

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Subject-wise Teacher List (Approved + Not approved)

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

Name of the Department: Orthodontics & Dentofacial Orthopedics

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

College Code:- 2403 /114103

Intake Capacity:- 100+28

Whether UG 100 /UG+PG :100+28

100+28

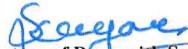
| SN | Subject | Name of Teacher | Designation | Mobile No. | E-mail ID | DOB | Whether belongs to reserved Category (if yes, Specify Category) | Date of Appointment at College | Teaching Experience | | | | | | Total PG Teaching Experience | Type of appointment (Temp / Regular / Contractual) | University 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 | Orthodontics | Dr.Pravinkumar Sharanappa Maroore | HOD & Professor | 9404366634 | drpravinkumar08@gmail.com | 01-06-1981 | Open | 07-06-2011 | 4 Y | 5 Y | 05 Y 06 M | 05 Y 06 M | 10 Y 06 M | Regular | Yes | - | - | Regular | No.MUHS/PG/E-2/2403/107/2017 Dated - 05/05/2017 | Yes |  | | |
| 2 | Orthodontics | Dr.Suresh Kundlikrao Kanagne | Principal & Professor | 9823267063 | drsureshkangane@rediffmail.com | 02-05-1975 | NT-3 | 10-07-2006 | 3 Y 8 M | 5 Y | 13 Y 02 M | - | 11 Y 07 M | 11 Y 07 M | Regular | Yes | - | - | Regular | No.MUHS/PG/E-2/1438/14 Dated - 13/06/2014 | No |  | |
| 3 | Orthodontics | Dr.Yatishkumar Satyanarayan Joshi | Professor | 9860636690 | orthoyatishjoshi@gmail.com | 13/06/1984 | Open | 07-06-2011 | 4 Y | 5 Y | 05 Y 06 M | 05 Y 06 M | 08 Y 08 M | Regular | Yes | 24/11/2025 | 23/11/2026 | Temp | MUHS/E-2/PG/1141 03/17/2026 Dated- 21/01/2026 | Yes |  | | |

| 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 |
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| | | | | | | | | | UG | | | PG | | | | | From | To | Temp / Regular | Letter No. & Date | | |
| | | | | | | | | | L | R | P | R | P | | | | | | | | | |
| 4 | Orthodontics | Dr. Shilpa Mahadeo Kendre | Reader | 9420685304 | shilpabikkad80@gmail.com | 05-02-1978 | NT-3 | 23/08/2017 | 4 Y | 04 Y 05 M | - | - | - | 03 Y 07M | Regular | Yes | 15/10/2025 | 15/07/2027 | Temp | MUHS/E-2/PG/114103/342/2025 Dated-15/10/2025 | Yes |  |
| 5 | Orthodontics | Dr. Sujit Navnath Zadake | Reader | 9422780470 | zadakesujit09@gmail.com | 25/02/1992 | Open | 29/12/2020 | 04 Y | 01 Y 01 M | - | - | - | - | Regular | Yes | 24/11/2025 | 23/11/2026 | Temp | MUHS/E-2/PG/114103/17/2026 Dated-21/01/2026 | Yes |  |
| 6 | Orthodontics | Dr. Ganesh Omraj Dange | Lecturer | 9421380612 | Ganesh10dentistry@gmail.com | 09-11-1988 | Open | 27/08/2021 | 04 Y 05 M | - | - | - | - | Regular | Yes | 01-09-2025 | 15/07/2026 | Temp | MUHS/E-2/UG/114103/314/2025 Dated-01/09/2025 | No |  | |
| 7 | Orthodontics | Dr. Krushna Vilasrao Mule | Lecturer | 7276186179 | Kmule344@gmail.com | 04-09-1996 | Open | 25/11/2024 | 01 Y 02 M | - | - | - | - | Regular | Yes | 26/03/2025 | 03-04-2026 | Temp | MUHS/E-2/UG/114103/106/2025 Deate:-26/03/2025 | No |  | |

| 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 | | | | | | | | | |
| 8 | Orthodontics | Dr. Swathilekshmi Madhusudanan Nair | Lecturer | 9503260886 | nairswathi886@gmail.com | 16/10/1993 | Open | 12-09-2024 | 01 Y 01 M | - | - | - | - | - | Regular | Yes | 09-01-2025 | 15/07/2027 | Temp | MUHS/E-2/UG/114 103/314/2 025 Dated - 01/09/2025 | No |  |
| 9 | Orthodontics | Dr. Jyotsna Harishchandra Chate | Lecturer | 9075215694 | iyotsnachate4@gmail.com | 01-05-1995 | NT-3 | 09-06-2025 | 04 M | - | - | - | - | - | Regular | Yes | 09-01-2025 | 15/07/2026 | Temp | MUHS/E-2/UG/114 103/314/2 025 Dated - 01/09/2025 | No |  |
| 10 | Orthodontics | Dr. Payal Brijlal Bhutada | Lecturer | 8668834675 | payalbhutada99@gmail.com | 11-10-1997 | Open | 09-08-2025 | 04 M | - | - | - | - | - | Regular | Yes | 24/11/2025 | 23/11/2027 | Temp | No.MUHS /E-2/UG/114 103/16/20 26 Dated-20/01/2026 | No |  |
| 11 | Orthodontics | Dr. Anuja Mohanrao Neharkar | Tutor | 9561573295 | anujaneharkar1@gmail.com | 13-08-1995 | NT-3 | 19/07/2021 | - | - | - | - | - | - | Regular | Yes | 03-12-2024 | 02-07-2026 | Temp | MUHS/E-2/UG/11410 3/595/2024 Dated-12/03/2024 | No |  |

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.