

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2026-2027.

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

| | |
|-----------------------------|--|
| Date of Inspection : | |
|-----------------------------|--|

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 | 2025-2026 | 10 | Dr. Shreyas Gupte (9819583044) Dr. Saloni Mistry (9821020083) 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 | 2020-2021 | ORAL IMPLANTOLOGY | 10 | 04 (FOUR) |
| 2 | 2021-2022 | ORAL IMPLANTOLOGY | 10 | 10 (TEN) |
| 3 | 2022-2023 | ORAL IMPLANTOLOGY | 10 | 08 (EIGHT) |
| 4 | 2023-2024 | ORAL IMPLANTOLOGY | 00 | MUHS Not allotted admission |
| 5 | 2024-2025 | ORAL IMPLANTOLOGY | 10 | 10 (TEN) |

A. Shree-Dev
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 11month |
| Professor & HOD | | 01/04/2015 | Till Date | 10 yrs 9 month |
| Dean/Principal | Y.M.T. Dental College & Hospital, Navi Mumbai | 24/12/2024 | Till Date | 1 Year |
| B) Actual Experience in the subject of concerned Fellowship Course | | | | |
| Designation | From | To | Total period Year /Month | |
| Director | 24.12.2024 | Till Date | 1 Year | |

(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

31/12/2025

Sign & Stamp

Dean/Principal/Head of Institute

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



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/3395/2025

Date. 31/12/2025

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
DR. G. D. POL
Chairman
CHAIRMAN

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

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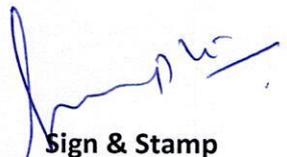
YMT Dental Connect

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 | 10 yrs.6 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 Co-Ordinator & Mentor | Y.M.T. DENTAL COLLEGE | 01.02.2014 | TILL DATE | 11yrs 11 month |

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


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Head of the Department

31/12/2025


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ENRICHING MINDS, EMPOWERING FUTURE

Ref No. YMTDC/3396/2025

Date. 31/12/2025

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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Y.M.T. Dental College
& Hospital Kharghar
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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.SALONI MISTRY – PROFESSOR & HOD** 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 | Nair Hospital Dental College | 20/01/2000 | 31/07/2003 | 3yrs 6 month |
| Asso. Professor /Reader | Terna Dental College & Hospital | 01/08/2003 | 31/05/2008 | 4yrs 10 month |
| | Terna Dental College & Hospital | 01/06/2008 | 31/12/2008 | 7 Month |
| Professor | Terna Dental College & Hospital | 01/01/2009 | 30/11/2018 | 9 yrs 11 month |
| | Y.M.T. Dental College, Kharghar, Navi Mumbai | 01/12/2018 | Till Date | 7Yrs 1 Month |
| B) Actual Experience in the subject of concerned Fellowship Course | | | | |
| Position | Name of Institution | From | To | TOTAL |
| Mentor | YMT Dental College | 01/02/2019 | TILL DATE | 6 Yrs 11month |

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


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Head of the Department

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Ref No. YMTDC/3397/2025

Date. 31/12/2025

EXPERIENCE CERTIFICATE

This is to certify that Dr. Saloni Mistry, M.D.S. Prosthodontics is working in this institution as a Professor & Head 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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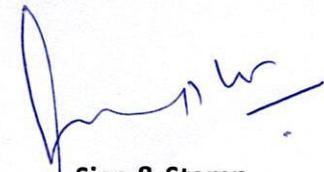
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Information to be submitted with respect to newly appointed mentors**Professional/Teaching Experience Certificate for Fellowship Courses Director/Mentor****Title of the Course applied for :- Fellowship Course of Oral Implantology**

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 | 11 yrs 2 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 | 2 Yrs 4 Month |

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


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Head of the Department

31/12/2025


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Ref No. YMTDC/3398/2025

Date. 31/12/2025

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.

Dr. Deepa Das

DR. DEEPA DAS
DEAN

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Rizwan Sanadi

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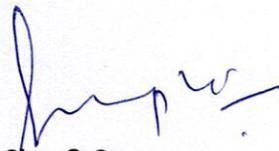
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Information to be submitted with respect to newly appointed mentors**Professional/Teaching Experience Certificate for Fellowship Courses Director/Mentor****Title of the Course applied for :- Fellowship Course of Oral Implantology**

This is to certify that **Dr. 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 | 6 Yrs |
| 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 11month | |

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



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Head of the Department

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Ref No. YMTDC/3399/2025

Date. 31/12/2025

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
DEAN

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Navi Mumbai - 410 210

Kavita G. Pol

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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 | 1 Year 7 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 11month |

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



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Head of the Department

31/12/2025



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ENRICHING MINDS, EMPOWERING FUTURE

Ref No. YMTDCB400/2025

Date. 31/12/2025

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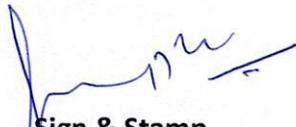
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Information to be submitted with respect to newly appointed mentors**Professional/Teaching Experience Certificate for Fellowship Courses Director/Mentor****Title of the Course applied for :- Fellowship Course of Oral Implantology**

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 | 31.12.2024 | 6 Yrs 6 month |
| Professor | Y.M.T. Dental College & Hospital, | 01.01.2025 | Till Date | 1 Year |
| 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 | 6 Yrs 11month |

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



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Head of the Department

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Ref No. YMTDC/3401/2025

Date. 31/12/2025

EXPERIENCE CERTIFICATE

This is to certify that Dr. Bhakti Patil, M.D.S. Oral Medicine & Radiology is working in this institution as a Professor 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**

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

Bhakti

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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 | 2 Yrs 5 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 | 2 Yrs 4 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
 31/12/2025


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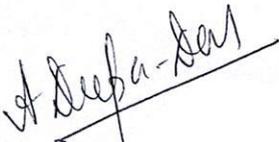
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Ref No. YMTDC/3402/2025

Date. 31/12/2025

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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