

## MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

## Subject-wise Teacher List (Approved + Not approved)



(UG Degree/ PG DegreeAs On: ...../...../.....)

Name of the Department : Anaesthesiology

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

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

College Code :- 114103 Intake Capacity :- 100+28

S. N	Name of Teacher	Designation	Mobile No.	E-mail ID	DOB	Whether belongs to reserve Category (If Yes Specify Category)	Date of Appointment at College	Teaching					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	Dr. B.M. Patil	Professor	9422242601	dr.pbhags@gmail.com	02-10-1964	Open	30/04/2011	-	-	P	A.P	10.4	Regular	Yes	-	-	Regular	MUHS/PG/ E-1/1405/ 7/13 Dt- 05/01/2013	Yes		
2	Dr. R.S. Kawlas	Asso.Prof.	9423913044	kavlasraj@gmail.com	08-07-1965	Open	12-11-1997	-	-	A.P	A.P	15.3	Regular	Yes	-	-	Regular	MUHS/PG/ E-1/1405/ 6/2008 Dt- 27/05/2008	Yes		

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

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


  
 Signature of Dean with Seal