

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2025-2026.

(As per provisions of the Maharashtra University of Health Sciences Act, 1998 and University Rule / Guidelines)

Date of Inspection	:	
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1. Name(s) of the Fellowship/Certificate Course(s)

Sr. No.	Name of the Fellowship Course	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentor and Contact Details
01	Oral Implantology	2024-2025	10	Dr. Shreyas Gupte (9819583044) Dr. Kavita G.Pol (9820618812) Dr. Rizwan Sanadi (9730858235) Dr. Omkar Shete (9823599550) Dr. Bhakti Patil (8422999156) Dr. Ayushya Warang (9987914201)

(Attach separate List if necessary)

2. Year-wise number of students admitted to Fellowship/ Certificate course during last 5 years

Sr. No.	Academic Year	Name of Fellowship / Certificate Course	Intake Capacity	No. of Students Admitted (In figure only)
1	2019-2020	ORAL IMPLANTOLOGY	10	10 (TEN)
2	2020-2021	ORAL IMPLANTOLOGY	10	04 (FOUR)
3	2021-2022	ORAL IMPLANTOLOGY	10	10 (TEN)
4	2022-2023	ORAL IMPLANTOLOGY	10	08 (EIGHT)
5	2023-2024	ORAL IMPLANTOLOGY	00	MUHS Not allotted admission

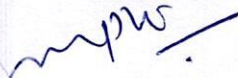
V. A. D. S.
DEAN
Y.M.T. Dental College
& Hospital Kharghar,
Navi Mumbai - 410 210

Information to be submitted with respect to newly appointed mentors**Professional/Teaching Experience Certificate for Fellowship Courses Director/Mentor****Title of the Course applied for :- Fellowship Course of Oral Implantology**

This is to certify that **Dr. Deepa Das – Dean, Director** has worked in the Department of Oral Implantology at Dr.G.D.Pol Foundation Y.M.T. Dental College & Hospital as the following details.

A) GENERAL EXPERIENCE :				
Position	Name of Institution	From	To	TOTAL
Tutor				N/A
Lecturer/Asst. Professor	.Manubhai Patel Dental College, Vadodara, Gujrat	15/07/2002	15/06/2003	11 months
	2.Amrita College of Dentistry, Kochi, Kerala	01/09/2003	25/09/2005	2 Yrs.25 days
Reader/Associate Professor	1.Amrita College of Dentistry, Kochi, Kerala	26/09/2005	25/10/2006	1 yr. 25 days
	2.MGM Dental College, Kamothe, Navi Mumbai	01/11/2006	27/10/2009	2 Yrs.11 months 17days
	Y.M.T. Dental College & Hospital, Navi Mumbai	28/10/2009	31/01/2011	1 yr 3 month
Professor	Y.M.T. Dental College & Hospital, Navi Mumbai	01/02/2011	Till Date	14Yrs
Professor & HOD		01/04/2015	Till Date	9 yrs 10 month
Dean/Principal	Y.M.T. Dental College & Hospital, Navi Mumbai	24/12/2024	Till Date	1 Month
B) Actual Experience in the subject of concerned Fellowship Course				
Designation	From	To	Total period Year /Month	
Director	24.12.2024	Till Date	1 Month	

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship Course)


Sign & Stamp

Head of the Department

Date: 11/02/2025


Sign & Stamp

Dean/Principal/Head of Institute

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DR. G. D. POL FOUNDATION Y.M.T. DENTAL COLLEGE AND HOSPITAL

Institutional Area, Sector-4, Kharghar, Navi Mumbai - 410210.

✉ ymtden@yahoo.com

☎ 022-27744429

ENRICHING MINDS, EMPOWERING FUTURE

Ref No. YMTDC/404/2025

Date. 11/02/2025

EXPERIENCE CERTIFICATE

This is to certify that Dr. Deepa Das, M.D.S. Oral Medicine & Radiology is working in this institution as a Dean, Professor & HOD in the department of Oral Medicine & Radiology and also working as a Director in the department of Fellowship Course of Oral Implantology from 24.12.2024 till to date.

Dr. G.D.POL
Chairman
CHAIRMAN

DR. G.D. POL FOUNDATION
Institutional Area, Sector- 4,
Kharghar, Navi Mumbai - 410 210.

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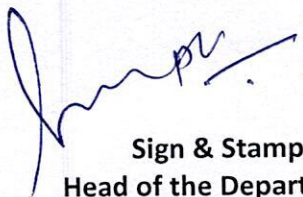
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Information to be submitted with respect to newly appointed mentors**Professional/Teaching Experience Certificate for Fellowship Courses Director/Mentor****Title of the Course applied for :- Fellowship Course of Oral Implantology**

This is to certify that **Dr. SHREYAS GUPTA – PROFESSOR & HOD** has worked in the Department of Oral & Maxillofacial Surgery & Oral Implantology at Dr.G.D.Pol Foundation Y.M.T. Dental College & Hospital as the following details.

A) GENERAL EXPERIENCE				
Designation	COLLEGE NAME	From	To	Total period Year /Month
Lecturer	YMT Dental college	21.02.2002	07.06.2002	3 Mon 17 days
	SMBT Dental College	01.11.2004	17.01.2008	3yrs 2mon. 17 Days
	Sinhagad Dental College & Hospital	10.06.2008	30.11.2008	5 MON. 20 DAYS
Reader	Sinhagad Dental College & Hospital	01.12.2008	20.01.2011	2 yrs. 1 mon. 20 DAYS
	YMT Dental college	21.01.2011	30.06.2015	4 yrs 5 month
Professor	YMT Dental College	01.07.2015	Till Date	7 Yrs.7 Month
B) Actual Experience in the subject of concerned Fellowship Course				
Designation	COLLEGE NAME	From	To	Total period Year /Month
PROFESSOR & Head of the Department	Y.M.T. DENTAL COLLEGE	01.02.2014	TILL DATE	11 yrs

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship Course)



Sign & Stamp
Head of the Department

Date: 11/02/2025



Sign & Stamp
Dean/Principal/Head of Institute

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ENRICHING MINDS, EMPOWERING FUTURE

Ref No. YMTDC/402/2025

Date. 11/02/2025

EXPERIENCE CERTIFICATE

This is to certify that Dr. Shreyas Gupte, M.D.S. Oral & Maxillofacial Surgery is working in this institution as a Professor & Head in the department of Oral & Maxillofacial Surgery and is also serving as Mentor & Co-ordinator for the Fellowship Course of Oral Implantology from 01.02.2014 till to date.

DR. DEEPA DAS
DEAN

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Information to be submitted with respect to newly appointed mentors**Professional/Teaching Experience Certificate for Fellowship Courses Director/Mentor****Title of the Course applied for :- Fellowship Course of Oral Implantology**

This is to certify that **Dr. Kavita Pol – Professor** has worked in the Department of Periodontology & Oral Implantology at Dr.G.D.Pol Foundation Y.M.T. Dental College & Hospital as the following details.

A) GENERAL EXPERIENCE :				
Position	Name of Institution	From	To	TOTAL
Lecturer	Y.M.T. DENTAL COLLEGE NAVI MUMBAI MUHS UNIVERSITY	02.07.2010	01.07.2014	4 YRS.
Reader	YMT DENTAL COLLEGE NAVI MUMBAI MUHS UNIVERSITY	02.07.2014	31.12.2019	5 Yrs 6 Month
Professor	YMT DENTAL COLLEGE NAVI MUMBAI MUHS UNIVERSITY	01.01.2020	Till Date	5Yrs 1month
B) Actual Experience in the subject of concerned Fellowship Course				
Designation	From	To	Total period Year /Month	
Mentor	01.02.2014	Till Date	11 yrs	

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship Course)



Sign & Stamp

Head of the Department

Date: 11/02/2025



Sign & Stamp

Dean/Principal/Head of Institute

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Ref No. YMTDC/407/2025

Date. 11/02/2025

EXPERIENCE CERTIFICATE

This is to certify that Dr. Kavita G. Pol, M.D.S. Periodontics is working in this institution as a Professor in the department of Periodontics and also working in the Fellowship Course of Oral Implantology from 01.02.2014 till to date.


Dr. Deepa Das


DR. DEEPA DAS
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Information to be submitted with respect to newly appointed mentors**Professional/Teaching Experience Certificate for Fellowship Courses Director/Mentor****Title of the Course applied for :- Fellowship Course of Oral Implantology**

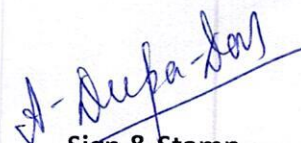
This is to certify that **DR.RIZWAN SANADI** - Professor has worked in the Department of Periodontology & Oral Implantology at Dr.G.D.Pol Foundation Y.M.T. Dental College & Hospital as the following details.

A) GENERAL EXPERIENCE				
Position	Name of Institution	From	To	TOTAL
LECTURER	Sri Sai College of Dental Surgery	14.07.2005	31.12.2008	3 yrs 5 mon. 18 Days
	Tatyasaheb Kore Dental College	01.01.2009	13.07.2009	6 mon.13 days
READER	Tatyasaheb Kore Dental College	14.07.2009	12.10.2010	1 yr 3 mon.
	Y.M.T. DENTAL College	01.11.2010	31.10.2014	4 yrs
PROFESSOR	Y.M.T. DENTAL College	01.11.2014	Till Date	10 yrs 3 month
B) Actual Experience in the subject of concerned Fellowship Course				
Position	Name of Institution	From	To	TOTAL
MENTOR	Y.M.T.DENTAL COLLEGE	01.09.2023	TILL DATE	1 YR 5 MONTH

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship Course)


Sign & Stamp
Head of the Department

Date: 11/02/2025


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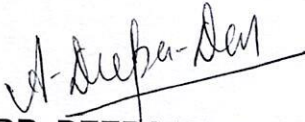
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Ref No. YMTDCL/405/2025

Date. 11/02/2025


EXPERIENCE CERTIFICATE

This is to certify that Dr.Rizwan Sanadi, M.D.S. Periodontics is working in this institution as a Professor in the department of Periodontics and also working in the Fellowship Course of Oral Implantology from 01.09.2023 till to date.


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Information to be submitted with respect to newly appointed mentors**Professional/Teaching Experience Certificate for Fellowship Courses Director/Mentor****Title of the Course applied for :- Fellowship Course of Oral Implantology**

This is to certify that **Dr. OMKAR SHETE- Professor** has worked in the Department of Prosthodontics & Oral Implantology at Dr.G.D.Pol Foundation Y.M.T. Dental College & Hospital as the following details.

A) GENERAL EXPERIENCE				
Position	Name of Institution	From	To	TOTAL
LECTURER	Y.M.T.DENTAL COLLEGE & HOSPITAL, KHARGHAR, NAVI MUMBAI	01.10.2011	30.06.2016	4 YRS 9 MONTH
READER	Y.M.T.DENTAL COLLEGE & HOSPITAL KHARGHAR, NAVI MUMBAI	01.07.2016	09.05.2024	7 Yrs 10 Month
PROFESSOR	Y.M.T.DENTAL COLLEGE & HOSPITAL KHARGHAR, NAVI MUMBAI	10.05.2024	Till Date	9 month
B) Experience in the subject of concerned Fellowship Course				
Position	Name of Institution	From	To	TOTAL
MENTOR	Y.M.T. DENTAL COLLEGE & HOSPITAL	01.02.2019	TILL DATE	6YRS

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship Course)



Sign & Stamp
Head of the Department

Date: 11/02/2025



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Ref No. YMTDC/408/2025

Date. 11/02/2025

EXPERIENCE CERTIFICATE

This is to certify that Dr.Omkar Shete, M.D.S. Prosthodontics is working in this institution as a Professor in the department of Prosthodontics and also working in the Fellowship Course of Oral Implantology from 01.02.2019 till to date.

DR. DEEPA DAS
DEAN

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Information to be submitted with respect to newly appointed mentors**Professional/Teaching Experience Certificate for Fellowship Courses Director/Mentor****Title of the Course applied for :- Fellowship Course of Oral Implantology**

This is to certify that **Dr. BHAKTI PATIL - Reader** has worked in the Department of Oral Medicine & Radiology & Oral Implantology at Dr.G.D.Pol Foundation Y.M.T. Dental College & Hospital as the following details.

A) GENERAL EXPERIENCE				
Position	Name of Institution	From	To	Total Period (Yrs. & Month)
Assistant Professor / Lecturer	Y.M.T. Dental College & Hospital,	14.10.2013	31.07.2018	4 yrs 9 month
Reader	Y.M.T. Dental College & Hospital,	31.07.2018	Till Date	6 YRS 6 month
B) Actual Experience in the subject of concerned Fellowship Course				
Position	Name of Institution	From	To	Total Period (Yrs. & Month)
Mentor	Y.M.T.DENTAL COLLEGE	01/02/2019	TILL DATE	6YRS

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship Course)


Sign & Stamp*
 Head of the Department

Date: 11/02/2025


Sign & Stamp
 Dean/Principal/Head of Institute

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Ref No. YMTDC/406/2025

Date. 11/02/2025

EXPERIENCE CERTIFICATE

This is to certify that Dr. Bhakti Patil, M.D.S. Oral Medicine & Radiology is working in this institution as a Reader in the department of Oral Medicine & Radiology and also working in the Fellowship Course of Oral Implantology from 01.02.2019 till to date


A. Deepa Das


DR. DEEPA DAS
DEAN

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Bhakti

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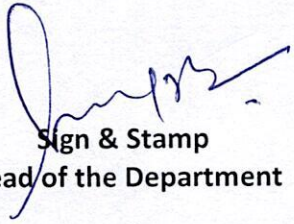
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Information to be submitted with respect to newly appointed mentors**Professional/Teaching Experience Certificate for Fellowship Courses Director/Mentor****Title of the Course applied for :- Fellowship Course of Oral Implantology**

This is to certify that **DR.AYUSHYA WARANG** - Reader has worked in the Department of Periodontology & Oral Implantology at Dr.G.D.Pol Foundation Y.M.T. Dental College & Hospital as the following details.

A) GENERAL EXPERIENCE				
Position	Name of Institution	From	To	TOTAL
LECTURER	Y.M.T.DENTAL COLLEGE	01.08.2019	31.07.2023	4 YEARS
READER		01.08.2023	TILL DATE	1 YR 6 MONTH
B) Actual Experience in the subject of concerned Fellowship Course				
Position	Name of Institution	From	To	TOTAL
MENTOR	Y.M.T.DENTAL COLLEGE	01.09.2023	TILL DATE	1 YR 5 MONTH

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship Course)


Sign & Stamp
 Head of the Department
 Date: 11/02/2025



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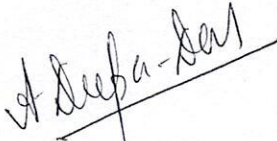
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Ref No. YMTDC/403/2025

Date. 11/02/2025

EXPERIENCE CERTIFICATE


This is to certify that Dr. Ayushya Warang, M.D.S. Periodontics is working in this institution as a Reader in the department of Periodontics and also working in the Fellowship Course of Oral Implantology from 01.09.2023 till to date



DR. DEEPA DAS
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