Annexure-XVI-A

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 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
Scanning Room :		
9	Separate Scanning Room for scanning Answer Books after end of Examination Session under CCTV Surveillence. (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 Surveillence	YES

DEAN
Y.M.T. Dental College
Institutional Area,
Sector -4, Kharghar,
Navi Mumbai 410 210

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

ANNEX- XVI -B

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJECT : Orthodontics & Dentofacial Orthopedics

Sr. No	College Name	Subject	Full Name of the Teachers (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	Aadhar Card No	Pan Card No	Date of Birth (Age in years	Latest E-mail ID	Contact No (Mob.)	Debarred Yes /No	Sign.of Teacher
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	Orthodontics & Dentofacial Orthopedics	DR. MEGHNA JAYANT VANDEKAR	DEAN , PROFESSOR & HOD ,	01.09.2007	B.D.S.- 1997	M.D.S. - 2001	21 YRS 8 MON.	YES	MUHS/E-2/2104/SSC/4602/ 2012 DT. 02.11.2012	7468 7754 5511	ABBPV2787M	21.07.74 & Age 49	meenvandekar@gmail.com	9820074916	NO	MJVandekar 12/12/2023
2	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	Orthodontics & Dentofacial Orthopedics	DR. VIKRAM SUDHAKAR SHETTY	PROFESSOR	02.05.2008	B.D.S. - 2002	M.D.S. - 2006	17 YRS	YES	MUHS/Acad / Approval/UG & PG/3456/2018 DT. 26.09.2018	6439 3707 6309	AETPV7537E	30.04.77 & AGE 46	drvikramshetty@yahoo.co.in	9870873848	NO	V.L Shetty 14/12/2023
3	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	Orthodontics & Dentofacial Orthopedics	DR. RAJESH BAJRANGLAL KURIL	PROFESSOR	24.07.2012	B.D.S. - 2001	M.D.S. - 2007	15 YRS 4 MON.	YES	MUHS/ACAD1/APPROVAL/UG&PG/ 3917/2018 DT. 01.10.2018	6508 7294 9961	BAWPK7967F	03.10.77 & Age 46	rajeshlibran3@yahoo.com	9822361857	NO	Rajkuril 12/12/2023
4	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	Orthodontics & Dentofacial Orthopedics	DR. YASH KISHORE SHEKATKAR	READER	21.11.2012	B.D.S. 2007	M.D.S. - 2012	11 YRS 1 MON.	YES	MUHS/Acad / Approval/UG & PG/3456/2018 DT. 26.09.2018	9284 1163 4040	EOAPS1620N	06.09.83 & AGE 40	yash.shekatkar@gmail.com	9167488734	NO	Ykl
5	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	Orthodontics & Dentofacial Orthopedics	DR. TEJAS RAJAN POL	READER	01.11.2012	BDS - 2008	M.D.S. - 2012	11 YRS 3 MON.	YES	MUHS/E-2/UG/3754/2022 DT.02.09.2022	2890 7766 5283	ATDPP9163H	30.05.85 AGE 38	tejaspol21@gmail.com	9960499751	NO	TRPol

MJVandekar

DEAN
Y.M.T. Dental College
& Hospital Kharghar,
Navi Mumbai - 410 210

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

ANNEX- XVI -B

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJECT : CONSERVATIVE DENTISTRY & ENDODONTICS

Sr. No	College Name	Subject	Full Name of the Teachers (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	Aadhar Card No	Pan Card No	Date of Birth (Age in years	Latest E-mail .ID	Contact No (Mob.)	Deberred Yes /No	Sign.of Teacher
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	CONSERVATIVE DENTISTRY & ENDODONTICS	DR.VIBHA RAHUL HEGDE	PROFESSOR & HOD	22.08.2007	B.D.S.- 1992	M.D.S- 1996	27 YRS 9 MON.	YES	MUHS/E-2/2104/3349/2009/ DT 02.12.2009	3958 2351 4900	AARPH4545C	26.01.71 & Age - 52	vibhahegde26@gmail.com	7400465095	NO	
2	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	CONSERVATIVE DENTISTRY & ENDODONTICS	DR.MRUNALINI JITENDRA VAIDYA	PROFESSOR	15.05.2008	B.D.S.- 1996	M.D.S- 1998	23 YRS 10 MON.	YES	MUHS/E-2/UG/111103/2548/ 2023 DT. 15.09.2023	2039 9283 1286	AGKPK7969G	21.03.74 AGE 49	drmunalvaidya@gmail.com	9821336448	NO	
3	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	CONSERVATIVE DENTISTRY & ENDODONTICS	DR. USHAINA ERUCH FANIBUNDA	READER	17.06.2013	B.D.S. 2000	M.D.S- 2006	16 YRS 8 MON.	YES	MUHS/UG/E-2/2104/2436 DTAE .24.06.2015	4570 4663 6058	AABPF2222Q	12.12.78 & Age 46	ushaina@gmail.com	9867052403	NO	
4	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	CONSERVATIVE DENTISTRY & ENDODONTICS	DR. ASHWIN NIRANJANLAL JAIN	READER	15.06.2009	B.D.S. 2005	M.D.S- 2009	14 YRS 6 MON. 15 DAYS	YES	MUHS/Acad / Approval/UG & PG/3456/2018 DT. 26.09.2018	3130 5392 6677	AMAPJ2098P	20.07.82 & Age 41	drashwinjain@gmail.com	9819102243	NO	
5	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	CONSERVATIVE DENTISTRY & ENDODONTICS	DR. ANIL PRAKASH RICHHAWAL	READER	25.04.2015	B.D.S. 2008	M.D.S- 2013	10 YRS 9 MON.	YES	MUHS/Acad / Approval/UG & PG/3456/2018 DT. 26.09.2018	7889 1930 7333	ASNPR1756R	09.05.84 & AGE 39	dranildentist9@gmail.com	9867347076	NO	
6	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	CONSERVATIVE DENTISTRY & ENDODONTICS	DR. SATISH VILAS SANE	READER	06.09.2016	B.D.S. 2010	M.D.S- 2016	7 YRS 3 MON.	YES	MUHS/E-2/UG/111103/870/2023 DT. 27.03.2023	2545 5422 5463	DRIPS1286N	30.01.89 & AGE 35	satish.sane@gmail.com	9766148595	NO	

DEAN
Y.M.T. Dental College
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Navi Mumbai - 410 210

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

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJEC PROSTHODONTICS

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appoinment (Regular/ Temp. Honorary)	Qualification	University Approveal (UG)	PG Teaching Experience (in Years after PG)	PG Teacher Recognition (Yes/No)	(Recognition Letter Date issued by University.)	No. of PG Student Guided Last 5 years	Date of Birth & AGE	Latest Email Address	Latest Contact Mobile No.	Aadhar Card No.	If debarred, (Yes/No)	Sign. of Teacher
1	DR. MISTRY SALONI SUDHIR	PROFESSOR	M.D.S.- 1999 PROSTHODONTCS	Regular	M.D.S.	YES	12 YRS	YES	MUHS/E-2/PG/3391/222 DT. 20.09.2022	10	14.12.74 & AGE - 49	salonimistry@ymail.com	9821020083	9941 2336 2635	NO	
3	DR. NEMANE ANURADHA SACHIN NEMANE	PROFESSOR	M.D.S.- 2008 PROSTHODONTCS	Regular	M.D.S.	YES	10 YRS	YES	MUHS/E-2/PG/111103/2547/2023 dt 15.09.2023	6	04.03.82 & Age 41	anuradhanemane@gmail.com	9320223455	7987 1861 0521	NO	
3	Dr BANGA PARMEET SINGH	READER	M.D.S.- 2010 PROSTHODONTCS	Regular	M.D.S.	YES	5 YRS 7 MON.	YES	MUHS /PG/ E-2/4386/2018 DT. 07.12.2018	2	02.12.82 & Age 41	bangaparmeet@gmail.com	9960433834	8160 6105 7298	NO	
4	DR. SHETE OMKAR RAVINDRA	READER	M.D.S.- 2011 PROSTHODONTCS	Regular	M.D.S.	YES	4 YRS	YES	MUHS/E-2/PG/3391/222 DT. 20.09.2022	1	01.03.85 AGE 38	omkarshete@gmail.com	9823599550	8331 0276 8503	NO	
5	DR. DOLE VINAYKUMAR RAMESH	READER	M.D.S.- 2014 PROSTHODONTCS	Regular	M.D.S.	YES	4 YRS 4 MON.	YES	MUHS/E-2/PG/3391/222 DT. 20.09.2022	1	02.04.86 AGE 37	vinaydole789@gmail.com	9096169959	4846 5066 1377	NO	
6	DR. SAUMIL SAMPAT	READER	M.D.S.- 2013 PROSTHODONTCS	Regular	M.D.S.	YES	11 MON.	YES	MUHS/E-2/PG/111103/912 /2023 dt. 03.04.2023	—	02.08.85 & AGE 38	saumil.sampat@gmail.com	9930112532	4510 1467 3087	NO	

M J Vandekar

DEAN
Y.M.T. Dental College
& Hospital Kharghar,
Navi Mumbai - 410 210

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

ANNEX- XVI -B

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJECT : PERIODONTOLOGY

Sr. No	College Name	Subject	Full Name of the Teachers (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	Aadhar Card No	Pan Card No	Date of Birth (Age in years	Latest E-mail .ID	Contact No (Mob.)	Debarred Yes /No	Sign.of Teacher
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PERIODONTOLOGY	DR. SANGEETA DILIP MUGLIKAR	PROFESSOR & HOD	16.10.2023	B.D.S. 1987	M.D.S. 1992	30 YRS 11 MON.	YES	MUHS/E-2/UG/111103/2023/3161 DT. 21.11.2023	7614 4913 9049	ABGPM9888R	02.10.66 & AGE 57	dmuglikar2006@yahoo.co.in	9604122550	NO	
2	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PERIODONTOLOGY	DR.RIZWAN M SANADI	PROFESSOR	01.11.2010	B.D.S. 1999	M.D.S. 2005	18 YRS 5 MON.	YES	MUHS/UG/E-2/2104/2436 DT. 24.06.2015	2738 5536 4634	BEEPS2949H	28.04.77 AGE 46	drriz28@yahoo.com	9730858235	NO	
3	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PERIODONTOLOGY	DR. KAVITA GAJANAN POL	PROFESSOR	02.07.2010	B.D.S. 2005	M.D.S. 2010	13 YRS 6 MON.	YES	MUHS/E-2/UG/111103/870/2023 DT. 27.03.2023	5549 1449 3072	AJFPM6363E	12.10.80 AGE 43	kavitapol@yahoo.co.in	9167391340	NO	
4	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PERIODONTOLOGY	DR NUPUR SAROJKUMAR SAH	READER	08.07.2008	B.D.S. 2002	M.D.S. 2008	15 YRS 5 MON.	YES	MUHS/Acad / Approval/UG & PG/3456/2018 DT. 26.09.2018	8506 5113 0653	BABPS0371L	02.12.79 AGE 44	sahnupur02@gmail.com	9769048494	NO	
5	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PERIODONTOLOGY	DR. IPSITA JAYANTI MISHRA	READER	19.06.2023	B.D.S. 2008	M.D.S. 2014	5 YRS 8 MON. 12 DAYS	YES	MUHS/E-2/UG/111103/2548/2023 DT. 15.09.2023	8218 8284 1144	AQMPM4584G	12.10.85 & AGE 38	ipsitajayanti@gmail.com	9890314106	NO	
6	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PERIODONTOLOGY	DR. AYUSHYA DILIP WARANG	READER	01.08.2019	B.D.S. 2011	M.D.S. 2018	4 YRS 5 MON.	YES	MUHS/E-2/UG/111103/2548/2023 DT. 15.09.2023	7975 7464 8365	AAXPW2141D	10.01.89& AGE 34	ayushyawarang89@gmail.com	9987914201	NO	

DEAN
Y.M.T. Dental College
& Hospital Kharghar,
Navi Mumba' - 410 210

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

ANNEX- XVI -B

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJECT : ORAL & MAXILLOFACIAL SURGERY

Sr No	College Name	Subject	Full Name of the Teachers (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	Aadhar Card No	Pan Card No	Date of Birth (Age in years	Latest E-mail ID	Contact No (Mob.)	Debarred Yes /No	Sign.of Teacher
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	ORAL & MAXILLOFACIAL SURGERY	DR. SHREYAS HEMCHANDRA GUPTE	PROFESSOR & HOD	21.01.2011	BDS 1996	M.D.S. 2001	17 YRS 10 MON.	YES	MUHS/Acad / Approval/UG & PG/3456/2018 DT. 26.09.2018	8594 1459 6310	AHSPG7097A	06.01.75 & AGE 48	gshrey75@gmail.com	9819583044	NO	
2	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	ORAL & MAXILLOFACIAL SURGERY	DR. HIRKANI RAVINDRA ATTARDE	PROFESSOR	01.12.2016	BDS 2005	M.D.S. - 2010	13 YRS	YES	MUHS/E-2/UG/111103/2548/ 2023 DT. 15.09.2023	6196 22645 3809	APHPA8548R	02.02.83 & Age 40	hirkanattarde@gmail.com	7506922012	NO	
3	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	ORAL & MAXILLOFACIAL SURGERY	DR. HARSHAL NARENDRA SURYAVANSHI	READER	04.10.2011	BDS 2005	M.D.S. 2011	11 YRS 6 MON.	YES	MUHS/Acad / Approval/UG & PG/3456/2018 DT. 26.09.2018	2056 2314 1052	BKWPS2678M	29.07.84 & age 39	drharshal@live.com	8764585557	NO	
4	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	ORAL & MAXILLOFACIAL SURGERY	DR. THOMSON DCRUZ	READER	16.12.2019	BDS 2009	M.D.S. 2014	5 YRS 10 MON.	YES	MUHS/E-2/UG/111103/2548/ 2023 DT. 15.09.2023	3670 5986 6047	AXLPD5443J	04.12.87 & age 36	thompsondcruz@gmail.com	7738685780	NO	
6	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	ORAL & MAXILLOFACIAL SURGERY	DR. AISHWARYA RAJESNDRA CHOUDHARI	READER	01.09.2018	BDS 2013	M.D.S. 2018	4 YRS 4 MON.	YES	MUHS/E-2/UG/111103/870/2023 27.03.2023	6369 2740 7123	AKIPC4022F	07.08.90 & age 33	draiswarya@gmail.com	9822914998	NO	

DEAN
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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

ANNEX- XVI -B

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJECT : ORAL PATHOLOGY & MICROBIOLOGY

Sr. No	College Name	Subject	Full Name of the Teachers (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	Aadhar Card No	Pan Card No	Date of Birth (Age in years	Latest E-mail ID	Contact No (Mob)	Debarred Yes /No	Sign.of Teacher
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	ORAL PATHOLOGY & MICROBIOLOGY	DR SANGEET A RAJESH PATANKAR	PROFESSOR & HOD	01.03.2001	B.D.S. - 1987	M.D.S - 1992	28 YRS 8 MON.	YES	MUHS/E-2/2104/3585 DT. 05.08.2006	4303 5711 0384	AAZPP1649P	15.03.66 & Age 57	patankar.sangeeta15@gmail.com	9819173715	NO	
2	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	ORAL PATHOLOGY & MICROBIOLOGY	DR SHEETAL KORDE CHOUDHARI	PROFESSOR	15.09.2008	B.D.S. 2000	M.D.S. 2008	14 YRS 10 MON.	YES	MUHS/ACAD1/APPROVAL/UG&PG/3917/2018 DT. 01.10.2018	5467 6267 637	ALTPC9626G	08.09.79 & Age 44	kordesheetal@yahoo.co.in	9819331220	NO	
3	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	ORAL PATHOLOGY & MICROBIOLOGY	DR. GOKUL SRIDHARAN	READER	01.04.2011	B.D.S. 2004	M.D.S. 2009	13 YRS 5 MON.	YES	MUHS/Acad / Approval/UG & PG/3456/2018 DT. 26.09.2018	9524 3177 0476	ASOPG8539N	16.03.82 & AGE 41	drgokuls@gmail.com	9022792310	NO	
4	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	ORAL PATHOLOGY & MICROBIOLOGY	DR. SHUBHRA SHARMA	READER	08.04.2017	BDS 2005	M.D.S. 2010	12 YRS 4 MON.	NO	—	2018 1216 1499	BIYES0474H	18.09.81 & Age 42	drshubhra18@gmail.com	9320450006	NO	

M J Vaddoo

DEAN
Y.M.T. Dental College
& Hospital Kharghar,
Navi Mumba' - 410 210

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJECT : PEDODONTICS

Sr. No	College Name	Subject	Full Name of the Teachers (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	Aadhar Card No	Pan Card No	Date of Birth (Age in years	Latest E-mail ID	Contact No (Mob.)	Debarred Yes /No	Sign.of Teacher
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PEDODONTICS	DR.AMAR NARAYAN KATRE	PROFESSOR & HOD	07.10.2013	B.D.S.- 2000	M.D.S. 2004	17 YRS 6 MON.	YES	MUHS/E-2/UG/3254/2022 DT.02.09.2022	4140 8320 5357	AMYPK5667M	04.01.78 AGE 45 YRS	amar_katre@hotmail.com	9821540186	NO	
2	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PEDODONTICS	DR. SUBHADRA H.N.	PROFESSOR	01.10.2014	B.D.S. 2002	M.D.S. - 2008	16 YRS 1 MON.	YES	MUHS/E-2/UG/111103/870/2023 DT. 27.03.2023	8656 6318 3396	AFZPN1984Q	22.05.78 & AGE 45	drsubhadrahn@yahoo.co.in drsubhadrahn@gmail.com	9870618852	NO	
3	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PEDODONTICS	DR. ROSHNI CHANDRAN	READER	01.08.2016	BDS - 2011	M.D.S. - 2015	6 YRS 6 MON	YES	MUHS/E-2/UG/111103/870/2023 DT. 27.03.2023	5706 4677 0182	BBRPN3939E	09.06.88 & AGE 36	roshnichandrann@gmail.com	8408844699	NO	
4	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PEDODONTICS	DR. POOJA SHIVASHARAN	READER	01.09.2018	BDS - 2011	M.D.S. - 2016	5 YRS 1 MON.	YES	MUHS/E-2/UG/111103/870/2023 DT. 27.03.2023	8296 1492 6246	DVPPS1188L	24.11.89 & AGE 34	dr.poojashivasharan@gmail.com	9960622964	NO	
5	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PEDODONTICS	DR. INDU MIRIAM VARKEY	READER	20.07.2022	BDS - 2009	M.D.S. - 2013	9 YRS 1 MON.	YES	MUHS/E-2/UG/111103/870/2023 DT. 27.03.2023	4606 1403 3624	ALFPV1342J	01.11.84 & AGE 39	induvarkey08@gmail.com	9619486124	NO	

DEAN
Y.M.T. Dental College
& Hospital Kharghar,
Navi Mumbai - 410 210

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

ANNEX- XVI -B

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJECT : ORAL MEDICINE & RADIOLOGY

Sr. No	College Name	Subject	Full Name of the Teachers (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	Aadhar Card No	Pan Card No	Date of Birth (Age in years	Latest E-mail ID	Contact No (Mob.)	Debarred Yes /No	Sign.of Teacher
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	ORAL MEDICINE & RADIOLOGY	DR. DEEPA DAS ACHATH	PROFESSOR	26.10.2009	B.D.S. 1997	M.D.S. 2001	21 YRS 4 MON.	YES	MUHS/Acad / Approval/UG & PG/3456/2018 DT. 26.09.2018	7212 1390 0925	AHPPA7000A	09.05.72 & AGE 51	hari.kuttan1@gmail.com	9969984637	NO	for Navalkar
2	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	ORAL MEDICINE & RADIOLOGY	DR. AMITA RAHUL NAVALKAR	READER	14.08.2007	B.D.S. 1996	M.D.S. 1999	23 YRS	YES	MUHS/E-2/2104/3349/2009 DT.02.12.2009	4142 8285 0364	ABSPJ2557Q	26.08.74 & Age 49	amitanavalkar@gmail.com	9619189031	NO	Navalkar
4	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	ORAL MEDICINE & RADIOLOGY	DR. BHAKTI VIJAY PATIL	READER	14.10.2013	B.D.S. 2006	M.D.S. 2013	10 YRS	YES	MUHS/Acad / Approval/UG & PG/3456/2018 DT. 26.09.2018	4914 6980 2456	ATIPP4767G	04.09.84 & AGE 39	bhakti04@gmail.com	8422999156	NO	Bhakti

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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJECT : PUBLIC HEALTH DENTISTRY

Sr. No	College Name	Subject	Full Name of the Teachers (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	Aadhar Card No	Pan Card No	Date of Birth (Age in years	Latest E-mail .ID	Contact No (Mob.)	Debarred Yes /No	Sign.of Teacher
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PUBLIC HEALTH DENTISTRY	DR. MANJIRI DESHMUKH	READER	12.01.2022	BDS-2009	MDS - 2015	6 YRS 2 MON	--	--	6304 9878 3477	ASQPD3627G	03.04.87	deshmukh.manjiri@gmail.com	9870034175	NO	
2	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PUBLIC HEALTH DENTISTRY	DR. VAIBHAV KUMAR	READER	01.02.2023	BDS-2012	MDS - 2017	5 YRS 6 MON.	YES	MUHS/E-2/UG/111103/870/2023 DT. 27.03.2023	6951 2192 1105	BJSPK7136H	01.11.89	drvaibhav1989@gmail.com	9742501587	NO	

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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL

ANNEX- XVI -B

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJECT : ANATOMY

Sr. No	College Name	Subject	Full Name of the Teachers (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	Aadhar Card No	Pan Card No	Date of Birth (Age in years	Latest E-mail .ID	Contact No (Mob.)	Debarred Yes /No	Sign.of Teacher
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	ANATOMY	DR. SILOTRY NAZMEEN NISAR	PROFESSOR	01.11.2014	MBBS -1999	M.S. 2005	15 YRS 10 MON.	YES	MUHS/Acad / Approval/UG & PG/3456/2018 DT. 26.09.2018	5075 0347 8572	BBHPS4809J	18.06.75 & AGE 48	dr.saaz75@gmail.com	9619182248	NO	

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ANNEX- XVI -B

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJECT : PHYSIOLOGY

Sr. No	College Name	Subject	Full Name of the Teachers (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	Aadhar Card No	Pan Card No	Date of Birth (Age in years	Latest E-mail ID	Contact No (Mob)	Debarred Yes /No	Sign.of Teacher
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PHYSIOLOGY	DR. ANIRUDDHA RAMCHANDRA JOSHI	PROFESSOR	01.08.2016	MBBS -1978	M.D. 1983	40 YRS 7 MON.	YES	MUHS/E-2/UG/111103/2548/2023 DT. 15.09.2023	3747 7529 1067	AASPJ0459Q	14.02.56 & AGE 67	aniruddharaj@hotmail.com	9423523322	NO	

M J Vaidekar

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ANNEX- XVI -B

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJECT : BIOCHEMISTRY

Sr. No	College Name	Subject	Full Name of the Teachers (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	Aadhar Card No	Pan Card No	Date of Birth (Age in years	Latest E-mail ID	Contact No (Mob)	Debarred Yes /No	Sign.of Teacher
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	BIOCHEMISTRY	DR. ABDUL SAMAD AZIZ	READER	16.02.2021	M.Sc - 1995	Ph.D (Medical Biochemistry 2016)	22 YRS 9 MON.	YES	MUHS/E-2/UG/745/2022 DT. 25.03.2022	4190 1885 1497	AGIPA7234N	05.05.72 & AGE 51	samadaziz79@gmail.com	9823375529	NO	

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ANNEX- XVI -B

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJECT : MICROBIOLOGY

Sr. No	College Name	Subject	Full Name of the Teachers (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	Aadhar Card No	Pan Card No	Date of Birth (Age in years	Latest E-mail ID	Contact No (Mob)	Debarred Yes /No	Sign.of Teacher
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	MICROBIOLOGY	DR. ROOPA VISWANATHAN IYER	READER	01.02.2020	MBBS - 1997	M.D. 2000 MICROBIOLOGY	10 YRS 4 MON.	YES	MUHS/E-2/UG/746/2022 DT. 25.03.2022	3752 6593 3063	AAGPI9516D	29.07.73 & AGE 50	ravishv2000@gmail.com	9619444028	NO	

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ANNEX- XVI -B

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJECT : PATHOLOGY

Sr. No	College Name	Subject	Full Name of the Teachers (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	Aadhar Card No	Pan Card No	Date of Birth (Age in years	Latest E-mail ID	Contact No (Mob.)	Debarred Yes /No	Sign.of Teacher
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PATHOLOGY	DR CHANDRA SHEKAR BABAN BANGAR	READER	01.02.2007	MBBS - 1982	M.D. 1992 PATHOLOGY	16 YRS	YES	MUHS/E-2/UG/111103/8/10/2023 DT. 27.03.2023	5215 7224 1353	ABYPB5375N	05.04.59 & AGE 64	drcbangar@yahoo.com	9892006677	NO	

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SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJECT : PHARMACOLOGY

Sr. No	College Name	Subject	Full Name of the Teachers (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	Aadhar Card No	Pan Card No	Date of Birth (Age in years	Latest E-mail ID	Contact No (Mob)	Debarred Yes /No	Sign.of Teacher
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PHARMACOLOGY	DR. ANITA DEEPAK CHHIBBA	PROFESSOR	01.06.2022	M.B.B.S. 1978	M.D. 1994 PHARMACOLOGY	18 YRS 3 MON.	YES	MUHS/E-2/UG/111103/870/2023 DT. 27.03.2023	5857 7012 06[illegible]	AADPC5920C	31.05.57 AGE	anita.chhibba@gmail.com	9820641834	NO	

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Sign

ANNEX- XVI -B

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

Sign

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJECT : GENERAL MEDICINE

Sr. No	College Name	Subject	Full Name of the Teachers (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	Aadhar Card No	Pan Card No	Date of Birth (Age in years	Latest E-mail ID	Contact No (Mob.)	Debarred Yes /No	Sign.of Teacher
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	GENERAL MEDICINE	DR. S. RAMNATHAN IYER	READER	15.02.2011	MBBS - 1974	M.D.- 1978	13 YRS 5 MON	YES	MUHS/E-2/UG/3254/2022 DT. 02.09.2022	3349 6213 1280	AABP8347P	20.09.52	sramiyer@gmail.com	9820143970	NO	

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ANNEX- XVI -B

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJECT : GENERAL SURGERY

Sr. No	College Name	Subject	Full Name of the Teachers (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	Aadhar Card No	Pan Card No	Date of Birth (Age in years	Latest E-mail ID	Contact No (Mob)	Debarred Yes /No	Sign.of Teacher
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	GENERAL SURGERY	DR.RAJEEV KUMAR NARESHKUMAR PALVIA	READER	01.01.2013	M.B.B.S 1992	M.S. 1997 GENERAL SURGERY	11 YRS 6 MON.	YES	MUHS/E-2/UG/748/2022 DT. 25.03.2022	4349 7772 1958	AAPPS479R	16.05.71 & AGE 72	rnpalvia@rediffmail.com	9773845101	NO	R N Palvia

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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG COURSES)

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL

ANNEX - XVI -C

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUI Orthodontics & Dentofacial Orthopedics

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appoinment (Regular/ Temp. Honorary)	Qualification	University Approveal (UG)	PG Teaching Experience (in Years after PG)	PG Teacher Recognition (Yes/No)	(Recognition Letter Date issued by University.)	No. of PG Student Guided Last 5 years	Date of Birth & AGE	Latest Email Address	Latest Contact Mobile No.	Aadhar Card No.	If debarred (Yes/No)	Sign. of Teacher
1	DR. VANDEKAR MEGHNA JAYANT	PROFESSOR	M.D.S. - 2001 ORTHODONTICS	Regular	M.D.S.	YES	13 YRS 9 MON.	YES	MUHS/PPG/E-2/41/13 DATE 05.01.2013	10	21.07.74 & Age 49	megavandekar@gmail.com	9820074916	7468 7754 5511	NO	12/12/2023
2	DR. SHETTY VIKRAM SUDHAKAR	PROFESSOR	M.D.S. - 2006 ORTHODONTICS	Regular	M.D.S.	YES	9 YRS 5 MON.	YES	MUHS /PG/ E-2/4386/2018 DT. 07.12.2018	10	30.04.77 & AGE 46	drvikramshetty@yahoo.co.in	9870873848	8439 3707 6309	NO	12/12/2023
3	DR. KURIL RAJESH BAJRANGLAL	PROFESSOR	M.D.S. - 2007 ORTHODONTICS	Regular	M.D.S.	YES	9 YRS 5 MON.	YES	MUHS/PG/E-2/4737/2018 DT. 31.12.2018	4	03.10.77 & Age 46	rajeshlibran3@yahoo.com	9822361867	6508 7294 9961	NO	12/12/2023
4	DR. SHEKATKAR YASH KISHORE	READER	M.D.S. - 2012 ORTHODONTICS	Regular	M.D.S.	YES	5 YRS	YES	MUHS /PG/ E-2/4386/2018 DT. 07.12.2018	2	06.09.83 & AGE 40	yash.shekatkar@gmail.com	9167488734	9264 1163 4040	NO	12/12/2023
5	DR. POL TEJAS RAJAN	READER	M.D.S. - 2012 ORTHODONTICS	Regular	M.D.S.	YES	4 YRS 8 MON.	YES	MUHS/E-2/PG/3391/222 DT. 20.09.2022	1	30.05.85 AGE 38	tejaspol21@gmail.com	9960499751	2890 7766 5283		

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

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL

ANNEX - XVI -C

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJEC CONSERVATIVE DENTISTRY

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appoinment (Regular/ Temp. Honorary)	Qualification	University Approveal (UG)	PG Teaching Experience (in Years after PG)	PG Teacher Recognition (Yes/No)	(Recognition Letter Date issued by University.)	No. of PG Student Guided Last 5 years	Date of Birth & AGE	Latest Email Address	Latest Contact Mobile No.	Aadhar Card No.	If debarred, (Yes/No)	Sign. of Teacher
1	DR.HEGDE VIBHA RAHUL	PROFESSOR& HOD	M.D.S- 1996 CONSERVATIVE DENTISTRY	Regular	M.D.S.	YES	14 YRS 1 MON.	YES	MUHS /E-2/PG/2104/172// 2010 DATE 28.01.2010	10	26.01.71 & Age - 52	vibhahegde26@gmail.com	7400465066	3988 2351 4900	NO	
2	DR.VAIDYA MRUNALINI JITENDRA	PROFESSOR	M.D.S- 1998 CONSERVATIVE DENTISTRY	Regular	M.D.S.	YES	11 YRS 6 MON.	YES	MUHS/E-2/PG/111103/2547/2023 dt 15.09.2023	9	21.03.74 AGE 49	drmrunalvaidya@gmail.com	9821336448	2039 9283 1286	NO	
3	DR. FANIBUNDA USHAINA ERUCH	READER	M.D.S- 2006 CONSERVATIVE DENTISTRY	Regular	M.D.S.	YES	9 YR5 9 MON.	YES	MUHS/PG/E-2/2104/3721/15 DATE 17.10.2015	5	12.12.78 & Age 46	usheina@gmail.com	9867052493	4570 4663 6058	NO	
4	DR. JAIN ASHWIN NIRANJANLAL	READER	M.D.S- 2009 CONSERVATIVE DENTISTRY	Regular	M.D.S.	YES	8 YRS 9 MON.	YES	MUHS /PG/ E-2/4386/2018 DT 07.12.2018	2	20.07.82 & Age 41	drashwinjain@gmail.com	9819102263 ~~9320455699~~	3130 5392 6677	NO	
5	DR. RICHHAWAL ANIL	READER	M.D.S- 2013 CONSERVATIVE DENTISTRY	Regular	M.D.S.	YES	5 YRS 6 MON.	YES	MUHS /PG/ E-2/4386/2018 DT 07.12.2018	--	09.05.84 & AGE 39	dranildentist9@gmail.com	9867347076	7889 1930 7333	NO	
6	DR. SANE SATISH VILAS	READER	M.D.S- 2016 CONSERVATIVE DENTISTRY	Regular	M.D.S.	YES	3 YRS	YES	MUHS/E-2/PG/111103/912 /2023 dt. 03.4.2023	--	30.01.89 & AGE 35	satish.sane@gmail.com	9766148695	2545 5422 5463	NO	

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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

ANNEX- XVI -B

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJECT : PROSTHODONTICS

Sr. No	College Name	Subject	Full Name of the Teachers (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	Aadhar Card No	Pan Card No	Date of Birth (Age in years	Latest E-mail ID	Contact No (Mob.)	Debarred Yes /No	Sign.of Teacher
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PROSTHODONTICS	DR. SALONI SHARAD MISTRY	PROFESSOR & HOD	01.12.2018	B.D.S .1997	M.D.S.- 1999	22 YRS 3 MON.	YES	MUHS/E-2/UG/3254/2022 DT.02.09.2022	9941 2336 2535	AFOPM6885Q	14.12.74 & AGE - 49	salonimistry@ymail.com	9821020083	NO	
2	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PROSTHODONTICS	DR. ANURADHA SACHIN NEMANE	PROFESSOR	27.09.2010	B.D.S .2003	M.D.S.- 2008	14 YRS 5 MON.	YES	MUHS/E-2/UG/111103/2548/2023 DT. 15.09.2023	7967 1861 0521	AIWPN7480R	04.03.82 & Age 41	anuradhanemane@gmail.com	9320223455	NO	
3	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PROSTHODONTICS	Dr.PARMEET BANGA	READER	09.08.2010	B.D.S .2005	M.D.S.- 2010	12 YRS 6 MON.	YES	MUHS/Acad / Approval/UG & PG/3456/2018 DT. 26.09.2018	8160 6105 7298	AKWPB1615J	02.12.82 & Age 41	banqaparmeet@gmail.com	9960433834	NO	
4	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PROSTHODONTICS	DR. OMKAR RAVINDRA SHETE	READER	01.10.2011	BDS - 2005	M.D.S.- 2011	10 YRS 8 MON.	YES	MUHS/E-2/UG/3254/2022 DT.02.09.2022	8331 0276 8503	DAYP570768	01.03.85 AGE 38	omkarrshete@gmail.com	9823599550	NO	
5	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PROSTHODONTICS	DR. VINAYKUMAR RMESH DOLE	READER	25.04.2015	BDS - 2010	M.D.S.- 2014	7 YRS 9 MON. 7 DAYS	YES	MUHS/E-2/UG/3254/2022 DT.02.09.2022	4846 5066 1377	APDPD1589F	02.04.86 AGE 37	vinaydole789@gmail.com	9096169959	NO	
6	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PROSTHODONTICS	DR. SAUMIL CHETAN SAMPAT	READER	03.10.2017	BDS - 2009	M.D.S.- 2013	5 YRS 4 MON.	YES	MUHS/E-2/UG/111103/8301/2023 27.03.2023	4510 1467 3087	BHIPS0075H	02.08.85 & AGE 38	saumil.sampat@gmail.com	9930112532	NO	

DEAN
Y.M.T. Dental College
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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG COURSES)

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL

ANNEX - XVI -C

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJI PERIODONTOLOGY

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appoinment (Regular/ Temp. Honorary)	Qualification	University Approveal (UG)	PG Teaching Experience (in Years after PG)	PG Teacher Recognition (Yes/No)	(Recognition Letter Date issued by University)	No. of PG Student Guided Last 5 years	Date of Birth & AGE	Latest Email Address	Latest Contact Mobile No.	Aadhar Card No.	If debarred, (Yes/No)	Sign. of Teacher
1	DR. MUGLIKAR SANGEETA DILIP	PROFESSOR & HOD	M.D.S. 1992 PERIODONTOLOGY	Regular	M.D.S.	YES	13 YRS 3 MON.	YES	MUHS/E-2/111103/2023/3762 DT. 21.11.2023	10	02.10.66 & AGE 57	drmuglikar2006@yahoo.co.in	9604122550	7614 4913 9049	NO	
2	DR.SANADI RIZWAN M.	PROFESSOR	M.D.S. 2005 PERIODONTOLOGY	Regular	M.D.S.	YES	11 YRS 1 MON.	YES	MUHS/PG/E-2/2104/3721/15 DATE 17.10.2015	10	28.04.77 AGE 46	drriz28@yahoo.com	9730858235	2738 5538 4634	NO	
3	DR. POL KAVITA GAJANAN	PROFESSOR	M.D.S. 2010 PERIODONTOLOGY	Regular	M.D.S.	YES	9 YRS 6 MON.	YES	MUHS/E-2/PG1103/912/2023 dt. 03.04.2023	4	12.10.80 AGE 43	kavitapol@yahoo.co.in	9167391340	5549 1449 3072	NO	
4	DR SAH NUPUR SAROJKUMAR	READER	M.D.S. 2008 PERIODONTOLOGY	Regular	M.D.S.	YES	9 YRS 6 MON.	YES	MUHS /PG/ E-2/4386/2018 DT. 07.12.2018	4	02.12.79 AGE 44	sahnupur02@gmail.com	9769048494	8506 5113 0653	NO	
5	DR. JAYANTI MISHRA IPSITA	READER	M.D.S. 2014 PERIODONTOLOGY	Regular	M.D.S.	YES	1 YRS 8 MON 12 DAYS	NO			12.10.85 & AGE 38	ipsitajayanti@gmail.com	9880314106	8218 8264 1144	NO	
6	DR. WARANG AYUSHYA DILIP	READER	M.D.S. 2018 PERIODONTOLOGY	Regular	M.D.S.	YES	5 MON.	YES	MUHS/E-2/PG/111103/2547/2023 dt 15.09.2023		10.01.89& AGE 34	ayushyawarang89@gmail.com	9987914201	7975 7464 8365	NO	

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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG COURSES)

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJECT ORAL PATHOLOGY & MICROBIOLOGY

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appoinment (Regular/ Temp. Honorary)	Qualificti on	University Approveal (UG)	PG Teaching Experience (in Years after PG)	PG Teacher Recognitio n (Yes/No)	(Recognition Letter Date issued by University.)	No. of PG Student Guided Last 5 years	Date of Birth & AGE	Latest Email Address	Latest Contact Mobile No.	Aadhar Card No.	If debarred, (Yes/No)	Sign. of Teacher
1	DR.PATANKAR SANGEETA RAJESH	PROFESSOR & HOD	M.D.S -1992 ORAL PATHOLOGY & MICROBIOLOGY	Regular	M.D.S.	YES	16 YRS 7 MON.	YES	MUHS/E-2/PGT/831/2007 DATE 05.03.2007	8	15.03.66 & Age 57	patankar.sangeeta15@gmail.com	9819173715	4303 5711 0384	NO	
2	DR.CHOUDHARI SHEETAL KORDE	PROFESSOR	M.D.S. 2008 ORAL PATHOLOGY & MICROBIOLOGY	Regular	M.D.S.	YES	6 YRS 10 MON.	YES	MUHS/PG/E-2/4737/2018 DT. 31.12.2018	1	08.09.79 & Age 44	kordesheetal@yahoo.co.in	9819331220	5467 6267 637	NO	
3	DR. GOKUL SRIDHARAN	READER	M.D.S. 2009 ORAL PATHOLOGY & MICROBIOLOGY	Regular	M.D.S.	YES	6 YRS 7 MON.	YES	MUHS /PG/ E-2/4386/2018 DT. 07.12.2018	1	16.03.82 & AGE 41	drgokuls@gmail.com	9022792310	9524 3177 0478	NO	

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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG COURSES)

ANNEX - XVI -C

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJEC ORAL MEDICINE & RADIOLOGY

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appoinment (Regular/ Temp. Honorary)	Qualificti on	University Approveal (UG)	PG Teaching Experience (in Years after PG)	PG Teacher Recognitio n (Yes/No)	(Recognition Letter Date issued by University.)	No. of PG Student Guided Last 5 years	Date of Birth & AGE	Latest Email Address	Latest Contact Mobile No.	Aadhar Card No.	If debarred, (Yes/No)	Sign. of Teacher
1	DR.DAS DEEPA ACHATH	PROFESSOR	M.D.S. 2001 ORAL MEDICINE & RADIOLOGY	Regular	M.D.S.	YES	13 YRS 6 MON.	YES	MUHS /PG/ E-2/4386/2018 DT. 07.12.2018	9	09.05.72 & AGE 51	hari.kuttan1@gmail.com	9969984637	7212 1390 0925	NO	
2	DR. NAVALKAR AMITA RAHUL	READER	M.D.S. 1999 ORAL MEDICINE & RADIOLOGY	Regular	M.D.S.	YES	13 YRS 6 MON.	YES	MUHS/E2/PG/PGTRC/1470/2010 DT. 07/2010	5	26.08.74 & Age 49	amitanavalkar@gmail.com	9619189031	4142 8285 0364	NO	
3	DR.PATIL BHAKTI SOHAN	READER	M.D.S. 2013 ORAL MEDICINE & RADIOLOGY	Regular	M.D.S.	YES	5 YRS 5 MON.	YES	MUHS /PG/ E-2/4386/2018 DT 07.12.2018	2	04.09.84 & AGE 39	bhakti04@gmail.com	8422999156	4914 6980 2458	NO	

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SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG COURSES)

ANNEX - XVI -C

Name of the College : DR. G.D.OL FOUNDATION Y.M.T. DENTAL COLLEGE & HOSPITAL

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJEC **PEDODONTICS**

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appoinment (Regular/ Temp. Honorary)	Qualification	University Approveal (UG)	PG Teaching Experience (in Years after PG)	PG Teacher Recognition (Yes/No)	(Recognition Letter Date issued by University.)	No. of PG Student Guided Last 5 years	Date of Birth & AGE	Latest Email Address	Latest Contact Mobile No.	Aadhar Card No.	If debarred, (Yes/No)	Sign. of Teacher
1	DR.KATRE AMAR NARAYAN	PROFESSOR	M.D.S. 2004 PEDODONTICS	Regular	M.D.S.	YES	8 YRS 5MON.	YES	MUHS/E-2/PG/3391/222 DT. 20.09.2022	10	04.01.78 AGE 45 YRS	amar_katre@hotmail.com	9821540186	4140 8320 5357	NO	
2	DR. SUBHADRA H.N.	PROFESSOR	M.D.S. - 2006 PEDODONTICS	Regular	M.D.S.	YES	6 YRS 9 MON.	YES	MUHS/E-2/PG/111103/912 /2023 dt. 03.04.2023	6	22.05.78 & AGE 45	drsubhadrahn@yahoo.co.in drsubhadrahn@gmail.com	9870818852	8656 6318 3396	NO	
3	DR. ROSHNI CHANDRAN	READER	M.D.S. - 2015 PEDODONTICS	Regular	M.D.S.	YES	2 YRS 4 MON.	YES	MUHS/E-2/PG/111103/912 /2023 dt. 03.04.2023	1	09.06.88 & AGE 35	roshnichandrann@gmail.com	8408844699	5706 4677 0182	NO	
4	DR. SHIVASHARAN POOJA RAVINDRA	READER	M.D.S. - 2016 PEDODONTICS	Regular	M.D.S.	YES		NO	MUHS/E-2/PG/111103/912 /2023 dt. 03.04.2023	NO	24.11.89 & AGE 34	dr.poojashivasharan@gmail.com	9960622964	8296 1492 6246	NO	
5	DR. VARKEY INDU MIRIAM	READER	M.D.S. - 2013 PEDODONTICS	Regular	M.D.S.	NO		NO	MUHS/E-2/PG/111103/912 /2023 dt. 03.04.2023	NO	01.11.84 & AGE 39	induvarkey08@gmail.com	9619486124	4606 1403 3624	NO	

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

ANNEX - XVI -C

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJECT : **Oral & Maxillofacial Surgery**

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appoinment (Regular/ Temp. Honorary)	Qualification	University Approveal (UG)	PG Teaching Experience (in Years after PG)	PG Teacher Recognition (Yes/No)	(Recognition Letter Date issued by University.)	No. of PG Student Guided Last 5 years	Date of Birth & AGE	Latest Email Address	Latest Contact Mobile No.	Aadhar Card No.	If debarred, (Yes/No)	Sign. of Teacher
1	DR. GUPTE SHREYAS HEMCHANDRA	PROFESSOR	M.D.S. 2001 Oral & Maxillofacial Surgery	Regular	M.D.S.	YES	9 YRS 6 MON.	YES	MUHS /PG/ E-2/4386/2018 DT. 07.12.2018	10	06.01.75 & AGE 48	gshrey75@gmail.com	9819583044	8594 1459 6310	NO	
3	DR.ATTARDE HIRKANI RAVINDRA	PROFESSOR	M.D.S. -2010 Oral Maxillofacial Surgery	Regular	M.D.S.	YES	6 YRS	YES	MUHS/E-2/PG/111103/2547/2023 dt. 15.09.2023	2	02.02.83 & Age 40	hirkaniattarde@gmail.com	7506922012	6196 22645 3809	NO	
3	DR. SURYAVANSHI HARSHAL NARENDRA	READER	M.D.S. 2011 Oral Maxillofacial Surgery	Regular	M.D.S.	YES	5 YRS 5 MON.	YES	MUHS /PG/ E-2/4386/2018 DT. 07.12.2018	2	29.07.84 & age 39	drharshal@live.com	9764695557	2058 2314 1052	NO	
4	DR. THOMSON MARIADASAN DCRUZ	READER	M.D.S. 2014 Oral Maxillofacial Surgery	Regular	M.D.S.	YES	1 YRS 6 MON.	YES	MUHS/E-2/PG/111103/2547/2023 dt. 15.09.2023	--	04.12.87 & age 36	thompsondcruz@gmail.com	7738685780	3670 5986 6047	NO	
5	DR. CHOUDHARI AISHWARYA RAJENDRA	READER	M.D.S. 2011 Oral Maxillofacial Surgery	Regular	M.D.S.	YES	11 MON.	YES	MUHS/E-2/PG /111103/912/2023 DT. 03.04.2023	--	07.08.90 & age 33	drayeshwarya@gmail.com	9922914998	6369 2740 7123	NO	

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