

APPENDIX "XVI-B"

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECT WISE ELIGIBLE EXAMINERS TEACHER LIST


NAME OF COLLEGE : PANDIT DEENDAYAL UPADHYAY DENTAL COLLEGE, SOLAPUR

COLLEGE ADDRESS : 19/1, KEGAON SOLAPUR-413255


Contact No. : 9422459693

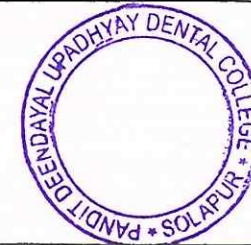
Email ID : www.pdudentalcollege@rediffmail.com

Name of Subject: Human Physiology

| Sr.no | College Name | Subject | Full Name of the Teacher (First Name Middle Name Last Name) | Designation | Date of Joining | UG Qualification & Year of Passing | PG- Qualification & Year of Passing | Teaching Experience after PG Passing | MUHS Approval (Yes/No) | If Yes MUHS Approval Letter & Date | Adhar No | Pan No | Date of Birth (Age in year) | Lates Email Address | Contact Nos. (Mob) | Signature |
|-------|----------------------------|------------|---|-------------|-----------------|------------------------------------|-------------------------------------|--------------------------------------|------------------------|---|--------------|------------|-----------------------------|---------------------|--------------------|---|
| 1 | PDU DENTAL COLLEGE SOLAPUR | Physiology | Dr.Torgalli Umesh | Reader | 26.09.2018 | MBBS | MS-2018 | 4 years | YES | MUHS/Acad/Approval /UG & PG /5218/2022 DTD. 28.11.22 wef 29.08.22 | 841290300667 | AFSPT4474N | 22/02/1984 | | 9226188221 |  |

Name of Subject: BIOCHEMISTRY

| Sr.no | College Name | Subject | Full Name of the Teacher (First Name Middle Name Last Name) | Designation | Date of Joining | UG Qualification & Year of Passing | PG- Qualification & Year of Passing | Teaching Experience after PG Passing | MUHS Approval (Yes/No) | If Yes MUHS Approval Letter & Date | Adhar No | Pan No | Date of Birth (Age in year) | Lates Email Address | Contact Nos. (Mob) | Signature |
|-------|----------------------------|---------------|---|----------------|-----------------|------------------------------------|-------------------------------------|--------------------------------------|------------------------|------------------------------------|--------------|------------|-----------------------------|---------------------|--------------------|---|
| 1 | PDU DENTAL COLLEGE SOLAPUR | Bio-Chemistry | Mrs. Kumbhakoni N.A. | Asso.Professor | 15/11/2001 | BSc | MSc-Bio-Chemistry | 26 years | In Process | In Process | 397679836435 | AHHPK9184E | 12/10/1958 | | 9822683230 |  |



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COLLEGE ADDRESS : 19/1, KEGAON SOLAPUR-413255

Contact No. : 9422459693

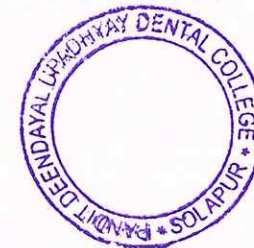
mail ID :www.pdudentalcollege@rediffmail.com

Name of Subject: HUMAN ANATOMY

| Sr.no | College Name | Subject | Full Name of the Teacher (First Name Middle Name Last Name) | Designation | Date of Joining | UG Qualification & Year of Passing | PG- Qualification & Year of Passing | Teaching Experience after PG Passing | MUHS Approval (Yes/No) | If Yes MUHS Approval Letter & Date | Adhar No | Pan No | Date of Birth (Age in year) | Lates Email Address | Contact Nos. (Mob) | Signature |
|-------|----------------------------|---------|---|-------------|-----------------|------------------------------------|-------------------------------------|--------------------------------------|------------------------|--|--------------|--------------|-----------------------------|-------------------------|--------------------|-------------|
| 1 | PDU DENTAL COLLEGE SOLAPUR | ANATOMY | DR KALE N.V. | Professor | 01/10/2011 | MBBS-1985 | MS-1993 | 24 year | Yes | MUHS/E-2/2204/SSC/961/2013 DT 14.03.2013 | 371099054411 | ALKPK 7812 M | 31/10/1962 | kale.nayana14@gmail.com | 9822321094 | <i>Kale</i> |

Name of Subject: PHARMACOLOGY

| Sr.no | College Name | Subject | Full Name of the Teacher (First Name Middle Name Last Name) | Designation | Date of Joining | UG Qualification & Year of Passing | PG- Qualification & Year of Passing | Teaching Experience after PG Passing | MUHS Approval (Yes/No) | If Yes MUHS Approval Letter & Date | Adhar No | Pan No | Date of Birth (Age in year) | Lates Email Address | Contact Nos. (Mob) | Signature |
|-------|----------------------------|--------------|---|-------------|-----------------|------------------------------------|--|--------------------------------------|------------------------|---|--------------|-------------|-----------------------------|--------------------------|--------------------|-----------|
| 1 | PDU DENTAL COLLEGE SOLAPUR | Pharmacology | Dr.Swati Moholkar | Reader | 04/04/2002 | Bsc | Msc-Medical Pharmacology & Ph.D (PHARMACOLOGY) | 20 years | YES | MUHS/Acad/Approval /UG & PG /5218/2022 DTD. 28.11.22 wef 29.08.22 | 522576932283 | ADHPA33 24P | 08.04.1974 | swati.moholkar@gmail.com | 9673718536 | |



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SUBJECT WISE ELIGIBLE EXAMINERS TEACHER LIST

NAME OF COLLEGE : PANDIT DEENDAYAL UPADHYAY DENTAL COLLEGE, SOLAPUR

COLLEGE ADDRESS : 19/1, KEGAON SOLAPUR-413255

Contact No. : 9422459693

Email ID :www.pdudentalcollege@rediffmail.com

Name of Subject: Dental Anatomy and Dental Histology

| Sr.no | College Name | Subject | Full Name of the Teacher (First Name Middle Name Last Name) | Designation | Date of Joining | UG Qualification & Year of Passing | PG- Qualification & Year of Passing | Teaching Experience after PG Passing | MUHS Approval (Yes/No) | If Yes MUHS Approval Letter & Date | Adhar No | Pan No | Date of Birth (Age in year) | Lates Email Address | Contact Nos. (Mob) | Signature |
|-------|----------------------------|---------|---|-------------|-----------------|------------------------------------|-------------------------------------|--------------------------------------|------------------------|---|--------------|------------|-----------------------------|----------------------------|--------------------|------------------------|
| 1 | PDU DENTAL COLLEGE SOLAPUR | DADH | Dr.Atul Deshpande | Professor | 08/11/2011 | BDS-2002 | MDS-2007 | 15.10 years | YES | MUHS/Acad/Approval /UG & PG /4003/2022 DTD. 03.11.22 wef 29.08.22 | 398060164209 | BKOPM0696K | 23/01/1987 | drnoopurmanagoli@gmail.com | 8618262473 | <i>Atul Deshpande</i> |
| 2 | PDU DENTAL COLLEGE SOLAPUR | DADH | Dr.Kulkanri Noopur | Reader | 23/06/2014 | BDS-2009 | MDS-2014 | 8 years | YES | MUHS/Acad/Approval /UG & PG /4003/2022 DTD. 03.11.22 wef 29.08.22 | 398060164209 | BKOPM0696K | 23/01/1987 | drnoopurmanagoli@gmail.com | 8618262473 | <i>Kulkanri Noopur</i> |
| 3 | PDU DENTAL COLLEGE SOLAPUR | DADH | Dr.Roshni Vinod | Reader | 24/12/2015 | BDS-2009 | MDS-2015 | 6.6 years | YES | MUHS/Acad/Approval /UG & PG /4003/2022 DTD. 03.11.22 wef 29.08.22 | 536686872475 | EJHPK3832G | 13/10/1986 | roshinivinod@gmail.com | 9146846808 | |



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NAME OF COLLEGE : PANDIT DEENDAYAL UPADHYAY DENTAL COLLEGE, SOLAPUR

COLLEGE ADDRESS : 19/1, KEGAON SOLAPUR-413255

Contact No. : 9422459693

Email ID :www.pdudentalcollege@rediffmail.com

Name of Subject: GENERAL PATHOLOGY

| Sr.no | College Name | Subject | Full Name of the Teacher (First Name Middle Name Last Name) | Designation | Date of Joining | UG Qualification & Year of Passing | PG- Qualification & Year of Passing | Teaching Experience after PG Passing | MUHS Approval (Yes/No) | If Yes MUHS Approval Letter & Date | Adhar No | Pan No | Date of Birth (Age in year) | Lates Email Address | Contact Nos. (Mob) | Singatur e |
|-------|----------------------------|-----------|---|-------------|-----------------|------------------------------------|-------------------------------------|--------------------------------------|------------------------|---|--------------|------------|-----------------------------|---------------------|--------------------|------------|
| 1 | PDU DENTAL COLLEGE SOLAPUR | Pathology | Dr.Kole N.L. | Reader | 01/04/2003 | MBBS-1998 | MD-2000 | 13.4 years | YES | MUHS/Acad/Approval /UG & PG /4003/2022 DTD. 03.11.22 wef 29.08.22 | 674257391257 | ALHPK7468E | 02/01/1976 | nitinkole@yahoo.com | 9822669404 | Kole N.L. |

Name of Subject: MICROBIOLOGY

| Sr.no | College Name | Subject | Full Name of the Teacher (First Name Middle Name Last Name) | Designation | Date of Joining | UG Qualification & Year of Passing | PG- Qualification & Year of Passing | Teaching Experience after PG Passing | MUHS Approval (Yes/No) | If Yes MUHS Approval Letter & Date | Adhar No | Pan No | Date of Birth (Age in year) | Lates Email Address | Contact Nos. (Mob) | Signatur e |
|-------|----------------------------|--------------|---|-------------|-----------------|------------------------------------|-------------------------------------|--------------------------------------|------------------------|--|--------------|-------------|-----------------------------|----------------------------|--------------------|-----------------------------|
| 1 | PDU DENTAL COLLEGE SOLAPUR | Microbiology | Dr.Chidgupkar Jyoti Milind | Professor | 04/04/2002 | MBBS-1984 | MD-1992 | 23.10 years | Yes | MUHS/E-2/2204/SSC/961/2013 DT 14.03.2013 | 638110594675 | AATPC 1552G | 26/09/1962 | jyoti_chidgupkar@yahoo.com | 9422067415 | Dr. Chidgupkar Jyoti Milind |



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SUBJECT WISE ELIGIBLE EXAMINERS TEACHER LIST

NAME OF COLLEGE : PANDIT DEENDAYAL UPADHYAY DENTAL COLLEGE, SOLAPUR

COLLEGE ADDRESS : 19/1, KEGAON SOLAPUR-413255

Contact No. : 9422459693

Email ID :www.pdudentalcollege@rediffmail.com

Name of Subject: DENTAL MATERIAL (CONSERVATIVE DENTISTRY AND PROSHTODONTICS AND CROWN AND BRIDGE)

| Sr.no | College Name | Subject | Full Name of the Teacher (First Name Middle Name Last Name) | Designation | Date of Joining | UG Qualification & Year of Passing | PG- Qualification & Year of Passing | Teaching Experience after PG Passing | MUHS Approval (Yes/No) | If Yes MUHS Approval Letter & Date | Adhar No | Pan No | Date of Birth (Age in year) | Lates Email Address | Contact Nos. (Mob) | Signatur e |
|-------|----------------------------|------------------------|---|-------------------|-----------------|------------------------------------|-------------------------------------|--------------------------------------|------------------------|---|--------------|------------|-----------------------------|--|--------------------|--------------------|
| 1 | PDU DENTAL COLLEGE SOLAPUR | Conservative Dentistry | Dr.Chole D.G. | Professor and HOD | 14/06/2006 | BDS-1992 | MDS-1998 | 25.2 YEARS | Yes | MUHS/E-2/2204/SSC/961/2013 DT 14.03.2013 | 239962575799 | AAYPE7510K | 13/06/1967 | drchole13@yahoo.com | 9422209669 | <i>[Signature]</i> |
| 2 | PDU DENTAL COLLEGE SOLAPUR | Conservative Dentistry | Dr.Bakle Srinivas | Reader | 23/08/2010 | BDS-2003 | MDS-2009 | 12 YEARS | Yes | MUHS/Acad/Approval /UG & PG /4003/2022 DTD. 03.11.22 wef 29.08.22 | 713356614385 | AJQPB1138B | 05/03/1982 | srinivasbakle@gmail.com | 9404300699 | <i>[Signature]</i> |
| 3 | PDU DENTAL COLLEGE SOLAPUR | Conservative Dentistry | Dr.Deshapande Rucha Varun | Reader | 16.07.2015 | BDS-2010 | MDS-2015 | 7.1 years | In Process | - | 370969306126 | CGXPD2136H | 21.04.1989 | dr.rucha.deshpande@gmail.com | 9552521208 | <i>[Signature]</i> |
| 4 | PDU DENTAL COLLEGE SOLAPUR | Conservative Dentistry | Dr.Gandhi Neha Paras | Reader | 01.08.2014 | BDS-2009 | MDS-2014 | 6.1 years | In Process | - | 386657935411 | AFDPN0832M | 08/09/1987 | drnehametha87@gamil.com drneha mehata@gmail.com | 8095926815 | <i>[Signature]</i> |
| 5 | PDU DENTAL COLLEGE SOLAPUR | Conservative Dentistry | Dr. Hatte Nikhil | Reader | 01/03/2017 | BDS-2012 | MDS-2016 | 5.8 years | Yes | MUHS/Acad/Approval /UG & PG /4003/2022 DTD. 03.11.22 wef 29.08.22 | 220262765284 | AKLPH4424N | 20/07/1987 | nikhilhatte@gmail.com | 9538553083 | <i>[Signature]</i> |
| 6 | PDU DENTAL COLLEGE SOLAPUR | Conservative Dentistry | Dr.Pawar Rohini | Reader | 19/12/2016 | BDS-2011 | MDS-2016 | 5.8 years | Yes | MUHS/Acad/Approval /UG & PG /5218/2022 DTD. 28.11.22 wef 29.08.22 | 468247662424 | DLRPP6001B | 01/09/1989 | rohinibds.um@gmail.com | 9665601739 | <i>[Signature]</i> |



APPENDIX "XVI-B"

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECT WISE ELIGIBLE EXAMINERS TEACHER LIST

NAME OF COLLEGE : PANDIT DEENDAYAL UPADHYAY DENTAL COLLEGE, SOLAPUR
COLLEGE ADDRESS : 19/1, KEGAON SOLAPUR-413255
Contact No. : 9422459693
Email ID :www.pdudentalcollege@rediffmail.com

Name of Subject: PRE-CLINICAL CONSERVATIVE DENTISTRY

| Sr.no | College Name | Subject | Full Name of the Teacher (First Name Middle Name Last Name) | Designation | Date of Joining | UG Qualification & Year of Passing | PG- Qualification & Year of Passing | Teaching Experience after PG Passing | MUHS Approval (Yes/No) | If Yes MUHS Approval Letter & Date | Adhar No | Pan No | Date of Birth (Age in year) | Lates Email Address | Contact Nos. (Mob) | Signatur e |
|-------|----------------------------|------------------------|---|-------------------|-----------------|------------------------------------|-------------------------------------|--------------------------------------|------------------------|---|--------------|------------|-----------------------------|------------------------------|--------------------|--------------------|
| 1 | PDU DENTAL COLLEGE SOLAPUR | Conservative Dentistry | Dr.Chole D.G. | Professor and HOD | 14/06/2006 | BDS-1992 | MDS-1998 | 25.2 YEARS | Yes | MUHS/E-2/2204/SSC/961/2013 DT 14.03.2013 | 239962575799 | AAYPC7510K | 13/06/1967 | drchole13@yahoo.com | 9422209669 | <i>[Signature]</i> |
| 2 | PDU DENTAL COLLEGE SOLAPUR | Conservative Dentistry | Dr.Bakle Srinivas | Reader | 23/08/2010 | BDS-2003 | MDS-2009 | 12 YEARS | Yes | MUHS/Acad/Approval /UG & PG /4003/2022 DTD. 03.11.22 wef 29.08.22 | 713356614385 | AJQPB1138B | 05/03/1982 | srinivasbakle@gmail.com | 9404300699 | <i>[Signature]</i> |
| 3 | PDU DENTAL COLLEGE SOLAPUR | Conservative Dentistry | Dr.Deshapande Rucha Varun | Reader | 16.07.2015 | BDS-2010 | MDS-2015 | 7.1 years | In Process | - | 370969306126 | CGXPD2136H | 21.04.1989 | dr.rucha.deshpande@gmail.com | 9552521208 | <i>[Signature]</i> |
| 4 | PDU DENTAL COLLEGE SOLAPUR | Conservative Dentistry | Dr.Gandhi Neha Paras | Reader | 01.08.2014 | BDS-2009 | MDS-2014 | 6.1 years | In Process | - | 386657935411 | AFDPN0832M | 08/09/1987 | drnehametha87@gmail.com | 8095926815 | <i>[Signature]</i> |
| 5 | PDU DENTAL COLLEGE SOLAPUR | Conservative Dentistry | Dr. Hatte Nikhil | Reader | 01/03/2017 | BDS-2012 | MDS-2016 | 5.61 years | Yes | MUHS/Acad/Approval /UG & PG /4003/2022 DTD. 03.11.22 wef 29.08.22 | 220262765284 | AKLPH4424N | 20/07/1987 | nikhilhatte@gmail.com | 9538553083 | <i>[Signature]</i> |
| 6 | PDU DENTAL COLLEGE SOLAPUR | Conservative Dentistry | Dr.Pawar Rohini | Reader | 19/12/2016 | BDS-2011 | MDS-2016 | 5.8 years | Yes | MUHS/Acad/Approval /UG & PG /5218/2022 DTD. 28.11.22 wef 29.08.22 | 468247662424 | DLRPP6001B | 01/09/1989 | rohiniibds.um@gmail.com | 9665601739 | <i>[Signature]</i> |



APPENDIX "XVI-B"

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECT WISE ELIGIBLE EXAMINERS TEACHER LIST

NAME OF COLLEGE : PANDIT DEENDAYAL UPADHYAY DENTAL COLLEGE, SOLAPUR

COLLEGE ADDRESS : 19/1, KEGAON SOLAPUR-413255

Contact No. : 9422459693

Email ID :www.pdudentalcollege@rediffmail.com

Name of Subject: PRE-CLINICAL PROSTHODONTICS

| Sr.no | College Name | Subject | Full Name of the Teacher (First Name Middle Name Last Name) | Designation | Date of Joining | UG Qualification & Year of Passing | PG- Qualification & Year of Passing | Teaching Experience after PG Passing | MUHS Approval (Yes/No) | If Yes MUHS Approval Letter & Date | Adhar No | Pan No | Date of Birth (Age in year) | Lates Email Address | Contact Nos. (Mob) | Signatur e |
|-------|----------------------------|----------------|---|-------------------|-----------------|------------------------------------|-------------------------------------|--------------------------------------|------------------------|---|--------------|-------------|-----------------------------|-----------------------------|--------------------|--------------------|
| 1 | PDU DENTAL COLLEGE SOLAPUR | Prosthodontics | Dr.Dixit Santosh | Professor and HOD | 01/06/2008 | BDS-1999 | MDS-2005 | 17.1 years | YES | MUHS/Acad/Approval /UG & PG /4003/2022 DTD. 03.11.22 wef 29.08.22 | 917233281011 | AINPD0068L | 16/05/1976 | drsantoshdixit@yahoo.com | 9326882508 | <i>[Signature]</i> |
| 2 | PDU DENTAL COLLEGE SOLAPUR | Prosthodontics | Dr.Varun Deshpande | Reader | 14/06/2014 | BDS-2009 | MDS-2014 | 8.8 years | YES | MUHS/Acad/Approval /UG & PG /4003/2022 DTD. 03.11.22 wef 29.08.22 | 384969537846 | CAHPD1322F | 24/08/1987 | dr.varundeshpande@gmail.com | 9552527811 | <i>[Signature]</i> |
| 3 | PDU DENTAL COLLEGE SOLAPUR | Prosthodontics | Dr.Vikram Eknath Rathod, | Reader | 02/02/2015 | BDS-2006 | MDS-2013 | 7.6 years | YES | MUHS/Acad/Approval /UG & PG /4003/2022 DTD. 03.11.22 wef 29.08.22 | 356935616272 | AYWPR4003L | 08/06/1984 | dr.vickramrathod@gmail.com | 9130488443 | <i>[Signature]</i> |
| 4 | PDU DENTAL COLLEGE SOLAPUR | Prosthodontics | Dr.Kale Ashwini, | Reader | 03/10/2016 | BDS-2010 | MDS-2014 | 5.11 years | IN PROCESS | | 758153279182 | | 07/06/1986 | ashwinikale.79@gmail.com | 9604261565 | <i>[Signature]</i> |
| 5 | PDU DENTAL COLLEGE SOLAPUR | Prosthodontics | Dr Kaustubh Vilas Mahajan | Reader | 01.10.2021 | BDS-2009 | MDS-2013 | 5.1 years | YES | MUHS/Acad/Approval /UG & PG /4003/2022 DTD. 03.11.22 wef 29.08.22 | 609934931441 | BFOPM8427 B | 09/06/1985 | drkaustubh.m@gmail.com | 7776933939 | <i>[Signature]</i> |



APPENDIX "XVI-B"

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NAME OF COLLEGE : PANDIT DEENDAYAL UPADHYAY DENTAL COLLEGE, SOLAPUR

COLLEGE ADDRESS : 19/1, KEGAON SOLAPUR-413255

Contact No. : 9422459693

Email ID :www.pdudentalcollege@rediffmail.com

Name of Subject: GENERAL MEDICINE

| Sr.no | College Name | Subject | Full Name of the Teacher (First Name Middle Name Last Name) | Designation | Date of Joining | UG Qualification & Year of Passing | PG- Qualification & Year of Passing | Teaching Experience after PG Passing | MUHS Approval (Yes/No) | If Yes MUHS Approval Letter & Date | Adhar No | Pan No | Date of Birth (Age in year) | Lates Email Address | Contact Nos. (Mob) | SIGNATURE |
|-------|----------------------------|-------------|---|-------------|-----------------|------------------------------------|-------------------------------------|--------------------------------------|------------------------|---|--------------|-------------|-----------------------------|--------------------------|--------------------|---------------|
| 1 | PDU DENTAL COLLEGE SOLAPUR | Gen Medicin | Dr.Kasture Amol | Reader | 15/11/2001 | MBBS-1993 | MD-1997 | 22.5 years | Yes | MUHS/E-2/2204/SSC/1575/2013 DT 22.04.2013 | 452232352211 | AAWPG8707 C | 25/02/1972 | amolkasture123@gmail.com | 9850553736 | <i>K(a) n</i> |

Name of Subject: GENERAL SURGERY

| Sr.no | College Name | Subject | Full Name of the Teacher (First Name Middle Name Last Name) | Designation | Date of Joining | UG Qualification & Year of Passing | PG- Qualification & Year of Passing | Teaching Experience after PG Passing | MUHS Approval (Yes/No) | If Yes MUHS Approval Letter & Date | Adhar No | Pan No | Date of Birth (Age in year) | Lates Email Address | Contact Nos. (Mob) | Signature |
|-------|----------------------------|-------------|---|-------------|-----------------|------------------------------------|-------------------------------------|--------------------------------------|------------------------|---|--------------|------------|-----------------------------|-----------------------------------|--------------------|--------------------|
| 1 | PDU DENTAL COLLEGE SOLAPUR | Gen Surgery | Dr.Patil Kiran | Reader | 05/04/2009 | MBBS-1988 | MS-1995 | 14.1 years | YES | MUHS/Acad/Approval /UG & PG /5218/2022 DTD. 28.11.22 wef 29.08.22 | 358431751222 | AFOPP6996F | 03/08/1965 | drkiranpatil@pdudentalcollege.com | 9822681506 | <i>Kiran Patil</i> |



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COLLEGE ADDRESS : 19/1, KEGAON SOLAPUR-413255

Contact No. : 9422459693

Email ID :www.pdudentalcollege@rediffmail.com

Name of Subject:PROSTHODONTICS AND CROWN AND BRIDGE.

| Sr.no | College Name | Subject | Full Name of the Teacher (First Name Middle Name Last Name) | Designation | Date of Joining | UG Qualification & Year of Passing | PG- Qualification & Year of Passing | Teaching Experience after PG Passing | MUHS Approval (Yes/No) | If Yes MUHS Approval Letter & Date | Adhar No | Pan No | Date of Birth (Age in year) | Lates Email Address | Contact Nos. (Mob) | Signature |
|-------|----------------------------|----------------|---|-------------------|-----------------|------------------------------------|-------------------------------------|--------------------------------------|------------------------|---|--------------|-------------|-----------------------------|-----------------------------|--------------------|----------------|
| 1 | PDU DENTAL COLLEGE SOLAPUR | Prosthodontics | Dr.Dixit Santosh | Professor and HOD | 01/06/2008 | BDS-1999 | MDS-2005 | 17.1 years | YES | MUHS/Acad/Approval /UG & PG /4003/2022 DTD. 03.11.22 wef 29.08.22 | 917233281011 | AINPD0068L | 16/05/1976 | drsantoshdixit@yahoo.com | 9326882508 | |
| 2 | PDU DENTAL COLLEGE SOLAPUR | Prosthodontics | Dr.Varun Deshpande | Reader | 14/06/2014 | BDS-2009 | MDS-2014 | 8.2 years | YES | MUHS/Acad/Approval /UG & PG /4003/2022 DTD. 03.11.22 wef 29.08.22 | 384969537846 | CAHPD1322F | 24/08/1987 | dr.varundeshpande@gmail.com | 9552527811 | |
| 3 | PDU DENTAL COLLEGE SOLAPUR | Prosthodontics | Dr.Vikram Eknath Rathod, | Reader | 02/02/2015 | BDS-2006 | MDS-2013 | 7.6 years | YES | MUHS/Acad/Approval /UG & PG /4003/2022 DTD. 03.11.22 wef 29.08.22 | 356935616272 | AYWPR4003L | 08/06/1984 | dr.vickramrathod@gmail.com | 9130488443 | |
| 4 | PDU DENTAL COLLEGE SOLAPUR | Prosthodontics | Dr.Kale Ashwini, | Reader | 03/10/2016 | BDS-2010 | MDS-2014 | 5.11 years | IN PROCESS | | 758153279182 | | 07/06/1986 | ashwinikale.79@gmail.com | 9604261565 | <i>Ashwini</i> |
| 5 | PDU DENTAL COLLEGE SOLAPUR | Prosthodontics | Dr Kaustubh Vilas Mahajan | Reader | 01.10.2021 | BDS-2009 | MDS-2013 | 5.1 years | YES | MUHS/Acad/Approval /UG & PG /4003/2022 DTD. 03.11.22 wef 29.08.22 | 609934931441 | BFOPM8427 B | 09/06/1985 | drkaustubhm@gmail.com | 7776933939 | |



| Sr.no | College Name | Subject | Full Name of the Teacher (First Name Middle Name Last Name) | Designation | Date of Joining | UG Qualification & Year of Passing | PG- Qualification & Year of Passing | Teaching Experience after PG Passing | MUHS Approval (Yes/No) | If Yes MUHS Approval Letter & Date | Adhar No | Pan No | Date of Birth (Age in year) | Lates Email Address | Contact Nos. (Mob) | Signature |
|-------|----------------------------|----------------|---|-------------------|-----------------|------------------------------------|-------------------------------------|--------------------------------------|------------------------|---|--------------|------------|-----------------------------|-----------------------------|--------------------|----------------|
| 7 | PDU DENTAL COLLEGE SOLAPUR | Prosthodontics | Dr.Dixit Santosh | Professor and HOD | 01/06/2008 | BDS-1999 | MDS-2005 | 17.1 years | Yes | MUHS/Acad/Approval /UG & PG /4003/2022 DTD. 03.11.22 wef 29.08.22 | 917233281011 | AINPD0068L | 16/05/1976 | drsantoshdixit@yahoo.com | 9326882508 | |
| 8 | PDU DENTAL COLLEGE SOLAPUR | Prosthodontics | Dr.Varun Deshpande | Reader | 14/06/2014 | BDS-2009 | MDS-2014 | 8.2 years | Yes | MUHS/Acad/Approval /UG & PG /4003/2022 DTD. 03.11.22 wef 29.08.22 | 384969537846 | CAHPD1322F | 24/08/1987 | dr.varundeshpande@gmail.com | 9552527811 | |
| 9 | PDU DENTAL COLLEGE SOLAPUR | Prosthodontics | Dr.Vikram Eknath Rathod, | Reader | 02/02/2015 | BDS-2006 | MDS-2013 | 7.6 years | Yes | MUHS/Acad/Approval /UG & PG /4003/2022 DTD. 03.11.22 wef 29.08.22 | 356935616272 | AYWPR4003L | 08/06/1984 | dr.vickramrathod@gmail.com | 9130488443 | |
| 10 | PDU DENTAL COLLEGE SOLAPUR | Prosthodontics | Dr.Kale Ashwini, | Reader | 03/10/2016 | BDS-2010 | MDS-2014 | 5.11 years | In Process | - | 758153279182 | | 07/06/1986 | ashwinikale.79@gmail.com | 9604261565 | <i>Ashwini</i> |
| 11 | PDU DENTAL COLLEGE SOLAPUR | Prosthodontics | Dr Kaustubh Vilas Mahajan | Reader | 01.10.2021 | BDS-2009 | MDS-2013 | 5.1 years | Yes | MUHS/Acad/Approval /UG & PG /4003/2022 DTD. 03.11.22 wef 29.08.22 | 609934931441 | BFOPM8427B | 09/06/1985 | drkaustubh.m@gmail.com | 7776933939 | |



APPENDIX "XVI-B"

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECT WISE ELIGIBLE EXAMINERS TEACHER LIST


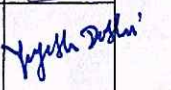
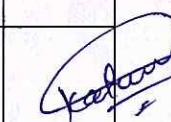
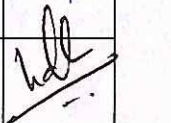
NAME OF COLLEGE : PANDIT DEENDAYAL UPADHYAY DENTAL COLLEGE, SOLAPUR

COLLEGE ADDRESS : 19/1, KEGAON SOLAPUR-413255

Contact No. : 9422459693

Email ID :www.pdudentalcollege@rediffmail.com

Name of Subject: PERIODONTICS

| Sr.no | College Name | Subject | Full Name of the Teacher (First Name Middle Name Last Name) | Designation | Date of Joining | UG Qualification & Year of Passing | PG-Qualification & Year of Passing | Teaching Experience after PG Passing | MUHS Approval (Yes/No) | If Yes MUHS Approval Letter & Date | Adhar No | Pan No | Date of Birth (Age in year) | Lates Email Address | Contact Nos. (Mob) | Signatur e |
|-------|----------------------------|--------------|---|-----------------|-----------------|------------------------------------|------------------------------------|--------------------------------------|------------------------|---|--------------|------------|-----------------------------|------------------------|--------------------|---|
| 1 | PDU DENTAL COLLEGE SOLAPUR | Periodontics | Dr. Shah Mona Udayan | Professor & HOD | 01/06/2007 | BDS-1982 | MDS-1985 | 35.4 years | Yes | MUHS/E-2/2204/SSC/961/2013 DT 14.03.2013 | 407185406794 | AEHPS5939K | 21/12/1960 | udayanmona@gmail.com | 9423593418 |  |
| 2 | PDU DENTAL COLLEGE SOLAPUR | Periodontics | Dr. Doshi Yogesh Sharad | Reader | 08/07/2008 | BDS-2002 | MDS-2008 | 14.2 years | Yes | MUHS/E-2/SSC/2204/3834/14 DATE 26.08.2014 | 932571022603 | AMAPD1623 | 27/03/1981 | yogeshdoshi@gmail.com | 9975626700 |  |
| 3 | PDU DENTAL COLLEGE SOLAPUR | Periodontics | Dr.Katwe Sachin Prabhakar | Reader | 02/09/2013 | BDS-1994 | MDS-2007 | 8 YEAS | Yes | MUHS/Acad/Approval /UG & PG /4003/2022 DTD. 03.11.22 wef 29.08.22 | 718185198327 | ACDPK7348A | 16/12/1972 | sachinkatwe@gmail.com | 9822844941 |  |
| 4 | PDU DENTAL COLLEGE SOLAPUR | Periodontics | Dr.Vidhi Kevadia-Shah | Reader | 18/07/2016 | BDS-2011 | MDS-2016 | 6.1 years | Yes | MUHS/Acad/Approval /UG & PG /4003/2022 DTD. 03.11.22 wef 29.08.22 | 461126908012 | DACPK8857G | 03/02/1990 | vidhikevadia@gmail.com | 9619630823 |  |



APPENDIX "XVI-B"

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECT WISE ELIGIBLE EXAMINERS TEACHER LIST

NAME OF COLLEGE : PANDIT DEENDAYAL UPADHYAY DENTAL COLLEGE, SOLAPUR

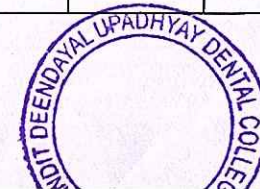
COLLEGE ADDRESS : 19/1, KEGAON SOLAPUR-413255

Contact No. : 9422459693

Email ID : www.pdudentalcollege@rediffmail.com

Name of Subject: ORTHODONTICS

| Sr.no | College Name | Subject | Full Name of the Teacher (First Name Middle Name Last Name) | Designation | Date of Joining | UG Qualification & Year of Passing | PG- Qualification & Year of Passing | Teaching Experience after PG Passing | MUHS Approval (Yes/No) | If Yes MUHS Approval Letter & Date | Adhar No | Pan No | Date of Birth (Age in year) | Lates Email Address | Contact Nos. (Mob) | Signature |
|-------|----------------------------|--------------|---|-------------------|-----------------|------------------------------------|-------------------------------------|--------------------------------------|------------------------|---|--------------|------------|-----------------------------|------------------------------|--------------------|---------------------|
| 1 | PDU DENTAL COLLEGE SOLAPUR | Orthodontics | Dr.Pulluri Sunilkumar Rajeshwararao | Professor and HOD | 01/08/2006 | BDS-1999 | MDS-2003 | 20.3 years | yes | MUHS/E-2/2204/SSCI/477/2013 DT 13.02.2013 | 867459223025 | AKUPP2872M | 01/04/1973 | sunilpulluri_dr@yahoo.com | 9440896273 | <i>P. Sunil</i> |
| 2 | PDU DENTAL COLLEGE SOLAPUR | Orthodontics | DR AMBARKAR SRINIWAS | PROFESSOR | 01/06/2020 | BDS-1998 | MDS-2002 | 19.1 years | yes | MUHS/ E-2/2204/SSCI/5149/2013 Dtd. 26.12.12 wef 24.06.2012 | 314368363822 | AFVPA0860L | 30/10/1975 | ambarkar.shrinivas@gmail.com | 9422460568 | <i>S. Shrinivas</i> |
| 3 | PDU DENTAL COLLEGE SOLAPUR | Orthodontics | Dr. Lavate Akash Babasaheb | professor | 01/12/2015 | BDS-2006 | MDS-2011 | 10.11 years | yes | MUHS/Acad/Approval /UG & PG /4003/2022 DTD. 03.11.22 wef 29.08.22 | 572255140178 | AGRPL6637R | 01/06/1985 | akashortho180@gmail.com | 9975640120 | <i>A. Lavate</i> |
| 4 | PDU DENTAL COLLEGE SOLAPUR | Orthodontics | Dr.Sneha Hoshing | Reader | 07/11/2016 | BDS-2010 | MDS-2016 | 6.3 years | yes | MUHS/Acad/Approval /UG & PG /4003/2022 DTD. 03.11.22 wef 29.08.22 | 843420832939 | APMPH3784F | 17/10/1988 | snehahoshing@gmail.com | 9665249212 | <i>S. Sneha</i> |
| 5 | PDU DENTAL COLLEGE SOLAPUR | Orthodontics | Dr.Sneha Shinde | Reader | 19/03/2018 | BDS-2011 | MDS-2017 | 4.1 years | In Process | - | 696754363209 | CITPS6169M | 05/12/1988 | snehashinde@gmail.com | 8308225045 | <i>S. Shinde</i> |



APPENDIX "XVI-B"

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECT WISE ELIGIBLE EXAMINERS TEACHER LIST

NAME OF COLLEGE : PANDIT DEENDAYAL UPADHYAY DENTAL COLLEGE, SOLAPUR

COLLEGE ADDRESS : 19/1, KEGAON SOLAPUR-413255

Contact No. : 9422459693

Email ID :www.pdudentalcollege@rediffmail.com

Name of Subject: ORAL MEDICINE AND RADIOLOGY

| Sr.no | College Name | Subject | Full Name of the Teacher (First Name Middle Name Last Name) | Designation | Date of Joining | UG Qualification & Year of Passing | PG- Qualification & Year of Passing | Teaching Experience after PG Passing | MUHS Approval (Yes/No) | If Yes MUHS Approval Letter & Date | Adhar No | Pan No | Date of Birth (Age in year) | Lates Email Address | Contact Nos. (Mob) | Signatur e |
|-------|----------------------------|---------|---|-------------------|-----------------|------------------------------------|-------------------------------------|--------------------------------------|------------------------|---|--------------|------------|-----------------------------|-----------------------------------|--------------------|------------|
| 1 | PDU DENTAL COLLEGE SOLAPUR | OMR | Dr.Birangane Rajendra Sadashiv | Professor and Hod | 05/01/2006 | BDS-1989 | MDS-1997 | 24.11 years | YES | MUHS/ E-2/2204/SSC/30/20 13 Dtd. 03.01.2013 wef 24.06.2012 | 353270456120 | AAYPB1902G | 23/06/1966 | drbiranganer@rediffmail.com | 9422459693 | |
| 2 | PDU DENTAL COLLEGE SOLAPUR | OMR | Dr. Abhay Suresh Kulkarni | Reader | 02/07/2012 | BDS-1993 | MDS-2012 | 10.2 years | YES | MUHS/Acad/Approval /UG & PG /4003/2022 DTD. 03.11.22 wef 29.08.22 | 350322341661 | ALOPK2857J | 08/07/1972 | abhay5572@yah.co.in | 9422656860 | |
| 3 | PDU DENTAL COLLEGE SOLAPUR | OMR | Dr. Rohan Shrinivas Choudhari | Reader | 02/02/2015 | BDS-2008 | MDS-2014 | 8.0 years | YES | MUHS/Acad/Approval /UG & PG /4003/2022 DTD. 03.11.22 wef 29.08.22 | 512283540808 | AETPC0187M | 25/10/1984 | rohanchoudhari2584@gmail.com | 8087914272 | |
| 4 | PDU DENTAL COLLEGE SOLAPUR | OMR | Dr.Pratik Parkarwar | Reader | 03/11/2016 | BDS-2010 | MDS-2016 | 5.9 years | In Process | - | 572255140171 | CIOPP5640P | 19/02/1988 | pratik.parkarwar19@rediffmail.com | 9970978819 | |



APPENDIX "XVI-B"

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECT WISE ELIGIBLE EXAMINERS TEACHER LIST

NAME OF COLLEGE : PANDIT DEENDAYAL UPADHYAY DENTAL COLLEGE, SOLAPUR

COLLEGE ADDRESS : 19/1, KEGAON SOLAPUR-413255

Contact No. : 9422459693

Email ID :www.pdudentalcollege@rediffmail.com

Name of Subject: CONSERVATIVE DENTISTRY

| Sr.no | College Name | Subject | Full Name of the Teacher (First Name Middle Name Last Name) | Designation | Date of Joining | UG Qualification & Year of Passing | PG- Qualification & Year of Passing | Teaching Experience after PG Passing | MUHS Approval (Yes/No) | If Yes MUHS Approval Letter & Date | Adhar No | Pan No | Date of Birth (Age in year) | Lates Email Address | Contact Nos. (Mob) | Signature |
|-------|----------------------------|------------------------|---|-------------------|-----------------|------------------------------------|-------------------------------------|--------------------------------------|------------------------|---|--------------|------------|-----------------------------|------------------------------|--------------------|--------------------|
| 1 | PDU DENTAL COLLEGE SOLAPUR | Conservative Dentistry | Dr.Chole D.G. | Professor and HOD | 14/06/2006 | BDS-1992 | MDS-1998 | 25.2 YEARS | Yes | MUHS/E-2/2204/SSC/961/2013 DT 14.03.2013 | 239962575799 | AAYPC7510K | 13/06/1967 | drchole13@yahoo.com | 9422209669 | <i>D. Chole</i> |
| 2 | PDU DENTAL COLLEGE SOLAPUR | Conservative Dentistry | Dr.Bakle Srinivas | Reader | 23/08/2010 | BDS-2003 | MDS-2009 | 12 YEARS | Yes | MUHS/Acad/Approval /UG & PG /4003/2022 DTD. 03.11.22 wef 29.08.22 | 713356614385 | AJQP81138B | 05/03/1982 | srinivasbakle@gmail.com | 9404300699 | <i>S. S. Bakle</i> |
| 3 | PDU DENTAL COLLEGE SOLAPUR | Conservative Dentistry | Dr.Deshapande Rucha Varun | Reader | 16.07.2015 | BDS-2010 | MDS-2015 | 7.1 years | In Process | - | 370969306126 | CGXP2136H | 21.04.1989 | dr.rucha.deshpande@gmail.com | 9552521208 | |
| 4 | PDU DENTAL COLLEGE | Conservative Dentistry | Dr.Gandhi Neha Paras | Reader | 01.08.2014 | BDS-2009 | MDS-2014 | 6.1 years | In Process | - | 386657935411 | AFDPN0832M | 08/09/1987 | drnehametha87@gmail.com | 8095926815 | |
| 5 | PDU DENTAL COLLEGE SOLAPUR | Conservative Dentistry | Dr. Hatte Nikhil | Reader | 01/03/2017 | BDS-2012 | MDS-2016 | 5.1 years | Yes | MUHS/Acad/Approval /UG & PG /4003/2022 DTD. 03.11.22 wef | 220262765284 | AKLPH4424N | 20/07/1987 | nikhilhatte@gmail.com | 9538553083 | <i>N. Hatte</i> |
| 6 | PDU DENTAL COLLEGE SOLAPUR | Conservative Dentistry | Dr.Pawar Rohini | Reader | 19/12/2016 | BDS-2011 | MDS-2016 | 5.8 years | Yes | MUHS/Acad/Approval /UG & PG /5218/2022 DTD. 28.11.22 wef 29.08.22 | 468247662424 | DLRPP60018 | 01/09/1989 | rohinibds.um@gmail.com | 9665601739 | |



APPENDIX "XVI-B"

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECT WISE ELIGIBLE EXAMINERS TEACHER LIST

NAME OF COLLEGE : PANDIT DEENDAYAL UPADHYAY DENTAL COLLEGE, SOLAPUR

COLLEGE ADDRESS : 19/1, KEGAON SOLAPUR-413255

Contact No. : 9422459693

Email ID :www.pdudentalcollege@rediffmail.com

Name of Subject: ORAL AND MAXILLOFACIAL SURGERY

| Sr.no | College Name | Subject | Full Name of the Teacher (First Name Middle Name Last Name) | Designation | Date of Joining | UG Qualification & Year of Passing | PG- Qualification & Year of Passing | Teaching Experience after PG Passing | MUHS Approval (Yes/No) | If Yes MUHS Approval Letter & Date | Adhar No | Pan No | Date of Birth (Age in year) | Lates Email Address | Contact Nos. (Mob) | Signature |
|-------|----------------------------|--------------|---|-------------------|-----------------|------------------------------------|-------------------------------------|--------------------------------------|------------------------|---|--------------|------------|-----------------------------|---------------------------|--------------------|-----------------------|
| 1 | PDU DENTAL COLLEGE SOLAPUR | ORAL SURGERY | Dr.Tambekar Kaustubh Nandkumar | Professor and HOD | 01/01/2004 | BDS-1998 | MDS-2003 | 17.8 YEARS | YES | MUHS/Acad/Approval /UG & PG /4003/2022 DTD. 03.11.22 wef 29.08.22 | 343157264026 | AEBPT4238C | 13/05/1977 | ambekar27@gmail.com | 9850279910 | <i>Tambekar N.</i> |
| 2 | PDU DENTAL COLLEGE SOLAPUR | ORAL SURGERY | Dr. Patil Sandeep Bhupal | profesor | 07/09/2017 | | | 9 YEARS | YES | MUHS/Acad/Approval /UG & PG /4003/2022 DTD. 03.11.22 wef 29.08.22 | 206928253020 | BJOPP6770N | 16/07/1984 | drsandeepomfs@gmail.com | 9975414657 | <i>Patil</i> |
| 3 | PDU DENTAL COLLEGE SOLAPUR | ORAL SURGERY | Dr. Arush Udayan Shah | Reader | 02/05/2015 | BDS-2010 | MDS-2015 | 7.4 YEARS | YES | MUHS/Acad/Approval /UG & PG /4003/2022 DTD. 03.11.22 wef 29.08.22 | 317353608616 | BMFPS3476L | 15/10/1988 | arushshah@gmail.com | 9689901640 | <i>Arush</i> |
| 4 | PDU DENTAL COLLEGE SOLAPUR | ORAL SURGERY | Dr.Gandhi Ranjeet Bharat | Reader | 19/03/2018 | BDS-2009 | MDS-2016 | 4.5 year | YES | MUHS/Acad/Approval /UG & PG /4003/2022 DTD. 03.11.22 wef 29.08.22 | 680959735975 | BELPG0545N | 30/08/1986 | dr_ranjeetgandhi@yahoo.in | 8277114728 | <i>Ranjeet Gandhi</i> |




APPENDIX "XVI-B"

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECT WISE ELIGIBLE EXAMINERS TEACHER LIST

NAME OF COLLEGE : PANDIT DEENDAYAL UPADHYAY DENTAL COLLEGE, SOLAPUR
 COLLEGE ADDRESS : 19/1, KEGAON SOLAPUR-413255
 Contact No. : 9422459693
 Email ID :www.pdudentalcollege@rediffmail.com

Name of Subject: PEOdontics

| Sr.no | College Name | Subject | Full Name of the Teacher (First Name Middle Name Last Name) | Designation | Date of Joining | UG Qualification & Year of Passing | PG- Qualification & Year of Passing | Teaching Experience after PG Passing | MUHS Approval (Yes/No) | If Yes MUHS Approval Letter & Date | Adhar No | Pan No | Date of Birth (Age in year) | Lates Email Address | Contact Nos. (Mob) | Signature |
|-------|----------------------------|-------------|---|-------------|-----------------|------------------------------------|-------------------------------------|--------------------------------------|------------------------|---|--------------|------------|-----------------------------|----------------------------|--------------------|--|
| 1 | PDU DENTAL COLLEGE SOLAPUR | Pedodontics | Dr. Neha Pradeep Joshi (Tambake) | Reader | 01/06/2013 | BDS-2008 | MDS-2013 | 9.2 years | yes | MUHS/Acad/Approval /UG & PG /4003/2022 DTD. 03.11.22 wef 29.08.22 | 474573581938 | ALGPJ5022L | 21/08/1985 | nehapradeepjoshi@gmail.com | 7774030890 |  |



APPENDIX "XVI-B"

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECT WISE ELIGIBLE EXAMINERS TEACHER LIST



NAME OF COLLEGE : PANDIT DEENDAYAL UPADHYAY DENTAL COLLEGE, SOLAPUR

COLLEGE ADDRESS : 19/1, KEGAON SOLAPUR-413255

Contact No. : 9422459693

Email ID :www.pdudentalcollege@rediffmail.com

Name of Subject: PUBLIC HEALTH DENTISTRY

| Sr.no | College Name | Subject | Full Name of the Teacher (First Name Middle Name Last Name) | Designation | Date of Joining | UG Qualification & Year of Passing | PG- Qualification & Year of Passing | Teaching Experience after PG Passing | MUHS Approval (Yes/No) | If Yes MUHS Approval Letter & Date | Adhar No | Pan No | Date of Birth (Age in year) | Lates Email Address | Contact Nos. (Mob) | Singature |
|-------|----------------------------|-------------------------|---|-------------|-----------------|------------------------------------|-------------------------------------|--------------------------------------|------------------------|---|--------------|------------|-----------------------------|---------------------------|--------------------|--|
| 1 | PDU DENTAL COLLEGE SOLAPUR | Public Health Dentistry | Dr.Kasheety Meena | Reader | 01/12/2011 | BDS-1995 | MDS-2020 | 21.5 years | yes | MUHS/E-2/2204/SSC/5149/2012 DT 26.12.2012 | 603478743554 | AHVPK3701G | 06/09/1974 | mvkashetty@rediffmail.com | 9850790062 |  |
| 2 | PDU DENTAL COLLEGE SOLAPUR | Public Health Dentistry | Dr.Kumbar Sagar | Reader | 01/08/2014 | BDS-2010 | MDS-2014 | 8.1 years | yes | MUHS/Acad/Approval /UG & PG /4003/2022 DTD. 03.11.22 wef 29.08.22 | 475739815294 | BTMPK8750M | 09/08/1986 | dr.sagar77@hotmail.com | 9763755437 |  |

