



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

Maharashtra University of Health Sciences, Nashik

वनी - दिंडोरी रोड, म्हास्रुळ, नाशिक - ४२२००४, Vani-Dindori Road, Mhasrul, Nashik- 422 004

EPABX: 0253-6659100-300, Phone: 0253-6659192/6659239

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

डॉ. कलिदास द. चवण

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

कुलसचिव

Dr. Kalidas D. Chavan

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

Registrar

No: MUHS /PG/E-2/ 2555 /2020

Date: 22/12/2020

To

The Dean / Principal,

JMF's A. C. P. M. Dental College & Hospital,

Post Box No. 145, Sakri Road,

Dhule - 424 001

Sub:- Recognition as Post-Graduate Teacher.

- Ref:-**
- 1) University Direction No.01/2017 dated 13/04/2017.
 - 2) Your College letter No. 936/JMF's ACPMDC/Dhule dated 14/10/2020.
 - 3) University letter No. MUHS/E-2/UG/2365/2020 dt.10/12/2020

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. | Conservative Dentistry and Endodontics | Dr. Shrinidhi Surya Raghavendra | Reader | w.e.f. 14/10/2020 to 13/10/2022 only |

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.


Registrar

- Copy to:**
1. Concern Teacher.
 2. 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.



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डॉ. कल्लिदास द. चव्हाण

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

प्र. कुलसचिव

Dr. Kalidas D. Chavan

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

Offg. Registrar

No: MUHS /PG/E-2/ 2304/ 1663 /2017

Date: 22/06/2017

To
The Dean / Principal,
JMF's A. C. P. M. Dental College & Hospital,
Post Box No. 145, Sakri Road,
Dhule - 424 001

Sub:- Recognition as Post-Graduate Teacher.

- Ref:-
- 1) University Direction No.01/2017 dated 13/04/2017.
 - 2) Your College letter no. 354/JMF's ACPMDC/Dhule dated 16/03/2017.
 - 3) Your College letter no. 381/JMF's ACPMDC/Dhule dated 20/03/2017.
 - 4) Your College letter no. 603/jmf's ACPMDC/Dhule dated 09/04/2017.
 - 5) Your College letter no. 712/jmf's ACPMDC/Dhule dated 13/05/2017.
 - 6) University letter No MUHS/E2/UG/2304/2199/2017 dated 15/06/2017.

Sir / Madam,

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

| Sr. No. | Subject | Name of the Teacher | Designation | Status of PG recognition |
|---------|--|------------------------------------|-------------|---|
| 1. | Conservative Dentistry & Endodontics | Dr. Tarun T. Ahuja * | Professor | Temporary for two years w.e.f. date of joining i.e. from 10/03/2017 to 31/07/2019 |
| 2. | Conservative Dentistry & Endodontics | Dr. Kranthikumar S. Reddy * | Reader | Temporary for two years w.e.f. date of joining i.e. from 10/03/2017 to 31/07/2019 |
| 3. | Oral & Maxillofacial Surgery | Dr. Chidambar Y S * | Reader | Temporary for one years w.e.f. date of joining i.e. from 18/01/2017 to 31/07/2019 |
| 4. | Orthodontics & Dentofacial Orthopedics | Dr. Veerendra Virupaxappa Kerudi * | Professor | Temporary for two years w.e.f. date of joining i.e. from 09/04/2017 to 31/07/2019 |
| 5. | Prosthodontics & Crown & Bridge | Dr. Suresh M. Nagaral * | Reader | Temporary for two years w.e.f. date of joining i.e. from 01/04/2017 to 31/07/2019 |
| 6. | Oral & Maxillofacial Surgery | Dr. Bhimappa M. Rudagi * | Professor | Temporary for two years w.e.f. date of joining i.e. from 04/02/2017 to 31/07/2019 |
| 7. | Conservative Dentistry & Endodontics | Dr. Prasad Shaligram Rane * | Reader | Temporary for two years w.e.f. date of joining i.e. from 04/02/2017 to 31/07/2019 |

| Sr. No. | Subject | Name of the Teacher | Designation | Status of PG recognition |
|---------|--------------------------------------|----------------------------|-------------|---|
| 8. | Conservative Dentistry & Endodontics | Dr. Nanda Jayanta Zinnie * | Professor | Temporary for two years w.e.f. date of joining i.e. from 10/03/2017 to 31/07/2019 |
| 9. | Periodontology | Dr. Anuradha Bhatsange * # | Reader | Temporary for two years w.e.f. date of joining i.e. from 01/04/2017 to 31/07/2019 |
| 10. | Periodontology | Dr. Lalitha B. Shigaon * | Reader | Temporary for two years w.e.f. date of joining i.e. from 10/03/2017 to 31/07/2019 |
| 11. | Pedodontics & Preventive Dentistry | Dr. Patil Sudha B. * | Reader | Temporary for two years w.e.f. date of joining i.e. from 09/04/2017 to 31/07/2019 |
| 12. | Public Health Dentistry | Dr. Prashantkumar V.K. * | Reader | Temporary for two years w.e.f. date of joining i.e. from 09/04/2017 to 31/07/2019 |

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.

Offg. 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.

Handwritten signature





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Maharashtra University of Health Sciences, Nashik

(An ISO 9001:2008 Certified University)

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

डॉ. उदयसिंह रावराणे

[एम.डी.(आयु.)]

उपकुलसचिव

Out No.: MUHS/PG/E-2/2304/1375/2016

Dr. Udaysinh Raorane

[M.D.(Ayurved)]

Dy. Registrar

Date: 30/05/2016

To

The Dean / Principal,

JMF's A. C. P. M. Medical College,

Post Box No. 145, Sakri Road,

Dist. Dhule - 424 001.

Sub. : Recognition as Post-Graduate Teacher.

Ref. : 1) Your Letter No. 649/JMF's ACPMDC/Dhule dated 16/04/2016.

3) Your Letter No. 719/JMF's ACPMDC/Dhule dated 07/05/2016.

2) Postgraduate Teacher Recognition Committee meeting dated 27/05/2016.

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 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 | Conservative Dentistry & Endodontics | Dr. Nanda Jayanta Zinnle | Professor | w.e.f. 01/04/2016 for one year only. |
| 2 | Conservative Dentistry & Endodontics | Dr. Tarun Tilak Raj Ahuja | Professor | w.e.f. 10/03/2016 for one year only. |
| 3 | Prosthodontics & Crown & Bridge | Dr. Suresh M. Nagaral | Reader | w.e.f. 01/04/2016 for one year only. |
| 4 | Orthodontics & Dentofacial Orthopedics | Dr. Veerendra Virupaxappa Kerudi | Professor | w.e.f. 09/04/2016 for one year only. |

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

Maharashtra University of Health Sciences, Nashik

वणी - दिंडोरी रोड, म्हासकुळ, नाशिक - ४२२००४, Vani-Hindori Road, Mhasrul, Nashik- 422004

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एम.बी.एल., एम.डी. (न्यायवैद्यकशास्त्र)
प्र. कुलसचिव

Dr. Kalidas D. Chavan

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

Offg. Registrar

No: MUHS/PG/E-2/2304/1663/2017

Date: 22/06/2017

To
The Dean / Principal,
JMF's A. C. P. M. Dental College & Hospital,
Post Box No. 145, Sakri Road,
Dhule - 424 001

Sub:- Recognition as Post-Graduate Teacher.

- Ref:-** 1) University Direction No.01/2017 dated 13/04/2017.
2) Your College letter no. 354/JMF's ACPMDC/Dhule dated 16/03/2017.
3) Your College letter no. 381/JMF's ACPMDC/Dhule dated 20/03/2017
4) Your College letter no. 603/jmf's ACPMDC/Dhule dated 09/04/2017.
5) Your College letter no. 712/jmf's ACPMDC/Dhule dated 13/05/2017.
6) University letter No MUHS/E2/UG/2304/2199/2017 dated 15/06/2017.

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|---------|--|------------------------------------|-------------|---|
| 1. | Conservative Dentistry & Endodontics | Dr. Tarun T. Ahuja * | Professor | Temporary for two years w.e.f. date of joining i.e. from 10/03/2017 to 31/07/2019 |
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| 3. | Oral & Maxillofacial Surgery | Dr. Chidambar Y S * | Reader | Temporary for one years w.e.f. date of joining i.e. from 18/01/2017 to 31/07/2019 |
| 4. | Orthodontics & Dentofacial Orthopedics | Dr. Veerendra Virupaxappa Kerudi * | Professor | Temporary for two years w.e.f. date of joining i.e. from 09/04/2017 to 31/07/2019 |
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| 6. | Oral & Maxillofacial Surgery | Dr. Bhimappa M. Rudagi * | Professor | Temporary for two years w.e.f. date of joining i.e. from 04/02/2017 to 31/07/2019 |
| 7. | Conservative Dentistry & Endodontics | Dr. Prasad Shaligram Rane * | Reader | Temporary for two years w.e.f. date of joining i.e. from 04/02/2017 to 31/07/2019 |

| | Subject | Name of the Teacher | Designation | Status of PG recognition |
|-----|--------------------------------------|----------------------------|-------------|---|
| | Conservative Dentistry & Endodontics | Dr. Nanda Jayanta Zinnie * | Professor | Temporary for two years w.e.f date of joining i.e from 10/03/2017 to 31/07/2019 |
| 9. | Periodontology | Dr. Anuradha Bhalsange * # | Reader | Temporary for two years w.e.f date of joining i.e from 01/04/2017 to 31/07/2019 |
| 10. | Periodontology | Dr. Lalitha B. Shigaon * | Reader | Temporary for two years w.e.f date of joining i.e from 10/03/2017 to 31/07/2019 |
| 11. | Pedodontics & Preventive Dentistry | Dr. Patil Sudha B. * | Reader | Temporary for two years w.e.f date of joining i.e from 09/04/2017 to 31/07/2019 |
| 12. | Public Health Dentistry | Dr. Prashantkumar V.K. | Reader | Temporary for two years w.e.f.date of joining i.e from 09/04/2017 to 31/07/2019 |

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Offg. 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.

[Handwritten signature]





MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

UNIVERSITY OF HEALTH SCIENCES, NASHIK

User Type : College Coordinator BA0021

आरोग्य विज्ञान विद्यापीठ, नाशिक
Maharashtra University of Health Sciences, Nashik
कंप - विडीसी रोड, अहमदाबाद, महाराष्ट्र - ४४१००९, Nashik Road, Mumbai - 422 004
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E-mail: pgsadmission@muhs.ac.in Web: www.muhs.ac.in

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Dr. Kalidas D. Chavan
Registrar
Date: 22/05/2017

No: MUHS/PG/E-2/ 1132032/ 13/05/2017
To:
The Dean / Principal,
JMF's A. C. P. M. Dental College & Hospital,
Post Box No. 145, Sakri Road,
Dhule - 424 001

Subj:- Recognition as Post-Graduate Teacher

- Ref:- 1) University Direction No.01/2017 dated 13/04/2017.
2) Your College letter no. 073/JMF's ACPMDC/Dhule dated 31/05/2017
3) University letter No MUHS/E2/UG/2304/2169/2017 dated 14/05/2017
4) University letter No MUHS/E2/UG/2304/2398/2017 dated 21/05/2017
5) University letter No MUHS/E2/UG/2304/3401/2017 dated 07/05/2017

Sir / Madam,

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

| Sr. No. | Subject | Name of the Teacher | Designation | Status of PG recognition |
|---------|--------------------------------------|---------------------------------|-------------|--|
| 1. | Prosthodontics & Crown & Bridge | Dr. Suresh Ramash Wagale * | Professor | Temporary for two years w.e.f. date of joining i.e. 23/05/2017 to 31/07/2019 |
| 2. | Prosthodontics & Crown & Bridge | Dr. Nagesh Y. Phutkar * | Professor | Temporary for one year w.e.f. date of joining i.e. 23/05/2017 to 31/07/2018 |
| 3. | Prosthodontics & Crown & Bridge | Dr. Sunil R. Ronad * | Reader | Temporary for two years w.e.f. date of joining i.e. 23/05/2017 to 31/07/2019 |
| 4. | Prosthodontics & Crown & Bridge | Dr. Prayadharan Gatabao Pawar * | Reader | Temporary for one year w.e.f. date of joining i.e. 23/05/2017 to 31/07/2018 |
| 5. | Conservative Dentistry & Endodontics | Dr. Prasad Bhagaram Rane * | Reader | Temporary for one year w.e.f. date of joining i.e. 23/05/2017 to 31/07/2018 |
| 6. | Oral & Maxillofacial Surgery | Dr. Rajesh Oswal * | Professor | Temporary for one year w.e.f. date of joining i.e. 23/05/2017 to 31/07/2018 |

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9324780590

Aadhaar Number *

371129707446

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
Maharashtra University of Health Sciences, Nashik
कच्ची - दिवाडी रोड, अहमदनगर - ४१४००९, Nashik Road, Ahmednagar - 412004
EPARK: 0231-239100-100, Phones: 0231-239192/2539220
E-mail: pgsadmission@muhs.ac.in Web: www.muhs.ac.in

प्र. विद्यादास द. चव्हाण
371129707446

Dr. Kalidas D. Chavan

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Chrome [New Server]

Registrar

No. MUHS/PG/E-2/ 1132032/ 11.3.2017

Date: 22.03.2017

To:
The Dean / Principal,
JMF's A. C. P. M. Dental College & Hospital,
Post Box No. 145, Sakri Road,
Dhule - 424 001

Subj: Recognition as Post-Graduate Teacher

Ref: 1) University Direction No.01/2017 dated 13/04/2017.
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4) University letter No MUHS/E2/UG/2304/2398/2017 dated 21/05/2017
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|---------|--------------------------------------|-----------------------------------|-------------|--|
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| 2. | Prosthodontics & Crown & Bridge | Dr. Nagesh Y. Phutranekar * | Professor | Temporary for one year w.e.f. date of joining i.e. 23/05/2017 to 31/07/2018 |
| 3. | Prosthodontics & Crown & Bridge | Dr. Sunil R. Ronad * | Reader | Temporary for two years w.e.f. date of joining i.e. 23/05/2017 to 31/07/2019 |
| 4. | Prosthodontics & Crown & Bridge | Dr. Priyadarshan Gutabrao Pawar * | Reader | Temporary for one year w.e.f. date of joining i.e. 23/05/2017 to 31/07/2018 |
| 5. | Conservative Dentistry & Endodontics | Dr. Prasad Bhagiram Rane * | Reader | Temporary for one year w.e.f. date of joining i.e. 23/05/2017 to 31/07/2018 |
| 6. | Oral & Maxillofacial Surgery | Dr. Rajesh Oswal * | Professor | Temporary for one year w.e.f. date of joining i.e. 23/05/2017 to 31/07/2018 |
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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

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Dr. Kalidas D. Chavan

Registrar

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प्रति, व्यवस्थापक, संस्थान
मुंबई

No: MUHS/PG/E-2/ 1132032/ 11.3.2017
To:
The Dean / Principal,
JMF's A. C. P. M. Dental College & Hospital,
Post Box No. 145, Sakin Road,
Dhule - 424 001

Date: 22.03.2017

Subj:- Recognition as Post-Graduate Teacher

Ref:- 1) University Direction No.01/2017 dated 13/04/2017.
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3) University letter No MUHS/E2/UG/2304/2169/2017 dated 14/05/2017
4) University letter No MUHS/E2/UG/2304/2398/2017 dated 21/05/2017
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| 4. | Prosthodontics & Crown & Bridge | Dr. Prayadharshi Gutabrao Pawar * | Reader | Temporary for one year w.e.f. date of joining i.e. 23/05/2017 to 31/07/2018 |
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College / Institute Name *

University / Board Name *

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
Maharashtra University of Health Sciences, Nashik
एनपी - ११००१, राई, अहमदनगर, महाराष्ट्र - ४११००१, Nashik Road, Nashik - 422 001
EPABX: 0231-239100-100, Phones 0231-239192/2539220
E-mail: pgsadmission@muhs.ac.in Web: www.muhs.ac.in

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Dr. Kalidas D. Chavan
Registrar
Date: 22/05/2017

No. MUHS/PG/E-2/ 1132032/ 113/2017
To:
The Dean / Principal,
JMF's A. C. P. M. Dental College & Hospital,
Post Box No. 145, Sakri Road,
Dhule - 424 001

Subj:- Recognition as Post-Graduate Teacher

- Ref:- 1) University Direction No.01/2017 dated 13/04/2017.
2) Your College letter no. 073/JMF's ACPMDC/Chule dated 31/05/2017
3) University letter No MUHS/E2/UG/2304/2169/2017 dated 14/05/2017
4) University letter No MUHS/E2/UG/2304/2398/2017 dated 21/05/2017
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State Council Reg. No. *

A-5365

MHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Registration Date

20/07/2017



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
Maharashtra University of Health Sciences, Nashik
 नाशिक - दिंडोरी रोड, अहमदनगर, महाराष्ट्र - ४२४१०९, Nashik-Dindori Road, District, Nashik-424009
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Dr. Kalidas D. Chavan
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No. MUHS/PG/E-2/ 1132032/ 13/07/2017

Date: 20/07/2017

To:
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 Post Box No. 145, Sakri Road,
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| Sr No. | Designation Heads | Designations | Date Of Joining | Current Experience |
|--------|-------------------|--------------|-----------------|--------------------|
|--------|-------------------|--------------|-----------------|--------------------|

3

Doctor of Philosophy

Select



mm/dd/yyyy



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK



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Dr. Kalidas D. Chavan
Registrar
Date: 22/09/2017

No: MUHS/PG/E-2/ 1132032/ 11/3/2017
To:
The Dean / Principal,
JMF's A. C. P. M. Dental College & Hospital,
Post Box No. 145, Sakin Road,
Dhule - 424 001

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Course Level *

Post Graduate Degree



Department *

MAHARASHTRA Recognition Letter
UNIVERSITY OF
HEALTH SCIENCES,
NASHIK



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
गणित - विज्ञान, चिकित्सा, अभियांत्रिकी - १४४००९, Vaidheshji Road, Mahad, Nashik-422 004
EPABX: 0231-2339100-300, Phones 0231-2339192/2339220
E-mail: pgsadmission@muhs.ac.in Web: www.muhs.ac.in

Dr. Kalidas D. Chavan
Registrar

No. MUHS/PG/E-2/ 1132032/ 13.07.2017
Date: 22.07.2017

To:
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Post Box No. 145, Sakri Road,
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mm/dd/yyyy

Debarred Till

mm/dd/yyyy

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Post-Graduate Teacher Recognition Letter

Post-Graduate Teacher Research Methodology Workshop

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
Maharashtra University of Health Sciences, Nashik
कच्ची - दिंडोरी रोड, अहमदाबाद, महाराष्ट्र - ४००००९, Nashik Road, Nashik - 422 004
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E-mail: pgsadmission@muhs.ac.in Web: www.muhs.ac.in

प्रति, माननीय डॉ. चणूदास
मुहसिनी

Dr. Kalidas D. Chavan

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Registrar

No. MUHS/PG/E-2/ 1132032/ 11.3.2017

Date: 22.03.2017

To:
The Dean / Principal,
JMF's A. C. P. M. Dental College & Hospital,
Post Box No. 145, Sakri Road,
Dhule - 424 001

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Transfer Details

Mode of Transfer

Select



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
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Designation

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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

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प्र. वसुदेवराव न. चव्हाण

Dr. Kalidas D. Chavan

प्राचार्य

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mm/dd/yyyy



Experience Till

mm/dd/yyyy



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
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| No. | Exp. Level | Faculty | College |
|-----|------------|---------|---|
| 8 | Graduate | Dental | Mansarover Dental college Bhopal, Madhya Pradesh |
| 9 | Graduate | Dental | Daswani Dental College & Reserch Centre, Kota (Rajasthan) |
| 10 | Graduate | Dental | Mithila Minority Dental College & Hospital, Darbhanga (Bihar) |
| 11 | Graduate | Dental | J. M. R. A. C. P. M. Dental College, Dhule |

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

RECOGNITION LETTER

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
Maharashtra University of Health Sciences, Nashik
 कॅम्पे - दिंडोरी रोड, अहमदनगर - ४१४१०९, Nashik Road, Ahmednagar - 414009
 EPABX: 0231-239100-100, Phones: 0231-239192/239220
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Dr. Kalidas D. Chavan
 M.D.B.S., M.D.(Forensic Medicine)
Registrar

No. MUHS/PG/E-2/ 1132032/ 9.9 /2017
 Date: 22.09/2017

To:
 The Dean / Principal,
 JMF's A. C. P. M. Dental College & Hospital,
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Title Of Article / Book *

Article Type *

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Publication Number (ISSN No. / ISB No.) *

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प्रौ. कलिदास ड. चव्हाण
एन.पी.सी.ए., एन.पी. (Nashikwastar)
मुख्यसचिव

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| No. | Name | Level | Date | Venu |
|-----|--|----------|------------|------------|
| 5 | PROSTHODONTIC FORUM INAUGURAL SYMPOSIUM | National | 20-03-2016 | Nashik |
| 6 | 55TH Maharashtra State Dental Conference | National | 11-11-2016 | Dhule |
| 7 | 22ND IAPHD NATIONAL CONFERENCE | National | 03-11-2017 | Dhule |
| 8 | ISOL MID TERM CONVENTION | National | 03-02-2018 | Ahmednagar |
| 9 | FUNDAMENTALS IN HEALTHCARE RESEARCH | National | 09-03-2015 | Dhule |

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 एन.पी. - दिंडोरी रोड, अहमदनगर, महाराष्ट्र - ४१४००९
मुकुंदराविका

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डॉ. कलिदास ड. चव्हाण
एम.बी.बी.एस., एम.डी. (फॉरेन्सिक मेडिसिन)
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No. Document Name

1 All Teaching Experience Certificates

2 Addhar Card Issued by UIDAI

3 UG Degree Certificate to be scanned from original

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No. Document Name

20 MUHS UG Approval Letter

21 All Teaching Experience Certificates

22 Maharashtra Teacher Recognition Letter

23 Dated 30th Certificate 7 10th Passing Certificate

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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. | Prosthodontics & Crown & Bridge | Dr. Suresh Ramash Wagale * | Professor | Temporary for two years w.e.f. date of joining i.e. 23/05/2017 to 31/07/2019 |
| 2. | Prosthodontics & Crown & Bridge | Dr. Nagesh Y. Phutkar * | Professor | Temporary for one year w.e.f. date of joining i.e. 23/05/2017 to 31/07/2018 |
| 3. | Prosthodontics & Crown & Bridge | Dr. Sunil R. Ronad * | Reader | Temporary for two years w.e.f. date of joining i.e. 23/05/2017 to 31/07/2019 |
| 4. | Prosthodontics & Crown & Bridge | Dr. Priyadarshan Gutbarao Pawar * | Reader | Temporary for one year w.e.f. date of joining i.e. 23/05/2017 to 31/07/2018 |
| 5. | Conservative Dentistry & Endodontics | Dr. Prasad Bhagiram Rane * | Reader | Temporary for one year w.e.f. date of joining i.e. 23/05/2017 to 31/07/2018 |
| 6. | Oral & Maxillofacial Surgery | Dr. Rajesh Oswal * | Professor | Temporary for one year w.e.f. date of joining i.e. 23/05/2017 to 31/07/2018 |