

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

Name of the Department: Oral Pathology &amp; Microbiology

Whether UG 100 /UG+PG 128

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

College Code:- 2403

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 Pathology & Microbiology	Dr Varsha A sangle	Prof. & HOD	9422330366	<a href="mailto:dr.varshadas@gmail.com">dr.varshadas@gmail.com</a>	08-07-1984	NT - 3	22-06-2013	4 Y	5Y	3Y 7M	-	-	12 Y 07 M	Regular	Yes	12-06-2024	11-06-2026	Temp.	MUHS/E-2/UG/114103/106/2024, Date:-18/07/2024	Yes	
2		Dr. Smita J. Chaware	Reader	9850239831	<a href="mailto:smitachaware123@gmail.com">smitachaware123@gmail.com</a>	23-04-1990	SC	26-09-2017	4 Y	4Y 4M	-	-	-	08 Y 04 M	Regular	Yes	20-09-2024	19-09-2026	Temp.	MUHS/E-2/UG/114103/164/2024 Dated:-20/09/2024	Yes	
3		Dr. Dipali R. Gundre	Lecturer	9766125878	<a href="mailto:drdipali.gundre@gmail.com">drdipali.gundre@gmail.com</a>	09-06-1991	OBC	25-09-2023	5Y 3M	-	-	-	-	05 Y 03 M	Regular	Yes	24-11-2025	23-11-2027	Temp.	MUHS/E-2/UG/114103/16/2026, Date:-20/01/2026	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
									UG			PG					From	To	Temp / Regular	Letter No. & Date		
									L	R	P	R	P									
4		Dr. Swati Hajare	Tutor	7038323941	swatihajare5406@gmail.com	06-06-1993	NT-C	17-10-2018	-	-	-	-	-	7 Y 2 M	Regular	Yes	#####	#####	Temp	MUHS/E-2/UG/114103/314/2025. Date:-01/09/2025	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,  
 LATUR