

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, SHIK
Subject-wise Teacher List (Approved + Not approved)
(UG Degree / PG Degree) As On:/...../.....




Name of the Department: ORAL MEDICINE AND RADIOLOGY

Whether UG : 100 / UG+PG : 28

Name of the College: MIDSR DENTAL COLLEGE & HOSPITAL, LATUR

College Code:- 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	Oral Medicine and Radiology	Dr. Vijayalaxmi	Reader	9404882093	aadvavipra@gmail.com	16-10-1979	OBC	31-08-2013	04 Y 08 M	11 Y 10 M	-	-	-	-	Regular	Yes	13-09-2022	12-09-2024	Temp	MHUS/E-2/UG/114103/2022 : Dated: 13/10/2022	yes	
2	Oral Medicine and Radiology	Dr. Priyanka Baswraj Lasune	Lecturer	9561754148	dr.priyankalasure@gmail.com	12-09-1991	Open	11-10-2018	06 Y 03 M	-	-	-	-	-	Regular	Yes	06-11-2023	05-11-2024	Temp	MHUS/E-2/UG/114103/3252/2023 : Dated: 04/12/2023	yes	
3	Oral Medicine and Radiology	Dr. Rohini Shirish Divekar	Lecturer	9404661575	divekarrohini90@gmail.com	22-07-1990	SC	01-03-2023	1 Y 11 M	-	-	-	-	-	Regular	Yes	28-04-2023	27-07-2025	Temp	MHUS/E-2/UG/114103/1384/2023 : Dated: 29/05/2023	-	

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]
Signature of Dean with Seal