महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
दिंडोरीरोड, म्हसरुळ, नाशिक- ४२२००४Dindori Road, Mhasrul, Nashik - 422004
Tel : (0253) 2539244/241/242/6659244/241/242
Website : www.muhs.ac.in, E-mail : planning@muhs.ac.in
MUHS

डॉ.कालिदास द. चव्हाण
एम.बी.बी.एस., एम.डी. (न्यायवैद्यकशास्त्र)
कुलसचिव

Dr.Kalidas D. Chavan
M.B.B.S., M.D (Forensic Medicine)
Registrar

No. MUHS/PB/PG/P2/FTA/ 661 /2021 Date : 01/06/ 2021

To,
**The Dean / Principal,**
Dr. D. Y. Patil Dental College,
D.Y. Patil Knowledge City,
Charholi (BK), Via Lohegaon,
Dist. Pune - 412105

**Sub:- Grant of first time affiliation to start new Post Graduate (M.D.S.) Courses for the Academic Year 2021-22.**

Sir,

As per the provision of section 65 (4) of Maharashtra University of Health Sciences Act. 1998, I am directed to inform you that, on the basis of power conferred upon Hon'ble Vice Chancellor by the Academic Council Resolution No.68/2018 in its meeting held on 18/06/2018,and Local Inquiry Committee report, the Hon'ble Vice Chancellor is pleased to Grant First Time Affiliation to start new Post Graduate (M.D.S.) Courses in the following subject as per intake capacity shown against it, at your college viz. **Dr. D. Y. Patil Dental School, D. Y. Patil Knowledge City, Charholi (BK), Via Lohegaon, Dist. Pune (Maharashtra)**. For the Academic Year 2021-22.

| Sr. No. | Subjects | Intake Capacity |
|---|---|---|
| 01 | MDS (Orthodontics & Dentofacial Orthopedics) | 03 |
| 02 | MDS (Paedodontics and Preventive Dentistry) | 02 |
| 03 | MDS (Conservative Dentistry & Endodontics) | 03 |

However, the permission is subject to the following conditions :-

1. Fulfillment of norms and conditions laid down by DCI and Govt. of India.
2. Rules and Regulations made by the Govt. and the University, as amended from time to time, will be binding on the College.
3. The college should obtain approval / recognition for UG / PG teachers (as applicable) from Maharashtra University of Health Sciences, Nashik.
4. This permission to start above mentioned PG course / courses is valid for A. Y. **2021–22 only.**
5. The next batch of students shall not be admitted unless continuation of affiliation of MUHS, is obtained by college/Institute.

Registrar

Copy to :-

1. The Secretary, Government of India, Ministry of Health and Family Welfare, Nirman Bhavan, New Delhi.
2. The Secretary, Dental Council of India, New Delhi -110 002.
3. The Secretary, Medical Education & Drugs Department, Mumbai.
4. The Director, Medical Education & Research, Mumbai.
5. The Chairman, Admission Regulating Authority, Bandra (E), Mumbai,
6. The Chairman, Fee Regulating Authority, Bandra (E), Mumbai,
7. The Commissioner CET Cell, Mumbai
8. P.S. to the Hon'ble Vice Chancellor, MUHS, Nashik.
9. P.A. to the Pro Vice Chancellor, MUHS, Nashik
10. P.A. to the Registrar, MUHS, Nashik.
11. The Controller of Examination, MUHS, Nashik.
12. The Finance and Accounts Officer, MUHS, Nashik
13. HOD, Academic Section,(1) MUHS, Nashik.
14. HOD, Student Welfare Section
15. HOD, Eligibility Section, MUHS, Nashik.
16. HOD, Computer Section, MUHS, Nashik.
17. HOD, Special Cell, MUHS, Nashik

D.Y.PATIL DENTAL SCHOOL
INWARD / ~~OUTWARD~~
NO. DYPDS/1909
DATE: 09/06/2021

D:\PG IMP\PB 8\PG 2021\First Time Affiliation letter\2 Dental doc

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
दिंडोरी रोड, म्हसरूळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004
MUHS Tel (0253) 2539192,239/6659192,239 Student Helpline 0253 2539111/6659111/100
Website www.muhs.ac.in, E-mail academic1@muhs.ac.in

डॉ. कालिदास द. चव्हाण
एम.बी.बी.एस., एम.डी. (न्यायवैद्यकशास्त्र), पीएच.डी., डी.एससी.
कुलसचिव

Dr. Kalidas D. Chavan
M.B.B.S., M.D. (Forensic Medicine), Ph.D., D.Sc.
Registrar

R. No.: MUHS / Acad. / E2-PG / 2783 /2022

Date: 10 / 08 / 2022

To
**The Principal,**
D.Y. Patil Dental School,
D.Y. Patil Knowledge City,
Way from Charoli (B.K.), Lohegaon,
**Dist. Pune – 412 105.**

**Sub.** : **Continuation / Extension of Affiliation for Academic Year 2022-2023.**
***(Issued under provision No. 11&12 of University Direction No. 02/2016)***

**Ref.** : University Direction 02/2016 & u/s 68, 69 of MUHS Act 1998

Sir / Madam,

With reference to above cited subject, I am directed to communicate that as per the University laid down procedure & your proposal of Continuation of Affiliation & / or Extension of Affiliation, the Hon'ble Vice-Chancellor is pleased to grant Continuation of Affiliation & / Extension of Affiliation for Academic Year 2022-2023 as per the provision u/s 65 (4) of MUHS Act 1998, for the Dental (Post Graduate) Courses of your College in the following subject(s):

| Sr. No. | PG Degree | Intake as per Council | Max. Seats Permitted as per Teacher: Student Ratio # |
|---|---|---|---|
| 1 | Orthodontics and Dentofacial Orthopedics | 03 | 03 |
| 2 | Pediatric Dentistry | 02 | 02 |
| 3 | Conservative Dentistry and Endodontics | 03 | 03 |

# No. of seats may Increase / Decrease as per availability of Recognized PG Teacher on or before the cut-off date of admission. P.G. seats shall be maximum upto sanctioned intake by Central Council.
* It indicates deficiency in No. of teachers in the Unit in that particular subject. Permission is granted subject to fulfillment of deficiency within Three months from issuance of this letter.

1) **The above subject & intake wise affiliation is subject to the following conditions:**

i. Grant of permission from Central Govt./ Central Council/ State Government (as applicable for A.Y. 2022-2023.)

ii. Fulfilment of the required teaching staff as per the Teacher: Student ratio prescribed by Central Council / University norms.

iii. Admission of students is subject to availability of PG recognized Teachers.

D.Y.PATIL DENTAL SCHOOL
INWARD / OUTWARD
NO. DYPDS/ 2088
DATE: 30/08/2022

iv. It is mandatory to fulfil the prescribed minimum requirements for Undergraduate training as per the norms of Central Council and obtain Continuation of Affiliation for the UG Course also.

v. **Those UG/PG qualifications that are not yet recognized by the Central Govt., it is mandatory for the College to apply to the Central Council through Central Govt. and ensure that Permitted / Not Recognised qualifications are enlisted in "Recognised Qualifications", failing which University shall not grant Continuation of Affiliation to such courses from ensuing Academic Year & no students shall be admitted in such courses.** As per information available with the University, Seat Matrix of your college is attached herewith for perusal & necessary action.

2) **The following deficiencies are to be complied: -**

**A) Teaching Staff:**

| Sr. No. | PG Subject | Intake as per Council | Required Unit(S) | Post Graduate Approved/Recognized Teaching Staff | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Required | | | Available | | | Deficient | | |
| | | | | Prof | A.P./ Reader | Lect | Prof | A.P./ Reader | Lect | Prof | A.P./ Reader | Lect |
| 1 | Conservative Dentistry and Endodontics | 3 | 1 | 1 | 3 | 6 | 1 | 2 | 6 | 0 | 1 | 0 |
| 2 | Pediatric Dentistry | 2 | 1 | 1 | 2 | 3 | 1 | 1 | 4 | 0 | 1 | 0 |

You are, therefore directed to fulfill the above mentioned deficiencies and submit the Compliance report of the above deficiencies (regarding recognized PG Teacher(s) for sanction of No. of PG seats Unit(s) as per DCI regulations 2017) within Three months, without fail.

**B) Infrastructure / Others: NIL**

You are requested to note and do the needful.

**Important Note:**

1) This Continuation / Extension of Affiliation is issued for A.Y. 2022-2023 subject to the permission of Dental Council of India and / or Govt. of India and if the permission is declined by the said authorities this Continuation / Extension of Affiliation will be treated as cancelled. The College is not authorized to admit the students in the first year of the course until receipt of permission of the Dental Council of India and / or Govt. of India.
2) The admission shall be done only through the Competent Authorities of the State Govt.

Thanking you,

Yours,

**Registrar**

**Copy to:**

1) The Hon'ble Secretary, Medical Education & Drugs Department, Mumbai.
2) The Secretary, Admission Regulatory Authority, Mumbai
3) The Director, Directorate of Medical Education and Research, Mumbai.
4) The Controller of Examinations, Examination Section, MUHS, Nashik.
5) The H.O.D. Eligibility Section, MUHS, Nashik
6) The H.O.D. Computer Section, MUHS, Nashik

# Maharashtra University of Health Sciences, Nashik

## Dental Faculty (PG)

## Information of Subject wise Intake as per Council & University for Colleges having PG Teaching A.Y. 2022-23

**12) Name of College: D.Y.Patil Dental School, Pune**

| Sr. No. | PG Degree | Intake as per Council | Max. Seats Permitted as per Teacher: Student Ratio (As per college seat matrix) |
|---|---|---|---|
| 1 | Orthodontics and Dentofacial Orthopedics | 03 | 03 |
| 2 | Pediatric Dentistry | 02 | 02 |
| 3 | Conservative Dentistry and Endodontics | 03 | 03 |

Note :

1) **Permission of DCI for Academic Year 2022-23 is still awaited.**
2) **Above information is based on availability of PG recognized teacher & teacher: Students Ratio. In case if any teacher is dropped out; it shall be responsibility for the respective college to dill up vacant post to avoid any academic loss to the admitted students.**

Maharashtra University of Health Sciences MUHS Nashik

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
दिंडोरी रोड, म्हसरुळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004
Tel:(0253) 2539192 / 6659239 ☎ Student Helpline:0253-2539111/6659111/100
Website: www.muhs.ac.in, E-mail: academicdental@muhs.ac.in

डॉ. राजेंद्र शिवाजी बंगाळ
एम.बी.बी.एस.,एम.डी.(न्यायवैद्यकशास्त्र),डी.एन.बी.,एलएल.बी.
कुलसचिव

Dr. Rajendra Shivaji Bangal
M.B.B.S.,M.D.( Forensic Medicine), D.N.B., LL..B.
Registrar

Ref.No.: MUHS/Acad/E-2/PG/112106/ 1530 /2023 Date: 10 / 6/2023

To
**The Principal,**
D. Y. Patil Dental School
D. Y. Patil Knowledge City,
Charholi (Bk), Via Lohegaon,
**Pune – 412 105.**

**Sub. : Continuation / Extension of Affiliation for Academic Year 2023-24**
(Issued under provision No. 11 & 12 of University Direction No. 02/2016)

**Ref. :** 1) University Direction No. 02/2016 & u/s 68, 69 of MUHS Act 1998
2) Academic Council Resolution No. 40/2023, dated 24/05/2023

Sir / Madam,

With reference to above cited subject, I am directed to communicate that, as per the University laid down procedure & your proposal of Continuation of Affiliation & / or Extension of Affiliation, the Hon'ble Vice-Chancellor is pleased to grant Continuation of Affiliation & / or Extension of Affiliation for Academic Year 2023-24 as per the provision u/s 65 (4) of the Maharashtra University of Health Sciences Act, 1998 for the Dental (**Post Graduate**) Courses of your College in the following subject(s):

| SN | PG Degree | Intake as per Council | Max. Seats Permitted as per Teacher : Student Ratio # |
|---|---|---|---|
| 1. | Conservative Dentistry and Endodontics | 03 | 03 |
| 2. | Orthodontics and Dentofacial Orthopedics | 03 | 03 |
| 3. | Pediatric Dentistry | 02 | 02 |

# No. of seats may Increase / Decrease as per availability of Recognized PG Teacher on or before the cut-off date of admission. PG seats shall be maximum up to sanctioned intake by Central Council.
* It indicates deficiency in No. of teachers in the Unit in that particular subject. Permission is granted subject to fulfilment of deficiency within Two months from issuance of this letter.

1) The above subject and intake-wise affiliation is subject to the following conditions:
   i. Permission is granted by Central Government / Central Council / State Government (as applicable for A.Y. 2023-24).
   ii. Required teaching staff as per Teacher : Student ratio prescribed by Central Council / University norms is fulfilled.
   iii. Admission of students is subject to availability of PG recognized teachers.
   iv. It is mandatory to fulfil the prescribed minimum standard requirements for Undergraduate training as per the norms of Central Council and obtain Continuation of Affiliation for the UG Course also.
   v. **For those UG/PG qualifications that are not yet recognized by the Central Government, it shall be mandatory for the College to apply to the Central Council through Central Government and ensure that "Permitted" / "Not Recognized" qualifications are enlisted in**

D.Y.PATIL DENTAL SCHOOL
INWARD / C
NO. 04P08/3/96
DATE: 17/06/23

**"Recognized Qualifications", failing which University shall not grant Continuation of Affiliation to such courses from ensuing Academic Year and no students shall be admitted in such courses.** As per information available with the University. Seat Matrix of your College is attached herewith for perusal & necessary action.

2) The following deficiencies are to be complied with:

A. **Teaching Staff**:

| SN | PG Subject | Max. Seats Permitted | Required Unit(s) | Post Graduate Recognized / Approved Teaching Staff | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Required | | | Available | | | Deficient | | |
| | | | | Prof. | A.P. / Reader | Lect. | Prof. | A.P. / Reader | Lect. | Prof. | A.P. / Reader | Lect. |
| 1. | Conservative Dentistry and Endodontics | 3 | 1 | 1 | 3 | 6 | 1 | 3 | 3 | 0 | 0 | 3 |
| 2. | Orthodontics and Dentofacial Orthopedics | 3 | 1 | 1 | 2 | 3 | 1 | 1 | 2 | 0 | 1 | 1 |
| 3. | Pediatric Dentistry | 2 | 1 | 1 | 2 | 3 | 1 | 1 | 3 | 0 | 1 | 0 |

You are, therefore directed to fulfil the above mentioned deficiencies and submit the Compliance Report of the above deficiencies (regarding recognized PG Teacher(s) for sanction of No. of PG seats Unit(s) as per DCI Regulations, 2017) within Two Months, without fail.

B. **Infrastructural Requirements:** Nil.
C. **IPD / OPD / OT Workload:** Nil.
D. **Other**: Nil

You are requested to note and do the needful.

**Important Note**:

1) This Continuation / Extension of Affiliation is issued for A.Y. 2023-24 subject to the permission of Dental Council of India and / or Government of India and if the permission is declined by the said authorities, this Continuation / Extension of Affiliation shall be treated as cancelled. The College is not authorized to admit students in First Year of the course until receipt of permission of the Dental Council of India and / or Government of India.
2) The admission shall be done only through the Competent Authorities of the State Government.

Thanking you.

Yours,

**Registrar**

Copy to:

1) The Hon'ble Secretary, Medical Education & Drugs Department, Mumbai
2) The Secretary, Admission Regulating Authority, Mumbai
3) The Director, Directorate of Medical Education and Research, Mumbai
4) The Controller of Examinations, MUHS, Nashik
5) The H.O.D., Eligibility Section, MUHS, Nashik
6) The H.O.D., Computer Section, MUHS, Nashik

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
MUHS
दिंडोरी रोड, म्हसरूळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 22004
Tel:(0253) 2539244/6659244/241/242- ☎ Student Helpline:0253-539111/6659111/100
Website: www.muhs.ac.in, E-mail: planning@muhs.ac.in

डॉ. राजेंद्र शिवाजी बंगाळ
एम.बी.बी.एस, एम.डी.(न्यायवैद्यकशास्त्र),डी.एन.बी, एल.एल.बी.
कुलसचिव

Dr. Rajendra Shivaji Bangal
M.B.B.S, M.D.( Forensic Medicine), D.N.B, L.L.B.
Registrar

No. MUHS/PB/PG/P1/FTA/ 1156/2024 Date : 05 / 08/ 2024

**To,**
**The Principal,**
D.Y. Patil Dental School,
D.Y. Patil Knowledge City,
Charoli (Bk), Via Lohegaon,
**Pune -412105.**

Sub : Grant of First Time Affiliation to Start New Post Graduate **Post Graduate (M.D.S.) Courses** for the **Academic Year 2024-25**.

Sir,

As per the provision of section 65 (4) of Maharashtra University of Health Sciences Act 1998, I am directed to inform you that, on the basis of Local Inquiry Committee report and Academic Council Vide it's Resolution No. 194 /2024 the Hon'ble Vice Chancellor is pleased to Grant First Time Affiliation to start New Post Graduate **(M.D.S.) Courses** in the following subject as per intake capacity shown against it, at your college viz. **D.Y. Patil Dental School, D.Y. Patil Knowledge City, Charoli Budruk, Via Lohegaon, Pune -412105, (Maharashtra),** for the Academic Year **2024-25.**

| Sr. No. | Subject (s) | Intake Capacity |
|---|---|---|
| 01 | M.D.S. (Prosthodontics and Crown& Bridge | 03 |

However, the permission is subject to the following conditions:-

1. Fulfilment of norms and conditions laid down by MUHS and Govt. of Maharashtra.
2. Rules and Regulations made by the Govt. and the University, as amended from time to time, will be binding on the College.
3. The College / Institute should obtain approval / recognition for UG / PG teachers (as applicable) from Maharashtra University of Health Sciences, Nashik.
4. This permission to Start New Post Graduate courses **M.D.S. Courses** for above mentioned PG courses is valid for **A.Y. 2024-25 only.**
5. The next batch of students shall not be admitted unless continuation of affiliation of MUHS, is obtained by college / Institute.

06-8-24
Registrar

Maharashtra University of Health Sciences MUHS Nashik

# महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
## MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हसरुळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004
Tel:(0253) 2539192 / 6659239 ☎ Student Helpline:0253-2539111/6659111/100
Website: www.muhs.ac.in, E-mail: academicdental@muhs.ac.in

**डॉ. राजेंद्र शिवाजी बंगाळ**
एम.बी.बी.एस., एम.डी.(न्यायवैद्यकशास्त्र), डी.एन.बी., एलएल.बी.
**कुलसचिव**

**Dr. Rajendra Shivaji Bangal**
M.B.B.S., M.D.( Forensic Medicine), D.N.B., LL.B.
**Registrar**


Ref.No.: MUHS/Acad/E-2/PG/112106/ 11 /2024 Date: 17 / 05/2024

To
**The Principal**,
D. Y. Patil Dental School
D. Y. Patil Knowledge City,
Charholi (Bk), Via Lohegaon,
**Pune – 412 105**.

**Sub.: Continuation / Extension of Affiliation for Academic Year 2024-25 (Dental PG)**
(Issued under provision No. 11 & 12 of University Direction No. 02/2016)
**Ref.:** 1) University Direction No. 02/2016 & u/s 68, 69 of MUHS Act 1998
2) Academic Council Resolution No. 101/2024, dated 23/04/2024

Sir / Madam,

With reference to above cited subject, I am directed to communicate that, as per the University laid down procedure & your proposal of Continuation of Affiliation & / or Extension of Affiliation, considering Teacher : Student ratio the Hon'ble Academic Council is pleased to grant Continuation of Affiliation & / or Extension of Affiliation for Academic Year 2024-25 as per the provision u/s 65 (4) of the Maharashtra University of Health Sciences Act, 1998 for the Dental (**Post Graduate**) Courses of your College in the following subject(s):

| SN | PG Degree | Intake as per Council | Max. Seats Permitted as per Teacher : Student Ratio # |
|---|---|---|---|
| 1 | Conservative Dentistry and Endodontics | 03 | 03 |
| 2 | Orthodontics and Dentofacial Orthopedics | 03 | 03 |
| 3 | Pediatric Dentistry | 02 | 02 |

# No. of seats may Increase / Decrease as per availability of Recognized PG Teacher on or before the cut-off date of admission. PG seats shall be maximum up to sanctioned intake by Central Council.
* It indicates deficiency in No. of teachers in the Unit in that particular subject. Permission is granted subject to fulfilment of deficiency within One month from issuance of this letter.

The above subject and intake-wise affiliation is subject to the following conditions:

- Permission is granted by Central Government / Central Council / Commission / State Government (as applicable for A.Y. 2024-25).
- Required teaching staff as per Teacher : Student ratio prescribed by Central Council / Commission / University norms is fulfilled.
- Admission of students is subject to availability of PG recognized teachers.
- It is mandatory to fulfil the prescribed minimum standard requirements for Undergraduate training as per the norms of Central Council and obtain Continuation of Affiliation for the UG Course also.

D.Y.PATIL DENTAL SCHOOL
INWARD / OUTWARD
NO. DYPDS/002
DATE: 17/05/2024

v. **For those UG/PG qualifications that are not yet recognized by the Central Government, it shall be mandatory for the College to apply to the Central Council / Commission through Central Government and ensure that "Permitted" / "Not Recognized" qualifications are enlisted in "Recognized Qualifications", failing which University shall not grant Continuation of Affiliation to such courses from ensuing Academic Year and no students shall be admitted in such courses.** As per information available with the University, Seat Matrix of your College is attached herewith for perusal & necessary action.

2) The following deficiencies are to be complied with:

A. **Teaching Staff:** Nil.
B. **Infrastructural Requirements:** Nil.
C. **IPD / OPD / OT Workload:** Nil.
D. **Other**: ***Payment of all University dues including affiliation fees & submission of bank guarantee (wherever applicable)***.

You are requested to note and do the needful.

**Important Note**:

1) This Continuation / Extension of Affiliation is issued for A.Y. 2024-25 subject to the permission of Dental Council of India / Commission and / or Government of India and if the permission is declined by the said authorities, this Continuation / Extension of Affiliation shall be treated as cancelled. The College is not authorized to admit students in First Year of the course until receipt of permission of the Dental Council of India / Commission and / or Government of India.
2) The admission shall be done only through the Competent Authorities of the State Government.

Thanking you.

Yours,

**Registrar**

Copy to:

1) The Hon'ble Secretary, Dental Council of India, New Delhi
2) The Hon'ble Secretary, Medical Education & Drugs Department, Mumbai
3) The Secretary, Admission Regulating Authority, Mumbai
4) The Director, Directorate of Medical Education and Research, Mumbai
5) The Controller of Examinations, MUHS, Nashik
6) The H.O.D., Eligibility Section, MUHS, Nashik
7) The H.O.D., Computer Section, MUHS, Nashik

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
MUHS
दिंडोरी रोड, म्हसरुळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004
Tel:(0253) 2539192 / 6659239 ☎ Student Helpline:0253-2539111/6659111/100
Website: www.muhs.ac.in, E-mail: academicdental@muhs.ac.in

डॉ. राजेंद्र शिवाजी बंगाळ
एम.बी.बी.एस.,एम.डी.(न्यायवैद्यकशास्त्र),डी.एन.बी.,एलएल.बी.
कुलसचिव

Dr. Rajendra Shivaji Bangal
M.B.B.S.,M.D.( Forensic Medicine), D.N.B., LL..B.
Registrar

Ref.No.: MUHS/Acad/E-2/PG/112106/ 221 /2025 Date: 27/05/2025

To
**The Principal**,
D. Y. Patil Dental School
D. Y. Patil Knowledge City,
Charholi (Bk), Via Lohegaon,
**Pune – 412 105**.

**Sub.: Continuation / Extension of Affiliation for A.Y. 2025-26 (Dental PG)**
(Issued under provision No. 11 & 12 of University Direction No. 02/2016)

**Ref.:** 1) University Direction No. 02/2016 & u/s 68, 69 of MUHS Act 1998
2) Academic Council Resolution No. 289/2025, dated 23/04/2025

Sir / Madam,

With reference to above cited subject, I am directed to communicate that, as per the University laid down procedure & your proposal for Continuation of Affiliation & / or Extension of Affiliation, considering Teacher : Student ratio, the Hon'ble Academic Council is pleased to grant Continuation of Affiliation & / or Extension of Affiliation for Academic Year 2025-26 as per the provision u/s 65 (4) of the MUHS Act, 1998, for the Post Graduate **M.D.S.** Courses of your College in the following subject(s):

| SN | PG Degree | Intake as per Council | Max. Seats Permitted as per Teacher : Student Ratio # |
|---|---|---|---|
| 1. | Prosthodontics and Crown & Bridge | 3 | 3 |
| 2. | Conservative Dentistry and Endodontics | 3 | 3 |
| 3. | Orthodontics and Dentofacial Orthopedics | 3 | 3 |
| 4. | Pediatric Dentistry | 2 | 2 |

# No. of seats may Increase / Decrease as per availability of Recognized PG Teacher (on or before the cut-off date of admission). PG seats shall be maximum up to sanctioned intake by Central Council.
* It indicates deficiency in number of teachers in the Unit in that particular subject. Continuation of Affiliation is granted subject to fulfilment of deficiency within One month from issuance of this letter.

1) The above subject and intake-wise Continuation of Affiliation is subject to the following conditions:
   i. Permission is granted by Central Government / Dental Council of India / Commission and / State Government (as applicable).
   ii. Required teaching staff as per Teacher : Student ratio prescribed by Dental Council of India / Commission / University norms is fulfilled.
   iii. Admission of students is subject to availability of PG recognized teachers.
   iv. It is mandatory to fulfil the prescribed minimum standard requirements for Undergraduate training as per the norms of Central Council and obtain Continuation of Affiliation for the UG Course also.
   v. For those UG/PG qualifications that are not yet recognized by the Central Govt., it shall be mandatory for the College to apply to the Central Council / Commission through Central Govt. and

ensure that "Permitted" / "Not Recognized" qualifications are enlisted in "Recognized Qualifications", failing which University shall not grant Continuation of Affiliation to such courses from ensuing Academic Year and no student shall be admitted in such courses. As per information available with the University, Seat Matrix of your College is attached herewith for perusal & necessary action.

2) The following deficiencies are to be complied with:

A. **Teaching Staff:**

| SN | PG Subject | Max. Seats Permitted | Required Unit(s) | Post Graduate Recognized / Approved Teaching Staff | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Required | | | Available | | | Deficient | | |
| | | | | Prof. | A.P. / Reader | Lect. | Prof. | A.P. / Reader | Lect. | Prof. | A.P. / Reader | Lect. |
| 1. | Prosthodontics and Crown & Bridge | 3 | 1 | 1 | 3 | 6 | 1 | 3 | 5 | 0 | 0 | 1 |
| 2. | Conservative Dentistry and Endodontics | 3 | 1 | 1 | 3 | 6 | 1 | 3 | 4 | 0 | 0 | 2 |

You are, therefore directed to fulfil the above mentioned deficiencies and submit the Compliance Report of the above deficiencies (regarding recognized PG Teacher(s) for sanction of No. of PG seats Unit(s) as per DCI Regulations, 2017) within One Month, without fail.

B. **Deficiencies in Hospital for compliance:** Nil.

C. **Deficiencies in College for compliance:** Nil.

D. **Deficiencies in Hostels for compliance:** Nil.

E. **Other Deficiencies, if any:** Nil.

F. **Other**: ***Settlement of advance(s) / dues of any section of the University including affiliation fees if pending with the College and any other deficiency observed by any regulating authority, please submit within 03 (three) months, otherwise, no action will be taken on teacher's proposal for approval / PG Recognition received from your College.***

**Important Note**:

1) This Continuation / Extension of Affiliation is issued for the A.Y. 2025-26 subject to the permission of Dental Council of India / Commission and / or Government of India. Further, if the permission is declined by the said authorities, this Continuation / Extension of Affiliation shall be treated as cancelled. The College is not authorized to admit students for 1st Year of the course until receipt of permission of the Dental Council of India / Commission and / or Government of India.
2) The admission shall be done through the Competent Authorities only.

Thanking you.

Yours,

26-5-25

**Registrar**

Copy to:

1. The Secretary, Dental Council of India, New Delhi
2. The Secretary, Medical Education & Drugs Department, Mumbai
3. The Secretary, Admission Regulatory Authority, Mumbai
4. The Director, Directorate of Medical Education and Research, Mumbai
5. The Controller of Examinations, MUHS, Nashik
6. The H.O.D., Eligibility Section, MUHS, Nashik
7. The H.O.D., Computer Section, MUHS, Nashik

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
दिंडोरी रोड, म्हसरूळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004
Tel:(0253) 2539192 / 6659239 ☎ Student Helpline:0253-2539111/6659111/100
Website: www.muhs.ac.in, E-mail: academicdental@muhs.ac.in

डॉ. राजेंद्र शिवाजी बंगाळ
एम.बी.बी.एस., एम.डी.(न्यायवैद्यकशास्त्र), डी.एन.बी., एलएल.बी.
कुलसचिव

Dr. Rajendra Shivaji Bangal
M.B.B.S., M.D.(Forensic Medicine), D.N.B., LL.B.
Registrar

Ref.No.: MUHS/Acad/E-2/PG/112106/ 328 /2026 Date: 31 / 07 /2026

To
**The Principal**,
D. Y. Patil Dental School
D. Y. Patil Knowledge City,
Charholi (Bk), Via Lohegaon,
**Pune – 412 105**.

**Sub.: Conditional Continuation / Extension of Affiliation for A.Y. 2026-27 (Dental PG)**
(Issued under provision No. 11 & 12 of University Direction No. 02/2016)
**Ref.:** 1) University Direction No. 02/2016 & u/s 68, 69 of MUHS Act 1998
2) Academic Council Resolution No. 482/2026, dated 05/05/2026

Sir / Madam,

With reference to above cited subject, I am directed to communicate that, as per the University laid down procedure & your proposal for Continuation of Affiliation & / or Extension of Affiliation, considering Teacher : Student ratio, the Hon'ble Academic Council is pleased to grant Conditional Continuation of Affiliation & / or Extension of Affiliation for Academic Year 2026-27 as per the provision u/s 65 (4) of the MUHS Act, 1998, for the Post Graduate **M.D.S.** Courses of your College in the following subject(s):

| SN | PG Degree | Intake as per Council | Max. Seats Permitted as per Teacher : Student Ratio # |
|---|---|---|---|
| 1. | Prosthodontics and Crown & Bridge | 03 | 03 |
| 2. | Conservative Dentistry and Endodontics | 03 | 03 |
| 3. | Orthodontics and Dentofacial Orthopedics | 03 | 03 |
| 4. | Pediatric Dentistry | 02 | 02 |

# No. of seats may Increase / Decrease as per availability of Recognized PG Teacher (on or before the cut-off date of admission). PG seats shall be maximum up to sanctioned intake by Central Council.
* It indicates deficiency in number of teachers in the Unit in that particular subject. Conditional Continuation of Affiliation is granted subject to fulfilment of deficiency within One month from issuance of this letter.

1) The above subject and intake-wise Continuation of Affiliation is subject to the following conditions:
   i. Permission is granted by Central Government / National Dental Commission and / State Government (as applicable).
   ii. Required teaching staff as per Teacher : Student ratio prescribed by National Dental Commission / University norms is fulfilled.
   iii. Admission of students is subject to availability of PG recognized teachers.
   iv. It is mandatory to fulfil the prescribed minimum standard requirements for Undergraduate training as per the norms of Central Council and obtain Continuation of Affiliation for the UG Course also.

v. For those UG/PG qualifications that are not yet recognized by the Central Govt., it shall be mandatory for the College to apply to the Central Council / Commission through Central Govt. and ensure that "Permitted" / "Not Recognized" qualifications are enlisted in "Recognized Qualifications", failing which University shall not grant Continuation of Affiliation to such courses from ensuing Academic Year and no student shall be admitted in such courses. As per information available with the University, Seat Matrix of your College is attached herewith for perusal & necessary action.

2) The following deficiencies are to be complied with:

A. **Teaching Staff**:

| SN | PG Subject | Max. Seats Permitted | Required Unit(s) | Post Graduate Recognized / Approved Teaching Staff | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Required | | | Available | | | Deficient | | |
| | | | | Prof. | A.P. / Reader | Lect. | Prof. | A.P. / Reader | Lect. | Prof. | A.P. / Reader | Lect. |
| 1. | Conservative Dentistry and Endodontics | 3 | 1 | 1 | 3 | 6 | 1 | 3 | 5 | 0 | 0 | 1 |

You are, therefore directed to fulfil the above mentioned deficiencies and submit the Compliance Report of the above deficiencies (regarding recognized PG Teacher(s) for sanction of No. of PG seats Unit(s) as per DCI Regulations, 2017) within <u>One Month</u>, without fail.

B. **Deficiencies in Hospital for compliance:** Nil.

C. **Deficiencies in College for compliance:** Nil.

D. **Deficiencies in Hostels for compliance:** Nil.

E. **Other Deficiencies, if any:** Nil.

F. **Other**: ***Settlement of advance(s) / dues of any section of the University including affiliation fees if pending with the College and any other deficiency observed by any regulating authority, please submit within 03 (three) months, otherwise, no action will be taken on teacher's proposal for approval / PG Recognition received from your College.***

**<u>Important Note</u>**:

1) This Continuation / Extension of Affiliation is issued for the A.Y. 2026-27 subject to the permission of National Dental Commission and / or Government of India. Further, if the permission is declined by the said authorities, this Continuation / Extension of Affiliation shall be treated as cancelled. The College is not authorized to admit students for 1st Year of the course until receipt of permission of the National Dental Commission and / or Government of India.
2) The admission shall be done through the Competent Authorities only.

Thanking you.

Maharashtra University Of Health Sciences R.O. Nashik

Yours,

31-07-26

**Registrar**

Registrar
Maharashtra University of Health Sciences,
Nashik

31 JUL 2026

Copy to:

1. The Secretary, National Dental Commission, New Delhi
2. The Secretary, Medical Education & Drugs Department, Mumbai
3. The Secretary, Admission Regulatory Authority, Mumbai
4. The Director, Directorate of Medical Education and Research, Mumbai
5. Hon'ble Vice-Chancellor Office, MUHS, Nashik.
6. Registrar Office, MUHS, Nashik.
7. The Controller of Examinations, MUHS, Nashik
8. The H.O.D., Eligibility Section, MUHS, Nashik
9. The H.O.D., Computer Section, MUHS, Nashik

**No. V.12017/8/2020-DE**
GOVERNMENT OF INDIA
Ministry of Health & Family Welfare

Nirman Bhawan, New Delhi.
Dated the 26th February, 2021.

To

The Principal
D Y PATIL DENTAL SCHOOL,
Dr D Y Patil Knowledge City,
Charoli Budruk, via Lohegaon,
Pune, Maharashtra – 412105.

**Letter of Permission**

Sub: Starting of MDS course in various specialties for the academic session 2021-22.

Sir,

In continuation to this Ministry's Letter of Intent (LoI) dated 03.02.2021 and with reference to your letter dated 22.02.2021 furnishing therewith necessary PBGs and other documents, I am directed to convey the permission of the Central Government for starting of MDS course in following specialties at your College for the academic session 2021-22 under Section 10(A) of the Dentists Act, 1948:

| S.No. | Speciality | Seats |
|---|---|---|
| 1. | Orthodontics & Dentofacial Orthopedics | 3 |
| 2. | Paedodontics and Preventive Dentistry | 2 |
| 3. | Conservative Dentistry & Endodontics | 3 |

2. The permission of the Central Government is accorded initially for a period of one year and will be renewed on yearly basis subject to the verification of the achievement of annual targets as indicated in your scheme. The process of renewal of permission in the original intake capacity will continue till such time the expansion of its facilities is completed.

3. Any admission made in violation of the above condition will be treated as irregular and action under the provisions of the Dentists Act, 1948 and Regulations made thereunder shall be taken.

4. Discrepancies, if any, may be brought to the notice of Dental Council of India and Central Government.

Yours faithfully,

(Kumar Pranav)
Under Secretary to the Government of India
Tele: 011-2306 1881

D.Y.PATIL DENTAL SCHOOL
INWARD / OUTWARD
NO. DYPDS/1882
DATE: 5/3/2021

Copy to:

1. The Secretary, Dental Council of India, Aiwan-E-Galib Marg, Kotla Road, New Delhi – 110002, with a request to verify the correctness and genuineness of the "PBG no. BG/3 dated 16.02.2021 of Rs. 1,80,00,000/- issued by the Abhyudaya Co-operative Bank Ltd., Kurla West, Mumbai"
2. Principal Secretary, Department of Medical Education, Govt. of Maharashtra.
3. Registrar, Maharashtra University of Health Sciences, Mhasrul, Vani Dindori Road, Nashik, Maharashtra 422004.
4. ADG (ME), Dte. GHS, MoHFW, Nirman Bhawan, New Delhi.

**BY SPEED POST**

No.V.12017/7/2021-DE(12)
GOVERNMENT OF INDIA
Ministry of Health and Family Welfare
(Dental Education Section)

Nirman Bhawan, New Delhi,
Dated the 16th February, 2022

To,

The Principal,
D.Y. Patil Dental School,
Dr. D.Y. Patil Knowledge City,
Charoli Bidril. Via Lohegaon,
Pune – 412105, Maharashtra.

Subject: Renewal of Central Government Permission for **2nd year** in MDS Course with **original intake** of seats at **D.Y. Patil Dental School, Pune, Maharashtra** for the academic year **2022-23** - reg.

Sir,

I am directed to convey the permission of the Central Government for renewal of MDS Course (**2nd year**) against original intake as indicated below in the following specialities at **D.Y. Patil Dental School, Pune, Maharashtra** for the academic year 2022-23.

*2nd Year in MDS course renewal (Original intake)*

| SN | Speciality | Seats for which renewal sought for |
|---|---|---|
| 1. | Orthodontics & Dentofacial Orthopedics | 3 |
| 2. | Conservative Dentistry and Endodontics | 3 |
| 3. | Paedodontics and Preventive Dentistry | 2 |

2. The admission of next batch of students in MDS Course against original intake in the aforesaid specialities for the academic year 2023-24 shall be made only after grant of renewal permission/recognition of MDS Degree in the aforesaid specialities by the Central Government.

3. Any admissions made in violation of the above condition will be treated as irregular and action under the provisions of the Dentists Act, 1948 and Regulations made thereunder shall be taken.

Yours faithfully,

16/2/22

(Rajeev Kumar)
Under Secretary to the Government of India
Tel.23061213

Copy forwarded for information & necessary action to:

1. Secretary, Dental Council of India, Kotla Road, New Delhi.
2. Secretary, Health & Family Welfare Department, Govt. of Maharashtra.
3. Registrar, Maharashtra University of Health Sciences, Mhasrul, Vani Dindori Road, Nashik, Maharashtra-422004.
4. Director (Medical Education), Govt. of Maharashtra.
5. ADG (ME), Directorate General of Health Services, Nirman Bhavan, New Delhi.
6. Guard File

D.Y.PATIL DENTAL SCHOOL
INWARD / OUTWARD
NO. DYPDS / 2016
DATE: 25/02/2022

**BY SPEED POST**

No.V.12017/14/2022-DE(8)
GOVERNMENT OF INDIA
Ministry of Health and Family Welfare
(Dental Education Section)

Nirman Bhawan, New Delhi,
Dated the 03 February, 2023

To,

The Principal,
D.Y. Patil Dental School,
Dr. D.Y. Patil Knowledge City,
Charoli Bidril, Via Lohegaon,
Pune – 412105, Maharashtra.

Subject: Renewal of Central Government Permission for **3rd year** in MDS Course with **original** intake of seats at **D.Y. Patil Dental School, Pune, Maharashtra** for the academic year **2023-24** - reg.

Sir,

I am directed to convey the permission of the Central Government for renewal of MDS Course (**3rd year**) against original intake as indicated below in the following specialities at **D.Y. Patil Dental School, Pune, Maharashtra** for the academic year 2023-24.

*3rd Year in MDS course renewal (Original intake)*

| SN | Speciality | Seats for which renewal sought for |
|---|---|---|
| 1. | Orthodontics & Dentofacial Orthopedics | 3 |
| 2. | Conservative Dentistry and Endodontics | 3 |
| 3. | Pediatric and Preventive Dentistry | 2 |

2. The admission of next batch of students in MDS Course against original intake in the aforesaid specialities for the academic year 2024-25 shall be made only after grant of renewal permission/recognition of MDS Degree in the aforesaid specialities by the Central Government.

3. Any admissions made in violation of the above condition will be treated as irregular and action under the provisions of the Dentists Act, 1948 and Regulations made thereunder shall be taken.

Yours faithfully,

03/2/2023

(Rajeev Kumar)
Under Secretary to the Government of India
Tel.23061213

Copy forwarded for information & necessary action to:

1. Secretary, Dental Council of India, Kotla Road, New Delhi.
2. Secretary, Health & Family Welfare Department, Govt. of Maharashtra.
3. Registrar, Maharashtra University of Health Sciences, Mhasrul, Vani Dindori Road, Nashik, Maharashtra-422004.
4. Director (Medical Education), Govt. of Maharashtra.
5. ADG (ME), Directorate General of Health Services, Nirman Bhavan, New Delhi.
6. Guard File

D.Y.PATIL DENTAL SCHOOL
INWARD / OUTWARD
NO. DYPDS/2134
DATE: 15/02/2023

**BY SPEED POST**

No.V.12017/15/2023-DE
GOVERNMENT OF INDIA
Ministry of Health and Family Welfare
(Dental Education Section)

Nirman Bhawan, New Delhi,
Dated the 12th February, 2024

To,

The Principal,
D.Y. Patil Dental School,
Dr. D.Y. Patil Knowledge City,
Charoli Bidril. Via Lohegaon,
Pune – 412105, Maharashtra.

Subject: Renewal of Central Government Permission for **4th batch** in MDS Course with **original** intake of seats at **D.Y. Patil Dental School, Pune, Maharashtra** for the academic year **2024-25** - reg.

Sir,

I am directed to convey the permission of the Central Government for renewal of MDS Course **(4th batch)** against original intake as indicated below in the following specialities at **D.Y. Patil Dental School, Pune, Maharashtra** for the academic year 2024-25.

*4th batch in MDS course renewal (Original intake)*

| SN | Speciality | Seats for which renewal sought for |
|---|---|---|
| 1. | Orthodontics & Dentofacial Orthopedics | 3 |
| 2. | Conservative Dentistry and Endodontics | 3 |
| 3. | Pediatric and Preventive Dentistry | 2 |

2. The admission of next batch of students in MDS Course against original intake in the aforesaid specialities for the academic year 2025-26 shall be made only after grant of renewal permission/recognition of MDS Degree in the aforesaid specialities by the Central Government.

3. Any admissions made in violation of the above condition will be treated as irregular and action under the provisions of the Dentists Act, 1948 and Regulations made thereunder shall be taken.

Yours faithfully,

SKMishra

(Sushil Kumar Mishra)
Under Secretary to the Government of India
Tel.23062959

Copy forwarded for information & necessary action to:

1. Secretary, Dental Council of India, Kotla Road, New Delhi.
2. Secretary, Health & Family Welfare Department, Govt. of Maharashtra.
3. Registrar, Maharashtra University of Health Sciences, Mhasrul, Vani Dindori Road, Nashik, Maharashtra-422004.
4. Director (Medical Education), Govt. of Maharashtra.
5. ADG (ME), Directorate General of Health Services, Nirman Bhavan, New Delhi.
6. Guard File

## GOVERNMENT OF MAHARASHTRA

No.PGM 1120/CR-289/20/EDU-2
Medical Education & Drugs Department,
G.T. Hospital New Building, 9 th floor,
G.T. Hospital Complex, Lokmanya Tilak Road,
Mumbai 400 001
Dated: 24th November,2020

To,
Principal/Dean,
D.Y.Patil Dental School,
D.Y.Patil Knowledge City,
Charholi (Bk), Via Lohegaon,
Pune-412405.

## CERTIFICATE

[See Regulation 13(b) of the Dental Council of India (Establishment of New Dental Colleges, Opening of new or Higher Course of Study or Training and Increase of Admission Capacity in Dental Colleges) Regulations, 2006]

This is to certify that it is desirable as well as feasible to start the Post Graduate course in the following subjects with respective intake capacity at your institute.

| Sr. No. | Name of the course/Subject | Intake Capacity |
|---|---|---|
| 1 | **M.D.S. (Pediatric & Preventive Dentistry)** | **03** |
| 2 | **M.D.S. (Orthodontics )** | **03** |
| 3 | **M.D.S. (Conservative Dentistry and Endodontics)** | **03** |

This certificate is being issued on the basis of the:-

1. Recommendation of the Maharashtra University of Health Sciences, Nashik, under Section 64(4) of the Maharashtra University of Health Sciences Act. 1998 (Read With Section 65(5) of the Said Act.)
2. Report of the Inspection Committee constituted by the Director of Medical Education and Research, Maharashtra State, Mumbai.
3. Recommendation of the Director of Medical Education and Research, Maharashtra State, Mumbai.

**This Certificate shall be valid for three years from the date of issue.**

**(Ajit Sasulkar)**
**Under Secretary to Government of Maharashtra**

**Copy forwarded for information & further necessary action to:-**

1) The Secretary, Dental Council of India, Aiwan-E-Galib Marg, Kotla Road, New Delhi-110 002.
2) Director, Directorate of Medical Education & Research, Mumbai.
3) Registrar, Maharashtra University of Health Sciences, Nashik.

महाराष्ट्र शासन

क्र.पीजीएम ११२०/प्र.क्र.२८९/२०/शिक्षण-२
वैद्यकीय शिक्षण व औषधीद्रव्ये विभाग,
गोकुळदास तेजपाल रुग्णालय आवार,
९ वा मजला, लोकमान्य टिळक मार्ग,
नवीन मंत्रालय, मुंबई-४०० ००१.
दिनांक:- २५ एप्रिल,२०२२

प्रति,
प्राचार्य,
डी.वाय.पाटील डेन्टल स्कूल,
डी.वाय.पाटील नॉलेज सिटी,
च-होली (बु.), व्हाय लोहगाव,
जि.पुणे-४१२४०५.

**विषय:-दंत पदव्युत्तर पदवी अभ्यासक्रम सुरु करण्यास केंद्र शासनाने दिलेल्या परवानगीच्या वर्षांना सन २०२२-२३ या शैक्षणिक वर्षी नूतनीकरण देण्याबाबत.**

महोदय,

उपरोक्त विषयाच्या अनुषंगाने आपणांस कळविण्यात येते की, आपल्या महाविद्यालयात सन २०२२-२३ या शैक्षणिक वर्षी दंत पदव्युत्तर पदवी अभ्यासक्रमांना त्यांच्यासमोर दर्शविलेल्या प्रवेशक्षमतेनुसार प्रवेश करण्यासाठी परवानगीचे नुतनीकरणास मान्यता असल्याचे केंद्र शासनाने त्यांचे पत्र क्र. व्ही-१२०१७/८/२०२०-डीई (१२) ,दिनांक १६/०२/२०२१ अन्वये कळविले आहे.

| अ.क्र | विषय | विद्यार्थी प्रवेश क्षमता | वर्ष |
|---|---|---|---|
| १ | ऑर्थोडोन्टीक्स अॅन्ड डेन्टोफेसियल ऑर्थोपेडिक्स | ०३ | दुसरे |
| २ | कन्झरव्हेटीव डेन्टीस्ट्री अॅन्ड एन्डोडोन्टीक्स | ०३ | दुसरे |
| ३ | पेडिओडोन्टीक्स अॅन्ड प्रिव्हेन्टीव्ह डेन्टीस्ट्री | ०२ | दुसरे |

२. केंद्र शासनाने वरीलप्रमाणे दिलेली मान्यता विचारात घेता, सन २०२२-२३ या शैक्षणिक वर्षी वरील दंत पदव्युत्तर पदवी अभ्यासक्रमास त्याच्यासमोर दर्शविलेल्या प्रवेशक्षमतेनुसार प्रवेश करण्यास राज्य शासनाची मंजूरी प्रदान करण्यात येत आहे.

आपला,

(अजित सासुलकर)
अवर सचिव, महाराष्ट्र शासन

प्रत,
१)संचालक, वैद्यकीय शिक्षण व संशोधन संचालनालय,मुंबई
२)कुलसचिव, महाराष्ट्र आरोग्य विज्ञान विद्यापीठ,नाशिक
३)निवडनस्ती (शिक्षण-२)

D.Y.PATIL DENTAL SCHOOL
INWARD / OUTWARD
NO. DYPDS/2068
DATE: 28/06/2022

**महाराष्ट्र शासन**
वैद्यकीय शिक्षण व औषधी द्रव्ये विभाग,
गो.ते.रूग्णालय आवार, ९ वा मजला,
लोकमान्य टिळक मार्ग, नवीन मंत्रालय,
मुंबई - ४०० ००१.

क्र.पीजीएम-१९२०/प्र.क्र.२८९/२०/शि-२ दि.०६/१०/२०२३

प्रति,
अधिष्ठाता,
डी.वाय.पाटील डेन्टल स्कूल,
डी.वाय.पाटील नॉलेज सिटी,
चऱ्होली (बु.), व्हाया लोहेगाव,
जि.पुणे - ४१२ ४०५.

**विषय:-** दंत पदव्युत्तर पदवी अभ्यासक्रमांना तिसऱ्या वर्षाच्या नुतनीकरणास परवानगी देणेबाबत. डी.वाय.पाटील डेन्टल स्कूल, डी.वाय.पाटील नॉलेज सिटी, चऱ्होली (बु.), व्हाया लोहेगाव, जि.पुणे

**संदर्भ:-** १.शासन निर्णय समक्रमांक दिनांक २६/०३/२०२१.
२.केंद्र शासनाच्या आरोग्य व कुटूंब कल्याण मंत्रालयाचे पत्र क्र.No.V.12017/14/2022-DE (8), दि.०३/०२/२०२३.
३. आपले पत्र क्र.डीवायपीडीएस/३२३७, दि.०१/०७/२०२३.

महोदय,

उपरोक्त विषयाच्या अनुषंगाने आपणांस कळविण्यात येते की, आपल्या महाविद्यालयात सन २०२१-२२ या शैक्षणिक वर्षी संदर्भ क्र.१ येथील शासन निर्णयान्वये खाली नमूद ०३ नवीन दंत पदव्युत्तर पदवी अभ्यासक्रम त्यांच्यासमोर दर्शविलेल्या विद्यार्थी प्रवेश क्षमतेनुसार सुरू करण्यास परवानगी देण्यात आली होती. सदर परवानगीच्या नुतनीकरणास शैक्षणिक वर्ष २०२३-२४ (तिसरे वर्ष) या वर्षासाठी मान्यता असल्याचे केंद्र शासनाने त्यांचे संदर्भ क्र.२ येथील पत्रान्वये कळविले आहे:-

| अ.क्र | विषय | विद्यार्थी प्रवेश क्षमता | वर्ष |
|---|---|---|---|
| १ | Orthodontics & Dentofacial Orthopedics | ०३ | तिसरे |
| २ | Conservative Dentistry and Endodontics | ०३ | तिसरे |
| ३ | Pediatric and Preventive Dentistry | ०२ | तिसरे |

२. केंद्र शासनाने वरीलप्रमाणे दिलेली मान्यता विचारात घेता, सन २०२३-२४ (तिसरे वर्ष) या शैक्षणिक वर्षाकरिता वरील ०३ दंत पदव्युत्तर पदवी अभ्यासक्रमास त्यासमोर दर्शविलेल्या विद्यार्थी प्रवेश क्षमतेनुसार प्रवेश करण्यास राज्य शासनाची मंजूरी प्रदान करण्यात येत आहे.

आपला,
06/10/2023
(नि.ब.महाडीक)
कक्ष अधिकारी, महाराष्ट्र शासन

प्रत,
१) आयुक्त, राज्य सामाईक प्रवेश परीक्षा कक्ष, महाराष्ट्र राज्य, मुंबई
२) आयुक्त, वैद्यकीय शिक्षण, मुंबई.
३) संचालक, वैद्यकीय शिक्षण व संशोधन, मुंबई
४) कुलसचिव, महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
५) निवडनस्ती (शिक्षण-२)

D.Y.PATIL D... ...HOOL
INWARD / OUTWARD
NO. DYPDS/0001
DATE: 12/01/2024

**BY SPEED POST**

No.V.12017/15/2023-DE
GOVERNMENT OF INDIA
Ministry of Health and Family Welfare
(Dental Education Section)

Nirman Bhawan, New Delhi,
Dated the 12th February, 2024

To,

The Principal,
D.Y. Patil Dental School,
Dr. D.Y. Patil Knowledge City,
Charoli Bidril. Via Lohegaon,
Pune – 412105, Maharashtra.

Subject: Renewal of Central Government Permission for **4th batch** in MDS Course with **original** intake of seats at **D.Y. Patil Dental School, Pune, Maharashtra** for the academic year **2024-25** - reg.

Sir,

I am directed to convey the permission of the Central Government for renewal of MDS Course **(4th batch)** against original intake as indicated below in the following specialities at **D.Y. Patil Dental School, Pune, Maharashtra** for the academic year 2024-25.

*4th batch in MDS course renewal (Original intake)*

| SN | Speciality | Seats for which renewal sought for |
|---|---|---|
| 1. | Orthodontics & Dentofacial Orthopedics | 3 |
| 2. | Conservative Dentistry and Endodontics | 3 |
| 3. | Pediatric and Preventive Dentistry | 2 |

2. The admission of next batch of students in MDS Course against original intake in the aforesaid specialities for the academic year 2025-26 shall be made only after grant of renewal permission/recognition of MDS Degree in the aforesaid specialities by the Central Government.

3. Any admissions made in violation of the above condition will be treated as irregular and action under the provisions of the Dentists Act, 1948 and Regulations made thereunder shall be taken.

Yours faithfully,

SKMishra

(Sushil Kumar Mishra)
Under Secretary to the Government of India
Tel.23062959

Copy forwarded for information & necessary action to:

1. Secretary, Dental Council of India, Kotla Road, New Delhi.
2. Secretary, Health & Family Welfare Department, Govt. of Maharashtra.
3. Registrar, Maharashtra University of Health Sciences, Mhasrul, Vani Dindori Road, Nashik, Maharashtra-422004.
4. Director (Medical Education), Govt. of Maharashtra.
5. ADG (ME), Directorate General of Health Services, Nirman Bhavan, New Delhi.
6. Guard File

**BY SPEED POST**

No.V.12017/22/2024-DE(Pt.1)
GOVERNMENT OF INDIA
Ministry of Health and Family Welfare
(Dental Education Section)

Nirman Bhawan, New Delhi,
Dated the 19th February, 2025

To,

The Principal,
D.Y. Patil Dental School,
D.Y. Patil Knowledge City,
Charholi BK, Via Lohagaon, Pune - 412105.

Subject: Renewal of Central Government Permission for **next batch** in MDS Courses with **original** intake of seats at **D.Y. Patil Dental School, Pune** for the academic year **2025-26** - reg.

Sir,

I am directed to convey the permission of the Central Government for renewal of MDS Courses (**next batch**) against original intake as indicated below in the following specialities at **D.Y. Patil Dental School, Pune** for the academic year 2025-26.

*next batch in MDS course renewal (original intake)*

| SN | Speciality | Seats for which renewal sought for |
|---|---|---|
| 1. | Conservative Dentistry and Endodontics | 3 |
| 2. | Orthodontics and Dentofacial Orthopedics | 3 |
| 3. | Pediatric and Preventive Dentistry | 2 |

2. The admission of next batch of students in MDS Course against original intake in the aforesaid specialities for the academic year 2026-27 shall be made only after grant of renewal permission/recognition of MDS Degree in the aforesaid specialities by the Central Government.

3. Any admissions made in violation of the above condition will be treated as irregular and action under the provisions of the Dentists Act, 1948 and Regulations made thereunder shall be taken.

Yours faithfully,

19/2/25

(Amit Kumar)
Under Secretary to the Government of India
Tel.23061521

Copy forwarded for information & necessary action to:

1. The Secretary, Dental Council of India, National Dental Commission Building, Plot No. 14, Near Sangam Cinema, R.K. Puram, Sector-9, New Delhi.
2. The Secretary, Medical Education, Govt. of Maharashtra, Mumbai.
3. The Registrar, Maharashtra University of Health Sciences, Nashik, Maharashtra - 422004.
4. The Director, Medical Education, Govt. of Maharashtra, Mumbai.
5. DDG (ME), Directorate General of Health Services, Nirman Bhavan, New Delhi.
6. Guard File.

डी.वाय.पाटील डेंटल स्कुल, डी.वाय.पाटील नॉलेज सिटी, चऱ्होली (बुद्रुक) लोहगांव, पुणे

---

दंत पदव्युत्तर पदवी अभ्यासक्रमाच्या विद्यार्थी प्रवेश क्षमतेत वाढ करण्याबाबत.

**महाराष्ट्र शासन**

वैद्यकीय शिक्षण व औषधीद्रव्ये विभाग,
शासन निर्णय क्रमांक.एमईडी १०२५/प्र.क्र.२४८/२५/शिक्षण-२
गो.ते.रुग्णालयाची नवीन इमारत, ९ वा मजला, गो.ते. रुग्णालय संकुल,
लोकमान्य टिळक मार्ग, नवीन मंत्रालय,मुंबई ४०० ००१.
दिनांक:- १६/०६/२०२६

**संदर्भ:-** १) शासनाचे प्रमाणपत्र समक्रमांक दिनांक २६/०९/२०२५.
२) आरोग्य व कुटुंब कल्याण मंत्रालय, नवी दिल्ली यांचे पत्र क्र.V.१२०१७/०२/२०२६-DE(Pt.), दि.२७/०३/२०२६.

**प्रस्तावना** :- डी. वाय.पाटील डेंटल स्कुल, डी.वाय.पाटील नॉलेज सिटी, चऱ्होली (बुद्रुक) लोहगांव, पुणे येथे MDS (Conservative Dentistry and Endodontics) व MDS (Orthodontics and Dentofacial Orthopedics) या दंत पदव्युत्तर पदवी अभ्यासक्रमाच्या विद्यार्थी प्रवेश क्षमतेत वाढ करण्यास संदर्भ क्र.१ येथील पत्रान्वये "प्रमाणपत्र" देण्यात आले होते. सदर संस्थेस आरोग्य व कुटुंब कल्याण मंत्रालय, नवी दिल्ली यांनी संदर्भ क्र.२ येथील पत्रान्वये उपरोक्त पदव्युत्तर पदवी अभ्यासक्रमाच्या विद्यार्थी प्रवेश क्षमतेत वाढ करण्यास मान्यता (Letter of Permission) दिली आहे. आरोग्य व कुटुंब कल्याण मंत्रालय, नवी दिल्ली यांनी दिलेल्या मान्यतेनुसार उक्त संस्थेस सन २०२६-२७ या शैक्षणिक वर्षाकरिता दंत पदव्युत्तर पदवी अभ्यासक्रमाच्या विद्यार्थी प्रवेश क्षमतेत वाढ करण्यास मान्यता देण्याची बाब शासनाच्या विचाराधीन होती.

शासन निर्णय:- डी. वाय.पाटील डेंटल स्कुल, डी.वाय.पाटील नॉलेज सिटी, चऱ्होली (बुद्रुक) लोहगांव, पुणे या संस्थेस सन २०२६-२७ या शैक्षणिक वर्षाकरिता खालील विवरणपत्रात नमूद दंत पदव्युत्तर पदवी अभ्यासक्रमाच्या विद्यार्थी प्रवेश क्षमतेत वाढ करण्यास याद्वारे शासनाची मान्यता देण्यात येत आहे :-

| अ.क्र. | अभ्यासक्रम | विद्यार्थी प्रवेशक्षमता |
|---|---|---|
| १ | MDS (Conservative Dentistry and Endodontics ) | ०३ वरुन ०६ |
| २ | MDS (Orthodontics and Dentofacial Orthopedics) | ०३ वरुन ०६ |

**२.** उपरोक्त मान्यता ही पुढील अटी व शर्तीच्या अधीन राहिल:-

१. सदर दंत महाविद्यालयातील उक्त नमूद नवीन दंत पदव्युत्तर पदवी अभ्यासक्रमांची विद्यार्थी प्रवेशक्षमता ही आरोग्य व कुटुंब कल्याण मंत्रालय, नवी दिल्ली यांनी निर्धारित केल्यानुसार राहिल.
२. राज्य शासन/केंद्र शासन/मा. सर्वोच्च न्यायालय/मा. उच्च न्यायालय यांनी वेळोवेळी दिलेल्या आदेशानुसार सदर अभ्यासक्रमाच्या प्रवेशाकरिता निश्चित करण्यात आलेली कार्यपध्दती अवलंबिण्यात यावी.
३. शासकीय नियम/कायदा तसेच, मा. सर्वोच्च व मा. उच्च न्यायालय यांनी वेळोवेळी दिलेल्या निर्णयानुसार शैक्षणिक शुल्क आकारणीसाठी कार्यपध्दती अनुसरणे वेळोवेळी भाग असेल, त्याप्रमाणे शैक्षणिक शुल्क निश्चित करण्यात यावे.
४. केंद्र शासन, भारतीय दंत आयोग, नवी दिल्ली, महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक व राज्य शासन यांनी दंत अभ्यासक्रमाबाबत वेळोवेळी विहीत केलेल्या नियमांचे व मानकांचे पालन करणे संस्थेवर बंधनकारक राहिल.
५. महाराष्ट्र एज्युकेशनल इन्स्टिटयुशन्स (प्रोव्हिबिशन ऑफ कॅपिटेशन फी) ॲक्ट, १९८७ (महाराष्ट्र ॲक्ट १९९८ चा ६) मधील तरतूदींचे संस्थेने काटेकोरपणे पालन करणे आवश्यक आहे.

६. सदरहू संस्थेस कायम विना अनुदान तत्वावर मान्यता देण्यात आली आहे. त्यामुळे संस्था आवर्ती/अनावर्ती स्वरुपाच्या खर्चासाठी अनुदानाची मागणी शासनाकडे करणार नाही.

७. शासकीय दंत किंवा तत्सम महाविद्यालयातील कोणत्याही अध्यापकांस तो सेवानिवृत्त होईपर्यंत संस्थेमध्ये नोकरी देता येणार नाही किंवा त्याच्या सेवा संस्थेस वापरता येणार नाहीत.

८. महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक यांचे मंजूर वाढीव जागांकरिता संलग्निकरण प्राप्त झाल्याशिवाय विद्यार्थी प्रवेशित करण्यात येऊ नयेत.

९. संस्थेने कोणत्याही परिस्थितीत शासनाने मान्य केलेल्या विद्यार्थी प्रवेशक्षमतेपेक्षा जास्त विद्यार्थी प्रवेश करण्यात येऊ नये.

१०. गुणवत्तेवर आधारित प्रवेश केलेल्या विद्यार्थ्यांचे प्रवेश हे प्रवेश नियामक प्राधिकरण, मुंबई यांच्याकडून आणि विद्यार्थ्यांचे शैक्षणिक शुल्क हे शुल्क नियामक प्राधिकरणाकडून मंजूर करुन घेणे संस्थेवर बंधनकारक राहिल.

११. सन २०२५-२६ या शैक्षणिक वर्षाकरिता परवानगी दिलेली असल्याने संस्थेने पुढील वर्षी विद्यार्थी प्रवेश करण्यापूर्वी भारतीय दंत आयोग, नवी दिल्ली/ केंद्र शासनाच्या तसेच त्या आधारे राज्य शासनाच्या परवानगीचे अनुषंगाने आवश्यक कार्यवाही करणे बंधनकारक राहिल.

१२. आरोग्य व कुटुंब कल्याण मंत्रालय, नवी दिल्ली यांच्या संदर्भाधीन क्र.२ वरील पत्रात नमूद अटींची पूर्तता करण्याच्या अधीन राहून प्रस्तुत मान्यता देण्यात येत आहे.

**३.** सदर शासन निर्णय आरोग्य व कुटुंब कल्याण मंत्रालय, नवी दिल्ली यांच्या संदर्भित दिनांक २७/०३/२०२६ च्या पत्रान्वये दिलेली मान्यता विचारात घेऊन व महाराष्ट्र आरोग्य विज्ञान विद्यापीठ अधिनियम, १९९८ मधील कलम ६४ (५) नुसार शासनास प्रदत्त असलेल्या अधिकारांचा वापर करुन निर्गमित करण्यात येत आहे.

महाराष्ट्राचे राज्यपाल यांच्या आदेशानुसार व नावाने,

SWAPNA NILESH DESHPANDE

Digitally signed by SWAPNA NILESH DESHPANDE
DN: c=IN, o=GOVERNMENT OF MAHARASHTRA, ou=MEDD, 2.5.4.20=8F33D110713D529FD14CAD87107A7A562523826265DFBBE68E0CE49AAE150E1E8, postalCode=400032, st=Maharashtra, serialNumber=F68C2CB8E864D14D120F29960E8E60D5C00E2D614E6A0234A132D68EADBD05CC, cn=SWAPNA NILESH DESHPANDE
Date: 2026.06.16 13:26:26 +05'30'

(स्वप्ना देशपांडे)
उप सचिव, महाराष्ट्र शासन

प्रति,

१. मा.राज्यपाल यांचे सचिव, राज्यपाल सचिवालय, राज भवन, मलबार हिल, मुंबई
२. मा.सभापती, महाराष्ट्र विधानपरिषद, मुंबई यांचे सचिव, विधान भवन, मुंबई
३. मा.अध्यक्ष, महाराष्ट्र विधानसभा, मुंबई यांचे सचिव, विधान भवन, मुंबई
४. मा.मुख्यमंत्री यांचे प्रधान सचिव, मंत्रालय, मुंबई
५. मा.मंत्री (वैद्यकीय शिक्षण) यांचे खाजगी सचिव, मंत्रालय, मुंबई
६. मा.राज्यमंत्री (वैद्यकीय शिक्षण) यांचे खाजगी सचिव, मंत्रालय, मुंबई
७. मा. विरोधी पक्ष नेता, महाराष्ट्र विधानपरिषद यांचे सचिव, विधान भवन, मुंबई
८. मा.विरोधी पक्ष नेता, महाराष्ट्र विधानसभा यांचे सचिव, विधान भवन, मुंबई
९. मुख्य सचिव, महाराष्ट्र शासन, मंत्रालय, मुंबई
१०. सचिव, वैद्यकीय शिक्षण व औषधी द्रव्ये विभाग, मंत्रालय, मुंबई यांचे स्वीय सहाय्यक
११. महासंचालक, माहिती व जनसंपर्क संचालनालय, मंत्रालय, मुंबई
१२. आयुक्त, वैद्यकीय शिक्षण, मुंबई
१३. संचालक, वैद्यकीय शिक्षण व संशोधन संचालनालय,मुंबई
१४. आयुक्त, राज्य सामाईक प्रवेश परीक्षा कक्ष, मुंबई
१५. कुलसचिव, महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
१६. सचिव, प्रवेश नियामक प्राधिकरण, मुंबई
१७. सचिव, शुल्क नियामक प्राधिकरण, मुंबई
१८. प्राचार्य, डी. वाय.पाटील डेंटल स्कुल, डी.वाय.पाटील नॉलेज सिटी, चऱ्होली (बुद्रुक) लोहगांव, पुणे
१९. निवडनस्ती (शिक्षण-२)

No. V.12017/18/2023-DE(Pt.)
Government of India
Ministry of Health & Family Welfare
(Dental Education Section)

Nirman Bhavan, New Delhi
Dated the 19th February, 2024

To,

The Dean/Principal
D.Y. Patil Dental School,
D.Y. Patil Knowledge City,
Charholi BK, Via Lohagaon, Pune - 412105.

**Letter of Permission**

Sub: Starting of MDS course in Prosthodontics and Crown & Bridge for the academic session 2024-25.

Sir/Madam,

In continuation to this Ministry's Letter of Intent (LoI) dated 12.01.2024 and with reference to your letter No. DYPDS/0128 dated 13.02.2024 furnishing therewith necessary Undertakings and other documents, I am directed to convey the permission of the Central Government for starting of MDS course in following specialty at your College for the academic session 2024-25 under Section 10(A) of the Dentists Act, 1948:

| S.No. | Speciality | Seats |
|---|---|---|
| 1. | Prosthodontics and Crown & Bridge | 3 |

2. The permission of the Central Government is accorded initially for a period of one year and will be renewed on yearly basis subject to the verification of the achievement of annual targets as indicated in your scheme. The process of renewal of permission in the original intake capacity will continue till such time the expansion of its facilities is completed.

3. Any admission made in violation of the above condition will be treated as irregular and action under the provisions of the Dentists Act, 1948 and Regulations made thereunder shall be taken.

4. Discrepancies, if any, may be brought to the notice of Dental Council of India and Central Government.

Yours faithfully,

SKMishra

(Sushil Kumar Mishra)
Under Secretary to the Government of India
Tele: 011-2306 2959

Copy to:

1. The Secretary, Dental Council of India, Aiwan-E-Galib Marg, Kotla Road, New Delhi – 110002, with a request to verify the correctness and genuineness of the "PBG no. 0293IPBG2402001" dated 12.02.2024 of Rs. 60,00,000/- issued by the Jammu & Kashmir Bank Ltd.
2. Secretary, Department of Health & Family Welfare, Govt. of Maharashtra, Mumbai.
3. Registrar, Maharashtra University of Health Sciences, Nashik, Maharashtra- 422004
4. DDG (ME), Dte. GHS, MoHFW, Nirman Bhawan, New Delhi.

D.Y.PATIL DENTAL SCHOOL
INWARD / OUTWARD
NO. DYPDS/0009
DATE: 27/02/2024

D.Y. PATIL DENTAL SCHOOL PUNE

**No. V.12017/02/2026-DE(Pt.)**
Government of India
Ministry of Health & Family Welfare
(Dental Education Section)

Kartavya Bhavan-I, New Delhi
Dated the 27th March, 2026

To,

The Dean/Principal,
D.Y. Patil Dental School,
D.Y. Patil Knowledge City,
Charholi, Via Lohegaon, Pune- 412105.

**Letter of Permission**

**Subject: Increase of seats in various MDS specialties for the academic session 2026-27.**

Sir/Madam,

In continuation to this Ministry's Letter of Intent (LoI) dated 05.03.2026 and with reference to your letter No. DYPDS/0214 dated 11.03.2026 furnishing therewith necessary Undertakings and other documents, I am directed to convey the permission of the Central Government for increase of seats in the following MDS specialties at your College for the academic session 2026-27:

| S.No. | Speciality | Seats |
|---|---|---|
| 1. | Conservative Dentistry and Endodontics | 3 to 6 |
| 2. | Orthodontics and Dentofacial Orthopedics | 3 to 6 |

2. The permission of the Central Government is accorded initially for a period of one year and will be renewed on yearly basis subject to the verification of the achievement of annual targets as indicated in your scheme. The process of renewal of permission in the original/increased intake capacity will continue till such time the expansion of its facilities is completed.

3. Any admission made in violation of the above condition will be treated as irregular and action shall be taken under the relevant Rules/Regulations.

4. Discrepancies, if any, may be brought to the notice of National Dental Commission and Central Government.

Yours faithfully,

(Amit Kumar)
Under Secretary to the Government of India
Tele: 011-24013257

**Copy to:**

1. The Secretary, National Dental Commission, National Dental Commission Building, Plot No.14, Sector-9, R.K. Puram, New Delhi – 110022, with a request to verify the correctness and genuineness of the "PBG no. 0293IPBG2603001", dated 10.03.2026 of Rs. 30 lakh issued by the Jammu & Kashmir Bank Ltd, Pune.
2. Secretary, Department of Health & Family Welfare, Govt. of Maharastra, Mumbai.
3. Registrar, Maharastra University of Health Sciences, Dinsori Road, Mhasrul, Nashik.
4. DDG (ME), Dte. GHS, MoHFW, National Medical Library, New Delhi.