Annexure-XVI-C

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 - 24351307/05/03
Name of the Subject : Prosthodontics and Crown & Bridge

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/Temp./ Honorary	Qualification	University Approv 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. Palaskar Jayant Nandkumar	Professor	Prosthodontics	Regular	MDS	Yes	18 years	Yes	MUHS/G/E-2/53/13, dt: 05.11.2012	28	17.02.1968 54 years 11 months	jpalaskar@yahoo.com	7020804412	XXXXXXXX1387	No	
2	Dr. Hindocha Amit Dhansukhlal	Professor	Prosthodontics	Regular	MDS	Yes	10 years	Yes	MUHS/E-2/PG/3890/2022, dt: 25/10/2022	6	24.05.1980 42 years 8 months	amithindocha@gmail.com	9822553276	XXXXXXXX8161	No	

Dr. Sameer Patil
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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 - 24351307/05/03
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./ 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. Suryavanshi Rajendrakumar Krishnaji	Professor & HOD	Oral and Maxillofacial Surgery	Temporary	MDS	Yes	24 Year	Yes	MUHS/E-2/PG/3890/2022, dt: 25/10/2022	5	05/06/1967	suryavanshirajuk@gmail.com	9922994797	XXXXXXXX7555	No	
2	Dr. Sanjay Shaligram Chandan	Professor	Oral and Maxillofacial Surgery	Regular	MDS	Yes	12 Year	Yes	MUHS/E-2/UG/53/2206/3505/2017	5	14/06/1996	sanjaychandan@hotmail.com	9860532325	XXXXXXXX4548	No	

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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 - 24351307/05/03
Name of the Subject : Oral Pathology & Microbiology

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/.Temp./ Honorary	Qualification	University Approv 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. Sangeeta Palaskar	Professor and Head	Oral Pathology & Microbiology	Regular	MDS	Yes	16 years	Yes	MUHS/PG/E-2/53/13, dt: 05/01/2013	9	10/05/1968	plaskarsangeeta@gmail.com	9021715510	XXXXXXXX8165	No	

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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 - 24351307/05/03
Name of the Subject : Conservative Dentistry Endodontics

Sr. No	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp. / Honorary	Qualification	University Approv 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.Shah Dipali Yogesh	Professor & HOD	Conservative Dentistry	Temporary	MDS	Yes	10 years	Yes	MUHS/E2/3890/2022 dt:25/10/2022	7	25/12/1971	dipali.nagda@yahoo.com	98901951	XXXXXXXX3163	No	
2	Dr. Desai Niranjan Nanasaheb	Professor	Conservative Dentistry	Temporary	MDS	Yes	8 Year	Yes	MUHS/E2/PG/3890/2022 dt: 25/10/2022	5	01/05/1982	nirdesai1982@gmai.com	9637801919	XXXXXXXX2599	No	

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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 - 24351307/05/03
Name of the Subject : Periodontology

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Specialty	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.Nihal Dattatrayn Devkar	Professor & In-Charge	Periodontology	Regular	MDS	Yes	10 yrs 10 month 23 days	Yes	MUHS/PG/E-2/ 2206/1807/2017, dated 12/07/2017	10	17/03/1978	drdevkar@gmail.com	9420481441	XXXXXXXX 7618	No	
2	Dr. Raghavendra Shrishail Medikeri	Professor	Periodontology	Regular	MDS	Yes	10 yrs 11 Months	Yes	MUHS/E2/PG/3890/2022, dt: 25/10/2022	3	25/01/1978	raghu.medikeri15@gmail.com	9766337620	XXXXXXXX7377	No	

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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 - 24351307/05/03
Name of the Subject : Orthodontics 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	Dr.Patil Sameer Sidhagouda	Principal, Professor & HOD	Orthodontics Dentofacial Orthopedics	Regular	MDS	Yes	22 years 05 months	Yes	MUHS/G/E-2/53/13, dt: 05/01/2013	8	23/10/1971 50YRS 9MONTHS	drsameerpatil@gmail.com	8550990110	XXXXXXXX3084	No	
2	Dr. Potnis Sheetal Sameer	Professor	Orthodontics Dentofacial Orthopedics	Regular	MDS	Yes	15 years 05 months	Yes	MUHS/E2/PG/3890/2022, dt: 25/10/2022	5	3/10/1977 44YRS 10MNTHS	drsheetalpotnis@gmail.com	9890799594	XXXXXXXX6951	No	

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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 - 24351307/05/03
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/ 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. Patil Raju Umaji	Professor & Head	Pedodontics and Preventive Dentistry	Regular	BDS(2000), MDS 2005 (Pedo)	YES	12.6 years	Yes	MUHS/PG/E-2/2206/1807/2017 Dated 12/07/2017	9	13/11/1976 (47)	rupat13@yahoo.com	8871963896	XXXXXXXX8637	No	

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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 - 2435 3107/05/03
Name of the Subject Oral Medicine & Radiology

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/Temp./ Honorary	Qualification	University Approv 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.Jangam Daya.Kaustub	Professor & Head	Oral Medicine & Radiology	Regular	MDS	Yes	16 Years	Yes	MUHS/PG/E-2/ 1929/2022, dated 1/07/2022	8	22/05/1958	dayajangam@yahoo.in	9422006256	XXXXXXXX5800	No	Daya K. Jangam

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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 - 24351307/05/03
Name of the Subject : Public Health 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 Debarred (Yes/No)	Sign. of Teacher
1	Dr. Shetty Vittaldas Babu	Professor &HOD	Public Health Dentistry	Regular	MDS	Yes	15 Years	Yes	MUHS//PGE-2/2823,dated.03/10/10/2013	9	25/12/1962	vital2562@yahoo.co.in	9881366035	XXXXXXXX5874	No	

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