

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

Name of the Department: Oral &amp; Maxillofacial Surgery

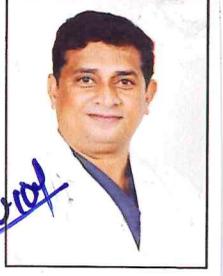
Whether UG...../UG+PG.....

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

College Code:- 2403

Intake Capacity:- 100+28

100+28

S.N.	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		Dr. Sheeraz Badal	Professor & HOD	9049974005	sheeraz77@yahoo.com	18-03-1981	OPEN	25-06-2009	4Y	5Y	5 Y, 6M	5Y	7Y, 7M	12Y,7M	Regular	Yes	15-10-2025	15-07-2026	Regular	MUHS/E-2/PG/114103/342/2025 Dated-15/10/2025	Yes	
2		Dr. Amol Doiphode	Professor	9975456109	dramolmd@gmail.com	02-09-1984	Yes, NT-D	01-07-2011	4Y	5Y	3Y,6 M	3Y	5Y,4 M	8Y,4M	Regular	Yes	15-10-2025	15-07-2026	Regular	MUHS/E-2/PG/114103/342/2025 Dated-15/10/2025	Yes	
3		Dr. Govind Changule	Reader	9923182345	drgovindchangle@gmail.com	10-06-1985	Yes, OBC	02-02-2021	4Y	4Y	-	4Y, 11M	-	4Y, 11M	Regular	Yes	02-04-2024	06-02-2026	Regular	MUHS/E-2/PG/114103/792/2024 Dated-02/04/2024	Yes	

S.N.	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									
4	Oral & Maxillofacial Surgery	Dr. Punam Nagargoje	Reader	8208222256	punam.nagargoje02@gmail.com	29-07-1987	Yes, NT-D	21/1/2018	4Y	4Y	-	-	-	8Y	Regular	Yes	15-10-2025	15-07-2027	Regular	MUHS/E-2/PG/114103/342/2025 Dated-15/10/2025	Yes	
5		Dr. Gopal Nagargoje	Reader	9834850350	gopal.nagargoje@gmail.com	10-06-1990	Yes, NT-D	01-09-2018	4Y	4Y 4M	-	-	-	8Y 4M	Regular	Yes	15-10-2025	15-07-2027	Regular	MUHS/E-2/PG/114103/342/2025 Dated-15/10/2025	Yes	
6		Dr. Pawan Khichade	Reader	9538217087	pawankhichade@gmail.com	09-11-1988	OPEN	13-12-2017	4Y	4Y	-	-	-	8Y	Regular	Yes	01-09-2025	15-07-2026	Regular	MUHS/E-2/PG/114103/314/2025 Dated-01/09/2025	Yes	
7		Dr. Venkatesh Hange	Lecturer	7385051925	venkateshange@gmail.com	26-08-1992	Yes, NT-D	16-07-2021	4Y	6M	-	-	-	4Y 6M	Regular	Yes	01-09-2025	15-07-2027	Regular	MUHS/E-2/PG/114103/314/2025 Dated-01/09/2025	Yes	

S.N.	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									
8		Dr. Anand Mandlecha	Lecturer	9762207622	mandlechanand02@gmail.com	08-01-1992	OPEN	15/6/2023	2Y 7M	-	-	-	-	-	Regular	Yes	26-03-2025	04-03-2026	Regular	MUHS/E-2/PG/114103/106/2025 Dated-26/03/2025	Yes	
9		Dr. Swapnil Jadhav	Lecturer	8329847943	swapniljadhav0711@gmail.com	03-09-1991	OPEN	10-02-2023	2Y 11M	-	-	-	-	-	Regular	Yes	26-03-2025	04-03-2027	Regular	MUHS/E-2/PG/114103/106/2025 Dated-26/03/2025	Yes	
10		Dr. Aarati J. Patil	Lecturer	9975162870	aartijp@gmail.com	15-05-1984	OPEN	10-02-2025	11M	-	-	-	-	-	Regular	Yes	01-09-2025	15-07-2027	Regular	MUHS/E-2/UG/114103/314/2025 Dated:01/09/2025	Yes	
11		Dr. Pranita Sakhare	Lecturer	7507782992	pranitasakhare9@gmail.com	16-10-1994	OPEN	19-07-2025	6M	-	-	-	-	-	Regular	Yes	01-09-2025	15-07-2026	Regular	MUHS/E-2/UG/114103/314/2025 Dated:01/09/2026	Yes	

S.N.	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									
12		Dr. Sneha Jadhawar	Tutor	8262940292	jadhavarsneha@gmail.com	25-05-1995	Yes, NT-D	19-07-2021	4Y	-	-	-	-	-	Regular	Yes	12-03-2024	15-07-2026	Regular	MUHS/E-2/UG/114103/595/2024 Dated:12/03/2024	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 in Pen Drive to the LIC Committee

  
Signature of Dean with Seal

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