

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

Name of the College : D Y PATIL DENTAL SCHOOL, LOHEGAON, PUNE
Phone/Mobile No: 020-35037779
Name of the Subject: Oral Surgery

Sr.N ^o	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.	Fan No.	Date of Birth(Age in Years)	Latest Email Address
1	D. Y. Patil Dental School	Oral Surgery	DR. VIKRAM RAMCHANDRA KARANDE	Professor & HOD	02-09-2021	BDS -May- 2001	MDS -May- 2006 OMFS	16 Yrs 02 Months	Yes	MUHS/Approval/UG /1206/2022 DT: 09-05-2022	4042 0551 5427	AW/GPK2480C	23-05-1980	drvikramkarande@gmail.com
2	D. Y. Patil Dental School	Oral Surgery	DR. KAPIL ANIL KSHIRSAGAR	Associate Professor	02-02-2016	BDS -June- 2005	MDS -May- 2010 OMFS	12 Years 09 Months	Yes	MUHS/Asad/Approval/ UG/3226/2023 DT: 29/11/2023	2839 3635 1758	BNGPK7526R	26-05-1982	drkapilshirsagar@gmail.com
3	D. Y. Patil Dental School	Oral Surgery	DR. PRATIK SHESHRAO HANDE	Associate Professor	01-04-2014	BDS -June- 2004	MDS -Oct- 2010 OMFS	09 Yrs 08 Months	Yes	MUHS/ Approval/UG/750/2018 DT: 08/02/2018	9564 9929 6482	AFBPH7430K	15-12-1982	drpratikh@gmail.com


Dean
D. Y. Patil Dental School

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

Name of the College : D Y PATIL DENTAL SCHOOL, LOHEGAON, PUNE
Phone/Mobile No: 020-35037779
Name of the Subject: Periodontology

Sr. 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	Co
1	D Y Patil Dental School	Periodontology	DR. GRISH NEELKANTH BAYKOD	Professor & HOD	20-06-2020	BDS -May-1996	MDS -Sep-1999 Periodontics	23 Yrs 01 Month	Yes	MUHS/SE-2/UG/3230/2021 Dt. 24-11-2021	2914 7201 1730	AERPBP9595E	22-07-1974	gubaykodi@gmail.com	5
2	D Y Patil Dental School	Periodontology	DR. PARAG DATTATRAY HADGE	Associate Professor	28-01-2016	BDS -May-2003	MDS -May-2009 Periodontology	13 Yrs 11 Month	Yes	MUHS/UG/E-2/53/2207/4246/2016 dt. 02/06/2016	9475 4088 8854	ADBPH1696K	30-11-1981	paraghadge@yahoo.com	5
3	D Y Patil Dental School	Periodontology	DR. RAKESH AJIT MUTHA	Associate Professor	01-04-2014	BDS -Feb-2007	MDS -July-2011 Periodontology	09 Yrs 08 Months	Yes	MUHS/Asad/Approval/UG/3226/2023 Dt. 29/11/2023	9082 1708 8839	ANDPM4410E	29-12-1984	mutha.rakesh@gmail.com	7
4	D Y Patil Dental School	Periodontology	DR. SACHIN VASANTRAO BHAGAT	Assistant Professor	28-01-2016	BDS -June-2008	MDS -June-2014 Periodontology	07 Yrs 10 Months	Yes	MUHS/UG/E-2/53/2207/810/2016 dt. 24/02/2016	2480 3771 2406	CADPB5824P	15-07-1984	sachin.bhagat92@gmail.com	8
5	D Y Patil Dental School	Periodontology	DR. ANUJA MOHARUR	Assistant Professor	15-02-2018	BDS -June-2010	MDS - April-2016	03 Yrs 10 Months	Yes	MUHS/Asad/Approval/UG&PG/5436/2022 Dt. 12/12/2022	9024 4141 9969	BUERN44440D	20-12-1988	anuja_moharur@yahoo.in	7


Dean
D. Y. Patil Dental

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

Name of the College : D Y PATTIL DENTAL SCHOOL, LOHEGAON, PUNE
Phone/Mobile No: 020-35037779
Name of the Subject: Orthodontics & Dentofacial Dentistry

Sr. 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
1	D Y Patil Dental School	Orthodontics & Dentofacial Dentistry	DR SANDEEP ATMARAJU JETHE	Professor & HOD	01-04-2019	BDS-May-2003	MDS-Oct-2007	15 Years 03 Months	Yes	MUHS/Acad/Approval/ UG&PG/5436/2022 Dt: 12/12/2022	9732 1875 3938	AKPPJ7248B	01-02-1981	sandeep.jethe@gmail.com
2	D Y Patil Dental School	Orthodontics & Dentofacial Dentistry	DR VASRHA VASTUDEV MERRANI	Associate Professor	01-04-2014	BDS -Oct-2008	MDS -June- 2012 Orthodontics	09 Years 08 Months	Yes	MUHS/Acad/Approval/ UG&PG/5436/2022	9297 6167 7311	CFCPM7752L	29-11-1985	drvashtmerani@gmail.com
3	D Y Patil Dental School	Orthodontics & Dentofacial Dentistry	DR. SHAULESH BABARAO DONGRE	Associate Professor	28-01-2016	BDS -June-2006	MDS -May- 2012 Orthodontics	09 Years 11 Months	Yes	MUHS/Acad/Approval/ UG/1385/2023 Dt: 29/05/2023	2222 4136 7736	AQNPDP7081P	05-11-1983	drshahid.09@gmail.com
4	D Y Patil Dental School	Orthodontics & Dentofacial Dentistry	DR. ARJUN RAMESHWAR MHAASKE	Assistant Professor	03-02-2015	BDS -Aug-2008	MDS -June- 2013 Orthodontics	08 Years 10 Months	Yes	MUHS/Acad/Approval/ UG&PG/5436/2022 Dt: 12/12/2022	3452 8366 7804	AYWPMV6598K	02-02-1983	drarjunmhaske@gmail.com
5	D Y Patil Dental School	Orthodontics & Dentofacial Dentistry	DR. SUYOG SHANKAR SHENDAGE	Assistant Professor	15-02-2018	BDS-2011	MDS-2017	5 Years 10 Months	Yes	MUHS/Acad/Approval/ UG/1385/2023 Dt: 29/05/2023	4739 2601 1238	DIAPPS2893J	04-06-1988	suyogshendage@gmail.com

D. Y. Patil

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

Name of the College : D Y PATIL DENTAL SCHOOL, LOHEGAON, PUNE
Phone/Mobile No: 020-35037779
Name of the Subject: Pediatric & Preventive Dentistry

S.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
1	D Y Patil Dental School	Pediatric & Preventive Dentistry	Dr. Anand Lingaraj Shigti	Professor	30-06-2017	BDS -May-1989	MDS -Feb-1995 Paedodontics	28 Years 06 Months	Yes	MUHS/Asad/Approval/UG DT: 29/11/2023	7644 8927 5033	ABYPA554E	11-12-1966	shissuand@rediffmail.com
2	D Y Patil Dental School	Pediatric & Preventive Dentistry	Dr. Pritesh Nandoo Gawali	Associate Professor	28-01-2016	BDS -Aug-2011	MDS -June-2015 Paedodontics	07 Years 10 Months	Yes	MUHS/Asad/Approval/UG 29/05/2023	6821 5328 5629	BBNP61606B	23-06-1988	dpriatesh.gawali@gmail.com
3	D Y Patil Dental School	Pediatric & Preventive Dentistry	Dr. Geetanjali Jeevan Jadhav	Associate Professor	05-11-2016	BDS -Aug-2010	MDS -June-2016 Paedodontics	07 Years 01 Months	Yes	MUHS/Asad/Approval/ E-2/UG/1086/2023 DT: 21/04/2023	3457 1137 3130	ACPP616313E	05-02-1988	geetiden@gmail.com

D. Y. Patil

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

Name of the College : D Y PATIL DENTAL SCHOOL, LOHEGAON, PUNE
Phone/Mobile No: 020-35037779
Name of the Subject: Oral Medicine& Radiology

S.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
1	D Y Patil Dental School	Oral Medicine& Radiology	Dr. Anagha Vishweshwar Shete	Reader & HOD	02-02-2016	BDS -June-2005	MDS -May- 2011 OMR	12 Yrs 03 Months	Yes	MUHS/GE- 2/53/2207/2759/2016 dt. 25/04/2016	3533 7287 5282	CZHP57480J	21-07-1984	dranaghashete@yahoo.com
2	D Y Patil Dental School	Oral Medicine& Radiology	Dr. Abhijeet Rajendra Sande	Assistant Professor	17-09-2022	BDS-MUHS	MDS-MUHS	10 Yrs 03 Months	Yes	MUHS/Acad/Approval /UG&PG/5436/2022 DT: 12/12/2022	4965 9569 9868	FEAPSG234H	31-07-1986	sandeabhijeet@gmail.com
3	D Y Patil Dental School	Oral Medicine& Radiology	Dr. Ashwini Chandrakant Nerkar	Assistant Professor	09-01-2018	BDS-2007	MDS-2017	05 Yrs 11 months	Yes	MUHS/E- 2/0/G/1296/2018 dt 20/03/2018	2810 5036 0816	AVZPN6778L	03-06-1989	dr.ashwini.nerkar@gmail.com

D. Y. Patil D.S

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

Name of the College : D Y PATIL DENTAL SCHOOL, LOHEGAON, PUNE
Phone/Mobile No: 020-35037779
Name of the Subject: Prosthodontics and Crown & Bridge

Sr. 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
1	D.Y.Patil Dental School	Prosthodontics and Crown & Bridge	Dr. Kamal Anand Shigdi	Prof. & Head	06-Jul-17	BDS -May-1992	MDS- Feb-1996	27 Yrs 6 Month	Yes	MUHS/Acad/App roval/UG&RG/54	7375 9924 0255	AEEP0714K	11-12-1968	kamalshigdi@yahoo.com
2	D.Y.Patil Dental School	Prosthodontics and Crown & Bridge	Dr. Paulami Rathindra Bagchi	Asso. Professor	01/04/0214	BDS -Dec-2003	MDS -April-2007	14 Yrs 9 Month	Yes	MUHS/Acad/App roval/UG&RG/543 6/2022	6673 0183 1023	AEVFB2998B	03-12-1978	paulamibagchi03@yahoo.com
3	D.Y.Patil Dental School	Prosthodontics and Crown & Bridge	Dr. Bipin Yeshwantrao Mule	Asso Professor	03-02-2015	BDS -2007	MDS -2013	9 Yrs 3 Month	Yes	MUHS/E-2/UG/18722018 DT: 08/05/2018	9018 2106 0780	BFIJPM7434P	14-04-1983	bipin1404@gmail.com
4	D.Y.Patil Dental School	Prosthodontics and Crown & Bridge	Dr. Ashish Santoshrao Bhagat	Asso Professor	03-02-2015	BDS -Jan-2008	MDS -Jan-2015	8 Yrs 1 Month	Yes	MUHS/Acad/App roval/UG/3226/2023 DT: 29/11/2023	7413 8179 4469	BDKPB0401L	29-04-1985	ashish_b2613@yahoo.com

D.Y.P.

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

: D. Y. PATIL DENTAL SCHOOL, LOHEGAON, PUNE
020-35037779
Conservative

Sr. 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
1	D. Y. Patil Dental School	Conservative Dentistry & Endodontics	Dr. Pradeep Karunakara Shetye	Prof. & HOD	19-04-2022	BDS-Oct-2002	M.D.S. -June-2009	13 Yrs 1 Month	Yes	MUHS/Acad/Approval/E-2/U/G/1086/2023 Dt. 21/04/2023	6971 4797 2545	BGRPS0780B	20-07-1978	dooprandeepshetye@gmail.com
2	D. Y. Patil Dental School	Conservative Dentistry & Endodontics	Dr. Kiran Kishan Keswani	Reader	01-09-2015	BDS -May-2003	MDS- August-2009	13 Yrs 5 Month	Yes	MUHS/UG/E-2/53/2078/10/2016 Dt. 24/02/2016	8563 5931 9147	ALWPK4100E	27-09-1980	dkirankeswani@gmail.com
3	D. Y. Patil Dental School	Conservative Dentistry & Endodontics	Dr. Vinod Annappa Kamthi	Reader	28-01-2016	BDS - June-2005	MDS- Dec -2015	7 Yrs 1 Month	Yes	MUHS/Acad/Approval/U/G/1385/2023 Dt. 29/05/2023	6702 6117 2431	BHNPK6284K	05-07-1977	drvino05@gmail.com
4	D. Y. Patil Dental School	Conservative Dentistry & Endodontics	Dr. Divya Gaurav Dandekar	Reader	10-04-2017	BDS - June-2010	MDS- June -2016	06 Yrs 08 months	Yes	MUHS/Acad/Approval/U/G/3226/2023 Dt. 29/11/2023	9269 5896 6283	DICPD2134P	01-11-1989	divyarehahar2@gmail.com
5	D. Y. Patil Dental School	Conservative Dentistry & Endodontics	Dr. Divya Gupta	Lecturer	09-09-2019	BDS -August-2013	MDS- July -2019	04 Yrs 03 month	Yes	MUHS/Acad/Approval/U/G/1385/2023 Dt. 29/05/2023	5488 0378 2701	CEBPD9465F	28-12-1989	divyagupta8989@yahoo.com
6	D. Y. Patil Dental School	Conservative Dentistry & Endodontics	Dr. Anuja Hakkepati	Lecturer	02-08-2017	BDS -June-2008	MDS- June -2013	06 Yrs 04 month	Yes	MUHS/Acad/Approval/U/G&PG/5436/2022 Dt. 12/12/2022	6559 5938 6079	ANWPH5663D	29-09-1986	anuja.hakkepati@gmail.com
7	D. Y. Patil Dental School	Conservative Dentistry & Endodontics	Dr. Kavita Sonawane	Lecturer	25-11-2021	BDS -June-2010	MDS- Dec -2013	06 Yrs 01 month	Yes	MUHS/Acad/Approval/U/G/3226/2023 Dt. 29/11/2023	6379 4248 7885	BEWPH5834G	15-06-1988	dkavitaade88@gmail.com

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

Name of the College : D Y PATIL DENTAL SCHOOL, LOHEGAON, PUNE
Phone/Mobile No: 020-35037779
Name of the Subject: Oral Pathology

Sr.N o	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
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1	D Y Patil Dental School	Oral Pathology	DR. PRASAD PRAKASH KARANDE	Professor & HOD	01-04-2014	BDS -Nov- 2005	MDS -June- 2011 Oral Pathology	11 Yrs 02 Months	Yes	MUHS/Acad/Approval/ UG/3226/2023 DT: 29/11/2023	9214 6183 8600	CEDDPK2555K	25-11-1983	prasad32627@rediffmail.com
2	D Y Patil Dental School	Oral Pathology	DR. MRINAL VISHWESHVAR. SHETE	Associate Professor	03-02-2015	BDS -May- 2009	MDS -May- 2014 Oral Pathology	08 Yrs 10 Months	Yes	MUHS/Acad/Approval/ UG/3226/2023 DT: 29/11/2023	8025 4508 6191	CYBPS5838J	28-03-1988	shete.mrinal@gmail.com
3	D Y Patil Dental School	Oral Pathology	DR. RUCHA DTVAKAR GONKE	Assistant Professor	15/12/2017	BDS-2011	MDS-2017	06 Yrs	Yes	MUHS/Acad/Approval/ UG/3226/2023 DT: 29/11/2023	9403 7959 6344	BNOPG1690N	03-08-1989	gorturcho03@gmail.com

D.Y.P

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

Name of the College : D Y PATIL DENTAL SCHOOL, LOHEGAON, PUNE
Phone/Mobile No: 020-35037779
Name of the Subject: Public Health Dentistry

S.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
1	D.Y.Patil Dental School	Public Health Dentistry	Dr. Karthasappa Gundabaktha Nagappa	Reader & HOD	17-05-2016	BDS 1998	MDS -April- 2005 PHD	18 Yrs 05 Months	Yes	MUHS/E-2/UG/750/2018 DT. 08/02/2018	8540 8873 2426	ASOPK1525L	31-05-1975	dhb31@gmail.com
2	D.Y.Patil Dental School	Public Health Dentistry	Dr. Shiram Gururaj Kulkarni	Asst. Professor	03-08-2023	BDS 2013	MDS June 2018	5 Yrs	Yes	MUHS/Acad/Approv a/E-2/UG/1086/2023 DT. 21/04/2023	7294 6507 9251	HSIPK8555D	25/12/1991	dkulkarnishr@gmail.com

D.Y.F

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

Annexure-XVI-B

Name of the College : D Y PATIL DENTAL SCHOOL, LOHEGAON, PUNE
Phone/Mobile No: 020-35037779
Name of the Subject: Gen.Anatomy

Sr.N ^o	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
1	D Y Patil Dental School	Gen.Anatomy	Dr.Namita Alok Sharma	HOD & Professor	11-11-22	MBS 1987	MD Anatomy 2009-June	29 Years	Yes	MUHS/Acad/Approv a/E-2/UG/1086/2023 DT. 21/04/2023	6750 7106 7478	AKEPS1026M	23-07-1963	drnamitaak201@gmail.com

D. Y. Patil

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

Annexure-XVI-B

Name of the College : D Y PATIL DENTAL SCHOOL, LOHEGAON, PUNE
Phone/Mobile No: 020-35037779
Name of the Subject: Biochemistry

Sr. 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
1	D Y Patil Dental School	Biochemistry	Ms.Chhaya Vikram Jawlikar	lecturer	02-03-2022	B.Sc. April 2007	2010.M.Sc. (MEDICAL BIOCHEMISTRY)	10 Yrs 05 Months	Yes	MUHS/Approval/UG / 1206/2022 DT:09-05-2022	3013 5072 3134	DV/PS0152C	03-12-1986	shindechaya_13@rediffmail.com

D. Y. PATIL

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST(U/G Courses)

Annexure-XVI-B

Name of the College : D Y PATIL DENTAL SCHOOL, LOHEGAON, PUNE
Phone/Mobile No: 020-35037779
Name of the Subject: Microbiology


Sr.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 (Y/cr/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth/Age in Years)	Latest Email Address
1	D Y Patil Dental School	Microbiology	DR. Swati Yogesh Joshi	Asso. Professor	01-09-2015	B.Sc. Medical 1993	M.Sc. Medical 1996 Ph.D. Medical 2003	22 Yrs 05 Months	Yes	MUHS/UGE- 2/53/2207/2759/2016 dt. 25/04/2016	6252 4967 9674	ANJPB4720E	06-07-1973	jswathy@gmail.com

D. Y. Patil Dental School

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

Name of the College : D Y PATIL DENTAL SCHOOL, LOHEGAON, PUNE
Phone/Mobile No: 020-35037779
Name of the Subject: Gen.Pathology

Sr.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 Ad
1	D Y Patil Dental School	Gen.Pathology	Dr.Sunita Arvind Bannanikar	Asso. Professor	11-07-2022	MBBS-1981	MD-Oct-1987 Pathology	20 Yrs 02 Month	No	MUHS/Acad/E-2/UG/1086/2023 DT. 21/04/2023	8391 8655 8206	ABQP38121	10-07-1958	sunita.bannanikar@


Dean
D. Y. Patil Dental

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

Name of the College : D Y PATIL DENTAL SCHOOL, LOHEGAON, PUNE
Phone/Mobile No: 020-35037779
Name of the Subject: Gen. Medicine

Sr. 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
1	D. Y. Patil Dental School	Gen. Medicine	Dr. Sanjiv Kumar Kumbod Rama	Lecturer	11-04-2019	MBBS 1997	MD Gen. Med- 2011	04 Yrs 01 month	Yes	MUHS/Acad/Approval/ UG/3226/2023 DT: 29/11/2023	5494 4694 604 1	AGQPR7818H	18-12-1975	iamsanjiv20@gmail.com

D. Y. Patil
D. Y. Patil

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

Name of the College : D Y PATIL DENTAL SCHOOL, LOHEGAON, PUNE
Phone/Mobile No: 020-35037779
Name of the Subject: Gen Surgery

S.N	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
1	D.Y.Patil Dental School	Gen Surgery	Dr. Sanjay Krishna Ranade	Asso. Professor	28-01-2016	MBBS 1977	MS Medicine 1981	10 Yrs 01 Month	Yes	MUHS/UG/E-2/53/2078/10/2016 DT: 24/02/2016	3107 4352 9810	ADOPR5636A	15-04-1956	sanjay82ms@yahoo.co

