



Annexure-XXII
(See rule (34) (1))

egkjk"V! vkjksX; foKku fo|kihB] ukf'kd
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
fnaMksjh jksM] EgljQG] ukf'kd - 422004] Dindori Road, Mhasrul,
Nashik - 422004

Tel: (0253) 2539206 / 196 (0253) 6659206 / 196
Website : www.muhs.ac.in, E-mail : udc@muhs.ac.in

(For Office use only)

Proposal for Academic Year: Registration no.:

From: Affiliated or Non-affiliated College/Recognized or Non- recognized Institute

APPLICATION FOR GRANT OF RECOGNITION /AFFILIATION OF
INSTITUTION/ LABORATORY/HEALTH SCIENCE INDUSTRY FOR
M. Phil./ Ph.D. RESEARCH CENTRE

(Under Section 64 of the Maharashtra University of Health Sciences Act, 1998)

- N.B.:
1. The Management seeking permission for recognition of College/Research Institute, etc. for Ph.D. shall submit the application in **TWO COPIES** in the prescribed format, along with Demand Draft of the prescribed fees, drawn in favour of "The Registrar, Maharashtra University of Health Sciences, Nashik," on any Nationalized Bank, payable at Nashik.
 2. Please follow the University Direction No. /2019 meticulously before filling the form.

To,
The Registrar,
Maharashtra University of Health Sciences, Nashik
Mhasrul, Dindori Road,
Nashik- 422 004

Sir,

I am/We are submitting this application with a request, under section 64 (3) of the Maharashtra University of Health Sciences Act, 1998 for Recognition of our College/Research Institute/Laboratory/Health Sciences Industry, etc as Ph.D. Research Centre from the Academic Year **2020- 21** in the subject of **Periodontology and Implantology.**

Following are the particulars:

1. Name, Postal Address and Contact details of the Society (Who is running the College / Institute, etc):
Dean, Government Dental College and Hospital, Saint George Hospital Compound, P D'Mello Road Fort Mumbai
PIN 400001

Telephone no.: (022) 22620668 Fax no.: (022) 22620789

e-mail ID: deangdch_mumbai@yahoo.com

2. Number and date of registration of the society under:
(enclose attested copies of Registration, Constitution and Memorandum of Association)

i) The Bombay Public Trust Act 1950:N-A.....
.....

ii) Society's Registration Act 1860:N-A.....
.....

iii) Year of establishment : 1934

3. Name, Postal Address and Contact details of College/ Research Institute, etc :

**Government Dental College and Hospital, Saint George Hospital Compound,
P D'Mello Road Fort Mumbai
PIN 400001**

Telephone no.: (022) 22620668 Fax no.: (022) 22620789

e-mail ID: deangdch_mumbai@yahoo.com

4. **Payment Details:** i) Prescribed Recognition fee Rs :

ii) DD sr. no. : iii) Dated:

iv) Bank:

5. **Financial position** of the Society/College/Research Institute, etc : 2018 – 2019

(attach attested audited statements of preceding three years) 2019 – 2020

2020 – 2021

6. **The Resolution of the Management** in respect of Recognition of Institute, etc :
(enclose copy of Resolution)

Resolution no.dated

7. **Other Information:**

a) **Land:**

i) Whether the land is owned by the applicant Institute/College/Trust, etc.: Yes
Land is Owned by Government of Maharashtra

If yes, then area: Acres/Hectares: 6.705 acres

(attach copy of land documents i.e. 7/12 extract/property card)

- ii) Whether the land is registered: Yes
 If Yes, Registration Number: Government of Maharashtra
 Date of Registration :
 Place of Registration : Mumbai
- iii) Any loan/mortgage shown against the title of the land: No
 a) Mention the amount of the loan : Rs. b) Building:
- iv) Total built-up area : 226820 sq. ft.
 (attach certified copy of plan of building)
- ii) Provision of Library: Yes
 v) Provision of Laboratories: Yes
 vi) Class Rooms and Administrative Blocks: Yes
- b) Teaching Staff: List attached
 c) Non-Teaching Staff: (Please attach list)
 d) Technical Staff: (Please attach list)

8. **Hospital:** Owned /Attached (please TICK in appropriate box)

i) Name & address of the hospital: Govt. Dental College and Hospital
 Compound, Near CST Station, Mumbai 400 001.

ii) Faculty (please TICK in the appropriate box) :

Medical Dental Ayurved Unani Homeopathy
 General

iii) No. of Dental Chairs : 279

iv) Built-up area: 226820 sq. ft.

v) OPD (No. of patients per year) : 69663

vi) List of Paramedical staff: List Attached

vii) List of Instruments available (CT Scan, MRI, ECG, Sonography, X-ray etc.):

(attach plan of duly certified by an architect)

9. **Various Audio-visual aids available:**

| Sr.No. | Name | Yes/No | If Yes, Number |
|--------|--------------------|--------|----------------|
| 1. | Slide Projector | | 1 |
| 3. | LCD Projector | | 1 |
| 4. | Overhead Projector | | 1 |
| 5. | Screen | | 0 |

10. **Library:**

Books and Journals: (Please attach list of books, journals, e-library, e-journals and e-books available in the library and indicate if the institution has a liaison with other library. If so,

please mention its distance from the Institution/Hospital....km (Attach the permission letter from the concerned Institute)

11. Laboratory:

a) State whether there is research laboratory. Please give information in detail
Available in the Department of Oral Pathology and dental material research laboratory is also available

b) List of equipment's/instruments for the conduct of Ph.D. Course

- 1) CBCT
- 2) Digital X-Ray System
- 3) Digital OPG
- 4) Vistascan
- 5) RVG
- 6) VelScope
- 7) Ultrasound (Therapeutic)

12. Hostel:

a) Provision for boys' hostel : Yes

b) Provision for girls' hostel : Yes

14. Computer Facilities:

a. No. of computers : 4

b. Internet facility : Available

c. Own web site : Available - www.gdchmumbai.org

I solemnly declare that, all the information furnished above is true and correct to the best of my knowledge and belief.

Place:

Date:

Handwritten signature

Signature and rubber stamp

Dean College Hospital .
Govt. Dental College & Hospital .
Mumbai 400 001
College/Research Institution/
Faculty/Health Science Industry
Seal

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
DETAIL INFORMATION OF TEACHING STAFF (UNDER GRADUATE & POST GRADUATE)AS ON:-

June 2022

(Name of the Dept. : Department Of Periodontology
 College Phone No. : _____
 Name of the College: Government Dental college & Hospital, Mumbai
 College E-mail ID : _____
 Name of the Dean / Principal: Dr. Dimple Padawe
 College website : _____

| S. N. | Name of the Teaching Staff | Designation | Ph.N (Resi.) | Mob. No. | E-mail ID | Date of Birth | Aadhar Card No. | Pan Card No. | Edu. Qual. | Date of appointment | Whether belongs to Reserved category (if so specify category) | Teach. exp. | | Total Teaching Exp. in years | Total No. of Publications | Type of Appointment | Type of approval by University | | Type of PG Recognition by University | Signature |
|-------|------------------------------------|---------------------|--------------|------------|----------------------------|---------------|-----------------|--------------|------------|-----------------------|---|----------------|------------------|------------------------------|---------------------------|---|--------------------------------|-------------------|--------------------------------------|-----------|
| | | | | | | | | | | | | UG yrs | PG yrs | | | | Temp/Regular | Letter No. & date | | |
| 1 | Dr. Dhalkari Chandulal Digambarrao | Professor & Head | | 9422204639 | drccddhalkari@gmail.com | 23/04/1970 | 472674218330R | AAJPD MDS | 08/01/1992 | OBC | 28 Years | 11 yrs | 28 yrs | 28 | Regular | Regula MUHS/EZ/UG 2101/588/2010 | MUHS/P YES | MUHS/P YES | | |
| 2 | Dr. Rajesh Gaikwad | Professor | 9821098772 | | perioraja@gmail.com | 10/26/1977 | 210680633290 | AFFPG MDS | 14/12/2002 | Yes Schedule caste | 18yrs 10 months | 6yrs 10 months | 32 yrs 10 months | 32 | Regular | Regula MUHS/EZ/UG 2101/1944/2018 | MUHS/P YES | MUHS/P YES | | |
| 3 | Dr. Akshaya Banodkar | Associate professor | 9004782725 | | akshaya banodkar@gmail.com | 16/05/1979 | 573262761694 | ALRPB MDS | 10/3/08 | NO | 13YRS 2 6Mths | 2 yr 7 mths | 13yrs 6mths | 18 | Regular | REGUL AR MUHS/E- ZUG/2101/3389 2017 | MUHS/P YES | MUHS/P YES | | |
| 4 | Dr. Gulnar Sathna | Associate professor | 9819723058 | | gulnar11@gmail.com | 11/10/1969 | 706043732884H | AYTPS MDS | 10/3/2014 | OPEN | 8 yrs 3 months | 2 yr 8 mths | 3 yrs 3 mths | 20 | Regular | Regula MUHS/EZ/UG/2 1430/2015 | MUHS/P YES | MUHS/P YES | | |
| 5 | DR NILOFAR ATTAR | ASSOCIATE PROFESSOR | 9987507314 | | nilo_attar@gmail.com | 03/10/1983 | 650678839404 | AIPPA MDS | 10/3/2014 | OBC | 8yrs 9mth | 2 yr 7mth | 8 yrs 9 mth | 22 | Regular | Regula MUHS/EZ/UG/2 1430/2015 | MUHS/P YES | MUHS/P YES | | |

| Sl. No. | Name | Qualification | Age | Phone No. | Email | Registration No. | Registration Date | Category | Duration | Start Date | End Date | Remarks | Approval | Yes/No | |
|---------|--------------------|----------------------|-------------|------------|-----------------------------|------------------|-------------------|-----------|----------|------------|--|---------|-----------|--------------|----|
| 6 | DR. CHITRA PATIL | ASSISTA NT PROFESSOR | 022-2620668 | 9869879470 | drchitra@gmail.com | 12.04.1974 | 23814249 | AUPT09MDS | ZIG | | 22.2.2009 as dental surgeon and 24.7.2017 as assistant professor | | | | |
| 7 | Dr Jui Sarfare | ASSISTA NT PROFESSOR | | 9892717725 | juisarfar@gmail.com | 04/01/1995 | 100146476348 | HDQPSMDS | 4422G | | 3.12.2021 | OPEN | Temporary | | No |
| 8 | Dr. Swarali Nagare | ASSISTA NT PROFESSOR | | 8975887889 | n.swarali@gnail.com | 28/05/1994 | 386325493461 | B86325MDS | 493461 | | 13.12.2021 | NT - D | Temporary | | No |
| 9 | Dr. Sangeeta Barot | Tutor | | 9820517769 | Dr.sangeeta.barot@gmail.com | 12/12/1968 | 261558515361 | AEQPBIDS | 1416B | | 22/01/2009 | | Regular | Not approved | |

• Note: The College shall submit one hard copy & soft copy (in Excel Format) of the list.

[Signature]
Dean
Siddhanta College & Hospital
Mumbai 400 008



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हासुरुळ, नाशिक-४२२००४ Dindori Road, Mhasrul, Nashik-422004

Phone : 0253 - 2539196/206, 0253 - 6659196/206

Email: udc@muhs.ac.in Website: www.muhs.ac.in

MUHS

डॉ. सुनिल ह. फुगारे

एमएस्सी. पीएच.डी.

उपकुलसचिव

Dr. Sunil H. Fugare

MSc.Ph.D.

Deputy Registrar

O.No.MUHS/UDC(Ph.D.)/Guide / 106 /2021

Date : 19/05/2021

To,
✓ The Dean / Principal,
Govt. Dental College,
and Hospital,
Saint George Hospital Campus
Mumbai :- 400 001
Email - deanudch_mumbai@yahoo.com

Subject : Recognition as Ph.D. Guide...
Reference : 1) Your Application dated - 10/12/2020
2) Ph.D. Direction No. 01/2020
3) Board of Research Resolution No. 02/2021, dated - 05/05/2021

Sir/Madam,

With reference to the above cited subject, I am directed to inform you that Board of Research in its Meeting has Passed the Resolution No. 02/2021, dated 05/05/2021 to grant recognition as Ph.D. Guide to the following teacher of your College/ Institute, subject to the terms & conditions of appointment order, for guiding the Ph.D. student in the subject mentioned against his/her/their name.

| Sr. No. | Subject | Name of the Teacher | Designation | Status of recognition as Ph.D. Guide |
|---------|----------------|------------------------------|-------------|--|
| 1 | Periodontology | Dr. Gaikwad Rajesh Prabhakar | Professor | Approved w.e.f. 05/05/2021, onwards |

Kindly note that the recognition granted by the University is valid till the above said teacher is in the service or till attaining the age of superannuation whichever happens earlier.

The above teacher is required to attend the Research Methodology Workshop conducted by this University or any other Centre authorized by the University.

(P.T.O.)

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
दिंडोरी रोड, म्हासळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

Tel : (0253) 2539196/206, 6659196/206,
Website : www.muhs.ac.in, E-mail : udc@muhs.ac.in

डॉ. सुनिल ह. फुगारे
एम.एस.सी., पी.एच.डी.
उपकुलसचिव

Dr. Sunil H. Fugare
M.Sc., Ph.D.

Deputy Registrar

Date: 02/11/2021

O. No. MUHS/UDC/Ph.D./E-2377/2021

To,

The Dean / Principal,
Govt. Dental College & Hospital,
Saint George Hospital Campus,
Mumbai- 400 001.

Email - deangdch_mumbai@yahoo.com

Subject : Recognition of the Department as a place of Research for Ph.D. for
Academic year 2021-22

Reference : 1) University Direction No. 01/2020
2) College proposal Dt. 22/12/2020
3) LIC Report dated 06/10/2021 .

Sir/Madam,

As per the provisions of Section 66 of Maharashtra University of Health Sciences Act 1998, and the provisions u/s 10 of above referred University Direction, I am directed to inform you that, on the basis of the report of the Local Inquiry Committee, and the power conferred upon the Hon'ble Vice Chancellor by the Academic Council vide its resolution No. 68/2018, dated 08/06/2018, the Hon'ble Vice Chancellor is pleased to grant recognition to your College as a place of Research work for Ph.D. in the Faculty of Dental as per details given below:

| Sr. No. | Name of the College/Ph.D. Research Institute | Name of the Department/Subjects | Academic Year |
|---------|--|---------------------------------|---------------|
| 1 | Govt. Dental College & Hospital, Saint George Hospital Campus, Mumbai. | Periodontology & Implantology | 2021-22 |

The recognition for concerned subject / course (s) is issued, subject to Recognition / approval of Ph. D. guide in the concerned department / subject under the faculty of Dental.

Kindly note that for the process of continuation of Recognitions as a place of Research for Ph.D. College / Institution shall have to follow University Direction No. 01/2020 and it is mandatory to apply in prescribed format, along with prescribed fees every year before 31st October.

This is for your kind information and necessary action.


Dy. Registrar
University Department Cell
(Ph.D.)

MUHS

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
12th de. 12th A. 12th B. 12th C. 12th D. Road, Nashik 422004
Phone: 0253-2500100/200 0253-2650100/200
E-mail: uhs@muhs.ac.in Website: www.muhs.ac.in

श्री प्रविण पु. गहतेकर
सांख्यिकी अधिकारी

Shri. Pravin P. Ghatekar
Statistical Officer

12/9/2020

सं. ४ प्रशासन/सांख्यिकी/आपणास डी. नं. २२२७/२०२०

एता
गुरु अधिष्ठाता/अध्यापक

शासकीय रेल महाविद्यालय व रुग्णालय
सेंट जॉर्ज रुग्णालय आवार,
पी. डी. गेलो, पोस्ट
मुंबई - ४०० ००१

शासकीय रेल महाविद्यालय व रुग्णालय
सेंट जॉर्ज रुग्णालय आवार,
पी. डी. गेलो, पोस्ट
मुंबई - ४०० ००१
दि. १६/१२/२०२०

विषय - विविध शुल्काच्या भरणा केलेल्या शुल्क पावती पाठविणेबाबत
संदर्भ - आपले पत्र क. शा. द. भ. व. र. मुं. | वि. वि. / पी. ए. डी. | दि. २२/१२/२०२०
दस्तावेज नं. ६७७९/२०२०

महोदय/ महोदया,

उपरोक्त विषयास अनुसरून आपणास कळविण्यात येते की, संदर्भांकीत पत्रान्वये
आपणाकडून ही वर्ष २०२०/२१ साठी Application Fee for Starting of New Ph D Course (s) /
Continuation of Affiliation for Ph D Course (s) for Subjects -----

① Periodontology & Implantology

... दि. दि. / आर. टी. जी. एस. नं. ००००००८३०४१७१२

दि. १७/१२/२०२० अन्वये रु. २५,०००/- एवढे शुल्क विद्यापीठास प्राप्त झालेले असून,
त्या अनुषंगाने रु. २५,०००/- (पंचवीस हजार रुपये मात्र) एवढ्या शुल्काची

मुक्त पावती क. ०२६९३९६ - दि. २८/०६/२०२१ या पत्रासोबत जोडून आपणास पाठवित
आहोत

कळावे

१६/१२/२०२०

सांख्यिकी अधिकारी
विद्यापीठ विभाग कक्षा,
पी. ए. डी.

संदर्भ शुल्कपावती क. ०२६९३९६ दि. २८/०६/२०२१

Scanned with CamScanner



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES
 VANI-DINDORI ROAD, MHASRUL, NASHIK - 422 004.
 MAHARASHTRA, INDIA

No 0269396

RECEIPT

Received from

Date

(2101) Govt. Dental College, Mumbai

| HEAD & SUB-HEAD OF ACCOUNT | Rs. | Ps. | PARTICULARS |
|--|-----|-----------|--|
| STARTING NEW PH D RESEARCH CENTRE / COURSE | | 25,000 00 | AY 2020-21 (PERIODONTOLOGY & IMPLANTOLOGY) |
| TOTAL: | | 25,000 00 | |

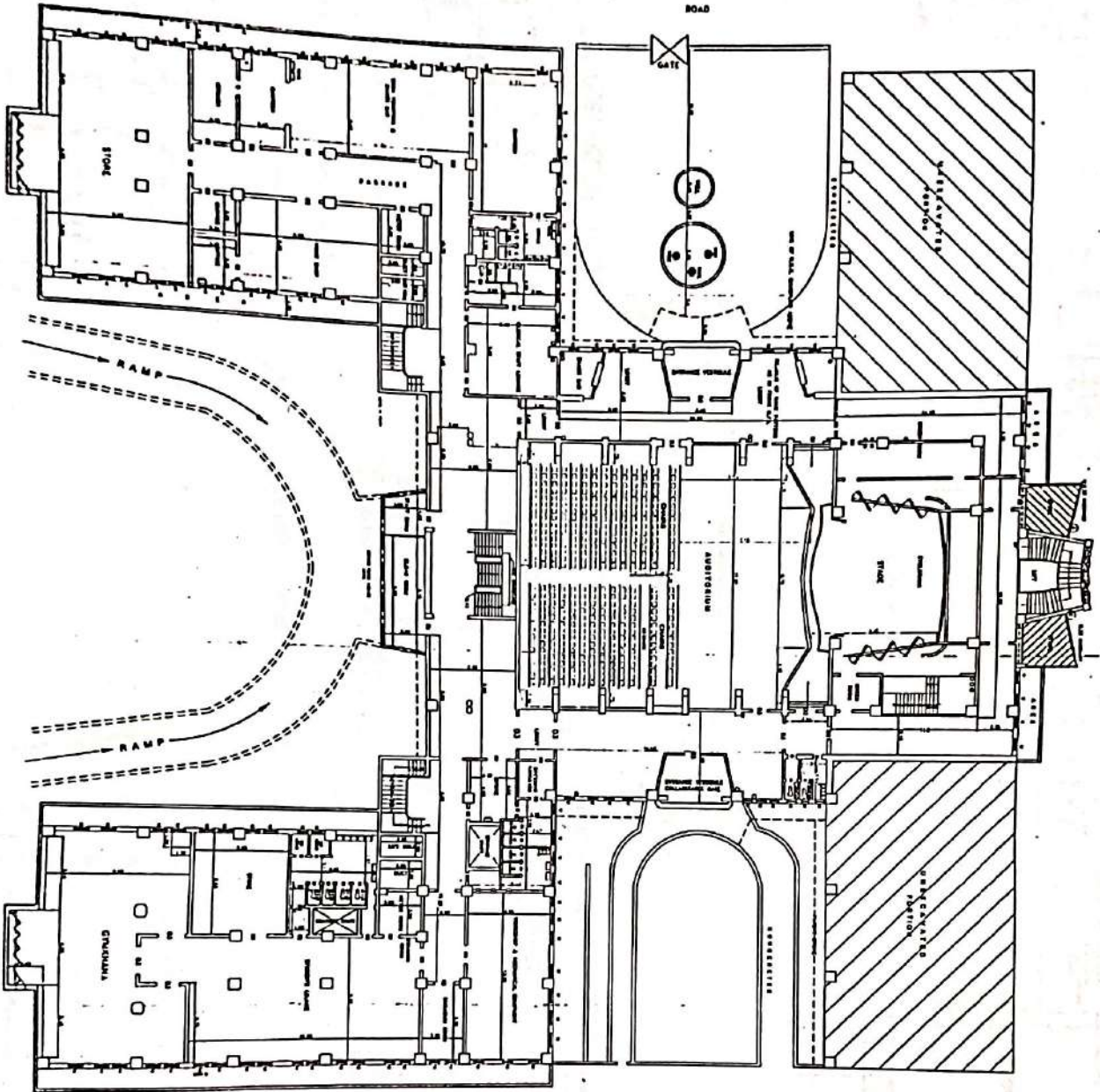
MODE OF RECEIPT (Cheque / D. D. / Cash / Transfer)

| S. No. | DD/Ch. No. | DD/Ch. Date | Drw. by | Drw. on | Rs. | Ps. | S. No. | DD/Ch. No. | DD/Ch. Date | Drw. by | Drw. on | Rs. | Ps. |
|--|------------|-------------|---------|---------|-----------|-----|--------|------------|-------------|---------|---------|-----|-----|
| 1 | | 17-12-2020 | | BY NEFT | 25,000.00 | | | | | | | | |
| TOTAL | | | | | | | | | | | | | |
| INR Twenty Five Thousand Only. TOTAL Section : University Department Cell | | | | | | | | | | | | | |

[Signature]
 FOR REGISTRAR

Note : 1. Receipt is subject to realisation of the cheque / D.D. / e-payment amount
 2. Refund claim will not be entertained unless original receipts is produced.

LOWER GROUND FLOOR PLAN



Mule Path

114 → Total Area 19609.53 sqm m²
 one floor area 3301.66 sqm m²
 only build area → 3301.66 x 5 = 16508.3 m²

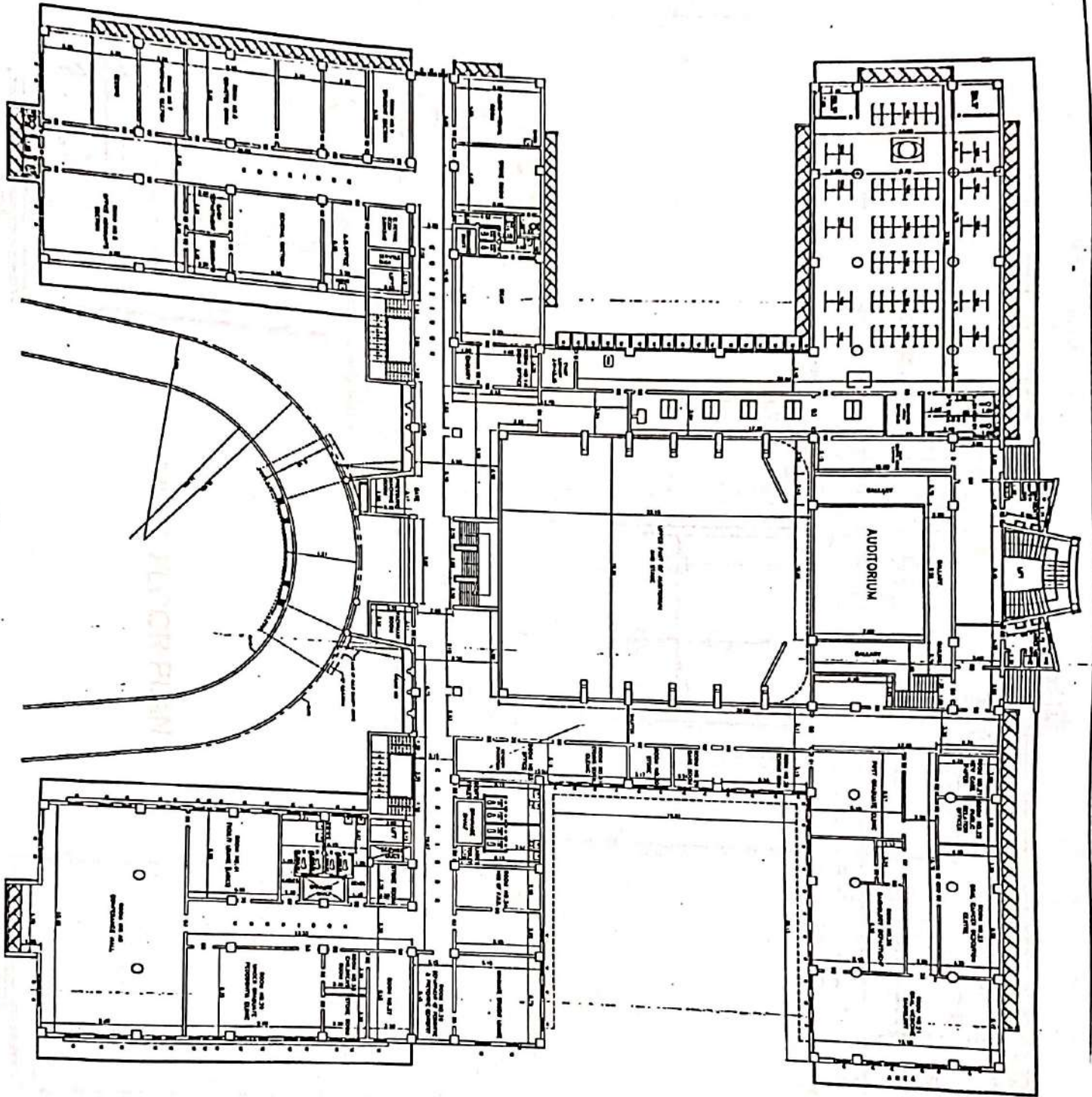
SCHEDULES OF OPENING

| | | |
|----|---|-------------|
| 1 | D | 0.75 x 2.10 |
| 2 | D | 0.75 x 2.10 |
| 3 | D | 0.75 x 2.10 |
| 4 | D | 0.75 x 2.10 |
| 5 | D | 0.75 x 2.10 |
| 6 | D | 0.75 x 2.10 |
| 7 | D | 0.75 x 2.10 |
| 8 | D | 0.75 x 2.10 |
| 9 | D | 0.75 x 2.10 |
| 10 | D | 0.75 x 2.10 |

| | |
|--|---|
| DESIGNED BY | EXECUTIVE ENGINEER, PRESIDENCY DIVISION |
| CHECKED BY | DEPUTY ENGINEER, HOSPITAL STB DIVISION |
| DATE | |
| PRESIDENCY DIVISION | |
| GOVERNMENT DENTAL COLLEGE AND HOSPITAL IN THE COMPOUND OF ST GEORGE HOSPITAL, MUMBAI | |
| (LOWER FLOOR PLAN) | |

CITE: ALL DIMENSIONS ARE IN METERS

UPPER GROUND FLOOR PLAN



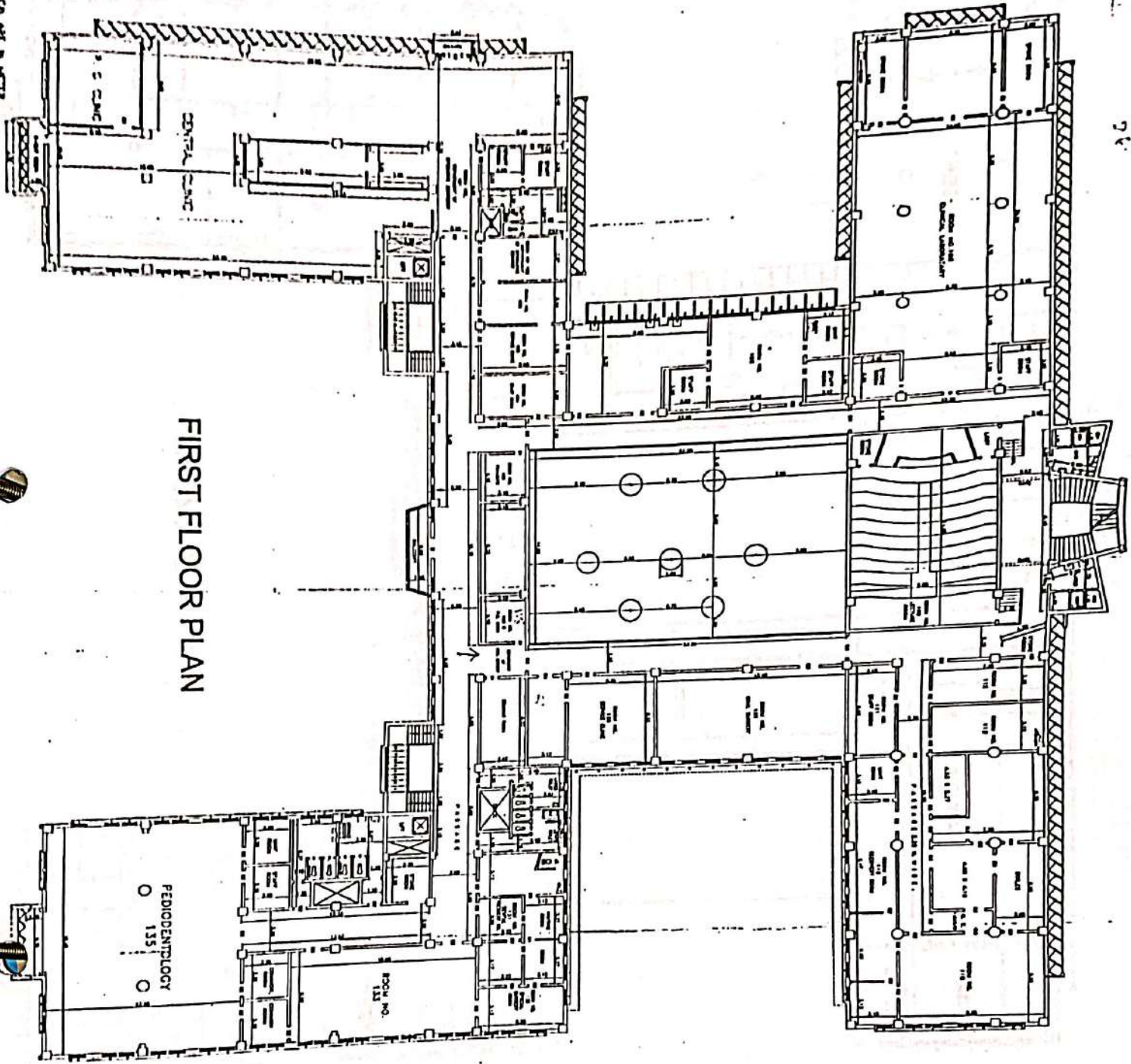
Tiled Slab - 15.

| SCHEDULES OF OPENING | | |
|----------------------|----|-----------|
| 1. | D | 0.75x2.10 |
| 2. | D1 | 0.90x2.10 |
| 3. | D2 | 1.07x2.10 |
| 4. | O3 | 1.65x2.10 |
| 5. | W | 0.90x1.55 |
| 6. | V | 0.51x0.85 |

| | |
|---|-----------|
| EXECUTIVE ENGINEER, PRESIDENCY DIVISION, DEPT. OF ENGINEERING, B-3 DIVISION | |
| PRESIDENCY DIVISION | |
| DATE: | CONTRACT: |
| GOVERNMENT GENERAL COLLEGE AND HOSPITAL IN THE COURTYARD OF ST. GEORGE'S HOSPITAL, MADRAS (GROUND FLOOR PLAN) | |

As shown in R.C.T.D.

FIRST FLOOR PLAN

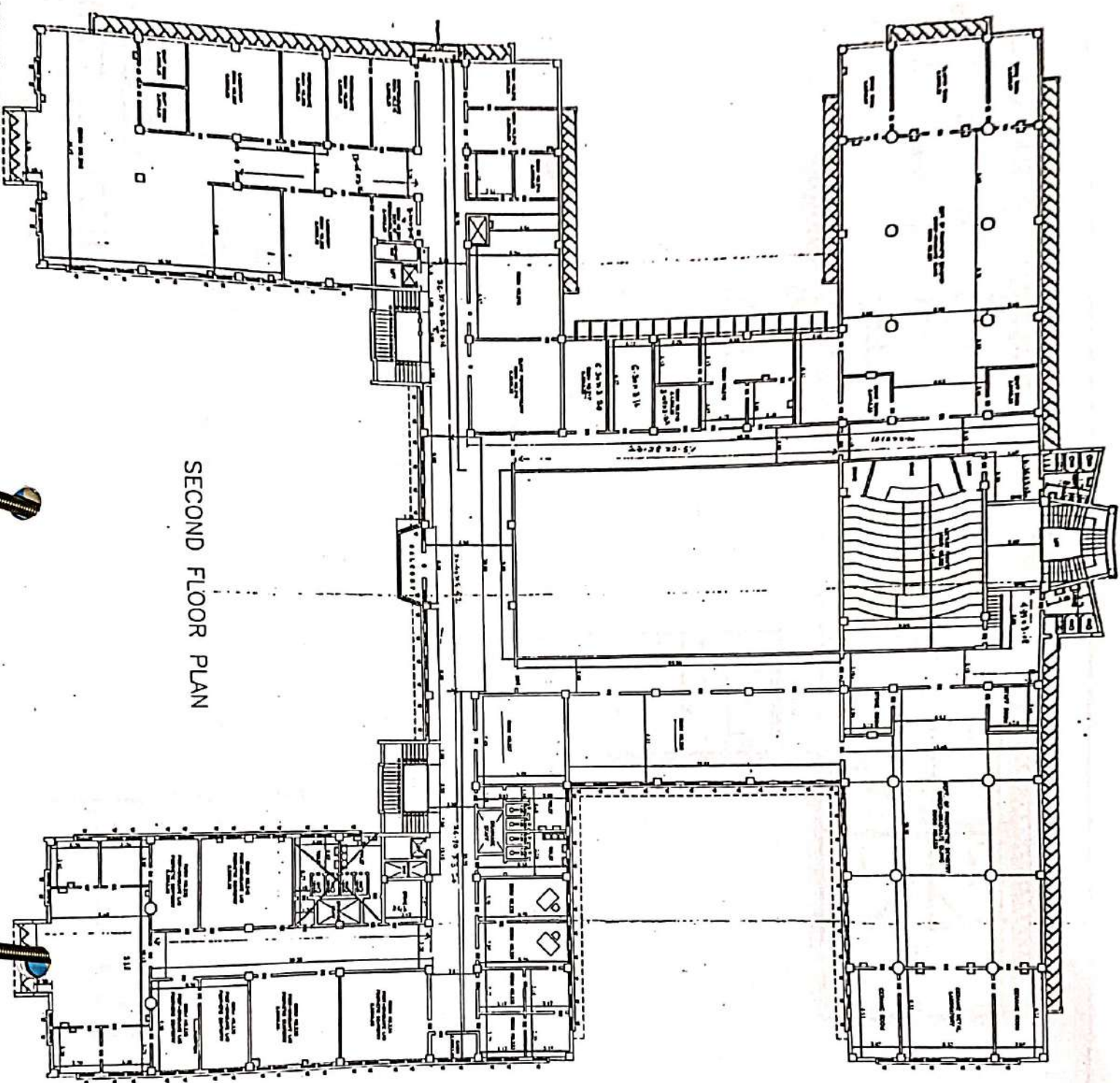


| SCHEDULES OF OPENING | | |
|----------------------|----|-----------|
| 1. | D | 0.75X2.10 |
| 2. | D1 | 0.90X2.10 |
| 3. | D2 | 1.07X2.10 |
| 4. | D3 | 1.65X2.10 |
| 5. | W | 0.90X1.55 |
| 6. | V | 0.51X0.85 |

T. B. S. 14

| | |
|---|------------------|
| EXECUTIVE ENGINEER, PRESIDENCY DIVISION | |
| GOVT. ENGINEER, HOSPITAL BTR DIVISION | |
| PRESIDENCY DIVISION | |
| GOVERNMENT DENTAL COLLEGE AND HOSPITAL IN THE COMPOUND OF ST. GEORGE HOSPITAL, MADRAS | |
| DATE | FIRST FLOOR PLAN |

ALL DIMENSIONS ARE IN METERS



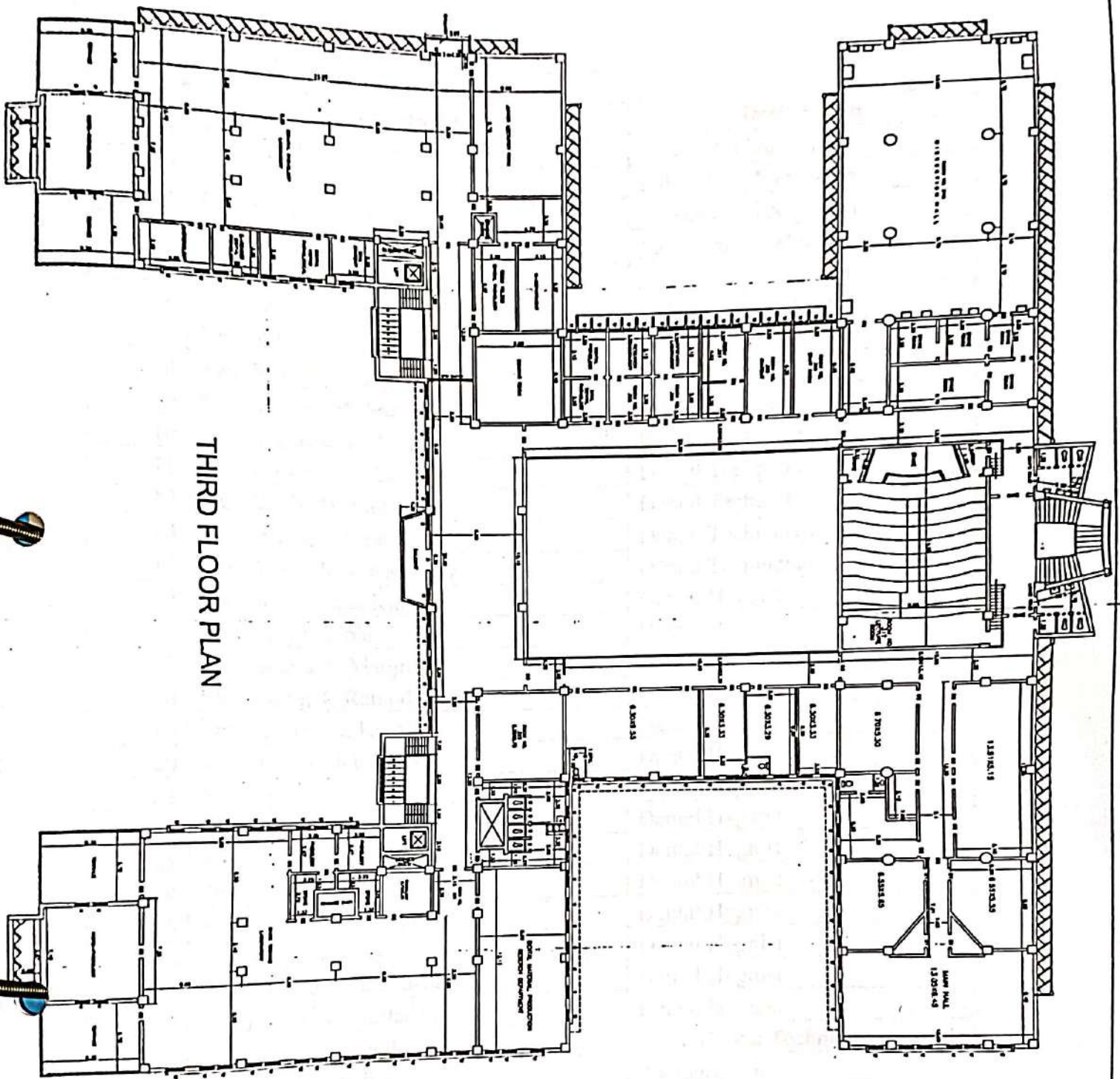
SECOND FLOOR PLAN

| SCHEDULES OF OPENING | |
|----------------------|-----------|
| 1 | 0.75x2.10 |
| 2 | 0.90x2.10 |
| 3 | 1.07x2.10 |
| 4 | 1.65x2.10 |
| 5 | 0.90x1.55 |
| 6 | 0.51x0.55 |

Totid blok . 8

BELGIËSE INGENIEURBUREAU
 PRESIDENTY DIVISION
 CONSTRUCTION CONTRACT AND
 SUPERVISION OF STRUCTURAL
 WORKS
 (SECOND FLOOR PLAN)

THIRD FLOOR PLAN



| SCHEDULES OF OPENING | | |
|----------------------|----|-----------|
| 1. | D | 0.75X2.10 |
| 2. | D1 | 0.90X2.10 |
| 3. | O2 | 1.07X2.10 |
| 4. | O3 | 1.65X2.10 |
| 5. | W | 0.90X1.55 |
| 6. | V | 0.51X0.85 |

EXECUTIVE ENGINEER, JURISDICTION DIVISION
 PLANNING ENGINEER, JURISDICTION DIVISION
 PRESIDENTIAL DIVISION
 COMBATANT GUARD, COLLEGE AND
 HOSPITAL, IN THE CAMPUS
 OF ST. GEORGE HOSPITAL
 1 Third Floor Plan 1

| Sr. No. | Technical Post Name of Person | Designaiton |
|---------|----------------------------------|---------------------------|
| 1 | Shri Vishal N. Jitekar | X-Ray Technician |
| 2 | Shri Anil J. Harpale | Laboratory Technician |
| 3 | Smt. Bhagyashri B. Kulkarni | Laboratory Technician |
| 4 | Shri Yashwant A. Torambe | Laboratory Technician |
| 5 | Shri Dadasaheb K. Jagdhane | Laboratory Technician |
| 6 | Vacant Post | Laboratory Technician |
| 7 | Vacant Post | Dental Technician |
| 8 | Smt. Meghna V. Apte | Dental Technician |
| 9 | Smt. Yogesh M. Shelke | Dental Technician |
| 10 | Smt. Vandana D. Adhal | Dental Technician |
| 11 | Smt. Rupali S. Jadhav | Dental Technician |
| 12 | Smt. Rekha B. Kadam | Dental Technician |
| 13 | Shri Shantanu Raut | Dental Technician |
| 14 | Smt. Vaishali N. Kamtikar | Dental Technician |
| 15 | Shri. Shrikrishna Kumawat | Dental Hygnist |
| 16 | Shri Shoyb Julphi | Dental Hygnist |
| 17 | Smt. Sujata A. Manjrekar | Dental Hygnist |
| 18 | Shri Pradip T. Rathod | Dental Hygnist |
| 19 | Smt. Asmita A. Keroji | Dental Hygnist |
| 20 | Smt. Alka A. Khedekar | Dental Hygnist |
| 21 | Smt. Manoj S. Tripathi | Dental Hygnist |
| 22 | Shri Ramakant A. Kadam | Dental Hygnist |
| 23 | Smt Archana A. Thakare | Dental Hygnist |
| 24 | Smt. Priyanka Dhoke | Dental Hygnist |
| 25 | Smt Hemangi A. Shinde | Dental Hygnist |
| 26 | Smt. Gauri M. Oak | Dental Hygnist |
| 27 | Smt. Mamta Ubale/Sawant | Dental Hygnist |
| 28 | Shri Keshav R. Suslade | Dental Hygnist |
| 29 | Shri Prasad D. Wagh | Asstt. Dental Technician |
| 30 | Shri Vikas R. Jadhav | Photographar |
| 31 | Shri Ashish M. Jalmkar | Artist |
| 32 | Shri Gangadhar Pandit | Electician-Cum-Mechanic |
| 33 | Shri Sunil B. Kute | Electician-Cum-Mechanic |
| 37 | Smt. Meghamala S. Walwadkar | Lady Hoste Superintendent |
| 38 | Shri Kiran H. Chavare | Telephone Operation |
| 39 | Smt. Tejasvi K. Gavit | Laboratory Asstt. |
| 41 | Shri Ganesh T. Nar | Laboratory Asstt. |

| | | |
|----|---------------------------|---------------------|
| 44 | Shri. Kacharu S. Populwad | Instrument Mechanic |
| 45 | Shri Eknath Kolhe | Plumber |
| 46 | Shri Balkrishna V. Nadge | Driver |
| 47 | Smt. Smita Y. Kadam | Staff Nurse |
| 48 | Smt. Manali M. Panchal | Staff Nurse |
| 49 | Smt. Supriya N. Sawant | Staff Nurse |
| 50 | Smt. Jenet A. Hemar | Staff Nurse |

LIST OF EQUIPMENTS: DEPARTMENT OF PERIODONTOLOGY

| S. No. | NAME | SPECIFICATION | Quantity | | Availability |
|----------------------|--|--|---|---------|--------------|
| | | | 1 Unit | 2 Units | |
| 1. | Dental Chairs and Units | Electrically operated with shadowless lamp, spittoon, 3 way syringe, instrument tray and motorized suction, micromotor attachment with contra angle handpiece, airoter attachment, ultrasonic scaler (Piezo) with detachable autoclavable hand piece | One chair and unit per post-graduate student and Two chairs with unit for the faculty | | YES |
| 2. | Autoclave (fully automatic) front loading | | 1 | 2 | YES |
| 3. | Steel bin | | 4 | 6 | YES |
| 4. | Airoter hand pieces | | 2 | 2 | YES |
| 5. | UV chamber | | 1 | 1 | SANCTIONED |
| 6. | Formalin chamber | | 1 | 1 | SANCTIONED |
| 7. | W.H.O probe | | 2 | 2 | YES |
| 8. | Nabers probe | | 2 | 2 | YES |
| 9. | Williams probe | | 2 | 2 | YES |
| 10. | UNC-15 probe | | 4 | 4 | YES |
| 11. | Gold Man fox probe | | 1 | 1 | YES |
| 12. | Pressure sensitive probe | | 1 | 1 | SANCTIONED |
| 13. | Marquis color coded probe | | 1 | 1 | YES |
| 14. | Supra gingival scalers | set | 2 | 2 | YES |
| 15. | Sub gingival scaler | set | 2 | 2 | YES |
| 16. | Arkansas sharpening stone | | 1 | 1 | YES |
| Surgical Instruments | | | | | |
| 1. | Routine surgical instrument kit (Benquis periosteal elevator, periotome) | set | 2 | 3 | YES |
| 2. | Surgery trolleys | | 6 | 6 | YES |
| 3. | X ray viewer | | 1 | 2 | SANCTIONED |
| 4. | Surgical cassette with sterilisation pouches | | 4 | 6 | YES |
| 5. | Electro surgery unit | | 1 | 1 | YES |

| Special Surgical Instruments | | | | | |
|------------------------------|--|-------------------------------|--------|---|------------|
| 1. | Kirkland's knife | set | 1 | 1 | YES |
| 2. | Orban's knife | set | 1 | 1 | YES |
| 3. | Paquette blade handle | | 1 | 1 | YES |
| 4. | Krane kaplan pocket marker | set | 1 | 1 | YES |
| 5. | Mc Calls universal curettes | set | 1 | 2 | YES |
| 6. | Gracey's curettes (No.1-18) | set | 2 | 1 | SANCTIONED |
| 7. | Mini five curettes | set | 1 | 1 | YES |
| 8. | Cumine scalar | | 1 | 1 | YES |
| 9. | Mallet | | 1 | 1 | YES |
| 10. | Chisel | | 1 | 1 | YES |
| 11. | Oschenbein chisel | straight, curved | 1 | 1 | YES |
| 12. | Schluger bone file | | 1 | 1 | YES |
| 13. | Bone fixation screw kit | | 1 | 1 | SANCTIONED |
| 14. | Bone scrapper | | 1 | 1 | YES |
| 15. | Bone trephines for harvesting autografts | 1 set | 1 | 1 | YES |
| 16. | Bone regenerative materials | Bone graft and GTR membranes | 5 | 5 | YES |
| 17. | Local drug delivery systems | At least two different agents | 1 each | 1 | YES |
| 18. | Root conditioning agent | At least two different agents | 2 | 2 | NO |
| 19. | Micro needle holder | | 1 | 1 | YES |
| 20. | Micro scissors | | 1 | 1 | YES |
| 21. | Magnifying loop (2.5 – 3.5) | | 1 | 2 | YES |
| 22. | Operating microscope | optional | 1 | 1 | PROPOSED |
| 23. | 3 rd generation digital probe | optional | 1 | 1 | PROPOSED |
| 24. | Bone expander and bone crester | optional | 1 | 1 | PROPOSED |
| 25. | Distraction osteogenesis kit | optional | 1 | 1 | PROPOSED |
| 26. | Bone mill | optional | 1 | 1 | PROPOSED |
| 27. | Bone graft / membrane placement spoon | | 1 | 1 | SANCTIONED |
| 28. | Bone condenser | | 1 | 1 | YES |
| 29. | Peizo-surgery unit | optional | 1 | 1 | YES |
| 30. | Centrifuge for PRP/PRF preparation | optional | 1 | 1 | PROPOSED |
| 31. | Soft tissue laser (8 watt) | | 1 | 1 | YES |
| 32. | Osteotome | set optiona l | 1 | 1 | PROPOSED |
| MISCELLANEOUS INSTRUMENTS | | | | | |

| | | | | | |
|-----|---|--------------------------------|-------|-------|------------|
| 1. | Composite gun with material kit | | 1 | 1 | YES |
| 2. | Splinting kit with material | | | | |
| 3. | Composite finishing kit | | 2 | 3 | YES |
| 4. | Glass Ionomer cement | | 1 | 1 | YES |
| 5. | Digital camera | | 1 | 1 | YES |
| 6. | Intra Oral camera | | 1 | 1 | SANCTIONED |
| 7. | Ultrasonic cleaner | | 1 | 1 | SANCTIONED |
| 8. | Emergency kit | | 1 | 1 | YES |
| 9. | Refrigerator | | 1 | 1 | YES |
| 10. | X-ray viewer | | 1 | 1 | YES |
| 11. | LCD projector | | 2 | 2 | YES |
| 12. | Computer with internet connection with attached printer and scanner | | 1 | 1 | YES |
| 13. | Implant Equipment | | | | YES |
| 14. | Electrical dental chair and unit | | 1 | 1 | YES |
| | Physio dispenser | | 1 | 1 | YES |
| 15. | Implant kit | At least two different systems | 2 | 2 | SANCTIONED |
| 16. | Implants | | 10 | 10 | SANCTIONED |
| 17. | Implant maintenance kit (plastic instruments) | | 1 set | 1 set | YES |
| 18. | Implant guide | | 1 | 1 | NO |
| 19. | X-ray viewer | | 1 | 2 | SANCTIONED |
| 20. | Needle destroyer | | 1 | 2 | YES |
| 21. | Ultrasonic cleaner capacity 3.5 lts | | 1 | 1 | SANCTIONED |
| 22. | Autoclave programmable for all recommended cycles | | 1 | 1 | YES |
| 23. | RVG with x-ray machine | | 1 | 1 | SANCTIONED |
| 24. | Refrigerator | | 1 | 1 | SANCTIONED |
| 25. | Surgical kit | | 2 | 2 | YES |
| 26. | Sinus lift kit | | 1 | 1 | YES |
| 27. | Educating models | | 1 | 1 | YES |
| 28. | Implant removing kit | | 1 | 1 | YES |

Research equipments:

| SR NO | ITEMS | QUANTITY | AVAILABILITY |
|-------|--|----------|--------------|
| 1 | BANA KIT | 1 | YES |
| 2 | DIODE LASER | 1 | YES |
| 3 | IMPLANT KIT | 1 | YES |
| 4 | ELECTROCAUTERY | 1 | YES |
| 5 | PIEZOSURGICAL UNIT | 1 | YES |
| 6 | DENTAL LOUPES | 2 | YES |
| 7 | OPERATING MICROSCOPE | 1 | PROPOSED |
| 8 | 3 rd generation digital probe | 1 | PROPOSED |
| 9 | DISTRACTION OSTEOGENESIS KIT | 1 | PROPOSED |
| 10 | CENTRIFUGE FOR PRP/PRF | 1 | PROPOSED |