

# DR. G.D.POL FOUNDATION

## Y.M.T. DENTAL COLLEGE AND HOSPITAL

Institution Area, Sector- 4, Kharghar, Navi Mumbai - 410210

ENRICHING MINDS, EMPOWERING FUTURE

: ymtdentconnect@gmail.com : 022-2774 4429

Fax: 022-2774 4427

### 3.1.1 List of Full-time teachers recognized as PG/PhD guides during the last 5 years

Year	Name of full-time teachers recognized as PG/PhD research guides			
2021-22	Dr. Meghna Vandekar			
	Dr. Vikram Shetty			
	Dr. Rajesh Kuril			
	Dr Yash Shekatkar			
	Dr. Vibha Hegde			
	Dr. Mrunalini Vaidya			
	Dr. Ashwin Jain			
	Dr. Ushaina Fanibunda			
	Dr Saloni Mistry			
	Dr Anuradha Nemane			
	Dr Swati Sharma			
	Dr Parmeet Banga			
	Dr Omkar Shete			
	Dr Shreyas Gupte			
	Dr Ashish Deshmukh			
	Dr Hirkani Attarde			
	Dr Rinku Kalra			
	Dr Sangeeta Patankar			
	Dr Gokul Sridharan			
	Dr. Amit Benjamin			
	Dr. Rizwan Sanadi			
	Dr. Nupur Sah			
	Dr Kavita Pol			
	Dr. Deepa Das			
	Dr. Amita Navalkar			
	Dr. Amar Katre			
	Dr. Subhadra H N			
2020-21	Dr. Meghna Vandekar			
	Dr. Vikram Shetty			

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

	Dr. Rajesh Kuril
	Dr Yash Shekatkar
	Dr. Vibha Hegde
	Dr. Mrunalini Vaidya
	Dr. Ushaina Fanibunda
	Dr. Ashwin Jain
	Dr Saloni Mistry
	Dr Anuradha Nemane
	Dr Swati Sharma
	Dr Parmeet Banga
	Dr Shreyas Gupte
	Dr Ashish Deshmukh
	Dr Hirkani Attarde
	Dr Rinku Kalra
	Dr. Sangeeta Patankar
	Dr. Gokul Sridharan
	Dr. Amit Benjamin
	Dr. Rizwan Sanadi
	Dr. Nupur Sah
	Dr Kavita Pol
	Dr. Deepa Das
	Dr. Amita Navalkar
	Dr Ashwin Jawdekar
	Dr. Amar Katre
	Dr. Subhadra H N
2019-20	Dr. Meghna Vandekar
2019-20	Dr. Vikram Shetty
	Dr. Rajesh Kuril
	Dr. Vibha Hegde
	Dr. Mrunalini Vaidya
	Dr. Ashwin Jain
	Dr. Ushaina Fanibunda
	Dr R. D. Das
	Dr Saloni Mistry
	Dr Anuradha Nemane
	Dr Swati Sharma
	Dr Parmeet Banga
	Dr Shreyas Gupte
	Dr Ashish Deshmukh
	Dr Hirkani Attarde
	Dr Rinku Kalra
	Mandela
	DEA
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	Dr. Sangeeta Patankar	
	Dr. Sheetal Choudhari	
	Dr. Amit Benjamin	-
	Dr. Rizwan Sanadi	
	Dr. Nupur Sah	
	Dr Kavita Pol	
	Dr. Deepa Das	
	Dr. Amita Navalkar	
	Dr Ashwin Jawdekar	. Ba
	Dr. Amar Katre	
	Dr. Subhadra H N	
2018-19	Dr. Meghna Vandekar	
	Dr. Vikram Shetty	
	Dr. Rajesh Kuril	
	Dr. Vibha Hegde	3,17
	Dr. Mrunalini Vaidya	
	Dr. Ushaina Fanibunda	
	Dr R. D. Das	
	Dr Saloni Mistry	ulv
	Dr Meena Vora	
	Dr Shreyas Gupte	
	Dr Ashish Deshmukh	
	Dr Rinku Kalra	
	Dr. Sangeeta Patankar	
	Dr. Sheetal Choudhari	
	Dr Gokul Sridharan	
	Dr Asha Prabhu	
	Dr. Amit Benjamin Dr. Rizwan Sanadi	
	Dr. Nupur Sah	
		11.5
	Dr Kavita Pol	
	Dr. Deepa Das Dr. Amita Navalkar	
	Dr Ashwin Jawdekar	
	Dr. Amar Katre	4.3
2015 10	Dr Subhadra H N	
2017-18	Dr. Meghna Vandekar	
	Dr. Vikram Shetty	1.1
	Dr. Rajesh Kuril	
	Dr Sharad Kokate	
	Dr. Vibha Hegde	

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	Dr. Mrunalini Vaidya		
	Dr. Ushaina Fanibunda		
	Dr R. D. Das		
	Dr Meena Vora		
	Dr Shreyas Gupte		
	Dr Aashish Deshmukh		
	Dr Rinku Kalra		
	Dr. Sangeeta Patankar		
	Dr. Sheetal Choudhari		
	Dr Gokul Sridharan		
	Dr Asha Prabhu		
	Dr Amit Benjamin		
	Dr. Rizwan Sanadi		
	Dr Nupur Sah		
	Dr Kavita Pol		
	Dr. Deepa Das		
	Dr. Amita Navalkar		
	Dr Ashwin Jawdekar		
	Dr. Amar Katre		
	Dr Subhadra H N		
2021-22	Dr Meghna Vandekar (PhD)		
	Dr. Vibha Hegde (PhD)		
	Dr Mrunalini Vaidya (PhD)		
	Dr Saloni Mistry (PhD)		
	Dr Shreyas Gupte (PhD)		
	Dr. Sangeeta Patankar (PhD)		
	Dr Deepa Das (PhD)	LA TON H	
	Dr Amar Katre (PhD)		
2019-20	Dr Vibha Hegde (PhD)		
	Dr. Sangeeta Patankar (PhD)		
2018-19	Dr. Vibha Hegde (PhD)		
	Dr. Sangeeta Patankar (PhD)		
2017-18	Dr. Sharad Kokate (PhD)		
	Dr. Vibha Hegde (PhD)		

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Navi Mumbai - 410 210



### महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

स्वारी हैं स्वरुक्त, नाणिक- ४२२००४Dindori Road, Mhasrul, Nashik - 422004

2539192/6659192/2539239/6659239 Student Helpline:0253-2539111/6659111

Website: www.muhs.ac.in, E-mail: academic1@muhs.ac.in

डॉ. राजेंद्र शिवाजी बंगाळ

एम वी.वी.एम,एम डी.(ल्यायवैद्यकणास्व),डी.एन.बी, एल.एल.बी.

Dr. Rajendra Shivaji Bangal M.B.B.S, M.D.(Forensic Medicine), D.N.B, L.L.B.

Registrar

चुल्सिनिव Out No.: MUHS/E-2/PG/'339|/2022

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Date: 20/09/2022

To

The Dean / Principal,

Yerala Medical Trust & Research Centre's

Dental College & Hospital,

Institution Area, Sector - 4, Kharghar,

Navi Mumbai - 410 210

Sub. Ref. : Regarding extension to Post Graduate Teacher Recognition

: 1) MUHS/E-2/PG/3322/2021 dated 02/11/2021

2) Your Letter No. YMTDC/2276/2022, dated 25/07/2022

3) MUHS/E-2/UG/3254/2022 dated 02/09/2022

Sir/ Madam,

With reference to the subject cited above, I am to inform you that, the proposal of extension to recognition as Post-Graduate Teacher of the following teacher / teachers has / have been considered by the University subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree, Diploma or Super-Speciality Course / Courses (as applicable) in the subject mentioned against his / her / their name / names.

Sr. No.	Subject	Name of the Teacher	Designation	Status of Approval
1	Prosthodontics and Crown & Bridge	Dr. Anuradha Nemane	Professor	w.e.f 02/08/2022 to 01/08/2023 only.
2	Prosthodontics and Crown & Bridge	Dr. Saloni Sharad Mistry	Professor	w.e.f 02/08/2022 to 01/08/2024 only.
3	Prosthodontics and Crown & Bridge	Dr. Shete Omkar Ravindra	Reader	w.e.f 02/08/2022 to 01/08/2024 only.
4	Prosthodontics and Crown & Bridge	Dr. Dole Vinaykumar Ramesh	Reader	w.e.f 02/08/2022 to 01/08/2024 only.
5	Oral & Maxillofacial Surgery	Dr. Attarde Hirakani Ravindra	Professor	w.e.f 02/08/2022 to 01/08/2023 only.
6	Oral & Maxillofacial Surgery	Dr. Thomson Mariadasan Dcruz	Reader	w.e.f 02/08/2022 to 01/08/2023 only.
7	Pediatric Dentistry	Dr. Amar Narayan Katre	Professor	w.e.f 02/08/2022 to 01/08/2024 only.
8	Periodontology	Dr. Benjamin Amit Kumar Rajkumar	Professor	w.e.f 02/08/2022 to 01/08/2023 only.

Y.M.T. DENTAL COLLEGE & MO?

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9	Periodontology	Dr. Pathak Tushar Sakal	Reader	w.e.f 02/08/2022 to 01/08/2023 only.
10	Orthodontics & Dentofacial. Orth opedics	Dr. Pol Tejas Rajan	Reader	w.e.f 02/08/2022 to 01/08/2024 only.
11	Conservative Dentistry and Endodontics	Dr. Mrunalini Laxman Kulkarni	Professor	w.e.f 02/08/2022 to 01/08/2023 only.

- The above mentioned teacher / teachers is / are required to attend "Research Methodology Workshop" conducted by Regional Centre, Pune of this University or any other centre authorised by the University(if not attended earlier), within a period of one year from the date of recognition. It is clarified that the validity of' Research Methodology Workshop' is for five years only and it must be renewed after every five years as per Circular 14/2011 dated 23/06/2011.
- 2) The recognition granted by the University is subject to successful completion of at least one Medical Education Technology (MET) workshop conducted by the University, within the period of one year from the date of recognition. If any teacher fails to comply with the said provision, the recognitiongranted by the Vice-Chancellor shall stand cancelled automatically.
- 3) A copy of this letter may be handed over to concerned teacher.

Yours,

Registrar

Copy to:

- Concern Teacher.
- The Controller of Examinations, MUHS, Nasik

Note: In case, if it is found at later stage that information furnished in Post Graduate Recognition form by the teacher concerned is incorrect, PG Recognition/UG approval granted by the University will stand cancelled.



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK दिंडोरीरोड, म्हसरुळ, नाशिक-४२२००४Dindori Road, Mhasrul, Nashik - 422004

'el:(0253) 2539192/6659192/239 Student Helpline:0253-2539111/6659111/100 Website: www.muhs.ac.in, E-mail: academic1@muhs.ac.in



डॉ.कालिदास द. चव्हाण

एम.वी.बी.एस.,एम.डी.(न्यायवैद्यकशास्त्र),पीएच.डी.,डी.एससी. कुलसचिव

Dr. Kalidas D. Chavan

M.B.B.S., M.D. (Forensic Medicine), Ph.D., D.Sc.

MUHS / E-2/PG / 910 /2021

Registrar

/03/2021

To

The Dean / Principal, Dr. G.D.PolFounadation's Y.M.T. Dental College & Hospital Institutional Area, Sector-4, Kharghar, Navi Mumabi- 410210

Sub.

: Recognition as Post-Graduate Teacher

Ref.

: 1) MUHS/E-2/665/2021 Date-05/03/2021

2) MUHS/E-2/1064/2021 Date-20/04/2021

3) Your letter No. YMTDC/468/2022 Date-29/01/2022

#### Sir / Madam,

With reference to the subject cited above, I am directed to inform you that, the proposal of Recognition as Post-Graduate Teacher of the following teachersis considered by the University subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree Course in the subject mentioned against their name.

Sr. No.	Subject	Name of the Teacher	Designation	Status of Approval
1.	Periodontology	Dr. Karthik M. Balasubramanian	Reader	w.e.f. 29/01/2022 to 27/01/2023 only.
2.	Oral & Maxillofacial Surgery	Dr. Haldavnekar Sheetal Shrikrishna (Dr. Sheetal Ameya Kelkar)	Reader	w.e.f. 29/01/2022 to 27/01/2023 only.
3.	Pediatric Dentistry	Dr. Subhadra H N	Professor	w.e.f. 29/01/2022 to 27/01/2023 only
4.	Pediatric Dentistry	Dr. Roshani Chandran	Reader	w.e.f. 29/01/2022 to 27/01/2023 only.

Kindly note that the recognition granted by the University is valid till the above said teachers are in the services of the said PG teaching Institute/College or attains the age of superannuation, whichever happens earlier.

You are requested to handover the copy of letter to the concerned teacher for further necessary action.

Your

Registrar

Copy to: 1) Concern Teacher.

2) The Controller of Examinations, MUHS, Nashik

In case, if it is found at later stage that information furnished in Post Graduate Note Recognition form by the teacher concerned is incorrect, PG Recognition/UG approval granted by the University will stand cancelled.



### Maharashtra University of Health Sciences, Nashik

विडोरी रोड, म्हसरुळ, नाशिक - ४२२००४, Dindorl Road, Mhasrul, Nashik- 422 004 Tel:(0253)2539192/6659239, Student Helpline:(0253)2539111/6659111 Website:www.muhs.ac.in, E-mail :academic1@muhs.ac.in

ं. यत्रेलिदास द. चव्हाण ज.वा वी.एस., एम.डी. (त्याववैद्यक्ताख), पीएच.डी., डी.एसी. Dr. Kalidas D. Chavan
M.B.B.S., M.D. (Forensic Medicine)Ph.D., D.sc.
Registrar

Out No.: MUHS/E-2/PG/332 2/2021

Date: 02 /11/2021

To.

एलसचिव

The Dean / Principal, rerala Medical Trust & Research Centre's Dental College, & Hospital, institution Area, Sector – 4, Kharghar, Navi Mumbai- 410 210.

Sub: Recognition as Post-Graduate Teacher

Ref: 1. University Direction No. 01/2017

2. MUHS/PG/E-2/4064/2019 dated 14/11/2019.

3. MUHS/PG/E-2/111103/5700/2019 dated 24/12/2019

4. MUHS/E-2/PG/1957/2020 dated 27/10/2020

5. Your letter No YMTDC/2080/2021 dated 01/10/2021

Sir/ Madam,

ted 27/10/2020 2021 dated 01/10/2021 and above, I am directed to inform you that, the proposal of

YMTDC 150 2021

With reference to the subject cited above, I am directed to inform you that, the proposal of Recognition as Post-Graduate Teacher of the following teachers is considered by the University subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree Course in the subject mentioned against their name.

Sr. No.	Subject	Name of the Teacher	Designation	Status of PG recognition
1.	Prosthodontics and Crown & Bridge	Dr. Saloni Sharad Mistry	Professor	w.e.f 01/10/2021 to 01/08/2022 only.
2.	Prosthodontics and Crown & Bridge	Dr. Anuradha Nemane	Professor	w.e.f 01/10/2021 to 01/08/2022 only. (against SC Category)
3.	Prosthodontics and Crown & Bridge	Dr. Omkar Ravindra Shete	Reader	w.e.f 01/10/2021 to 01/08/2022 only. (against ST Category)
4	Prosthodontics and Crown & Bridge	Dr. Vinaykumar Dole	Reader	w.e.f 01/10/2021 to 01/08/2022 only.
5.	Conservative Dentistry & Endodontics	Dr. Mrunalini Vaidya	Professor	w.e.f 01/10/2021 to 01/08/2022 only.
6.	Periodontology	Dr. Amit Benjamin	Professor	w.e.f 01/10/2021 to 01/08/2022 only. (against SC Category)
7.	Periodontology	Dr. Tushar Pathak	Reader	w.e.f 01/10/2021 to 01/08/2022 only. (against SC Category)
8.	Oral & Maxillofacial Surgery	Dr. Ashish Deshmukh	Professor	w.e.f 01/10/2021 to 01/08/2022 only.
9	Oral & Maxillofacial Surgery	Dr. Hirkani Attarde	Reader	w.e.f 01/10/2021 to 01/08/2022 only. (against ST Category)

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Sr. No.	Subject	Name of the Teacher	Designation	Status of PG recognition
10.	Pediartic Dentistry	Dr. Amar Narayan Katre	Professor	w.e.f 01/10/2021 to 01/08/2022 only. (against SC Category)
11.	Orthodontics & Dentofacial Orthopedics	Dr. Tejas Rajan Pol	Reader	w.e.f 01/10/2021 to 01/08/2022 only.

Kindly note that the recognition granted by the University is valid till the above said teachers are in the services of the said PG teaching Institute/College or attains the age of superannuation, whichever happens earlier.

You are requested to handover the copy of letter to the concerned teacher for further necessary action.

Your

Registrar

Copy to: 1) Concern Teacher.

2) The Controller of Examinations, MUHS, Nashik

Note

In case, if it is found at later stage that information furnished in Post Graduate Recognition form by the teacher concerned is incorrect, PG Recognition/UG approval granted by the University will



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हों. वत्रहिस्तारा च. चन्हाण एम.बी.बी.एस., एम.बी. (व्यावीचनपास्त्र) Dr. Kalidas D. Chavan M.B.B.S., M.D.(Forensic Medicine)

M.B.B.S., M.D.(Fore

Registrar

चुल्ड्यचिव MUHS / E-2 PG / 1150 /2021

Date: 04/05/2021

ToS

The Dean / Principal,
Dr. G.D.Pol Founadation
Y.M.T. Dental College & Hospital
Institutional Area, Sector-4, Kharghar,
Navi Mumabl- 410210

Sub.

Recognition as Post-Graduate Teacher

Ref.

- 1) MUHS/E-2/UG/2104/2090/2018 Date- 22/05/2018
- 2) MUHS/E-2/UG/111103/3958/2019 Date- 24/10/2019
- 3) MUHS/E-2/UG/E-2/420/2021 Date- 10/02/2021
- 4) Your letter No.YMTDC/645/2021 Date- 15/03/2021

Sir / Madam,

With reference to the subject cited above, I am directed to inform you that, the proposal of Recognition as Post-Graduate Teacher of the following teachers is considered by the University subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree Course in the subject mentioned against their name.

Sr. No.	SHIMMONT	Name of the Teacher	Designation	Status of Approval
١.	Conservative Dentistry and Endodontics	Dr. Sane Satish Vilas	Reader (OBC)	w.e.f 11/01/2021 to 10/01/2023 only. (against OBC category)

Kindly note that the recognition granted by the University is valid till the above said teachers are in the services of the said PG teaching Institute/College or attains the age of superannuation, whichever happens earlier.

You are requested to handover the copy of letter to the concerned teacher for further necessary action.

Your

Registrar

Copy to: 1) Concern Teacher.

2) The Controller of Examinations, MUHS, Nashik

Note

In case, if it is found at later stage that information furnished in Post Graduate Recognition form by the teacher concerned is incorrect, PG Recognition/UG approval granted by the University will stand cancelled.

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M.B.B.S., M.D.(Forensic Medicine)

Registrar

MUHS / E-2/PG / 1064 /2021

Date: 20/04/2021

ToS

The Dean / Principal,
Dr. G.D.Pol Foundation
Y.M.T. Dental College & Hospital
Institutional Area, Sector-4, Kharghar,
Navi Mumabi- 410210

Sub.

: Recognition as Post-Graduate Teacher

Ref.

1) MUHS/E-2/UG/420/2021 Date- 10/02/2021

2) Your letter No. YMTDC/599/2021 Date- 08/03/2021

#### Sir / Madam,

With reference to the subject cited above, I am directed to inform you that, the proposal of Recognition as Post-Graduate Teacher of the following teachers is considered by the University subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree Course in the subject mentioned against their name.

Sr. No.	Subject	Name of the Teacher	Designation	Status of Approval
1.	Periodontology	Dr. Pol Kavita Gajanan	Professor (OBC)	w.e.f 11/01/2021 to 10/01/2022 only. (against OBC category)
2.	Pediatric Dentistry	Dr. Subhadra H N	Professor (SC)	w.e.f 11/01/2021 to 10/01/2022 only. (against SC category)
3.	Pediatric Dentistry	Dr. Roshni Chandran	Reader (SC)	w.e.f 11/01/2021 to 10/01/2022 only. (against SC category)

Kindly note that the recognition granted by the University is valid till the above said teachers are in the services of the said PG teaching Institute/College or attains the age of superannuation, whichever happens earlier. You are requested to handover the copy of letter to the concerned teacher for further necessary action.

Y.M.T. DENTAL COLLEGE & HOSPITAL

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INWARD DATE 19 105 | 2021

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Your

Registrar

Copy to: 4) Concern Teacher.

2) The Controller of Examinations, MUHS, Nashik

Note: In case, if it is found at later stage that information furnished in Post Graduate Recognition form by the teacher concerned is incorrect, PG Recognition/UG approval granted by the University will stand cancelled.



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डॉ. कालिदास द. चव्हाण एम.बी.बी.एस., एम.डी. (न्यायबैद्यकशास्त्र) व्यत्लसचिव Dr. Kalidas D. Chavan M.B.B.S., M.D.(Forensic Medicine) Registrar

Date: 05/03/2021

MUHS / E-2/PG / 665 /2021

To
The Dean / Principal,
Dr. G.D.Pol Foundation
Y.M.T. Dental College & Hospital
Institutional Area, Sector-4, Kharghar,
Navi Mumabi- 410210

Sub.

: Recognition as Post-Graduate Teacher

Ref.

: 1) MUHS/Acad-1/Approval/UG & PG/3456/2018 dated- 26/09/2018

2) MUHS/E-2/UG/E-2/420/2021 dated- 10/02/2021

3) Your letter No. YMTDC/455/2021 Date- 20/02/2021

Sir / Madam,

With reference to the subject cited above, I am directed to inform you that, the proposal of Recognition as Post-Graduate Teacher of the following teachers is considered by the University subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree Course in the subject mentioned against their name.

Sr. No.	Subject	Name of the Teacher	Designation	Status of Approval
1.	Oral & Maxillofacial Surgery	Dr. Haldavnekar Sheetal Shrikrishna (Dr. Sheetal Ameya Kelkar)	Reader (SC)	w.e.f 11/01/2021 to 10/01/2022 only. (against SC category)
2.	Periodontology	Dr. Karthik M. Balasubramanian	Reader (OBC)	w.e.f 11/01/2021 to 10/01/2022 only. (against OBC category)

Kindly note that the recognition granted by the University is valid till the above said teachers are in the services of the said PG teaching Institute/College or attains the age of superannuation, whichever happens earlier. You are requested to handover the copy of letter to the concerned teacher for further necessary action.

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Registrar

Copy to: 1) Concern Teacher.

2) The Controller of Examinations, MUHS, Nashik

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Maharashtra University of Health Sciences, Nashik

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EPABX: 0253-6659100-300, Phone:0253-2539192/239, 0253-6659192/239

E-mail: academic1@muhs.ac.in Web.:www.muhs.ac.in

डॉ. वत्रलिदास द. चव्हाण एम.बी.बी.एस., एम.डी. (न्यायवैद्यकशास्त्र) कुलसचिव Dr. Kalidas D. Chavan M.B.B.S., M.D.(Forensic Medicine)

Registrar

Ref No.: MUHS/E-2/PG/ 1957 / 2020

Date: 27/10/2020

To,

The Dean / Principal,

Yerala Medical Trust & Research Centre's Dental College, & Hospital, Institution Area, Sector – 4, Kharghar, Navi Mumbai - 410 210.

Sub: Regarding extension to Post Graduate Teacher Recognition

Ref: 1. Univ. Letter No. MUHS/PG/E-2/1602/2019 date-22/04/2019

- Univ. Letter No. MUHS/PG/E-2/4064/2019 date-14/11/2019
- Univ. Letter No. MUHS/PG/E-2/5700/2019 date-24/12/2019
- 4. University Direction Number 01/2017 & Univ. Circular No.14/2020
- 5. Your letter No. YMTOC/1097/2020 date-24/09/2020
- 6. Univ. Letter No. MUHS/E-2/Temp. Approval/1830/2020 date-07/10/2020

#### Sir/ Madam,

With reference to the subject cited above, I am to inform you that, the proposal of extension to recognition as Post-Graduate Teacher of the following teacher/ teachers has/have been considered by the University subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree, Diploma or Super-Specialty Course/Courses (as applicable) in the subject mentioned against his/her/their name / names.

Sr. No.	Subject	Name of the Teacher	Designation	Status of Approval
1	Prosthodontics and Crown & Bridge	Dr. Anuradha Sachin Nemane	Professor	Temporary approval for one year only (against SC Category) w.e.f date of joining i.e. from 01/08/2020 subject to following condition.
2	Prosthodontics and Crown & Bridge	Dr. Omkar Ravindra Shete	Reader	Temporary approval for one year only (against ST Category) w.e.f date of joining i.e. from 01/08/2020 subject to following condition.
3	Periodontology	Dr. Amit Kumar Benjamin	Professor	Temporary approval for one year only (against SC Category) w.e.f date of joining i.e. from 01/08/2020 subject to following condition.
4	Periodontology	Dr. Tushar Sakal Pathak	Reader	Temporary approval for one year only (against SC Category) w.e.f date of joining i.e. from 01/08/2020 subject to following condition.
5	Oral & Maxillofacial Surgery	Dr. Attarde Hirakani Ravindra	Reader	Temporary approval for one year only (against ST Category) w.e.f date of joining i.e. from 01/08/2020 subject to following condition.

Sr.	Subject	Name of the Teacher	Designation	Status of Approval
<b>No.</b>	Orthodontics & Dentofacial Orthopedics	Dr. Tejas Rajan Pol	Reader	Temporary approval for one year only w.e. date of joining i.e. from 01/08/2020 subject to following condition.
7		Dr. Amar N. Katre		Temporary approval for one year only (against SC Category) w.e.f date of joining i.e. from 01/08/2020 subject to following condition.

- 1) The above mentioned teacher/teachers is/are required to attend "Research Methodology Workshop" conducted by Regional Centre, Pune of this University or any other centre authorised by the University (if notattended earlier), within a period of one year from the date of recognition. It is clarified that the validity of'Research Methodology Workshop' is for five years only and it must be renewed after every five years as per Circular 14/2011dated23/06/2011.
- 2) The recognition granted by the University is subject to successful completion of at least one Medical Education Technology (MET) workshop conducted by the University, within the period of one year from the date of recognition. If any teacher fails to comply with the said provision, the recognition granted by the University may be cancelled.
- 3) A copy of this letter may be handed over to concerned teacher.

Registrar

Copy to: 1) Concern Teacher(s)

2) The Controller of Examination, MUHS



Maharashtra University of Health Sciences, Nashik वणी - दिडोरी रोड, म्हसरुळ, नांशिक - ४२२००४, Vani-Dindori Road, Mhasrul, Nashik- 422 004

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### डॉ. कालिदास द. चव्हाण

एम.बी.बी.एस., एम.डी. (न्यायवैश्वकशास्त्र)

क्लसचिव

Dr. Kalidas D. Chavan

M.B.B.S., M.D.(Forensic Medicine)

Registrar

No. MUHS/PG/E-2/111103/5700 /2019

Date: 24 /12/2019

To.

The Dean / Principal,

Y.M.T. Dental College & Hospital,

Institutional Area, Sector - 4, Kharghar,

Navi Mumbai 410 210

Sub

Recognition as Post-Graduate Teacher

Ref

1) University Direction No.01/2017 dated 13/04/2017

2) Your Letter No YMTDC/2947/2019 dtd 11/11/2019

3) Your Letter No YMTDC/3017/2019 dtd 25/11/2019

Sir / Madam,

With reference cited above, I am directed to inform you that, the proposals of Recognition as Post-Graduate Teacher of the following teacher(s) has been considered by the University subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree Course(s) in the subject mentioned against his/her/their name.

Sr. No.	Subject	Name of the Teacher	Designation	Status of PG recognition
1.	Pediatric Dentistry	Dr. Amar N. Katre	Professor	w.e.f. 11/11/2019 to 01/08/2020 only (against SC Category)
2.	Prosthodontics and Crown & Bridge	Dr. Vinaykumar R. Dole	Reader	w.e.f 25/11/2019 to 01/08/2021 only

Kindly note that the recognition granted by the University is valid till the above said teacher(s) are in the services of the said PG teaching Institute/College or attains the age of superannuation, whichever happens earlier.

You are requested to handover the copy of letter to the concerned teacher(s) for further necessary action.

Y.M.T. DENTES A THALL

(SYMMED NO. YMTDC | 01 | 2020

(NWARD DATE: 4101 | 2020

SIGH, OF NAME & COLOR - HHd とし

Registrar

Copy to:

Concern Teacher.

2. The Controller of Examinations, MUHS, Nasik

Note: In case, if it is found at later stage that information furnished in Post Graduate Recognition form by the teacher concerned is incorrect, PG Recognition/UG approval granted by the University will stand cancelled.



Maharashtra University of Health Sciences, Nashik वणी - दिडोरी रोड, म्हसरुळ, नाशिक - ४२२००४, Vani-Dindori Road, Mhasrul, Nashik- 422 004

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डॉ. कालिदास द. चव्हाण

एम.बी.बी.एस., एम.डी. (न्यायवैद्यक्शास्त्र)

क्लसचिव

Dr. Kalidas D. Chavan M.B.B.S., M.D.(Forensic Medicine)

YmToc 263 12019

25/11/2019

The Holder

Registrar

Date: /4 /11/2019

No. MUHS/PG/E-2/ 4064 /2019

To.

The Dean / Principal,

Y.M.T. Dental College & Hospital, Institutional Area, Sector – 4, Kharghar,

Navi Mumbai 410 210

Sub :- Recognition as Post-Graduate Teacher

Ref :- 1) University Direction No.01/2017 dated 13/04/2017

2) Your Letter No YMTDC/2144/2019 dated20/08/2019

3) University letter No MUHS/E-2/UG/111103/3958/2019 dated 24/10/2019.

Sir / Madam,

With reference cited above, I am directed to inform you that, the proposal of Recognition as Post-Graduate Teacher of the following teacher(s) has been considered by the University subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree Course(s) in the subject mentioned against his/her/ their name.

Sr. Nò.	Subject	Name of the Teacher	Designation	Status of PG recognition
1.	Prosthodontics and Crown & Bridge	Dr. Saloni Sharad Mistry	Professor	w.e.f. 20/08/2019 to 01/08/2021 only
2.	Prosthodontics and Crown & Bridge	Dr. Anuradha Sachin Nemane	Professor	w.e.f. 20/08/2019 to 01/08/2020 only (against SC Category)
3.	Prosthodontics and Crown & Bridge	Dr. Omkar Ravindra Shete	Reader	w.e.f. 20/08/2019 to 01/08/2020 only (against ST Category)
4.	Conservative Dentistry & Endudontics	Dr. Mrunalini J. Vaidya	Professor	w.e.f. 20/08/2019 to 01/08/2021 only
5.	Periodontology	Dr. Amit Kumar Benjamin	Professor	w.e.f. 20/08/2019 to 01/08/2020 only (against SC Category)
6.	Periodontology	Dr. Tushar Sakal Pathak	Reader	w.e.f. 20/08/2019 to 01/08/2020 only (against SC Category)
7.	Oral & Maxillofacial Surgery	Dr. Deshmukh Aashish Suryakant	Professor	w.e.f. 20/08/2019 to 01/08/2021 only
8.	Oral & Maxillofacial Surgery	Dr. Raghotham Kavitha	Reader	w.e.f. 20/08/2019 to 01/08/2020 only (against SC Category)
9.	Oral & Maxillofacial Surgery	Dr. Attarde Hirakani Ravindra #	Reader	w.e.f. 20/08/2019 to 01/08/2020 only (against ST Category)

Kindly note that the recognition granted by the University is valid till the above said teacher(s) are in the services of the said PG teaching Institute/College or attains the age of superannuation, whichever happens earlier.

\* Indicate that the above teacher(s) is/are required to attend the Research Methodology Workshop conducted by Regional Center, Pune of this University or any other centre authorised by the University

# Indicate that the above teacher(s) is/are required to submit the documents regarding publishing minimum one publication in case of Reader and two publications in case of Professor published in the National/International indexed journal within the period of one year, failing which, the recognition issued shall stand automatically cancelled, which may please be noted.

You are requested to handover the copy of letter to the concerned teacher(s) for further necessary action.

11 2 E 1 1 G C

Registrar

Copy to:

- 1. Concern Teacher.
- 2. The Controller of Examinations, MUHS, Nasik

Note: In case, if it is found at later stage that information furnished in Post Graduate Recognition form by the teacher concerned is incorrect, PG Recognition/UG approval granted by the University will stand cancelled.



Maharashtra University of Health Sciences, Nashik वर्णी - दिडोरी रोड, म्हसरुळ, नाशिक - ४२२००४, Vani-Dindori Road, Mhasrul, Nashik- 422 004

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डॉ. कालिदास द. चव्हाण

एम.बी.बी.एस., एम.डी. (न्यायवैचकशास्त्र)

Dr. Kalidas D. Chavan

M.B.B.S., M.D.(Forensic Medicine)

Registrar

Date: 22/04/2019

No. MUHS/PG/E-2/ 1602 /2019

To.

क्लसचिव

The Dean / Principal,

Y.M.T. Dental College & Hospital,

Institutional Area, Sector - 4, Kharghar,

Navi Mumbai 410 210

Sub

Recognition as Post-Graduate Teacher

Ref

1) University Direction No.01/2017 dated 13/04/2017

2) Your Letter No YMTDC/941/2019 dated28/03/2019

2) Your Letter No YMTDC/999/2019 dated 04/04/2019

Sir / Madam,

With reference cited above, I am directed to inform you that, the proposal of Recognition as Post-Graduate Teacher of the following teacher(s) has been considered by the University subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree Course(s) in the subject mentioned against his/her/their name.

Sr. No.	Subject	Name of the Teacher	Designation	Status of PG recognition
1.	Conservative Dentistry & Endodontics	Dr. Kesaria Dhaval Pankaj	Reader	Temporary for one academic years w.e.f. date of joining i.e. from 01/02/2019 to 31/07/2019 (against ST category)
2.	Orthodontics &  Dentofacial Orthopedics  Kindly note that the	Dr. Tejas Rajan Pol	Reader	Temporary for two academic years w.e.f. date of joining i.e. from 01/02/2019 to 31/07/2020

Kindly note that the recognition granted by the University is valid till the above said teacher(s) are in the services of the said PG teaching Institute/College or attains the age of superannuation, whichever happens earlier.

You are requested to handover the copy of letter to the concerned teacher(s) for further necessary action.

Registrar

Copy to:

- 1. Concern Teacher.
- 2. The Controller of Examinations, MUHS, Nasik

Note: In case, if it is found at later stage that information furnished in Post Graduate Recognition form by the teacher concerned is incorrect, PG Recognition/UG approval granted by the University will stand cancelled.



Maharashtra University of Health Sciences, Nashik वणी - दिडोरी रोड, म्हसरुळ, नाशिक - ४२२००४, Vani-Dindori Road, Mhasrul, Nashik- 422 004

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एम.बी.बी.एस., एम.डी. (न्यायवैद्यकशास्त्र)

Dr. Kalidas D. Chavan M.B.B.S., M.D.(Forensic Medicine)

Registrar

कुलसचिव

No. MUHS/PG/E-2/4737 /2018

Date: 31 /12/2018

To.

The Dean / Principal,

Y.M.T. Dental College & Hospital,

Institutional Area, Sector - 4, Kharghar,

Navi Mumbai 410 210

**Recognition as Post-Graduate Teacher** Sub

1) University Direction No.01/2017 dated 13/04/2017 Ref

2) Your Letter No YMTDC/4629/2018 dtd 14/12/2018

Sir / Madam,

With reference cited above, I am directed to inform you that, the proposal of Recognition as Post-Graduate Teacher of the following teacher(s) has been considered by the University subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree Course(s) in the subject mentioned against his/her/their name.

Sr. No.	Subject	Name of the Teacher	Designation	Status of PG recognition
1.	Oral & Maxillofacial Pathology and Oral Microbiology	Dr. Sheetal D. Korde	Professor	w.e.f. 14/12/2018 & onwards
2.	Orthodontics & Dentofacial Orthopedics	Dr. Kuril Rajesh Bajranglal	Professor	w.e.f.14/12/2018 & onwards

Kindly note that the recognition granted by the University is valid till the above said teacher(s) are in the services of the said PG teaching Institute/College or attains the age of superannuation, whichever happens earlier.

You are requested to handover the copy of letter to the concerned teacher(s) for further

necessary action.

YMTDC 10 2019

Copy to:

Concern Teacher.

The Controller of Examinations, MUHS, Nasik:

Note: In case, if it is found at later stage that information furnished in Post Graduate Recognition form by the teacher concerned is incorrect; PG Recognition/UG approval granted by the University will stand cancelled.



Maharashtra University of Health Sciences, Nashik वणी - दिडोरी रोड, म्हसरुळ, नाशिक - ४२२००४, Vani-Dindori Road, Mhasrul, Nashik- 422 004

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डॉ. कालिदास द. चव्हाण

Dr. Kalidas D. Chavan

एम.बी.बी.एस., एम.डी. (न्यायवैद्यकशास्त्र)

Registrar

कुलसचिव

M.B.B.S., M.D.(Forensic Medicine)

Y.M.T. DENTAL COLLEGE & HOSPITAL

TMTDC/482/2018

13/12/2018

Date: 07/11/2018

(Bharan

. v. a. 10. 1, 20/2015 (

No. MUHS/PG/E-2/ 438 6/2018

To,

The Dean / Principal,

Y.M.T. Dental College & Hospital,

Institutional Area, Sector - 4, Kharghar,

Navi Mumbai 410 210

**Recognition as Post-Graduate Teacher** 

1) University Direction No.01/2017 dated 13/04/2017

2) Your Letter No YMTDC/2899/2018 dtd 29/10/2018

Sir / Madam,

With reference cited above, I am directed to inform you that, the proposal of Recognition as Post-Graduate Teacher of the following teacher(s) has been considered by the University subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree Course(s) in the subject mentioned against his/her/their name.

Sr. No.	Subject	Name of the Teacher	Designation	Status of PG recognition
1.	Prosthodontics & Crown & Bridge	Dr. Parmeet Sing Banga	Reader	w.e.f. 29/10/2018 & onwards
2.	Conservative Dentistry & Endodontics	Dr. Ashwin Jain	Reader	w.e.f. 29/10/2018 & onwards
3.	Conservative Dentistry & Endodontics	Dr. Anil Prakash Richhawal	Reader	w.e.f29/10/2018 & onwards
4.	Orthodontics & Dentofacial Orthopedics	Dr. Vikram S. Shetty	Professor	w.e.f. 29/10/2018 & onwards
5.	Orthodontics & Dentofacial Orthopedics	Dr. Gheware Anjali Gourishankar	Reader	w.e.f, 29/10/2018 & onwards
6.	Orthodontics &  Dentofacial Orthopedics	Dr. Yash Shekatkar	Reader	w.e.f. 29/10/2018 & onwards
7.	Oral Medicine & Radiology	Dr. Achath Deepa Das	Professor	w.e.f. 29/10/2018 & onwards
8.	Oral Medicine & Radiology	Dr. Bhakti Patil	Reader	w.e.f. 29/10/2018 &
9.	Periodontology	Dr. Prabhu Asha Ajay	Professor	onwards w.e.f. 29/10/2018 & onwards
10.	Periodontology	Dr. Sah Nupur '	Reader	w.e.f. 29/10/2018 & onwards

Sr. No.	Subject	Name of the Teacher	Designation	Status of PG recognition
11.	Oral & Maxillofacial Pathology and Oral Microbiology	Dr. Gokul S	. Reader	w.e.f. 29/10/2018 & onwards
12.	Pediatric Dentistry	Dr. Tushar Krishna Yadav	Reader	w.e.f. 29/10/2018 & onwards
13.	Oral & Maxillofacial Surgery	Dr. Gupte Shreyas Hemchandra	Professor	w.e.f. 29/10/2018 & onwards
14.	Oral & Maxillofacial Surgery	Dr. Kalra Rinku Deepak	Reader 0 6	w.e.f. 29/10/2018 & onwards
15.	Oral & Maxillofacial Surgery	Dr. Suryavanshi Harshal N.	Reader	w.e.f. 29/10/2018 & onwards

Kindly note that the recognition granted by the University is valid till the above said teacher(s) are in the services of the said PG teaching Institute/College or attains the age of superannuation, whichever happens earlier.

You are requested to handover the copy of letter to the concerned teacher(s) for further necessary action.

Registrar

Copy to:

1. Concern Teacher.

2. The Controller of Examinations, MUHS, Nasik

Note: In case, if it is found at later stage that information furnished in Post Graduate Recognition form by the teacher concerned is incorrect, PG Recognition/UG approval granted by the University will stand cancelled.



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

(An ISO 9001:2008 Certified University)

दिंडोरी रोड, म्हसरुळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

Tel: (0253) 2539239, Fax: (0253) 2539200

Website: http://www.muhs.ac.in, E-mail: pgacademic@muhs.ac.in

डॉ. सुनिल एच. फुगारे

Dr. Sunil H. Fugare

M. Sc., Ph. D.

एम.एस्सी.,पीएच.डी. शैक्षणिक विभागप्रमुख (पदव्युत्तर) I/c, Academic Section (PG)

No. MUHS/PG/E-2/2104/4 82/16

Date: 20/ 02/2016

To

The Dean / Principal,

Y.M.T. Dental College & Hospital, Institutional Area, Sector - 4, Kharghar,

Navi Mumbai 410 210

Sub :- Recognition as Post-Graduate Teacher

:- 1) Your College letter no. YMTD/170/2016 dated 01/02/2016 Your College letter no. YMTD/171/2016 dated 01/02/2016

3) Post Graduate Teacher Recognition Committee meeting dated 12/01/2016.

Sir / Madam,

With reference to the above cited subject, I am directed to inform you that in view of the norms prescribed as per provision under the section 29(2)(1) of the MUHS Act, 1998 Hon'ble Vice-Chancellor is pleased to grant recognition as Post-Graduate Teacher to the following teacher(s) of your institute/College subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree in the subject mentioned against his/her/ their name:-

Sr. No.	Subject	Name of the Teacher	Designation	Status of PG recognition
1	Paedodontics & Preventive Dentistry	Dr. Subhadra H. N.	Reader	w.e.f. 01/02/2016 & onwards
2	Orthodontics & Dentofacial Orthopedics	Dr. Dhiren S. Gaitonde	Professor	w.e.f. 02/12/2015 for one year only

Kindly note that the recognition granted by the University is valid till the above said teacher(s) are in the services of the said PG teaching Institute/College or attains the age of superannuation, whichever happens earlier.

The above teacher(s) is/are required to attend the Research Methodology Workshop conducted by Regional Center, Pune of this University or any other centre authorised by the University and also submit the documents regarding publishing minimum one publication in case of Reader and two publication in case of Professor published in the National/International indexed journal within the period of one year, failing which, the recognition issued shall stand automatically cancelled, which may please be noted

You are requested to handover the copy of letter to the cor.cerned teacher(s) for further

necessary action.

YAMA DENTAL CONTRACT & SUPPLYMENTAL un 1006/465/2016

Yours Sincerely,

I/C, Academic Section (FG)

Copy to: The Controller of Examinations, MUHS, Nashik

Note: In case, if it is found at later stage that Information furnished in Post Graduate Recognition form by the teacher concerned is incorrect, PG Recognition/UG approval granted by the University will stand cancelled. . and cancelled.



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

(An ISO 9001:2008 Certified University)

दिंडोरी रोड, म्हसरुळ, नाणिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004 Tel: (0253) 2539239, Fax: (0253) 2539200

Website: http://www.muhs.ac.in, E-mail: pgacademic@muhs.ac.in

डॉ. सुनिल एच. फुगारे

No. MUHS/PG/E-2/2104/97-21

एम.पस्सी.,पीएच.डी.

शैक्षणिक विभागप्रमुख (पदव्युत्तर)

Dr. Sunil H. Fugare M. Sc., Ph. D.

I/c. Academic Section (PG)

Date: 17 / 10/2015

To

The Dean / Principal, Y.M.T. Dental College & Hospital, Institutional Area, Sector - 4, Kharghar, Navi Mumbai 410 210

Sub :- Recognition as Post-Graduate Teacher

Ref :- 1) Your College letter No.YMTD/1849/2015 dtd. 23/07/2015;

University letter No. MUHS/PG/E-2/2104/3096/15 dated 14/08/2015;

Your College letter No.YMTD/2249/2015 dated 08/09/2015;

3) Post Graduate Teacher Recognition Committee meeting dated 01/10/2015.

Sir / Madam,

With reference to the above cited subject, I am directed to inform you that in view of the norms prescribed as per provision under the section 29(2)(I) of the MUHS Act, 1998 Hon'ble Vice-Chancellor is pleased to grant recognition as Post-Graduate Teacher to the following teacher(s) of your Institute/College subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree in the subject mentioned against his/ her/ their name:-

Sr. No.	Subject	Name of the Teacher	Designation	Status of PG recognition
1	Oral Medicine & Radiology	Dr. Achath Deepa Das	Professor	w.e.f. date of joining, after interview date i.e 25/04/2015 Temporary for one year only
2	Oral Medicine & Radiology	Dr. Navalkar Amita Rahul	Professor	w.e.f. date of joining, after interview date i.e 25/04/2015 Temporary for one year only
3	Oral Medicine & Radiology	Dr. Preeti P. Talreja	Reader	w.e.f. date of joining, after interview date i.e. 25/04/2015 Temporary for one year only
4	Periodontology	Dr. Sanadi Rizwan M.	Professor	w.e.f. 23/07/2015 & onwards
5	Periodontology	Dr. Prabhu Asha Ajay	Professor	w.e.f. date of joining, after interview date i.e 25/04/2015 Temporary for One year only.
6	Periodontology	Dr. Pol Kavita Gajanan	Reader	w.e.f. 23/07/2015 & onwards
7	Periodontology	Dr. Sah Nupur	Reader	w.e.f. date of joining, after interview date i.e. 25/04/2015 Temporary for One year only
8	Conservative Dentistry & Endodontics	Dr. Vaidya Mrunalini J.	Professor	w.e.f. date of joining, after interview date i.e. 25/04/2015 Temporary for One year only
9	Conservative Dentistry & Endodontics	Dr. Fanibunda Ushaina Eruch	Reader	w.e.f. 23/07/2015 & onwards

10	Conservative Dentistry & Endodontics	Dr. Jain Ashwin Niranjan	Reader	w.e.f. date of joining after interview date i.e. 25/04/2015 Temporary for one year only
11	Oral Pathology & Microbiology	Dr. Choudhari Sheetal	Reader	w.e.f. 23/07/2015 & onwards
12	Oral pathology & Microbiology	Dr.Manjrekar Kriti Bagri	Reader	w.e.f. date of joining, after interview date i.e. 25/04/2015 Temporary for One year only.
13	Orthodontics & Dentofacial Orthopedics	Dr.Vaid Nikhilesh Ramesh	Professor	w.e.f. date of joining, after interview date i.e. 25/04/2015 Temporary for One year only.
14	Orthodontics & Dentofacial Orthopedics	Dr. Kuril Rajesh Bajranglal	Reader	w.e.f. 23/07/2015 & onwards
15	Orthodontics & Dentofacial Orthopedics	Dr. Vikram S. Shetty	Reader	w.e.f. date of joining, after interview date i.e. 25/04/2015 Temporary for one year only
16	Prosthodontics & Crown & Bridge	Dr. Nemane Anuradha Sachin	Reader	w.e.f. 23/07/2015 & onwards
17	Prosthodontics & Crown & Bridge	Dr. Swati Sharma	Reader	w.e.f. 23/07/2015 & onwards
18	Prosthodontics & Crown & Bridge	Dr. Banga Parmeet Sing	Reader	w.e.f. date of joining, after interview date i.e. 25/04/2015 Temporary for one year only
19	Oral & Maxillofacial Surgery	Dr. Meena M. Vora	Professor	w.e.f. 23/07/2015 & onwards
20	Oral & Maxillofacial Surgery	Dr. Gupte Shreyas Hemchandra	Reader	w.e.f. date of joining, after interview date i.e. 25/04/2015 Temporary for one year only
21	Oral & Maxillofacial Surgery	Dr. Raghotham Kavitha	Reader	w.e.f. date of joining, after interview date i.e. 25/04/2015
22	Paedodontics & Preventive Dentistry	Dr. Ashwin M. Jawdekar	Professor	Temporary for One year only. w.e.f. 23/07/2015 & onwards
23	Paedodontics & Preventive Dentistry	Dr. Vikesh V. Sisodia	Reader	w.e.f. 23/07/2015 & onwards

Kindly note that the recognition granted by the University is valid till the above said teacher(s) are in the services of the said PG teaching Institute/College or attains the age of superannuation, whichever

The above teacher(s) is/are required to attend the Research Methodology Workshop conducted by Regional Center, Pune of this University or any other centre authorised by the University and also submit the documents regarding publishing minimum one publication in case of Reader and two publication in case of Professor published in the National/International indexed journal within the period of one year, failing which, the recognition issued shall stand automatically cancelled, which may please

You are requested to handover the copy of letter to the concerned teacher(s) for further necessary action.

Yours Sincerely,

I/C, Academic Section (PG)

Copy to: The Controller of Examinations, MUHS, Nashik

Note: In case, if it is found at later stage that Information furnished in Post Graduate Recognition form by the teacher concerned is incorrect, PG Recognition/UG approval granted by the University will



एम.एस्सी.,पीएच.डी.

# महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

Maharashtra University of Health Sciences, Nashik

वणी - दिंडोरी रोड, म्हसरुळ, नाशिक - ४२२००४, Vani-Dindori Road, Mhasrul, Nashik- 422 004

EPABX: 0253-2539100-300, Fax - 0253-2539200, Phone: 0253-2539205 E-mail: pgacademic@muhsnashik.com Web.: www.muhs.ac.in

डॉ. सुनिल एच. फुगारे

Dr. Sunil H. Fugare

M. Sc., Ph. D.

I/c, Academic Section (PG)

शैक्षणिक विभागप्रमुख (पदव्युत्तर) No. MUHS/PG/E-2/ ८ । /13

Date: 05/01/2013

To,
The Dean / Principal,
Y.M.T. Dental College & Hospital,
Institutional Area, Sector – 4,
Kharghar,
Navi Mumbai 410 210.

Sub :- Recognition as Post-Graduate Teacher.

Ref: 1) Your College letter No i) YMTDC/752/12 dated 04/06/2012.

ii) YMTDC/782/12 dated 07/06/2012.

iii) YMTDC/1839/12 dated 20/11/2012.

iv) YMTDC/1846/12 dated 20/11/2012.

v) YMTDC/1847/12 dated 20/11/2012.

vi) YMTDC/1867/12 dated 21/11/2012.

vii) YMTDC/1871/12 dated 21/11/2012.

viii) YMTDC/1878/12 dated 22/11/2012.

ix) YMTDC/1894/12 dated 23/11/2012.

x) YMTDC/12 dated 06/12/2012.

2) University letter No i) MUHS/PG/E-2/3236/12 dated 29/11/2012

ii) MUHS/PG/E-2/2894/12 dated 30/10/2012

3) Post Graduate Teacher Recognition Committee meeting dated 28/12/2012.

Sir / Madam,

With reference to the above cited subject, I am directed to inform you that in view of the norms prescribed as per provision under the section 29(2)(I) of the MUHS Act,1998 Hon'ble Vice-Chancellor is pleased to grant recognition as Post-Graduate Teacher to the following teacher(s) of your Institute/College subject to the terms and conditions of appointment order for imparting instructions to the Post

Graduate Degree in the subject mentioned against his/ her/ their name. Subject Name of the Teacher Designation Status of PG recognition No. Orthodontics & Dr. Dhiren S. Gaitonde Reader w.e.f. 20/11/2012 & onwards Dentofacial Orthopedics Paedodontics & Dr. Rashmin I. Shah Reader w.e.f. 20/11/2012 & onwards. Preventive Dentistry Prosthodontics & Dr. Dhananjay J. Joshi Professor w.e.f. 20/11/2012 & onwards Crown & Bridge Oral & Maxillofacial Dr. Aashish S. Reader w.e.f. 20/11/2012 & onwards. Surgery Deshmukh Orthodontics & Dr. Anita G. Professor w.e.f. 21/11/2012 & onwards Dentofacial Orthopedics Karandikar up to 12/09/2013 only as selected against SC category. Periodontology Dr. Amit Kumar Reader w.e.f. 22/11/2012 & onwards. Benjamin Periodontology Dr. Rizwan M. Sanadi Reader w.e.f. 21/11/2012 & onwards. Orthodontics & Dr. Meghna J Professor w.e.f. 23/11/2012 & onwards Dentofacial Orthopedics Vandekar

Kindly note that the recognition granted by the University is valid till the above said teacher is in the services of the said PG teaching Institute/College or attains the age of superannuation, whichever happens earlier.

The above teacher(s) is/are required to attend the Research Methodology Workshop conducted by Regional Center, Pune of this University or any other centre authorised by the University and also submit the documents regarding publishing minimum one publication in case of Reader and two publication in case of Professor publish in the National/International indexed journal within the period of one year, failing which, the recognition issued shall stand automatically cancelled, which may please be noted.

You are requested to handover the copy of letter to the concerned teacher(s) for further necessary

action.

Yours faithfully,

I/C, Academic Section (PG)

Copy to : The Controller of Examinations, MUHS

Note: In case, if it is found at later stage that information furnished in Post Graduate Recognition form by any teacher is incorrect, PG Recognition/UG approval granted by the University will stand cancelled.



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES

वणी रोड, म्हसरुळ, नाशिक-४२२००४

Vani Road, Mhasrul, Nashik-422004

Phone: 0253-2539199 / EPABX: 0253-2539100 - 300 / Fax: 0253-2539200

E-mail: academic@muhsnashik.com / Web: www.muhsnashik.com

Ph. No.: 0253-2539199

Dv. Registrar

No. MUHS/E2/PG/ PGTRC/ 1470/2010

Date:

/07/2010

To

The Principal,

Y.M.T Dental College & R. C, Institutional Area, Sector – 4,

Kharghar, Navi Mumbai 410 210.

Sub.: - Recognition as Post-Graduate Teacher...

Ref.: -1) Your letter no. YMTDC/1026/2010 dtd. 29/05/2010

2) PG Dental PGTRC Meeting dated 19/06/2010

3) University letter no. MUHS/E-2/PGTRC/1109/10 dated 22/06/10

4) Your letter no. YMTDC/1295' 1296/2010 dtd. 13/07/2010

Sir / Madam,

With reference to the above cited subject, I am directed to inform you that in view of the norms prescribed as per provision under the section 29 (2) (I) of the MUHS Act, 1998 Hon'ble Vice-Chancellor is pleased to grant recognition as Post-Graduate Teacher to the following teacher(s) of your College subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree in the subject mentioned against their name.

Sr. No.	Name of the Teacher	Subject	Status of PG Recognition
01	Dr. Sharma Gopalkrishna H.	Oral Medicine & Radiology	w.e.f. 19/06/2010
02	Dr. Navalkar Amita Rahul	Oral Medicine & Radiology	w.e.f. 19/06/2010
03	Dr. Achath Deepa Das	Oral Medicine & Radiology	w.e.f. 19/06/2010

Kindly note that the recognition given by the University is valid till the above said teacher(s) is in services of the private Dental College or attains the age of superannuation whichever is earlier. You are requested to handover the copy of letter to the concerned teacher(s).

Y.M.T. DENTAL COLLEGE & HOSPITAL

KHARGHAR

MARO KO 198/2010

INVARDDATE OF LOS 2010

SIGN. OF INVERD CLERK Meholkan VIC ....

Yours faithfully

Dy. Registrar

I/C Academic Section (PG)

1) The Controller Of Examination, MUHS, Nashik 2) The Synopsis Section, MUHS, Nashik.

[Note: In case, if it is found at later stage that information furnished in Post Graduate Recognition form by any teacher is incorrect; PG Recognition granted by the University will stand cancelled.]



### Vidya Thakare M.Sc., D. Pharm

Dy. Registrar

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES

वणी रोड, म्हसरुळ, नाशिक- ४२२००४, Vani Road, Mhasrul, Nashik - 422 004 Phone: 0253-2539199/2539239/EPABX: 0253-2539100-300 / Fax: 0253-2539200

E-mail: pgacademic@muhsnashik.com / Web: www.muhsnashik.com

Ph.: 0253-2539199 / 2539200

Date: 22/01/2010

No. MUHS/E-2/PG/ 2104/1 7 2/2010

To The Dean / Principal, Y.M.T Dental College & R. C, Institutional Area, Sector - 4, Kharghar, Navi Mumbai 410 210. Y.M.T. DENTAL GULLEGE & HOSPITAL 04 02 2010 SIGN. OF INWARD CLEKK

Sub.: - Recognition as Post-Graduate Teacher...

Ref.: - 1) Your letter no. YMTDC/1818/09 dtd. 21/12/09

2) Your letter no. YMTDC/1867/09 dtd. 31/12/2009

Sir / Madam,

With reference to the above cited subject, I am directed to inform you that in view of the norms prescribed as per provision under the section 29 (2) (I) of the MUHS Act, 1998 Hon'ble Vice-Chancellor is pleased to grant recognition as Post-Graduate Teacher to the following teacher(s) of your College subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree in the subject mentioned against their name.

Sr. No.	Name of the Teacher	Subject	25/01/2010	
1	Dr. Kontham Rakeshkumar K.	Orthodontics & Dentofacial Orthopaedics		
2	Dr. Vandekar Meghna Jayant	Orthodontics & Dentofacial Orthopaedics	25/01/2010	
3 Dr. Kulkarni – Vaidya Mrunalini Jitendra 4 Dr. Hegde Vibha		Dr. Kulkarni – Vaidya Conservative Dentistry & Endodontics		
		Conservative Dentistry & Endodontics	25/01/2010	

Kindly note that the recognition given by the University is valid till the above said teacher(s) is in services of the private Dental College or attains the age of superannuation whichever is earlier. You are requested to handover the copy of letter to the concerned teacher(s).

Yours faithfully,

Dy. Registrar I/C Academic Section (PG)

Copy to:

1) The Controller Of Examination, MUHS, Nashik

2) The Synopsis Section, MUHS, Nashik.

[Note: In case, if it is found at later stage that information furnished in Post Graduate Recognition form by any teacher is incorrect; PG Recognition

granted by the University will stand cancelled.]

### MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हसरुळ, नाशिक-४२२००४ Dindori Road, Mhasrul, Nashik-422004

Phone: 0253 - 2539196/206, 0253 - 6659196/206 Email: udc@muhs.ac.In Website: www.muhs.ac.In



डॉ.सुनिल ह. फुगारे

Dr. Sunil H. Fugare

उपकुलसचिव

Deputy Registrar

O.No.MUHS/UDC (Ph.D.)/Guide /42) /2021

Date:31/12/2021

By Email

To,

The Dean / Principal,

Dr. G. D. Pol Foundation,

Y. M. T. Dental College & Hospital,

Institutional Area, Sector-4,

Kharghar, Navi Mumbai-410 210.

Email - smaer is there can

Subject

: Recognition as Ph.D. Guide (Suo-Motto) ...

Reference

: 1) Your Proposal dated - 24/11/2020

2) Ph.D. Direction No. 01/2020

3) Board of Research Resolution No. 13/2020, dated - 19/10/2020.

4) Academic Council Resolution No. 77/2021, dated 28/07/2021.

Sir/Madam,

With reference to the above cited subject, I am directed to inform you that Academic Council in its meeting has Passed the Resolution No. 77/2021, dated 28/07/2021to grant recognition as Ph.D. Guide to the following teacher of your College/ Institute, subject to the terms & conditions of appointment order, for guiding the Ph.D. student in the subject mentioned against his/her/their name.

	Sr. Subject		Name of the Teacher	Designation	Status of recognition as Ph.D. Guide	
	1	Orthodontics & Dentofacial Orthopedics	Dr. Meghana Vandekar	Professor	Approved w.e.f. 28/07/2021, onwards	
	2	Conservative Dentistry & Endodontics	Dr. Mrunalini Jitendra Vaidya	Professor	Approved w.e.f. 28/07/2021, onwards	
	3	Prosthodontics	Dr. Saloni Sharad Mistry	Professor	Approved w.e.f. 28/07/2021, onwards	
13	4	Oral Maxillofacial Surgery	Dr. Shreyas Hemchandra Gupte	Professor .	Approved w.e.f. 28/07/2021, onwards	
	5	Paediatrics & Preventive Dentistry	Dr. Amar Narayan Katre	Professor	Approved w.e.f. 28/07/2021, onwards	
	6			Professor	Approved w.e.f. 28/07/2021, onwards	

Kindly note that the recognition granted by the University is valid till the above said teacher is in the service or till attaining the age of superannuation whichever happens earlier.

You are requested to handover the copy of this letter to the concerned teacher for further necessary action.

Dy. Registrar. 1/12 University Dept. Celi/2 (Ph.D.)

#### [Note :-

- In case, at later stage, if it is found that the information furnished in the Ph. D. recognition form by any Guide is incorrect, Ph.D. Guide Recognition granted by the University will stand cancelled.
- 2. It is required that the Dr. G. D. Pol Foundation, Y. M. T. Dental College & Hospital. Navi Mumbai Should be recognized place of research in concerned subjects]

#### Copy to:

- 1. The concern Ph. D Guide
- 2. In-Charge, Exam (Ph.D.), MUHS Nashik.



# महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हसरुळ, नाशिक-४२२००४ Dindori Road, Mhasrul, Nashik-422004 Tel: (0253) 2539206/196,

Website: www.muhs.ac.in, E-mail: udc@muhs.ac.in

**ਡॉ. उदयसिंह एस. रावराणे** 

[एम.डी.आयुर्वेद] .

उपक्लसचिव

Dr. Udaysinh S. Raorane M.D. (Ayurved). Dy. Registrar

Date: 1/10/2018

O.No.MUHS/UDC(Ph.D.)/Guide / 244/2018

To.

The Dean/Principal,

Y. M. T. Dental College,

& Hospital, Institutional Area,

Sector-4, Kharghar;

Navi Mumbai - 410 210.

Email - ymtden@yahoo.com,

Subject

: Recognition as Ph.D. Guide ...

Reference

: 1) Your letter no. YMTDC/1068/2018 Date - 04/05/2018.

2) Ph.D. Direction No. 04/2015 (Amended in 2016).

#### Sir/Madam,

With reference to the above cited subject & References, I am directed to inform you that in view of the norms prescribed as per the provision u/s 29 (2) of (i) of MUHS Act, 1998 & clause 07 (2) (a) (ii) of Direction No. 04/2015 (Amended in 2016) Hon'ble Vice Chancellor is pleased to grant recognition as Ph.D. Guide to the following teacher of your College/ Institute, subject to the terms & conditions of appointment order, for guiding the Ph.D. student in the subject mentioned against his/her/their name.

Sr. No.	Subject	Name of the Teacher	Designation	Status of recognition as Ph.D Guide
1	Oral Pathology & Microbiology	Dr. Patankar Sangeeta R.	Professor	Approved w.e.f. 20/07/2018, onwards

Kindly note that the recognition granted by the University is valid till the above said teacher is in the service of the said teaching college/institute or till attaining the age of superannuation whichever happens earlier.

The above teacher is required to attend the Research Methodology Workshop conducted by this University or any other Centre authorized by the University. Wardelas

P.T.O

You are requested to handover the copy of this letter to the concerned teacher for further necessary action.

Yours,

Dy. Registrar University Dept. Cell (Ph.D)

### [Note :-

- In case, at later stage, if it is found that the information furnished in the Ph.D. recognition form by any Guide is incorrect, Ph.D. Guide Recognition granted by the University will stand cancelled.
- 2. It is required that the Dept. of Oral Pathology & Microbiology, Y. M. T. Dental College, Navi Mumbai should be recognized place of research of Ph.D.1

#### Copy to:

Dr. Patankar Sangeeta R.
 Professor
 Depf, of Oral Pathology & Microbiology
 Y. M. T. Dental College,
 & Hospital, Institutional Area,
 Sector-4, Kharghar,

 Navi Mumbai – 410 210.

Email - ymtden@yahoo.com.



### महाराष्ट्र आरोग्स विद्यान विद्यापीठ, माशिक MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

विडोरी रोड, म्हसरुळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004 Tel: (0253) 2539206/2539196

Website: http://www.muhs.ac.in, E-mail: udc@muhs.ac.in

राजेंद्र च. शहाणे

Rajendra C. shahane

Asst. Registrar

/2017

सहा. चुल्ट्सचिव O.No.: MUHS/UDC/Ph.D/E-2/1213/2017

Date: 03/11

777

The Dean/Principal,

Dr. G. D. Pol Foundation

Y.M.T. Dental College & Hospital,

Institutional Area, Sector - 4, Kharghar,

Navi Mumbai - 410 210.

Email - ymtden@yahoo.com,

drkokate@hotmail.com

Subject

: Recognition as Ph.D Guide ...

Reference

: 1) Comments received Dtd- 12/10/2017.

2) Your letter no. YMTDC/1612/2017 Date - 28/07/2017.

3) Ph.D. Direction No. 04/2015 (Amended in 2016).

Sir/Madam,

With reference to the above cited subject & References, I am directed to inform you that in view of the norms prescribed as per the provision u/s 29 (2) of (i) of MUHS Act, 1998 & clause 07 (2) (a) (ii) of Direction No. 04/2015 (Amended in 2016) Hon'ble Vice Chancellor is pleased to grant recognition as Ph.D. Guide to the following teacher of your College/ Institute, subject to the terms & conditions of appointment order, for guiding the Ph.D. student in the subject mentioned against his/her/their name.

Sr. No.	Subject	Name of the Teacher	Designation	Status of recognition as Ph.D Guide
1	Conservative Dentistry and Endodontics	Dr. Hegde Vibha Rahul	· Professor	Approved w.e.f. 12/10/2017, onwards

Kindly note that the recognition granted by the University is valid till the above said teacher is in the service of the said teaching college/institute or till attaining the age of superannuation whichever happens earlier.

The above teacher is required to attend the Research Methodology Workshop conducted by Regional Centre, Pune of this University or any other Centre authorized by the University.

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(P.T.O.)

You are requested to handover the copy of this letter to the concerned teacher for further necessary action.

Yours,

Asst. Registrar University Dept. Cell

INote :-

- In case, at later stage, if it is found that the information furnished in the Ph.D. recognition form by any Guide is incorrect, Ph.D. Guide Recognition granted by the University will stand cancelled.
- It is required that the Dept. of Conservatie Dentistry and Endodontics, YMT Dental College & Hospital, Navi Mumbai should be recognized place of research of Ph.D.J

#### Copy to:

- Dr. Hegde Vibha Rahul
  Professor
  Dept. of Conservative Dentistry and Endodontics
  Dr. G. D. Pol Foundation
  Y.M.T. Dental College & Hospital,
  Institutional Area, Sector 4, Kharghar,
  Navi Mumbai 410 210.
   E-mail ID: vibhahegde26@gmail.com
- 2. H.O.D, PG Exam Section (Ph.D)

riff Als



### महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

विंडोरी रोड, म्हसरुळ, नाशिक - ४२२००४ Dindorl Road, Mhasrul, Nashik - 422004

Tel: (0253) 2539206/2539196 •

Website: http://www.muhs.ac.in, E-mail; udc@muhs.ac.in

रानेंद्र च. शहाणे सहा. कुलसचिव

Rajendra C. shahane

Asst. Registrar

O.No.: MUHS/UDC/Ph.D/E-2/852 /2017

Date: 03/07. /2017

To,

The Dean.

Dr. G.D. Pol Foundation

Y.M.T. Dental College & Hospital,

Institutional Area, Sector - 4, Kharghar,

Navi Mumbai - 410 210.

Email - ymtden@yahoo.com

Subject

: Recognition as Ph.D Guide ...

Reference

: 1) Comments received Dtd-20/06/2017. 2) Your letter no.Nil Date - 31/01/2017.

3) Ph.D. Direction No. 04/2015 (Amended in 2016).

Sir/Madam.

With reference to the above cited subject & References, I am directed to inform you that in view of the norms prescribed as per the provision u/s 29 (2) of (i) of MUHS Act, 1998 & clause 07 (2) (a) (ii) of Direction No. 04/2015 (Amended in 2016) Hon'ble Vice Chancellor is pleased to grant recognition as Ph.D. Guide to the following teacher of your College/ Institute, subject to the terms & conditions of appointment order, for guiding the Ph.D. student in the subject mentioned against his/her/their name.

Sr. No.	Subject	Name of the Teacher	Designation	Status of recognition as Ph.D Guide
1	Conservative Dentistry	Dr. Kokate Sharad Ramchandra	Professor	Approved w.e.f. 20/06/2017, onwards

Kindly note that the recognition granted by the University is valid till the above said teacher is in the service of the said teaching college/institute or till attaining the age of superannuation whichever happens earlier.

The above teacher is required to attend the Research Methodology Workshop conducted by Regional Centre, Pune of this University or any other Centre authorized by the University.

MIVandekar

(P.T.O.)

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You are requested to handover the copy of this letter to the concerned teacher for further necessary action.

Yours,

Asst. Registrar University Dept. Cell

#### [Note :-

- In case, at later stage, if it is found that the information furnished in the Ph.D. recognition form by any Guide is incorrect, Ph.D. Guide Recognition granted by the University will stand cancelled.
- 2. It is required that the Dept. of Conservative Dentistry, Y.M.T. Dental College, Navi Mumbai should be recognized place of research of Ph.D.]

#### Copy to:

Dr. Kokate Sharad Ramchandra
Professor
Dept. of Conservative Dentistry
Y.M.T. Dental College & Hospital,
Institutional Area, Sector – 4, Kharghar,
Navi Mumbai – 410 210.
E-mail ID: drkokate@hotmail.com