

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

Name of the College : Nair Hospital Dental College
Phone/Mobile No.:

Name of the Subject: Oral Medicine and Radiology

SN	College Name	Subject	Full name of the Teacher (First/Middle/Last)	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	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Nair Hospital Dental College	Oral Medicine and Radiology	Dr. Kaustubh Sansare	Professor & Head	18/09/1995	BDS, 1990	MDS, 1993	28 years	Yes	MUHS/E-2/P/PGT/922/2008 Dated: 2/8/2008	742109752582	AJUP S4976968L	30/09/1968	kaustubhsansare@yahoo.com	9821237185	No
2	Nair Hospital Dental College	Oral Medicine and Radiology	Dr. Sonal Vahanwala	Associate Professor	23-09-2021	BDS, 1998	MDS, 2001	21 years	Yes	MUHS/E2/P/G/2916/2021 Dated: 27/10/2021	622373982329	ADM PV3629J	08-04-1975	drvahanwalasonal@gmail.com	9820372903	No
3	Nair Hospital Dental College	Oral Medicine and Radiology	Dr. Sunali Khanna	Associate Professor	21/09/2005	BDS, 2002	MDS, 2005	18 years	Yes	MUHS/PG/E2/278/2020 Dated: 16/02/2019	790415216825	AGO PK0620L	30-11-1977	sunalikhanna@gmail.com	9821459013	No

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

Name of the College: Nair Hospital Dental College

SN	College Name	Subject	Full name of the Teacher (First/Middle/Last)	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	Adhar No.	Pan No.	Date of Birth(Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2 Nair Hospital Dental College	3 Oral & Maxillofacial Surgery	4 Dr. Smt. Neelam Noel Andrade	5 Director ME&MH Dean, Regular Incharge Dean Professor & HOD Asso. Prof. Asst. Prof.	6 01.03.2022 18.05.2018 05.12.17 05.2008 03.1996 10.02.87	7 1983	8 1985	9 36 Years	10 Yes	11 UG- MUHS/E/2/2102/3008/10 dt 23.09.2010 PG- MUHS/E/2/PGT/830/2007 dt 5.3.2007 PHD Guide MUHS/UDC/PF L/E-2/684/2017	12 764583455309 AACPA2920 M	13	14 18.12.0961	15 drmandrade@gmail.com	16 982112683	17 NO
2	2 Nair Hospital Dental College	Oral & Maxillofacial Surgery	Dr. Mohan Devidas Deshpande	Associate Professor	Adhoc 16.03.88 to 01.04.90 Regular 03.04.90	1984	1986	35 Years	Yes	UG- MUHS/E/2/2102/5606/dt 27.12.2004 PG- MUHS/E-2/PGT/830/2007 dt 5.3.2007	411609027194 AALPD3419P		05.07.1963	mdd.nhdcos@gmail.com	982047438	NO
3	3 Nair Hospital Dental College	Oral & Maxillofacial Surgery	Dr. (Smt.) Snehal Nilesh Ingole	Associate Professor	Adhoc 01.12.95 to 17.11.96 Regular 18.11.1996	1992	1995	28 Years	Yes	UG- MUHS/E/2/2102/1808/09 dt 24.06.2009 PG- MUHS/PG/E-2/PGTRC/265/2012 dt 21.01.2012	223821583681 AAEPB9094M		19.09.1969	ingole.snehal@rediffmail.com	998748399	NO
4	4 Nair Hospital Dental College	Oral & Maxillofacial Surgery	Dr. (Smt.) Trupti Mahesh Gandhewar	Asst. Prof.	01.09.2003	1996	2002	20 Years	Yes	UG- MUHS/E/2/2102/5606/dt 27.12.2004 PG- MUHS/E-2/2098/2019	573327295653 AGAPG8179J		27.10.1973	truptimahewar@yahoo.com	981932372	NO

5	Nair Hospital Dental College	Oral & Maxillofacial Surgery	Dr. (Smt) Deepashree Maroti Meshram	Asst. Prof.	02.01.09	2002	2009	14 Years 11 Months	Yes	MUHS/E/2/102/1808/09 dt 24.06.2009	717676416670	AYW/PM5230	24.08.1980	24decmev@gmail.com	986782828	NO
6	Nair Hospital Dental College	Oral & Maxillofacial Surgery	Dr. (Smt) Pallavi Adhinath Ranadive	Asst. Prof.	Adhoc 21.09.05 to 10.10.08 Regular 22.06.09	2001	2005	17 Years	Yes	UG-MUHS/E/2/2102/3999/10 dt 21.12.10	899526467438	AEQPN9100A	21.11.1978	drpallavir@yahoo.com	982116570	NO
7	Nair Hospital Dental College	Oral & Maxillofacial Surgery	Dr. Smriti Choradia	Asst. Prof.	Adhoc 18.05.09 to 31.07.09 01.02.10 to 31.08.10 Regular 01.09.10	2004	2009	13 Years 11 Months	Yes	MUHS/E/2/2102/819/11 dt 17.03.11	987599276829	AOIPB9789D	19.05.1983	smritibora@gmail.com	966405117	NO
8	Nair Hospital Dental College	Oral & Maxillofacial Surgery	Dr. Ankush Janardhan Chavan	Asst. Prof.	Adhoc 19.10.10 to 20.03.11 & 21.03.11 to 28.02.13 Regular 01.03.13	2005	2010	13 Years 1 Month	Yes	MUHS/E-2/2102/198/14 dt 16.01.2014	998582220622	AMDPC5296	10.01.1983	drankushchavan101@gmail.com	996099485	NO

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ELIGIBLE EXAMINERS LIST (UG Courses)

DEPARTMENT OF PERIODONTICS

Sr. No.	College Name	Subject	Full Name of the Teacher (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	Adhar No	Pan No.	Date of Birth (Age in Year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No	Sign
1	Nair Hospital Dental College	Periodontics	DR. MALA DIXIT BABURAJ	PROFESSOR & HOD	25.02.2005	BDS 1998	MDS 1993	30 yrs	Yes	MUHS/ E 2/2102/2565	355595507742	AAGPII167G	25-11-1966	maladixit25@gmail.com	9223340938	NO	
2			DR. PRANEET A SHAYRAO KAMBLE	Associate Professor	03.09.2001	BDS 1996	MDS 1999	22yrs	Yes	MUHS/ E 2/2102/808	518051051565	AHAPK9342G	18-11-1972	drpraneet@kamble@yahoo.com	9820263468	NO	
3			DR. SAPNA GOKUL	Associate Professor	25.08.2009	BDS 2005	MDS 2009	13YRS 6 MONTHS	Yes	MUHS/ E 2/2102/809	653816806074	AMAPRI812P	21-03-1982	drsapna21@gmail.com	9819812310	NO	

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

Name of the College : **Nair Hospital Dental College**

Phone/Mobile No. :

Name of the Subject: **Pre-Clinical Conservative**

SN	College Name	Subject	Full name of the Teacher (First/Middle/Last)	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	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Nair Hospital Dental College	Conservative Dentistry & Endodontics	Dr. Kulvinder Makhan Singh Banga	Professor & HOD	23/03/90	BDS 1987	MDS 1989	25 yrs	Yes	MUHS/E-2/2102/2399/2008	446123351543	AAIP B1088P	15/01/66	ksbanga@gmail.com	9821124394	No
2			Dr. Ashish Pandurang Mandwe	Associate Professor	18/06/12	BDS 1999	MDS 2004	16 yrs	Yes	MUHS/PG/E-2/3576/14,08.01.2015	692745620004	AMY PM0134F	01/07/77	drmandwe@gmail.com	9867142202	No
3			Dr. Pankaj Ashok Gupta	Associate Professor	01/10/07	BDS 2002	MDS 2006	12 yrs	Yes	MUHS/E-2/2102/2399/2008	636821136406	AKK PG2291H	28/03/79	drpankajgupta@gmail.com	9322016166	No
4			Dr. Heeresh Shetty	Assistant Professor	01/10/07	BDS 2002	MDS 2006 Ph.D.2020	12 yrs	Yes	MUHS/E-2/2102/2399/2008	487637804754	BMN PS3723C	24/06/79	heereshshetty@yahoo.com	9920963037	No
5			Dr. Pravin Govind Patil	Assistant Professor	25/08/09	BDS 2005	MDS 2009	10 yrs	Yes	MUHS/ E 2/2102/3999/10	380809320280	AYJ PP2709G	18/02/83	pravinpatil54@yahoo.com	9224287248	No
6			Dr. Sachin Shashikant Metkari	Assistant Professor	17/11/09	BDS 2005	MDS 2009	10 yrs	Yes	MUHS/ E 2/2102/3999/10	528689729138	AQG PM2335G	26/09/81	drssmetkari@yahoo.co.in	9167699805	No

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

Name of the College : **Nair Hospital Dental College**

Phone/Mobile No. :

Name of the Subject: **Dental Materials**

SN	College Name	Subject	Full name of the Teacher (First/Middle/Last)	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	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Nair Hospital Dental College	Conservative Dentistry & Endodontics	Dr. Kulvinder Makhan Singh Banga	Professor & HOD	23/03/90	BDS 1987	MDS 1989	25 yrs	Yes	MUHS/E-2/2102/2399/2008	446123351543	AAIP B1088P	15/01/66	ksbanga@gmail.com	9821124394	No
2			Dr. Ashish Pandurang Mandwe	Associate Professor	18/06/12	BDS 1999	MDS 2004	16 yrs	Yes	MUHS/PG/E-2/3576/14.08.01.2015	692745620004	AMY PM0134F	01/07/77	drmandwe@gmail.com	9867142202	No
3			Dr. Pankaj Ashok Gupta	Associate Professor	01/10/07	BDS 2002	MDS 2006	12 yrs	Yes	MUHS-E-2/2102/2399/2008	636821136406	AKK PG2291H	28/03/79	drpankajgupta@gmail.com	9322016166	No
4			Dr. Heeresh Shetty	Assistant Professor	01/10/07	BDS 2002	MDS 2006 Ph.D.2020	12 yrs	Yes	MUHS-E-2/2102/2399/2008	487637804754	BMN PS3723C	24/06/79	heereshshetty@yahoo.com	9920963037	No
5			Dr. Pravin Govind Patil	Assistant Professor	25/08/09	BDS 2005	MDS 2009	10 yrs	Yes	MUHS/ E 2/2102/3999/10	380809320280	AYJ PP2709G	18/02/83	pravinpatil54@yahoo.com	9224287248	No
6			Dr. Sachin Shashikant Metkari	Assistant Professor	17/11/09	BDS 2005	MDS 2009	10 yrs	Yes	MUHS/ E 2/2102/3999/10	528689729138	AQQ PM2335G	26/09/81	drssmetkari@yahoo.co.in	9167699805	No

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

Name of the College : **Nair Hospital Dental College**

Phone/Mobile No. :

Name of the Subject: **Conservative Dentistry and Endodontics**

SN	College Name	Subject	Full name of the Teacher (First/Middle/Last)	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	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Nair Hospital Dental College	Conservative Dentistry & Endodontics	Dr. Kulvinder Makhan Singh Banga	Professor & HOD	23/03/90	BDS 1987	MDS 1989	25 yrs	Yes	MUHS/E-2/2102/2399/2008	446123351543	AAIP B1088P	15/01/66	ksbanga@gmail.com	9821124394	No
2			Dr. Ashish Pandurang Mandwe	Associate Professor	18/06/12	BDS 1999	MDS 2004	16 yrs	Yes	MUHS/PG/E-2/3576/14,08.01.2015	692745620004	AMY PM0134F	01/07/77	drmandwe@gmail.com	9867142202	No
3			Dr. Pankaj Ashok Gupta	Associate Professor	01/10/07	BDS 2002	MDS 2006	12 yrs	Yes	MUHS/E-2/2102/2399/2008	636821136406	AKK PG2291H	28/03/79	drpankajgupta@gmail.com	9322016166	No
4			Dr. Heeresh Shetty	Assistant Professor	01/10/07	BDS 2002	MDS 2006 Ph.D.2020	12 yrs	Yes	MUHS/E-2/2102/2399/2008	487637804754	BMN PS3723C	24/06/79	heereshshetty@yahoo.com	9920963037	No
5			Dr. Pravin Govind Patil	Assistant Professor	25/08/09	BDS 2005	MDS 2009	10 yrs	Yes	MUHS/ E 2/2102/3999/10	380809320280	AYJ PP2709G	18/02/83	pravinpatil54@yahoo.com	9224287248	No
6			Dr. Sachin Shashikant Metkari	Assistant Professor	17/11/09	BDS 2005	MDS 2009	10 yrs	Yes	MUHS/ E 2/2102/3999/10	528689729138	AQQ PM2335G	26/09/81	drssmetkari@yahoo.co.in	9167699805	No

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Annexure-XVI-B

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College: Nair Hospital Dental College

SN	College Name	Subject	Full name of the Teacher (First/Middle/Last)	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	Adhar No.	Pan No.	Date of Birth(Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Nair Hospital Dental College	Pediatric & Preventive Dentistry	DR. ADESH KANTILAL KAKADE	Professor & HOD	01-12-1995	BDS 1991	MDS 1994	28yrs	Yes	MUHS/E-2/PGT/45/2/2008 Dt.17-04-2008	353598115556	AGKPK5914D	13-09-1969 (53 yrs)	adeshkakade@rediffmail.com	9821289144	No
2	Nair Hospital Dental College	Pediatric & Preventive Dentistry	DR. TEJASHRI SHREYAS GUPTA	Associate Professor	02-07-2012	BDS 1998	MDS 2001	18.5yrs	Yes	MUHS/PG/E-2/1080/14Dt.08-05-2014	918539229602	AHSPG7096B	21-02-1976 (47 yrs)	tejashrigupta@rediffmail.com	9920055382	No
3	Nair Hospital Dental College	Pediatric & Preventive Dentistry	DR. ABDULKADEER MOHMADI JETPURWALA	Associate Professor	01-09-2008	BDS 2004	MDS 2008	15.3yrs	Yes	MUHS/PG/E-2/3089/2019Dt.07-08-2019	239488075387	AKQPJ0408H	21-08-1981 (41 yrs)	ietabdukkadeer@gmail.com	9867177867	No
4	Nair Hospital Dental College	Pediatric & Preventive Dentistry	DR. PRITI SUSHIL JAIN	Assistant Professor	25-08-2009	BDS 2004	MDS 2009	14.3yrs	Yes	MUHS/E/2/2102/3999/10 dt 21/12/10	744715541625	ANQPS6643A	08-10-1980 (42 yrs)	pritisushiljain@gmail.com	9820270900	No
5	Nair Hospital Dental College	Pediatric & Preventive Dentistry	DR. SHELY DEDHIA	Assistant Professor	25-08-2009	BDS 2004	MDS 2009	14.3yrs	Yes	MUHS/E/2/2102/3999/10 dt 21/12/10	385987815862	AMJP8003D	13-08-1981 (41 yrs)	drshelyjain@gmail.com	9820811238	No

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Yes

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Name of College :-

Nair Hospital Dental College

Paediatric & Preventive Dentistry

Subject :-

2102

-XVI-

2102

Sr. No.	College Name	Subject	Full Name (First Name Middle Name Last Name)	Designation	Date of Joining	Ug- Pg Qualification & Year of Passing	Teaching Experience (Yes/No)	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No	Pan No.	Date of Birth (Age in Year)	Latest Email Address	Contact Nos. (Mob)	
1	Nair Hospital Dental College	Paediatric Dentistry	DR. ADESH KANTILAL KAKADE	Professor & HOD	01-12-1995	BDS 1991 MDS 1994	Yes	Yes	2/9GT/45 2/2008 01-17-04-2008	355398115556	AGKPK5914D	13-09-1969	adesthrkakade@rediffmail.com	9821289144	
2			DR. TEJASHRI SHREYAS GURTE	Associate Professor	02-07-2012	BDS 1998 MDS 2001	Yes	Yes	MUHS/P G/E- 4rc.08-05-2014	918532929602	AHSPG7096B	21-02-1976	tejashrinurte@rediffmail.com	9920055382	
3			DR. ABDULKADEER MOHAMMAD JETPURWALA	Associate Professor	01-09-2008	BDS 2004 MDS 2008	Yes	Yes	MUHS/P G/E- 0150c.07-08-2019	23948807587	AKQP4048H	AKQP4048H	21-08-1981	abdulkadeer@rediffmail.com	9867177867
4			DR. PRITI SUSHIL JAIN	Assistant Professor	25-08-2009	BDS 2004 MDS 2009	Yes	Yes	MUHS/E/ 2/2102/3 999/10 21/12/10	744715541625	ANQP56413A	ANQP56413A	08-10-1980	pritisushiljain@rediffmail.com	9820270900
5			DR. SHELY DEDHIA	Assistant Professor	25-08-2009	BDS 2004 MDS 2009	Yes	Yes	MUHS/E/ 2/2102/3 999/10 21/12/10	385987815862	ANJIP8003D	ANJIP8003D	13-08-1981	dshehlyan@rediffmail.com	9820811238

Praveen

Praveen

Name of College :-

DR. G.D.P.O.L. Foundation Y.M.T. Dental College & Hospital

Paediatric & Preventive Dentistry

Subject :-

2104

2104

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

Name of the College : Nair Hospital
Dental College

Phone/Mobile No. :
23082714/15/16

Name of the Subject : Orthodontics

Sr. No.	Name of Teacher (Last Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/Temp. / Honorary)	Qualification	University	Teaching Experience (in Years) after PGD	UG (Recognized)	Date on Letter PG	Study Guide last 5 year	Date of Birth	E-mail ID	Mobile No.	Aadhar Card No	If Debarred (Yes/No)	Sign of Teacher	17
1	Dr Mrs Shweta	Professor	Orthodontics	Regular	MDS	23yrs	17yrs	yes	11-04-2007	09	25-07-1972	srhat72@yahoo.co.in	9867670544	315988534195	No		1
1	Rajendra Bhat	Associate Professor and Head	Orthodontics	Regular	MDS	11yrs	21yrs	yes	18-03-2014	02	04-09-1973	rakeshkonham@rediffmail.com	9820232812	397915214950	No		6
2	Dr Rakeshkumar	Associate Professor	Orthodontics	Regular	MDS	14yrs	14yrs	yes	21-12-2010	02	28-05-1983	navalbabwaskar@yahoo.com	9004008555	679787619206	No		17
3	Dr Naval Suresh	Associate Professor	Orthodontics	Regular	MDS	14 yrs	14 yrs										

MHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
 SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College: Nair Hospital Dental College, Mumbai

Phone/Mobile No. : 02223082714

Name of the Subject: Prosthodontics Crown and Bridge

SN	College Name	Subject	Full name of the Teacher (First/Middle/Last)	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 Letter & Approval Date	Adhar No.	Pan No.	Dat of Birth	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	Nair Hospital Dental College and Bridge	Prosthodontics and Crown and Bridge	DR. RAHUL KULKARNI	ASSOCIATE PROFESSOR	22.06.2012	BDS 2003	MDS 2007	16 years 6 months	Yes	MUHS-2/2102/232/14 3900539 23425	6327N	1980	drahulprosthodontics@yahoo.com	98238746	45	NO
2			DR. HAZARI GOLAM MUSTAFA	ASSOCIATE PROFESSOR	01-10-2007	BDS 2004	MDS 2007	16 yrs, 1 mths	Yes	MUHS-9917602 2/2102/2399 77122	6561K	1979	mustafa786@rediffmail.com	93210270	87	NO
3			DR. SUBHASH DAMODAR BANDGAR	ASSOCIATE PROFESSOR	24-10-2007	BDS 2002	MDS 2007	15 years 9 months	Yes	MUHS-7269964 2/2102/2399 63691	7000R	1979	subhashdamodardental@gmail.com	88980015	15	NO
4			DR. RAVINDRA PAWAR	ASSISTANT PROFESSOR	16-06-2011	BDS 2005	MDS 2010	12 yrs years 9 months	Yes	MUHS-2/2102/4542 01.11.2011 23752	8338N	1983	dravindrapawar@gmail.com	99673306	98	NO
5			DR. PRAVIN EKNATH RAIPURE	ASSISTANT PROFESSOR	22-07-2011	BDS 2006	MDS 2010	12 years 9 months	Yes	MUHS-2/2102/4542 01.11.2011 45517	R7953B	1983	drpravinraipure@gmail.com	75068517	51	NO
6	7	8	9	10	11	12	13	14	15	16	17					

Dr. Vihwas Kharsan
 Professor and Head
 Department of Prosthodontics

Nair Hospital Dental College, Mumbai, 400 008.

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
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Name of the College: Nair Hospital Dental College

SN	College Name	Subject	Full name of the Teacher (First/Middle/Las t)	Designation	Date of Joining	UG & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Aadhar No.	Pan No.	Date of Birth	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	1	Nair Hospital Dental College	Dr. Rajiv S. Desai	Professor and Head	31 st August 2010	BDS - 1989	MDS (Oral Pathology) 1992	32 years	Yes	MUHS/E-2/2102/819/035/11	AAAPD993811.05.1	968	11.05.1968	rajard@ho	98215459	NO
2	2	Nair Hospital Dental College	Dr. Shvami Bansal	Associate Professor	7 th August 2006	BDS - 2000	MDS (Oral Pathology) 2003	20 years	Yes	MUHS/E/2/271141950/102/4757/20986/07	AGPB7505	29.05.1978	shvami20	99675429	NO	
3	3	Nair Hospital Dental College	Dr. Pankaj Shirsat	Associate Professor	24 th December 2008	BDS - 1999	MDS (Oral Pathology) 2003	20 years	Yes	MUHS/E/2/102/808/200/452/2011		11.07.1967	shirsat.pan	99870941	NO	
4	4	Nair Hospital Dental College	Dr. Pooja Prasad	Assistant Professor	10 th August 2011	BDS - 2004	MDS (Oral Pathology) 2010	13 years	Yes	MUHS/E/2/102/454/20830/11	AOBPP2406	05.06.2023	prasadop	90291010	NO	

Name of the Subject - ORAL PATHOLOGY & MICROBIOLOGY

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

Name of the College: Nair Hospital Dental College

Name of the Subject: ORAL PATHOLOGY & MICROBIOLOGY

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/Temp./Honorary)	Qualification	University Approx at (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition) Letter Date Issued by University.)	No. of PG Students Guided last 5 year	Date of Birth	E-mail ID	Mobile No.	Aadhar Card No	If Debarred (Yes/No)	Sign. of Teacher
1	Dr. Rajiv S. Desai	Professor and Head	Oral Pathology	Regular	MDS (Oral Pathology) 1992	32 years	18 years	Yes	MUHS/PG/E2/PG1/RC/625/2011	10	11.05.1968	mansrd@hotmail.com 14	98215459	6790598 20035	N	

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

DEPT OF PUBLIC HEALTH DENSTRISTRY

Name of the College: Nair Hospital Dental College
Phone/Mobile No.:

SN	College Name	Subject	Full name of the Teacher (First/Middle/Last)	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	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact (Mob.)	Debar Yes/No
1	Nair Hospital Dental College	Public Health Dentistry	DR SEEMA KAMBLE	Associate Professor	04-02-2013	BDS 2005	MDS 2011	12 yrs 06 months	Yes	MUHS/E-2/2102/3661/13 dt 23/9/2013	6973181	BDY 28-07-1983	drseemakambale@gmail.com	97659545	No	
2	Nair Hospital Dental College	Public Health Dentistry	DR AMITI CHAUDHARI	Assistant Professor	15-12-2014	BDS 2006	MDS 2011	12 yrs 06 months	Yes	MUHS/E-2/2102/Teachher Approval/1608/15	6974433	AFYP 19-08-1984	dr.amiti.chaudhari@gmail.com	99674470	No	

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

Name of the College : Natr Hospital Dental College
 Phone/Mobile No. :
 Name of the Subject: Oral Medicine and Radiology

Sr. No.	Name of Teacher (Last Name Middle Name)	Designation	Specialty/Subject/	Type of Appointment (Regular/Temp./Honorary)	Qualification	University (UG) Approx at	PG Teaching Experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date Issued by University.)	No. of PG Students Guided last 5 year	Date of Birth	E-mail ID	Mobile No.	Aadhar Card No	Sign. of Teacher
1	Dr. Kausubh Samsare	Professor & Head	Oral Medicine and Radiology	Regular	MDS	Mumbai University	15 years	Yes	MUHS/E-2/PGT/922/2008 Date: 2/8/2008	11	30/09/1968	kausubhsamsare@yahoo.com	9821237185	742109752582	
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(Handwritten Signature)

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

Name of the College : Nair Hospital Dental College
 Phone/Mobile No. : 022-230082714/ 15 / 16
 Name of the Subject : Oral & Maxillofacial Surgery

Sr. No.	Name of Teacher (Last Name first)	Designation	Subject/ Speciality	Type of Appointment (Regular/Temp./Honorary)	Qualification	University	Approx at (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University)	No. of PG Students guided last 5 year	Date of Birth	E-mail ID	Mobile No.	Adhar Card No	Signature of Teacher (Yes/No)	Sl. No
1	Dr. (Smt.) Noel Andrade	Director ME&MH Prof. & Dean HOD	Oral & Maxillofacial Surgery	Regular	MDS	UG-02/3008/10	23.09.2010	28	Yes	PG-MUHHS/E/2/PG T/830/2007 dt 05.03.2007	08	18.12.1961	andrade@gmail.com	9821126837	764583453309	NO	1
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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

Name of the College : Nair Hospital Dental College
 Phone/Mobile No. : 022-230082714/ 15 / 16
 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	Approx at (UG)	PG Teacher Recognition Yes/No	PG Teacher Recognition Yes/No	No. of PG Students Guided last 5 year	Date of Birth	E-mail ID	Mobile No.	Aadhar Card No	Signature of Teacher (Yes/No)
1	Dr. (Smt.) Neelam Noel	Director ME&MH	Oral & Maxillofacial Surgery	Regular	MDS	UG- MUHS/E/2/102/3008/10	23.09.2010	Yes	28	10	18.12.1961	ndrade@gmail.com	9821126837	7645834	NO
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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
Annexure-16 PERIODONTICS ELIGIBLE EXAMINERS LIST (PG Courses)

No.	Name of Teacher (Last Name, Middle Name, First Name)	Designation	Subject Speciality	Appointme nt (Regular, Temp./ Honorary)	Qualificatio n	University Approval (U/G)	Teaching Experience After PGM (in Years)	PG Teacher Recognition Yes/No	(Recognitio n Letter Date issued by University)	No. of PG Students Guided last 5 year	Date of Birth	E-mail ID	Mobile No.	Aadhar Card No	If Debarred (Yes/No)	Sign. of Teacher
1	Mala Baburaj	Prof and Head of Department	Periodont ology	Regular	MDS	No. 2/2102/25 MUHS/E	30 Yes	No. 2/PGT/83 MUHS/E- DATE 05/03/200	10	25-11-1966	maladixit2 5@gmail. com	9223340938	3.55596E+11	No		
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M

Name of the Subject - Pediatric & Preventive Dentistry

Annexure-XVI-C

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

Name of the College: Nair Hospital Dental College
 Name of the Subject: Pediatric & Preventive Dentistry

Sr. No.	Name of Teacher (Last Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/Temp./Honorary)	Qualification	University (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University)	No. of PG Students Guided last 5 year	Date of Birth	E-mail ID	Mobile No.	Adhar Card No	Sign. of Teacher (Yes/No)
1	Dr. AdeshKakade	Professor & Head	Pediatric & Preventive Dentistry		MDS	Yes	15yrs	Yes	MUHS/E-2/PGT/452/2008 Dt. 17-04-2008	10	13-09-1969	adashkaka@gmail.com	982128914353598145556	NO	
2							8			11	12		14	15	1
3							7			10	11		13	14	6
4							6			10	12		14	15	17
5							5			10	12		14	15	17

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

Name of the College : Nair Hospital Dental College
Phone/Mobile No. :

Name of the Subject : Conservative Dentistry and Endodontics

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Name of Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp. / Honorary)	Qualification	University (UG) Approx at	PG Teaching Experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University.)	No. of PG Students Guided last 5 year	Date of Birth	E-mail ID	Mobile No.	Aadhar Card No	If Debarred (Yes/No)	Signature of Teacher
1	Dr. Kulvinder Singh Makhhan	Conservative Dentistry & Endodontics	Professor & HOD	Regular	MDS 1989	MUHS/E-2/2102/2399/2008	26 yrs	Yes	MUHS/E-2/PGT/830,5.3.2007	10	15/01/66	kshanga@gmail.com	9821124394	446123351543	No	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
Subjectwise Eligible Examiner List
(PG Courses)

Name of the College: Nair Hospital Dental College, Mumbai.
 Phone/Mobile No. : 3082714/15/16
 Name of the Subject : Orthodontics

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/Specialty	Type of Appointment (Regular/Temp./Honorary)	Qualification	University Approx at (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University.)	No. of PG Students Guided last 5 year	Date of Birth	E-mail ID	Mobile No.	Aadhar Card No	If Debarred (Yes/No)	Sign. of Teacher			
1	Dr Mrs Shweta Rajendra Bhat	Professor and Head	Orthodontics	Regular	MDS	23yrs	17yrs	yes	11-04-2007	11	25-07-1972	shbhat72@yahoo.co.in	9867670544	315988534195	No				
2						6	7			8	9	10	11	12	13	14	15	16	17

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

Name of the College :

Phone/Mobile No. :

Name of the Subject : Prosthodontics Crown and Bridge

Sr. No.	Name of Teacher (Last Name Middle Name)	Name of Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp./ Honorary)	Qualification	University Approx at (UG)	PG Teaching Experience (In Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date Issued by University.)	No. of PG Students Guided last 5 year	Date of Birth	E-mail ID	Mobile No.	Aadhar Card No	If Debarred (Yes/No)
1	DR. VISHWAS KHARSAN	PROF. & HOD	PROSTHODNTICS	REGULAR	MDS	MUHSE-2/102/1068/2	20 years.	YES	MUHSE-2/PGT/830/2007	9	07.10.1965	drvishwas@gm ail.com	9821022850435	7276525	NO
16										11	12	13	14	15	16

Dr. Vishwas Kharsan
 Head
 Dept. of Prosthodontics
 Nair Hospital, Nashik, Maharashtra-422 008.



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

Name of the College : Nair Hospital Dental college

Sr. No.	Name of Teacher (First Name Middle Name Last Name)	Designation	Subject/ Speciality	Type of Appointment	(Regular/Temp./Honorary)	Qualification	University (UG) Approx at	PG Teaching Experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date Issued by University.)	No. of PG Students Guided last 5 year	Date of Birth	E-mail ID	Mobile No.	Aadhar Card No	Debarred of (Yes/No) Teacher	Sign	
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Phone/Mobile No.:

Name of the Subject : Public Health Dentistry

FOR Ph.D COURSE(S) FOR A.Y. 2023-2023

(Please submit separate report for each subject)

Date of Inspection :**Faculty:** Dr. Neelam Noel Andrade **Subject/Specialty:** Oral and Maxillofacial Surgery

1.

Name & Address of the College/Research Centre:-

NAIR HOSPITAL DENTAL COLLEGE

DR. A L NAIR ROAD, MUMBAI CENTRAL,

MUMBAI-400008, MAHARASHTRA, INDIA

Name of Head of the Department: - Dr. Neelam Noel Andrade**Designation:** Professor2. **Department / Subject wise details of available PhD Guides:-**

(Attach Annexure "A")

Sr. No.	Name of Ph.D. Guide	Designation	Date of Birth	Date of Retirement	Total No. of PhD Scholars Registered till date	Has completed six days Research Methodology Workshop? Yes/No	PhD Recognition No. and Date
1	Dr. Neelam Noel Andrade	Professor	18.12.1961	31.12.2023	06	Yes	MUHS/UDC/PFL /E-2/684/2017
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4. **Details of available Infrastructure for Research:**i) Adequate number of Computers with Internet facility is available? Yes / Noii) Adequate number of Books / Journals are available? Yes / Noiii) Any other specific thing available at the Department:.....
.....
.....5. **Details of Central Research Laboratory:**

i) Available Area : 750 sq mt.

ii) Is Drugs/Medicines/Chemicals etc. are available for research? Yes / Noiii) Is Adequate number of Instruments are available? Yes / Noiv) Is Records of Stock book available? Yes / No6. **Details of Central Animal House:**

i) Available Area in sq. ft.

ii) Functioning Central Animal House? Yes / No



Dean
Nair Hospital Dental College