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 Surveillience. (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

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 Surveillience	YES

M J Vaneleday
DEAN
Y.M.T. Dental College
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ANNEX - XVI - B

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJECT : Orthodontics & Dentofacial Orthopedics

Sr. No	College Name	Subject	Full Name of the Teachers (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	Aadhar Card No	Pan Card No	Date of Birth (Age in years	Latest E-mail .ID	Contact No (Mob.)	Debarred Yes /No	Sign.of Teacher
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	Orthodontics & Dentofacial Orthopedics	DR. MEGHNA JAYANT VANDEKAR	DEAN , PROFESSOR & HOD ,	01.09.2007	B.D.S.- 1997	M.D.S. - 2001	20 YRS 9 MON.	YES	MUHS/E-2/2104/SSC/4602/2012 DT. 02.11.2012	7468 7754 5511	ABBPV2787M	21.07.74 & Age 48	megsvandekar@gmail.com	9820074916	NO	
2	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	Orthodontics & Dentofacial Orthopedics	DR. VIKRAM SUDHAKAR SHETTY	PROFESSOR	02.05.2008	B.D.S. - 2002	M.D.S. - 2006	16 YRS	YES	MUHS/Acad / Approval/UG & PG/3456/2018 DT. 26.09.2018	8439 3707 6309	AETPV7537E	30.04.77 & AGE 45	drvikramshetty@yahoo.co.in	9870873848	NO	
3	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	Orthodontics & Dentofacial Orthopedics	DR. RAJESH BAJRANGLAL KURIL	PROFESSOR	24.07.2012	B.D.S. - 2001	M.D.S. - 2007	14 YRS 4 MON.	YES	MUHS/ACAD1/APPROVAL/UG&PG/3917/2018 DT. 01.10.2018	6508 7294 9961	BAWPK7967F	03.10.77 & Age 45	rajeshlibran3@yahoo.com	9822361867	NO	
4	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	Orthodontics & Dentofacial Orthopedics	DR. YASH KISHORE SHEKATKAR	READER	21.11.2012	B.D.S. 2007	M.D.S. - 2012	10 YRS 1 MON.	YES	MUHS/Acad / Approval/UG & PG/3456/2018 DT. 26.09.2018	9284 1163 4040	EOAPS1620N	06.09.83 & AGE 39	yash.shekatkar@gmail.com	9167488734	NO	
5	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	Orthodontics & Dentofacial Orthopedics	DR. TEJAS RAJAN POL	READER	01.11.2012	BDS - 2008	M.D.S. - 2012	10 YRS 3 MON.	YES	MUHS/E-2/UG/3254/2022 DT.02.09.2022	2890 7766 5283	ATDPP9163H	30.05.85 AGE 37	tejaspol21@gmail.com	9960499751	NO	

DEAN
Y.M.T. Dental College
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Navi Mumbai - 410 210

ANNEX - XVI - B

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJECT : PROSTHODONTICS

Sr. No	College Name	Subject	Full Name of the Teachers (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	Aadhar Card No	Pan Card No	Date of Birth (Age in years	Latest E-mail .ID	Contact No (Mob.)	Debarred Yes /No	Sign.of Teacher
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PROSTHODONTICS	DR. SALONI SHARAD MISTRY	PROFESSOR & HOD	01.12.2018	B.D.S .1997	M.D.S.- 1999	22 YRS 3 MON.	YES	MUHS/E-2/UG/3254/2022 DT.02.09.2022	9941 2336 2635	AFOPM6885Q	14.12.74 & AGE - 48	salonimistry@ymail.com	9821020083	NO	
2	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PROSTHODONTICS	DR. ANURADHA SACHIN NEMANE	PROFESSOR	27.09.2010	B.D.S . 2003	M.D.S.- 2008	14 YRS 5 MON.	YES	MUHS/E-2/UG/3254/2022 DT.02.09.2022	7967 1861 0521	AIWPN7480R	04.03.82 & Age 40	anuradhanemane@gmail.com	9320223455	NO	
3	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PROSTHODONTICS	Dr.PARMEET BANGA	READER	09.08.2010	B.D.S .2005	M.D.S.- 2010	12 YRS 6 MON.	YES	MUHS/Acad / Approval/UG & PG/3456/2018 DT. 26.09.2018	8160 6105 7298	AKWPB1615J	02.12.82 & Age 40	bangaparmeet@gmail.com	9960433834	NO	
4	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PROSTHODONTICS	DR. OMKAR RAVINDRA SHETE	READER	01.10.2011	BDS - 2006	M.D.S.- 2011	10 YRS 8 MON.	YES	MUHS/E-2/UG/3254/2022 DT.02.09.2022	8331 0276 8503	DAYPS7076B	01.03.85 AGE 37	omkarrshete@gmail.com	9823599550	NO	
5	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PROSTHODONTICS	DR. VINAYKUMAR RMESH DOLE	READER	25.04.2015	BDS - 2010	M.D.S.- 2014	7 YRS 9 MON. 7 DAYS	YES	MUHS/E-2/UG/3254/2022 DT.02.09.2022	4846 5066 1377	APDPD1589F	02.04.86 AGE 36	vinaydole789@gmail.com	9096169959	NO	
6	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PROSTHODONTICS	DR. SAUMIL CHETAN SAMPAT	READER	03.10.2017	BDS - 2009	M.D.S.- 2013	5 YRS 4 MON.	YES	YES TEMP. APPROVAL IS IN PROCESS VIDE LETTER NO YMTDC/591/2023 DT. 08.02.23	4510 1467 3087	BHIPS0075H	02.08.85 & AGE 37	saumil.sampat@gmail.com	9930112532	NO	

M J Vaidekar
DEAN
Y.M.T. Dental College
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Navi Mumbai - 410 210

ANNEX - XVI - B

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

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJEC CONSERVATIVE DENTISTRY

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appoinment (Regular/ Temp. Honorary)	Qualification	University Approveal (UG)	PG Teaching Experience (in Years after PG)	PG Teacher Recognition (Yes/No)	(Recognition Letter Date issued by University.)	No. of PG Student Guided Last 5 years	Date of Birth & AGE	Latest Email Address	Latest Contact Mobile No.	Aadhar Card No.	If debarred, (Yes/No)	Sign. of Teacher
1	DR.HEGDE VIBHA RAHUL	PROFESSOR& HOD 22.08.2007	M.D.S- 1996 CONSERVATIVE DENTISTRY	Regular	M.D.S.	YES	13 YRS 1 MON.	YES	MUHS /E-2/PG/2104/172// 2010 DATE 28.01.2010	10	26.01.71 & Age - 52	vibhahegde26@gmail.com	7400465066	3988 2351 4900	NO	
2	.DR.VAIDYA MRUNALINI JITENDRA	PROFESSOR 27.10.2014	M.D.S- 1998 CONSERVATIVE DENTISTRY	Regular	M.D.S.	YES	10 YRS 7 MON.	YES	MUHS/E-2/PG/3391/222 DT. 20.09.2022	9	21.03.74 AGE 48	drmrunalvaidya@gmail.com	9821336448	2039 9283 1286	NO	
3	DR. FANIBUNDA USHAINA ERUCH	READER 17.06.2013	M.D.S- 2006 CONSERVATIVE DENTISTRY	Regular	M.D.S.	YES	8 YRS 10 MON.	YES	MUHS/PG/E-2/2104/3721/15 DATE 17.10.2015	5	12.12.78 & Age 45	ushaina@gmail.com	9867052493	4570 4663 6058	NO	
4	DR. JAIN ASHWIN NIRANJANLAL	READER 15.06.2009	M.D.S- 2009 CONSERVATIVE DENTISTRY	Regular	M.D.S.	YES	7 YRS 10 MON.	YES	MUHS /PG/ E-2/4386/2018 DT. 07.12.2018	1	20.07.82 & Age 40	drashwinjain@gmail.com	9320155639	3130 5392 6677	NO	
5	DR. RICHHAWAL ANIL	READER 31.07.2018	M.D.S- 2013 CONSERVATIVE DENTISTRY	Regular	M.D.S.	YES	4 YRS 1 MON.	YES	MUHS /PG/ E-2/4386/2018 DT. 07.12.2018	--	09.05.84 & AGE 38	dranildentist9@gmail.com	9867347076	7889 1930 7333	NO	
6	DR. SANE SATISH VILAS	READER 11.01.2021	M.D.S- 2016 CONSERVATIVE DENTISTRY	Regular	M.D.S.	YES	2 YRS 1 MON.	YES	YES TEMP. APPROVAL IS IN PROCESS VIDE LETTER NO YMTDC/592/2023 DT. 08.02.23	--	30.01.89 & AGE 34	satish.sane@gmail.com	9766148695	2545 5428 5463	NO	

M.J. Wandekar
DEAN
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ANNEX - XVI-B

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJECT : ORAL PATHOLOGY & MICROBIOLOGY

Sr. No	College Name	Subject	Full Name of the Teachers (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	Aadhar Card No	Pan Card No	Date of Birth (Age in years	Latest E-mail .ID	Contact No (Mob.)	Debarred Yes /No	Sign.of Teacher
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	ORAL PATHOLOGY & MICROBIOLOGY	DR.SANGEETA RAJESH PATANKAR	PROFESSOR & HOD	01.03.2001	B.D.S. - 1987	M.D.S - 1992	28 YRS 8 MON.	YES	MUHS/E-2/2104/3565 DT. 05.08.2006	4303 5711 0384	AAZPP1649P	15.03.66 & Age 56	patankar.sangeeta15@gmail.com	9819173715	NO	
2	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	ORAL PATHOLOGY & MICROBIOLOGY	DR.SHEETAL KORDE CHOUDHARI	PROFESSOR	15.09.2008	B.D.S. 2000	M.D.S. 2008	14 YRS 10 MON.	YES	MUHS/ACAD1/APPROVAL/UG&PG/3917/2018 DT. 01.10.2018	5467 6267 637	ALTPC9628G	08.09.79 & Age 43	kordesheetal@yahoo.co.in	9819331220	NO	
3	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	ORAL PATHOLOGY & MICROBIOLOGY	DR. GOKUL SRIDHARAN	READER	01.04.2011	B.D.S. 2004	M.D.S. 2009	13 YRS 5 MON.	YES	MUHS/Acad / Approval/UG & PG/3456/2018 DT. 26.09.2018	9524 3177 0478	ASOPG6539N	16.03.82 & AGE 40	drgokuls@gmail.com	9022792310	NO	
4	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	ORAL PATHOLOGY & MICROBIOLOGY	DR. SHUBHRA SHARMA	READER	08.04.2017	BDS 2005	M.D.S. 2010	12 YRS 4 MON.	NO	--	2018 1216 1499	BIYES0474H	18.09.81 & Age 41	drshubhra18@gmail.com	9320450006	NO	

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Annex-XVI-B

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJECT : ORAL & MAXILLOFACIAL SURGERY

Sr. No	College Name	Subject	Full Name of the Teachers (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	Aadhar Card No	Pan Card No	Date of Birth (Age in years	Latest E-mail .ID	Contact No (Mob.)	Debarred Yes /No	Sign.of Teacher
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	ORAL & MAXILLOFACIAL SURGERY	DR. SHREYAS HEMCHANDRA GUPTE	PROFESSOR & HOD	21.01.2011	BDS 1996	M.D.S. 2001	17 YRS 10 MON.	YES	MUHS/Acad / Approval/UG & PG/3456/2018 DT. 26.09.2018	8594 1459 6310	AHSPG7097A	06.01.75 & AGE 48	gshrey75@gmail.com	9819583044	NO	
2	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	ORAL & MAXILLOFACIAL SURGERY	DR. HIRKANI RAVINDRA ATTARDE	PROFESSOR	01.12.2016	BDS 2005	M.D.S. - 2010	13 YRS	YES	MUHS/E-2/UG/3254/2022 DT.02.09.2022	6196 22645 3809	APHPA8548R	02.02.83 & Age 39	hirkaniattarde@gmail.com	7506922012	NO	
3	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	ORAL & MAXILLOFACIAL SURGERY	DR. RINKU DEEPAK KALRA	READER	10.03.2011	BDS 2001	M.D.S. 2010	11 YRS 10 MON.	YES	MUHS/Acad / Approval/UG & PG/3456/2018 DT. 26.09.2018	9707 7516 6093	ARYPK3232B	28.10.78 & age 44	drrinkukalra@gmail.com	9167391340	NO	
4	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	ORAL & MAXILLOFACIAL SURGERY	DR. HARSHAL NARENDRA SURYAVANSHI	READER	04.10.2011	BDS 2005	M.D.S. 2011	11 YRS 6 MON.	YES	MUHS/Acad / Approval/UG & PG/3456/2018 DT. 26.09.2018	2058 2314 1052	BKWPS2678M	29.07.84 & age 38	drharshal@live.com	9764595557	NO	
5	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	ORAL & MAXILLOFACIAL SURGERY	DR. THOMSON D'CRUZ	READER	16.12.2019	BDS 2009	M.D.S. 2014	5 YRS 10 MON.	YES	MUHS/E-2/UG/3254/2022 DT.02.09.2022	3670 5986 6047	AXLPD5443J	04.12.87 & age 35	thompsondcruz@gmail.com	7738685780	NO	
6	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	ORAL & MAXILLOFACIAL SURGERY	DR. AISHWARYA RAJESNDRA CHOUDHARI	READER	01.09.2018	BDS 2013	M.D.S. 2018	4 YRS 4 MON.	YES	YES TEMP. APPROVAL IS IN PROCESS VIDE LETTER NO YMTDC/591/2023 DT. 08.02.23	6369 2740 7123	AKJPC4022F	07.08.90 & age 32	drayeshwarya@gmail.com	9922914988	NO	

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ANNEX- XVI-B

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJECT : PERIODONTICS

Sr. No	College Name	Subject	Full Name of the Teachers (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	Aadhar Card No	Pan Card No	Date of Birth (Age in years	Latest E-mail .ID	Contact No (Mob.)	Debarred Yes /No	Sign.of Teacher
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PERIODONTICS	DR.AMIT RAJKUMAR BENJAMINI	PROFESSOR & HOD	02.07.2010	B.D.S . 1996	M.D.S. 2006	16 YRS 7 MON.	YES	MUHS/E-2/UG/3254/2022 DT.02.09.2022	4744 1079 2517	ADDPB0902G	01.08.75 AGE 47	amitbenjamin@yahoo.com	9323031872	NO	
2	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PERIODONTICS	DR.RIZWAN M .SANADI	PROFESSOR	01.11.2010	B.D.S. 1999	M.D.S. 2005	17 YRS 6 MON.	YES	MUHS/UG/E-2/2104/2436 DT. .24.06.2015	2738 5538 4634	BEEPS2949H	28.04.77 AGE 45	drriz28@yahoo.com	9730858235	NO	
3	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PERIODONTICS	DR. KAVITA GAJANAN POL	PROFESSOR	02.07.2010	B.D.S. 2005	M.D.S. 2010	12 YRS 7 MON.	YES	YES TEMP. APPROVAL IS IN PROCESS VIDE LETTER NO YMTDC/591/2023 DT. 08.02.23	5549 1449 3072	AJFPM6363E	12.10.80 AGE 42	kavitagpol@yahoo.co.in	9820618812	NO	
4	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PERIODONTICS	DR NUPUR SAROJKUMAR SAH	READER	08.07.2008	B.D.S . 2002	M.D.S. 2008	14 YRS 5 MON.	YES	MUHS/Acad / Approval/UG & PG/3456/2018 DT. 26.09.2018	8506 5113 0653	BABPS0371L	02.12.79 AGE 43	sahnupur02@gmail.com	9769048494	NO	
5	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PERIODONTICS	DR. TUSHAR PATHAK	READER	15.06.2017	BDS 2005	M.D.S. 2011	11 YRS 5 MON	YES	MUHS/E-2/UG/3254/2022 DT.02.09.2022	5162 6768 9551	AQGPP8149R	23.08.82 & AGE 40	tusharpathak5@gmail.com	8097198054	NO	
6	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PERIODONTICS	DR. KARTHIK BALASUBRAMANIAN	READER	01.06.2016	BDS 2007	M.D.S. 2012	6 YRS 7 MON.	YES	YES TEMP. APPROVAL IS IN PROCESS VIDE LETTER NO YMTDC/591/2023 DT. 08.02.23	6288 2671 5358	ASPPB7516B	08.03.84 & AGE 38	dr.kb84@gmail.com	8454973333	NO	

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Annex XVI-B

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJECT : PEDODONTICS

Sr. No	College Name	Subject	Full Name of the Teachers (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	Aadhar Card No	Pan Card No	Date of Birth (Age in years	Latest E-mail .ID	Contact No (Mob.)	Debarred Yes /No	Sign.of Teacher
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PEDODONTICS	DR.AMAR NARAYAN KATRE	PROFESSOR & HOD	07.10.2013	B.D.S.- 2000	M.D.S. 2004	17 YRS 6 MON.	YES	MUHS/E-2/UG/3254/2022 DT.02.09.2022	4140 8320 5357	AMYPK5667M	04.01.78 AGE 45 YRS	amar_katre@hotmail.com	9821540186	NO	
2	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PEDODONTICS	DR. SUBHADRA H.N.	PROFESSOR	01.10.2014	B.D.S. 2002	M.D.S. - 2006	16 YRS 1 MON.	YES	YES TEMP. APPROVAL IS IN PROCESS VIDE LETTER NO YMTDC/591/2023 DT. 08.02.23	8656 6318 3396	AFZPN1984Q	22.05.78 & AGE 44	drsubhadrahn@yahoo.co.in	9870818852	NO	
3	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PEDODONTICS	DR. ROSHNI CHANDRAN	READER	01.08.2016	BDS - 2011	M.D.S. - 2015	6 YRS 6 MON	YES	YES TEMP. APPROVAL IS IN PROCESS VIDE LETTER NO YMTDC/591/2023 DT. 08.02.23	5706 4677 0182	BBRPN3939E	09.06.88 & AGE 35	roshnichandrann@gmail.com	8408844699	NO	
4	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PEDODONTICS	DR. POOJA SHIVASHARAN	READER	01.09.2018	BDS - 2011	M.D.S. - 2016	5 YRS 1 MON.	YES	YES TEMP. APPROVAL IS IN PROCESS VIDE LETTER NO YMTDC/591/2023 DT. 08.02.23	8296 1492 6246	DVPPS1188L	24.11.89 & AGE 33	dr.poojashivasharan@gmail.com	9960622964	NO	
5	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PEDODONTICS	DR. INDU MIRIAM VARKEY	READER	20.07.2022	BDS - 2009	M.D.S. - 2013	9 YRS 1 MON.	YES	YES TEMP. APPROVAL IS IN PROCESS VIDE LETTER NO YMTDC/591/2023 DT. 08.02.23	4606 1403 3624	ALFPV1342J	01.11.84 & AGE 38	induvarkey08@gmail.com	9619486124	NO	

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Annex-XVI-B

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJECT : ORAL MEDICINE & RADIOLOGY

Sr. No	College Name	Subject	Full Name of the Teachers (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	Aadhar Card No	Pan Card No	Date of Birth (Age in years	Latest E-mail .ID	Contact No (Mob.)	Debarred Yes /No	Sign.of Teacher
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	ORAL MEDICINE & RADIOLOGY	DR. DEEPA DAS ACHATH	PROFESSOR	28.10.2009	B.D.S. 1997	M.D.S. 2001	20 YRS 1 MON	YES	MUHS/Acad / Approval/UG & PG/3456/2018 DT. 26.09.2018	7212 1390 0925	AHPPA7000A	09.05.72 & AGE 50	hari.kuttan1@gmail.com	9969984637	NO	
2	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	ORAL MEDICINE & RADIOLOGY	DR. AMITA RAHUL NAVALKAR	READER	14.08.2007	B.D.S. 1996	M.D.S. 1999	22 YRS	YES	MUHS/E-2/2104/3349/2009 DT.02.12.2009	4142 8285 0364	ABSPJ2557Q	26.08.74 & Age 48	amitanavalkar@gmail.com	9619189031	NO	
4	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	ORAL MEDICINE & RADIOLOGY	DR. BHAKTI VIJAY PATIL	READER	14.10.2013	B.D.S 2006.	M.D.S. 2013	9 YRS	YES	MUHS/Acad / Approval/UG & PG/3456/2018 DT. 26.09.2018	4914 6980 2456	ATIPP4767G	04.09.84 & AGE 38	bhakti04@gmail.com	8422999156	NO	

M J Vandekar

DEAN
Y.M.T. Dental College
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Annex - XVI-B

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJECT : PUBLIC HEALTH DENTISTRY

Sr. No	College Name	Subject	Full Name of the Teachers (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	Aadhar Card No	Pan Card No	Date of Birth (Age in years	Latest E-mail .ID	Contact No (Mob.)	Debarred Yes /No	Sign.of Teacher
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PUBLIC HEALTH DENTISTRY	DR. MANJIRI DESHMUKH	READER	12.01.2022	BDS-2009	MDS - 2015	4 YRS 8 MON.	--	--	6304 9878 3477	ASQPD3627G	03.04.87	deshmukh.manjiri@gmail.com	9970034175	NO	
2	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PUBLIC HEALTH DENTISTRY	DR. VAIBHAV KUMAR	READER	01.02.2023	BDS-2012	MDS - 2017	5 YRS	--	YES TEMP. APPROVAL IS IN PROCESS VIDE LETTER NO YMTDC/591/2023 DT. 08.02.23	6951 2192 1105	BJSPK7136H	01.11.89	drvaibhav1989@gmail.com	9742501587	NO	

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Navi Mumbai - 410 210

Annex-XVI-B

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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJECT : ANATOMY

Sr. No	College Name	Subject	Full Name of the Teachers (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	Aadhar Card No	Pan Card No	Date of Birth (Age in years	Latest E-mail .ID	Contact No (Mob.)	Debarred Yes /No	Sign.of Teacher
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	ANATOMY	DR. SILOTRY NAZMEEN NISAR	PROFESSOR	01.11.2014	MBBS -1999	M.S. 2005	17 YRS 6 MON.	YES	MUHS/Acad / Approval/UG & PG/3456/2018 DT. 26.09.2018	5075 0347 8572	BBHPS4809J	18.06.75	dr.naaz75@gmail.com	9619182248	NO	

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Annex-XVI-B

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJECT : PHYSIOLOGY

Sr. No	College Name	Subject	Full Name of the Teachers (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	Aadhar Card No	Pan Card No	Date of Birth (Age in years	Latest E-mail .ID	Contact No (Mob.)	Debarred Yes /No	Sign.of Teacher
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PHYSIOLOGY	DR. ANIRUDDHA RAMCHANDRA JOSHI	PROFESSOR	01.08.2016	MBBS -1978	M.D. 1983	39 YRS 6 MON.	YES	MUHS/Acad / Approval/UG & PG/3456/2018 DT. 26.09.2018	3747 7529 1067	AASPJ0459Q	14.02.56	aniruddharaj@hotmail.com	9423523322	NO	Joshi

M J Vaidekar

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Annex-XVI-B

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJECT : BIOCHEMISTRY

Sr. No	College Name	Subject	Full Name of the Teachers (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	Aadhar Card No	Pan Card No	Date of Birth (Age in years	Latest E-mail .ID	Contact No (Mob.)	Debarred Yes /No	Sign.of Teacher
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	BIOCHEMISTRY	DR. ABDUL SAMAD AZIZ	READER	16.02.2021	M.Sc - 1995	Ph D (Medical Biochemistry 2016)	21 YRS 5 MON.	YES	MUHS/E-2/UG/748/2022 DT. 25.03.2022	4190 1885 1497	AGIPA7234N	05.05.72	samadaziz79@gmail.com	9823375529	NO	

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Annex -XVI-B

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJECT : PATHOLOGY

Sr. No	College Name	Subject	Full Name of the Teachers (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	Aadhar Card No	Pan Card No	Date of Birth (Age in years	Latest E-mail .ID	Contact No (Mob.)	Debarred Yes /No	Sign.of Teacher
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PATHOLOGY	DR.CHANDRASHEKAR BABAN BANGAR	READER	01.02.2007	MBBS - 1982	M.D. 1992 PATHOLOGY	14 YRS 8 MON.	YES	YES TEMP. APPROVAL IS IN PROCESS VIDE LETTER NO YMTDC/591/2023 DT. 08.02.23	5215 7224 1353	ABYPB8375N	05.04.59	drcbangar@yahoo.com	9892006877	NO	

MJ Vadeda

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Annex - XVI-B

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJECT : MICROBIOLOGY

Sr. No	College Name	Subject	Full Name of the Teachers (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	Aadhar Card No	Pan Card No	Date of Birth (Age in years	Latest E-mail .ID	Contact No (Mob.)	Debarred Yes /No	Sign.of Teacher
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	MICROBIOLOGY	DR. ROOPA VISWANATHAN IYER	READER	01.02.2020	MBBS - 1997	M.D. 2000 MICROBIOLOGY	9 YRS 7 MON.	YES	MUHS/E-2/UG/748/2022 DT. 25.03.2022	3752 6593 3063	AAGPI9516D	29.07.73	ruvishy2000@gmail.com	9619444028	NO	

M J Vandekar

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Y.M.T. Dental College
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Sector -4, kharghar,
Navi Mumbai - 410 210

Annex - XVI-B

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJECT : PHARMACOLOGY

Sr. No	College Name	Subject	Full Name of the Teachers (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	Aadhar Card No	Pan Card No	Date of Birth (Age in years	Latest E-mail .ID	Contact No (Mob.)	Debarred Yes /No	Sign.of Teacher
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	PHARMACOLOGY	DR. ANITA DEEPAK CHHIBBA	PROFESSOR	01.08.2022	M.B.B.S. 1978	M.D. 1994 PHARMACOLOGY	18 YRS 3 MON.	YES	YES TEMP. APPROVAL IS IN PROCESS VIDE LETTER NO YMTDC/591/2023 DT. 08.02.23	AADPC5920C	5857 7012 0606	31.05.57 AGE	anita.chhibba@gmail.com	9820641834	NO	Chhibba

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Annex-XVI-B

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJECT : GENERAL MEDICINE

Sr. No	College Name	Subject	Full Name of the Teachers (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	Aadhar Card No	Pan Card No	Date of Birth (Age in years	Latest E-mail .ID	Contact No (Mob.)	Debarred Yes /No	Sign.of Teacher
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	GENERAL MEDICINE	DR. S. RAMNATHAN IYER	READER	15.02.2011	MBBS - 1974	M.D.- 1978	12 YRS 6 MON.	YES	MUHS/Acad / Approval/UG & PG/3456/2018 DT. 26.09.2018	3349 6213 1290	AABP8347P	20.09.52	sramiyer@gmail.com	9820143970	NO	

MJ Vaneleka

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Annex- XVI-B

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJECT : GENERAL SURGERY

Sr. No	College Name	Subject	Full Name of the Teachers (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	Aadhar Card No	Pan Card No	Date of Birth (Age in years	Latest E-mail .ID	Contact No (Mob.)	Debarred Yes /No	Sign.of Teacher
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	GENERAL SURGERY	DR.RAJEEV KUMAR NARESHKUMAR PALVIA	READER	01.01.2013	M.B.B.S 1992	M.S. 1997 GENERAL SURGERY	10 YRS 7 MON.	YES	MUHS/E-2/UG/748/2022 DT. 25.03.2022	4349 7772 1958	AAPP5479R	16.05.71	rnpalvia@redfimail.com	9773845101	NO	

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ANNX - XVI - C

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG COURSES)

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUI Orthodontics & Dentofacial Orthopedics

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appoinment (Regular/ Temp. Honorary)	Qualification	University Approveal (UG)	PG Teaching Experience (in Years after PG)	PG Teacher Recognition (Yes/No)	(Recognition Letter Date issued by University.)	No. of PG Student Guided Last 5 years	Date of Birth & AGE	Latest Email Address	Latest Contact Mobile No.	Aadhar Card No.	If debarred, (Yes/No)	Sign. of Teacher
1	DR. VANDEKAR MEGHNA JAYANT	PROFESSOR 01.10.2010	M.D.S. - 2001 ORTHODONTICS	Regular	M.D.S.	YES	12 YRS 10 MON.	YES	MUHS/PPG/E-2/41/13 DATE 05.01.2013	10	21.07.74 & Age 48	megsvandekar@gmail.com	9820074916	7468 7754 5511	NO	
2	DR. SHETTY VIKRAM SUDHAKAR	PROFESSOR 01.06.2016	M.D.S. - 2006 ORTHODONTICS	Regular	M.D.S.	YES	8 YRS 6 MON.	YES	MUHS /PG/ E-2/4386/2018 DT. 07.12.2018	10	30.04.77 & AGE 45	drvikramshetty@yahoo.co.in	9870873848	8439 3707 6309	NO	
3	DR. KURIL RAJESH BAJRANGLAL	PROFESSOR 15.03.2018	M.D.S. - 2007 ORTHODONTICS	Regular	M.D.S.	YES	8 YRS 6 MON.	YES	MUHS/PG/E-2/4737/2018 DT. 31.12.2018	4	03.10.77 & Age 45	rajeshlibran3@yahoo.com	9822361867	6508 7294 9961	NO	
4	DR. SHEKATKAR YASH KISHORE	READER 01.07.2017	M.D.S. - 2012 ORTHODONTICS	Regular	M.D.S.	YES	4 YRS 1 MON.	YES	MUHS /PG/ E-2/4386/2018 DT. 07.12.2018	1	06.09.83 & AGE 39	yash.shekatkar@gmail.com	9167488734	9264 1163 4040	NO	
	DR. POL TEJAS RAJAN	READER 01.12.2018	M.D.S. - 2012 ORTHODONTICS	Regular	M.D.S.	YES	3 YRS 9 MON.	YES	MUHS/E-2/PG/3391/222 DT. 20.09.2022	1	30.05.85 AGE 37	tejaspol21@gmail.com	9960499751	2890 7766 5283	NO	

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ANNX - XVI-C

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

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJEC PROSTHODONTICS

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appoinment (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 & AGE	Latest Email Address	Latest Contact Mobile No.	Aadhar Card No.	Remarks (If debarred, specify) (Yes/No)	Sign. Of Teacher
1	DR. MISTRY SALONI SUDHIR	PROFESSOR 01.12.2018	M.D.S.- 1999 PROSTHODONTCS	Regular	M.D.S.	YES	11 YRS	YES	MUHS/E-2/PG/3391/222 DT. 20.09.2022	10	14.12.74 & AGE - 48	salonimistry@ymail.com	9821020083	9941 2336 2635	NO	
3	DR. NEMANE ANURADHA SACHIN NEMANE	PROFESSOR 07.05.2019	M.D.S.- 2008 PROSTHODONTCS	Regular	M.D.S.	YES	9 YRS 1 MON.	YES	MUHS/E-2/PG/3391/222 DT. 20.09.2022	6	04.03.82 & Age 40	anuradhanemane@gmail.com	9320223455	7967 1861 0521	NO	
3	Dr.BANGA PARMEET SINGH	READER 01.09.2014	M.D.S.- 2010 PROSTHODONTCS	Regular	M.D.S.	YES	4 YRS 8 MON.	YES	MUHS /PG/ E-2/4386/2018 DT. 07.12.2018	2	02.12.82 & Age 40	bangaparmeet@gmail.com	9960433834	8160 6105 7298	NO	
4	DR. SHETE OMKAR RAVINDRA	READER 01.07.2016	M.D.S.- 2011 PROSTHODONTCS	Regular	M.D.S.	YES	3 YRS 1 MON.	YES	MUHS/E-2/PG/3391/222 DT. 20.09.2022	1	01.03.85 AGE 37	omkarrshete@gmail.com	9823599550	8331 0276 8503	NO	
5	DR. DOLE VINAYKUMAR RAMESH	READER 01.07.2019	M.D.S.- 2014 PROSTHODONTCS	Regular	M.D.S.	YES	3 YRS 4 MON.	YES	MUHS/E-2/PG/3391/222 DT. 20.09.2022	1	02.04.86 AGE 36	vinaydole789@gmail.com	9096169959	4846 5066 1377	NO	
6	DR. SAUMIL SAMPAT	READER 01.10.2022	M.D.S.- 2013 PROSTHODONTCS	Regular	M.D.S.	YES TEMP. APPROVAL IS IN PROCESS VIDE LETTER NO YMTDC/591 /2023 DT. 08.02.23	--	IN PROCESS	YES TEMP. APPROVAL IS IN PROCESS VIDE LETTER NO YMTDC/592/23 DT. 08.02.23	--	02.08.85 & AGE 37	saumil.sampat@gmail.com	9930112532	4510 1467 3087	NO	

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ANNX -XVI-C

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG COURSES)

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJECT : CONSERVATIVE DENTISTRY & ENDODONTICS

Sr. No	College Name	Subject	Full Name of the Teachers (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	Aadhar Card No	Pan Card No	Date of Birth (Age in years	Latest E-mail .ID	Contact No (Mob.)	Debarred Yes /No	Sign.of Teacher
1	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	CONSERVATIVE DENTISTRY & ENDODONTICS	DR.VIBHA RAHUL HEGDE	PROFESSOR & HOD	22.08.2007	B.D.S.- 1992	M.D.S- 1996	27 YRS 8 MON.	YES	MUHS/E-2/2104/3349/2009/ DT 02.12.2009	3988 2351 4900	AARPH4545C	26.01.71 & Age - 52	vibhahegde26@gmail.com	7400465066	NO	
2	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	CONSERVATIVE DENTISTRY & ENDODONTICS	.DR.MRUNALINI JITENDRA VAIDYA	PROFESSOR	15.05.2008	B.D.S.- 1996	M.D.S- 1998	22 YRS 11 MON.	YES	MUHS/E-2/UG/3254/2022 DT.02.09.2022	2039 9283 1286	AGKPK7969G	21.03.74 AGE 48	drmrunalvaidya@gmail.com	9821336448	NO	
3	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	CONSERVATIVE DENTISTRY & ENDODONTICS	DR. USHAINA ERUCH FANIBUNDA	READER	17.06.2013	B.D.S. 2000	M.D.S- 2006	15 YRS 8 MON.	YES	MUHS/UG/E-2/2104/2436 DTAE .24.06.2015	4570 4663 6058	AABPF2222Q	12.12.78 & Age 45	ushaina@gmail.com	9867052493	NO	
4	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	CONSERVATIVE DENTISTRY & ENDODONTICS	DR. ASHWIN NIRANJANLAL JAIN	READER	15.06.2009	B.D.S. 2005	M.D.S- 2009	13 YRS 6 MON. 15 DAYS	YES	MUHS/Acad / Approval/UG & PG/3456/2018 DT. 26.09.2018	3130 5392 6677	AMAPJ2098P	20.07.82 & Age 40	drashwinjain@gmail.com	9819102243	NO	
5	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	CONSERVATIVE DENTISTRY & ENDODONTICS	DR. ANIL PRAKASH RICHHAWAL	READER	25.04.2015	B.D.S. 2008	M.D.S- 2013	9 YRS	YES	MUHS/Acad / Approval/UG & PG/3456/2018 DT. 26.09.2018	7889 1930 7333	ASNPR1756R	09.05.84 & AGE 38	dranildentist9@gmail.com	9867347076	NO	
6	DR. G.D.POL Foundation Y.M.T. Dental College & Hospital	CONSERVATIVE DENTISTRY & ENDODONTICS	DR. SATISH VILAS SANE	READER	06.09.2016	B.D.S. 2010	M.D.S- 2016	6 YRS 2 MON.	YES	YES TEMP. APPROVAL IS IN PROCESS VIDE LETTER NO YMTDC/591/2023 DT. 08.02.23	2545 5422 5463	DRIPS1298N	30.01.89 & AGE 34	satish.sane@gmail.com	9766148695	NO	

M.J. Vandebag
DEAN
Y.M.T. Dental College
& Hospital Kharghar,
Navi Mumbai - 410 210

Annex - XVI-C

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG COURSES)

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJECT : Oral & Maxillofacial Surgery

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appoinment (Regular/ Temp. Honorary)	Qualification	University Approveal (UG)	PG Teaching Experience (in Years after PG)	PG Teacher Recognition (Yes/No)	(Recognition Letter Date issued by University.)	No. of PG Student Guided Last 5 years	Date of Birth & AGE	Latest Email Address	Latest Contact Mobile No.	Aadhar Card No.	If debarred, (Yes/No)	Sign. of Teacher
1	DR. GUPTE SHREYAS HEMCHANDRA	PROFESSOR 01.07.2015	M.D.S. 2001 Oral & Maxillofacial Surgery	Regular	M.D.S.	YES	8 YRS 7 MON.	YES	MUHS /PG/ E-2/4386/2018 DT. 07.12.2018	10	06.01.75 & AGE 48	gshrey75@gmail.com	9819583044	8594 1459 6310	NO	
3	DR.ATTARDE HIRKANI RAVINDRA	PROFESSOR 01.10.2021	M.D.S. -2010 Oral Maxillofacial Surgery	Regular	M.D.S.	YES	5 YRS	YES	MUHS/E-2/PG/3391/222 DT. 20.09.2022	2	02.02.83 & Age 39	hirkaniattarde@gmail.com	7506922012	6196 22645 3809	NO	
3	DR. KALRA RINKU DEEPAK	READER 02.05.2015	M.D.S. 2010 Oral Maxillofacial Surgery	Regular	M.D.S.	YES	6 YRS 7 MON .	YES	MUHS /PG/ E-2/4386/2018 DT. 07.12.2018	3	28.10.78 & age 44	drrinkukalra@gmail.com	9167391340	9707 7516 6093	NO	
4	DR. SURYAVANSHI HARSHAL NARENDRA	READER 01.12.2015	M.D.S. 2011 Oral Maxillofacial Surgery	Regular	M.D.S.	YES	6 YRS 8 MON.	YES	MUHS /PG/ E-2/4386/2018 DT. 07.12.2018	2	29.07.84 & age 38	drharshal@live.com	9764595557	2058 2314 1052	NO	
4	DR. THOMSON D'CRUZ	READER 01.08.2022	M.D.S. 2014 Oral Maxillofacial Surgery	Regular	M.D.S.	YES	6 MON	YES	MUHS/E-2/PG/3391/222 DT. 20.09.2022	--	04.12.87 & age 35	thompsondcruz@gmail.com	7738685780	3670 5986 6047	NO	
6	DR. CHOUDHARI AISHWARYA RAJENDRA	READER 01.12.2015	M.D.S. 2011 Oral Maxillofacial Surgery	Regular	M.D.S.	YES TEMP. APPROVAL IS IN PROCESS VIDE LETTER NO YMTDC/591 /2023 DT.	--	IN PROCESS	YES TEMP. APPROVAL IS IN PROCESS VIDE LETTER NO YMTDC/592/23 DT. 08.02.23	--	07.08.90 & age 32	drayeshwarya@gmail.com	9922914998	6369 2740 7123	NO	

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

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJI PERIODONTOLOGY

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appoinment (Regular/ Temp. Honorary)	Qualification	University Approveal (UG)	PG Teaching Experience (in Years after PG)	PG Teacher Recognition (Yes/No)	(Recognition Letter Date issued by University.)	No. of PG Student Guided Last 5 years	Date of Birth & AGE	Latest Email Address	Latest Contact Mobile No.	Aadhar Card No.	If debarred, (Yes/No)	Sign. of Teacher
1	DR.BENJAMIN AMIT RAJKUMAR	PROFESSOR 01.12.2015	M.D.S. 2006 PERIODONTOLOGY	Regular	M.D.S.	YES	7 YRS 2 MON.	YES	MUHS/E-2/PG/3391/222 DT. 20.09.2022	10	01.08.75 AGE 47	amitbenjamin@yahoo.com	9323031872	4744 1079 2517	NO	
2	DR.SANADI RIZWAN M .	PROFESSOR 01.11.2014	M.D.S. 2005 PERIODONTOLOGY	Regular	M.D.S.	YES	9 YRS 7 MON.	YES	MUHS/PG/E-2/2104/3721/15 DATE 17.10.2015	10	28.04.77 AGE 45	drriz28@yahoo.com	9730858235	2738 5538 4634	NO	
3	DR. POL KAVITA GAJANAN	READER 02.07.2014	M.D.S. 2010 PERIODONTOLOGY	Regular	M.D.S.	YES	6 YRS 6 MON.	YES	YES TEMP. APPROVAL IS IN PROCESS VIDE LETTER NO YMTDC/592/2023 DT. 08.02.23	2	12.10.80 AGE 42	kavitagpol@yahoo.co.in	9820618812	5549 1449 3072	NO	
4	DR SAH NUPUR SAROJKUMAR	READER 01.10.2012	M.D.S. 2008 PERIODONTOLOGY	Regular	M.D.S.	YES	8 YRS 7 MON.	YES	MUHS /PG/ E-2/4386/2018 DT. 07.12.2018	3	02.12.79 AGE 43	sahnupur02@gmail.com	9769048494	8506 5113 0653	NO	
5	DR. PATHAK TUSHAR	READER 15.06.2017	M.D.S. 2011 PERIODONTOLOGY	Regular	M.D.S.	YES	5 YRS 7 MON	YES	MUHS/E-2/PG/3322/2021 DT. 02.11.2021	1	23.08.82 & AGE 40	tusharpathak5@gmail.com	8097198054	5162 6768 9551	NO	
6	DR. BALASUBRAMANIAN KARTHIK	READER 11.01.2021	M.D.S. 2012 PERIODONTOLOGY	Regular	M.D.S.	YES	2 YRS	YES	YES TEMP. APPROVAL IS IN PROCESS VIDE LETTER NO YMTDC/592/2023 DT. 08.02.23		08.03.84 & AGE 38	dr.kb84@gmail.com	8454973333	6288 2671 5358	NO	

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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG COURSES)

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJECT ORAL PATHOLOGY & MICROBIOLOGY

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appoinment (Regular/ Temp. Honorary)	Qualification	University Approveal (UG)	PG Teaching Experience (in Years after PG)	PG Teacher Recognition (Yes/No)	(Recognition Letter Date issued by University.)	No. of PG Student Guided Last 5 years	Date of Birth & AGE	Latest Email Address	Latest Contact Mobile No.	Aadhar Card No.	If debarred, (Yes/No)	Sign. of Teacher
1	DR.PATANKAR SANGEETA RAJESH	PROFESSOR & HOD 01.02.2003	M.D.S -1992 . ORAL PATHOLOGY & MICROBIOLOGY	Regular	M.D.S.	YES	15 YRS 7 MON.	YES	MUHS/E-2/PGT/831/2007 DATE 05.03.2007	8	15.03.66 & Age 56	patankar.sangeeta15@gmail.com	9819173715	4303 5711 0384	NO	
2	DR.CHOUDHARI SHEETAL KORDE	PROFESSOR 31.12.2018	M.D.S. 2008 ORAL PATHOLOGY & MICROBIOLOGY	Regular	M.D.S.	YES	5 YRS 11 MON	YES	MUHS/PG/E-2/4737/2018 DT. 31.12.2018	1	08.09.79 & Age 43	kordesheetal@yahoo.co.in	9819331220	5467 6267 637	NO	
3	DR. GOKUL SRIDHARAN	READER 02.04.2014	M.D.S. 2009 ORAL PATHOLOGY & MICROBIOLOGY	Regular	M.D.S.	YES	5 YRS 8 MON.	YES	MUHS /PG/ E-2/4386/2018 DT. 07.12.2018	1	16.03.82 & AGE 40	drgokuls@gmail.com	9022792310	9524 3177 0478	NO	

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SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG COURSES)

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJEC ORAL MEDICINE & RADIOLOGY

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appoinment (Regular/ Temp. Honorary)	Qualification	University Approveal (UG)	PG Teaching Experience (in Years after PG)	PG Teacher Recognition (Yes/No)	(Recognition Letter Date issued by University.)	No. of PG Student Guided Last 5 years	Date of Birth & AGE	Latest Email Address	Latest Contact Mobile No.	Aadhar Card No.	If debarred, (Yes/No)	Sign. of Teacher
1	DR.DAS DEEPA ACHATH	PROFESSOR 28.10.2009	M.D.S. 2001 ORAL MEDICINE & RADIOLOGY	Regular	M.D.S.	YES	12 YRS 7 MON.	YES	MUHS /PG/ E-2/4386/2018 DT. 07.12.2018	7	09.05.72 & AGE 50	hari.kuttan1@gmail.com	9969984637	7212 1390 0925	NO	
2	DR. NAVALKAR AMITA RAHUL	READER 14.08.2007	M.D.S. 1999 ORAL MEDICINE & RADIOLOGY	Regular	M.D.S.	YES	9 YRS 9 MON.	YES	MUHS/E2/PG/PGTRC/1470/2010 DT. 07/2010	4	26.08.74 & Age 48	amitanavalkar@gmail.com	9619189031	4142 8285 0364	NO	
3	DR.PATIL BHAKTI SOHAN	READER 31.07.2018	M.D.S. 2013 ORAL MEDICINE & RADIOLOGY	Regular	M.D.S.	YES	4 YRS 6 MON.	YES	MUHS /PG/ E-2/4386/2018 DT. 07.12.2018	1	04.09.84 & AGE 38	bhakti04@gmail.com	8422999156	4914 6980 2456	NO	

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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Annex-XVI-C

SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG COURSES)

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE & HOSPITAL

PHONE / MOBILE NO: 022 -277 444 29

NAME OF THE SUBJEC PEDODONTICS

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appoinment (Regular/ Temp. Honorary)	Qualification	University Approveal (UG)	PG Teaching Experience (in Years after PG)	PG Teacher Recognition (Yes/No)	(Recognition Letter Date issued by University.)	No. of PG Student Guided Last 5 years	Date of Birth & AGE	Latest Email Address	Latest Contact Mobile No.	Aadhar Card No.	If debarred, (Yes/No)	Sign. of Teacher
1	DR.KATRE AMAR NARAYAN	PROFESSOR 01.12.2014	M.D.S. 2004 PEDODONTICS	Regular	M.D.S.	YES	8 YRS 5MON.	YES	MUHS/E-2/PG/3391/222 DT. 20.09.2022	10	04.01.78 AGE 45 YRS	amar_katre@hotmail.com	9821540186	4140 8320 5357	NO	
2	DR. SUBHADRA H.N.	PROFESSOR 01.10.2020	M.D.S. - 2006 PEDODONTICS	Regular	M.D.S.	YES	6 YRS 9 MON.	YES	YES TEMP. APPROVAL IS IN PROCESS VIDE LETTER NO YMTDC/592/2023 DT. 08.02.23	6	22.05.78 & AGE 44	drsubhadrahn@yahoo.co.in	9870818852	8656 6318 3396	NO	
3	DR. ROSHNI CHANDRAN	READER 01.10.2020	M.D.S. - 2015 PEDODONTICS	Regular	M.D.S.	YES	2 YRS 4 MON.	YES	YES TEMP. APPROVAL IS IN PROCESS VIDE LETTER NO YMTDC/592/2023 DT. 08.02.23	1	09.06.88 & AGE 35	roshnichandrann@gmail.com	8408844699	5706 4677 0182	NO	
4	DR. SHIVASHARAN POOJA RAVINDRA	READER 01.02.2022	M.D.S. - 2016 PEDODONTICS	Regular	M.D.S.	YES		NO	YES TEMP. APPROVAL IS IN PROCESS VIDE LETTER NO YMTDC/592/2023 DT. 08.02.23	NO	24.11.89 & AGE 33	dr.poojashivasharan@gmail.com	9960622964	8296 1492 6246	NO	
5	DR. VARKEY INDU MIRIAM	READER 20.07.2022	M.D.S. - 2013 PEDODONTICS	Regular	M.D.S.	NO		NO	YES TEMP. APPROVAL IS IN PROCESS VIDE LETTER NO YMTDC/592/2023 DT. 08.02.23	NO	01.11.84 & AGE 38	induvarkey08@gmail.com	9619486124	4606 1403 3624	NO	

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