For Online Transmission of Question Papers:

SN	Infrastructure facilities at College	Yes /No
Stro	ng 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 Almirah/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
Scan 9	ning Room :	
	Separate Scanning Room for scanning Answer Books after end of Examination Session under CCTV Survellience. (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 Survellience	Yes



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

CT.	4	ω :	. 2	<u> </u>	-	Sr.
Dr.Ulhas Tandale			Dr.Smita Khalikar	Mahale	Dr Kishor	Name of Teacher (Last NameFirst Name Middle Name)
Asso. Professor	Professor	ssor	ssor	& Head	3	Designatio n
Prosthodo REUGULAR ntics Crown & Bridge	ntics Crown & Bridge	Prostnodo ntics Crown & Bridge	Prosthodo ntics Crown & Bridge	ntics Crown & Bridge	4	Subject/ Specialit y
	71-		Prosthodo REUGULAR ntics Crown & Bridge	ntics Crown & Bridge		Type of Appoint ment (Regular/. Temp./ Honorar
MDS	MDS			MDS	6	Quali ficati on
#S	MUHS/E- 3 YEARS 2/2401/SSC/5594/2MONTHS 014 0ATED DATED 16/12/2014	1/66301/2	MUHS /E- 2/2401/2769/2018 DATED 21/07/2018	DATE 28/01/2015	7	University Approx at (UG)
3 YEARS	7		S	16 YEAKS	8	PG Teaching Experienc e(in Years) after PGM
YES	YES	YES	YES	YES	9	PG Teacher Recopnil ion Yes/No
PG;MUHS/E- 2/PG/114101/53 06/01/2022	PG;MUHS/E- 2/1141/01/2460 08/09/2021	PG;MUHS/PG/J02 2/2401/384/17 I 13/02/2017	PG;MUHS /PG/11 2/3099/2018 DA 18/08/2018	PG;MUHS //PG10 DATE 30/10/20	10	(Recognition Letter Date issued by University,)
	02)2			11	No. of PG Students Guided last5 year
0/05/1981	9/06/198(s	15/05/1978	30/04/1963	04/01/1975	12	Date of Birth
30/05/198 "ulhastandle 9970418575 94405853115 @gmail. com"	sonaliprosth o@gmail.co m	vilasrajguru3 0@gmail.co m	smitakhalika r@yahoo.co m	04/01/1975"drkishorm @rediffmail. com"	13	E-mall ID
9970418575	9225305700	9860690426	9423456600	9823182550	14	Mobile No.
	19/06/198(sonaliprosth 9225305700]381062107982 NO o@gmail.co m	15/05/1978vilasrajguru3986069@426425761327257 NO 0@gmail.co m	30/04/1965smitakhalika 9423456600 736623059137 NO r@yahoo.co m	9823182550 695247803184 NO	15	AadharCard No
NO	NO	NO	NO	NO	6	If Debarr ed (Yes/N o)

Govt. Dental College & Hospital, Chhatrapati Sambhajinaga Dean,

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

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Government Dental College and Di Hospital, Er Aurangabad	Government Dental College and Hospital, Aurangabad	Government Dental Cloulege and Hospital Aurangabac	Government Dental College and Hospital, Aurangabac		College Name
Conservative Dentistry and Endodontics	Conservative Dentistry and Endodontics	Conservative Dentistry and Endodontics	Conservative Dentistry and Endodontics	w	Subject
Dr. Shirish Bhimrao Khedgikar	Dr. Wadhuri Associate B Ambhure Professor	Dr. Seema Dhananjay Pathak	Dr. Pradnya Vilas Bansode	А	of the Teacher (First/Middl e/Last)
Associate Professor	Associate	Associate Professor	HOD and Professor	ú	Designation
21-01-2011	01-06-2005	13-07-1998	13-07-1998	6	Date of Joining
BDS 1995	BDS 1998	BDS 1992	BDS 1994	7	UG PG Teaching Qualification Qualification Experience & year of & Year of after PG Passing Passing passing
MDS 2005	MDS 2003	8661.SQW	MDS 1998	80	PG Qualification & Year of Passing
14 yrs	19 yrs	JE yes	25 yrs	9	Teaching Experience after PG passing
Yes	Yes	Yes	Yes	10	MUHS(a pproval yes/no)
	MUHS/PG/E- 2/2401/2014 /16 MUHS/E- 2/2401/1295	MUHS/PG/E- 2/132/14 MUHS/E 2/2401/1295	MUHS/PG/E- 2/102/2008 18 MUHS/E- 2/2401/1295	11	If Yes MUHS Approval letter and date
6979 3060 6089	5943 6307 0079	5346 6688 9098	4386 4058 8526	12	Adhar No.
ABPPK6519G	AARPW1078R	AGOPP9974A	AEWPB1000M	13	Pan No.
20-12-1963	07-04-1973	25:04-1971	drpradn <u>ya mds</u> 21-07-1971 @rediff <u>mail.co</u> <u>m</u>	3 14	Date of Birth (Age in years
Shirish khedgik ar@yah	mbway dhane @gmail	seemad pathak @gmail	drpradn ya mds @rediff mail.co	15	Latest Email Address
9850055445 No	9890053082 No	9850694750 No	9421679094 No	16	Contact No. (Mob.)
	o o	No		17	Deb arre d Yes /No
All States	defense	5 partos	light well	0	Signature

Dean, Govt. Dental College & Hospītal, Chhatrapati Sambh்தி

APPENDIX "XVI B"

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

NAME OF COLLEGE:

0240-

Sambhajinagar

240381

Subject

Contact No. :

Periodontics

NO. Sambhaj Chatrapa Governm College nagar College Denta Name ent Ü Periodon Dr Maya Subject Indurkar Name Last \ame of Middle \ame) (First leacher Name Dean sor & Design Date of Profes ation 8.8.200 Builior \Box 1986 Passing Passin Passin ation & Qualific Year of U 1989 Qualifi cation Experi Year 34 Teach After ence PG 9 yes SHUM Appro (Yes/ No. Va Ι 01.11.2 2.84E+11 & Date Approva Adhar No. Letter MUHS/4 If Yes SHUM AACPI 1965, 2788R 58 Pan No. X Birth (AGE 24-01- drmayai year) Vear's Date COM ndurkar Address Latest Email @gmail 9823182694 Contact Mobile Latest 70 yes/n Debar red Teacher Sign. Of 0

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Govt. Dental College & Hospital, Chhatrapati Sambhajinag ar

		Na						
<u>150:</u>	NJ:	N						
Governm ent Dental College Chatrapa ti Sambhaji nagar	Governm ent Dental College Chatrapa ti	Governm ent Dental College Chatrapa ti Sambhaji nagar						
Periodon	Periodon	Periodon Dr C D tics Dhalka						
Periodon Dr Tushar tics Bhople	Dr Ashok Kumar Bhansali	Dr C D Dhalkari						
Associate ate Profes	Associ ate 7 Profes 4	Profes sor &Head						
4.5.202	.3.201	3.5 201						
2012	2002	1991						
2016	2009	1998						
o.	14	₩ 1						
yes	YES	yes						
	MUHS/3 614, 2018	MUHS/3 712, 2018						
6.06E+11	8.92E+11	4.73E+11						
26/11 APXPB /1989 6322G ,34 YRS	AGFPB 2058L							
26/11 /1989 ,34 YRS	28/6/ 81, 4: Years	23.4.1						
tushar_ 5002@y 8.1E+09 ahoo.in	B 28/6/ bhansali 81, 42 diffmail. 9.6E+09	AAJPD 23.4.1 kari@g 8330R 970 mail.co						
8.1E+09	9.6E+09	9.4E+09						
no	70	n						
JEN	Alphoraldic	Bhalk						
	Par.							

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Govt. Dental College & Hospital,
Chhatrapati Sambhajinagar

MAHARASHTRAUNIVERSITYOFHEALTHSCIENCES, NASHIK SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

NameoftheCollege: Phone/Mobile No.: NameoftheSubject: Oral and Maxillofacial Surgery

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			GDC Aurangab ad	GDC Aurangab ad	GDC Aurangab ad	2	College Name
			Oral and Maxillofa cial Surgery	GDC Oral and Aurangab Maxillofa ad cial Surgery	GDC Oral and Aurangab Maxillofa ad cial Surgery	3	Subject
			Dr. Wahab Shaikh	Dr. Jayant Landge	Dr. Kanchan Shah	4	Full name of theTeacher(First/M iddle/Last)
			ASSOCIATE PROFESSOR	ASSOCIATE PROFESSOR	HOD AND PROFESSOR	51	Designation
				3 3	21/10/20 BDS 1984 00	6	Dateof Joining
				BDS 2005		7	UG Qualification & year ofPassing
				MDS 2011	MDS 1994	8	PG Qualification & Year ofPassing
				MONTHS MONTHS		9	TeachingExp erienceafter PGpassing
				Y H.S	YES	10	MUHS Approval(Yes/No)
			MUHS/E- 2/PG/1141 01/2527/20 23	MUHS/PO/5485095 ADJIF 0/20171 (ul)ayaniz/ 9635044 E- 85706 1/2726983 @yahoo.co 688 2/111101/2 R in dated in 1/405/2018	MUHS/PG/4286359 E- 93149 2/939/2018	11	MUHS ApprovalL etter &Date
				85706	93149	12	Adhar No.
				L2726983 R		13	Pan No.
				983	967	14	Dateo fBirth (Agei n years
				myahoo.co 688	20/07/1 drkanchans 82/50925 No 967 @gmail.co 97 m	15	LatestE mailAdd ress
					97	16	o.(Mob.)
				, and a		17	Yes/No

Govt. Dental College & Hospital
Chhatranati Samkhaii

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Annexure-XVI-B

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Subject: ORTHODONTICS

SN		,	щ		2	ω	
College Name	2		AURANGICS ABAD		GDCH OF AURANGICS ABAD	GDCH	AURANGICS ABAD
Subject	w		Orthodont		Orthodont	Orthodon	Gics
Full name of the Teacher (First/Middle/Las t)	4		Orthodont Rajan Kundanlal ics Mahindra		Orthodont Dr Rakesh Rai Mohode Associate ics Professor	Orthodont Dr Govind Raghunath	Suryawanshi
Designati on	ъ		and Head		Associate Professor	AcademicA 1/12/2014 BDS	ssociate Professor
Date of Joining	6	1661/2/2	May		16/4/1976 BDS JUNI	1/12/2014	
UG Qualificatio n& year of Passing	7	BOC	May 1987		JUNE 1999	BDS	October 2003 June 2010
PG Qualificat ion& Year of Passing	8	MDS	Nov 1990		MDS JAN 2005	MDS	June 2010
Teachin g Experie nceafter PG passing	9	34 years			20 Years	9 Years	
MU HS App rov al (Yes /No	10	Yes			Yes	Yes	
MUHS Approval Letter & Date	11	Yes	MUHS/UG/E- 2/53/2401/296/2 017date: 24/1/2017 and MUHS/PG-	E2/1252/2018. Date 19/3/2018	MUHS/UG/E- 2/53/2401/7618/2 016 and MUHS/PG/E-	MUHS/E- 2/2401/SSC/1490	2015 and MUHS/E- 2/PG/114101/258 4/2023 DATE -
Adnarwo.	12	337811593038		100000000000000000000000000000000000000	785589670976	973533161512	
No.	13	ABVPM6	977C	A EDMG	480B	DYTPS5 305C	
Birth (Age in years	14	07/07/1	964		480B 6	DYTPS5 13/08/1 dr. 305C 981 go	
Email Address	15	ABVPM6 07/07/1 rmahindra 9823034	ail.com	rakashmo 9869103 No	hode@gm 113	dr. 986 govindsur 813	yawanshi @yahoo.c om
ctNo. (Mob.)	16	9823034 254	4	9869103	13	9860371 No 813	
red Yes/ No	7	No		No		No	

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Govt. Dental College & Hoonard

NameoftheCollege: Phone/Mobile No.:

Name of the Subject: Oral Medicine and Radiology

Appar comme o una course

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						Radiology	Medicine	Oral	Radiology	Medicine	Oral W	nand Radiology	Oral	Radiology	and	Oral Medicine	Radiology	Medicine	Oral	3	Subject
								Dr. Archana Dama		Di. I ooja maiu			Dr. Rashmi Ingale			Dr. Vikrant Kasat			Dr. Jaishri Pagare	4	Full name of theTeacher(First/M iddle/Last)
							and Tutor	Dental surgeon		Professor	Assistant	Professor	Assistant			Associate		HOD of dept.	Professor and	51	Designation
							-	31/05/300 BDS		S	20200000000000000000000000000000000000	Ü	3/01/202			18/08/201 BDS		2	09/01/200 BDS	6	Dateof Joining
							1989	BDS		2018	RDS	2020	BDS			BDS 2001		1994	BDS	7	UG Qualification & year ofPassing
-							-	,		2024	MDs	2024	MDS			MDS		1999	MDS	8	PG Qualification & Year ofPassing
							months	6 years 5					- 1			months		months	22 years 14	9	TeachingExp erienceafter PGpassing
								•	N		'		1190			YES			YES	10	MUHS Approval(Yes/No)
#								1		-1:					2/42/2021	MUHS/PG/62/9709 ASXP4/11/19		E-2/42/2021 22911	MUHS/PG/	11	IfYes MUHS ApprovalL etter&Date
Charles In	Govt.							5262898			8773154	50400	4			56501			91	12	Adhar No.
)enta					000	PD11 968	ADU	IE	M907 996	DRIP	B	AJJPI		7B	ASXP4/1 K977 79		P/1949/1 D	ALEP	13	Pan No.
0	Colle	Dear	i i					11/09/1			DR IP 10/10/1		11/12/1			79)9/1	14	Dateo fBirth (Agei n years
	Govt. Deptal College & unning					I.com	ama@gmai 22	drarchanad 94222049	com	996@gmail23	nooiamalii 19767 1834	@gmail.co	rashmibhup87881227		mail.c om	sat@rediff 20		gare@gmai+4	drjaishripa 98906121	15	LatestE mailAdd ress
	7,27						22	94222049		23	97671834	100	87881227			208/0515		#	98906121	16	ContactN o.(Mob.)
				a service.			14	No		3.7	No.		No			No			No	17	Debarre Yes/No

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

Phone No: Name of the college: Government Dental college and hospital, Chhatrapati Sambhajinagar

Name of subject: Oral Pathology and Microbiology

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GDC, Chh. Sambhajinagr	GDC, Chn. Sambhajinagr	GDC, Chh. Sambhajinagr	Sambhajinagr	2	College Name
Oral pathology & Microbiology	pathology & Microbiology	Oral pathology & Microbiology	pathology & Microbiology	w	Subject
Dr S P Wagh	Nandkhedk Prof(Aca ar demic)	Dr.J.G Humbe	Mandale	4	Full name of theTeach er(First/ Middle/L ast)
Asst. Prof	Asso. Prof(Aca demic)	Asso. Prof	demic)	5	Design ation
05/07/2019	24/07/2017	22/08/2000	erof(Aca 17/05/1993 demic)	6	Date
BDS 1993	BDS 1993	BDS 1991	1987	7	UG Qualifi cation & year ofPass ing
MDS 1998 (Oral Path.)	MDS 1999 (Oral Path.)	MDS 1999 (Oral Path.)	MDS 1991 31 yr 7 (Oral path.) month	60	PG Qualificat ion& Year ofPassing
5 yr 5 month	7 yr 5 month	24 yr 4 month	31 yr 7 month	9	Teachi ngExp erienc eafter PGpas sing
YES	YES	YES	YES	10	HS Approval(Yes/ No)
MUHS/E- 691510 AG 2/PG/1927/20 154827 1Q 20 Date: 20.10.2020	MUHS/E- 521225 AD 2/PG/1141011 336816 0A 01/154/2024 dated 5/9/2024	MUHS/PG/E- 728662 AF 2/3099/2018, 493761 0D Date- 18/08/2018	MUHS/PG/E- 888352 ABU 2/2401/211/17 579687 65C , Date- 19/01/2017	11	If YesMUHS ApprovalLett er&Date
691510 154827	521225 336816	728662 493761	888352	12	Adhar No.
AGLPD354 1Q	ADCPN640 OA	AFUPM544 0D	888352 ABUPM50 579687 65C	13	Adhar PanNo. No.
23/07/19 71 53yrs	07/08/19 72 52 yrs	14/4/197 0 54yrs	1/3/1964 60yrs	14	DateofB irth(Agei n years
savitawagh 23@gmail.c om	vaishalipat ho72@gma il.com	humbe.jaya nti@gmail.c om	/3/1964 msmandale 60yrs 17@gmail.c om	15	LatestE mailAddr ess
691510 AGLPD354 23/07/19 savitawagh 9822467957 154827 1Q 71 23@gmail.c 53yrs om	521225 ADCPN640 07/08/19 vaishalipat 9850043795 336816 0A 72 ho72@gma 52 yrs il.com	728662 AFUPM544 14/4/197 humbe.jaya 9404002493 493761 0D 0 nti@gmail.c 54yrs om	1/3/1964 msmandale 9822496382 60yrs 17@gmail.c om	16	ContactNo .(Mob.)
NO	NO	NO	NO O	7	Deba rred Yes /No



हा. इन. एस. मंडाले

Govt. Dental College & Hospital Transcription प्राच्याच्छ व विकास अनुस्व दंगीकृती व अधिकताल जिल्ला

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

			1
Colle ge Nam e	2	GDCH,	GDCH
Subje ct	ü	PUBLI C HEALT	PUBLI C HEALT H
Full name of the Teacher (First/Middle/ Last)	4	GDCH, PUBLI Dr.Jagdishchan Professor 2/1/20 BDS 2003 C HEALT dra Vathar and HOD 14	GDCH PUBLI Dr Harshal Prakash Associate C Bafna Professor HEALT H
Designat ion	۲.	Professor 2/1 and HOD 14	Professor
Date of Joinin g	6	2/1/20 14	19/01/20 22
UG Qualific ation& year of Passing	7		19/01/20 BDS 2010 22
PG Qualifica tion& Year of Passing	8	MDS PUBLIC HEALTH DENTISTR Y	MDS PUBLIC HEALTH DENTISTR Y 2014
Teachin g Experie nce after PG passing	9	16 yrs, 08 months	10 yrs 9 months
ON S CA S S S S S S S S S S S S S S S S S	10	YES	YES
If Yes MUHS Approval Letter & Date	11	YES MUHS/E- 93714 AIA13/4/ 2/UG/1771/88769 PV31979 22 05 372 (45 Q years)	YES MUHS/E2/U94565 G/114101/6870292 1/2022 44
ar No	12	93714 88769 05	194565 370292 44
r a a s o	ω –	AIA 13/4/ PV3 1979 372 (45 Q years	
of Birth (Age in year	-		BW 28/09/ EPB 1986 191 (38) 6M years)
Email Addres s	CT	drjagdish, y 93943ZINO @rediffma 3409 il.com	bafnaharsh 706606NO alg@gmail 0919 .com
tact No. (Mo b.)	TO	3409	0919
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Govt. Dental College & Hospital

Chhatrapati Sambhajinagar

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

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

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			1 SN
	8		Name (College Name
		Preventi Ve Dentistry	Name of the Subject: College Subject Fa Name (Fir
		ic Dr.Ct	ubject ect (F
		Pediatric Dr.Chaitali Mirajkar & Preventi ve Dentistry	: Full name of Teacher irst/Middle/
	_ v =	irajkar	PCt: Full name of the Teacher (First/Middle/Last)
*	7-	Associate Professor (educational)	
		nal)	Designation
		28-08- 2017	
			The state of the s
	Na U	7 1999	UG Qualification & year of Passing
		2004	PG Qualification & Year of Passing
	į,		
		9	Teaching Experience after PG passing
		10 yas	MUHS Approval (Yes/No)
		11 MUHS/F- 2/2401/3726/2 017 Dated- 13/11/2017	If Yes MUHS Approval Letter &
		12 2 4511- 5627- 7826	Adhar No.
		13 ACAP H8213	ar Pan
* **		years 14 30/12/1	Date of Birth (Age
		rs 15 15 Al chaitalimir942 ajkar@gm.46 ail.com	Latest Email Address
W-44		years 14 15 16 30/12/1 chaitalimir94222845 976 ajkar@gm.46	Contact No. S (Mob.)
Name of the last o	Short of the	17 No	ct Debarre, Yes/No
	15	,	rre

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Chhatranati College & Hospital

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

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5	4	ω R C	2	н	<u>ب</u>	Sr.
Dr. Ulhas Tandale		Dr.Vilas Rajguru	Dr.Smita Khalikar	Mahale	2	Name of Teacher (Last NameFirst Name Middle Name)
Asso. Professor	Asso. Professor	Asso. Professor	Professor	& Head	ω	Designatio n
Prosthodo H ntics Crown & Bridge	Prosthodo I ntics Crown & Bridge	Prosthodol ntics Crown & Bridge	Prosthodo ntics Crown & Bridge	Prostnodo ntics Crown & Bridge	4.	o Subject/ Specialit y
Prosthodo REUGULAR ntics Crown & Bridge		Prosthodo REUGULAR ntics Crown & Bridge	Prosthodo REUGULAR ntics Crown & Bridge	ProsthodolkeUGULAR ntics Crown & Bridge	5	Type of Appoint mut (Regular/. Temp. / Honorar
MDS	MDS	MDS	MDS	MDS	6	Quali ficati on
EX	MUHS/E- 2/2401/SSC/5594/2MONTHS 014 DATED 16/12/2014	MUH/E- 7 YEARS 2//53/2401/66301/210MONTHS 016	MUHS /E- 2/2401/2769/2018 DATED 21/07/2018	MUHS /E- 2/2101/394/2015 DATE 28/01/2015	7	University Approx at (UG)
3 YEARS	7	¥2	14 YEARS	16 YEARS	8	PG Teaching Experienc e(in Years) after PGM
YES	YES	YES	YES	YES	9	PG Teacher Recopnil ion Yes/No
PG;MUHS/E- 0 2/PG/114101/53 06/01/2022	PG;MUHS/E- 2/1141/01/2460 08/09/2021	PG;MUHS/PG/J02 2/2401/384/17 [13/02/2017	PG;MUHS /PG/11 2/3099/2018 DA 18/08/2018	PG;MUHS //PG10 DATE 30/10/20	10	(Recognition Letter Date issued by University.)
02	02			10	11	No. of PG Students Guided last5 year
30/05/198	19/06/1980	15/05/1978	30/04/1965	04/01/197	12	Date of Birth
30/05/198 "ulhastandle 9970418575 9440585311 NO @gmail. com"	19/06/1980sonaliprosth 92253057003810621079NO o@gmail.co 82 m	15/05/1978vilasrajguru3/98606904264257613272NO 0@gmail.co m	30/04/1965smitakhalika 9423456600 7366230591 NO - r@yahoo.co 37	04/01/1975"drkishorm @rediffmail. com"	13	E-mall ID
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Govt. Dental College & Hospital, Chhatrapati Santh

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

Name of Teacher (Last

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Dr Ambhure Associate Madhuri Professor	Dhamanjay		Vilas	Dr. Bansode 1 Pradaya	Middle Name)	Sr.N (Last o. Name Fit
Associate Professor	rrolessor		Prisotessor	de	+	15.
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07-04-1973 <u>ane@gm</u> <u>all.com</u>	25-04-1971 <u>au</u>		21-07-1971	12	Date of Birth	
	seemadp athak@g mall.com	ediff.com	dr.pradny a inds@r	13	b E. mall	
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Govt. Dental College & Hospital, Chhatrapati Sambhajing

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MAHARASHTRAUNIVERSITYOFHEALTHSCIENCES,NASHIK SUBJECTWISE ELIGIBLE EXAMINERS LIST (PGCourses)

Name of the Subject Phone/Mobile No. : Vanue of the College: GOVERNMENT DENTAL COLLEGE AND HOSPITAL, CHHT. SAMBHAJINAGAR PERIODONTICS

-23	N	ş	-	Sr.
BHANNAL Erofessor	DRA JU	DR.MAYA Profe SANIETV Dean INDURKAR	rų.	Name offcacher(test NameFirst NameFirst NameFirst Name)
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رد	4		1	No. of PGStudents Guidedlast Syear
28/6/8	23/4/19	24-01- 1965,	12	Date of Birth
28/6/8 <u>bhansali</u> 95958307 8919942 NO 1, <u>ak@rediff</u> 45313 mail.com	23/4/19 <u>dreddhalk</u> 94222046 1726742 NOI 70 <u>arl@gmai</u> 39 12287 Lcom	mayaindu 98231826 2836211 No rkar@gm 94 56223 ail.com	13	mail D
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Govt. Dental College & Hospital, Chhatrapati Sambhajinagar

MAHARASHTRAUNIVERSITYOFHEALTHSCIENCES, NASHIK SUBJECTWISE ELIGIBLE EXAMINERS LIST (PGCourses)

NameoftheCollege:

Phone/Mobile No.:

NameoftheSubject:

Oral and

Maxillofacial Surgery

Sr.	Name ofTeacher(LastNameF irstNameM iddleName	Designation	Subject/S peciality	Type of Appointment (Regular/. Temp./H	Qualification		University PG Approxat(TeachingExp UG) erience(inYe ars)after PGM	PG TeacherR ecopnilion Yes/No	(RecognitionL No. of etterDateissu PGStudents ed Guidedlast byUniversity.) Syear	No. of PGStudents Guidedlast 5year	Dateof Birth	E- mall ID	9	Mobile No.		No. CardNo d(Yes/No Teacher
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	Dr. Kanchan Shah	Professor	ofac ofac	Regular	MDS	Marathwada University	6	YES	MUHS/PG/E- 2/939/2018	12	20/07/1 967		drkanchans @gmail.co m	drkanchans @gmail.co m	drkanchans @gmail.co m	drkanchans @gmail.co m
2	Dr Jayant Langde	Associate Professor		Regular	MDS	MUHS	6	YES	MUHS/PG/E- 2/111101/204 2/2018 dated 11/05/2018	6	83 83)7/19	02/07/19 drjayant27 83 @yahoo.co. in)7/19 drjayamt27 98336446 3483093 @yahoo.co. 88 85706 in	
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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

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Name of the College:

Phone/Mobile No.:

Subject :Orthodontic

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Govt. Dental College & Hospital,

MAHARASHTRAUNIVERSITYOFHEALTHSCIENCES,NASHIK SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

100 600 25

Name of the College: Phone/Mobile No.

:NameoftheSubject:

Oral Medicine and Radiology

Sr.	<u> </u>		2	3	4	5
Name ofTeacher(LastNameF irstNameM iddleName	2	Dr Pagare Jaishri	Dr Kasat Vikrant			
Designation Subject/S peciality	ω	HOD and Professor	Associate professor			
Subject/S peciality	4	Oral Medicine and	Oral Medicine and			
Type of Appointment (Regular/. Temp./H onorary	ST.	Regular	Regular			
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mall ID	13	03/09/19 drjaishripag 98906121 7/14991 71 are@gmail. 44 22911 com	4/11/197 drvikranita 808/0515 62/9/09 9 sat@rediff 20 56501 mail.com			
No.	14	98906121 44	20			
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Teacher	17	Oliver 1	N. S.			

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

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

Phone No:

Name of subject: Oral Pathology and Microbjology

ω	2	ь	par.	7.5
Dr V A Nandkhedkar	in Be manbe	Dr M S Mandale Prof(Acade mic)	2	Name of Teacher (Last Name First Name Middle Name)
Asso. Prof(Acade mic)	As-s.Tref	Prof(Acade mic)	w	Designation, Subject/ Speciality
Asso. Oral Prof(Acade pathology & Microbiology	pathology & Microbiology	pathology & Microbiology	4	Subject/ Speciality
Regular	Regular	Regular	5	Type of Appointme nt (Regular/. Temp./Honorar
MDS 1999 (Oral Path.)	1999 (Oral Path)	MDS 1991 (Oral path)	6	Qualifica tion
MUHS/E- 2/PG/1141011 01/154/2024 dated 5/9/2024	MUH5/2769, 21.07.2018	MUHS/224, 18.01.2017	7	Approxat (UG)
03 months Yes	äsyr	07yr	8	Teaching Experience (in Years) after PGM
Yes	Yes	Yes	9	Teacher Recopnil ion Yes/No
MUHS/E- 2/PG/11410 1101/154/2 024 dated 5/9/2024	21.07.2018	MUHS/224, 18.01.2017	10	(Recognition Letter Date issued by University.)
y	8	05	11	Students Studed last Syear
07/08/ 1972 52 yrs	14/4/1 970 54yrs	1/3/19 64 60yrs	12	Date of Birth
vaishalipa 9850043 521225 tho72@g 795 336816 mail.com	14/4/1 humbe.ja 9404002 728662 970 yanti@g 493 493761 54yrs mail.com	1/3/19 msmanda 9822496 888352 64 le17@gm 382 579687 60yrs ail.com	13	mai I ID
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