

# MAHARASHTRA STATE DENTAL COUNCIL

Extension Office  
Govt. Dental College and Hospital,  
Third Floor, ST. George Hospital  
Compound, Near C.S.T. Railway Station,  
Mumbai-400 001.



Administration Office  
211, Anand Complex, 2<sup>nd</sup> Floor,  
189 - Sane Guruji Marg, Aurthor Road  
Naka, Chinchpokali (West),  
Mumbai – 400 011

Constituted under 21 of the Dentists Act, 1948

(A Body Corporate by Government of Maharashtra)

Office Tel. No. 022-22617644 Office Fax No. 022-22617634

Website [www.msdcmbai.org.in](http://www.msdcmbai.org.in) E-mail [helpdeskmsdcmbai@gmail.com](mailto:helpdeskmsdcmbai@gmail.com)

President:

DR.NARENDRA KALE

No.2898/CDE/2019-2020.

Vice-President:

DR.S.C.BHOYAR

12/02/2020

To,  
The Dean,  
MIDSR Dental College &  
Hospital, Latur.

**S u b j e c t :** As per regulation 7 of CDE Notification dt 5th Sept.2018  
Regarding....

Respected Sir/Madam,

I am directed to state that as per Regulation No.7 of the Dental Council of India Continuing Dental Education Regulations, 2018 the Maharashtra State Dental Council CDE Committee has granted your e-mail application for CDE credit points dated 15<sup>th</sup> January 2020.

The participants who have attended on 21<sup>st</sup> February 2020 will be eligible for 06 CDE Points. CDE Approval Number is MSDC/CDE/2898/2019-2020 dated 12/02/2020 which is displayed and printed on the attendance certificate (as per MSDC CDE guideline).

As per Regulation No.7.2 of the Dental Council of India Continuing Dental Education Regulations, 2018 the speakers are eligible to obtain double credit points.

As per Dental Council of India Continuing Dental Education Regulations, 2018 Regulation No.10 (10.1) It would be the responsibility of the CDE provider/s conducting the programme to ensure that only valid professionals who have attended the CDE activity in full, are allotted CDE credit points.

The organization may adopt any of the following measures for prompt allotment of credit points.

10.1.1.Bar Code at Entry and Exit level

10.1.2.Speaker will be given a code at the beginning and end of the lecture. The code envelope shall be opened just before the lecture.

10.1.3. One observer appointed by the concerned State Dental Council shall be present during the programme. The observer shall put his/her signature on every CDE certificate for the validity.

(10.2) The Organization shall submit the entire data of the attendees to the MSDC office in Excel Format e.g. Sr.No., Surname, First Name, Middle Name, Reg. No., Mobile No., Email, CDE code allotted by the State Council, Date, claimed credit

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Vice-President:

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point within a month of the programme with the approval of observer, Otherwise the allotted CDE points will not be valid.

Yours faithfully,

Sd/-

Registrar,

Maharashtra State Dental Council,  
Mumbai.

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THE SPECIMEN DESIGN OF THE CERTIFICATE IS AS PER REGULATION 14 OF  
CDE NOTIFICATION DT 5TH SEPT.2018.

The specimen design of the certificate is as follows:-

NAME OF CONDUCTING AUTHORITY

CERTIFICATE OF ATTENDANCE

Certified that Dr. \_\_\_\_\_ has attended the \_\_\_\_\_ on dd/mm/yyyy

for hh:mm hrs duration organised by \_\_\_\_\_

& credited with \_\_\_\_\_ CDE points. (Ref. No. (MSDC Outward No. and Date))

Signature of the Maharashtra State Dental Council Representative      Authorised Signatory (on behalf of Organiser)      Signature of Guest Speaker

**Note:** The sponsors name or logo shall not be printed on the certificate

Specification for Certificate Format

1. Size 24.7 x 33 cm (landscape oblong)
2. Paper 160 GSM (Matt Finish)

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Vice-President:

DR.S.C.BHOYAR

To,  
The Dean,  
MIDSR Dental College &  
Hospital, Latur..

S u b j e c t : As per regulation 10 (10.1.3) of CDE Notification dt 5<sup>th</sup>  
Sept.2018 Regarding....

Respected Sir/Madam,

As per regulation 10 (10.1.3) of CDE Notification dt 5<sup>th</sup>  
Sept.2018 Dr. MULE SHIVKUMAR ANANTRAO is appointed as an  
observer of the Maharashtra State Dental Council, Mumbai, he shall be  
present during the programme for your CDE program.

The observer shall put his/her signature on every CDE  
certificate for the validity. TA/DA to observers will be provided by MIDSR  
Dental College & Hospital, Latur.

Yours faithfully,  
Sd/-  
Registrar,  
Maharashtra State Dental Council,  
Mumbai.

c.c. to Dr. MULE SHIVKUMAR ANANTRAO for information and further action.

Mob No. 9823208045 email:- dr.muleshiv@yahoo.com

To, The President, MSDC, Mumbai for information.

To, The Vice-President, MSDC, Mumbai for information.