Copies of guide-ship letters of authorisation of research guide provided by the university



Maharashtra University of Health Sciences, Nashik

बणी - दिंहोरी रोड, म्हसरुळ, नाशिक - ४२२००४, Vani-Dindori Road, Mhasrul, Nashik-422 00

EPABX: 0253-2539100-300, Fax - 0253-2539200, Phone: 0253-2539205 E-mail: pgacademic@muhsnashik.com Web.: www.muhs.ac.in.

डॉ, सुनिल एच, पुगारे

Dr. Sunil H. Fugai

एम.एस्सी.,पीएन.डी.

M. Sc., Ph. D.

शैक्षणिक विभागप्रमुख (पदबुत्तर)

I/c, Academic Section (PG

No. MUHS/PG/E-2/22/13

Date: 31/07/20

To, The Principal, MCES's M. A. Rangoonwala College of Dental Sciences & Research Centre, 2390-B, K.B. Hidayatullah Road, Azam Campus, Pune - 411001.

> Recognition as Post-Graduate Teacher. Sub

1) Your College letter No MARDC/ADMPGT/4316/12 dated 18/04/2012. Ref

University letter No i) MUHS/PG/E-2/1633/012 dated 03/07/2012,

ii) MUHS/E-2/SSC/2203/2844/13 dated 31/07/2013.

3) Post Graduate Teacher Recognition Committee meetings dated 04/06/2012 & 29/07/2013.

Sir / Madam,

With reference to the above cited subject, I am directed to inform you that in view of the norms prescribed as per provision under the section 29(2)(/) of the MUHS Act, 1998 Hon'ble Vice-Chancellor is pleased to grant recognition as Post-Graduate Teacher to the following teacher(s) of your Institute/College subject to the terms and conditions of appointment order for imparting instructions. to the Post Graduate Degree in the subject mentioned against his/ her/ their name.

Sr. No.	Subject	Name of the Teacher	Designation	
. 1	Prosthodontics & Crown & Bridge	Dr. Nitin S. Habbu.		w.e.f. 20/06/2013 & onwards
. 2	Paedodontics & Preventive Dentistry	Dr. Musani Iqbal Essa	Professor.	w.e.f. 20/06/2013 & onwards
3	Paedodontics & Preventive Dentistry	Dr. Dayanand Danappa Shirol	Professor	w.e.f. 20/06/2013 & onwards

Kindly note that the recognition granted by the University is valid till the above said teacher is in the services of the said PG teaching Institute/College or attains the age of superannuation, whichever happens earlier.

The above teacher(s) is/are required to attend the Research Methodology Workshop conducted by Regional Center, Pune of this University or any other centre authorised by the University and also submit the documents regarding publishing minimum one publication in case of Reader and two .. publication in case of Professor publish in the National/International indexed journal within the period of one year, failing which, the recognition issued shall stand automatically cancelled, which may please be noted.

You are requested to handover the copy of letter to the concerned teacher(s) for further necessary action.

Yours faithfully.

I/C, Academic Section (PG)

Copy to: The Controller of Examinations, MUHS

31/7/13 Note: In case, if it is found at later stage that information furnished in Post Graduate Recognition form by any teacher is incorrect, PG Recognition/UG approval granted by the University will stand cancelled.

c 121-201 typig teaches recognitionlyn a gargorowalactic punicipate letter doc



Maharashtra University of Health Sciences, Nashik

वणी - दिंहोरी रोड, म्हसरुळ, नाशिक - ४२२००४, Vani-Dindori Road, Mhasrul, Nashik- 422 004 EPABX: 0253-2539100-300, Phone: 0253-2539192/2539239

E-mail: academic1@muhs.ac.in Web.: www.muhs.ac.in

डॉ. कालिदास द. चव्हाण

Dr. Kalidas D. Chavan

M.B.B.S., M.D.(Forensic Medicine)

Registrar

कुलसचिव

एम.बी.बी.एस., एम.डी. (न्यायवैद्यक्शास्त्र)

Date: 08 /0472019

No. MUHS/PG/E-2/ 1862_/2019

To,

The Principal,

MCES's M. A. Rangoonwala College of Dental Sciences & Research Centre, 2390-B, K.B. Hidayatullah Road,

Azam Campus, Pune - 411001.

Sub

:- Recognition as Post-Graduate Teacher

Ref

1) University Direction No.01/2017 dated 13/04/2017.

2) Your College letter No. MARDC/ADM/PG/Recog/011/2019 dated 05/03/2019

3) University Letter No. MUHS/PG/ E2/1230/2019 dated 19/03/2019

4) College Email dated 15/04/2019

Sir / Madam,

With reference cited above, I am directed to inform you that, the proposal of Recognition as Post-Graduate Teacher of the following teacher(s) has been considered by the University subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree Course(s) in the subject mentioned against his/ her/ their name.

Sr. No.	Subject	Name of the Teacher	Designation	Status of PG recognition
1.	Oral Medicine & Radiology	Dr. Diwaan Nikkhiel	Professor	w.e.f. 05/03/2019 & onwards
2.		Dr. Shourie Varsha Sudhir	Professor	w.e.f. 05/03/2019 & onwards
3.	Oral and Maxillofacial Surgery	Dr. Koul Deepak	Professor	w.e.f. 05/03/2019 & onwards
4.	Oral and Maxillofacial Surgery	Dr. Khutwad Gaurav Keshav	Reader	w.e.f. 05/03/2019 & onwards

Kindly note that the recognition granted by the University is valid till the above said teacher(s) are in the services of the said PG teaching Institute/College or attains the age of superannuation, whichever happens earlier.

* Indicate that the above teacher(s) is/are required to attend the Research Methodology Workshop conducted by Regional Center, Pune of this University or any other centre authorised M. A. R. C. D. S. R. C. Pune. by the University

Inware to 10396 Sign's Late 17/5/2019 # Indicate that the above teacher(s) is/are required to submit the documents regarding publishing minimum one publication in case of Reader and two publications in case of Professor published in the National/International indexed journal within the period of one year, failing which, the recognition issued shall stand automatically cancelled, which may please be noted.

You are requested to handover the copy of letter to the concerned teacher(s) for further necessary action.

Registrar

Copy to: 1. Concern Teacher.

2. The Controller of Examinations, MUHS, Nasik

Note: In case, if it is found at later stage that information furnished in Post Graduate Recognition form by the teacher concerned is incorrect, PG Recognition/UG approval granted by the University will stand cancelled.

PG. Appr

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MATTER ASHTRA UNIVERSITY OF HEAT THIS CIENCES, NASHIK

Tel0253-6659192 239 Student Helpline 0253-2539111/6659111/100 Web.: www.muhs.ac.in E-mail: academic1@muhs.ac.in

हाँ. राजेंद्र शिवाजी बंगाळ

Dr. Rajendra Shivaji Bangal

Registrar

क्लसचिव

Ref No MUHS/E-2/PG/ 839 / 2023

Date 2 1 /03/2023

To,
The Principal,
MCES's M A Rangoonwala College of Dental
Sciences & Research Centre.
2390-B. K.B. Hidayatullah Road,
Azam Campus,
Pune - 411001.

Sub:- Recognition as Post-Graduate Teacher.

Ref:- 1) University Direction No.01/2017 dated 13/04/2017

2) Your College letter no MARDC/Adm/MDS/342/23 dated 17/02/2023

Sir / Madam.

With reference to the subject cited above, I am directed to inform you that the proposal of Recognition as a Post Graduate Teacher of the following teacher(s) has been considered by the University subject to the terms and conditions of appointment order for impairing instructions to the Post Graduate Degree, Diploma or Super Speciality course(s) (as applicable) in the subject mentioned against his / her name as indicated below 8 subject to following conditions.

Sr. No.	Subject	Name of the Teacher	Designation	Status of Approval
01	Prosthodontics &	Dr. Ishita Grover	Reader	well 17/02/2023 to 9
	Crown & Bridge			12/09/2023 only

- 1) The recognition granted by the University is subject to successful completion of at mast one Medical Education Technology (MET) workshop conducted by the University within the period of one year from the date of recognition. If any teacher fails to comply with the said provision, the recognition of arms of arms of the Vice-Chancellor shall stand cancelled automatically. It is further clarified that the valueby of 'Research Methodology Workshop' is for five years only and it must be renewed after every five years as per Cirular No. 14/2011 dated 23/06/2011.
- 2) Kindly note that the Recognition granted by the University is valid to the above said seeding a services of the said PG teaching College or attains the age of superannuality who were required earlier.
- A copy of this letter may be handed over to concerned teach

Copy to: 1) Controller of Examinators Mark 1

2) University Research Department 1

1156/10-84 Signes

Scanned with OKEN Scanner

403501



UHS

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK दिंडोरी रोड, म्हसरुळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

Tel0253-6659192,239 Student Helpline: 0253-2539111/6659111/100

E-mail: academic1@muhs.ac.in Web.: www.muhs.ac.in

डॉ. क्रालिदास द. चव्हाण

गम वी बी एम एम डी (न्यायवैद्यकशास्त्र),पीएच डी ,डी एससी .

Ref No.: MUHS/E-2/PG/ 2773/2022

कलसचिव

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

Registrar

Date: 15 /08/2022

To,

The Principal,

MCES's M. A. Rangoonwala College of Dental

Sciences & Research Centre,

2390-B, K.B. Hidayatullah Road,

Azam Campus,

Pune - 411001.

Recognition as Post-Graduate Teacher. Sub:-

1) University Direction No.01/2017 dated 13/04/2017. Ref:-

2) Your College letter no. MARDC/Adm/MDS/PG-REG/240/22 dated 04/07/2022

Sir/ Madam.

With reference to the subject cited above, I am to inform you that, the proposal of extension to recognition as Post-Graduate Teacher of the following teacher / teachers has / have been considered by the University subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree, Diploma or Super-Specialty Course / Courses (as applicable) in the subject mentioned against his / her / their name / names.

Sr. No.	Subject	Name of the Teacher	Designation	Status of Approval
1	Prosthodontics & Crown & Bridge	Dr. Mugal Vishal Sukhadevrao	Reader	w.e.f.04/07/2022 to 12/09/2023 only
2	Prosthodontics and Crown & Bridge	Dr. Gaikwad Pravin Uttam	Reader	w.e.f.04/07/2022 to 12/09/2023 only
3	Oral & Maxillofacial Pathology and Oral Microbiology	Dr. Dinraj Kulkarni	Reader	w.e.f.04/07/2022 to 12/09/2023 only
4	Oral & Maxillofacial Pathology and Oral Microbiology	Dr. Baldawa Prachi Shrigopal	Reader	w.e.f.04/07/2022 to 12/09/2023 only
5	Oral & Maxillofacial Pathology and Oral Microbiology	Dr. Namazi Nasim Abdul Karim	Reader	w.e.f.04/07/2022 to 12/09/2023 only
6	Oral & Maxillofacial Surgery	Dr. Priyadarshani J. Gir	Reader	w.e.f.04/07/2022 to 12/09/2023 only
7	Periodontology	Dr. Sayyed Salman Noormohomed	Reader	w.e.f.04/07/2022 to 12/09/2023 only
8	Oral Medicine & Radiology	Dr. Patel Almas Rafiahmed	Reader	w.e.f.04/07/2022 to 12/09/2023 only

- 1. The above-mentioned teacher / teachers is / are required to attend "Research Methodology Workshop" conducted by Regional Centre, Pune of this University or any other centre authorised by the University (if not attended earlier), within a period of one year from the date of recognition. It is clarified that the validity of Research Methodology Workshop' is for five years only and it must be renewed after every five years as per Circular 14/2011 dated 23/06/2011.
- 2. The recognition granted by the University is subject to successful completion of at least one Medical Education Technology (MET) workshop conducted by the University, within the period of one year from the date of recognition. If any teacher fails to comply with the said provision, the recognition granted by the University may be cancelled.
- 3. A copy of this letter may be handed over to concerned teacher.

Registrar

Copy to: 1) Concern Teacher

2) The Controller of Examination, MUHS, Nashik

Note: In case, if it is found at later stage that information furnished in Post Graduate Recognition form by the teacher concerned is incorrect, PG Recognition / UG approval granted by the University will stand cancelled.



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK दिंडोरी रोड, म्हसरुळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

Tel0253-6659192,239 Student Helpline: 0253-2539111/6659,111/100 E-mail: academic1@muhs.ac.in Web.: www.muhs.ac.in

Date: 18 /02/2022

डॉ. कालिदास द. चव्हाण

एम.बी.बी.एस.,एम.डी.(न्यायवैद्यकशास्त्र),पीएच.डी.,डी.एससी.

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

Registrar

कुलसचिव

Ref No.: MUHS/E-2/PG/459 / 2022

To, The Principal,

MCES's M. A. Rangoonwala College of Dental

Sciences & Research Centre, 2390-B, K.B. Hidayatullah Road,

Azam Campus, Pune - 411001.

Sub:-

Recognition as Post-Graduate Teacher.

Ref:-

1) University Direction No.01/2017 dated 13/04/2017.

2) Your College letter no. MARDC/Adm/Appr./181/2022 dated 21/01/2022

Sir/ Madam,

With reference to the subject cited above, I am to inform you that, the proposal of extension to recognition as Post-Graduate Teacher of the following teacher / teachers has / have been considered by the University subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree, Diploma or Super-Specialty Course / Courses (as applicable) in the subject mentioned against his / her / their name / names,

Sr. Subject Name of the Teacher Status of Approval. Designation No. Oral Medicine & ľ Dr. Vinod Vijay Chandar. S Professor w.e.f.21/01/2022 to Radiology! 12/09/2023 only Oral Medicine & Dr. Rashmi Bhikamsing 2 w.e.f.21/01/2022 to Professor Radiology Sapkal 12/09/2023 only 3 Periodontology Dr. Rashmi Vivek Hegde Professor w.e.f.21/01/2022 to 12/09/2023 only Dr. Kale Rahul D Periodontology 4 Professor w.e.f.21/01/2022 to .12/09/2023 only Dr. Srilatha S. Conservative Professor w.e.f.21/01/2022 to · · Dentistry and 12/09/2023 only Endodontics Oral & Maxillofacial 6 Dr. Bhagwat Harshad Professor w.e.f.21/01/2022 to Surgery Vasant 12/09/2023 only Dr. Shikha Choubey 7 Pediatric Dentistry Professor. w.e.f.21/01/2022 to 12/09/2023 only 8 Dr. Vanishree B K Pediatric Dentistry Reader w.e.f.21/01/2022 to 12/09/2023 only

The above-mentioned teacher / teachers is / are required to attend "Research Methodology Workshop" conducted by Regional Centre, Pune of this University or any other centre authorised by the University (if not attended earlier), within a period of one year from the date of recognition. It is clarified that the validity of Research Methodology Workshop' is for five years only and it must be renewed after every five years as per Circular 14/2011 dated 23/06/2011.

- 2. The recognition granted by the University is subject to successful completion of at least one Medical Education Technology (MET) workshop conducted by the University, within the period of one year from the date of recognition. If any teacher fails to comply with the said provision, the recognition granted by the University may be cancelled.
- 3. A copy of this letter may be handed over to concerned teacher.

Registra

Copy to: 1) Concern Teacher

2) The Controller of Examination, MUHS, Nashik

Note: In case, if it is found at later stage that information furnished in Post Graduate Recognition form by the teacher concerned is incorrect, PG Recognition / UG approval granted by the University will stand cancelled.



कुलसचिव

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक Maharashtra University of Health Sciences, Nashik

वणी - दिंडोरी रोड, म्हसरुळ, नाशिक - ४२२००४, Vani-Dindori Road, Mhasrul, Nashik- 422 004

EPABX: 0253-2539100-300, Phone: 0253-2539192/2539239
E-mail: academic1@muhs.ac.in Web.: www.muhs.ac.in

डॉ. कालिदास द् चव्हाण

एम.बी.बी.एस., एम.डी. (न्यायवैद्यकशास्त्र)

Dr. Kalidas D. Chavan

M.B.B.S., M.D.(Forensic Medicine)

Registrar

No. MUHS/PG/E-2/23 71/2017

Date:02 /10/2017

To,
The Principal,
MCES's M. A. Rangoonwala College of Dental
Sciences & Research Centre,
2390-B, K.B. Hidayatullah Road,
Azam Campus, Pune - 411001.

Sub

:- Recognition as Post-Graduate Teacher

Ref

:- 1) University Direction No.01/2017 dated 13/04/2017.

2) Your College letter No. MARDC/ADM/PGTA/7923/17 dated 31/08/2017

Sir / Madam,

With reference cited above, I am directed to inform you that, the proposal of Recognition as Post-Graduate Teacher of the following teacher(s) has been considered by the University subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree Course(s) in the subject mentioned against his/her/their name.

Sr. No.	Subject	Name of the Teacher	Designation	Status of PG recognition
1.	Periodontclogy	Dr. Hegde Rashmi Vivek	Reader	w.e.f. 31/08/2017 &
				onwards

Kindly note that the recognition granted by the University is valid till the above said teacher is in the services of the said PG teaching College/Institute or attains the age of superannuation, whichever happens earlier.

The above teacher(s) is/are required to attend the Research Methodology Workshop conducted by Regional Center, Pune of this University or any other centre authorised by the University and also submit the documents regarding publishing minimum one publication in case of Reader and two publication in case of Professor published in the National/International indexed journal within the period of one year, failing which, the recognition issued shall stand automatically cancelled, which may please be noted.

You are requested to handover the copy of letter to the concerned teacher(s) for further necessary action.

Registrar

Copy to:

Concern Teacher.

2. The Controller of Examinations, MUHS, Nasik

Note: In case, if it is found at later stage that information furnished in Post Graduate Recognition form by the teacher concerned is incorrect, PG Recognition/UG approval granted by the University will stand cancelled.



उपकुलसचिव

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES

(An ISO 9001:2008 Certified University)

दिंडोरी रोड, म्ह्सरुळ, नाशिक – ४२२००४ Dindori Road, Mhasrul, Nashik - 422004 Tel: (0253) 2539270, 2539239 Fax: (0253) 2539200

Website: www.muhs.ac.in, E-mail: pgacademic@muhs.ac.in

डॉ. उदयसिंह रावराणे

[एम.डी.(आयु.)]

Dr. Udaysinh Raorane [M.D.(Ayurved)] Dy. Registrar

No. MUHS/PG/E-2/2203/214 1/16

Date: 22/08/2016

To, The Dean/Principal, MCES's M. A. Rangoonwala College of Dental Sciences & Research Centre, 2390-B, K.B. Hidayatullah Road, Azam Campus, Pune - 411001

:- Recognition as Post-Graduate Teacher.

:- 1) Your College letter no.MARDC/Adm/PG/7360/16 dated 30/05/2016.

2) Your College letter no.MARDC/Adm/PG/7374/16 dated 16/06/2016.

3) Post Graduate Teacher Recognition Committee meeting dated 30/07/2016.

Sir / Madam,

With reference to the above cited subject, I am directed to inform you that in view of the norms prescribed as per provision under the section 29(2)(I) of the MUHS Act,1998 Hon'ble Vice-Chancellor is pleased to grant recognition as Post-Graduate Teacher to the following teacher(s) of your Coilege/ Institute subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree in the subject mentioned against his/her/their name:-

Sr. No.	Subject	Name of the Teacher	Designation	Status of PG recognition
1	Oral Medicine &	Dr. Diwan Nikhil Nagesh	Reader	w.e.f. date of joining i.e.
	Radiology			30/04/2016, for one year only.
5.7	Prosthodontics & Crown & Bridge	Dr. Mootha Ajay	Reader	w.e.f. 16/06/2016 & onwards

Kindly note that the recognition granted by the University is valid till the above said teacher is in the services of the said PG teaching College/Institute or attains the age of superannuation, whichever happens earlier.

The above teacher(s) is/are required to attend the Research Methodology Workshop conducted by Regional Center, Pune of this University or any other centre authorised by the University and also submit the documents regarding publishing minimum one publication in case of Reader and two publication in case of Professor published in the National/International indexed journal within the

period of one year, failing which, the recognition issued shall stand automatically cancelled, which may please be noted.

You are requested to handover the copy of letter to the concerned teacher(s) for further necessary action.

Yours Sincerely,

Dy. Registrar Academic Section (UG & PG)

Copy to: The Controller of Examinations, MUHS

Note: In case, if it is found at later stage that information furnished in Post Graduate Recognition form by the teacher concerned is incorrect, PG Recognition/UG approval granted by the University will stand cancelled.



Maharashtra University of Health Sciences, Nashik

(An ISO 9001:2008 Certified University)

वणी - दिंडोरी रोड, म्हसरुळ, नाशिक - ४२२००४, Vani-Dindorl Road, Mhasrul, Nashik- 422 004 EPABX: 0253-2539100-300, Fax - 0253-2539200, Phone: 0253-2539235

E-mail: pgacademic@muhs.ac.in Web.: www.muhs.ac.in

राजेंद्र चं. शहाणे शैक्षणिक विभागप्रमुख (पदव्युत्तर)

Rajendra C. Shahane I/c, Academic Section (PG)

No. MUHS/PG/E-2/2203/704 /2016 To,

Date: 16/03/2016

The Principal, MCES's M. A. Rangoonwala College of Dental Sciences & Research Centre, 2390-B, K.B. Hidayatullah Road,

Azam Campus, Pune - 411001.

Sub :- Recognition as Post-Graduate Teacher

Ref :- 1) Your College letter No..MARDC/Adm/TA/PG/7211/16 dated 05/01/2016.

2) University letter no.MUHS/PG/E-2/2203/162/2016 dated 22/01/2016.

Post Graduate Teacher Recognition Committee meeting dated 12/02/2016.

4) University letter no.MUHS/PG/E-2/521/16 dated 22/02/2016.

University letter no.MUHS/UG/E-2/53/2203/772/2016 dated 22/02/2016.

6) Your College letter No.MARDC/Adm/TA/PG/7254/16 dated 03/03/2016

Sir / Madam,

With reference to the above cited subject, I am directed to inform you that in view of the norms prescribed as per provision under the section 29(2)(1) of the MUHS Act, 1998 Hon'ble Vice-Chancellor is pleased to grant recognition as Post-Graduate Teacher to the following teacher(s) of your College/ Institute subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree in the subject mentioned against his/ her/ their name:-

Sr. No.	Subject	Name of the Teacher	Designation	Status of PG recognition
1	Oral Medicine & Radiology	Dr. Mohammed Nasiruddin	Reader	w.e.f. 05/01/2016 & onwards

Kindly note that the recognition granted by the University is valid till the above said teacher is in the services of the said PG teaching College/Institute or attains the age of superannuation, whichever happens earlier.

The above teacher(s) is/are required to attend the Research Methodology Workshop conducted by Regional Center, Pune of this University or any other centre authorised by the University and also submit the documents regarding publishing minimum one publication in case of Reader and two publication in case of Professor published in the National/International indexed journal within the period of one year, failing which, the recognition issued shall stand automatically cancelled, which may please be noted.

You are requested to handover the copy of letter to the concerned teacher(s) for further necessary action.

Yours Sincerely,

I/C, Academic Section (PG)

Copy to: The Controller of Examinations, MUHS, Nashik

Note: In case, if it is found at later stage that information furnished in Post Graduate Recognition form by the teacher concerned is incorrect, PG Recognition/UG approval granted by the University will stand cancelled.



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES

वणी रोड, म्हसरुळ, नाशिक - ४२२ ००४

Vani Road, Mhasrul, Nashik - 422 004

Phone: 0253-2539199/239 / EPABX: 0253-2539100 - 300 / Fax: 0253-2539200

E-mail: pgacademic@muhsnashik.com / Web: www.muhsnashik.com

No. MUHS/ PG/ E-2/ /PGTRC/ 1 4 11 /2011

Date: 06 /07/2011

To The Dean / Principal, M. A. Rangoonwala College of Dental Sciences & Res. Centre, 2390-B, K.B. Hidayatulla Road, Azam Campus, Pune - 411 001.

Sub:-

Recognition as Post-Graduate Teacher..

Ref:-

- Your letter No. MARDC/Adm/PGT.App/2175/2010 dt. 13/05/10
- University letter no. MUHS/E-2/PG/PGTRC/941/2010 dt. 25/05/10
- University letter no. MUHS/E-2/PG/PGTRC/1114/10 dt. 22/06/10
- 4) University letter no. MUHS/E-2/PG/PGTRC/2822/10 dt. 21/12/10
- University letter no. MUHS/E-2/UG/ 2203/2315/2011 dt. 04/07/11

Sir / Madam,

With reference to the above cited subject, I am directed to inform you that in view of the norms prescribed as per provision under the section 29 (2) (I) of the MUHS Act, 1998 Hon'ble Vice-Chancellor is pleased to grant recognition as Post-Graduate Teacher to the following teacher(s) of your College subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree in the subject mentioned against their name.

Sr. No.	Name of the Teacher	Subject	Status of PG Recognition
01	Dr. Muglikar Sangeeta D.	Periodontology	w.e.f. 11/10/2010

Kindly note that the recognition given by the University is valid till the above said teacher(s) is in services of the private College or attains the age of superannuation whichever is earlier. You are requested to handover the copy of letter to the concerned teacher(s).

Attn.M.

M. A. A. C. D. S. R. C., Puno.

I/C Academic Section (PG)

Yours, faithfully,

Copy to: 1) The Controller Of Examination, MUHS, Nashik.

The Synopsis Section, MUHS, Nashik.

[Note: In case, if it is found at later stage that information furnished in Post

Graduate Recognition form by any teacher is incorrect; PG Recognition granted

by the University will stand cancelled.]



Vidya Thakare M.Sc., D. Pharm Dy. Registrar

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES

वणी रोड, म्ह्सरुळ, नाशिक- ४२२००४, Vani Road, Mhasrul, Nashik – 422 004 Phone: 0253-2539199/2539239/EPABX: 0253-2539100-300 / Fax: 0253-2539200 E-mail: pgacademic@muhsnashik.com / Web: www.muhsnashik.com

Ph.: 0253-2539199 / 2539200

No. MUHS/E-2/PG/PGTRC/ 47 /2010

Date: 12 /01/2010

To The Principal / Dean,

M. A. Rangoonwala College of Dental Sciences & Res. Centre, 2390-B, K.B. Hidayatulla Road, Azam Campus,

Pune – 411 001.

Sub: Recognition as Post-Graduate Teacher...

Ref.; 1) Your letter no. MARDC/Adm/PGT/1095/2009 dtd. 18/12/2009

2) PGTPC mosting Atd 23/12/2009

Sir/ Madam,

With reference to the above cited subject, I am to directed to inform you that in view of the norms prescribed as per provision under the section 29 (2) (I) of the MUHS Act, 1998 Hon'ble Vice-Chancellor is pleased to grant recognition as Post-Graduate Teacher to the following teacher of your College subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree in the subject mentioned against his name.

Sr. No.	Name of the Teacher	Subject	Status of PG Recognition
01	Dr. Jadhav Sameer K.	Conservative Dentistry	w.e.f. date of joining, after interview date i. e. 23/12/2009

Kindly note that the recognition given by the University is valid till the above said teacher is in services of the private Dental College or attains the age of superannuation whichever is earlier. You are requested to handover the copy of letter to the concerned teacher.

7

M. A. R. C. D. S. R. C., Pune.
Inward No.: 6.6.57 Sign.: 49

Yours faithfully,

Dy. Registrar
I/c Academic Section (PG)

Copy to:

Dien Bakista

- 1) The Controller Of Examination, MUHS, Nashik
- 2) The Synopsis Section, MUHS, Nashik.

Note: In case, if it is found at later stage that information furnished in Post Graduate Recognition form by any teacher is incorrect, PG Recognition / UG approval granted by the University will stand cancelled.



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशियः Maharashtra University of Health Sciences, Nashik

वणी - दिंडोरी गेंड, म्हसरुळ, नाशिक - ४२२००४ Vani-Dindori Road, Mhasrul, Nashik-422 004

MUHS

EPABX: 0253-2539100-300, Phone: 0253-2539192/2539239 E-mail: academic1@muhs.ac.in Web.: www.muhs.ac.in

डॉ. क्रालिदास द. चव्हाण एम की बी एम , एम डी (न्यायवैद्यक्जास्त्र)

Dr. Kalidas D. Chavan

कुलसचिव

M.B.B.S., M.D.(Forensic Medicine) Registrar

No. MUHS/PG/E-2/1913 /2018

Date: 09 /05/2018

To, The Principal, MCES's M. A. Rangoonwala College of Dental Sciences & Research Centre, 2390-B, K.B. Hidayatullah Road, Azam Campus, Pune - 411001.

:- Recognition as Post-Graduate Teacher :- 1) University Direction No.01/2017 dated 13/04/2017.

2) Your College letter No. MARDC/ADM/PGTA/8244/2018 dated 20/04/2018

Sir / Madam,

With reference cited above, I am directed to inform you that, the proposal of Recognition as Post-Graduate Teacher of the following teacher(s) has been considered by the University subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree Course(s) in the subject mentioned against his/her/their name.

Sr. No.	Subject	Name of the Teacher	Designation	Status of DC
1.	Oral Medicine & Radiolog	1000111111	Reader	Status of PG recognition w.e.f. 20/04/2018 &
2.	Oral & Maxillofacial Surgery	Bhikamsingh Dr. Mall Prashant*	Reader	onwards w.e.f. 20/04/2018 &
3.	Oral & Maxillofacial Surgery	Dr. Bhagwat Harshad Vasant	Reader	onwards w.e.f. 20/04/2018 &
	Oral & Maxillofacial Surgery	Dr. Garde Janardan Bhagwat*	Professor	onwards w.e.f. 20/04/2018 &
	Prosthodontics & Crown & Bridge	Dr.Lathi Shilpa Alok,	Reader	onwards w.e.f. 20/04/2018 &
P	Oral & Maxillofacial athology and Oral licrobiology	Dr. Bussari Smita Baburao*	Reader	onwards w.e.f. 20/04/2018 & onwards
7. Or Pat Mic	al & Maxillofacial thology and Oral crobiology	Dr Bhalinge Payoshnee Mahesh*	Reader	w.e.f. 20/04/2018 & onwards
Path Micro	& Maxillofacial cology and Oral obiology	Dr. Ingale Yashwant Chandar*	Reader	w.e.f. 20/04/2018 & onwards
Perio	dontology	Dr. Sheikh Salika	Professor	w.e.f. 20/04/2018 &
Period	ontology	Dr. Gupta Sharadha Gauray *#	*Reader	onwards w.e.f. 20/04/2018 & . onwards

Scanned with CamScanner

No. 11.	Subject Pediatric Dentistry	Name of the Teacher Dr. Shah Krupali Ketan*#	Designation	Status of PG recognition
12.	Pediatric Dentistry		Reader	w.e.f 20/04/2018 & onwards
13.	Pediatric Dentistry	Dr. Choubey Shikha • Dr. Talekar Abhinay	Reader	w e.f. 20/04/2018 & onwards
- 1	Periodontology	Liladhar • Dr. Kale Rahul Dyandeo	Reader	w.e.f. 20/04/2018 & onwards
15.	Conservative Dentistry & Endodontics	Dr.Ghunawat	Reader Reader	w.e.f. 20/04/2018 & onwards
16.	Conservative Dentistry & Endodontics	Dhananjay B.* Dr. Gangwal Lisha Anand*	Reader	w.e.f. 20/04/2018 & onwards
17.	Conservative Dentistry & Endodontics	Dr. Irani Rukshin		w.e.f. 20/04/2018 & onwards
18.	Orthodontics & Dentofacial Orthopaedics	Sheriar•	Reader	w.e.f. 20/04/2018 & onwards
19.	Orthodontics & Dentofacial Orthopaedics	Dr. Patil Wasu Narayan * Dr. Nasim Sadat	Reader	w.e.f. 20/04/2018 & onwards
20.	Orthogontics & Dentofacial	Mirdehghan *# Dr.Basade Shireen	Reader	w.e.f. 20/04/2018 & onwards
21.	Oral & Maxillofacial Surgery	Dr. Oswal Nitin	Reader	w.e.f. 20/04/2018 & onwards
22.	Oral Medicine & Radiology	Prakash* Dr. Khosa Sukhjinder	Reader	w.e.f. 20/04/2018 & onwards
	Kindly note that the recogniti	Kaur –Kalra*	Reader	w.e.f. 20/04/2018 & onwards

Kindly note that the recognition granted by the University is valid till the above said teacher(s) are in the services of the said PG teaching Institute/College or attains the age of superannuation, whichever happens

* Indicate that the above teacher(s) is/are required to attend the Research Methodology Workshop conducted by Regional Center, Pune of this University or any other centre authorised by the University

Indicate that the above teacher(s) is/are required to submit the documents regarding publishing minimum one publication in case of Reader and two publication in case of Professor published in the National/International Indexed journal within the period of one year, falling which, the recognition issued shall stand automatically cancelled, which may please be noted.

You are requested to handover the copy of letter to the concerned teacher(s) for further necessary action.

Registrar

Copy to: Concern Teacher. 1.

The Controller of Examinations, MUHS, Nasik

Note: In case, If it is found at later stage that information furnished in Post Graduate Recognition form by the teacher concerned is incorrect, PG Recognition/UG approval granted by the University will stand cancelled.



Maharashtra University of Health Sciences, Nashik

वणी - दिंडोरी रोड, म्हसरुळ, नाशिक - ४२२००४, Vani-Dindori Road, Mhasrul, Nashik- 422 004

EPABX: 0253-2539100-300, Fax - 0253-2539200, Phone: 0253-2539205

E-mail: pgacademic@muhsnashik.com Web.: www.muhs.ac.in

डॉ. सुनिल एच. फुगारे

एम.एस्सी.,पीएच.डी.

शैक्षणिक विभागप्रमुख (पदव्युत्तर)

Dr. Sunil H. Fugare

M. Sc., Ph. D.

I/c, Academic Section (PG)

No. MUHS/PG/E-2/1913 /13

Date: 08 /07/2013

To, The Principal, MCES's M. A. Rangoonwala College of Dental Sciences & Research Centre, 2390-B, K.B. Hidayatullah Road, Azam Campus, Pune - 411001.

Sub

Recognition as Post-Graduate Teacher.

Your College letter No i) MARDC/ADM/PGT/4316/12 dated 18/04/2012.

ii) MARDC/Adm/MDS/4722/2013 dtd 14/03/2013.

University letter No i) MUHS/PG/E-2/1633/012 dated 03/07/2012.

ii) MUHS/E-2/SSC/2203/2577/13 dated 03/07/2013.

Post Graduate Teacher Recognition Committee meeting dated 04/06/2012.

Sir / Madam,

With reference to the above cited subject, I am directed to inform you that in view of the norms prescribed as per provision under the section 29(2)(1) of the MUHS Act, 1998 Hon'ble Vice-Chancellor is pleased to grant recognition as Post-Graduate Teacher to the following teacher(s) of your Institute/College subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree in the subject

mentioned against his/ her/ their name.

Sr. No.	Subject	Name of the Teacher	Designation	Status of PG recognition
1	Oral Pathology & Microbiology	Dr.Amisha A. Shah	Professor	w.e.f. 25/09/2011 & onwards
2	Periodontology	Dr.Sheikh Salika Abdul Majid	Reader	w.e.f. 25/09/2011 & onwards
3	Periodontology	Dr.Shivaswamy Sumanth	Reader	w.e.f. 25/09/2011 & onwards
4	Prosthodontics & Crown & Bridge	Dr. Purvaja Salil Nene	Reader	w.e.f. 25/09/2011 & onwards
5 .	Orthodontics & Dentofacial Orthopedics	Dr. Ashwith B Hegde	Reader	w.e.f. 25/09/2011 & onwards
6	Oral & Maxillofacial Surgery	Dr. Deepak Kaul	Reader	w.e.f. 25/09/2011 & onwards

Kindly note that the recognition granted by the University is valid till the above said teacher is in the services of the said PG teaching Institute/College or attains the age of superannuation, whichever happens earlier.

The above teacher(s) is/are required to attend the Research Methodology Workshop conducted by Regional Center, Pune of this University or any other centre authorised by the University and also submit the documents regarding publishing minimum one publication in case of Reader and two publication in case of Professor publish in the National/International indexed journal within the period of one year, failing which, the recognition issued shall stand automatically cancelled, which may please be noted.

You are requested to handover the copy of letter to the concerned teacher(s) for further necessary action.

Atta. Mr. R. A. Shaite

Copy to: The Controller of Examinations, MUHS

Yours faithfully

I/C, Academic Section (PG)

Note: In case, if it is found at later stage that information furnished in Post Graduate Recognition form by any teacher is incorrect, PG Recognition/UG approval granted by the University will stand cancelled.



Maharashtra University of Health Sciences, Nashik

वणी - दिंडोरी रोड, म्हसरुळ, नाशिक - ४२२००४, Vani-Dindori Road, Mhasrul, Nashik- 422 004

EPABX: 0253-2539100-300, Fax - 0253-2539200, Phone: 0253-2539205

E-mail: pgacademic@muhsnashik.com Web.: www.muhs.ac.in

डॉ. सुनिल एच. फुगारे

Dr. Sunil H. Fugare

M. Sc., Ph. D.

एम.एस्सी.,पीएच.डी. शैक्षणिक विभागप्रमुख (पदब्युत्तर)

I/c, Academic Section (PG)

No. MUHS/PG/E-2/2176 /13

Date: 29/07/2013

To,
The Principal,
MCES's M. A. Rangoonwala College of Dental
Sciences & Research Centre,
2390-B, K.B. Hidayatullah Road,
Azam Campus, Pune - 411001.

Sub :- Recognition as Post-Graduate Teacher.

Ref :- 1) Your College letter No MARDC/ADM/PG/4850/13 dated 19/07/2013.

2) Post Graduate Teacher Recognition Committee meeting dated 29/07/2013.

Sir / Madam.

With reference to the above cited subject, I am directed to inform you that in view of the norms prescribed as per provision under the section 29(2)(I) of the MUHS Act, 1998 Hon'ble Vice-Chancellor is pleased to grant recognition as Post-Graduate Teacher to the following teacher(s) of your Institute/College subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree in the subject mentioned against his/ her/ their name.

Sr. No.	Subject	Name of the Teacher	Designation	Status of PG recognition
1	Oral Pathology & Microbiology	Dr. Koshi Ajit Varghese	Professor	w.e.f. 19/07/2013 & onwards
> 2	Prosthodontics & Crown & Bridge	Dr. Musani Smita Iqbal	Professor	w.e.f. 19/07/2013 & onwards

Kindly note that the recognition granted by the University is valid till the above said teacher is in the services of the said PG teaching Institute/College or attains the age of superannuation, whichever happens earlier.

The above teacher(s) is/are required to attend the Research Methodology Workshop conducted by Regional Center, Pune of this University or any other centre authorised by the University and also submit the documents regarding publishing minimum one publication in case of Reader and two publication in case of Professor publish in the National/International indexed journal within the period of one year, failing which, the recognition issued shall stand automatically cancelled, which may please be noted.

You are requested to handover the copy of letter to the concerned teacher(s) for further necessary action.

Yours faithfully,

I/C, Academic Section (PG)

21.7.13

Copy to: The Controller of Examinations, MUHS

Note: In case, if it is found at later stage that information furnished in Post Graduate Recognition form by any teacher is incorrect, PG Recognition/UG approval granted by the University will stand cancelled.



Dr. S.H. Fugare M Sc Ph D महाराष्ट्र आरोग्य विज्ञान विद्यापीठ

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES

वणी रोड, म्हसरुळ, नाशिक -४२२००४ Vani Road, Mhasrul, Nashik-422004

Phone: 0253-2539190-94 / EPABX: 0253-2539100-300 / Fax: 0253-2539195 E-mail: academic@muhsnashlk.com / Web: www.muhsnas hik.com

Ph. No.: 0253-2539192

Date: of 102/2007

Dy. Registrar

No. MUHS/E-2/PGT/ 833 /2007

To,

M.A. Rangoonwala College of Dental Sciences & Research Centre,

2390-B, K.B. Hidaytullah Road,

Azam Campus, Camp

PUNE - 411 001

Sub :- Recognition as Post-Graduate Teacher

Ref: Your letter No. MARDC/Adm/MUHS/PG-Teachers/2006

dtd 26/08/2006

With reference to the above cited subject & letter, I am directed to inform you that in Sir/ Madam, view of the norms prescribed as per provision under the section 29 (2) (I) of the MUHS Act, 1998 the Hon'ble Vice-Chancellor is pleased to grant Recognition as Post-Graduate Teacher to the following teachers of your College for imparting instructions to the students of Post Graduate Degree Course in the subject mentioned against their names.

C- 1		Designation	Subject	With effect
Sr.	Name of the Teacher		Prosthodontics	26/0.8/2006
01	Dr. Kothavade Mukund Eknath	Professor	Prosthodontics	26/0.8/2006
9	Dr. Duggal Ramandeep	Professor	1 2 1 2 2 1 2 2 1 2 2 2 2 2 2 2 2 2 2 2	26/08/2006
02	Dr. Trivedi Deepak Kanaiyalal	Professor	Periodontics	
03		Reader	Periodontics	26/08/2006
04	Dr. Bokil Shripad Vinayak	Professor	Oral Pathology	26/08/2006
05	Dr. Dandekar Rishikesh C.	A CONTRACTOR OF THE SECOND	to all concerned	

You are requested to handover the copy of this letter to all concerned teachers.

Thanking you,

M. A. R. C. D. S. R. C., Pune.

Yours faithfully

(Dr. S. H. Fugare) Dy. Registrar

Copy to: All Concerned teacher.

C:21_2007:PG Dental Meetings PG TRC:06012007 Recognition Letter MARangoonwala.doc



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

(An ISO 9001:2008 Certified University)

दिंडोरी रोड, म्हसरुळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

Tel: (0253) 2539239, Fax: (0253) 2539200

Website: http://www.muhs.ac.in, E-mail: pgacademic@muhs.ac.in

डॉ. सुनिल एच. फुगारे

र्म.एस्सी.,पीएच.डी.

शैक्षणिक विभागप्रमुख (पदव्युत्तर)

Dr. Sunil H. Fugare

I/c, Academic Section (PG)

Date: /3 /06/2014

To,
The Principal,
MCES's M. A. Rangoonwala College of Dental
Sciences & Research Centre,
2390-B, K.B. Hidayatullah Road,
Azam Campus, Pune - 411001.

Sub:- Recognition as Post-Graduate Teacher.

f:- 1) Your letter No. MARDC/Adm/PG/T.A/6093/14 dated 28/05/2014

Postgraduate Teacher Recognition Committee meeting dated 11/06/2014.

Sir / Madam,

With reference to the above cited subject, I am directed to inform you that in view of the norms prescribed as per provision under the section 29(2)(I) of the MUHS Act,1998 Hon'ble Vice-Chancellor is pleased to grant recognition as Post-Graduate Teacher to the following teacher(s) of your Institute/College subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree in the subject mentioned against his/ her/ their name.

Sr. No	Subject	Name of the Teacher	Designation	Status of PG recognition
1	Prosthodontics & Crown &	Dr. Mohit G. Kheur	Professor	w.e.f. 28/05/2014 & onwards
1_	Bridge			
2	Prosthodontics & Crown & Bridge	Dr. Mabrukar Vijay Yashwant	Reader	w.e.f. 28/05/2014 & onwards
3	Prosthodontics & Crown & Bridge	Dr. Burhanpurwala Murtuza Abuali	Reader	w.e.f. 28/05/2014 & onwards
4	Orthodontics & Dentofacial Orthopaedics	Dr. Nene Salil Sunil	Professor	w.e.f. 28/05/2014 & onwards
5		Dr. Kalia Ajit Janak	Professor	w.e.f. 28/05/2014 & onwards
(6)	Oral & Maxillofacial Surgery	Dr. Sangle Amit Arvind	Professor	w.e.f. 28/05/2014 & onwards
7	Paedodontics & Preventive Dentistry	Dr. Musale Prasad Krishnaji	Professor	w.e.f. 28/05/2014 & onwards
8	Paedodontics & Preventive Dentistry	Dr. Yusuf Chunawala	Professor	w.e.f. 28/05/2014 & onwards
9	Periodontology	Dr. Girish Byakod	Professor	w.e.f. 28/05/2014 & onwards
10	Oral Medicine & Radiology	Dr. Shenoy Siddesh Satish	Reader	w.e.f. 28/05/2014 & onwards
11	Oral Medicine & Radiology	Dr. Jyotsna Patel	Reader	w.e.f. 28/05/2014 & onwards
12	Conservative Dentistry & Endodontics	Dr. Dixit Manisha Vighnesh	Reader	w.e.f. 28/05/2014 & onwards
13	Conservative Dentistry & Endodontics	Dr. Srilatha S.	Reader	w.e.f. 28/05/2014 & onwards

MAHARASITRA UNIVERSITY OF HEALTH SCIENCES वणी रोड, म्हसरुळ, नाणिक - ४२२ ००४

Vani Road , Mhasrul, Nashik - 422 004

Vidya Thakare
M. Sc., D. Pharm.

Phone: 0253-2539199 / EPABX: 0253-2539100 - 300 / Fax: 0253-2539200 E-mail: pgacademic@muhsnashik.com / Web: www.muhsnashik.com

Phone: 0253-2539199

Dy. Registrar

No. MUHS/E-2/PGT/ 3 6 1 /2009

Date: 17 /03/2009

To
The Principal / Dean,
M. A. Rangoonwala College of Dental Sciences & Res. Centre,
2390-B, K.B. Hidayatulla Road,
Azam Campus,

Sub :- Recognition as Post-Graduate Teacher...

Sir/ Madam,

Pune - 411 001

With reference to the above cited subject, I am directed to inform you that in view of the norms prescribed as per provision under the section 29 (2) (I) of the MUHS Act, 1998 Hon'ble Vice-Chancelior is pleased to grant recognition as Post-Graduate Teacher to the following teachers of your College subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree in the subjects mentioned against their name.

Sr. No.	Name of the Teacher	Subject	With Effect From
01	Dr. Aruna Tambuwala	Oral and Maxillofacial Surgery	07/10/2008
02	Dr. Hegde Vivek Shivaprasad	Conservative Dentistry	07/10/2008

Kindly note that the recognition given by the University is valid till the above said teachers is in services of the private College or attains the age of superannuation whichever is earlier. You are requested to handover the copy of letter to the concerned teacher.

Thanking you,

M. A. R. C. D. S. R. C., Pune. Inward No. 6/29 Sign.

Date: 25 HAR 7000

Yours faithfully,

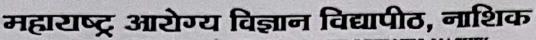
Dy. Registrar I/c Academic Section (PG

1) The Controller Of Examination, MUHS, Nashik

2) The Synopsis Section, MUHS, Nashik.

In case, if it is found at later stage that information furnished in F Graduate Recognition form by any teacher is incorrect; PG Recognigranted by the University will stand cancelled.]

SALTAR WALLER



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

(An ISO 9001:2008 Certified University)

दिंडोरी रोड, म्हसरुळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004 Tel: (0253) 2539239, Fax: (0253) 2539200

Website: http://www.muhs.ac.in, E-mail: pgacademic@muhs.ac.in

डॉ. सुनिल एच. फुगारे र्व . एरसी ., पीएच .डी. गैसनिक विभागप्रमुख (पदमुत्तर)

Jo MUHS/PG/E-2/1434/14

Dr. Sunil H. Fugare M. Sc., Ph. D. I/c, Academic Section (PG)

Date: /3 /06/2014

The Principal, MCES's M. A. Rangoonwala College of Dental Sciences & Research Centre, 2390-B, K.B. Hidayatullah Road, Azam Campus, Pune - 411001.

Sub:- Recognition as Post-Graduate Teacher.

Ref:- 1) Your letter No. MARDC/Adm/PG/T.A/6093/14 dated 28/05/2014

2) Postgraduate Teacher Recognition Committee meeting dated 11/06/2014.

Fir! Madam,

With reference to the above cited subject, I am directed to inform you that in view of the norms prescribed as per provision under the section 29(2)(I) of the MUHS Act, 1998 Hon'ble Vice-Chancellor is pleased to grant recognition as Post-Graduate Teacher to the following teacher(s) of your Institute/College subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree in the subject mentioned against his/ her/ their name.

Sr.		Name of the Teacher	Designation	
1	Prosthodontics & Crown & Bridge	Dr. Mohit G. Kheur	Professor	w.e.f. 28/05/2014 & onwards
2	Prosthodontics & Crown & Bridge	Dr. Mabrukar Vijay Yashwant	Reader	w.e.f. 28/05/2014 & onwards
3	Prosthodontics & Crown & Bridge	Dr. Burhanpurwala Murtuza Abuali	Reader	w.e.f. 28/05/2014 & onwards
4	Orthodontics & Dentofacial Orthopaedics	Dr. Nene Salil Sunil	Professor	w.e.f. 28/05/2014 & onwards
5	Orthodontics & Dentofacial Orthopaedics	Dr. Kalia Ajit Janak	Professor	w.e.f. 28/05/2014 & onwards
15	Oral & Maxillofacial Surgery	Dr. Sangle Amit Arvind	Professor	w.e.f. 28/05/2014 & onwards
1	Paedodontics & Preventive Dentistry	Dr. Musale Prasad Krishnaji	Professor	w.e.f. 28/05/2014 & onwards
(CONTRACTOR	Paedodontics & Preventive Dentistry	Dr. Yusuf Chunawala	Professor	w.e.f. 28/05/2014 & onwards
	Periodontology	Dr. Girish Byakod	Professor	w.e.f. 28/05/2014 & onwards
10	Oral Medicine & Radiology	Dr. Shenoy Siddesh Satish	Reader	w.e.f. 28/05/2014 & onwards
11	Oral Medicine & Radiology	Dr. Jyotsna Patel	Reader	w.e.f. 28/05/2014 & onwards
12	Conservative Dentistry & Endodontics	Dr. Dixit Manisha Vighnesh	Reader	w.e.f. 28/05/2014 & onwards
13	Conservative Dentistry & Endodontics	Dr. Srilatha S.	Reader	w.e.f. 28/05/2014 & onwards

-1-



Vidya Thakare M.Sc., D. Phurm Dy. Registrar

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES

वणी रोड, म्हसरुळ, नाशिक- ४२२००४, Vani Road, Mhasrul, Nashik – 422 004 Phone: 0253-2539199/2539239/EPABX: 0253-2539100-300 / Fax: 0253-2539200 E-mail: pgacademic@muhsnashik.com / Web: www.muhsnashik.com

Ph.: 0253-2539199 / 2539200

No. MUHS/E-2/PG/2203/ 84 /2010

Date: 16 /01/2010

To The Principal / Dean,

M. A. Rangoonwala College of Dental Sciences & Res. Centre, 2390-B, K.B. Hidayatulla Road,

Azam Campus, Pune – 411 001.

Sub: Recognition as Post-Graduate Teacher...

Ref.: 1) Your letter no. MARDC/Adm/1069/2009 dtd. 25/11/2009
2) Your letter no. MARDC/Adm/PGT/1078/2009 dtd. 03/12/2009

Sir/ Madam,

With reference to the above cited subject, I am to directed to inform you that in view of the norms prescribed as per provision under the section 29 (2) (I) of the MUHS Act, 1998 Hon'ble Vice-Chancellor is pleased to grant recognition as Post-Graduate Teacher to the following teachers of your College subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree in the subject mentioned against their name.

Sr. No.	Name of the Teacher	Subject	Status of PG Recognition
1	Dr. Jangam Daya K.	Oral Medicine & Radiology	w.e.f. date of joining, after interview date i. e. 08/12/2009.
2	Dr. Gautam J. Rajaganesh	Orthodontics	w.e.f. date of joining, after interview date i. e. 08/12/2009.

Kindly note that the recognition given by the University is valid till the above said teachers are in services of the private Dental College or attains the age of superannuation whichever is earlier. You are requested to handover the copy of letter to the concerned teachers.

M. A. R. C. D. S. R. C., Pune. Inward No.: 66 3 Sign.

Date: 29 JAN 2010

Yours faithfully,

Dy. Registrar

1) The Controller Of Examination, MUHS, Nashik

The Synopsis Section, MUHS, Nashik.

ote: In case, if it is found at later stage that information furnished in Post Graduate Recognition form by any teacher is incorrect, PG Recognition / UG approval granted by the University will stand cancelled.

C \21_2009\PG Dental\PGTRC\Recognation\M.A.Ran. Pune. doc