


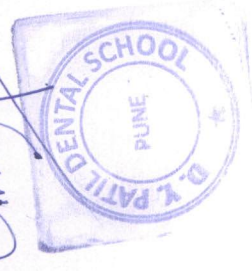
ANNEXURE XVI-B
SUBJECT WISE ELIGIBLE EXAMINERS LIST
(UG COURSES)

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: 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	Contact No.(Mob)	Debarred Yes/ No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	D.Y.Patil Dental School	Prosthodontics and Crown & Bridge	Dr. Kamal Anand Shigli	Prof. & Head	06-Jul-17	BDS -May- 1992	MDS- Feb- 1996	26 Yrs 9 Mnth	Yes	MUHS/Acad/Approval/UG&PG/5436/2022	7375 9924 0255	AEEP/K0714K	11/12/1968	kamalshigli@yahoo.co.in	8007305050	No
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 Mnth	Yes	MUHS/Acad/Approval/UG&PG/5436/2022 DT: 12/12/2022	6673 0183 1023	AEVPB2998B	03/12/1978	paulambagchi03@yahoo.com	9881720294	No
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 Mnth	Yes	MUHS/E-2/UG/1872/2018 DT: 08/05/2018	9018 2106 0780	BFHPM7434P	14/04/1983	bipin1404@gmail.com	9028028528	No
4	D.Y.Patil Dental School	Prosthodontics and Crown & Bridge	Dr. Ashish Santoshrao Bhagat	Asstt. Professor	03/02/2015	BDS -Jan- 2008	MDS -Jan- 2015	8 Yrs 1 Mnth	Yes	MUHS/UG/E-2/53/2207/810/2016 dt. 24/02/2016	7413 8179 4469	BDKPB0401L	29/04/1985	ashish_b2613@yahoo.com	8007450387	No
5	D.Y.Patil Dental School	Prosthodontics and Crown & Bridge	Dr. Jitendra Anil Bhandari	Asstt. Professor	03/02/2015	BDS -June- 2008	MDS -April- 2013	8 Yrs 1 Mnth	Yes	MUHS/Acad/Approval/UG&PG/1192/2020 DT: 8/7/2020	8399 1497 3900	AOCPB4701K	31/07/1985	jitendraamibhandari@gmail.com	8446606552	No



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

Name of the College
Phone/Mobile No:
Name of the Subject:

: 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	Contact No.(Mob)	Debarred Yes/ No
1	D. Y. Patil Dental School	Conservative Dentistry & Endodontics	Dr. Pradeep Karunakara Shetty	Prof& HOD	19/04/2022	BDS-Oct-2002	M.D.S. -June-2009	13 Yrs 1 Month	Yes	MUHS/E-2/UG/112106/2145/2021 DT.18-07-2022	6971 4797 2545	BGRPS0780B	20/07/1978	doopradeepshtetty@gmail.com	8888611011	No
2	D. Y. Patil Dental School	Conservative Dentistry & Endodontics	Dr. Kiran Kishan Keswani	Professor	01/09/2015	BDS -May-2003	MDS- August-2009	13 Yrs 5 Month	Yes	MUHS/UG/E-2/53/2207/810/2016 dt. 24/02/2016	8563 5931 9147	ALWPK4100E	27/09/1980	dkirankeswani@gmail.com	9689996662	No
3	D. Y. Patil Dental School	Conservative Dentistry & Endodontics	Dr. Prachi Narayan Joshi	Professor	31/03/2022	BDS-Sept-1998	MDS-Sept-2002	16 Yrs 2 Month	Yes	MUHS/E-2/UG/112106/3503/2022 DT-30-09-2022	9770 5431 1621	AFLP10694K	29/10/1975	pra2.lin@yahoo.com	9820244165	No
4	D. Y. Patil Dental School	Conservative Dentistry & Endodontics	Dr. Vinod Annappa Kambli	Reader	28/01/2016	BDS - June-2005	MDS- Dec -2015	7 Yrs 1 Month	Yes	MUHS/E2/UG/Approval/1346/2021 DT. 09/06/2021	6702 6117 2431	BHNPK6284K	05/07/1977	drvinod05@rediffmail.com	9975537900	No
6	D. Y. Patil Dental School	Conservative Dentistry & Endodontics	Dr. Divya Gaurav Dudulwar	Reader	10/04/2017	BDS - June-2010	MDS- June -2016	5 Yrs 10 month	Yes	MUHS/Acad/Approval/UG&PG/5436/2022 DT. 12/12/2022	9269 5896 6283	DICPD2134P	01/11/1989	divyarachalwar2@gmail.com	9766376053	No




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

: D Y PATIL DENTAL SCHOOL, LOHEGAON, PUNE
020-3503779
Oral Pathology

Name of the College
Phone/Mobile No:
Name of the Subject:

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 Bith(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	D.Y.Patil Dental School	Oral Pathology	DR. PRASAD PRAKASH KARANDE	Professor & HOD	01/04/2014	BDS -Nov-2005	MDS -June- 2011 Oral Pathology	10 Yrs 5 Months	Yes	MUHS/E- 2/UG/2230/2021 Dt. 24-11-2021	9214 6183 8600	CEDPK2555K	25/11/1983	prasad352627@rediffmail.com	9028755885	No
2	D.Y.Patil Dental School	Oral Pathology	DR. MRINAL VISHWESHWAR SHETE	Associate Professor	03/02/2015	BDS -May-2009	MDS -May- 2014 Oral Pathology	8 Yrs 1 Month	Yes	MUHS/E- 2/UG/2230/2021 Dt. 24-11-2021	8025 4508 6191	CYEPSS838J	28/03/1988	shete.mrinal@gmail.com	9075098231	No
3	D.Y.Patil Dental School	Oral Pathology	DR. RUCHA DIWAKAR GORE	Assistant Professor	15/12/2017	BDS-2011	MDS-2017	5 Yrs 2 Month	Yes	MUHS/E- 2/UG/2230/2021 Dt. 24-11-2021	9403 7959 6344	BNOPGI690N	03/08/1989	gore.rucha03@gmail.com	9503871763	No




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: Oral Surgery

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	Contact No.(Mob)	Debarred Yes/ No
1	D.Y.Patil Dental School	Oral Surgery	DR. VIKRAM RAMCHANDRA KARANDE	Professor & HOD	02/09/2021	BDS -May- 2001	MDS -May- 2006 OMFS	15 Yrs 5 Month	Yes	MUHS/Approval/UG /1206/2022 DT.09-05-2022	4042 0551 5427	AWGPK2480C	23/05/1980	drvikramkarande@gmail.com	9137072340	No
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	Yes	MUHS/Acad/Approval /UG&PG/5436/2022 DT: 12/12/2022	2839 5635 1758	BNGPK7526R	26/05/1982	drkapilshirsagar@gmail.com	9823112682	No
3	D.Y.Patil Dental School	Oral Surgery	DR. PRATIK SHESHRAO HANDE	Associate Professor	01/04/2014	BDS -June- 2004	MDS -Oct- 2010 OMFS	8 Yrs 11 Month	Yes	MUHS/E- 2/UG/750/2018 DT. 08/02/2018	9564 9929 6482	AFBPH7430K	15/12/1982	dprathvk@gmail.com	8055320040	No

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	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	D.Y.Patil Dental School	Periodontology	DR. GIRISH NEELKANTH BAYKOD	Professor & HOD	20/06/2020	BDS -May- 1996	MDS -Sep- 1999 Periodontics	22 Yrs 4 Month	Yes	MUHS/E- 2/UG/3230/2021 Dt. 24-11-2021	2914 7201 1730	AERPBP9595E	22/07/1974	gnbyakod@gmail.com	9890467812	No
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 2 Month	Yes	MUHS/UG/E- 2/53/2207/4246/2016 dt. 02/06/2016	9475 4088 8854	ADBPPI696K	30/11/1981	paraghadge@yahoo.com	9527098345	No
3	D.Y.Patil Dental School	Periodontology	DR. RAKESH AJIT MUTHA	Associate Professor	01/04/2014	BDS -Feb- 2007	MDS -July- 2011 Periodontology	8 Yrs 11 Month	Yes	MUHS/Acad/Approval /UG&PG/5436/2022 DT: 12/12/2022	9082 1708 8839	ANDPM4410E	29/12/1984	mutha.rakesh@gmail.com	9422081722	No
4	D.Y.Patil Dental School	Periodontology	DR. SACHIN VASANTRAO BHAGAT	Assistant Professor	28/01/2016	BDS -June- 2008	MDS -June- 2014 Periodontology	7 Yrs 2 Month	Yes	MUHS/UG/E- 2/53/2207/810/2016 dt. 24/02/2016	2480 3771 2406	CAIPB5824P	15/07/1984	sachin.bhagat982@gmail.com	8007379361	No
5	D.Y.Patil Dental School	Periodontology	DR. ANUJA NITIN MOHARIR	Assistant Professor	15/02/2018	BDS-2017	MDS-2016	5 Yrs	Yes	MUHS/Acad/Approval /UG&PG/5436/2022 DT: 12/12/2022	9024 4141 9969	BUEPM44440D	20/12/1988	anuja_moharir@yahoo.in	7875815946	No

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: Orthodontics & Dentofacial Dentistry

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	Contact No.(Mob)	Debarred Yes/No
1	D.Y.Patil Dental School	Orthodontics & Dentofacial Dentistry	DR. SANDEEP ATMARAMJI JETHE	Professor & HOD	01/04/2019	BDS -May- 2003	MDS-Oct-2007	14 Years 6 Month	Yes	MUHS/Acad/Approval/UG&PG/5436/2022 DT: 12/12/2022	9732 1875 3938	AKPPJ7548B	01/02/1981	sandeep.jethe@gmail.com	9822269241	No
2	D.Y.Patil Dental School	Orthodontics & Dentofacial Dentistry	DR. VARSHA VASUDEV MERANI	Associate Professor	01/04/2014	BDS -Oct- 2008	MDS -June- 2012 Orthodontics	8 Years 11 Month	Yes	MUHS/Acad/Approval/UG&PG/5436/2022	9297 6167 7311	CFCPM7752L	29/11/1985	drvarshmerani@gmail.com	9822650461	No
3	D.Y.Patil Dental School	Orthodontics & Dentofacial Dentistry	DR. SHAILESH BABARAO DONGRE	Associate Professor	28/01/2016	BDS -June- 2006	MDS -May- 2012 Orthodontics	9 Years 2 Month	Yes	MUHS/E2/UG/Approval /1346/2021 DT: 09/06/2021	2222 4136 7736	AQNPD7081P	05/11/1983	drshahid.09@gmail.com	8412821263	No
4	D.Y.Patil Dental School	Orthodontics & Dentofacial Dentistry	DR. ARUN RAMESHWAR MHASKE	Assistant Professor	03/02/2015	BDS -Aug- 2008	MDS -June- 2013 Orthodontics	8 Years 7 Month	Yes	MUHS/Acad/Approval/UG&PG/5436/2022 DT: 12/12/2022	3452 8366 7804	AYWPM6398K	02/02/1983	drarunmhaske@gmail.com	8975074379	No
5	D.Y.Patil Dental School	Orthodontics & Dentofacial Dentistry	DR. SUYOG SHANKAR SHENDAGE	Assistant Professor	15/02/2018	BDS-2011	MDS-2017	5 Years	Yes	MUHS/E2/UG/Approval /1346/2021 DT: 09/06/2021	4739 2601 1238	DIAPS2893J	04/06/1988	suyog.shendage@dypds.com	9359578558	No

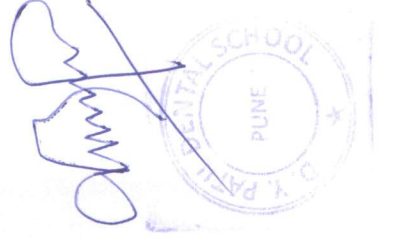



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST(UG Courses)

Annexure-XVI-B

Name of the College : D Y PATIL DENTAL SCHOOL, LOHEGAON, PUNE
Phone/Mobile No: 020-35037779
Name of the Subject: Pediatric & Preventive 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	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	D.Y.Patil Dental School	Pediatric & Preventive Dentistry	Dr. Anand Lingaraj Shigji	Professor	30/06/2017	BDS -May- 1989	MDS -Feb- 1995 Paedodontics	27 Years 9 Months	Yes	MUHS/E- 2/UG/112106/3376/2021	7644 8927 5033	ABYPA5554E	11/12/1966	shigjanand@rediffmail.com	8007705050	No
2	D.Y.Patil Dental School	Pediatric & Preventive Dentistry	Dr. Pritesh Namdeo Gawali	Associate Professor	28/01/2016	BDS -Aug- 2011	MDS -June- 2015 Paedodontics	7 Years 1 Month	Yes	MUHS/E- 2/UG/112106/2806/2021 Dt. 13-10-2021	6821 5328 5629	BBNPG1606B	23/06/1988	drpriteshgawali@gmail.com	8408906089	No
3	D.Y.Patil Dental School	Pediatric & Preventive Dentistry	Dr. Geetanjali Jeevan Jadhav	Assistant Professor	05/11/2016	BDS -Aug- 2012	MDS -June- 2015 Paedodontics	6 Years 4Months	Yes	MUHS/Approval/UG/ 2083/2022	3457 1137 3130	AGPPJ6313E	05/02/1988	geetident@gmail.com	8308000500	No





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

Annexure-XV-LB

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


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 Bith(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	D. Y. Patil Dental School	Oral Medicine & Radiology	Dr. Anagha Vishweshwar Shete	Reader & HOD	02/02/2016	BDS -June-2005	MDS -May- 2011 OMR	11 Yrs 6 Months	Yes	MUHS/UG/E-2/53/2207/2759/2016 dt. 25/04/2016	3533 7287 5282	CZHPS7480J	21/07/1984	dramnaghashte@yahoo.com	9420490711	No
2	D. Y. Patil Dental School	Oral Medicine & Radiology	Dr. Abhijeet Rajendra Sande	Associate Professor	17/09/2022	BDS-MUHS	MDS-MUHS	9 Yrs 6 Month	Yes	MUHS/Acad/Approval/UG&PG/5436/2022 DT: 12/12/2022	4965 9569 9868	FEAPS6234H	31/07/1986	sandeabhijeet@gmail.com	9975720693	No
3	D. Y. Patil Dental School	Oral Medicine & Radiology	Dr. Ashwini Chandrakant Nerkar	Assistant Professor	09/01/2018	BDS-2007	MDS-2017	5 Yrs 2 month	Yes	MUHS/E-2/UG/1296/2018 dt 20/03/2018	2810 5036 0816	AVZPN6778L	03/06/1989	dr.ashwini.nerkar@gmail.com	8459014986	No

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

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 Bith(Age in Years)	Latest Email Address	Contact No.(Mob)	Debarred Yes/ No
	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	D.Y.Patil Dental School	Public Health Dentistry	Dr. Karibasappa Gundabaktha Nagappa.	Reader & HOD	17/05/2016	BDS 1998	MDS -April- 2005 PHD	17 Yrs 8 Month	Yes	MUHS/E- 2/UG/750/2018 DT. 08/02/2018	8540 8873 2426	ASQPK1525L	31/05/1975	drkb31@gmail.com	9326555659	No
2	D.Y.Patil Dental School	Public Health Dentistry	Dr. Shirram Gururaj Kulkarni	Asst. Professor	03/08/2023	BDS 2013	MDS June 2018	5 Yrs 6 Month	No	-	7294 6507 9251	HSIPK8555D	25/12/1991	drkulkarnishri@gmail.com	9538228032	No



D. Y. PATIL DENTAL
PUNE

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.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 Bith(Age in Years)	Latest Email Address	Contact No.(Mob)	Debarred Yes/ No
1	D.Y.Patil Dental School	Gen.Anatomy	Dr.Namita Alok Sharma	HOD & Professor	11/11/2022	MBBS 1987	MD Anatomy 2009- June	28 Years 1 Month	No		6750 7106 7478	'AKHPS1026M	23-07-1963	drnamitaalok2021@gmail.com	7507275533	NO





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: Physiology

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	Contact No.(Mob)	Debarred Yes/ No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	D. Y. Patil Dental School	Physiology														
2	D. Y. Patil Dental School	Physiology	Ms. Pooja Dinkar Kashid	Lecturer	12/10/2022	Bsc - 2018	Msc - 2021	1 Year 8 Month	No		8895 2805 2830	HPPFPK6162E	06/01/1997	poojakashid834@gmail.com	7499315692	No

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

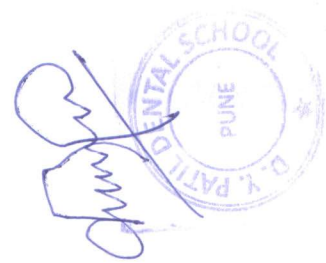
Sr.No	College Name	Subject	Full name of the teacher (first / middle/last)	Designation	Date Of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG Passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth(Age in Years)	Latest Email Address	Contact No.(Mob)	Debarred Yes/ No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	D.Y.Patil Dental School	Biochemistry	Dr. Arti Mihir Hajamavis	Asso. Professor	01/12/2014	B.Sc. Medical 1992	M.Sc. Medical 1995 Ph.D. Medical 2015	23 Yrs 10 Month	Yes	MUHS/UG/E- 2/53/2207/2759/2016 dt. 25/04/2016	8372 1268 2201	AAWPH6257N	23/03/1972	arhahajamavis@gmail.com	9890032163	No
2	D.Y.Patil Dental School	Biochemistry	Ms.Chhaya Vikram Jawlikar	lecturer	02/03/2022	B.Sc. April 2007	2010-M.Sc. (MEDICAL BIOCHEMISTRY)	9 Yrs 7 Month	Yes	MUHS/Approval/UG / 1206/2022 DT.09-05-2022	3013 5072 3134	DVFP0152C	03/12/1986	shindechaya_13@rediffmail.com	9975378101	No

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

Annexure-XV-B

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

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	Contact No.(Mob)	Debarred Yes/ No
1	D.Y.Patil Dental School	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
2	D.Y.Patil Dental School	Pharmacology	Dr. Pradnya Pandurang Rotthor	Asstt. Professor	03/02/2015	MBBS 1981		8 Yrs 1 Month	Yes	MUHS/E-2/UG/750/2018 Dt. 08-02-2018	8917 5739 6854	AAYPR1550N	13/06/1959	pradnyarotthor@gmail.co	9822482272	No



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


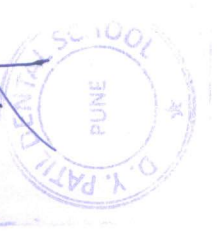
Annexure-XVI-B

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

Name of the College
Phone/Mobile No:
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 (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Bith(Age in Years)	Latest Email Address	Contact No.(Mob)	Debarred Yes/ No
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	21 Yrs 7 Month	Yes	MUHS/UG/E-2/53/2207/2759/2016 dt. 25/04/2016	6252 4967 9674	ANJPB4720E	06/07/1973	jswatiy@gmail.com	9623446287	No
2	D. Y. Patil Dental School	Microbiology	Ms. Shailaja Ravindra Panhalkar	Asstt. Professor	28/01/2016	B.Sc. Medical 1994	M.Sc. Microbiology 2000	7 Yrs 1 Month	Yes	MUHS/UG/E-2/53/2207/810/2016 Dt. 24-02-2016	2734 1282 3066	BYOPP9350D	23/04/1974	panhalkarshailaja@gmail.com	9423269435	No
3	D. Y. Patil Dental School	Microbiology	Mr. Ravindra Rangao Panhalkar	Asstt. Professor	01/08/2016	B.Sc. Medical 1994	M.Sc. Microbiology 1997	6 yrs 7 Month	Yes	MUHS/E-2/UG/750/2018 Dt. 08-02-2018	7592 2059 4749	AOKPK5403M	22/07/1974	ravipanhalkar@gmail.com	9421122524	No

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.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 Bith(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	D.Y.Patil Dental School	Gen.Pathology	Dr.Sunita Arvind Bamanikar	Asso. Professor	11/07/2022	MBBS-1981	MD-Oct-1987 Pathology	19 Yrs 2 Month	No		8391 8655 8206	ABGPB3812J	10/07/1958	sunita.bamanikar@gmail.com	9765452888	No



The image shows a handwritten signature in blue ink over a circular official stamp. The stamp contains the text 'D. Y. PATIL DENTAL SCHOOL' around the perimeter and 'PUNE' in the center.

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

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

Name of the College
Phone/Mobile No:
Name of the Subject:

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 Bith(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	D.Y.Patil Dental School	Gen .Medicine	Dr.Samirkumar Kumod Rama	Lecturer	11/04/2019	MBBS 1997	MD Gen,Med-2011	3 Yrs 4 month	Yes	MUHS/E-2/UG/3230/2021 Dt. 24-11-2021	5494 4694 6041	AGQPR7818H	18/12/1975	ramasamir20@yahoo.com	7057725738	No
2	D.Y.Patil Dental School	Gen .Medicine	Dr.Hakim Baset Syed Akil	lecturer	26/08/2022	MBBS-2015 in MUHS	MD Gen,Med-2021	6 Months	Yes	MUHS/Acad/Approval /UG&PG/5436/2022 DT: 12/12/2022	5885 7072 6717	ALVPH7163D	04/09/1993	basithakim10@gmail.com	7020041123	No

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

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 Bith(Age in Years)	Latest Email Address	Contact No.(Mob)	Debarred Yes/ No
1	D.Y.Patil Dental School	Gen Surgery	Dr. Sanjay Krishna Ramade	Asso. Professor	28/01/2016	MBBS 1977	MS Medicine 1981	9 Yrs 3 Month	10	11	3107 4352 9810	ADOPRS636A	15/04/1956	sanjay82ms@vahoo.com	9890057758	17



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: Anaesthesiology

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 Bith(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	D.Y.Patil Dental School	Anaesthesiology														
2	D.Y.Patil Dental School	Anaesthesiology														

