



MUHS

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

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

Tel: (0253) 2539206/2539196

Website: <http://www.muhs.ac.in>, E-mail: udc@muhs.ac.in

राजेंद्र च. शहाणे

Rajendra C. shahane

सहा. कुलसचिव

Asst. Registrar

O.No.: MUHS/UDC/PFL/E-2/634/2017

Date: 27/04/2017

To,

The Dean / Principal

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

Opp. Jawahar Soot Girni, Sakri Road,

Dhule - 424 001.

Email - jmfacpmdc@gmail.com

Subject : Recognition as Ph.D Guide...

Reference : 1) Board of Research Meeting dtd. 19/12/2016.

2) Your letter no. 1822/ACPMDC/Dhule Date - 29/10/2016

3) Ph.D. Direction No. 04/2015 (Amended in 2016).

Sir/Madam,

With reference to the above cited subject & References. I am directed to inform you that in view of the norms prescribed as per the provision u/s 29 (2) of (i) of MUHS Act, 1998, Hon'ble Vice Chancellor is pleased to grant recognition as Ph.D. Guide to the following teacher of your College/ Institute, subject to the terms & conditions of appointment order, for guiding the Ph.D. student in the subject mentioned against his/her/their name.

| Sr. No. | Subject | Name of the Teacher | Designation | Status of recognition as Ph.D Guide |
|---------|--------------------------------|----------------------------|--------------------------------|---|
| 1 | Oral and Maxillofacial Surgery | Dr. Japatti Sharanabasappa | Professor & Head of Department | Approved w.e.f. 19/12/2016 as per clause 7 (a) (ii) Direction No. 04/2015 (Amended in 2016) till the age of 70 Years. |

Kindly note that the recognition granted by the University is valid till the above said teacher is in the service of the said teaching college/institute or till attaining the age of superannuation whichever happens earlier.

The above teacher is required to attend the Research Methodology Workshop conducted by Regional Centre, Pune of this University or any other Centre authorized by the University.

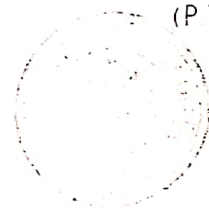
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ATTENDED BY

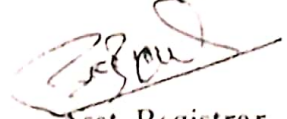
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(P.T.O.)



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

Yours,



Asst. Registrar
University Dept. Cell

[Note :-

- 1 In case, at later stage, if it is found that the information furnished in the Ph D recognition form by any Guide is incorrect, Ph D Guide Recognition granted by the University will stand cancelled
- 2 It is required that the Dept. of Oral and Maxillofacial Surgery, JMF's A C P M. Dental College, Dhule should be recognized place of research of Ph D]

Copy to :

✓ Dr. Japatti Sharanabasappa
Professor & Head of Department
Dept. of Oral and Maxillofacial Surgery
JMF's A.C.P.M. Dental College,
Opp Jawahar Soot Girni, Sakri Road,
Dhule - 424 001.
E-mail ID japatti569@gmail.com