



# **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 6: Governance, Leadership and Management**

**Key Indicator: 6.3 Faculty Empowerment Strategies**

**Metric: 6.3.2 Average percentage of teachers provided with financial support to attend conferences/workshops towards membership fee of professional bodies during last five years**

**DETAILS OF TEACHERS PROVIDED WITH FINANCIAL SUPPORT**

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**YEAR**  
**2022-23**

## **LEAVE FORMS AND CERTIFICATES**



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

9/3/23 ✓

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 Kamkhedkar will take care of her/his routine duties.

Signature of reliever \_\_\_\_\_ Contact No. 9137072340

Yours Faithfully 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 9 days leave as balance of CL / Sp.CL / E.OFF / on Duty / EL

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

Karande 9/3/23

6/3/23

H.O.D. Signature Karande

Sectioned / Not Sectioned

Est. Section

Registrar

Dean



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



cordially invites you for

# **BASIC RESEARCH METHODOLOGY WORKSHOP**

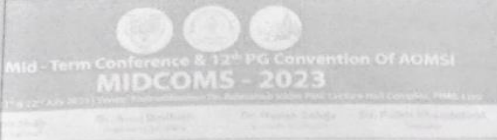
Discover our top pick of topics and speakers. Something for everyone. Something for you. Connect, learn and share

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**



Dear **Dr. Vikram Karande**

Greetings from the 26<sup>th</sup> Mid - Term Conference & 12<sup>th</sup> PG Convention of AOMSI

On behalf of the Scientific Committee of the 26<sup>th</sup> 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 20<sup>th</sup>, 21<sup>st</sup> & 22<sup>nd</sup> July 2023 at Padmabhushan Dr. Balasaheb Vikhe Patil Lecture Hall Complex, PIMS, Loni-Shirdi. The scientific session will hold on 22<sup>nd</sup> July 2023 (11:55 am to 12:15 pm) at Saraswati Hall.

Kindly mail the following details to [scientific.midcoms26@gmail.com](mailto: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 / C.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

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. no Bal.

H.O.D. Signature [Signature]

Sectioned/ Not Sectioned

Est. Section

RS  
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 10<sup>th</sup> 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 Teacher Department OMFS

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

(facial Aesthetic workshop  
at BUP)

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 1

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 [Signature] Contact No. 9823024992

Vaishali  
Yours Faithfully

Recommendation from the respective Department / Administration.

Mr./Ms /Mrs./Dr. Vaishali Pagare maybe/may not be granted the leave from 10/03/23 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. 7/4 Bel.

Sectioned/ Not Sectioned

Est. Section [Signature]

13/3/23

Registrar [Signature]

H.O.D. Signature [Signature]

Dean



**26<sup>th</sup> Midterm Conference  
&  
12<sup>th</sup> PG Convention of AOMSI**

# **26<sup>th</sup> MIDCOMS**

**Theme  
MAXFAX 360°**

**Date  
20<sup>th</sup> - 22<sup>nd</sup> 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 OMES.  
 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. 805532000

Vaishali  
 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 Pratik

Sectioned/ Not Sectioned

Est. Section RS  
17/7/23

Pratik  
 Registrar

Dean

**DPU**

**Dr. D. Y. Patil Vidyapeeth, Pune**

(Deemed to be University)

(Accredited (3<sup>rd</sup> 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. Vaishali**

*has attended the CDE Programme on*

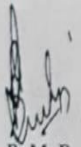
**"Facial Aesthetics and Hair Transplant"**

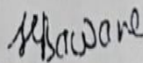
*held on 4<sup>th</sup> September, 2023*

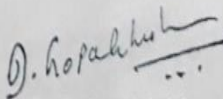
*Organized By*

*Department of Oral & Maxillofacial Surgery*

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

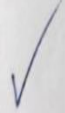
  
**Dr. B. M. Rudagi**  
*Organizing Chairman*

  
**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/Mrs./Dr. Vaishali Pagare Designation Lectures 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" @ Kasad Krishna Dental college

Total No. of Days: 1 day

Address on Leave

Contact No: 9890341571

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

Vaishali  
Yours Faithfully

Recommendation from the respective Department / Administration.

Mr./Ms/Mrs./Dr. Vaishali Pagare maybe/may not be granted the leave from 20/10/23 to -  
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. File Bal.

H.O.D. Signature [Signature]

Sectioned/ Not Sectioned

Est. Section

[Signature]  
11/11/23

Registrar


Dean

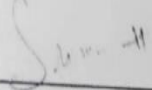
# CERTIFICATE OF PARTICIPATION

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

  
\_\_\_\_\_  
**Dr. Shashikiran N. D.**  
Dean  
School of Dental Sciences

  
\_\_\_\_\_  
**Prof. Dr. Gosla S Reddy**  
Secretary  
Khurshid Moos  
education foundation

\_\_\_\_\_  
**Dr. JN Khanna**  
Chief Trustee  
Khurshid Moos  
education foundation

  
\_\_\_\_\_  
**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 \_\_\_\_\_ 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.

H.O.D. Signature Hande

Sectioned/ Not Sectioned

Est. Section 13  
19/23

Registrar

Dean



**26<sup>th</sup> Midterm Conference  
&  
12<sup>th</sup> PG Convention of AOMS!**

# **26<sup>th</sup> MIDCOMS**

**Theme  
MAXFAX 360°**

**Date  
20<sup>th</sup> - 22<sup>nd</sup> 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: Praytra Institute of Medical Sciences, Loni

Contact No: 9823024992  
In Her/his absence, I Mr./ Ms/Mrs./Dr. Prabir Hande will take care of her/his routine duties.

Signature of reliever [Signature] Contact No. 9855320040

Yours Faithfully

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]

17/7/23

Registrar [Signature]

Dean

**DPU**

**Dr. D. Y. Patil Vidyapeeth, Pune**

(Deemed to be University)

(Accredited (3<sup>rd</sup> 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"**

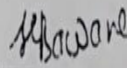
*held on 4<sup>th</sup> September, 2023*

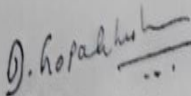
*Organized By*

*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: 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

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 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]

Registrar

Dean

11/9/23

# 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:**

20.08.2023 (7 hours)      23.08.2023 (7 hours)  
21.08.2023 (7 hours)  
22.08.2023 (7 hours)

**Course Language:**

English

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

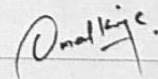
Pune, 23.08.2023



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: 18/8/23

From: Mr./Ms/Mrs./Dr. Praley Hande 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 21/8/23 to 23/8/23 (Including)

Therefore, request you to grant me the Leave.

Reason for Leave: Long. Women up

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 Praley

Recommendation from the respective Department / Administration.

Mr./ Ms/Mrs./Dr. Praley Hande maybe/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. 2-12 Bal,

H.O.D. Signature [Signature]


Sectioned/ Not Sectioned

Est. Section

kg  
25/8/23

Registrar

Dean



## 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



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**Dr. Shashikiran N. D.**

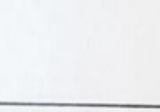
Dean  
School of Dental Sciences



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**Prof. Dr. Gosla S Reddy**

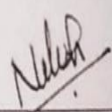
Secretary  
Khurshid Moos  
education foundation



---

**Dr. JN Khanna**

Chief Trustee  
Khurshid Moos  
education foundation



---

**Dr. Nilesh Mishra**

Professor and HOD  
Department of OMFS



LEAVE APPLICATION FORM

Application Date: \_\_\_\_\_

From: Mr./ Ms /Mrs./ Dr. Pratibha Hande 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 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: KARAJ

Contact No: 8055320040

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

Signature of reliever: [Signature] Contact No. 8055320040 9823024992

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 12 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/  
Sick Leave/ML leave may be/may not be granted. 211 Bal.

Sectioned/ Not Sectioned

Est. Section [Signature]  
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**

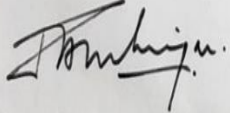


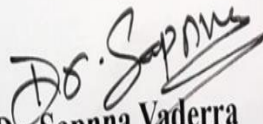
# CERTIFICATE OF PARTICIPATION

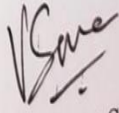
Awarded to

**DR. KAPIL KSHIRSAGAR.**

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

  
**Dr. Rajesh Kshirsagar**  
Principal

  
**Dr. Sapna Vadera**  
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: 13/3/23

From: Mr./ Ms/Mrs./ Dr. KAPIL KUTHEKAR 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 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 WOMANYSANAGAR, 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. 9055320040

Yours Faithfully [Signature]

Recommendation from the respective Department / Administration.  
Mr./ Ms/Mrs./ Dr. KAPIL KUTHEKAR may be/may not be granted the leave from 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

[Signature]  
Registrar

Dean



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 KISHORJI 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: K/19D, LAXMANYA NAGAR, PUNE 411030

Contact No: 9823112682

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 Family

Recommendation from the respective Department / Administration.

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

total no. of days 3 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. 11 Bal.

H.O.D. Signature Pratik

Sectioned/ Not Sectioned

Est. Section

17/7/23

Registrar

Dean



26<sup>th</sup> Mid-Term Conference & 12<sup>th</sup> PG Convention of AOMSI

# MIDCOMS - 2023

Theme: MAXFAX 360°

CERTIFICATE OF ATTENDANCE

THIS IS TO CERTIFY THAT

**Dr. KAPIL KSHIRSAGAR**

has participated as a **Delegate**

at **MIDCOMS 2023** held on **20<sup>th</sup>, 21<sup>st</sup> & 22<sup>nd</sup> July 2023**

at **Pravara Institute of Medical Sciences (PIMS), Loni.**

We appreciate your contribution to success of this conference.

**Dr. Vikas Dhupar**  
President, AOMSI

**Dr. S Girish Rao**  
Hon. Gen. Secretary, AOMSI

**Dr. Manjunath Rai**  
Conference Secretary

**Dr. Seemil V. Shah**  
Organizing Chairman

**Dr. Anuj S. Dadhich**  
Organizing Secretary

**Dr. Pulkit Khandelwal**  
Treasurer

**Dr. Harish Saluja**  
Chairman, Scientific Committee

**DPU**

**Dr. D. Y. Patil Vidyapeeth, Pune**

(Deemed to be University)

(Accredited (3<sup>rd</sup> 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*

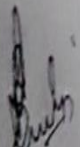
**"Facial Aesthetics and Hair Transplant"**

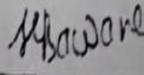
*held on 4<sup>th</sup> September, 2023*

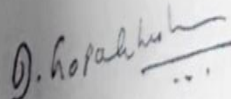
*Organized By*

*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 KHERSAGAR 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, LORMANAYA NAGAR, PUNE 411030

Contact No: 9823112682  
 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 Faithful

Recommendation from the respective Department / Administration.  
 Mr./Ms/Mrs./Dr. KAPIL KHERSAGAR 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. 210 Bal.

H.O.D. Signature [Signature]

Sectioned/ Not Sectioned [Signature]  
 Est. Section 8/9/23

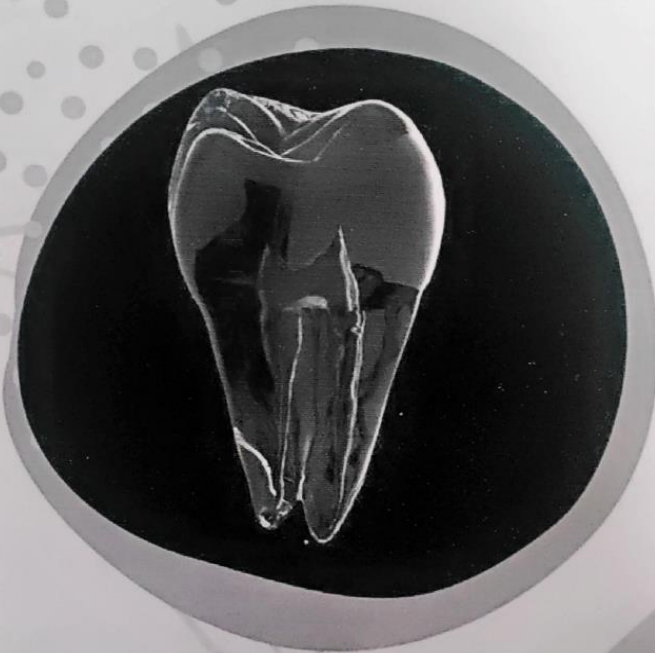
Registrar

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: 11190, LOKMANYA NAGAR, PUNE 411030

Contact No: 982317682

In Her/his absence, I ~~Mr./Ms/Mrs./Dr.~~ NEHA HARANCHEDKAR 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]  
17/9/23

Registrar Dean



**D Y PATIL**  
UNIVERSITY  
SCHOOL OF  
DENTISTRY



# **CERTIFICATE**

THIS IS TO CERTIFY THAT

**DR. VIKRAM KARANDE**

**HAS ATTENDED LECTURE**

**“WALK THE TALK”**

ORGANISED BY  
DEPT OF ORAL & MAXILLOFACIAL SURGERY

ON

11TH JANUARY 2023 AT  
D.Y.PATIL UNIVERSITY, SCHOOL OF  
DENTISTRY

**DR. GAURANG MISTRY**  
DEAN

**DR. TREVILLE PEREIRA**  
VICE DEAN



**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, Mumbai

Total No. of Days: 1

Address on Leave: \_\_\_\_\_

Contact No: 9137072340

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

Signature of reliever \_\_\_\_\_ Contact No. 9137072340

I am Faithfully

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

BEARL  
6/1/23

Sectioned / Not Sectioned

H.O.D. Signature

Section

Registrar

Dean



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. Prasad Karande**

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

Dr. Pravina Kulkarni  
Maharashtra State Dental  
Council Representative

Dr. Ramandeep Duggal  
Principal

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



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. PURAN KARANDE Designation PROFESSOR Department C.D.P. 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 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 (1/2)

Address on Leave: PAGDOLWALA DENTAL COLLEGE

Contact No: 903755885

In Her/his absence, I Mr./ Ms./Mrs./Dr. Moxinal Shete 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. PURAN KARANDE maybe/may not be granted the leave from 17/4/23 to 17/4/23

total no. of days 1/2 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. 9 1/2 Bal

[Signature]  
21/4/23

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: 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: (1/2) one half  
 Address on Leave: Belgaon  
 Contact No: 902255883

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. Prasad Karande may be/may not be granted the leave from 3/11/23 to 4/11/23.  
 ----- total no. of days 1/2 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. = 1/2 Bal

Sectioned/ Not Sectioned [Signature]

H.O.D. Signature [Signature]

Est. Section

Registrar

Dean

6/11/23

30<sup>th</sup> 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**




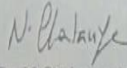
for participating and contributing to the success of  
30<sup>th</sup> National Conference of IAOMP held from 3<sup>rd</sup> to 5<sup>th</sup> November 2023  
organized by Department of Oral and Maxillofacial Pathology & Oral Microbiology  
KLE V. K. Institute of Dental Sciences, Belagavi.




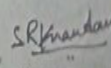
18 CDE POINTS

  
Dr. Seema Hallikerimath  
Organising Chairperson

  
Dr. Punnya Angadi  
Organising Secretary

  
Dr. N Chaitanya Babu  
Hon. President  
IAOMP

  
Dr. Nadeem Joddy  
Hon. Secretary  
IAOMP

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



**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 KARANDHE 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 KARANDHE

Contact No: 9028955885

In Her/his absence, I Mr./ Ms /Mrs./ /Dr. Arvind 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 KARANDHE 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. 11 Bal

[Signature] 5/4/23  
 Sectioned/ Not Sectioned

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

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. F.9-15/2001-U.3  
of the Ministry of Human Resource Development, Govt. of India  
Karad, Dist. - Satara (Maharashtra State) Pin - 415539  
Tel : 02164-241555-8 (Extn. 492)  
Website : [www.kvv.edu.in](http://www.kvv.edu.in) | E-mail: [deansds@kvv.edu.in](mailto: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.

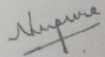
Subject – Invitation to deliver a guest lecture for CDE program.

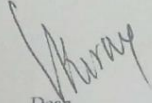
Respected Sir,

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 31<sup>st</sup> 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 1 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. = 1 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)



nirf



EVOLVE • ENHANCE • EMPOWER

**1<sup>st</sup>**

# 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**

20<sup>th</sup> & 21<sup>st</sup>  
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 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 29/4/23 to 29/4/23 (Including)

Therefore, request you to grant me the Leave.

Reason for Leave: EXAM NPTEL (SWAYAM)

Total No. of Days 1/2 half

Address on Leave Pantekdi Hadapsur

Contact No: 9028755885

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

Signature of reliever [Signature] Contact No. 95038 71763

Yours Faithfully

Recommendation from the respective Department / Administration.

Mr./Ms. /Mrs./Dr. PRASAD KARANDE maybe/may not be granted the leave from 29/4/23 to 29/4/23

total no. of days 1/2 She/he has 9/2 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

H.O.D. Signature [Signature]

Sectioned/ Not Sectioned

Est. Section [Signature]  
29/4/23

Registrar [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/ 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: CDF 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. Pranav Kharwal 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

[Signature]  
Sectioned/ Not Sectioned

H.O.D. Signature [Signature]

Est. Section

Registrar

Dean



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

Dr. Pravina Kulkarni  
Maharashtra State Dental  
Council Representative

Dr. Ramandeep Duggal  
Principal

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

# PATHOVISTA

31<sup>st</sup> January 2023

T.P.C.T.'s

Terna Dental College, Nerul, Navi Mumbai



## *Certificate Of Attendance*

Presented to

Dr. Prasad Karande

*for attending Pathovista 2023*

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

Dr. Shishir Singh  
Dean

Dr. Pournima Godge  
Organizing Chairperson

Dr. Sandip Kulkarni  
Scientific Incharge

Dr. Meghana S.M.  
Organizing Secretary



**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. KARAN 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: C.O.F

Total No. of Days: 01

Address on Leave: MUMBAI (TEJANA COLLEGE)

Contact No: \_\_\_\_\_

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

Signature of reliever Anali Contact No. 9075098231

~~Yours Faithfully~~

**Recommendation from the respective Department / Administration.**

Mr./Ms/Mrs./Dr. KARAN KARANDE may be/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 Not Sectioned

H.O.D. Signature [Signature]

Est. Section 1/2/23

Registrar [Signature]

Dean



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, Kanganwala Dental college

Contact No: 9503871763

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 [Signature] 19/4/23

H.O.D. Signature [Signature]

Est. Section

Registrar

Dean



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 Rucha Diwakar Gore

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

Dr. Pravina Kulkarni  
Maharashtra State Dental  
Council Representative

Dr. Ramandeep Duggal  
Principal

Dr. Ajit V Koshi  
Head of Department  
Oral pathology and Microbiology



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

Date: 11/04/2023

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  
10<sup>th</sup> April, '23 (Including)

Respected Sir,  
 I will not be able to attend for my duties from 10<sup>th</sup> April, '23  
 Therefore, request you to grant me the Leave. L.T.C Inspection  
 Reason for Leave: 01  
 Total No. of Days: 1

Address on Leave: Paulansi Bagchi will take care of her/his routine duties.  
 Contact No: 9325067622  
 In Her/his absence, I Mr./ Ms/Mrs./Dr. Paulansi Bagchi Contact No. 9325067622

Signature of reliever Paulansi Bagchi

Yours Faithfully  
Kamal Singh

Recommendation from the respective Department / Administration.  
 Mr./Ms /Mrs./Dr. 1 maybe/may not be granted the leave from 10<sup>th</sup> April to 11<sup>th</sup> April

1 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. 10 Bal

Sectioned/ Not 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**

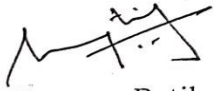
Dr. Sameer Patil  
M.D.S. (Orthodontics & Dentofacial Orthopedics)  
**Principal,  
Professor & Head of Orthodontics**

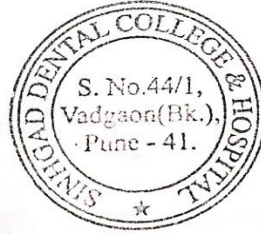
Ref. No.: STES/SDCH/2023/ 532

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 27<sup>th</sup> to 29<sup>th</sup> 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: 25/3/23

From: Mr./ Ms /Mrs./Dr. Kamlesh Shigdi Designation Prof. of 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 27 March 23 to 29 March 23 (Including)  
 Therefore, request you to grant me the Leave.

Reason for Leave: PHD orientation programme Pune.

Total No. of Days: 03

Address on Leave: Pune

Contact No: \_\_\_\_\_  
 In Her/his absence, I Mr/ Ms/Mrs./Dr. Paulami Bageli will take care of her/his routine duties.

Signature of reliever: [Signature] Contact No. 9325047622

Yours Faithfully  
[Signature]

Recommendation from the respective Department / Administration.  
 Mr./Ms /Mrs./Dr. \_\_\_\_\_ may be/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 [Signature]  
 Est. Section 25/3/23

Registrar

Dean



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

Application Date: 15/1/23

From: Mr./ Ms /Mrs./Dr. Sandeep Telhe Designation Professor Department ortho

**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 19/1/23 (Including)

Therefore, request you to grant me the Leave.

Reason for Leave: 38th IACDC National

Total No. of Days: \_\_\_\_\_

Address on Leave: \_\_\_\_\_

Contact No: \_\_\_\_\_

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

Signature of reliever [Signature] Contact No. \_\_\_\_\_

[Signature]  
 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 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.

H.O.D. Signature \_\_\_\_\_

Sectioned/ Not Sectioned [Signature]

Est. Section

15/1/23

Registrar

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



## Department of Orthodontics & Dentofacial Orthopaedics

*Expresses gratitude to*

**DR. SANDEEP JETHE**

Head of the Department  
D.Y.Patil Dental College & Hospital, Lohegaon.

*for gracing the event*

*of*

**ORTHO SYNERGY '23**

**LEARN FROM THE LEGEND:  
DR RAVINDRA NANDA**

Dr. Balvinder Singh Thakkar  
President- IOS

Dr. Sanjay Labh  
Hon Secretary- IOS

Dr. Ravindra Nanda  
Speaker

Dr. G. D. Pol  
Chairman

Dr. Kavita Pol  
Director

Dr. Meghna Vandekar  
Dean, Professor and Chair

ENRICHING MINDS, EMPOWERING FUTURE



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 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: Confers cl

Total No. of Days: 02 (Tues)

Address on Leave: Pune

Contact No: 982720294  
 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. 9026028528

Yours Faithfully  
[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 CL / Sp.CL / C.OFF / on Duty / EL /  
 Sick Leave / ML leave may be/may not be granted. Soi Bat,

Sectioned/ Not Sectioned  
Not Sectioned  
 Est. Section 17/10/23

[Signature]  
 Registrar

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



# DPU

## Certificate of Participation

This Certificate is Presented to

Dr. Paulami Bagchi

for participating in and contributing to the success of the

2nd Maharashtra State IPS Conference,

Organised by the Indian Prosthodontic Society, Pune Branch

in association with Nagpur and Mumbai-Navi-Mumbai branches.

Hosted at Dr. D Y Patil Dental College and Hospital, Pimpri, Pune

from 13th to 15th October 2023.

Indian Prosthodontic Society

**Dr. Chethan Hegde**  
Hon. President IPS

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

**Dr. Sanketh Kethi Reddy**  
Hon. Treasurer, IPS

**Dr. Amit Hindocha**  
Organising Chairman

**Dr. Amit Jagtap**  
Jt. Organising Chairman

**Dr. Vijaysinh More**  
Organising Secretary

**Dr. Nilesh Bulbule**  
Jt. Organising Secretary

**Dr. Vijay Mabrukar**  
Treasurer



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

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

ymtlden@yahoo.com

022-27744429

Ref No. YMTDC/10.59/2023

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.J. 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 12<sup>th</sup> June '23 to 16<sup>th</sup> 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: 98/904 Gateway Towers

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

Signature of reliever Phagchi 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 10 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/  
 Sick Leave/ML leave may be/may not be granted. For Bal.

Dr. Bhatnagar

H.O.D. Signature \_\_\_\_\_

Sectioned/ Not Sectioned

Est. Section

20/6/23

Registrar

Dean

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



# 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. Arjun R. Mhaske Designation Lecturer Department Orthodontics

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 17/1/23 to 18/1/23 (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

duties. Shubhdeepa will take care of her/his routine

Signature of reliever Jayashree

Contact No. 8149875510

Yours Faithfully Arjun R. Mhaske

Recommendation from the respective Department / Administration.

Mr./ Ms/Mrs./Dr. Arjun R. Mhaske may be/may not be granted the leave from 17/1/23 to 18/1/23

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

H.O.D. Signature Sp. H

Dean

Registrar [Signature]

President- IOS

Hon Secretary- IOS

M. J. Vandekar

# 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



## Certificate of Attendance

This is to certify that Dr Arun Mhaske 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

Dr Balvinder Singh Thakkar  
President- IOS

Dr Sanjay Labh  
Hon Secretary- IOS

Dr Ravindra Nanda  
Speaker

Dr Kavita Pol  
Director

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**

Application Date: 17/4/23

From: Mr./ Ms /Mrs./Dr. Prachi Joshi Designation Reader Department Cons & 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, 13/4/23 to \_\_\_\_\_ (Including)

I will not be able to attend for my duties from \_\_\_\_\_

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

Reason for Leave: \_\_\_\_\_

Total No. of Days 1

Address on Leave Mumbai

Contact No: 9820244465 Dr. Divya Budhwar will take care of her/his routine duties.

In Her/his absence, I Mr./ Ms/Mrs./Dr. \_\_\_\_\_ Contact No. 9766376053

Signature of reliever \_\_\_\_\_ Contact No. \_\_\_\_\_

Yours Faithfully

**Recommendation from the respective Department / Administration.** 13/4/23 to \_\_\_\_\_

Mr./Ms /Mrs./Dr. Prachi Joshi maybe/may not be granted the leave from \_\_\_\_\_

total no. of days 4 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. 3 Bal

Sectioned / Not Sectioned 17/4/23

Est. Section

[Signature]  
 Registrar

H.O.D. Signature [Signature]  
 Dean



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

[Signature]  
**Dean** 17/4/23  
**Nair Hospital Dental College,**  
**Mumbai**  
 Nair Hospital Dental College



D. Y. Patil Knowledge City, Chhatrapati S. V. Vasthkar Marg, Lohegaon, Pune  
LEAVE APPLICATION FORM

Application Date: 17/4/23

From: Mr./ Ms /Mrs./ Dr. Vinod Kamthi 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 13/4/23 to \_\_\_\_\_ (Including)

Therefore, request you to grant me the Leave.

Reason for Leave: 1. duty LTC inspection

Total No. of Days 1 day

Address on Leave 9975237950

Contact No: Dr. Divya Dandekar will take care of her/his routine

In Her/his absence, I Mr./ Ms /Mrs./ Dr. \_\_\_\_\_ Contact No. 9766376053

Signature of reliever \_\_\_\_\_

Yours Faithfully

Recommendation from the respective Department / Administration.

Mr./ Ms/Mrs./Dr. Vinod Kamthi maybe/may not be granted the leave from 13/4/23

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

[Signature]  
Registrar

H.O.D. Signature [Signature]  
Dean

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

[Signature]  
(Dr. Anil Kumar Gaur  
Director

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

Email - [director@aiipmr.gov.in](mailto:director@aiipmr.gov.in)  
Website: [www.aiipmr.gov.in](http://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.

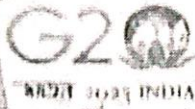
दिनांक: 13/4/2023

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 13<sup>th</sup> 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



# 57<sup>th</sup> Indian Orthodontic Conference - Meerut

Date: 15<sup>th</sup>, 16<sup>th</sup> & 17<sup>th</sup> 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  
57<sup>th</sup> Indian Orthodontic Conference  
held from 15<sup>th</sup> to 17<sup>th</sup> 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  
57<sup>th</sup> IOC

*Vaibhav*  
Dr. Vaibhav Mehra  
Organizing Secretary  
57<sup>th</sup> IOC

*Munish*  
Dr. Munish Reddy  
Sculpture Controller  
57<sup>th</sup> IOC

*Shishir*  
Dr. Shishir Singh  
Treasurer  
57<sup>th</sup> IOC

0840



# 57<sup>th</sup> Indian Orthodontic Conference - Meerut

Date: 15<sup>th</sup>, 16<sup>th</sup> & 17<sup>th</sup> 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. Sharesh 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. Varsha Mezani 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. Sharesh 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/E  
Sick Leave/ML leave may be/may not be granted. 08 Bal.

H.O.D. Signature: [Signature]

Not Sectioned: [Signature]

Registrar

Dea



**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 Baghi 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 11.02.23 to \_\_\_\_\_ (Including)

Therefore, request you to grant me the Leave.

Reason for Leave: Prof. conv for IP's event

Total No. of Days: 01

Address on Leave: home

Contact No: 9881970294

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 [Signature]

**Recommendation from the respective Department / Administration.**

Mr./ Ms/Mrs./Dr. Paulani Baghi may be/may not be granted the leave from 11.02.23 to \_\_\_\_\_

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.

Sectioned / Not Sectioned

Est. Section

Boone  
13/23

10 Bal  
[Signature]  
 Registrar

H.O.D. Signature [Signature]  
15/02/23  
 Dean



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

Date: 13<sup>th</sup> 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 11<sup>th</sup> July '23 to 12<sup>th</sup> 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: 98/904 Gateway Towers, Madhapur

Contact No: 8002305050

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

Signature of reliever: Phagla 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. 3/04

Pune 02/07/23  
ctioned/ Not Sectioned

st. Section

Registrar

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

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

**This is to certify that**

**Dr./Mr./Smt. Dr. Kamal Anand Shigli**

has participated as a Delegate in

**Laboratory Animal Handling, Care and Various Experimental Techniques**

held from 11-Jul-2023 to 21-Jul-2023

Organised by

Department of Pharmaceutical Medicine, MUHS, Nashik in Collaboration with the National Centre for Cell Science, Pune

Approved vide letter no. MUHS/DPM/318/2023 , dated 06-Jul-2023

Certificate Barcode :



  
Registrar  
MUHS, Nashik

Date : 31-Jul-2023 Time : 20:43:50



**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)

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

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

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

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]  
 Date 05/12/20

Notioned/ Not Sectioned

Section

Registrar

Dean

**(Course Director)** **Head of OIC**



**51<sup>st</sup>**  
**INDIAN PROSTHODONTIC SOCIETY CONFERENCE**  
7th - 10th December, 2023, Goa  
*Blending- Skill, Precision & Perfection*

**CERTIFICATE  
OF ATTENDANCE**

AWARDED TO

**DR. BIPIN YASHWANTRAO MULEY**

for having participated as a **Delegate** at the  
51<sup>st</sup> Indian Prosthodontic Society Conference at  
Dr. Shyama Prasad Mukherjee Stadium, Goa on  
December 7-10, 2023.



Dr. Chethan Hegde  
President, IPS

Dr. Jangala Hari  
Hon. Secretary, IPS

Dr. K. Mahalinganathan Reddy  
Organizing Chairman

Dr. U.V. Gandhi  
Organizing Chairman

Dr. Sanketh Kethi Reddy  
Organizing Secretary

# 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 Dolyhin*  
Dr. V. Gopikrishna  
Secretary IES

*Vivek Hegde*  
Dr. Vivek Hegde  
Conference Chairman

*Sarvesha Bhandwe*  
Dr. Sarvesha Bhandwe  
MUPS Convener



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

Application Date: 1/3/23

From: Mr./ Ms /Mrs./ Dr. Prachi Joshi Designation Reader Department Cons & med

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 3/3/23 to 5/3/23 (Including)  
 Therefore, request you to grant me the Leave.

Reason for Leave: PG Convocation 2023  
 Total No. of Days 2  
 Address on Leave Amangalad  
 Contact No: 9820264165

In Her/his absence, I Mr./ Ms /Mrs./ Dr. Dinpa Dinkhar 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-----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]  
 Dean

Sectioned/ Not Sectioned  
 Est. Section [Signature]

[Signature]  
 Registrar



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.

*Prachi Joshi*

Dean

**Nair Hospital Dental College**

**Mumbai**

**Dean**  
Nair Hospital Dental College



**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 PASTH

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 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

During his absence, I Mr./ Ms/Mrs./Dr. Achish Bhagat / Dr. Akshay Sante will take care of her/his routine duties.

Signature of reliever: [Signature] Contact No. 8007450387, 7499940

Faithfully

Recommendation from the respective Department / Administration.

By: 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/ML leave may be/may not be granted.

= 0.5 Bal.

Signature of Not Sectioned

H.O.D. Signature [Signature]

Name

RS  
18/12/23

Registrar

Dean



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 Orthodont  
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 Meezli

Contact No: 9822650641

In Her/his absence, I Mr./ Ms/Mrs./Dr. Nasha 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.

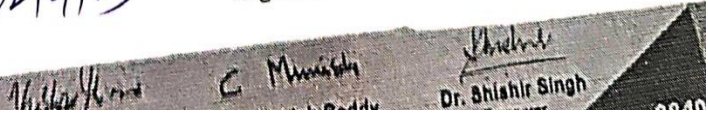
H.O.D. Signature [Signature]

Sectioned/ Not Sectioned [Signature]

Est. Section

24/9/23

Registrar





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

Application Date: 25/11/23

From: Mr./ Ms /Mrs./ Dr. Dalishub Kumbhar Designation Powder 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 30/11/23 to 3/12/23 (Including)  
 Therefore, request you to grant me the Leave.

Reason for Leave: -----  
 Total No. of Days: 05  
 Address on Leave: -----

Contact No: -----  
 In Her/his absence, I Mr./ Ms /Mrs./ /Dr. Divya Gupta will take care of her/his routine duties.

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

[Signature]  
 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 4 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/  
 Sick Leave/ML leave may be/may not be granted. = 30 Bal,

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

Sectioned/ Not Sectioned

Est. Section

[Signature]  
25/11/23

Registrar

Dean



# 38<sup>th</sup> 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  
38<sup>th</sup> IACDE National Conference 2023 held from

30<sup>th</sup> November to 3<sup>rd</sup> 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



D.Y. PATIL DENTAL SCHOOL

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

Application Date: 24/11/23

From: Mr./ Ms /Mrs./Dr. Divya Dudulwar Designation Reader Department Cons & Ethics  
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 30/11/23 to 3/12/23 (Including)  
Therefore, request you to grant me the Leave.

Reason for Leave: 30th IABE National Conference 23

Total No. of Days 5

Address on Leave Pune.

Contact No: \_\_\_\_\_

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

Signature of reliever [Signature] Contact No. \_\_\_\_\_

[Signature]  
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 36 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/  
Sick Leave/ML leave may be/may not be granted. = 31 Bal

H.O.D. Signature \_\_\_\_\_

Sectioned/ Not Sectioned

Est. Section [Signature]  
24/11/23

Registrar

Dean

From: Mr./Ms./Mrs./Dr. Divya Duduloo



# 38<sup>th</sup> IACDE National Conference 2023, Kolkata



INDIAN ASSOCIATION OF CONSERVATIVE DENTISTRY AND ENDODONTICS

## Certificate of Appreciation Presented to

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

during **38<sup>th</sup> IACDE National Conference 2023** held from  
**30<sup>th</sup> November to 3<sup>rd</sup> 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



Singhad Institutes

**Singhad 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  
Singhad 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 Dudhwar 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. 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 \_\_\_\_\_ 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

Fct. Section

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

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

Date: 16/11

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)

Request you to grant me the Leave.

Reason: Endo course

Days: 2

Address: Impression dental clinic, Pimpri

Contact No: 9923708190

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

Believer AS Contact No. 7387594717

Signature

Signature from the respective Department / Administration.

Dr. \_\_\_\_\_ maybe/may not be granted the leave from \_\_\_\_\_  
no. of days 2 She/he has 15 days leave as balance of CL/ Sp.CL/ C.OFF/  
ML 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

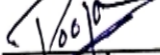
Address on Leave Mumbai

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. -----

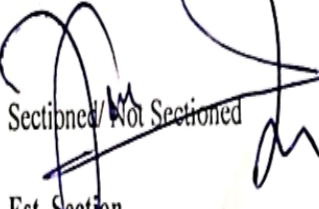
Yours Faithfully

  
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  
Est. Section

Registrar

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

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 Reader Department Prosthodontics

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

(2 Special Leaves)

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

I am expected Sir,  
 If I not be 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 mother implant course

No. of Days: 2

Address on Leave: Mumbai

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

Signature of reliever: Dr Paulami Bagechi Contact No. 981720294

Sincerely,  
 BGM

Recommendation from the respective Department / Administration.

Mr./Ms./Dr. \_\_\_\_\_ maybe/may not be granted the leave from \_\_\_\_\_ to \_\_\_\_\_

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

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

H.O.D. Signature Kamdar  
 11/09/2023

Approved/ Not Sectioned BGM  
 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)

*Choi Ok*

Kyoo-Ok Ch  
Head of OI

OSSTEM<sup>®</sup>  
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

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 15 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/  
Sick Leave/ML leave may be/may not be granted. 210 Bcd.

H.O.D. Signature [Signature]

Sectioned/ Not Sectioned

Est. Section

[Signature]  
25/9/23

Registrar

Dean



# 57<sup>th</sup> Indian Orthodontic Conference - Meerut

Date: 15<sup>th</sup>, 16<sup>th</sup> & 17<sup>th</sup> 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  
57<sup>th</sup> Indian Orthodontic Conference  
held from 15<sup>th</sup> to 17<sup>th</sup> September, 2023  
at Maangalaya Convention Center in Swami Vivekanand Subharti  
University, Meerut.

We appreciate your contribution to the success of this conference.



*Balwinder*  
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  
57<sup>th</sup> IOC

*Vaibhav Mishra*  
Dr. Vaibhav Mishra  
Organizing Secretary  
57<sup>th</sup> IOC

*Munish Reddy*  
Dr. Munish Reddy  
Scientific Convener  
57<sup>th</sup> IOC

*Shishir Singh*  
Dr. Shishir Singh  
Treasurer  
57<sup>th</sup> IOC

0842



# 57<sup>th</sup> Indian Orthodontic Conference - Meerut

Date: 15<sup>th</sup>, 16<sup>th</sup> & 17<sup>th</sup> 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  
57<sup>th</sup> Indian Orthodontic Conference  
held from 15<sup>th</sup> to 17<sup>th</sup> 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  
57<sup>th</sup> IOC

*Valbhav*  
Dr. Valbhav Mishra  
Organizing Secretary  
57<sup>th</sup> IOC

*Munish*  
Dr. Munish Reddy  
Scientific Convener  
57<sup>th</sup> IOC

*Shahir*  
Dr. Shahir Singh  
Treasurer  
57<sup>th</sup> 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: 9822650461

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

Signature of reliever [Signature] Contact No. 9822650641

Yours Faithfully

Recommendation from the respective Department / Administration.

Mr./Ms./Mrs./Dr. Sandeep Jethu may be/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 cal.

H.O.D. Signature [Signature]

Sectioned/ Not Sectioned

Est. Section [Signature] 09/9/23

Registrar

Dean



33rd National Conference

**IAOMR**  
NAT CON  
BHUBANESWAR

# 33<sup>rd</sup> National Conference of IAOMR 8<sup>th</sup> – 10<sup>th</sup> December 2022

**THEME: “EMERGING TRENDS IN ORAL MEDICINE AND RADIOLOGY”**

*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 Shete Designation Prof. & HOD Department OMDR  
 To, 29/11/22

**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 Nerde 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 Shete 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 RE

30/11/22

Registrar [Signature]

Dean



# 56th INDIAN ORTHODONTIC CONFERENCE

"Mavens to Millennials"

Scanned with CamScanner

## Certificate of Attendance

18 CDE  
Points\*

Presented to

**Dr. Jayashree Manikandan**

for having participated as a Delegate at the

## 56th INDIAN ORTHODONTIC CONFERENCE

from 16<sup>th</sup> - 18<sup>th</sup> 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 Convenor

Dr. Gauri Vichare  
Scientific Convenor

Dr. Jayesh S Rahalkar  
Organizing Secretary

Dr. Shallesh Deshmukh  
Organizing Chairman

Dr. Sridevi Padmanabhan  
Hon Secretary, IOS

Dr. Sitkeshna Chalasani  
President, IOS



1237



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

LEAVE APPLICATION FORM

Date: 12/09/22

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

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: Orthodontics Conference.

Total No. of Days: 03

Address on Leave: Pune

Contact No: 999709326

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. Jayashree M may be/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. 14/09/22

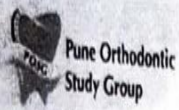
[Signature]  
Sectioned / Not Sectioned

Est. Section 28/9/22

[Signature]  
Registrar

H.O.D. Signature [Signature]

Dean



# Certificate of Attendance

18 CDE Points\*

Presented to

**Dr. Suyog Shendage**

for having participated as a Delegate at the

**56th INDIAN ORTHODONTIC CONFERENCE**

from 16<sup>th</sup> - 18<sup>th</sup> 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 Convenor

Dr. Gauri Vichare  
Scientific Convenor

Dr. Jayesh S Rahalkar  
Organizing Secretary

Dr. Shallesh 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. Suyog Shendge 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 17/09/22 (Including)

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

Total No. of Days: 2  
 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

**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 17/09/22  
 total no. of days 2 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.

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 Sectioned/ Not Sectioned  
 Est. Section 2019/12

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Shinde  
 Registrar

H.O.D. Signature Shinde  
 Dean



# Certificate of Attendance



Presented to

**Dr. Arun Mhaske**

for having participated as a Delegate at the

## 56th INDIAN ORTHODONTIC CONFERENCE

from 16<sup>th</sup> - 18<sup>th</sup> 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. Sri Devi Padmanabhan  
Hon Secretary, IOS

Dr. Sri Krishna 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

**Recommendation from the respective Department / Administration.**

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

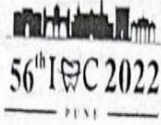
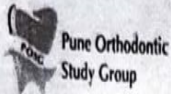
Pune  
 Sectioned / Not Sectioned

Est. Section 28/9/22

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 Registrar

H.O.D. Signature Sethi

Dean



**56th  
INDIAN  
ORTHODONTIC  
CONFERENCE**

**"Mavens to Millennials"**

**Certificate of Attendance**



Presented to

**Dr. Shailesh Dongre**

for having participated as a Delegate at the

**56th INDIAN ORTHODONTIC CONFERENCE**

from 16<sup>th</sup> - 18<sup>th</sup> 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 Convenor

Dr. Gauri Vichare  
Scientific Convenor

Dr. Jayesh S Rahalkar  
Organizing Secretary

Dr. Shailesh Deshmukh  
Organizing Chairman

Dr. Sridevi Padmanabhan  
Hon Secretary, IOS

Dr. Srikrishna Chalasani  
President, IOS



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**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. Sharesh 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. Sharesh Dongre maybe/may not be granted the leave from 16/9/22 to 17/09/22

----- total no. of days 02 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. 10 Bal ✓

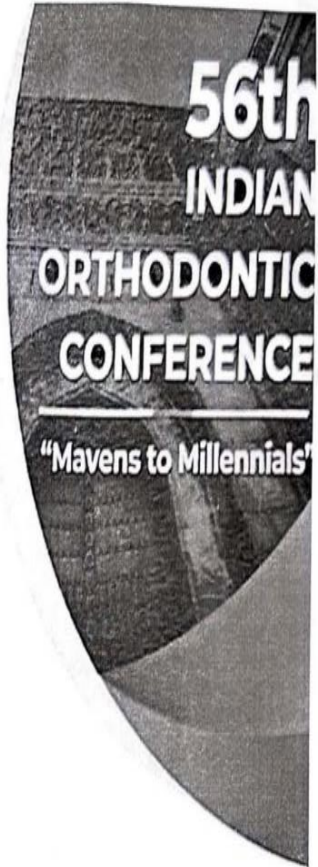
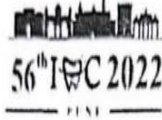
[Signature]  
 Sectioned/ Not Sectioned

Est. Section 28/9/22

[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 16<sup>th</sup> - 18<sup>th</sup> September, 2022 at Bharati Vidyapeeth Educational Campus, Pune

Dr. Aji 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: 12<sup>th</sup> Sep 2022 ✓

From: Mr./Ms./Mrs./Dr. Vaasha Meeran 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 <sup>Conference</sup>

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 Meeran may be/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

H.O.D. Signature \_\_\_\_\_

Dean



# 56th INDIAN ORTHODONTIC CONFERENCE

“Mavens to Millennials”

## Certificate of Appreciation

Presented to

Dr. Sandeep Jethi

for contributing as a Chairperson in the scientific session at the

## 56th INDIAN ORTHODONTIC CONFERENCE

from 16<sup>th</sup> - 18<sup>th</sup> 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. Shailesh 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. Sandeep Jetha Designation Professor Department O-Orthodontics  
 To, HO

**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 1st 22

Total No. of Days 3

Address on Leave Pune

Contact No: 9822164241

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 5 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/

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

Sectioned/ Not Sectioned  
[Signature]

Est. Section [Signature]

[Signature]  
 Registrar


H.O.D. Signature [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 9<sup>TH</sup> 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. )

A black and white portrait of a man with a full, dark beard and mustache, wearing a suit and tie. The portrait is set within an oval frame that has a glowing, halo-like effect around it.



**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. Anaghe Shelke Designation Prof HOD 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 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: 9422690911  
 In Her/his absence, I Mr./ Ms/Mrs./Dr. Abhijeet Sande 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 Shelke 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. 684

[Signature]  
 Sectional / Not Sectioned  
 Est. Section 31/10/22

[Signature]  
 Registrar

H.O.D. Signature [Signature]  
 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, 2<sup>nd</sup> 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](http://www.msdcmbai.org.in)  
E-mail: [cdemsdcmbai@gmail.com](mailto: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  
5<sup>th</sup> 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 Shete Designation Asst. 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: 1

Address on Leave: Pune

Contact No: 9420490711

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 Shete maybe/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.

[Signature]  
 Sectioned/ Not Sectioned

Est. Section 14/11/22

[Signature]  
 Registrar

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/1921/2022

तारीख .....15.07.2022.....

**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 15<sup>th</sup> July, 2022 at Ayurvedia 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 Hajare 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 15/7/22 to ----- (Including)

Therefore, request you to grant me the Leave. Member of LIC for MVHS 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 Hajare

**Recommendation from the respective Department / Administration.**

Mr./Ms/Mrs./Dr. Arti Hajare may be/may not be granted the leave from 15/7/22 to -----  
 ----- total no. of days 1 day 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  
3/8/22  
 Est. Section

BB  
for  
BB  
 Registrar

H.O.D. Signature Arti Hajare  
 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, Hos  
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. Hajarnani 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: 1 day

Total No. of Days: 1 day

Address on Leave: Jalampur

Contact No: 9890032163

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

Signature of reliever A. Pawar Contact No. 9975378101

Yours Faithfully  
Arti. M. Hajarnani

**Recommendation from the respective Department / Administration.**

Mr./Ms/Mrs./Dr. Arti. M. Hajarnani 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.

Sectioned / Not Sectioned  
Sectioned  
30/8/22

Est. Section

1 Bal  
[Signature]  
 Registrar

H.O.D. Signature [Signature]

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 : 05<sup>th</sup> 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 5<sup>th</sup> 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. MHS 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 Parkhalkar will take care of her/his routine duties.

Signature of reliever Parkhalkar Contact No. 9423269435

Yours Faithfully Swati

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

Mr./Ms /Mrs./Dr. Swati Joshi maybe/may not be granted the leave from 05/07/2022  
 ----- 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 6/17/22  
 Est. Section 6/17/22  
 Registrar Shilpa

H.O.D. Signature Swati  
 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 07/08/2022 to 10/08/2022 (Including)

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

Total No. of Days: \_\_\_\_\_  
 Address on Leave: Pune

Contact No: 9623466287  
 In Her/his absence, I Mr./ Ms /Mrs./ /Dr. Shalaja Parhalkar will take care of her/his routine duties.

Signature of reliever: Parhalkar Contact No. 9423269435

Yours Faithfully Swati Joshi

**Recommendation from the respective Department / Administration.**  
 Mr./ Ms/Mrs./Dr. Swati Joshi maybe/may not be granted the leave from 07/08/2022 to 10/08/2022 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. 10/08/22

Parhalkar  
 Sectioned/Not Sectioned  
5/8/22  
 Est. Section

Swati Joshi  
 Registrar

H.O.D. Signature Swati Joshi  
 Dean

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

20<sup>th</sup> & 21<sup>st</sup>  
October 2023

Theme

“Embracing the  
Changing trends in  
Oral Medicine and  
Radiology”

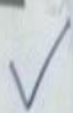
Venue

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 Shet Designation Prf. SHD Department OMOR  
 To, Application Date: 16/10/23

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: 9423493311

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

Signature of reliever Ranish Bahadur Contact No. 9689378089

Yours Faithfully Shet

**Recommendation from the respective Department / Administration.**

Mr/ Ms/Mrs./Dr. Anagha Shet 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. 768 Bel.

Sectioned/ Not Sectioned Not Sectioned  
 Est. Section 16/10/23

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



**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: bc program at Terna dental college

Total No. of Days 1

Address on Leave \_\_\_\_\_

Contact No: 9925720693

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

Signature of reliever [Signature] Contact No. 942349071

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. 2/4 Bal

H.O.D. Signature [Signature]

Sectioned/ Not Sectioned [Signature]

Est. Section

3/2/23

Registrar

Dean

# PATHOVISTA

31<sup>st</sup> 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  
**34<sup>th</sup> NATIONAL IAOMR CONFERENCE - 2023**  
Organized by  
Department of Oral Medicine and Radiology  
Bapuji Dental College and Hospital & College of Dental Sciences, Davangere.

 **Date**  
**1<sup>st</sup> to 3<sup>rd</sup> December**  
**2023**

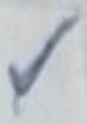
 **Venue**  
**Bapuji Auditorium,**  
**Davangere,**  
**Karnataka.**

**Days Left**

			
<b>DAYS</b>	<b>HOURS</b>	<b>MINUTES</b>	<b>SECONDS</b>



**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. Arungha Shet 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

Paper  
 present

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: 9920490211

In Her/his absence, I Mr./Ms/Mrs./Dr. Ashwini Neekar 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. Arungha Shet 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 [Signature]

Sectioned/ Not Sectioned

Est. Section [Signature]  
21/11/23

Registrar [Signature]

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. PRASAD P. KARANDE has attended the CDE Programme  
(lecture/hands on) "*Aestheclub 2022*" on 15<sup>th</sup>/16<sup>th</sup>/17<sup>th</sup> 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 Gaikwad  
Organizing Secretary



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. Manoj Kharanikar 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: Participating in "CDE" conference.

Total No. of Days 2 days (two)

Address on Leave B.V.P. Kharanikar

Contact No: 9028755885

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

Signature of reliever [Signature] Contact No. 9503871763

Yours Faithfully  
[Signature]

Recommendation from the respective Department / Administration.

Mr./ Ms/Mrs./Dr. Manoj Kharanikar 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  
20/1/22  
 Est. Section

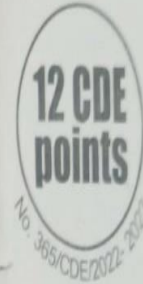
[Signature]  
 Registrar

H.O.D. Signature [Signature]  
 Dean

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



# CERTIFICATE OF ATTENDANCE



This Certificate is awarded to,

Dr. PRASAD KARANDE

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

Dr. Tushar Vora  
President  
IDA MSB

Dr. Vikas Patil  
Hon. Secretary  
IDA MSB

Dr. Meenakshi Desai  
CDE Convener  
IDA MSB

Dr. Akshay Raut  
President  
IDA Hadapsar

Dr. Pratik Raut  
Hon. Secretary  
IDA Hadapsar

Dr. Nitin Sapat  
Treasurer  
IDA Hadapsar

Dr. Rajiv Nayak  
CDE Convener  
IDA Hadapsar

Dr. Apoorv Sahu  
CDE Convener  
IDA Hadapsar

Dr. Saurabh Birla  
Scientific Committee  
IDA Hadapsar

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. PARSHAD 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: ATTENDEE ZONAL CONFERENCE

Total No. of Days: 01

Address on Leave: HADAPSAR

Contact No: 902875588

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

Signature of reliever [Signature] Contact No. 9503871763

Yours Faithfully [Signature]

Recommendation from the respective Department / Administration.  
 Mr./ Ms/Mrs./Dr. PARSHAD 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. [Signature]  
 H.O.D. Signature

Sectioned/ Not Sectioned

Est. Section [Signature]

[Signature]  
 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. KIRAN KESWANI has attended the CDE Programme  
 (lecture/hands on) "*Aestheclub 2022*" on 15<sup>th</sup>/16<sup>th</sup>/17<sup>th</sup> 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 15<sup>th</sup> & 16<sup>th</sup> 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 BVP Katka

Contact No: 9689996662

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

Signature of reliever: [Signature] 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

[Signature]  
 Sectioned/ Not Sectioned  
19/12/22

[Signature]  
 Registrar

H.O.D. Signature \_\_\_\_\_

Est. Section

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

Respected Sir,

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 SHETTY

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. \_\_\_\_\_ may be/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.

[Signature]  
Sectioned / Not Sectioned

[Signature]

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

Est. Section

12/12/22

Registrar

Dean



8<sup>th</sup> 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 8<sup>th</sup> Annual Conference of Maharashtra State Chapter of AOMSI

held on April 07<sup>th</sup> 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: Confucial

Total No. of Days: 1

Address on Leave: Nagar

Contact No: 9923708190

In Her/his absence, I Mr./ Ms/Mrs./Dr. Tshita Jakhani 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 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 Bay

[Signature]  
 Sectioned/ Not Sectioned

Est. Section 11/4/22

[Signature]  
 Registrar

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

Dean

# CERTIFICATE OF ATTENDANCE

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

This Certificate is awarded to,

*Dr. PAULAMI BAGCHI*

for attending the 3rd Zonal Convention of IDA MSB 2022 hosted by IDA HADAPSAR BRANCH  
at Suzlon One Earth, Hadapsar, on the 25<sup>th</sup> and 26<sup>th</sup> 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. Paulani Bagli 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 on 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: Kodaplan

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. PAULANI maybe/may not be granted the leave from on 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

ghure  
 Registrar

H.O.D. Signature

kankeyar  
27/06/22  
 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*

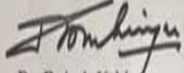
Certified that Dr. PAULAMI BAGCHI has attended the CDE Programme  
(lecture/hands on) "Aestheclub 2022" on 15<sup>th</sup>/16<sup>th</sup>/17<sup>th</sup> December, 2022 for 18 hours duration  
organized by Bharati Vidyapeeth (Deemed to be University) Dental College and Hospital, Pune.  
MSDC Accredited 11 CDE Points (MSDC/CDE/1559/2022-2023 dated 25-11-2022)


  
Dr. Omkar Balsarf  
MSDC Representative


  
Dr. Madhavi Mhapuskar  
Guest Speaker

  
Dr. Pradip Shetty  
Guest Speaker

  
Dr. Niranjan Vatkari  
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 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 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 / A/P

Contact No: 9881720294

In Her/his absence, I Mr./ Ms/Mrs./Dr. Bipin Muleu 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 maybe/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 RJ  
2/1/22

[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 :



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 PROSPHODONT  
 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<sup>th</sup> Aug '22 to 10<sup>th</sup> 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 \_\_\_\_\_ Contact No. \_\_\_\_\_

Kausal Singh  
 Yours Faithful

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. 804

Papin Muley  
 Sectioned/ Not Sectioned

H.O.D. Signature \_\_\_\_\_

Est. Section

Registrar

Dean



50<sup>th</sup> Golden Jubilee  
CONFERENCE  
INDIAN PROSTHODONTIC SOCIETY



10<sup>th</sup>-13<sup>th</sup> 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 50<sup>th</sup> Golden Jubilee Conference of the Indian Prosthodontic Society  
held on 10<sup>th</sup>-13<sup>th</sup> November 2022 at New Delhi

Dr. Mahesh Verma  
Organizing Chairman

Dr. V Rangarajan  
President, IPS

Dr. Jangala Hari  
Hon. Secretary, IPS

Dr. U. V. Gandhi  
Conference Secretary

Dr. Manesh Lahori  
Organizing Secretary

Dr. Ravindra Savadi  
Scientific Committee Chairperson

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: 09<sup>th</sup> Nov, 2022

From: Mr./ Ms /Mrs./Dr. Kamal Singh Designation Professor & 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** 14<sup>th</sup> Nov

Respected Sir,  
 I will not be able to attend for my duties from 10<sup>th</sup> Nov 2022 to 12<sup>th</sup> 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 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  
Sectioned  
15/11/22

Est. Section

Bagchi  
 Registrar

H.O.D. Signature \_\_\_\_\_

Dean



# महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हसळ, 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. कलिदास द. चव्हाण  
एच.बी.बी.एस., एम.डी. (न्यायवैद्यशास्त्र), 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 | <b>Dr. JAISHRI SANJAY PAGARE</b><br>Government Dental College &<br>Hospital, Aurangabad   | <b>Chairman</b> | Mob. : 9890612144<br>Email: drjaishripagare@gmail.com    |
| 2 | <b>Dr. PARAG DATTATRAY HADGE</b><br>D. Y. Patil Dental School, D. Y. Patil<br>Knowledge City, Charoli, Via<br>Lohegaon, Pune  | <b>Member</b>   | Mob. : 9527098345<br>Email : paraghadge@yahoo.com        |
| 3 | <b>Vd. PRAKASH RAMKISHANRAO<br/>CHONDIKAR</b><br>Shree Saptashrungi Ayurved<br>Mahavidyalaya & Hospital, Kamal<br>Nagar, Hirawadi, Panchavati,<br>Nashik - 422 003. | <b>Member</b>   | Mob. : 9890096200<br>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 21/06/22 to 22/06/22 (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: 9527098345

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 21/06/22 to 22/06/22  
 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. 10 Bal

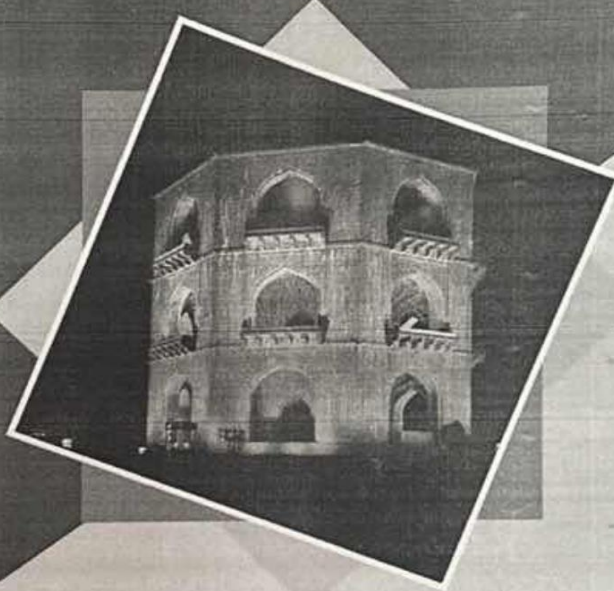
[Signature]  
 Sectioned/Not Sectioned  
 Est. Section 24/6/22

[Signature]  
 Registrar

[Signature]  
 H.O.D. 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. Rajit Kshirsagar will take care of her/his routine duties.

Signature of reliever Rajit Contact No. 9823112682

Vaishali  
 Yours Faithfully

Recommendation from the respective Department / Administration.

Mr./Ms/Mrs./Dr. Vaishali Pagare maybe/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. 1284

Sectioned/Not Sectioned

Est. Section 11/4/22

H.O.D. Signature [Signature]

Dean

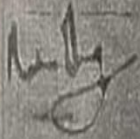
Registrar [Signature]

# 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**  
IDI director, Mentor

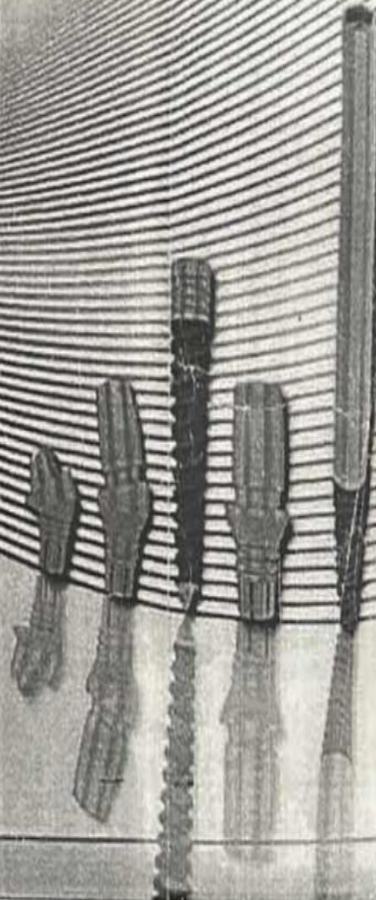


**Dr. Divye Malhotra**  
Oral & Maxillofacial Surgery, MDS



**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. Pratibha Hande Designation Reader Department OMA

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.  
 Reason for Leave: Implant workshop & lecture

Total No. of Days: ONE DAY

Address on Leave: Pune

Contact No: 885522040

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,  
Pratibha

Recommendation from the respective Department / Administration.  
 Mr./Ms /Mrs./Dr. Pratibha Hande may/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. 14821

Sectioned/ Not Sectioned 9/1/22

H.O.D. Signature Hande  
20/1/22



8<sup>th</sup> Maharashtra State Chapter Conference  
Association of Oral & Maxillofacial Surgeon's of India in Association with  
Dr. Vitthalrao 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 8<sup>th</sup> Annual Conference of Maharashtra State Chapter of AOMSI  
as Faculty / Delegate held on April 07<sup>th</sup> - 9<sup>th</sup> 2022 at  
Dr. Vitthalrao 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 Salunke**  
Scientific Chairman

MSDC/CDE/09/2022-2023 Dated 05/04/2022 18 CDE Points



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

Date: 03/04/22

From: Mr./Ms/Mrs./Dr. Pratik Hande 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: Amnadrnagar

Contact No: \_\_\_\_\_  
 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 Pratik

**Recommendation from the respective Department / Administration.**  
 Mr./Ms/Mrs./Dr. Pratik Hande maybe/may not be granted the leave from 07/04/2022 to 09/04/2022  
 ----- total no. of days 03 ----- 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. Yes

Sectioned/Not Sectioned  
 Est. Section 19/04/22

Bat  
 Registrar

H.O.D. Signature Pratik Hande  
 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: \_\_\_\_\_ (Including)  
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 Keshirager will take care of her/his routine duties.

Signature of reliever Kapil Karande Contact No. 982312682

Yours Faithfully

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. 12/20/21

[Signature]  
Section / Not Sectioned  
Est. Section

[Signature]  
Registrar

H.O.D. Signature [Signature]

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, KIMS DU, Karad & credited with 10 CDE points  
MSDC/CDE/886/2022-2023 dated 12/09/2022

Dr. Bjarang 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. Pitresh Pawali will take care of her/his routine duties.

Signature of reliever \_\_\_\_\_ Contact No. 8308000500

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 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.

[Signature]  
Sectioned/ Not Sectioned

Est. Section 8/10/22

11/9/22  
[Signature]  
Registrar

H.O.D. Signature [Signature]  
Dean

# Indian Society of Pedodontics & Preventive Dentistry



PEOPLE'S  
UNIVERSITY

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

DR. MOUSUMI SINGH  
PRESIDENT, ISPPD

DR. NIKHIL SRIVASTVA  
SECRETARY, ISPPD

DR. PARIMALA KULKARNI  
ORGANIZING CHAIRPERSON

DR. VIRINDER GOYAL  
CONFERENCE SECRETARY

DR. SHIKHA MALI  
ORGANIZING SECRETARY



D. Y. PATIL DENTAL SCHOOL

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

Date: 22/1/12

From: Mr./ Ms /Mrs./Dr. Mr. Keshav Gaud Designation Teacher Department Pododontology

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 22/1/12 to 26/1/12 (Including)

Therefore, request you to grant me the Leave.

Reason for Leave: Proferance

Total No. of Days: 5

Address on Leave: Dhule

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. \_\_\_\_\_ maybe/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.

Prasad  
Sectioned/ Not Sectioned

Est. Section

S.B.  
Registrar

H.O.D. Signature

Pranali  
28/1/12  
Dean



International Association  
of Dental Traumatology



ARCEDT 2022 AGRA



Indian Society of  
Dental Traumatology

## Certificate of Appreciation

This is to certify that  
*Dr. Pritesh Gawali*  
made a scientific presentation in  
**1<sup>st</sup> Asian Regional Congress of  
Dental Traumatology**  
17<sup>th</sup> & 18<sup>th</sup> 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. Rishabh Gaud 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: Apa

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.

Done 23/12/22  
 Sectioned/ Not Sectioned

4 Bal  
 Registrar

[Signature]  
 H.O.D. Signature

Est. Section

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 15<sup>th</sup>/16<sup>th</sup>/17<sup>th</sup> December, 2022 for 12 hours duration  
organized by Bharati Vidyapeeth (Deemed to be University) Dental College and Hospital, Pune.

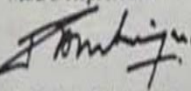
MSDC Accredited 11 CDE Points (MSDC/CDE/1559/2022-2023 dated 25-11-2022)


  
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. Durga Gupta Designation Venturer 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. Pradi Joshi will take care of her/his routine

duties. Signature of reliever: [Signature] Contact No. 9820244165

Yours Faithfully  
[Signature]

Recommendation from the respective Department / Administration.  
 Mr./ Ms/Mrs./Dr. Durga Gupta maybe/may not be granted the leave from 15/12/22 to 16/12/22  
 ----- total no. of days 2 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 [Signature] 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 15<sup>th</sup>/16<sup>th</sup>/17<sup>th</sup> 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)

Dr. Omkar Balsarf  
MSDC Representative

Dr. Madhavi Mhapuskar  
Guest Speaker

Dr. Pradip Shetty  
Guest Speaker

Dr. Niranjana Varkar  
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: 31/12/22

From: Mr./ Ms /Mrs./ Dr. Abhijit Bajalkot Designation TU to v Department Mrs. D. Endo

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 (1DE)

Total No. of Days 2

Address on Leave \_\_\_\_\_

Contact No: 9890829596

In Her/his absence, I Mr./ Ms /Mrs./ /Dr. Pradip 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. Abhijit Bajalkot maybe/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.

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 15<sup>th</sup>/16<sup>th</sup>/17<sup>th</sup> 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)

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 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 Rambhi 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: -----

Total No. of Days: 2 days.

Address on Leave -----

Contact No: -----

In Her/his absence, I Mr./ Ms/Mrs./Dr. Dr. Peralbi 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 Rambhi 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.

H.O.D. Signature [Signature]

Sectioned/ Not Sectioned

Est. Section [Signature]

Registrar [Signature]

Dean [Signature]



(ISTHMUS 2022)

**PAPER PRESENTATION SCHEDULE (12<sup>TH</sup> 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.

*paper presentation at National Conf,  
 Isthmus 2022*

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

Reason for Leave: conference paper presentation by self

Total No. of Days: one

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

**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 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. 13 Bal

Sectioned/ Not Sectioned

Est. Section

[Signature]  
 11/3/22

[Signature]  
 Registrar

H.O.D. Signature [Signature]

Dean

**YEAR**  
**2021-22**

CERTIFICATE OF  
ATTENDANCE



isp 2021

45<sup>th</sup> 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)

**Dr. Nympha Pandit**  
President, ISP

**Dr. Harpreet Singh Grover**  
Hon. Secretary, ISP

**Dr. Vijay Deshmukh**  
Organizing Chairman

**Dr. D. Gopalakrishnan**  
Organizing Secretary

**Dr. Nitin Dani**  
Conference Secretary

**Dr. Sharath Shetty**  
Treasurer

**Dr. Sangeeta Muglikar**  
Scientific Chairperson

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 22.10.21 (Including)

Therefore, request you to grant me the Leave.  
Reason for Leave: JIP 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. Anuja Moharir will take care of her/his routine duties.

Signature of reliever: Anuja 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

H.O.D. Signature

Est. Section

Registrar

Dean

CERTIFICATE OF  
ATTENDANCE



isp 2021

45<sup>th</sup> 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)

Dr. Nympha Pandit  
President, ISP

Dr. Harpreet Singh Grover  
Hon. Secretary, ISP

Dr. Vijay Deshmukh  
Organizing Chairman

Dr. D. Gopalakrishnan  
Organizing Secretary

Dr. Nitin Dani  
Conference Secretary

Dr. Sharath Shetty  
Treasurer

Dr. Sangeeta Muglikar  
Scientific Chairperson

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 Mutta 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: TSP 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 Mutta may be/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

25/10/21

Sectioned/ Not Sectioned

Est. Section

Registrar

H.O.D. Signature [Signature]

Dean

# CERTIFICATE

OF COMPLETION

THIS CERTIFICATE IS PROUDLY PRESENTED TO

**Dr. Rakesh Mutha**

for successfully completing the 3-day clinical workshop

**AUGMENTATION IN  
ORAL IMPLANTOLOGY**

17-19 Dec 2021 Pune



*Amol Thorat*  
Dr. Amol Thorat



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 Hodge will take care of her/his routine duties.

Signature of reliever [Signature] Contact No. 9527098345

[Signature]  
Yours Faithfully

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. Not

[Signature]  
20/12/21  
Sectioned/ Not Sectioned

Est. Section

[Signature]  
Registrar

H.O.D. Signature [Signature]  
Dean

CERTIFICATE OF  
ATTENDANCE



isp 2021

45<sup>th</sup> ISP NATIONAL  
CONFERENCE (VIRTUAL) 2021 PUNE

Presented to

**Dr. Parag Hadge**

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)

Dr. Nympha Pandit  
President, ISP

Dr. Harpreet Singh Grover  
Hon. Secretary, ISP

Dr. Vijay Deshmukh  
Organizing Chairman

Dr. D. Gopalakrishnan  
Organizing Secretary

Dr. Nitin Dani  
Conference Secretary

Dr. Sharath Shetty  
Treasurer

Dr. Sangeeta Muglikar  
Scientific Chairperson

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. 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 21/10/21 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 Mohanir / Dr. Reshmi Bhagat will take care of her/his routine duties.

Signature of reliever [Signature] Contact No. 9875815946 / 8007379361

[Signature]  
 Yours Faithfully

**Recommendation From the respective Department / Administration.**  
 Mr./ Ms /Mrs./ Dr. Parag Hodge 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-b

[Signature]  
 25/10/21  
 Sectioned/ Not Sectioned

[Signature]  
 H.O.D. Signature

Est. Section

Registrar

Dean



# 35<sup>th</sup> IACDE NATIONAL CONFERENCE 2021



"Elixir Of Minimalism"

## CERTIFICATE OF ATTENDANCE



Presented to

*Dr. Divya Gaurav Dudulwar*

For attending and contributing to the success of 35<sup>th</sup> IACDE National Conference 2021  
held on 27<sup>th</sup> and 28<sup>th</sup> February 2021 at Guwahati , Assam.

Dr. V Chandrashekhar  
PRESIDENT IACDE

Dr. T Murl  
CONFERENCE SECRETARY

Dr. A. C. Bhuyan  
CHAIRPERSON, ORGANISING COMMITTEE

Dr. Rubi Kataki  
SECRETARY, ORGANISING COMMITTEE

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 Budhwar Designation Radiation Department Dept. of Cons & 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: Grand National Conference

Total No. of Days: 02

Address on Leave: Kiran shree Grand Gundhuti

Contact No: 9766376053

In Her/his absence, I Mr./ Ms /Mrs./ Dr. Vinod Kautli 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 Budhwar maybe/may not be granted the leave from 26/2/21 to 27/2/21

total no. of days 2 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.

Sectioned/ Not Sectioned 12/3/21

Est. Section


[Signature]  
 Registrar

H.O.D. Signature

[Signature]  
 24/02/21  
 Dean

✓  
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

To Payee



PRADEEP BHIMARAJ

XXXXXXXXXX33



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

**tropdoc**

★ **Smile Design & Occlusion** ★

**Virtual Certification  
Ceremony**

**26th October, 4.00pm onwards**





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

ENRICHING MINDS, EMPOWERING FUTURE

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, 11<sup>th</sup> January 2021 at 9.30am

Kindly acknowledge the invitation & your acceptance at the earliest.

Thanking you,

Yours sincerely,

*MJ 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](mailto:dentalymt@gmail.com)

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

Date: 08/01/21 ✓

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 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 Bansal may/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  
[Signature]

Bal-14  
[Signature]  
Registrar

H.O.D. Signature [Signature]  
08/01/2021  
Dean

Est. Section



**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 Bausd 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: Khanshree Grand Gupwabeli

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 Bausd maybe/may not be granted the leave from 26/02/21 to 26/02/21

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. SB

[Signature]  
 Sectioned/ Not Sectioned

Est. Section

[Signature]  
 Registrar

H.O.D. Signature [Signature]

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

News Letter Editor  
Dr. Mahima Tilakchand

Executive Committee Members  
Dr. Anand Patil  
Dr. Jayshree Hegde Anil  
Dr. Lakshmi Balaji  
Dr. Lora Mishra  
Dr. Mahantesh Yeli  
Dr. Murali Krishna  
Dr. Nandita Bansal  
Dr. Niranjana 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. Vinod 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

From: Mr./ Ms /Mrs./ Dr. Nandila 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: EC Meeting Bagalkot

Total No. of Days: 01  
 Address on Leave: PMNM Dental college, Bagalkot  
 Contact No: 9766875153

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

Signature of reliever: Dr. Anurupa Gupta Contact No. 9284910420

Yours Faithfully

**Recommendation from the respective Department /Administration.**  
 Mr./ Ms/Mrs./Dr. Nandila 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 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 29/4/21

1289  
 Registrar

H.O.D. Signature [Signature]  
 Dean



"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,

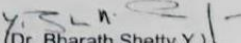
This is to inform your goodself that you have been appointed as Council's Inspector to inspect the **Priyadarshini Dental College & Hospital, No.1, VGR Gardens, VGR Nagar, Pandur-631203, Thiruvallur Taluk & Dist., Tamil Nadu on 22 & 23th April, 2021** and report on (i) Standard and actual Physical facilities 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](http://www.dciindia.gov.in)) and **submit the duly signed inspection report (per page) by E-mail on [jtsecy-dci@nic.in](mailto:jtsecy-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.

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 Shigdi 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 24<sup>th</sup> Feb, 21 to 25<sup>th</sup> Feb, 21 (Including)

Therefore, request you to grant me the Leave. Theory Exam

Reason for Leave: 02 days

Total No. of Days: 98/909 Gateway Towers, Hadapsar

Address on Leave: 8007305050

Contact No: Kaulani Bapchi

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 Shigdi

**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 15 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/

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

Sectioned / Not Sectioned 27/2/21

Est. Section

Registrar Shigdi

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

Dean

per Government of India guidelines in



# 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)

Ms. Jeyalakshmi K  
Convener

Dr Baby S Nayak  
Professor & Organizing Chairperson

Dr Anice George  
Dean



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

Date: 27<sup>th</sup> 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 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<sup>th</sup> May to 19<sup>th</sup> May (Including) 21

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: 8007305050

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

Kamal Singh  
 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

[Signature]  
 Sectioned/ Not Sectioned

H.O.D. Signature \_\_\_\_\_

Est. Section 10/01/2021

Registrar

Dean

Center will implement the Social Distancing



INDIAN PROSTHODONTIC  
SOCIETY PG CONVENTION  
23<sup>rd</sup> Jaipur, Rajasthan | July 2, 3 & 4, 2021

**23<sup>rd</sup> IPS PG CONVENTION 2021  
JAIPUR, RAJASTHAN, INDIA**

*Certificate*  
OF ATTENDANCE

*presented to*

*Dr. Kamal Anand Shigli*

For having participated as a Delegate at the  
**23<sup>rd</sup> Indian Prosthodontic Society Post Graduate Convention**  
hosted by Mahatma Gandhi Dental College &  
hospital, Jaipur, Rajasthan from 2<sup>nd</sup>-4<sup>th</sup> July, 2021



MAHATMA GANDHI UNIVERSITY  
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: 05<sup>th</sup> July, 2021

From: Mr./ Ms /Mrs./ Dr. Kamal Singh Designation Professor Department Posthadontics

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

02 days

Respected Sir,  
I will not be able to attend for my duties from 02<sup>nd</sup> July '21 to 03<sup>rd</sup> 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: 8007305050

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

Signature of reliever: \_\_\_\_\_ Contact No. 9028028528

Yours Faithfully  
Kamal Singh

Recommendation from the respective Department / Administration.

Mr./ Ms/Mrs./Dr. Kamal Singh maybe/may not be granted the leave from 02/07/21 to 03/07/21.

total no. of days 2 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.

Sectioned/ Not Sectioned

Est. Section

6/2/21

Registrar

H.O.D. Signature

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 22<sup>nd</sup> July 2021 to 31<sup>st</sup> July 2021.

DR. SHAILINI DIXIT, ARD  
ECP Coordinator

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 22<sup>nd</sup> July, 21 to 24<sup>th</sup> 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. Pipin Meley 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

Sectioned/ Not Sectioned  
[Signature]  
21/7/21

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 ★  
★ RORF Ranking - 53 ★

"Social Transformation Through Dynamic Education"



Dr. Vishwajeet Kadam  
B.Tech., M.B.A., Ph.D.  
Pro Vice Chancellor

G. Jayakumar  
M.Com., Dip. P.M.S.  
Registrar

### NOTICE OF MEETING

A meeting of the Board of Studies in Nursing will be held on 12<sup>th</sup> 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/A15/942/2021-2022

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<br>Ajinkya D. Y. Patil Dental School, Dr. D. Y. Patil University,<br>Lohegaon, Charholi, Pune - 412105. |
| 11. Dr. Sonopant Joshi    | Professor, Symbiosis College of Nursing, Pune.   |

Confirmed: J. J. J.  
HOD Anatomy  
DYPDS, Pune

Bharati Vidyapeeth Bhavan, Lal Bahadur Shastri Marg, Pune - 411 030 (INDIA)

Tel.: +91-20-24407109, 24325701 | Fax: +91-20-24339121, 24321910 | E-mail: bvuniversity@yahoo.co.in | Web: www.bvuniversity.edu.in



## 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: *Komal Nale*

Designation: Assistant Professor Contact No.: 7719982778

Yours sincerely

*Makarand V Apte*  
(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.

Balance: 14 - 1 = 13

Sign and seal of HOD  
*Makarand V Apte*  
HOD Anatomy  
DYPDS, Pune

Sanctioned / Not Sanctioned

*Sanctioned*  
11/8/21  
Est. Section

*[Signature]*  
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/PN/AYU/081/1990

Ph. : (020) 27659578, 27653965 Fax : (020) 27659578  
E-mail : carc2006@rediffmail.com, carcakurdi@gmail.com Website : www.pdeaayurvedcollege.org

॥ सर्वे सन्तु निरमकः ॥



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.

Dr. Secretary  
L. M. Pawar

**Date** -2<sup>nd</sup> June 2021

**Time** -1.30-4.30 p.m.

Detailed timetable is attached with the letter.

Please contact us for any assistance required.

Thanking you,

Principal  
Dr. Ragini Patil

Yours faithfully,

**Prof. Dr Yogini R. Kulkarni**  
Co-ordinator  
Contact no. 9822419089

**Prof. Dr Ragini R. Patil**  
Principal

Principal

P.D.E.A'S  
College of Ayurved And Research Centre  
Nigdi, Pune - 411 044.

**H. O. D.**  
**Research Methodology**  
College of Ayurved And Research Centre  
Akurdi, 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. Motalik 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 (Including) 1 day  
 Therefore, request you to grant me the Leave. College of Ayurved, Akurdi/Nigadi  
 Reason for Leave: MUHS Workshop Speaker DUNE

Total No. of Days: ONE DAY

Address on Leave: DUNE

Contact No: 9149207302

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

Signature of reliever [Signature] Contact No. 9822482272

Yours Faithfully

Recommendation from the respective Department / Administration. SpCL wed 2/6/21  
 Mr./Ms /Mrs./Dr. M. M. Motalik maybe/may not be granted the leave from 2/6/21  
 total no. of days ONE DAY she/he has 1184 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 6

H.O.D. Signature [Signature]

Est. Section

Registrar

Dean

**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  
Rohithar 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 Rohitkar 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: 9824482272

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

Signature of reliever [Signature] Contact No. 8149207302

Yours Faithfully

[Signature]

**Recommendation from the respective Department / Administration.**

Mr./Ms/Mrs./Dr. Pradnya Rohitkar 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.

[Signature]  
 Sectioned/ Not Sectioned

14/01  
[Signature]  
 Registrar

H.O.D. Signature [Signature]

st. Section  
30/1/20

Dean



**NATIONAL SURGICAL WORKSHOP ON  
"CORRECTION OF ACQUIRED FACIAL DEFORMITIES"  
11<sup>TH</sup> & 12<sup>TH</sup> JANUARY 2020**



**CERTIFICATE OF APPRECIATION**

*This certificate is presented to Dr. Suhas Vaze for his valuable and outstanding contribution in the workshop organised by Sri. Aurobindo Institute of Medical Sciences, Indore in collaboration with The Indian Academy of Maxillofacial Surgery.*

PROF. J.N. KHANNA  
(CHAIRMAN)

DR. GEETI VAJOI MITRA  
(ORGANISING CHAIRPERSON)

DR. RAJESH DHIRAWANI  
(NATIONAL COORDINATOR)

DR. TEJAS MOTIWALE  
(ORGANISING SECRETARY)

DR. RADHIKA RAMASWAMI  
(EXECUTIVE SECRETARY)



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

Application Date: 06/01/2020

From: Mr./ Ms /Mrs./Dr. Suhaz 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: 9822036263  
 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 15 days leave as balance of CL/ Sp.CL/ C.OFF/ on Duty/EL/  
 Sick Leave/ML leave may be/may not be granted. 1389

D.PATIL  
 Sectioned/ Not Sectioned  
21/1/20

[Signature]  
 Registrar

H.O.D. Signature [Signature]  
 Dean



42<sup>nd</sup> 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**

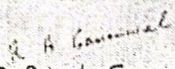
has participated as Delegate in MASICON 2020 "42<sup>nd</sup> Annual Conference of Maharashtra State Chapter of ASI"

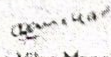
Organized by Association of Surgeons of Amravati


held on 24<sup>th</sup>, 25<sup>th</sup> & 26<sup>th</sup> January 2020 at The Grand Mehfil Camp road, Amravati

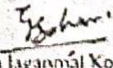
Maharashtra Medical Council has granted 4 credit hours.

  
Dr. Narayan Umale  
Org. Chairman

  
Dr. Rajendra Ganeriwal  
Org. Secretary

  
Dr. Vitas Manekar  
Scientific Committee Chairman

  
Dr. Ashok Shankarrao Adhao  
MMC Observer  
MMC/MAO-00033/2013

  
Dr. Govindram Jagannal 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- SUR  
 The Dean/Registrar  
 D.Y.Patil Dental School,  
 Lohegaon, Pune.

Sub: Application for  ACADEMIC / CONFERENCE LEAVE  
 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<sup>rd</sup> JAN to 27<sup>th</sup> 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 Bop

H.O.D. Signature \_\_\_\_\_

Sectioned/ Not Sectioned

Est. Section

Registrar

Dea

Indian Medical Association, Pune  
Code No : MMC/Accre.Cert/IMA-0006/2013



CME Code No : MMC/MAC/2019/C-014571

Type of CME : Medical

This is to certify that

Dr. KULKARNI JYOTI has participated as Delegate

In CPD on Hypertension held on 17-01-2020

Maharashtra Medical Council has granted 1(One) Credit hours for Delegate

Dr. Sanjay Patil  
President, IMA Pune

Dr. Raju Varyani  
Hon. Secretaries, IMA Pune

Dr. Rajan Sancheti  
Hon. Secretaries, IMA Pune

Dr. Raju Varyani  
MMC Observer



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. Gneha Pawar will take care of her/his routine duties.

Signature of reliever [Signature] Contact No. 9172801476

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 Bat

Sectioned/ Not Sectioned  
Est. Section 3/2/20

[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: 3/5/2019

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 Chinku 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



# Continuing Dental Education



Sinhgad Technical Education Society's  
**Sinhgad Dental College & Hospital, Pune**


## CERTIFICATE OF ATTENDANCE


Certified that Dr. Anagha Shete has attended the lecture on  
*Dentistry in Three Dimensions*


3-D printing, Intra-oral scanners & Integration of CBCT with CAD-CAM

on 04/05/2019

for 3:00 hours duration organized by Department of Oral Medicine & Radiology  
& credited with 3 CDE points (Ref. No. MSDC/CDE/2307/2018-2019 dated 28/03/2019)

  
Signature of the Maharashtra State  
Dental Council Representative

  
Authorised Signatory  
Dr. Sameer Patil  
Principal, SDCH

  
Dr. Mahendra Patait  
Guest Speaker



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

Application Date: 19/9/2019

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 19/9/19 to 19/9/19 (Including)

Therefore, request you to grant me the Leave.

Reason for Leave: Photo diagnosis & aid for screening & prevention of oral health Cancer. Pune

Total No. of Days 1 day

Address on Leave \_\_\_\_\_

Contact No: \_\_\_\_\_

In Her/his absence, I Mr./ Ms /Mrs./ /Dr. Arantti chit 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



M.C.E. Society's


**M. A. Rangoonwala College of Dental Sciences  
& Research Centre, Pune  
Continuing Dental Education**

Department of Oral Medicine & Radiology


**Certificate of Attendance**

This is to certify that Dr. Anagha Shete  
has attended lecture on "Photodiagnosis an aid for Screening and Prevention of Oral  
Cancer" on 19<sup>th</sup> September 2019.

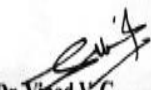
*Awarded 4 C.D.E. points. (Ref. No. MSDC/CDE/1802/2019-2020 dated 18/09/2019)*

  
Dr. Jangam Datta Khustubh  
Member, State  
Dental Council Representative

  
Dr. Ramandeep Duggal  
Principal

  
Dr. D. Rama Raju  
Key Note Speaker

  
Mr. R. A. Shaikh  
Registrar

  
Dr. Vinod V. C.  
Prof. & HOD Dept. of OMDR



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: 21<sup>th</sup> National JOMR Conference Punjab Amritsar

Total No. of Days 3 days

Address on Leave \_\_\_\_\_

Contact No: \_\_\_\_\_

In Her/his absence, I Mr./ Ms/Mrs./Dr. Aranti Chini 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



## XXXI National IAOMR Conference

15th 16th & 17th November 2019,

Hyatt Regency, Amritsar

### Certificate Of Scientific Presentation

Certified that

Dr. Anagha Shete

presented Student / Faculty Paper / Poster Titled Assessment of knowledge, awareness and attitude of dental students, Interns and Practitioners towards 'BLS' and 'CPR'

XXXI National Conference of

Indian Academy of Oral Medicine & Radiology held on 15th 16th & 17th 11

at Hyatt Regency, Amritsar

**Dr. Vishal Dang**  
President IAOMR

**Dr. Satheesha Reddy**  
Hon. Secretary IAOMR

**Dr. Soheyl Sheikh**  
Organizing Chairman

**Dr. Amit Aggarwal**  
Organizing Secretary

**Dr. Deepak Gupta**  
Scientific Chairman



**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. Katibsappa 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 Rimoji Hydrabad.

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



**XXIV NATIONAL CONFERENCE  
INDIAN ASSOCIATION OF PUBLIC HEALTH DENTISTRY**

Theme: Public Health Dentistry Beyond Preventive Dentistry

**CERTIFICATE OF PARTICIPATION**



*Awarded to*

DR. KARIBASAPPA G. N

*for his / her participation in the 24<sup>th</sup> National Conference of the  
Indian Association Of Public Health Dentistry  
held from 15<sup>th</sup> - 17<sup>th</sup> November 2019, at Ramoji Film City, Hyderabad*

Dr. Gopikrishna V  
President, IAPHD

Dr. Sabyasachi Saha  
Secretary, IAPHD

Dr. P. Parthasarathi  
Organizing Chairman

Dr. K. Yadav Rao  
Organizing Secretary

Dr. M. Monica  
Scientific Chairman



**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 TMD disorders demystified

Total No. of Days 1 day

Address on Leave -----

Contact No: -----  
 In Her/his absence, I Mr./ Ms/Mrs./Dr. Vaasha Mezun 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



# Continuing Dental Education



Sinhgad Technical Education Society's  
**Sinhgad Dental College & Hospital, Pune**

## CERTIFICATE OF ATTENDANCE

Certified that Dr. .... Arun Mhaske ..... has attended the lecture on

CDE Program on

Temporo-mandibular Disorders: Demystified

on 16/12/2019

for 4:00 hours duration organized by Department of Oral Medicine & Radiology

& credited with 3 CDE points (Ref. No. MSDC/CDE/2478/2019-2020 dated 12/12/2019)

  
Signature of the Maharashtra State  
Dental Council Representative

  
Authorised Signatory  
Dr. Sameer Patil  
Principal, SDCH

  
Dr. Seema Kurup  
Guest Speaker

**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 chint 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.

Sectioned/ Not Sectioned

H.O.D. Signature [Signature]

Est. Section

Registrar



BHARATI VIDYAPEETH  
(Deemed to be University)  
DENTAL COLLEGE AND HOSPITAL, PUNE.  
Reaccreditation with A+ Grade by NAAC  
CERTIFICATE OF APPRECIATION

*Presented to*

*Dr/Mr/Mrs/Miss* Anagha Shete

*For Attending Lecture and Demonstration On*  
"APPLICATIONS OF ULTRASOUND AND TENS  
IN GENERAL DENTAL PRACTICE"

7<sup>TH</sup> SEPTEMBER 2018

Organized by

Department Of Oral Medicine & Radiology

MSDC Accredited 5 points (MSDC/CDE/716/2018-19 Dated - 31/08/2018)

Organizing Chairman  
Dr. Amit Mhapuskar

Principal  
Dr. Rajesh Kshirsagar

Organizing Secretary  
Dr. Darshan Hiremutt



D.Y.PATHI 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: Sp to 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 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

# Indian Academy of Oral Medicine and Radiology XXX NATIONAL CONFERENCE-2018 Udaipur (Rajasthan)

"OMR FROM RETROSEPECTION TO PROSPECTION"  
at  
Pacific Dental College & Hospital  
23rd to 25th November 2018

## Certificate of Participation

Presented to

Dr. Anagha Shete

Conference



Dr. Manjunath M.  
President IAOMR

Dr. Sateesha Reddy B.H.  
Hon. Gen. Secretary IAOMR

Dr. Mohit Pal Singh  
Organizing Chairperson

Dr. Hemant Mathur  
Organizing Secretary

Dr. Archana M.S.  
Scientific Chairperson



D.Y. PATIL DENTAL SCHOOL



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 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 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



**MAHARASHTRA UNIVERSITY OF HEALTH  
SCIENCES, NASHIK**

"WORKSHOP ON QUALITY ASSURANCE FOR ACHIEVING SUSTAINABLE  
HEALTH SCIENCES EDUCATION DEVELOPMENT"

**-CERTIFICATE-**

This certificate is presented to Dr./Mr./Mrs./Ms. *Sachin Bhagat*

of College *D Y Patil Dental School, Pune*

who has participated, in "Workshop On Quality Assurance For Achieving Sustainable Health Sciences Education Development" held at MUHS, Nashik on 15/10/2018, organized by Maharashtra University of Health Sciences, Nashik.

Dr. Kalidas D. Chavan  
Registrar

Prof. Dr. Deelip G. Mhaisekar  
Vice-Chancellor



**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 1/8/18 to 2/8/18 (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 

**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



# Maharashtra University of Health Sciences, Nashik

Vani-Dindori Road, Mhasrul, Nashik, Maharashtra, India-422004

Certificate No

36

## Institute of Medical Education Technology and Teachers' Training, Nashik

Teacher's Training Institute, MUHS, Nashik

This is to certify that Dr. Prasad Karande has participated as a Delegate/Faculty in Workshop on Communication Skills in Healthcare held from 1/8/18 to 2/8/18.

MUHS

Dr. Payal Bansal  
HEAD, IMETTT  
MUHS, Nashik

Dr. Kalidas Chavan  
Registrar  
MUHS, Nashik

Prof. Dr. Mohan Khangaonkar  
Pro-Vice-Chancellor  
MUHS, Nashik

Prof. Dr. Deelip Mhaisekar  
Vice-Chancellor  
MUHS, Nashik

