
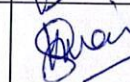

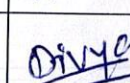



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST(PG Courses)

Annexure-XV-C

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

Sr.No	Full name of the teacher (first name middle name last name)	Designation	Subject/Speciality	Type of Appointment(R egular/Temp/H onorary	Qualification	University Approx at (UG)	PG Teaching Experience (in years)after PGM	PG Teacher Recopnilion Yes/No	(Recognition Letter Date Issued by University)	No.of PG Students Guided last 5 Year	Date of Birth	E-mail ID	Mobile No	Adhar 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.Pradeep Karunakara Shetty	Profe& HOD	Conservative Dentistry & Endodontics	Temp	M.D.S. -June-2009 CONSERVATIVE DENTISTRY AND ENDODONTICS	Yes	10 years 09 Month	Yes	MUHS/E-2/UG/112106/1094/2023 DT. 24/04/2023		20-07-1978	docpradeepshetty@gmail.com	8888611011	6971 4797 2545	No	
2	Dr.Kiran Kishan Keswani	Reader	Conservative Dentistry & Endodontics	Regular	MDS- August-2009 Conservative Dentistry	Yes	03 Years 03 Months	Yes	MUHS/E -2/UG/112106/3154 /2021 Dt-18/11/2021	04	27-09-1980	drkirankeswani@gmail.com	9689996662	8563 5931 9147	No	
4	Dr.Vinod Annappa Kambli	Reader	Conservative Dentistry & Endodontics	Temp	MDS- Dec -2015 Conservative Dentistry	Yes	03 Years 03 Month	Yes	MUHS/E-2/PG/112106/1439/2023 DT. 01/06/2023	0	05-07-1977	drviod05@rediffmail.com	9975337900	6702 6117 2431	No	
5	Dr.Divya Gaurav Dudulwar	Reader	Conservative Dentistry & Endodontics	Temp	MDS- June -2016 Conservative Dentistry	Yes	01 Year 02 Month	Yes	MUHS/Acad/Approal/UG/3227/2023 DT: 29/11/2023	0	01-11-1989	divyarachalwar2@gmail.com	9766376053	9269 5896 6283	No	

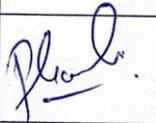



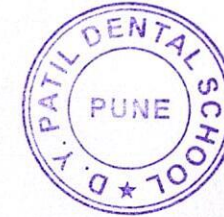

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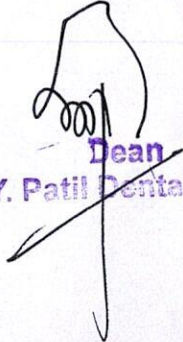
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST(PG Courses)

Annexure-XV-C

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	Full name of the teacher (first name middle name last name)	Designation	Subject/Speciality	Type of Appointment(R egular/Temp/H onorary)	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	Adhar 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. Anand Lingaraj Shigli	Professor	Pediatric & Preventive Dentistry	Temp	MDS -Feb- 1995 Paedodontics	Yes	20 Years	Yes	MUHS/Acad/ Approval/UG/3 227/2023 DT: 29/11/2023		11-12-1966	shigsanand@rediffmail.com	8007705050	7644 8927 5033	No	
2	Dr. Pritesh Namdeo Gawali	Associate Professor	Pediatric & Preventive Dentistry	Temp	MDS -June- 2015 Paedodontics	Yes	03 Years 03 Month	Yes	MUHS/E- 2/PG/1 12106/1 439/2023 DT. 01/06/2023	0	23-06-1988	drpriteshgawali@gmail.com	8408906089	6821 5328 5629	No	
3	Dr. Geetanjali Jeevan Jadhav	Associate Professor	Pediatric & Preventive Dentistry	Temp	MDS -June- 2016 Paedodontics	Yes	03 Years 03 Months	Yes	MUHS/E- 2/UG/1 12106/1 094/2023 DT. 24/04/2023	0	05-02-1988	geetdent@gmail.com	8308000500	3457 1137 3130	No	



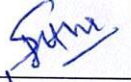
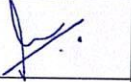


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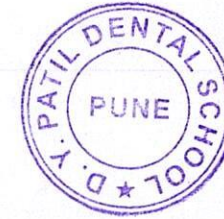
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST(PG Courses)

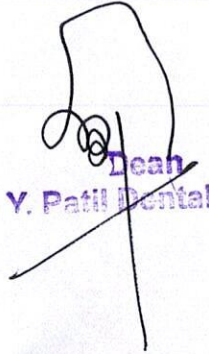
Annexure-XV-C

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

: D Y PATIL DENTAL SCHOOL, LOHEGAON, PUNE
020-35037779
Orthodontics & Dentofacial Dentistry

Sr. No	Full name of the teacher (first name middle name last 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	Adhar 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. SANDEEP ATMARAMJI JETHE	Professor & HOD	Orthodontics & Dentofacial Orthopaedics	Temp	MDS-April-2008	Yes	09 Yrs 08 Month	Yes	MUHS/E-2/UG/112106/975/2023 Dt-11/04/2023	14	01-02-1981	sandeep.jethe@gmail.com	9822269241	9732 1875 3938	No	
2	DR. VARSHA VASUDEV MERANI	Associate Professor	Orthodontics & Dentofacial Orthopaedics	Temp	MDS -June- 2012 Orthodontics	Yes	03 Years 02 Month	Yes	MUHS/E-2/UG/112106/975/2023 Dt-11/04/2023	4	29-11-1985	drvarshmerani@gmail.com	9822650461	9297 6167 7311	No	
3	DR. SHAILESH BABARAO DONGRE	Associate Professor	Orthodontics & Dentofacial Orthopaedics	Temp	MDS -May- 2012 Orthodontics	Yes	03 Years 02 Month	Yes	MUHS/E-2/PG/112106/1439/2023 DT. 01/06/2023	0	05-11-1983	drshaild.09@gmail.com	8412821263	2222 4136 7736	No	



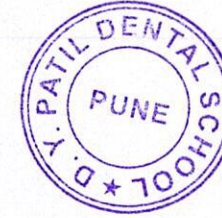

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D. Y. Patil Dental School

SUBJECTWISE ELIGIBLE EXAMINERS LIST(PG Courses)

Annexure-XV-C

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

Sr.No	Full name of the teacher (first name middle name last name)	Designation	Subject/Speciality	Type of Appointment(R egular/Temp/H onorary	Qualification	University Approx at (UG)	PG Teaching Experience (in years)after PGM	PG Teacher Recopinion Yes/No	(Recognition Letter Date Issued by University)	No.of PG Students Guided last 5 Year	Date of Birth	E-mail ID	Mobile No	Adhar 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. Kamal Shigli	Prof& HOD	Prosthodontics	Temp	MDS-1996	Yes	17 years 10 MonthS	Yes	MUHS/E2/PG/09/2 025 Dt. 09.01.2025	2	11-12-1968	kamalshigli@yahoo.co.in	8007305050	7375 9924 0255	No	<i>Kamal Shigli</i>
2	Dr. Paulami Bagchi	Reader	Prosthodontics	Temp	MDS-2007	Yes	0	Yes	MUHS/E2/PG/09/2 025 Dt. 09.01.2025	1	03-12-1978	paulamibagchi03@yahoo.com	9881720294	6673 0183 1023	No	<i>P Bagchi</i>
4	Dr. Bipin Mulc	Reader	Prosthodontics	Regular	MDS-2013	Yes	0	Yes	MUHS/E2/PG/09/2 025 Dt. 09.01.2025	0	14-04-1983	bipin1404@gmail.com	9028028528	9018 2106 0780	No	<i>Bipin Mulc</i>
5	Dr. Ashish Bhagat	Reader	Prosthodontics	Temp	MDS-2015	Yes	0	Yes	MUHS/E2/PG/09/2 025 Dt. 09.01.2025	0	29-04-1985	ashish_b2613@yahoo.com	8007450387	7413 8179 4469	No	<i>Ashish Bhagat</i>



[Signature]
 Dean
 D. Y. Patil Dental School