

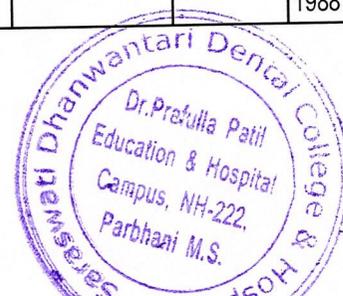
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

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

Phone/Mobile No. : 8830198636 / 9604791034 / 9607957785

Name of the Subject : Prosthodontics Crown & Bridge

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. Anilkumar komuravelli	HOD & Professor	Prosthodontics	Regular	MDS	MUHS/E-2/UG/114104/24/2025 dated-28/01/2025	13 yrs 6 months	Yes	MUHS/E-2/PG/114104/31/2025 dated-29/01/2025	6	12-06-1980	dranilk4@gmail.com	9000283050	468211076166	No	
2	Dr.Soniya Niras	Professor	Prosthodontics	Regular	MDS	MUHS/E-2/UG/114104/24/2025 dated-28/01/2025	7 yrs 6 months	Yes	MUHS/E-2/PG/114104/31/2025 dated-29/01/2025	6	06-09-1987	dr.soniya87@gmail.com	9890650306	525152233887	No	
3	Dr.Charudatta Patil	Professor	Prosthodontics	Regular	MDS	MUHS/E-2/UG/114104/24/2025 dated-28/01/2025	5 yrs 6 months	under Process	under Process	2	29-09-1988	drcharudattapatil@gmail.com	8080070303	895022524339	No	



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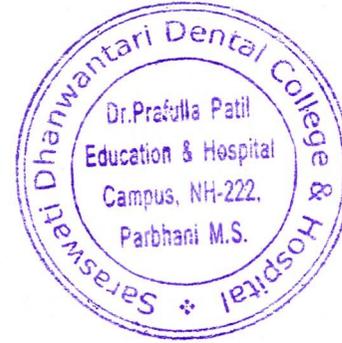
Name of the College: Saraswati Dhanwantari Dental College & Hospital, Post Graduate & Research Institute, Parbhani

Phone/Mobile No. : 8830198636 / 9604791034 / 9607957785

Name of the Subject : 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 L	Professor & HOD	Conservative Dentistry and Endodontics	Regular	MDS	4 years 6 months	12 years	Yes	MUHS/E-2/PG/114104/31/2025 Dated-29/01/2025	5	22-07-1978	vlshiraguppi@gmail.com	9766120887	840828749228	No	<i>Vijay</i>
2	Dr. Bharat Deosarkar	Professor & HOD	Conservative Dentistry and Endodontics	Regular	MDS	4 years	7 years 8 months	Yes	MUHS/E-2/PG/114104/31/2025 Dated-29/01/2025	5	16-02-1987	deosarkar.bharat16@gmail.com	9975581234	226396270471	No	<i>Bharat</i>
3	Dr. Archana Daga	Readers/Associate Professors	Conservative Dentistry and Endodontics	Regular	MDS	4 years	5 years 6 months	Yes	MUHS/E-2/PG/114104/653/2024 dt.20/03/24	-	16-08-1987	drarchanadaga@gmail.com	7387059775	325833962557	No	<i>Archana</i>

4	Shaikh Wasifoddin Alimoddin Chaudhari	Readers/Associate Professors	Conservative Dentistry and Endodontics	Regular	MDS	4 years	2 years 9 months	Yes	MUHS/E-2/PG/114104/31/2025 Dated-29/01/2025	1	16-10-1987	wasifoddin.c haudhari@ya hoo.in	77095 00084	665434 550145	No	
5	Dr. Godavari Nagargoje	Readers/Associate Professors	Conservative Dentistry and Endodontics	Regular	MDS	4 years 8 months	2 years 8 months	Yes	MUHS/E-2/UG/114104/3082/2023	-	12-03-1988	drgodawari1 989@gmail.c om	97306 40970	853362 991413	No	
6	Dr. Akash Agrawal	Readers/Associate Professors	Conservative Dentistry and Endodontics	Regular	MDS	4 years 02 months	3 years 02 months	Yes	MUHS/E-2/PG/114104/31/2025 Dated-29/01/2025	-	02-05-1992	akashagrawal 0502@gmail. com	95953 35578	476463 796104	No	



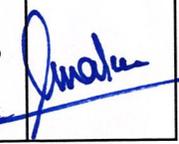

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DEAN
Saraswati Dhanwantari Dental College
& Hospital, Parbhani (M.S.)

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

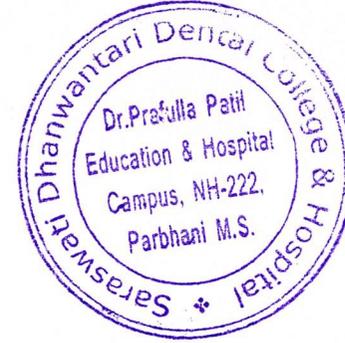
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Name of the Subject :Periodontlogy

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	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	JG/1141	14 yr 3 M	Yes	MUHS/E-2/PG/114104/31/2025 Dated:29/01/2025	10	15-11-1978	roshanithakur15@gmail.com	9322400992	377151824869	No	
2	Dr.Motilal Jangid	Professor	Periodontology	Regular	M.D.S	JG/1141	9 yrs 4 M	Yes	MUHS/E-2/PG/114104/3306/2023 Dated:12/12/23	4	14-10-1983	drmotilaljangid@gmail.com	9822299549	649453105695	No	
3	Dr.Ujjwala Panditrao Makne	Reader	periodontology	Regular	M.D.S	UG/1141	5 yrs 3 month	Yes	MUHS/E-2/PG/114104/933/2024 dated :15/4/2024	3	22-02-1984	drujjwalamakne@gmail.com	9158199952	357843677786	No	

4	Dr.Snehal Nitin Labhshetwar	Reader	periodontolog	Regular	M.D.S	MUHS/ E- 2/UG/1 14104/ 24/202 4	5 yrs 3 month	Yes	MUHS/E- 2/PG/114104/ 31/2025 Dated:29/01/ 2025	1	24-05-1983	snehallabhsh etwar@gmail .com	98239 80906	9253 9253 8862	No	<u>Labhshetwar</u>
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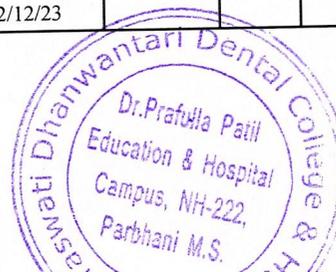
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

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

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Name of the Subject : Orthodontics & Dentofacial Orthopaedics

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.Archana Jatania	Professor and H.O.D	Orthodontics	Regular	M.D.S	Yes	13 years 08months	Yes	MUHS/ E-2/ PG/114104/3306 /23 dated 12/12/23	10	08/02/1984	ajatania@hotmail.com	7719835493	941096223226	No	
2	Dr.Manish Dagdiya	Professor	Orthodontics	Regular	M.D.S	Yes	12 years 1 month	Yes	MUHS/ E-2/ PG/114104/861/24 dated 05/04/24	2	09/02/1982	drmanishdagdiya@gmail.com	9823178257	698556145978	No	
3	Dr.Swapna Puri	Reader	Orthodontics	Regular	M.D.S	Yes	10 Years 6 months	Yes	MUHS/ E-2/ PG/114104/3306 /23 dated 12/12/23	2	4/6/1984	dr.swapnapuri@gmail.com	9823153432	553599258165	No	
4	Dr.Balaji Kendre	Reader	Orthodontics	Regular	M.D.S	Yes	5 yers 4 months	Yes	MUHS/ E-2/ PG/114104/3306 /23 dated 12/12/23	2	31/5/1985	mebalajikendre@gmail.com	8310385708	417050132427	No	



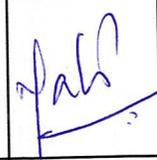
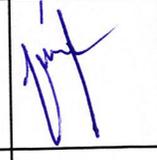
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SD Dental College & Hospital, Parbhani.
Saraswati Dhanwantari Dental College
& Hospital, Parbhani (M.S.)

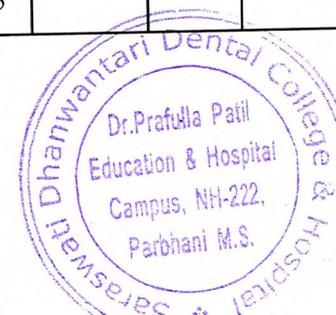
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
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Name of the College: Saraswati Dhanwantari Dental College & Hospital, Post Graduate & Research Institute, Parbhani

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Name of the Subject : 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	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. Namrata Patil	Prof & Head	Oral Pathology	Regular	MDS Oral Pathology	YES MUHS/E-2/UG/114104/24/2025 dated 28/01/2025	14years 7 months	Yes	MUHS/PG/E-2/114104/440/2023 dated 7/02/2023	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	13years 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	9 years	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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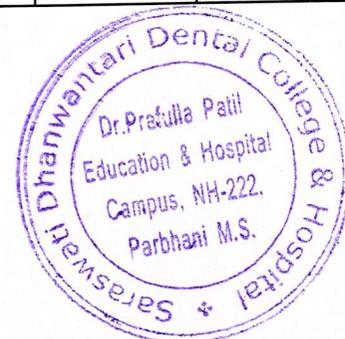
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
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Name of the College: Saraswati Dhanwantari Dental College & Hospital, Post Graduate & Research Institute, Parbhani

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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. / Honorarium)	Qualification	University Approved 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.Mangala Rakaraddi	Professor & HOD	OMDR	Regular	MDS	MUHS/E-2/UG /114104/24/202 5	20YRS 3M	YES	MUHS/E- 2/PG /114104/31/2 025	10	13/07/ 11968	mangalapra bhu94@gm ail.com	94492 94720	351283 155803	NO	
2	Dr.Swati Paraye	Reader	OMDR	Regular	MDS	MUHS/E-2/UG /114104/24/202 5	4 YRS 4M	YES	MUHS/E- 2/PG /114104/31/2 025	4	25/10/ .1989	paraye.swa ti25@gmail .com	98600 45493	870332 569664	NO	



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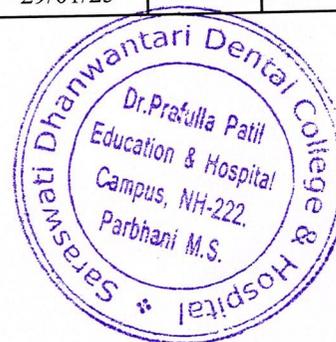
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
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Name of the College: Saraswati Dhanwantari Dental College & Hospital, Post Graduate & Research Institute, Parbhani

Phone/Mobile No. : 8830198636 / 9604791034 / 9607957785

Name of the Subject : 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	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. Rehan Khan	Professor & HOD	Pediatric and Preventive Dentistry	Regular	MDS	MUHS/E-2/UG/114104/3082/2023 dt 8/11/2023	8 years 5 months	Yes	MUHS/E-2/PG/114104/3306/2023 dt 12/12/2023	8	02/03/1983	dent_dr1@rediffmail.com	8237425282	547636832406	No	
2	Dr. Sandeep Dande	Reader	Pediatric and Preventive Dentistry	Regular	MDS	MUHS/E-2/UG/114104/3082/2023 dt 8/11/2023	5 yrs 6month	Yes	MUHS/E-2/PG/114104/31/2025 dt 29/01/25	3	08/07/1985	sandeepdandee85@gmail.com	7350479999	233883383991	NO	



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