MUHS

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

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डॉ. सुनिल ह. फुगारे
एम.एस्सी., पीएच.डी.
उपकुलसचिव

Dr. Sunil H. Fugare
MSc. Ph.D.
Deputy Registrar

Out No.: MUHS/Acad/ E-2/PG/111101/ 320 /2025 Date: 11/ 09/2025

To,
The Dean,
Government Dental College &
Hospital, St. Georges Hospital
Compound, P. D'mello Road.Fort,
Mumbai- 400 001

Sub: Recognition as Post-Graduate Teacher.

Ref : 1) University Direction No.01/2017 dated 13/04/2017.
2) महाविद्यालयांचे पत्र क्रं/शादंमवरुमुं/विवि/पदवी/पदव्युत्तर/शिक्षकमान्यता/६०४३/२०२५ दि.२८/०८/२०२५

Sir / Madam,

With reference cited above, I am directed to inform you that, the proposal of Recognition as Post-Graduate Teacher of the following teacher(s) has been considered by the University subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree Course(s) in the subject mentioned against his/ her/ their name as indicated below & Subject to following conditions.

Sr. No.	Subject	Name of the Teacher	Designation	Status of PG Recognition
01	Prosthodontics and Crown & Bridge	Dr. Shirish Manikrao Pawar	Associate Professor	w.e.f. 28/08/2025 & onwards as per terms & conditions of the appointment order.

1) The recognition granted is subject to mandatory participation of a Post-Graduate teacher in "**Research Methodology Workshop**" organized by the University or it's Department of Medical Education Technology (MET), Pune. Also, it is mandatory for a Post-Graduate teacher to participate in "**Advance Course in Research Methodology Workshop**". This certificate shall remain valid for five years only and it must be renewed after **every five years**. You may refer the University Circular No. 14/2011 dated 23/06/2011 and Circular No. 25/2024 dated 05/04/2024.
2) Kindly note that the Recognition granted by the University is valid till the above said teacher(s) is in the services of the said PG teaching Institute/College or attains the age of superannuation, whichever happens earlier.
3) A copy of this letter may be handed over to concerned teacher.

11/9
Dy. Registrar

Copy to:	1)	The Controller of Examinations, MUHS, Nasik.
	2)	The University Academic Wing, MUHS, Nashik.

Note: In case, if it is found at later stage that information furnished in Post Graduate Recognition form by the teacher concerned is incorrect, PG Recognition/UG approval granted by the University will stand cancelled.

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