





MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Subject-wise Teacher List (Approved + Not approved) As On:20/04/2022

Name of the College: Maharashtra Institute of Dental Science & Research (Dental College), Latur.

Name of the Department / Subject: Pharmacology

SN	Name of Teacher	Designation	Date of Appointment at College	Teacher's Category	Teaching Experience					Total UG Teaching Experience	Type of appointment (Temp / Regular / Contractual)	University Approved (Yes / No)	Details of PG Recognition		DOB	Mobile No.	E-mail ID	Photograph with Signature
					UG			PG					Temp / Regular	Letter No. & Date				
					L	A.P.	P	A.P.	P									
1	Dr. Shrish.M. Kolhe	Asso. Prof.	31.08.1996	Open	20 Yrs 10 Months	4 Yrs 10 months	-	-	-	25 Yrs 8 months	Regular	Yes	Regular	No.MUHS /E-1/UG/140/5/52/2007, Dated 22/11/07	19.06.1966	9890495660	drshirishkolhe@gmail.com	
2	Dr.A.V.Dawari	Asso. Prof.	01.12.2014	Open	6 Yrs 5 Months	10 Months	-	-	-	7 Yrs 3 months	Regular	Yes	Temporary	No.MUHS /UG/E-1/53/1405/2324/2021 dated,25/8/2021 Dated 22/11/07	25.07.1983	8149956432	amruta.dawari@gmail.com	
3	Dr.K.S.Patil	Asso. Prof.	23.09.2016	Open	4 Yrs. 7 Months	10 Months	-	-	-	5 Yrs 5 months	Regular	Yes	Regular	No.MUHS /E-1/UG/140/5/52/2007, Dated 22/11/07	27.06.1974	9890284000	drkeertipatil@outlook.com	
4	Mrs. J.P. Suryawanshi	Asst. Prof.	01.04.2006	Sc	16 Yrs	-	-	-	-	16 Yrs	Regular	Yes	Regular	No.MUHS /E-1/UG/140/5/52/2007, Dated 22/11/07	21.08.1978	9975559881	jps.jyoti@gmail.com	

L: Lecturer; R: Reader; P: Professor.

Note: The College shall submit one hard copy and a soft copy (in Excel Format) of the list.

Name & Signature of College Coordinator

Mr. Rajanan N. Somwanshi



Principal
Signature of Dean with Seal
M.I.D.S.R. Dental College,
LATUR