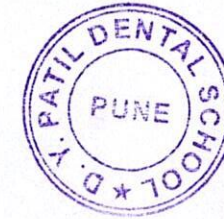


**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**SUBJECTWISE ELIGIBLE EXAMINERS LIST(UG Courses)**

Annexure-XV-B

**Name of the College** : D Y PATIL DENTAL SCHOOL, LOHEGAON, PUNE  
**Phone/Mobile No:** 020-35037779  
**Name of the Subject:** 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 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	Prosthodontics and Crown & Bridge	Dr. Kamal Anand Shigli	Prof & Head	06-Jul-17	BDS -May-1992	MDS- Feb-1996	28 Yrs 6 Mnth	Yes	MUHS/Acad/Approval/UG/215/2024 Dt: 19/12/2024	7375 9924 0255	AEEP0714K	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	01/04/2014	BDS -Dec-2003	MDS -April-2007	16 Yrs 6 Mnth	Yes	MUHS/Acad/Approval/UG/215/2024 Dt: 19/12/2024	6673 0183 1023	AEVPB2998B	03-12-1978	paulamibagchi03@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	11 Yrs 0 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	Asso Professor	03-02-2015	BDS -Jan-2008	MDS- Jan-2015	9 Yrs 10 Mnth	Yes	MUHS/Acad/Approval/UG/3226/2023 DT: 29/11/2023	7413 8179 4469	BDKPB0401L	29-04-1985	ashish_b2613@yahoo.com	8007450387	No



  
**Dean**  
**D. Y. Patil Dental School**


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: 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 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	Conservative Dentsrty & Endodontics	Dr.Pradeep Karunakara Shetty	Prof. & HOD	19-04-2022	BDS-Oct-2002	M.D.S. -June-2009	14 Years 10 Month	Yes	MUHS/Acad/Approval/E-2/UG/1086/2023 DT: 21/04/2023	6971 4797 2545	BGRPS0780B	20-07-1978	docpradeepshetty@gmail.com	8888611011	No
2	D.Y.Patil Dental School	Conservative Dentsrty & Endodontics	Dr.Kiran Kishan Keswani	Reader	01-09-2015	BDS -May-2003	MDS- August-2009	14 Yrs 10 Month	Yes	MUHS/UG/E-2/53/2207/810/2016 DT: 24/02/2016	8563 5931 9147	ALWPK4100E	27-09-1980	drkirankeswani@gmail.com	9689996662	No
3	D.Y.Patil Dental School	Conservative Dentsrty & Endodontics	Dr.Vinod Annappa Kambli	Reader	28-01-2016	BDS - June-2005	MDS- Dec -2015	08 Yrs 10 Month	Yes	MUHS/Acad/Approval/UG/1385 /2023 Dt. 29/05/2023	6702 6117 2431	BHNPK6284K	05-07-1977	drvinod05@rediffmail.com	9975337900	No
4	D.Y.Patil Dental School	Conservative Dentsrty & Endodontics	Dr.Divya Gaurav Dudulwar	Reader	10-04-2017	BDS - June-2010	MDS- June -2016	07 Yrs 08 Months	Yes	MUHS/Acad/Approval/UG/3226 /2023 DT: 29/11/2023	9269 5896 6283	DICPD2134P	01-11-1989	divyarachalwar2@gmail.com	9766376053	No
5	D.Y.Patil Dental School	Conservative Dentsrty & Endodontics	Dr. Anuja Hakkepatil	Lecturer	02-08-2017	BDS -June-2008	MDS- June -2013	07 Years 04 Month	Yes	MUHS/Acad/Approval/UG/215/ 2024 Dt: 19/12/2024	6559 5938 6079	ANWPH5663D	29-09-1986	anuja.hakkepatil@gmail.com	8552047565	No
6	D.Y.Patil Dental School	Conservative Dentsrty & Endodontics	Dr. Kavita Sonawane	Lecturer	25-11-2021	BDS -June-2010	MDS- Dec -2013	07 Years 01 Month	Yes	MUHS/Acad/Approval/UG/215/ 2024 Dt: 19/12/2024	6379 4248 7885	BEWPB5834G	15-06-1988	drkavibade88@gmail.com	8668612639	No



  
Dean  
D. Y. Patil Dental School

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: Oral 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	Oral Pathology	DR. PRASAD PRAKASH KARANDE	Professor & HOD	01-04-2014	BDS -Nov-2005	MDS -June- 2011 Oral Pathology	12 Yrs 02 Months	Yes	MUHS/Acad/Approal/UG/3226/2023 DT: 29/11/2023	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	09 Yrs 10 Months	Yes	MUHS/Acad/Approal/UG/3226/2023 DT: 29/11/2023	8025 4508 6191	CYEPS5838J	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	07 Years	Yes	MUHS/Acad/Approal/UG/3226/2023 DT: 29/11/2023	9403 7959 6344	BNOPG1690N	03-08-1989	gorerucha03@gmail.com	9503871763	No



Dean  
D. Y. Patil Dental School

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: 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 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 Surgery	DR. VIKRAM RAMCHANDRA KARANDE	Professor & HOD	02-09-2021	BDS -May- 2001	MDS -May- 2006 OMFS	17 Yrs 02 Months	Yes	MUHS/Acad/Approval/UG/86/2024 Dt: 25/06/2024	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	13 Years 09 Months	Yes	MUHS/Acad/Approval/UG/215/2024 Dt: 19/12/2024	2839 3635 1758	BNGPK7526R	26-05-1982	drkapilkshirsagar@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	10 Yrs 08 Months	Yes	MUHS/E-2/UG/750/2018 DT. 08/02/2018	9564 9929 6482	AFBPH7430K	15-12-1982	drprathyk@gmail.com	8055320040	No



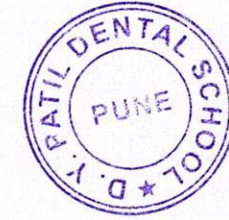
Dear  
D. Y. Patil Dental School


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: 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 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	Periodontology	DR. GIRISH NEELKANTH BAYKOD	Professor & HOD	20-06-2020	BDS -May-1996	MDS -Sep- 1999 Periodontics	24 Yrs 01 Months	Yes	MUHS/Acad/Approval/UG/215/2024 Dt: 19/12/2024	2914 7201 1730	AERP9595E	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	14 Yrs 11 Months	Yes	MUHS/UG/E-2/53/2207/4246/2016 dt. 02/06/2016	9475 4088 8854	ADBPH1696K	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	10 Yrs 08 Months	Yes	MUHS/Acad/Approval/UG/215/2024 Dt: 19/12/2024	9082 1708 8839	ANDPM4410E	29-12-1984	mutha.rakesh@gmail.com	7387520131	No
4	D.Y.Patil Dental School	Periodontology	DR. SACHIN VASANTRAO BHAGAT	Assistant Professor	28-01-2016	BDS -June-2008	MDS -June- 2014 Periodontology	08 Yrs 10 Months	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 MOHARIR	Assistant Professor	15-02-2018	BDS -June-2010	MDS - April-2016	06 Yrs 10 Months	Yes	MUHS/Acad/Approval/UG/215/2024 Dt: 19/12/2024	9024 4141 9969	BUEPM4440D	20-12-1988	anuja_moharir@yahoo.in	7875815946	No



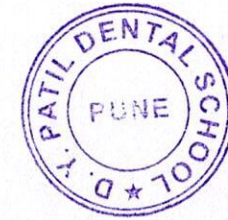
  
Dean  
D. Y. Patil Dental School


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: 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	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	Orthodontics & Dentofacial Dentistry	DR. SANDEEP ATMARAMJI JETHE	Professor & HOD	01-04-2019	BDS-May-2003	MDS-Oct-2007	16 Years 03 Months	Yes	MUHS/Acad/Approval/UG/215/2024 Dt: 19/12/2024	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	10 Years 08 Months	Yes	MUHS/Acad/Approval/UG/215/2024 Dt: 19/12/2024	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	10 Years 11 Months	Yes	MUHS/Acad/Approval/UG/1385/2023 Dt. 29/05/2023	2222 4136 7736	AQNP7081P	05-11-1983	drshaild.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	09 Years 10 Months	Yes	MUHS/Acad/Approval/UG/215/2024 Dt: 19/12/2024	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	06 Years 10 Months	Yes	MUHS/Acad/Approval/UG/1385/2023 Dt. 29/05/2023	4739 2601 1238	DIAPS2893J	04-06-1988	suyogshendage@gmail.com	9359578558	No



  
Dean  
D. Y. Patil Dental School


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: 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 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	Pediatric & Preventive Dentistry	Dr. Anand Lingaraj Shigli	Professor	30-06-2017	BDS -May-1989	MDS -Feb- 1995 Paedodontics	29 Years 06 Months	Yes	MUHS/Acad/Approal/UG /3226/2023 DT: 29/11/2023	7644 8927 5033	ABYPA5554E	11-12-1966	shigsanand@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	08 Years 10 Months	Yes	MUHS/Acad/Approval/U G/1385/2023 Dt. 29/05/2023	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	Associate Professor	05-11-2016	BDS -Aug-2010	MDS -June- 2016 Paedodontics	08 Years 01 Months	Yes	MUHS/Acad/Approval/ E-2/UG/1086/2023 DT. 21/04/2023	3457 1137 3130	AGPPJ6313E	05-02-1988	geetdent@gmail.com	8308000500	No



  
Dean  
D. Y. Patil Dental School

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: 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	13 Yrs 03 Months	Yes	MUHS/UG/E-2/53/2207/2759/2016 dt. 25/04/2016	3533 7287 5282	CZHPS7480J	21-07-1984	<a href="mailto:dranaghashete@yahoo.com">dranaghashete@yahoo.com</a>	9420490711	No
2	D.Y.Patil Dental School	Oral Medicine& Radiology	Dr.Abhijeet Rajendra Sande	Assistant Professor	17-09-2022	BDS-MUHS	MDS-MUHS	11 Yrs 03 Months	Yes	MUHS/Acad/Approval/UG/215/2024 Dt: 19/12/2024	4965 9569 9868	FEAPS6234H	31-07-1986	<a href="mailto:sandeabhijeet@gmail.com">sandeabhijeet@gmail.com</a>	9975720693	No
3	D.Y.Patil Dental School	Oral Medicine& Radiology	Dr. Ashwini Chandrakant Nerkar	Assistant Professor	09-01-2018	BDS-2007	MDS-2017	06 Yrs 11 months	Yes	MUHS/E-2/UG/1296//2018 dt 20/03/2018	2810 5036 0816	AVZPN6778L	03-06-1989	<a href="mailto:dr.ashwini.nerkar@gmail.com">dr.ashwini.nerkar@gmail.com</a>	8459014986	No



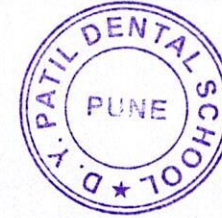
Dean  
D. Y. Patil Dental School


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:** 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
1	D.Y.Patil Dental School	Public Health Dentistry	Dr. Karibasappa Gundabaktha.Nagappa.	Reader & HOD	17-05-2016	BDS 1998	MDS -April-2005 PHD	19 Years 05 Months	Yes	MUHS/E-2/UG/750/2018 DT. 08/02/2018	8540 8873 2426	ASQPK1525L	31-05-1975	<a href="mailto:drkb31@gmail.com">drkb31@gmail.com</a>	9326555659	No
2	D.Y.Patil Dental School	Public Health Dentistry	Dr.Shriram Gururaj Kulkarni	Asst. Professor	03-08-2023	BDS 2013	MDS June 2018	06 Years	Yes	MUHS/Acad/Approval/E-2/UG/1086/2023 DT. 21/04/2023	7294 6507 9251	HSIPK8555D	25/12/1991	<a href="mailto:drkulkarnishri@gmail.com">drkulkarnishri@gmail.com</a>	9538228032	No



  
**Dean**  
**D. Y. Patil Dental School**


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: 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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	D.Y.Patil Dental School	Gen.Anatomy	Dr.Namita Alok Sharma	HOD & Professor	11-11-22	MBBS 1987	MD Anatomy 2009- June	30 Years	Yes	MUHS/Acad/Approval/E-2/UG/1086/2023 DT. 21/04/2023	6750 7106 7478	AKHPS1026M	23-07-1963	drnamitaalok2021@gmail.com	7507275533	NO



  
Dean  
D. Y. Patil Dental School


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: 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 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	Biochemistry	Ms.Chhaya Vikram Jawlikar	lecturer	02-03-2022	B.Sc. April 2007	2010-M.Sc. (MEDICAL BIOCHEMISTRY)	11 Yrs 05 Months	Yes	MUHS/Acad/Approval/UG/86/2024 Dt: 25/06/2024	3013 5072 3134	DVFP0152C	03-12-1986	shindechava_13@rediffmail.com	9975378101	No



  
Dean  
D. Y. Patil Dental School

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:** 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	21 Years 02 Month	No	MUHS/Acad/E-2/UG/1086/2023 DT. 21/04/2023	8391 8655 8206	ABGPB3812J	10-07-1958	sunita.bamanikar@gmail.com	9765452288	No



no  
**Dean**  
**D. Y. Patil Dental School**

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: 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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
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	23 Years 05 Months	Yes	MUHS/UG/E-2/53/2207/2759/2016 dt. 25/04/2016	6252 4967 9674	ANJPB4720E	06-07-1973	<a href="mailto:jswatiy@gmail.com">jswatiy@gmail.com</a>	9623446287	No



Dean  
D. Y. Patil Dental School


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: 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 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	05 Years 01 Month	Yes	MUHS/Acad/Approval/UG/86/2024 Dt: 25/06/2024	5494 4694 6041	AGQPR7818H	18-12-1975	ramasamir20@yahoo.com	7057725738	No



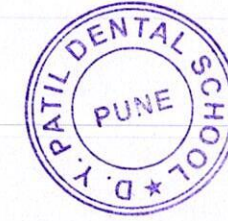
  
 Dean  
 D. Y. Patil Dental School


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:** 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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	D.Y.Patil Dental School	Gen Surgery	Dr. Sanjay Krishna Ranade	Asso. Professor	28-01-2016	MBBS 1977	MS Medicine 1981	11 Years 01 Months	Yes	MUHS/UG/E- 2/53/2207/810/2016 DT: 24/02/2016	3107 4352 9810	ADOPR5636A	15-04-1956	<a href="mailto:sanjay82ms@yahoo.com">sanjay82ms@yahoo.com</a>	9890057758	No



  
**Dean**  
**D. Y. Patil Dental School**