

**For Online Transmission of Question Papers:**

| SN                     | Infrastructure facilities at College                                                                                                                                                                                                                                          | Yes /No |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| <b>Strong Room :</b>   |                                                                                                                                                                                                                                                                               |         |
| 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 mbps 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     |
| <b>Scanning Room :</b> |                                                                                                                                                                                                                                                                               |         |
| 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 mbps 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 mbps 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     |

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

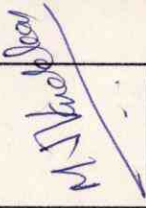
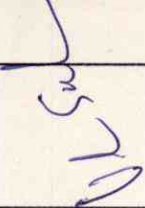
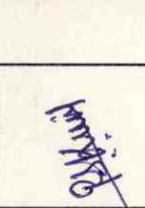
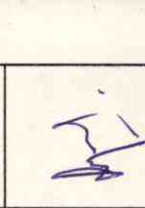
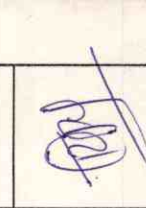


## SUBJECTWISE ELIGIBLE EXAMINERS LIST ( UG COURSES )

Name of the College : DR. G.D.O.L FOUNDATION'S Y.M.T. DENTAL COLLEGE &amp; HOSPITAL

PHONE / MOBILE NO: 022-277 444 29

## NAME OF THE SUBJECT : Orthodontics &amp; 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/SSCI/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/AP PROVAL/UG&PG/ 3917/2018 DT. 01.10.2018  | 6508 7294 9961 | BAWPK7967F  | 03.10.77 & Age 45            | rajeshhlbran3@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  
& Hospital Kharghar,  
Navi Mumbai - 410 210



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.co m.     | 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 .il.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.c om.     | 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.co m.      | 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.co m.     | 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.c om     | 9930112532         | NO               |                 |

DEAN

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



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 SUBIEC 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 Appointment (Regular/ Temp. Honorary) | Qualification | University Approval (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     | dmrunalvaidya@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                    |                  |

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

DEAN

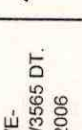
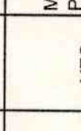
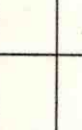


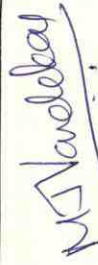
## SUBJECTWISE ELIGIBLE EXAMINERS LIST ( UG COURSES )

Name of the College : DR. G.D.O.I FOUNDATION'S Y.M.T. DENTAL COLLEGE &amp; HOSPITAL

PHONE / MOBILE NO: 022-277 444 29

NAME OF THE SUBJECT : ORAL PATHOLOGY &amp; MICROBIOLOGY

| Sr. No | College Name                                            | Subject                       | Full Name of the Teachers<br>(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-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/AP PROVAL/UG&PG/ 3917/2018 DT. 01.10.2018  | 5467 6267 637  | ALTPC9628G  | 08.09.79 & Age 43            | kordeshetal@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            | dr.gokul@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              |  |



DEAN

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

## 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 &amp; HOSPITAL

PHONE / MOBILE NO: 022 -277 444 29

## NAME OF THE SUBJECT : ORAL &amp; 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 GUPTA                                    | 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 10 MON.                       | 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            | drinkukalra@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            | thompsondrcruz@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            | draveshwarya@gmail.com   | 9922914988         | NO               |                 |



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/JUG/3254/2022 DT.02.09.2022                                       | 4744 1079 2517 | ADDPB0902G  | 01.08.75 AGE 47              | amitbenjamin@yahoo.com  | 9323031872         | NO               | Amit Ben        |
| 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/JUG/E- 2/2104/2436 DT. .24.06.2015                                     | 2738 5538 4634 | BEEPS2949H  | 28.04.77 AGE 45              | driz28@yahoo.com        | 9730858235         | NO               | Rizwan          |
| 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               | Kavita          |
| 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/JUG & PG/3456/2018 DT. 26.09.2018                      | 8506 5113 0653 | BABPS0371L  | 02.12.79 AGE 43              | sahnpur02@gmail.com     | 9769048494         | NO               | Nupur           |
| 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/JUG/3254/2022 DT.02.09.2022                                       | 5162 6768 9551 | AQGPP8149R  | 23.08.82 & AGE 40            | tusharpathak5@gmail.com | 8097198054         | NO               | Pathak          |
| 6      | DR. G.D.POL Foundation Y.M.T. Dental College & Hospital | PERIODONTICS | DR. KARTHIK BALASUBRAMA NIAN                                   | 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               | Karthik         |

DEAN

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

## 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 &amp; 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/JUG/3254/2022 DT.02.09.2022                                       | 4140 8320 5357 | AMYPK5667M  | 04.01.78 AGE 45 YRS          | amar.katre@hotmail.com        | 9821540186         | NO               | <i>Katre</i>    |
| 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               | <i>Subhadra</i> |
| 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               | <i>Roshni</i>   |
| 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               | <i>Pooja</i>    |
| 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            | induvarky08@gmail.com         | 9619486124         | NO               | <i>Indu</i>     |

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

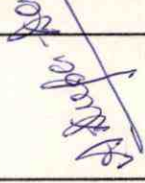
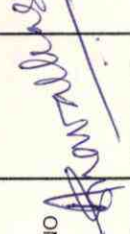


SUBJECTWISE ELIGIBLE EXAMINERS LIST ( UG COURSES )

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               |  |



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Navi Mumbai - 410 210



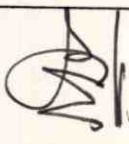
## MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

## SUBJECTWISE ELIGIBLE EXAMINERS LIST ( UG COURSES )

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE &amp; 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 | BJSPPK7136H | 01.11.89                     | drvaibhav1989@gmail.com    | 9742501587        | NO               |  |



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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 &amp; 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               |                 |

N.T. Nadekar

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Navi Mumbai - 410 210

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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 &amp; 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<br>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               | <i>Joshi</i>    |

*Y.M.T. Dental College*

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

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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 : 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                       | MUHSIE- 2/JUG/748/2022 DT. 25.03.2022 | 4190 1885 1497 | AGIPAT7234N | 05.05.72                     | samadaziz79@gmail.com | 9823375529         | NO               | <i>Samad</i>    |

*MS Nandekar*  
**DEAN**  
**Y.M.T. Dental College & Hospital Kharghar,**  
**Navi Mumbai - 410 210**  
Dean

## SUBJECTWISE ELIGIBLE EXAMINERS LIST ( UG COURSES )

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE &amp; 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.CHANDRAS HEKAR BABAN BANGAR                                  | READER      | 01.02.2007      | MBBS - 1982                        | M.D. 1992<br>PATHOLOG Y            | 14 YRS<br>8 MON.                     | YES                       | YES TEMP.<br>APPROVAL IS IN<br>PROCESS VIDE<br>LETTER NO<br>YMTDC/591/2023<br>DT. 08.02.23 | 5215 7224<br>1353 | ABYPB8375N  | 05.04.59                     | drchanganar@yahoo.com | 9892006877          | NO               |                 |



DEAN

**Y.M.T. Dental College  
& Hospital Kharghar,  
Navi Mumbai - 410 210**



## SUBJECTWISE ELIGIBLE EXAMINERS LIST ( UG COURSES )

Name of the College : DR. G.D.OL FOUNDATION'S Y.M.T. DENTAL COLLEGE &amp; 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 VISWANATHA N IYER                                    | READER      | 01.02.2020      | MBBS - 1997                        | M.D. 2000 MICROBIOLOGY             | 9 YRS 7 MON.                         | YES                    | MUHS/2/UG/748/2022 DT. 25.03.2022  | 3752 6593 3063 | AAGP19516D  | 29.07.73                     | ruvishy2000@gmail.com | 9619444028        | NO              |                  |

M.T. Kardekar

Dean  
**DEAN**  
**Y.M.T. Dental College**  
 Institutional Area,  
 Sector -4, Kharghar,  
 Navi Mumbai - 410 210

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 PHARMACO LOGY            | 18 YRS 3 MON.                        | YES                       | YES TEMP. APPROVAL IS IN PROCESS VIDE LETTER NO YMTDC/591/2023 DT. 08.02.23 | AADPC5920C5857 7012 0606 |             | 31.05.57 AGE                 | anita.chhibba@gmail.com | 9820641834         | NO               | <i>Anita Chhibba</i> |

*N.S. Vandeekar*

DEAN  
Dr. M.T. Dental College  
& Hospital Kharghar,  
Navi Mumbai - 410 210



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                     | sramiye@gmail.com | 9820143970         | NO               |  |



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

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:- 2/JUG/748/2022 DT. 25.03.2022 | 4349 7772 1958 | AAPP5479R   | 16.05.71                     | rnpalvia@rediffmail.com | 9773845101         | NO               |  |



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Navi Mumbai - 410 210

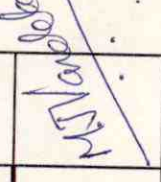
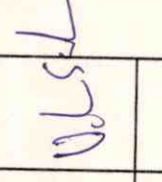
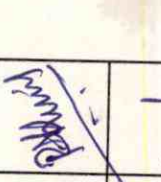


SUBJECTWISE ELIGIBLE EXAMINERS LIST ( PG COURSES )

Name of the College : DR. G.D.OI 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 Appointment (Regular/ Temp. Honorary) | Qualification | University Approval (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<br>MEGHNA JAYANT                      | PROFESSOR<br>01.10.2010 | M.D.S. - 2001<br>ORTHODONTICS | Regular                                       | M.D.S.        | YES                      | 12 YRS<br>10 MON.                          | YES                             | MUHS/PPG/E-<br>2/41/13 DATE<br>05.01.2013       | 10                                    | 21.07.74 &<br>Age 48 | megsvandekar@gmail.com     | 9820074916                | 7468 7754 5511  | NO                    |    |
| 2       | DR. SHETTY VIKRAM<br>SUDHAKAR                      | PROFESSOR<br>01.06.2016 | M.D.S. - 2006<br>ORTHODONTICS | Regular                                       | M.D.S.        | YES                      | 8 YRS<br>6 MON.                            | YES                             | MUHS /PG/ E-<br>2/4386/2018 DT.<br>07.12.2018   | 10                                    | 30.04.77 &<br>AGE 45 | drvikramshetty@yahoo.co.in | 9870873848                | 8439 3707 6309  | NO                    |   |
| 3       | DR. KURIL RAJESH<br>BAJRANGLAL                     | PROFESSOR<br>15.03.2018 | M.D.S. - 2007<br>ORTHODONTICS | Regular                                       | M.D.S.        | YES                      | 8 YRS<br>6 MON.                            | YES                             | MUHS/PG/E-<br>2/4737/2018 DT.<br>31.12.2018     | 4                                     | 03.10.77 &<br>Age 45 | rajeshhlibran3@yahoo.com   | 9822361867                | 6508 7294 9961  | NO                    |  |
| 4       | DR. SHEKATKAR<br>YASH KISHORE                      | READER<br>01.07.2017    | M.D.S. - 2012<br>ORTHODONTICS | Regular                                       | M.D.S.        | YES                      | 4 YRS<br>1 MON.                            | YES                             | MUHS /PG/ E-<br>2/4386/2018 DT.<br>07.12.2018   | 1                                     | 06.09.83 &<br>AGE 39 | yash.shekatkar@gmail.com   | 9167488734                | 9264 1163 4040  | NO                    |  |
| 5       | DR. POL TEJAS<br>RAJAN                             | READER<br>01.12.2018    | M.D.S. - 2012<br>ORTHODONTICS | Regular                                       | M.D.S.        | YES                      | 3 YRS 9<br>MON.                            | YES                             | MUHS/E-<br>2/PG/3391/222<br>DT. 20.09.2022      | 1                                     | 30.05.85<br>AGE 37   | tejaspol21@gmail.com       | 9960499751                | 2890 7766 5283  | NO                    |  |

DEAN



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

ANXX - XVI-C

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 Appointment (Regular/ Temp. Honorary) | Qualification | University Approval (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<br>01.12.2018 | M.D.S.- 1999<br>PROSTHODONTICS | Regular                                       | M.D.S.        | YES                                                                                               | 11 YRS                                       | YES                             | MUHS/E-<br>2/PG/3391/222<br>DT. 20.09.2022                                               | 10                                    | 14.12.74 &<br>AGE - 48 | salonimistry@gmail.com   | 9821020083                | 9941 2336 2635  | NO                                      |                  |
| 3       | DR. NEMANE ANURADHA SACHIN NEMANE                  | PROFESSOR<br>07.05.2019 | M.D.S.- 2008<br>PROSTHODONTICS | Regular                                       | M.D.S.        | YES                                                                                               | 9 YRS<br>1 MON.                              | YES                             | MUHS/E-<br>2/PG/3391/222<br>DT. 20.09.2022                                               | 6                                     | 04.03.82 &<br>Age 40   | anuradhanemane@gmail.com | 9320223455                | 7967 1861 0521  | NO                                      |                  |
| 3       | Dr.BANGA PARMEET SINGH                             | READER<br>01.09.2014    | M.D.S.- 2010<br>PROSTHODONTICS | Regular                                       | M.D.S.        | YES                                                                                               | 4 YRS 8<br>MON.                              | YES                             | MUHS /PG/ E-<br>2/4386/2018 DT.<br>07.12.2018                                            | 2                                     | 02.12.82 &<br>Age 40   | bangaparmeet@gmail.com   | 9960433834                | 8160 6105 7298  | NO                                      |                  |
| 4       | DR. SHETE OMKAR RAVINDRA                           | READER<br>01.07.2016    | M.D.S.- 2011<br>PROSTHODONTICS | Regular                                       | M.D.S.        | YES                                                                                               | 3 YRS 1<br>MON.                              | YES                             | MUHS/E-<br>2/PG/3391/222<br>DT. 20.09.2022                                               | 1                                     | 01.03.85<br>AGE 37     | omkarrshete@gmail.com    | 9823599550                | 8331 0276 8503  | NO                                      |                  |
| 5       | DR. DOLE VINAYKUMAR RAMESH                         | READER<br>01.07.2019    | M.D.S.- 2014<br>PROSTHODONTICS | Regular                                       | M.D.S.        | YES                                                                                               | 3 YRS<br>4 MON.                              | YES                             | MUHS/E-<br>2/PG/3391/222<br>DT. 20.09.2022                                               | 1                                     | 02.04.86<br>AGE 36     | vinaydole789@gmail.com   | 9096169959                | 4846 5066 1377  | NO                                      |                  |
| 6       | DR. SAUMIL SAMPAT                                  | READER<br>01.10.2022    | M.D.S.- 2013<br>PROSTHODONTICS | Regular                                       | M.D.S.        | YES TEMP.<br>APPROVAL IS IN<br>PROCESS<br>VIDE LETTER<br>NO<br>YMTDC/591<br>/2023 DT.<br>08.02.23 | --                                           | IN<br>PROCESS                   | YES TEMP.<br>APPROVAL IS IN<br>PROCESS VIDE<br>LETTER NO<br>YMTDC/592/23<br>DT. 08.02.23 | --                                    | 02.08.85 &<br>AGE 37   | saumil.sampat@gmail.com  | 9930112532                | 4510 1467 3087  | NO                                      | <br>DEAN         |

**Y.M.T. Dental College  
& Hospital Kharghar,  
Navi Mumbai - 410 210**



## SUBJECTWISE ELIGIBLE EXAMINERS LIST ( UG COURSES )

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

PHONE / MOBILE NO: 022 -277 444 29

## NAME OF THE SUBJECT : CONSERVATIVE DENTISTRY &amp; 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              | drmrunalivaidya@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 4863 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               |                 |

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



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 Appointment (Regular/ Temp. Honorary) | Qualification | University Approval (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. GUPTA 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   | drinkukalra@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                                    | 1                                     | 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   | thompsondrcruz@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   | draveshwana@gmail.com    | 9922914998                | 6369 2740 7123  | NO                    |                  |

DEAN

Y.M.T. Dental College  
& Hospital Kharghar,  
Navi Mumbai 410 210

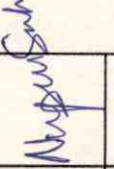


MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASIK  
SUBJECTWISE ELIGIBLE EXAMINERS LIST ( PG COURSES )

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 Appointment (Regular/ Temp. Honorary) | Qualification | University Approval (UG) | PG Teaching Experience (in Years after PG) | PG Teacher Recognition (Yes/No) | (Recognition Letter Date issued by University.)                                            | No. of 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<br>01.12.2015 | M.D.S. 2006<br>PERIODONTOLOGY | Regular                                       | M.D.S.        | YES                      | 7 YRS 2 MON.                               | YES                             | MUHS/E-<br>2/PG/3391/222<br>DT. 20.09.2022                                                 | 10                                 | 01.08.75<br>AGE 47   | amitbenjamin@yahoo.co<br>m  | 9323031872                | 4744 1079 2517  | NO                    |    |
| 2       | DR.SANADI RIZWAN M.                                | PROFESSOR<br>01.11.2014 | M.D.S. 2005<br>PERIODONTOLOGY | Regular                                       | M.D.S.        | YES                      | 9 YRS 7 MON.                               | YES                             | MUHS/PG/E-<br>2/2104/3721/15<br>DATE<br>17.10.2015                                         | 10                                 | 28.04.77<br>AGE 45   | driz28@yahoo.com            | 9730858235                | 2738 5538 4634  | NO                    |    |
| 3       | DR. POL KAVITA GAJANAN                             | READER<br>02.07.2014    | M.D.S. 2010<br>PERIODONTOLOGY | Regular                                       | M.D.S.        | YES                      | 6 YRS 6 MON.                               | YES                             | YES TEMP.<br>APPROVAL IS IN<br>PROCESS VIDE<br>LETTER NO<br>YMTDC/592/2023<br>DT. 08.02.23 | 2                                  | 12.10.80<br>AGE 42   | kavitagpol@yahoo.co.in      | 9820618812                | 5549 1449 3072  | NO                    |   |
| 4       | DR SAH NUPUR SAROKUMAR                             | READER<br>01.10.2012    | M.D.S. 2008<br>PERIODONTOLOGY | Regular                                       | M.D.S.        | YES                      | 8 YRS 7 MON.                               | YES                             | MUHS /PG/ E-<br>2/4386/2018 DT.<br>07.12.2018                                              | 3                                  | 02.12.79<br>AGE 43   | sahnupur02@gmail.com        | 9769048494                | 8506 5113 0653  | NO                    |  |
| 5       | DR. PATHAK TUSHAR                                  | READER<br>15.06.2017    | M.D.S. 2011<br>PERIODONTOLOGY | Regular                                       | M.D.S.        | YES                      | 5 YRS 7 MON                                | YES                             | MUHS/E-<br>2/PG/3322/2021<br>DT. 02.11.2021                                                | 1                                  | 23.08.82 &<br>AGE 40 | tusharpathak5@gmail.co<br>m | 8097198054                | 5162 6768 9551  | NO                    |  |
| 6       | DR. BALASUBRAMANIAN KARTHIK                        | READER<br>11.01.2021    | M.D.S. 2012<br>PERIODONTOLOGY | Regular                                       | M.D.S.        | YES                      | 2 YRS                                      | YES                             | YES TEMP.<br>APPROVAL IS IN<br>PROCESS VIDE<br>LETTER NO<br>YMTDC/592/2023<br>DT. 08.02.23 |                                    | 08.03.84 &<br>AGE 38 | dr.kb84@gmail.com           | 8454973333                | 6288 2671 5358  | NO                    |  |

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

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 Appointment (Regular/ Temp. Honorary) | Qualification | University Approval (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                    | <i>S. Patankar</i>  |
| 2       | DR.CHOUHDHARI 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                    | <i>S. Choudhary</i> |
| 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                    | <i>S. Gokul</i>     |

*M. S. S. S.*

DEAN

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



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 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 Appointment (Regular/ Temp. Honorary) | Qualification | University Approval (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/P GTRC/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                    |  |



DEAN  
Y.M.T. Dental College  
& Hospital Kharghar,  
Navi Mumbai - 411 210

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 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 Appointment (Regular/ Temp. Honorary) | Qualification | University Approval (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<br>01.12.2014 | M.D.S. 2004<br>PEDODONTICS   | Regular                                       | M.D.S.        | YES                      | 8 YRS 5MON.                                | YES                             | MUHS/E-2/PG/3391/222<br>DT. 20.09.2022                                                     | 10                                    | 04.01.78<br>AGE 45<br>YRS | amar.katre@hotmail.com        | 9821540186                | 4140 8320 5357  | NO                    |    |
| 2       | DR. SUBHADRA H.N.                                  | PROFESSOR<br>01.10.2020 | M.D.S. - 2006<br>PEDODONTICS | Regular                                       | M.D.S.        | YES                      | 6 YRS 9 MON.                               | YES                             | YES TEMP.<br>APPROVAL IS IN<br>PROCESS VIDE<br>LETTER NO<br>YMTDC/592/2023<br>DT. 08.02.23 | 6                                     | 22.05.78 &<br>AGE 44      | drsubhadrahn@yahoo.co.in      | 9870818852                | 8656 6318 3396  | NO                    |    |
| 3       | DR. ROSHNI CHANDRAN                                | READER<br>01.10.2020    | M.D.S. - 2015<br>PEDODONTICS | Regular                                       | M.D.S.        | YES                      | 2 YRS 4 MON.                               | YES                             | YES TEMP.<br>APPROVAL IS IN<br>PROCESS VIDE<br>LETTER NO<br>YMTDC/592/2023<br>DT. 08.02.23 | 1                                     | 09.06.88 &<br>AGE 35      | roshnichandrann@gmail.com     | 8408844699                | 5706 4677 0182  | NO                    |   |
| 4       | DR. SHIVASHARAN POOJA RAVINDRA                     | READER<br>01.02.2022    | M.D.S. - 2016<br>PEDODONTICS | Regular                                       | M.D.S.        | YES                      |                                            | NO                              | YES TEMP.<br>APPROVAL IS IN<br>PROCESS VIDE<br>LETTER NO<br>YMTDC/592/2023<br>DT. 08.02.23 | NO                                    | 24.11.89 &<br>AGE 33      | dr.poojashivasharan@gmail.com | 9960622964                | 8296 1492 6246  | NO                    |  |
| 5       | DR. VARKEY INDU MIRIAM                             | READER<br>20.07.2022    | M.D.S. - 2013<br>PEDODONTICS | Regular                                       | M.D.S.        | NO                       |                                            | NO                              | YES TEMP.<br>APPROVAL IS IN<br>PROCESS VIDE<br>LETTER NO<br>YMTDC/592/2023<br>DT. 08.02.23 | NO                                    | 01.11.84 &<br>AGE 38      | induvarkkey08@gmail.com       | 9619486124                | 4506 1403 3624  | NO                    |  |

DEAN

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