

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK




Subject-wise Teacher List (Approved + Not approved)

(UG Degree / PG Degree) As On: 07. /...02/...2023.....

Name of the Department: PhysiologyName of the College: MAHARASHTRA INSTITUTE OF DENTAL SCIENCE & RESEARCH (DENTAL COLLEGE) LATUR.

Whether UG...../UG+PG.....

College Code:- 2403 (114103)Intake Capacity: ...100+28..

| SN | Subject | Name of Teacher | Designation | Mobile No. | E-mail ID | DOB | Whether belongs to reserved Category (if yes, Specify Category) | Date of Appointment at College | Teaching Experience | | | | | Total PG Teaching Experience | Type of appointment (Temp / Regular / Contractual) | University Approved (Yes / No) | Temporary Approval | | Details of PG Recognition | | MET Workshop Attended in Last 5 years | Photograph with Signature |
|----|------------|---------------------------|---------------------|------------|--|------------|---|--------------------------------|---------------------|------------|------------|----|---------|------------------------------|--|--------------------------------|--------------------|------------------------------|---------------------------|---|---------------------------------------|---------------------------|
| | | | | | | | | | UG | | | PG | | | | | From | To | Temp / Regular | Letter No. & Date | | |
| | | | | | | | | | L | R | P | R | P | | | | | | | | | |
| 1 | Physiology | Dr. A. M. Gavkare | Professor | 9890942743 | drajaygavkare1998@gmail.com | 15.07.1981 | Open | 10.08.2010 | 5 Years | 4.5 Years | 2.11 Years | | Regular | Yes | | | Regular | MUHS/UG/E-1/53/1405/271/2022 | |  | | |
| 2 | Physiology | Dr. B. N. Shelke | Associate Professor | 9970044345 | bhagwat.shelke@gmail.com | 25.10.1983 | NT2 | 06.02.2013 | 5.06 Years | 4.05 Years | - | | Regular | Yes | | | Regular | MUHS/UG/E-1/53/1405/2021 | |  | | |
| 3 | Physiology | Dr. Supriya Ajit Holkunde | Associate Professor | 8805535265 | drdupriyaskhare@gmail.com | 11.01.1985 | | 08.12.2021 | 4.1 yrs | 1.1 Yrs | | | Regular | No | | | No | - | |  | | |

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

Note: The College shall submit one hard copy and a soft copy (in Excel Format) of the list in Pen Drive to the LIC Committee



Signature of Dean with Seal