

**For Online Transmission of Question Papers:**

<b>SN</b>	<b>Infrastructure facilities at College</b>	<b>Yes /No</b>
<b>Strong Room :</b>		
<b>1</b>	It must have Single Door Entry/Exit (with Safety Door/Grill for windows)	<b>Yes</b>
<b>2</b>	Minimum Area shall be 20 x 20 sq. ft.	<b>Yes</b>
<b>3</b>	Adequate Steel Almirah/Cupboard for storage of Answer Books.	<b>Yes</b>
<b>4</b>	C.C.T.V. Camera with recording facility that covers entire area or Downloading and Printing of online transmission of QuestionPaper process.	<b>Yes</b>
<b>5</b>	Latest version Computer (Minimum 4) and Printer (Minimum 4) with Inverter facility, MS Office, PDF Reader, Winrar or Winzip.	<b>Yes</b>
<b>6</b>	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.	<b>Yes</b>
<b>7</b>	Adequate Number of Paper Rims for printing Question Papers.	<b>Yes</b>
<b>8</b>	One Photocopy Machine, UPS Backup.	<b>Yes</b>
<b>Scanning Room :</b>		
<b>9</b>	Separate Scanning Room for scanning Answer Books after end of Examination Session under CCTV Survellience. (Laptops and Scanners will be provided by the University Appointed Agency)	<b>Yes</b>
<b>10</b>	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.	<b>Yes</b>

**To Set Up DEC for Onscreen Evaluation of Answer Books :**

<b>SN</b>	<b>Infrastructure facilities at College</b>	<b>Yes /No</b>
<b>1</b>	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.	<b>Yes</b>
<b>2</b>	Wiring and Networking (with Raw Power Supply and UPS) and one Printer per DEC	<b>Yes</b>
<b>3</b>	Air conditioners, Bio metric system, CCTV installation, Rest rooms and 24 x 7 security.	<b>Yes</b>
<b>4</b>	Collapsible gate for the main entrance with Name board and locking facility.	<b>Yes</b>
<b>5</b>	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.	<b>Yes</b>
<b>6</b>	Appointment of one Professor as a Examination Co-ordinator to Co-ordinate this Online process.	<b>Yes</b>
<b>7</b>	Separate Evaluation Room for Evaluating the Answer Books under CCTV Survellience	<b>Yes</b>

**Annexure-XV-B**

**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

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 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	ContactNo. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	GDCH Mumbai	Pediatric Dentistry	Dr. Dimple Padawe	Professor and Head	12-09-2015	BDS – 1991 April	MDS – 1998 April	26 years 8months	Yes	MUHS/PG/E-2/11110/4676/2018 14-12-2018	931247993082	AGTP P4692A	21-01-1973	<a href="mailto:dimplepadawe@gmail.com">dimplepadawe@gmail.com</a>	9819297823	No
2	GDCH Mumbai	Pediatric Dentistry	Dr. Vilas Takate	Associate Professor	05-05-2021	BDS – 2006 August	MDS – 2012 August	12 years 4months	Yes	MUHS/E-2/UG/2574/2021	709291730756	AGJP T3246J	17-08-1984	<a href="mailto:vilastakate@gmail.com">vilastakate@gmail.com</a>	7588096747	No
3	GDCH Mumbai	Pediatric Dentistry	Dr Kishor Dighe	Assistant Professor	28-08-2017	BDS-2008 August	MDS- 2013	7 years 4 months	Yes	MUHS/E-2/UG/902/2019	599958276995	AQX PD5842N	08-06-1986	<a href="mailto:kd2467@gmail.com">kd2467@gmail.com</a>	9004891359	No

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

Name of the College :

Phone/Mobile No. :

Name of the Subject : Department of Public Health Dentistry

S N	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 Addresses	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1		Public Health Dentistry	Dr. Sandhya Chavan	Asso. Prof	4/5/21	BDS 2006	MDS 2014	9 years 6 months	YES	MUHS/E-2/UG/2355/2021, DATED 30/8/21	932497758434	ARAPC3086D	13/8/1983	Drsandhya.chavan84@gmail.com	9156388888	
2		Public Health Dentistry	Dr. Roshni Dupare	Asst. Prof	23/9/2017	BDS 2008	MDS 2012	12 years 8 months	YES	MUHS/E-2/UG/2101/2540/2018 dated 4/7/2018	865504751397	BEJPD9711F	14/08/1984	drroshni.dupare@yahoo.in	7709080024	
3		Public Health Dentistry	Dr. Priyanka Machale	Asst. Prof	23/9/2017	BDS 2009	MDS 2012	12 years 4 months	YES	MUHS/E-2/UG/2101/2540/2018 dated 4/7/2018		AZGPM3811N	20/1/1986	Priyanka_machale@yahoo.in	9594964845	

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**

**SUBJECT WISE ELIGIBLE EXAMINERS LIST (UG Courses)**

Name of the College : GOVERNMENT DENTAL COLLEGE AND HOSPITAL , MUMBAI

Phone/Mobile No. : 02222620668

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	GDCH MUMBAI	ENDO	Dr. Sayed Abrar Bashir Ahmed	HOD professor	1/9/2006	2000	2006	18 YEARS	YES	MUHS/PG/E-2/111101/3092/2018. Dated: 16/08/2018	362592988308	DJAPS6236E	8/7/1979 43 YEARS	abrars79@gmail.com	9619942159	NO
2	GDCH MUMBAI	ENDO	Dr. Kishor Sapkale	Associate Professor	27/08/2014	1998	2009	15 YEARS	YES	MUHS/PG/E-2/3577/14 Dated 31/12/2014	479026395666	AMRTS3050P	13/1/1976 48 YEARS	drkishorsapkale@gmail.com	8149797060	NO
3	GDCH MUMBAI	ENDO	Dr. Manoj Ramugade	Associate Professor	1/09/2015	2005	2010	14 YEARS	YES	MUHS/PG/E-2/2101/2298/2016 dated 17/09/2016	478404569790	AJOPR2899B	5/12/1983	manojminds05@yahoo.com	9869159131	NO

**Annexure-XV-B****MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK  
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)**

Name of the 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	ContactNo. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	GDCH MUMBAI	Oral Medicine and Radiology	Dr. Easwaran Ramaswami	Professor & head	26-06-2015	BDS 2003	MDS 2007	16 years 4 months	Yes	MUHS/E2/101/4835/2015 dated 9/12/2015	588430045554	AKDPR9389L	26-06-1980	dreaswaran@yahoo.co.in	9930831379	NO
2	GDCH MUMBAI	Oral Medicine and Radiology	Dr Sonali Kadam	Associate professor [academic professor]	26/10/1990 as Dental surgeon 4/12/2002 as Lecturer	BDS 1986	MDS 1997	26 years	Yes	MUHS/E-2/2101/2007/953	956281387155	AJFPK0654G	26-02-1963	sonalikdm863@gmail.com	9869022323	NO
3	GDCH MUMBAI	Oral Medicine and Radiology	Dr. Nimma Vijayalaxmi	Assistant professor [academic associate professor]	18-07-2016	BDS 2006	MDS 2012	12 years 7 months	Yes	MUHS/E-2/UG/2101/2714/2017. date:17/7/2017	451040665740	AJJPN8475E	23-06-1984	drvijayaomr@gmail.com	9676557606	NO
4	GDCH MUMBAI	Oral Medicine and Radiology	Dr Amit Ramchandani	Assistant Professor	31-03-2016	BDS 2006	MDS 2011	13 years	Yes	MUHS/E-2/UG/2101/2714/2017. date:17/7/2017	702061146818	ALLPR0347R	14-03-1984	dreamzarunlimited@gmail.com	9373104757	NO

**Annexure-XV-B****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 : 1.ORAL PATHOLOGY AND MICROBIOLOGY , 2. DENTAL ANATOMY, EMBRYOLOGY AND ORAL HISTOLOGY,

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.	Pa n No .	Date of Birth (Age in years)	Latest Email Addresses	Conta ctNo. (Mob. )	Debarre Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Government Dental College and Hospital Mumbai	1.Oral Pathology and Microbiology, 2. Dental Anatomy, Embryology and Oral Histology	Dt.Tabita Joy Chettiankandy	Professor & Head	28-08-2000	BDS May 1995	MDS December 1999	24 years	Yes	No.MUHS /E- 2/2101/3903/2010 Date 16/12/2010	622989582290	AGIP B0787D	13-03-1973	<a href="mailto:dr.tabitajoy@gmail.com">dr.tabitajoy@gmail.com</a>	9821642474	No
2	Government Dental College and Hospital Mumbai	1.Oral Pathology and Microbiology 2. Dental Anatomy, Embryology and Oral Histology	Dr Manisha Ahire (Sardar)	Associate prof (Academic)	01/10/2005	BDS JULY 2000	MDS MAY 2005	19years	yes	PG: MUHS/PG /E- 2/111101/3350/2018 ; 12/09/2018	677912753226	BEE PS9 735 P	14/01/1977	<a href="mailto:manishasardar@rediffmail.com">manishasardar@rediffmail.com</a>	9028002284/9049000339	no

**Annexure-XV-B****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 And Dentofacial Orthopedics

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	ContactNo. (Mob.)	Debarr ed Yes /No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Government Dental College And Hospital, Mumbai	Orthodontics And Dentofacial Orthopedics	Dr. Wasundhara Bhad	Professor & Dean	20/06/2023	BDS 1982	MDS 1989	34 Years	YES	MUHS/E-2/111101/PG/2446/2023	327312510738	ABLPB9992J	6/9/1961	Wasundhara.bhad@gmail.com	9890227819	NO
2	Government Dental College And Hospital, Mumbai	Orthodontics And Dentofacial Orthopedics	Dr. Powar Suryakant Narsing	Associate Professor	28/01/2015	BDS 2002	MDS 2007	17 Years	YES	MUHS/PG/E-2/2101/178/17 28/1/2015	457092989380	AWGPP2586E	11/6/1980	Suryakant.powar@gmail.com	9967631213	NO
3	Government Dental College And Hospital, Mumbai	Orthodontics And Dentofacial Orthopedics	Dr. Ghonmode Sumeet	Associate Professor	24/9/2009	BDS 2001	MDS 2006	17 Years 6 months	YES	MUHS/PG/E-2/2101/178/17 14/1/2015	210565748404	LGPG9725P	10/4/1979	Sumeet_ghonmode@yahoo.com	9920935060	NO

**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.:

Name of the subject: Periodontology

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	Government dental college and hospital, Mumbai	Periodontology	Dr. Rajesh Prabhakar Gaikwad	Professor (academic)	14/01/2002	BDS 1996	MDS 2001	23 years	Yes	MUHS/E2/UG/2101/1944/2018	210680633290	AFFPG0214G	06-10-72	<a href="mailto:perioraja@gmail.com">perioraja@gmail.com</a>	9821098772	No
2	Government dental college and hospital, Mumbai	Periodontology	Dr. Akshaya Banodkar	Associate professor	10/03/2008	BDS 2000	MDS 2006	15 years 9 months	Yes	MUHS/E-2/UG/2101/3389/2017	573262761694	ALRPF8111	16/05/79	<a href="mailto:akshayabanodkar@gmail.com">akshayabanodkar@gmail.com</a>	9004782725	No
3	Government dental college and hospital, Mumbai	Periodontology	Dr. Gulnar Sethna	Associate professor (academic)	10/03/2014	BDS 1993	MDS 2010	12 years 3 months	Yes	MUHS/E2/2101/2450/2015 MUHS/E2/UG/2101/1944/2018	706043739641	AYTPS2884H	1/10/69	<a href="mailto:gulnar110@yahoo.co.in">gulnar110@yahoo.co.in</a>	9819723058	No



**Annexure-XV-B**

4	Government dental college and hospital, Mumbai	Periodontology	Dr. Nilofar Attar	Associate professor (academic)	10/03/2014	BDS 2005	MDS 2010	12 years 9 months	Yes	MUHS/E2/2101/2450/2015 MUHS/E2/UG/2101/1944/2018	650678839404	AIPP A9693 3Q	3/10/8	<a href="mailto:niloattar@gmail.com">niloattar@gmail.com</a>	9987507814	No
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**Annexure-XV-B**

**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: Prosthodontics/ 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	Aadhaar 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	GDCH, Mumbai	Prosthodontics and Crown & Bridge	Arti Parag Gangurde	Professor	07-01-2025	BDS 2002	MDS 2006	17yr 5 m	Yes	LETTER NO. MUHS/E-2/2101/4038/2014	825615562386	ALAPG1334Q	29-09-1979 (43 yrs)	docartipg@gmail.com	9987074536	No
2	GDCH, Mumbai	Prosthodontics and Crown & Bridge	Manish Ranvir Singh Chauhan	Associate Professor	01-12-2015	BDS 2003	MDS 2007	16 yr 4 m	Yes	LETTER NO. MUHS/E-2/2101/53/782/2016	803548983582	AIOPC6099D	05-10-1980 (42 yrs)	drmach055@gmail.com	9969122463	No
3	GDCH, Mumbai	Prosthodontics and Crown & Bridge	Niraja Jaiswal	Associate Professor	06-05-2021	BDS 2004	MDS 2009	10 yr 10 m	Yes	LETTER NO. MUHS/E-2/UG/2355/2021	445155571070	ANAPJ4057F	29-10-1981 (41 yrs)	drnirajajaiswal@gmail.com	9769644860	No

**Annexure-XV-B**

4	GDCH, Mumbai	Prosthodontics and Crown & Bridge	Ravikumar Akulwar	Associate Professor	07-01- 2025	BDS 2004	MDS 2008	14yr 9 m	Yes	LETTER NO. MUHS/E- 2/2101/53 /782/2016	760566488024	AHQPA0320E	10-01- 1981 (42 yrs)	akulwar@ gmail.com	9987762387	No
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**Annexure-XV-B**

**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.:

Name of the subject: Oral 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 Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Aadhaar 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	G. D. C. & H., MUMBAI	Oral & Maxillofacial surgery	Dr. Abhilasha Yadav	Professor and Head	15/10/2024	2002	2008	11 years, 9 months	Yes	MUHS/E-2/111101/PG/2019/2024	398681293965	ACTPY7641J	08/07/1979	drabhilasha@yahoo.com	9890002523	No
2	G. D. C. & H., MUMBAI	Oral & Maxillofacial surgery	DR. KAVITA WADDE	Professor (Academic)	29-10-2013	2000	2006	17	Yes	MUHS/E-2/UG/2502/2022 DATE-02/08/2022	819587848869	ABDPW6901C	07-12-1976	drkavitawadde@yahoo.com	9004799405	No
3	G. D. C. & H., MUMBAI	Oral & Maxillofacial surgery	DR. PRAJWALIT KENDE	Associate Professor.	05-05-2018	2002	2006	16	Yes	MUHS/PG/E-2/111101/1145/2018	818400002715	AQRPK6343H	09-09-1979	prajwalitkende1979@gmail.com	9324715824	No
4	G. D. C. & H., MUMBAI	Oral & Maxillofacial surgery	DR. SAMEER KHAIRE	Associate Professor	03-05-2021	2000	2007	14	Yes	MUHS/E-2/2401/Teacher Approval/180/2013 date-18/01/2013	325089424518	BBIPK4049P	30-05-1979	sameerdkhair@gmail.com	9767887203	no
5	G. D. C. & H., MUMBAI	Oral & Maxillofacial surgery	DR. MONALI GHODKE	Assistant Professor	20-01-2015	2005	2010	13	Yes	MUHS/E-21/2101/1755/2015 DATE-15-05-2015	992100357644	AWVPG4581B	11-10-1982	dentistmonali@gmail.com	9892718471	no

## 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 And Dentofacial Orthopedics

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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr. Wasundhara Bhad	Professor	Orthodontics And Dentofacial Orthopedics	Permanent	MDS	YES	17 years	YES	MUHS/E-2/111101/PG/2446/2023	2018-19=2 2019-20=2 2020-21=1 2021-22=1 2023-24=1	06/09/1961	wasundhara.bhad@gmail.com	9821167417	327312510738	No	
2	Dr. Powar Suryakant Narsing	Associate Professor and Head of Dept	Orthodontics And Dentofacial Orthopedics	Permanent	MDS	YES	5 years	YES	MUHS/PG/E-2/2101/178/1728/1/2015	2019-20=1 2020-21=1 2021-22=1 2023-24=1		suryakant.powar@gmail.com	9769193226	457092989380	No	
3	Dr. Ghonmode Sumeet	Associate Professor	Orthodontics And Dentofacial Orthopedics	Permanent	MDS	YES	4 years	YES	MUHS/PG/E-2/2101/178/1714/1/2015	2020-21=1 2021-22=1 2023-24=1	10/04/1979	Sumeet_ghonmode@yahoo.com	9920935060	210565748404	No	

## 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. : 02222620668

Name of the subject: Conservative dentistry &amp; endodontics

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 Debarrd (Yes/No)	Sign. of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr. Sayed Abrar Bashir Ahmed	Professor and Head of the dept	Conservative dentistry & endodontics	Regular	MDS	MUHS/D-2/UG/2101/3038/2018	10 years	YES	MUHS/PG/E-2/111101/3092/2018.Dated :16/08/2018	6	08-07-1979 (43 years)	<a href="mailto:abrar79@gmail.com">abrar79@gmail.com</a>	9619942159	362592988309	NO	
2	Dr.Kishor Sapkale	Associate Professor	Conservative dentistry & endodontics	Regular	MDS	MUHS/E-2/2101/5666/2014	9 years	YES	MUHS/PG/E-2/3577/14 Dated 31/12/2014	6	13-01-1976 (48 years)	drkishorsapkale@gmail.com	8149797060	479026395666	NO	
3	Dr.Manoj M Ramugade	Associate Professor	Conservative dentistry & endodontics	Regular	MDS	MUHS/E-2/2101/4835/2015	8 Years	YES	MUHS/PG/E-2/2101/2298/2016 dated 17/09/2016	5	05-12-1983 (40 years)	manojmrams05@yahoo.co.in	9869159131	478404569790	NO	

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**

**SUBJECT WISE ELIGIBLE EXAMINERS LIST(PG Courses)**

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

Phone/ Mobile No. :

Name of the Subject: Oral and Maxillofacial Surgery

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject /Speciality	Type of Appointment (Regular/. Temp. /Honorar y)	Qualification	University Approx at (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recopnilion Yes/No	(Recognition Letter Date issued by University.)	No. of PG Students Guided last 5 year	Date of Birth	Email ID	Mobile No.	Aadhar Card No	If Deb arred (Yes /No)	Sign . Of Teach er
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr. Abhilasha Yadav	Professor and Head	Oral & Maxillofacial surgery	Regular	M. D. S.	Mumbai	11 years, 9 months	YES	MUHS/E-2/111101/PG/209/2024	8	08/07/1979	drabhilasha@yahoo.com	9890002523	898681293965	No	
2	Dr. Wadde Kavita Ramesh	Professor (Academic)	Oral & Maxillofacial surgery	Regular	M. D. S.	Mumbai	9	YES	MUHS/PG/E-2/271/14 Date-22/01/2014	11	07-12-1976	<a href="mailto:drkavitawadde@yahoo.com">drkavitawadde@yahoo.com</a>	9004799405	819587848869	No	
3	Dr. Sameer Dashrath Khaire	Associate Professor	Oral & Maxillofacial surgery	Regular	M. D. S.	Mumbai	2 months	YES	MUHS/E-2/111101/PG/3201/2023	1	30-05-1979	<a href="mailto:sameerdkhnaire@gmail.com">sameerdkhnaire@gmail.com</a>	9767887203	325089424518	No	

## 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 and Crown &amp; Bridge

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Specialty	Type of Appointment (Regular/. Temp. /Honorar y)	Qualification	University Approval (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 5year	Date of Birth	Em all i D	Mo bil eN o.	Aa dha rCa rd No	If Debarr ed (Yes/N o)	Sign. Of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Arti Parag Gangurde	Professor	Prosthodontics and Crown & Bridge	Regular	MDS	LETTER NO. MUHS/E-2/2101/4038/2014	9yrs	Yes	E-2/2101/53/251/2016	4	29-09-1979	<a href="mailto:docartip@gmail.com">docartip@gmail.com</a>	9987074536	825615562386	No	
2	Manish Ranvir Singh Chauhan	Associate Professor	Prosthodontics and Crown & Bridge	Regular	MDS	LETTER NO. MUHS/E-2/2101/53/782/2016	8yrs	Yes	E-2/2101/53/251/2016	2	05-10-1980	<a href="mailto:drmach055@gmail.com">drmach055@gmail.com</a>	9969122463	803548983582	No	
3	Niraja Jaiswal	Associate Professor	Prosthodontics and Crown & Bridge	Regular	MDS	MUHS/E-2/UG/2574/2021	6yrs	Yes	MUHS/E-2/UG/2574/2021	1	29-10-1981	nirajajaiswal@gmail.com	9769644860	445155571070	No	



**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. : 02222620668

Name of the Subject: Pediatric and Preventive Dentistry

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 Debarrd (Yes/No)	Sign. of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr. Padawe Dimple	Professor And Hod	Pediatric Dentistry	Regular	B.D.S., M.D.S, M.B.A., P.G.D.P.C., P.G.D.H.R	Muhs, Nashik	5 Years	Yes	MUHS/PG/E-2/11110/4676/2018 14-12-2018	8	21-01-1973	<a href="mailto:dimplepadawe@gmail.com">dimplepadawe@gmail.com</a>	9819297823	931247993082	NO	
2	Dr. Vilas Takate	Associate Professor	Pediatric Dentistry	Regular	B.D.S., M.D.S.	MUHS, NASHIK	4Years	YES	MUHS/E-2/UG/2574/2021	03	17-08-1984	<a href="mailto:vilastakate@gmail.com">vilastakate@gmail.com</a>	7588096747	709291730756	NO	

**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. :

Name of the Subject : Oral Pathology

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 Recopnil ion 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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dt.Tabita Joy Chettiankandy	Professor & Head	Oral Pathology and Microbiology,	Regular	MDS	No.MUHS /E- 2/2101/3903/2010 Date 16/12/2010	15 years	Yes	No.MUHS/P G/E- 2/111101/3757/2019 Date: 16/10/2019	6	13-03-1973	<a href="mailto:dr.tabitajoy@gmail.com">dr.tabitajoy@gmail.com</a>	9821642474	622989582290	No	
3	Dr Manisha Ahire (Sardar)	Associate prof (Academic)	Oral Pathology and Microbiology,	Regular	MDS		7 years	Yes	PG: MUHS/P G/E - 2/111101/3350/2018; 12/09/2018	4	14/01/1977	<a href="mailto:manishasardar@rediffmail.com">manishasardar@rediffmail.com</a>	9028002284/9049000339	677912753226	No	

**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.:

Name of the Subject: Periodontology

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. Rajesh Gaikwad	Professor (Acad)	Periodontology	Regular	MDS	MUHS	10 years 11 months	Yes	03/05/2018	2019-2020: 2 2020-2021: 2 2021-2022: 1 2022-2023: 0 2023-2024: 1	10/06/1972	perioraja@gmail.com	9821098772	210680633290	No	
2	Dr. Akshaya Banodkar	Associate Professor	Periodontology	Regular	MDS	MUHS	9 years 4 months	Yes	22/09/2017	2019-2020: 1 2020-2021: 1 2021-2022: 0 2022-2023: 1 2023-2024: 0	16/05/1979	akshayabanodkar@gmail.com	9004782725	573262761694	No	

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

Name of the College :

Phone/Mobile No. :

Name of the Subject : Oral Medicine &amp; Radiology

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 Recopnil ion 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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr Easwaran Ramaswami	Professor & Head	Oral Medicine & Radiology	Permanent	MDS	MUHS/E2/101/4835/2015 dated9/12/2015	7years 4 months	Yes	MUHS/PG/E2/2101/178/17 dated 10-07-2017	5	26-06-1980	<a href="mailto:dreaswaran@yahoo.co.in">dreaswaran@yahoo.co.in</a>	9930831379	58830045554	No	
2	Dr Sonali G Kadam	Associate professor, Professor (academic)	Oral Medicine & Radiology	Permanent	MDS	MUHS/E-2/2101/2007/953	16 years	Yes	MUHS/E-2/PGT/103/2008	7	26-02-1963	Sonalikdm863@gmail.com	9869022323	956281387155	No	
3	Dr Vijayalaxmi Nimma	Associate professor	Oral Medicine & Radiology	Permanent	MDS	MUHS/E-2/UG/2101/2714/2017. date:17/7/2017	3 years	Yes	MUHS/E-2/PG/3280/2021/	3	23-06-1983	vijayaomr@gmail.com	9676557606	451040665740	No	

