

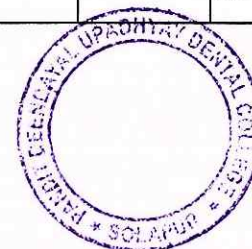
**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**SUBJECT WISE ELIGIBLE EXAMINERS LIST (PG COURSES)**

NAME OF COLLEGE : PANDIT DEENDAYAL UPADHYAY DENTAL COLLEGE, SOLAPUR

PHONE/MOBILE NO : 9422459693

NAME OF THE SUBJECT : CONSERVATIVE DENTISTRY

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp. Honorary)	Qualification	University Approval (UG)	PG Teaching Experience (in the Years)PG	PG Teacher Recognition (Yes/No)	(Recognition Letter Date issued by University.)	No. of PG Student Guided Last 5 years	Date of Birth	Email ID	Mobile No.	Aadhar Card No.	If debarred (Yes/No)	Sign. Of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr.Chole Dayanand Gopalrao	Prof & H.O.D	Conservative Dentistry	Peramanent	MDS	YES	12.2 years	Yes	MUHS/PG/E-2/50/13 DATED 05.01.2013	10	13/06/1967	drchole13@yahoo.com	9422209669	239962575799	No	
2	Dr. Bakle Srinivas Suresh	Reader	Conservative Dentistry	Peramanent	MDS	YES	9 years	Yes	MUHS/E-2/PG/5278/2022 DATED 30-11-2022	7	05/03/1982	srinivasbakle@gmail.com	9404300699	713356614385	No	
3	Dr.Gandhi Neha Paras	Reader	Conservative Dentistry	Peramanent	MDS	YES	4 years	Yes	MUHS/ E-2/PG/193/2024 dtd 15.10.24 wef 23.09.24 to 28.08.26	3	08/09/1987	drnehametha87@gamil.com	8095926815	386657935411	No	
4	Dr.Nikhil Hatte	Reader	Conservative Dentistry	Peramanent	MDS	YES	1 yeear	Yes	MUHS/ E-2/PG/193/2024 dtd 15.10.24 wef 23.09.24 to 28.08.25	1	20/07/1987	nikhilhatte@gmail.com	9538553083	2202 6276 5284	No	
5	Dr.Deshpande Rucha Varun	Reader	Conservative Dentistry	Peramanent	MDS	No	-	No		-	21.04.1989	dr.rucha.deshpande@gmail.com	9552521208	370969306126	No	
6	Dr. Pawar Rohini	Reader	Conservative Dentistry	Peramanent	MDS	No		No		-	01/09/1987	rohiniibds.um@gmail.com	9665601739	4682 4766 2424	No	



Signature & Seal  
Dean/Principal

## ANNEXURE "XV-C"

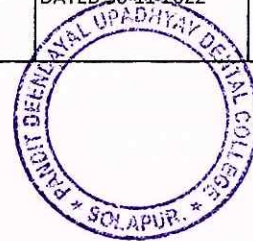
**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**SUBJECT WISE ELIGIBLE EXAMINERS LIST (PG COURSES)**

NAME OF COLLEGE : PANDIT DEENDAYAL UPADHYAY DENTAL COLLEGE, SOLAPUR

PHONE/MOBILE NO : 9422459693

NAME OF THE SUBJECT : PROSTHODONTICS , CRWON AND BRIDGE

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/Speciality	Type of Appointment (Regular/Temp. Honorary)	Qualification	University Approval (UG)	PG Teaching Experience (in the Years)PG	PG Teacher Recognition (Yes/No)	(Recognition Letter Date issued by University.)	No. of PG Student Guided Last 5 years	Date of Birth	Email ID	Mobile No.	Aadhar Card No.	If debarred (Yes/No)	Sign. Of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr. Dixit Santosh Yadneshwar	Professor & HOD	Prosthodontics and Crown and Bridge	Permanent	MDS	YES	14 years	Yes	MUHS/ E-2/PG/193/2024 dtd 15.10.24 wef 23.09.24 to 28.08.26	10	16/05/1976	drsantoshdixit@yahoo.com	9326882508	917233281011	No	
2	Dr.Deshpande Varun	Professor.	Prosthodontics and Crown and Bridge	Permanent	MDS	YES	4 Years	Yes	MUHS/ E-2/PG/193/2024 dtd 15.10.24 wef 23.09.24 to 28.08.26	3	24/08/1987	dr.varundeshpande@gmail.com	9552527811	384969537846	No	
3	Dr.Rathod Vikram Eknath	Reader	Prosthodontics and Crown and Bridge	Permanent	MDS	YES	3 YEARS	Yes	MUHS/ E-2/PG/193/2024 dtd 15.10.24 wef 23.09.24 to 28.08.26	1	08/06/1984	dr.vickramrathod@gmail.com	9130488443	356935616272	No	
4	Dr. Davangere Umashree K.	Reader	Prosthodontics and Crown and Bridge	Permanent	MDS	YES	8 mont	Yes	MUHS/ E-2/PG/193/2024 dtd 15.10.24 wef 23.09.24 to 28.08.25		04/06/1985	umashreesutar4@gmail.com	7709944195	98564205 5331	No	
5	Dr.Kale Ashwini	Reader	Prosthodontics and Crown and Bridge	Permanent	MDS	YES	2 YEARS	Yes	MUHS/ E-2/PG/193/2024 dtd 15.10.24 wef 23.09.24 to 28.08.25	-	07/06/1986	ashwinikale.79@gmail.com	9604261565	3725 8622 3609	No	
6	Dr. Mahajan Kausthubh	Reader	Prosthodontics and Crown and Bridge	Permanent	MDS	No		No	MUHS/E-2/PG/5278/2022 DATED 30-11-2022		09/06/1985	drkaustubh.in@gmail.com	7776933939	609934931441-	No	



Signature & Seal  
Dean/Principal



## APPENDIX "XV-C

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**SUBJECT WISE ELIGIBLE EXAMINERS LIST (PG COURSES)**

NAME OF COLLEGE : PANDIT DEENDAYAL UPADHYAY DENTAL COLLEGE, SOLAPUR

PHONE/MOBILE NO : 9422459693

NAME OF THE SUBJECT : PERIODONTICS

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/Speciality	Type of Appointment (Regular/Temp. Honorary)	Qualification	University Approval (UG)	PG Teaching Experience (in the Years)PG	PG Teacher Recognition (Yes/No)	(Recognition Letter Date issued by University.)	No. of PG Student Guided Last 5 years	Date of Birth	Email ID	Mobile No.	Aadhar Card No.	If debarred (Yes/No)	Sign. Of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr. Shah Mona Udayan	Professor & HOD	Periodontics	Permanent	MDS	Yes	12.2 Years	Yes	MUHS/PG/E-2/450/2013 Date: 14/02/2013 wef 02/11/2012 & onwards	9	21/12/1960	udayanmona@gmail.com	9423593418	407185406794	No	
2	Dr. Doshi Yogesh Sharad	Reader	Periodontics	Permanent	MDS	Yes	11 Years	Yes	MUHS/PG/E-2/2586/2014 Date: 29/09/2014 wef 04/09/2014 onwards	5	27/03/1981	yogeshdoshi@icloud.com	9975626700	932571022603	No	<i>Yogesh Doshi</i>
3	Dr. Vidhi Kevadia-Shah	Reader	Periodontics	Permanent	MDS	Yes	3 Years	Yes	MUHS/ E-2/PG/193/2024 dtd 15.10.24 wef 23.09.24 to 28.08.25	1	03/02/1990	vidhikevadia@gmail.com	9619630823	461126908012	No	
4	Dr. Rasika Painter	Reader	Periodontics	Permanent	MDS	Yes		Yes	MUHS/ E-2/PG/193/2024 dtd 15.10.24 wef 23.09.24 to 28.08.25		12/04/1985	drasika.javdeep@gmail.com	9923185834	92560 0970 2879	No	



Signature & Seal  
Dean/Principal

**APPENDIX "XV-C**

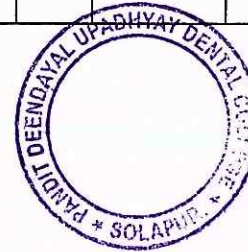
**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK  
SUBJECT WISE ELIGIBLE EXAMINERS LIST (PG COURSES)**

**NAME OF COLLEGE : PANDIT DEENDAYAL UPADHYAY DENTAL COLLEGE, SOLAPUR**

**PHONE/MOBILE NO : 9422459693**

**NAME OF THE SUBJECT : ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS**

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/Speciality	Type of Appointment (Regular/Temp. Honorary)	Qualification	University Approval (UG)	PG Teaching Experience (In the Years)PG	PG Teacher Recognition (Yes/No)	(Recognition Letter Date issued by University.)	No. of PG Student Guided Last 5 years	Date of Birth	Email ID	Mobile No.	Aadhar Card No.	If debarred (Yes/No)	Sign. Of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr. Pulluri Sunilkumar Rajeshwararao	Professor and HOD	Orthodontics	Peramanent	MDS	YES	12 years	Yes	MUHS/PG/E-2/3565/2012 DATE 31/12/2012	7	01/04/1973	sunilpulluri_dr@yahoo.com	9440896273	867459223025	No	
2	Dr. Lavate Akash Babasaheb	Professor	Orthodontics	Peramanent	MDS	YES	5 years	Yes	MUHS/ E-2/PG/193/2024 dtd 15.10.24 wef 23.09.24 to 28.08.26	3	01/06/1985	akashortho180@gmail.com	9975640120	572255140178	No	
3	Dr. Sneha Vineet Hoshing	Reader	Orthodontics	Peramanent	MDS	YES		Yes	MUHS/ E-2/PG/193/2024 dtd 15.10.24 wef 23.09.24 to 28.08.26	-	17/10/1988	drsnehav17@gmail.com	9665249212	84342083 2939	No	
4	Dr. Ranjeet Omprakash Pawar	Reader	Orthodontics	Peramanent	MDS	YES		Yes	MUHS/ E-2/PG/193/2024 dtd 15.10.24 wef 23.09.24 to 28.08.25	-	17/10/1988	drsnehav17@gmail.com	9665249212	84342083 2939	No	



**Signature & Seal  
Dean/Principal**

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**SUBJECT WISE ELIGIBLE EXAMINERS LIST (PG COURSES)**

NAME OF COLLEGE : PANDIT DEENDAYAL UPADHYAY DENTAL COLLEGE, SOLAPUR

PHONE/MOBILE NO : 9422459693

NAME OF THE SUBJECT : ORAL MEDICINE AND RADIOLOGY

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appoinment (Regular/ Temp. Honorary)	Qualification	University Approveal (UG)	PG Teaching Experience (in the Years and PG)	PG Teacher Recognition (Yes/No)	(Recognition Letter Date issued by University.)	No. of PG Student Guided Last 5 years	Date of Birth & AGE	Latest Email Address	Latest Contact Mobile No.	Aadhar Card No.	Remarks (If debarred, specify) (Yes/No)	Sign. Of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr. Birangane R.S.	Principal and HOD	Oral Medicine and Radiology	Peramanent	MDS	YES	12 years	Yes	MUHS/PG/E-2/450/13 dated 14/02/2013	8	23/06/1966	drbiranganers@redimail.com	9422459693 and 9158322852	353270456120	No	
2	Dr.Choudhary Rohan	Reader	Oral Medicine and Radiology	Peramanent	MDS	YES	-	Yes	MUHS/ E-2/PG/193/2024 dtd 15.10.24 wef 23.09.24 to 28.08.25	-	25/10/1984	rohanchoudhari2584@gmail.com	8087914272	512283540808	No	
2	Dr. Parkarwar Pratik Chandrashekhar	Reader	Oral Medicine and Radiology	Peramanent	MDS	YES	-	Yes	MUHS/ E-2/PG/193/2024 dtd 15.10.24 wef 23.09.24 to 28.08.25	-	25/10/1984	rohanchoudhari2584@gmail.com	8087914272	512283540808	No	



Signature & Seal  
Dean/Principal