

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

Name of the College: **SINHGAD DENTAL COLLEGE & HOSPITAL, PUNE**
 Phone/Mobile No.: **020 - 24333407/0503**
 Name of the Subject: **Prosthodontics and Crown & Bridge**

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Specialty	Type of Appointment (Regular/Temporary/Honorary)	Qualification	University Approves in TUG	PG Teaching Experience (in Years) after FCM	PG Teacher Designation (Yes/No)	Recognition Letter Date (Issued by University)	No. of PG Students Guided last 5 year	Date of Birth	Email ID	Mobile No.	Author Card No.	If Disbarred (Yes/No)	Sign of Teacher
1	Dr. Palanker Jayant Nandkumar	Professor	Prosthodontics	Regular	MDS	Yes	18 years	Yes	MCHS/G/E-25/11/2012 dt: 05.11.2012	28	17.02.1968 54 years 11 months	jp.alaskar@yahoo.com	7020804412	XXXXXXXXXX1387	No	
2	Dr. Hindocha Anant Dhansukhlal	Professor	Prosthodontics	Regular	MDS	Yes	10 years	Yes	MCHS/G/E-27/04/2020/2022 dt: 25/10/2022	6	24.05.1980 42 years 8 months	anindhindocha@gmail.com	9822523276	XXXXXXXXXX8101	No	

Dr. Sameer Patil
Principal



Name of the College: **SINHGAD DENTAL COLLEGE & HOSPITAL, PUNE**
 Phone/Mobile No.: **020 - 24351307/0403**
 Name of the Subject: **Oral and Maxillofacial Surgery**

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

Annexure-VI(C)

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject Specialty	Type of Appointment (Regular/Temporary/Honorary)	Qualification	University Approval (U/G)	PG Teaching Experience (in Years) after FCM	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.	Author Card No	IFD Shared (Yes/No)	Sign of Teacher
1	Dr. Suryavanshi Rajendra Kumar Keshavnaji	Professor & HOD	Oral and Maxillofacial Surgery	Temporary	MDS	Yes	24 Year	Yes	MUHS/B-2/PG/3890/2022, dt: 25/10/2022	5	08/06/1967	suryavanshikgk@gmail.com	9922994197	XXXXXXXXXX7555	No	
2	Dr. Sanjay Shaligram Chaudan	Professor	Oral and Maxillofacial Surgery	Regular	MDS	Yes	12 Year	Yes	MUHS/B-2/PG/5312206/350 5/2017	5	14/06/1996	sanjay.chaudan@hotmail.com	9860512325	XXXXXXXXXX4548	No	


 Dr. Sanjay Shaligram Chaudan
 Principal



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

Name of the College: SINHGAD DENTAL COLLEGE & HOSPITAL, PUNE
Recognizable No.: 020 - 2435340705/03
Name of the Subject: Oral Pathology & Microbiology

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject Specialty	Type of Appointment (Regular/Temporary)	Qualification	Exercises Appoint at (UG)	PG Teaching Experience (in Years) after PCM	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.	Author Card No.	If Debarred (Yes/No)	Sign of Teacher
1	Dr. Sarojee Patilkar	Professor and Head	Oral Pathology & Microbiology	Regular	MDS	Yes	16 years	Yes	NAHS/POE: 2/5/13, dt: 05/01/2013	9	10/04/1968	patilkar.sarajee@gmail.com	9021715810	XXXXXXXXXX8165	No	

Dr. Sumeet Patil
Principal



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

Name of the College: SINHGAD DENTAL COLLEGE & HOSPITAL, PUNE
Phone/Mobile No: 020 - 24351307/0303
Name of the Subject: Conservative Dentistry Endodontics

Sl. No.	Name of Teacher (Last Name, First Name, Middle Name)	Designation	Subject Speciality	Type of Appointment (Regular/Temporary/Honorary)	Qualification	University Approved (U/G)	PG Teaching Experience (in Years) other PCME	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.	Author Card No	If Debarred (Yes/No)	Sign. of Teacher
1	Dr. Shah Dipali Yogesh	Professor & HOD	Conservative Dentistry	Temporary	MDS	Yes	10 years	Yes	MDHS/E2/3890/2022 dt:25/10/2022	7	25/12/1971	dipali.mugla@yahoo.com	98901951	XXXXXXXXXX3163	No	
2	Dr. Desai Niranjan Naranabeb	Professor	Conservative Dentistry	Temporary	MDS	Yes	8 Year	Yes	MDHS/E2/PG/3890/2022 dt:25/10/2022	5	01/03/1982	nirdeesai1982@gmail.com	9637801919	XXXXXXXXXX2599	No	

Dr. Samrat Patil
Principal



Name of the College: **SINHGAD DENTAL COLLEGE & HOSPITAL, PUNE**
 Phone/Mobile No.: **020 - 24051307/0503**
 Name of the Subject: **Periodontology**

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

Amruteswar-NVLG

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Specialty	Type of Appointment (Regular/ Temporary)	Qualification	University Approval in (UET)	PG Teaching Experience (in Years) after PCME	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.	Author Card No.	If Refused (Yes/No)	Sign of Teacher
1	Dr. Nihal Dattatraya Devkar	Professor & In-Charge	Periodontology	Regular	MDS	Yes	10 yrs 10 month 23 days	Yes	MLHS/PG-E-2/ 2206/1807/2017, dated 12/07/2017	10	17/03/1978	drdevkar@gmail.com	9420481411	XXXXXXXXXX 7618	No	
2	Dr. Rajlaxendra Shrinani Medhikeri	Professor	Periodontology	Regular	MDS	Yes	10 yrs 11 Months	Yes	MLHS/PG-E2/PG/389 0/2022, dt: 25/10/2022	3	25/01/1978	rajghu.medhikeri13@gmail.com	9760337620	XXXXXXXXXX 7617	No	

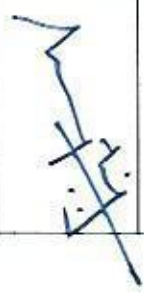
Dr. Saurabh Patil
 Principal



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE FET/PHD & EXAMINERS LIST (PG Course)

Annexure-XVI-C

Name of the College: **SINHGAD DENTAL COLLEGE & HOSPITAL, PUNE**
 Phone/Mobile No.: 020 - 24351307/03/03
 Name of the Subject: **Orthodontics Dento-facial Orthopedics**

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject Specialty	Type of Appointment (Regular/Temporary)	Qualification	University Approved (Yes/No)	PG Teaching Experience (in Years) after PCM	PG Teacher (Yes/No)	Responsible Letter (Date issued by University)	No. of PG Students Guided last 5 year	Date of Birth	E-mail ID	Mobile No.	Author Card No	If Debarred (Yes/No)	Sign of Teacher
1	Dr. Paili Sumeet Sidhagouda	Principal, Professor & HOD	Orthodontics Dento-facial Orthopedics	Regular	MDS	Yes	22 years 05 months	Yes	MUHS/GE-2531/3, dt. 05.01.2013	8	23/10/1971 50YRS 9M ON THIS	drsumeetpaili@gmail.com	8350590110	XXXXXXXXXX3084	No	
2	Dr. Poonis Shweta Sumeet	Professor	Orthodontics Dento-facial Orthopedics	Regular	MDS	Yes	15 years 05 months	Yes	MUHS/GE2/PG/389 dt. 02/02/2022, dt. 23/10/2022	5	3/10/1977 44YRS 10M ON THIS	drshwetapoonis@gmail.com	9880799394	XXXXXXXXXX6951	No	

Dr. Sumeet Paili
Principal



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG, College)

AMRASHETK-VY-1-C

Name of the College: **SINHGAD DENTAL COLLEGE & HOSPITAL, PUNE**
 Phone/Mobile No: **020-24551307/9503**
 Name of the Subject: **Pedodontics and Preventive Dentistry**

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject Speciality	Type of Appointment (Regular/Temporary)	Qualification	University Approved (U/G)	PG Teaching Experience (on PGD)	PG Teacher Recognition (on PGD)	(Recognition Letter Date issued by University)	No. of PG Students Guided last 5 year	Date of Birth	E-mail ID	Mobile No.	Auditor Card No.	If Debarred (Yes/No)	Sign of Teacher
1	Dr. Punit Raju Umaji	Professor & Head	Pedodontics and Preventive Dentistry	Regular	BDS/2000 , MDS 2005 (Pedo)	YES	12.6 years	Yes	MUHS/PG/E- 2/2006/1807/2017 Dated 12/07/2017	9	13/11/1976 (47)	npunit13@yahoo.com	8871963896	XXXXXXXXXX8637	No	<i>Punit</i>

YH
 Dr. Sameer Paul
 Principal



Name of the College: **SINHGAD DENTAL COLLEGE & HOSPITAL, PUNE**
 Phone/Village No.: **020 - 2435 3070/3071**
 Name of the Subject: **Oral Medicine & Radiology**

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

Annexure-VI-C

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject Specialty	Type of Appointment (Regular/Temporary)	Qualification	University Approved at UGC	PG Teaching Experience (in Years) after PCM	PG Teacher Recruitment Yes/No	Recognition Letter Date issued by (Institution)	No. of PG Students Guided last 5 years	Date of Birth	E-mail ID	Mobile No.	Author Card No.	If Debarred (Yes/No)	Sign of Teacher
1	Dr. Jangam Dnyaneshwar	Professor & Head	Oral Medicine & Radiology	Regular	MDS	Yes	16 Years	Yes	MUHS/PG/E-2/1929/2022, dated 1/07/2022	8	21/05/1958	dny.jangam@yahoo.in	9422006256	XXXXXXXXXX5000	No	<i>Dnyaneshwar Jangam</i>

[Signature]
 W. Sankar Paul
 Principal



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

Name of the College: **SINHGAD DENTAL COLLEGE & HOSPITAL, PUNE**
 Phone/Mobile No.: **020 - 24351307/0503**
 Name of the Subject: **Public Health Dentistry**

Sl. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Specialty	Type of Appointment (Regular, Temporary, Honorary)	Qualification	University Approved (U.C.)	PG Teaching Experience (in Years) after PCN	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.	Is Debarred (Yes/No)	Sign. of Teacher
1	Dr. Shetty Vinaldas Babu	Professor & HOD	Public Health Dentistry	Regular	MDS	Yes	15 Years	Yes	MUHS/PGF-202823 dated 03/10/10/2013	9	25/12/1962	vinh2562@yahooco.in	9881366035	XXXXXXXXXX5874	No	


 Dr. Sameer Paul
 Principal

