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



Maharashtra University of Health Sciences, Nashik

वणी - दिहोरी 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. फुगारे एम.एस्डी.,पीएन.डी.

Dr. Sunil H. Fugar M. Sc., Ph. D.

I/c, Academic Section (PC

शैक्षणिक विभागप्रमुख (पदलुत्तर) : No. MUHS/PG/E-2/22/13

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) Your College letter No MARDC/ADM/PGT/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)(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	Prosthodontics & Crown & Bridge	Dr. Nitin S. Habbu.	. Professor	w.e.f. 20/06/2013 & onwards
. 2	Paedòdontics & Preventive Dentistry	Dr. Musani Iqbal Essa	Professor.	w.e.f. 20/06/2013 & onwards
	Paedodontics & Preventive Dentistry	Dr <mark>. Dayanand Danappa</mark> 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.



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

हाँ. कालिदास द. चव्हाण

एम.बी.बी.एस., एम.डी. (न्यायवैद्यकशास्त्र) कलसचिव Dr. Kalidas D. Chavan M.B.B.S., M.D. (Forensic Medicine)

Registrar

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

Date: 08 /0472019

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.	Periodontology	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

Invare to (0396 Sign )

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# 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.



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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

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

Registrar

डॉ. कालिदास द. चव्हाण एम वी.वी.एम.,एम.डी.(न्यायवैद्यकशास्त्र),पीएच.डी.,डी.एससी.

कुलसचिव

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

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.

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 &	Dr. Mugal Vishal	Reader	w.e.f.04/07/2022 to
	Crown & Bridge	Sukhadevrao		12/09/2023 only
2	Prosthodontics	Dr. Gaikwad Pravin	Reader	w.e.f.04/07/2022 to
	and Crown & Bridge	Uttam ·		12/09/2023 only
3	Oral & Maxillofacial	Dr. Dinraj Kulkarni	Reader	w.e.f.04/07/2022 to
	Pathology and Oral			12/09/2023 only
	Microbiology			
4	Oral & Maxillofacial	Dr. Baldawa Prachi	Reader	w.e.f.04/07/2022 to
	Pathology and Oral	Shrigopal		12/09/2023 only
	Microbiology		,	
5	Oral & Maxillofacial	Dr. Namazi Nasim Abdul	Reader	w.e.f.04/07/2022 to
	Pathology and Oral	Karim		12/09/2023 only
	Microbiology			
6	Oral & Maxillofacial	Dr. Priyadarshani J. Gir	Reader	w.e.f.04/07/2022 to
	Surgery			12/09/2023 only
7	Periodontology	Dr. Sayyed Salman	Reader	w.e.f.04/07/2022 to
		Noormohomed		12/09/2023 only
8	Oral Medicine &	Dr. Patel Almas Rafiahmed	Reader	w.e.f.04/07/2022 to
	Radiology			12/09/2023 only

- 1. The above-mentioned teacher / teachers is / are required to attend "Research Methodo Workshop" conducted by Regional Centre, Pune of this University or any other centre authorised the University (if not attended earlier), within a period of one year from the date of recognition. clarified that the validity of Research Methodology Workshop' is for five years only and it must 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 Med Education Technology (MET) workshop conducted by the University, within the period of one y from the date of recognition. If any teacher fails to comply with the said provision, the recognit 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 दिडोरी रोड, म्हसरुळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

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डॉ. कालिदास द. चव्हाण

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

कुलसचिव

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

Registrar

/02/2022

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. No.	Subject	Name of the Teacher	Designation	Status of Approval
1	Oral Medicine &	Dr. Vinod Vijay Chandar. S	Professor	w.e.f.21/01/2022 to
	Radiology			12/09/2023 only
2.	Oral Medicine &	Dr. Rashmi Bhikamsing	Professor	w.e.f.21/01/2022 to
	Radiology	Sapkal		12/09/2023 only
3	Periodontology	Dr. Rashmi Vivek Hegde	Professor	w.e.f.21/01/2022 to
				12/09/2023 only
4	Periodontology	Dr. Kale Rahul D	Professor	w.e.f.21/01/2022 to
				12/09/2023 only
5	Conservative	Dr. Srilatha S.	Professor	w.e.f.21/01/2022 to· ·
	Dentistry and			12/09/2023 only
	Endodontics			
6	Oral & Maxillofacial	Dr. Bhagwat Harshad	Professor	w.e.f.21/01/2022 to
	Surgery	Vasant		12/09/2023 only
1				
7	Pediatric Dentistry	Dr. Shikha Choubey	Professor	w.e.f.21/01/2022 to
				12/09/2023 only
8	Pediatric Dentistry	Dr. Vanishree B K	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 ye 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 Medical Education Technology (MET) workshop conducted by the University, within the pe of one year from the date of recognition. If any teacher fails to comply with the said provis 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

वणी - दिडोरी रोड, म्हसरुळ, नाशिक - ४,२२००४, Vanl-Dindori Road, Mhasrul, Nashik- 422 004

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डॉ. कलिदास द. चव्हाण एम.बी.बी.एस., एम.डी. (न्यायवैशकशास्त्र)

Dr. Kalidas D. Chavan

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

Registrar

कुलसचिव

No. MUHS/PG/E-2/2371/2017

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.

:- Recognition as Post-Graduate Teacher

:- 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
	Periodontclogy	Dr. Hegde Rashmi Vivek	Reader	w.e.f. 31/08/2017 &
1.	1 Chodomers 8)			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

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

Registrar

Copy to:

1. Concern Teacher.

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.



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

(An ISO 9001:2008 Certified University)

विंडोरी 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. उदय**सिंह रावराणे

[एम.डी.(आयु.)]

Dr. Udaysinh Raorane

[M.D.(Ayurved)] Dy. Registrar

उपक्लसचिव

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

Sub :- 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 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. Diwan Nikhil Nagesh	Reader	w.e.f. date of joining i.e. 30/04/2016, for one year only.
2	Prosthodontics & Crown & Bridge	Dr. Mootha Ajay	Reader	w.e.f. 16/05/2016 & 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, Vanl-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

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.

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

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

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

5) 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)(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/ 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.	SIIDIACT	Name of the Teacher	Designation	
1	Oral Medicine &	Dr. Mohammed	Reader	w.e. <mark>f. 05/01/2016 &amp; onwar</mark> ds
	Radiology	Nasiruddin		

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.

rypgtr letter doc



#### 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 14 /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
- 3) University letter no. MUHS/E-2/PG/PGTRC/1114/10 dt. 22/06/10
- University letter no. MUHS/E-2/PG/PGTRC/2822/10 dt. 21/12/10 4)
- 5) 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).

Dy. Registrar I/C Academic Section (PG)

Copy to: 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 granted

by the University will stand cancelled.]

C \21\_2011\PG Dental\PGTRC\Recognition\M.A.Reingoonwala Dental College, Pune. doc



Vidya Thakare M.Sc., D. Pharm

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/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 monting 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.

Allow 1 de de la como de la como

M. A. R. C. D. S. R. C., Pune. Inward No.: 6.6.5.7. Sign.: A. Date.: 13.9.

gright.

Dy. Registrar I/c Academic Section (PG)

Yours faithfully.

Copy to:

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, नाशिक Maharashtra University of Health Sciences, Nashik

वणी - दिंडोरी गेंड, 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. क्रलिदास द. चव्हाण

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

Registrar

Date: 09 /05/2018

एम की बी एम , एम डी (न्यायवैद्यक्जास्त्र) कुलसचिव

No. MUHS/PG/E-2/19/3 /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.

> Sub :- 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. Subject	Name of the Teacher	Designation	Status of PG recognition
	1. Oral Medicine & Radiology	Dr. Sapkal Rashmi Bhikamsingh	Reader	w.e.f. 20/04/2018 & onwards
2	2. Oral & Maxillofacial Surgery	Dr. Mall Prashant*	Reader	w.e.f. 20/04/2018 & onwards
3	Surgery	Dr. Bhagwat Harshad Vasant	Reader	w.e.f. 20/04/2018 & onwards
4.	Surgery	Dr. Garde Janardan Bhagwat*	Professor	w.e.f. 20/04/2018 & onwards
5.	Bridge	Dr.Lathi Shilpa Alok≠	Reader	w.e.f. 20/04/2018 & onwards
6.	Oral & Maxillofacial Pathology and Oral Microbiology	Dr. Bussari Smita Baburao*	Reader	w.e.f. 20/04/2018 & onwards
7.	Oral & Maxillofacial Pathology and Oral Microbiology	Dr Bhalinge Payoshnee Mahesh*	Reader	w.e.f. 20/04/2018 & onwards
F	Oral & Maxillofacial Pathology and Oral Microbiology	Dr. Ingale Yashwant Chandar*	Reader	w.e.f. 20/04/2018 & onwards
_	eriodontology	Dr. Shelkh Salika	Professor	w.e.f. 20/04/2018 & onwards
).   Pe	riodontology	Dr. Gupta Sharadha Gaurav *#	Reader	w.e.f. 20/04/2018 & . onwards

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0.	Subject	Name of the Teacher	Designation	Status of PG recognition
11.	Pediatric Dentistry	Dr. Shah Krupali Ketan*#	Reader	w.e.f. 20/04/2018 &
12.	Pediatric Dentistry	Dr. Choubey Shikha *	Reader	onwards w.e.f. 20/04/2018 &
13.	Pediatric Dentistry	Dr.Talekar Abhinav Liladhar *	Reader	onwards w.e.f. 20/04/2018 & onwards
14.	Periodontology	Dr. Kale Rahul Dyandeo	Reader	
15.	Conservative Dentistry & Endodontics	Dr.Ghunawat Dhananjay B.*	Reader	w.e.f. 20/04/2018 & onwards w.e.f. 20/04/2018 &
16.	Conservative Dentistry & Endodontics	Dr. Gangwal Lisha	Reader	onwards w.e.f. 20/04/2018 &
17.	Conservative Dentistry & Endodontics	Anand*  Dr. Irani Rukshin	Reader	onwards
18	Orthodontics & Dentofacial	Sheriar*	weauer	w.e.f. 20/04/2018 & onwards
_	Orthodontics & Dentofacial	Dr. Patil Wasu Narayan *  Dr. Naslm Sadat	Reader	w.e.f. 20/04/2018 & onwards
G1-1-3	Orthodontics & Dentofacial	Mirdehghan *#  Dr.Basade Shireen	Reader	w.e.f. 20/04/2018 & onwards
-1	Orthopaedics Oral & Maxillofacial Surgery	Shahenshah *#	Reader	w.e.f. 20/04/2018 & onwards
	The second second second	Dr. Oswal Nitin Prakash*	Reader	w.e.f. 20/04/2018 & onwards
22.	Oral Medicine & Radiology  Kindly note that the recognit	Dr. Khosa Sukhjinder 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 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 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, 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.



Maharashtra University of Health Sciences, Nashik

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

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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.

Recognition as Post-Graduate Teacher.

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

Htn. Mr. R. A. Shai

Copy to: The Controller of Examinations, MUHS

Yours faithfully,

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

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डॉ. सुनिल एच. फुगारे

एम.एस्सी.,पीएच.डी. शैक्षणिक विभागप्रमुख (पदव्युत्तर) Dr. Sunil H. Fugare M. Sc., Ph. D.

Date: 29/07/2013

I/c, Academic Section (PG)

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

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.

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)(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. 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

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

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

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 Dy. Registrar

# 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

Ù

Date: of 102/2007

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

To.

The Dean / Principal,

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

Sir/ Madam,

With reference to the above cited subject & letter, 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 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.

			Subject	With effect
Sr.	Name of the Teacher	Designation		from
No.		Professor	Prosthodontics	26/08/2006
01	Dr. Kothavade Mukund Eknath	Distance of	Prosthodontics	26/08/2006
- 02	Dr. Duggal Ramandeep	Professor		26/08/2006
75.	Dr. Trivedi Deepak Kanaiyalal	Professor	Periodontics	
03	2 Pet 12 1 2 1 2 2 1 2 2 1 2 2 2 2 2 2 2 2 2	Reader	Periodontics	26/08/2006
04	Dr. Bokil Shripad Vinayak	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Oral Pathology	26/08/2006
05	Dr. Dandekar Rishikesh C.	Professor	Ofai Fathology	
05	Di. Dance			toachers

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.

Co21\_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

Dr. Sunil H. Fugare M. Sc., Ph. D,

रम.एस्सी.,पीएन.डी. रीक्षणिक विभागप्रमुख (पदव्युत्तर) I/c, Academic Section (PG)

To. MUHS/PG/E-2/1434/14

Date: 13 /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

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.

o the	Post Graduate Degree in the	e subject mentioned again	nst ms/ nei/ ui	Cii Haine.
Sr.	Subject	Name of the Teacher	Designation	Status of PG recognition
No.	Prosthodontics & Crown &	Dr. Mohit G. Kheur	Professor	w.e.f. 28/05/2014 & onwards
	Bridge Prosthodontics & Crown &	Dr. Mabrukar Vijay Yashwant	Reader	w.e.f. 28/05/2014 & onwards
3	Bridge Prosthodontics & Crown &	Dr. Burhanpurwala Murtuza Abuali	Reader	w.e.f. 28/05/2014 & onwards
4	Bridge Orthodontics & Dentofacial	Dr. Nene Salil Sunil	Professor	w.e.f. 28/05/2014 & onwards
5	Orthopaedics Orthodontics & Dentofacial	Dr. Kalia Ajit Janak	Professor	w.e.f. 28/05/2014 & onwards
6	Orthopaedics Oral & Maxillofacial Surgery	Dr. Sangle Amit Arvind	Professor	w.e.f. 28/05/2014 & onwards
13	Paedodontics	Dr. Musale Prasad	Professor	w.e.f. 28/05/2014 & onwards
8	& Preventive Dentistry Paedodontics	Krishnaji Dr. Yusuf Chunawala	Professor	w.e.f. 28/05/2014 & onwards
9	& Preventive Dentistry Periodontology	Dr. Girish Byakod	Professor	w.e.f. 28/05/2014 & onwards
- 1 To 1	Oral Medicine & Radiology	Dr. Shenoy Siddesh	Reader	w.e.f. 28/05/2014 & onwards
11	Oral Medicine	Satish  Dr. Jyotsna Patel	Reader	w.e.f. 28/05/2014 & onwards
12	& Radiology Conservative Dentistry &	Dr. Dixit Manisha	Reader	w.e.f. 28/05/2014 & onwards
13	Endodontics	Vighnesh Dr. Srilatha S.	Reader	w.e.f. 28/05/2014 & onwards
'3	Endodontics		1.	



#### Vidya Thakare M. Sc., D. Pharm.

## महाराष्ट्र आरोग्य विज्ञान विद्यापीठ

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES

वणी रोड, म्हसरुळ, नाशिक - ४२२ ००४

Vani Road, Mhasrul, Nashik - 422 004

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 61/2009

Date: 17 /03/2009

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...

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 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	07/10/2008
02	Dr. Hegde Vivek Shivaprasad	Surgery  Conservative Dentistry	07/10/2008
02	Dr. Hegde Vivek Snivaprasau	Conscivative Denties	

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.

Date ...... 25-HAR

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 Recogni-[Note:

granted by the University will stand cancelled.]

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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

(An ISO 9001:2008 Certified University)

दिंडोरी रोड, म्हसरुळ, नाणिक - 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 प्र.एस्सी.,भीएच.डी. गैप्तणिक विभागप्रमुख (पदन्युत्तर)

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

Jo MUHS/PG/E-2/1439/14

Date: 13 /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.

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.

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 & 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 &	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
19	Oral & Maxillofacial Surgery	Dr. Sangle Amit Arvind	Professor	w.e.f. 28/05/2014 & onwards
	Paedodontics & Preventive Dentistry	Dr. Musale Prasad Krishnaji	Professor	w.e.f. 28/05/2014 & onwards
	Paedodontics & Preventive Dentistry	Dr. Yusuf Chunawala	Professor	w.e.f. 28/05/2014 & onwards
$\overline{}$	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

c:121-2014pg teacher recognition/m. a. rangoonwala dc., pune/pgtr letter,doc

-1-



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

461510 MAHARASHTRA UNIVERSITY OF HEALTH SOLL

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

Date: 16 /01/2010

No. MUHS/E-2/PG/2203/ 34 /2010

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 lotter no MAPDC (Adm/PGT/4078/2009 dtd. 03/42/2009

With reference to the above cited subject, I am to 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 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.

mentioned	d against their name.	mition	
	Name of the Teacher	Subject	Status of PG Recognition  w.e.f. date of joining, after
- N	Dr. Jangam Daya K.	Oral Medicine & Radiology	interview date i. e. 08/12/2009.
2	Dr. Gautam J. Rajaganesh	Orthodontics	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.

Yours faithfully.

Dy. Registrar I/c Academic Section (PG)

1) The Controller Of Examination, MUHS, Nashik

2) The Synopsis Section, MUHS, Nashik.

tote: 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.

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