

ANNEXURE- XV

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 chairs and key board tray. | Yes- 8 computers |
| 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 CCTV only |
| 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

| Sl No | College Name | Subject | Full name of the Teacher (First/Middle/Last) | Designation | Date of Joining | UC 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 | Government Dental College & Hospital Nagpur | Oral & Maxillofacial Surgery | Dr. Abhay Datarkar | Dean GDCH Nagpur | April 2015 | BDS May 1996 | MDS 1999 DNB June 2003 | 25 yrs | Yes | UG/ MUHS/E-2/2501/SSC/2241/2015 Dt 12/06/2015 | 723870199575 | AEHPD9E72J | 05.11.194 | abhaydatarkar@yahoo.com | 9822698145 | No |
| 2 | Government Dental College & Hospital Nagpur | Oral & Maxillofacial Surgery | Dr. Prashant Pandilwar | Professor & Head | 15/01/2022 (21/12/1991) | April 1986 | April 1990 | 33 yrs 3 months | Yes | (UG) MUHS/E-2/UG/956/2022 dated 18/4/2022 | 485272763115 | AAQPP7E38K | 4/4/1965 | Prashant.pandilwar@rediffmail.com | 9423102324 | No |
| 3 | Government Dental College & Hospital Nagpur | Oral & Maxillofacial Surgery | Dr. Varsha Manekar | Associate Professor | 26/03/2013 | BDS 1998 | MDS 1997 | 25 yrs | Yes | (UG) MUHS/E-2/2101/3(03/2010Dt: 6/11/2010 | 698096409008 | ABVPM5716H | 3/06/167 | Varsha.manekar@yahoo.co.in | 9823077626 | No |
| 4 | Government Dental College & Hospital Nagpur | Oral & Maxillofacial Surgery | Dr. Shweta R Kamble | Associate Professor | 21/0 / 2017 | BDS 2002 | MDS 2008 | 16 yrs | Yes | MUHS/E-2 approval/2501/665/17 | 528618578959 | ASVPK0415C | 16/03/1931 | Shweta.sunrise@gmail.com | 923928660 | 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 : Paediatric & Preventive Dentistry

| Sl No | 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 | Govt Dental College & Hospital Nagpur | Paediatric & Preventive Dentistry | Dr Ritish Kalaskar | Professor & HOD | 3/10/2009 | BDS | MDS | 22 yrs | Yes | MUHS/E-2/2511/404/22/12/15 | 46998673312 | AMHPK:098F | 25/6/75 | riteshpedo@gmail.com | 8550938585 | No |
| 2 | Govt Dental College & Hospital Nagpur | Paediatric & Preventive Dentistry | Dr Nandur Ninawe | Associate Professor | 18/9/2014 | BDS 2005 | MDS 2010 | 14 yrs | Yes | MUHS/E-2/UG approval/2501/286/11/17/15 | 38134079392 | AASPN8149E | 20/11/79 | nupurgovind@gmail.com | 9921765602 | No |
| 3 | Govt Dental College & Hospital Nagpur | Paediatric & Preventive Dentistry | Dr Rakesh Bahadure | Associate Professor | 5/02/1982 | BDS 2004 | MDS 2010 | 14 yrs | Yes | MUHS/E-2/UG 2764/2021 Dt 08/10/2021 | 684830117724 | ANVPB314F | 5/02/1983 | mdsrakesh_peddo@yahoo.com | 8320998328 | No |
| 4 | Govt Dental College & Hospital Nagpur | Paediatric & Preventive Dentistry | Dr Surendra kumar Bahetwar | Assistant Professor | 8/9/15 | BDS 2005 | MDS | 13 yrs | Yes | MUHS/E-2/Approval/2501/2262/16 | 51432598135 | APMPB1331E | 14/6/81 | drsuresndra_bahetwar@yahoo.com | 9151581966 | 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 & Microbiology

| Sl. No. | 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 | Government Dental College & Hospital Nagpur | Oral Pathology & Microbiology | Dr. Akshay Dhobley | Professor Dept Of Oral Pathology & Microbiology | 1/2/2022 | B.E.S. November 1998 | M.D.S. July 2010 | 14 years 4 month | Yes | MUHS/E-2/UG/1716/2022 21/6/2022 | 49825776369 | AFBPD4134F | 30/11/1976 | dhobleyakshay@gmail.com | 9822738648 | No |
| 2 | Government Dental College & Hospital Nagpur | Oral Pathology & Microbiology | Dr. Dipak Ghatage | Associate Professor Dept Of Oral Pathology & Microbiology | 1/03/2021 | B.E.S. December 2005 | M.D.S. July 2010 | 11 years 1 months | Yes | MUHS/E-2/P 3TR/3693/2021 31/12/2021 | 672224026554 | ARVPG0552E | 01/05/1984 | dipakgdr01@yahoo.co.in | 9271418566 | 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 Medicine and Radiology**

| Sl No | 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) | Yes MUHS Approval Letter & Date | Adhaar 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 | Oral Medicine and Radiology | Dr. Ashita Ritesh Kalaskar | Professor | 08/06/2015 | BDS 2004 | MDS,2007 | 17 years | Yes | MUHS/E2/UG/56/2022 Date :- 18/04/2022 | 88568032368 | AVDPK5616Q | 09/12/1930 43yrs | kalaskarashita@gmail.com | 9350928585 | No |
| 2 | GDCH, Nagpur | Oral Medicine and Radiology | Dr. Amit R. Parate | Associate Professor | 06/08/2021 | BDS 2002 | MDS 2006 | 18 years | Yes | MUHS/E2/UG/496/2022 Date :- 23,02/2022 | 67091376:661 | APIPP0013R | 23/01/1940 43 Years | amr_parate11@rediffmail.com | 9370998219 | No |
| 3 | GDCH, Nagpur | Oral Medicine and Radiology | Dr. Ranu Ingole | Associate Professor | 01/02/2022 | BDS 2006 | MDS 2014 | 8 years | Yes | MUHS/E2/UG/56/2022 Date :- 18/04/2022 | 401084300296 | ENJPP6896L | 12/11/1943 40 years | dr.ranuingole@gmail.com | 9960571200 | 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 : Prosthodontics

| Sl. No. | College Name | Subject | Full name of the Teacher (First/Middle/Last) | Designation | Date of Joining | UG Qualification & year of Passing | Pd Qualification & Year of Passing | Teaching Experience after Pd passing | MUHS Approval (Yes/No) | If Yes MUHS Approval Letter & Date | Aadhar No. | Pan No. | Date of Birth (Age in years) | Latest E mail 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 | Prosthodontics | Dr. Satyam Wankade | Associate Professor | 07-10-2015 | 2000 | 2006 | 17 yrs | Yes | MUHS/UE-2/2501/2998/2010 | 930860181718 | WYPW9181E | 26-11-1978 | drs.vw@yahooco.in | 9423421428 | No |
| 2 | GDCH Nagpur | Prosthodontics | Dr. Surykant Deogade | Associate Professor | 11-05-2016 | 1999 | 2004 | 19 yrs | Yes | MUHS/UE-2/Approval/2501/2508/17 Dt 13/6/2017 | 445664460998 | UJEPD2897D | 23-01-1977 | dr.deogade@yahooco.in | 9907348038 | NC |
| 3 | GDCH Nagpur | Prosthodontics | Dr. Sulekha Deogade | Associate Professor | 1/02/2017 | BDS | MDS | 18 yrs | Yes | MUHS/UG-E-2/1237/2021 | 779213832376 | WWPG2774K | 23/10/1977 | ms.dssg@rediffmail.com | 9011179093 | NC |


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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 : 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 |
| 1 | GDCH Nagpur | Periodontology | Mangesh Bhalchandra Phadnail | Professor | 1-01-2013 | June 1985 | December 1988 | 36 years | Yes | MUHS/E-2/2501/3268/2014 dt 18/07/2014 | 293597719353 | ABDPP: 713P | 04-08-1964 | drmbphadnail@gmail.com | 9422203650 | No |
| 2 | GDCH Nagpur | Periodontology | Vaibhav Anandrao Karemore | Associate Professor | 01-04-2015 | December 2001 | May 2007 | 17 Years 07 months | Yes | MUHS/E-2/2509/659/2010 dt 24/02/2010 | 432915962346 | AROPK9:16D | 11-12-1977 | drperiodon@gmail.com | 90110398882 | No |
| 3 | GDCH Nagpur | Periodontology | Vivek Nanappa Thombn | Associate Professor | 01-08-2021 | Dec 2002 | May 2007 | 17 Years 07 months | Yes | MUHS/PG/E-2/135/2019 dt 30/3/2019 | 479416538341 | AHCPT4:07H | 17/10/1977 | drvivekthombn@gmail.com | 9860478817 | 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 : Orthodontics

| Sl. No. | 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 | Aadhar 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 | Orthodontics | Dr. Santosh Jetu Chavan | Professor | 01-08-2006 | BDS 2002 | MDS Orthodontics 2006 | 18 years | Yes | MUHS/E-2/Approval/2501/4859/16 | 731084383275 | AHDPC0331L | 10-5-1977 | drsjchavan@gmail.com | 9823630486 | No |
| 2 | GDCH Nagpur | Orthodontics | Dr. Jyoti Sunny Manchandra | Associate Professor | 14-05-2021 | BDS 2006 | MDS Orthodontics 2011 | 12 year | Yes | MUHS/UG-E2/25-9/2021 | 807684465675 | BPBPM0063A | 24-12-1984 | drjyotimadaan@yahoo.com | 9423188175 | 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 : Public Health 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 res 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 | Government Dental College & Hospital | Public Health Dentistry | Dr Sachin Khatri | Associate Professor | 21.11.14 | BDS-2010 | MDS-2014 | 9 years 9 months | YES | MUHS/E-2/UG/956/2022 | 715476894710 | QJPK2241L | 19.9.87 | khatri.sachin1987@gmail.com | 7057696436 | NO |
| 2 | Government Dental College & Hospital | Public Health Dentistry | Dr Shilpa Ashish Warhekar | Associate Professor | 10.9.15 | BDS-2002 | MDS-2015 | 8 years 11 months | YES | MUHS/E-2/UG/1285/2022 | 664874869824 | AAMPW7679R | 23.4.79 | shilpa.warhekar@gmail.com | 9406610094 | 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, GDCH Nagpur | Oral & Maxillofacial Surgery | Regular | BDS MDS DNB | BDS May 1996 | MDS 1999 DNB 2003 17 yrs | Yes | PG- MUHS/E-2/ P&TR/3307/ 2021 Dt.30/11/2021 | 09 | 05.11.1974 | abhaydatarkar@yahoo.com | 9822698145 | 723870199575 | No | |
| 2 | Dr. Prashant Pandilwar | Professor | Oral & Maxillofacial Surgery | Regular | BDS MDS | BDS 1986 | MDS 1990 22 yrs | Yes | (PG) MUHS/E-2/ GTR/1303/ 2022 dated 23/05/2022 | 4 | 4/4/1965 | Prashant.pandilwar@rediffmail.com | 9423102324 | 485272763175 | No | |
| 3 | Dr. Varsha Manekar | Associate Professor | Oral & Maxillofacial Surgery | Regular | BDS MDS | BDS 1988 | MDS 1997 12 yrs | Yes | (PG) MUHS/PG/E2/PG TRC 2644/2010 dt 30/11/2010 | 5 | 03/06/1967 | Varsha_manekar@yahoo.co.in | 9823077626 | 698096489008 | No | |

Govt. Dental College & Hospital,
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Dean

3-27-2000



Annexure-XV-C

**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 : Paediatric & Preventive Dentistry

| 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 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 1 | Dr Ritesh Kalaskar | Professor & HOD | Paediatric & Preventive Dentistry | Regular | MDS | Yes | 7 YRS | YES | MUHS/E-2/PGTRC/8255-56/16.dt :2/12/16 | 10 | 25/6/75 | riteshpedo@gmail.com | 8550938585 | 469986733122 | No | |
| 2 | Dr Nupur Ninawe | Associate Professor | Paediatric & Preventive Dentistry | Regular | MDS | Yes | 4 yrs | YES | MUHS/E-2/PGTR/3274/2021. dt 26/11/2021 | 2 | 20/11/79 | nupurgovind@gmail.com | 9923765602 | 381340793912 | No | |
| 3 | Dr Rakesh Bahadure | Associate Professor | Paediatric & Preventive Dentistry | Regular | MDS | Yes | - | - | - | - | 5/02/1982 | Mdsrakeshpedo@yahoo.com | 8329993328 | 684830117724 | No | |

Govt. Dental College & Hospital,
Nagpur
Dean



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 Dentistry And Endodontics

| 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 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 1 | Dr Warhadpande Manjusha Madhukar | Professor and Head Of The Department | Conservative Dentistry And Endodontics | Regular | MDS | MUHS/E-2/2501/938 DT15/04/2009 | 15 YRS 08 MONTHS | YES | MUHS /PG/E-2/3830/15DT /10/2015 | 6 | 11/4/1962 | manjushawarhadpande@gmail.com | 9822087389 | 446964119624 | No | |
| 2 | Dr Dakshindas Darshan Mukund | Associate Professor | Conservative Dentistry And Endodontics | Regular | MDS | MUHS/E-2/UG/53/2205/4007/2017 DT21/12/2017 | 7YRS,6MONTHS,12DAYS | YES | MUHS/PG/E-2/192/2018/DT 01/03/2018 | 4 | 22/06/1979 | ddakshindas22@gmail.com | 9823286490 | 4838 81914414 | No | |
| 3 | Dr. Radke Sulabha Anup | Associate Professor | Conservative Dentistry And Endodontics | Regular | MDS | MUHS/E-2/UG/53/2205/4007/2017 DT21/12/2017 | 7 YRS, 6MONTHS | YES | MUHS/PG/E-2/192/2018/DT 01/03/2018. | 2 | 10/5/1962 | sulabharadke@gmail.com | 9823262628 | 2051 93492236 | No | |
| | Dr. Raina Sadhana Alok | Associate Professor | Conservative Dentistry And Endodontics | Regular | MDS | MUHS/E-2/2501/1447/2012 | 6YEARS, 8MONTH | YES | MUHS/PG/E-2/3947/2018, DATE 2/11/2018 | 2 | 8/11/1962 | drsadhanaraina@gmail.com | 9423685967 | 5392 33214274 | No | |

Govt. Dental College & Hospital
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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 & Microbiology

| 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. Akshay Dhobley | Professor | Dept Of Oral Pathology & Microbiology | Contractual | MDS | B.D.S. November 1998 | 3 YRS | Yes | MU HS/E-2/LG/1716/2022 21/6/2022 | 4 | 30/11/1976 | dhobleyakshay@gmail.com | 9822738648 | 49825776369 | No | |
| 2 | Dr. Dipak Ghatage | Associate Professor | Dept Of Oral Pathology & Microbiology | Contractual | MDS | B.D.S. December 2005 | 3 yrs 9 months | Yes | MU HS/E-2/PGTR/3693/2021 3/12/2021 | 3 | 01/05/1984 | dipakdgr01@yahoo.co.in | 9271418566 | 672224026954 | No | |

Annexure-XV-C

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 Medicine and 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 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 |
| | Dr. Ashita Kalaskar | Professor | Oral Medicine and Radiology | Regular | MDS, PhD | 17 years | 4 yr | Yes | MUHS/Acad/E2/PGTR/18714/2022 Date:29/06/2022 | 6 | 09/12/1980 | kalaskaras hita@gmail.com | 8550928585 | 885680323568 | No | |
| | Dr. Amit R. Parater | Associate Professor | Oral Medicine and Radiology | Regular | MDS | 18 Years | 1 yrs | Yes | MUHS/Acad/E2/PGTR/1718/2022 Date:-21/06/2022 | 2 | 23/01/1980 | amit_parater11@rediffmail.com | 9370998219 | 670913762661 | No | |
| | Dr. Ranu Ingole | Associate Professor | Oral Medicine and Radiology | Temporary | MDS | 8 years | - | Yes | MUHS/E2/PG/16/2024 Date:26/07/2024 | | 12/11/1983 | dr.ranuingole@gmail.com | 9960571200 | 401084300296 | No | |

Govt. Dental College & Hospital,
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Annexure-XV-C

**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 Appointed (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 |
| | Dr. Sattyam Wankhade | Associate Professor | Prosthodontics | Regular | BDS, MDS | Yes | 10 yrs | Yes | MUHS/PG/E-2/91/2016 w.e.f 08-10-2015 | 5 | 26-11-1978 | drsvw@yahoo.co.in | 9423421428718 | 9308801818718 | NO | |
| | Dr. Suryakant Deogade | Associate Professor | Prosthodontics | Regular | BDS, MDS | Yes | 12 yrs | Yes | MUHS/UG-E-2,1237/2021 | 5 | 23-01-1977 | dr_deogade@yahoo.co.in | 9907348038 | 445664460998 | NO | |
| | Dr. Sulekha Dewagde | Associate Professor | Prosthodontics | Contractual | BDS, MDS | Yes | 06 yrs | Yes | MUHS/E-2,115101/PG/3450/2023 | 3 | 23/10/1977 | Ms.dssg@rediffmail.com | 729213332376 | 729213832376 | No | |

Govt. Dental College & Hospital
Nagpur
Dean

Annexure-XV-C

**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/ 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 | Mangesh Bhalchandra Phadnaik | Professor | Periodontology | Regular | BDS, MDS | Yes | 20 Yrs | Yes | MUHS/E2/2501/3268/14Dt. 18/07/2014 MUHS/PG/E2/2591/14 Dt. 29/09/2014 | 10 | 04-08-1964 | drnrbphadnaik@gmail.com | 9422203650 | 293597719953 | No | |
| 2 | Vaibhav Anandrao Karemore | Associate Professor | Periodontology | Regular | BDS, MDS | Yes | 09 Yrs 06 Months | Yes | MUHS/E2/501/4021/15 Dt. 01/10/2015 MUHS/PG/E2/4215/15 Dt. 04/12/2015 | 5 | 11-12-1977 | drperiodon@gmail.com | 90110098882 | 432915962346 | NO | |
| 3 | Vivek Nanappa Thombre | Associate Professor | Periodontology | Regular | BDS, MDS | Yes | 09 yrs | Yes | MUHS/E2/UG/2663/2021 Dt. 29/09/2021 MUHS/PG/E2/2591/14 | 1 | 17/10/1977 | drvivekthombre@gmail.com | 9860478817 | 479416538941 | No | |

Annexure-XV-C**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 : Orthodontics

| 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 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 1 | Dr. Santosh Jetu Chavan | Associate Professor | Orthodontics | Regular | BDS, MDS Orthodontics | 18 years 7 months | 8 years 8 months | Yes | MUHS/PG/E-2/2501/2147/16 | 6 | 10-5-1977 | drsichavan@gmail.com | 9823630486 | 731084383275 | No | |
| 2 | Dr. Jyoti Sunny Manchanda | Associate Professor | Orthodontics | Regular | BDS, MDS Orthodontics | 13 years 5 months | 3 years 7 months | Yes | MUHS/Acad/E2/PGTR/754/2022 | 4 | 24-12-1984 | drjyotimadaan@yahoo.com | 9423188175 | 807684465675 | No | |

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