



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
Maharashtra University of Health Sciences, Nashik

राणी - विडोरी रोड, म्हासुर, नाशिक - ४२२००४, Vani-Dindori Road, Mhasur, Nashik- 422 004

EPABX: 0253-2539100-300, Phone: 0253-2539239/192

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

डॉ. कलिदास द. चव्हाण

एम.बी.बी.एस. एम.डी. (आयुर्वेदशास्त्र)

प्र. कुलसचिव

Dr. Kalidas D. Chavan

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

Offg. Registrar

No: MUHS/PG/E-2/2403/1107/2017

Date: 05/05/2017

To

The Dean / Principal,

Maharashtra Institute of Dental Sciences & Research,

Vishwanath Puram, Ambejogal Road,

Latur- 413 512

Sub:- Recognition as Post-Graduate Teacher.

Ref:- 1) University Direction No.01/2017 dated 13/04/2017;

2) Your College letter no. MIDSREEST/624/96/2017 dtd.28/01/2017

3) Post Graduate Teacher Recognition Committee meeting dated 17/04/2017.

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.	Periodontology	Dr. Vishnudas D. Bhandari	Professor	w.e.f 28/01/2017 & onwards
2.	Oral & Maxillofacial Surgery	Dr. Badal Sheeraz Manzoor	Reader	w.e.f. 28/01/2017 & onwards
3.	Orthodontics & Dentofacial Orthopaedics	Dr. Marure Pravinkumar Sharanappa	Reader	w.e.f. 28/01/2017 & onwards

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.

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 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.

M.I.D.S.R.D.CIATUR

Principal	<i>[Signature]</i>
Offg.	
Section	EST. Section Offg. Registrar
EM.No.	108, 19/05/2017

- 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.

[Signature]
Principal
M. I. D. S. R. Dental College,
LATUR



डॉ. कलिदास द. चव्हाण
एम.बी.बी.एस., एम.डी. (न्यायवैद्यशास्त्र)
प्र. कुलसचिव

Dr. Kalidas D. Chavan
M.B.B.S., M.D.(Forensic Medicine)
Offg. Registrar

Date: 15/05/2017

No: MUHS /PG/E-2/ 2403/ 1149/2017

To
The Dean / Principal,
Maharashtra Institute of Dental Sciences & Research,
Vishwanath Puram, Ambejogal Road,
Latur- 413 512

- Sub:- Recognition as Post-Graduate Teacher.
Ref:- 1) University Direction No.01/2017 dated 13/04/2017.
2) Your College letter no. MIDSER/EST/624/96/2017 dated 28/01/2017
3) Post Graduate Teacher Recognition Committee meeting dated 17/04/2017.

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.	Periodontology	Dr. Ugale Gauri Mahesh	Reader	w.e.f. 23/11/2016 for one year only selected against SC category
2.	Conservative Dentistry & Endodontics	Dr. Ahirrao Yogesh Ganesh	Reader	w.e.f. 23/11/2016 for one year only as selected against SC category
3.	Oral & Maxillofacial Surgery	Dr. Dolphode Amol Madhukar	Reader	w.e.f. date of joining i.e., 23/11/2016 for one year only as selected against SC category
4.	Orthodontics & Dentofacial Orthopaedics	Dr. Joshi Yatishkumar Satyanarayan	Reader	w.e.f. 23/11/2016 for one year only selected against SC category

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.

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 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.

(Signature)
Principal

M. I. D. S. R. Dental College,

LATUR

- 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.

Offg. Registrar



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
 Maharashtra University of Health Sciences, Nashik
 वनी - दिंडोरी रोड, म्हासुर, नाशिक - ४२२००४. Vani-Dindori Road, Mhasrul, Nashik-422 004
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डॉ. कल्लिदास द. चव्हाण
 एम.बी.बी.एस., एम.डी. (न्यायवैद्यशास्त्र)
 कुलसचिव

Dr. Kalidas D. Chavan
 M.B.B.S., M.D. (Forensic Medicine)
 Registrar

No: MUHS/PG/E-2/266/2017

Date: 18/11/2017

To
 The Dean / Principal,
 Maharashtra Institute of Dental Sciences & Research,
 Vishwanath Puram, Ambejogai Road,
 Latur- 413 512

- Sub:- Recognition as Post-Graduate Teacher.
 Ref:- 1) University Direction No.01/2017 dated 13/04/2017.
 2) Your College letter no. MIDS/EST/624/919/2017 dated 26/10/2017.

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. Ajit Suryakant Jankar	Professor	w.e.f. 26/10/2017 & onwards
2.	Orthodontics & Dentofacial Orthopaedics	Dr. Ambekar Anand Sharad	Professor	Temporary for one years w.e.f. date of joining i.e. from 23/11/2016 to 31/07/2018 (against SC Category)
3.	Oral & Maxillofacial Surgery	Dr. Rahul N. Lature *	Professor	Temporary for one years w.e.f. date of joining i.e. from 23/11/2016 to 31/07/2018 (against SC Category)
4.	Conservative Dentistry & Endodontics	Dr. Ahirrao Yogesh Ganesh *	Reader	Temporary for one years w.e.f. date of joining i.e. from 23/11/2016 to 31/07/2018 (against SC Category)
5.	Periodontology	Dr. Bhagnesh Omkumar Nemichand	Reader	Temporary for one years w.e.f. date of joining i.e. from 20/05/2016 to 31/07/2018
6.	Periodontology	Dr. Ugle Gauri Mahesh	Reader	Temporary for one years w.e.f. date of joining i.e. from 23/11/2016 to 31/07/2018 (against SC Category)

18/11/2017:as teacher recognition/for dental college, latur/direction 01-2017/ast/wha/one

(Signature)
 Principal
 M. I. D. S. R. Dental College,
 LATUR

7.	Oral & Maxillofacial Surgery	Dr. Amol Madhukarrao Doiphode	Reader	Temporary for one years w.e.f. date of joining i.e. from 23/11/2016 to 31/07/2018 (against SC Category)
8.	Orthodontics & Dentofacial Orthopaedics	Dr. Joshi Yatishkumar Satyanarayan	Reader	Temporary for one years w.e.f. date of joining i.e. from 23/11/2016 to 31/07/2018 (against SC Category)

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.

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.

M.I.D.S.R.D.C.LATUR

Principal	<i>Kangane</i>
O.S.	<i>[Signature]</i>
C.A.O.	
Section	EST, section
I.W.No.	844, 05/12/2017

Kangane
Principal

M. I. D. S. R. Dental College,
LATUR



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
Maharashtra University of Health Sciences, Nashik
 वनी - दिंडोरी रोड, म्हासळ, नाशिक - ४२२००४, Vani-Dindori Road, Mhasrul, Nashik- 422 004
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डॉ. कलिदास द. चव्हाण
 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/ 232 / 2017

Date: 23 /10/2017

To
The Dean / Principal,
 Maharashtra Institute of Dental Sciences & Research,
 Vishwanath Puram, Ambejogai Road,
 Latur- 413 512

Sub:- Recognition as Post-Graduate Teacher

- Ref:-** 1) University Direction No.01/2017 dated 13/04/2017.
 2) Your College letter no. MIDSER/EST/624/310/2017 dtd.26/04/2017
 3) College Email dated 25/09/2017

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.	Paedodontics & Preventive Dentistry	Dr. Dahake Prasanna Trambakrao	Reader	w.e.f. 23/11/2016 to 31/07/2018 (against ST Category)

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.

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, 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.

M.I.D.S.R.D.C.LATUR

Principal	
O.S.	
C.A.O.	
Section	EST-section.
W.No.	310, Date-30/10/17

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Pangare
Principal
 M. I. D. S. R. Dental College
 LATUR



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

Maharashtra University of Health Sciences, Nashik

बस - विद्यारा रोड, म्हासळ, नाशिक - ४२२००४ Vani-Dindori Road, Mhasrul, Nashik- 422 004

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डॉ. कलिदास द. चव्हाण

एम.बी.बी.एस. एम.डी. (स्वातंत्र्यचिकित्सा)

प्र. कुलसचिव

Dr. Kalidas D. Chavan

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

Offg. Registrar

Date: 31/05/2017

No: MUHS/PG/E-2/2403/1433-#2017

To

The Dean / Principal,

Maharashtra Institute of Dental Sciences & Research,

Vishwanath Puram, Ambtejogai Road,

Latur-413 512

Sub:- Recognition as Post-Graduate Teacher.

Ref:- 1) University Direction No.01/2017-dated 13/04/2017.

2) Your College letter no. MIDSRL/EST/624/310/2017 dated 26/04/2017

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	* Paedodontics & Preventive Dentistry	Dr. Kale Yogesh Jagannath	Professor	w.e.f. 26/04/2017 & onwards
2	Paedodontics & Preventive Dentistry	Dr. Dadpe Mahesh Vilasrao	Reader	w.e.f. 26/04/2017 & onwards

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 is required to attend the Research Methodology Workshop conducted by Regional Center, Pune of this University or any other centre authorised by the University 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, 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.

M.I.D.S.R.D.C.LATUR

Principal	
O.S.	
CAO.	
Section	EST Section
J.W.No.	141, 22/06/2017

Signature below the 31-05-17 date letter also.

Bangane
Principal
M. I. D. S. R. Dental College
LATUR



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

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डॉ. कलिदास द. चव्हाण

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

कुलसचिव

Dr. Kalidas D. Chavan

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

Registrar

No: MUHS /PG/E-2/ 3055 /2018

Date: 13/08/2018

To

The Dean / Principal,
Maharashtra Institute of Dental Sciences & Research,
Vishwanath Puram, Ambejogai Road,
Latur- 413 512

Sub:- Recognition as Post-Graduate Teacher.

Ref:- 1) University Direction No.01/2017 dated 13/04/2017.

2) Your College letter no. MIDSr/EST/624/407/2018 dated 28/05/2018.

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. Amole Badgire *	Reader	Temporary for one years w.e.f date of joining i.e. from 24/01/2018 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.

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.

Pangam
Principal

M. I. D. S. R. Dental College,
LATUR



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

Maharashtra University of Health Sciences, Nashik

बणी - दिंडोरी रोड, म्हसळ, नाशिक - ४२२००४, Vani-Dindori Road, Mhasul, Nashik- 422 004

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डॉ. कलिदास द. चव्हाण

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-2/2085 /2018

Date: 22/05/2018

To

The Dean / Principal,

Maharashtra Institute of Dental Sciences & Research,

Vishwanath Puram, Ambejogai Road,

Latur- 413 512

Sub:- Recognition as Post-Graduate Teacher.

Ref:- 1) University Direction No.01/2017 dated 13/04/2017.

2) Your College letter no. MIDSER/EST/624/349/2018 dated 03/05/2018

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. Susheen Gajare*	Reader	Temporary for one years w.e.f. date of joining i.e. from 20/06/2017 to 31/07/2018 (against SC Category)

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.

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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Rangan
Principal
M. I. D. S. R. Dental College,
LATUR



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

Maharashtra University of Health Sciences, Nashik

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डॉ. कालिदास द. चव्हाण

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

कुलसचिव

Dr. Kalidas D. Chavan

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

Registrar

No: MUHS /PG/E-2/3858 /2018

Date: 29 /10/2018

To

The Dean / Principal,

Maharashtra Institute of Dental Sciences & Research,

Vishwanath Puram, Ambejogai Road,

Latur- 413 512

Sub:- Recognition as Post-Graduate Teacher.

Ref:- 1) University Direction No.01/2017 dated 13/04/2017.

2) Your College letter no. MIDSr/EST/624/470/2018 dated 21/06/2018.

3) College Email dated 14/09/2018 & 15/09/2018

4) University letter No.MUHS/E-2/UG/3540/2018 dated 08/10/2018.

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.	Oral & Maxillofacial Surgery	Dr. Rahul N. Lature *	Professor	Temporary for one year w.e.f. date of joining i.e. from 21/06/2018 to 31/07/2019 (against SC Category)
2.	Orthodontics & Dentofacial Orthopaedics	Dr. Ambekar Anand Sharad	Professor	Temporary for one year w.e.f. date of joining i.e. from 21/06/2018 to 31/07/2019 (against SC Category)
3.	Periodontology	Dr. Bhaghele Omkumar Nemichand	Reader	Temporary for two years w.e.f. date of joining i.e. from 21/06/2018 to 31/07/2020
4.	Periodontology	Dr. Ugale Gauri Mahesh	Reader	Temporary for one year w.e.f. date of joining i.e. from 21/06/2018 to 31/07/2019 (against SC Category)
5.	Pediatric Dentistry	Dr. Dahake Praşanna	Reader	Temporary for one year w.e.f. date of joining i.e. from 21/06/2018 to 31/07/2019 (against SC Category)
6.	Oral & Maxillofacial Surgery	Dr. Doiphode Amol Madhukarrao	Reader	Temporary for one year w.e.f. date of joining i.e. from 21/06/2018 to 31/07/2019 (against SC Category)
7.	Orthodontics & Dentofacial Orthopaedics	Dr. Joshi Yatishkumar Satyanarayan	Reader	Temporary for one year w.e.f. date of joining i.e. from 21/06/2018 to 31/07/2019 (against SC Category)

Pangane
Principal

M. I. D. S. R. Dental College,
LATUR

Sr. No.	Subject	Name of the Teacher	Designation	Status of PG recognition
8.	Conservative Dentistry & Endodontics	Dr. Ahirrao Yogesh Ganesh *	Reader	Temporary for one year w.e.f. date of joining i.e. from 21/06/2018 to 31/07/2019 (against SC Category)
9.	Prosthodontics & Crown & Bridge	Dr. Susheen Gajare *	Reader	Temporary for one year w.e.f. date of joining i.e. from 21/06/2018 to 31/07/2019 (against SC Category)

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.

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.

M.I.D.S.R. LATUR	
Principal	
O.S.	
C.A.O.	
Section	EST-section.
I.W.No.	394, Date-12/11/18

Bangaru
Principal
M. I. D. S. R. Dental College,
LATUR



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

Maharashtra University of Health Sciences, Nashik

वणी - दिंडोरी रोड, म्हासळ, नाशिक - ४२२००४, Vani-Dindori Road, Mhasrul, Nashik- 422 004

EPABX: 0253-2539100-300, Phone: 0253-2539192/2539239

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

डॉ. कलिदास द. चव्हाण

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

कुलसचिव

Dr. Kalidas D. Chavan

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

Registrar

No: MUHS /PG/E-2/ 4726 /2018

Date: 29 /12/2018

To

The Dean / Principal,

Maharashtra Institute of Dental Sciences & Research,

Vishwanath Puram, Ambejogai Road,

Latur- 413 512

Sub:- Recognition as Post-Graduate Teacher

Ref:- 1) University Direction No.01/2017 dated 13/04/2017.

2) Your College letter no. MIDSr/EST/624/1212/2018 dated 12/12/2018.

3) College Email dated 20/12/2018

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. Ramchandra Kabir *	Reader	Temporary for two years w.e.f. date of joining i.e. from 20/10/2018 to 31/07/2020
2.	Periodontology	Dr. Raghavendra Metri *	Reader	Temporary for two years w.e.f. date of joining i.e. from 20/10/2018 to 31/07/2020
3.	Prosthodontics & Crown & Bridge	Dr. Sandeep Fere *	Reader	Temporary for two years w.e.f. date of joining i.e. from 20/10/2018 to 31/07/2020
4.	Oral & Maxillofacial Surgery	Dr. Ahtesham Ahmad Qureshi	Reader	Temporary for two years w.e.f. date of joining i.e. from 20/10/2018 to 31/07/2020

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.

Kangam

Principal

M. I. D. S. R. Dental College,
LATUR

Indicate that the above teacher(s) is/are required to submit the documents regarding publishing minimum one publication in case of Reader and two publications 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.

D-7
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.

M.I.D.S.R.P.C.LATUR	
Principal	<i>[Signature]</i>
O.S.	<i>[Signature]</i>
C.A.O.	
Section	EST-section
I.W.No.	18. Date-17/01/19

[Signature]
M. I. D. S. R. Dental College,
LATUR



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

Maharashtra University of Health Sciences, Nashik
पत्ती - विठोरी रोड, म्हासकुळ, नाशिक - ४२२००४, Vani-Dindori Road, Mhasrul, Nashik- 422 004

EPABX: 02536659100-300, Phone: 0253-6659192/6659239

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

डॉ. कलिदास द. चव्हाण

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

कुलसचिव

Dr. Kalidas D. Chavan

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

Registrar

No: MUHS/PG/E-2/3040/2019

Date: 31/07/2019

To

The Dean / Principal,

Maharashtra Institute of Dental Sciences & Research,

Vishwanath Puram, Ambejogai Road,

Latur- 413 512

Sub:- Recognition as Post-Graduate Teacher.

Ref:- 1) University Direction No.01/2017 dated 13/04/2017.

2) Your College letter no. MIDSR/EST/624/421/2019 dated 10/07/2019

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. Susheen Gajare	Reader	w.e.f.10/07/2019 to 22/04/2020 only (against SC Category)
2.	Conservative Dentistry & Endodontics	Dr. Ahirrao Yogesh Ganesh *	Reader	w.e.f.10/07/2019 to 22/04/2020 only (against SC Category)
3.	Conservative Dentistry & Endodontics	Dr. Amole Badgire *	Reader	w.e.f.10/07/2019 to 22/04/2021 only
4.	Oral & Maxillofacial Surgery	Dr. Rahul N. Lature *	Professor	w.e.f.10/07/2019 to 22/04/2020 only (against SC Category)
5.	Oral & Maxillofacial Surgery	Dr. Doiphode Amol Madhukarrao	Reader	w.e.f. 10/07/2019 to 22/04/2020 only (against SC Category)
6.	Orthodontics & Dentofacial Orthopaedics	Dr. Ambekar Anand Sharad	Professor	w.e.f.10/07/2019 to 22/04/2020 only (against SC Category)
7.	Orthodontics & Dentofacial Orthopaedics	Dr. Joshi Yatishkumar Satyanarayan	Reader	w.e.f.10/07/2019 to 22/04/2020 only (against SC Category)
8.	Periodontology	Dr. Ugale Gauri Mahesh	Reader	w.e.f.10/07/2019 to 22/04/2020 only (against SC Category)
9.	Pediatric Dentistry	Dr. Dahake Prasanna	Reader	w.e.f.10/07/2019 to 22/04/2020 only (against SC Category)

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 publications 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.

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.

M.I.D.S.R.P.C.LATUR

Principal	<i>[Signature]</i>
D.S.	<i>[Signature]</i>
C.A.O.	
Section	EST-section
I.W.No.	267/Date: 13/08/19

[Signature]
Principal
M. I. D. S. R. Dental College,
LATUR



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
Maharashtra University of Health Sciences, Nashik
वणी - दिंडोरी रोड, म्हासकुळ, नाशिक - ४२२००४, Vani-Dindori Road, Mhasrul, Nashik- 422 004
EPABX: 0253-2539100-300, Fax - 0253-2539195, Phone: 0253-2539192,239
E-mail : academic1@muhs.ac.in Web.: www.muhs.ac.in

डॉ. कब्रिदास द. चव्हाण
एम.बी.बी.एस., एम.डी. (न्यायवैद्यकशास्त्र)
कुलसचिव

Dr. Kalidas D. Chavan
M.B.B.S., M.D.(Forensic Medicine)
Registrar

Out No.: MUHS/E-2/PG/2015/2020

Date: 07/10/2020.

To
The Principal,
Maharashtra Institute of Dental
Sciences & Research, Vishwanathpuram,
Ambejogai Road, Latur - 413 512.

- Sub: Regarding extension to Post Graduate Teacher Recognition**
Ref: 1. Univ. Letter No. MUHS/PG/E-2/3858/2018 dated 29/10/2018
2. Univ. Letter No. MUHS/PG/E-2/4726/2018 dated 29/12/2018
3. Univ. Letter No. MUHS/PG/E-2/3040/2019 dated 31/07/2019
4. University Circular No. 14/2020 (Revised) dated 24/06/2020.
5. Your College letter No. एम.आय.डी.एस.आर./आस्था/६२४/३२०/२०२०
दि. २१/०७/२०२०
6. Univ. Letter No. MUHS/E2/UG/114103/1862/2020 dated 12/10/2020

Sir/ Madam,

With reference to the subject cited above, I am to inform you that, the proposal of extension to recognition as Post-Graduate Teacher of the following teacher / teachers has / have been considered by the University subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree, Diploma or Super-Speciality Course / Courses (as applicable) in the subject mentioned against his / her / their name / names.


Sr. No.	Subject	Name of the Teacher	Designation	Status of PG recognition
1	Prosthodontics and Crown & Bridge	Dr. Susheen Gajare	Reader	w.e.f.16/07/2020 to 15/07/2021 only (against SC category)
2	Prosthodontics and Crown & Bridge	Dr. Sandeep Fere	Reader	w.e.f.01/08/2020 to 31/07/2021 only
3	Conservative Dentistry and Endodontics	Dr. Ramchandra Kabir	Reader	w.e.f.01/08/2020 to 31/07/2021 only
4	Oral & Maxillofacial Surgery	Dr. Rahul Lature	Professor	w.e.f.16/07/2020 to 15/07/2021 only (against ST category)
5	Oral & Maxillofacial Surgery	Dr. Amol Doiphode	Reader	w.e.f.16/07/2020 to 15/07/2021 only (against SC category)
6	Oral Surgery	Dr. Ahtesham Qureshi	Reader	w.e.f.01/08/2020 to 31/07/2021 only
7	Periodontology	Dr. Omkumar Baghele	Reader	w.e.f.01/08/2020 to 31/07/2021 only
8	Periodontology	Dr. Gauri Ugale (Sonali Patil)	Reader	w.e.f.16/07/2020 to 15/07/2021 only (against SC category)

Sandeep Fere
Principal
M. I. D. S. R. Dental College,
LATUR

9	Periodontology	Dr. Raghavedra Metri	Reader	w.e.f.01/08/2020 to 31/07/2021 only
10	Orthodontics	Dr. Ambekar Anand	Professor	w.e.f.16/07/2020 to 15/07/2021 only (against SC category)
11	Orthodontics	Dr. Yatishkumar Joshi	Reader	w.e.f.16/07/2020 to 15/07/2021 only (against SC category)
12	Paediatric & Preventive Dentistry	Dr. Dahake Prasanna	Reader	w.e.f.16/07/2020 to 15/07/2021 only (against SC category)

- 1) The above mentioned teacher / teachers is / are required to attend "Research Methodology Workshop" conducted by Regional Centre, Pune of this University or any other centre authorised by the University (if not attended earlier), within a period of one year from the date of recognition. It is clarified that the validity of Research Methodology Workshop is for five years only and it must be renewed after every five years as per Circular 14/2011 dated 23/06/2011.
- 2) The recognition granted by the University is subject to successful completion of at least one Medical Education Technology (MET) workshop conducted by the University, within the period of one year from the date of recognition. If any teacher fails to comply with the said provision, the recognition granted by the University may be cancelled.
- 3) A copy of this letter may be handed over to concerned teacher.

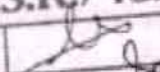

Yours,


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.

M.I.D.S.R.P.C.LATUR

Principal	
O.S.	
C.A.O.	
Section	EST-Section
I.W.No.	263/dt/12/12/20


M. I. D. S. R. Dental College,
LATUR



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
Maharashtra University of Health Sciences, Nashik

दिंदोरी रोड, म्हास्रुक, नाशिक - ४२२००४ Dindori Road, Mhasruk Nashik- 422 004
Tel: (0253)2539192/6659239. Student Helpline (0253)2539111/6659111
Website: www.muhs.ac.in, E-mail : academic1@muhs.ac.in

डॉ. कलिदास द. चव्हाण
एम.बी.बी.एस., एम.डी. (न्यायचिकित्साशास्त्र), पीएच.डी., डी.एसो.
कुलसचिव

Dr. Kalidas D. Chavan
M.B.B.S., M.D (Forensic Medicine)Ph.D. D.sc.
Registrar

Out No.: MUHS/E-2/PG/3040/2021

Date: 02/08/2021

To
The Principal,
Maharashtra Institute of Dental
Sciences & Research, Vishwanathpuram,
Ambejogal Road, Latur - 413 512.

Sub. : Regarding extension to Post Graduate Teacher Recognition
Ref. : 1) MUHS/E-2/PG/3040/2019 dated 31/07/2019
2) MUHS/E-2/PG/2095/2020 dated 09/11/2020
3) University Circular No. 33/2021 dated 03/05/2021
4) Your Letter No. एम.आय.डी.एस.नाशिक/एम्सा/एम्.डी.एच./६०२१ दि. १५/०७/२०२१

Sir/ Madam,

With reference to the subject cited above, I am to inform you that, the proposal of extension to recognition as Post-Graduate Teacher of the following teacher / teachers has / have been considered by the University subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree, Diploma or Super-Speciality Course / Courses (as applicable) in the subject mentioned against his / her / their name / names.

Sr. No.	Subject	Name of the Teacher	Designation	Status of Approval
1	Prosthodontics and Crown & Bridge	Dr. Susheen Gajare	Reader	Temporary approval for one year only (against SC Category) w.e.f date of joining i.e. from 16/07/2021 onwards subject to following condition
2	Conservative Dentistry and Endodontics	Dr. Amol Badgire	Reader	Temporary Approval one year only w.e.f. date of joining i.e. 23/04/2021 onwards subject to following condition
3	Oral & Maxillofacial Surgery	Dr. Rahul Lature	Professor	Temporary approval for one year only (against ST Category) w.e.f date of joining i.e. from 16/07/2021 onwards subject to following condition
4	Oral & Maxillofacial Surgery	Dr. Amol Doiphode	Reader	Temporary approval for one year only (against SC Category) w.e.f date of joining i.e. from 16/07/2021 onwards subject to following condition
5	Periodontology	Dr. Gauri Ugale (Sonali Patil)	Reader	Temporary approval for one year only (against SC Category) w.e.f date of joining i.e. from 16/07/2021 onwards subject to following condition

Principal
M. I. D. S. R. Dental College,
LATUR

6	Orthodontics	Dr. Ambekar Anand	Professor	Temporary approval for one year only (against SC Category) w.e.f date of joining i.e. from 16/07/2021 onwards subject to following condition
7	Orthodontics	Dr. Yatishkumar Joshi	Reader	Temporary approval for one year only (against SC Category) w.e.f date of joining i.e. from 16/07/2021 onwards subject to following condition
8	Pediatric Dentistry	Dr. Dahake Prasanna	Reader	Temporary approval for one year only (against SC Category) w.e.f date of joining i.e. from 16/07/2021 onwards subject to following condition

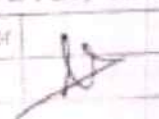
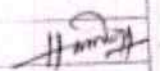
- 1) The above mentioned teacher / teachers is / are required to attend "Research Methodology Workshop" conducted by Regional Centre, Pune of this University or any other centre authorised by the University (if not attended earlier), within a period of one year from the date of recognition. It is clarified that the validity of 'Research Methodology Workshop' is for five years only and it must be renewed after every five years as per Circular 14/2011 dated 23/06/2011.
- 2) The recognition granted by the University is subject to successful completion of at least one Medical Education Technology (MET) workshop conducted by the University, within the period of one year from the date of recognition. If any teacher fails to comply with the said provision, the recognition granted by the University may be cancelled.
- 3) A copy of this letter may be handed over to concerned teacher.


Yours,

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.

M.I.D.S.R.D.C., LATUR	
Executive Director	
Principal	
C.A.O.	
H.R.	
A.O. & O	
Section	EST-section
I.W.No	223/Date 28/10/21


 M. I. D. S. R. Dental College,
 LATUR



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हासकळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004
Tel : (0253) 2539192, 239 / 6659192, 239 Student Helpline : (0253) 2539111 / 6659111
Website : www.muhs.ac.in, E-mail : academic1@muhs.ac.in

डॉ. अजित गजानन पाठक

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

प्र. कुलसचिव

Dr. Ajit Gajanan Pathak

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

Offg. Registrar

Out No.: MUHS/E-2/PG/114103/ 235 | /2021

Date: 30/08/2021

To

The Principal,

Maharashtra Institute of Dental
Sciences & Research, Vishwanathpuram,
Ambejogai Road. Latur - 413 512.

Sub. : Regarding Extension to Post Graduate Teacher Recognition

Ref. : 1) University letter No. MUHS/E2/PG/2095/2020 dt.09/11/2020

2) University Circular No.33/2021 dated 03/05/2021.

3) University letter No. MUHS/E-2/UG/114103/2313/2021 dt.25/08/2021

4) Your Letter No. एमआयडीएसआर/आस्था/६२६/१५४/२०२१ दि.०२/०८/२०२१

Sir / Madam,

With reference to the subject cited above, I am to inform you that, the proposal of extension to recognition as a Post Graduate Teacher of the following teacher / teachers has / have been considered by the University subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree, Diploma or Super Speciality course / courses (as applicable) in the subject mentioned against his / her / their name / names.

Sr. No.	Subject	Name of the Teacher	Designation	Status of PG Recognition
1.	Prosthodontics and Crown & Bridge	Dr. Sandeep Fere	Reader	Temporary for one year only i.e. 02/08/2021 to 01/08/2022 w.e.f. date of joining i.e. 02/08/2021, subject to following condition.
2	Conservative Dentistry and Endodontics	Dr. Ramchandra Kabir	Reader	Temporary for one year only i.e. 02/08/2021 to 01/08/2022 w.e.f. date of joining i.e. 02/08/2021, subject to following condition.
3	Periodontology	Dr. Ormkumar Baghele	Reader	Temporary for one year only i.e. 02/08/2021 to 01/08/2022 w.e.f. date of joining i.e. 02/08/2021, subject to following condition.
4	Periodontology	Dr. Raghavedra Metri	Reader	Temporary for one year only i.e. 02/08/2021 to 01/08/2022 w.e.f. date of joining i.e. 02/08/2021, subject to following condition.

- 1) The above-mentioned teacher / teachers is / are required to attend "Research Methodology Workshop" conducted by Regional Centre, Pune of this University or any other centre authorised by the University (if not attended earlier), within a period of one year from the date of recognition. It is clarified that the validity of 'Research Methodology Workshop' is for five years only and it must be renewed after every five years as per Circular 14/2011 dated 23/06/2011.

Rangan
Principal
M. I. D. S. R. Dental College,
LATUR

- 2) The recognition granted by the University is subject to successful completion of at least one Medical Education Technology (MET) workshop conducted by the University, within the period of one year from the date of recognition. If any teacher fails to comply with the said provision, the recognition granted by the Vice-Chancellor shall stand cancelled automatically.
- 3) A copy of this letter may be handed over to concerned teacher.


Offg. Registrar

Copy to: 1) Concerned Teacher(s).
2) Controller of Examinations. MUHS, Nashik

Note: In case, if it is found at a later stage that the information furnished in Post Graduate Teacher Recognition proforma by the concerned teacher is incorrect then the PG Recognition / UG approval granted by the University will stand cancelled.


Principal
M. I. D. S. R. Dental College,
LATUR



डॉ. कलिदास द. चव्हाण
एम.बी.डी.एस., एम.डी. (न्यायवैद्यकशास्त्र), पीएच.डी., डी.एससी.
कुलसचिव

Dr. Kalidas D. Chavan
M.B.B.S., M.D. (Forensic Medicine), Ph.D., D.Sc.
Registrar

Out No.: MUHS/E-2/PG/114103/2059 /2022

Date: 11 /07/2022

To
The Principal,
Maharashtra Institute of Dental Sciences & Research
MIMSR Campus,
Vishwanathpuram, Ambajogai Road,
Dist. Latur - 413 531

Sub.: Recognition as Post-Graduate Teacher

- Ref.: 1) University Direction No. 01/2017 dt.13/04/2017
2) Your letter No. MIDSER/EST/624/575/2022 dated 28/06/2022
3) University letter No. MUHS/E-2/PG/2010/2021 dt.02/08/2021
4) University letter No. MUHS/E-2/UG/114103/1881/2022 dt.29/06/2022

Sir / Madam,

With reference to the subject cited above, I am to inform you that, the proposal of Recognition as a Post Graduate Teacher of the following teacher / teachers has / have been considered by the University subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree, Diploma or Super Speciality course / courses (as applicable) in the subject mentioned against his / her / their name / names.

Sr. No.	Subject	Name of the Teacher	Designation	Status of PG Recognition
1.	Conservative Dentistry and Endodontics	Dr. Amol Anandrao Badgire	Reader	Temporary w.e.f. 28/06/2022 to 31/05/2024, subject to following condition.

- 1) The above-mentioned teacher / teachers is / are required to attend "Research Methodology Workshop" conducted by Regional Centre, Pune of this University or any other centre authorised by the University, within a period of one year from the date of recognition. It is clarified that the validity of 'Research Methodology Workshop' is for five years only and it must be renewed after every five years as per Circular 14/2011 dated 23/06/2011.
- 2) The recognition granted by the University is subject to successful completion of at least one Medical Education Technology (MET) workshop conducted by the University, within the period of one year from the date of recognition. If any teacher fails to comply with the said provision, the recognition granted by the Vice-Chancellor may be cancelled.
- 3) A copy of this letter may be handed over to concerned teacher.

Registrar

Copy to: 1) Concerned Teacher(s).
2) Controller of Examinations, MUHS, Nashik

Note: In case, if it is found at a later stage that the information furnished in Post Graduate Teacher Recognition proforma by the concerned teacher is incorrect then the PG Recognition / UG approval granted by the University will stand cancelled.



डॉ. राजेंद्र शिवाजी बंगाळ

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

कुलसचिव

Dr. Rajendra Shivaji Bangal

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

Registrar

Out No.: MUHS/E-2/PG/114103/4040 /2022

Date: 10 /11/2022

To

The Principal,

Maharashtra Institute of Dental Sciences & Research
MIMSR Campus,
Vishwanathpuram, Ambajogai Road,
Dist. Latur – 413 531

Sub.: Temporary Recognition as Post-Graduate Teacher

- Ref.:** 1) University Direction No. 01/2017 dt.13/04/2017
2) Your letter No. MIDSR/EST/624/844/2022 dated 13/10/2022
3) University letter No. MUHS/E-2/UG/114103/3748/2022 dt.13/10/2022

Sir / Madam,

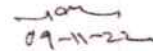
With reference to the subject cited above, I am directed to inform you that, the proposal of Recognition as a Post Graduate Teacher of the following teacher(s) has been considered by the University subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree, Diploma or Super Speciality course(s) (as applicable) in the subject mentioned against his / her name as indicated below & subject to following conditions.

SN	Subject	Name of the Teacher	Designation	Status of PG Recognition
1	Prosthodontics and Crown & Bridge	Dr. Sandeep Suresh Rao Fere	Reader	w.e.f. 13/10/2022 to 12/09/2023, against SC category.
2	Prosthodontics and Crown & Bridge	Dr. Susheen Mahadevrao Gajare	Reader	w.e.f. 13/10/2022 to 12/09/2024.
3	Conservative Dentistry and Endodontics	Dr. Ramchandra Shamsundar Kabir	Reader	w.e.f. 13/10/2022 to 12/09/2023, against SC category.
4	Periodontology	Dr. Gauri Mahesh Ugale (Sonali Nanarao Patil)	Reader	w.e.f. 13/10/2022 to 12/09/2023, against SC category.
5	Periodontology	Dr. Raghavendra Nagendrappa Metri	Reader	w.e.f. 13/10/2022 to 12/09/2023, against OBC category.
6	Periodontology	Dr. Omkumar Nemichand Nayankala Baghele	Reader	w.e.f. 13/10/2022 to 12/09/2024.
7	Orthodontics and Dentofacial Orthopedics	Dr. Anand Sharad Ambekar	Professor	w.e.f. 13/10/2022 to 12/09/2023, against SC category.
8	Orthodontics and Dentofacial Orthopedics	Dr. Yatishkumar Satyanarayan Joshi	Reader	w.e.f. 13/10/2022 to 12/09/2023, against SC category.

Bangal
Principal
M. I. D. S. R. Dental College,
LATUR

SN	Subject	Name of the Teacher	Designation	Status of PG Recognition
9.	Oral & Maxillofacial Surgery	Dr. Rahul Nandkishor Lature	Professor	w.e.f. 13/10/2022 to 12/09/2023, against SC category.
10.	Oral & Maxillofacial Surgery	Dr. Amol Madhukarrao Doiphode	Reader	w.e.f. 13/10/2022 to 12/09/2023, against SC category.
11.	Oral & Maxillofacial Surgery	Dr. Govind Rameshrao Changule	Reader	w.e.f. 13/10/2022 to 21/12/2023.
12.	Pediatric Dentistry	Dr. Prasanna Trambakrao Dahake	Reader	w.e.f. 13/10/2022 to 12/09/2023, against SC category.

- 1) The recognition granted by the University is subject to successful completion of at least one Medical Education Technology (MET) workshop conducted by the University, within the period of one year from the date of recognition. If any teacher fails to comply with the said provision, the recognition granted by the Vice-Chancellor shall stand cancelled automatically. It is further clarified that the **validity of 'Research Methodology Workshop'** is for **five years** only and it must be **renewed after every five years** as per Circular No. 14/2011 dated 23/06/2011.
- 2) Kindly note that the Recognition granted by the University is valid till the above said teacher(s) is in the services of the said PG teaching College or attains the age of superannuation, whichever happens earlier.
- 3) A copy of this letter may be handed over to concerned teacher.


 09-11-22
 Registrar

Copy to: 1) Controller of Examinations, MUHS, Nashik.
 2) University Research Department, MUHS, Nashik.


 Principal
 M. I. D. S. R. Dental College,
 LATUR

