

ANNEXURE –XV-A

**For Online Transmission of
Question Papers**

For Online Transmission of Question Papers:

SN	Infrastructure facilities at College	Yes /No
Strong Room :		
1	It must have Single Door Entry/Exit (with Safety Door/Grill for windows)	Yes
2	Minimum Area shall be 20 x 20 sq. ft.	Yes
3	Adequate Steel Almirah/Cupboard for storage of Answer Books.	Yes
4	C.C.T.V. Camera with recording facility that covers entire area or Downloading and Printing of online transmission of Question Paper process.	Yes
5	Latest version Computer (Minimum 4) and Printer (Minimum 4) with Inverter facility, MS Office, PDF Reader, Winrar or Winzip.	Yes
6	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class 'A' ISP, and alternate line with 1 : 1 dedicated line of 50 mpbs speed, by an another Class 'A' ISP to ensure uninterrupted downloading facility, with 2(two) static IP's, Internet Dongle.	Yes
7	Adequate Number of Paper Rims for printing Question Papers.	Yes
8	One Photocopy Machine, UPS Backup.	Yes
Scanning Room :		
9	Separate Scanning Room for scanning Answer Books after end of Examination Session under CCTV Surveillance. (Laptops and Scanners will be provided by the University Appointed Agency)	Yes
10	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class 'A' ISP, and alternate line with 1 : 1 dedicated line of 50 mpbs speed, by an another Class 'A' ISP to ensure uninterrupted downloading facility, with 2(two) static IP's, Internet Dongle.	Yes

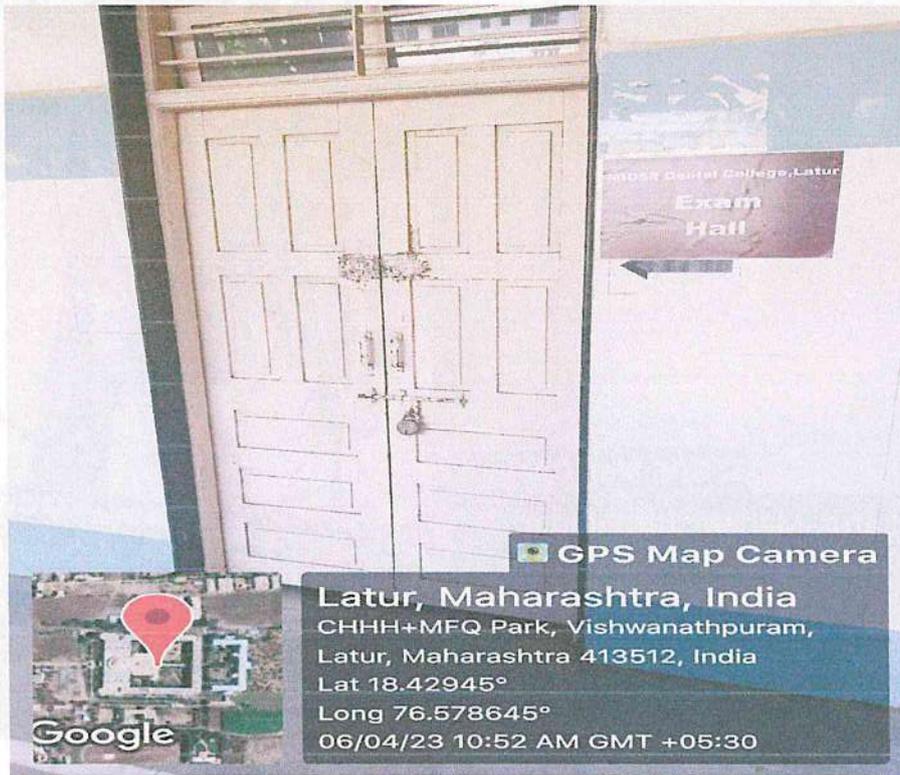


Principal

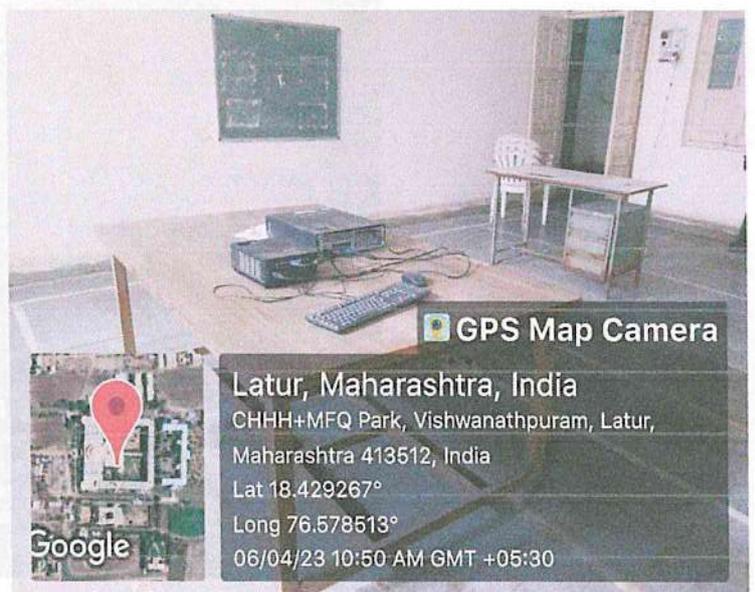
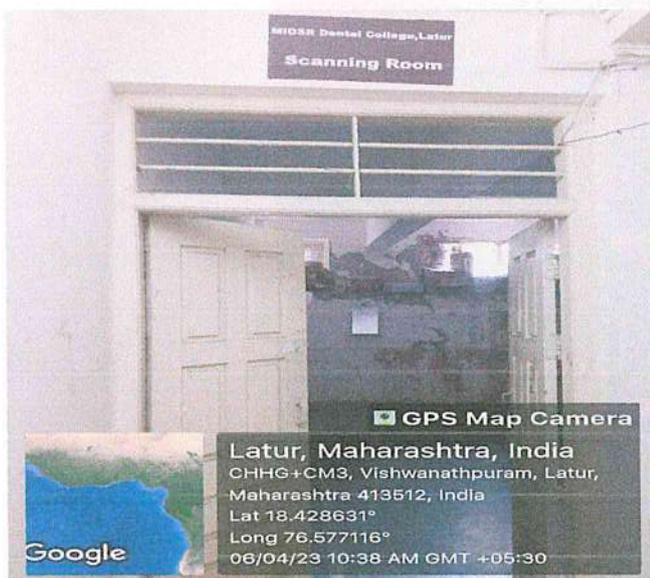
M. I. D. S. R. Dental College
LATUR

For Online transmission of Question papers Infrastructure Facilities

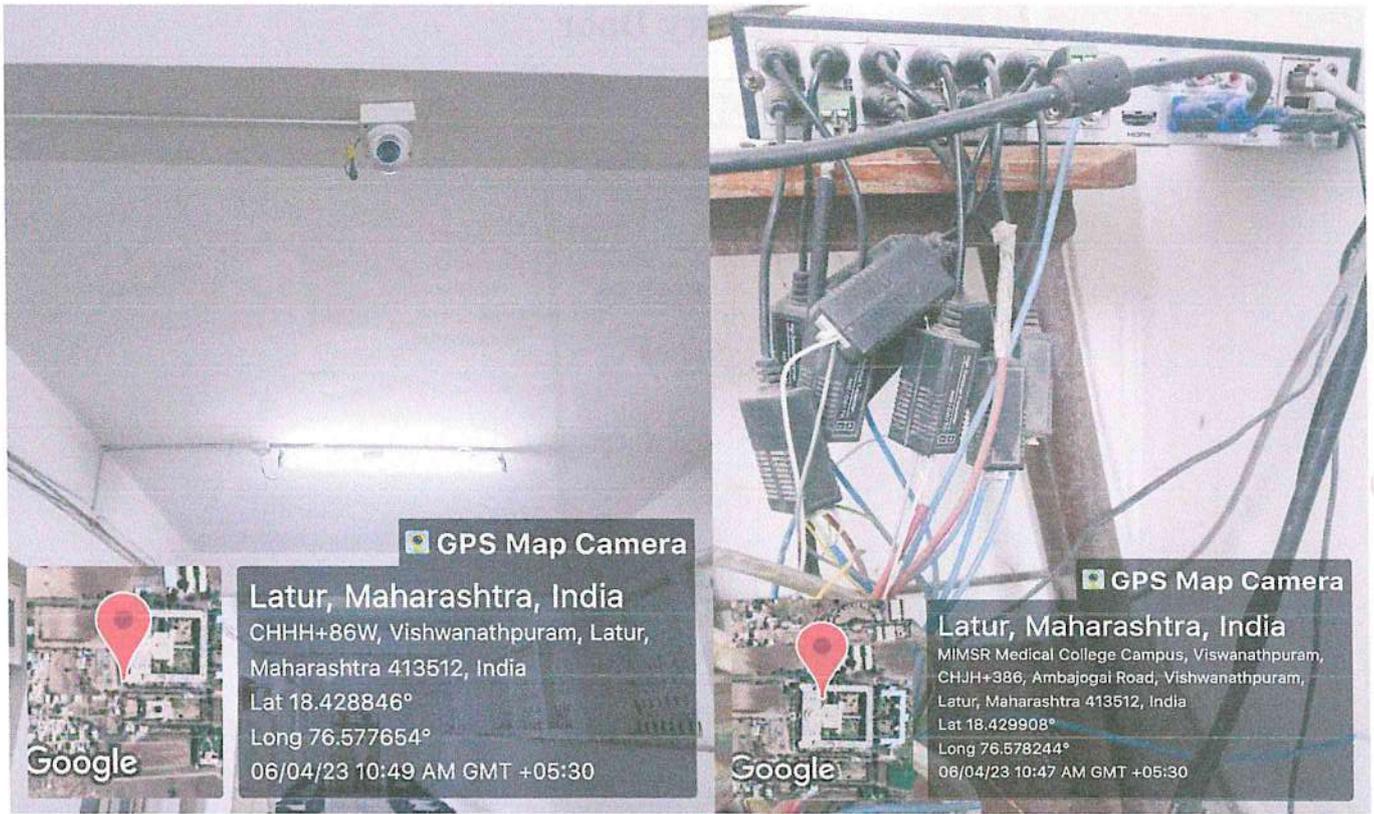
Entry Door



Scanning Room



CCTV Camera with Recording Facility



Cupboard for storage of Answer Book



To Set Up DEC for Onscreen Evaluation of Answer Books :

SN	Infrastructure facilities at College	Yes /No
1	Computers (20) with latest licensed Operating System Software (OSS) with antivirus and firewalls to provide all lock, work station with Computer charts and key board tray.	Yes
2	Wiring and Networking (with Raw Power Supply and UPS) and one Printer per DEC	Yes
3	Air conditioners, Bio metric system, CCTV installation, Rest rooms and 24 x 7 security.	Yes
4	Collapsible gate for the main entrance with Name board and locking facility.	Yes
5	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class 'A' ISP, and alternate line with 1 : 1 dedicated line of 50 mpbs speed, by an another Class 'A' ISP to ensure uninterrupted downloading facility, with 2(two) static IP's.	Yes
6	Appointment of one Professor as a Examination Co-ordinator to Co-ordinate this Online process.	Yes
7	Separate Evaluation Room for Evaluating the Answer Books under CCTV Surveillance	Yes

Bangam
Principal
M. I. D. S. R. Dental College
LATUR

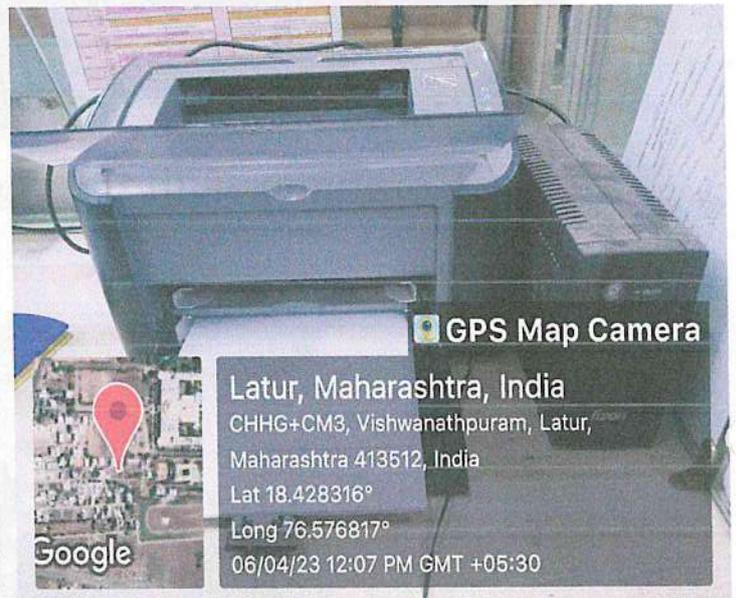
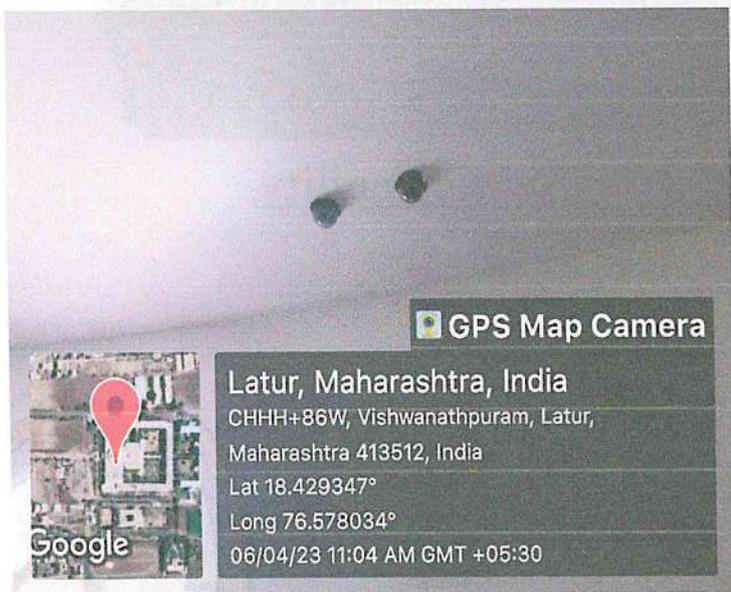
Digital Evaluation Center (DEC)



Computer with Internet & Antivirus Facility



Separate Evaluation room under CCTV Surveillance and printer & UPS.



ANNEXURE –XV-B

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

SUBJECTWISE TEACHER LIST
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

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

Telephone No :- STD Code:- 02382

Office: 228063

Dean/Principal (o):- 227703

(Resi) 227424

(Mobile) -

College Email ID :- pricipal@mitmidr.edu.in, midr.latur@gmail.com

Name of the Subject :- Prosthodontics

College Code :- 114103

Sr. No.	College Name	Subject.	Full name of the Teacher (First Name/ Middle Name/ Last Name.)	Designation	Date of Joining	UG- Qualification & Year of Passing	PG- Qualification & Year of Passing	Teaching experience After PG Passing	MUHS Approved (Yes/ No)	If MUHS Approval Letter&Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)
1	2	3	4	5	6	7	8	9	10	11	15	16	14	12	13
1	Maharashtra Institute of Dental Science & Research (Dental College), Latur	Prosthodontics and Crown & Bridge	Dr. Gajare Susheen. Mahadevrao	Professor &HOD	17/10/2013	Jul-05	Jun-12	12Y,2M	Yes	MUHS/E-2/UG/114103/106/2024, Date:-18/07/2024	792484005659	BMPQ G2148 N	26/01/1980 45Y	drsusheen26@gmail.com	7744013211
2			Dr. Bhushan. Rajendra Bangar	Professor	10/10/2006	Apr-99	May-05	19Y,2M	Yes	MUHS/E-2/UG/114103/314/2025, Date:-01/09/2025	468143549628	AIKPB 2678R	24/04/1977 48Y	drbangar@yahoo.com	9423778224
3			Dr. Shashi Shivajirao Patil	Professor	28/3/2016	Jun-08	Dec-14	9Y,9M	Yes	MUHS/E-2/UG/114103/314/2025, Date:-01/09/2025	500977137352	CPRPP 0494R	20/6/1985 40Y	patishashi@gmail.com	9766869411
4			Dr. Shital Bansilal Wagh	Reader	12-05-2019	Apr-12	Dec-16	6Y	Yes	MUHS/E-2/UG/114103/16/2026, Date:-20/01/2026	419170100284	ACRP W5209 L	13/06/1987 38Y	shital123wagh@gmail.com	9403691116
5			Dr. Balaji Sugriv Munde	Reader	09-05-2017	Apr-12	Nov-17	8Y,3M	Yes	MUHS/E-2/UG/114103/314/2025, Date:-01/09/2025	935109632704	FDVPM 1420H	05-07-1988 37Y	drbalajimunde@gmail.com	9960591901
6			Dr. Yogesh Santoba Nagargoje	Reader	23-08-2021	May-17	Jul-21	4Y,4M	Yes	MUHS/E-2/UG/114103/16/2026, Date:-20/01/2026	387462091311	ARSPN 0515G	24/5/1993 32Y	dryogeshnagargoje@gmail.com	9921407311

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

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

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

Phone/Mobile No :- 02382-228063

Name of the Subject :- Conservative Dentistry & Endodontics

Sr. No.	College Name	Subject	Full Name of The Teacher (First,Middle & Last)	Designation	Date of Joining	UG Qual. & Passing Year	PG Qual. & Year Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If yes MUHS Approval Letter & Date	Aadhaar No.	Pan No.	Date of Birth (Age in Year)	Latest Email Address	Contact No (Mob)	Debar Yes/N
1	Maharashtra Institute of Dental Sciences & Research (Dental College), Latur.	Conservative Dentistry & Endodontics	Dr. Ramchandra Shamsundar Kabir	Professor	19-10-2018	BDS May 2002	MDS (Sep.2006)	18 Y 09 M	Yes	MUHS/E-2/UG/114103/106/2025. Dated.26/03/2025	5632 0516 1529	BDIPK2439P	14/06/1981 (42 Years)	drramchandrakabir@gmail.com	9920297557	No
2	Maharashtra Institute of Dental Sciences & Research (Dental College), Latur.	Conservative Dentistry & Endodontics	Dr. Anita Jagannath Kale	Professor	18-01-2008	BDS April 1999	MDS (Mar.2004)	21 Y 04 M	Yes	MUHS/E-2/UG/114103/314/2025 Date : 01/09/2025	5907 4595 7617	AOJPK2905B	22/04/1978 (45 Years)	kaleanital@gmail.com	9272561833	No
3	Maharashtra Institute of Dental Sciences & Research (Dental College), Latur.	Conservative Dentistry & Endodontics	Dr. Amol Anandrao Badgire	Reader	17-10-2013	BDS September 2008	MDS (2013)	12 Y 02 M	Yes	MUHS/E-2/UG/114103/164/2024 Date.20/09/2024	8911 3219 7134	BTGPB6553F	25/11/1984 (39 Years)	amol.badgire@yahoo.com	9960717444	No
4	Maharashtra Institute of Dental Sciences & Research (Dental College), Latur.	Conservative Dentistry & Endodontics	Dr. Abhishek Rajpal Badade	Reader	21-09-2016	BDS 2009	MDS (2016)	09 Y 03 M	Yes	MUHS/E-2/UG/114103/314/2025 Date : 01/09/2025	6684 2748 1233	AOAPB6016K	03/02/1988 (37 Years)	abhishek_badade@yahoo.com	9405195577	No
5	Maharashtra Institute of Dental Sciences & Research (Dental College), Latur.	Conservative Dentistry & Endodontics	Dr. Praveen Dhore	Reader	04-07-2015	BDS 2010	MDS 2015	10Y 6M	Yes	MUHS/E-2/UG/114103/106/2025 Date : 26/03/2025	3906 7111 2281	BHZPD5460J	17/03/1987 (38 Years)	praveendhorepatil@gmail.com	9975649999	No
6	Maharashtra Institute of Dental Sciences & Research (Dental College), Latur.	Conservative Dentistry & Endodontics	Dr. Ajitkumar Angadrao Shinde	Reader	01-08-2018	BDS 2012	MDS (2018)	07 Y 05 M	Yes	MUHS/E-2/UG/114103/314/2025 Date : 01/09/2025	6683 3605 1920	FOJPS3967G	20/06/1990 (35 Years)	ajitshinde8812@gmail.com	9108088508	No

Seeyan
Principal

SUBJECTWISE TEACHER LIST**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**

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

Telephone No :- STD Code:- 02382

Office: 228063

Dean/Principal (o):- 227703

(Resi) 227424

(Mobile) -

College Email ID :- pricipal@mitmidsr.edu.in, midsr.latur@gmail.com

Name of the Subject :- Oral & Maxillofacial Surgery

College Code :- 114103

Sr. No.	College Name	Subject.	Full name of the Teacher (First Name/ Middle Name/ Last Name.)	Designation	Date of Joining	UG- Qualificati on & Year of Passing	PG- Qualificati on & Year of Passing	Teaching experience After PG Passing	MUH SAppr oved (Yes/ No)	If MUHS Approval Letter&Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)
1	2	3	4	5	6	7	8	9	10	11	15	16	14	12	13
1	MIDSR Dental College Latur	Oral & Maxillofacial Surgery	Dr. Sheeraz Ahmed Badal	Professor & HOD	29/6/2009	BDS -2005	MDS - 2009	16Y,7M, MDS-2009	Yes	MUHS/E-2/UG/114103/314/2025 Dated:01/09/2025	9529 5897 5795	AUHPB7335E	18/3/1981	sheeraz77@yahoo.com	904997400:
2			Dr. Amol Madhukar Doiphode	Professor	07-01-2011	BDS - 2006	MDS - 2011	15Y MDS-2011	Yes	MUHS/E-2/UG/114103/314/2025 Dated:01/09/2025	9250 6637 1598	BEBPD6337M	02-09-1984	dramolmd@gmail.com	997545610:
3			Dr. Govind Ramesh Rao Changule	Reader	18/3/2021	BDS -2007	MDS - 2015	8Y MDS-2015	Yes	MUHS/E-2/UG/114103/595/2024 Dated:12/03/2024	5647 3572 7634	APPPC1688A	06-10-1985	drgovindchangule@gmail.com	992318234:
4			Dr. Punam Navnath Nagargoje	Reader	21/1/2018	BDS - 2011	MDS - 2016	8Y, 6D MDS-2016	Yes	MUHS/E-2/UG/114103/314/2025 Dated:01/09/2025	9382 1034 6334	AVYPN4151E	29/7/1988	punam.nagargoje02@gmail.com	887962451:
5			Dr. Gopal Lahudas Nagargoje	Reader	09-01-2018	BDS-2014	MDS-2018	8Y, 17D MDS-2018	Yes	MUHS/E-2/UG/114103/314/2025 Dated:01/09/2025	4585 1504 5042	AWCPN1992Q	06-10-1990	gopal.nagargoje@gmail.com	983485035:


Principal
 M.I.D.S.R. Dental College.
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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

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

Telephone No :- STD Code:- 02382

Office: 228063

Dean/Principal (o):- 227703

(Resi) 227424

(Mobile) - 9823267063

Name of the Subject :- Orthodontics & Dentofacial Orthopedics

College Code :- 114103

Sr. No.	College Name	Subject.	Full name of the Teacher (First/ Middle/ Last)	Designation	Date of Joining	UG-Qualification & Year of Passing	PG-Qualification & Year of Passing	Teaching experience After PG Passing	MUHS Approved (Yes/ No)	If MUHS Approval Letter&Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)
1	2	3	4	5	6	7	8	9	10	11	15	16	14	12	13
1	MIDSR Dental College, Latur	Orthodontics & Dentofacial Orthopedics	Dr.Pravinkumar Sharanappa Maroore	HOD & Professor	13/07/2011	2006	2011	14 Y 06 M	Yes	No.MUHS/UG/E-2/53/2403/297/2017 Dated - 24/01/2017	2200 0622 4480	ATMPM9360J	01-06-1981	drpravinkumar08@gmail.com	9404366634
2			Dr.Suresh Kundlikrao Kanagne	Principal & Professor	13/10/2006	1998	2002	22 Y 11 M	Yes	No.MUHS/E-2/SSC/2403/13 Dated - 24/06/2013	6857 2122 1800	ALSPK8224B	02-05-1975	drsureshkangane@rediffmail.com	9823267063
3			Dr.Yatishkumar Satyanarayan Joshi	Professor	14/07/2011	2007	2011	14 Y 06 M	Yes	No.MUHS/E-2/UG/114103/16/2026 Dated- 20/01/2026	9789 3544 3293	AJLPJ2290B	13-06-1984	orthoyatishjoshi@gmail.com	9860636690
4			Dr.Shilpa Mahadeo Kendre	Reader	24/08/2017	2011	2017	08 Y 05 M	Yes	No.MUHS/E-2/UG/114103/314/2025 Dated- 01/09/2025	9923 3758 5250	AKYPB9151D	05-02-1978	shilpabikkad80@gmail.com	9420685304
5			Dr.Sujit Navnath Zadake	Reader	01-08-2021	2014	2020	05 Y 01 M	Yes	No.MUHS/E-2/UG/114103/16/2026 Dated- 20/01/2026	6188 3371 2205	ABNPZ8606K	25-02-1992	zadakesujit09@gmail.com	9422780470

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

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College:- **MIDSR Dental College, Latur.**

Phone/Mobile No. : **(02382-228083)**

Name of the Subject:- **Periodontology**

SN	College Name	subject/speciality	Full Name of the Teacher	Designation	Date of Joining	UG Qualification & Year of Passing	UG Qualification & Year of Passing	Teaching Experience after PG passing	University approval UG	If MUHS Approval Letter & date	Adhar No.	Pan Number	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	MIDSR Dental College, Latur	Periodontology	Dr. Raghavendra Nagendrappa Metri	Professor	25.10.2018	BDS	MDS 2011	14 Y 02 M	Yes	MUHS/E-2/UG/114103/106/2025 Dated 26/03/2025	6943 6120 0181	BBJPR6542M	10/05/1982 (43Y,09M)	drmetriraghu@gmail.com	9765798877/9110283795	No
3	MIDSR Dental College, Latur	Periodontology	Dr. Omkumar Nemichand Baghele	Professor	25.04.2016	BDS	MDS 2002	22 Y 10 M	Yes	MUHS/E-2/UG/114103/106/2025 Dated 26/03/2025	8853 9844 1273	AGSPB3209Q	16/9/1976 (49Y,3M)	drom94@yahoo.com	9869151242/9321019946	No
3	MIDSR Dental College, Latur	Periodontology	Dr. Gauri Mahesh Ugale	Professor	01.06.2013	BDS	MDS 2011	14 Y 03 M	Yes	MUHS/E-2/UG/114103/106/2025 Dated 26/03/2025	9975 8302 7540	AMGPP0585R	26/1/1978 (48Y 5 M)	ugalegauri@yahoo.com	9637974180	No

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

Ragguvecha
R.O.D.
Dept. Of Periodontics
M.I.D.S.R. Dental College, LATUR

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

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

Phone/Mobile No. :

Name of the Subject:- Paediatric & Preventive Dentistry

Sr. No	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1	Maharashtra Institute of Dental Sciences & Research, (Dental College), Latur	Paediatric & Preventive Dentistry	Dr. Dadpe Vilasrao Mahesh	Professor & HOD	01-11-2014	BDS 2001	2006 MDS	19 Y 01 M	Yes	MUHS/E-2/PG/114103/342/2025 Date 15/10/2025	3355 8633 7041	AMVPD 5309G	25-08-79 46 Y	drmaheshdadpe@gmail.com	982373322
2	Maharashtra Institute of Dental Sciences & Research, (Dental College), Latur	Paediatric & Preventive Dentistry	Dr. Yogesh Jagannath Kale	Professor	07-10-2006	BDS 1997	2004 MDS	21 Y 05 M	Yes	MUHS/PG/E-2/2403/1433-A/2017 Date 31/05/2017	8802 4292 3359	AOJPK2 906C	03-06-76 49 Y	dryogesh77@yahoo.com	989058870
3	Maharashtra Institute of Dental Sciences & Research, (Dental College), Latur	Paediatric & Preventive Dentistry	Dr. Prasanna Trambakrao Dahake	Reader	11-08-2014	BDS 2003	2010 MDS	15 Y 05 M	Yes	MUHS/E-2/PG/114103/112/2025 Date :- 01/04/2025	7399 5375 3411	AXIPD40 21H	06-12-81 43 Y	prasannadahake@gmail.com	909602798
4	Maharashtra Institute of Dental Sciences & Research, (Dental College), Latur	Paediatric & Preventive Dentistry	Dr. Shrikant Bhujangrao Kendre	Reader	21-09-2016	BDS 2010	2016 MDS	09 Y 03 M	Yes	MUHS/E-2/PG/114103/342/2025 Date :- 15/10/2025	5529 7871 5304	EQYPK79 57Q	29-05-88 36 Y	shri2988@gmail.com	737853900
5	Maharashtra Institute of Dental Sciences & Research, (Dental College), Latur	Paediatric & Preventive Dentistry	Dr. Priyanak Dnyanoba Mundhe	Reader	14-12-2020	BDS 2015	2020 MDS	05 Y 02 M	Yes	MUHS/E-2/PG/114103/342/2025 Date :- 15/10/2025	514758 612610	DBTPM8 265A	20-10-1991 33 Y	priyanakamundhe121@gmail.com	827594941

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

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

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

Phone/Mobile No :- 02382-228063

Name of the Subject :- Oral Pathology & Microbiology

Sr. No.	College Name	Subject	Full Name of The Teacher (First,Middle & Last)	Designation	Date of Joining	UG Qual. & Passing Year	PG Qual. & Year Passing	Teaching Experience after UG/PG passing	MUHS Approval (Yes/No)	If yes MUHS Approval Letter & Date	Aadhaar No.	Pan No.	Date of Birth (Age in Year)	Latest Email Address	Contact No (Mob)	D
1	Maharashtra Institute of Dental Sciences & Research (Dental College), Latur.	Oral Pathology & Microbiology	Dr. Varsha A Sangle	HOD & Prof.	22-06-2013	BDS June 2008	MDS (May2013)	12 Y, 7 M	Yes	MUHS/E-2/UG/114103/106/2024, Date:-18/07/2024	2942 9017 1909	CNFPS6935J	08-07-1984 (41 Years)	dr.varshadhas@gmail.com	9422330366	
2			Dr. Smita Chaware	Reader	26-09-2017	BDS Oct 2012	MDS (August2017)	8 Y, 4 M	Yes	MUHS/E-2/UG/114103/164/2024 Dated:-20/09/2024	7540 4994 8668	BBXPC7645C	23-04-1990 (35 Years)	smitachaware123@gmail.com	9850239831	

Seegae
Principal
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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College:- MIDSAR Dental College & Hospital, Latur

Phone/Mobile No. : 9404882093

Name of the Subject:- Oral Medicine and Radiology

SN	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualificatio n & year of Passing	PG Qualificatio n & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	MIDSAR Dental College, Latur	Oral Medicine and Radiology	Dr. Vijayalaxmi	Reader	31-08-2013	BDS - 2002	MDS - 2007	17 Y	Yes	MHUS/E- 2/UG/114103/106/20 25 : Dated: 26/03/2025	833478204924	BNPPS0807L	16/10/79 46 Y 3 M	aadvavipra@gmai l.com	9404882093	No

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

SUBJECTWISE TEACHER LIST**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**

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

Telephone No :- STD Code:- 02382

Office: 228063

Dean/Principal (o):- 227703

(Resi) 227424

(Mobile) - 9823267063

College Email ID :- pricipal@mitmidsr.edu.in, midsr.latur@gmail.com

Name of the Subject :- Public Health Dentistry

College Code :- 114103

Sr. No.	College Name	Subject.	Full name of the Teacher (First Name/ Middle Name/ Last Name.)	Designation	Date of Joining	UG- Qualification & Year of Passing	PG- Qualification & Year of Passing	Teaching experience After PG Passing	MUHS Approved (Yes/ No)	If MUHS Approval Letter&Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)
1	2	3	4	5	6	7	8	9	10	11	15	16	14	12	13
1	MIDSR Dental College, Latur.	Public Health Dentistry	Dr. Ashwini Biradar	Professor	22-06-2013	BDS (March 2006)	MDS (May 2013)	12 Y	Yes	MUHS/UG/E-2/UG/3827/2018Dated-26/10/2018	250726100186	BTZPB0624E	11-01-1983 (33 Years)	drashwinimehtri@gmail.com	9611947309


Principal
 M.I.D.S.R. Dental College
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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINER LIST (UG Course)

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

Phone/Mobile No.: 02382 - 227424/228063

Name of the Subject :- Anatomy

College Code :- 114103

Sr. No.	College Name	Subject.	Full name of the Teacher (First Name Middle Name Last Name.)	Designation	Date of Joining	UG- Qualification & Year of Passing	PG- Qualification & Year of Passing	Teaching experience After PG Passing	MUHS Approved (Yes/ No)	If MUHS Approval Letter&Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact No. (Mob)	De Y
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
1	MIDSR Dental College, Latur.	Anatomy	Dr. Mahesh Shamrao Ugale	Associate Professor	05-06-2013	MBBS - 1998	MS - 2001	22 Years	Yes	No. MUHS/UG/E-1/1405/5301/2014Dated-28/11/2014	4549 1406 8180	AHVPD 6339D	06.05.1974 (Age 51)	dmsu1974@yahoo.com	9503544123	
2			Dr. Ferozkhan Jafarkhan Pathan	Assistant Professor	30/06/2008	MBBS - 1998	MS - 2007	17 Years	Yes	MUHS/UG/E-1/1405/3153/2014Dated-08/07/2014	3333 2954 0156	AHOPP 1282G	02-08-1972 (Age 53)	drferoz07@rediffmail.com	9822337689	
3			Dr. Ramdas Gopalrao Surwase	Assistant Professor	12-08-2008	MBBS - 2003	MS - 2008	16 Years 05 Months	Yes	No. MUHS/UG/E-1/1405/2059/2009Dt.22/07/2009	3214 0185 7867	BSYPS 4808R	01.11.1978 (Age 47)	r.surwase@yahoo.in	8857890725	
4			Dr. Smita Kashinath Balsurkar	Assistant Professor	19/07/2010	MBBS - 2003	MD - 2010	14 Years 05 Months	Yes	No. MUHS/UG/E-1/114104/1119/2025 Dt.08/12/2025	3126 0644 0857	AYQPB 8469C	06.07.1982 (Age 43)	drsmitasantosh@gmail.com	9421196035	
5			Dr. Anand Jagannath Reddy	Assistant Professor	19/07/2012	MBBS - 2005	MD - 2011	14 Years 01 Month	Yes	No. MUHS/UG/E-1/114104/1119/2025 Dt.08/12/2025	4094 0100 4698	ASXPM 2565P	16.05.1981 (Age 44)	anandreddy16@yahoo.co.in	7588057363	

[Signature]
Principal
M.I.D.S.R. Dental College.
LATUR

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

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

Phone/Mobile No. : 02382227424

Name of the Subject:- Physiology

College Code :- 114103

SN	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	MIDSR Dental College, Latur	Physiology	Dr. Bhagwat Narayan Shelke	Associate Professor	06.02.2013	MBBS 2005	MD 2012	12 Y	Yes	MUHS/UG/E-1/104104/1119/2025 Dt. 08/12/2025	434072511920	BTMPS3678G	25.10.1983 (Age 41)	bhagwat.shelke@gmail.com	9970044345	No
2			Dr. Sachin D. Somwanshi	Professor & HOD	10.09.2018	MBBS 2001	MD 2006	18 Y 02 M	Yes	MUHS/UG/E-1/104104/1119/2025 Dt. 08/12/2025	748762995211	CABPS6855C	10.05.1977 (Age 47)	sachindsomwanshi33@gmail.com	8329555417	No

Sachin D. Somwanshi
Principal
M.I.D.S.R. Dental College,
LATUR

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

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

Phone/Mobile No. :02382-227424 Ext. (107)

Name of the Subject:- Biochemistry

College Code :- 114103

SN	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debar Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	MIDSR Medical College	Biochemistry	Dr. Mahendra Dattatraya Bikkad	Professor	28.02.2003	B.Sc	2003 (M.Sc. Med. Biochemistry) 2009 (PhD Med. Biochemistry)	23	Yes	No.MUHS/UG/E-1/53/1405/926/2017 Dt. 17/03/2017	856974823907	AIBPB5807H	10/06/1976 (48 yrs.)	mahendra.bikkad@yahoo.co.in	9422656833	No
2			Dr. Narayan Bhanudas Narwade	Asso. Professor	13.02.2014	MBBS 2003	M.D. 2012	13	Yes	No.MUHS/UG/E-1/1405/3153/2014 Dt. 08/07/2014	574637480585	AOZPN4996B	15-07-1982 (42 yrs)	dr.nbnarwade@gmail.com	9112791111	No
3			Dr. Mayuri Madhukar Palmate	Asst. Professor	10.01.2023	MBBS 2012	MD - 2018	6	Yes	No.MUHS/UG/E-1/104104/1119/2025 Dt. 08/12/2025	346791060746	CULPP4479B	05.06.1987 (38 yrs)	mayurimpalmate@gmail.com	9421986785	No

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

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College:- MIDSr Dental College, Latur

Phone/Mobile No.: 02382 - 227424/228063

Name of the Subject:- Microbiology

College Code :- 114103

SN	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1	MIDSr Dental College, Latur	Microbiology	Dr. Alka Raghunath Lamture	Professor	25-06-2004	MBBS 1989	MD (Micro)1994	25 yrs	Yes	MUHS/UG/E-1/1405/3153/2014 Date : 08/07/ 2014	931635630922	ACGPL 5969B	6/5/1966 57 Y	alamture100@yahoo.co.in	9403249782
2			Dr. Sanjivani V. Munde	Asso Professor	01.01.2016	MBBS 1996	MD 2015	10 yrs	Yes	MUHS/UG/E-1/104104/1119/2025 Date : 08/12/ 2025	254269813436	AGTPM 1360Q	11.02.1973	sanjutandle@yahoo.com	9850129634

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

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

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

Phone/Mobile No.: 02382 - 227424/228063

Name of the Subject:- GEN.PATHOLOGY

College Code :- 114103

SN	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	MIDSR Medical College	Gen. Pathology	Dr. Jayashree Baswaraj Patil	Professor	06.11.2015	MBBS 2002	M.D. Pathology 2007	18.04 yrs	Yes	MUHS/UG/E-1/104104/1119/2025, dt.08/12/2025	459206983969	AWUPP9140Q	07-07-1979	pawalejaya.shree@gmail.com	9538161007	NO
2			Dr. Abhijit Subhash Acharya	Associate Professor	05.07.2011	MBBS 2002	M.D. 2008	17.04 yrs	Yes	MUHS/UG/E-1/1405/3153/2014, dt.08/07/2014	966487603798	APKPA6611E	21.09.1980	drabhijitacharya@gmail.com	9404651225	NO
3			Dr. Sachin Bhalchandra Ingale	Professor	01.03.2007	MBBS 2001	M.D. 2006	18.09 yrs	Yes	MUHS/UG/E-1/1405/3153/2014, dt.08/07/2014	583284763424	AAWPI9517Q	07.03.1979	dr.sachiningle@gmail.com	9699365380	NO

Sachin Ingale
Principal
M.I.D.S.R. Dental College.
LATUR

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

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

Phone/Mobile No.: 02382 - 227424/228063

Name of the Subject:- Pharmacology

College Code :- 114103

SN	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1	MIDSR Dental College Latur	Pharmacology	Dr. S. M. Kolhe	Asso. Prof	31.08.1996	B.Sc. -1987	Ph.D. Medical Pharmacology - 2016 M.Sc. Medical Pharmacology - 1996	29 Yrs 02 M.	Yes	No.MUHS/UG/E-1/104104/1119/2025, Dated : -08/12/2025	879442919712	AITPK3852F	19-06-1966	drshirishkolhe@gmail.com	9890495660
2			Dr. A.V.Dawari	Asso. Prof	03.01.2015	MBBS-2005	M.D.Pharmacology-2013	11 Yrs	Yes	No.MUHS/UG/E-1/104104/1119/2025, Dated : -08/12/2025	928090931724	BDMPD1249L	25-07-1983	amruta.dawari@gmail.com	8149956432
3			Dr. A. G. Muglikar	Asso. Prof	23.03.2006	MBBS-1997	MD 2004	19 Yrs 06 M	Yes	No.MUHS/UG/E-1/104104/1119/2025, Dated : -08/12/2025	599502581050	AKWPM7940F	16-10-1974	dr.abhijeet2004@yahoo.co.in	9423824128
4			Mrs. J.P.Suryawanshi	Asst. Prof	01.04.2006	B.Sc. 1998	M.Sc. Medical Pharmacology 2003	19 Yrs 10 M.	Yes	No.MUHS/E-1/UG/1405/5202/2007, Dated 22/11/07	961597571579	BBZPS4267E	21-08-1975	jps.jyotim@gmail.com	99755 59881

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

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College:- MIDS Dental College, Latur

Phone/Mobile No. :- 02382 - 228063

Name of the Subject :- General Medicine

SN	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	MIDS Dental College, Latur	General Medicine	Dr.Gajanan Venkatrao Gondhali	Prof.&HOD	08.08.2012	MBBS 2007	MD 2012	12Yrs	Yes	No.MUHS/PG/E-1/1405/431/19 Dt.25/01/2019	2086 7872 9916	AMHPG4493Q	11.05.1984 (41Yrs)	gajanan_2226@yahoo.co.in	8087733314	No
2			Dr. Anilkumar K. Rathi	Asso. Prof.	20.11.2012	MBBS 1985	MD 1989	28.6 Yrs	Yes	No.MUHS/UG/E-1/104104/1119/2025 Dt. 08/12/2025	595985143113	AAOPR1324G	07.08.1964 (61 Yrs)	anilrathi8@gmail.com	9823026433	No
3			Dr. Mazhar Saleem Mirza	Asst. Prof.	11.02.2013	MBBS 1999	MD 2009	10.03 Yrs	Yes	No.MUHS/UG/E-1/1405/3153/2014 Dt. 08/07/2014	870371044348	BATPM0412J	13.11.1973 (52 Yrs)	drmazhar7861@gmail.com	8698849254	No

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

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College :- MIDSr DENTAL COLLEGE, LATUR.

Phone/Mobile No. :- 02382 - 228063

Name of the Subject :- GENERAL SURGERY

Sr. No.	College Name	Subject.	Full name of the Teacher (First Name Middle Name Last Name.)	Designation	Date of Joining	UG- Qualification & Year of Passing	PG- Qualification & Year of Passing	Teaching experience After PG Passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	MIDSr Dental College, Latur.	General Surgery	Dr.Ravindra Nagnathrao Irpatgire	Professor	02.08.2010	MBBS 1999	MS 2005	16 Years 10 Months	Yes	MUHS/UG/E-1/057414/3458/2012 Date - 28.08.2012	445863 050575	ABCPI 5191D	05.06.1976	rirpatgire@redifmail.com	9730933777	No
2			Dr. Nitin Dnyandeo Sarje	Assistant Professor	28.11.2022	MBBS 2012	MS 2019	05 Years 01 Months	Yes	MUHS/UG/E-1/104104/1119/2025 Date - 08.12.2025	442057471670	FQJPS1809H	17.01.1989	dcnit17@gmail.com	8208553916	No
3			Dr. Basavaraj S. Warad	Associate Professor	01.03.1996	MBBS 1984	MS 1989	29 Years 09 Months	Yes	MUHS/UG/E-1/1405/4069/2007 Date - 07.09.2007	349449839570	AABPW3755F	15.04.1959	dr.bswarad@gmail.com	9890066760	No
4			Dr. Avinash B. Badne	Assistant Professor	19.10.2023	MBBS 2004	MS 2008	12 Years 02 Months	Yes	MUHS/UG/E-1/53/1405/400/2017 Date - 02.02.2017	801051554960	ALQPB5609R	07.09.1982	dravinashbadne@gmail.com	9820898468	No

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

Annexure-XVI-B
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College:- **MIDSR Dental College, Latur.**

Phone/Mobile No. : **02382-228063**

Name of the Subject:- **Anaesthesiology**

Sr. No.	College Name	Subject.	Full name of the Teacher (First Name Middle Name Last Name.)	Designation	Date of Joining	UG-Qualification & Year of Passing	PG-Qualification & Year of Passing	Teaching experience After PG Passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	MIDSR Dental College, Latur.	Anaesthesiology	Dr. Patil Bhagwan Marotirao	Professor	30/04/2011	MBBS - 1987	MD - 2000	20 Yrs	Yes	Yes (MUHS/UG/E-1 /057414/ 3458/ 2012) (Date- 28/08/2012)	731719581331	ACEPP8556G	02-10-1964 61 Yrs	drbhags@gmail.co in	9422242601	No
2			Dr. Kavlas Rejesh Shivlingappa	Asso. Professor	12-11-1997	MBBS - 1982	MD - 1995	28 Yrs	Yes	Yes (MUHS/UG/E-1 /1405/ 4069/ 2007) Date-07/092007	429095074010	ALNPK2016Q	08-07-1965 57 Yrs	kavlasraj@gmail.co in	9423913044	No

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

ANNEXURE –XV-C

SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

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

Phone/Mobile No :- 02382-228063

Name of the Subject :- Prosthodontics and Crown & Bridge

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Si	
Sr. No.	College Name	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp. Honorary)	Qualification	University Approveal (UG)	PG Teaching Experience (in the Years and PG)	PG Teacher Recognition (Yes/No)	(Recognition Letter Date issued by University.)	No. of PG Student Guided Last 5 years	Date of Birth	Email ID	Latest Contact Mobile No.	Aadhar Card No.	If debarred, specify) (Yes/No)	
1	Maharashtra Institute of Dental Science & Research (Dental College), Latur	Dr. Susheen. Mahadevrao Gajare	Professor & HOD	Prosthodontics & Crown & Bridge	Regular	MDS	MUHS/E-2/UG/114103/106/2024 Date:18/07/2024	6Y, 8M	Yes	MUHS/E-2PG/114103/130/2024 Date: 2/8/2024	6	26-06-1980	drsusheen26@gmail.com	7744013211	792484005659	No	
2		Dr. Bangar Bhushan. Rajendra	Professor	Prosthodontics & Crown & Bridge	Regular	MDS	MUHS/E-2/UG/114103/314/2025 Date:01/09/2025	9Y 11M	Yes	MUHS/E-2PG/114103/342/2025 Date: 15/10/2025	7	24-04-1977	drbangar@yahoo.com	9423778224	468143549628	No	
3		Dr. Shashi Shivajirao Patil	Professor	Prosthodontics & Crown & Bridge	Regular	MDS	MUHS/E-2UG/114103/314/2025, Date:-01/09/2025	2Y, 6M	Yes	MUHS/E-2PG/114103/1521/2023 Date: 9/6/2023	5	20/6/1985	patishashi@gmail.com	9766869411	500977137352	No	


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

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

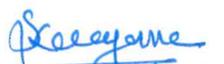
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

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

Phone/Mobile No :- 02382-228063

Name of the Subject :- Conservative Dentistry & Endodontics

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	
Sr. No.	College Name	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp. Honorary)	Qualification	University Approveal (UG)	PG Teaching Experience (in the Years and PG)	PG Teacher Recognition (Yes/No)	(Recognition Letter Date issued by University.)	No. of PG Student Guided Last 5 years	Date of Birth	Email ID	Latest Contact Mobile No.	Aadhar Card No.	If debarred, specify) (Yes/No)	Sign. Teach
1	Maharashtra Institute of Dental Science & Research (Dental College, Latur)	Dr. Kabir Ramchandra Shamsundar	Professor	Conservative Dentistry & Endodontics	Regular	MDS	MUHS/E-2/UG/114103/106/2025. Dated.26/03/2025	12 Y 02 M	Yes	MUHS/E-2/PG/114103/112/2025 Date:01/04/2025	8	14/06/1981 (44 Years)	drramchandrakabir@gmail.com	9920297557	5632 0516 1529	No	
2	Maharashtra Institute of Dental Science & Research (Dental College, Latur)	Dr. Badgire Amol Anandrao	Reader	Conservative Dentistry & Endodontics	Regular	MDS	MUHS/E-2/UG/114103/164/2024 Date.20/09/2024	08 Y 02 M	Yes	MUHS/E-2/PG/114103/191/2024 Date:28/10/2024	5	25/11/1984 (41 Years)	amol.badgire@yahoo.com	9960717444	8911 3219 7134	No	


Principal
4/12/26
M.I.D.S.R. Dental College.
LATUR

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)**

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

Phone/Mobile No :- 02382-228063

Name of the Subject :- Oral and Maxillofacial Surgery

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P		
Sr. No.	College Name	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp. Honorary)	Qualification	University Approved (UG)	PG Teaching Experience (in the Years and PG)	PG Teacher Recognition (Yes/No)	(Recognition Letter Date issued by University.)	No. of PG Student Guided Last 5 years	Date of Birth	Email ID	Latest Contact Mobile No.	Aadhar Card No.	If debarred, specify (Yes/No)	Sig
1	Maharashtra Institute of Dental Science & Research (Dental College, Latur)	Dr. Sheeraz Badal	Professor & HOD	Oral & Maxillofacial Surgery	Regular	MDS	Yes	10Y	Yes	MUHS/E-2/PG/114103/342/2025 Dated : 15/10/2025	5	18/3/1981	sheeraz77@yahoo.com	9049974005	952958975795	No	
2		Dr. Doiphode Amol Madhukar	Professor	Oral & Maxillofacial Surgery	Regular	MDS	Yes	9Y	Yes	MUHS/E-2/PG/114103/342/2025 Dated : 15/10/2025	7	02-09-1984	dramolmd@gmail.com	9975456109	925066371598	No	

Sheeraz
Principal
4/2/26
M.I.D.S.R. Dental College
LATUR

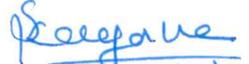
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)**

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

Phone/Mobile No :- 02382-228063

Name of the Subject :- Orthodontics & Dentofacial Orthopedics

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	
Sr. No.	College Name	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp. Honorary)	Qualification	University Approvel (UG)	PG Teaching Experience (in the Years and PG)	PG Teacher Recognition (Yes/No)	(Recognition Letter Date issued by University.)	No. of PG Student Guided Last 5 years	Date of Birth	Email ID	Latest Contact Mobile No.	Aadhar Card No.	If debarred, specify) (Yes/No)	
1	Maharashtra Institute of Dental Science & Research (Dental College, Latur)	Dr. Maroore Pravinkumar Sharanappa	HOD & Professor	Orthodontics	Regular	MDS	No.MUHS/UG/E-2/53/2403/297/2017 Dated - 24/01/2017	10 Y	Yes	No.MUHS/PG/E-2/2403/107/2017 Dated - 05/05/2017	5	01-06-1981	drpravinkumar08@gmail.com	9404366634	2200 0622 4480	No	
2		Dr. Kangane Suresh Kundlikrao	Principal & Professor	Orthodontics	Regular	MDS	No.MUHS/E-2/SSC/2403/13 Dated - 24/06/2013	11 Y 07 M	Yes	No.MUHS/PG/E-2/1438/2014 Dated - 13/06/2014	7	02-05-1975	drsureshkangane@rediffmail.com	9823267063	6857 2122 1800	No	
3		Dr.Joshi Yatishkumar Satyanarayan	Professor	Orthodontics	Regular	MDS, Ph D	No.MUHS/E-2/UG/114103/16/2026 Dated-20/01/2026	08 Y 06 M	Yes	MUHS/E-2/PG/114103/17/2026 Dated-21/01/2026	7	13-06-1984	orthoyatishjoshi@gmail.com	9860636690	9789 3544 3293	No	


Principal 4/2/26
 M.I.D.S.R. Dental College.
 LATUR

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

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

Phone/Mobile No. :

Name of the Subject:- Paediatric & Preventive Dentistry

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/Temp. / Honorary)	Qualification	University Approval at (UG)	PG Teaching Experience (in Years) after PG	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University.)	No. of PG Students Guided last 5 year	Date of Birth	E-mail ID	Mobile No.	Aadhar Card No	If Debarred (Yes/No)	Sig Tea
1	Dr. Dadpe Mahesh Vilasrao	Professor & HOD	Paediatric & Preventive Dentistry	Temp	MDS	MUHS/E-2/UG/114103/314/2025 Date:- 01/09/2025	19 Y 01 M	Yes	MUHS/E-2/PG/114103/342/2025 Date 15/10/2025	7	25-08-1979	drmaheshdadpe@gmail.com	9823733222	3355 8633 7041	No	M
2	Dr.Kale Yogesh Jagannath	Professor	Paediatric & Preventive Dentistry	Regular	MDS	MUHS/UG/E-2/53/2403/297 2017 Date:- 24/01/2017	21 Y 05 M	Yes	MUHS/PG/E-2/2403/1433-A/2017 Date 31/05/2017	6	03-06-1976	dryogesh77@yahoo.com	9890588705	8802 4292 3359	No	J
3	Dr.Dahake Prasanna Trambakrao	Reader	Paediatric & Preventive Dentistry	Temp	MDS	MUHS/E-2/UG/114103/106/2025 Date :- 26/03/2025	15 Y 05 M	Yes	MUHS/E-2/PG/114103/112/2025 Date :- 01/04/2025	4	06-12-1981	prasannadahake@gmail.com	9096027989	7399 5375 3411	No	Pe
4	Dr. Kendre Shrikant Bhujangrao	Reader	Paediatric & Preventive Dentistry	Temp	MDS	MUHS/E-2/UG/114103/314/2025 Date:- 01/09/2025	09 Y 03 M	Yes	MUHS/E-2/PG/114103/342/2025 Date :- 15/10/2025	3	29-05-1988	shri2988@gmail.com	7378539002	5529 7871 5304	No	8

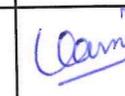
Prasanna
Principal 4/2/26
M.I.D.S.R. Dental College
LATUR

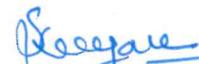
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

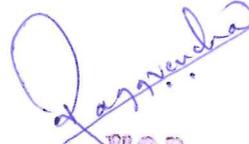
Name of the College:- **MIDSR Dental College, Latur.**

Phone/Mobile No. : **(02382-228083)**

Name of the Subject:- **Periodontology**

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/Temp. / Honorary)	Qualification	University Approval at (UG)	PG Teaching Experience (in Years) after PG	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University.)	No. of PG Students Guided last 5 year	Date of Birth	E-mail ID	Mobile No.	Aadhar Card No	If Debarred (Yes/No)	Sign. of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr. Metri Raghavendra Nagendrappa	Professor	Periodontology	Regular	MDS	Yes	7 Y 2 M	Yes	MUHS/E-2/PG/114103/12/2025 Dated 01/04/2025	4	10/05/1982 (43Y,08 M)	drmetriraghu@gmail.com	9765798877 / 9110283795	6943 6120 0181	No	
3	Dr. Baghele Omkumar Nemichand	Professor	Periodontology	Regular	MDS	Yes	14 Y 11 M	Yes	MUHS/E-2/PG/114103/12/2025 Dated 01/04/2025	4	16/9/1976 (49 Y,4M)	drom94@yahoo.com	9869151242 / 9321019946	8853 9844 1273	No	
4	Dr. Ugale Gauri Mahesh	Professor	Periodontology	Regular	MDS	Yes	9 Y 09 M	Yes	MUHS/E-2/PG/114103/12/2025 Dated 01/04/2025	4	26/1/1978 (48 Y 05 M)	ugalegauri@yahoo.com	9637974180	9975 8302 7540	No	


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Dept. Of Periodontics
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