

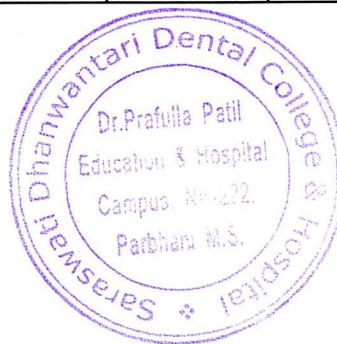
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

Name of the College: Saraswati Dhanwantari Dental College & Hospital, Post Graduate & Research Institute, Parbhani

Phone/Mobile No. : 8830198636 / 9604791034 / 9607957785

Name of the Subject : Conservative Dentistry & Endodontics

SN	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/Temp./Honorary)	Qualification	University Approx at (UG)	PG Teaching Experience (in Years) after PGD	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. VIJAYKUMAR SHIRAGUPPI	HOD & PROFESSOR	Conservative and Endodontics	Regular	MDS 2007	MUHS/E-2/UG/114104/5024/2022 DT-16/11/22	10 years	Yes	MUHS/ E-2/PG/114104/31/2025 dated 29/01/2025	5	22/07/1978	vlshiraguppi@gmail.com	9766120887	840828749228	No	<i>vsignad</i>
2	DR. BHARAT DEOSARKAR	PROFESSOR	Conservative and Endodontics	Regular	MDS 2014	MUHS/E-2/UG/114104/3082/2023 DT-08/11/2023	05 years	yes	MUHS/ E-2/PG/114104/31/2025 dated 29/01/2025	5	16/02/1987	deosarkarbhara16@gmail.com	9975581234	226396270471	No	<i>Dr. Bharat</i>



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& Hospital, Parbhani (M.S.)

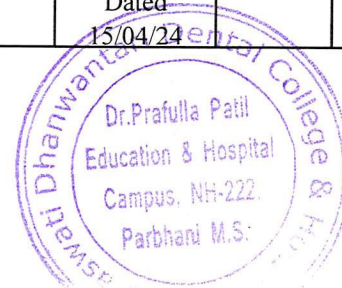
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

Name of the College: Saraswati Dhanwantari Dental College & Hospital, Post Graduate & Research Institute, Parbhani

Phone/Mobile No. : 8830198636 / 9604791034 / 9607957785

Name of the Subject :Periodontology

SN	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/Speciality	Type of Appointment (Regular/Temp./Honorary)	Qualification	University Approx at (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University.)	No. of PG Students Guided last 5 year	Date of Birth	E-mall 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.Roshani Thakur	Professor & H.O.D	Periodontology	Regular	M.D.S	MUHS/E-2/UG/114104/24/2025	18 yr 5 M	Yes	MUHS/E-2/UG/114104/24/2025 Dated: 28/01/2025	5	15-11-78	roshanithakur15@gmail.com	9322400992	377151824869	No	<i>Roshani Thakur</i>
2	Dr.Motilal Jangid	Professor	Periodontology	Regular	M.D.S	MUHS/E-2/UG/114104/3082/2023	12 yrs 5 M	Yes	MUHS/E-2/PG/114104/3306/2023 Dated:12/12/23	4	14-10-83	drmotilaljangid@gmail.com	9822299549	649453105695	No	<i>Motilal Jangid</i>
3	Dr. Ujjwala Makne	Reader	Periodontology	Regular	M.D.S	MUHS/E-2/PG/114104/933/2024	4 yrs 4 m	Yes	MUHS/E-2/PG/114104/933/2024 Dated: 15/04/24	1	22/02/1984	drujjwalamakne@gmail.com	9158199952	357843677786	No	<i>Ujjwala Makne</i>



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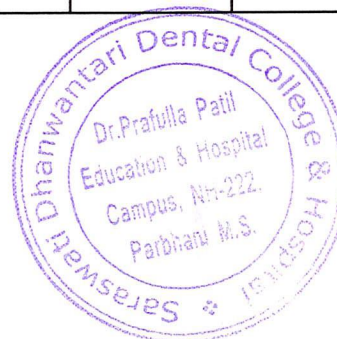
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

Name of the College: Saraswati Dhanwantari Dental College & Hospital, Post Graduate & Research Institute, Parbhani

Phone/Mobile No. : 8830198636 / 9604791034 / 9607957785

Name of the Subject : Department of orthodontics & dentofacial orthopedics

SN	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/Temp. / Honorarium)	Qualification	University Approval (UG)	PG Teaching Experience (in Years) after PGM	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. Archana Jatania	HOD & Professor	Orthodontics	Regular	BDS ,MDS	yes	8 years	yes	MUHS/E- 2/PG/114104/ 3306/2023	13 students	08/02/ 1984	ajatania@hot mail.com	77198 35493	941096 223226	NO	<i>Archie</i>
2	Dr. Manish Dagdiya	Professor	Orthodontics	Regular	BDS ,MDS	yes	7 years	yes	MUHS/E- 2/PG/114104/ 861/2024	01 student	09/02/ 1982	drmanishdag diya@gmail. com	98231 78257	698556 145978	NO	<i>Manish</i>
3	Dr. Swapna Puri	Reader	Orthodontics	Regular	BDS ,MDS	yes	05 years	yes	MUHS/E- 2/PG/114104/ 31/2025	-	04/06/ 1984	dr.swapnapur i@gmail.com	98231 53432	553599 258165	NO	<i>Swapna</i>



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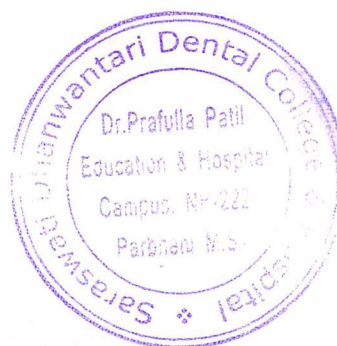
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

Name of the College: Saraswati Dhanwantari Dental College & Hospital, Post Graduate & Research Institute, Parbhani

Phone/Mobile No. : 8830198636 / 9604791034 / 9607957785

Name of the Subject : Oral Medicine & Radiology

SN	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular /Temp. /Honorar y)	Qualificat ion	Univer sity Approx at (UG)	PG Teaching Experien ce (in Years) after PGM	PG Teacher Recopnil ion Yes/No	(Recognition Letter Date issued by University.)	No. of PG Students Guided last 5 year	Date of Birth	E-mall ID	Mobile No.	Aadhar Card No	If Debar red (Yes/ No)	Sign. of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	DR MANGALA RAKARADDI	Prof and Hod	Oral Medicine and Radiology	Regular	MDS	YES	20 years	YES	28-01-25	10	13/07/ 1968	mangalpra bhu94@gm ail.com	94492 94720	351283 155803	No	



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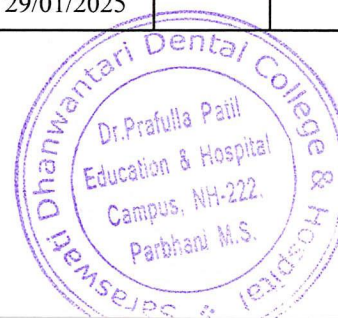
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

Name of the College: Saraswati Dhanwantari Dental College & Hospital, Post Graduate & Research Institute, Parbhani

Phone/Mobile No. : 8830198636 / 9604791034 / 9607957785

Name of the Subject : Oral Pathology and Microbiology

SN	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/Speciality	Type of Appointment (Regular./Temp./Honorary)	Qualification	University Approx at (UG)	PG Teaching Experience (in Years) after PGM	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	Mobil e No.	Aadha r Card No	If Debar red (Yes/No)	Sign. of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr. Namrata Patil	Prof & Head	Oral Pathology	Regular	MDS Oral Pathology	YES MUHS/E-2/UG/114104/24/2025 dated 28/01/2025	13years 7 months	Yes	MUHS/E-2/PG/114104/31/2025 dated 29/01/2025	5	05/08/1984	drnamratanpatil@gmail.com	9604791034	710420524024	No	
2	Dr. Vinita Murgod	Reader	Oral Pathology	Regular	MDS Oral Pathology	YES MUHS/E-2/UG/114104/24/2025 dated 28/01/2025	12years 7 months	Yes	MUHS/E-2/PG/114104/31/2025 dated 29/01/2025	2	25/10/1983	drvinita.murgod@gmail.com	8999854172	984327654878	No	
3	Dr. Pallavi Dashatwar	Reader	Oral Pathology	Regular	MDS Oral Pathology	YES MUHS/E-2/UG/114104/24/2025 dated 28/01/2025	7years	Yes	MUHS/E-2/PG/114104/31/2025 dated 29/01/2025	0	23/09/1982	pallavidashatwar@gmail.com	8888827554	279099409036	No	



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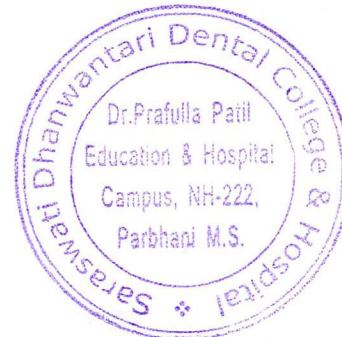
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
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Name of the College: Saraswati Dhanwantari Dental College & Hospital, Post Graduate & Research Institute, Parbhani

Phone/Mobile No. : 8830198636 / 9604791034 / 9607957785

Name of the Subject : Prosthodontics & Crown and Bridge

SN	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/Temp. / Honorar y)	Qualification	University Approx at (UG)	PG Teaching Experience (in Years) after PGD	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 Debar red (Yes/ No)	Sign. of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr. Anilkumar Komuravelli	HOD and Prof	Prosthodontics	Regular	MDS	MUHS/E- 2/UG/114104/2 4/2025 dated 28/01/2025	13 years	yes	MUHS/ E-2/ PG/114104/31/20 25 dated 29/01/25	6	12/09/ 1980	dr.anilkumar @gmail.com	90002 83050	468211 076166	No	
2	Dr. Soniya Niras	Profes sor	Prosthodontics	Regular	MDS	MUHS/E- 2/UG/114104/2 4/2025 dated 28/01/2025	07years	Yes	MUHS/E- 2/PG/114104/31/2 025 D.29/01/2025	6	06/09/ 1987	dr.soniya87 @gmail.com	98906 50306	525152 233887	No	



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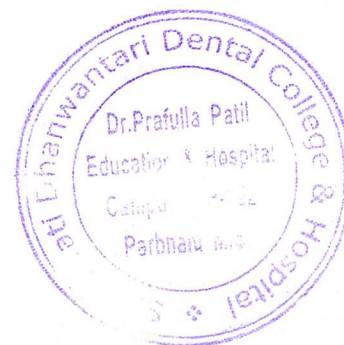
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
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Name of the College: Saraswati Dhanwantari Dental College & Hospital, Post Graduate & Research Institute, Parbhani

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Name of the Subject : Pediatric and Preventive Dentistry

SN	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/Temp. / Honorary)	Qualification	University Approx at (UG)	PG Teaching Experience (in Years) after PGD	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	Mobil e 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. Rehan Khan	Professor & HOD	Pediatric and Preventive Dentistry	Regular	MDS	MUHS/E-2/UG/114104/3082/2023 dt 8/11/2023	12 yrs 6 months	Yes	MUHS/E-2/PG/114104/306/2023 dt 12/12/2023	7	02/03/1983	dent_dr1@rediffmail.com	8237425282	547636832406	No	



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