

Annexure- XVI

**Examination related
information**

For Online Transmission of Question Papers:

SN	Infrastructure facilities at College	Yes /No
Strong Room :		
1	It must have Single Door Entry/Exit (with Safety Door/Grill for windows)	Yes
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 mbps 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.	Yes
Scanning Room :		
9	Separate Scanning Room for scanning Answer Books after end of Examination Session under CCTV Surveillance. (Laptops and Scanners will be provided by the University Appointed Agency)	Yes
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 mbps speed, by an another Class 'A' ISP to ensure uninterrupted downloading facility, with 2(two) static IP's, Internet Dongle.	Yes

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 mbps 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 Co-ordinate this Online process.	Yes
7	Separate Evaluation Room for Evaluating the Answer Books under CCTV Surveillance	Yes

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

Name of the College :Govt. Dental College & Hospital, Nagpur

Phone/Mobile No. :

Name of the Subject : Oral & Maxillofacial 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	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
	GDCH	Oral & Maxillofacial Surgery	Dr. Abhay Datarkar	Dean And Professor	20-04-2015	BDS May 1996	MDS Dec 1999	23 yrs	Yes	MUHS/E-2/2501/SSC/2241/2015 Dt 12.6.2015	723870199575	AEH PD9872J	5/11/1974	abhaydatarkar@yahoo.com	9822698145	No
			Dr. Prashant Pandilwar	Professor	17-10-2016	BDS April 1988	MDS April 1990	32 yrs	Yes	MUHS/E-2/UG/956/2022 dt 18/04/2022	485272763115	AAQ PP7838K	4/4/1965	prashant.pandilwar@rediffmail.com	9423102324	No
			Dr. Varsha Manekar	Associate Professor	07-01-2010	BDS June 1988	MDS June 1997	22 yrs	Yes	E-2/2101/3603/2010Dt 26.11.10	698096489008	ABV PM5716H	3/6/1966	varsha_manekar@yahoo.co.in	9823077626	No
			Dr. Shweta Kamble	Associate Professor	08-01-2016	BDS Oct 2002	MDS May 2008	14yrs	Yes	MUHS/E2/Approval/2501/665/17	528618528959	ASV PK0415C	16/03/1981	Shweta.sumbhise@gmail.com	9923928660	No



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Name of the College :Govt. Dental College & hospital, Nagpur

Phone/Mobile No. :

Name of the Subject : OMR

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 Nagpur	OMR	DR. Ashita Ritesh Kalaskar	Professor	08/06/2015	BDS 2002	MDS 2007	15 years 8 months	Yes	MUHS/E-2/UG/956/2022 dated 18/04/2022	885680323568	AVD PK5616Q	09/12/1980 42 years	kalaskarashta@gmail.com	85509285	no
2	GDCH Nagpur	OMR	Dr Amit Parate	Associate Professor	01-08-2006	2002	MDS 2006	16 Years & 6 Months	Yes	MUHS/Acad/E2/PGTR/1718/2022 Date:21/06/2022	670913762661	APIP P0013R	23/01/1980 43years	amit_parate11@rediffmail.com	9370998219	No
3	GDCH Nagpur	OMR	Dr. Ranu Ingole	Associate Professor	01/02/2022	BDS-2006	MDS-2014	6years & 1month	Yes	MUHS/E-2/UG/956/2022 dated 18/04/2022	401084300296	DNJP P6896L	12/11/1983 39 years	Dr.ranuingole@gmail.com	9960571200	No



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Name of the College :Govt. Dental College & hospital, Nagpur

Phone/Mobile No. :

Name of the Subject : Pediatric & 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	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	Pediatric & Preventive Dentistry	Dr Ritesh Kalaskar	Prof & HOD		BDS	MDS	20 yrs	Yes	MUHS/PG/E-2/488/2016. Dt.20/2/16	469986733122	AMH PK3098F	25/6/75	riteshped1@gmail.com	8550938585	No
2	GDCH	Pediatric & Preventive Dentistry	Dr Nupur Ninawe	Associate Professor	18/9/14	BDS 2005	MDS 2010	12 yrs	Yes	MUHS/E-2/PGTR/3274/21.Dt.26/11/21	381340793912	AAS PN82949E	20/11/79 43yrs	nupurgovind@gmail.com	9923765602	No
3	GDCH	Pediatric & Preventive Dentistry	Dr. Rakesh Bahadure	Associate Professor	17/9/14	BDS	MDS	12 yrs	Yes	MUHS/E-2/UG/2764/2021	68483017724	ANV PB3014F	5/2/83	mdsrakeshpeds@yahoo.co.in	8329998328	No

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Name of the College :Govt. Dental College & hospital, Nagpur

Phone/Mobile No. :

Name of the Subject : Ortho

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
	GDCH, Nagpur	Orthodontics	Dr. Wasundhara Ashok Bhad	Professor & HOD	20-04-1991	BDS 1982	MDS Orthodontics 1989	32 years	Yes	MUHS/E-2/2501/3268/2014	327312510738	ABL PB9992J	06-09-1961	wasundhara bhad@gmail.com	9890227819	No
	GDCH, Nagpur	Orthodontics	Dr. Santosh Jetu Chavan	Associate Professor	01-08-2006	BDS 2002	MDS Orthodontics 2006	16 years 6 months	Yes	MUHS/E-2/Approval/2501/4859/16	731084383275	AHD PC0331L	10-5-1977	drsjchavan@gmail.com	9823630486	No
	GDCH, Nagpur	Orthodontics	Dr. Jyoti Sunny Manchanda	Associate Professor	14-05-2021	BDS 2006	MDS Orthodontics 2011	11 years 6 months	Yes	MUHS/UG-E/2549/2021	807684465675	BPBP M0063A	24-12-1984	drjyotimadan@yahoo.com	9423188175	No

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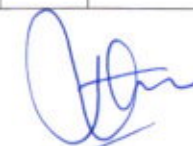
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SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College :Govt. Dental College & Hospital, Nagpur

Phone/Mobile No. :

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	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
		Prosthodontics Dental Materials	Dr. Arun Narayan Khalikar	Professor	01-01- 2018	BDS 1981	MDS 1998	22 years	Yes	MUHS/E- 2/UG/53/25 01/757/201 8Date- 08/02/2018	2673373 87778	ABP PK70 51F	28/08/1 960	drkhalikar @yahoo.co m	9422201 961	No
		Prosthodontics Dental Materials	Dr.Sattyam Vikram Wankhade	Associate Professor	11/03/2 010	BDS 2000	MDS 2006	16 years	Yes	MUHS/E- 2/2501/299 8/2010	9308601 81718	AAAY PW9 181E	26/11/1 978	drsvw@gm ail.com	9423421 428	No
		Prosthodontics Dental Materials	Dr. Suryakant Chhagan Deogade	Associate Professor	05/11/2 016	BDS	MDS	18 years	Yes	MUHS/E- 2/Approval/ 2501/2158/ 17 Dt. 13/06/2017	4456644 60998	AJEP D289 7D	23/01/1 977	dr_deogade @yahoo.co. in	9907348 038	No
		Prosthodontics Dental Materials	Dr. Sulekha Deogade	Associate Professor	01/02/2 017	BDS	MDS	17 years	Yes	MUHS/UG- E2/1237/20 21	AIWPG 2774K	7292 1383 2376	23/10/1 977	ms.dssg@re diffmail.co in	7292138 32376	No



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SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College :Govt. Dental College & Hospital, Nagpur

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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
	GDCH NAGPUR	Periodontology	Mangesh Bhalchandra Phadnaik	Professor	01/11/2013	BDS 1985	MDS 1988	34 Yrs	Yes	No MUHS/P G/E- 2/2591/14 Dt: 29/09/2014	2935977 19953	ABD PP77 13P	08/04/1964	drmbphadnaik@gmail.com	09422203650	No
	GDCH NAGPUR	Periodontology	Vaibhav A. Karemore	Associate Professor	01/06/2007	BDS 2001	MDS 2007	15 Yrs	Yes	No MUHS/P G/E- 2/4215/04 Dt: 29/12/2015	4329159 62346	ARO PK92 16D	12/11/1977	drperiodont@gmail.com	9011098882	No
	GDCH NAGPUR	Periodontology	Vivek N. Thombre	Associate Professor	17/06/2014	BDS 2002	MDS 2007	15 Yrs 08 mnths	Yes	No MUHS/P G/E- 2/135/2019 Dt: 30/03/2019	4794165 38941	AHC PT44 07H	17/10/1977	drvivekthombre@gmail.com	9860478817	No


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Name of the College : Govt. Dental College & Hospital, Nagpur

Phone/Mobile No. :

Name of the Subject : Conservative & Endodontics 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	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	Conservative Dentistry And Endodontics	Dr Manjusha M Warhadpande	Head Of The Department	1/9/1988	1983	SUMMER 1987(CONSERVATIVE DENTISTRY & ENDO DONTICS)	13 YRS 10 MONHTS	yes	MUHS/E-2/2501/936 Dt. 15/04/2009	446964119624	AAEP W1486G	11/4/1962	manjushawarwarhadpande@gmail.com	9822087389	No
2	GDCH	Conservative Dentistry And Endodontics	Dr Darshan Dakshindas	Associate Professor	01/6/2007	2000	SUMMER 2007(CONSERVATIVE DENTISTRY & ENDO DONTICS)	15 YRS 7 MONTHS	yes	MUHS/E-2/UG/53/2205/4007/2017 DT 21/12/2017	4838 81914414	AMGP D7130G	22/06/1979	darshandakshindas2@gmail.com	9823286490	No
3	GDCH	Conservative Dentistry And Endodontics	Dr Sulabha Radke	Associate Professor	21/1/2011	1983	SUMMER 1994(CONSERVATIVE DENTISTRY & ENDO DONTICS)	12YEARS	yes	MUHS/E-2/UG/53/2205/4007/2017 DT 21/12/2017	2051 93492236	ABGPR 9760B2	10/5/1962	sulabharadke@gmail.com	9823262628	No
4	GDCH	Conservative Dentistry And Endodontics	Dr.Sadhana Raina	Associate Professor	21/1/2011	1984	WINTER1994(CONSERVATIVE DENTISTRY & ENDO DONTICS)	12 YEARS	yes	MUHS/E-2/2501/1447/2012	5392 33214274	ABGPR 9897K2	8/11/1962	sadhanaraina@gmail.com	9423685967	No



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

Name of the College :Govt. Dental College & Hospital, Nagpur

Phone/Mobile No. :

Name of the Subject : Oral Pathology

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	Oral Pathology & Microbiology	Dr. Suchitra Rajesh Gosavi	Professor & Head, Dept Of Oral Pathology & Microbiology	01/08/1987	B.D.S. November 1982	M.D.S. October 1986	36 Years 5 Months 4 Days	YES	MUHS/UG-115101/E-2/115 01/07/2020	935813121710	ABO PG5616K	13/06/1959	gosavisr@gmail.com	9766233335	NO
2	GDCH	Oral Pathology & Microbiology	Dr. Akshay Dhobley	Professor Dept Of Oral Pathology & Microbiology	1/2/2022	B.D.S. November 1998	M.D.S. July 2010	12 years 6 months 22 days	Yes	MUHS/E-2/UG/1716/2022 21/6/2022	49825776369	AFB PD4334F	30/11/1976	Drakshay94@gmail.com	9822738648	No
3	GDCH	Oral Pathology & Microbiology	Dr. Dipak Ghatage	Associate Professor Dept Of Oral Pathology & Microbiology	1/03/2021	B.D.S. December 2005	M.D.S. July 2010	10 Years 2 Months 25 Days	Yes	MUHS/E-2/PGTR/3693/2021 31/12/2021	672224026954	ARV PG0852E	01/05/1984	Dipakdgdrl@yahoo.co.in	9271418566	No



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

Name of the College : Govt. Dental College & Hospital, Nagpur

Phone/Mobile No. :

Name of the Subject : Oral & 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. Abhay Datarkar	Dean. Professor	Oral & Maxillofacial Surgery	Regular	BDS MDS	Nagpur	18 yrs	Yes	PG-MUHS/E-2/PGTR/3307/2021 DT.30/11/2021	9	5/11/1974	abhaydatarkar@yahoo.com	9822698145	723870199575	No	
2	Dr. Prashant Pandilwar	Professor	Oral & Maxillofacial Surgery	Regular	BDS MDS	Nagpur	18 yrs	Yes	MUHS/B268 DT.7/18/2014	6	4/4/1965	prashant.pandilwar@rediffmail.com	9423102324	485272763115	No	
3	Dr. Varsha Manekar	Associate Professor	Oral & Maxillofacial Surgery	Regular	BDS MDS	Nagpur	9 yrs	Yes	MUHS/PG/E2/PGTRC/2644/2010	4	3/6/1967	varshamanekar@yahoo.co.in	9823077626	698096489008	No	
	Dr. Shweta Kamble	Associate Professor	Oral & Maxillofacial Surgery	Regular	BDS MDS	MUHS Nashik	15yr	Yes	MUHS/PG/E2/PG/2601/1985/2017	1	16/3/1981	Shweta.sunrise@gmail.com	9923928660	58618528959	No	



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SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

Name of the College :Govt. Dental College & Hospital, Nagpur

Phone/Mobile No. :

Name of the Subject : Orthodontics

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. Bhad Wasundhara Ashok	Professor & HOD	Orthodontics	Regular	BDS MDS Orthodontics	32 years	20 years	Yes	MUHS/PG/E-2/2591/14	10	06-09-1961	wasundhara bhad@gmail.com	9890227819	327312510738	No	
2	Dr. Chavan Santosh Jetu	Associate Professor	Orthodontics	Regular	BDS MDS Orthodontics	16 years 6 months	6 years 6 months	Yes	MUHS/PG/ E-2/2501/2147/16	5	10-5-1977	drsichavan@gmail.com	9823630486	731084383275	No	

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

Name of the College :Govt. Dental College & Hospital, Nagpur

Phone/Mobile No. :

Name of the Subject :Conservative & 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	Mobil e No.	Aadh ar Card No	If Debarr ed(Yes/ No)	Sign. of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr Manjusha M Warhadpande	Head Of The Department	Conservative Dentistry And Endodontics	Regular	MDS	MUHS/E-2/2501/936 Dt. 15/04/2009	34 YRS 8 MONTHS	YES	MUHS /PG/E-82/3830/15DT 27/10/2015	8	11/4/1962	manjusha warhadpande@gmail.com	9822087389	446964119624	No	
2	Dr Darshan Dakshindas	Associate Professor	Conservative Dentistry And Endodontics	Regular	MDS	MUHS/E-2/UG/53/2205/4007/2017 DT21/12/2017	15 YRS 7 MONTHS	YES	MUHS/PG/E-32/992/2018/DT 01/03/2018	3	22/06/1979	ddakshindas22@gmail.com	9823286490	483881914414	No	
	Dr Sulabha Radke	Associate Professor	Conservative Dentistry And Endodontics	REGULAR	MDS	MUHS/E-2/UG/53/2205/4007/2017 DT21/12/2017	5YRS,6MONTHS,9DAYS	YES	MUHS/PG/E-012/992/2018/DT 01/03/2018.	01	10/5/1962	sulabharadke@gmail.com	9823262628	205193492236	No	
	Dr Sadhana Raina	Associate Professor	Conservative Dentistry And Endodontics	REGULAR	MDS	MUHS/E-2/2501/1447/2012	4YEARS,8 MONTHS	YES	MUHS/PG/E-012/3947/2018, DATE 21/11/2018	01	8/11/1962	drsadhana raina@gmail.com	9423685967	539233214274	No	


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SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

Name of the College : Govt. Dental College & Hospital, Nagpur

Phone/Mobile No. :

Name of the Subject :ODMR

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 Recopnll 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. Kalaskar Ashita Ritesh	Professor	OMR	Regular	MDS, PhD	Yes MUHS/E-2/UG/956/2022 dated18/04/2022	4 years	Yes	MUHS/Acad/E2/PGTR/1878/2022 dated:29/06/2022	6	09/12/1980	kalaskarashita@gmail.com	8550928585	885680323568	No	

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

Name of the College :Govt. Dental College & Hospital, Nagpur

Phone/Mobile No. :

Name of the Subject : Pedo

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 Debarr ed(Yes/ No)	Sign. of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr Ritesh . R.Kalaskar	Prof & HOD	Pediatric & Preventive dentistry	Regular	MDS,PhD		7yrs	Yes	MUHS/PG/E-2/488/2016. Dt.20/2/16	6	25/6/75	riteshpedo@gmail.com	8550938585	469986733122	No	
2	Dr.Nupur Ninawe	Associate Prof	Pediatric & Preventive dentistry	Regular	MDS		2 yrs	Yes	MUHS/E-2/PGTR/3274/21.Dt.26/11/21		20/11/79	nupurgovind@gmail.com	9923765602	381340793912	No	

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

Name of the College : Govt. Dental College & Hospital, Nagpur

Phone/Mobile No. :

Name of the Subject : Periodontology

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/Specialty	Type of Appointment (Regular/Temp./Honorarium)	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. Mangesh Bhalchandra Phadnaik	Professor	Periodontology	Regular	MDS	No.MUHS/E-2/2501/3268/2014 Dt: 18/07/2014	19 yrs	Yes	No MUHS/PG/E-2/2591/14 Dt 29/09/2014	06	08/04/1964	drmbphadnaik@gmail.com	09422203650	293597719953	No	
2	Dr. Vaibhav A. Karemore	Associate Professor	Periodontology	Regular	MDS	No.MUHS/E-2/2501/4021/2015 Dt: 01/10/2015	7 yrs	Yes	No MUHS/PG/E-2/4215/15 Dt 04/12/2015	06	12/11/1977	drperiodont@gmail.com	9011098882	432915962346	No	
3	Vivek N. Thombre	Associate Professor	Periodontology	Regular	MDS	No MUHS/E-2/Approval/2501/403/16 Dt: 22/01 2016	7 yrs	Yes	NoMUHS/PG/E-02/135/2019 Dt: 30/03/2019	02	17/10/77	drvivekthombre@gmail.com	9860478817	479416538941	No	


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Annexure-XVI-B

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

Name of the College : Govt. Dental College & Hospital, Nagpur

Phone/Mobile No. :

Name of the Subject : Prosthodontics

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. Khalikar Arun Narayan	Professor	Prosthodontics	Regular	MDS		15 years	Yes	MUHS/PG/E-2/2501/853 Date-01/08/2017		28/08/1960	drkhalikar@yahoo.com	9422201961	267337387778	No	
2	Dr. Wankhade Sattyam Vikram	Associate Professor	Prosthodontics	Regular	MDS		8 years	Yes	MUHS/PG/E-2/91/2016 Date-08/10/2015		26/11/1978	drsvw@gmail.com	9423421428	930860181718	No	
3	Dr. Deogade Suryakant Chhagan	Associate Professor	Prosthodontics	Regular	MDS		11 years	Yes	MUHS/PG/E-2/2501/985/2017 Dt. 03/08/2017		23/01/1977	dr_deogade@yahoo.co.in	9907348038	445664460998	No	


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

Name of the College : Govt. Dental College & Hospital, Nagpur

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 Recopnilion 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 Debarr ed(Yes/ No)	Sign. of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr. Suchitra Rajesh Gosavi	Professor & Head, Dept Of Oral Pathology & Microbiology	Oral Pathology & Microbiology	Regular	M.D.S.	Nagpur	19 years 11 months and 7 days	Yes	1/07/2020	12	13/06/1959	gosavisr@gmail.com	9766233335	935813121710	No	
2	Dr. Akshay Dhobley	Professor Dept Of Oral Pathology & Microbiology	Oral Pathology & Microbiology	Contractual	M.D.S.		1 year	Yes	5/7/2022	-	30/11/1976	dhobleyakshay@gmail.com	9822738646	49825776369	No	


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