	ID (Yes/No)	Signature of Teacher
1	DR. MAYA	Professor & Periodontologist	Regular	MDS	31y	12y	Yes	MUHS/4536, 9	01.11.2011	24-01-1965,	mayaindu@gmail.com	9823182694	2836211	NO	56223	
2	DR. J. H. DHAIKARI	Professor & Periodontologist	Regular	MDS	30y	14y	Yes	MUHS/3712, 7	2018	23/4/1970	dhaij@rediffmail.com	959830739	4726742	NO	12287	
3	DR. ANIL K. BHANSALI	Associate Professor	Regular	MDS	15y	7y	YES	MUHS/3614, 3	2018	28/6/81,	bhansali@rediffmail.com	959830744	8919942	NO	45313	

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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)


Name of the College:
 Phone/Mobile No. :
 Name of the Subject:
 Oral and
 Maxillofacial Surgery

Sr. No.	Name of Teacher (Last Name, First Name, Middle Name)	Designation	Subject/Speciality	Type of Appointment (Regular/Temp./Honorary)	Qualification	University (Approx. UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University.)	No. of PG Students Guided last 5 year	Date of Birth	E-mail ID	Mobile No.	Aadhar Card No	ID Barred (Yes/No)	Sign. of Teacher
1	Dr. Kanchan Shah	Professor	Oral and Maxillofacial Surgery	Regular	MDS	Marathwada University	6	YES	MUHS/PG/E-2/939/2018	12	20/07/1967	dkanchan@gmail.com	8275092597	428635993149	no	
2	Dr. Jayant Langde	Associate Professor	Oral and Maxillofacial Surgery	Regular	MDS	Marathwada University	6	YES	MUHS/PG/E-2/111101/2042/2018 dated 11/05/2018	6	02/07/1983	drjayant27@yahoo.co.in	9833644688	348309385706	no	
3																
4																
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**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)**

Annexure-XVI-C

Name of the College :
Phone/Mobile No. :
Subject : Orthodontic

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp./ Honorary)	Qualification	University Approx at (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University.)	No. of PG Students Guided last 5 year	Date of Birth	E-mail ID	Mobile No.	Aadhar Card No	If Debarred (Yes/No)	Sign. of Teacher
1	Rajan Kumdantlal Mahindra	Professor and Head	Orthodontic	Regular	BDS MDS	MUHS/954, 2018	8 Years	Yes	MUHS/PG-E2/1252/2018, Date 19/03/2018	10	07/07/1964	rmahindra2007@gm ail.com	9823034254	337811593038	No	
2	Dr Rakesh Rai Mohode	Associate Professor	Orthodontic	Regular	BDS MDS	MUHS/UG/E-2/53/2401/7 618/2016	8 Years	Yes	MUHS/PG/E-2/854/2018	5	16/04/76	rakeshmohode@gm ail.com	9869103113	785589670976	No	



Dean,

Govt. Dental College & Hospital,



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

Name of the College:
 Phone/Mobile No.
 :Name of the Subject:
**Oral Medicine and
 Radiology**

Sl. No.	Name of Teacher (Last Name, First Name, Middle Name)	Designation	Subject/Speciality	Type of Appointment (Regular/Temp./Honorary)	Qualification	University (Approx. UG)	PG Teaching Experience (In Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University)	No. of PG Students Guided last 5 year	Date of Birth	E-mail ID	Mobile No.	Aadhar Card No	ID Barred (Yes/No)	Sign of Teacher
1	Dr. Pagare Jaishri	HOD and Professor	Oral Medicine and Radiology	Regular	MDS	Marathwada University	4 years 5 months	Yes	MUHS/PG/E-2/42/2021	10	03/09/1971	drjaishripagare@gmail.com	9890612144	771499122911	No	
2	Dr. Kasat Vikrant	Associate professor	Oral Medicine and Radiology	Regular	MDS	Mumbai University	4 years 5 months	Yes	MUHS/PG/E-2/42/2021	5	4/11/1979	drvikrantkasat@rediffmail.com	8087051520	627970956501	No	
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Dean,


 Govt. Dental College & Hospital,
 Chhatrapati Sambhaji nagar

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

Name of the college: Government Dental college and hospital, Chhatrapati Sambhajnagar

Phone No:

Name of subject: Oral Pathology and Microbiology

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/Temp./Honorary)	Qualification	University Appox at (UG)	PG Teaching Experience (In Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University.)	No. of PG Students Guided last 5 year	Date of Birth	E-mail ID	Mobil e No.	Aadha r Card No	If Debarre d (Yes/No)	Sign. of Teacher
1	Dr M.S. Mandale	Prof(Academic)	Oral pathology & Microbiology	Regular	MDS 1991 (Oral Path)	MUHS/224, 18.01.2017	07Yr	Yes	MUHS/224, 18.01.2017	05	1/3/1964 60yrs	mmandale9822496le17@gmail.com	888352382	579687	NO	
2	Dr Jigneshkumar	Asst.Prof	Oral pathology & Microbiology	Regular	MDS 1999 (Oral Path)	MUHS/2769, 21.07.2018	06yr	Yes	MUHS/2769, 21.07.2018	03	14/4/1970 54yrs	humbekar9404002yanti@gmail.com	728662493	493761	NO	
3	Dr V.A. Nandkhedkar	Asso. Prof/Academic	Oral pathology & Microbiology	Regular	MDS 1999 (Oral Path.)	MUHS/E-2/PG/1141011 dated 01/15/2024	03 months	Yes	MUHS/E-2/PG/1141011 dated 01/15/2024	-	07/08/1972 52 yrs	vaishtalpa9850043tho72@gmail.com	521225336816	795	NO	

Dean,
Govt. Dental College & Hospital,
Chhatrapati Sambhajnagar

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निदेशक व निदेशिका

डॉ. व. अ. नंदकेंदकर
असि. प्रो. व. अ. अ. अ. अ.

डॉ. ज. क. कुमारे
असि. प्रो. व. अ. अ. अ. अ.