For Online Transmission of Question Papers:

SN	Infrastructure facilities at College	Yes /No
Stroi	ng Room :	
1	It must have Single Door Entry/Exit (with Safety Door/Grill for windows)	Yes
w 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.	
Scan	Separate Scanning Room for scanning Answer Books after end of Examination Session under CCTV Surveillience. (Laptops and	No
10	Scanners will be provided by the University Appointed Agency)	No
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.	No

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	Yes
7	Separate Evaluation Room for Evaluating the Answer Books under CCTV Survellience	Yes

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Govt. Dental College & Hospita Mumbai 400 001

MAHAI®ASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College: Government Dental College and Hospital, Mumbai

Phone/Mobile No.: (022)22620668

Name of the subject: Pediatric and Preventive Dentistry

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 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		Deb arr ed Yes /No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	7
1		Pediatric Dentistry	Market Street St	Professor and Head			MDS – 1998 April	25 years		MUHS/PG/ E- 2/11110/46 76/2018 14-12-2018	993082	AGT PP46 92A	1973	dimplepad awe@gma il.com	9819297 823	No
2	70.00	Pediatric Dentistry	LOTE VILLED & SHEETS	* Control of the Cont	The second secon		MDS – 2012 August	12 years		MUHS/E- 2/UG/2574 /2021		CONTRACTOR OF THE PARTY OF THE	1984	vilastakat e@gmail. com		No



Govt. Dental College & Hospital Mumbai 400 001

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK SUBJECTWISE <u>ELIGIBLE EXAMINERS</u> LIST (UG Courses)

Name of the College: Government Dental College and Hospital, Mumbai

Phone/Mobile No.: (022)22620668

Name of the subject: Oral Medicine and Radiology

SN	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining		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	Contac tNo. (Mob.)	Deb arr ed Yes /No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	7
1	Mumbai		Dr. Easwaran Ramaswami			BDS 2003	MDS 2007	14 years 4 months		MUHS/E2/ UG/2922/2 022, date:18/8/2 022.	045554	AKD PR93 89L	1980	dreaswara n@yahoo. co.in	9930831 379	NO
	Mumbai	Oral Medicine and Radiolog		[Academic Professor]	26/10/19 90 as Dental surgeon 4/12/200 2 as Lecturer	BDS 1986		18 years 12 months		2/2101/200 7/953 dt 6- 3-2007		K065 4G	1963	sonalikdm 863@gma il.com	323	
	Mumbai		Vijayalaxmi	Assistant	18-07-			10 years 7 months		MUHS/E- 2/UG/2101 /2714/2017 date:17/7/2 017				drvijayao mr@gmai I.com		NO

Total Colley Administration of the College Admi

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Govt. Dental College & Hospital

Mumbai 400 001

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK SUBJECTWISE <u>ELIGIBLE EXAMINERS</u> LIST (UG Courses)

Name of the College : Government Dental College and Hospital, Mumbai

Phone/Mobile No.: (022) 22620668

Name of the subject: Conservative dentistry & 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)		Adhar No.	Pan No.	Date of Birth (Age in years	Latest Email Address	Contac tNo. (Mob.)	Deb arr ed Yes /No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	7
1	Mumbai		Dr. Sayed Abrar Bashir Ahmed	Professor and Head of the dept.	1/9/2006	BDS	MDS	15 years 5 months		MUHS/PG/ E- 2/111101/3 092/2018. Dated :16/08/201	988309	S623		abrars79 @gmail.4 7com	9619942 159	NO
2	Mumbai	Conserva tive Dentistry and Endodont	Dr. Kishor Dattatray Sapkale		27/08/20 14		MDS 2009	13 YEARS		2/3577/14 Dated 31/12/2014	395666	PS30 50P	1976 (45 years)	pkale@g mail.com	060	
3	GDCH Mumbai	tive Dentistry and Endodont	· Carrie		01/09/20 15		MDS 2010	12 years		2/2101/229 8/2016 dated 17/09/2016	569790	PR28 99B	1983 (37 years)	05@yaho o.co.in	131	
4	GDCH Mumbai		Dr. Sapna Poshanna Sonkurla		31/05/20 14	2005		11years 4 months		MUHS/PG/ E- 2/111101/3 092/2018	621645	PS38 05K	1983	drsapna17 06@yaho o.com	9867991 553	NO

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Govt. Dental College & Hospital
Mumbai 400 001

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

Name of the College: Government Dental College and Hospital, Mumbai

Phone/Mobile No.: (022) 22620668

Name of the subject: Oral and Maxillo-facial surgery

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 Approcal (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date -of * Birth (Age in years	Latest Email Address	Contac tNo. (Mob.)	Deb arr ed Yes /No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	7
1		Oral & Maxillof acial surgery	Dr. Kavita Wadde		29-10- 2013	2000	2006	16	Yes	21/01/2021 FOR UG AND 22/02/2014 FOR UG	8195 8784 8869	ABD PW6 901C		drkavitaw adde@yah oo.com	9004799 405	N o
2	GDCH Mumbai	Oral & Maxillof acial	Dr. Ashish Deshmukh		01-09- 2022	2001	2006	16.4	Yes	UG MUHS/E- 2/2104/ TEMP.	7950 8757	AFM PD64 71M	20-09-	The second second	587	No
	GDCH Mumbai	Oral & Maxillof acial		Associate	05-05- 2018	2002	2006	15	Yes	MUHS/PG E- 2/111101/1 145/2018	8184		09-09- 1979	prajwalitk ende1979 @gmail.c om		No
	GDCH Mumbai	Oral & Maxillof acial	the state of the s		03-05- 2021	2000	2007	13.6	Yes	NA	3250 8942 4518	(CONTROL 10)	30-05- 1979	sameerdk haire@gm hail.com	9767887 203	no
-	Mumbai	A COLUMN TO THE PARTY OF THE PA	DIV MOUTH	P. Markett D. Printers	20-01- 2015	2005	and College	12	Yes	15-05-2021 FOR UG	9921 0035 7644	VPG 4581 B	11-10-	dentistmo nali@ema il.com	SECTION STATE	no

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Govt. Dental College & Hospital Mumbai 400 991

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

Name of the College: Government Dental College and Hospital, Mumbai

Phone/Mobile No. : (022) 22620668

			Name of the subject													
SN	Name 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)		Adhar No.	Pan No.	Date of Birth (Age in years	Latest Email Address	tNo. (Mob.)	Deb arr ed Yes /No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	7
1	GDCH Mumbai	Periodon tology	Dr. Chandulal Digambarrao Dhalkari	Professor & Head	01/08/19 92	BDS 1991	MDS 1998	29 years	Yes	2/UG /2101/58 8/2010	212287	PD83 30R	970	dreddhalk ari@gmail .com	639	
2	GDCH Mumbai	Periodont ology	Dr. Rajesh Prabhakar Gaikwad	Professor (academic)	14/01/20 02	BDS 1996	MDS 2001	20 years 9 months	Yes	MUHS/E2/ UG /2101/1944 /2018	633290		72	perioraja @gmail.c om	9821098 772	No
		Periodont ology	Dr. Akshaya Banodkar		10/03/20 08	BDS 2001	MDS 2006	14 years 6 months		MUHS/E- 2/UG/2101 /3389 /2017	761694	PB 8111 F	9	nodkar@g mail.com	725	
		Periodont ology	Dr. Gulnar Sethna		10/03/20 14	BDS 1995	MDS 2010	10 years 4 months		2450/2015 MUHS/E2/ UG/2 101/1944/2 018	739641	PS 2884 H	69	@yahoo.c o.in	058	
		Periodont ology	Dr. Nilofar Attar		14	BDS 2005		10 years 10 months	Yes	MUHS/E2/ 2101/ 2450/2015 MUHS/E2/ UG/2 101/1944/2	839404	A969 3Q	83	a@gmail. com	814	No
						Go.	Homile			Go	W. Dei	ntal cumba	Solleg ai 400	& Hosp	oital	



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

Name of the College: Government Dental College and Hospital, Mumbai

Phone/Mobile No.: (022) 22620668

			Name of the subject	t: Prosthodon									_			
SN	Name 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)		Adhar No.	Pan No.	of Birth (Age in years	Latest Email Address	tNo. (Mob.)	Deb arr ed Yes /No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	1 7
1	GDCH Mumbai	Prosthod ontics and Crown & Bridge	Tembhurne	Professor and Head	08-08- 2017	BDS 1983	MDS 1987	35 yr 5 m	Yes	MUHS/E- 2/UG/2101 /953	792579 583437		1960	jundurwa de@gmail .com		No
2		Prosthod ontics and Crown & Bridge	Arti Parag Gangurde	Associate Professor	07-10- 2015	BDS 2002	MDS 2006	16yr 5 m	Yes	LETTER NO. MUHS/E- 2/2101/403 8/2014	825615 562386	PG13 34Q	1979 (43 yrs)	.000	9987074 536	No
3	GDCH Mumbai	Prosthod ontics and Crown & Bridge	Manish Ranvirsingh Chauhan	Associate Professor	01-12- 2015	BDS 2003	MDS 2007	15 yr 4 m	Yes	LETTER NO. MUHS/E- 2/2101/53/ 782/2016	803548 983582	AIOP	1980 (42 yrs)		9969122 463	
1	GDCH Mumbai	Prosthod ontics and Crown & Bridge	Niraja Jaiswal	Associate Professor	06-05- 2021	BDS 2004	MDS 2009	9 yr 10 m	Yes	LETTER NO. MUHS/E- 2/UG/2355 /2021			1981 (41 yrs)	dmirajajai swal@gm ail.com	9769644 860	
5	GDCH Mumbai	Prosthod ontics and Crown & Bridge	Ravikumar Akulwar	Assistant Professor	10-12- 2015	BDS 2004	MDS 2008	13yr 9 m	Yes	LETTER NO. MUHS/E- 2/2101/53/ 782/2016	760566 488024		1981	akulwar@ gmail.com		No

Gov. Dental Cologo & Hospital

Mumbai 400 001

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

Name of the College : Government Dental College and Hospital, Mumbai

Phone/Mobile No.: (022)22620668

Name of the subject: Public health dentistry

SN	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation		UG	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	of Birth (Age in years	Latest Email Address		Deb arr ed Yes /No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	7
			Chavan	Associate Professor	31/10/14		MDS In Public Health Dentistry , 2014	8 years 11 months		MUHS/E- 2/UG/2355 /2021 Letter dated 30/08/21 wef 3/5/21	758434		83	drsandhya .chavan84 @gmail.c om	888	No



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Govt. Dental College & Hospital Mumbai 400 001

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

Name of the College : Government Dental College and Hospital, Mumbai

Phone/Mobile No.: 02222620668

SN	College Name		Name of the subject Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG	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	Contac tNo. (Mob.)	Deb arr ed Yes /No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	7
	Mumbai		Dt.Tabita Joy Chettiankandy		28-08- 2000		MDS December 1999	23 years	Yes	No.MUHS/ E- 2/2101/390 3/2010 Date 16/12/2010	9582 290	AGIP B078 7D		dr.tabitajo v@gmail. com		No
2	GDCH Mumbai	1.Oral Patholog y and Microbio logy, 2. Dental Anatomy		Associate prof (Academic)	01/10/20	BDS JULY 2000	MDS MAY 2005	18years	yes	PG: MUHS/PG E- 2/111101/3 350/2018; 12/09/2018	753226	BEE PS97 35P	14/01/ 977	manisha ardar@re iffmail.co m	s9028002 d284/904 900033	

Govt. Dentai College & Hospital
Mumbai 400 001

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

Name of the College: Government Dental College and Hospital, Mumbai

Phone/Mobile No.: (022) 22620668 Name of the subject: Orthodontics

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	Contac tNo. (Mob.)	Deb arr ed Yes /No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	7
1	Mumbai	Orthodon tics And Dentofac ial Orthoped ics		Professor	23/2/201 9	BDS	MDS	18 Years		MUHS/E2/ UG/1484/2 022 6/6/2022	135484			gopinath7 3@hotmai l.com		NO
2	Mumbai	tics And Dentofac ial Orthoped	The same of the sa	Associate Professor	28/01/20 15	BDS 2002	MDS 2007	15 Years 6 months		2/2101/178 /17 28/1/2015	989380	GPP2 586E	80	Suryakant .powar@g mail.com	9967631 213	
3	GDCH Mumbai	Orthodont ics And Dentofaci al Orthopedi	Dr. Ghonmode Sumeet	Associate Professor	24/9/2009	2001 2001 College	MDS 2006	16 Years		MUHS/PG/ E- 2/2101/178 /17 14/1/2015	48404	LGPG 9725P	79	Sumeet_g honmode @yahoo.c om	060	NO

Gov. Dental College & Hospital Mumbai 400 001

SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

Name of the college: Government Dental College and Hospital, Mumbai

Phone/Mobile No.: (022) 22620668

Name of the subject: Pediatric and preventive dentistry

Sr. No.	Name of Teacher (Last Name First Name Middle Name)		Subject/ Speciality	Type of Appointm ent (Regular/. Temp. / Honora	Qualification	University Approx at (UG)		PG Teacher Recopnil ion Yes/No	(Recognition Letter Date issued by University.)	No. of PG Students Guided last 5 year	Date of Birth	E-mall ID	Mobile No.		Deb arre	Teac her
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	1 6	7
1		Control of the Contro	Pediatric Dentistry		M.D.S,	MUHS/E- 2/2101/245 0/2015	1 Years		MUHS/PG/E- 2/11110/4676 /2018 14-12- 2018	3 31	1973	dimplepad awe@gma il.com		9312479 93082	NO	



Govt. Dental College & Hospital

SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

Name of the college: Government Dental College and Hospital, Mumbai

Phone/Mobile No.: (022)22620668

Name of the subject: Oral Medicine and Radiology

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointm ent (Regular/. Temp. / Honora ry	Qualification	University Approx at (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recopnil ion Yes/No	(Recognition Letter Date issued by University.)	No. of PG Students Guided last 5 year	Date of Birth	E-mall ID	Mobile No.	Aadhar Card No	arre	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	1 6	7
	Dr Easwaran Ramaswami	And Head	Oral Medicine And Radiology	Regular		MUHS/E2/2 101/4835/20 15			Date: 26/8/22.	2021:1 2020:1		dreaswara n@yahoo. co.in			NO	
2	Kadam	Professor [Academic	Oral Medicine And Radiology	Regular		MUHS/E- 2/2101/2007 /953	15 years		MUHS/E- 2/PGT/103/20 08 dated 22- 2-2008	2022:1 2021:1	26-02-	sonalikdm @gmail.co m		9562813 87155	NO	



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Gov. Dental College & Hospital

Mumbai 400 001

Annexure-XVI-C

SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG €ourses)

Name of the college: Government Dental College and Hospital, Mumbai

Phone/Mobile No.: (022)22620668

Name of the subject: Conservative dentistry & endodontics

Sr. No.			Subject/ Speciality	Type of Appointm ent (Regular/. Temp. / Honora	Qualification	University Approx at (UG)		PG Teacher Recopnil ion Yes/No	(Recognition Letter Date issued by University.)	No. of PG Students Guided last 5 year	Date of Birth	E-mall ID	Mobile No.	No	Deb arre	Teacher
1	2	3	4	5 5	6	7	8	9	10	11	12	13	14	15	1 6	7
1	Abrar Bashir	and Head of	Conservative dentistry & endodontics	Regular		MUHSD/E - 2/UG/2101 /3038/2018	months		MUHS/PG/E- 2/111101/309 2/2018.Dated :16/08/2018		1979	abrars79@ gmail.47c om		3625929 88309	NO	

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Gov. Dental College & Hospital Mumbai 400 001

SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

Name of the college: Government Dental College and Hospital, Mumbai

Phone/Mobile No.: (022) 22620668

Name of the subject: Oral and maxillo-facial surgery

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Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointm ent (Regular/. Temp. / Honora	Qualification	University Approx at (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recopnil ion Yes/No	(Recognition Letter Date issued by University.)	No. of PG Students Guided last 5 year	Date of Birth	E-mall ID	Mobile No.	Aadhar Card No	Deb arre	Teac
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	6	7
1	Dr. Kavita Wadde	Professor (Academic		Regular		MUHS/E - 2/2401/1 80/2013	5	YES	MUHS/PG/ E-2/271/14	2	07-12- 1976	100	and the second second	81958 78488 69	No	
	Dr. Ashish		Oral & Maxillofac	Contractua		MUHS/E -2UG 3565/202 2			MUHS/E- 2/PG/3322/ 2021	1	20-09-	ashishd1 @rediff maii.co m	981919 7587		No	



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Govt. Dental College & Hospital Mumbai 400 001

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

Name of the college: Government Dental College and Hospital, Mumbai

Phone/Mobile No. ; (02) 222620668 Name of the subject: Periodontology

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointm ent (Regular/. Temp. / Honora	Qualification	University Approx at (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recopnil ion Yes/No	(Recognition Letter Date issued by University.)	No. of PG Students Guided last 5 year	Date of Birth	E-mall ID	Mobile No.	Aadhar Card No	If Deb arre d (Yes /No)	
1	2	3	4	5 5	6	7	8	9	10	11	12	13	14	15	1 6	1 7
1	Dr. C D Dhalkari	Professor and HOD	Periodontol ogy	Regular	MDS	MUHS/E 2/UG/210 1/588/201 0	13 years	Yes	22/03/2022	2018; 1 2019; 1 2020; 1 2021; 2 2022; 2	970	dreddhalk ari@gmai l.com	639	212287		
2	Dr. Rajesh Gaikwad	Professor (Acad)	Periodontol ogy	Regular Regular Colle	MDS	MUHS/E 2/UG/210 1/194420 18	9 years 3 months	Yes	03/05/2018	2018: 2 2019: 2 2020: 2 2021: 1 2022: 0	10/06/1 972	perioraja @gmai.c om		210680 633290	No	

Govt. Dental College & Hospital Mumbai 400 001

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

Name of the college: Government Dental College and Hospital, Mumbai

Phone/Mobile No.: (022) 22620668

Name of the subject: Prosthodontics, crown and bridge

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointm ent (Regular/. Temp. / Honora	Qualification	University Approx at (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recopnil ion Yes/No	(Recognition Letter Date issued by University.)	No. of PG Students Guided last 5 year	Date of Birth	E-mall ID	Mobile No.	- 3000	Deb arre	Teac her
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	6	7
1	Jyoti Prashant Tembhurn e	and Head	Prosthodo nties and Crown & Bridge	Regular	MDS	MUHS/E - 2/UG/21 01/953		Yes	NO. MUHS/PG/ E- 2/111101/2 764/17	2019:2		jundurw ade@gm ail.com	7436	79257 95834 37	No	

Govz Dantal College & Hospital
Mumbai 400 001

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

Name of the college: Government Dental College and Hospital, Mumbai

Phone/Mobile No.: (022)22620668 Name of the subject: Oral pathology

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointm ent (Regular/. Temp. / Honora	Qualification	University Approx at (UG)		PG Teacher Recopnil ion Yes/No	(Recognition Letter Date issued by University.)	No. of PG Students Guided last 5 year	Date of Birth	E-mall ID	Mobile No.	Aadhar Card No	Deb arre	Teac her
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	1 6	1 7
1		Head	Oral Pathology and Microbiolog y,	Regular		No.MUHS /E- 2/2101/390 3/2010 Date 16/12/2010		Yes	No.MUHS/E2 /111101/3757 /2019 Date: 16/10/2019	damao	13-03- 1973	dr.tubitajo y@gmail.c om	74	62298 9582 290	No	

Govt. Dental College & Floepital Mumbai 400 001

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

Name of the college: Government Dental College and Hospital, Mumbai

Phone/Mobile No.: (022)22620668 Name of the subject: Orthodontics

Sr. No.	Name of Teacher (Last Name First Name Middle Name)		Subject/ Speciality	Type of Appointm ent (Regular/, Temp. / Honora ry	Qualification	University Approx at (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recopnil ion Yes/No	(Recognition Letter Date issued by University.)	No. of PG Students Guided last 5 year	Date of Birth	E-mall ID	Mobile No.	Aadhar Card No		Sign of Teac her
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	1 6	7
1	Dr. Kallampill y Gopinath	Professor	Orthodonti es And Dentofacia I Orthopedi es	Temporary	100000000000000000000000000000000000000	YES	3 YEARS 6 MONTHS	YES		2019-20=2 2020-21=1 2021-22=1		250 000		32457 81354 84		

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Gent Dental College & Hospital
Mumbai 400 001