

For Online Transmission of Question Papers:

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

A. Dufan San
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.OI FOUNDATION Y.M.T. DENTAL COLLEGE & HOSPITAL

PHONE / MOBILE NO: 022-277 444 29

NAME OF THE SUBJECT : PROSTHODONTICS

Sr. No	College Name	Subject	Full Name of the Teachers (First Name , Middle Name , Last Name	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & year of Passing	Teaching Experience after PG Passing	MUHS Approval (Yes /No)	If Yes MUHS Approval Letter & Date	Aadhar Card No	Pan Card No	Date of Birth (Age in years	Latest E-mail ID	Contact No (Mob.)	Debarred Yes /No	Sign of Teacher
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PROSTHODONTICS	DR. SALONI SHARAD MISTRY	PROFESSOR & HOD	01.12.2018	B.D.S .1997	M.D.S.- 1999	25 YRS 11 MON.	YES	MUHS/ACAD/APPRO VAL/UG/369/2025 DT. 14.11.2025	9941 2336 2635	AFOPM6885Q	14.12.74 & AGE - 51	salonimistry@gmail.com	9821020083	NO	
2	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PROSTHODONTICS	DR. ANURADHA SACHIN NEMANE	PROFESSOR	27.09.2010	B.D.S. 2003	M.D.S.- 2008	17 YRS 4 MON.	YES	MUHS/ACAD/APPRO VAL/UG/369/2025 DT. 14.11.2025	7967 1861 0521	AIWPN7480R	04.03.82 & Age 43	anuradhanemane@gmail.com	9320223455	NO	
3	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PROSTHODONTICS	Dr.PARMEET ARVINDER SINGH BANGA	READER	09.08.2010	B.D.S 2005	M.D.S.- 2010	15 YRS 6 MON.	YES	MUHS/Acad / Approval/UG & PG/3456/2018 DT. 26.09.2018	8160 6105 7298	AKWFPB1615J	02.12.82 & Age 43	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	12 YRS 3 MON.	YES	MUHS/E- 2/UG/111103/170/2 024 DT. 08.10.2024	8331 0276 8503	DAYP57076B	01.03.85 AGE 40	omkarshete@gmail.com	9823599550	NO	
5	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PROSTHODONTICS	DR. VINAYKUMAR RMEESH DOLE	READER	25.04.2015	BDS- 2010	M.D.S.- 2014	10 YRS 8 MON. 7 DAYS	YES	MUHS/E- 2/UG/111103/170/2 024 DT. 08.10.2024	4846 5066 1377	APPDPI589F	02.04.86 AGE 39	vinaydole789@gmail.com	9096169959	NO	
6	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PROSTHODONTICS	DR. ISHAN VINOD KADAM	READER	09.08.2018	BDS -2013	M.D.S. 2018	7 YRS 5 MON.	YES	MUHS/E- 2/UG/111103/170/2 024 DT. 08.10.2024	8741 3920 7443	CGAPK7311Q	18.04.90 & AGE 35	kadamt1890@gmail.com	837889747	NO	

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

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

Name of the College : DR. G.D.POL 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	23 YRS 4 MON.	YES	MUHS/Acad / Approval/UG & PG/3456/2018 DT. 26.09.2018	7212 1390 0925	AHPPA7000A	09.05.72 & AGE 53	hari.kufan1@gmail.com	9969984637	NO	
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	25 YRS	YES	MUHS/E- 2/2104/3349/2009 DT.02.12.2009	4142 8285 0364	ABSP J2557Q	26.08.74 & Age 51	amitanavalkar@gmail.com	9619189031	NO	
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	12 YRS	YES	MUHS/Acad / Approval/UG & PG/3456/2018 DT. 26.09.2018	4914 6980 2456	ATPP4767G	04.09.84 & AGE 41	bhakti04@gmail.com	8422999156	NO	

DEAN


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

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

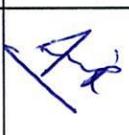
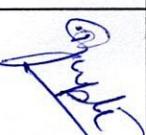
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

ANNEX- XV -B

Name of the College : DR. G.D.O.I 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	29 YRS 9 MON.	YES	MUHS/E-2/2104/3349/2009/DT 02.12.2009	3988 2351 4900	AARPH4545C	26.01.71 & Age - 54	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	16 YRS 8 MON. 15 DAYS	YES	MUHS/ACAD/APPRO VAL/UG/369/2025 DT. 14.11.2025	3130 5392 6677	AMAPJ2098P	20.07.82 & Age 43	drashwinjain@gmail.com	9819102243	NO	
3	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	11 YRS 9 MON.	YES	MUHS/ACAD / Approval/UG & PG/3456/2018 DT. 26.09.2018	7889 1930 7333	ASNPR1756R	09.05.84 & AGE 41	dranil dentist19@gmail.com	9867347076	NO	
4	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	9 YRS 4 MON.	YES	MUHS/ACAD/APPRO VAL/UG/159/2025 DT. 08.05.2025	2545 5422 5463	DRIPS1298N	30.01.89 & AGE 36	satish.sane@gmail.com	9766148695	NO	
5	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	7 YRS 9 MON.	YES	MUHS/ACAD/APPRO VAL/UG/369/2025 DT. 14.11.2025	2495 7168 1299	BHQPG7898N	21.07.90 & AGE 35	hrgawande878@gmail.com	9604274946	NO	
6	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	CONSERVATIVE DENTISTRY & ENDODONTICS	DR. JAITI GUPTE	READER	24.06.2019	BDS 2012	MDS 2018	6 YRS 6 MON.	YES	MUHS/ACAD/APPRO VAL/UG/369/2025 DT. 14.11.2025	7119 0286 5899	ASCPG4065B	30.12.89 & AGE 36	jgupte@gmail.com	9769210803	NO	

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

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

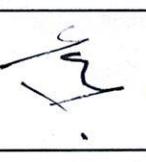
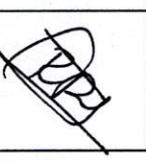
ANNEX - XV - B

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

Name of the College : DR. G.D.O.L FOUNDATION 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	23 YRS 8 MON.	YES	MUHS/E-2/2104/SSC/A602/2012 DT. 02.11.2012	7468 7754 5511	ABBPV2787M	21.07.74 & Age 51	megs vandekar@gmail.com	9820074916	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	18 YRS 11 MON.	YES	MUHS/Acad / Approval/UG & PG/3456/2018 DT. 26.09.2018	8439 3707 6309	AETPV7537E	30.04.77 & AGE 48	dvikramshetty@yahoo.co.in	9870873848	NO	
3	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	Orthodontics & Dentofacial Orthopedics	DR. RAJESH BAJRANGLAL KURIL	PROFESSOR	24.07.2012	B.D.S.-2001	M.D.S.-2007	17 YRS 10 MON.	YES	MUHS/Acad/1/AP PROVAL/UG&PG/3917/2018 DT. 01.10.2018	6508 7294 9961	BAWPK7967F	03.10.77 & Age 48	rajeshilbran3@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	13 YRS 2 MON.	YES	MUHS/Acad / Approval/UG & PG/3456/2018 DT. 26.09.2018	9284 1163 4040	EOAPS1620N	06.09.83 & AGE 42	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	13 YRS 2 MON.	YES	MUHS/E-2/UG/111103/1/20/2 024 DT. 008.10.2024	2890 7766 5283	ATDPP9163H	30.05.85 AGE 40	tejaspol21@gmail.com	996049975	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.POL FOUNDATION 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	21 YRS 1 MON.	YES	MUHS/Acad / Approval/UG & PG/3456/2018 DT. 26.09.2018	8594 1459 6310	AHSPG7097A	06.01.75 & AGE 51	shrey75@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	15 YRS 11 MON.	YES	MUHS/Acad/APPRO VAL/UG/369/2025 DT. 14.11.2025	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 SURYAVANS HI	READER	04.10.2011	BDS 2005	M.D.S. 2011	14 YRS 5 MON.	YES	MUHS/Acad / Approval/UG & PG/3456/2018 DT. 26.09.2018	2058 2314 1052	BKWP52678M	29.07.84 & age 42	dharshal@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	8 YRS 1 MON.	YES	MUHS/Acad/APPRO VAL/UG/369/2025 DT. 14.11.2025	3670 5986 6047	AXLPD5443J	04.12.87 & age 38	thompsondcruz@gmail.com	7738685780	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	7 YRS 1 MON.	YES	MUHS/Acad/APPRO VAL/UG/159/2025 DT. 08.05.2025	8459 2154 8542	AMRPG4025G	18.08.89 & AGE 36	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	7 YRS 1 MON.	YES	MUHS/Acad/APPRO VAL/UG/159/2025 DT. 08.05.2025	9852 5719 7515	ALRPD6414B	21.09.88 & AGE 37	khushal.desai@gmail.com	9820992481	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.POL FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJECT : PERIODONTOLOGY

Sr. No	College Name	Subject	Full Name of the Teachers (First Name , Middle Name , Last Name	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & year of Passing	Teaching Experience after PG Passing	MUHS Approval (Yes /No)	If Yes MUHS Approval Letter & Date	Aadhar Card No	Pan Card No	Date of Birth (Age in years	Latest E-mail .ID	Contact No (Mob)	Debarred Yes /No	Sign of Teacher
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PERIODONTOLOGY	DR. SANGEETA DILIP MUGLIKAR	PROFESSOR & HOD	16.10.2023	B.D.S. 1987	M.D.S. 1992	33 YRS 3 MON.	YES	MUHS/ACAD/APPRO VAL/JUG/369/2025 DT. 14.11.2025	7614 4913 9049	ABGFM9688R	02.10.66 & AGE 59	drnmuglikar2006@yahoo.co.in	9604122550	NO	
2	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PERIODONTOLOGY	DR. RIZWAN M .SANNADI	PROFESSOR	01.11.2010	B.D.S. 1999	M.D.S. 2005	20 YRS 5 MON.	YES	MUHS/JUG/E- 2/2104/2436 DT. 24.06.2015	2738 5538 4634	BEEPS2949H	28.04.77 AGE 48	drniz28@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	15 YRS 6 MON.	YES	MUHS/ACAD/APPRO VAL/JUG/159/2025 DT. 08.05.2025	5549 1449 3072	AJFPM6363E	12.10.80 AGE 45	kavitapol@yahoo.co.in	9321689341	NO	
4	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PERIODONTOLOGY	DR. NUPUR SARAJKUMAR SAH	READER	08.07.2008	B.D.S. 2002	M.D.S. 2008	17 YRS 5 MON.	YES	MUHS/Acad / Approval/JUG & PG/3456/2018 DT. 26.09.2018	8506 5113 0653	BABPS0371L	02.12.79 AGE 46	sahnupur02@gmail.com	9769048494	NO	
5	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PERIODONTOLOGY	DR. IPSITA JAYANTI MISHRA	READER	19.06.2023	B.D.S. 2008	M.D.S. 2014	7 YRS 9 MON.	YES	MUHS/ACAD/APPRO VAL/JUG/369/2025 DT. 14.11.2025	8218 8284 1144	AQMPM4884G	12.10.85 & AGE 40	ipsitajayanti@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	6 YRS 5 MON.	YES	MUHS/ACAD/APPRO VAL/JUG/369/2025 DT. 14.11.2025	7975 7464 8365	AAKPW2141D	10.01.89 & AGE 36	ayushywarang89@gmail.com	9967914201	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)

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 : 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	20 YRS 1MON.	YES	MUHS/ACAD/APPRO VAL/UG/369/2025 DT. 14.11.2025	4140 8320 5357	AMYPK5667M	04.01.78 AGE 48 YRS	amar.katre@hotmail.co m	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	18 YRS 1 MON.	YES	MUHS/ACAD/APPRO VAL/UG/159/2025 DT. 08.05.2025	8656 6318 3396	AFZPN1984Q	22.05.78 & AGE 47	drsubhadrah@yahoo.c o.in. drsubhadrah@gmail.c om	9870818852	NO	
3	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PEDODONTICS	DR. POOJA SHIVASHARA N	READER	01.09.2018	BDS - 2011	M.D.S. - 2016	8 YRS 8 MON.	YES	MUHS/ACAD/APPRO VAL/UG/159/2025 DT. 08.05.2025	8296 1492 6246	DVPPS1188L	24.11.89 & AGE 36	dr.poojashivasharan@g mail.com	9960622964	NO	
4	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PEDODONTICS	DR. INDU MRIAM VARKEY	READER	20.07.2022	BDS - 2009	M.D.S. -2013	12 YRS 1 MON.	YES	MUHS/ACAD/APPRO VAL/UG/159/2025 DT. 08.05.2025	4606 1403 3624	ALFPV1342J	01.11.84 & AGE 41	indubarkey08@gmail. com	9619486124	NO	
5	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PEDODONTICS	DR. SUREJ UNNIKISHNA N	READER	01.09.2018	BDS - 2012	M.D.S. -2018	6 YRS 5 MON.	YES	MUHS/ACAD/APPRO VAL/UG/159/2025 DT. 08.05.2025	6866 2049 7368	ACTPU3340G	15.08.89 & AGE 35	surej.ukrishn@gm ail.com	9833187473	NO	

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

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

PHONE / MOBILE NO: 022 -277 444 29

ANNEX - XV -B

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. SHEETAL KORDE CHOUDHARI	PROFESSOR	15.09.2008	B.D.S. 2000	M.D.S. 2008	17 YRS 9 MON.	YES	MUHS/ACAD1/AP PROV/AL/UG&PG/ 3917/2018 DT. 01.10.2018	5467 6267 9637	ALTPC9628G	08.09.79 & Age 46	kordestheetal@yahoo.co.in	9819331220	NO	
2	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	7 YRS 5 MON.	YES	MUHS/ACAD/APPRO VAL/UG/159/2025 DT. 08.05.2025	3505 1887 1232	DSMPS2370N	26.05.87 & AGE 38	dr.gauravsalkunke@yahoo.com	9820550972	NO	
3	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	ORAL PATHOLOGY & MICROBIOLOGY	DR. PRACHI RAMCHANDR A BHANDARE	READER	16.04.2018	BDS 2009	MDS 2016	7 YRS 8 MON.	YES	MUHS/E- 2/UG/111103/305/2 025 DT. 20/08/2025	4827 4284 6342	AMTPB3280E	06.04.87 & AGE 38	bhandare.prachi@gmail.com	9833520447	NO	

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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.POL FOUNDATION Y.M.T. DENTAL COLLEGE & HOSPITAL

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJECT : PUBLIC HEALTH DENTISTRY

Sr. No	College Name	Subject	Full Name of the Teachers (First Name , Middle Name , Last Name	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & year of Passing	Teaching Experience after PG Passing	MUHS Approval (Yes /No)	If Yes MUHS Approval Letter & Date	Aadhar Card No	Pan Card No	Date of Birth (Age in years	Latest E-mail .ID	Contact No (Mob.)	Debarred Yes /No	Sign. of Teacher
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PUBLIC HEALTH DENTISTRY	DR. VAIBHAV KUMAR	READER	01.02.2023	BDS-2012	MDS-2017	7 YRS 7 MON.	YES	MUHS/ACAD/APPRO VAL/UG/159/2025 DT. 08.05.2025	6951 2192 1105	BUSPK7136H	01.11.89 & AGE 36	drvaibhav1989@gmail.com	9742501587	NO	
2	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PUBLIC HEALTH DENTISTRY	DR. MANJIRI DESHMUKH	READER	12.01.2022	BDS-2009	MDS-2015	8 YRS 2 MON.	--	--	6304 9878 3477	ASQPD3627G	03.04.87 & AGE 38	deshmukh.manjiri@gmail.com	9970034175	NO	

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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

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

PHONE / MOBILE NO: 022 -277 444 29

ANNEX- XV -B

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. BHAVANA SUNIL JUNAGADE	PROFESSOR & HOD	01.12.2025	MBBS -1997	M.D -2014	11 YRS 6 MON,	NO		2218 7882 6586	AFKPJ5373E	11.08.73 & AGE 52	nitaryan451@gmail ail.com	9819303787	NO	


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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 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)	24 YRS 9 MON.	YES	MUHS/ACAD/APPRO VAL/JUG/159/2025 DT. 08.05.2025	4190 1885 1497	AGIPA7234N	05.05.72 & AGE 53	samadaziz79@gmail.com	9823375529	NO	

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Sector -4, Kharghar,
Navi Mumbai 410 210

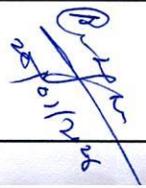


SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

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 : 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	MBS - 1982	M.D. 1992 PATHOLOGY	18 YRS	YES	MUHS/ACAD/APPRO VAL/UG/159/2025 DT. 08.05.2025	5215 7224 1353	ABYPB8375N	05 04 59 & AGE 66	drchanganar@yahoo.com	9892006877	NO	


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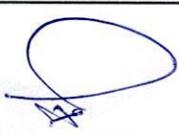
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Y.M.T. Dental College
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SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

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 : 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 V/SWANATHA N IYER	READER	01.02.2020	MBBS - 1997	M.D. 2000 MICROBIOLOGY	12 YRS 4 MON.	YES	MUHS/ACAD/APPRO VAL/UG/159/2025 DT. 08.05.2025	3752 6593 3063	AAGP19516D	29.07.73 & AGE 52	ruvishv2000@gmail.com	9619444028	NO	


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SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

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 : 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	Aachar 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	13 YRS 6 MON.	YES	MUHS/ACAD/APPRO VAL/UG/159/2025 DT. 08.05.2025	4349 7772 1958	AAPP5479R	16.05.71 & AGE 54	impalvia@rediffmail.com	9773845101	NO	

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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 MEDICINE & RADIOLOGY

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)	Qualifici on	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	15 YRS 7 MON.	YES	MUHS /PG/ E- 2/4386/2018 DT. 07.12.2018	9	09.05.72 & AGE 53	hari.kuttan1@gmail.com	9969984637	7212 1390 0925	NO	<i>Hari Kuttan</i>
2	DR. NAVALKAR AMITA RAHUL	READER	M.D.S. 1999 ORAL MEDICINE & RADIOLOGY	Regular	M.D.S.	YES	15 YRS 7 MON.	YES	MUHS/E2/PG/PG TRC/1470/2010 DT. 07/2010	5	26.08.74 & Age 51	amitanavalkar@gmail.com	9619189031	4142 8285 0364	NO	<i>Amita Navalkar</i>
3	DR.PATIL BHAKTI SOHAN	READER	M.D.S. 2013 ORAL MEDICINE & RADIOLOGY	Regular	M.D.S.	YES	7 YRS 5 MON.	YES	MUHS /PG/ E- 2/4386/2018 DT. 07.12.2018	2	04.09.84 & AGE 41	bhakti04@gmail.com	8422999156	4914 6980 2456	NO	<i>Bhakti Patil</i>

H. N. Deshpande
DEAN

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Navi Mumbai - 410 210

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

Name of the College : DR. G.D.O.L FOUNDATION'S Y.M.T. 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	16 YRS	YES	MUHS/E- 2/P/G/2104/1721/2010 DATE 28.01.2010	10	26.01.71 & Age - 54	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	10 YRS 9 MON.	YES	MUHS/E- 2/P/G/374/2025 DT. 17.11.2025	4	20.07.82 & Age 43	dhashwinjain@gmail.com	9819102243	3130 5392 6677	NO	
3	DR. RICHHAWAL ANIL	READER	M.D.S- 2013 CONSERVATIVE DENTISTRY	Regular	M.D.S.	YES	7 YRS	YES	MUHS /PG/ E- 2/4386/2018 DT. 07.12.2018	3	09.05.84 & AGE 41	dranidentist9@gmail.com	9867347076	7889 1930 7333	NO	
4	DR. SANE SATISH VILAS	READER	M.D.S- 2016 CONSERVATIVE DENTISTRY	Regular	M.D.S.	YES	5 YRS	YES	MUHS/E- 2/P/G/11103/160 /2025 DT. 08.05.2025	2	30.01.89 & AGE 36	satish.sane@gmail.com	9766148695	2545 5422 5463	NO	
5	DR. GAWANDE HARSHRAJ	READER	M.D.S- 2017 CONSERVATIVE DENTISTRY	Regular	M.D.S.	YES	1 YRS 5 MON.	YES	MUHS/E- 2/P/G/374/2025 DT. 17.11.2025		21.07.90 & AGE 35	hpgawande878@gmail.com	9604274946	2495 7168 1299	NO	
6	DR. GUPTTE JAITI MILIND	READER	M.D.S- 2018 CONSERVATIVE DENTISTRY	Regular	M.D.S.	YES	3 MON. 15DAYS	YES	MUHS/E- 2/P/G/374/2025 DT. 17.11.2025		30.12.89 & AGE 36	jtguptte@gmail.com	9769210803	7119 0286 5899	NO	

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

ANNEX - XV - C

Name of the College : DR. G.D.O.L FOUNDATION 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 & HOD	M.D.S.- 1999 PROSTHODONTICS	Regular	M.D.S.	YES	14 YRS	YES	MUHS/E-2/PG/37/4/2025 DT. 17.11.2025	10	14.12.74 & AGE - 51	salonimistry@gmail.com	9821020083	9941 2336 2635	NO	
3	DR. NEMANE ANURADHA SACHIN NEMANE	PROFESSOR	M.D.S.- 2008 PROSTHODONTICS	Regular	M.D.S.	YES	12 YRS	YES	MUHS/E-2/PG/37/4/2025 DT. 17.11.2025	9	04.03.82 & Age 43	anuradhanemane@gmail.com	9320223455	7967 1861 0521	NO	
3	Dr. BANGA PARMEET ARVINDER SINGH	READER	M.D.S.- 2010 PROSTHODONTICS	Regular	M.D.S.	YES	10 YRS 8 MON.	YES	MUHS /PG/ E-2/4386/2018 DT. 07.12.2018	4	02.12.82 & Age 43	bangaparmeet@gmail.com	9960433834	8160 6105 7298	NO	
4	DR. SHETE OMKAR RAVINDRA	READER	M.D.S.- 2011 PROSTHODONTICS	Regular	M.D.S.	YES	6 YRS	YES	MUHS /E-2/PG/ 111103/17/1/2024 DT. 08.10.2024	2	01.03.85 AGE 40	omkarshete@gmail.com	9823599550	8331 0276 8503	NO	
5	DR. DOLE VINAYKUMAR RAMESH	READER	M.D.S.- 2014 PROSTHODONTICS	Regular	M.D.S.	YES	6 YRS 5 MON.	YES	MUHS /E-2/PG/ 111103/17/1/2024 DT. 08.10.2024	2	02.04.86 AGE 39	vinaydole789@gmail.com	9096169959	4846 5066 1377	NO	
6	DR. KADAM ISHAN VINOD	READER	DR. ISHAN KADAM	Regular	M.D.S. 2018	YES	1 YRS 4 MON.	YES	MUHS /E-2/PG/ 111103/17/1/2024 DT. 08.10.2024	--	18.04.90 & AGE 35	ikadam1890@gmail.com	8378889747	8741 3920 7443	NO	

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

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

PHONE / MOBILE NO: 022-277 444 29

ANNEX - XV - C

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 & HOD	M.D.S. 2001 Oral & Maxillofacial Surgery	Regular	M.D.S.	YES	11 YRS 6 MON.	YES	MUHS /PG/ E- 2/4386/2018 DT. 07.12.2018	10	06.01.75 & AGE 51	eshrey75@gmail.com	9819583044	8594 1459 6310	NO	
3	DR.ATTARDE HIRKANI RAVINDRA	PROFESSOR	M.D.S.-2010 Oral Maxillofacial Surgery	Regular	M.D.S.	YES	8 YRS	YES	MUHS/E- 2/PG/374/2025 DT. 17.11.2025	8	02.02.83 & AGE 42	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	7 YRS 5 MON.	YES	MUHS /PG/ E- 2/4386/2018 DT. 07.12.2018	2	29.07.84 & age 42	dhharshal@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	3 YRS 6 MON.	YES	MUHS/E- 2/PG/374/2025 DT. 17.11.2025	4	04.12.87 & age 38	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	2 YRS	YES	MUHS/E- 2/PG/11103/160 /2025 DT. 08.05.2025	1	18.08.89 & AGE 36	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	1 YRS 11 MON.	YES	MUHS/E- 2/PG/11103/160 /2025 DT. 08.05.2025	1	21.09.88 & AGE 37	khushal.desai@gmail.com	9820992437	9852 5719 7515	NO	

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

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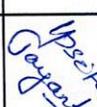
**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG COURSES)**

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

PHONE / MOBILE NO: 022-277 444 29

ANNEX - XV - C

NAME OF THE SUBJ| 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	15 YRS 3 MON	YES	MUHS/E-2/PG/374/2025 DT. 17.11.2025	10	02.10.66 & AGE 59	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	13 YRS 6 MON.	YES	MUHS/PG/E-2/2104/372/1/15 DATE 17.10.2015	10	28.04.77 AGE 48	drri228@yahoo.com	9730858235	2738 5538 4634	NO	
3	DR. POL KAVITA GAJANAN	PROFESSOR	M.D.S. 2010 PERIODONTOLOGY	Regular	M.D.S.	YES	11 YRS 6 MON.	YES	MUHS/E-2//PG/111103/160 /2025 DT. 08.05.2025	4	12.10.80 AGE 45	kavita@pol@yahoo.co.in	9321689341	5549 1449 3072	NO	
4	DR SAH NUPUR SAROJKUMAR	READER	M.D.S. 2008 PERIODONTOLOGY	Regular	M.D.S.	YES	11 YRS 7 MON.	YES	MUHS /PG/ E-2/4386/2018 DT. 07.12.2018	4	02.12.79 AGE 46	sahnupur02@gmail.com	9769048494	8506 5113 0653	NO	
5	DR. JAYANTI MISHRA IPSITA	READER	M.D.S. 2014 PERIODONTOLOGY	Regular	M.D.S.	YES	3 YRS 8 MON.	YES	MUHS/E-2/PG/374/2025 DT. 17.11.2025	1	12.10.85 & AGE 40	ipstatayanti@gmail.com	9880314106	8218 8284 1144	NO	
6	DR. WARANG AYUSHYA DILIP	READER	M.D.S. 2018 PERIODONTOLOGY	Regular	M.D.S.	YES	2 YRS 5 MON.	YES	MUHS/E-2/PG/374/2025 DT. 17.11.2025	1	10.01.89 & AGE 36	ayushywarang89@gmail.com	9987914201	7975 7464 8365	NO	

Y.M.T. Dental College & Hospital
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.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 & HOD	M.D.S. - 2001 ORTHODONTICS	Regular	M.D.S.	YES	15 YRS 9 MON.	YES	MUHS/PPG/E- 2/41/13 DATE 05.01.2013	10	21.07.74 & Age 51	megsvandekar@gmail.com	98220074916	7468 7754 5511	NO	
2	DR. SHETTY VIKRAM SUDHAKAR	PROFESSOR	M.D.S. - 2006 ORTHODONTICS	Regular	M.D.S.	YES	11 YRS 5 MON.	YES	MUHS /PG/E- 2/4386/2018 DT. 07.12.2018	10	30.04.77 & AGE 48	dvikramshetty@yahoo.co.in	9870873848	8439 3707 6309	NO	
3	DR. KURIL RAJESH BAJRANGLAL	PROFESSOR	M.D.S. - 2007 ORTHODONTICS	Regular	M.D.S.	YES	11 YRS 5 MON.	YES	MUHS/PG/E- 2/4737/2018 DT. 31.12.2018	4	03.10.77 & Age 48	rajeshlibran3@yahoo.com	9822361867	6508 7294 9961	NO	
4	DR. SHEKATKAR YASH KISHORE	READER	M.D.S. - 2012 ORTHODONTICS	Regular	M.D.S.	YES	7 YRS	YES	MUHS /PG/E- 2/4386/2018 DT. 07.12.2018	1	06.09.83 & AGE 42	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	6 YRS 8 MON.	YES	MUHS /E-2/PG/ 111103/17/1/2024 DT. 08.10.2024	2	30.05.85 AGE 40	tejaspol21@gmail.com	9960499751	2890 7766 5283	NO	

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

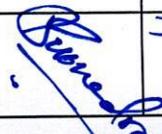
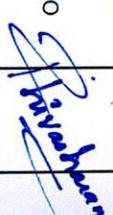
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG COURSES)

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
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.KATRE AMAR NARAYAN	PROFESSOR	M.D.S. 2004 PEDODONTICS	Regular	M.D.S.	YES	11 YRS 4 MON.	YES	MUHS/E- 2/PG/374/2025 DT. 17.11.2025	10	04.01.78 AGE 48 YRS	amar_katre@hotmail.com	9821540186	4140 8320 5357	NO	
2	DR. SUBHADRA H.N.	PROFESSOR	M.D.S. - 2006 PEDODONTICS	Regular	M.D.S.	YES	9 YRS 9 MON.	YES	MUHS/E- 2/PG/11103/160 /2025 DT. 08.05.2025	7	22.05.78 & AGE 47	drsubhadrahn@yahoo.co.in drsubhadrahn@gmail.com	9870818852	8656 6318 3396	NO	
3	DR. SHIVASHARAN POOJA RAVINDRA	READER	M.D.S. - 2016 PEDODONTICS	Regular	M.D.S.	YES	2 YRS 11 MON.	YES	MUHS/E- 2/PG/11103/160 /2025 DT. 08.05.2025	1	24.11.89 & AGE 36	dr.poojashivasharan@gmail.com	9960622964	8296 1492 6246	NO	
4	DR. VARKEY INDU MIRIAM	READER	M.D.S. - 2013 PEDODONTICS	Regular	M.D.S.	YES	2 YRS 11 MON.	YES	MUHS/E- 2/PG/11103/160 /2025 DT. 08.05.2025	3	01.11.84 & AGE 41	indubarkey08@gmail.com	9619486124	4606 1403 3624	NO	
5	DR. SUREJ UNNIKRISHNAN	READER	M.D.S. -2018 PEDODONTICS	Regular	M.D.S.	YES	1 YRS 11 MON.	YES	MUHS/E- 2/PG/11103/160 /2025 DT. 08.05.2025	--	15.08.89 & AGE 35	surej.ukrishn@gmail.com	9833187473	6866 2049 7368	NO	

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

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

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

PHONE / MOBILE NO: 022 -277 444 29

ANNEX - XV -C

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)	Qualificati on	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.CHOUDHARI SHEETAL KORDE	PROFESSOR & HOD	M.D.S. 2008 ORAL PATHOLOGY & MICROBIOLOGY	Regular	M.D.S.	YES	8 YRS 10 MON.	YES	MUHS/PG/E-2/4737/2018 DT. 31.12.2018	4	08.09.79 & Age 46	kordeshreetal@yahoo.co.in	9819331220	5467 6267 9637	NO	<i>Sheetal Korde</i>
2	DR. GAURAV SURESH SALUNKHE	READER	M.D.S. 2015 ORAL PATHOLOGY & MICROBIOLOGY	Regular	M.D.S.	YES	1 YRS 11 MON.	YES	MUHS/E-2/PG/111103/160 /2025 DT. 08.05.2025	1	26.05.87 & AGE 38	dr.gauravsalkunke@yahoo.com	9820550972	3505 1887 1232	NO	<i>Dr. Gaurav Salunkhe</i>
3	DR. PRACHI RAMCHANDRA BHANDARE	READER	M.D.S. 2016 ORAL PATHOLOGY & MICROBIOLOGY	Regular	M.D.S.	YES	6 MON 7 DAYS,	YES	MUHS/E-2/PG/111103/306/2025 DT. 20.08.2025	--	06.04.87 & AGE 38	bhandare.prachi@gmail.com	9833520447	4827 4284 6342	NO	<i>Dr. Prachi Bhandare</i>

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Navi Mumbai - 411004