

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Subject-wise Teacher List (Approved + Not approved)

(UG Degree / PG Degree) As On: / /

ANNEXURE - IX

Dental

Name of the Department: Prosthodontics,Crown and Bridge

Whether UG..... / UG+PG.....

Name of the College: Government Dental College and Hospital,

College Code: Intake: Capacity: 63

Chhatrapati Sambhajinagar

SN	Subject	Name of Teacher	Designation	Mobile No.	E-mail ID	DOB	Whether belongs to reserved category (if yes, specify category)	Date of Appointment	Teaching Experience			Total PG Teaching Experience	Type of appointment (Temp / Regular / Contractual)	University Approval Status (Yes/No)	Temporary Approval	Details of PG Recognition		MET Work shop atten ded in last 5 years	Photo graph with Signature
									L	R	P					Temp/ Regular	Letter No.& Date		
1	Prosthodontics & Crown & Bridge	Dr.Kishor Mahale	Professor & Head	9823182550	"drkishor04-01-1975@rediffmail.com"	"drkishor04-01-1975@rediffmail.com"	"Yes (NT-2)"	07-01-2016	3	5	1	1415	Regular	Yes		Regular	PG: MUHS //PG/E- 2/313/15 Date 30/01/2015	Yes	Photo graph with Signature
2	Prosthodontics & Crown & Bridge	Dr.Smita Khalikar	Professor	942345 smitakh6600	30/04/1965	Open	08-10-1993	1211	11	12	Regular	Yes			Regular	PG: MUHS //PG/E- 2/3099/2018 Date 18/08/2018	Yes	Photo graph with Signature	



Ganesh

8	Prosthodontics Crown & Bridge	Dr. Nida Mustabs hira	Assi. Professor	800789 2378	nida923 1@gmail.com	20/09/YES (EWS)	03/01/2 025							
9	Prosthodontics Crown & Bridge	Dr. Samiksha Lalsare	Assi. Professor	997043 0065	Samlals are22@ gmail.co m	26/03/NO	03/01/2 025							
10	Prosthodontics Crown & Bridge	Dr. Sharda Shelke	Assi. Professor	966551 1386	spshelke 157@g mail.co m	18/01/NO	04/01/2 024							
11	Prosthodontics Crown & Bridge	Dr. Nikhil Chawla	Tutor	797296 0038	nickcha wla13@ gmail.co m	13/03/NO	20/04/2 024							

L:Lecturer;R:Reader;P:Professor.

Note: The College shall submit one hardcopy and softcopy(inExcelFormat) of the list in PenDrive to the LIC Committee.



Signature of Dean/Principal
Dean,
Govt. Dental College & Hospital,
Chhatrapati Sambhaji Nagar

ANNEXURE

Name of the Department: **Conservative Dentistry and Endodontics**

Whether UG / PG

Intake Capacity:

College Code:2401

SN	Subject	Name of Teacher	Designation	Mobile No.	E-mail ID	DOB	Whether belongs to reserved category	Date of Appointment at College	Teaching Experience						Type of University appointment (Temp/ Regular/ Contractual) ('Yes' / 'No')	Total PG Teaching Experience (Temp/ Regular/ Contractual) ('Yes' / 'No')	Temporary Approval From	Temporary Approval To	Details of PG Temp / Letter No. & Date Regul ar	MET Work shop atten ded in last 5 years	Photo graph with Signature
									L	PG UG	R	P	R	P	PG						
1	Conservative dentist Dr. Pradnya V Bansode	HOD and Prof.		942167 9094	dr.pradny a.mos@r edmail.com	21/07/1971	SC	13/07/ 1998	6yrs	16y rs	9 year	7 year	9 year	16yrs	Regular	yes	-	-	MUHS/ PG/E- 2/102/2 008	5	18/02/2 008
2	Conservative dentist Dr. Seema D Pathak	Asst. Prof		985069 4750	seemadpa 25/04/1971	OPE N	13-07 1998	15 yrs	10 yrs	10 yrs	10 yrs	10 yrs	10 yrs	10 years	Regular	yes	-	-	MUHS/ PG/E- 2/132/1 014	5	15/01/2 014
3	Conservative dentist Dr. Madhuri B. Wavdhane	Asst. Prof		9889005 3082	mbwavadh ane@gma il.com	07/04/1973	ST	01/06/ 2005	10 years	8yrs	8yrs	8yrs	8yrs	8 years	Regular	yes	-	-	MUHS/ PG/E- 2/240/1 016	5	29/08/2 016
4	Conservative dentist Dr. Shirish Bhimrao Khedikar	Asst. Prof		985005 5445	Shirish.k hedikar @yahoo.co.in	20/12/1963	OPE N	21/01/ 2011	13yrs	2yrs					Regular	yes	-	-	Regu lar	2	
5	Conservative dentist Dr. Anjali Mule	Asst. Prof		9E+09	anjali.mule 8@gmail.com	19-02-1995	OBC	27-03-2024							Submitted to MU HS		Temp p				



7	Conservative dentist y and endodontics	Dr. Apurva Satpute	Asst. Prof	8E+09		21-02-1997	SC	31-12-2024		Temporary	Submitted to MU HS	31-12-2024	31-12-2025	Temporary	Submitted to MU HS	31-12-2024	31-12-2025	Temporary	Submitted to MU HS	31-12-2024	31-12-2025
8	Conservative dentist y and endodontics	Dr. Janhavi Swami	Asst. Prof	9E+09						Temporary	Submitted to MU HS	03-01-2025	03-01-2026	Temporary	Submitted to MU HS	03-01-2025	03-01-2026	Temporary	Submitted to MU HS	03-01-2025	03-01-2026
10	Conservative dentist y and endodontics	Dr. Rohini R	Dental Surgeon	9E+09						Temporary	Submitted to MU HS	01-03-2024	28-02-2025	Temporary	Submitted to MU HS	01-03-2024	28-02-2025	Temporary	Submitted to MU HS	01-03-2024	28-02-2025
11	Conservative dentist y and endodontics	Dr. Aarti Wangikar	Tutor	1E+10						Regular											

L: Lecturer; R: Reader; P: Professor.
Note: The College shall submit one hard copy and a soft copy (in Excel Format) of the list in Pen Drive to the LIC Committee.

Signature of Head of the Department

Signature of Dean / Principal

Dean,
Govt. Dental College & Hospital,
Chhatrapati Sambhajinagar

Subject-wise Teacher List (Approved+Not approved) (UG)

Degree / PG Degree) As On: /...../.....

Name of the Department: Periodontics
Dental College, Sambhajinagar

Whether UG..... /UG+PG..... Name of the College: Government
College Code: Intake: Capacity: 63

College Code:



PERIOD DR ASSOCIATE 9595830bhansali 28/06 OPEN
ON FICS ASHOK PROFESSOR 744 ak@ne 1981
BHANSA difmail.com
Li 22

PERIOD DR ASSOCIATE 8055555tushar 5/26/11/SC
ON FICS TUSHAR PROFESSOR 026 002@ya 1989
BHOPLE hoo.in

PERIOD DR ASSISTANT 983315dushmee 14/11/OPEN
ON FICS SHREYY PROFESSOR 754 akoram 1996
A eth@em ail.com
KORAM
BETH

PERIOD DR ASSISTANT 9146948shradhd 24/11/V
ON FICS SHRADH PROFESSOR 166 adhav19 996
A 96 agm ail.com
JADHAV

PERIOD DR ASSISTANT 9921638janviraj 13/12/OPEN
ON FICS JANHAVI PROFESSOR 672 obit39 1996
PUROHIT purohit@gmail.com

L:lecturer;R:Reader;P:Professor.

Note: The College shall submit one hardcopy and softcopy(inExcelFormat) of the list in PenDrive to the LJC Committee.


Dr. Deepanjan Principal
Govt. Dental College & Hospital,
Chhatrapati Samnajnagar

**Name of the Department Oral and Maxillofacial Surgery
Name of the College: Government Dental College and Hospital, Aurangabad**

**Whether UG...../UG+PG-yes
Degree / PG Degree) As On..... / /**

SN	Subject	Name of Teacher	Designation	Mobile No.	E-mail ID	Date of Appointment	Whether reserved category (if yes, specify category)	Teaching Experience	Total PG Teaching Experience	Type of appointment	University Approval Status (Yes/No)	Temporary Approval		Detail of PG Recognition	MET Work shop No & Date	Photo graph with Signature
												UG	PG	L	R	P
	Oral and Maxillofacial Surgery	Dr Jayant Langde	Professor	275092597	drkanchanshans@gmail.com	21/10/2000	SC	20/07/1967	17 2 3 2 5	Regular	yes	Regular	MUHS/ PG/E-2939/2018	YES		
	Oral and Maxillofacial Surgery	Dr M.Shah	Associate Professor	8169385971	Drijayant2071NT227@yahoo.co.in	11/07/2022	INT 2	98300	5 5 5	Regular	yes	regular	MUHS/ PG/E-211101/2042/2018 dated 11/05/2018	Yes	Dr Jayant Langde	

Dr Wahab Associate Professor 4	917576718	<u>shaikhwahab568</u> <u>7@gmail.com</u>	10/10/ST 1985	20/12/20 4 18	4 4	Contractual	01/07/202 Till date
Dr Asma Assistant Professor 1	986969007	<u>asmafruitwala1</u>	05/05/Open 1998	31/12/20 1 24	11 mnths	Temporary	
Dr Pankaj Assistant Professor 7	840894819	Gavalipankaj03995@gmail.com	2/01/1ST	3/01/202 11 5	11 mnths	Temporary	

Lecturer: Reader: Professor

Note: The College shall submit one hard copy and one soft copy (in Excel format) of the listing on Pen Drive to the LICC Committee.

Signature of **Dear**, Principal
Govt. Dental College & Hospital,
Chhatrapati Sambhaji Nagar

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Subject-wise Teacher List (Approved + Not approved)

(UG Degree / PG Degree) As On: 07/12/202.

Name of the Department: Orthodontics**Name of the College:** Govt dental college aurangabad**College Code:****Whether UG / UG + PG****Intake Capacity:**

S N	Subject	Name of Teacher	Designat ion	Mobile No.	E-mail ID	Whether reser ved category	Date of Appointment at College	Teaching Experience	UG	PG	Total PG Teaching Experi ence	R	P	R	P	Type of appointm ent(Temp / Regular / Contractual)	University Approval Status (Yes / No)	Temporary App roval	Temp p / Reg ular	Fro m	To	Details of PG Recognition	Letter No. & Date	MET Work shop in last 5 years	Photographwith Signature
																L	Experi ence	Approv al	Fro m	To	Regula r	MUHS/PG- E/1252/2018, Date 19/03/2018	Regula r	MUHS/PG- E/854/2018	Regula r
1	Orthodon tics	Dr Rajan K. Mahindra	Professor and Head	9823034276	ra200767@gmail.com	16/54	7/7/19 Open	22/2/1991	18yr	8 yr	8y	R	P	R	P	Regular	Yes	MUHS/UG/ E-2/53/2401/296/2017d ate: 24/1/2017	Regula r	MUHS/PG- E/2/854/2018	Regula r	MUHS/PG- E/2/1252/2018, Date 19/03/2018			
2	Orthodon tics	Dr Rakesh R. Mohode	Associate Professor	9869103113	rakeshmohode@gmail.com	16/04/1976	SC	2/5/20	12yr	8 yr	8 years	R	P	R	P	Regular	Yes	MUHS/UG/ E-2/53/2401/7618/2016	Regula r	MUHS/PG- E/2/854/2018	Regula r	MUHS/PG- E/2/1252/2018, Date 19/03/2018			
3	Orthodon tics	Dr Govind R. Suryawanshi	Academic Associate Professor	98603718dr.govin13/8/13	dsuryaw981anshi@yahoo.com	16/13	ST	1/12/2014	9 yr	1 Year 3 months	1 Year 3 months	R	P	R	P	Regular	Yes	MUHS/EG-2/2401/SSC/1496/2015	Regula r	MUHS/PG- E/2/1252/2018, Date 19/03/2018	Regula r	MUHS/PG- E/2/114101/2584/2023 DATE – 22/09/2023			



4	Orthodontics	Dr Mayank Malik	Assistant Professor	79845377	Mayank amalik919977@gmail.com	13/09/1997	Open	3/01/2025		Temp	
5	Orthodontics	Dr Priti Bhurada	Tutor	9403581719	Jethliya priti12980@gmail.com	12/09/1980	Open 6 Years	28/11/2018	Regular		

L: Lecturer; R: Reader; P: Professor.

Note: The College shall submit one hard copy and a soft copy (in Excel Format) of the list in Pen Drive to the LIC Committee.

Signature of Dean / Principal

Dean,
Govt. Dental College & Hospital,
Chhatrapati Shivaji Nagar

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Subject-

wiseTeacherList(Approved+notapproved)(UGDegree

/PGDegree) AsOn...../...../.....

NameoftheDepartment: Oral Medicine and Radiology

Name of the College: Government Dental College and

Hospital, Chhatrapati Sambhajinagar

WhetherUG/UG+PG

IntakeCapacity:.....

CollegeCode:.....

SN	Subject	Name of Teacher	Designation	Mobile No.	E-mail ID	DOB	Whether belongsto reservedcategory(if yes,specify category)	Date of AppointmentatCollege	Teaching Experience	Type of appointment(UG PG L R P R P e)	Total PGTeachingExperience	University Approvals status(Yes /No)	Temporary Approval	Details of PGRecognition	MET Works hopatt endedi	Photographwi thSignature	
1	Oral Medicine and Radiology	Dr. Jaishri Pgare	Professor & Head of Dept.	9890612144	draiashri_pgare@gmail.com	3/9/1971	SC	09/01/2002	13 yrs	2 yrs	4 yrs	5 months	Yes	-	-	MUHS/PG/E-2422/021	-



2	Oral Medicine and Radiology	Dr. Vikrant Kasat	Associate Professor	8087051 520	drvikrant tkasat@rediffmail.com	4/11/1 979	OPEN	18/08/20 16	4 yrs 5 months	Regular	Yes	-	-	Regular MUH SPG/ E- 2/4/2/ 021, -
3	Oral Medicine and Radiology	Dr. RashmiN gale	Assistant Professor	8788122 732	rashmib hupendr aingle (@gmail. com	11/12/ 1996	ST	03/01/20 25	Temp	03/01/2 5	01/01/2 6	-	-	-
4	Oral Medicine and Radiology	Dr. Pooja Malu	Assistant Professor	9767183 423	poojam alu96@ gmai.co m	10/10/ 1996	OPEN	03/01/20 25	Temp	03/01/2 5	01/01/2 6	-	-	-
5	Oral Medicine and Radiology	Dr. Archana Dama	Dental Surgeon	9422204 922	drarcha nadam a@gma il.com	11/09/ 1968	OPEN	31/05/20 01	ye ars 5 mo nth s 28 da ys	Regular				

L:Lecturer;R:Reader;P:Professor.

Note:The College shall submit one hardcopy and a soft copy(inExcelFormat) of the list in Pen Drive to the LIC Committee.

Dean,

Govt. Dental College & Hospital,
Chhatrapati Sambhajinagar

OPATH

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Subject-wise Teacher List (Approved + Not approved)(UG Degree/PG Degree) As On: /1/2025

Name of the Dept.: Oral Pathology and Microbiology
Name of the College: Govt. Dental college and hospital, Chhatrapati Sambhajinagar

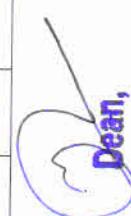
Whether UG.....UG/PG....

College code:.....

Intake capacity:.....

SN	Subject	Name of teacher	Designation	Mobile No.	E-mail ID	DOB	Whether belongs to reserved category/if Yes, specify category	Date of Appointment at College	Teaching Experience			Total PG Teaching Experience	Type of appointment(Temporary/Regular/Contractual)	University Approval Status(Yes/No)	Temporary approval	Details of PG Recognition		MET Workshop attended in last 5 years	Photograph with Signature	
									UG	R	P					Fro	To	Temp Regul ar		
1	Oral Pathology & Microbiology	Dr M S Mandale	Prof (Academic)	9822496382	9822496382@ymail.com	01-03-1964	SC	17/05/1993	31 yrs 07 month	- 07 yrs 11 month	11 months	7 yrs 11 month	Regular	YES	NA	NA	Regular	MUHS/P/G/E-2/2401/21/1/17, Date-19/01/2017	01	 
2	Oral Pathology & Microbiology	Dr J G Humbe	Asso. Prof	9404002493	numbe.jaya.anti@gmail.com	14-04-1970	SC	22/08/2000	24 yrs 4 months	- 6 yrs 5 months	5 months	6 yr 5 month	Regular	YES	NA	NA	Regular	MUHS/E-2/2401/27/69/2018, Date-27/01/2018	01	 

3	Oral Pathology & Microbiology	Dr V A Nandkherkar	Asso. Prof(Academic)	98500437 072@gmail.com	07-08-1972	OBC	24/07/2017	7 yrs 5 months	Regular	YES	NA	NA	Regular	MUHS/E-2/PG(114) 01/01/154 /2024 dated 5/9/2024	01
4	Oral Pathology & Microbiology	Dr S P Wagh	Asst. Prof	98224679 57	23-07-1971	Open	5/07/2019	5 yrs 5 months	-	Regular	YES	NA	-	-	01
5	Oral Pathology & Microbiology	Dr. Monika Kajalkar	Asst. Prof	94048 69696	23-2-1995	OBC	31/12/20 24	1 day	-	Temp orary	N	N	-	-	-
6	Oral Pathology & Microbiology	Dr Varsha Deokar	Tutor	99605 05616	26-05-1979	OBC	-	-	Regular	YES	N	N	-	-	01

 Dean,
Govt. Dental College & Hospital,
Chhatrapati Sambhaji Nagar

मिल्क र विद्यापूर्ण
दंतशिक्षकी तथा अधिकारी ने जा
पासदेव देश के बहुविद्यालय द समर्पण
प्रबन्धनी का प्रभावी विभाग

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Subject-wise Teacher List (Approved + Not approved)
(UG Degree / PG Degree) As On: /

Name of the Department: Pediatric & Preventive DentistryName of the College: GDC Chhatrapati. Sambhaji Nagar

College Code:

Whether UG / UG + PG

Intake Capacity:

SN	Subject	Name of Teacher	Designation	Mobile No.	E-mail ID	DOB	Whether belongs to reserved category (if yes, specify category)	Date of Appointment at College	Teaching Experience			Type of appointment (Temp / Regular / Contractual)	University Approval Status (Yes / No)	Temporary Approval	Details of PG Recognition		MET Work shop atten	Photo graph with Letter No. Date
									UG	PG	Total P R P				Temp / Regular	To		
1	<u>Pediatric & Preventive Dentistry</u>	Dr. Chaitali Mirajkar	Associate Professor (educational)	9422284546	chaitali.mirajkar@gmail.com	30-12-1976	OBC	28-08-2017	10	05	04	04	17	Regular	Yes	-	Regular	MUH: PG/E-22303 Dated 22/07/2018 015 to 14-02-2018
2	<u>Pediatric & Preventive Dentistry</u>	Dr. Vibhakar Shatrujan Mote	Dental Surgeon	9975192999/8275925900	vibhakar.mote64@gmail.com	15-12-1973	Vibhaka Mote	05-12-2018	-	-	-	-	-	-	-	-	-	-

L: Lecturer; R: Reader; P: Professor.

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Subject-

wise Teacher List (Approved+Not approved)
(UG Degree / PG Degree) As On:..... /

Name of the Department: PUBLIC HEALTH DENTISTRY UG
College: Government Dental College and Hospital, Aurangabad

Intake Capacity:
/.....

SN	Subject	Name of Teacher	Designation	Mobile No.	E-mail ID	DOB	Whether belongst o reserved category (if yes, specify category)	Date of Appointment College	Teaching Experience			Tot UG			Temporary Approval			DetailsofPG Recognition			
									UG		PG	L	R	P	R	P	From	To	Temp p/ Regul ar	Lette r No.& Date	Univers ity Approv al Status (Yes/N o)
									L		R	P	R	L	R	P	From	To	Temp p/ Regul ar	Lette r No.& Date	Univers ity Approv al Status (Yes/N o)
1	Public Health Dentistry	Dr.Jagdishandra Vathar	Professor & HOD	9594523409	drijagdinhv@gmail.com	13/4/1979	NO	2/1/2014	5 yr 7 mo 8 days	3 mo 9 days	1 yr 5 months	16 yrs, 8 months	Regular	Yes	26/04/2021	Till date	Yes				
2	Public Health Dentistry	Harshal P Bafna	Associate Professor	7066060919	bafnaharshalg@gmail.com	28/09/1986	NO	18/01/2022	7 yrs 8 months	2 yr 11 months	10 yrs 9 months	Regular	Yes	19/01/2022	Till date	Yes					
3	Public Health Dentistry	Dr. Sagar Kumbhar	Associate Professor	9763755437	dr.sagar77@gmail.com	09/08/1986	Yes	12/09/2024	4 years 6 months	6 years 5 months	4 years 5 months	Temporary	Yes	29/08/2022	Till date	Yes					
4	Public Health Dentistry	Dr Pradnya Jadhav	Assistant Professor	7030361239	pradnya.jat73/1989@yahoo.com		Yes	4/2/2020	6 years 4 months	4 years 4 months	6 years 4 months	Temporary	Yes	15/9/2021	Till date	Yes					

L: Lecturer; R: Reader; P: Professor.



Dean,
**Govt. Dental College & Hospital,
Chhatrapati Sambhajinagar**

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

ANNEXURE 4X

Subject-wise Teacher List (Approved + Not approved)

(UG Degree / PG Degree) As On: / /

Name of the Department: Anatomy

Name of the College: Government Dental College, Chatrapati Sambhajiinagar.

College Code:

Whether UG / UG + PG

Intake Capacity:

SN	Subject	Name of Teacher	Designation	Mobile No.	E-mail ID	DOB	Whether belongs to reserved category (if yes, specify category)	Date of Appointment at College	Teaching Experience	Total PG	Type of appointment (Temp / Regular / Contractual)	University Approval Status (Yes/ No)	Temporary Approval	Temp / Regular	Details of PG Recognition			MET Work shop attended in last 5 years	Photograph with Signature
															L	R	P	T	O
1	Anatomy	Dr. Swapna Ambekar	Associate Professor	9822646swapnabondekar1978424	17/01/OBC @gmail.com	1978	Y	21/11/2015	5 Y 9 M	5 Y 9 Month	Regular	Yes	-	-	Regular	MUHS/UG/ Yes E- a/407/460/ 2014 dt 09/10/14	MUHS/PG/ E- 11/401/27/5 83/2016 dt 29.02.16		
2	Anatomy	Dr. Priya S Pargunde	Assistant Professor	9764099drpriyaa2494	29/07/OPEN 907@gmai.co.in	1982	Y	01/07/2020	9y - rs rs	9y - rs rs	Regular	Yes	-	-	-	MUHS/UG/ Yes E- 1/1407/228 0/2014 dt 22.05.2014			

L: Lecturer; R: Reader; P: Professor.

Note: The College shall submit one hard copy and a soft copy (in Excel Format) of the list in Pen Drive to the LIC Committee.

Professor & Head
Department of Anatomy
Govt. Medical College, Aurangabad

Dean,
Govt. Signature College & Hospital
Chhatrapati Sambhajiinagar

Name of the Department: Physiology

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

ANNEXURE - IX

Whether UG / UG + PG

SN	Subject	Name of Teacher	Designation	Mobile No.	E-mail ID	DOB	Category	Date of Appointment at College	Teaching Experience				Total PG Teaching Experience	Type of University Appointmen t	Details of PG Recognition		MET Work shop attended in last 5 years			
									UG		PG				Temp / Statu s (Yes / No)	Letter No. & Date				
									L	R	P	R			Fro m	To Regul ar				
1	Physiology	Dr. Chanda rshekhar Dange	Asso. Prof.	9960988505	dangecd@gmail.com	25-12-1974	open	03-03-2004	19y	NA	NA	15y	NA	Regul lar	YES Regul lar	NA	MUHS/ UGIE- 1/1303/3 223/201 0 Dt. 20/10/20 10	YES		
2	Physiology	Dr. Mohammad Imran Harun	Asst. Prof.	9158201367	imran1 01010 @yaho o.com	10-02-1981	OPE N	21-03-2024	1.5y	NA	NA	NA	NA	1.5y contr actual I	YES Regul lar	NA	MUHS/U G/ E-1 /53/1407 /6/15/20 16 DATED 21/09/20 16	YES		
3	Physiology	Dr. Afshan Kausar	Asst. Prof.	9767124805	dr_afsha nkausar @gmai l.com	15-08-1985	OPEN	22-12-2023	9 yrs	NA	NA	NA	NA	Regul ar	YES Regul ar	NA	MUHS/U G/ E-1 /53/1407 /6/15/20 16 DATED 21/09/20 16	YES		

L: Lecturer; R: Reader; P: Professor.

Note: The College shall submit one hard copy and a soft copy (in Excel Format) of the list in Pen Drive to the LJC Committee.


Dr. Afshan Kausar
 Professor of Physiology
 Head, Medical Cell Biology
 Govt. Dental College & Hospital,
 Chhatrapati Sambhajinagar



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Subject-wise Teacher List (Approved + Not approved) (UG Degree / PG Degree) As
On: / /

Name of the Department: Biochemistry

Name of the College: Government Dental College, Aurangabad

College Code:

Whether UG / UG + PG

Intake Capacity:

SN	Subject	Name of Teacher	Designation	Mobile No.	E-mail ID	DOB	Whether belongs to reserved category (if yes, specify category)	Date of Appointment at College	Teaching Experience				PG Experience	University Approval Status (Yes / No)	Temporary Approval	Type of appointment (Temp / Regular / Contractual)	From	To	Temp / Regular	Details of PG Recognition	MET Work shop attended in last 5 years	Photo graph with Signature	
									UG	PG	L	R	P										
1	Biochemistry	Dr. Zine R.M.	Associate Professor	9420422054	manoharzine@gmail.com	0/06/1979	Yes	07	-	08	-	08	-	Regular	Yes					Regular	1466 Dl. 02/06/2017		<i>B.M.</i>
2	Biochemistry	Mrs.N.P.Shaiikh	Assistant Professor	7873436npshaiikh539	h2021@gmail.com	14/11/1971	No	29	-	7	-	7	-	Regular	Yes	NA	NA	NA	NA	NA	NA	NA	
3	Biochemistry	Dr.Ashwini Jadhav	Assistant Professor	9623258ashwinis121	YJ-hankarra1994@gmail.com	17/03/1994	Yes (VJ-NTA)	5/12/23	ly-	-	-	-	-	Contractual	NA	NA	NA	NA	NA	NA	NA	NA	

L: Lecturer; R: Reader; P: Professor.
Note: The College shall submit to

ppt copy (in Excel Format) of the list in Pen Drive to the LIC Committee.



[Signature]
Signature of Dean/ Principal
Govt. Dental College & Hospital,
Chhatrapati Sambhajinagar

[Signature]

Prof. & Head,
Dpto of Biochemistry,
Govt. Medical College Aurangabad

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES,
NAEENIK**

Subject-wise Teacher List (Approved + Not
Approved)UG Degree / PG Degree), As On _____
/ _____, / _____.

Name of the Department: Pathology
Name of the College: QMC. Chh. Samohai, Nagpur

Whether UG _____ / PG + PG _____

Intermediate Category:

PG Approved - MURS/PG (G-1) 1401/27) 2586 / 2023

Sl. No.	Name of Teacher	Designation	Mobile No.	Email ID	Date of Birth	Category	Category of Appoint. if year, if specificity	Total PG Teaching Experience	Teaching Experience			Type of Appointment / Regular / Contracted	University Approval Status (Very High No.)	Temp From To _____	Temp From To _____	Regularity _____	NET Work Done _____	Fees Given _____	Fees Received _____	Fees Paid _____
									UG	PG	Exper.									
1.	Dr. Pathay S.N. Associate Professor	3922057	9822057	snehalpathay@gmail.com	16.02.1963	Yes	28/21/30yr	25yr	25yr	25yr	25yr	Regular	Yes	-	-	Regular	-	Yes	Yes	

L. Letter for Reader, P. Professor

Note: The College shall submit one hard copy and a soft copy (in Excel Format) of the list n. Pan Drivu to the LEC Committee.



Dean / Principal,
Govt. Dental College & Hospital,
Chhatrapati Sahibnagar, 411025

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES,
Mumbai

Subject-wise Teacher List (Approved + Not
Approved) (UG Degree / PG Degree), As On
1—1—2023

Name of the Department: Pathology
Name of the College: CMC, Chembhatne

Whether UG — / UG + PG —
Intake Capacity _____

PLI approval - MUHS/PG/E-1/1401/27/2086/2023.

S/N	Subject Name of Teach- er	Designa- tion	Mobile No	E- mail ID	Whether belong- ing to reserv- ed category in fif year,	Date of Appoint- ment	Total PG Teaching Experi- ence	Type of Institu- tional Affilia- tion / Regula- tion / Conforma- tion	Tempo- rary Approval	Details of NET Work Recogni- tion		Phot- ograph with Signature	
										From	To	Temp / Regula- tion	
1	SHEETAL PATIL	Asst Prof.	9441 88march1984	EFFECTSNSH @gmail .com	NT-3	27/2086	1.3	1.3 yrs regular	Yes	22/03/2023	22/03/2023	Yes	
2	MADHAV MONDE	Reader	9822010000	MONDE @cmc. com									

L: Lecturer; R: Reader; P: Professor.

Note: The College shall submit one hard copy and a soft copy (in Excel Format) of the list in Pan Drivu to the LTC Committee.



Signature / Principal
Govt. Dental College & Hospital,
Chhatrapati Sambhajinagar

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES,
RAJSHIK**

Subject-wise Teacher List (Approved + Not
Approved) (UG Degree / PG Degree) As On
/ _____, / _____

Name of the Department: Pathology

Name of the College: AMC ehn. Samorajnagar College Coed.

Whether IS / UG + PG
Institution Capacity:

S/N	Subject Name of Teacher	Designation	Mobile No	E- mail ID	Whether belongs to resigned category (if yes, specify category)	Date of Appointment	Total PG Teaching Experience	Type of apprentice	University Y Approval	Temporary Y Approval	Net PG Received II	Net Work stop given with in the year
1.	Pathology Fatiha Aamer Bawali	Dr Amreen Associate Professor	9822 5502 33	dr. fatiha bawali @gmail. .com	Yes	25/01/03 22/02/21	25/01/03 ST 2023.	Regular	Yes	-	-	Ye

L: Lecturer; R: Research; P: Professor

Note: The College shall submit one hard copy and a soft copy (in Excel Format) of the list in Pan Driven to the UGC Committee



Sunita Deo H,
Govt. Dental College & Hospital,
Chhatrapati Sot

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES,
RAJSHIK**

Subject-wise Teacher List (Approved + Not
Approved) UG Degree / PG Degree As On _____
/ _____ / _____

Name of the Department: Pathology
Name of the College: GMC Civil - Sambhavnagar

College Code: _____

Whether UG — / UG + PG —
Intake Capacity _____

SNo.	Subject of Teach- ing	Name of Teach- er	Mobile No.	E- mail ID	DOB	Date of Appoint- ment	Whether belongs to reserved category in year specific category)	Total PG Teaching Experience in UG	Total PG Teaching Experience in PG	Type of Appointment in UG	Universi- ty Appointed Status	Total PG Teaching Experience in Contractual (Non- UG)	From To Date	Temp Regula- tion	Details of PG Recognized In	NET Work Weeks Spent with Institu- tional Graph with Signature	Phot- o
										UG	PG	UG	PG	UG	PG	UG	PG
1.	Pathology	Vijaya Samethan Wane	9823- 4722 -47	vijayams santhan wane @gmail. com	28/09/1983 1983 2018	Yes Section Chair Person	21/3/1240 1940 2018	2½ yrs 2 yrs 2 yrs	2½ yrs 2 yrs 2 yrs	Regular	Yes	Yes	27/06/2022	27/06/2022	PG approval - MUNS PG E - 1 140127/27/2022	PG approval - MUNS PG E - 1 140127/27/2022	PG approval - MUNS PG E - 1 140127/27/2022

L. Lecturer, R. Reader, P. Professor:

Note: The College shall submit one hard copy and a soft copy (in Excel Format) of the list in Pan Driv to the Lieutenant

Signature of Dean / Principal

Govt. Dental College & Hospital,
Chhatrapati Shivaji Nagar

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Subject-wise Teacher List (Approved + Not approved) (UG Degree /

PG Degree) As On: /..... /.....

Whether UG, / UG + PG

Name of the Department: Pharmacology

Name of the College: Govt.Medical College

Intake Capacity:

College Code:

Sr. No	Name of the Teaching Staff	Designation	Mob. No.	E-mail ID	Date of Birth	Wh ethere bolo ngs to rese rved	Date of appointment	Teaching Experience UG (Yrs.)			Total Teaching Experience in years of PG	Type of Appointment	University Appr oval Status	Details of PG Recognition by University (Yes/No)	Photo with Signature
								AsstP rof	Asso. Prof.	Prof.					
3	Dr.Syed Ubaid Razvi	Associate Professor	7588812315	ravizyedubaid@yahoo.co.in	03-11-1975	Open	26/04/2005	13 Year	5 Year	----	18 Year	18 Year	Regular	Yes	
4	Dr.Satish E.Bahekar	Assistant Professor	95521544143	drsatish3683@gmail.com	03-06-1983	OBC	14/06/2018	9Year	--	---	9 years	5 Year 5M	Regular	Yes	
5	Dr.Abbijeet H.Bhagat	Assistant Professor	9049822869	drabbhi@gmail.com	15-08-1981	SC	11/06/2018	9 Year 9 Month	----	---	9 Year 9 Month	5 Year 5M	Regular	Yes	

L: Lecturer; R: Reader; P: Professor.

Note: The College shall submit one hard copy and a soft copy (in Excel Format) of the list in Pen Drive to the LIC Committee.

signature of Dean / Principal

Dean,

**Govt. Dental College & Hospital,
Chhatrapati Sambhaji Nagar**


**Professor & Head
Dept. of Pharmacology
Govt. Medical College Aurangabad**

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

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

Whether UG / UG + PG

SN	Subject	Name of Teacher	Designation	Mobile No.	E-mail ID	DOB	Whether belongs to reserved category (if yes, specify category)	Date of Appointment at College	Teaching Experience			Total PG Teaching Experience	Type of appointment (Temp / Regular / Contractual)	University Approval Status (Yes / No)	Temporary Approval		Details of PG Recognition	MET Workshop attended in last 5 years	Photo graph with Signature			
									UG		PG				From							
									L	R	P				Temp / Regular	Letter No. & Date						
1	Microbiology	Dr. Mangala Suresh Harbade	Associate Professor	94222 70213	drrdut hadre@gmail.com	15.06.1970	yes (SC) Scheduled caste	2001	29.9	10y	5y		Regular	Yes								
6	Microbiology	Laiq Ahmed Jaffari	Assistant Professor	99212 21941	lajaffari @gmail.com	07.03.1970	Yes	OBC	13.1	30y			Regular	Yes								
7	Microbiology	Dr. Sharvari Chandravya Kante	Assistant Professor	90499 97803	sharvari kante@g mail.com	30.09.1990	Yes	NTB	07.08.	5M			Regular	Yes								

L: Lecturer; R: Reader; P: Professor.

Note: The College shall submit one hard copy and a soft copy (in Excel Format) of the list in Pen Drive to the LiC Committee.

Professor & HOD
 Govt. Department of Microbiology
 Govt. Medical College,
 Chhatrapati Sambhajinagar

Signature of Dean / Principal
Dean,
Govt. Dental College & Hospital,
Chhatrapati Sambhajinagar

Annexure IX

**ANNEXU MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK,
SUBJECT WISE TEACHER LIST (APPROVED+NOT APPROVED) (UG DEGREE / PG DEGREE) AS ON
Name of the department : General Medicine, Govt Medical College, Chhatrapati Sambhajinagar**

S No.	Subject	Name of Teacher	Designation	MobileNo.	E-mailID	DOB	Whether belongs to reserved category (if yes, specify category)	Date of Appointment at College	Teaching Experience			Total PG PG Teaching Experience	University Approval Status (Yes / No)	Temporary Approval	Universit y Approval Status (Yes / No)	Type of appointment (Temp / Regular / Contractual)	Temp / Regular	LetterNo. & Date	Details of PG Recognition	MET Workshop attended in last 5 years	Photograph with Signature	
									UG	PG	L											
									R	P	R											
1	General Medicine	Dr. Prashant Gajbhare	Associate Professor	9623132358	drgajbhare@gmail.com	20/6/1986	SC	11/05/2015	7Y	4M	4M	9.5	Regular	Yes	-	-	Regular	MUHS/PG /E-1/27/1403 /1057/2021 dated June 20/4/21	Revised MET at Dr SCGMC, Nanded	20/4/21	20/4/21	
2	General Medicine	Lamat Un Noor	Assistant Professor	9970524401	Lamatnoor88@gmail.co m	4/2/1993	Open	16/01/2024	6 M	7	-	-	Contractual	No	-	-	Temporary	NA	NO	NO	NO	NO
3	General Medicine	General Medicine	Assistant Professor	8177906879	Uzmaquadri001071995@gmail.com	Open	20/11/2023	5	-	-	-	-	Contractual	No	-	-	Temporary	NA	NO	NO	NO	NO

Dear,
Govt. Dental College & Hospital,
Chhatrapati Sambhajinagar

Professor & Head
Department of Medicine,
Govt. Medical College, Aurangabad

Name of the Department: General Surgery,
Name of the College: Government Medical College,
Aurangabad

Whether UG / UG + PG
College Code: Intake Capacity:

SN	Subject	Name of Teacher	Designation	MobileNo.	E-mail ID	DOB	Whether belongs to reserve category (if Yes, specify category)	Date of Appointment at College	Teaching Experience			Total PG	Teaching Experience	Type of appointment (Temp / Regular / Contractual)	University Approval Status (Yes / No)	Temporary Approval	Details of PG Recognition		MET Work shop attended in last 5 years	Photograph with Signature	
									UG	PG	L						To	From	Temp / Regular	Letter No. & Date	
1	Dr Syed Rayaz Ali Majid Ali	Associate Professor	7588538786	doctorfa06/04/1980	iyaz@gm ail.com	14/09/2010	13 Yrs	OBC						Regular	YES				Regular	Yes MUHSU GE-1 /1401/11/27/17/17/ Dr.01/01/2018	
2	General Surgery	Assistant Prof	8208933863	pankaj.vairagad@gmail.com	20/12/1982	SC	14/01/2019	10 Yrs						Regular	YES				Regular	MUHS/PG VE-1/1401/11/26/2023 DT.03/05/2023	
3	Dr Khan Norman Muntassir Quadeer Ahmed Khan	Assistant Prof	8983110190	nomanehanan@g mail.com	15/06/1986	OPEN	30/05/2019	5 Yrs						Regular	YES				Regular	MUHS/PG VE-1/1401/83/17/2024 DT.17/12/2024	

L: Lecturer; R: Reader; P: Professor.

Note: The College shall submit one hard copy and a soft copy (in Excel Format) of the list in Pen Drive to the LIC Committee.

D:\LIC_2023-24\LIC_Forms\LIC_Form_Dental_25012023.docx
Signature  Dean / Head Professor & Head Surgery Department Govt. Medical College, Aurangabad.

Signature  Dean / Principal Govt. Dental College & Hospital, Chhatrapati Sambhaji Nagar

ANNEXURE-IX

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Subject-wise Teacher List (Approved + Not Approved)(UG Degree/PG Degree) As

On: 12 /12/2023

Name of the Department: DEPARTMENT OF ANAESTHESIOLOGY

**Name of the College: Government Medical College and Hospital,
Aurangabad**

Whether UG /UG+PG

Intake Capacity:.....

N	Subject	Name of Teacher	Designation	MobileNo.	E-mailID	DOB	Whether belongs to reserve category (if yes, specify category)	Date of Appointment at College	Teaching Experience	Total PG Teaching Experience	Type of appointment(Temporary/Regular /Contractual)	University Approval Status(Yes/No)		Temporary Approval	Details of PG Recognition	M&ET Workshop attended in last 5 years	Photograph with Signature		
												UG	R	P	PG	R	P	From	To
1	Department of anaesthesiology	Dr. Mukund prachendekar	Associate professor	9921025239	drpmukund481972@yahoo.com	4/8/1972	SC	21/03/2009	9	10 - 10 - 12 yrs	Regular	YES	N/A	N/A	N/A	01	MUHS/PE	01	1/1401/66/ 13 Date- 5/1/2013
2	Department of anaesthesiology	Dr.Chetan Agarwal	Assistant professor	7977006715	Drchetanagrawal87@gmail.com	8/01/1987	No	27/2019	4	01 - 04	4 yrs	Regular	no	N/A	N/A	NA	Regular	-	-

Desh

**Govt. Dental College & Hospital,
Chhatrapati Sambhaji Nagar**