



D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune 412105

Affiliated to Maharashtra University of Health Sciences, Nashik

Recognized by Dental Council of India



SELF STUDY REPORT (CYCLE 1) 2018-2023

Criteria 3 Research, Innovation and Extension

Key Criteria 3.2: Innovation Ecosystem

Metric 3.2.1: The institution has created an ecosystem for innovations including the incubation center and other initiatives for creation and transfer of knowledge.

ADDITIONAL RELEVANT INFORMATION

INDEX

Sr No	Data	Page No
1	CIRCULAR OF INNOVATION NEXUS – A CENTRAL RESEARCH, INNOVATION AND INCUBATION CENTER.	4
2	FINANCIAL SUPPORT FOR CONFERENCES	6
3	COMMITTEE STRUCTURE IEC IIC	179
4	ANTI PLAGIARISM SOFTWARE	186
5	COPYRIGHTS	188
6	PATENTS	192
7	LIST OF WORKSHOPS CONDUCTED	196
8	LIST OF RESEARCH	199

**CIRCULAR OF INNOVATION NEXUS – A CENTRAL RESEARCH, INNOVATION
AND INCUBATION CENTER**



D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Affiliated to the Maharashtra University of Health Sciences, Nashik
Recognized by Dental Council of India

Ref No.: DYPDS/ 2105/ 2184

Date: 25/05/2022

CIRCULAR

This is to inform and extend an invitation to all the HODs, Staff and Students for the inauguration ceremony of **Innovation, Research and Incubation Centre**. This marks a significant step towards our commitment to advance research and innovation in our institute. Kindly grace the occasion.











Date: 31/05/2022

Time: 10:00 am

Venue: Ground Floor.




Dr. Anand Shigli
DEAN, DYPDS

Department Name	Signature	Department Name	Signature
Oral Medicine and Radiology		Public Health Dentistry	
Oral and Maxillofacial Surgery		Oral Pathology	
Prosthodontics crown and bridge		Microbiology and Pathology	
Conservative and Endodontics		Physiology and Biochemistry	
Orthodontics		Office Superintendent	
Periodontology		BVG	
Pedodontics and Preventive Dentistry		Maintenance Department	

FINANCIAL SUPPORT FOR CONFERENCES

INDEX

Sr No.	Year	Page No.
1	Financial Support Letters for the 2022-23	3
2	Financial Support Letters for the 2021-22	136
3	Financial Support Letters for the 2020-21	164
4	Financial Support Letters for the 2019-20	172
5	Financial Support Letters for the 2018-19	177

Financial Support Letters for the 2022-23


**NAIR HOSPITAL DENTAL COLLEGE
MUMBAI CENTRAL - MUMBAI**

cordially invites you for

BASIC RESEARCH METHODOLOGY WORKSHOP

Discover our top pick of topics and speakers. Something for everyone. Something for you. Connect, learn and share

under the able guidance of



Dr. Neelam Andrade
Dean, NHDC
Director (M.E. & M.H.)
HOD, Oral and Maxillofacial Surgery

Date - 13th to 15th March 2023
Venue - NHDC Auditorium, 2nd Floor

9/3/23 ✓

D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: _____

From: Mr./Ms/Mrs./Dr. Vikram Karande Designation Prof. & HOD Department Oral surgery

To: The Dean/Registrar
D.Y.Patil Dental School,
Lohegaon, Pune.

Sub: Application for CL/Sp.CL/E.OFF/on Duty/EL/Sick Leave/ML

Respected Sir,

I will not be able to attend for my duties from 13/3 to 15/3 (Including)

Therefore, request you to grant me the Leave.

Reason for Leave: MUHS - Workshop

Total No. of Days: 3

Address on Leave: _____

Contact No: 9137072340

In Her/his absence, I Mr./Ms/Mrs./Dr. Neha Kankshedkar will take care of her/his routine duties.

Signature of reliever: _____ Contact No. 9137072340

Yours Faithfully B. Karande

Recommendation from the respective Department / Administration.

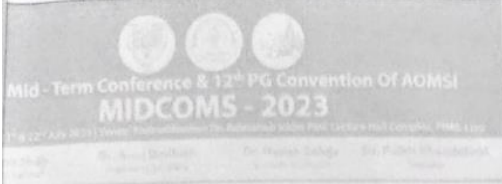
Mr./Ms/Mrs./Dr. Vikram Karande maybe/may not be granted the leave from 13/3 to 15/3
total no. of days 3 She/he has 3 days leave as balance of EL/Sp.CL/E.OFF/on Duty/EL
Sick Leave/ML leave may be/may not be granted. 5 Bay

B. Karande 9/3/23
Sectioned/ Not Sectioned

B. Karande
Registrar

B. Karande
H.O.D. Signature
Dean

Est. Section



Dear Dr. Vikram Karande

Greetings from the 26th Mid - Term Conference & 12th PG Convention of AOMSI

On behalf of the Scientific Committee of the 26th Mid-Term Conference, we would like to take this opportunity to invite you as a guest speaker to present '**What after MDS-OMFS**' for **20 minutes** the scientific sessions of the conference to be held on 20th, 21st & 22nd July 2023 at Padmabhushan Dr. Balasaheb Vikhe Patil Lecture Hall Complex, PIMS, Loni-Shirdi. The scientific session will hold on 22nd July 2023 (11:55 am to 12:15 pm) at Saraswati Hall.

Kindly mail the following details to scientific.midcoms26@gmail.com

1. Acceptance letter
2. Brief CV & Photograph in the template attached along with this mail

P.S. AOMSI membership & registration to the conference is mandatory. Please ignore if done.

Warm Regards

Dr Harish Saluja

Scientific Chairman
(9766921178)



D.Y.PATIL DENTAL SCHOOL
 D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
 LEAVE APPLICATION FORM

17/7/23

Date:

From: ~~Mr/Ms/Mrs./Dr.~~ Vikram Karande Designation Prof. & HOD Department Oral Surgery

To,
 The Dean/Registrar
 D.Y.Patil Dental School,
 Lohegaon, Pune.

Sub: Application for CL Sp.CL/ E.OFF/ on Duty/EL/Sick Leave/ML.

Respected Sir,
 I will not be able to attend for my duties from 20/7 to 22/7 (Including)

Therefore, request you to grant me the Leave.

Reason for Leave: Oral Surgery National Conference

Total No. of Days: 3

Address on Leave: _____

Contact No: 9137072340

In Her/his absence, I Mr./ Ms /Mrs./ /Dr. Pratik Hande will take care of her/his routine duties.

Signature of reliever _____ Contact No. 9137072340

Yours Faithfully [Signature]

Recommendation from the respective Department / Administration.

~~Mr/Ms/Mrs./Dr.~~ Vikram Karande may be/may not be granted the leave from 20/7 to 22/7/23
 total no. of days 3 She/he has 02 days leave as balance of CL/Sp.CL/ C.OFF/ on Duty/EL/
 Sick Leave/ML leave may be/may not be granted. = 0 Bal.

H.O.D. Signature [Signature]

Sectioned/ Not Sectioned

Est. Section

[Signature]
17/7/23

Registrar

Dean



BHARATI VIDYAPEETH
(DEEMED TO BE UNIVERSITY)
DENTAL COLLEGE AND HOSPITAL, PUNE.

Stellar
aesthetics

IN ASSOCIATION WITH
STELLAR AESTHETICS

CERTIFICATE OF PARTICIPATION

Awarded to

DR. VAISHALI PAGARE.

For actively participating in the "Facial Aesthetics Workshop" consisting of Didactic Lectures and Live demonstration by Dr. Sapna Vaderra on 10th March, 2023 At Bharati Vidyapeeth (Deemed to be University) Dental College and Hospital, Pune.

Dr. Rajesh Kshirsagar
Principal

Dr. Sapna Vaderra
Director- Stellar Aesthetics

Dr. Vikrant Sane
Organizing Secretary



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 9/03/2023

From: Mr./Ms./Mrs./Dr. Vaishali Pagare Designation lecturer Department OMFS
To, (Facial Aesthetic workshop at BVP)
The Dean/Registrar
D.Y.Patil Dental School,
Lohegaon, Pune.
Sub: Application for CL/Sp.CL/C.OFF/ on Duty/EL/Sick Leave/ML
Respected Sir,
I will not be able to attend for my duties from 10/03/2023 to _____ (Including)
Therefore, request you to grant me the Leave.
Reason for Leave: _____
Total No. of Days _____
Address on Leave _____
Contact No: _____
In Her/his absence, I Mr./Ms./Mrs./Dr. Neha Harankhedkar will take care of her/his routine duties.
Signature of reliever Vaishali Contact No. 9823024992
Yours Faithfully

Recommendation from the respective Department / Administration.
Mr./Ms./Mrs./Dr. Vaishali Pagare may be/may not be granted the leave from 10/03/23
total no. of days 1 she/he has 15 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/
Sick Leave/ML leave may be/may not be granted. 714 Bel.

Sectioned/ Not Sectioned

Est. Section

13/3/23

Registrar

H.O.D. Signature

Dean



**26th Midterm Conference
&
12th PG Convention of AOMSI**

26th MIDCOMS

**Theme
MAXFAX 360°**

**Date
20th - 22nd JULY 2023**

**Venue
Padma Bhushan Dr. Balasaheb
Vikhe Patil Lecture Hall Complex,
PIMS, Loni**

For
Registration



Early bird registration inclusive of GST only till
(From 1st January 2023 GST @ 18% will be additional)

WWW.MIDCOMS2023.COM



D. Y. PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: _____

From: Mr./ Ms /Mrs./Dr. Vaishali Pagar Designation Teacher Department OMFS.

To,
The Dean/Registrar
D.Y.Patil Dental School,
Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,

I will not be able to attend for my duties from 20/7/23 to 22/7/23 (Including)

Therefore, request you to grant me the Leave.

Reason for Leave: Conference

Total No. of Days: 3 days

Address on Leave _____

Contact No: _____
In Her/his absence, I Mr./ Ms/Mrs./Dr. Pratik Haude will take care of her/his routine duties.

Signature of reliever Pratik Contact No. 8055220060

Yours Faithfully

Recommendation from the respective Department / Administration.

Mr./Ms /Mrs./Dr. Vaishali Pagar maybe/may not be granted the leave from 20/7/23 to 22/7/23

total no. of days _____ She/he has 15 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/

Sick Leave/ML leave may be/may not be granted. 12 Bal.

H.O.D. Signature Haude

Sectioned/ Not Sectioned

Est. Section RS

17/7/23

Registrar

Dean

DPU

Dr. D. Y. Patil Vidyapeeth, Pune

(Deemed to be University)

(Accredited (3rd Cycle) by NAAC with a CGPA of 3.64 on a four-point Scale at 'A++' Grade)
(An ISO 9001 : 2015 and ISO 14001:2015 Certified University and Green Education Campus)



An IQAC Initiative

DR. D. Y. PATIL DENTAL COLLEGE & HOSPITAL,
Pimpri, Pune-411018

Department of Oral & Maxillofacial Surgery

Certificate of Participation

This is to Certify that

Dr. Vaishali

has attended the CDE Programme on

"Facial Aesthetics and Hair Transplant"

held on 4th September, 2023

Organized By

Department of Oral & Maxillofacial Surgery

Dr. D. Y. Patil Dental College & Hospital, Pimpri, Pune.

Dr. B. M. Rudagi
Organizing Chairman

Dr. Shilpa Bawane
Organizing Secretary

Dr. D. Gopalakrishnan
Dean



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Application Date: _____

From: Mr/Ms/Ms./Dr. Vaishali Pagare Designation Lecturer Department OMFS

To,
The Dean/Registrar
D.Y.Patil Dental School,
Lohegaon, Pune.

Sub: Application for CL (Sp.CL) C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
I will not be able to attend for my duties from 20/10/23 to _____ (Including)

Therefore, request you to grant me the Leave
Reason for Leave: conference on "Demystifying the enigma of TMJ" @ Karad Krishna Dental college

Total No. of Days: 1 day

Address on Leave: _____

Contact No: 9890341571

In Her/his absence, I Mr./Ms/Ms./Dr. Neha Harankhedkar will take care of her/his routine duties.

Signature of reliever [Signature] Contact No. 9823024992

Yours Faithfully

Recommendation from the respective Department / Administration.
Mr./Ms/Ms./Dr. Vaishali Pagare maybe/may not be granted the leave from 20/10/23 to _____
total no. of days 1 She/he has 13 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/
Sick Leave/ML leave may be/may not be granted. = 12 Bal.

H.O.D. Signature [Signature]

Sectioned/ Not Sectioned
Est. Section [Signature] 11/11/23

Registrar

Dean



CERTIFICATE OF PARTICIPATION

This Certificate is presented to

Dr Vaishali Pagare

For participating in regional conference on
"Demystifying the enigma of TMJ"
conducted by Department of Oral and Maxillofacial Surgery, SDS; Krishna Vishwa
Vidyapeeth; Karad
in association with Khurshid Moos education foundation on 20th October 2023

[Signature]
Dr. Shashikiran N. D.
Dean
School of Dental Sciences

[Signature]
Prof. Dr. Gosla S Reddy
Secretary
Khurshid Moos
education foundation

[Signature]
Dr. JN Khanna
Chief Trustee
Khurshid Moos
education foundation

[Signature]
Dr. Nilesh Mishra
Professor and HOD
Department of OMFS



D.Y.PATIL DENTAL SCHOOL
 D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
 LEAVE APPLICATION FORM

Date: _____



From: Mr./Ms/Mrs./Dr. Vaishali Pagare Designation Levener Department OMFS

To,
 The Dean/Registrar
 D.Y.Patil Dental School,
 Lohegaon, Pune.

Sub: Application for CL/ Sp.CL C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
 I will not be able to attend for my duties from 04/09/2023 to _____ (Including)

Therefore, request you to grant me the Leave
 Reason for Leave: Aesthetic workshop at D.Y. Patil Dental Hospital

Total No. of Days 1

Address on Leave _____

Contact No: 9890341571
 In Her/his absence, I Mr./Ms/Mrs./Dr. Pratik Hande will take care of her/his routine duties.

Signature of reliever Pratik Contact No. 8055320040
Vaishali
 Yours Faithfully

Recommendation from the respective Department / Administration.
 Mr./Ms/Mrs./Dr. Vaishali Pagare maybe/may not be granted the leave from 04/9/23 to _____
 total no. of days 1 She/he has 16 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/
 Sick Leave/ML leave may be/may not be granted. 13 Bel.

H.O.D. Signature Hande

Sectioned/ Not Sectioned

Est. Section

8/9/23

Registrar

Dean



**26th Midterm Conference
&
12th PG Convention of AOMSI**

26th MIDCOMS

**Theme
MAXFAX 360°**

**Date
20th - 22nd JULY 2023**

**For
Registration**



**Venue
Padma Bhushan Dr. Balasaheb
Vikhe Patil Lecture Hall Complex,
PIMS, Loni**

Early bird registration inclusive of GST only till
(From 1st January 2023 GST @ 18% will be additional)

WWW.MIDCOMS2023.COM



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 17/7/23 ✓

From: Mr./ Ms./Mrs./Dr. Neha Harankhedkar Designation Lecturer Department OMFS

To,
The Dean/Registrar
D.Y.Patil Dental School,
Lohegaon, Pune.

Sub: Application for CL (Sp.Cl) C.OFF/ on Duty/EL/Sick Leave/ML for conference

Respected Sir,
I will not be able to attend for my duties from 20/7/23 to 21/7/23 (Including)

Therefore, request you to grant me the Leave.
Reason for Leave: Conference (MEDCOMS 2023-Loni)

Total No. of Days: 02

Address on Leave: Prajna Institute of Medical Sciences, Loni

Contact No: 9823024992

In Her/his absence, I Mr./ Ms./Mrs./Dr. Pratik Hande will take care of her/his routine duties.

Signature of reliever [Signature] Contact No. 8055320040

Yours Faithfully
[Signature]

Recommendation from the respective Department / Administration.
Mr./Ms /Mrs./Dr. Neha Harankhedkar maybe/may not be granted the leave from 20/7/23 to 21/7/23
total no. of days: 02 She/he has 15 days leave as balance of CL (Sp.Cl) C.OFF/ on Duty/EL/
Sick Leave/ML leave may be/may not be granted. 13 Bal.

H.O.D. Signature [Signature]

Sectioned/ Not Sectioned
Est. Section [Signature] Registrar [Signature] Dean

17/7/23

DPU Dr. D. Y. Patil Vidyapeeth, Pune
(Deemed to be University)
(Accredited (3rd Cycle) by NAAC with a CGPA of 3.64 on a four-point Scale at 'A++' Grade)
(An ISO 9001 : 2015 and ISO 14001:2015 Certified University and Green Education Campus)

DR. D. Y. PATIL DENTAL COLLEGE & HOSPITAL, An IQAC Initiative
Pimpri, Pune-411018

Department of Oral & Maxillofacial Surgery

Certificate of Participation

This is to Certify that
Dr Neha Harankhedkar
has attended the CDE Programme on
"Facial Aesthetics and Hair Transplant"
held on 4th September, 2023

Organized By
Department of Oral & Maxillofacial Surgery
Dr. D. Y. Patil Dental College & Hospital, Pimpri, Pune.

[Signature]
Dr. B. M. Rudagi
Organizing Chairman

[Signature]
Dr. Shilpa Bawane
Organizing Secretary

[Signature]
Dr. D. Gopalakrishnan
Dean



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 01/09/23

From: Mr./ Ms /Mrs./Dr. Neha Harankhedkar Designation Lecturer Department OMFS

To,
The Dean/Registrar
D.Y.Patil Dental School,
Lohegaon, Pune.

Sub: Application for CL/Sp.CL C.OFF/ on Duty/EL/Sick Leave/ML
Respected Sir,

I will not be able to attend for my duties from 4/9/23 to _____ (Including)

Therefore, request you to grant me the Leave.
Reason for Leave: Aesthetic Surgery Workshop at DY Patil Dental College, Pimpri

Total No. of Days: 01

Address on Leave: Pune

Contact No: 9823024992

In Her/his absence, I Mr./ Ms/Mrs./Dr. Pratik Hande will take care of her/his routine duties.

Signature of reliever: Pratik Contact No. 8055320040

Yours Faithfully

Neha
Recommendation from the respective Department / Administration.

Mr./Ms /Mrs./Dr. Neha Harankhedkar maybe/may not be granted the leave from 4/9/23 to _____

total no. of days: 01 She/he has 12 days leave as balance of CL/Sp.CL C.OFF/ on Duty/EL/

Sick Leave/ML leave may be/may not be granted. = 12 Bal.

H.O.D. Signature: Pratik Hande

Sectioned/ Not Sectioned

Est. Section

Registrar

Dean

11/9/23



The Foundation of Knowledge

Certificate

The International Implant Foundation confirms that

Dr. PRATIK HANDE

has successfully participated in the following course:

**IF Course for Immediate Functional Loading
with Multi Unit Corticobasal® Implants**

at Deccan Hospital, Pune, India

Course Dates:

Course Language:

20.08.2023 (7 hours)

23.08.2023 (7 hours)

English

21.08.2023 (7 hours)

22.08.2023 (7 hours)

The course certificate includes the authorization for the use of Corticobasal® implants for 1 year
until 23.08.2024

Pune, 23.08.2023

Dr. Vivek Gaur

Dr. Kiran Patel

Dr Laxman Malkunje





D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Application Date: 17/8/23

From: Mr./Ms./Mrs./Dr. Pratik Hande Designation Pradv Department Omfs

To,
The Dean/Registrar
D.Y.Patil Dental School,
Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
I will not be able to attend for my duties from 21/8/23 to 23/8/23 (Including)

Therefore, request you to grant me the Leave.
Reason for Leave: Long Workshop

Total No. of Days: THREE

Address on Leave: PUNE

Contact No: 8055320010
In Her/his absence, I Mr./ Ms/Mrs./ /Dr. Neha H. will take care of her/his routine duties.

Signature of reliever NH Contact No. 9823024992

Yours Faithfully Pratik

Recommendation from the respective Department / Administration.

Mr./ Ms/Mrs./Dr. Pratik Hande may be/may not be granted the leave from 21/8/23 to 23/8/23
total no. of days 3 She/he has 15 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/
Sick Leave/ML leave may be/may not be granted. 12 Bal.

H.O.D. Signature Pratik

Sectioned/ Not Sectioned

Est. Section kg
25/8/23

Registrar

Dean



KRISHNA
VISHWA
VIDYAPEETH
(Deemed to be University)
Knowledge • Innovation • Education

CERTIFICATE OF PARTICIPATION

This Certificate is presented to

Dr. Pratik Hande

For participating in regional conference on
"Demystifying the enigma of TMJ"
conducted by Department of Oral and Maxillofacial Surgery, SDS; Krishna Vishwa
Vidyapeeth; Karad
in association with Khurshid Moos education foundation on 20th October 2023

Shashikiran N. D.
Dr. Shashikiran N. D.

Dean
School of Dental Sciences

Gosla S Reddy
Prof. Dr. Gosla S Reddy

Secretary
Khurshid Moos
education foundation

JN Khanna
Dr. JN Khanna

Chief Trustee
Khurshid Moos
education foundation

Nilesh Mishra
Dr. Nilesh Mishra

Professor and HOD
Department of OMFS

LEAVE APPLICATION FORM

Application Date: _____ ✓

From: Mr./ Ms /Mrs./ Dr. Pratik Hande Designation Prade Department OMS ✓

To,
The Dean/Registrar
D.Y.Patil Dental School,
Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
I will not be able to attend for my duties from 20/10/23 to 20/10/23 (Including)
Therefore, request you to grant me the Leave.

Reason for Leave: Workshop

Total No. of Days: ONE

Address on Leave: IGARA

Contact No: 805520040

In Her/his absence, I Mr./ Ms /Mrs./ /Dr. Nalwa Parde will take care of her/his routine duties.

Signature of reliever: [Signature] Contact No. 805520040 9823024992

Yours Faithfully
Pratik

Recommendation from the respective Department / Administration.
Mr./ Ms/Mrs./Dr. _____ maybe/may not be granted the leave from _____ to _____
total no. of days: _____ She/he has 12 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/
Sick Leave/ML leave may be/may not be granted. = 11 Bal.

Sectioned/ Not Sectioned
Est. Section 11/11/23

[Signature]
Registrar

H.O.D. Signature [Signature]
Dean

BHARATI VIDYAPEETH
(DEEMED TO BE UNIVERSITY)
DENTAL COLLEGE AND HOSPITAL, PUNE.

IN ASSOCIATION WITH
STELLAR AESTHETICS

Stellar
aesthetics

CERTIFICATE OF PARTICIPATION

Awarded to
DR. KAPIL K. SHIRSAGAR.

For actively participating in the "Facial Aesthetics Workshop" consisting of Didactic Lectures and Live demonstration by **Dr. Sapna Vadera** on 10th March, 2023
At Bharati Vidyapeeth (Deemed to be University) Dental College and Hospital, Pune.

[Signature]
Dr. Rajesh Kshirsagar
Principal

[Signature]
Dr. Sapna Vadera
Director- Stellar Aesthetics

[Signature]
Dr. Vikrant Sane
Organizing Secretary



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 13/3/23

From: Mr./ Ms./ Mrs./ Dr. KAPIL KHIRAGAR Designation READER Department ORAL SURGERY.

To,
The Dean/Registrar
 D.Y. Patil Dental School,
 Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
 I will not be able to attend for my duties from on 10/3/23 to --- (Including)
 Therefore, request you to grant me the Leave.

Reason for Leave: workshop (certificate attached)
 Total No. of Days 14/190
 Address on Leave LOKMANYA NAGAR, PUNE 30

Contact No: 982312682
 In Her/his absence, I Mr./ Ms./ Mrs./ Dr. PRATIK HANDE will take care of her/his routine duties.

Signature of reliever [Signature] Contact No. 905320040

Yours Faithfully [Signature]

Recommendation from the respective Department / Administration.

Mr./ Ms./ Mrs./ Dr. KAPIL KHIRAGAR maybe/may not be granted the leave from on 10/3/23 to ---
 total no. of days 14 She/he has 14 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/
 Sick Leave/ML leave may be/may not be granted. -14 Bal.

H.O.D. Signature [Signature]

Sectioned/ Not Sectioned

Est. Section 13/3/23

Registrar

Dean



**26th Midterm Conference
&
12th PG Convention of AOMSI**

26th MIDCOMS

Theme
MAXFAX 360°

Date
20th - 22nd JULY 2023

Venue
**Padma Bhushan Dr. Balasaheb
Vikhe Patil Lecture Hall Complex,
PIMS, Loni**

**For
Registration**



Early bird registration inclusive of GST only till
(From 1st January 2023 GST @ 18% will be additional)

WWW.MIDCOMS2023.COM



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 17/7/23 ✓

From: Mr./Ms./Mrs./Dr. KAPIL KSHIRSAGAR Designation READER Department Oral Surgery
To,

The Dean/Registrar
D.Y.Patil Dental School,
Lohegaon, Pune.

Sub: Application for CL/Sp.CL/C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,

I will not be able to attend for my duties from 20/7/23 to 22/7/23 (Including)

Therefore, request you to grant me the Leave.

Reason for Leave: conference

Total No. of Days: 3

Address on Leave: 41/19D, LAXMANA NAGAR, PUNE 411030

Contact No: 9823112682

In Her/his absence, I Pratibha Mande will take care of her/his routine duties.

Signature of reliever: Pratibha Contact No. 9823112682

Yours Faithfully Kapil

Recommendation from the respective Department / Administration.

Mr./Ms./Mrs./Dr. KAPIL KSHIRSAGAR maybe/may not be granted the leave from 20/7/23 to 22/7/23

total no. of days 3 She/he has 11 days leave as balance of CL/Sp.CL/C.OFF/ on Duty/EL/

Sick Leave/ML leave may be/may not be granted. 11 Bal.

H.O.D. Signature Pratibha

Sectioned/ Not Sectioned

Est. Section 17/7/23

Registrar Pratibha

Dean

DPU

Dr. D. Y. Patil Vidyapeeth, Pune

(Deemed to be University)

(Accredited (3rd Cycle) by NAAC with a CGPA of 3.64 on a four-point Scale at 'A++' Grade)
(An ISO 9001:2015 and ISO 14001:2015 Certified University and Green Education Campus)



DR. D. Y. PATIL DENTAL COLLEGE & HOSPITAL,
Pimpri, Pune-411018

An IQAC Initiative

Department of Oral & Maxillofacial Surgery

Certificate of Participation

This is to Certify that

Dr. Kapil Kshirsagar

has attended the CDE Programme on

"Facial Aesthetics and Hair Transplant"

held on 4th September, 2023

Organized By

Department of Oral & Maxillofacial Surgery

Dr. D. Y. Patil Dental College & Hospital, Pimpri, Pune.

Dr. B. M. Rudagi
Organizing Chairman

Dr. Shilpa Bawane
Organizing Secretary

Dr. D. Gopalakrishnan
Dean



D.Y.PATIL DENTAL SCHOOL
 D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 1/9/23

From: Mr./Ms./Mrs./Dr. KAPIL KUMHARWAR Designation READER. Department ORAL SURGERY

To, The Dean/Registrar
 D.Y.Patil Dental School,
 Lohegaon, Pune.

Sub: Application for CL / Sp.CL / C.OFF / on Duty / EL / Sick Leave / ML

Respected Sir,
 I will not be able to attend for my duties from on 4/9/23 to _____ (Including)

Therefore, request you to grant me the Leave.
 Reason for Leave: WORKSHOP AT D.Y. PATIL DENTAL COLLEGE, AMPRE

Total No. of Days: 1

Address on Leave: 14/190, LORMANVA NAGAR, PUNE 411030

Contact No: 982312682

In Her/his absence, I Mr./Ms./Mrs./Dr. PRATIL HANDE will take care of her/his routine duties.
 Signature of reliever _____ Contact No. 8055320040

Yours Faithful Kapil Kumar

Recommendation from the respective Department/ Administration.
 Mr./Ms./Mrs./Dr. KAPIL KUMHARWAR maybe/may not be granted the leave from 4/9/23 to _____
 total no. of days 1 She/he has 11 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/
 Sick Leave/ML leave may be/may not be granted. 2 10/30/23

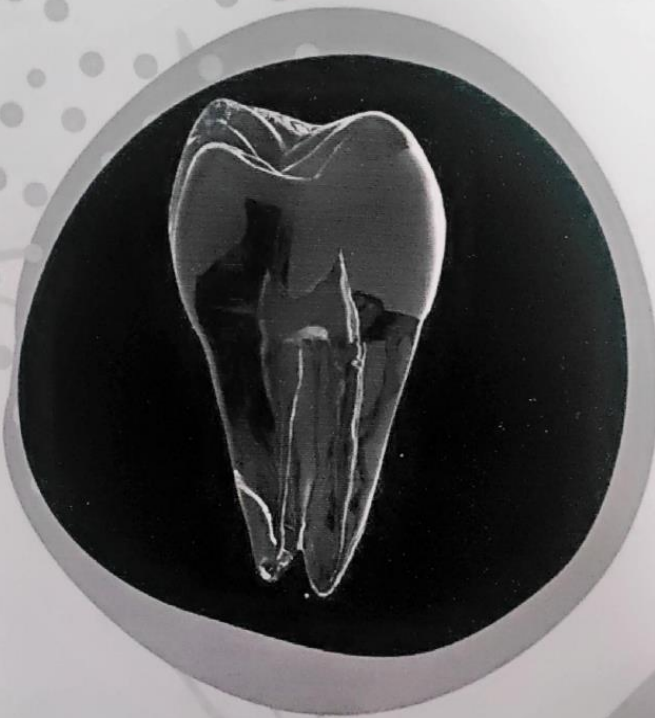
Sectioned/ Not Sectioned 108
 Est. Section 8/9/23

H.O.D. Signature [Signature]
 Registrar _____
 Dean _____

For Registrations Contact
8888611011

ENDODONTIC WORKSHOP

Mentor: Dr. Pradeep Shetty
MDS, PhD



Date: 15, 16, 17 September, 2023

Time: 9:30am to 5:30pm



D.Y.PATIL DENTAL SCHOOL
 D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Application Date: 12/9/23 ✓

From: Mr./Ms/Mrs./Dr. KAPIL KSHIRSAGAR Designation READER Department ORAL SURGERY

To,
 The Dean/Registrar
 D.Y.Patil Dental School,
 Lohegaon, Pune.

Sub: Application for CL Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
 I will not be able to attend for my duties from 15/9/23 to 16/9/23 (Including)

Therefore, request you to grant me the Leave.
 Reason for Leave: WORKSHOP

Total No. of Days: 2
 Address on Leave: 11/190, LOKMANYA NAGAR, PUNE-411030

Contact No: 982317462
 In Her/his absence, I Mr./Ms/Mrs./Dr. NEHA HARANKHEDKAR will take care of her/his routine duties.

Signature of reliever [Signature] Contact No. 9823024992

Yours Faithfully [Signature]

Recommendation from the respective Department / Administration.
 Mr./Ms/Mrs./Dr. KAPIL KSHIRSAGAR maybe/may not be granted the leave from 15/9/23 to 16/9/23
 total no. of days 2 She/he has 10 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/
 Sick Leave/ML leave may be/may not be granted. = 8 Bal.

H.O.D. Signature [Signature]

Sectioned/ Not Sectioned [Signature]
 Est. Section 17/9/23

Registrar

Dean

Invitation for CME

Inbox



gokul venkateshwar 4 Jan

to me



Dear Dr Vikram

On behalf of the Dept of OMFS DY Patil
University School of Dentistry Navi Mumbai i
invite you to attend the CME on 11th January
2023

Attached is the flyer for your reference

Regards

Dr Gokul Venkateshwar

Professor

Dept of OMFS

DY Patil University

School of Dentistry

Navi Mumbai

Omfs 11jan

23.pdf



PDF



gokul venkateshwar 1:20 PM

to me



...

Omfs 11jan

23.pdf



PDF



D.Y.PATIL DENTAL SCHOOL
 D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

6/1/23 ✓

Application Date:

Name: Mr./Ms/Mrs./Dr. Vikram Karande Designation Prof & HOD Department Oral Surgery

Dean/Registrar
 Patil Dental School,
 Lohegaon, Pune.

Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML
 Respected Sir,

I will not be able to attend for my duties from 11/1/23 to - (Including)

Therefore, request you to grant me the Leave.

Reason for Leave: CME @ D.Y. Patil Dental, Navi

Total No. of Days: 1

Address on Leave: 9137072340

In my absence, I Mr./ Ms/Mrs./Dr. Prathik Hande will take care of her/his routine duties.

Signature of reliever: Prathik Hande Contact No. 9137072340

Yours Faithfully [Signature]

Recommendation from the respective Department / Administration.

Ms/Mrs./Dr. Vikram Karande maybe/may not be granted the leave from 11/1/23 to -

total no. of days 1 She/he has 15 days leave as balance of CL/Sp.CL/ C.OFF/ on Duty/EL/

Leave/ML leave may be/may not be granted. 14 Bal

Beant
6/1/23

Sectioned/ Not Sectioned

H.O.D. Signature [Signature]

Section

[Signature]
 Registrar

Dean



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D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM Date: 17/4/23

From: Mr./ MS /Mrs./Dr. Prasad Karande Designation PROFESSOR Department ORAL PATHOLOGY
To,
The Dean/Registrar
D.Y.Patil Dental School,
Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML
Respected Sir,
I will not be able to attend for my duties from 17/04/23 to 17/04/23 (Including)
Therefore, request you to grant me the Leave.
Reason for Leave: CDE PROGRAMME
Total No. of Days: 2 HALF DAY (12)
Address on Leave: RANGOONWALA DENTAL COLLEGE
Contact No: 9028755885
In Her/his absence, I Mr./ Ms./Mrs./Dr. Maximal Shetty will take care of her/his routine duties.

Signature of reliever [Signature] Contact No. 8999 823002
Yours faithfully

Recommendation from the respective Department / Administration.
Mr./Ms. /Mrs./Dr. Prasad Karande maybe/may not be granted the leave from 17/4/23 to 17/4/23
total no. of days 12 She/he has 10 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/
Sick Leave/ML leave may be/may not be granted. 9 1/2 Bal

[Signature] 21/4/23
Sectioned/ Not Sectioned
Est. Section Registrar Dean

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D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Application Date: 6/11/23. ✓

From: Mr./ Ms./Mrs./Dr. PRASAD KARANDE Designation PROFESSOR Department ORAL PATHOLOGY
To,
The Dean/Registrar
D.Y.Patil Dental School,
Lohegaon, Pune.

Sub: Application for CL / Sp.CL / C.OFF / on Duty / EL / Sick Leave / ML
Respected Sir,
I will not be able to attend for my duties from 3/11/23 to 4/11/23 (Including)
Therefore, request you to grant me the Leave.
Reason for Leave: IAOMP Conference
Total No. of Days: (1 1/2) one & half
Address on Leave: Belagavi
Contact No: 909255883
In Her/his absence, I Mr./ Ms./Mrs./Dr. ----- will take care of her/his routine duties.

Signature of reliever ----- Contact No. -----
Yours faithfully
[Signature]

Recommendation from the respective Department / Administration.
Mr./Ms./Mrs./Dr. PRASAD KARANDE maybe/may not be granted the leave from 3/11/23 to 4/11/23,
----- total no. of days 1 1/2 She/he has 4 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/
Sick Leave/ML leave may be/may not be granted. = 2 1/2 bal

Sectioned/ Not Sectioned [Signature] 6/11/23
Est. Section Registrar Dean

H.O.D. Signature [Signature]

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30th National Conference of Indian Association of Oral & Maxillofacial Pathologists 2023 . . .
Theme: Oral Pathology : Into the Lens and Beyond

Certificate of Participation
Presented to
DR. PRASAD KARANDE

for participating and contributing to the success of
30th National Conference of IAOMP held from 3rd to 5th November 2023
organized by Department of Oral and Maxillofacial Pathology & Oral Microbiology
KLE V. K. Institute of Dental Sciences, Belagavi.

18 CDE POINTS

Dr. Seema Hallikerimath
Organising Chairperson

Dr. Punniya Angadi
Organising Secretary

Dr. N Chaitanya Babu
Hon. President
IAOMP

Dr. Nadeem Jedly
Hon. Secretary
IAOMP

Dr. S.R.K Nandan
Hon. Treasurer
IAOMP

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D.Y.PATIL DENTAL SCHOOL
 D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Application Date: 29/03/23

From: Mr./ Ms /Mrs./ Dr. PRASAD KARANDI Designation PROFESSOR Department ORAL PATHOLOGY

To,
 The Dean/Registrar
 D.Y.Patil Dental School,
 Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
 I will not be able to attend for my duties from 31/03/23 to 31/03/23 (Including)

Therefore, request you to grant me the Leave.
 Reason for Leave: Guest lecture

Total No. of Days 01

Address on Leave KIMS KARANDI

Contact No: 9028255885

In Her/his absence, I Mr./ Ms /Mrs./ /Dr. Mrital Shete will take care of her/his routine duties.

Signature of reliever [Signature] Contact No. 9075098231

Yours Faithfully [Signature] 29/03/23

Recommendation from the respective Department / Administration.

Mr./ Ms/Mrs./Dr. PRASAD KARANDI maybe/may not be granted the leave from 31/03/23 to 31/03/23
 total no. of days 01 She/he has 12 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/

Sick Leave/ML leave may be/may not be granted. 11BA

[Signature] 5/4/23

H.O.D. Signature [Signature] 29/03/23

Sectioned / Not Sectioned

Est. Section

Registrar

Dean



**KRISHNA
VISHWA
VIDYAPEETH**
(Deemed to be University)

Knowledge • Innovation • Excellence

Accredited by NAAC with 'A+' grade
An ISO 9001:2015 Certified University
Declared U3 of UGC ACT 1956 vide Notification no.F3-1522001-0-3
of the Ministry of Human Resource Development, Govt. of India
Karad, Dist. - Satara (Maharashtra State) Pin - 415529
Tel - 02164-241555-8 (Extn. 492)
Website : www.kvv.edu.in | E-mail: deansds@kvv.edu.in

SCHOOL OF DENTAL SCIENCES

To,

Dr Prasad Karande
Professor and Head
Dept of Oral Pathology and Microbiology,
D Y Patil Dental School, D Y Patil Knowledge City, Charoli via Lohegaon,
Pune.

Through,
The Dean,
School of Dental Sciences,
KVV, Karad.

From,
The Head of Department,
Department of Oral Pathology and Microbiology,
School of Dental Sciences,
KVV, Karad.

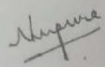
Subject – Invitation to deliver a guest lecture for CDE program.

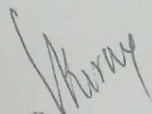
Respected Sir,

We, at the Department of Oral Pathology and Microbiology, School of Dental Sciences, Karad cordially invite you to deliver a 'Guest Lecture' for our CDE program on 31st March 2023. We would be honoured if you kindly accept this invitation and enrich the knowledge of our students with your expertise.

Thanking you in anticipation.

Yours sincerely


Head of Department
Dept. Of Oral Pathology & Oral Microbiology
School Of Dental Sciences, Karad


Dean,
School of Dental Sciences,
K.VV Karad.



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Application Date: 18/10/23 ✓

From: Mr./ Ms /Mrs./Dr. Mrinal V. Shete Designation Reader Department O.Path

To,
The Dean/Registrar
D.Y.Patil Dental School,
Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
I will not be able to attend for my duties from 20/10/23 to 20/10/23 (Including)

Therefore, request you to grant me the Leave.

Reason for Leave: conference

Total No. of Days: 1

Address on Leave: Pune

Contact No: 9075098231

In Her/his absence, I Mr./ Ms/Mrs./Dr. Prasad Karande will take care of her/his routine duties.

Signature of reliever [Signature] Contact No. 7767917175

Yours Faithfully [Signature]

Recommendation from the respective Department / Administration.

Mr./Ms/Mrs./Dr. Mrinal V. Shete maybe/may not be granted the leave from 20/10/23 to 20/10/23

total no. of days 01 She/he has 12 1/2 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/ Sick Leave/ML leave may be/may not be granted. = 11 1/2 Bal.

Sectioned/ Not Sectioned

Est. Section [Signature]

19/10/23

[Signature]
Registrar

H.O.D. Signature [Signature]

Dean

DPU DR. D. Y. PATIL VIDYAPEETH, PUNE
(DEEMED TO BE UNIVERSITY)






EVOLVE • ENHANCE • EMPOWER

1st MAHARASHTRA STATE OMR UG CONFERENCE

Organized by
 Department of Oral Medicine and Radiology
 Dr. D. Y. Patil Dental College and Hospital,
 Dr. D. Y. Patil Vidyapeeth, Pimpri, Pune

Supported by
 Indian Academy of Oral Medicine and Radiology
 (Maharashtra State Branch)

Date
 20th & 21st
 October, 2023

Theme
 “Embracing the
 Changing trends i
 Dentistry”

Venue
 Auditorium,
 Dr. D. Y. Patil
 Vidyapeeth, Pune
 and
 Dr. D. Y. Patil
 Dental College and
 Hospital, Pimpri,
 Pune



<https://dental.dyu.edu.in/prabh/default.aspx>



D.Y.PATIL DENTAL SCHOOL
 D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
 LEAVE APPLICATION FORM

Date: 29/04/2023

From: Mr./ MS /Mrs./Dr. Prasad Khande Designation PROFESSOR Department ORAL PATHOLOGY

To,
 The Dean/Registrar
 D.Y.Patil Dental School,
 Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
 I will not be able to attend for my duties from 29/4/23 to 29/4/23 (Including)

Therefore, request you to grant me the Leave. EXAM NREEL (SWATAM)

Reason for Leave: 1/2 half

Total No. of Days 1/2

Address on Leave Pantekdi, Hadapsar

Contact No: 9028255885

In Her/his absence, I Mr./ Ms/Mrs./Dr. POOJA GORE will take care of her/his routine duties.

Signature of reliever [Signature] Contact No. 9503871763

Yours Faithfully

Recommendation from the respective Department / Administration.
 Mr./Ms. /Mrs./Dr. Prasad Khande maybe/may not be granted the leave from 29/4/23 to 29/4/23

total no. of days 1/2 She/he has 02 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/

Sick Leave/ML leave may be/may not be granted. 2 = 9 Bal

Sectioned/ Not Sectioned

Est. Section 1/2
29/4/23

[Signature]
 Registrar

H.O.D. Signature [Signature]
 Dean

MORNING
SESSION
(FN)

National Programme on Technology Enhanced Learning



NPTEL

Hall Ticket For

Management of Medical Emergencies in Dental Practice - Online

Candidate Name	Dr Prasad Karande					
Roll No	NOC23GE09S34480646					
Date of Birth	25-11-1983					
PwD Status	No	Compensatory Time Required	No	Scribe Required	No	
Exam Date	Saturday, 29 April, 2023					
Reporting Time	08:00 am	Gate Closure	09.30 am			
Exam Timing	09:00 am	Shift	FN			
Test Centre Name	iON Digital Zone iDZ Ramtekdi 3					
Test Centre Address	GATE 3 Sahayog Digital Hub, S.No. 107/01, Plot No.7, Ramtekdi Industrial Estate No.2, Near HP Petrol Pump, Hadapsar, Pune, Maharashtra, India - 411013					
 NPTEL Coordinator						

NPTEL EXAM - 29 APRIL, 2023 General instructions for candidates - FN (All timings mentioned here are in IST)

DRESS CODE: Candidates are expected to come in professional attire to write the exams. Candidates wearing SHORTS will NOT be permitted inside the exam hall

AT THE EXAM CENTRE, IF YOU ENCOUNTER ANY ISSUES WITH RESPECT TO THE COMPUTER OR EXAM OFFICIALS, KINDLY CONTACT THE NPTEL EXAM REPRESENTATIVE, WHO WILL BE AVAILABLE AT THE CENTRE.

1. The Hall Ticket must be presented for verification along with one original photo identification (not photocopy or scanned copy). Examples of acceptable photo identification documents are School ID, College ID, Employee ID, Driving License, Passport, PAN card, Voter ID, Aadhaar-ID. Printed copy of the hall ticket and original photo id card should be brought to the exam centre. Hall ticket and id card copies on the phone will not be permitted.
2. This Hall Ticket is valid only if the candidate's photograph and signature images are legible. To ensure this, print the Hall Ticket on A4 sized paper using a laser printer, preferably a colour photo printer.
3. Please report to the examination venue by 08:00 am; CANDIDATES WILL NOT BE ALLOWED TO ENTER THE EXAMINATION HALL AFTER 09.30am.
4. Candidates will be permitted to appear for the examination ONLY after their credentials are verified by center officials.

P.T.O.



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 17/04/23

From: Mr./ MS /Mrs./Dr. Mrinal Shete Designation Reader Department O. Path

To,
The Dean/Registrar
D.Y.Patil Dental School,
Lohegaon, Pune.

Sub: Application for CL/ ^{1/2}Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,

I will not be able to attend for my duties from 17/4/23 to 17/4/23 (Including)

Therefore, request you to grant me the Leave.

Reason for Leave: S.D.S Programme

Total No. of Days: (1/2)

Address on Leave Pune- Rangoonwala College

Contact No: 9075098231

In Her/his absence, I Mr./ Ms./Mrs./Dr. Pravina Kulkarni will take care of her/his routine duties.

Signature of reliever [Signature] Contact No. 9028755885

Yours Faithfully

Recommendation from the respective Department / Administration.

Mr./Ms. /Mrs./Dr. Mrinal Shete maybe/may not be granted the leave from 17/4/23 to 17/4/23

total no. of days 1 She/he has 15 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/

Sick Leave/ML leave may be/may not be granted. 14 Bal

Sectioned/ Not Sectioned [Signature] 19/4/23

H.O.D. Signature [Signature]

Est. Section

Registrar

Dean

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DEPT. OF ORAL PATHOLOGY AND MICROBIOLOGY
M. A. RANGOONWALA COLLEGE OF DENTAL SCIENCES
AND RESEARCH CENTRE PUNE



CERTIFICATE
OF ATTENDANCE

This is to certify that

Dr. Mrinal V Shete

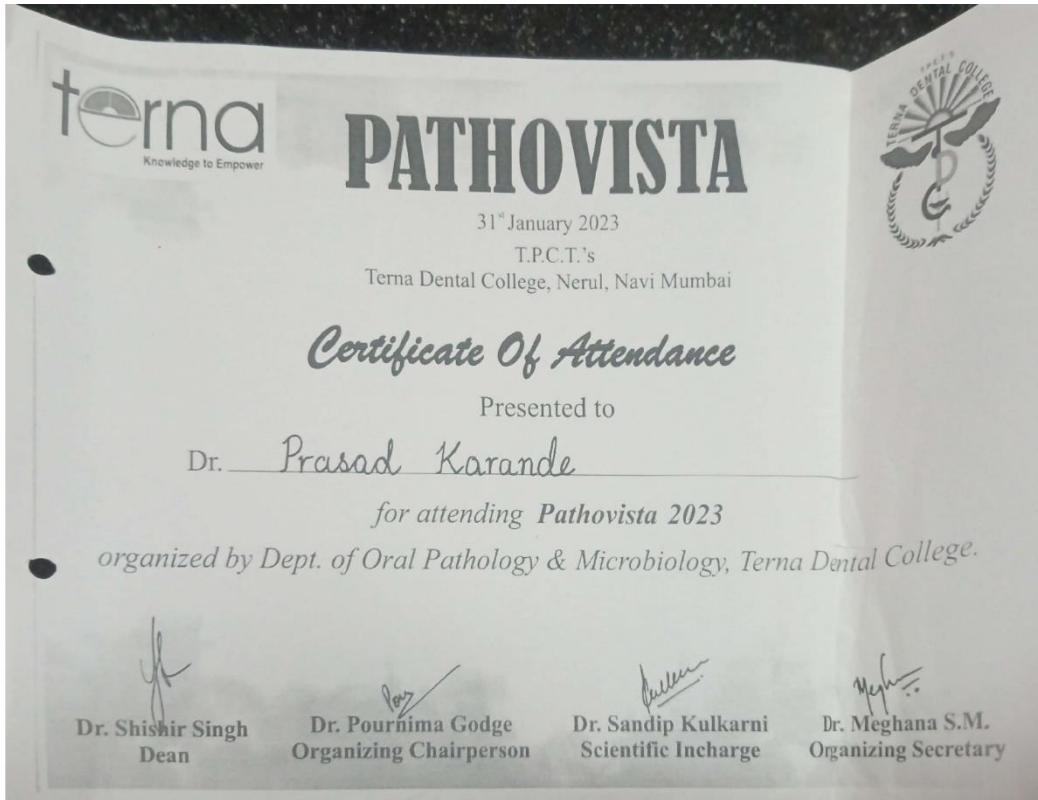
Attended SPECTRUM 2023 on 17/04/2023 & 18/04/2023
organised by Dept of Oral Pathology and Microbiology
M A Rangoonwala College of Dental Sciences and Research Centre Pune &
Credited with 12 CDE points MSDC/CDE/07/2023-2024 dated 03/04/2023

[Signature]
Dr. Pravina Kulkarni
Maharashtra State Dental
Council Representative

[Signature]
Dr. Ramandeep Duggal
Principal

[Signature]
Dr. Ajit V Koshy
Head of Department
Oral pathology and Microbiology

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D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM
Application Date: 1/2/23

From: Mr./ Ms /Mrs./Dr. Prasad Karande Designation PROFESSOR Department ORAL PATHOLOGY
To,
The Dean/Registrar
D.Y.Patil Dental School,
Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML
Respected Sir,
I will not be able to attend for my duties from 31/1/23 to 31/1/23. (Including)
Therefore, request you to grant me the Leave.
Reason for Leave: SDF
Total No. of Days: 01
Address on Leave: MUMBAI (TERNA COLLEGE)
Contact No: _____
In Her/his absence, I Mr./ Ms/Mrs./Dr. Arvind Shete will take care of her/his routine duties.
Signature of reliever Arvind Contact No. 9075098231
Yours faithfully
[Signature]

Recommendation from the respective Department / Administration.
Mr./Ms /Mrs./Dr. Prasad Karande maybe/may not be granted the leave from 31/1/23 to 31/1/23
total no. of days 01 She/he has 13 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/
Sick Leave/ML leave may be/may not be granted. = 12 Bal

Sectioned/ Not Sectioned RG H.O.D. Signature [Signature]
Est. Section 1/2/23 Registrar [Signature] Dean

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D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 17/04/23 ✓

From: Mr./ MS /Mrs./Dr. Rucha Gore Designation Lecturer Department OPATH

To,
The Dean/Registrar
 D.Y. Patil Dental School,
 Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
 I will not be able to attend for my duties from 17/4/23 to 17/4/23 (Including)

Therefore, request you to grant me the Leave.

Reason for Leave: CDE Program

Total No. of Days: Half day

Address on Leave: Pune, Kaingaonwada Dental college

Contact No: 9803871763

In Her/his absence, I Mr./ Ms./Mrs./Dr. _____ will take care of her/his routine duties.

Signature of reliever [Signature] Contact No. 9503871763

Yours Faithfully

Recommendation from the respective Department / Administration.

Mr./Ms. /Mrs./Dr. Rucha Gore maybe/may not be granted the leave from 17/4/23 to 17/4/23
 total no. of days Half day She/he has 15 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/
 Sick Leave/ML leave may be/may not be granted. 14 Bal

Sectioned / Not Sectioned
Not Sectioned

H.O.D. Signature [Signature]

Est. Section

Registrar

Dean



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D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charcholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 11/04/2023

From: Mr./Ms./Mrs./Dr. Kamal Singh Designation Pr. of. & Head Department Prosthodontics

To: The Dean/Registrar
D.Y. Patil Dental School,
Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML (Including) 10th April, 23

Respected Sir,
I will not be able to attend for my duties from 10th April, 23
Therefore, request you to grant me the Leave. Inspection

Reason for Leave: o.i

Total No. of Days: 1

Address on Leave: Paulaasi Bagchi will take care of her/his routine duties.

Contact No: 9325047622

In Her/his absence, I Mr./ Ms./Mrs./Dr. Paulaasi Bagchi Contact No. 9325047622

Signature of reliever: M. Bagchi

Yours Faithfully
Kamal Singh

Recommendation from the respective Department / Administration.
Mr./Ms /Mrs./Dr. 1 maybe/may not be granted the leave from 10th April, 23 to 10th April, 23
total no. of days 1 She/he has 10 Bal days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/
Sick Leave/ML leave may be/may not be granted. 10 Bal

Sectioned/ Not Sectioned 12/4/23

[Signature]
Registrar

H.O.D. Signature _____
Dean



SINHGAD TECHNICAL EDUCATION SOCIETY'S
SINHGAD DENTAL COLLEGE & HOSPITAL

(Recognized by Dental Council of India)
(Affiliated to Maharashtra University of Health Sciences)

Prof. M. N. Navale
M. E. (Elect.) MIE, MBA
Founder President

Dr. (Mrs.) Sunanda M. Navale
B.A., M.P.M., Ph.D.
Founder Secretary

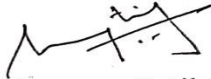
Dr. Sameer Patil
M.D.S. (Orthodontics & Dentofacial Orthopedics)
Principal,
Professor & Head of Orthodontics

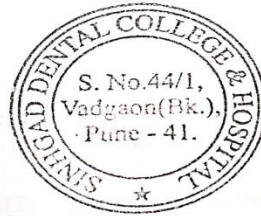
Ref. No.: STES/SDCH/2023/ 532

Date: - 29/03/2023

ATTENDANCE CERTIFICATE

This is to certify that, Dr. Kamal Shigli participated in Ph.D orientation programme at Sinhgad Dental College & Hospital, Pune, from 27th to 29th March 2023.


Dr. Sameer Patil
Principal



S. No. 44/1, Vadgaon (Budruk), Off Sinhgad Road, Pune - 411 041 Tel.: (Off.) 2435 1307 Telefax: 020 - 2435
E-mail: principal.sdch@sinhgad.edu Website: www.sdchpune.org



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Application Date: 13/04/23

Name: Mr./ Ms /Mrs./ Dr. Shailesh Doure Designation Asso. Prof. Department Orthodont

To: The Dean/Registrar
D.Y. Patil Dental School,
Lohegaon, Pune.

Subject: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
I will not be able to attend for my duties from 12/04/23 to 12/04/23 (Including)

Therefore, request you to grant me the Leave
Reason for Leave: Personal / Inspection LIC

Total No. of Days: 01

Address on Leave: 84/28/2/263

Contact No: 84/28/2/263 Arun M. will take care of her/his routine

In her/his absence, I Mr./ Ms /Mrs./ Dr. Arun M. will take care of her/his routine

Signature of reliever [Signature] Contact No. 8975074379

Yours Faithfully
[Signature]

Recommendation from the respective Department / Administration.
Mr./Ms./Dr. Shailesh Doure may/may not be granted the leave from 12/04/23 to 12/04/23

total no. of days 01 She/he has 14 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/

Leave/ML leave may be/may not be granted. 14
H.O.D. Signature [Signature]

Approved/ Not Sectioned



Indian Orthodontic Society

DR G D POL FOUNDATION'S
YMT DENTAL COLLEGE AND HOSPITAL
Affiliated to Maharashtra University of Health Sciences
Recognized by Dental Council of India, New Delhi



103

Certificate of Attendance

It is to certify that Dr. *Sandeep Jethi* has attended

ORTHO SYNERGY '23

Learn From The Legend : Dr. Ravindra Nanda

Topic : Managing Complex Malocclusions With or Without TADS
on 17th January 2023

organised by Y M T Dental College and Hospital, Department of
Orthodontics and Dentofacial Orthopaedics

Balvinder

Balvinder Singh Thakkar
President- IOS

Sanjay Labh

Dr Sanjay Labh
Hon Secretary- IOS

Ravindra N

Dr Ravindra N
Specialist

Kavita Pol

Dr Kavita Pol

M. J. Vandekar

Dr Meghna Vandekar
Dean, Professor and Chair



D.Y.PATIL DENTAL SCHOOL
 D. Y. Patil Knowledge City, Charholi BK, Via. Lohegaon, Pune-412105
 LEAVE APPLICATION FORM

Date: 17.10.23

From: Mr./ Ms /Mrs./Dr. PAULAMI BAGCHI Designation Professor Department Prosthodontics

To:
 The Dean/Registrar
 D.Y.Patil Dental School,
 Lohegaon, Pune.

Sub: Application for Sp.CL C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
 I will not be able to attend for my duties from 13.10.23 to 14.10.23 (Including)

Therefore, request you to grant me the Leave

Reason for Leave: Conference

Total No. of Days: 02 (Two)

Address on Leave: Pune

Contact No: 9821720294

In Her/his absence, I Mr./ Ms/Mrs./Dr. Bipin Mulay will take care of her/his routine duties.

Signature of reliever [Signature] Contact No. 9028028528

Yours Faithful
[Signature]

Recommendation from the respective Department /Administration.

Mr./Ms /Mrs./Dr. PAULAMI BAGCHI maybe/may not be granted the leave from 13.10.23 to 14.10.23

total no. of days 02 she/he has 02 days leave as balance of Sp.CL C.OFF/ on Duty/EL/

Sick Leave/ML leave may be/may not be granted.

[Signature]
Registrar

H.O.D. Signature _____

Sectioned/ Not Sectioned

Est. Section

RO
17/10/23

Dean



DR. G. D. POL FOUNDATION
Y.M.T. DENTAL COLLEGE AND HOSPITAL

Institutional Area, Sector-4, Kharghar, Navi Mumbai - 410210.

ymtden@yahoo.com

022-27744429

IG MINDS. EMPOWERING FUTURE

Ref No. YMTDC/1059/2023

Date: 10/04/2023

ATTENDANCE CERTIFICATE

This is to certify that Dr. Kamal Shigli.-(Chairman) Professor & Head, Department of Prosthodontics, D.Y. Patil Dental School, Pune has conducted Inspection of Maharashtra University of Health Sciences, Nashik held on 10/04/2023 for Local Inquiry Committee for Continuation of Affiliation/Extension of Affiliation at Dr. G.D.Pol foundation Y.M.T. Dental College & Hospital, Navi Mumbai for the academic year 2023-2024 for the UG, PG, fellowship course and Ph.D. Courses.

M. Vandekar

Dr. Meghna Vandekar
DEAN

DEAN
Y.M.T. Dental College
& Hospital Kharghar,
Navi Mumbai - 410 210



D.Y.PATIL DENTAL SCHOOL
 D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
 LEAVE APPLICATION FORM

Date: 19/06/2023

From: Mr./Ms./Mrs./Dr. Kamal Singh Designation Prof. & Head Department Prosthodontics

To: The Dean/Registrar
 D.Y. Patil Dental School,
 Lohegaon, Pune.

Sub: Application for CL/Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
 I will not be able to attend for my duties from 12th June '23 to 16th June '23 (Including)

Therefore, request you to grant me the Leave.
 Reason for Leave: Advanced research Methodology Workshop

Total No. of Days: 05 days

Address on Leave: 800 730 50 50 98/904 Gateway Towers

Contact No: 800 730 50 50

In Her/his absence, I Mr./ Ms/Mrs./Dr. Paulaani Kapchi will take care of her/his routine duties.
 Signature of reliever Paulaani Kapchi Contact No. 9825047622

Yours Faithfully
Kamal Singh

Recommendation from the respective Department / Administration.

Mr./Ms /Mrs./Dr. _____ maybe/may not be granted the leave from _____ to _____
 total no. of days _____ She/he has to days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/
 Sick Leave/ML leave may be/may not be granted. = 05 Bal.

Sectioned/ Not Sectioned Not
 Est. Section 20/6/23

Sr. Doane
 Registrar

H.O.D. Signature _____

Dean

Indian Orthodontic Society

DR G D POL FOUNDATION'S
YMT DENTAL COLLEGE AND HOSPITAL
Affiliated to Maharashtra University of Health Sciences
Recognized by Dental Council of India. New Delhi



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 16/1/23

From: Mr./ Ms /Mrs./ Dr. Anur R. Mhaske Designation Lecturer Department Orthodontics

To, The Dean/Registrar
D.Y. Patil Dental School,
Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML
Respected Sir,

I will not be able to attend for my duties from 17/1/23 to 17/1/23 (Including)
Therefore, request you to grant me the Leave.

Reason for Leave: C.D.L.

Total No. of Days: 01

Address on Leave: Mumbai

Contact No: 8975074379

In Her/his absence, I Mr./ Ms /Mrs./ /Dr. Jayashree Manikandan will take care of her/his routine duties.

Signature of reliever: Jayashree Contact No. 8149875510

Yours Faithfully
Anur R. Mhaske

Recommendation from the respective Department / Administration.
Mr./ Ms/Mrs./Dr. Anur R. Mhaske may be/may not be granted the leave from 17/1/23 to 17/1/23

total no. of days 01 She/he has 15 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/

Sick Leave/ML leave may be/may not be granted. 14 Bal

Sectioned/ Not Sectioned 19/1/23

Est. Section

[Signature]
Registrar

H.O.D. Signature [Signature]

Dean

President- IOS

Hon Secretary- IOS

M. J. Vandekar

Spe:



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Application Date: 17/4/23

From: Mr./Ms/Mrs./Dr. Prachi Joshi Designation Reader Department Cars & Endo
 To, The Dean/Registrar

D.Y.Patil Dental School,
 Lohegaon, Pune.
Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
 I will not be able to attend for my duties from 13/4/23 to 14/4/23 (Including)

Therefore, request you to grant me the Leave. for inspection - Nair Hospital

Reason for Leave: for inspection - Nair Hospital

Total No. of Days: 1

Address on Leave: Mumbai

Contact No: 9820244165 Dr. Dhye Sudulwa will take care of her/his routine duties.

In Her/his absence, I Mr./Ms/Mrs./Dr. Prachi Joshi Contact No. 9766376053

Signature of reliever Prachi Joshi

Yours Faithfully

Recommendation from the respective Department / Administration.
 Mr./Ms/Mrs./Dr. Prachi Joshi maybe/may not be granted the leave from 13/4/23 to 14/4/23
 total no. of days 1 She/he has 4 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL

Sick Leave/ML leave may be/may not be granted. 3 Bal H.O.D. Signature for HOD

Sectioned / Not Sectioned Not Sectioned Registrar [Signature] Dean [Signature]

Est. Section



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105

[Signature]
Dean 12/4/23
Nair Hospital Dental College,
Mumbai
 Nair Hospital Dental College

LEAVE APPLICATION FORM

Application Date: 17/4/23

From: Mr./ Ms /Mrs./ Dr. Vinod Kamth Designation Reader Department CORP ✓
 To,
The Dean/Registrar
 D.Y.Patil Dental School,
 Lohegaon, Pune. ✓
Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML
 Respected Sir,
 I will not be able to attend for my duties from 13/4/23 to _____ (Including)
 Therefore, request you to grant me the Leave.
 Reason for Leave: 7 days LTC inspection
 Total No. of Days: 7 days
 Address on Leave: 975237950
 Contact No: Dr. Diya Dandekar will take care of her/his routine
 In Her/his absence, I Mr./ Ms /Mrs./ /Dr. _____
 duties. 9766376053
 Signature of reliever _____ Contact No. _____
 Yours Faithfully
Recommendation from the respective Department / Administration.
 Mr./ Ms/Mrs./Dr. Vinod Kamth maybe/may not be granted the leave from 13/4/23
 total no. of days _____ She/he has 11 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/
 Sick Leave/ML leave may be/may not be granted. 11 Bal
 Sectioned/ Not Sectioned Not Sectioned
 Est. Section _____
 Registrar _____
 H.O.D. Signature for HOD
 Dean _____

Physical Medicine and Rehabilitation for the academic year 2023-24.

Anil Kumar Gaur
 (Dr. Anil Kumar Gaur
 Director

Tel. No.:022-23544341/2.
Fax No.022-23532737

Email - director@aiipmr.gov.in
Website: www.aiipmr.gov.in

भारत सरकार / Government of India
स्वास्थ्य एवं परिवार कल्याण मंत्रालय / Ministry of Health and Family Welfare
अखिल भारतीय भौतिक चिकित्सा एवं पुनर्वास संस्थान
ALL INDIA INSTITUTE OF PHYSICAL MEDICINE AND REHABILITATION
हाजी अली पार्क, के. केशवराव खाड्ये मार्ग, महालक्ष्मी, मुंबई - 400 034.
Haji Ali Park, K. Khadye Marg, Mahalaxmi, Mumbai - 400 034.

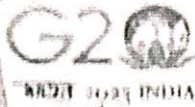
दिनांक: 13/4/2023

दर्भ संख्या: शैक्षणिक/प्रमाणपत्र/ 11

TO WHOM-SO-EVER IT MAY CONCERN

This is to certify that **Dr.Vinod Kambli**, conducted inspection as Member, Local Inquiry Committee of MUHS, Nashik at this Institute on 13th April, 2023 for grant of Continuation /Extension of Affiliation for Physical Medicine and Rehabilitation) for the academic year 2023-24.


(Dr. Anil Kumar Gaur)
Director



57th Indian Orthodontic Conference - Meerut

Date: 15th, 16th & 17th September 2023

Venue: Maangalya Convention Center, Swami Vivekanand Subharti University, Meerut.

THEME: BOND WITH ETHICS

CERTIFICATE OF ATTENDANCE

presented to

DR. ARUN R MHASKE

for attending and contributing to the success of
57th Indian Orthodontic Conference
held from 15th to 17th September, 2023

at Maangalya Convention Center in Swami Vivekanand Subharti
University, Meerut.

We appreciate your contribution to the success of this conference.



Balvinder
Dr. Balvinder Singh Thakkar
President, IOS

Sanjay Labh
Dr. Sanjay Labh
Hon. Secretary, IOS

Pavitra
Dr. Pavitra Kumar Rastogi
President, UP Dental Council

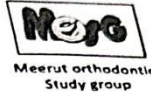
Predeep
Dr. Predeep Raghav
Organizing Chairman
57th IOC

Vaibhav
Dr. Vaibhav Mehra
Organizing Secretary
57th IOC

Munish
Dr. Munish Reddy
Sculpture Curator
57th IOC

Shishir
Dr. Shishir Singh
Treasurer
57th IOC

0840



57th Indian Orthodontic Conference - Meerut

Date: 15th, 16th & 17th September 2023



D.Y. PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 12/9/23

From: Mr./ Ms /Mrs./Dr. Shailesh Dongre Designation Reader Department Orthodontics

To,
The Dean/Registrar
D.Y.Patil Dental School,
Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML
Respected Sir, I will not be able to attend for my duties from 14/9/23 to 18/9/23 (Including)

Therefore, request you to grant me the Leave.
Reason for Leave: Conference

Total No. of Days: 5

Address on Leave: Meerut

Contact No: 9822650641

In Her/his absence, I Mr./ Ms/Mrs./Dr. Vaasha Mesani will take care of her/his routine duties

Signature of reliever: _____ Contact No. 9822650641

Yours Faithfully [Signature]

Recommendation from the respective Department / Administration.
Mr./Ms /Mrs./Dr. Shailesh Dongre maybe/may not be granted the leave from 14/9/23 to 18/9/23
total no. of days 5 She/he has 08 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL
Sick Leave/ML leave may be/may not be granted. 08 Del.

H.O.D. Signature: [Signature]

Not Sectioned [Signature]

Registrar

Dec



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 14.02.23 ✓

From: Mr./ Ms /Mrs./ Dr. Paulani Bagchi Designation Professor Department Pro Med Center

To,
The Dean/Registrar
D.Y. Patil Dental School,
Lohegaon, Pune.

Sub: Application for CL / Sp.CL / C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
I will not be able to attend for my duties from 11.02.23 to _____ (Including)

Therefore, request you to grant me the Leave.

Reason for Leave: Prof. com for IPS event

Total No. of Days: 01

Address on Leave: Home

Contact No: 9821720200

In Her/his absence, I Mr./ Ms /Mrs./ /Dr. Bipin Muley will take care of her/his routine duties.

Signature of reliever Bipin Muley Contact No. _____

Yours faithfully Paulani Bagchi

Recommendation from the respective Department / Administration.

Mr./ Ms/Mrs./Dr. Paulani Bagchi may be/may not be granted the leave from 11.02.23

total no. of days _____ She/he has 1 days leave as balance of CL / Sp.CL / C.OFF/ on Duty/EL/

Sick Leave/ML leave may be/may not be granted.

Sectioned / Not Sectioned Not Sectioned

Est. Section

Registrar Janie

H.O.D. Signature Paulani Bagchi

Dean 15/02/23

ad Institutes

M. N. Navale
(Elect.) MIE, MBA

der President
ad Technical Education Society

TECHNICAL EDUCATION SOCIETY'S
SINHGAD DENTAL COLLEGE & HOSPITAL
(Recognized by Dental Council of India, Affiliated to Maharashtra University of Health Sciences)
Accredited NAAC 'A' Grade Institute

Dr. (Mrs.) Sunanda M. Navale
B.A., M.P.M., Ph.D.

Founder Secretary
Sinhgad Technical Education Society

Dr. Sameer Patil

M.D.S. (Orthodontics & Dentofacial Orthopedics)


Principal, Professor & Head of Orthodontics
Sinhgad Dental College & Hospital

Ref. No.: STES/SDCH/2023/887

Date: - 17/06/2023

ATTENDANCE CERTIFICATE

This is to certify that Dr Kamal Shigli, participated in Advanced Research Methodology Workshop at Sinhgad Dental College & Hospital, Pune approved by MUHS from 12/06/2023 to 17/06/2023.


Dr. Sameer Patil
Principal





D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 13th July, 2023 ✓

From: Mr./ Ms /Mrs./ Dr. Kamal Singh Designation Prof. & Head Department Prosthodontics

To, **The Dean/Registrar**
D.Y. Patil Dental School,
Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir, I will not be able to attend for my duties from 11th July, '23 to 12th July, '23 (Including)

Therefore, request you to grant me the Leave. Reason for Leave: Annual Handing Workshop (MCHS)

Total No. of Days: 02 days Address on Leave: 78/904 Gateway Towers, Madhapur

Contact No: 8007305050 In Her/his absence, I Mr./ Ms /Mrs./ /Dr. Pulani Bagchi will take care of her/his routine duties.

Signature of reliever: Magch Contact No. 9325047622

Yours Faithfully
Kamal Singh

Recommendation from the respective Department / Administration.

Mr./ Ms/Mrs./Dr. _____ maybe/may not be granted the leave from _____ to _____

total no. of days: 2 She/he has 5 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/

Sick Leave/ML leave may be/may not be granted. Bal

Pune 02/7/23
ctioned/ Not Sectioned

H.O.D. Signature _____

ist. Section

[Signature]
Registrar

Dean



D.Y.PATIL DENTAL SCHOOL
 D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
 LEAVE APPLICATION FORM

Date: 5/12/2023

From: Mr./ Ms /Mrs./Dr. Bipin muley Designation Asso professor Department Prosthodontics
 To: _____

The Dean/Registrar
 D.Y.Patil Dental School,
 Lohegaon, Pune.

(5 special days)

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir, I will not be able to attend for my duties from 7/12/2023 to 11/12/2023 (Including _____)

Therefore, request you to grant me the Leave.

Reason for Leave: Attending National IPS conference

Total No. of Days 5

Address on Leave Goa

Contact No: 9028028528 Her/his absence, I Mr./ Ms/Mrs./Dr. Akshay Ganade/remranthan will take care of her/his routine duties.

Signature of reliever [Signature] Contact No. 9850991259/8657686878

Yours faithfully

Recommendation from the respective Department / Administration.

Mr./Ms /Mrs./Dr. _____ maybe/may not be granted the leave from _____ to _____

_____ total no. of days _____ She/he has _____ days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/

_____ Leave/ML leave may be/may not be granted.

H.O.D. Signature [Signature]
05/12/20

Sectioned/ Not Sectioned

Section

Registrar

Dean

(Course Director)

Head of OIC

CERTIFICATE OF APPRECIATION

CHAIR-PERSON



PG CON 2023

15
CDE
POINTS

This Certificate is presented to

DR. PRACHI JOSHI

For chairing the scientific session at IES PG-CON 2023,
Indian Endodontic Society Postgraduate Convention organised at
Hotel Rama International, Aurangabad, 3-5 March 2023.
(MSDC/CDE/2091/2022-2023)

Gopi Dolyhim
Dr. V. Gopikrishna
Secretary IES

Vivek Hegde
Dr. Vivek Hegde
Conference Chairman

Sarvesha Bhandwe
Dr. Sarvesha Bhandwe
MUHS Convener



CS-4B

MUNICIPAL CORPORATION OF GREATER MUMBAI

NAIR HOSPITAL DENTAL COLLEGE

Dr. A. L. Nair Road, MUMBAI-400 008. INDIA.

Tel. No. : 23082714-5-6-7

Telegraphic Address : 'Dento' Byculla, Mumbai - 400 008.

Fax : 91-22-308 06 55

E.Mail : nairdentalmumbai@gmail.com

Date 13.04.2023

ATTENDANCE CERTIFICATE

This is to certify that Dr. Prachi Joshi (Professor, Dr. D.Y. Patil Dental College, Lohegaon, Pune) has carried out MUHS LIC inspection 2023 of Nair Hospital Dental College, Mumbai on 13.04.2023 on behalf of Maharashtra University of Health Sciences, Nashik as per their letter No. MUHS/Academic/LIC/E-2/28/2023 dt. 12.04.2023.

Al

Dean

Nair Hospital Dental College

Mumbai


Dean
Nair Hospital Dental College



This Certificate is proudly presented to

DR PRACHI JOSHI

For valuable participation during **Scientific Sessions at 1st Style Italiano Endodontics India International Conference** held on 4th and 5th February, 2023 at Jio World Convention Centre - Mumbai.


Prof. Fabio Gorni
President


Dr. Ajay Bajaj
Organising Secretary



D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 17.10.23

From: Mr./ Ms /Mrs./Dr. PAULAMI BAGCHI Designation Professor Department Prosthodontics
To, The Dean/Registrar
D.Y.Patil Dental School,
Lohegaon, Pune.
Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML
Respected Sir,
I will not be able to attend for my duties from 13.10.23 to 14.10.23 (Including)
Therefore, request you to grant me the Leave
Reason for Leave: conference (Tues)



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 05.12

From: Mr./ Ms /Mrs./Dr. PAULAMI BAGCHI Designation PROFESSOR Department PROSTH
To, The Dean/Registrar
D.Y.Patil Dental School,
Lohegaon, Pune.
Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML
Respected Sir,
I will not be able to attend for my duties from 07.12.23 to 09.12.23 (Including)
Therefore, request you to grant me the Leave
Reason for Leave: conference
Total No. of Days 03 (Three)
Address on Leave Home
Contact No: 9881720294
In his absence, I Mr./ Ms/Mrs./Dr. Ashish Chagat / Dr. Akshay Sante will take care of her/his routine duties
Signature of reliever: [Signature] Contact No. 8007450387, 749994

Faithfully

Recommendation from the respective Department / Administration.
By: PAULAMI BAGCHI /Mrs./Dr. PAULAMI BAGCHI maybe/may not be granted the leave from 07.12.23 to 09.12.23
- total no. of days 03 She/he has 03 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL
-ive/ML leave may be/may not be granted. = 0.5 Bal.

Not Sectioned

H.O.D. Signature [Signature]

Registrar RS
18/12/23

Dean OE



D.Y. PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon. Pune-412105
LEAVE APPLICATION FORM

Date: 14/9/23

From: Mr./ Ms /Mrs./Dr. Anun Mhaske Designation Lecturer Department Orthodontic

To:
The Dean/Registrar
D.Y. Patil Dental School,
Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

I will not be able to attend for my duties from 14/9/23 to 19/9/23 (Including)

Therefore, request you to grant me the Leave.
Reason for Leave: Conference

Total No. of Days 5

Address on Leave Meezud

Contact No: 9822652461

In Her/his absence, I Mr./ Ms/Mrs./Dr. Nirasha Merani will take care of her/his routine

Signature of reliever [Signature] Contact No. 9822650641

Yours Faithfully [Signature]

Recommendation from the respective Department / Administration.
Mr./Ms /Mrs./Dr. Anun Mhaske maybe/may not be granted the leave from 14/9/23
total no. of days 5 She/he has 08 days leave as balance of CL/ Sp.CL/ C.OFF/ on I
Sick Leave/ML leave may be/may not be granted. = 03 Bal.

H.O.D. Signature [Signature]

Sectioned/ Not Sectioned [Signature]
24/9/23

Registrar

Est. Section





**38th IACDE National Conference 2023,
Kolkata**



INDIAN ASSOCIATION OF CONSERVATIVE DENTISTRY AND ENDODONTICS

Certificate of Attendance

Presented to

DR. BABASAHEB KAMBLE

for attending and contributing to the success of the
38th IACDE National Conference 2023 held from

30th November to 3rd December 2023 at Science City Complex, Kolkata.
We appreciate your presence.

Dr. Jagat Bhushan
President, IACDE

Dr. Prahlad A Saraf
Hon. Gen. Secretary, IACDE

Dr. Binoy Kumar Singh
Conference Secretary

Dr. Aditya Mitra
Organizing Chairman

Dr. Debashis Banerjee
Organizing Secretary

From: Mr./Ms./Mrs./Dr. Divya Dudulwar Designation



38th IACDE National Conference 2023, Kolkata




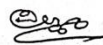
INDIAN ASSOCIATION OF CONSERVATIVE DENTISTRY AND ENDODONTICS

Certificate of Appreciation Presented to

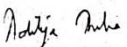
Dr. Divya Gaurav Dudulwar
for being the **Chairperson / Judge**

during **38th IACDE National Conference 2023** held from
30th November to 3rd December 2023 at **Science City Complex, Kolkata.**
We appreciate your contribution to the success of this conference.

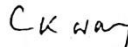

Dr. Bhushan
President, IACDE


Dr. Prahlad A Saraf
Hon. Gen. Secretary, IACDE


Dr. Binoy Kumar Singh
Conference Secretary


Dr. Aditya Mitra
Organizing Chairman


Dr. Debashis Banerjee
Organizing Secretary


Dr. Chi Koy Wang
Scientific Chairman



Continuing Dental Education



Sinhgad Dental College & Hospital, Pune

CERTIFICATE OF ATTENDANCE

Certified that

Dr. Divya Gupta

has attended the Lecture on


"IRRIGATION DYNAMICS IN ENDODONTICS"

on **5th December, 2023** for **2 hours** duration


organized by **Dept. of Conservative Dentistry and Endodontics, SDCH, Pune**

& credited with **2 CDE points.**

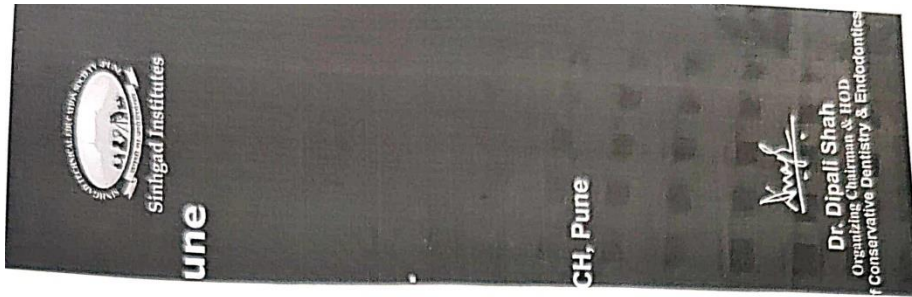
(Ref. No. MSDC/10049/CDE/2023-2024 date 24.11.2023)


Dr. Ratnadeep Jadhav
Signature of the Maharashtra State
Dental Council Representative


Dr. Sameer Patil
Principal
Sinhgad Dental College & Hospital


Dr. Anil Kishen
Guest Speaker
University of Toronto


Dr. Dipali Shah
Organizing Chairman & HOD
Dept. of Conservative Dentistry & Endodontics



D.Y.PATIL DENTAL SCHOOL
 D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 11/12/2023

From: Mr./ Ms /Mrs./Dr. Dinje Gupta Designation Lecturer Department Endodontics

To,
 The Dean/Registrar
 D.Y.Patil Dental School,
 Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
 I will not be able to attend for my duties from 5/12/23 to 5/12/23 (Including)

Therefore, request you to grant me the Leave.

Reason for Leave: CDE program

Total No. of Days: 01

Address on Leave: Pune

Contact No: 9324482837

In Her/his absence, I Mr./ Ms/Mrs./Dr. Dinje Dudhwas will take care of her/his routine duties.

Signature of reliever: [Signature] Contact No. 9766376053

Yours Faithfully

Recommendation from the respective Department / Administration.
 Mr./Ms /Mrs./Dr. Dinje Gupta maybe/may not be granted the leave from 5/12/23 to 5/12/23

total no. of days 01 She/he has 01 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/

Sick Leave/ML leave may be/may not be granted.

H.O.D. Signature [Signature]

Sectioned/ Not Sectioned

Fet. Section

Registrar

Dean



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 9/3/23

From: Mr./ Ms /Mrs./Dr. POOSA PAWAR Designation TUTOR Department PROSTHOD
To,

The Dean/Registrar
D.Y.Patil Dental School,
Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML
Respected Sir,

will not be able to attend for my duties from 10/3/23 to 10/3/23 (Including)
therefore, request you to grant me the Leave.

Reason for Leave: Esthetic course

Total No. of Days 1

Address on Leave BVP

Contact No: 9923708190

Her/his absence, I Mr./ Ms/Mrs./Dr. Ashok Bhagat will take care of her/his routine duties.

Signature of reliever [Signature] Contact No. 8228710750

Yours Faithfully
[Signature]

Recommendation from the respective Department / Administration.

Mr./Mrs./Dr. ----- maybe/may not be granted the leave from ----- to -----
----- total no. of days ----- She/he has ----- days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/
Leave/ML leave may be/may not be granted.

H.O.D. Signature [Signature]

Approved/ Not Sectioned

Signature of Registrar Registrar Dean

CERTIFICATE

OF ACCOMPLISHMENT

THIS CERTIFICATE IS AWARDED TO

Dr. Pooja Pawar

For Successfully completing the
Hands on Workshop on
Basics and Advanced Concepts in Endodontics
ON 13TH, 14TH AND 15TH JANUARY, 2023



Dr. Pradeep Shetty MDS, PhD
Mentor

Centre For Advanced Dent

CERTIFICATE

D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 16/1/

Ms /Mrs./Dr. Pooja Pawar Designation TUTOR Department PROS

Registrar
Dental School,
Pune.

Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

I am unable to attend for my duties from 13/1/23 to 14/1/23 (Including)

I request you to grant me the Leave.

Reason: Endo course

Days: 2

Place: Impression dental clinic, Pimpri

Contact No. 9923708190

Myself, I Mr./ Ms/Mrs./Dr. Sanket Jadhav will take care of her/his routine

Believer AS Contact No. 7387594717

By

Signature of the applicant from the respective Department / Administration.

Dr. _____ maybe/may not be granted the leave from _____
no. of days 2 She/he has 14 days leave as balance of CL/ Sp.CL/ C.OFF/
EL leave may be/may not be granted 13/1/23

Date: 16/1/23

Sectioned

H.O.D. Signature _____

Registrar



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105

LEAVE APPLICATION FORM

Application Date: 7/4/23

From: Mr./ Ms /Mrs./Dr. POOJA PAWAR Designation TUTOR Department-----

To,
The Dean/Registrar
 D.Y.Patil Dental School,
 Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
 I will not be able to attend for my duties from 12/4/23 to 13/4/23 (Including)
 Therefore, request you to grant me the Leave.

Reason for Leave: Implant course - module II

Total No. of Days 2

Address on Leave Mumbai

Contact No: 9923708190

In Her/his absence, I Mr./ Ms/Mrs./Dr.-----will take care of her/his routine duties.

Signature of reliever ----- Contact No. -----

Yours Faithfully

[Signature]
 Recommendation from the respective Department / Administration.

Mr./Ms /Mrs./Dr-----maybe/may not be granted the leave from -----to -----
 ----- total no. of days ----- She/he has ----- days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/

Sick Leave/ML leave may be/may not be granted.

[Signature]
 Sectioned/ Not Sectioned
 Est. Section

H.O.D. Signature -----

Registrar

Dean
 Dean



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 11/09/23

Name: Mr./ Ms /Mrs./ Dr. Bipin Muley Designation Teacher Department Prosthodontics

Requested by: Dean/Registrar [Signature] (2 Special leaves)

Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Requested Sir, I am not able to attend for my duties from 08/9/23 to 9/9/23 (Including)

Therefore, request you to grant me the Leave. Reason for Leave: Attending master implant course

Number of Days: 2 Address on Leave: Mumbai

Contact No: 9028028528 In his absence, I Mr./ Ms /Mrs./ /Dr. Dr. Paulami Baschi will take care of her/his routine

Signature of reliever: Dr. Paulami Baschi Contact No. 9817720294

Sincerely,
[Signature]

Recommendation from the respective Department / Administration.

Ms/Mrs./Dr. _____ maybe/may not be granted the leave from _____ to _____

_____ total no. of days _____ She/he has 12 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/

Leave/ML leave may be/may not be granted. 10 Bal

H.O.D. Signature [Signature]
 11/09/2023

Noted/ Not Sectioned [Signature]
 11/9/23

MASTER COURSE

CERTIFICATE OF COMPLETION

This Document certifies that

Dr. Bipin Muley

has successfully completed
Professional Master Advance Prosthetic Management Course of
OSSTEM OIC on Sep 8th to Sep 9th, 2023
in Mumbai.



Kimsewang

Dr. Sewoung KIM
(Course Director)

Chadilipich

Kyoo-Ok Ch
Head of OI

OSSTEM[®]
IMPLANT



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 12/9/23

From: Mr./ Ms /Mrs./Dr. Suyog Shendage Designation Lecturer Department Orthodontics
 To:

The Dean/Registrar
 D.Y.Patil Dental School,
 Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,

I will not be able to attend for my duties from 14/9/23 to 18/9/23 (Including)

Therefore, request you to grant me the Leave.

Reason for Leave: conference

Total No. of Days 5

Address on Leave Mumbai

Contact No: 9822650461

In His absence, I Mr./ Ms/Mrs./Dr. Nasha merani will take care of her/his routine duties.

Signature of reliever [Signature] Contact No. 9822650461

Yours Faithfully

[Signature]

Recommendation from the respective Department / Administration.

Mr./ Ms /Mrs./Dr. Suyog Shendage maybe/may not be granted the leave from 14/9/23 to 18/9/23

total no. of days 5 She/he has 1.5 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/

Sick Leave/ML leave may be/may not be granted. 210 Bal.

H.O.D. Signature [Signature]

Sectioned/ Not Sectioned [Signature]

Est. Section

[Signature]
25/9/23

Registrar

Dean



57th Indian Orthodontic Conference - Meerut

Date: 15th, 16th & 17th September 2023

Venue : Maangalya Convention Center, Swami Vivekanand Subharti University, Meerut.

THEME : BOND WITH ETHICS

CERTIFICATE OF ATTENDANCE

presented to

DR. SUYOG SHENDAGE

for attending and contributing to the success of
57th Indian Orthodontic Conference
held from 15th to 17th September, 2023
at Maangalaya Convention Center in Swami Vivekanand Subharti
University, Meerut.

We appreciate your contribution to the success of this conference.



Balvinder

Dr. Balvinder Singh Thakkar
President, IOS

Sanjay Labh

Dr. Sanjay Labh
Hon. Secretary, IOS

Pavitra

Dr. Pavitra Kumar Rastogi
President, UP Dental Council

Pradeep Raghav

Dr. Pradeep Raghav
Organizing Chairman
57th IOC

Vaibhav Mishra

Dr. Vaibhav Mishra
Organizing Secretary
57th IOC

Munish Reddy

Dr. Munish Reddy
Scientific Convener
57th IOC

Shishir Singh

Dr. Shishir Singh
Treasurer
57th IOC

0842



57th Indian Orthodontic Conference - Meerut

Date: 15th, 16th & 17th September 2023

Venue : Maangalya Convention Center, Swami Vivekanand Subharti University, Meerut.

THEME : BOND WITH ETHICS

CERTIFICATE OF ATTENDANCE

presented to

PROF. SANDEEP JETHE

for attending and contributing to the success of
57th Indian Orthodontic Conference
held from 15th to 17th September, 2023

at Maangalaya Convention Center in Swami Vivekanand Subharti
University, Meerut.

We appreciate your contribution to the success of this conference.



Balvinder
Dr. Balvinder Singh Thakkar
President, IOS

Sanjay
Dr. Sanjay Labh
Hon. Secretary, IOS

Pavitra
Dr. Pavitra Kumar Rastogi
President, UP Dental Council

Pradeep
Dr. Pradeep Raghav
Organizing Chairman
57th IOC

Valbhav
Dr. Valbhav Mishra
Organizing Secretary
57th IOC

Munish
Dr. Munish Reddy
Scientific Convener
57th IOC

Shahir
Dr. Shahir Singh
Treasurer
57th IOC

0841



D.Y.PATIL DENTAL SCHOOL
 D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
 LEAVE APPLICATION FORM

Date: 12/9/23 ✓

From: Mr./ Ms /Mrs./Dr. Sandeep Jethu Designation Professor Department Orthodontics
 To: _____

The Dean/Registrar
 D.Y.Patil Dental School,
 Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML
 Respected Sir,

I will not be able to attend for my duties from 14/9/23 to 18/9/23 (Including)

Therefore, request you to grant me the Leave.

Reason for Leave: Conference

Total No. of Days: 5

Address on Leave: Meezai

Contact No: 9822 650461

In Her/his absence, I Mr./ Ms/Mrs./Dr. Vishva Mezai will take care of her/his routine duties.

Signature of reliever _____ Contact No. 9822 650461

Sandeep Jethu
 Yours faithfully

Recommendation from the respective Department / Administration.

Mr./Ms /Mrs./Dr. Sandeep Jethu maybe/may not be granted the leave from 14/9/23 to 18/9/23
 ----- total no. of days 05 She/he has 9 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/
 Sick Leave/ML leave may be/may not be granted. = 4/3 cel.

H.O.D. Signature Jethu

Sectioned/ Not Sectioned

Est. Section 13
20/9/23

Registrar

Dean



33rd National Conference

IAOMR
NAT CON
BHUBANESWAR

33rd National Conference of IAOMR
8th – 10th December 2022

THEME: "EMERGING TRENDS IN ORAL MEDICINE AND RADIOLOGY"

I ♥ KIIT

Organized by:
Department of Oral Medicine & Radiology,
Kalinga Institute of Dental Sciences,
KIIT deemed to be University,
Bhubaneswar, Odisha

CLICK HERE TO VISIT THE CONFERENCE WEBSITE



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 29/11/22 ✓

From: Mr./ Ms /Mrs./ .Dr. Anagha Shet Designation Prof. S.H.D Department 29/11/22

OMDR

To,
The Dean/Registrar
 D.Y.Patil Dental School,
 Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,

I will not be able to attend for my duties from 7/12/22 to 10/12/22 (Including)

Therefore, request you to grant me the Leave.

Reason for Leave: Conference - Paper Presentation

Total No. of Days: 4

Address on Leave: Bhubaneswar, Orissa

Contact No: 9420490711

In Her/his absence, I Mr./ Ms /Mrs./ /Dr. Ashwini Neden will take care of her/his routine duties.

Signature of reliever [Signature] Contact No. 8459014986

Yours Faithfully [Signature]

Recommendation from the respective Department / Administration.

Mr./ Ms/Mrs./Dr. Anagha Shet maybe/may not be granted the leave from 7/12/22 to 10/12/22
 ----- total no. of days 4 She/he has 7 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/
 Sick Leave/ML leave may be/may not be granted.

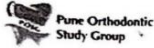
H.O.D. Signature [Signature]

Sectioned/ Not Sectioned

Est. Section RO
30/11/22

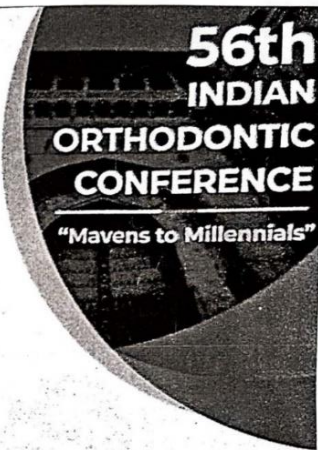
Registrar

Dean



56th I^{OS}C 2022 PUNE

Certificate of Attendance



Scanned with CamScanner

Presented to





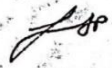

Dr. Jayashree Manikandan

for having participated as a Delegate at the
56th INDIAN ORTHODONTIC CONFERENCE

from 16th - 18th September, 2022 at Bharati Vidyapeeth Educational Campus, Pune

(awarded 18 CDE Credit Points by Maharashtra State Dental Council Mumbai)

(CDE Credit Points Approval Number MSDC/CDE/870/2022-2023 dated 05/09/2022)

     
 Dr. Ajit Kalia Scientific Convener Dr. Gauri Vichare Scientific Convener Dr. Jayesh S Rahalkar Organizing Secretary Dr. Shallesh Deshmukh Organizing Chairman Dr. Sridevi Padmanabhan Hon Secretary, IOS Dr. Srikrishna Chalasani President, IOS



1237



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 12/03/22

From: Mr./ Ms./Mrs./Dr. Jayashree Manikandan Designation Lecturer Department Orthodontics

To,
The Dean/Registrar
D.Y.Patil Dental School,
Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
I will not be able to attend for my duties from 16/09/22 to 18/09/22 (Including)

Therefore, request you to grant me the Leave.
Reason for Leave: Orthodontic Conference.

Total No. of Days: 3

Address on Leave: Pune

Contact No: 8779709326

In Her/his absence, I Mr./ Ms./Mrs./Dr. _____ will take care of her/his routine duties.

Signature of reliever _____ Contact No. _____

Yours Faithfully
Jayashree

Recommendation from the respective Department / Administration.

Mr./Ms./Mrs./Dr. Jayashree M maybe/may not be granted the leave from 16/09/22 to 16/09/22

total no. of days 01 She/he has 15 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/
Sick Leave/ML leave may be/may not be granted. 14 Bat

Sectioned / Not Sectioned

Est. Section 28/9/22

[Signature]
Registrar

H.O.D. Signature [Signature]

Dean



Pune Orthodontic Study Group



ios
www.iosweb.net





56th IOC 2022
PUNE



56th INDIAN ORTHODONTIC CONFERENCE
"Mavens to Millennials"

Certificate of Attendance

18 CDE Points*

Presented to

Dr. Suyog Shendage

for having participated as a Delegate at the

56th INDIAN ORTHODONTIC CONFERENCE

from 16th - 18th September, 2022 at Bharati Vidyapeeth Educational Campus, Pune

(awarded 18 CDE Credit Points by Maharashtra State Dental Council Mumbai)
(CDE Credit Points Approval Number MSDC/CDE/870/2022-2023 dated 05/09/2022)


 Dr. Ajit Kalia
Scientific Convener



 Dr. Gauri Vichare
Scientific Convener


 Dr. Jayesh S Rahalkar
Organizing Secretary


 Dr. Shallesh Deshmukh
Organizing Chairman


 Dr. Sri devi Padmanabhan
Hon Secretary, IOS


 Dr. Srikrishna Chalasan
President, IOS



D.Y. PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 12/09/22 ✓

From: Mr./ Ms /Mrs./ Dr. Suyog Shendage Designation Lecturer Department Orthodontics ✓

To, The Dean/Registrar
D.Y.Patil Dental School,
Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,

I will not be able to attend for my duties from 16/09/22 to 18/09/22 (Including)

Therefore, request you to grant me the Leave.

Reason for Leave: Orthodontic Conference

Total No. of Days: 3

Address on Leave: Pune

Contact No: 9357578558

In Her/his absence, I Mr./ Ms /Mrs./ Dr. _____ will take care of her/his routine duties.

Signature of reliever _____ Contact No. _____

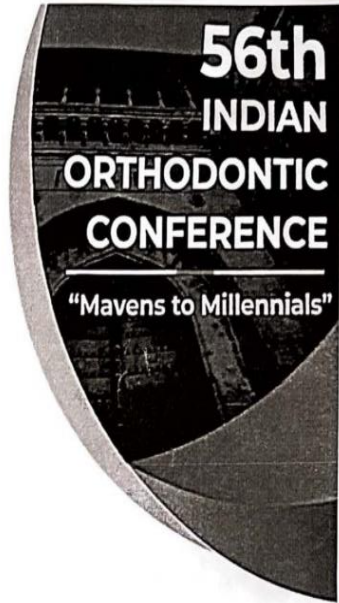
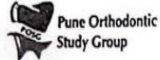
Yours Faithfully [Signature]

Recommendation from the respective Department / Administration.

Mr./ Ms/Mrs./Dr. Suyog S may be/may not be granted the leave from 16/09/22 to 18/09/22
total no. of days 3 She/he has 14 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/
Sick Leave/ML leave may be/may not be granted.

Sectioned/ Not Sectioned _____

Est. Section 2019/12 Registrar [Signature] H.O.D. Signature [Signature] Dean _____



Certificate of Attendance



Presented to

Dr. Arun Mhaske

for having participated as a Delegate at the

56th INDIAN ORTHODONTIC CONFERENCE

from 16th - 18th September, 2022 at Bharati Vidyapeeth Educational Campus, Pune

(awarded 18 CDE Credit Points by Maharashtra State Dental Council Mumbai)

(CDE Credit Points Approval Number MSDC/CDE/870/2022-2023 dated 05/09/2022)

Dr. Ajit Kaila
Scientific Convenor

Dr. Gauri Vichare
Scientific Convenor

Dr. Jayesh S Rahalkar
Organizing Secretary

Dr. Shallesh Deshmukh
Organizing Chairman

Dr. Sridevi Padmanabhan
Hon Secretary, IOS

Dr. Srikrishna Chalasani
President, IOS





D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 12/9/22 ✓

From: Mr./ Ms /Mrs./ Dr. Arun R Mhaske Designation Lecturer Department Orthodontics
 To,

The Dean/Registrar
 D.Y.Patil Dental School,
 Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,

I will not be able to attend for my duties from 16/9/22 to 17/9/22 (Including)

Therefore, request you to grant me the Leave.

Reason for Leave: Personal

Total No. of Days: 02

Address on Leave: Pune

Contact No: 8975074379

In Her/his absence, I Mr./ Ms /Mrs./ /Dr.-----will take care of her/his routine duties.

Signature of reliever ----- Contact No. -----

Yours faithfully
(Signature)

Recommendation from the respective Department / Administration.

Mr./ Ms/Mrs./Dr- Arun Mhaske maybe/may not be granted the leave from 16/9/22 to 17/9/22

total no. of days- 02 She/he has 13 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/

Sick Leave/ML leave may be/may not be granted.

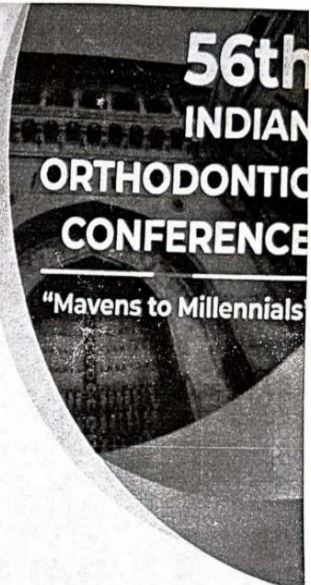
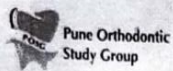
(Signature)
 Sectioned / Not Sectioned

13 B at
(Signature)
 Registrar

H.O.D. Signature *(Signature)*

Est. Section 28/9/22

Dean



Certificate of Attendance

18 CDE Points*

Presented to

Dr. Shailesh Dongre

for having participated as a Delegate at the

56th INDIAN ORTHODONTIC CONFERENCE

from 16th - 18th September, 2022 at Bharati Vidyapeeth Educational Campus, Pune

(awarded 18 CDE Credit Points by Maharashtra State Dental Council Mumbai)

(CDE Credit Points Approval Number MSDC/CDE/870/2022-2023 dated 05/09/2022)

Dr. Ajit Kalia
Scientific Convener

Dr. Gauri Vichare
Scientific Convener

Dr. Jayesh S Rahalkar
Organizing Secretary

Dr. Shailesh Deshmukh
Organizing Chairman

Dr. Sri devi Padmanabhan
Hon Secretary, IOS

Dr. Srikrishna Chalasani
President, IOS





D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 12/09/22

From: Mr./ Ms /Mrs./Dr. Shailesh Dongre Designation Asst. Prof Department Orthodontics
 To,

The Dean/Registrar
 D.Y.Patil Dental School,
 Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,

I will not be able to attend for my duties from 16/09/22 to 17/09/22 (Including)

Therefore, request you to grant me the Leave.

Reason for Leave: Conference orho

Total No. of Days: 02

Address on Leave: Pune

Contact No: 912821263

In Her/his absence, I Mr./ Ms/Mrs./Dr.-----will take care of her/his routine duties.

Signature of reliever ----- Contact No. -----

[Signature]
 Yours faithfully

Recommendation from the respective Department / Administration.

Mr./Ms /Mrs./Dr. Shailesh Dongre maybe/may not be granted the leave from 16/9/22 to 17/09/22

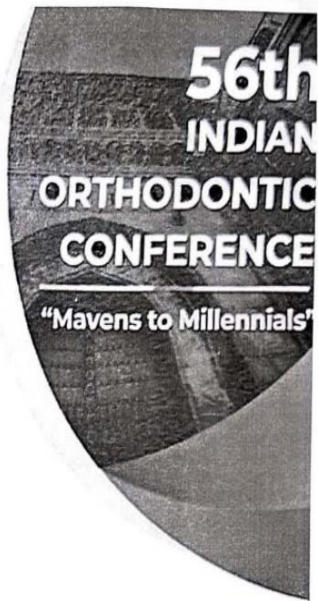
----- total no. of days 02 She/he has 12 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/

Sick Leave/ML leave may be/may not be granted.

[Signature]
 Sectioned / Not Sectioned
 Est. Section 28/9/22

10804
[Signature]
 Registrar

[Signature]
 H.O.D. Signature
 Dean



Certificate of Appreciation

Presented to

Dr. Varsha Merani

for contributing as a Chairperson in the scientific session at the

56th INDIAN ORTHODONTIC CONFERENCE

from 16th - 18th September, 2022 at Bharati Vidyapeeth Educational Campus, Pune

Dr. Ajit Kalia
Scientific Convenor

Dr. Gauri Vichare
Scientific Convenor

Dr. Jayesh S Rahalkar
Organizing Secretary

Dr. Shallesh Deshmukh
Organizing Chairman

Dr. Sridevi Padmanabhan
Hon Secretary, IOS

Dr. Srikrishna Chalasani
President, IOS





D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 12th Sep 2022 ✓

From: Mr./Ms./Mrs./Dr. Vaasha Mevani Designation Reader Department Orthodontics

To,
The Dean/Registrar
 D.Y.Patil Dental School,
 Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML 17/9/22 Conference

Respected Sir,
 I will not be able to attend for my duties from 16/9/22 to 18/9/22 (Including)

Therefore, request you to grant me the Leave.

Reason for Leave: Personal

Total No. of Days: 2 (one)

Address on Leave: Pune

Contact No: 9822650461

In Her/his absence, I Mr./ Ms/Mrs./Dr.-----will take care of her/his routine duties.

Signature of reliever ----- Contact No. -----

Yours Faithfully

Recommendation from the respective Department / Administration.
 Mr./Ms./Mrs./Dr. Vaasha Mevani maybe/may not be granted the leave from 16/9/22 to 16/9/22

----- total no. of days 01 She/he has 14 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/

Sick Leave/ML leave may be/may not be granted. 13 Bal

Sectioned Not Sectioned

Est. Section

Registrar

Dean

H.O.D. Signature [Signature]

56th INDIAN ORTHODONTIC CONFERENCE
 "Mavens to Millennials"

Certificate of Attendance
 18 CDE Points

Presented to
Dr. Sandeep Jethé

for having participated as a Delegate at the
56th INDIAN ORTHODONTIC CONFERENCE
 from 16th - 18th September, 2022 at Bharati Vidyapeeth Educational Campus, Pune
 (awarded 18 CDE Credit Points by Maharashtra State Dental Council Mumbai)
 (CDE Credit Points Approval Number MSDC/CDE/87/2022-2023 dated 05/09/2022)

Dr. Ajit Kulkarni Scientific Co-convenor
 Dr. Ganesh Vikhane Academic Co-convenor
 Dr. Jayesh S Rahalkar Organizing Secretary
 Dr. Bhallikesh Deshmukh Organizing Chairman
 Dr. Sridevi Padmanabhan Hon Secretary, IOB
 Dr. Bhanubhau Chaudhari President, IOB



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 12/9/22 ✓

From: Mr./ Ms /Mrs./ Dr. Sandeep Jetha Designation Professor Department Orthodontics
 To, HO D

The Dean/Registrar
 D.Y.Patil Dental School,
 Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
 I will not be able to attend for my duties from 14/9/22 to 16/9/22 (Including)

Therefore, request you to grant me the Leave.
 Reason for Leave: Conference 22

Total No. of Days: 3

Address on Leave: Pune

Contact No: 922769241

In Her/his absence, I Mr./ Ms /Mrs./ /Dr. _____ will take care of her/his routine duties.

Signature of reliever _____ Contact No. _____

Yours Faithfully
[Signature]

Recommendation from the respective Department / Administration.

Mr./ Ms/Mrs./Dr. Sandeep Jetha maybe/may not be granted the leave from 14/9/22 to 16/9/22
 total no. of days 03 She/he has 3 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/

Sick Leave/ML leave may be/may not be granted. SBH

Sectioned/ Not Sectioned

H.O.D. Signature [Signature]


Est. Section 22/9/22

Registrar [Signature]

Dean

M. C. E. SOCIETY'S
 M. A. RANGOONWALA COLLEGE OF DENTAL SCIENCES & RESEARCH
 CENTRE, PUNE

DEPT. OF ORAL MEDICINE & RADIOLOGY
 IS CELEBRATING
**INTERNATIONAL RADIOLOGY
 DAY**
ON 9TH NOV 2022



Dear Staff & Students,
 The Dept. Of Oral Medicine & Radiology is Cordially
 Inviting you for the Guest Lecture By
DR. ANAGHA SHETE
 (H.O.D., Dept. of OMR, D Y Patil Dental School, Pune.)



D.Y.PATIL DENTAL SCHOOL
 D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 31/10/22

From: Mr./ Ms /Mrs./Dr. Anagha Shete Designation Prof. HOD Department OMR
 To,

The Dean/Registrar
 D.Y.Patil Dental School,
 Lohegaon, Pune.

Sub: **Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML**
 Respected Sir,

I will not be able to attend for my duties from 9/11/22 to 9/11/22 (Including)

Therefore, request you to grant me the Leave.

Reason for Leave: Delivering Guest lecture

Total No. of Days: 1

Address on Leave _____

Contact No: 942290711

In Her/his absence, I Mr./ Ms/Mrs./Dr. Abhijeet Sande will take care of her/his routine duties.

Signature of reliever AS Contact No. 9975720693

Yours Faithfully Shete

Recommendation from the respective Department / Administration.

Mr./Ms /Mrs./Dr. Anagha Shete maybe/may not be granted the leave from 9/11/22 to 9/11/22

total no. of days 1 She/he has 7 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/

Sick Leave/ML leave may be/may not be granted. GBA

FD
 Sectioned / Not Sectioned

Est. Section 31/10/22

Shete
 Registrar

H.O.D. Signature Shete

Dean

MAHARASHTRA STATE DENTAL COUNCIL

Extension Office
Govt. Dental College and Hospital,
Third Floor, ST. George Hospital
Compound, Near C.S.T. Railway Station,
Mumbai-400 001.



Administration Office
211, Anand Complex, 2nd Floor,
189 - Sane Guruji Marg, Aurthor Road
Naka, Chinchpokli (West),
Mumbai – 400 011

Constituted under 21 of the Dentists Act, 1948
(A Body Corporate by Government of Maharashtra)
Office Tel. No. 022-22617644 Office Fax No. 022-22617634
Website: www.msdcmbai.org.in
E-mail: cdemsdcmbai@gmail.com

President:
Dr. Narendra Kale

Date: 03/11/2022.

To,
Bharati Vidyapeeth Deemed University
Pune

Dr. Shete Anagha Vishweshwar
Reg No: A-12864

Subject: As per regulation 10 (10.1.3) of CDE notification dated
5th Sept.2018 Regarding....

Respected Sir,

As per regulation 10 (10.1.3) of CDE Notification dt 5th Sept.2018 Dr. Shete Anagha Vishweshwar is appointed as an observer of the Maharashtra State Dental Council, Mumbai, he will be present for your CDE program. The observer should put his signature on every CDE certificate for validity and submit the report of said program.

Yours faithfully,
Sd/-

Registrar,
Maharashtra State Dental Council,
Mumbai.

C.C. Dr. Shete Anagha Vishweshwar for information and further action.
Mob No: - 86687 60597
Email: - dranaghashete@yahoo.com



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 14/11/22

From: Mr./ Ms /Mrs./ Dr. Anaghe Shet Designation Prof & HOD Department OMDR

To,
The Dean/Registrar
 D.Y.Patil Dental School,
 Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
 I will not be able to attend for my duties from 16/11/22 to 16/11/22 (Including)

Therefore, request you to grant me the Leave. Obscence - MSDC

Reason for Leave: _____

Total No. of Days: _____

Address on Leave: Pune

Contact No: 9920490711

In Her/his absence, I Mr./ Ms /Mrs./ /Dr. Abhijeet Sante will take care of her/his routine

duties. Signature of reliever: [Signature] Contact No. 9975720693

Yours Faithfully [Signature]

Recommendation from the respective Department / Administration.

Mr./ Ms/Mrs./Dr. Anaghe Shet may be/may not be granted the leave from 16/11/22 to 16/11/22

total no. of days 1 She/he has 12 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/

Sick Leave/ML leave may be/may not be granted. 11 Bal

Sectioned/ Not Sectioned

Est. Section 14/11/22

Registrar [Signature]

H.O.D. Signature [Signature]

Dean



आयुर्विद्या प्रसारक मंडळ, शीव मुंबई - ४०० ०२२

आयुर्वेद महाविद्यालय

व शेठ व. मा. धर्मार्थ दवाखाना

(शेठ रणछोडदास वरजीवनदास आयुर्वेदीय रूग्णालय)

मुख्य कार्यालय : शीव स्टेशन नजीक, शीव, मुंबई-४०० ०२२. टे.नं.: २४०७ २१७६ / २४०९ २५६२

शाखा : मुगभाट, गिरगांव, मुंबई - ४०० ००४

(भारतीय चिकित्सा केंद्रिय परिषद व आयुष मंत्रालय, भारत सरकार, नवी दिल्ली मान्यता प्राप्त,
महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक संलग्नित व महाराष्ट्र शासन अनुदानित)

जावक क्रमांक...AMS/J..1921./2022

तारीख15.07.2022.....

ATTENDANCE CERTIFICATE

This is to certify that Dr. ARTI MIHIR HAJARNAVIS, Member of M.U.H.S. Nashik Surprise Inspection Committee from D. Y. Patil School, Pune was present for Surprise Inspection for Continuation / Extension of Affiliation for A.Y. 2022-23 (UG & PG) on 15th July, 2022 at Ayurvedya Prasarak Mandal's Ayurved Mahavidyalaya & Rugnalaya, Sion, Mumbai – 400022.

The Institute would like to thank the Member of the M.U.H.S Surprise Inspection Committee team.

Thanking You.


(Vd. S.M.Satpute)
Incharge Principal
Ayurved Mahavidyalaya
Near Sion Railway Station
Sion, Mumbai-400 022.



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 18/7/22

From: Mr./ Ms /Mrs./Dr. Arti Hajanais Designation Asso Prof & Head Department Biochemistry

To,
The Dean/Registrar
 D.Y.Patil Dental School,
 Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,

I will not be able to attend for my duties from 15/7/22 to _____ (Including)

Therefore, request you to grant me the Leave. Member of LIC for MUHS surprise inspection

Reason for Leave: _____

Total No. of Days 1 day

Address on Leave Mumbai

Contact No: 9890032163

In Her/his absence, I Mr./ Ms/Mrs./Dr. _____ will take care of her/his routine duties.

Signature of reliever _____ Contact No. _____

Yours Faithfully
Arti Hajanais

Recommendation from the respective Department / Administration.

Mr./Ms /Mrs./Dr. Arti Hajanais maybe/may not be granted the leave from 15/7/22 to _____

total no. of days 1 day She/he has 7 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/

Sick Leave/ML leave may be/may not be granted. OBal

Sectioned/ Not Sectioned 3/8/22

Est. Section

for
Dean
 Registrar

H.O.D. Signature

Arti Hajanais
 Dean



ESTD. : 2002

॥ Tamasoma Jyotirgamaya ॥
Prakash Shikshan Mandal's

**LOKNETE RAJARAMBAPU PATIL
AYURVEDIC MEDICAL COLLEGE, HOSPITAL,
POST GRADUATE INSTITUTE & RESEARCH CENTRE**

Islampur- Sangli Road, Islampur. Tal. Walwa, Dist. Sangli (Maharashtra) - 415 409
Ph. (02342) 661212 To 661224 Fax : 661212



Recognised by Central Council of Indian Medicine (CCIM), New Delhi, & Govt. of India, Ministry of Health & Family Welfare
Department of AYUSH, New Delhi & Govt. of Maharashtra, Medical Education & Medicine Dept., Mumbai.
Affiliated to Maharashtra University of Health Sciences, (MUHS) Nashik.

Founder : Nishikant Bhosale-Patil (Dada)

E-mail : prakash_sankul@yahoo.com
Website : www.lrpayurved.com

Ref. No. : PSPM/LRPAMH PG/1085/2022

Date : 26/08/2022

ATTENDANCE CERTIFICATE

This is to Certify that, **Dr. Arti Mihir Hajarnavis, Member of Local Inquiry Committee** from Maharashtra University of Health Sciences, Nashik has inspected our Loknete Rajarambapu Patil Ayurvedic Medical College, Hospital, Post Graduate Institute & Research Centre, Islampur, on 26/08/2022.



[Signature]
DEAN 26/8/22
Loknete Rajarambapu Patil
Ayurvedic Medical College, Hospital,
P. G. Institute & Research Center,
Urun-Islampur, Tal. Walwa, Dist. Sangli.



D.Y. PATIL DENTAL SCHOOL
 D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
 LEAVE APPLICATION FORM

Date: 29/8/22 ✓

From: Mr./ Ms /Mrs./Dr. Arti M. Hajaranis Designation Asst. Prof & Head Department Biochemistry

To,
 The Dean/Registrar
 D.Y. Patil Dental School,
 Lohegaon, Pune.

Sub: Application for ~~CL/Sp.CL/C.OFF/~~ on Duty/EL/Sick Leave/ML

Respected Sir,

I will not be able to attend for my duties from 26/8/22 to _____ (Including)

Therefore, request you to grant me the Leave. LIC member for MVHS inspection

Reason for Leave: _____

Total No. of Days: 1 day

Address on Leave: Islampur

Contact No: 9890032163

In Her/his absence, I Mr./ Ms/Mrs./Dr. Chhaya Shinde will take care of her/his routine duties.

Signature of reliever: Chhaya Shinde Contact No. 9975378101

Yours Faithfully
Arti M. Hajaranis

Recommendation from the respective Department / Administration.

Mr./Ms /Mrs./Dr. Arti M. Hajaranis maybe/may not be granted the leave from 26/8/22 to _____

total no. of days: 1 day She/he has 2 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/

Sick Leave/ML leave may be/may not be granted. 1 Bal

Sectioned / Not Sectioned
Not Sectioned

Est. Section 30/8/22

Chhaya Shinde
 Registrar

H.O.D. Signature Arti M. Hajaranis

Dean



SMBT Sevabhavi Trust's

SMBT DENTAL COLLEGE & HOSPITAL

Ghulewadi (Amrutnagar) 422 608, Tal. Sangamner, Dist. Ahmednagar (M.S.)
Ph: (02425) 225434, Email: smbtdental@rediffmail.com, info.dental@smbt.edu.in, Web: www.smbt.edu.in

Outward No. SMBT/DC/834/2022

Dated : 05th July 2022

CERTIFICATE OF ATTENDANCE

This is to Certify that, DR. SWATI YOGESH JOSHI, D. Y. Patil Dental School, D.Y. Patil Knowledge City, Charoli, Via, Lohegaon, Pune has conducted Surprise Inspection of our SMBT Dental College & Hospital for Continuation / Extension of Affiliation for Under Graduate (BDS) & Postgraduate (MDS) Courses on 5th July 2022 with reference to Letter No. MUHS/UG&PG/1922/2022, dated 04/07/2022 .



Habf
PRINCIPAL
SMBT Dental College & Hospital
Amrutnagar, Sangamner



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 06/07/2022

From: Mr./ Ms /Mrs./Dr. Swati Joshi Designation Reader Department Microbiology

To,
The Dean/Registrar
 D.Y.Patil Dental School,
 Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir, I will not be able to attend for my duties from on 05/07/2022 (Including)

Therefore, request you to grant me the Leave. MDS Inspection

Reason for Leave: _____

Total No. of Days: _____

Address on Leave: Sangharner

Contact No: 9623696287

In Her/his absence, I Mr./ Ms/Mrs./Dr. Shailaja Parhalker will take care of her/his routine duties.

Signature of reliever Parhalker Contact No. 9423269435

Yours Faithfully Swati Joshi

Recommendation from the respective Department / Administration. on 05/07/2022

Mr./Ms /Mrs./Dr. Swati Joshi maybe/may not be granted the leave from _____

total no. of days 1 She/he has 12 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/

Sick Leave/ML leave may be/may not be granted. 11 Bal

Sectioned/ Not Sectioned 6/17/22

Est. Section 6/17/22

11 Bal
Swati Joshi
 Registrar

H.O.D. Signature Swati Joshi

Dean

Sadhu Vaswani College of Nursing

10, 10-1, Koregaon Road, Pune 411001.

MUHS College Code: 6209003

INC College Code: 1903021

Dr. Sripriya Gopalkrishnan

Principal

Tele No. 020-66099999 Extn : 960 /020- 26124354 Fax No: 020-26139418

Email id: svcon2006@gmail.com

Website: www.svcollegeofnursing.com

Letter No. SV/CON/GC/ 208 /2022

Date : 04.08.2022

ATTENDANCE CERTIFICATE

Dr. Swati Yogesh Joshi, Dr.D.Y.Patil Dental School, Charoli (BK), Pune has been appointed as 'Member' for LIC inspection for continuation of Affiliation (2022-2023) by Maharashtra University of Health Sciences, Nashik and she has inspected of this college on 04.08.2022.


Dr. Sripriya Gopalkrishnan
Principal
PRINCIPAL
Sadhu Vaswani College
of Nursing
Koregaon Park, Pune-1.



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 5/8/2022 ✓

From: Mr./ Ms /Mrs./ Dr. Swati Joshi Designation Reader Department Microbiology

To,
The Dean/Registrar
 D.Y.Patil Dental School,
 Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
 I will not be able to attend for my duties from 07/04/08/2022 to 10/04/08/2022 (Including)

Therefore, request you to grant me the leave.
 Reason for Leave: MHS Inspection at SVCON

Total No. of Days: 4

Address on Leave: Pune

Contact No: 9623466287

In Her/his absence, I Mr./ Ms /Mrs./ /Dr. Shalaja Panhalkar will take care of her/his routine duties.

Signature of reliever: Panhalkar Contact No. 9423269435

Yours Faithfully Swati

Recommendation from the respective Department / Administration.

Mr./ Ms/Mrs./Dr. Swati Joshi maybe/may not be granted the leave from 07/04/08/2022 to 10/04/08/2022

total no. of days 4 She/he has 11 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/

Sick Leave/ML leave may be/may not be granted. 10821

Sectioned / Not Sectioned
Not Sectioned
5/8/22

Swati
 Registrar

H.O.D. Signature Swati
 Dean

Est. Section

DPU DR. D. Y. PATIL VIDYAPEETH, PUNE
(DEEMED TO BE UNIVERSITY)



nirf



EVOLVE • ENHANCE • EMPOWER

1st

MAHARASHTRA STATE OMR UG CONFERENCE

Organized by

Department of Oral Medicine and Radiology
Dr. D. Y. Patil Dental College and Hospital,
Dr. D. Y. Patil Vidyapeeth, Pimpri, Pune

Supported by

Indian Academy of Oral Medicine and Radiology
(Maharashtra State Branch)



Date

20th & 21st
October 2023

Theme

“Embracing the
Changing trends in
Oral Medicine and
Radiology”

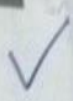
Venue

Auditorium,
Dr. D. Y. Patil
Vidyapeeth, Pune
and
Dr. D. Y. Patil
Dental College and
Hospital, Pimpri,
Pune





D.Y.PATIL DENTAL SCHOOL
 D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM



From: Mr./ Ms /Mrs./ Dr. Anagha Shit Designation PA/SHO Department OPD Application Date: 16/10/23
 To, The Dean/Registrar
 D.Y.Patil Dental School,
 Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
 I will not be able to attend for my duties from 20/10/23 to 21/10/23 (Including)
 Therefore, request you to grant me the Leave.

Reason for Leave: Conference - Organizer

Total No. of Days: 2
 Address on Leave: Pune
 Contact No: 9423490311

In Her/his absence, I Mr/ Ms /Mrs./ Dr. Manish Bahadur will take care of her/his routine duties.

Signature of reliever [Signature] Contact No. 9689378089

Yours Faithfully [Signature]

Recommendation from the respective Department / Administration.

Mr/ Ms/Mrs./Dr. Anagha Shit maybe/may not be granted the leave from 20/10/23 to 21/10/23
 total no. of days 2 She/he has 07 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/
 Sick Leave/ML leave may be/may not be granted. 76 Bel.

Sectioned/ Not Sectioned [Signature]
 Est. Section 16/10/23

H.O.D. Signature [Signature]
 Registrar



D.Y.PATIL DENTAL SCHOOL
 D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 31/01/23 ✓

From: Mr/ Ms /Mrs./Dr. Abhijeet Sande Designation Leader Department OMNR
 To,

The Dean/Registrar
 D.Y.Patil Dental School,
 Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
 I will not be able to attend for my duties from 31/01/2023 to _____ (Including)
 Therefore, request you to grant me the Leave.

Reason for Leave: for program at Terna dental college

Total No. of Days 1

Address on Leave _____

Contact No: 9955720593

In Her/his absence, I Mr/ Ms/Mrs./Dr. Anjali Shah will take care of her/his routine duties.

Signature of reliever [Signature] Contact No. 942049071

Yours Faithfully [Signature]

Recommendation from the respective Department / Administration.
 Mr./Ms /Mrs./Dr. Abhijeet Sande maybe/may not be granted the leave from 31/01/23 to _____
 total no. of days 1 She/he has _____ days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/
 Sick Leave/ML leave may be/may not be granted. = 14 Bal

Sectioned/ Not Sectioned [Signature] H.O.D. Signature [Signature]

Est. Section 3/2/23 Registrar Dean

PATHOVISTA

31st January 2023

T.P.C.T.'s

Terna Dental College, Nerul, Navi Mumbai




Certificate Of Attendance


Presented to


Dr. Abhijeet Sande

for attending Pathovista 2023

organized by Dept. of Oral Pathology & Microbiology, Terna Dental College.



Dr. Shishir Singh
Dean



Dr. Pournima Gode
Organizing Chairperson


Dr. Sandip Kulkarni
Scientific Incharge



Dr. Meghana S.M.
Organizing Secretary

18
ANNIVERSARY
EMBRACE - EXPLORE - ENCORE
34th NATIONAL IAOMR CONFERENCE - 2023
Organized by
Department of Oral Medicine and Radiology
Bapuji Dental College and Hospital & College of Dental Sciences, Davangere.

 **Date**
1st to 3rd December
2023

 **Venue**
Bapuji Auditorium,
Davangere,
Karnataka.

Days Left

			
DAYS	HOURS	MINUTES	SECONDS

D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-411005

LEAVE APPLICATION FORM

Application Date: 16/11/23

From: Mr./Ms/Mrs./Dr. Aravgha Shete Designation Prof. 6100 Department OMOR

To,
The Dean/Registrar
D.Y.Patil Dental School,
Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
I will not be able to attend for my duties from 1/12/23 to 4/12/23 (Including)

Therefore, request you to grant me the Leave. National SAOMR Conference, Davangere

Reason for Leave: _____

Total No. of Days: 4

Address on Leave: Davangere

Contact No: 992048211

In Her/his absence, I Mr./ Ms/Mrs./ /Dr. Ashwini Neekar will take care of her/his routine duties.

Signature of reliever: _____ Contact No. 8459014986

Yours Faithfully Shete

Recommendation from the respective Department / Administration.

Mr./ Ms/Mrs./Dr. Aravgha Shete maybe/may not be granted the leave from 1/12/23 to 4/12/23

total no. of days 4 She/he has 65 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/ Sick Leave/ML leave may be/may not be granted. = 01 Bal

H.O.D. Signature: Shete


Sectioned/ Not Sectioned _____

Est. Section 21/11/23 Registrar _____ Dean _____





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D.Y. PATIL DENTAL SCHOOL
 D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Application Date: 14/12/22

From: Mr./ Ms /Mrs./ Dr. Prasad Karande Designation PROFESSOR Department ORAL PATHOLOGY
 To,
 The Dean/Registrar
 D.Y. Patil Dental School,
 Lohegaon, Pune.

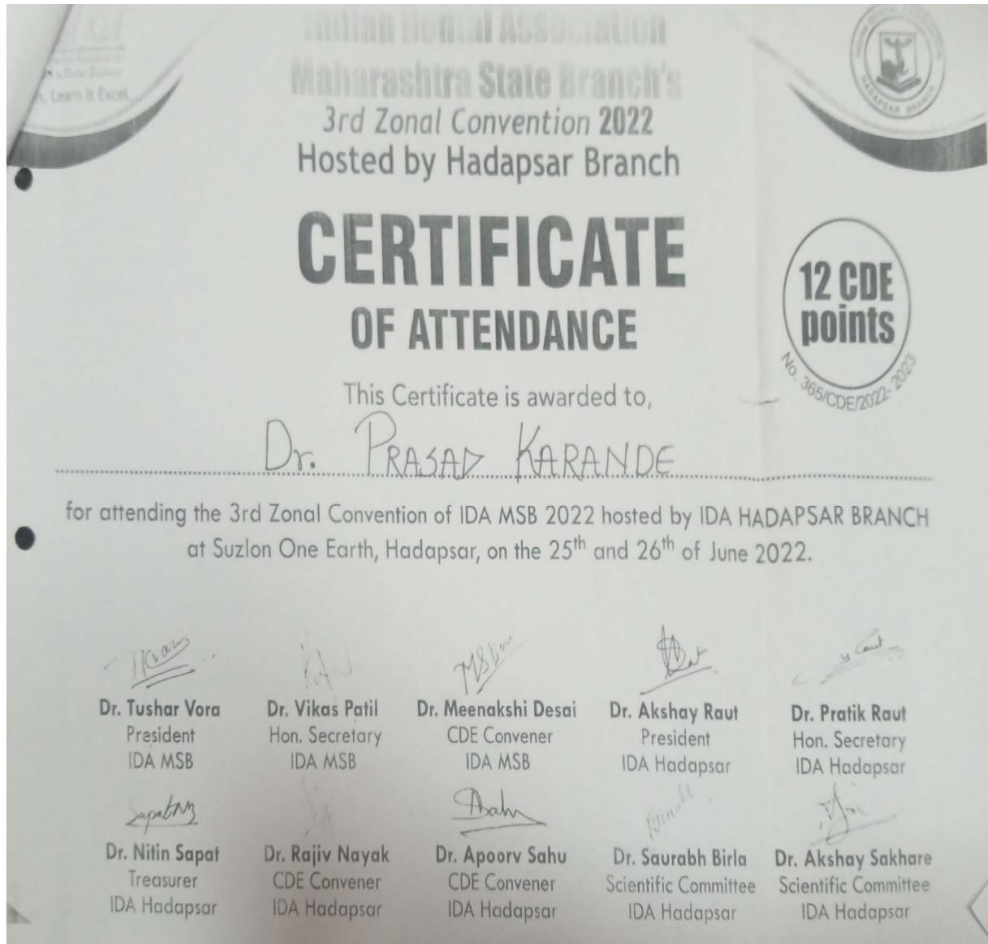
Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML
 Respected Sir,
 I will not be able to attend for my duties from 15/12/22 to 16/12/22 (Including)
 Therefore, request you to grant me the Leave. Reason for Leave: "CDE" CONFERENCE
 Total No. of Days: 2 days (two)
 Address on Leave: B.V.P. KATRAY
 Contact No: 902725385
 In Her/his absence, I Mr./ Ms /Mrs./ /Dr. Kricha Gore will take care of her/his routine duties.

Signature of reliever Ran Contact No. 9503871763
 Yours Faithfully [Signature]

Recommendation from the respective Department / Administration.
 Mr./ Ms/Mrs./Dr. Prasad Karande maybe/may not be granted the leave from 15/12/22 to 16/12/22
 total no. of days 02 She/he has 04 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/
 Sick Leave/ML leave may be/may not be granted. 04 Bal.

Sectioned/ Not Sectioned 201142 Registrar [Signature] H.O.D. Signature [Signature]
 Est. Section Dean

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D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Application Date: 27/06/22

From: Mr./ Ms /Mrs./ Dr. PRASAD KARANDE Designation PROFESSOR Department ORAL PATHOLOGY

To,
The Dean/Registrar
D.Y.Patil Dental School,
Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
I will not be able to attend for my duties from 25/06/22 to 25/06/22 (Including)
Therefore, request you to grant me the Leave.
Reason for Leave: ATTENDING ZONAL CONFERENCE
Total No. of Days: 01
Address on Leave: HADAPSAR
Contact No: 902875588
In Her/his absence, I Mr./ Ms /Mrs./ /Dr. PUCHA GOKH will take care of her/his routine duties.

Signature of reliever Contact No. 9503871763

Yours Faithfully

Recommendation from the respective Department / Administration.
Mr./ Ms/Mrs./Dr. PRASAD KARANDE maybe/may not be granted the leave from 25/06/22 to 25/06/22
total no. of days 01 She/he has 13 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/
Sick Leave/ML leave may be/may not be granted.

H.O.D. Signature

Sectioned/ Not Sectioned
Est. Section Registrar
Dean

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CONTINUING DENTAL EDUCATION
BHARATI VIDYAPEETH DEEMED TO BE UNIVERSITY
DENTAL COLLEGE & HOSPITAL, PUNE
(Recognized by the Dental Council of India)
Accredited with 'A+' Grade (2017) by NAAC
Category-1 University status by UGC

AESTHECLUB 2022


(Bringing Aesthetics to The Forefront)


CERTIFICATE OF ATTENDANCE


Awarded to


Certified that Dr. KIRAN KESWANI has attended the CDE Programme
(lecture/hands on) "*Aestheclub 2022*" on 15th/16th/17th December, 2022 for 12 hours duration
organized by Bharati Vidyapeeth (Deemed to be University) Dental College and Hospital, Pune.

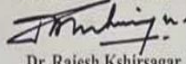
MSDC Accredited 11 CDE Points (MSDC/CDE/1559/2022-2023 dated 25-11-2022)



Dr. Omkar Balsarf
MSDC Representative



Dr. Madhavi Mhapuskar
Guest Speaker


Dr. Pradip Shetty
Guest Speaker


Dr. Niranjan Vatkar
Guest Speaker


Dr. Rajesh Kshirsagar
Principal


Dr. Anupam Sharma
Organizing Chairperson


Dr. Ashwini Galkwad
Organizing Secretary



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 19/12/22

From: Mr./ Ms /Mrs./Dr. Kiran Keswani Designation Professor Department of Conservative Dentistry

To,
The Dean/Registrar
 D.Y.Patil Dental School,
 Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
 I will not be able to attend for my duties from 15th & 16th Dec-2022 to _____ (Including)

Therefore, request you to grant me the Leave.

Reason for Leave: continuing dental Education

Total No. of Days: Two

Address on Leave: Pune, GVP, Katraj

Contact No: 989996662

In Her/his absence, I Mr./ Ms/Mrs./Dr. Pravin Joshi will take care of her/his routine duties.

Signature of reliever _____ Contact No. _____

Yours Faithfully

Recommendation from the respective Department / Administration.
 Mr./Ms /Mrs./Dr. Kiran maybe/may not be granted the leave from 15 Dec to 16 Dec 22

total no. of days 2 She/he has 3 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/

Sick Leave/ML leave may be/may not be granted. 1 Bal

Sectioned/ Not Sectioned
19/12/22

Est. Section

Registrar

H.O.D. Signature _____

Dean



CERTIFICATE OF WORKSHOP

This Certificate of
Accomplishment is Awarded to

Dr. Pooja Pawar

For Successfully Completing the
Hands on Course On
"Concepts of Cosmetic Dentistry"
on 10th and 11th December, 2022.

Dr. Pradeep Shetty, MDS. PhD
Mentor



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 9/12/22

From: Mr./ Ms /Mrs./ Dr. POOJA PAWAR Designation TUTOR Department PROSTHODONTICS
To,

The Dean/Registrar
D.Y.Patil Dental School,
Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

I will not be able to attend for my duties from 10/12/22 to 10/12/22 (Including)
Therefore, request you to grant me the Leave

Reason for Leave: Course / (esthetic) by Dr. PRADEEP SHEET
Total No. of Days: 1

Address on Leave: PUNE
Contact No: 9923708190

In Her/his absence, I Mr./ Ms /Mrs./ /Dr. MALYA A will take care of her/his routine duties.

Signature of reliever: [Signature] Contact No. 9959988783

Yours Faithfully
[Signature]

Recommendation from the respective Department / Administration.
Mr./ Ms/Mrs./Dr. _____ maybe/may not be granted the leave from _____ to _____
total no. of days 1 She/he has 14 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/
Sick Leave/ML leave may be/may not be granted.

Sectioned/ Not Sectioned
Sectioned
Est. Section 12/12/22

13 Bal

H.O.D. Signature [Signature]
09/12/2022
Dean

Registrar



8th Maharashtra State Chapter Conference
Association of Oral & Maxillofacial Surgeons of India in Association with
Dr. Vithalrao Vikhe Patil Foundation's Medical College & Hospital,
CAI Academy, Italy & Department of Oral & Maxillofacial Surgery, RDC, Loni

Certificate

This certificate is awarded to

DR. POOJA PAWAR

for attending Pre-Conference workshop on

HAIR TRANSPLANTATION

during 8th Annual Conference of Maharashtra State Chapter of AOMSI

held on April 07th 2022 at Dr. Vithalrao Vikhe Patil Foundation's Medical College & Hospital, Ahmednagar.

Dr. Prajwalit Kende
President MSC-AOMSI

Dr. Vijaykumar Girhe
Hon. Gen. Secretary

Dr. Neelam Andrade
Conference Chairman

Dr. Kiran Khande
Organizing Chairman

Dr. Sanjay Asnani
Organizing Secretary

Dr. Harish Saluja
Scientific Chairman



D.Y.PATIL DENTAL SCHOOL
 D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 11/4/22 ✓

From: Mr./ Ms./Mrs./Dr. POOJA PAWAR Designation TUTOR Department PROSTHODONTICS

To,
The Dean/Registrar
 D.Y.Patil Dental School,
 Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
 I will not be able to attend for my duties from 7/4/22 to 7/4/22 (Including)
 Therefore, request you to grant me the Leave.

Reason for Leave: CONFERENCE

Total No. of Days: 1

Address on Leave: Nagar

Contact No: 9923708190

In Her/his absence, I Mr./ Ms./Mrs./Dr. Tshita Jakhwal will take care of her/his routine duties.

Signature of reliever: [Signature] Contact No. 9535751921

Yours Faithfully
[Signature]

Recommendation from the respective Department / Administration.

Mr./Ms /Mrs./Dr. _____ maybe/may not be granted the leave from _____ to _____

total no. of days 1 She/he has 1.5 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/

Sick Leave/ML leave may be/may not be granted. 14/04/22

Sectioned/ Not Sectioned

Est. Section 11/4/22

[Signature]
 Registrar

H.O.D. Signature [Signature]
11/04/22
 Dean

Indian Dental Association
Maharashtra State Branch's
3rd Zonal Convention 2022
Hosted by Hadapsar Branch



**CERTIFICATE
OF ATTENDANCE**

**12 CDE
points**
No. 365/CDE/2022-2023

This Certificate is awarded to,

Dr. PAULAMI BAGICHI

for attending the 3rd Zonal Convention of IDA MSB 2022 hosted by IDA HADAPSAR BRANCH
at Suzlon One Earth, Hadapsar, on the 25th and 26th of June 2022.

Tushar Vora
Dr. Tushar Vora
President
IDA MSB

Vikas Patil
Dr. Vikas Patil
Hon. Secretary
IDA MSB

Meenakshi Desai
Dr. Meenakshi Desai
CDE Convener
IDA MSB

Akshay Raut
Dr. Akshay Raut
President
IDA Hadapsar

Pratik Raut
Dr. Pratik Raut
Hon. Secretary
IDA Hadapsar

Nitin Sapat
Dr. Nitin Sapat
Treasurer
IDA Hadapsar

Rajiv Nayak
Dr. Rajiv Nayak
CDE Convener
IDA Hadapsar

Apoorv Sahu
Dr. Apoorv Sahu
CDE Convener
IDA Hadapsar

Saurabh Birla
Dr. Saurabh Birla
Scientific Committee
IDA Hadapsar

Akshay Sakhare
Dr. Akshay Sakhare
Scientific Committee
IDA Hadapsar



D.Y.PATIL DENTAL SCHOOL
 D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Application Date: 27.06.22

From: Mr./ Ms /Mrs./ Dr. Paulami Bagchi Designation Professor Department Prosthodontics

To,
 The Dean/Registrar
 D.Y.Patil Dental School,
 Lohegaon, Pune.

Sub: Application for CL/ Sp.CL C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
 I will not be able to attend for my duties from 25.06.22 to _____ (Including)

Therefore, request you to grant me the Leave.

Reason for Leave: conference

Total No. of Days: 01

Address on Leave: Kodapsan

Contact No: 9881720294

In Her/his absence, I Mr./ Ms /Mrs./ Dr. Malya will take care of her/his routine duties.

Signature of reliever Malya Contact No. 9959988783

Yours Faithfully

Recommendation from the respective Department / Administration.

Mr./ Ms/Mrs./Dr. PAULAMI maybe/may not be granted the leave from 25.06.22 to _____

total no. of days 01 She/he has 12 days leave as balance of CL/ Sp.CL/C.OFF/ on Duty/EL/ Sick Leave/ML leave may be/may not be granted.

Sectioned/ Not Sectioned

Est. Section RS

Registrar Shree

H.O.D. Signature Kamleshwar

Dean 27/06/22



CONTINUING DENTAL EDUCATION
BHARATI VIDYAPEETH DEEMED TO BE UNIVERSITY
DENTAL COLLEGE & HOSPITAL, PUNE
 (Recognized by the Dental Council of India)
 Accredited with 'A+' Grade (2017) by NAAC
 Category-1 University status by UGC

AESTHECLUB 2022

(Bringing Aesthetics to The Forefront)

CERTIFICATE OF ATTENDANCE

Awarded to

Certified that Dr. PAULAMI BAGCHI has attended the CDE Programme (lecture/hands on) "Aestheclub 2022" on 15th/16th/17th December, 2022 for 12 hours duration organized by Bharati Vidyapeeth (Deemed to be University) Dental College and Hospital, Pune.

MSDC Accredited 11 CDE Points (MSDC/CDE/1559/2022-2023 dated 25-11-2022)

Dr. Omkar Balsarf
MSDC Representative

Dr. Madhavi Mhapuskar
Guest Speaker

Dr. Pradip Shetty
Guest Speaker

Dr. Niranjana Vatar
Guest Speaker

Dr. Rajesh Kshirsagar
Principal

Dr. Anupam Sharma
Organizing Chairperson

Dr. Ashwini Gaikwad
Organizing Secretary



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 19.12.22

From: Mr./ Ms /Mrs./Dr. PAULAMI BACHU Designation Professor Department Prosthodontics
To,

The Dean/Registrar
D.Y.Patil Dental School,
Lohegaon, Pune.

Sub: Application for CL/Sp.CL C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,

I will not be able to attend for my duties from 15.12.22 to 16.12.22 (Including)

Therefore, request you to grant me the Leave.

Reason for Leave: Attending CDE

Total No. of Days: 02

Address on Leave Home / BVP

Contact No: 9881720294

In Her/his absence, I Mr./ Ms/Mrs./Dr. Bijesh Mule will take care of her/his routine duties.

Signature of reliever [Signature] Contact No. _____

Yours Faithfully [Signature]

Recommendation from the respective Department / Administration.

Mr./Ms /Mrs./Dr. PAULAMI BACHU may be/may not be granted the leave from 15.12.22 to 16.12.22

total no. of days _____ She/he has _____ days leave as balance of CL/Sp.CL C.OFF/ on Duty/EL/

Sick Leave/ML leave may be/may not be granted.

91 Bat.

Sectioned/ Not Sectioned

Est. Section RG
2/11/22

[Signature]
Registrar

H.O.D. Signature [Signature]
19/12/2022

Dean



f certificate full no
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Dindori Road, Mhasrul, Nashik - 422004
Tel : (0253) 2539292, Fax : (0253) 2539295
Website : www.muhs.ac.in, E-mail : registrar@muhs.ac.in

Institute of Medical Education Technology and Teachers' Training

This is to certify that

Dr./Mr./Smt. Dr Kamal Shigli

has participated as a Delegate in
Workshop on Good Clinical Practice


held from 10-Aug-2022 to 10-Aug-2022

Organised by
Institute of Medical Education Technology and Teachers Training Maharashtra University of Health Sciences, Nashik.

Approved vide letter no. MUHS/IMETTT/03/2022 , dated 28-Jul-2022

Certificate Barcode : 
2 0 2 2 / 4 3 7 - 2 3 9 3 5




Registrar
MUHS, Nashik

Date : 16-Sep-2022 Time : 13:11:03



D.Y. PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 11/08/2022

From: Mr./ Ms /Mrs./ Dr. Kausal Singh Designation PROF. HEAD Department PROSTHODONT
To,

The Dean/Registrar
D.Y. Patil Dental School,
Lohegaon, Pune.

Sub: Application for ~~CL~~ Sp.CL / ~~C.OFF~~ / on Duty / EL / Sick Leave / ML

Respected Sir,
I will not be able to attend for my duties from 10th Aug '22 to 10th Aug '22 (Including)

Therefore, request you to grant me the Leave.

Reason for Leave: M.V.H.S. Workshop (G.C.P.)

Total No. of Days: 01 day

Address on Leave: 98/904 Amanora Park Town, Hadapsar

Contact No: 8009305050

In Her/his absence, I Mr./ Ms /Mrs./ Dr. Papin Muley will take care of her/his routine duties.

Signature of reliever Kausal Singh Contact No. _____
Yours Faithfully

Recommendation from the respective Department / Administration.

Mr./ Ms/Mrs./Dr. _____ maybe/may not be granted the leave from _____ to _____
total no. of days 1 She/he has 9 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/

Sick Leave/ML leave may be/may not be granted. 8 PA

Papin Muley
Sectioned / Not Sectioned

Shirish
Registrar

H.O.D. Signature _____

Est. Section

Dean



50th Golden Jubilee
CONFERENCE
INDIAN PROSTHODONTIC SOCIETY



10th-13th November, 2022
The Leela Ambience Convention Hotel, New Delhi (INDIA)

CERTIFICATE OF ATTENDANCE

IPS No.: OL0352

Presented to

Conf. No.M484

DR. KAMAL SHIGLI

for having attended the 50th Golden Jubilee Conference of the Indian Prosthodontic Society
held on 10th-13th November 2022 at New Delhi

M. Mahesh Verma
Dr. Mahesh Verma
Organizing Chairman

V. Rangarajan
Dr. V Rangarajan
President, IPS

J. Hari
Dr. Jangala Hari
Hon. Secretary, IPS

U. V. Gandhi
Dr. U. V. Gandhi
Conference Secretary

M. Manesh Lahori
Dr. Manesh Lahori
Organizing Secretary

R. Ravindra Savadi
Dr. Ravindra Savadi
Scientific Committee Chairperson

S. Saranjit Singh Bhasin
Dr. Saranjit Singh Bhasin
Scientific Committee Chairperson

Golden Glory with Gold Standards



D.Y. PATIL DENTAL SCHOOL
 D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 09th Nov, 2022

From: Mr./ Ms /Mrs./Dr. Kamal Singh Designation Professor Department Prosthodontics
 To, Head

The Dean/Registrar
 D.Y. Patil Dental School,
 Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML 14th Nov

Respected Sir,
 I will not be able to attend for my duties from 10th Nov, 2022 to 12th Nov, 22 (Including)

Therefore, request you to grant me the leave.

Reason for Leave: IPS Delhi conference

Total No. of Days: 03 days

Address on Leave: _____

Contact No: 9325047622

In Her/his absence, I Mr./ Ms./Mrs./Dr. Kaulani Bagchi will take care of her/his routine duties.

Signature of reliever P Bagchi Contact No. 9881720294

Yours Faithfully Kamal Singh

Recommendation from the respective Department / Administration.

Mr./Ms /Mrs./Dr. _____ maybe/may not be granted the leave from _____ to _____

total no. of days 5 She/he has 7 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/

Sick Leave/ML leave may be/may not be granted. 2 Bal

Sectioned/ Not Sectioned Not Sectioned

Est. Section 15/11/22

[Signature]
 Registrar

H.O.D. Signature _____

Dean

Folder C-10



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
दिंडोरी रोड, म्हासुरुळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004
Tel : (0253) 2539191/2539291 Student Helpline : 0253-2539111/6659111
Website: www.muhs.ac.in, E-mail: academic1@muhs.ac.in



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

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

No. MUHS/UG&PG/1690/2022

Date: 20/06/2022

TOP PRIORITY / URGENT / CONFIDENTIAL

SURPRISE INSPECTION

- | | | | |
|---|---|-----------------|--|
| 1 | Dr. JAISHRI SANJAY PAGARE
Government Dental College &
Hospital, Aurangabad | Chairman | Mob. : 9890612144
Email: drjaishripagare@gmail.com |
| 2 | Dr. PARAG DATTATRAY HADGE
D. Y. Patil Dental School, D.Y. Patil
Knowledge City, Charoli, Via
Lohegaon, Pune | Member | Mob. : 9527098345
Email : paraghadge@yahoo.com |
| 3 | Vd. PRAKASH RAMKISHANRAO
CHONDIKAR
Shree Saptashrunji Ayurved
Mahavidyalaya & Hospital, Kamal
Nagar, Hirawadi, Panchavati,
Nashik - 422 003. | Member | Mob. : 9890096200
Email : prakashachondikar@gmail.com |

**Sub :- Surprise Inspection Committee for Continuation / Extension of
Affiliation for the Academic Year 2022-23**

Sir/Madam,

The proposal for Continuation / Extension of affiliation for Academic year 2022-23 of the above mentioned college(s) / Institute(s) have been received by the University. As per the provisions u/s 65, 68 & 69 of the Maharashtra University of Health Sciences Act, 1998 & as per the norms laid down in Direction No. 02/2016 in this regard, the University has constituted a Surprise Inspection Committee under your Chairmanship to conduct detail inspection of above College(s) / Institute(s). You are requested to carry out Surprise Inspection of the College (without intimation) on stipulated date (21/06/2022) as instructed.

1. You have telephonically accepted this appointment and as such this appointment is issued. Name of College to be inspected will be informed to the Chairman separately.
2. It is mandatory for teachers to perform University duties and therefore appointment shall not be refused on casual reasons.

(P.T.O.)



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Application Date: 20/05/22

From: Mr./ Ms/Mrs./Dr. Parag Hodge Designation Professor Department Periodontology

To,
The Dean/Registrar
 D.Y.Patil Dental School,
 Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
 I will not be able to attend for my duties from 21/05/22 to 22/05/22 (Including)

Therefore, request you to grant me the Leave.

Reason for Leave: MUHS LIC surprise inspection

Total No. of Days 2

Address on Leave _____

Contact No: 9527058345

In Her/his absence, I Mr./ Ms/Mrs./Dr. Sachin Bhagal will take care of her/his routine duties.

Signature of reliever [Signature] Contact No. 8027379361

[Signature]
 Yours Faithfully

Recommendation from the respective Department / Administration.

Mr./Ms/Mrs./Dr. Parag Hodge maybe/may not be granted the leave from 21/05/22 to 22/05/22

total no. of days 2 She/he has 22 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/

Sick Leave/ML leave may be/may not be granted. 1080

Sectioned/ Not Sectioned

H.O.D. Signature [Signature]

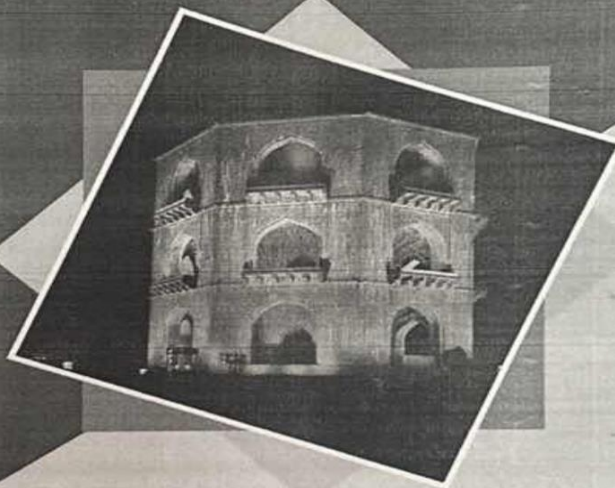
Est. Section 24/5/22

Registrar [Signature]

Dean



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105



**8th Maharashtra State Chapter Conference
Association of Oral & Maxillofacial Surgeon's of India
in Association with**

**Dr. Vithalrao Vikhe Patil Foundation's Medical College & Hospital,
CAI Academy, Italy & Department of Oral &
Maxillofacial Surgery, RDC, Loni**

**Venue : Dr. Vithalrao Vikhe Patil Foundation's Medical College & Hospital, Ahmednagar.
Date : 7-9th April 2022**

Email : 8mscaomsi@gmail.com • Mobile : 9422225300, 7588605743



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 5/4/22

From: Mr./Ms/Mrs./Dr. Vaishali Pagare Designation Lecturer Department OMFS.
To, _____

The Dean/Registrar
D.Y.Patil Dental School,
Lohegaon, Pune.

Sub: Application for CL/Sp.CL/C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
I will not be able to attend for my duties from 07/04/2022 to 09/04/2022 (Including)

Therefore, request you to grant me the Leave
Reason for Leave: oral surgery conference.

Total No. of Days 03

Address on Leave Ahmadnagar.

Contact No: 9890341571

In Her/his absence, I Mr./ Ms/Mrs./Dr. Kapil Kshirsagar. will take care of her/his routine duties.

Signature of reliever Kapil Contact No. 9823112682

Yours Faithfully
Vaishali

Recommendation from the respective Department / Administration.

Mr./ Ms/Mrs./Dr. Vaishali Pagare may/may not be granted the leave from 07/04/22 to 09/04/22
total no. of days 3 She/he has 15 days leave as balance of CL/Sp.CL/C.OFF/ on Duty/EL/

Sick Leave/ML leave may be/may not be granted. 12 Bal

Sectioned Not Sectioned

Est. Section 11/14/22

Pratik
Registrar

H.O.D. Signature Pratik

Dean

Certificate of Participation

presented to

Dr. Pratik Hande

For Successful Participation in
TILT IMPLANT MASTERCLASS
Conducted by
INSTITUTE OF DENTAL IMPLANTOLOGY
Pune on January 2022

Dr. Venket Nag

IOI director, Mentor

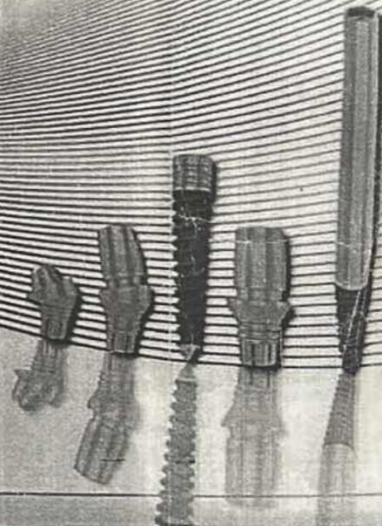
Dr. Divye Malhotra

Oral & Maxillofacial Surgery, MDS

Jozef Ohayon

CEO, BioLine Implants

BioLine
Dental Implants Series





D.Y.PATIL DENTAL SCHOOL
 D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM
 Application Date: 20/1/22

From: Mr./ Ms /Mrs./Dr. Pratik Hande Designation Reader Department DMA

To,
 The Dean/Registrar
 D.Y.Patil Dental School,
 Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
 I will not be able to attend for my duties from 21/1/22 to 21/1/22 (Including)

Therefore, request you to grant me the Leave. Implant workshop & lecture

Reason for Leave: Implant workshop & lecture

Total No. of Days ONE DAY

Address on Leave Pune

Contact No: 985522040

In Her/his absence, I Mr./ Ms/Mrs./Dr. Vaishali Jagtap will take care of her/his routine duties.

Signature of reliever Vaishali Contact No. 9890341571

Yours Faithfully Pratik

Recommendation from the respective Department / Administration.

Mr./Ms /Mrs./Dr. Pratik Hande maybe/may not be granted the leave from 21/1/22 to 21/1/22

total no. of days 1 She/he has 15 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/

Sick Leave/ML leave may be/may not be granted. 14801

Sectioned/ Not Sectioned 9/1/22

H.O.D. Signature Hande
 20/1/22



8th Maharashtra State Chapter Conference
 Association of Oral & Maxillofacial Surgeon's of India in Association with
 Dr. Vithalrao Vikhe Patil Foundation's Medical College & Hospital,
 CAI Academy, Italy & Department of Oral & Maxillofacial Surgery, RDC, Loni

Certificate

This certificate is awarded to

DR.HANDE PRATIK

for attending the 8th Annual Conference of Maharashtra State Chapter of AOMSI
 as Faculty / Delegate held on April 07th - 9th 2022 at
 Dr. Vithalrao Vikhe Patil Foundation's Medical College & Hospital, Ahmednagar.

Prajwalit Vikhe Andrade Khande Asnani Harish
 Dr. Prajwalit Kende President MSC-AOMSI Dr. Vijaykumar Girhe Hon. Gen. Secretary Dr. Neelam Andrade Conference Chairman Dr. Kiran Khande Organizing Chairman Dr. Sanjay Asnani Organizing Secretary Dr. Harish Salu Scientific Chairman

MSDC/CDF/09/2022-2023 Dated 05/04/2022 18 CDF Points



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 01/04/22

From: Mr./ Mrs./ Dr. Pratik Haude Designation Reader Department OMFS

To,
The Dean/Registrar
 D.Y. Patil Dental School,
 Lohegaon, Pune.

Sub: Application for CL/ Sp. CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
 I will not be able to attend for my duties from 07/04/2022 to 09/04/2022 (Including)

Therefore, request you to grant me the Leave.

Reason for Leave: Oral surgery conference.

Total No. of Days: 03

Address on Leave: Ahmadnagar

Contact No: _____

In Her/his absence, I Mr./ Ms/Ms./Dr. Kapil Kshirsagar will take care of her/his routine duties.

Signature of reliever Kapil Contact No. 9823112682

Yours Faithfully Pratik

Recommendation from the respective Department / Administration.
 Mr./Ms /Mrs./Dr. Pratik Haude maybe/may not be granted the leave from 07/04/2022 to 09/04/2022

total no. of days 03 She/he has 191 days leave as balance of CL/ Sp. CL/ C.OFF/ on Duty/EL/

Sick Leave/ML leave may be/may not be granted. 91 Bat

Sectioned/ Not Sectioned None

H.O.D. Signature Pratik

Est. Section 1st Section

Registrar Pratik

Dean



**8th Maharashtra State Chapter Conference
Association of Oral & Maxillofacial Surgeon's of India
in Association with**

**Dr. Vithalrao Vikhe Patil Foundation's Medical College & Hospital,
CAI Academy, Italy & Department of Oral &
Maxillofacial Surgery, RDC, Loni**

**Venue : Dr. Vithalrao Vikhe Patil Foundation's Medical College & Hospital, Ahmednagar.
Date : 7-9th April 2022**

Email : 8mscaomsi@gmail.com • Mobile : 9422225300, 7588605743



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 5/4/22 ✓

From: Mr./Ms./Mrs./Dr. Vikram Karande Designation Prof & HOD Department Oral Surgery
To, The Dean/Registrar
D.Y.Patil Dental School,
Lohegaon, Pune.

Sub: Application for CL/Sp.CL/C.OFF/ on Duty/EL/Sick Leave/ML
Respected Sir,

I will not be able to attend for my duties from 8/4/22 to (Including)
Therefore, request you to grant me the Leave.

Reason for Leave: Oral surgery conference

Total No. of Days: 1

Address on Leave:

Contact No: 9137072340

In Her/his absence, I Mr./ Ms /Mrs./ /Dr. Dr. Kapil Keshavnagar will take care of her/his routine duties.

Signature of reliever Kapil Keshavnagar Contact No. 9823112682

Yours Faithfully Vikram Karande

Recommendation from the respective Department / Administration.
Mr./ Ms/Mrs./Dr. Vikram Karande maybe/may not be granted the leave from 8/4/22 to
total no. of days 1 She/he has 15 days leave as balance of CL/Sp.CL/C.OFF/ on Duty/EL/

Sick Leave/ML leave may be may not be granted. 12/30/21

Signature Vikram Karande H.O.D. Signature Vikram Karande

Est. Section Registrar Dean



Continuing Dental Education

KRISHNA INSTITUTE OF MEDICAL SCIENCES "DEEMED TO BE UNIVERSITY"
[Accredited by NAAC with 'A+' Grade. An ISO:9001:2015 Certified University]

SCHOOL OF DENTAL SCIENCES, KARAD

Department of Pediatric and Preventive Dentistry

CERTIFICATE OF ATTENDANCE

Certified that Dr. Geetanjali Jadhav has attended the
National Conference on CONSCIOUS SEDATION AND LASERS IN PEDIATRIC DENTISTRY
from 26th to 27th September 2022 for 14 hrs duration organised by Department of Pediatric and
Preventive Dentistry, School of Dental Sciences, KIMSOU, Karad & credited with 10 CDE points
MSDC/CDE/886/2022-2023 dated 12/09/2022

Dr. Bajarang Shinde
E C Member and
Representative State
Dental Council
Mumbai

Dr. Shashikiran N.D
Dean
School of Dental Sciences
Karad

Dr. Kunal Gupta
Course Director
Conscious Sedation
Gurugram

Dr. Saravanakumar
Course Director
Lasers
Chennai



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 28/9/22

From: Mr./ Ms /Mrs./ Dr. Geekanjali J Designation Asso. Prof Department Pedo

To,
The Dean/Registrar
D.Y.Patil Dental School,
Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
I will not be able to attend for my duties from 26/9/22 to 27/9/22 (Including)

Therefore, request you to grant me the Leave.
Reason for Leave: Kasad conference

Total No. of Days 2

Address on Leave Kasad

Contact No: 8308000500

In Her/his absence, I Mr./ Ms /Mrs./ /Dr. Pritesh Gawali will take care of her/his routine duties.

Signature of reliever _____ Contact No. 8308000500

Yours Faithfully mg

Recommendation from the respective Department / Administration.

Mr./ Ms/Mrs./Dr. _____ maybe/may not be granted the leave from _____ to _____
total no. of days 2 She/he has 13 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/
Sick Leave/ML leave may be/may not be granted. 11 B94

Sectioned/ Not Sectioned

Est. Section 8/10/22

Registrar gawali

H.O.D. Signature

Dean

Indian Society of Pedodontics & Preventive Dentistry



Organized by

People's University, Bhopal

Certificate of Participation

Presented to

Dr. Pritesh Gawali

for attending "PEDOTAAL-2022"

24th-26th November, 2022

People's University, Bhopal



[Signature]
DR. MOUSUMI SINGH
PRESIDENT, ISPPD

[Signature]
DR. NIKHIL SRIVASTVA
SECRETARY, ISPPD

[Signature]
DR. PARIMALA KULKARNI
ANIZING CHAIRPERSON

[Signature]
DR. VIRINDER GOYAL
CONFERENCE SECRETARY

[Signature]
DR. SHIKHA MALI
ORGANIZING SECRETARY



D.Y.PATIL DENTAL SCHOOL
 D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 22/11/22

From: Mr./ Ms /Mrs./Dr. Pritesh Gauri Designation Teacher Department Pedodontics

To,
The Dean/Registrar
 D.Y.Patil Dental School,
 Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
 I will not be able to attend for my duties from 22/11/22 to 26/11/22 (Including)

Therefore, request you to grant me the Leave.

Reason for Leave: Pentecost

Total No. of Days 5

Address on Leave Dhapa

Contact No: 8408906089

In Her/his absence, I Mr./ Ms/Mrs./Dr. _____ will take care of her/his routine duties.

Signature of reliever _____ Contact No. _____

Yours Faithfully

Recommendation from the respective Department / Administration.

Mr./Ms /Mrs./Dr. _____ may be/may not be granted the leave from _____ to _____

total no. of days 5 She/he has 10 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/

Sick Leave/ML leave may be/may not be granted. 5 BOP

Sectioned/ Not Sectioned Not Sectioned

Est. Section 11/11/22

[Signature]
 Registrar

H.O.D. Signature [Signature]

[Signature]
 28/11/22
 Dean



International Association
of Dental Traumatology




AICDT 2022 AGRA

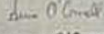



Indian Society of
Dental Traumatology


Certificate of Appreciation


This is to certify that
Dr. Pritesh Gawali
made a scientific presentation in
**1st Asian Regional Congress of
Dental Traumatology**
17th & 18th December 2022, Agra, India


Dr Vijay Prakash Mathur
President ISDT


Dr Anne O'Connell
President IADT


Dr Liran Levin
President Elect IADT


Dr Ajay Logani
Scientific Chairman


Dr Nitesh Tewari
General Secretary ISDT



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Application Date: _____

From: Mr./ Ms /Mrs./Dr. Ritesh Gauri Designation Teacher Department ICD

To,
The Dean/Registrar
 D.Y.Patil Dental School,
 Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,

I will not be able to attend for my duties from 16/12/22 to 19/12/22 (Including)

Therefore, request you to grant me the Leave.

Reason for Leave: conference

Total No. of Days: 4

Address on Leave: Home

Contact No: 8408906089

In Her/his absence, I Mr./ Ms/Mrs./Dr. Smriti will take care of her/his routine duties.

Signature of reliever _____ Contact No. _____

Yours Faithfully

Recommendation from the respective Department / Administration.

Mr./Ms /Mrs./Dr. _____ maybe/may not be granted the leave from _____ to _____

total no. of days: 4 She/he has 8 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/

Sick Leave/ML leave may be/may not be granted. 4 Bal

Sectioned/ Not Sectioned Not Sectioned H.O.D. Signature [Signature]

Est. Section Registrar Dean



CONTINUING DENTAL EDUCATION
BHARATI VIDYAPEETH DEEMED TO BE
DENTAL COLLEGE & HOSPITAL
 (Recognized by the Dental Council of India)
 Accredited with 'A+' Grade (2017) by NMAC
 Category-I University status by UGC

AESTHECLUB 2022
 (Bringing Aesthetics to The Forefront)

CERTIFICATE OF ATTENDANCE

Awarded to

Certified that Dr. DR. Divya Gupta has attended the CDE Programme
 (lecture/hands on) "Aestheclub 2022" on 15th/16th/17th December, 2022 for 12 hours duration
 organized by Bharati Vidyapeeth (Deemed to be University) Dental College and Hospital, Pune.
 MSDC Accredited 11 CDE Points (MSDC/CDE/1559/2022-2023 dated 25-11-2022)

<u>[Signature]</u> Dr. Omkar Balsarf MSDC Representative	<u>[Signature]</u> Dr. Madhavi Mhapuskar Guest Speaker	<u>[Signature]</u> Dr. Pradip Shetty Guest Speaker	<u>[Signature]</u> Dr. Niranjn Vatkar Guest Speaker
<u>[Signature]</u> Dr. Rajesh Kshirsagar Principal	<u>[Signature]</u> Dr. Anupam Sharma Organizing Chairperson	<u>[Signature]</u> Dr. Ashwini Galkwad Organizing Secretary	



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 19/12/22 ✓

From: Mr./Ms/Mrs./Dr. Dimple Gupta Designation Ventures Department Endo
To,

The Dean/Registrar
D.Y.Patil Dental School,
Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
I will not be able to attend for my duties from 15/12/22 to 16/12/22 (Including)

Therefore, request you to grant me the Leave

Reason for Leave: CDE program

Total No. of Days 2

Address on Leave Pune

Contact No: 9324482837

In Her/his absence, I Mr./Ms/Mrs./Dr. Prachi Joshi will take care of her/his routine duties.

Signature of reliever Prachi Joshi Contact No. 9820244165

Yours Faithfully

Recommendation from the respective Department / Administration.

Mr./ Ms/Mrs./Dr. Dimple Gupta maybe/may not be granted the leave from 15/12/22 to 16/12/22

total no. of days 2 She/he has 2 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/

Sick Leave/ML leave may be/may not be granted.

Sectioned/ Not Sectioned RP

H.O.D. Signature _____

Est. Section 21/12/22

Registrar

Dean



CONTINUING DENTAL EDUCATION
BHARATI VIDYAPEETH DEEMED TO BE UNIVERSITY
DENTAL COLLEGE & HOSPITAL, PUNE
(Recognized by the Dental Council of India)
Accredited with 'A+' Grade (2017) by NAAC
Category-1 University status by UGC

AESTHECLUB 2022
(Bringing Aesthetics to The Forefront)

CERTIFICATE OF ATTENDANCE

Awarded to

Certified that Dr. Abhijit Bagalkot has attended the CDE Programme
(lecture/hands-on) "Aestheclub 2022" on 15th/16th/17th December, 2022 for 18 hours duration
organized by Bharati Vidyapeeth (Deemed to be University) Dental College and Hospital, Pune.

MSDC Accredited 11 CDE Points (MSDC/CDE/1559/2022-2023 dated 25-11-2022)

[Signature]
Dr. Omkar Balsarf
MSDC Representative

[Signature]
Dr. Madhavi Mhapuskar
Guest Speaker

[Signature]
Dr. Pradip Shetty
Guest Speaker

[Signature]
Dr. Niranjan Vatkar
Guest Speaker

[Signature]
Dr. Rajesh Kshirsagar
Principal

[Signature]
Dr. Anupam Sharma
Organizing Chairperson

[Signature]
Dr. Ashwini Gaikwad
Organizing Secretary



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 31/12/22

From: Mr./ Ms /Mrs./ Dr. Mohijit Bhalke Designation Tutor Department Oral Ends

To,
 The Dean/Registrar
 D.Y.Patil Dental School,
 Lohegaon, Pune.

SPECIAL CL (TWO DAYS)

Confirmed

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
 I will not be able to attend for my duties from 15/12/22 to 16/12/22 (Including)

Therefore, request you to grant me the Leave.

Reason for Leave: CONFERENCE LECTURE (CDE)

Total No. of Days 2

Address on Leave 982029596

Contact No: 982029596

In Her/his absence, I Mr./ Ms /Mrs./ /Dr. Pradip Shetty will take care of her/his routine duties.

Signature of reliever [Signature] Contact No. 9820244165

Yours Faithfully

Recommendation from the respective Department / Administration.

Mr./ Ms/Mrs./Dr. Mohijit Bhalke maybe/may not be granted the leave from 15/12/22 to 16/12/22

total no. of days 2 She/he has 2 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/ Sick Leave/ML leave may be/may not be granted.

H.O.D. Signature [Signature]

Sectioned/ Not Sectioned

Est. Section

Registrar

Dean



CONTINUING DENTAL EDUCATION
BHARATI VIDYAPEETH DEEMED TO BE UNIVERSITY
DENTAL COLLEGE & HOSPITAL, PUNE
 (Recognized by the Dental Council of India)
 Accredited with 'A+' Grade (2017) by NAAC
 Category-I University status by UGC

AESTHECLUB 2022

(Bringing Aesthetics to The Forefront)

CERTIFICATE OF ATTENDANCE

Awarded to

Certified that Dr. VINOD KAMBLI has attended the CDE Programme (lecture/hands-on) "Aestheclub 2022" on 15th/16th/17th December, 2022 for 18 hours duration organized by Bharati Vidyapeeth (Deemed to be University) Dental College and Hospital, Pune.

MSDC Accredited 11 CDE Points (MSDC/CDE/1559/2022-2023 dated 25-11-2022)

[Signature]
 Dr. Omkar Balsarf
 MSDC Representative

[Signature]
 Dr. Madhavi Mhapuskar
 Guest Speaker

[Signature]
 Dr. Pradip Shetty
 Guest Speaker

[Signature]
 Dr. Niranjan Vatkar
 Guest Speaker

[Signature]
 Dr. Rajesh Kshirsagar
 Principal

[Signature]
 Dr. Anupam Sharma
 Organizing Chairperson

[Signature]
 Dr. Ashwini Gaikwad
 Organizing Secretary



D.Y.PATIL DENTAL SCHOOL
 D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 20/12/22 ✓

From: Mr./ Ms /Mrs./Dr. Vinod Kambli Designation Reader Department Cons.

To,
The Dean/Registrar
 D.Y.Patil Dental School,
 Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
 I will not be able to attend for my duties from 15/12/22 to 16/12/22 (Including)

Therefore, request you to grant me the Leave.

Reason for Leave: 2 days.

Total No. of Days: 2 days.

Address on Leave: _____

Contact No: _____
 In Her/his absence, I Mr./ Ms/Mrs./Dr. Dr. Peralhi Joshi will take care of her/his routine duties.

Signature of reliever [Signature] Contact No. 9820244165

Yours Faithfully

Recommendation from the respective Department / Administration.

Mr./Ms /Mrs./Dr. Vinod Kambli maybe/may not be granted the leave from 15/12/22 to 16/12/22

total no. of days 2 days She/he has _____ days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/
 Sick Leave/ML leave may be/may not be granted.

Sectioned/ Not Sectioned

Est. Section [Signature]

[Signature]
 Registrar

H.O.D. Signature [Signature]

Dean



(ISTHMUS 2022)

PAPER PRESENTATION SCHEDULE (12TH MARCH 2022)

GROSSMAN HALL

(DEPT OF CONSERVATIVE DENTISTRY AND ENDODONTICS SEMINAR ROOM)

SESSION I- 9:30 AM-10:30 AM

Sr no	Name Of The Presenter	Title Of The Presentation
1	Dr Amritha P V	Biodentin Pulpotomy for Management of Complicated Crown fracture- A Case Series
2	Dr. Alex Immanuely	" ANTIBACTERIAL NANOPARTICLES ENDODONTICS"
3	Dr. Prajakta Ambulkar	Comparative Evaluation of Canal Transportation of Mesio Buccal Canals of Maxillary Molars Following Root Canal Preparation with Protaper Gold, Endostar E3 Azure and Neoendo Neo Hybrid Files: A Cone Beam Computed Tomographic Assessment
4	Dr Aishika Paul	MTA Apexification in a young permanent premolar: a case report
5	Dr. Arshpreet Kaur	CRYOTHERAPY; A NEW PARADIGM SHIFT IN ENDODONTICS
6	Dr Hitesh G Patil	Holistic Endodontics : A Futuristic approach !

GROSSMAN HALL (DEPT OF CONSERVATIVE DENTISTRY AND ENDODONTICS SEMINAR ROOM)

SESSION II- 10:40 AM-11:50 AM

Sr No	Name Of The Presenter	Title Of The Presentation
1	Dr Kiran Keswani	Comparative evaluation of the effect of different storage media and days elapsed after extraction, on the artefacts seen on the extracted human dentin





D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 11/3/22

From: Mr./ Ms /Mrs./ Dr. Kiran Keowan Designation Professor Department of Cons.
 To, The Dean/Registrar
D.Y.Patil Dental School,
Lohegaon, Pune.
 Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML
 Respected Sir,
 I will not be able to attend for my duties from on 12/3/22 (Including)
 Therefore, request you to grant me the Leave Conference paper presentation by self.
 Reason for Leave: one
 Total No. of Days: one
 Address on Leave: Pune
 Contact No: 9689996662
 In Her/his absence, I Mr./ Ms /Mrs./ /Dr. Divya Dudulewar will take care of her/his routine duties.
 Signature of reliever: [Signature] Contact No. 9766376083
 Yours Faithfully [Signature]

Recommendation from the respective Department / Administration.
 Mr./ Ms/Mrs./Dr. Kiran Keowan maybe/may not be granted the leave from _____ to _____
 total no. of days _____ She/he has 14 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/
 Sick Leave/ML leave may be/may not be granted. 13 Bay
 Sectioned / Not Sectioned [Signature]
 Est. Section 11/3/22
 Registrar [Signature]
 H.O.D. Signature [Signature]
 Dean

YEAR 2021-22

CERTIFICATE OF ATTENDANCE



isp 2021

45th ISP NATIONAL CONFERENCE (VIRTUAL) 2021 PUNE

Presented to **Dr. Sachin Bhagat** for attending the **45th ISP National Conference (Virtual) 2021, Pune** from 21st - 23rd October, 2021

Credited with **18 CDE Points** (Ref. No. MSDE/CDE/692/2021 dtd 12/10/2021)

Nympha

Dr. Nympha Pandit
President, ISP

Harpreet Singh Grover

Dr. Harpreet Singh Grover
Hon. Secretary, ISP

Vijay

Dr. Vijay Deshmukh
Organizing Chairman

D. Gopalakrishnan

Dr. D. Gopalakrishnan
Organizing Secretary

Nitin Dani

Dr. Nitin Dani
Conference Secretary

Sharath Shetty

Dr. Sharath Shetty
Treasurer

Sangeeta Muglikar

Dr. Sangeeta Muglikar
Scientific Chairperson

Maharashtra State Dental Council Representative

Signature of Maharashtra State Dental Council Representative



D.Y. PATIL DENTAL SCHOOL

D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 20.10.21

From: Mr./Ms./Mrs./Dr. Sachin Bhagat Designation Reader Department Perio

To, **The Dean/Registrar**
D.Y. Patil Dental School,
Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
I will not be able to attend for my duties from 21.10.21 to 23.10.21 (Including)

Therefore, request you to grant me the Leave.
Reason for Leave: ISP National Conference

Total No. of Days: 02 (Absence) (700)

Address on Leave: Pune

Contact No: 8007379361
In Her/his absence, I Mr./ Ms./Mrs./Dr. Amya Moharir will take care of her/his routine duties.

Signature of reliever: Amya Moharir Contact No. 7875815946

Yours Faithfully

Recommendation from the respective Department / Administration.
Mr./Ms./Mrs./Dr. Sachin Bhagat maybe/may not be granted the leave from 21.10.21 to 23.10.21

total no. of days 02 She/he has 15 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/

Sick Leave/ML leave may be/may not be granted. Bal-15

Sectioned/ Not Sectioned

Est. Section

Registrar

H.O.D. Signature [Signature]

Dean

CERTIFICATE OF ATTENDANCE



isp 2021

45th ISP NATIONAL CONFERENCE (VIRTUAL) 2021 PUNE

Presented to
Dr. Rakesh Mutha
for attending the
45th ISP National Conference (Virtual) 2021, Pune
from 21st - 23rd October, 2021

Credited with **18 CDE Points** (Ref. No. MSDE/CDE/692/2021 dtd 12/10/2021)

Nympha
Dr. Nympha Pandit
President, ISP

Dr. Harpreet Singh Grover
Dr. Harpreet Singh Grover
Hon. Secretary, ISP

Vijay
Dr. Vijay Deshmukh
Organizing Chairman

Dr. D. Gopalakrishnan
Dr. D. Gopalakrishnan
Organizing Secretary

Nitin Dani
Dr. Nitin Dani
Conference Secretary

Sharath Shetty
Dr. Sharath Shetty
Treasurer

Muglikar
Dr. Sangeeta Muglikar
Scientific Chairperson

Muglikar
Signature of Maharashtra State Dental Council Representative



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 20/10/21

From: Mr./ Ms /Mrs./Dr. Rakesh Mutha Designation Reader Department Perio

To,
The Dean/Registrar
D.Y.Patil Dental School,
Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,

I will not be able to attend for my duties from 21/10/21 to 22/10/21 (Including)

Therefore, request you to grant me the Leave.

Reason for Leave: ISP National Conference

Total No. of Days: 2

Address on Leave: Pune

Contact No: 9422081722

In Her/his absence, I Mr./ Ms/Mrs./Dr. Anuja Khade will take care of her/his routine duties.

Signature of reliever: Moham Contact No. 7875815946

Yours Faithfully

Recommendation from the respective Department / Administration.

Mr./Ms /Mrs./Dr. Rakesh Mutha maybe/may not be granted the leave from 21/10/21 to 22/10/21.

total no. of days 2 She/he has 15 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/

Sick Leave/ML leave may be/may not be granted. Bal-13

Sectioned/ Not Sectioned

Est. Section

Registrar

H.O.D. Signature [Signature]

Dean



D. Y. PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM Date: 16/12/21

From: Mr./ Ms /Mrs./ Dr. Rakesh Mutha Designation Reader Department Perio.
 To,
The Dean/Registrar
 D.Y.Patil Dental School,
 Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML
 Respected Sir,
 I will not be able to attend for my duties from 17/12/21 to 18/12/21. (Including)
 Therefore, request you to grant me the Leave.
 Reason for Leave: course
 Total No. of Days 2
 Address on Leave Pune
 Contact No: 9422081722
 In Her/his absence, I Mr./ Ms /Mrs./ /Dr. Parag Hadge will take care of her/his routine duties.
 Signature of reliever [Signature] Contact No. 952700345

Yours Faithfully
Mute

Recommendation from the respective Department / Administration.
 Mr./ Ms/Mrs./Dr. Rakesh Mutha maybe/may not be granted the leave from 17/12/21 to 18/12/21
 total no. of days 2 She/he has 15 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/
 Sick Leave/ML leave may be/may not be granted. Bal-11

[Signature] 20/12/21
 Sectioned/ Not Sectioned
 Est. Section Registrar Dean

H.O.D. Signature [Signature]
 Registrar Dean



D.Y.PATIL DENTAL SCHOOL
 D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
 LEAVE APPLICATION FORM
 Date: 20/10/21

From: Mr./ Ms /Mrs./ Dr. Parag Hadge Designation Professor Department Periodontology
 To, **The Dean/Registrar**
 D.Y.Patil Dental School,
 Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML
 Respected Sir,
 I will not be able to attend for my duties from 21/10/21 to 23/10/21 (Including)
 Therefore, request you to grant me the Leave.
 Reason for Leave: ISP National Conference
 Total No. of Days: 03
 Address on Leave: Pune
 Contact No: 9527098345
 In Her/his absence, I Mr./ Ms /Mrs./ Dr. Anuja Mahari / Sachin Bhogal will take care of her/his routine duties.
 Signature of reliever Mahari / Bhogal Contact No. 7875815946 / 8007379361
 Yours Faithfully
Parag Hadge

Recommendation from the respective Department / Administration.
 Mr./ Ms /Mrs./ Dr. Parag Hadge maybe/may not be granted the leave from 21/10/21 to 23/10/21
 total no. of days 03 She/he has 9 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/
 Sick Leave/ML leave may be/may not be granted. Bal-6
23/10/21
 Sectioned/ Not Sectioned
 Est. Section Registrar Dean

H.O.D. Signature [Signature]
 Dean



35th IACDE NATIONAL CONFERENCE 2021



"Elixir Of Minimalism"

CERTIFICATE OF ATTENDANCE



Presented to

Dr. Divya Gaurav Dudulwar

For attending and contributing to the success of 35th IACDE National Conference 2021 held on 27th and 28th February 2021 at Guwahati, Assam.

V Chandrashekar

Dr. V Chandrashekar
PRESIDENT IACDE

M M

Dr. T Murli
CONFERENCE SECRETARY

Bhuyar

Dr. A. C. Bhuyan
CHAIRPERSON, ORGANISING COMMITTEE

Rubi

Dr. Rubi Kataki
SECRETARY, ORGANISING COMMITTEE

Anja

Dr. Anja R
CHAIRPERSON, REGISTRATION



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 24/02/21

From: Mr./ Ms /Mrs./ Dr. Divya Dudulwar Designation Professor Department Dept. of Cons P and Endo

To,
The Dean/Registrar
D.Y.Patil Dental School,
Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,

I will not be able to attend for my duties from 26/2/21 to 27/2/21 (Including)

Therefore, request you to grant me the Leave.

Reason for Leave: Guwahati National Conference

Total No. of Days 02

Address on Leave Khandeshkar Grand Guwahati

Contact No: 9766376053

In Her/his absence, I Mr./ Ms /Mrs./ Dr. Vinod Kauli will take care of her/his routine duties.

Signature of reliever [Signature] Contact No. 9975337900

Yours Faithfully

Recommendation from the respective Department / Administration.

Mr./ Ms/Mrs./Dr. Divya Dudulwar maybe/may not be granted the leave from 26/2/21 to 27/2/21

total no. of days 2 days. She/he has 15 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/

Sick Leave/ML leave may be/may not be granted.

Sectioned/ Not Sectioned [Signature]

Est. Section 1215

Registrar [Signature]

H.O.D. Signature [Signature]

Dean 24/02/21



Your payment is Successful.
Please find below the transaction receipt.

ICICI Bank

Transaction Reference Number: 181719551

Transaction Date: 11/08/2021

From ICICI bank Account



PRADEEP BHIMARAJ
XXXXXXXXXX33

To Payee



12th IEFA WEC 2020 INDIAN
XXXXXXXXXXXX94

Amount transferred

INR 7,675.00

Transaction Type

Transfer funds to Other Bank
Accounts / Credit Cards

Remarks

Dr Prachi Joshi

DONE

SAVE AS FAVOURITE

tjtopdoc

★ *Smile Design & Occlusion* ★

Virtual Certification
Ceremony

26th October, 4.00pm onwards

tjtopdoc

**Certificate of
Achievement**

Aug-Oct 2021



hereby certifies

for having successfully mastered and
displayed exceptional interest in the
clinical course *Smile Design & Occlusion*.

AND

Presented in acknowledgement of your
drive to offer comprehensive treatment to
your patients and to raise the bar of
rendering dental care.

Dr. Ratnadeep Patil
Course Director



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Application Date: 12-8-21

From: Mr./ Ms /Mrs./Dr. Kiran Keswani Designation Professor Department of Conservative Dentistry

To,
 The Dean/Registrar
 D.Y.Patil Dental School,
 Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
 I will not be able to attend for my duties from 13/8/21 to 14/8/21 (Including)
 Therefore, request you to grant me the Leave.

Reason for Leave: International Conference IFEA (Endodontics)

Total No. of Days: Two

Address on Leave: Pune

Contact No: 9689996662

In Her/his absence, I Mr./ Ms/Mrs./Dr. Divya Dudulwar will take care of her/his routine duties.

Signature of reliever [Signature] Contact No. 9766376053

Yours Faithfully [Signature]

Recommendation from the respective Department / Administration.

Mr./Ms /Mrs./Dr. Kiran Keswani maybe/may not be granted the leave from 13/8/21 to 14/8/21
 total no. of days Two She/he has 15 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/

Sick Leave/ML leave may be/may not be granted. Bal-13

[Signature]
 12/8/21
 Sectioned/ Not Sectioned

H.O.D. Signature [Signature]
 12/8/21

Est. Section

[Signature]
 Registrar

Dean



DR. G. D. POL FOUNDATION
Y.M.T. DENTAL COLLEGE AND HOSPITAL

Institutional Area, Sector-4, Kharghar, Navi Mumbai - 410210.

☎ ymtden@yahoo.com

☎ 022-27744429

Ref No. YMT00/35/2021

Date: 06/01/2021

To,
Dr. Nandita Agrawal
Professor,
Dept. of Conservative Dentistry & Endodontics,
D.Y. Patil Dental School,
Pune

Sub : Selection for temporary approval of Teachers at Dr. G.D.Pol Foundation's
Y.M.T. Dental College & Hospital, Kharghar, Navi Mumbai.

Sir / Madam,

I am pleased to invite you as Subject expert in Conservative Dentistry & Endodontics for temporary approval interview of teachers at Dr. G. D. Pol Foundation's YMT Dental College & Hospital, Institutional Area, Sector-4, Kharghar, Navi Mumbai to held on Monday, 11th January 2021 at 9.30am

Kindly acknowledge the invitation & your acceptance at the earliest.

Thanking you,

Yours sincerely,

M Vandekar

Dr. Meghna Vandekar

DEAN

DEAN
Y.M.T. Dental College
Institutional Area,
Sector -4, Kharghar,
Navi Mumbai - 410 210

CONNECT WITH US : 🌐 <https://ymtdental.org> ☎ dentalymt@gmail.com

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📘 YMT Dental Connect



D.Y.PATIL DENTAL SCHOOL
 D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 08/01/21 ✓

From: Mr./ Ms /Mrs./ Dr. Nandita Bhasel Designation Professor Department Conservative Dentistry

To,
The Dean/Registrar
 D.Y.Patil Dental School,
 Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
 I will not be able to attend for my duties from 11/01/21 to 11/01/21 (Including)

Therefore, request you to grant me the Leave.

Reason for Leave: on duty leave

Total No. of Days: 01

Address on Leave: Mumbai, Maharashtra

Contact No: 9766875153

In Her/his absence, I Mr./ Ms /Mrs./ Dr. Dr. D will take care of her/his routine duties.

Signature of reliever: [Signature] Contact No. 9766376053

Yours Faithfully

Recommendation from the respective Department / Administration.

Mr./ Ms/Mrs./Dr. Nandita Bhasel maybe/may not be granted the leave from 11/01/21 to 11/01/21

total no. of days 01 She/he has 15 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/

Sick Leave/ML leave may be/may not be granted.

Sectioned/Not Sectioned
 Est. Section

Bal-14
[Signature]
 Registrar

H.O.D. Signature [Signature]
08/01/2021
 Dean



D.Y.PATIL DENTAL SCHOOL
 D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 24/02/21 ✓

From: Mr./ Ms /Mrs./ Dr. Nandita Bhasel Designation Professor Department Conservative Dentistry

To,
The Dean/Registrar
 D.Y.Patil Dental School,
 Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
 I will not be able to attend for my duties from 26/02/21 to 26/02/21 (Including)

Therefore, request you to grant me the Leave.

Reason for Leave: Biharwati National Conference

Total No. of Days: 01

Address on Leave: Khanjree Grand Gumbati

Contact No: 9766875153

In Her/his absence, I Mr./ Ms /Mrs./ Dr. Ruchika Gupta will take care of her/his routine duties.

Signature of reliever: [Signature] Contact No. 9503804730

Yours Faithfully

Recommendation from the respective Department / Administration.

Mr./ Ms/Mrs./Dr. Nandita Bhasel maybe/may not be granted the leave from 26/02/21 to 26/02/21

total no. of days 01 She/he has 14 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/

Sick Leave/ML leave may be/may not be granted.

Sectioned/Not Sectioned
 Est. Section

1801
[Signature]
 Registrar

H.O.D. Signature [Signature]
24/02/21
 Dean



INDIAN ASSOCIATION OF CONSERVATIVE DENTISTRY AND ENDODONTICS

President
Dr. Vibha Hegde

Hon. General Secretary
Dr. Prahlad A Saraf

26/03/2021

Year 2020-2021

President Elect
Dr. Ratnakar P

Imm. Past President
Dr. Chandrasekhar V

Vice President
Dr. Arvind Kumar A
Dr. Satish S V
Dr. Girish Umashetty

Joint Secretary
Dr. Laxmikant R Kamatagi

Treasurer
Dr. Surabhi G Rairam

Editor
Dr. Anil Chandra

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Executive Committee Members

Dr. Arund Pafil
Dr. Jayshree Hegde Anil
Dr. Lakshmi Balaji
Dr. Lora Mishra
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Dr. Murali Krishna
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Dr. Niranjan Desai
Dr. Ram Sunil C H
Dr. Sai Kalyan S
Dr. Samba Shiva Rao P
Dr. Sampathi Nagalakshmi Reddy
Dr. Shekhar K
Dr. Vijaykumar L
Dr. Vundavalli V Bhadra Rao

Past President Members

Dr. Vimal K Sikri
Dr. Kidlyoor K H
Dr. Girish Parmar

Honorable EC Members,

This is to bring to your kind notice that EC meeting has been scheduled on 17/04/2021 at Bagalkot after the Head Office Inauguration and the agenda is as follows.

1. Update on National Conference 2021 at Belgaum
2. Discussion about association of IACDE with IFEA
3. Update on National PG Convention 2022 at Rajahmundry
4. Update on Cons-Asia 2022
5. Update on the Journal of Conservative Dentistry [JCD]
6. Discussion about new memberships
7. Discussion about launch of IACDE SPARK and IACDE PEACE
8. Any other agenda with the permission of the chair.

Thanking you,

Yours faithfully,

For INDIAN ASSOCIATION OF CONSERVATIVE
DENTISTRY & ENDODONTICS

Authorised Signatory

Dr. Prahlad Saraf

Hon. General Secretary IACDE



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 20/4/21

121

From: Mr./ Ms /Mrs./ . Dr. Nandita Bansal Designation Professor Department Conservative Dentistry
To,
The Dean/Registrar
D.Y.Patil Dental School,
Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
I will not be able to attend for my duties from 17/04/21 to 17/04/21 (Including)

Therefore, request you to grant me the Leave
Reason for Leave: EL Meeting Bagalkot

Total No. of Days: 01
Address on Leave: MNM Dental college, Bagalkot

Contact No: 9286875153
In Her/his absence, I Mr./ Ms /Mrs./ /Dr. will take care of her/his routine duties.

Signature of reliever: M. D. Gupta Contact No. 9284910420

Yours Faithfully

Recommendation from the respective Department /Administration.

Mr./ Ms/Mrs./Dr. Nandita Bansal may be/may not be granted the leave from 17/04/21 to 17/04/21

total no. of days 01 She/he has 05 days leave as balance of **CL/ Sp.CL/ C.OFF/ on Duty/EL/**

Sick Leave/ML leave may be/may not be granted.

Sectioned/ Not Sectioned

Est. Section

H.O.D. Signature [Signature]

Dean

Registrar



"Kindly read the Instructions carefully"

भारतीय दन्त परिषद

DENTAL COUNCIL OF INDIA

(A STATUTORY BODY CONSTITUTED UNDER THE DENTISTS ACT, 1948)

BY EMAIL ONLY

No.DE-3(268)-2021/Inspections/C-0049

Dated the 20th April, 2021

To

Dr. G. Vikram Reddy
Professor,
Kamineni Institute of Dental Sciences,
Sreepuram, Narketpally,
Nalgonda Dist.-508 254 (Telangana)
E-mail: vikramreddydr@gmail.com

Dr. Nandita Rohit Bansal
Professor & HOD,
D.Y. Patil Dental School,
Dr. D.Y. Patil Knowledge City,
Charoli Budruk, via Lohegaon,
Pune-412105, Maharashtra
E-mail: nanditaendo@gmail.com

Dr. Nitin Thakur
Professor,
HKES's, S. Nijalingappa Institute of Dental
Sciences & Research, Sedam Road,
Gulbarga-585105 (Karnataka)
E-mail: ntn_thkr@yahoo.co.in;
surgeonvicky@gmail.com

Sub: Appointment of Council's Inspector – Periodic Inspection – regarding.

Madam/Sir,

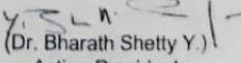
This is to inform your goodself that you have been appointed as Council's Inspector to inspect the **Priyadarshini Dental College & Hospital, No.1, VGR Gardens, VGR Nagar, Pandur-631203, Thiruvallur Taluk & Dist., Tamil Nadu on 22 & 23th April, 2021** and report on (i) Standard and actual Physical facilities made available for teaching **BDS & MDS Course**, (ii) the compliance of norms prescribed by the Council with regard to the teaching load, admission strength etc. by the institution and (iii) the general overall impression about the institution.

You are also suggested to be very **polite** during inspection and thoroughly check the Self-assessment report of the college including infrastructure, faculty affidavit in original (**Appointment/Relieving Order, Experience Certificate, FORM 16, leave application & Qualification**) present on the day of inspection, clinical material (patients). General Hospital/Medical College attached to the dental college as the case may be. Please download the Proforma as per requirement as well as terms of reference for DCI Inspector from our website (www.dciindia.gov.in) and **submit the duly signed inspection report (per page) by E-mail on itsecy-dci@nic.in and also by Speed-Post, immediately after finishing the inspection, failing which TA/DA claim will not be processed.** "Please give **ONLY** summary of your inspection report in the summary columns of the proforma which can be expanded according to requirements (**no separate inspection report other than the proforma is required**)".

Please get the signature of the teaching faculty department wise of the entire dental college, sign the same, and attach it with the Inspection Report.

All page of the report to be signed by both the Inspectors. You are also-directed to ensure that the original affidavits (alongwith attachments) of the faculty should be dispatched in your presence & attaching the proof of dispatch.

Yours faithfully


(Dr. Bharath Shetty Y.)
Acting President
Dental Council of India

Copy to:-

1. The Acting President, Dental Council of India, New Delhi.
2. The Accounts Section, Dental Council of India, New Delhi.

Note: A copy of DCI Regulations as applicable may obtained from the concerned college/DCI Website.



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 29/04/21

From: Mr./ Ms /Mrs./Dr. Mandita Bansal Designation Professor Department Conservative Dentistry

To,
The Dean/Registrar
 D.Y.Patil Dental School,
 Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML
 Respected Sir,
 I will not be able to attend for my duties from 29/4/21 to 24/4/21 (Including)

Therefore, request you to grant me the Leave.
 Reason for Leave: BCJ inspection

Total No. of Days: 02
 Address on Leave: Chennai

Contact No: 976825153
 In Her/his absence, I Mr./ Ms/Mrs./Dr. Ruchika Gupta will take care of her/his routine duties.

Signature of reliever: [Signature] Contact No. 9503804730

Yours faithfully
Recommendation from the respective Department / Administration.
 Mr./Ms /Mrs./Dr. Mandita Bansal may be/may not be granted the leave from 22/4/21 to 24/4/21
 total no. of days 03 She/he has 03 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/
 Sick Leave/ML leave may be/may not be granted.

Sectioned/ Not Sectioned
 Est. Section 5/5/21

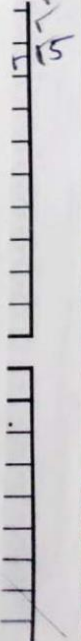
[Signature]
 Registrar

H.O.D. Signature [Signature]
 29/04/21
 Dean

Center.

Medium of Instruction: The students are required to give answers to the questions only in the languages in which the Programme is offered.

- Answer scripts written in any other regional language in which the Programmes are not offered will not be evaluated and the same will be cancelled without any intimation to the students. In such cases, the students will be required to reappear in the examination. 9
9. The students have an option to attempt the Examination of the courses in Hindi medium irrespective of registration of the same in English medium.
10. Examination for the following courses will be of Multiple Choice Questions (MCQ) type and conducted on OMR sheets only:
BPP: (PCO-01, OMT101, OSS101)
BDP/BTS/BCA: (BSHF-101, FST-01)
BPCCHN: (BNS041, BNS042)
CLIS(BLI-011, BLII-012, BLII-013, BLII-014)
CBCS Based Bachelors and Honors degree prog. (BEVAE-181)
11. Request for change in date and session of exam will not be entertained in case the courses are from the same Group(group 1 to group 6) or the courses are backlog courses.
12. Students registered for appearing in Practical/Lab courses are advised to contact their Regional Centre for venue and schedule of exams.



Indira Gandhi National Open University
Hall Ticket December-2020, Term End Examination
Monday, February 01, 2021 1:57:16 PM

Enrollment Number: 2002174896 PGDHE

Control Number: 12204044423

Name: DR KAMAL SHIGLI

Exam Centre Code: 16143

Exam Centre Address: M.U. COLLEGE OF COMMERCE
ZAMTANI CHOWK, NR. DELUXE
THEATRE
PIMPRI
PUNE
MAHARASHTRA-

Photograph

Paste your self-
attested
photograph in the
space provided

Course Code	Exam Date	Session*	Remark
MES101	11/2/21	Morning	
MES102	16/2/21	Morning	
MES103	24/2/21	Morning	
MES104	25/2/21	Morning	

*The exact duration of the exam of a particular paper will be as indicated on the question paper.
Morning session (10:00 am to 1:00 pm)
Afternoon session (2:00 pm to 5:00 pm)

Print

Instructions for December 2020 Term End Examination to be held in February 2021

1. Examinee must be in possession of valid IGNOU Identity Card during the examination and should not carry Mobile Phone inside the Examination Hall at the time of Examination.
2. Calculators are allowed for use in the examination unless otherwise prohibited through instructions in the question paper.
3. **The Examination Centers will implement the Social Distancing and other measures as per Government of India guidelines in current scenario of Covid-19 to ensure health and safety of the students.**
4. **Students are also required to adhere to the guidelines and maintain the Social Distancing and hygiene to ensure safety and health of their own and the fellow students.**
5. In view of the prevailing Covid-19 scenario across the country, some students may not get the desired Examination Centre. The University has tried to accommodate such students in a nearby Examination Centre mentioned in their Hall Ticket.
6. Students may note that there can be a possibility of last minute change of examination Centre due to Covid-19 situation or any other reason. In such a condition, the University will take appropriate remedial measures. The affected students are advised to be in touch with their respective Regional

Name:

Paste your photo attested



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 26/02/21

From: Mr./ Ms /Mrs./ Dr. Kamal Shigli Designation Professor Department Prosthodontics

To,
The Dean/Registrar
D.Y.Patil Dental School,
Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
I will not be able to attend for my duties from 26th Feb '21 to 25th Feb '21 (Including)
Therefore, request you to grant me the Leave.

Reason for Leave: Theory Exam

Total No. of Days: 02 days

Address on Leave: 78/904 Gateway Towers, Madhapur

Contact No: 8007305050

In Her/his absence, I Mr./ Ms /Mrs./ Dr. Kaulani Bapchi will take care of her/his routine

duties.
Signature of reliever Bapchi Contact No. 9881720299

Yours Faithfully
Kamal Shigli

Recommendation from the respective Department / Administration.

Mr/ Ms/Mrs./Dr. _____ maybe/may not be granted the leave from _____ to _____
total no. of days _____ She/he has _____ days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/
Sick Leave/ML leave may be/may not be granted. B B A

Sectioned / Not Sectioned Not Sectioned

Est. Section

Registrar [Signature]

H.O.D. Signature _____

Dean



MANIPAL COLLEGE OF NURSING
MANIPAL
(A constituent unit of MAHE, Manipal)

CERTIFICATE OF ATTENDANCE

Dr Kamal Shigli

has attended the Webinar on
"Qualitative Research Methods & Analysis" held from 17 to 19 May 2021
organized by, Exemplary Research & Innovation Team
Manipal College of Nursing, MAHE, Manipal
Credit points: 03 (16 hours)

[Signature]
Ms. Jeyalakshmi K
Convener

[Signature]
Dr Baby S Nayak
Professor & Organizing Chairperson

[Signature]
Dr Anice George
Dean



D.Y. PATIL DENTAL SCHOOL
 D. Y. Patil Knowledge City, Charholi BK, W. A. Lohegaon, Pune.
 LEAVE APPLICATION FORM

412105
 Date: 27th May, 2021

From: Mr./ Ms /Mrs./ Dr. Kamal Singh Designation Professor Department Prosthodontics

To,
 The Dean/Registrar
 D.Y. Patil Dental School,
 Lohegaon, Pune.

Sub: Application for 2 days CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
 I will not be able to attend for my duties from 17th May to 19th May 21 (Including)

Therefore, request you to grant me the Leave.
 Reason for Leave: Workshop on Qualitative Research

Total No. of Days: 02 days

Address on Leave: _____

Contact No: 802305050

In Her/his absence, I Mr./ Ms /Mrs./ Dr. Bipin Mule will take care of her/his routine duties.

Signature of reliever [Signature] Contact No. 902802528

Yours Faithfully

Recommendation from the respective Department / Administration.

Mr./ Ms/Mrs./Dr. _____ maybe/may not be granted the leave from _____ to _____

total no. of days 2 She/he has 13 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/

Sick Leave/ML leave may be/may not be granted. 11 Bal

Sectioned/ Not Sectioned

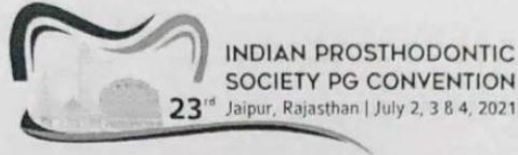
H.O.D. Signature _____

Est. Section 10/01/2021

Registrar

Dean

Information Centre will implement the Social Distancing



**23rd IPS PG CONVENTION 2021
JAIPUR, RAJASTHAN, INDIA**

Certificate
OF ATTENDANCE

presented to

Dr. Kamal Anand Shigli

For having participated as a Delegate at the
23rd Indian Prosthodontic Society Post Graduate Convention
hosted by Mahatma Gandhi Dental College &
hospital, Jaipur, Rajasthan from 2nd-4th July, 2021



MAHATMA GANDHI UNIVERSITY
of
MEDICAL SCIENCES & TECHNOLOGY
JAIPUR

Dr. Akshay Bhargava
President, IPS

Dr. Rupesh P. L.
Secretary, IPS

Dr. Narendra Padiyar
Organising Chairman

Dr. Gaurav Pal Singh
Organising Secretary



D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 05th July, 2021

From: Mr./ Ms /Mrs./ Dr. Kamal Shigli Designation Professor Department Prosthodontics

To,
The Dean/Registrar
D.Y. Patil Dental School,
Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/ EL/ Sick Leave/ ML

Respected Sir,

I will not be able to attend for my duties from 02nd July 21 to 03rd July 21 (Including)

Therefore, request you to grant me the Leave.

Reason for Leave: PG Convention

Total No. of Days 02 days

Address on Leave

Contact No: 807305050

In Her/his absence, I Mr./Ms/Mrs./Dr. Bipin Muley will take care of her/his routine duties.

Signature of reliever Bipin Muley

Contact No. 9028028528

Yours Faithfully Kamal Shigli

Recommendation from the respective Department / Administration.

Mr./ Ms/Mrs./Dr. Kamal Shigli may be/may not be granted the leave from 02/21 to 03/21.

total no. of days 2 She/he has 1 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/

Sick Leave/ML leave may be/may not be granted.

Sectioned/ Not Sectioned Not Sectioned

Est. Section 61214

Registrar Bipin Muley

H.O.D. Signature Kamal Shigli

Dean



इंदिरा गांधी राष्ट्रीय मुक्त विश्वविद्यालय
INDIRA GANDHI NATIONAL OPEN UNIVERSITY



Certificate of Participation

Extended Contact Programme of PGDHE

This is to certify that Dr./Prof./Mr./Mrs./Ms. KAMAL SHIGLI
Enrollment number 2002174896 attended the ECP (Extended Contact Programme), a compulsory component of Post Graduate Diploma in Higher Education (PGDHE) organized through Online Mode by Nodal Regional Centre, Patna in collaboration with 10 Regional Centres from 22nd July 2021 to 31st July 2021.

Dixit

DR. SHAILINI DIXIT, ARD
ECP Coordinator

Nayak

DR. ABHILASH NAYAK
Regional Director



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 04/08/2021

From: Mr./ Ms /Mrs./ Dr. Kamal Singh Designation Professor Department Prosthodontics

To,
The Dean/Registrar
D.Y.Patil Dental School,
Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
I will not be able to attend for my duties from 22nd July '21 to 24th July '21 (Including) 03 days
Therefore, request you to grant me the Leave.

Reason for Leave: Extended Contact Programme by IGNOU

Total No. of Days: 03 days

Address on Leave: _____

Contact No: 8007305050

In Her/his absence, I Mr./ Ms /Mrs./ Dr. Papin Muley will take care of her/his routine duties.

Signature of reliever: [Signature] Contact No. 9028028528

Yours Faithfully
[Signature]

Recommendation from the respective Department / Administration.

Mr./ Ms/Mrs./Dr. Kamal Singh maybe/may not be granted the leave from 22/7/21 to 24/7/21
total no. of days 3 She/he has 9 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/

Sick Leave/ML leave may be/may not be granted. Bal-6

[Signature]
5/8/21
Sectioned/ Not Sectioned

Est. Section

[Signature]
Registrar

H.O.D. Signature _____

Dean



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Date: 04/08/2021

From: Mr./ Ms /Mrs./ Dr. Kamal Singh Designation Professor Department Prosthodontics

To,
The Dean/Registrar
D.Y.Patil Dental School,
Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
I will not be able to attend for my duties from 26th July '21 to 31st July '21 (Including) 06 days
Therefore, request you to grant me the Leave.

Reason for Leave: Extended Contact Programme by IGNOU

Total No. of Days: 06 days

Address on Leave: _____

Contact No: 8007305050

In Her/his absence, I Mr./ Ms /Mrs./ Dr. Papin Muley will take care of her/his routine duties.

Signature of reliever: [Signature] Contact No. 9028028528

Yours Faithfully
[Signature]

Recommendation from the respective Department / Administration.

Mr./ Ms /Mrs./ Dr. Kamal Singh maybe/may not be granted the leave from 26/7/21 to 31/7/21
total no. of days 6 She/he has 6 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/

Sick Leave/ML leave may be/may not be granted. Bal-0

[Signature]
5/8/21
Sectioned/ Not Sectioned

Est. Section

[Signature]
Registrar

H.O.D. Signature _____

Dean



Prof. Dr. Shivajirao Kadam
M.Sc. Ph.D.
Chancellor

Prof. Dr. M. M. Salunkhe
M.Sc. Ph.D. F.R.S.C.
Vice Chancellor

Bharati Vidyapeeth (Deemed to be University) Pune, India.

Founder Chancellor : Dr. Patangrao Kadam

- ★ Accredited with 'A' Grade (2017) by NAAC ★
- ★ Category-I University Status by UGC ★
- ★ NIRF Ranking - 53 ★

"Social Transformation Through Dynamic Education"



Dr. Vishwajeet Kadam
B.Tech. M.S.A. Ph.D.
Pro Vice Chancellor
G. Jayakumar
M.Com. D.P.P.S.S.
Registrar

NOTICE OF MEETING

A meeting of the **Board of Studies in Nursing** will be held on **12th August 2021** at **11:00 am** in the BVDU's College of Nursing, Pune - Satara Road, Pune - 43.

You are requested to make it convenient to attend the meeting.

The agenda of the meeting is given below.

Ref. No. BVU/A15/42/2021-2022

Date: August 03, 2021

Note - Prior permission is necessary for travel by Car.

G. Jayakumar
REGISTRAR

Agenda

1. Confirmation of minutes of the previous meeting.
2. Discussion on Revised B.Sc. Nursing Syllabus.
3. Value added courses for B.Sc., PBBSc. & M.Sc. Nursing course.
4. Add on course for B.Sc., PBBSc. & M.Sc. Nursing course.
5. Review of Research proposal outline for B.Sc., PBBSc. & M.Sc. Nursing course.
6. Any other item with the permission of the chair.

To,

- | | |
|---------------------------|--|
| 1. Dr. N. R. Bhole | Professor, College of Nursing, Sangli. |
| 2. Dr. Santa De | Professor, College of Nursing, Pune - 43. |
| 3. Ms. Pravina Mhadalkar | Professor, College of Nursing, Pune - 43. |
| 4. Dr. Pravin Dani | Professor, College of Nursing, Sangli. |
| 5. Dr. Suresh Ray | Associate Professor, College of Nursing, Pune - 43. |
| 6. Mr. Dhanraj Babu | Associate Professor, College of Nursing, Navi Mumbai. |
| 7. Dr. Sunil Kulkarni | Associate Professor, College of Nursing, Sangli. |
| 8. Dr. Veena Sakhardande | Assistant Professor, College of Nursing, Pune - 43. |
| 9. Dr. Supriya Pottal-Ray | Assistant Professor, College of Nursing, Pune - 43. |
| 10. Dr. Makarand Apte | Associate Professor & H.O.D. Anatomy
Ajinkya D. Y. Patil Dental School, Dr. D. Y. Patil University,
Lohegaon, Charholi, Pune - 412105. |
| 11. Dr. Sonopant Joshi | Professor, Symbiosis College of Nursing, Pune. |

Confirmed - JAE
HOD Anatomy
DYPDS, Pune



D Y Patil Dental School

D Y Patil Knowledge City, Charholi (Bk) via Lohegaon, Pune – 412105

Leave Application Form

Date of Application: 11/08/2021 From: Dr. Makarand V Apte
Department: Human Anatomy · Designation: Associate Professor & HOD

To,
The Dean
D Y Patil Dental School, Pune

Subject: Application for Special Casual Leave

Respected Sir,

It cannot attend my duties on 12/08/2021. Therefore, I request you to grant me the special casual leave.

Reason for leave: Attending BOS meeting at BVDU's Nursing College, Pune.

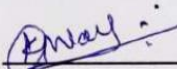
(Copy of related letter is printed on backside)

Total number of days of leave: 1

Address on leave: BVDU's Nursing College, Pune-Satara Road, Pune - 43.

Contact No.: 9730034907

In my absence, Ms. Komal Nale will be my reliever and will take care of my routine duties.

Signature of reliever: 

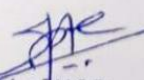
Designation: Assistant Professor Contact No.: 7719982778

Yours sincerely


(Dr. Makarand V Apte)

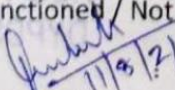
Recommendation from Head of Department / Administration

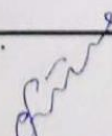
Dr. Makarand V Apte has 15 days balance of Special Casual Leave to his leave account. Therefore, he may be granted the leave on **12/08/2021** for total of 1 day.


Sign and seal of HOD
HOD Anatomy
DYPDS, Pune

Balance: 14 - 1 = 13

Sanctioned / Not Sanctioned


11/8/21
Est. Section


Registrar

Dean



Pune District Education Association's
COLLEGE OF AYURVED & RESEARCH CENTRE

Sector No. 25, Pradhikaran, Nigadi, Pune - 411044 (Maharashtra) India
I.D.No. PU/PNIAJU/081/1990

Ph. : (020) 27659578, 27653965 Fax : (020) 27659578
E-mail : carc2006@rediffmail.com, carcakurdi@gmail.com Website : www.pdaayurvedcollege.org

॥ सर्वे सन्तु निरल्मके ॥



Managing Trustee

Ref. No. 211/2021-22

Date : 15 MAY 2021

President
Ajit Pawar

To,
Dr. Madhav Mutalik
Professor and HOD,
Pharmacology Department,
Dr. D. Y. Patil Dental school,
Charoli, Lohgaon.

Vice President
Rajendra Ghadge

Subject: - Invitation as faculty member for the workshop on
Research Methodology...

Hon. Secretary
Adv. Sandeep Kadam

Respected Sir,

We are glad to inform you that, you have invited as a faculty member for the workshop on Research Methodology and Medical statistics organised by our institute for post graduate students. The details are as follows:-

Treasurer
Adv. Mohanrao Deshmukh

Organized by online on zoom- P.D.E.A's college of Ayurved and Research Centre, Sector 25, Nigdi-Pradhikaran, Near Vitthal Rukmini Temple, Nigdi, Pune 411044.

Dy. Secretary
L. M. Pawar

Date -2nd June 2021

Time -1.30-4.30 p.m.


Detailed timetable is attached with the letter.


Please contact us for any assistance required.

Principal
Dr. Ragini Patil


Thanking you,

Yours faithfully,


Prof. Dr. Yogini R. Kulkarni
Co-ordinator
Contact no. 9822419089


Prof. Dr. Ragini R. Patil
Principal

H. O. D.
Research Methodology
College of Ayurved And Research Centre
Akurdi, Pune - 411 044


Principal
P.D.E.A.S
College of Ayurved And Research Centre
Nigdi, Pune - 411 044.

SHOT ON MI A1
MI DUAL CAMERA



D.Y. PATIL DENTAL SCHOOL
 D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Application Date: _____

From: Mr./ Ms /Mrs./Dr. M. M. Matalik Designation Prof & HOD Department Pharmacology

To,
 The Dean/Registrar
 D.Y. Patil Dental School,
 Lohegaon, Pune.

Sub: Application for CL/ Sp. CL / C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
 I will not be able to attend for my duties from Wed. 2/06/2021 to 06/06/2021 (Including) 1 day
 Therefore, request you to grant me the Leave. college of Ayurved. Akurdi/Nigadi PUNE

Reason for Leave: MUHS workshop speaker

Total No. of Days: ONE DAY

Address on Leave: PUNE

Contact No: 9822482272

In Her/his absence, I Mr./ Ms/Mrs./Dr. Pradnya Rotika will take care of her/his routine duties.

Signature of reliever [Signature] Contact No. 9822482272

Yours Faithfully [Signature]

Recommendation from the respective Department / Administration. SPCL wed 2/6/21
 Mr./Ms /Mrs./Dr. M. M. Matalik may be/may not be granted the leave from 02/06/21 to 06/06/21
 total no. of days ONE DAY She/he has 11 days leave as balance of CL/ Sp. CL / C.OFF/ on Duty/EL/
 Sick Leave/ML leave may be/may not be granted. 11/21

Sectioned/ Not Sectioned 6 H.O.D. Signature [Signature]

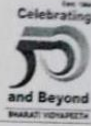
Est. Section Registrar Dean



Bharati Vidyapeeth
(Deemed to be University)

Pune, India

Founder Chancellor : Dr. Patangrao Kadam



Prof. Dr. Shivajirao Kadam

M.Sc., Ph.D.

Chancellor

Prof. Dr. M. M. Salunkhe

M.Sc., Ph.D., F.R.S.C.

Vice Chancellor

* Accredited with 'A+' Grade (2017) by NAAC *
* Category-I University Status by UGC *
* NIRF Ranking - 66 *

"Social Transformation Through Dynamic Education"

Dr. Vishwajeet Kadam

B.Tech, M.B.A., Ph.D

Pro Vice Chancellor

G. Jayakumar

M.Com., Dip.Pub Admn.

Registrar

Ref No. : BVDU / Exam / 346 / 2020-2021

Date : 06/01/2021

To,

Dr. Pradnya Padalkar (Chairman)

Assistant Professor, Department of Biochemistry
Medical College Pune 411043, Mob.: 7758066651

Mrs. Aarti Hajarnavis

Associate Professor, Department of Biochemistry
Ajeenkya D. Y. Patil Dental College, Lohagaon, Pune -
412 105

Mob.: 9423508172

Sir / Madam,

I am directed to appoint you as Paper Setter and / or Examiner in the subject (s) given below for theory at BACHELOR OF SCIENCE (RADIOLOGY and IMAGING TECHNOLOGY) (CBCS - 2019 COURSE) - B. Sc. (RADIOLOGY / LABORATORY) and (ANAESTHESIA and OT TECH / CARDIOVASCULAR TECH) SEM - I (2019/2020) - Examination WINTER 2020

Subject Type	Subject Name	Day & Date	Sets to Draw
	BIOCHEMISTRY (21582)	Monday 11/01/2021	2

This invitation is issued on the assumptions printed overleaf.

External Examiner (s) only: I would further like to request the favour of an immediate confirmation of your acceptance in the enclosed formats to the undersigned and the Chairman separately.

The Internal and External Examiners should report in Bharati Vidyapeeth (Deemed to be University), Examination Section, 6th Floor, Bharati Vidyapeeth Bhavan, L.B.S. Marg, Pune: 411 030 at 10.30 am for the said meeting. Chairman is requested to coordinate with the other Papersetters in the matter as a whole.

In case the External paper setter is unable to attend the meeting of paper setting, the Chairman should get the manuscripts of the question paper (s) from him / her, well in advance, prior to the date of the meeting of the paper setting in a sealed envelope which can be finalized in the meeting. The External Examiner, if required, may contact the Chairman of the subject for a copy of the syllabus and specimen copy of the question paper. On request from the External Examiner, the Chairman is requested to provide the same to the External Examiner accordingly.

The Director, Central Assessment Programme, may invite you for the assessment of answer books, if required. You are requested to co-operate the CAP Director.

Please note that Car travel expenses will not be allowed for Papersetting. However, the actual expenses towards Bus / Rail travel will be reimbursed by transfer of money on producing the tickets. For transfer of money, you are requested to give your bank details in the enclosed form and submit it alongwith your remuneration / travel bills.

Yours faithfully,

Controller of Examinations

Encl : As above

YEAR 2020-21

Indian Medical Association Pune

Code No : MMC/Accre.Cert/IMA-0006/2013



Code No : MMC/MAC/2019/C-014571

Type of CME : Medical

This is to certify that

Dr. JOSHI VINODINI has participated as Delegate

In CPD on Hypertension held on 17-01-2020

Maharashtra Medical Council has granted 1(One) Credit hours for Delegate

Sanjay Patil
Secretary, IMA Pune

Dr. Raju Varyani
Hon. Secretaries, IMA Pune

Dr. Rajan Sancheti
Hon. Secretaries, IMA Pune

Dr. Raju Varyani
MMC Observer

[Download PDF](#)

Dr Pradnya Rofithar Vinodini Joshi



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Application Date: 14/01/2020

From: Mr./ Ms /Mrs./Dr. Pradnya Rofitkar Designation Asst Prof Department Pharmacology

To,
The Dean/Registrar
 D.Y.Patil Dental School,
 Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
 I will not be able to attend for my duties from 17/01/2020 to 17/01/2020 (Including)

Therefore, request you to grant me the Leave.
 Reason for Leave: attending Medical conference

Total No. of Days 1

Address on Leave Pune

Contact No: 9824182272
 In Her/his absence, I Mr./ Ms/Mrs./Dr. N.M. Mitalik will take care of her/his routine duties.

Signature of reliever [Signature] Contact No. 8149207302


Recommendation from the respective Department / Administration.

Mr./Ms/Mrs./Dr. Pradnya Rofitkar maybe/may not be granted the leave from 17/1/20 to 17/1/20
 total no. of days 1 She/he has 15 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/

Sick Leave/ML leave may be/may not be granted. 14 B4


[Signature] H.O.D. Signature

Sectioned/ Not Sectioned
 st. Section 30/1/20 Registrar Dean



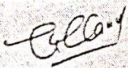
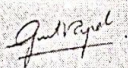
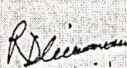
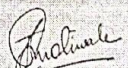
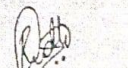
NATIONAL SURGICAL WORKSHOP ON "CORRECTION OF ACQUIRED FACIAL DEFORMITIES"

11TH & 12TH JANUARY 2020



CERTIFICATE OF APPRECIATION

This certificate is presented to Dr. Suhaz Vaze for his valuable and outstanding contribution in the workshop organised by Sri. Anurobindo Institute of Medical Sciences, Indore in collaboration with The Indian Academy of Maxillofacial Surgery.

 PROF. J. N. KHANNA (CHAIRMAN)	 DR. GEETI VAJDI MITRA (ORGANISING CHAIRPERSON)	 DR. RAJESH DHIRAWANI (NATIONAL COORDINATOR)	 DR. TEJAS MOTIWALE (ORGANISING SECRETARY)	 DR. RADHIKA RAMASWAMI (EXECUTIVE SECRETARY)
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D.Y.PATIL DENTAL SCHOOL
 D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Application Date: 06/01/2020

From: Mr./ Ms /Mrs./Dr. Subhas Vaze Designation Professor Department OMFS

To,
 The Dean/Registrar
 D.Y.Patil Dental School,
 Lohegaon, Pune.

Sub: Application for CL/ Sp/CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
 I will not be able to attend for my duties from 10/01/2020 to 11/01/2020 (Including)

Therefore, request you to grant me the Leave.
 Reason for Leave: Surgical workshop faculty.

Total No. of Days Two days

Address on Leave Indore

Contact No: 9822036265

In Her/his absence, I Mr./ Ms/Mrs./Dr. Pratik Hande will take care of her/his routine duties.

Signature of reliever [Signature] Contact No. 8055320040

Yours Faithfully [Signature] (Certificate of attendance mailed to office)

Recommendation from the respective Department / Administration.

Mr./Ms /Mrs./Dr- _____ maybe/may not be granted the leave from _____ to _____

total no. of days 2 She/he has 5 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/

Sick Leave/ML leave may be/may not be granted. 1384

Sectioned/ Not Sectioned
21/1/20

[Signature]
 Registrar

H.O.D. Signature [Signature]
 Dean



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Application Date: 2/3/2020

From: ~~Mr/Ms/Mrs./Dr.~~ ROHAN PULGAONKAR Designation TUTOR Department ORTHO

To,
The Dean/Registrar
D.Y.Patil Dental School,
Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
I will not be able to attend for my duties from 5/3/2020 to 6/3/2020 (Including)
Therefore, request you to grant me the Leave.

Reason for Leave: MUHS Research Conference

Total No. of Days: 2

Address on Leave: AMRAVATI

Contact No: 7972857892

In Her/his absence, I ~~Mr/Ms/Mrs./Dr.~~ Anun R. Mhaske will take care of her/his routine duties.

Signature of reliever: [Signature] Contact No. 8975074379

Yours Faithfully [Signature]

Recommendation from the respective Department / Administration.

Mr./ Ms/Mrs./Dr. [Signature] may/may not be granted the leave from [] to []
total no. of days 2 She/he has 15 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty

Sick Leave/ML leave may be/may not be granted.

Sectioned/ Not Sectioned
[Signature]

Est. Section 9/3/20

[Signature]
Registrar

H.O.D. Signature [Signature]

De



42nd Annual Conference of Maharashtra State Chapter of ASI

CERTIFICATE

NO: MMC/Accre Cert/MED-0067/2013

CPD Code: MMC/MAC/2020/D-014579

That is to Certify that

DR.SANJAY RANADE

has participated as Delegate in MASICON 2020 "42nd Annual Conference of Maharashtra State Chapter of ASI"

Organized by Association of Surgeons of Amravati

held on 24th, 25th & 26th January 2020 at The Grand Mahfil Camp road, Amravati
Maharashtra Medical Council has granted 4 credit hours.

Dr. Narayan Umale
Org. Chairman

Dr. Rajendra Ganerwal
Org. Secretary

Dr. Vilas Manekar
Scientific Committee Chairman

Dr. Ashok Shunkarrao Adhao
MMC Observer
MMC/MAO-00033/2013

Dr. Govindram Jagannath Kodwani
MMC Observer
MMC/MAO-02010/2019



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM
 Application Date: _____

From: Mr./ Ms /Mrs./Dr. _____ Designation _____ Department of
 To, DR. SANJAY RANADE Reader/A.P- SUG
The Dean/Registrar
 D.Y.Patil Dental School,
 Lohegaon, Pune.
 Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML
 Respected Sir,
 I will not be able to attend for my duties from 23rd JAN to 27th JAN 2020 (including)
 (Thursday) (Monday)
 Therefore, request you to grant me the Leave.
 Reason for Leave: State Level SURGERY Conference
 Total No. of Days 5
 Address on Leave MASICON 2020 at Amravati
 Contact No: _____
 In Her/his absence, I Mr./ Ms/Mrs./Dr. _____ will take care of her/his routine d

Signature of reliever _____ Contact No. _____

Yours Faithfully

Recommendation from the respective Department / Administration.

Mr./Ms /Mrs./Dr. _____ maybe/may not be granted the leave from _____ to _____
 total no. of days 5 She/he has 15 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty
 Sick Leave/ML leave may be/may not be granted. 10 Bep

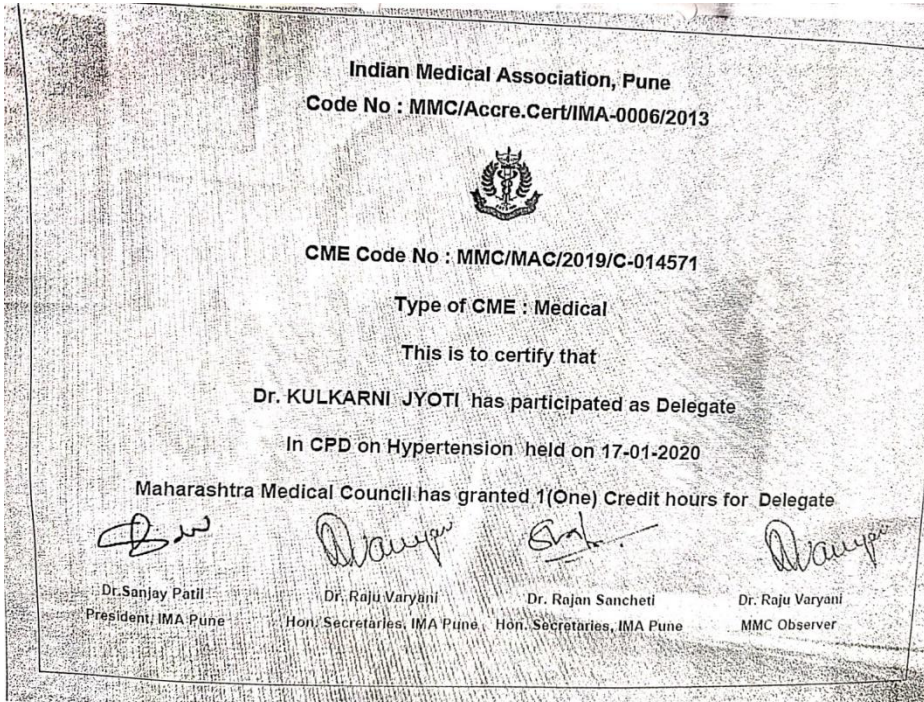
H.O.D. Signature _____

Sectioned/ Not Sectioned

Est. Section

Registrar

Dea





D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Application Date: 14/01/2020

From: Mr./Ms/Mrs./Dr. Tyoti M. Kulkarni Designation Lecturer Department Biochemistry

To,
The Dean/Registrar
D.Y.Patil Dental School,
Lohegaon, Pune.

Sub: Application for CL/Sp.CL/C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
I will not be able to attend for my duties from 17/01/2020 to 17/01/2020 (Including)

Therefore, request you to grant me the Leave.

Reason for Leave: Attending Medical conference

Total No. of Days one

Address on Leave Pune

Contact No: 9422650852

In Her/his absence, I Mr./ Ms/Mrs./Dr. Sneha Pawar will take care of her/his routine duties.

Signature of reliever [Signature] Contact No. 9172801496

Yours Faithfully

Recommendation from the respective Department / Administration.
Mr./Ms/Mrs./Dr. Tyoti M. Kulkarni maybe/may not be granted the leave from 17/01/2020
total no. of days one She/he has 14 days leave as balance of CL/Sp.EL/C.OFF/ on Duty/EL/
Sick Leave/ML leave may be/may not be granted. 14 Bal

Sectioned/ Not Sectioned

Est. Section 3/2/20

[Signature]
Registrar

H.O.D. Signature [Signature]
Dean



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Application Date: 3/3/2020

From: Mr./Ms/Mrs./Dr. Aarti Hajare Designation Asso Prof f Department Biochemistry
Head

To,
The Dean/Registrar
D.Y.Patil Dental School,
Lohegaon, Pune.

Sub: Application for CL/Sp.CL/C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
I will not be able to attend for my duties from 2/3/2020 to _____ (Including)

Therefore, request you to grant me the Leave.

Reason for Leave: to MVHS workshop as faculty

Total No. of Days 1 day

Address on Leave Pune

Contact No: 9890032163

In Her/his absence, I Mr./ Ms /Mrs./ /Dr. Tyoti Kulkarni will take care of her/his routine duties.

Signature of reliever [Signature] Contact No. 9422650852

Yours Faithfully

Recommendation from the respective Department / Administration.
Mr./ Ms/Mrs./Dr. Aarti Hajare maybe/may not be granted the leave from 2/3/2020
total no. of days 1 day She/he has 15 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/
Sick Leave/ML leave may be/may not be granted. 12 Bal

Sectioned/ Not Sectioned

Est. Section 3/3/20

[Signature]
Registrar

H.O.D. Signature [Signature]
Dean

YEAR 2019-2020



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Application Date: 3/15/2019

From: Mr./ Ms /Mrs./ Dr. Anagha shele ----- Designation ----- Department OMDR
To,

The Dean/Registrar
D.Y.Patil Dental School,
Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
I will not be able to attend for my duties from 4/5/19 to ----- (Including)

Therefore, request you to grant me the Leave.
Reason for Leave: 3D Printing intrasoral scanners & CBCT with CAD-CAM

Total No. of Days: 1 day
Address on Leave -----

Contact No: -----
In Her/his absence, I Mr./ Ms /Mrs./ /Dr. Arant chind -----will take care of her/his routine duties.

Signature of reliever [Signature] ----- Contact No. -----

Yours Faithfully [Signature]

Recommendation from the respective Department / Administration.

Mr./ Ms/Mrs./Dr-----maybe/may not be granted the leave from -----to -----
----- total no. of days----- She/he has ----- days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/
Sick Leave/ML leave may be/may not be granted.

H.O.D. Signature [Signature]

Sectioned/ Not Sectioned

Est. Section

Registrar

Dean



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Application Date: 19/3/2019

From: Mr./ Ms /Mrs./ Dr. Anagha shele ----- Designation ----- Department -----
To,

The Dean/Registrar
D.Y.Patil Dental School,
Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
I will not be able to attend for my duties from 19/3/19 to 19/3/19 (Including)

Therefore, request you to grant me the Leave.
Reason for Leave: Photo diagnosis & aid for screening & prevention of oral health

Total No. of Days: 1 day
Address on Leave -----
Contact No: -----

In Her/his absence, I Mr./ Ms /Mrs./ /Dr. Arant chind -----will take care of her/his routine duties.

Signature of reliever [Signature] ----- Contact No. -----

Yours Faithfully [Signature]

Recommendation from the respective Department / Administration.

Mr./ Ms/Mrs./Dr-----maybe/may not be granted the leave from -----to -----
----- total no. of days----- She/he has ----- days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/
Sick Leave/ML leave may be/may not be granted.

H.O.D. Signature [Signature]

Sectioned/ Not Sectioned

Est. Section

Registrar

Dean



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Application Date: 14/11/2019

From: Mr./ Ms /Mrs./Dr. Anagha sheke Designation ----- Department -----
To, -----

The Dean/Registrar
D.Y.Patil Dental School,
Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML
Respected Sir,

I will not be able to attend for my duties from 15/11/19 to 17/11/19 (Including)

Therefore, request you to grant me the Leave.
Reason for Leave: 21st National JDMR Conference Premish amritsar

Total No. of Days 3 days

Address on Leave -----
Contact No: -----

In Her/his absence, I Mr./ Ms/Mrs./Dr. Aranti chink will take care of her/his routine duties.

Signature of reliever [Signature] Contact No. -----

Yours Faithfully [Signature]

Recommendation from the respective Department / Administration.

Mr./Ms /Mrs./Dr. ----- maybe/may not be granted the leave from ----- to -----
----- total no. of days ----- She/he has ----- days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/
Sick Leave/ML leave may be/may not be granted.

H.O.D. Signature [Signature]

Sectioned/ Not Sectioned

Est. Section

Registrar

Dean



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Application Date: 2019

From: Mr./ Ms /Mrs./ Dr. Katibappa GN Designation ----- Department PHD
To, -----

The Dean/Registrar
D.Y.Patil Dental School,
Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML
Respected Sir,

I will not be able to attend for my duties from ----- to ----- (Including)

Therefore, request you to grant me the Leave.
Reason for Leave: 24th IAPHD Conference Ramoji Hyderabad

Total No. of Days 2 days

Address on Leave -----
Contact No: -----

In Her/his absence, I Mr./ Ms /Mrs./ /Dr. ----- will take care of her/his routine duties.

Signature of reliever ----- Contact No. -----

Yours Faithfully

Recommendation from the respective Department / Administration.

Mr./ Ms/Mrs./Dr. ----- maybe/may not be granted the leave from ----- to -----
----- total no. of days ----- She/he has ----- days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/
Sick Leave/ML leave may be/may not be granted.

H.O.D. Signature -----

Sectioned/ Not Sectioned

Est. Section

Registrar

Dean



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK, Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Application Date: 15/12/19 .

From: Mr./ Ms /Mrs./Dr. Arun mhoske Designation ----- Department Ortho

To,
The Dean/Registrar
 D.Y.Patil Dental School,
 Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,
 I will not be able to attend for my duties from 16/12/19 to 16/12/19 (Including)
 Therefore, request you to grant me the Leave.

Reason for Leave: CDE programme TMT disorders demystified

Total No. of Days: 1 day

Address on Leave -----

Contact No: -----
 In Her/his absence, I Mr./ Ms/Mrs./Dr. Vaisha Mezani will take care of her/his routine duties.

Signature of reliever ----- Contact No. 9822650461

Yours Faithful [Signature]

Recommendation from the respective Department / Administration.
 Mr./Ms /Mrs./Dr-----maybe/may not be granted the leave from -----to -----
 ----- total no. of days----- She/he has ----- days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/
Sick Leave/ML leave may be/may not be granted.

H.O.D. Signature [Signature]

Sectioned/ Not Sectioned

Est. Section

Registrar

Dean

YEAR 2018-2019



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Application Date: 7 Sept 2018

From: Mr./ Ms /Mrs./Dr. Dr. Anagha shete Designation ----- Department OMDR

To,
The Dean/Registrar
D.Y.Patil Dental School,
Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,

I will not be able to attend for my duties from 7 sept. 2018 to ----- (Including)

Therefore, request you to grant me the Leave.

Reason for Leave: applications of ultrasound & TENS in gen.dental practise - BVPU.

Total No. of Days: 1 day

Address on Leave -----

Contact No: -----

In Her/his absence, I Mr./ Ms/Mrs./Dr. Aranti chitambar will take care of her/his routine duties.

Signature of reliever ----- Contact No. -----

Yours Faithfully AS

Recommendation from the respective Department / Administration.

Mr./Ms /Mrs./Dr. ----- maybe/may not be granted the leave from ----- to -----
total no. of days ----- She/he has ----- days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/
Sick Leave/ML leave may be/may not be granted.

Sectioned/ Not Sectioned

H.O.D. Signature AS

Est. Section

Registrar



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Application Date: 22/11/2018

From: Mr./ Ms /Mrs./ Dr. Anagha shete Designation ----- Department OMDR

To,
The Dean/Registrar
D.Y.Patil Dental School,
Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,

I will not be able to attend for my duties from 23/11/18 to 25/11/18 (Including)

Therefore, request you to grant me the Leave.

Reason for Leave: 30th national conference 2018 Rajasthan.

Total No. of Days: 3 day

Address on Leave -----

Contact No: -----

In Her/his absence, I Mr./ Ms /Mrs./ /Dr. Aranti chitambar will take care of her/his routine duties.

Signature of reliever ----- Contact No. -----

Yours Faithfully AS

Recommendation from the respective Department / Administration.

Mr./ Ms/Mrs./Dr. ----- maybe/may not be granted the leave from ----- to -----
total no. of days ----- She/he has ----- days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/
Sick Leave/ML leave may be/may not be granted.

Sectioned/ Not Sectioned

H.O.D. Signature AS

Est. Section

Registrar

Dean



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Application Date: 15/10/2018

From: Mr./ Ms /Mrs./Dr. Sachin bhagat Designation ----- Department Periods
 To, -----

The Dean/Registrar
 D.Y.Patil Dental School,
 Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,

I will not be able to attend for my duties from 15/10/18 to ----- (Including)

Therefore, request you to grant me the Leave.

Reason for Leave: Workshop on quality assurance for achieving sustainable health science edu & development.

Total No. of Days 1 day

Address on Leave -----

Contact No: -----

In Her/his absence, I Mr./ Ms/Mrs./Dr. ----- will take care of her/his routine duties.

Signature of reliever ----- Contact No. -----

Yours Faithfully

Recommendation from the respective Department / Administration.

Mr./Ms /Mrs./Dr-----maybe/may not be granted the leave from -----to -----
 ----- total no. of days----- She/he has ----- days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/
 Sick Leave/ML leave may be/may not be granted.

H.O.D. Signature -----

Sectioned/ Not Sectioned

Est. Section

Registrar

Dean



D.Y.PATIL DENTAL SCHOOL
D. Y. Patil Knowledge City, Charholi BK. Via. Lohegaon, Pune-412105
LEAVE APPLICATION FORM

Application Date: 30/7/18.

From: Mr./ Ms /Mrs./Dr. Prasad korande Designation ----- Department Oral pathology
 To, -----

The Dean/Registrar
 D.Y.Patil Dental School,
 Lohegaon, Pune.

Sub: Application for CL/ Sp.CL/ C.OFF/ on Duty/EL/Sick Leave/ML

Respected Sir,

I will not be able to attend for my duties from 1/2/18 to 2/2/18 (Including)

Therefore, request you to grant me the Leave.

Reason for Leave: Workshop in communication skills in healthcare nashik

Total No. of Days 2 days

Address on Leave -----

Contact No: -----

In Her/his absence, I Mr./ Ms/Mrs./Dr. ----- will take care of her/his routine duties.

Signature of reliever ----- Contact No. -----

Yours Faithfully Prasad

Recommendation from the respective Department / Administration.

Mr./Ms /Mrs./Dr-----maybe/may not be granted the leave from -----to -----
 ----- total no. of days----- She/he has ----- days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/
 Sick Leave/ML leave may be/may not be granted.

H.O.D. Signature -----

Sectioned/ Not Sectioned

Est. Section

COMMITTEE STRUCTURE

Institutional Ethics Committee

Institutional Innovation Committee



Government of India
Ministry of Health & Family Welfare
Department of Health Research
(National Ethics Committee Registry for Biomedical and Health Research)

2nd Floor, IRCS Building,
Red Cross Road, New Delhi – 110001
Date : 10-Oct-2023

To

The Chairperson
Institutional Ethics Committee D Y Patil Dental School IEC DYPDS
D Y Patil Dental School D Y Patil Knowledge City, Charholi (BK), City-Pune, District-Pune - Maharashtra - 412105

Subject: Ethics Committee Registration No. EC/NEW/INST/2023/MH/0353 issued under New Drugs and Clinical Trials Rules, 2019

Sir/Madam,

Please refer to your file No. EC/NEW/INST/2020/1115, dated 25-Sep-2020 submitted to this National Ethics Committee Registry for Biomedical and Health Research (NECRBHR, Department of Health Research) for the Registration of Ethics committee.

Please find the enclosed registration of the Ethics committee in form CT-03 vide Registration No. EC/NEW/INST/2023/MH/0353, dated 05-Oct-2023. The said registration is subjected to the conditions as mentioned below.

Yours faithfully,
BISWABANDA N SENAPATI
Digitally signed by
BISWABANDAN SENAPATI
Date: 2023.11.03 17:14:18
+05'30'
(B. Senapati)
Director

PERMISSION LETTER

File No. EC/NEW/INST/2020/1115



Government of India
Ministry of Health & Family Welfare
Department of Health Research
(National Ethics Committee Registry for Biomedical and Health Research)

2nd Floor, IRCS Building,
Red Cross Road, New Delhi – 110001
Date : 05-Oct-2023

FORM CT-03

(See rules 17 and 18)

GRANT OF REGISTRATION OF ETHICS COMMITTEE RELATING TO BIOMEDICAL HEALTH RESEARCH

Registration No. EC/NEW/INST/2023/MH/0353

The designated authority hereby registers and permits Institutional Ethics Committee D.Y. Patil Dental School IECDYPDS, D Y Patil Dental School D Y Patil Knowledge City, Charholi (BK), City-Pune, District-Pune - Maharashtra - 412105 Contact No.: 02067077779 Fax No.: to perform duties of ethics committee as specified in the New Drugs and Clinical Trials Rules, 2019.

2. The ethics committee shall observe the conditions of registration specified in Chapter IV of the New Drugs and Clinical Trials Rules, 2019 and the Drugs and Cosmetics Act, 1940.

Place : New Delhi

Date : 05-Oct-2023

ANU
NAGAR
Digitally signed
by ANU NAGAR
Date:
2023.10.05
14:21:26
+05:30'
Designated Registration Authority
Stamp

IECDYPDS COMPOSITION

File No. EC/NEW/INST/2020/1115

Annexure 1



सत्यमेव जयते

Government of India
Ministry of Health & Family Welfare
Department of Health Research
(National Ethics Committee Registry for Biomedical and Health Research)

2nd Floor, IRCS Building,
Red Cross Road, New Delhi – 110001
Date : 10-Oct-2023

Composition of the Ethics Committee:

S.No.	Name of Member	Qualification	Role/Designation in EC
1	Dr. Anita Anup Barde	Other (Faculty of Medicine , Pharmacology)	Chair Person
2	Dr. Arti M Hajarnavis	BSc (MSc PHD - Biochemistry)	Member Secretary
3	Dr. Pradeep Shetty	BDS (Conservative and Endodontics)	Basic Medical Scientist
4	Dr. Kamal A Shigli	BDS (MDS- Prosthodontics)	Clinician
5	Dr. Pritesh Gawali	Other (Pedodontics and Preventive Dentistry)	Clinician
6	Dr. Sandeep Atmaramji Jethe	Other (Orthodontics)	Clinician
7	Ms. Trushna Satish Kamble	BA-Sociology (MSW- Sociology)	Social Scientist
8	Dr. Kamaljeet Kaur Siddhu	LLB (Master of Laws (LL.M.))	Legal Expert
9	Ms. Sheetal Thorat	Other (Attender)	Lay Person
10	Mr. Vinod Krishna Dolas	BA (Not Applicable)	Member
11	Mr. Onkar Bhosale	B. COM (Not Applicable)	Member
12	Dr. Karibasappa Nagappa	BDS (MDS-Public Health Dentist)	Scientific Member
13	Mr. Vinayal Bhosale	BA (Office Superintendent)	Other Supporting Staff

BISWABAND
AN SENAPATI

Digitally signed by
BISWABAND AN SENAPATI
Date: 2023.11.03 16:46:13
+05'30'

(B. Senapati)
Director



D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Affiliated to the Maharashtra University of Health Sciences, Nashik
Recognized by Dental Council of India


Ref No.: DYPDS/ (4)7







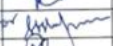



Date: 12/01/2021

CIRCULAR

This is to inform all HODs and PG Guides that all the research that will be carried out at D Y Patil Dental School will have to be subjected to approval by the Institutional Ethical Committee.




Dr. Anand Shigli
DEAN, DYPDS

Department Name	Signature	Department Name	Signature
Oral Medicine and Radiology		Public Health Dentistry	
Oral and Maxillofacial Surgery		Oral Pathology	
Prosthodontics crown and bridge		Microbiology and Pathology	
Conservative and Endodontics		Physiology and Biochemistry	
Orthodontics		Office Superintendent	
Periodontology		BVG	
Pedodontics and Preventive Dentistry		Maintenance Department	



D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Affiliated to the Maharashtra University of Health Sciences, Nashik
Recognized by Dental Council of India

Ref No: DYPDS/३१६९

Date: 05/06/2023

CIRCULAR


To,
All HOD's
DYPDS

Respected HOD's,

This is to inform you all that DYPDS is forming the **Institutional Innovation Committee (IIC)**.

Following is the Composition of the committee.

Sr. No.	Name of the Staff/ Student	Position
1	Dr. Pradeep Shetty	President
2	Dr. Divya Dudulwar	Convenor
3	Dr. Abhijeet Sande	Innovation Activity Coordinator
4	Dr. Virvardhan Patil	Start – up Activity Coordinator
5	Dr. Paulami Bagchi	Internship Coordinator
6	Dr. Anagha Shete	IPR Activity Coordinator
7	Dr. Divya Gupta	Social Media Coordinator
8	Dr. Kamal Shigli	Members
9	Dr. Swati Joshi	Members
10	Dr. Sandeep Jethe	Members
11	Dr. Pritesh Gawali	Members
12	Dr. Geetanjali Jadhav	Members
13	Dr. Ashwini Nerkar	Members
14	Mr. Amol Phadtare	IP/Patent Expert
15	Dr. Shoaib Qureshi	Start – up / Alumni Entrepreneur
16	Mr. Zarka Qadari (J & K Bank)	Bank Coordinator
17	Ms. Pallavi More	Student Member
18	Mr. Omkar Godghe	Student Member
19	Ms. Bhavya Nahata	Student Member
20	Mr. Rishabh Shah	Student Member
21	Mr. Pawan Tale	Student Member


Dr. Anand Shigli
DEAN



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2024

Month	Submissions
Jan	0
Feb	0
Mar	1
Apr	0
May	0
Jun	0
Jul	0
Aug	0
Sep	0
Oct	0
Nov	0
Dec	0

Trend Analysis

1(Submissions)

Category	Percentage
Similar work	46.0%
Own work	54.0%

Document Types

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Invoice Number : BL/n/23-24/221	Exchange Rate : INR
Invoice Date : 7-Mar-24	Exchange Rate Base : INR
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	Reference Date : 1-Mar-24

Details of Receiver | Billed To
DY PATIL DENTAL SCHOOL, PUNE
 DY Patil University Rd,
 Charholi Budruk,
 Pune, Maharashtra 412105
 State : Maharashtra
 State Code : 27
 GSTIN :

Details of Consignee | Shipped to
DY PATIL DENTAL SCHOOL, PUNE
 DY Patil University Rd,
 Charholi Budruk,
 Pune, Maharashtra 412105
 State : Maharashtra
 State Code : 27
 GSTIN :

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COPYRIGHTS



Extracts from the Register of Copyrights



कॉपीराइट कार्यालय, भारत सरकार | Copyright Office, Government Of India

दिनांक/Date: 30/06/2023

1. पंजीकरण संख्या/Registration Number

L-127378/2023

2. आवेदक का नाम, पता तथा राष्ट्रीयता
Name, address and nationality of the applicant

KARIBASAPPA NAGAPPA GUNDA BHAKTA, D. Y PATIL DENTAL SCHOOL, LOHEGAON PUNE, MAHARASHTRA-412105-412105 INDIAN

3. कार्य के कॉपीराइट में आवेदक की रुचि की प्रकृति
Nature of the applicant's interest in the copyrights of the work

AUTHOR

4. कार्य का वर्ग और विवरण
Class and description of the work

LITERARY/DRAMATIC WORK HEALTH CARE PROFESSIONALS FIND THE DIFFICULTY OF WORKING IN OUT REACH PROGRAMS DUE TO ABSENCE OF ADEQUATE SALIIVA ISOLATION,THE CURRENTLY AVAILABLE SALIIVA EJECTORS NEED DENTAL SET UP FOR THEIR WORKING.

5. कार्य का शीर्षक
Title of the work

CHIP BLOWER - AN AUTOMATED ORAL SUCTION DEVICE FOR DENTAL OUTREACH PROGRAMS , A SOLUTION IN PLAIN SIGHT

6. कार्य की भाषा
Language of the work

ENGLISH

7. लेखक का नाम, पता और राष्ट्रीयता तथा यदि लेखक की मृत्यु हो गई है, तो मृत्यु की तिथि
Name, address and nationality of the author and if the author is deceased, date of his decease

KARIBASAPPA NAGAPPA GUNDA BHAKTA, D. Y PATIL DENTAL SCHOOL, LOHEGAON PUNE, MAHARASHTRA-412105-412105 INDIAN

8. कार्य प्रकाशित है या अप्रकाशित
Whether the work is published or unpublished

UNPUBLISHED

9. प्रथम प्रकाशन का वर्ष और देश तथा प्रकाशक का नाम, पता और राष्ट्रीयता
Year and country of first publication and name, address and nationality of the publisher

N.A.

10. बाद के प्रकाशनों के वर्ष और देश, यदि कोई हो, और प्रकाशकों के नाम, पते और राष्ट्रीयताएं
Years and countries of subsequent publications, if any, and names, addresses and nationalities of the publishers

N.A.

11. कार्य में कॉपीराइट सहित विभिन्न अधिकारों के मालिकों के नाम, पते और राष्ट्रीयताएं और असाइनमेंट और लाइसेंस के विवरण के साथ प्रत्येक के अधिकार की सीमा, यदि कोई हो
Names, addresses and nationalities of the owners of various rights comprising the copyright in the work and the extent of rights held by each, together with particulars of assignments and licences, if any

KARIBASAPPA NAGAPPA GUNDA BHAKTA, D. Y PATIL DENTAL SCHOOL, LOHEGAON PUNE, MAHARASHTRA-412105-412105 INDIAN SAKSHI SHRIKANT NARKHEDE, D. Y PATIL DENTAL SCHOOL, LOHEGAON PUNE, MAHARASHTRA-412105-412105 INDIAN DIVYA ARVIND NARSULE, D. Y PATIL DENTAL SCHOOL, LOHEGAON PUNE, MAHARASHTRA-412105-412105 INDIAN

12. अन्य व्यक्तियों के नाम, पते और राष्ट्रीयताएं, यदि कोई हों, जो कॉपीराइट वाले अधिकारों को सौंपने या लाइसेंस देने के लिए अधिकृत हों
Names, addresses and nationalities of other persons, if any, authorised to assign or licence of rights comprising the copyright

N.A.

13. यदि कार्य एक 'कलात्मक कार्य' है, तो कार्य करने वाले व्यक्ति का नाम, पता और राष्ट्रीयता सहित मूल कार्य का स्थान। (एक कलात्मक कार्य के मामले में कार्य पूरा होने का वर्ष भी दिखाया जाना चाहिए)
If the work is an 'Artistic work', the location of the original work, including name, address and nationality of the person in possession of the work. (In the case of an architectural work, the year of completion of the work should also be shown)

N.A.

14. यदि कार्य एक 'कलात्मक कार्य' है जो किसी भी सामान या सेवाओं के संरक्ष में उपयोग किया जाता है या उपयोग करने में स्वतंत्र है, तो आवेदन में कॉपीराइट अधिनियम, 1957 की धारा 45 (क) के प्रकाशन के अनुसार व्यापार चिह्न पंजीयक से प्रमाणन शामिल होना चाहिए।
If the work is an 'Artistic work' which is used or capable of being used in relation to any goods or services, the application should include a certification from the Registrar of Trade Marks in the provision to Sub-Section (1) of Section 45 of the Copyright Act, 1957.

N.A.

15. यदि कार्य एक 'कलात्मक कार्य' है, तो क्या यह डिजाइन अधिनियम, 2001 अंतर्गत पंजीकृत है? यदि हाँ, तो विवरण दें।
If the work is an 'Artistic work', whether it is registered under Designs Act 2001 if yes give details.

N.A.



Registrar of Copyrights



Extracts from the Register of Copyrights



कॉपीराइट कार्यालय, भारत सरकार | Copyright Office, Government Of India

दिनांक/Date: 19/06/2023

1. पंजीकरण संख्या/Registration Number

L-126555/2023

2. आवेदक का नाम, पता तथा राष्ट्रीयता
Name, address and nationality of the applicant

DR PRITESH GAWALI , D Y PATIL DENTAL SCHOOL,
LOHEGAON , PUNE , MAHARASHTRA - 412105-412105
INDIAN
DR RAHUL HEGDE , D Y PATIL DENTAL SCHOOL,
LOHEGAON , PUNE , MAHARASHTRA - 412105-412105
INDIAN
DR ANAND SHIGLI , D Y PATIL DENTAL SCHOOL,
LOHEGAON , PUNE , MAHARASHTRA - 412105-412105
INDIAN
DR KARIBASAPPA NAGAPPA GUNDAHAKTATA , D Y
PATIL DENTAL SCHOOL , LOHEGAON , PUNE ,
MAHARASHTRA - 412105-412105
INDIAN
SAKSHI SHRIKANT NARKHEDE , D Y PATIL DENTAL
SCHOOL , LOHEGAON , PUNE , MAHARASHTRA - 412105-
412105
INDIAN
DIVYA ARVIND NARSULE , D Y PATIL DENTAL SCHOOL ,
LOHEGAON , PUNE , MAHARASHTRA - 412105-412105
INDIAN

3. कार्य के कॉपीराइट में आवेदक की रूचि की प्रकृति
Nature of the applicant's interest in the copyright of the work

OWNER

4. कार्य का वर्ग और विवरण
Class and description of the work

LITERARY/ DRAMATIC WORK TO EXCAVATE CAVIES
USING MINIMALLY INVASIVE TECHNIQUES 2. TO DESIGN
PORTABLE DENTAL HANDPIECE WITHOUT CONNECTION
TO DENTAL SET UP.

5. कार्य का शीर्षक
Title of the work

MICRO - H : MINIMALLY INVASIVE CAVIES REMOVAL
OPERATING HAND - PIECE

6. कार्य की भाषा
Language of the work

ENGLISH

7. लेखक का नाम, पता और राष्ट्रीयता तथा यदि लेखक की मृत्यु हो गई है, तो मृत्यु की तिथि
Name, address and nationality of the author and if the author is deceased, date of his decease

DR PRITESH GAWALI , D Y PATIL DENTAL SCHOOL ,
LOHEGAON , PUNE , MAHARASHTRA - 412105-412105
INDIAN
DR RAHUL HEGDE , D Y PATIL DENTAL SCHOOL ,
LOHEGAON , PUNE , MAHARASHTRA - 412105-412105
INDIAN
DR ANAND SHIGLI , D Y PATIL DENTAL SCHOOL ,
LOHEGAON , PUNE , MAHARASHTRA - 412105-412105
INDIAN

8. कार्य प्रकाशित है या अप्रकाशित
Whether the work is published or unpublished

UNPUBLISHED

9. प्रथम प्रकाशन का वर्ष और देश तथा प्रकाशक का नाम, पता और राष्ट्रीयता
Year and country of first publication and name, address and nationality of the publisher

N.A.

10. बाद के प्रकाशनों के वर्ष और देश, यदि कोई हों, और प्रकाशकों के नाम, पता और राष्ट्रीयताएं
Years and countries of subsequent publications, if any, and names, addresses and nationalities of the publishers

N.A.

11. कार्य में कॉपीराइट सहित विभिन्न अधिकारों के मालिकों के नाम, पता और राष्ट्रीयताएं और असाइनमेंट और लाइसेंस के विवरण के साथ प्रत्येक के अधिकार की सीमा, यदि कोई हों
Names, addresses and nationalities of the owners of various rights comprising the copyright in the work and the extent of rights held by each, together with particulars of assignments and licences, if any

DR PRITESH GAWALI , D Y PATIL DENTAL SCHOOL ,
LOHEGAON , PUNE , MAHARASHTRA - 412105-412105
INDIAN
DR RAHUL HEGDE , D Y PATIL DENTAL SCHOOL ,
LOHEGAON , PUNE , MAHARASHTRA - 412105-412105
INDIAN
DR ANAND SHIGLI , D Y PATIL DENTAL SCHOOL ,
LOHEGAON , PUNE , MAHARASHTRA - 412105-412105
INDIAN
DR KARIBASAPPA NAGAPPA GUNDAHAKTATA , D Y
PATIL DENTAL SCHOOL , LOHEGAON , PUNE ,
MAHARASHTRA - 412105-412105
INDIAN
SAKSHI SHRIKANT NARKHEDE , D Y PATIL DENTAL
SCHOOL , LOHEGAON , PUNE , MAHARASHTRA - 412105-
412105
INDIAN
DIVYA ARVIND NARSULE , D Y PATIL DENTAL SCHOOL ,
LOHEGAON , PUNE , MAHARASHTRA - 412105-412105
INDIAN

12. अन्य व्यक्तियों के नाम, पता और राष्ट्रीयताएं, यदि कोई हों, जो कॉपीराइट में अधिकारों को सौंपने या लाइसेंस देने के लिए अभियुक्त हों

N.A.



Registrar of Copyrights



Dated : 23/03/2023

1. Registration Number	: L-121223/2023
2. Name, address and nationality of the applicant	: KRISHNA INSTITUTE OF MEDICAL SCIENCES "DEEMED TO BE UNIVERSITY", KARAD , NH4, PUNE - BANGALORE HIGHWAY, DIST.SATARA, AGASHIVNAGAR, MALKAPUR, MAHARASHTRA-415539 INDIAN
3. Nature of the applicant's interest in the copyright of the work	: OWNER
4. Class and description of the work	: LITERARY/ DRAMATIC WORK
5. Title of the work	: USE OF MICROMOTOR IN COVID POSITIVE PATIENTS INSTEAD OF AIROTOR TO REDUCE AEROSOL GENERATION
6. Language of the work	: ENGLISH
7. Name, address and nationality of the author and if the author is deceased, date of his decease	: DR RUSHIKESH MAHAPARALE , NH4, PUNE - BANGALORE HIGHWAY, DIST.SATARA, AGASHIVNAGAR, MALKAPUR, MAHARASHTRA-415539 INDIAN DR MUGDHA L. BICHILE , NH4, PUNE - BANGALORE HIGHWAY, DIST.SATARA, AGASHIVNAGAR, MALKAPUR, MAHARASHTRA-415539 INDIAN DR SUDHA MATTIGATTI , NH4, PUNE - BANGALORE HIGHWAY, DIST.SATARA, AGASHIVNAGAR, MALKAPUR, MAHARASHTRA-415539 INDIAN DR KAPIL WAHANE , NH4, PUNE - BANGALORE HIGHWAY, DIST.SATARA, AGASHIVNAGAR, MALKAPUR, MAHARASHTRA-415539 INDIAN
8. Whether the work is published or unpublished	: UNPUBLISHED
9. Year and country of first publication and name, address and nationality of the publisher	: N.A.
10. Years and countries of subsequent publications, if any, and names, addresses and nationalities of the publishers	: N.A.
11. Names, addresses and nationalities of the owners of various rights comprising the copyright in the work and the extent of rights held by each, together with particulars of assignments and licences, if any	: KRISHNA INSTITUTE OF MEDICAL SCIENCES "DEEMED TO BE UNIVERSITY", KARAD , NH4, PUNE - BANGALORE HIGHWAY, DIST.SATARA, AGASHIVNAGAR, MALKAPUR, MAHARASHTRA-415539 INDIAN
12. Names, addresses and nationalities of other persons, if any, authorised to assign or licence of rights comprising the copyright	: KRISHNA INSTITUTE OF MEDICAL SCIENCES "DEEMED TO BE UNIVERSITY", KARAD , NH4, PUNE - BANGALORE HIGHWAY, DIST.SATARA, AGASHIVNAGAR, MALKAPUR, MAHARASHTRA-415539 INDIAN
13. If the work is an 'Artistic work', the location of the original work, including name, address and nationality of the person in possession of the work. (In the case of an architectural work, the year of completion of the work should also be shown).	: N.A.
14. If the work is an 'Artistic work' which is used or capable of being used in connection with any goods or services, the application should be filed from the Registrar of Trade Marks in terms of sub-section (i) of Section 45 of the Copyright Act.	: N.A.
15. If the work is an 'Artistic work', whether it is registered under the Trade Marks Act, 1999, give details.	: N.A.
16. If the work is an 'Artistic work', capable of being registered as a design under the Designs Act 2000, whether it has been applied to an article, or to an industrial process and, if yes, the number of times it is reproduced.	: N.A.
17. Remarks, if any	:

Diary Number : 14695/2022-CO/L

Date of Application : 08-07/2022


Registrar of Copyrights

PATENTS



ORIGINAL
क्रम सं/ Serial No. : 143726



पेटेंट कार्यालय, भारत सरकार | The Patent Office, Government Of India

डिजाइन के पंजीकरण का प्रमाण पत्र | Certificate of Registration of Design

डिजाइन सं. / Design No. 389636-001

तारीख / Date 05/07/2023

पारस्परिकता तारीख / Reciprocity Date*

देश / Country

प्रमाणित किया जाता है कि संलग्न प्रति में वर्णित डिजाइन जो **SMART DENTAL MIRROR WITH CAMERA SENSOR AND WIPER** से संबंधित है, का पंजीकरण, श्रेणी 24-01 में 1.Dr. Rikita Udaybhai Trivedi 2. Dr. Geetanjali Jadhav 3.Dr. Smita Patil Yadav 4.Er. Qazi Saeed Ahmad 5.Dr. Chetana Jagtap 6.Dr. Rajanish Kumar Kaushal 7.Dr. Shweta Jajoo के नाम में उपर्युक्त संख्या और तारीख में कर लिया गया है।

Certified that the design of which a copy is annexed hereto has been registered as of the number and date given above in class 24-01 in respect of the application of such design to **SMART DENTAL MIRROR WITH CAMERA SENSOR AND WIPER** in the name of 1.Dr. Rikita Udaybhai Trivedi 2. Dr. Geetanjali Jadhav 3.Dr. Smita Patil Yadav 4.Er. Qazi Saeed Ahmad 5.Dr. Chetana Jagtap 6.Dr. Rajanish Kumar Kaushal 7.Dr. Shweta Jajoo.

डिजाइन अधिनियम, 2000 तथा डिजाइन नियम, 2001 के अधधीन प्रावधानों के अनुसरण में।
In pursuance of and subject to the provisions of the Designs Act, 2000 and the Designs Rules, 2001.




(Signature)


जारी करने की तिथि : 12/09/2023
Date of Issue

महानियंत्रक पेटेंट, डिजाइन और व्यापार चिह्न
Controller General of Patents, Designs and Trade Marks

*पारस्परिकता तारीख (यदि कोई हो) जिसकी अनुमति दी गई है तथा देश का नाम। डिजाइन का स्वतःवाधिकार पंजीकरण की तारीख से दस वर्षों के लिए होगा जिसका विस्तार, अधिनियम एवं नियम के निबंधनों के अधीन, पाँच वर्षों की अतिरिक्त अवधि के लिए किया जा सकेगा। इस प्रमाण पत्र का उपयोग विधिक कार्यवाहियों अथवा विदेश में पंजीकरण प्राप्त करने के लिए नहीं हो सकता है।
The reciprocity date (if any) which has been allowed and the name of the country. Copyright in the design will subsist for ten years from the date of Registration, and may under the terms of the Act and Rules, be extended for a further period of five years. This Certificate is not for use in legal




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सर्वोच्च न्यायालय

ORIGINAL
क्रम सं/ Serial No.: 146702



पेटेंट कार्यालय, भारत सरकार | The Patent Office, Government Of India

डिजाइन के पंजीकरण का प्रमाण पत्र | Certificate of Registration of Design

डिजाइन सं. / Design No. : 394369-001

तारीख / Date : 02/09/2023

पारस्परिकता तारीख / Reciprocity Date* :

देश / Country : भारत


प्रमाणित किया जाता है कि संलग्न प्रति में वर्णित डिजाइन जो **ANXIETY THERAPY PROVIDING DEVICE** से संबंधित है, का पंजीकरण, श्रेणी 24-01 में **1.Dr. Geetanjali Jadhav 2. Priya Sharma 3.Deepak Tyagi 4.Shobhit Shukla 5.Aakanksha Bajpai 6.Gauri Pundir** के नाम में उपर्युक्त संख्या और तारीख में कर लिया गया है।

Certified that the design of which a copy is annexed hereto has been registered as of the number and date given above in class 24-01 in respect of the application of such design to **ANXIETY THERAPY PROVIDING DEVICE** in the name of **1.Dr. Geetanjali Jadhav 2. Priya Sharma 3.Deepak Tyagi 4.Shobhit Shukla 5.Aakanksha Bajpai 6.Gauri Pundir**.

डिजाइन अधिनियम, 2000 तथा डिजाइन नियम, 2001 के अधधीन प्रावधानों के अनुसरण में।
In pursuance of and subject to the provisions of the Designs Act, 2000 and the Designs Rules, 2001.

जारी करने की तिथि : 25/10/2023

Date of Issue



महानियंत्रक पेटेंट, डिजाइन और व्यापार चिह्न
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The reciprocity date (if any) which has been allowed and the name of the country. Copyright in the design will subsist for ten years from the date of Registration, and may under the terms of the Act and Rules, be extended for a further period of five years. This Certificate is not for use in legal

LIST OF WORKSHOPS CONDUCTED

Year	Name of the workshop/ seminar	Date
2022-23	Workshop on Basic Considerations of Informed consent	01-07-2022
	Seminar on Basics in Research ethics	01-08-2022
	Workshop on How to Write a Research Paper	01-09-2022
	Workshop on Intellectual Property Rights: Basics	17-10-2022
	Seminar on Guidelines for Questionnaire Fabrication	01-12-2022
	Workshop on Quantitative methodology	03-02-2023
	Seminar on Good Clinical Practice -Basics	31-03-2023
	Seminar on Licensing Copyright	07-04-2023
	Workshop on Randomized Clinical trials: Basics	31-05-2023
	Legal Considerations of Informed consent	13-06-2023
	Guest lecture on Tips And Tricks of Documentation	01-07-2023
	Seminar on Ifs and Buts of Plagiarism	10-8-2023
2021-22		
	Seminar on Understanding Statement of Purpose	01-07-2021
	Workshop on Phases of Clinical trials	15-07-2021
	Workshop on Biobanking: The New Arena of Research	03-08-2021
	Workshop on Registration of Copyright	16-10-2021
	Workshop on Basics of Research methodology	27-01-2022
	Seminar Confidentiality and Privacy	07-02-2022
	Workshop on Understanding Plagiarism	14-03-2022
	Guest lecture on Compliance in Research	31-03-2022
2020-21		
	Workshop on Protocols of Clinical Trials	01-07-2020
	Workshop on Questionnaire Construction	16-10-2020
	Guest Lecture on Quality assurance in Research	01-12-2020

	Seminar on Reporting of results and adverse events	15-02-2021
	Workshop on Guidelines for applying for Patent ??	07-04-2021
2019-20		
	Seminar on Data Integrity and quality	01-07-2019
	Seminar on Auditing of Clinical Trials	22-07-2019
	Guest lecture on Pillars of Good Clinical Practice	03-08-2019
	Workshop on Elements of Informed consent	05-09-2019
	Seminar on Concept of Trademark	16-10-2019
	Workshop on lecture on Data Presentation	03-12-2019
	Seminar on Risk Management in Good Clinical Practice	04-02-2020
	Guest lecture on workflow of Best Clinical Practice	13-06-2020
2018-19		
	Seminar on Trademark Registration	08-08-2018
	Workshop on Data analysis	05-09-2018
	Seminar on Copyright infringement	16-10-2018
	Seminar on Principle of Informed consent	01-12-2018
	Seminar on Good Clinical Practice -Basics	04-02-2019
	Seminar on Understanding Statement Of Purpose	05-03-2019
	Seminar on Patent Application	08-04-2019
	Guest lecture on Research Integrity and Compliance	31-05-2019

RESEARCH

Name of the PhD/DM/M. Ch/PG scholar	Name of the Department	Title of the thesis
Dr.Sunil Kalyankar.	Orthodontics	Variation in chin-throat anatomy and pharyngeal airway in skeletal Class I, Class II, Class III malocclusion with hypo and hyper divergent cases in Maharashtra population: A retrospective study.
Dr.Devika Pattanshetti	Orthodontics	Evaluation of stress distribution pattern on buccal shelf screw and buccal shelf area at different forces and angulation-an in vitro finite element study.
Dr.Aakanksha Kedar	Orthodontics	Effect of first premolar extraction with or without anchorage control on maxillary and mandibular third molar angulation.
Dr. Mayuri Thakare	Pedodontics	Evaluation of retention of self etched pit and fissure sealants and flowable composite on first permanent molar among 6-14 year aged children –In vivo study
Dr. Ahilya Prajapati	Pedodontics	Comparison of dental caries experience and salivary parameters among children aged 4-14 with type I diabetes mellitus and healthy controls in Pune –An vivo study.
Dr. Apurva Kamble	Endodontics	Comparative evaluation of three different matrix systems to determine their efficacy in formation of proper contact and contour of class ii composite restorations: An in-vitro study
Dr. Radhika Gadge	Endodontics	Comparative evaluation of antimicrobial efficacy of triple antibiotic paste and triple antibiotic scaffold as intracanal medicament in non-vital teeth: An in-vitro study
Dr. Arnika Maurya	Endodontics	Comparative evaluation of effect of delayed dentin sealing and immediate dentin sealing on shear bond strength of indirect posterior composite restorative material: An in-vitro study.
Dr.Mrunali Tone	Orthodontics	A comparative assessment of streptococcus mutans adhesion and surface roughness on different arch wires.an in vivo study.
Dr.Sanjeet Utekar	Orthodontics	Evaluation of stress distribution pattern on buccal shelf screw and buccal shelf area at different forces and angulation-an in vitro finite element study.
Dr.Shirish Game.	Orthodontics	Evaluation and comparison of periodontal health status in patients wearing Essix and Hawley's retainers -an in vivo study.
Dr. Vijayalaxmi Mohite	Pedodontics	Assessment of morphologic variation in condylar head and sigmoid notch among children in 6-12 years- An in vitro study
Dr Bhagyashri Mune	Pedodontics	Assessment of relationship between BMI, Dental age, Chronological age and skeletal maturity among 6-12years children- An in vitro study
Dr. Manjiri Raje	Endodontics	Comparative evaluation of the effect of reducing agents on the push-out bond strength of epoxy resin and bioceramic based root canal sealers: an in-vitro study'

Dr. Shraddha Padwal	Endodontics	Comparative evaluation of effect of aerated and non-aerated beverages on surface roughness of nanoceramic and microhybrid resin composites: an <i>in-vitro</i> study
Dr. Vishwajit Lokhande	Endodontics	Comparative evaluation of the remaining dentin thickness by conventional hand k- file and three different niti rotary file systems assessed using cone beam computed tomography: an <i>in-vitro</i> study