

For Online Transmission of Question Papers:

SN	Infrastructure facilities at College	Yes /No
Strong Room :		
1	It must have Single Door Entry/Exit (with Safety Door/Grill for windows)	Yes
2	Minimum Area shall be 20 x 20 sq. ft.	Yes
3	Adequate Steel Almira/Cupboard for storage of Answer Books.	Yes
4	C.C.T.V. Camera with recording facility that covers entire area or Downloading and Printing of online transmission of Question Paper process.	Yes
5	Latest version Computer (Minimum 4) and Printer (Minimum 4) with Inverter facility, MS Office, PDF Reader, Winrar or Winzip.	Yes
6	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class 'A' ISP, and alternate line with 1 : 1 dedicated line of 50 mpbs speed, by an another Class 'A' ISP to ensure uninterrupted downloading facility, with 2(two) static IP's, Internet Dongle.	Yes
7	Adequate Number of Paper Rims for printing Question Papers.	Yes
8	One Photocopy Machine, UPS Backup.	Yes
Scanning Room :		
9	Separate Scanning Room for scanning Answer Books after end of Examination Session under CCTV Surveillance. (Laptops and Scanners will be provided by the University Appointed Agency)	Yes
10	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class 'A' ISP, and alternate line with 1 : 1 dedicated line of 50 mpbs speed, by an another Class 'A' ISP to ensure uninterrupted downloading facility, with 2(two) static IP's, Internet Dongle.	Yes

To Set Up DEC for Onscreen Evaluation of Answer Books :

SN	Infrastructure facilities at College	Yes /No
1	Computers (20) with latest licensed Operating System Software (OSS) with antivirus and firewalls to provide all lock, work station with Computer charts and key board tray.	Yes
2	Wiring and Networking (with Raw Power Supply and UPS) and one Printer per DEC	Yes
3	Air conditioners, Bio metric system, CCTV installation, Rest rooms and 24 x 7 security.	Yes
4	Collapsible gate for the main entrance with Name board and locking facility.	Yes
5	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class 'A' ISP, and alternate line with 1 : 1 dedicated line of 50 mpbs speed, by an another Class 'A' ISP to ensure uninterrupted downloading facility, with 2(two) static IP's.	Yes
6	Appointment of one Professor as a Examination Co-ordinator to Co-ordinate this Online process.	Yes
7	Separate Evaluation Room for Evaluating the Answer Books under CCTV Surveillance	Yes

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

ANNEX - XV - B

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

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

PHONE / MOBILE NO: 022-277 444 29

NAME OF THE SUBJECT : ORAL MEDICINE & RADIOLOGY

Sr. No	College Name	Subject	Full Name of the Teachers (First Name, Middle Name, Last Name	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & year of Passing	Teaching Experience after PG Passing	MUHS Approval (Yes /No)	If Yes MUHS Approval Letter & Date	Aadhar Card No	Pan Card No	Date of Birth (Age in years	Latest E-mail ID	Contact No (Mob.)	Debarred Yes /No	Sign of Teacher
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	ORAL MEDICINE & RADIOLOGY	DR. DEEPA DAS ACHATH	DEAN PROFESSOR & HOD	28.10.2009	B.D.S. 1997	M.D.S. 2001	22 YRS 4 MON.	YES	MUHS/Acad / Approval/UG & PG/3456/2018 DT. 26.09.2018	7212 1390 0925	AHPPA7000A	09.05.72 & AGE 52	hari.kuttan1@gmail.com	9969984637	NO	<i>[Signature]</i>
2	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	ORAL MEDICINE & RADIOLOGY	DR. AMITA RAHUL NAVALKAR	READER	14.08.2007	B.D.S. 1996	M.D.S. 1999	24 YRS	YES	MUHS/E- 2/2104/3349/2009 DT. 02.12.2009	4142 8285 0364	ABSPJ2557Q	26.08.74 & Age 50	amitanavalkar@gmail.com	9619189031	NO	<i>[Signature]</i>
4	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	ORAL MEDICINE & RADIOLOGY	DR. BHAKTI VIJAY PATIL	READER	14.10.2013	B.D.S. 2006	M.D.S. 2013	11 YRS	YES	MUHS/Acad / Approval/UG & PG/3456/2018 DT. 26.09.2018	4914 6980 2456	ATIPP4767G	04.09.84 & AGE 40	bhakti04@gmail.com	8422999156	NO	<i>[Signature]</i>

[Signature]
DEAN

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

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK





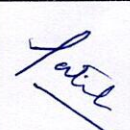

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

ANNEX - XV - B

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

PHONE / MOBILE NO: 022-277 444 29

NAME OF THE SUBJECT : CONSERVATIVE DENTISTRY & ENDODONTICS

Sr. No	College Name	Subject	Full Name of the Teachers (First Name , Middle Name , Last Name	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & year of Passing	Teaching Experience after PG Passing	MUHS Approval (Yes /No)	If Yes MUHS Approval Letter & Date	Aadhar Card No	Pan Card No	Date of Birth (Age in years	Latest E-mail ID	Contact No (Mob)	Debarred Yes /No	Sign of Teacher
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	CONSERVATIVE DENTISTRY & ENDODONTICS	DR VIBHA RAHUL HEGDE	PROFESSOR & HOD	22.08.2007	B.D.S.-1992	M.D.S.-1996	28 YRS 9 MON.	YES	MUHS/E-2/2104/3349/2009/DT 02.12.2009	3988 2351 4900	AARPH4545C	26.01.71 & Age - 53	vibhahegde26@gmail.com	7400465066	NO	
2	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	CONSERVATIVE DENTISTRY & ENDODONTICS	DR. ASHWIN NIRANJANLAL JAIN	PROFESSOR	15.06.2009	B.D.S. 2005	M.D.S.-2009	15 YRS 8 MON. 15 DAYS	YES	MUHS/E-2/JUG/111103/170/2 024 DT. 08.10.2024	3130 5392 6677	AMAPJ2098P	20.07.82 & Age 42	drashwinjain@gmail.com	9819102243	NO	
3	DR G.D.POL Foundation Y.M.T. Dental College & Hospital	CONSERVATIVE DENTISTRY & ENDODONTICS	DR. USHAINA ERUCH FANIBUNDA	READER	17.06.2013	B.D.S. 2000	M.D.S.-2006	17 YRS 8 MON.	YES	MUHS/JUG/E-2/2104/2436 DTAE 24.06.2015	4570 4663 6058	AABPF2222Q	12.12.78 & Age 46	ushaina@gmail.com	9667052493	NO	
4	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	CONSERVATIVE DENTISTRY & ENDODONTICS	DR. ANIL PRAKASH RICHHAWAL	READER	25.04.2015	B.D.S. 2008	M.D.S.-2013	10 YRS 9 MON.	YES	MUHS/Acad / Approval/UG & PG/3456/2018 DT. 26.09.2018	7889 1930 7333	ASNPR1756R	09.05.84 & AGE 40	dranildentist19@gmail.com	9867347076	NO	
5	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	CONSERVATIVE DENTISTRY & ENDODONTICS	DR. SATISH VILAS SANE	READER	06.09.2016	B.D.S. 2010	M.D.S.-2016	8 YRS 4 MON.	YES	MUHS/E-2/JUG/111103/870/2 023 DT. 27.03.2023	2545 5422 5463	DRIPS1298N	30.01.89 & AGE 36	satish.sane@gmail.com	9766148695	NO	
6	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	CONSERVATIVE DENTISTRY & ENDODONTICS	DR. HARSHRAJ GAWANDE	READER	02.04.2018	BDS -2012	MDS-2017	6 YRS 9 MON.	YES	MUHS/E-2/JUG/111103/170/2 024 DT. 008.10.2024	2495 7168 1299	BHQPG7898N	21.07.90& AGE 34	hprgawande878@gmail.com	9604274946	NO	

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

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

ANNEX - XV - B

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

PHONE / MOBILE NO: 022-277 444 29

NAME OF THE SUBJECT : PROSTHODONTICS

Sl. No	College Name	Subject	Full Name of the Teachers (First Name , Middle Name , Last Name	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & year of Passing	Teaching Experience after PG Passing	MUHS Approval (Yes /No)	If Yes MUHS Approval Letter & Date	Aadhar Card No	Pan Card No	Date of Birth (Age in years	Latest E-mail ID	Contact No (Mob.)	Debarred Yes /No	Sign. of Teacher
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PROSTHODONTICS	DR. SALONI SHARAD MISTRY	PROFESSOR & HOD	01.12.2018	B.D.S -1997	M.D.S.-1999	24 YRS 11 MON.	YES	MUHS/E- 2/UG/3254/2022 DT.02.09.2022	9941 2336 2635	AFOPM6885Q	14.12.74 & AGE - 50	salonimistry@gmail.co m	9821020083	NO	
2	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PROSTHODONTICS	DR. ANURADHA SACHIN NEMANE	PROFESSOR	27.09.2010	B.D.S. -2003	M.D.S.-2008	16 YRS 4 MON.	YES	MUHS/E- 2/UG/111103/2548/2023 DT. 15.09.2023	7967 1861 0521	AIWPN7480R	04.03.82 & Age 42	anuradhanemane@gmail.com	9320223455	NO	
3	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PROSTHODONTICS	Dr. PARMEET BANGA	READER	09.08.2010	B.D.S -2005	M.D.S.-2010	14 YRS 6 MON.	YES	MUHS/Acad / Approval/UG & PG/3456/2018 DT. 26.09.2018	8160 6105 7298	AKVPB1615J	02.12.82 & Age 42	bangaparmeet@gmail.com	9960433834	NO	
4	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PROSTHODONTICS	DR. OMKAR RAVINDRA SHETE	READER	01.10.2011	BDS -2006	M.D.S.-2011	13 YRS 3 MON	YES	MUHS/E- 2/UG/3254/2022 DT.02.09.2022	8331 0276 8503	DAVPS7076B	01.03.85 AGE 39	omkarsshete@gmail.com	9823599550	NO	
5	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PROSTHODONTICS	DR. VINAYKUMAR RMESH DOLE	READER	25.04.2015	BDS -2010	M.D.S.-2014	9 YRS 8 MON. 7 DAYS	YES	MUHS/E- 2/UG/3254/2022 DT.02.09.2022	4846 5066 1377	APDPD1589F	02.04.86 AGE 38	vinaydole789@gmail.com	9096169959	NO	
6	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PROSTHODONTICS	DR. ISHAN KADAM	READER	09.08.2018	BDS -2013	M.D.S.-2018	6 YRS 5 MON.	YES	MUHS/E- 2/UG/111103/170/2024 DT. 08.10.2024	8741 3920 7443	CGAPK7311Q	18.04.90 & AGE 34	ishankadam1890@gmail.com		NO	

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK


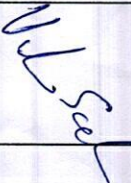
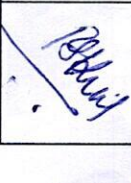
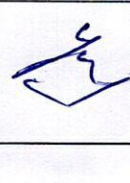

ANNEX- XV -B

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

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

PHONE / MOBILE NO: 022-277 444 29

NAME OF THE SUBJECT : Orthodontics & Dentofacial Orthopedics

Sr. No	College Name	Subject	Full Name of the Teachers (First Name , Middle Name , Last Name	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & year of Passing	Teaching Experience after PG Passing	MUHS Approval (Yes /No)	If Yes MUHS Approval Letter & Date	Aadhar Card No	Pan Card No	Date of Birth (Age in years	Latest E-mail .ID	Contact No (Mob.)	Debarred Yes /No	Sign of Teacher
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	Orthodontics & Dentofacial Orthopedics	DR. MEGHNA JAYANT VANDEKAR	PROFESSOR & HOD	01.09.2007	B.D.S.- 1997	M.D.S.- 2001	22 YRS 8 MON.	YES	MUHS/E- 2/2104/SSC/4602/ 2012 DT. 02.11.2012	7468 7754 5511	ABBPV2787M	21.07.74 & Age 50	megsvandekar@gmail.com	98220074916	NO	
2	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	Orthodontics & Dentofacial Orthopedics	DR. VIKRAM SUDHAKAR SHETTY	PROFESSOR	02.05.2008	B.D.S. - 2002	M.D.S. - 2006	17 YRS 11 MON.	YES	MUHS/Acad / Approval/UG & PG/3456/2018 DT. 26.09.2018	8439 3707 6309	AETPV7537E	30.04.77 & AGE 47	drvikramshetty@yahoo.co.in	9870873848	NO	
3	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	Orthodontics & Dentofacial Orthopedics	DR. RAJESH BAIRANGAL KURIL	PROFESSOR	24.07.2012	B.D.S. - 2001	M.D.S. - 2007	16 YRS 7 MON.	YES	MUHS/Acad/1/AP PROVAL/UG&PG/ 3917/2018 DT. 01.10.2018	6508 7294 9961	BAWPK7967F	03.10.77 & Age 47	rajeshkuril3@yahoo.com	9822361867	NO	
4	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	Orthodontics & Dentofacial Orthopedics	DR. YASH KISHORE SHEKATKAR	READER	21.11.2012	B.D.S. 2007	M.D.S. - 2012	12 YRS 2 MON.	YES	MUHS/Acad / Approval/UG & PG/3456/2018 DT. 26.09.2018	9284 1163 4040	EOAPS1620N	06.09.83 & AGE 41	yash.shekatkar@gmail.com	9167488734	NO	
5	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	Orthodontics & Dentofacial Orthopedics	DR. TEJAS RAJAN POL	READER	01.11.2012	BDS - 2008	M.D.S. - 2012	12 YRS 2 MON.	YES	MUHS/E- 2/UG/6/111103/170/2 024 DT. 008.10.2024	2890 7766 5283	ATDPP9163H	30.05.85 AGE 39	tejaspol2@gmail.com	9960499751	NO	

31.12.2024

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

DEAN

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

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

ANNEX- XV -B

PHONE / MOBILE NO: 022-277 444 29

NAME OF THE SUBJECT : PERIODONTOLOGY

Sl. No	College Name	Subject	Full Name of the Teachers (First Name , Middle Name , Last Name)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & year of Passing	Teaching Experience after PG Passing	MUHS Approval (Yes /No)	If Yes MUHS Approval Letter & Date	Aadhar Card No	Pan Card No	Date of Birth (Age in years	Latest E-mail ID	Contact No (Mob.)	Debarred Yes /No	Sign. of Teacher
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PERIODONTOLOGY	DR. SANGEETA DILIP MUGLIKAR	PROFESSOR & HOD	16.10.2023	B.D.S. 1987	M.D.S. 1992	32YRS 3 MON.	YES	MUHS/E- 2/UG/111103/170/2 024 DT. 08.10.2024	7614 4913 9049	ABGFM9688R	02.10.66 & AGE 58	drnmuglikar2006@yahoo.co.in	9604122550	NO	
2	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PERIODONTOLOGY	DR.RIZWAN M.SANADI	PROFESSOR	01.11.2010	B.D.S. 1999	M.D.S. 2005	19 YRS 5 MON.	YES	MUHS/UG/E- 2/2104/2436 DT. 24.06.2015	2738 5538 4634	BEEPS2949H	28.04.77 AGE 47	drriiz28@yahoo.com	9730858235	NO	
3	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PERIODONTOLOGY	DR. KAVITA GAJANAN POL	PROFESSOR	02.07.2010	B.D.S. 2005	M.D.S. 2010	14 YRS 6 MON.	YES	MUHS/E- 2/UG/111103/791/2 024 DT. 02.04.2024	5549 1449 3072	AJFPM6363E	12.10.80 AGE 44	kavitaipol@yahoo.co.in	9321689341	NO	
4	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PERIODONTOLOGY	DR.NUPUR SARAJKUMA R SAH	READER	08.07.2008	B.D.S. 2002	M.D.S. 2008	16 YRS 5 MON.	YES	MUHS/Acad / Approval/UG & PG/3456/2018 DT. 26.09.2018	8506 5113 0653	BABPS0371L	02.12.79 AGE 45	sahnupur02@gmail.com	9769048494	NO	
5	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PERIODONTOLOGY	DR. IPSITA JAVANTI MISHRA	READER	19.06.2023	B.D.S. 2008	M.D.S. 2014	6 YRS 8 MON.	YES	MUHS/E- 2/UG/111103/170/2 024 DT. 08.10.2024	8218 8284 1144	AQMFM4884G	12.10.85 & AGE 39	ipsitajavanti@gmail.com	9880314106	NO	
6	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PERIODONTOLOGY	DR. AYUSHYA DILIP WARANG	READER	01.08.2019	B.D.S. 2011	M.D.S. 2018	5 YRS 5 MON.	YES	MUHS/E- 2/UG/111103/2548/ 2023 DT. 15.09.2023	7975 7464 8365	AAXPW2141D	10.01.898 AGE 35	ayushyavarang89@gmail.com	9987914201	NO	

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

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

ANNEX - XV - B

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

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJECT : ORAL & MAXILLOFACIAL SURGERY

Sr. No	College Name	Subject	Full Name of the Teachers (First Name , Middle Name , Last Name	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & year of Passing	Teaching Experience after PG Passing	MUHS Approval (Yes /No)	If Yes MUHS Approval Letter & Date	Aadhar Card No	Pan Card No	Date of Birth (Age in years	Latest E-mail ID	Contact No (Mob)	Debarred Yes /No	Sign of Teacher
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	ORAL & MAXILLOFACIAL SURGERY	DR. SHREYAS HEMCHANDR A GUPTA	PROFESSOR & HOD	21.01.2011	BDS 1996	M.D.S. 2001	20 YRS 1 MON.	YES	MUHS/Acad / Approval/UG & PG/3456/2018 DT. 26.09.2018	8594 1459 6310	AHSPG7097A	06.01.75 & AGE 50	gshrey75@gmail.com	9819583044	NO	
2	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	ORAL & MAXILLOFACIAL SURGERY	DR. HIRKANI RAVINDRA ATTARDE	PROFESSOR	01.12.2016	BDS 2005	M.D.S. - 2010	14 YRS 11 MON.	YES	MUHS/E- 2/UG/111103/2548/ 2023 DT. 15.09.2023	6196 22645 3809	APHPA8548R	02.02.83 & AGE 42	hirkaniattarde@gmail.com	7506922012	NO	
3	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	ORAL & MAXILLOFACIAL SURGERY	DR. HARSHAL NARENDRA SURYAIVANS HI	READER	04.10.2011	BDS 2006	M.D.S 2011	13 YRS 5 MON.	YES	MUHS/Acad / Approval/UG & PG/3456/2016 DT. 26.09.2018	2058 2314 1052	BKWPSS2678M	29.07.84 & age 41	dhrnarshal@live.com	9764595557	NO	
4	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	ORAL & MAXILLOFACIAL SURGERY	DR. THOMSON MARIADASAN DCRUZ	READER	16.12.2019	BDS 2009	M.D.S. 2014	7 YRS 1 MON.	YES	MUHS/E- 2/UG/111103/2548/ 2023 DT. 15.09.2023	3670 5986 6047	AXLPD5443J	04.12.87 & age 38	thompsondcruz@gmail.com	7738685760	NO	
5	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	ORAL & MAXILLOFACIAL SURGERY	DR. SAURABH GOHIL	READER	20.11.2018	BDS 2012	M.D.S. 2017	6 YRS 1 MON.	YES	MUHS/E- 2/UG/111103/791/2 024 DT. 02.04.2024	8459 2154 8542	AMRPG4025G	18.08.89 & AGE 35	dr.saurabhgohil@gmail.com	9819929726	NO	
6	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	ORAL & MAXILLOFACIAL SURGERY	DR. KHUSHAL DINESH DESAI	READER	12.02.2024	BDS 2011	M.D.S. 2016	6 YRS 1 MON.	YES	MUHS/E- 2/UG/111103/791/2 024 DT. 02.04.2024	9852 5719 7515	ALRPD6414B	21.09.88 & AGE 36	khushal.desai@gmail.com	982099243	NO	

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK


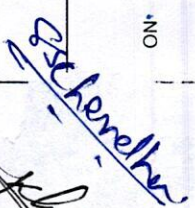
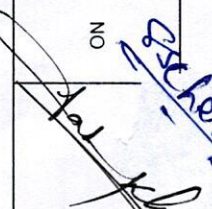
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

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

ANNEX- XV : -B

PHONE / MOBILE NO: 022-277 444 29

NAME OF THE SUBJECT : ORAL PATHOLOGY & MICROBIOLOGY

Sr. No	College Name	Subject	Full Name of the Teachers (First Name, Middle Name, Last Name)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & year of Passing	Teaching Experience after PG Passing	MUHS Approval (Yes /No)	If Yes MUHS Approval Letter & Date	Aadhar Card No	Pan Card No	Date of Birth (Age in years)	Latest E-mail .ID	Contact No (Mob.)	Debarred Yes /No	Sign. of Teacher
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	ORAL PATHOLOGY & MICROBIOLOGY	DR SANGEET A RAJESH PATANKAR	PROFESSOR & HOD	01.03.2001	B.D.S. - 1987	M.D.S. - 1992	29 YRS 8 MON.	YES	MUHS/E- 2/2104/3565 DT. 05.08.2006	4303 5711 0384	AAZPP1649P	15.03.66 & Age 58	patankar.sangeeta15@gmail.com	9819173715	NO	
2	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	ORAL PATHOLOGY & MICROBIOLOGY	DR SHEETAL KORDE CHOUDHARI	PROFESSOR	15.09.2008	B.D.S. 2000	M.D.S. 2008	16 YRS 9 MON.	YES	MUHS/JACAD1/AP PROV/AL/UG&PG/ 3917/2018 DT. 01.10.2018	5467 6267 637	ALTPC9628G	08.09.79 & Age 45	kordestheetal@yahoo.co.in	9819331220	NO	
3	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	ORAL PATHOLOGY & MICROBIOLOGY	DR GAURAV SALUNKHE	READER	31.07.2018	B.D.S. 2011	M.D.S. 2015	6 YRS 5 MON.	YES	MUHS/E- 2/UG/111103/791/2 024 DT. 02.04.2024	3505 1887 1232	DSMPS2370N	26.05.87 & AGE 37	dr.gauravsalkunhe@yahoo.com	9820550972	NO	

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

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK



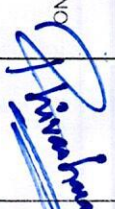


SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

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

ANNEX- XV - B

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJECT : PEDODONTICS

Sr. No	College Name	Subject	Full Name of the Teachers (First Name , Middle Name , Last Name	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & year of Passing	Teaching Experience after PG Passing	MUHS Approval (Yes /No)	If Yes MUHS Approval Letter & Date	Aadhar Card No	Pan Card No	Date of Birth (Age in years	Latest E-mail ID	Contact No (Mob.)	Debarred Yes /No	Sign of Teacher
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PEDODONTICS	DR.AMAR NARAYAN KATRE	PROFESSOR & HOD	07.10.2013	B.D.S. - 2000	M.D.S. - 2004	19 YRS 1MON.	YES	MUHS/E- 2/U/G/111103/170/2 024 DT. 08.10.2024	4140 8320 5357	AMYPK5667M	04.01.78 AGE 47 YRS	amar_katre@hotmail.com	9821540186	NO	
2	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PEDODONTICS	DR. SUBHADRA H N	PROFESSOR	01.10.2014	B.D.S. - 2002	M.D.S. - 2006	17 YRS 1 MON.	YES	MUHS/E- 2/U/G/111103/791/2 024 DT. 02.04.2024	8656 6318 3396	AEZPN1984Q	22.05.78 & AGE 46	drsubhadrahn@yahoo.com o.in_drsubhadrahn@gmail.com	9870818852	NO	
3	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PEDODONTICS	DR. POOJA SHIVASHARANA	READER	01.09.2018	BDS - 2011	M.D.S. - 2016	7 YRS 8 MON.	YES	MUHS/E- 2/U/G/111103/870/2 023 DT. 27.03.2023	8296 1492 6246	DVPPS1188L	24.11.89 & AGE 35	dr.poojashivasharan@gmail.com	9960622964	NO	
4	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PEDODONTICS	DR. INDU MIRIAM VARKEY	READER	20.07.2022	BDS - 2009	M.D.S. - 2013	11 YRS 1 MON.	YES	MUHS/E- 2/U/G/111103/791/2 024 DT. 02.04.2024	4606 1403 3624	ALFPV1342J	01.11.84 & AGE 41	induarkey08@gmail.com	9619486124	NO	
5	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PEDODONTICS	DR. SUREJ UNNIKRISHNAN	READER	01.09.2018	BDS - 2012	M.D.S. - 2018	5 YRS 5 MON.	YES	MUHS/E- 2/U/G/111103/791/2 024 DT. 02.04.2024	6866 2049 7368	ACTPUJ3340G	15.08.89 & AGE 35	surej.ukrishn@gmail.com	9833187473	NO	



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

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

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

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJECT : PUBLIC HEALTH DENTISTRY

Sr. No	College Name	Subject	Full Name of the Teachers (First Name , Middle Name , Last Name	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & year of Passing	Teaching Experience after PG Passing	MUHS Approval (Yes /No)	If Yes, MUHS Approval Letter & Date	Aadhar Card No	Pan Card No	Date of Birth (Age in years	Latest E-mail .ID	Contact No (Mob.)	Debarred Yes /No	Sign of Teacher
	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PUBLIC HEALTH DENTISTRY	DR. VAIBHAV KUMAR	READER	01.02.2023	BDS- 2012	MDS- 2017	6 YRS 6 MON.	YES	MUHS/E- 2/JUG/111103/870/2 023 DT- 27.03.2023	6951 2192 1105	BJSPPK7136H	01.11.89 & AGE 35	drvaibhav1989@gmail.com	9742501587	NO	
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PUBLIC HEALTH DENTISTRY	DR. MANJURI DESHMUKH	READER	12.01.2022	BDS- 2009	MDS- 2015	7 YRS 2 MON.	--	--	6304 9878 3477	ASQPPD3627G	03.04.87 & AGE 37	deshmukh.manjuri@gmail.com	9970034175	NO	

DEAN

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

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

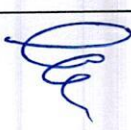
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

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

ANNEX- XV-B

PHONE / MOBILE NO: 022-277 444 29

NAME OF THE SUBJECT : ANATOMY

Sr. No	College Name	Subject	Full Name of the Teachers (First Name , Middle Name , Last Name	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & year of Passing	Teaching Experience after PG Passing	MUHS Approval (Yes /No)	If Yes MUHS Approval Letter & Date	Aadhar Card No	Pan Card No	Date of Birth (Age in years	Latest E-mail ID	Contact No (Mob)	Debarred Yes /No	Sign of Teacher
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	ANATOMY	DR. SILOTRY NAZMEEN NISAR	PROFESSOR	01.11.2014	MBBS -1999	M.S. 2005	19 YRS 10 MON.	YES	MUHS/Acad / Approval/UG & PG/3456/2018 DT. 26.09.2018	5075 0347 8572	BBHPS48091	18.06.75 & AGE 49	dr.naz75@gmail.com	9619182248	NO	

Dean


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

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

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

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJECT : BIOCHEMISTRY

Sr. No	College Name	Subject	Full Name of the Teachers (First Name , Middle Name , Last Name)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & year of Passing	Teaching Experience after PG Passing	MUHS Approval (Yes /No)	If Yes MUHS Approval Letter & Date	Aadhar Card No	Pan Card No	Date of Birth (Age in years)	Latest E-mail ID	Contact No (Mob)	Debarred Yes /No	Sign of Teacher
1	DR. G.D POL Foundation Y.M.T. Dental College & Hospital	BIOCHEMISTRY	DR. ABDUL SAMAD AZIZ	READER	16.02.2021	M.Sc - 1995	Ph D (Medical Biochemistry 2016)	23 YRS 9 MON	YES	MUHS/E- 2/UG/11103/791/2 024 DT. 02.04.2024	4190 1885 1497	AGIPA7234N	05.05.72 & AGE 52	samadaziz79@gmail.com	9823375529	NO	<i>Samad</i>

DEAN

Dr. Deepa - DM


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

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

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

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJECT : PATHOLOGY

Sr. No	College Name	Subject	Full Name of the Teachers (First Name , Middle Name , Last Name	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & year of Passing	Teaching Experience after PG Passing	MUHS Approval (Yes /No)	If Yes, MUHS Approval Letter & Date	Aadhar Card No	Pan Card No	Date of Birth (Age in years)	Latest E-mail ID	Contact No (Mob.)	Debarred Yes /No	Sign of Teacher
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PATHOLOGY	DR.CHANDRA SHEKAR BABAN BANGAR	READER	01.02.2007	MBBS - 1982	M.D. 1992 PATHOLOG Y	17 YRS	YES	MUHS/E- 2/JUG/111103/791/2 024 DT. 02.04.2024	5215 7224 1353	ABYPB88375N	05.04.59 & AGE 65	dr.changar@yahoo.com	9892006877	NO	


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

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

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

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJECT : MICROBIOLOGY

Sr. No	College Name	Subject	Full Name of the Teachers (First Name , Middle Name , Last Name	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG Passing	MUHS Approval (Yes /No)	If Yes MUHS Approval Letter & Date	Aadhar Card No	Pan Card No	Date of Birth (Age in years	Latest E-mail ID	Contact No (Mob)	Debarred Yes /No	Sign. of Teacher
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	MICROBIOLOGY	DR. ROOPA VISWANATHA NIYER	READER	01.02.2020	MBBS - 1997	M.D. 2000 MICROBIOL OGY	11 YRS 4 MON.	YES	MUHS/FE- 2/UG/111103/791/2 024 DT. 02.04.2024	3752 6593 3063	AAGP19516D	29.07.73 & AGE 51	rvishty2000@gmail.co m	9619444028	NO	

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



DZAN

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

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

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJECT : GENERAL MEDICINE

Sr. No	College Name	Subject	Full Name of the Teachers (First Name , Middle Name , Last Name	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & year of Passing	Teaching Experience after PG Passing	MUHS Approval (Yes /No)	If Yes MUHS Approval Letter & Date	Aadhar Card No	Pan Card No	Date of Birth (Age in years	Latest E-mail ID	Contact No (Mob)	Debarred Yes /No	Sign. of Teacher
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	GENERAL MEDICINE	DR. S RAMNATHAN IYER	READER	15.02.2011	MBBS - 1974	M.D - 1978	14 YRS 5 MON	YES		3349 6213 1290	AABP8347P	20.09.52 & AGE 72	sramiyer@gmail.com	9820143970	NO	


Dean

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

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

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJECT : GENERAL SURGERY

Sr. No	College Name	Subject	Full Name of the Teachers (First Name , Middle Name , Last Name	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & year of Passing	Teaching Experience after PG Passing	MUHS Approval (Yes /No)	If Yes, MUHS Approval Letter & Date	Aadhar Card No	Pan Card No	Date of Birth (Age in years)	Latest E-mail ID	Contact No (Mob)	Debarred Yes /No	Sign of Teacher
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	GENERAL SURGERY	DR RAJEEV KUMAR NARESHKUMAR PALVIA	READER	01.01.2013	M.B.B.S 1992	M.S. 1997 GENERAL SURGERY	12 YRS 6 MON	YES	MUHS/E- 2/UG/111103/791/2 024 DT. 02.04.2024	4349 7772 1958	AAPP5479R	16.05.71 & AGE 53	mpalvia@rediffmail.com	9773845101	NO	

Dean

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK



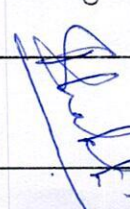
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG COURSES)

ANNEX - XV - C

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

PHONE / MOBILE NO: 022-277 444 29

NAME OF THE SUBJECT ORAL MEDICINE & RADIOLOGY

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp/ Honorary)	Qualification	University Approval (UG)	PG Teaching Experience (in Years after PG)	PG Teacher Recognition (Yes/No)	(Recognition Letter Date issued by University.)	No. of PG Student Guided Last 5 years	Date of Birth & AGE	Latest Email Address	Latest Contact Mobile No.	Aadhar Card No.	If debarred, (Yes/No)	Sign. of Teacher
1	DR.DAS DEEPA ACHATH	PROFESSOR	M.D.S. 2001 ORAL MEDICINE & RADIOLOGY	Regular	M.D.S.	YES	14 YRS 6 MON.	YES	MUHS /PG/ E-2/4386/2018 DT. 07.12.2018	9	09.05.72 & AGE 52	hari.kuttan1@gmail.com	9969984637	7212 1390 0925	NO	
2	DR. NAVALKAR AMITA RAHUL	READER	M.D.S. 1999 ORAL MEDICINE & RADIOLOGY	Regular	M.D.S.	YES	14 YRS 6 MON.	YES	MUHS/E2/PG/PG TRC/1470/2010 DT. 07/2010	5	26.08.74 & AGE 50	amitanavalkar@gmail.com	9619189031	4142 8285 0364	NO	
3	DR.PATIL BHAKTI SOHAN	READER	M.D.S. 2013 ORAL MEDICINE & RADIOLOGY	Regular	M.D.S.	YES	6 YRS 5 MON.	YES	MUHS /PG/ E-2/4386/2018 DT. 07.12.2018	2	04.09.84 & AGE 40	bhakti04@gmail.com	8422999156	4914 6980 2456	NO	

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

DEAN


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

Name of the College : DR. G.D.O.L FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL
 PHONE / MOBILE NO: 022 -277 444 29
NAME OF THE SUBJECT PROSTHODONTICS

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/Temp. Honorary)	Qualification	University Approval (UG)	PG Teaching Experience (in Years after PG)	PG Teacher Recognition (Yes/No)	(Recognition Letter Date issued by University.)	No. of PG Student Guided Last 5 years	Date of Birth & AGE	Latest Email Address	Latest Contact Mobile No.	Aadhar Card No.	If debarred, (Yes/No)	Sign. of Teacher
1	DR. MISTRY SALONI SUDHIR	PROFESSOR	M.D.S.- 1999 PROSTHODONTICS	Regular	M.D.S.	YES	13 YRS	YES	MUHS /E-2/PG/ 111103/17/1/2024 DT. 08.10.2024	10	14.12.74 & AGE - 50	salonimistry@ymail.co m	9821020083	9941 2336 2635	NO	
3	DR NEMANE ANURADHA SACHIN NEMANE	PROFESSOR	M.D.S.- 2008 PROSTHODONTICS	Regular	M.D.S.	YES	11 YRS	YES	MUHS/E- 2/PG/11103/254 7/2023 dt 15.09.2023	4	04.03.82 & Age 42	anuradhanemane@gmail.com	9320223455	7967 1861 0521	NO	
3	DR. BANGA PARMEET SINGH	READER	M.D.S.- 2010 PROSTHODONTICS	Regular	M.D.S.	YES	6 YRS 7 MON.	YES	MUHS /PG/ E- 2/4386/2018 DT. 07.12.2018	2	02.12.82 & Age 42	bangaparmeet@gmail.com	9960433834	8160 6105 7298	NO	
4	DR. SHETE OMKAR RAVINDRA	READER	M.D.S.- 2011 PROSTHODONTICS	Regular	M.D.S.	YES	5 YRS	YES	MUHS /E-2/PG/ 111103/17/1/2024 DT. 08.10.2024	2	01.03.85 AGE 39	omkarshete@gmail.com	9823599550	8331 0276 8503	NO	
5	DR. DOLE VINAYKUMAR RAMESH	READER	M.D.S.- 2014 PROSTHODONTICS	Regular	M.D.S.	YES	5 YRS 4 MON.	YES	MUHS /E-2/PG/ 111103/17/1/2024 DT. 08.10.2024	2	02.04.86 AGE 38	vinaydole789@gmail.com	9096169959	4846 5066 1377	NO	
6	DR. KADAM ISHAN	READER	DR. ISHAN KADAM	Regular	M.D.S. 2018	YES	6 YRS 5 MON.	YES	MUHS /E-2/PG/ 111103/17/1/2024 DT. 08.10.2024	--	18.04.90 & AGE 34	ikadam1890@gmail.com	8378889747	8741 3920 7443	NO	

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

DEAN

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

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

ANNEX - XV - C

PHONE / MOBILE NO.: 022 -277 444 29

NAME OF THE SUBJECT CONSERVATIVE DENTISTRY

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp. Honorary)	Qualification	University Approval (UG)	PG Teaching Experience (in Years after PG)	PG Teacher Recognition (Yes/No)	(Recognition Letter Date issued by University.)	No. of PG Student Guided Last 5 years	Date of Birth & AGE	Latest Email Address	Latest Contact Mobile No.	Aadhar Card No.	If debarred, (Yes/No)	Sign. of Teacher
1	DR. HEGDE VIBHA RAHUL	PROFESSOR & HOD	M.D.S. - 1996 CONSERVATIVE DENTISTRY	Regular	M.D.S.	YES	15 YRS 1 MON.	YES	MUHS /E- 2/P/G/2104/172// 2010 DATE 28.01.2010	10	26.01.71 & Age - 53	vibhahegde26@gmail.com	7400465066	3988 2351 4900	NO	
2	DR. JAIN ASHWIN NIRANJANLAL	PROFESSOR	M.D.S. - 2009 CONSERVATIVE DENTISTRY	Regular	M.D.S.	YES	9 YRS 9 MON.	YES	MUHS /E-2/P/G/ 111103/171/2024 DT. 08.10.2024	1	20.07.82 & Age 42	drashwinjain@gmail.com	9819102243	3130 5392 6677	NO	
3	DR. FANIBUNDA USHAINA ERUCH	READER	M.D.S. - 2006 CONSERVATIVE DENTISTRY	Regular	M.D.S.	YES	10 YRS 9 MON.	YES	MUHS/P/G/E- 2/2104/372/115 DATE 17.10.2015	5	12.12.78 & Age 47	ushaina@gmail.com	9867052493	4570 4663 6058	NO	
4	DR. RICHHAWAL ANIL	READER	M.D.S. - 2013 CONSERVATIVE DENTISTRY	Regular	M.D.S.	YES	6 YRS 6 MON.	YES	MUHS /P/G/E- 2/4386/2018 DT. 07.12.2018	--	09.05.84 & AGE 40	dranildentist9@gmail.com	9867347076	7889 1930 7333	NO	
5	DR. SANE SATISH VILAS	READER	M.D.S. - 2016 CONSERVATIVE DENTISTRY	Regular	M.D.S.	YES	4 YRS	YES	MUHS/E- 2/P/G/111103/912/ 2023 dt. 03.4.2023	--	30.01.89 & AGE 36	satish.sane@gmail.com	9766148695	2545 5422 5463	NO	
6	DR. GAWMANDE HARSHRAJ	READER	M.D.S. - 2017 CONSERVATIVE DENTISTRY	Regular	M.D.S.	YES	4 MON.	YES	MUHS /E-2/P/G/ 111103/171/2024 DT. 08.10.2024	--	9604274946	hdpawande878@gmail.com	210790 2495 7168 1299	NO		

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

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

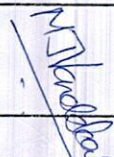


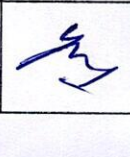
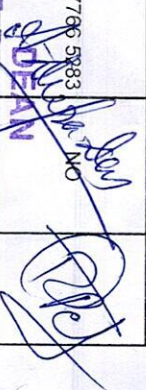
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG COURSES)

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

ANNEX - XV -C

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUJ Orthodontics & Dentofacial Orthopedics

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
Sl. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp. Honorary)	Qualification	University Approval (UG)	PG Teaching Experience (in Years after PG)	PG Teacher Recognition (Yes/No)	(Recognition Letter Date issued by University.)	No. of PG Student Guided Last 5 years	Date of Birth & AGE	Latest Email Address	Latest Contact Mobile No.	Aadhar Card No.	If debarred, (Yes/No)	Sign. of Teacher
1	DR. VANDEKAR MEGHNA JAYANT	PROFESSOR	M.D.S. - 2001 ORTHODONTICS	Regular	M.D.S.	YES	14 YRS 9 MON.	YES	MUHS/PPG/E-2/4/1/13 DATE 05.01.2013	10	21.07.74 & Age 50	megsvandekar@gmail.com	9820074916	7468 7754 5511	NO	
2	DR. SHETTY VIKRAM SUDHAKAR	PROFESSOR	M.D.S. - 2006 ORTHODONTICS	Regular	M.D.S.	YES	10 YRS 5 MON.	YES	MUHS /PG/E-2/4/386/2018 DT. 07.12.2018	10	30.04.77 & AGE 47	drvikramshetty@yahoo.co.in	9870873848	8439 3707 6309	NO	
3	DR. KURIL RAJESH BAURANGLAL	PROFESSOR	M.D.S. - 2007 ORTHODONTICS	Regular	M.D.S.	YES	10 YRS 5 MON.	YES	MUHS/PG/E-2/4/737/2018 DT 31.12.2018	4	03.10.77 & Age 47	rajeshlibran3@yahoo.com	9822361867	6508 7294 9961	NO	
4	DR. SHEKATKAR YASH KISHORE	READER	M.D.S. - 2012 ORTHODONTICS	Regular	M.D.S.	YES	6 YRS	YES	MUHS /PG/E-2/4/386/2018 DT. 07.12.2018	1	06.09.83 & AGE 41	yash.shekatkar@gmail.com	9167488734	9264 1163 4040	NO	
5	DR. POL TEJAS RAJAN	READER	M.D.S. - 2012 ORTHODONTICS	Regular	M.D.S.	YES	5 YRS 8 MON.	YES	MUHS /E-2/PG/111103/7/1/2024 DT. 08.10.2024	2	30.05.85 AGE 39	tejaspol21@gmail.com	9960499751	2890 7796 5983	NO	

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

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

PHONE / MOBILE NO.: 022 -277 444 29

ANNEX - XV -C

NAME OF THE SUBJI PERIODONTOLOGY

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp. Honorary)	Qualification	University Approval (UG)	PG Teaching Experience (in Years after PG)	PG Teacher Recognition (Yes/No)	(Recognition Letter Date issued by University.)	No. of PG Student Guided Last 5 years	Date of Birth & AGE	Latest Email Address	Latest Contact Mobile No.	Aadhar Card No.	If debarred, (Yes/No)	Sign. of Teacher
1	DR. MUGLIKAR SANGEETA DILIP	PROFESSOR & HOD	M.D.S. 1992 PERIODONTOLOGY	Regular	M.D.S.	YES	14 YRS 3 MON.	YES	MUHS /E-2/PG/ 111103/171/2024 DT. 08.10.2024	10	02.10.66 & AGE 58	drnmuglikar2006@yahoo.co.in	9604122550	7614 4913 9049	NO	
2	DR.SANADI RIZWAN M.	PROFESSOR	M.D.S. 2005 PERIODONTOLOGY	Regular	M.D.S.	YES	12 YRS 1 MON.	YES	MUHS/PG/E- 2/2104/372/1/15 DATE 17.10.2015	10	28.04.77 AGE 47	drri28@yahoo.com	9730858235	2738 5538 4634	NO	
3	DR. POL KAVITA GAJANAN	PROFESSOR	M.D.S. 2010 PERIODONTOLOGY	Regular	M.D.S.	YES	10 YRS 6 MON.	YES	MUHS/E- 2/PG/111103/789 /2024 DT. 02.04.2024	4	12.10.80 AGE 44	kavitagpol@yahoo.co.in	9321689341	5549 1449 3072	NO	
4	DR SAH NUPUR SAROKUMAR	READER	M.D.S. 2008 PERIODONTOLOGY	Regular	M.D.S.	YES	10 YRS 6 MON.	YES	MUHS /PG/ E- 2/4386/2018 DT. 07.12.2018	4	02.12.79 AGE 45	sahnupur02@gmail.com	9769048494	8506 5113 0653	NO	
5	DR. JAYANTI MISHRA IPSITA	READER	M.D.S. 2014 PERIODONTOLOGY	Regular	M.D.S.	YES	2 YRS 8 MON 12 DAYS	YES	MUHS /E-2/PG/ 111103/171/2024 DT. 08.10.2024	1	12.10.85 & AGE 39	ipsitajayanti@gmail.com	9880314106	8218 8284 1144	NO	
6	DR. WARANG AYUSHYA DILIP	READER	M.D.S. 2018 PERIODONTOLOGY	Regular	M.D.S.	YES	1 YRS 5 MON.	YES	MUHS/E- 2/PG/111103/254 7/2023 dt 15.09.2023	1	10.01.89& AGE 35	ayushyawarang89@gmail.com	9987914201	7975 7464 8365	NO	

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

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG COURSES)

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

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJECT ORAL PATHOLOGY & MICROBIOLOGY

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp/ Honorary)	Qualification	University Approval (UG)	PG Teaching Experience (in Years after PG)	PG Teacher Recognition (Yes/No)	(Recognition Letter Date issued by University.)	No. of PG Student Guided Last 5 years	Date of Birth & AGE	Latest Email Address	Latest Contact Mobile No.	Aadhar Card No.	If debarred. (Yes/No)	Sign. of Teacher
1	DR.PATANKAR SANGEETA RAJESH	PROFESSOR & HOD	M.D.S.-1992 . ORAL PATHOLOGY & MICROBIOLOGY	Regular	M.D.S.	YES	17 YRS 7 MON.	YES	MUHS/E- 2/P/GT/831/2007 DATE 05.03.2007	8	15.03.66 & Age 58	patankar.sangeeta15@gmail.com	9819173715	4303 5711 0384	NO	
2	DR.CHOUDHARI SHEETAL KORDE	PROFESSOR	M.D.S. 2008 ORAL PATHOLOGY & MICROBIOLOGY	Regular	M.D.S.	YES	7 YRS 10 MON.	YES	MUHS/P/G/E- 2/4737/2018 DT. 31.12.2018	1	08.09.79 & Age 45	kordestheeta@yahoo.co.in	9819331220	5467 6267 637	NO	
3	DR. GAURAV SURESH SALUNKHE	READER	M.D.S. 2015 ORAL PATHOLOGY & MICROBIOLOGY	Regular	M.D.S.	YES	11 MON.	YES	MUHS/E- 2/U/G/111103/791/ 2024 DT. 02.04.2024		26.05.87 & AGE 37	dr.gauravsalkunhe@yahoo.com	9820550972	3505 1887 1232	NO	

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

DEAN

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

ANNEX - XV - C

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

PHONE / MOBILE NO.: 022 -277 444 29

NAME OF THE SUBJECT : Oral & Maxillofacial Surgery

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/Temp. Honorary)	Qualification	University Approval (UG)	PG Teaching Experience (in Years after PG)	PG Teacher Recognition (Yes/No)	(Recognition Letter Date issued by University.)	No. of PG Student Guided Last 5 years	Date of Birth & AGE	Latest Email Address	Latest Contact Mobile No.	Aadhar Card No.	If debarred, (Yes/No)	Sign. of Teacher
1	DR. GUPTA SHREYAS HEMCHANDRA	PROFESSOR	M.D.S. 2001 Oral & Maxillofacial Surgery	Regular	M.D.S.	YES	10 YRS 6 MON.	YES	MUHS /PG/ E-2/4386/2018 DT. 07.12.2018	10	06.01.75 & AGE 49	gshrey75@gmail.com	9819563044	8594 1459 6310	NO	
3	DR.ATTARDE HIRKANI RAVINDRA	PROFESSOR	M.D.S. -2010 Oral Maxillofacial Surgery	Regular	M.D.S.	YES	7 YRS	YES	MUHS/E-2/PG/111103/254 7/2023 dt 15.09.2023	4	02.02.83 & AGE 41	hirkaniattarde@gmail.com	7506922012	6196 22645 3809	NO	
3	DR. SURYAVANSHI HARSHAL NARENDRA	READER	M.D.S. 2011 Oral Maxillofacial Surgery	Regular	M.D.S.	YES	6 YRS 5 MON.	YES	MUHS /PG/ E-2/4386/2018 DT. 07.12.2018	1	29.07.84 & AGE 40	dharshal@live.com	9764595557	2058 2314 1052	NO	
4	DR. DCRUZ THOMSON MARIADASAN	READER	M.D.S. 2014 Oral Maxillofacial Surgery	Regular	M.D.S.	YES	2 YRS 6 MON.	YES	MUHS /E-2/PG/111103/171/2024 DT. 08.10.2024	3	04.12.87 & AGE 37	thompsondcruz@gmail.com	7738685780	3670 5986 6047	NO	
5	DR. GOHIL SAURABH MOHAN	READER	M.D.S. 2017 Oral Maxillofacial Surgery	Regular	M.D.S.	YES	6 YRS 1 MON.	YES	MUHS/E-2/PG/111103/789 /2024 DT. 02.04.2024	--	18.08.89 & AGE 35	dr.saurabhgohil@gmail.com	9819929726	8459 2154 8542	NO	
6	DR. DESAI KHUSHAL DINESH	READER	M.D.S. 2016 Oral Maxillofacial Surgery	Regular	M.D.S.	YES	6 YRS 1 MON.	YES	MUHS/E-2/PG/111103/789 /2024 DT. 02.04.2024	--	21.09.88 & AGE 36	khushal.desai@gmail.com	9820992437	9852 5719 7515	NO	

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

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG COURSES)

ANNEX - XV - C

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

PHONE / MOBILE NO: 022-277 444 29

NAME OF THE SUBJECT PEDODONTICS

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
Sl. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/Temp. Honorary)	Qualification	University Approval (UG)	PG Teaching Experience (in Years after PG)	PG Teacher Recognition (Yes/No)	(Recognition Letter Date issued by University)	No. of PG Student Guided Last 5 years	Date of Birth & AGE	Latest Email Address	Latest Contact Mobile No.	Aadhar Card No.	If debarred, (Yes/No)	Sign. of Teacher
1	DR.KATRE AMAR NARAYAN	PROFESSOR	M.D.S. 2004 PEDODONTICS	Regular	M.D.S.	YES	10 YRS 1 MON.	YES	MUHS/E-2/PG/111103/17/2024 DT. 08.10.2024	10	04.01.78 AGE 47 YRS	amar_katre@hotmail.com	9821540186	4140 8320 5357	NO	<i>Katre</i>
2	DR. SUBHADRA H. N.	PROFESSOR	M.D.S. - 2006 PEDODONTICS	Regular	M.D.S.	YES	7 YRS 9 MON.	YES	MUHS/E-2/PG/111103/789 /2024 DT. 02.04.2024	6	22.05.78 & AGE 46	drsubhadrahn@yahoo.co.in drsubhadrahn@gmail.com	9870818852	8656 6318 3396	NO	<i>Subhadra</i>
3	DR. SHIVASHARAN POOJA RAVINDRA	READER	M.D.S. - 2016 PEDODONTICS	Regular	M.D.S.	YES	1 YRS 11 MON.	YES	MUHS/E-2/PG/111103/912/2023 dt. 03.04.2023	1	24.11.89 & AGE 35	dr.poojashivasharan@gmail.com	9960622964	8296 1492 6246	NO	<i>Shivasharan</i>
4	DR. VARKEY INDU MIRIAM	READER	M.D.S. - 2013 PEDODONTICS	Regular	M.D.S.	YES	1 YRS 11 MON.	YES	MUHS/E-2/PG/11103/789 /2024 DT. 02.04.2024	1	01.11.84 & AGE 40	indubarkey08@gmail.com	9619486124	4606 1403 3624	NO	<i>Indu</i>
5	DR. SUREJ UNNIKRISHNAN	READER	M.D.S. - 2018 PEDODONTICS	Regular	M.D.S.	YES	11 MON.	YES	MUHS/E-2/PG/111103/789 /2024 DT. 02.04.2024	--	15.08.89 & AGE 35	surej.ukrishn@gmail.com	9833187473	6866 2049 7368	NO	<i>Surej</i>