

DR. G. D. POL FOUNDATION
Y.M.T. DENTAL COLLEGE AND HOSPITAL
Sector 4, Kharghar, Navi Mumbai, 410210

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP/ CDE

Date: 11/07/2023

From,
Dr. Hekani Attarde
Professor,
OMFS

To
The Dean
Dr. G. D. Pol Foundation
Y.M.T Dental College and Hospital
Kharghar,
Navi Mumbai

Subject: Permission to attend the conference/ workshop/ CDE

Respected Madam,
I, Dr. Hekani, Prof. of Department of Oral and Maxillofacial Surgery, wish to attend the conference/ workshop/ CDE being organized by ACMSI at national level. It will be held on 20-22/07/23 at Loni

I hence request you to grant me a duty/ conference leave from 20/07/23 to 22/07/23 (3 days) to attend the conference.

Yours sincerely,

Hekani

Forwarding Authority

I am hereby forwarding his/ her application for attending the conference/ workshop. In his/her absence the workload in the department shall not be affected and a minimum of 50% teaching staff are on duty.

Shreyas H. Gupte
DR. SHREYAS H. GUPTÉ

Signature of Prof. with Seal
PROFESSOR'S HOO
DEPT OF ORAL & MAXILLOFACIAL SURGERY
DR. G. D. POL FOUNDATION
Y.M.T DENTAL COLLEGE & HOSPITAL
KHARGHAR, NAVI MUMBAI - 410 210

Approving Authority

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

Signature of the Dean with Seal

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

DR. G.D.POL FOUNDATION
Y.M.T DENTAL COLLEGE AND HOSPITAL
Sector 4, Kharghar, Navi Mumbai, 410210

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP/ CDE

FROM: Dr. Deepa Das
Professor and Head
Department of OMDR

DATE: 21st August 2023

To,
The Dean,
Dr. G.D. Pol Foundation
Y.M.T Dental College and Hospital
Sector 4, Kharghar, Navi Mumbai, 410210

Subject: Permission to attend the Conference/ Workshop/ CDE

Respected Madam,

We, Dr. Nalini Temar, from the Department of OMDR, wish to attend the CBCT CLASSICS: A CLINICAL PERSPECTIVE, CDE PROGRAM, 2023 being organized by Terna Dental College and Hospital, Navi Mumbai. It will be held on 23rd August, 2023, at the Terna Dental College and Hospital, Navi Mumbai.

I hence request you to grant us a special casual leave on Wednesday, 23rd August 2023, (1 day) to attend the conference.

Yours Sincerely,

for Anwarhale
Dr. Deepa Das

Forwarding Authority

I am hereby forwarding his/her/their application for attending the Conference/ Workshop/ CDE. In his/her/their absence the workload in the department shall not be affected and a minimum of 50% teaching staff are on duty

Dr. DEEPA DAS, A
M.D.S

for Anwarhale
Signature of HOD with Seal
PROFESSOR & HEAD
DEPT OF ORAL AND MAXILLOFACIAL RADIOLOGY
Y.M.T DENTAL COLLEGE
KHARGHAR

Approving Authority

Signature of Dean with Seal

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

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

DR. G.D.POL FOUNDATION
Y.M.T DENTAL COLLEGE AND HOSPITAL
Sector 4, Kharghar, Navi Mumbai, 410210

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP/ CDE

FROM: Dr. Deepa Das
Professor and Head
Department of OMR

DATE: 21st August 2023

To,
The Dean,
Dr. G.D. Pol Foundation
Y.M.T Dental College and Hospital
Sector 4, Kharghar, Navi Mumbai, 410210

Subject: Permission to attend the Conference/ Workshop/ CDE

Respected Madam,

We, Dr. Bhakti Somai from the Department of OMR, wish to attend the CRCT CLASSICS: A CLINICAL PERSPECTIVE. CDE PROGRAM 2023 being organized by Terna Dental College and Hospital, Navi Mumbai. It will be held on 23rd August, 2023, at the Terna Dental College and Hospital, Navi Mumbai.

I hence request you to grant us a special casual leave on Wednesday, 23rd August 2023, (1 day) to attend the conference.

Yours Sincerely,

for Dr. Deepa Das

Forwarding Authority

I am hereby forwarding his/hier/their application for attending the Conference/ Workshop/ CDE. In his/hier/their absence the workload in the department shall not be affected and a minimum of 50% teaching staff are on duty

for Signature of HOD with Seal

Dr. DEEPA DAS, A
M.D.S

PROFESSOR & HOD
DEPT OF ORAL MEDICINE & RADIOLOGY
Y.M.T DENTAL COLLEGE
KHARGHAR

Approving Authority

Signature of Dean with Seal

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

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

DR. G.D.POL FOUNDATION
Y.M.T DENTAL COLLEGE AND HOSPITAL
Sector 4, Kharghar, Navi Mumbai, 410210

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP/ CDE

FROM: Dr. Deepa Das
Professor and Head
Department of OMR

DATE: 21st August 2023

To,
The Dean,
Dr. G.D. Pol Foundation
Y.M.T Dental College and Hospital
Sector 4, Kharghar, Navi Mumbai, 410210

Subject: Permission to attend the Conference/ Workshop/ CDE

Respected Madam,

We, Dr. Bhagyashri Purandare, from the Department of OMR, wish to attend the CBCI CLASSICS- A CLINICAL PERSPECTIVE, CDE PROGRAM, 2023 being organized by Terna Dental College and Hospital, Navi Mumbai. It will be held on 23rd August, 2023, at the Terna Dental College and Hospital, Navi Mumbai.

I hence request you to grant us a special casual leave on Wednesday, 23rd August 2023, (1 day) to attend the conference.

Yours Sincerely,

for Dr. Deepa Das

Forwarding Authority

I am hereby forwarding his/her/their application for attending the Conference/ Workshop/ CDE. In his/her/their absence the workload in the department shall not be affected and a minimum of 50% teaching staff see on duty

for Dr. DEEPA DAS, A
M.D.S

Signature of HOD with Seal
PROFESSOR AND HEAD
DEPT OF ORAL MEDICINE & RADIOLOGY
Y.M.T DENTAL COLLEGE
KHARGHAR

Approving Authority

Signature of Dean with Seal

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

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

DR. G.D.POL FOUNDATION
Y.M.T DENTAL COLLEGE AND HOSPITAL
Sector 4, Kharghar, Navi Mumbai, 410210

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP/ CDE

FROM: Dr. Deepa Das
Professor and Head
Department of OMR

DATE: 21st August 2023

To,
The Dean,
Dr. G.D. Pol Foundation
Y.M.T Dental College and Hospital
Sector 4, Kharghar, Navi Mumbai, 410210

Subject: Permission to attend the Conference/ Workshop/ CDE

Respected Madam,

We, Dr. Anuja Kakade, from the Department of OMR, wish to attend the CBCT CLASSICS: A CLINICAL PERSPECTIVE, CDE PROGRAM, 2023 being organized by Terna Dental College and Hospital, Navi Mumbai. It will be held on 23rd August, 2023, at the Terna Dental College and Hospital, Navi Mumbai.

I hence request you to grant us a special casual leave on Wednesday, 23rd August 2023, (1 day) to attend the conference.

Yours Sincerely,

for Anuja Kakade
Dr. Deepa Das

Forwarding Authority

I am hereby forwarding his/her/their application for attending the Conference/ Workshop/ CDE. In his/her/their absence the workload in the department shall not be affected and a minimum of 50% teaching staff are on duty

Dr. DEEPA DAS, A
M.D.S

for Anuja Kakade
Signature of HOD with Seal
PROFESSOR
DEPT OF OMR
Y.M.T DENTAL COLLEGE
KHARGHAR

Approving Authority

Signature of Dean with Seal
DEAN
Y.M.T. Dental College
& Hospital Kharghar,
Navi Mumbai - 410 210

M.J. Vardhekar

M.J. Vardhekar

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

ISP (8th,9th September 2023)

DR. G.D.POL FOUNDATION
Y.M.T. DENTAL COLLEGE AND HOSPITAL
Sector-4, Kharghar, Navi Mumbai, 410210

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP/ CDE

FROM

DATE: 5/9/2023

To,
The Dean,
Dr. G.D. Pol Foundation
Y.M.T. Dental College and Hospital
Sector-4, Kharghar, Navi Mumbai, 410210

Subject: Permission to attend the Conference/ Workshop/ CDE

Respected Madam,

I am Dr. Rizwan M. Sanadi from the Department of ^{Periodontology} with an interest in ^{with an interest in} ~~National Conference/Workshop/ CDE~~ being organized by ^{I.S.P.} ~~National level~~. It will be held from 8th to 9th of ^{September} ~~September~~ ^{Mumbai} ~~at Mumbai~~.
I/we, hence request you to grant me/as a special casual leave from 8th to 9th of ^{September} ~~September~~ ^{to attend} ~~to attend~~ the conference.

Yours Sincerely,

Rizwan M. Sanadi
Dr. Rizwan M. Sanadi

Forwarding Authority

I am hereby forwarding his/her/their application for attending the Conference/ Workshop/ CDE. In his/her/their absence the workload of the department shall not be affected and a minimum of 50% Teaching staff are on duty.

Signature of FPOD with Seal

Rizwan M. Sanadi
Dr. Rizwan M. Sanadi
Professor
Dept of Periodontology
Dr. G. D. Pol Foundation
Y.M.T. Dental College & Hospital
Kharghar, Navi Mumbai-410210

Approving Authority

Signature of Dean with Seal

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

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

DR. G.D.POL FOUNDATION
Y.M.T DENTAL COLLEGE AND HOSPITAL
Sector 4, Kharghar, Navi Mumbai, 410210

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP CDE
FROM _____ DATE: 05/09/23

To,
The Dean,
Dr. G.D. Pol Foundation
Y.M.T Dental College and Hospital
Sector 4, Kharghar, Navi Mumbai, 410210

Subject: Permission to attend the Conference/ Workshop/ CDE

Respected Madam,

I/We, Dr. Nupur Sath, from the Department of Endodontology wish to attend the
35th International Conference/Workshop/CDE being organized by ISE at
National Level. It will be held from 07/09/23 to 09/09/23 at Mumbai

I/We, hence request you to grant me/us a special casual leave from 07/09/23 to 09/09/23 (days) to
attend the conference.

Yours Sincerely,

Nupur Sath
Dr. Nupur Sath

Forwarding Authority

I am hereby forwarding to/submitting their application for attending the Conference/ Workshop/ CDE. In
teacher/other absence the workload in the department shall not be affected and a minimum of 50%
Teaching staff are on duty.

Signature of HOD with Seal

Pilavadi

Dr. Rizwan M. Janadi
Professor
Dept of Periodontology
Dr. G. D. Pol Foundation
Y.M.T Dental College & Hospital
Kharghar, Navi Mumbai - 410210

Approving Authority

Signature of Dean with Seal

DEAN
Y.M.T. Dental College
& Hospital Kharghar,
Navi Mumbai - 410210

M.T. Knowledge

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

DR. G.D. POL FOUNDATION
Y.M.T. DENTAL COLLEGE AND HOSPITAL
Sector-4, Kharghar, Navi Mumbai, 410210

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP/ CDE

FROM

DATE: 06/09/23

To,
The Dean,
Dr. G.D. Pol Foundation
Y.M.T. Dental College and Hospital
Sector-4, Kharghar, Navi Mumbai, 410210

Subject: Permission to attend the Conference/ Workshop/ CDE

Respected Madam,

I/We, Dr. Ipsita Jayanti, from the Department of Periodontology, wish to attend the
ISP Integrate 2023 Conference/Workshop/CDE being organized by ISP at
National Level. It will be held from 09.09.2023 to 11.09.2023 in Mumbai.
I/We, hence request you to grant me/us a special casual leave from 09.09.23 to 11.09.23 (2 days) to
attend the conference.

Yours Sincerely,

Ipsita Jayanti
Dr. Ipsita Jayanti

Forwarding Authority

I am hereby forwarding his/her/their application for attending the Conference/ Workshop/ CDE. In
his/her/their absence the workload in the department shall not be affected and a minimum of 50%
Teaching staff are on duty.

Signature of HOD with Seal

R. Barwad
Dr. Rishwan M. Barwad
Professor
Dept of Periodontology
Dr. G.D. Pol Foundation
Y.M.T. Dental College and Hospital
Sector-4, Kharghar, Navi Mumbai, 410210

Approving Authority

Signature of Dean with Seal

DEAN
Y.M.T. Dental College
& Hospital Kharghar

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

DR. G.D. POL FOUNDATION
Y.M.T. DENTAL COLLEGE AND HOSPITAL
Sector 4, Kharghar, Navi Mumbai, 410210

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP/ CDE

FROM

DATE

To,
The Dean,
Dr. G.D. Pol Foundation
Y.M.T. Dental College and Hospital
Sector 4, Kharghar, Navi Mumbai, 410210

Subject: Permission to attend the Conference/ Workshop/ CDE

Respected Madam,

I We Deepa Das from the Department of OMDR, wish to attend the METALLIONS Conference/Workshop/CDE being organized by NEERI at Level. It will be held from 28th Oct 2023 to 29th Oct 2023 at NEERI Science Centre Worli, Mumbai.

I We, hence request you to grant me/a special casual leave from 24/10/23 to attend the conference.

Yours Sincerely,

Dr Deepa Das

Forwarding Authority

I am hereby forwarding her/his application for attending the Conference/ Workshop/ CDE. In her/his absence the workload in the department shall not be affected and a minimum of 10% Teaching staff are on duty.

Dr Deepa Das
Signature of Forwarding Authority

Dr. DEEPA DAS A.
M.D.S.
PROFESSOR & HOD
DEPT. OF ORAL MEDICINE & RADIOLOGY
Y.M.T. DENTAL COLLEGE KHARGHAR

M.V. Vaidya
Signature of Dean with Seal

Approving Authority

Dr. G.D. Pol
Y.M.T. Dental College
Sector 4, Kharghar, Navi Mumbai, 410210

M.V. Vaidya

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

Research Methodology (21st to 23rd November 2023)

DR. G.D.POL FOUNDATION
Y.M.T DENTAL COLLEGE AND HOSPITAL
Sector-4, Kharghar, Navi Mumbai, 410210

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP/ CDE

FROM

DATE 20/11/2023

To,
The Dean,
Dr. G.D. Pol Foundation
Y.M.T Dental College and Hospital
Sector-4, Kharghar, Navi Mumbai, 410210

Subject: Permission to attend the Conference/ Workshop/ CDE

Respected Madam,

I, Dr. Rishwan M. Sanadi from the Department of Periodontology, wish to attend the Research Methodology Conference/ Workshop/ CDE being organized by MUHS & Y.M.T. Dental College. It will be held from 21st to 23rd Nov 23 at Mumbai.

I, We, hence request you to grant me/us a special casual leave from 22 Nov 23 (class) to attend the conference.

Yours Sincerely,

R. Sanadi
Dr. Rishwan M. Sanadi

Forwarding Authority

I am hereby forwarding his/her application for attending the Conference/ Workshop/ CDE. In his/her absence the workload in the department shall not be affected and a minimum of 50% Teaching staff are on duty.

Signature of HOD with Seal
Dr. Sangeeta Muglikar
Professor And Head
Dept of Periodontology
Dr. G. D. Pol Foundation
Y.M.T. Dental College & Hospital
Kharghar, Navi Mumbai - 410210.

Approving Authority

Signature of Dean with Seal
Dr. Sangeeta Muglikar
Professor And Head
Dept of Periodontology
Dr. G. D. Pol Foundation
Y.M.T. Dental College & Hospital
Navi Mumbai - 410210

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

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

DR. G. D. POL FOUNDATION
Y.M.T. DENTAL COLLEGE AND HOSPITAL
Sector 4, Kharghar, Navi Mumbai, 410210

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP/ CDE

Date: 13/11/2023

From,
Dr. Nikani Atarde
Professor,
Dept. of OMFS
To
The Dean
Dr. G. D. Pol Foundation
Y.M.T. Dental College and Hospital
Kharghar,
Navi Mumbai

Subject: Permission to attend the conference/ workshop/ CDE

Respected Madam,
I, Dr. Nikani Prof. of Department of Oral and Maxillofacial Surgery, wish to attend the conference/ workshop/ CDE being organized by ICOMSL at national level. It will be held on 23-25/11/2023 at Delhi.

I hence request you to grant me a duty/ conference leave from 23/11/2023 to 25/11/2023 (3 days) to attend the conference.

Yours sincerely,

Atarde

Forwarding Authority

I am hereby forwarding his/ her application for attending the conference/ workshop. In his/her absence the workload in the department shall not be affected and a minimum of 50% teaching staff are on duty.

[Signature]
DR. SURESH H. GUpte

Signature of ^{NBS} with Seal
PROFESSOR & HOD
DEPT OF ORAL & MAXILLOFACIAL SURGERY
DR. G. D. POL FOUNDATION
Y.M.T. DENTAL COLLEGE & HOSPITAL
KHARGHAR, NAVI MUMBAI - 410210

Approving Authority

[Signature]
DEAN

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

[Signature]

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

IACDE(30/11/23-03/12/23)

DR. G. D. POL FOUNDATION
Y.M.T. DENTAL COLLEGE AND HOSPITAL
Sector 4, Kharghar, Navi Mumbai, 410210

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP/ CDE

From Prof. & HOD Dr. Vibha Hegde Date: 20/11/23

To
The Dean
Dr. G. D. Pol Foundation
Y.M.T Dental College and Hospital
Kharghar,
Navi Mumbai

Subject: Permission to attend the conference/ workshop/ CDE

Respected Madam,
I Prof. & HOD Dr. Vibha Hegde, Department of
Conservative, Dental & Endodontics, wish to attend the conference/ workshop/ CDE being
organized by Kolkata at National level. It
will be held from 30/11/23 to 3/12/23 at
Kolkata

I hence request you to grant me a special casual leave from 28/11/23 to
6/12/23 (9 days) to attend the conference.

Yours sincerely

Dr. Vibha Hegde

Forwarding Authority

I am hereby forwarding his/ her application for attending the conference/ workshop. In
his/ her absence the workload in the department shall not be affected and a minimum of 50%
Teaching staff are on duty.

Signature of HOD with Seal

Approving Authority

Signature of the Dean with Seal
DEAN

DR. VIBHAHEGDE (Prof. & HOD)
Dept. of Conservative Dentistry & Endodontics
Dr. G. D. Pol Foundation
Y.M.T. Dental College & Hospital
Sector - 4, Kharghar,
Navi Mumbai - 410210

Y.M.T. DENTAL COLLEGE
No. 100, Sector 4, Kharghar,
Navi Mumbai - 410210

DR. G. D. POL FOUNDATION
Y.M.T. DENTAL COLLEGE AND HOSPITAL
Sector 4, Kharghar, Navi Mumbai, 410210

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP/ CDE

From Prof. Dr. Mrunalini Vaidya

Date: 20/11/23

To
The Dean
Dr. G. D. Pol Foundation
Y.M.T Dental College and Hospital
Kharghar,
Navi Mumbai

Subject: Permission to attend the conference/ workshop/ CDE

Respected Madam,
I Prof. Dr. Mrunalini Vaidya, Department of
Prosthodontics & Endodontics wish to attend the conference/ workshop/ CDE being
organized by IACAC at Kolkata - (National) level. It
will be held from 30/11/23 to 3/12/23 at
Kolkata.

I hence request you to grant me a special casual leave from 28/11/23 to
6/12/23 (9 days) to attend the conference.

Yours sincerely

Dr. Mrunalini Vaidya.

Forwarding Authority

I am hereby forwarding his/ her application for attending the conference/ workshop. In
his/her absence the workload in the department shall not be affected and a minimum of 50%
Teaching staff are on duty.

Signature of HOD with Seal

Approving Authority

Signature of the Dean with Seal
DEAN
Y.M.T. Dental College

DR. VIBHA HEGDE (Prof. & HOD)
Dept. of Conservative Dentistry & Endodontics
Dr. G. D. Pol Foundation
Y.M.T. Dental College and Hospital
Sector - 4, Kharghar,
Navi Mumbai - 410 210

M. J. Venkatesh

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

DR. G. D. POL FOUNDATION
Y.M.T. DENTAL COLLEGE AND HOSPITAL
Sector 4, Kharghar, Navi Mumbai, 410210

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP/ CDE

From DR. SREEJA NAIR

Date: 20/11/2023

To
The Dean
Dr. G. D. Pol Foundation
Y.M.T. Dental College and Hospital
Kharghar,
Navi Mumbai

Subject: Permission to attend the conference/ workshop/ CDE

Respected Madam,
I Dr. Sreeja Nair, Department of _____, wish to attend the conference/ workshop/ CDE being organized by IACDE at National level. It will be held from 30th Nov 2023 to 3rd Dec. 2023 at _____.

I hence request you to grant me a special casual leave from 29th Nov-23 to 6th Dec-23 (9 days) to attend the conference.

Yours sincerely

DR. SREEJA NAIR

Forwading Authority

I am hereby forwarding his/ her application for attending the conference/ workshop. In his/ her absence the workload in the department shall not be affected and a minimum of 50% Teaching staff are on duty.

Signature of HOD with Seal

Approving Authority

Signature of the Dean with Seal
DEAN
Y.M.T. Dental College

DR. VISHAHEGDE (Prof. & HOD)
Dept. of _____
Y.M.T. Dental College and Hospital
Sector -4, Kharghar,
Navi Mumbai - 410210

MTVandekar
DEAN
Y.M.T. Dental College
Institutional Area,
Sector -4, Kharghar,
Navi Mumbai - 410210

DR. G.D.POL FOUNDATION
Y.M.T DENTAL COLLEGE AND HOSPITAL
Sector 4, Kharghar, Navi Mumbai, 410210

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP/ CDE

FROM
Dr. Deepa Das
Prof of Head
Dept of CDR

DATE: 16/11/23

To,
The Dean,
Dr. G.D. Pol Foundation
Y.M.T Dental College and Hospital
Sector 4, Kharghar, Navi Mumbai, 410210

Subject: Permission to attend the Conference/ Workshop/ CDE

Respected Madam,
I Dr. Deepa Das from the department of Oral Medicine & Radiology wish to attend the National Conference being organized by INDIA held on 20th, 1st, 2nd, 3rd Dec 2023 at Surat. I hence request you to grant me paid leave on 1st - 4th December 2023 to attend the conference.

Yours sincerely,

Dr. Deepa Das

RECEIVED SHOD
DEPT OF ORAL MEDICINE & RADIOLOGY
Y.M.T DENTAL COLLEGE

Forwarding Authority

I am hereby forwarding his/henrtheir application for attending the Conference/ Workshop/ CDE. In his/henrtheir absence the workload in the department shall not be affected and a minimum of 50% teaching staff are on duty

Dr. Deepa Das
Signature of HOD with Seal
Dr. DEEPA DAS. A
M.D.S

PROFESSOR & HOD
DEPT OF ORAL MEDICINE & RADIOLOGY
Y.M.T DENTAL COLLEGE
KHARGHAR

Signature of Dean with Seal

Approving Authority

M.T. Kulkarni

M.T. Kulkarni

DEAN
Y.M.T. Dental College
Institutional Area,
Sector -4, Kharghar,
Navi Mumbai 410210

LEAVE DRBP NAT CON IAOMR DEC 23 PDF

DR. G.D. POL FOUNDATION
Y.M.T. DENTAL COLLEGE AND HOSPITAL
Sector 4, Kharghar, Navi Mumbai. 410210

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP/ CDE

FROM
Dr. Akshat Patel
Lecturer, Dept. OMOR
Y.M.T.D.C.H.

DATE: 11/11/23

To,
The Dean,
Dr. G.D. Pol Foundation
Y.M.T. Dental College and Hospital
Sector 4, Kharghar, Navi Mumbai. 410210

Subject: Permission to attend the Conference/ Workshop/ CDE

Respected Madam,

I, Dr. Akshat Patel from the department of Oral Medicine & Radiology wish to attend the National SOMR 2023 being organized by IAOMR held on 2-3 Dec 2023 at Durgam, Pune. I hence request you to grant me paid leave on 1st to 3rd Dec 2023 to attend the conference.

Yours sincerely,

Dr. Akshat Patel

Forwarding Authority

I am hereby forwarding below their application for attending the Conference/ Workshop/ CDE. In their absence the workload in the department shall not be affected and a minimum of 50% teaching staff are on duty.

Dr. Deepa Das A
M.D.S.

PROFESSOR & HOD
DEPT. OF ORAL MEDICINE & RADIOLOGY
Y.M.T. DENTAL COLLEGE
KHARGHAR

Signature of Dean with Seal

Approving Authority

Scanned with CamScanner

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

Research Methodology(11th-13rd December 2023)

DR. G.D.P. FOUNDATION
Y.M.T. DENTAL COLLEGE AND HOSPITAL
Sector -4, Kharghar, Navi Mumbai, 410210

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP/ CDE

FROM:

DATE: 7/12/23

To,
The Dean,
Dr. G.D. P. Foundation
Y.M.T. Dental College and Hospital
Sector -4, Kharghar, Navi Mumbai, 410210

Subject: Permission to attend the Conference/ Workshop/ CDE

Respected Madam,

I, Dr. Sangeeta M. Maglikar from the Department of Periodontology wish to attend the Research Methodology Conference/Workshop/CDE, being organized by MVHSE, MSHM Dental College State Level. It will be held from 11th to 13th Dec at Mumbai.
I, We, hence request you to grant me/a special casual leave from 13th Dec (Days) to attend the conference.

Yours Sincerely,

Dr. Sangeeta M. Maglikar

Forwarding Authority

I am hereby forwarding her/his application for attending the Conference/ Workshop/ CDE. In her/his absence the workload in the department shall not be affected and a minimum of 50% Teaching staff are on duty.

Signature of HOD with Seal
Dr. Sangeeta Maglikar
Professor And Head
Dept of Periodontology
Dr. G. D. P. Foundation
Y.M.T. Dental College & Hospital
Sector -4, Kharghar, Navi Mumbai - 410210.

Agreeing Authority

Signature of Dean with Seal
DEAN
Y.M.T. Dental College
& Hospital Kharghar,

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

DR. G.D.POL FOUNDATION
Y.M.T DENTAL COLLEGE AND HOSPITAL
Sector 4, Kharghar, Navi Mumbai, 410210

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP/ CDE

FROM:

DATE:

To,
The Dean,
Dr. G.D. Pol Foundation
Y.M.T Dental College and Hospital
Sector 4, Kharghar, Navi Mumbai, 410210

Subject: Permission to attend the Conference/ Workshop/ CDE

Respected Madam,

I/We, DR. BHAKTI PATIL, from the Department of ORAL SURG., wish to attend the ACADEMIC Conference/Workshop/CDE being organized by ACADEMIC at STATE Level. It will be held from 8/1/2024, at ACTEPC, KHARGHAR.
I/We, hence request you to grant me/as a special casual leave from 8/1/2024 (1 days) to attend the conference.

Yours Sincerely,

Bhakti Patil
Dr. Bhakti Patil

Forwarding Authority

I am hereby forwarding his/hen/their application for attending the Conference/ Workshop/ CDE. In his/hen/their absence the workload in the department shall not be affected and a minimum of 50% Teaching staff are on duty.

Dr. Deepa Das
Signature of HOD with Seal

Dr. DEEPA DAS A.
M.D.S.
PROFESSOR & HOD
DEPT. OF ORAL MEDICINE & RADIOLOGY
Y.M.T DENTAL COLLEGE KHARGHAR

Approving Authority

M.V. Vondal
Signature of Dean with Seal

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

Scanned with CamScanner

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

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP/ CDE

FROM Dr. Nalin Tomar
Senior Lecturer
OMDR - YMTDC.

DATE: 05/01/24


To,
The Dean,
Dr. G.D. Pol Foundation
Y.M.T Dental College and Hospital
Sector 4, Kharghar, Navi Mumbai, 410210

Subject: Permission to attend the Conference/ Workshop/ CDE

Respected Madam,

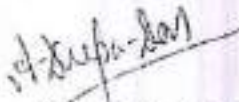
I Dr. Nalin Tomar from the department of OMDR wish to attend the ACTREC - Ocala being organized by ACTREC - Kharghar held on 24 January at 09:00 - 5:30 PM. I hence request you to grant me paid leave on 08/01/24 to attend the conference.

Yours sincerely,


Forwarding Authority

I am hereby forwarding his/her/their application for attending the Conference/ Workshop/ CDE. In his/her/their absence the workload in the department shall not be affected and a minimum of 50% teaching staff are on duty

Signature of HOD with Seal


Dr. DEEPA DAS. A
M.D.S

PROFESSOR & HOD
DEPT OF ORAL MEDICINE & RADIOLOGY
YMT DENTAL COLLEGE
KHARGHAR

Approving Authority

Signature of Dean with Seal





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

DR. G.D.POL FOUNDATION
Y.M.T DENTAL COLLEGE AND HOSPITAL
Sector 4, Kharghar, Navi Mumbai, 410210

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP/ CDE

FROM Dr. Deepa Das
Prof & Head
Dept of OMR

DATE: 5/1/24

To,
The Dean,
Dr. G.D. Pol Foundation
Y.M.T Dental College and Hospital
Sector 4, Kharghar, Navi Mumbai, 410210

Subject: Permission to attend the Conference/ Workshop/ CDE

Respected Sir/Ma'am,

I Dr. Deepa Das from the department of OMR wish to attend the Workshop being organized by ICJREC, Kharghar held on 3-1-24 at Kharghar. I hence request you to grant me paid leave on 3-1-24 to attend the conference.

Yours sincerely,

Forwarding Authority

I am hereby forwarding his/her/their application for attending the Conference/ Workshop/ CDE. In his/her/their absence the workload in the department shall not be affected and a minimum of 50% teaching staff are on duty.

Signature of HOD with Seal

Dr. Deepa Das
DR. DEEPA DAS, A
M.D.S

PROFESSOR & HOD
DEPT OF CIVIL MEDICINE & RADIOLOGY
Y.M.T DENTAL COLLEGE
KHARGHAR

Signature of Dean with Seal

Approving Authority

M

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

Research Methodology (10th-12th January 2024)

DR. G.D. POL FOUNDATION
Y.M.T. DENTAL COLLEGE AND HOSPITAL
Sector 4, Kharghar, Navi Mumbai, 410210

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP/ CDE
FROM _____ DATE: 8/01/24

To,
The Dean,
Dr. G.D. Pol Foundation
Y.M.T. Dental College and Hospital
Sector 4, Kharghar, Navi Mumbai, 410210

Subject: Permission to attend the Conference/ Workshop/ CDE

Respected Madam,

I, Dr. Rizwan M. Sinadi from the Department of Periodontology wish to attend the Research Methodology Conference/ Workshop/ CDE being organized by MUHS, Tanjore Dental College State Level. It will be held from 10th to 12th Jan for Tanore Dental College.

I/We, hence request you to grant me/us a special casual leave from 10th Jan 24, 1 days to attend the conference.

Yours Sincerely,

Rizwan M. Sinadi
Dr. Rizwan M. Sinadi

Forwarding Authority

I am hereby forwarding his/her/their application for attending the Conference/ Workshop/ CDE. In his/her/their absence the workload in the department shall not be affected and a minimum of 50% Teaching staff are on duty.

SS
Signature of HOD with Seal
Dr. Sangeeta Muglikar
Professor And Head
Dept of Periodontology
Dr. G. D. Pol Foundation
Y.M.T. Dental College & Hospital
Kharghar, Navi Mumbai - 410210

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

Approving Authority

M
Signature of Dean with Seal
DEAN
Y.M.T. Dental College
& Hospital Kharghar,
Navi Mumbai - 410 210

Periovista (18th-20th January 2024)

DR. G.D. POL FOUNDATION
Y.M.T. DENTAL COLLEGE AND HOSPITAL
Sector-4, Kharghar, Navi Mumbai, 410210

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP/ CDE
FROM: _____ DATE: 15/1/24

To,
The Dean,
Dr. G.D. Pol Foundation
Y.M.T. Dental College and Hospital
Sector-4, Kharghar, Navi Mumbai, 410210

Subject: Permission to attend the Conference/ Workshop/ CDE

Respected Madam,

I/we Dr. Rishwan M. Saradi from the Department of Periodontology wish to attend the Periovista Conference/Workshop/CDE being organized by Tanna Dental College Nationheret. It will be held from 18th to 20th Jan 2024 Tanna Dental College, Mumbai.
I/we, hence request you to grant me/us a special casual leave from 18th Jan 24 (4 days) to attend the conference.

Yours Sincerely,

Dr. Rishwan M. Saradi

Forwarding Authority

I am hereby forwarding his/her/their application for attending the Conference/ Workshop/ CDE. In his/her/their absence the workload in the department shall not be affected and a minimum of 50% Teaching staff are on duty.

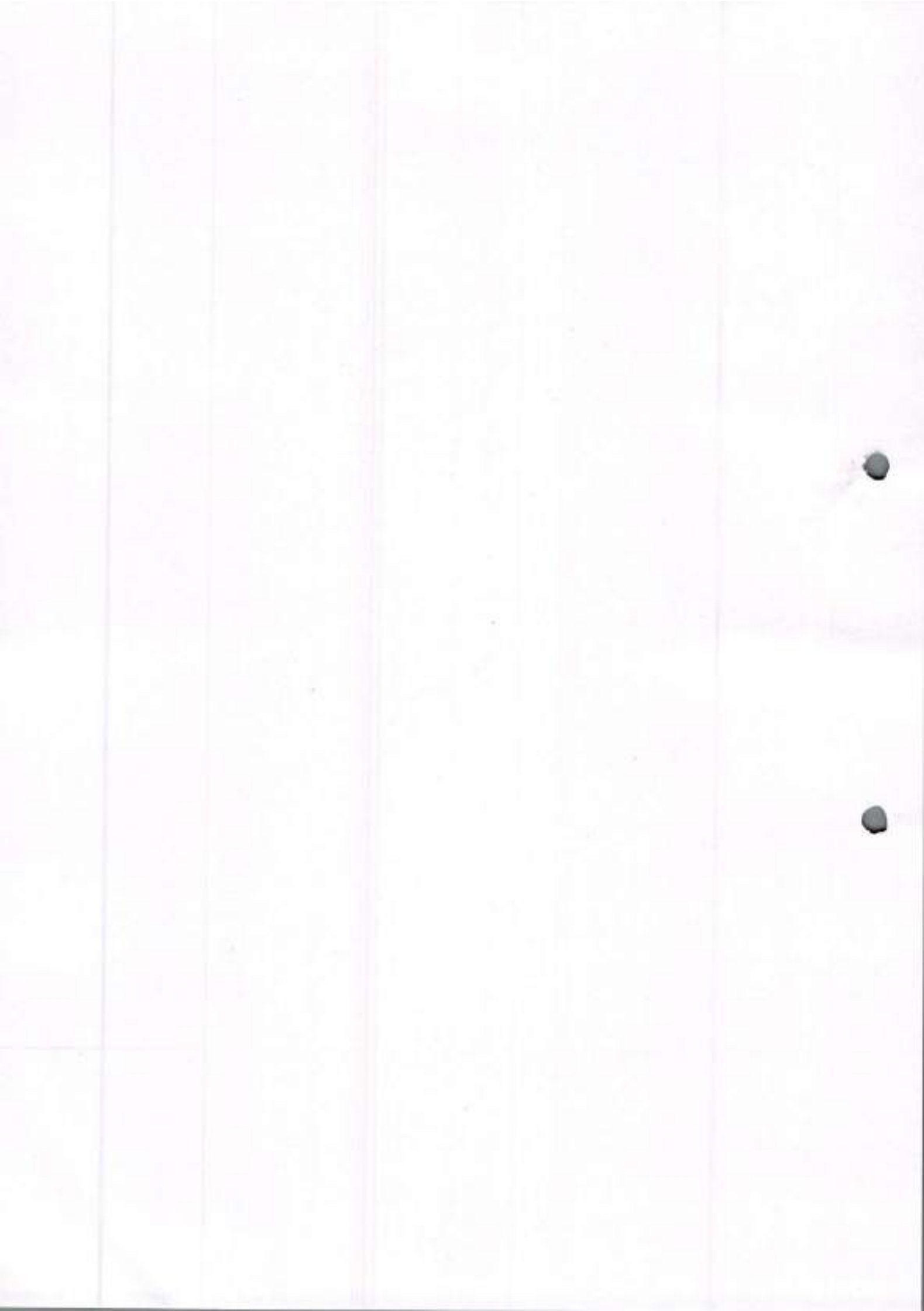
Signature of HOD with Seal
Dr. Sangeeta Muglikar
Professor And Head
Dept of Periodontology
Dr. G. D. Pol Foundation
Y.M.T. Dental College & Hospital
Sector-4, Navi Mumbai-410210.

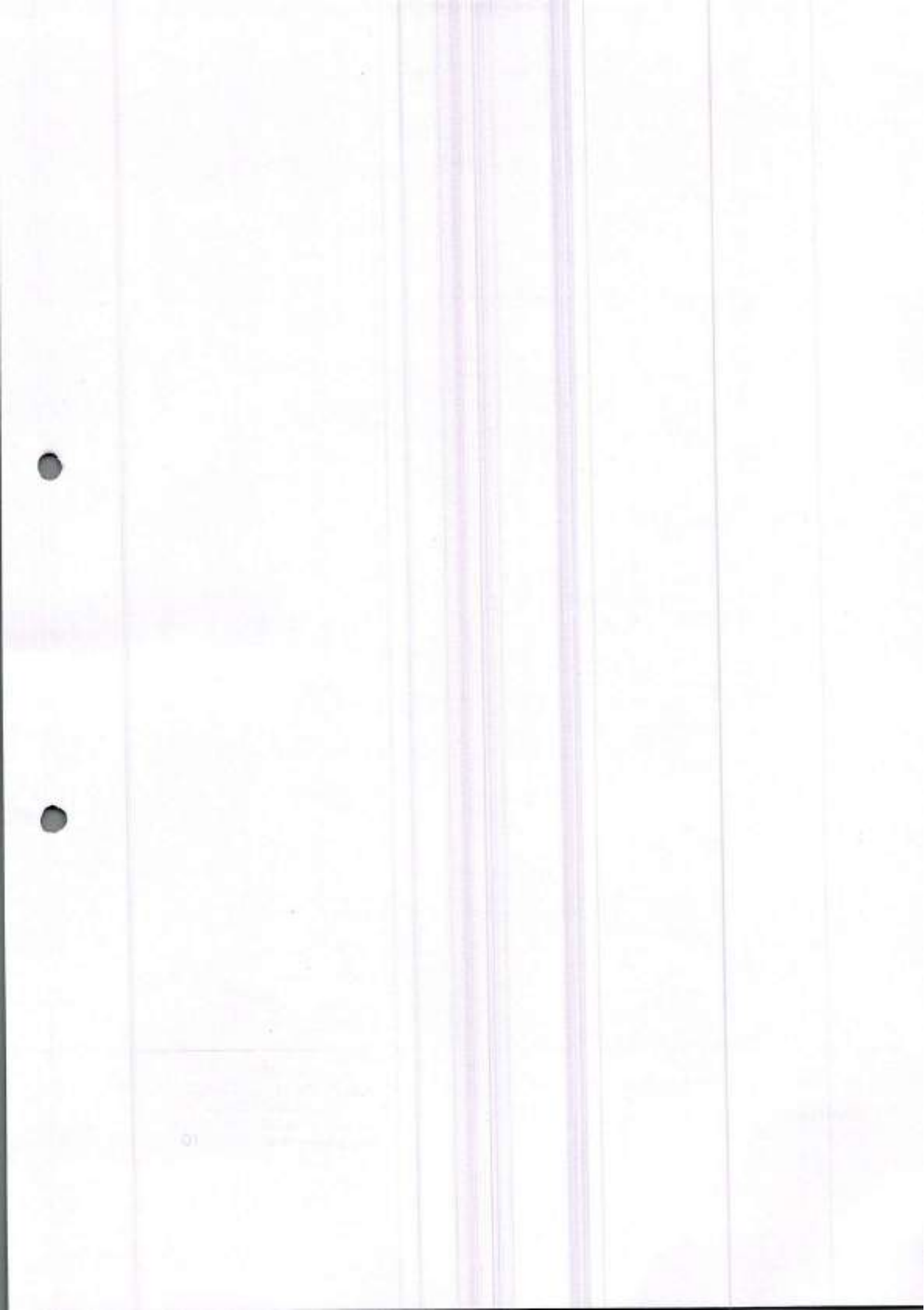
Approving Authority

Signature of Dean with Seal
DEAN
Y.M.T. Dental College
& Hospital Kharghar

M. J. Vandeheer
DEAN
Y.M.T. Dental College
Institution, Kharghar,
Sector-4, Navi Mumbai,
Navi Mumbai 410 210







AOMSI(1st to 3rd February 2024)

DR. G. D. POL FOUNDATION
Y.M.T. DENTAL COLLEGE AND HOSPITAL
Sector 4, Kharghar, Navi Mumbai, 410210

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP/ CDE

Date: 25/01/2024

From,
Dr. Harshani Atkande
Professor,
Dept. of OMS

To
The Dean
Dr. G. D. Pol Foundation
Y.M.T Dental College and Hospital
Kharghar,
Navi Mumbai

Subject: Permission to attend the conference/ workshop/ CDE

Respected Madam,

I, Dr. Harshani Atkande, Prof. of Department of Oral and Maxillofacial Surgery, wish to attend the conference/ workshop/ CDE being organized by AOMSI at national level. It will be held on 01-02/24 to 03-02/24 at Pune.

I hence request you to grant me a day/ conference leave from 01/02/24 to 03/02/24 (3 days) to attend the conference.

Yours sincerely,

Harshani Atkande

Forwarding Authority:

I am hereby forwarding his/ her application for attending the conference/ workshop. In his/ her absence the workload in the department shall not be affected and a minimum of 50% teaching staff are on duty.

Dr. Shreyas A. Gupta
MDS

Signature of PROFESSOR (with Seal)
DEPT OF ORAL & MAXILLOFACIAL SURGERY
DR. G. D. POL FOUNDATION
Y.M.T DENTAL COLLEGE & HOSPITAL
KHARGHAR, NAVI MUMBAI - 410210

Approving Authority:

M. J. Vandeekar
DEAN

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

Signature of the Dean with Seal

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

DR. G. D. POL FOUNDATION
Y.M.T. DENTAL COLLEGE AND HOSPITAL
Sector 4, Kharghar, Navi Mumbai, 410210

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP/ CDE

Date: 23/01/2024.

From,
Dr. Shreyas Gupta, Prof & head
Dept. of DMFS

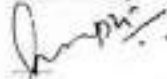
To
The Dean
Dr. G. D. Pol Foundation
Y.M.T. Dental College and Hospital
Kharghar,
Navi Mumbai

Subject: Permission to attend the conference/ workshop/ CDE

Respected Madam,
I, Dr. Shreyas Gupta, head of Department of Oral and Maxillofacial Surgery, wish to attend the conference/ workshop/ CDE being organized by MSC - AOMSI at national level. It will be held on 1-3/2/24 at Pune.

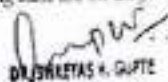
I hence request you to grant me a duty/ conference leave from 01/02/24 to 03/02/24 (3 days) to attend the conference.

Yours sincerely,



Forwarding Authority

I am hereby forwarding this/ her application for attending the conference/ workshop. In his/her absence the workload in the department shall not be affected and a minimum of 90% teaching staff are on duty.


DR. SHREYAS K. GUPTA
Signature of HOD with Seal
PROFESSOR & HOD
DEPT. OF ORAL & MAXILLOFACIAL SURGERY
DR. G. D. POL FOUNDATION
Y.M.T. DENTAL COLLEGE & HOSPITAL
KHARGHAR - NAVI MUMBAI - 410210

Signature of the Dean with Seal

Approving Authority


DEAN
Y.M.T. Dental College
& Hospital Kharghar
Navi Mumbai - 410210



DEAN
Y.M.T. Dental College
National Area,
Sector-4, Kharghar,
Navi Mumbai 410210

DR. G. D. POL FOUNDATION
Y.M.T. DENTAL COLLEGE AND HOSPITAL
Sector 4, Kharghar, Navi Mumbai, 410210

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP/ CDE

Date: 23/01/2024.

From,
Dr. Tanhavi Modi
Lecturer
Dept. of OMFS.

To
The Dean
Dr. G. D. Pol Foundation
Y.M.T Dental College and Hospital
Kharghar,
Navi Mumbai

Subject: Permission to attend the conference/ workshop/ CDE

Respected Madam,

I, Dr. Tanhavi Modi, Lecturer of Department of Oral and Maxillofacial Surgery, wish to attend the conference/ workshop/ CDE being organized by MSC - AOMSI at national level. It will be held on 1-3/2/24 at Pune.

I hence request you to grant me a duty/ conference leave from 01/02/24 to 03/02/24 (3 days) to attend the conference.

Yours sincerely,

Forwarding Authority

I am hereby forwarding his/ her application for attending the conference/ workshop. In his/ her absence the workload in the department shall not be affected and a minimum of 50% teaching staff are on duty.

Signature of DR. SHREYASH M. GUPTA with Seal
PROFESSOR & HOD
DEPT OF ORAL & MAXILLOFACIAL SURGERY
DR. G. D. POL FOUNDATION
Y.M.T DENTAL COLLEGE & HOSPITAL
KHARGHAR, NAVI MUMBAI - 410 210

Signature of the Dean with Seal

Approving Authority

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

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

DR. G. D. POL FOUNDATION
Y.M.T. DENTAL COLLEGE AND HOSPITAL
Sector 4, Kharghar, Navi Mumbai, 410210

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP/ CDE

Date: 22/01/2024

From,
Dr. Mangal Moh,
Assistant
ceptor of OMFS

To
The Dean
Dr. G. D. Pol Foundation
Y.M.T Dental College and Hospital
Kharghar,
Navi Mumbai

Subject: Permission to attend the conference/ workshop/ CDE

Respected Madam,
I, *Dr. Mangal Moh,* Assistant Professor of Department of Oral and Maxillofacial Surgery, wish to attend the conference/ workshop/ CDE being organized by AISC- AOMSI at national level. It will be held on 1st 3/2/24 at Pune

I hence request you to grant me a duty/ conference leave from 01/02/24 to 03/02/24 @ 3 days) to attend the conference.

Yours sincerely,

Forwarding Authority

I am hereby forwarding his/ her application for attending the conference/ workshop. In his/her absence the workload in the department shall not be affected and a minimum of 50% teaching staff are on duty.

S. S. Gupta
DR. SURESH H. GUPTA
MDS
PROFESSOR & HOD
Signature of the Dean with Seal
DEPT OF ORAL & MAXILLOFACIAL SURGERY
DR. G. D. POL FOUNDATION
Y.M.T DENTAL COLLEGE & HOSPITAL
KHARGHAR, NAVI MUMBAI

Approving Authority

Signature of the Dean with Seal

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

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

DR. G. D. POL FOUNDATION
Y.M.T. DENTAL COLLEGE AND HOSPITAL
Sector 4, Kharghar, Navi Mumbai, 410210

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP/ CDE

Date: 25/01/24

From,
Dr. Rakhi Purkayastha
Lecturer
Dept. of OMFS

To
The Dean
Dr. G. D. Pol Foundation
Y.M.T Dental College and Hospital
Kharghar,
Navi Mumbai

Subject: Permission to attend the conference/ workshop/ CDE

Respected Madam,

I, Dr. Rakhi, Lecturer of Department of Oral and Maxillofacial Surgery, wish to attend the conference/ workshop/ CDE being organized by MSC - AOMSI at national level. It will be held on 1-3/2/24 Pune.

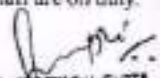
I hence request you to grant me a duty/ conference leave from 01/02/24 to 03/02/24 (3 days) to attend the conference.

Yours sincerely,



Forwarding Authority

I am hereby forwarding his/ her application for attending the conference/ workshop. In his/her absence the workload in the department shall not be affected and a minimum of 90% teaching staff are on duty.


DR. SURESH H. GUPTÉ
Signature of HODS with Seal
PROFESSOR & HOD
DEPT OF ORAL & MAXILLOFACIAL SURGERY
DR. G. D. POL FOUNDATION
Y.M.T DENTAL COLLEGE & HOSPITAL
KHARGHAR, NAVI MUMBAI - 410210

Approving Authority

Signature of the Dean with Seal


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

M. J. Vardabhai

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

24th IACDE National PG Convention (29/02/24-03/03/24)

DR. G. D. POL FOUNDATION
Y.M.T. DENTAL COLLEGE AND HOSPITAL
Sector 4, Kharghar, Navi Mumbai, 410210

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP/ CDE

Date: 27th Feb '24.

From
Dr. Vibha Hegde

To
The Dean
Dr. G. D. Pol Foundation
Y.M.T Dental College and Hospital
Kharghar,
Navi Mumbai

Subject: Permission to attend the conference/ workshop/ CDE

Respected Madam,
I Dr. Vibha Hegde, H.O.D., Department of Conservative Dentistry & Endodontics, wish to attend the conference/ workshop/ CDE being organized by IACDE at International level. It will be held from 29th Feb '24 to 5th March '24 at Chennai, Tamil Nadu.

I hence request you to grant me a special casual leave from 29th Feb to 5th March (4 days) to attend the conference.

Yours sincerely

Dr. Vibha Hegde

Forwarding Authority

I am hereby forwarding his/ her application for attending the conference/ workshop. In his/ her absence the workload in the department shall not be affected and a minimum of 50% Teaching staff are on duty.

Signature of HOD with Seal

Approving Authority

Signature of the Dean with Seal
Y.M.T. Dental College
Institutional Area,
Sector -4, Kharghar,
Navi Mumbai - 410 210

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

Vibha Hegde
DR. VIBHA HEGDE (Prof. & HOD)
Dept. of Conservative Dentistry & Endodontics
Dr. G. D. Pol Foundation
Y.M.T. Dental College & Hospital
Sector -4, Kharghar,
Navi Mumbai - 410 210

ISP PG Convention (23/03/24-24/03/24)

DR. G.D.POL FOUNDATION
Y.M.T. DENTAL COLLEGE AND HOSPITAL
Sector 4, Kharghar, Navi Mumbai, 410210

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP/ CDE
FROM: _____ DATE: 20/3/24

To,
The Dean,
Dr. G.D. Pol Foundation
Y.M.T. Dental College and Hospital
Sector 4, Kharghar, Navi Mumbai, 410210

Subject: Permission to attend the Conference/ Workshop/ CDE

Respected Madam,
I, Dr. Ipsita Jayanti, from the Department of Periodontology wish to attend the
ISP 22nd PG Convention Conference/ Workshop/ CDE being organized by ISP at
National Level. It will be held from 23/3/24 to 24/3/24 at Mumbai.
I/We, hence request you to grant me/us a special casual leave from 23/3/24 to 24/3/24 (2 days) to
attend the conference.

Yours Sincerely,
Ipsita Jayanti
Dr. Ipsita Jayanti.

Forwarding Authority

I am hereby forwarding her/his/their application for attending the Conference/ Workshop/ CDE. In
his/her/their absence the workload in the department shall not be affected and a minimum of 50%
Teaching staff are on duty.

Dr. Sangeeta Muglikar
Signature of HOD with Seal
Dr. Sangeeta Muglikar
Professor And Head
Dept of Periodontology
Dr. G. D. Pol Foundation
Y.M.T. Dental College & Hospital
Kharghar, Navi Mumbai - 410210

Approving Authority

M.J.
Signature of Dean with Seal
DEAN
Y.M.T. Dental College
& Hospital Kharghar.

M.J. Vandekar
DEAN
Y.M.T. Dental College
& Hospital Kharghar,
Navi Mumbai - 410210

DR. G.D.POL FOUNDATION
Y.M.T DENTAL COLLEGE AND HOSPITAL
Sector 4, Kharghar, Navi Mumbai, 410210

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP/ CDE
FROM: _____ DATE: 20/9/24.

To,
The Dean,
Dr. G.D. Pol Foundation
Y.M.T Dental College and Hospital
Sector 4, Kharghar, Navi Mumbai, 410210

Subject: Permission to attend the Conference/ Workshop/ CDE

Respected Madam,

I/We Dr. Divya DUBEY, from the Department of Periodontology wish to attend the
2nd ISP for General Conference/Workshop/CDE being organized by ISP at
NATIONAL Level. It will be held from 23/9/24 to 24/9/24 at MUMBAI

I/We, hence request you to grant me/us a special casual leave from 23/9/24 - 24/9/24 (2 days) to
attend the conference.

Yours Sincerely,

Dr. Divya M. Dubey
Dr. Divya M. Dubey

Forwarding Authority

I am hereby forwarding his/hers/their application for attending the Conference/ Workshop/ CDE. In
his/hers/their absence the workload in the department shall not be affected and a minimum of 50%
Teaching staff are on duty.

[Signature]
Signature of HOD with Seal
Dr. Sangeeta Muglikar
Professor And Head
Dept of Periodontology
Dr. G. D. Pol Foundation
Y.M.T. Dental College & Hospital
Kharghar, Navi Mumbai - 410210

Approving Authority

[Signature]
Signature of Dean with Seal
DEAN
Y.M.T. Dental College
& Hospital Kharghar,
Navi Mumbai - 410 210

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

DR. G.D. POL FOUNDATION
Y.M.T. DENTAL COLLEGE AND HOSPITAL
Sector 4, Kharghar, Navi Mumbai, 410210

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP/ CDE

DATE: 20/3/24

FROM:

To:
The Dean,
Dr. G.D. Pol Foundation
Y.M.T. Dental College and Hospital
Sector 4, Kharghar, Navi Mumbai, 410210

Subject: Permission to attend the Conference/ Workshop/ CDE

Respected Madam,

I, Dr. Neha Bhalga from the Department of Periodontology wish to attend the ISF PG course/Conference/Workshop/CDE being organized by ISF at National Level. It will be held from 27/3/24 to 29/3/24 at CIT-CE, Navi Mumbai.
I, Dr. Neha Bhalga hence request you to grant me a special casual leave from 27/3/24 to 29/3/24 to attend the conference.

Yours Sincerely,

Neha Bhalga
Dr. Neha Bhalga

Forwarding Authority

I am hereby forwarding his/her/their application for attending the Conference/ Workshop/ CDE. In his/her/their absence the workload in the department shall not be affected and a minimum of 50% Teaching staff are on duty.

Sangeeta

Signature of HOD with Seal
Dr. Sangeeta Muglikar
Professor And Head
Dept of Periodontology
Dr. G. D. Pol Foundation
Y.M.T. Dental College & Hospital
Kharghar, Navi Mumbai - 410210.

Approving Authority

M.T. Vandeekar

Signature of Dean with Seal
DEAN
Y.M.T. Dental College

M.T. Vandeekar
DEAN
Y.M.T. Dental College
Institution Area,
Sector 4, Kharghar,
Navi Mumbai - 410210

DR. G.D. POL FOUNDATION
Y.M.T. DENTAL COLLEGE AND HOSPITAL
Sector-4, Kharghar, Navi Mumbai, 410210

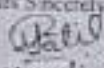
LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP/ CDE
FROM:

DATE: 20/3/24

To,
The Dean,
Dr. G.D. Pol Foundation
Y.M.T. Dental College and Hospital
Sector-4, Kharghar, Navi Mumbai, 410210


Subject: Permission to attend the Conference/ Workshop/ CDE

Respected Madam,
I, Dr. Manali Patil from the Department of Periodontology wish to attend the ISF workshop/conference/Workshop/CDE being organized by ISF at National Level. It will be held from 23/3/24 to 24/3/24 at CITCO, Navi Mumbai. I, hence request you to grant me a special casual leave from 23/3/24 to 24/3/24 to attend the conference.


Yours Sincerely,

Dr. Manali Patil


Forwarding Authority

I am hereby forwarding his/her/their application for attending the Conference/ Workshop/ CDE. In his/her/their absence the workload in the department shall not be affected and a minimum of 50% Teaching staff are on duty.


Signature of HOD with Seal
Dr. Sangeeta M. Patil
Professor and Head
Dept of Periodontology
Dr. G. D. Pol Foundation
Y.M.T. Dental College & Hospital
Kharghar, Navi Mumbai - 410210.

Approving Authority


Signature of Dean with Seal
DEAN
Y.M.T. Dental College
& Hospital Kharghar,
Navi Mumbai - 410210


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

DR. G. D. POL FOUNDATION
Y.M.T. DENTAL COLLEGE AND HOSPITAL
Sector 4, Kharghar, Navi Mumbai, 410210

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP/ CDE
FROM _____ DATE: 20/3/24

To,
The Dean,
Dr. G.D. Pol Foundation
Y.M.T. Dental College and Hospital
Sector 4, Kharghar, Navi Mumbai, 410210

Subject: Permission to attend the Conference/ Workshop/ CDE

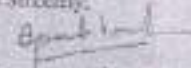
Respected Madam,

I/we, Dr. Sangeeta Muglikar, from the Department of Periodontology to attend the
21st 22nd Mr. Govindhan Conference Workshop/ CDE being organized by ICP at

National Level it will be held from 20/3/24 to 24/3/24 at Mumbai

I/we, hence request you to grant me/us a special casual leave from 20/3/24 - 24/3/24 (3 days) to
attend the conference.

Yours Sincerely,


Dr. Sangeeta Muglikar

Forwarding Authority

I am hereby forwarding his/her/their application for attending the Conference/ Workshop/ CDE. In
his/her/their absence the workload in the department shall not be affected and a minimum of 50%
Teaching staff are on duty.



Signature of HOD with Seal

Dr. Sangeeta Muglikar
Professor And Head
Dept of Periodontology
Dr. G. D. Pol Foundation
Y.M.T. Dental College & Hospital
Kharghar, Navi Mumbai - 410210.

Approving Authority



Signature of Dean with Seal

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

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

DR. G. D. POL FOUNDATION
Y.M.T. DENTAL COLLEGE AND HOSPITAL
Sector 4, Kharghar, Navi Mumbai, 410210

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP/ CDE

Date: 13/06/24

From,
Dr. Shreyas Gupta,
Prof & head,
Dept. of OMF.S.

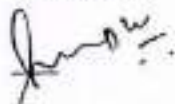
To
The Dean
Dr. G. D. Pol Foundation
Y.M.T Dental College and Hospital
Kharghar,
Navi Mumbai

Subject: Permission to attend the conference/ workshop/ CDE

Respected Madam,
I, Dr. Shreyas Gupta, ^{Prof & head} of Department of Oral and Maxillofacial Surgery, wish to attend the conference/ workshop/ CDE being organized by B & B Dental Implant - Italy at national level. It will be held on 15/6/24 at Mumbai

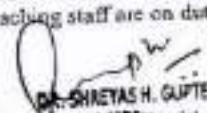
I hence request you to grant me a duty/ conference leave from 15/6/24 to - (1 days) to attend the conference.

Yours sincerely,



Forwarding Authority

I am hereby forwarding his/ her application for attending the conference/ workshop. In his/ her absence the workload in the department shall not be affected and a minimum of 50% teaching staff are on duty.


Signature of DR. SHREYAS H. GUPTA
PROFESSOR & HOD
DEPT OF ORAL & MAXILLOFACIAL SURGERY
DR. G. D. POL FOUNDATION
Y.M.T DENTAL COLLEGE & HOSPITAL
KHARGHAR, NAVI MUMBAI - 410210

Signature of the Dean with Seal

Approving Authority


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



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

ISP PG Convention (23/03/24-24/03/24)

DR. G.D. POL FOUNDATION
Y.M.T. DENTAL COLLEGE AND HOSPITAL
Sector 4, Kharghar, Navi Mumbai, 410210

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP/ CDE
FROM _____ DATE: 20/3/24

To,
The Dean,
Dr. G.D. Pol Foundation
Y.M.T. Dental College and Hospital
Sector 4, Kharghar, Navi Mumbai, 410210


Subject: Permission to attend the Conference/ Workshop/ CDE

Respected Madam,

I/We Dr. Sangeeta Mujumdar of the Department of Periodontology wish to attend the
ISP PG Convention Conference/Workshop/CDE being organized by ISP at
National Level. It will be held from 23-4 to 24-4 at ISP


I/We hence request you to grant me/us a special casual leave from 23/3/24 to 24/3/24 (2 days) to
attend the conference.

Yours Sincerely,



Dr. Sangeeta Mujumdar

Forwarding Authority

I am hereby forwarding his/her/their application for attending the Conference/ Workshops/ CDE. In
his/her/their absence the workload in the department shall not be affected and a minimum of 50%
Teaching staff are on duty.


Signature of HOD with Seal
Dr. Sangeeta Mujumdar
Professor And Hk.
Dept of Periodontology
Dr. G. D. Pol Foundation
Y.M.T. Dental College & Hospital
Kharghar, Navi Mumbai - 410210.

Approving Authority


Signature of Dean with Seal
DEAN
Y.M.T. Dental College
& Hospital Kharghar,
Navi Mumbai - 410 210


Y.M.T. Dental College
& Hospital
Sector-4, Kharghar,
Navi Mumbai - 410 210

DR. G.D. POL FOUNDATION
Y.M.T. DENTAL COLLEGE AND HOSPITAL
Sector -4, Kharghar, Navi Mumbai, 410210

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/WORKSHOP/CDE:

FROM:

DATE: 20/03/2024

To,
The Dean,
Dr. G.D. Pol Foundation
Y.M.T. Dental College and Hospital
Sector -4, Kharghar, Navi Mumbai, 410210

Subject: Permission to attend the Conference/ Workshop/ CDE

Respected Madam,

I, Dr. Rishwan M. Sawadi from the Department of Periodontology wish to attend the ISP and CDE Conference/Workshop/CDE being organized by ISP "NATIONAL Level" It will be held from 23rd to 24th March 2024 at Mumbai
I/We, hence request you to grant me/us a special casual leave from 23/03/24 (2 days) to attend the conference.

Yours Sincerely, R. Sawadi

Dr. Rishwan M. Sawadi

Forwarding Authority

I am hereby forwarding his/her/their application for attending the Conference/ Workshop/ CDE. In his/her/their absence the workload in the department shall not be affected and a minimum of 50% Teaching staff are on duty.

Signature of HOD with Seal
Dr. Sangeeta Muglikar
Professor And Head
Dept of Periodontology
Dr. G. D. Pol Foundation
Y.M.T. Dental College & Hospital
Sector -4, Kharghar, Navi Mumbai, 410210.

Approving Authority

Signature of Dean with Seal

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

M.S. Vardabhai

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

Neelam - PG Coord

DR. G. D. POL FOUNDATION
Y.M.T. DENTAL COLLEGE AND HOSPITAL
Sector 4, Kharghar, Navi Mumbai, 410210

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP/ CDE

FROM:

DATE: 20/3/24.

To,
The Dean,
Dr. G.D. Pol Foundation
Y.M.T. Dental College and Hospital
Sector 4, Kharghar, Navi Mumbai, 410210

Subject: Permission to attend the Conference/ Workshop/ CDE.

Respected Madam,

I/we, Dr. Neelam Saha, from the Department of Periodontology to attend the
22nd IPF PG Council Conference/Workshop/CDE being organized by IPF at
National level. It will be held from 23/3/24 to 29/3/24 Mumbai.
I/we, hence request you to grant me/us a special casual leave from 23/3/24 (7 days) to
attend the conference.

Yours Sincerely,

Neelam Saha
Dr. Neelam Saha

Forwarding Authority

I am hereby forwarding her/his application for attending the Conference/ Workshop/ CDE. In
his/her absence the workload in the department shall not be affected and a minimum of 50%
Teaching staff are on duty

[Signature]
Signature of HOD with Seal
Dr. Sangeeta Muglik
Professor And Head
Dept of Periodontology,
Dr. G. D. Pol Foundation
Y.M.T. Dental College & Ho-
spital, Kharghar, Navi Mumbai - 410210

Approving Authority

[Signature]
Signature of Dean with Seal
DEAN
Y.M.T. Dental College
& Hospital Kharghar
Navi Mumbai - 410210

M. J. Vandebar
Y.M.T. Dental College
& Hospital Area,
Sector 4, Kharghar,
Navi Mumbai 410210

DR. G.D. POL FOUNDATION
Y.M.T DENTAL COLLEGE AND HOSPITAL
Sector 4, Kharghar, Navi Mumbai, 410210

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP/ CDE

FROM:

DATE: 20/3/24.

To,
The Dean,
Dr. G.D. Pol Foundation
Y.M.T Dental College and Hospital
Sector 4, Kharghar, Navi Mumbai, 410210


Subject: Permission to attend the Conference/ Workshop/ CDE.

Respected Madam,

I/We Dr. SANGEETA MUGLIKAR from the Department of Periodontology wish to attend the ISP PG Convention Conference/Workshop/CDE being organized by ISP at National Level. It will be held from 22/3/24 to 24/3/24 at ISP.


I/We, hence request you to grant me/us a special casual leave from 23/3/24 to —, (1 days) to attend the conference.

Yours Sincerely,

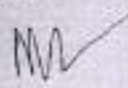

Dr. Sangeeta Muglikar.

Forwarding Authority

I am hereby forwarding his/her/their application for attending the Conference/ Workshop/ CDE. In his/her/their absence the workload in the department shall not be affected and a minimum of 50% Teaching staff are on duty.


Signature of HOD with Seal
Dr. Sangeeta Muglikar
Professor And Head
Dept of Periodontology
Dr. G. D. Pol Foundation
Y.M.T. Dental College & Hospital
Kharghar, Navi Mumbai - 410210.

Approving Authority


Signature of Dean with Seal
DEAN
Y.M.T. Dental College
& Hospital Kharghar,
Navi Mumbai - 410 210


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

DR. G.D.POL FOUNDATION
Y.M.T DENTAL COLLEGE AND HOSPITAL
Sector 4, Kharghar, Navi Mumbai, 410210

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP/ CDE

FROM:

DATE: 5/9/2023

To,
The Dean,
Dr. G.D. Pol Foundation
Y.M.T Dental College and Hospital
Sector 4, Kharghar, Navi Mumbai, 410210

Subject: Permission to attend the Conference/ Workshop/ CDE.

Respected Madam,

I/We Dr. Rizwan M Sanadi from the Department of Periodontology wish to attend the National Conference/Workshop/CDE being organized by ISP at National Level. It will be held from 8th to 9th Sept 23 Mumbai

I/We, hence request you to grant me/us a special casual leave from 8th Sept 23 (1 days) to attend the conference.

Yours Sincerely,

Rizwan M Sanadi
Dr. Rizwan M Sanadi

Forwarding Authority

I am hereby forwarding his/her/their application for attending the Conference/ Workshop/ CDE. In his/her/their absence the workload in the department shall not be affected and a minimum of 50% Teaching staff are on duty.

Signature of HOD with Seal

Rizwan M Sanadi
Dr. Rizwan M. Sanadi
Professor

Dept of Periodontology
Dr. G. D. Pol Foundation
Y.M.T Dental College & Hospital
Kharghar, Navi Mumbai-410210

Approving Authority

Signature of Dean with Seal

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

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

DR. G.D.POL FOUNDATION
Y.M.T DENTAL COLLEGE AND HOSPITAL
Sector 4, Kharghar, Navi Mumbai, 410210

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP/ CDE

FROM:

DATE 20/11/2023

To,
The Dean,
Dr. G.D. Pol Foundation
Y.M.T Dental College and Hospital
Sector 4, Kharghar, Navi Mumbai, 410210

Subject: Permission to attend the Conference/ Workshop/ CDE

Respected Madam,

I/We, Dr. Rizwan M Sanadi from the Department of Periodontology wish to attend the Research Methodology Conference/Workshop/CDE being organized by MUHS & YMTACH at State Level. It will be held from 21st to 23rd Nov at Mumbai.

I/We, hence request you to grant me/us a special casual leave from 22nd Nov'23 (1 days) to attend the conference.

Yours Sincerely,

Dr. Rizwan M Sanadi

Forwarding Authority

I am hereby forwarding his/her/their application for attending the Conference/ Workshop/ CDE. In his/her/their absence the workload in the department shall not be affected and a minimum of 50% Teaching staff are on duty.

AS
Signature of HOD with Seal
Dr. Sangeeta Muglikar
Professor And Head
Dept of Periodontology
Dr. G. D. Pol Foundation
Y.M.T. Dental College & Hospital
Kharghar, Navi Mumbai - 410210.

Approving Authority

MD
Signature of Dean with Seal
Dr. Sangeeta Muglikar
Professor And Head
Dept of Periodontology
Dr. G. D. Pol Foundation
Y.M.T. Dental College & Hospital
Navi Mumbai - 410210.

MD Muglikar
DEAN
Y.M.T. Dental College
& Hospital Kharghar
Navi Mumbai - 410210
Navi Mumbai 410210

DR. G.D.POL FOUNDATION
Y.M.T DENTAL COLLEGE AND HOSPITAL
Sector 4, Kharghar, Navi Mumbai, 410210

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP/ CDE

FROM:

DATE: 7/12/23

To,
The Dean,
Dr. G.D. Pol Foundation
Y.M.T Dental College and Hospital
Sector-4, Kharghar, Navi Mumbai, 410210

Subject: Permission to attend the Conference/ Workshop/ CDE

Respected Madam,

I/We, Dr. Rizwan M Sanadi from the Department of Periodontology wish to attend the Research Conference/Workshop/CDE being organized by MUHS & MGIM Dental College State Level. It will be held from 11th to 13th at Mumbai.

I/We, hence request you to grant me/as a special casual leave from 13th to 13th (1 days) to attend the conference.

Yours Sincerely,

Rizwan M Sanadi
Dr. Rizwan M Sanadi

Forwarding Authority

I am hereby forwarding his/her/their application for attending the Conference/ Workshop/ CDE. In his/her/their absence the workload in the department shall not be affected and a minimum of 50% Teaching staff are on duty.

Signature of HOD with Seal
Dr. Sangeeta Muglikar
Professor And Head
Dept of Periodontology
Dr. G. D. Pol Foundation
Y.M.T. Dental College & Hospital
Kharghar, Navi Mumbai - 410210.

M.T. Vardabhai

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

Approving Authority

Signature of Dean with Seal

DEAN
Y.M.T. Dental College
& Hospital Kharghar,

DR. G.D.POL FOUNDATION
Y.M.T DENTAL COLLEGE AND HOSPITAL
Sector 4, Kharghar, Navi Mumbai, 410210

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP/ CDE

FROM:

DATE 8/01/24

To,
The Dean,
Dr. G.D. Pol Foundation
Y.M.T Dental College and Hospital
Sector 4, Kharghar, Navi Mumbai, 410210

Subject: Permission to attend the Conference/ Workshop/ CDE

Respected Madam,

I/We, Dr. Rizwan M. Sanadi from the Department of Periodontology, wish to attend the Research Methodology Conference/Workshop/CDE being organized by MUHS&Terna Dental College at State Level. It will be held from 10th to 12th Jan at Terna Dental College.

I/We, hence request you to grant me/us a special casual leave from 10th Jan 24 (1 days) to attend the conference.

Yours Sincerely,

R. Sanadi
Dr. Rizwan M. Sanadi

Forwarding Authority

I am hereby forwarding his/her/their application for attending the Conference/ Workshop/ CDE. In his/her/their absence the workload in the department shall not be affected and a minimum of 50% Teaching staff are on duty.

AS
Signature of HOD with Seal
Dr. Sangeeta Muglikar
Professor And Head
Dept of Periodontology
Dr. G. D. Pol Foundation
Y.M.T. Dental College & Hospital
Kharghar, Navi Mumbai - 410210

Approving Authority

M
Signature of Dean with Seal

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

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

DR. G.D. POL FOUNDATION
Y.M.T. DENTAL COLLEGE AND HOSPITAL
Sector 4, Kharghar, Navi Mumbai, 410210

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP/ CDE
FROM: _____ DATE: 15/1/24

To,
The Dean,
Dr. G.D. Pol Foundation
Y.M.T Dental College and Hospital
Sector 4, Kharghar, Navi Mumbai, 410210

Subject: Permission to attend the Conference/ Workshop/ CDE

Respected Madam,

I/we Dr. Rizwan M Sanadi from the Department of Periodontology wish to attend the Perio-meta Conference/Workshop/CDE being organized by Terna Dental College National level. It will be held from 18th to 20th Jan 24 Terna Dental College, Mumbai.
I/we, hence request you to grant me/us a special casual leave from 18th Jan 24 (1 days) to attend the conference.

Yours Sincerely,

Sanadi

Dr. Rizwan M Sanadi

Forwarding Authority

I am hereby forwarding his/her/their application for attending the Conference/ Workshop/ CDE. In his/her/their absence the workload in the department shall not be affected and a minimum of 50% Teaching staff are on duty.

KS
Signature of HOD with Seal
Dr. Sangeeta Muglikar
Professor And Head
Dept of Periodontology
Dr. G. D. Pol Foundation
Y.M.T. Dental College & Hospital
Sector 4, Navi Mumbai - 410210.

M.J. Khandekar

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

Approving Authority

MA
Signature of Dean with Seal

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

DR. G.D.POL FOUNDATION
Y.M.T DENTAL COLLEGE AND HOSPITAL
Sector 4, Kharghar, Navi Mumbai, 410210

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP/ CDE

FROM:

DATE: 20/03/2024

To,
The Dean,
Dr. G.D. Pol Foundation
Y.M.T Dental College and Hospital
Sector 4, Kharghar, Navi Mumbai, 410210

Subject: Permission to attend the Conference/ Workshop/ CDE.

Respected Madam,

I/We Dr. Rishwan M. Saradi from the Department of Periodontology wish to attend the ISP 22nd PG Conference/Workshop/CDE being organized by ISP at National Level. It will be held from 23rd to 24th March 2024 at Mumbai.

I/We, hence request you to grant me/us a special casual leave from 23/03/24 (1 days) to attend the conference.

Yours Sincerely, R. Saradi

Dr. Rishwan M. Saradi

Forwarding Authority

I am hereby forwarding his/her/their application for attending the Conference/ Workshop/ CDE. In his/her/their absence the workload in the department shall not be affected and a minimum of 50% Teaching staff are on duty.

[Signature]

Signature of HOD with Seal
Dr. Sangeeta Muglikar
Professor And Head
Dept of Periodontology
Dr. G. D. Pol Foundation
Y.M.T. Dental College & Hospital
Sector 4, Kharghar - 410210.

Approving Authority

[Signature]

Signature of Dean with Seal
DEAN
Y.M.T. Dental College
& Hospital Kharghar,
Navi Mumbai - 410 210

M.T. Vardabhai
Y.M.T. Dental College
& Hospital
Sector 4, Kharghar,
Navi Mumbai - 410 210

Nupur mahar - PG Course

DR. G.D. POL FOUNDATION
Y.M.T. DENTAL COLLEGE AND HOSPITAL
Sector 4, Kharghar, Navi Mumbai, 410210

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP/ CDE

FROM:

DATE: 20/3/24

To,
The Dean,
Dr. G.D. Pol Foundation
Y.M.T. Dental College and Hospital
Sector 4, Kharghar, Navi Mumbai, 410210

Subject: Permission to attend the Conference/ Workshop/ CDE

Respected Madam,

23rd

I/We, Dr. NUPUR SATHI, from the Department of Periodontology to attend the
ISP PG Convend Conference/Workshop/CDE being organized by ISP at
National Level. It will be held from 20/3/24 to 24/3/24 Mumbai

I/We, hence request you to grant me/as a special casual leave from 20/3/24 to 24/3/24 (4 days) to attend the conference

Yours Sincerely,

Nupur Sathi
Dr. Nupur Sathi.

Forwarding Authority

I am hereby forwarding his/her/their application for attending the Conference/ Workshop/ CDE. In his/her/their absence the workload in the department shall not be affected and a minimum of 50% Teaching staff are on duty.

SM

Signature of HOD with Seal
Dr. Sangeeta Muglikar
Professor And Head
Dept of Periodontology
Dr. G. D. Pol Foundation
Y.M.T. Dental College & Hospital
Kharghar, Navi Mumbai - 410210

M.T. Vandekar

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

Approving Authority

MR

Signature of Dean with Seal
DEAN
Y.M.T. Dental College
& Hospital Kharghar,
Navi Mumbai - 410 210

DR. G.D.POL FOUNDATION
Y.M.T DENTAL COLLEGE AND HOSPITAL
Sector 4, Kharghar, Navi Mumbai, 410210

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP/ CDE

FROM:

DATE: 05/09/23

To,
The Dean,
Dr. G.D. Pol Foundation
Y.M.T Dental College and Hospital
Sector 4, Kharghar, Navi Mumbai, 410210

Subject: Permission to attend the Conference/ Workshop/ CDE

Respected Madam,

I/We, Dr. Nupur Sahu from the Department of Periodontology wish to attend the JSP Integrate 2023 Conference/Workshop/CDE being organized by JSP at National Level. It will be held from 8/9/23 to 11/9/23 at Mumbai. I/We, hence request you to grant me/us a special casual leave from 8/9/23 to 11/9/23 (2 days) to attend the conference.

Yours Sincerely,

Nupur Sahu
Dr. Nupur Sahu

Forwarding Authority

I am hereby forwarding his/her/their application for attending the Conference/ Workshop/ CDE. In his/her/their absence the workload in the department shall not be affected and a minimum of 50% Teaching staff are on duty.

Signature of HOD with Seal

Rizwan

Dr. Rizwan M. Sanadi

Professor

Dept of Periodontology

Dr G D Pol Foundation

Y.M.T Dental College & Hospital

Kharghar Navi Mumbai-410210

Approving Authority

Signature of Dean with Seal

DEAN

Y.M.T. Dental College

& Hospital Kharghar,

Navi Mumbai - 410 210

M.D. Vandebar
DEAN
Y.M.T. Dental College
& Hospital
Sector 4, Kharghar,
Navi Mumbai - 410 210

DR. G.D.POL FOUNDATION
Y.M.T DENTAL COLLEGE AND HOSPITAL
Sector 4, Kharghar, Navi Mumbai, 410210

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP/ CDE
FROM: _____ DATE: 05/09/23

To,
The Dean,
Dr. G.D. Pol Foundation
Y.M.T Dental College and Hospital
Sector 4, Kharghar, Navi Mumbai, 410210

Subject: Permission to attend the Conference/ Workshop/ CDE:

Respected Madam,

I/We Dr. Ipsita Jayanti, from the Department of Periodontology, wish to attend the
ISP Integrate 2023 Conference/Workshop/CDE being organized by ISP at
National Level. It will be held from 8.9.2023 to 9.9.2023 at Mumbai.

I/We, hence request you to grant me/us a special casual leave from 8.9.23 to 9.9.23 (2 days) to attend the conference.

Yours Sincerely,

Ipsita Jayanti
Dr. Ipsita Jayanti

Forwarding Authority

I am hereby forwarding his/her/their application for attending the Conference/ Workshop/ CDE. In his/her/their absence the workload in the department shall not be affected and a minimum of 50% Teaching staff are on duty.

Signature of HOD with Seal

Rizwan M. Sanadi

Dr. Rizwan M. Sanadi
Professor
Dept of Periodontology
Dr. G. D. Pol Foundation
Y.M.T. Dental College & Hospital
Kharghar, Navi Mumbai-410210

Approving Authority

Signature of Dean with Seal

M.J. Vandeekar

DEAN
Y.M.T. Dental College
Institutional Area,
Sector-4, Kharghar,
Navi Mumbai 410210

DEAN
Y.M.T. Dental College
& Hospital Kharghar,
Navi Mumbai - 410210

DR. G.D.POL FOUNDATION
Y.M.T DENTAL COLLEGE AND HOSPITAL
Sector 4, Kharghar, Navi Mumbai, 410210

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP/ CDE
FROM: _____ DATE: 20/3/24

To,
The Dean,
Dr. G.D. Pol Foundation
Y.M.T Dental College and Hospital
Sector 4, Kharghar, Navi Mumbai, 410210

Subject: Permission to attend the Conference/ Workshop/ CDE

Respected Madam,

I/We Dr. Ipsita Jayanti from the Department of Periodontology wish to attend the 1st 22nd pg Convention Conference/Workshop/CDE being organized by ISP at National Level. It will be held from 23/3/24 to 24/3/24 at Mumbai.

I/We, hence request you to grant me/us a special casual leave from 23/3/24 — 24/3/24, (1 days) to attend the conference.

Yours Sincerely,

Ipsita Jayanti
Dr. Ipsita Jayanti.

Forwarding Authority

I am hereby forwarding his/her/their application for attending the Conference/ Workshop/ CDE. In his/her/their absence the workload in the department shall not be affected and a minimum of 50% Teaching staff are on duty.

[Signature]

Signature of HOD with Seal
Dr. Sangeeta Muglikar
Professor And Head
Dept of Periodontology
Dr. G. D. Pol Foundation
Y.M.T. Dental College & Hospital
Kharghar, Navi Mumbai - 410210.

Approving Authority

M.T. Vandebar
DEAN
Y.M.T. Dental College
& Hospital
Sector 4, Kharghar,
Navi Mumbai - 410210

[Signature]

Signature of Dean with Seal
DEAN
Y.M.T. Dental College
& Hospital Kharghar,
Navi Mumbai - 410210

DR. G.D.POL FOUNDATION
Y.M.T DENTAL COLLEGE AND HOSPITAL
Sector 4, Kharghar, Navi Mumbai, 410210

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP/ CDE

FROM:

DATE: 20/3/24.

To,
The Dean,
Dr. G.D. Pol Foundation
Y.M.T Dental College and Hospital
Sector 4, Kharghar, Navi Mumbai, 410210

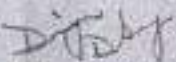
Subject: Permission to attend the Conference/ Workshop/ CDE

Respected Madam,

I/We, DR. DIVYA DUBEY, from the Department of Periodontology wish to attend the
^{23rd} ISP PG Forum Conference/Workshop/CDE being organized by ISP at
National Level. It will be held from 23/3/24 to 24/3/24 at MUMBAI

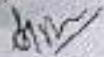
I/We, hence request you to grant me/us a special casual leave from 23/3/24 - 24/3/24 (2 days) to attend the conference.

Yours Sincerely,

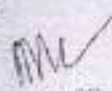

Dr. Divya M. Dubey

Forwarding Authority

I am hereby forwarding his/her/their application for attending the Conference/ Workshop/ CDE. In his/her/their absence the workload in the department shall not be affected and a minimum of 50% Teaching staff are on duty.


Signature of HOD with Seal
Dr. Sangeeta Muglikar
Professor And Head
Dept of Periodontology
Dr. G. D. Pol Foundation
Y.M.T. Dental College & Hospital
Kharghar, Navi Mumbai - 410210.

Approving Authority


Signature of Dean with Seal

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


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

DR. G.D.POL FOUNDATION
Y.M.T DENTAL COLLEGE AND HOSPITAL
Sector 4, Kharghar, Navi Mumbai, 410210

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP/ CDE

FROM:

DATE: 20/3/24

To,

The Dean,

Dr. G.D. Pol Foundation

Y.M.T Dental College and Hospital

Sector 4, Kharghar, Navi Mumbai, 410210

Subject: Permission to attend the Conference/ Workshop/ CDE

Respected Madam,

I/We, Dr. Neha Bhalla, from the Department of Periodontology wish to attend the

ISP PG Course Conference/Workshop/CDE being organized by ISP at

National Level it will be held from 23/3/24 to 24/3/24 at CIDCO, Navi Mumbai

I/We hence request you to grant me/us a special casual leave from 23/3/24, (1 days) to attend the conference.

Yours Sincerely,

Neha
Dr. Neha Bhalla

Forwarding Authority

I am hereby forwarding his/her/their application for attending the Conference/ Workshop/ CDE. In

his/her/their absence the workload in the department shall not be affected and a minimum of 50%

Teaching staff are on duty

Signature of HOD with Seal

Dr. Sangeeta Muglikar

Professor And Head

Dept of Periodontology

Dr. G. D. Pol Foundation

Y.M.T. Dental College & Hospital

Kharghar, Navi Mumbai - 410210.

Approving Authority

Signature of Dean with Seal

DEAN
Y.M.T. Dental College

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

DR. G.D.POL FOUNDATION
Y.M.T DENTAL COLLEGE AND HOSPITAL
Sector 4, Kharghar, Navi Mumbai, 410210

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP/ CDE

FROM:

DATE: 20/3/24

To,
The Dean,
Dr. G.D. Pol Foundation
Y.M.T Dental College and Hospital
Sector 4, Kharghar, Navi Mumbai, 410210

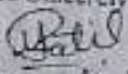
Subject: Permission to attend the Conference/ Workshop/ CDE

Respected Madam,

I/We Dr. Manali Patil from the Department of Periodontology wish to attend the ISPPG Conference/Workshop/CDE being organized by ISPPG at National Level. It will be held from 23/3/24 to 24/3/24 at CIDCO, Navi Mumbai


I/We, hence request you to grant me/us a special casual leave from 23/03/24 (1 days) to attend the conference.

Yours Sincerely,

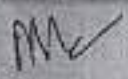

Dr. Manali Patil

Forwarding Authority

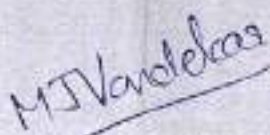
I am hereby forwarding his/her/their application for attending the Conference/ Workshop/ CDE. In his/her/their absence the workload in the department shall not be affected and a minimum of 50% Teaching staff are on duty.


Signature of HOD with Seal
Dr. Sangeeta M...
Professor and HOD
Dept of Periodontology
Dr. G. D. Pol Foundation
Y.M.T. Dental College & Hospital
Kharghar, Navi Mumbai - 410210.

Approving Authority


Signature of Dean with Seal

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


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

DR. G.D.POL FOUNDATION
Y.M.T DENTAL COLLEGE AND HOSPITAL
Sector 4, Kharghar, Navi Mumbai, 410210

LEAVE APPLICATION FORM TO ATTEND THE CONFERENCE/ WORKSHOP/ CDE

FROM:

DATE: 20/3/24

To,
The Dean,
Dr. G.D. Pol Foundation
Y.M.T Dental College and Hospital
Sector 4, Kharghar, Navi Mumbai, 410210

Subject: Permission to attend the Conference/ Workshop/ CDE.

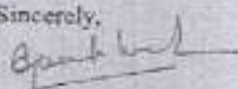
Respected Madam,

I/We, DR. GAURAV SINGH, from the Department of Periodontology wish to attend the ISF 22nd PG Convention Conference/Workshop/CDE being organized by ISF at

National Level. It will be held from 23/3/24 to 24/3/24 at Mumbai


I/We, hence request you to grant me/us a special casual leave from 23/3/24 - 24/3/24, (2 days) to attend the conference.

Yours Sincerely,


Dr. Gaurav Singh

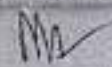
Forwarding Authority

I am hereby forwarding his/her/their application for attending the Conference/ Workshop/ CDE. In his/her/their absence the workload in the department shall not be affected and a minimum of 50% Teaching staff are on duty.


Signature of HOD with Seal

Dr. Sangeeta Muglikar
Professor And Head
Dept of Periodontology
Dr. G. D. Pol Foundation
Y.M.T. Dental College & Hospital
Kharghar, Navi Mumbai - 410210,

Approving Authority


Signature of Dean with Seal

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


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