Verification Of Schedules of **Training Programs** By Competent Authority

MADAKASDIKA STATE DENTAL COUNCIL

Extension Office
Govt. Dental College and Hospital,
Third Floor, ST. George Hospital
Compound, Near C.S.T. Railway Station,
Mumbai-400 001.



Administration Office 211, Anand Complex,2nd Floor, 189 - Sane Guruji Marg, Aurthor Road Naka, Chinchpokli (West), Mumbai – 400 011

Constituted under 21 of the Dentists Act, 1948 (A Body Corporate by Government of Maharashtra)
Office Tel. No. 022-22617644 Office Fax No. 022-22617634

Website: www.msdcmumbai.org.in
E-mail: cdemsdcmumbai@gmail.com

President:

Dr. Narendra Kale

No. 1543/CDE/2022-2023

Date: 23/11/2022.

To,

Yogita Dental College and Hospital,

Khed.

Subject: As per regulation 7 of CDE Notification dt 5^{th} Sept.2018 regarding...

Respected Sir,

I am directed to state that as per Regulation No.7 of the Dental Council of India Continuing Dental Education Regulations, 2018 the Maharashtra State Dental Council CDE Committee has approved your e-mail application for CDE credit points dated 16/11/2022.

Your CDE Programme is scheduled on 24^{th} November 2022, CDE Credit Points Approval Number is MSDC/CDE/1543/2022-2023 dated 23/11/2022 which should be display and print on the attendance certificate. The participants who will attend the program on 24^{th} November 2022 will eligible for 04 CDE Points.

As per Regulation No.7.2 of the Dental Council of India Continuing Dental Education Regulations, 2018 the speakers are eligible to obtain double credit points.

As per Dental Council of India Continuing Dental Education Regulations, 2018 Regulation No.10 (10.1) It would be the responsibility of the CDE provider/s conducting the Programme to ensure that only valid professionals who have attended the CDE activity in full, are allotted CDE credit points.

The organization may adopt any of the following measures for prompt allotment of credit points.

10.1.1. Bar Code at Entry and Exit level

10.1.2. Speaker will be given a code at the beginning and end of the lecture.

The code envelope shall be opened just before the lecture.

10.1.3. One observer appointed by the concerned State Dental Council shall be present during the Programme. The observer shall put his/her signature on every CDE certificate for the validity.

(10.2) The Organization shall submit the entire data of the attendees to the MSDC office in Excel Format e.g. S.No., Surname, First Name, Middle Name, Reg. No, Mobile No., Email, DE code allotted by the State Council, Date, claimed credit point within a month of the Programme with the approval of observer, Otherwise the allotted CDE points will be invalid.

WAHANASHIRA SIAIE DENIAL GOUNGIL

Extension Office
Govt. Dental College and Hospital,
Third Floor, ST. George Hospital
Compound, Near C.S.T. Railway Station,
Mumbai-400 001.



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Website: www.msdcmumbai.org.in
E-mail: cdemsdcmumbai@gmail.com

President:

Dr. Narendra Kale

THE SPECIMEN DESIGN OF THE CERTIFICATE IS AS PER REGULATION 14 OF CDE NOTIFICATION DT 5TH SEPT.2018.

The specimen design of the certificate is as follows:-



Note: The sponsors name or logo shall not be printed on the certificate

Specification for Certificate Format: -

- 1. Size: 24.7 x 33 cm (landscape oblong)
- 2. Paper: 160 GSM (Matt Finish)

########

Extension Office
Govt. Dental College and Hospital,
Third Floor, ST. George Hospital
Compound, Near C.S.T. Railway Station,
Mumbai-400 001.



Administration Office 211, Anand Complex,2nd Floor, 189 - Sane Guruji Marg, Aurthor Road Naka, Chinchpokli (West), Mumbai – 400 011

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Website: www.msdcmumbai.org.in
E-mail: cdemsdcmumbai@gmail.com

President:

Dr. Narendra Kale

Date: 23/11/2022.

To,

Yogita Dental College and Hospital, Khed.

Dr. Nore Naeem Abdullateef Reg No: A-14157

Subject: As per regulation 10 (10.1.3) of CDE notification dated 5^{th} Sept.2018 Regarding....

Respected Sir,

As per regulation 10 (10.1.3) of CDE Notification dt 5th Sept.2018 Dr. Nore Naeem Abdullateef is appointed as an observer of the Maharashtra State Dental Council, Mumbai, he will be present for your CDE program. The observer should put his signature on every CDE certificate for validity and submit the report of said program.

Yours faithfully,
Sd/Registrar,
Maharashtra State Dental Council,
Mumbai.

C.C. Dr. Nore Naeem Abdullateef for information and further action.

Mob No: - 94223 36314

Email: - naeem norebds@yahoo.co.in

Extension Office
Govt. Dental College and Hospital,
Third Floor, ST. George Hospital
Compound, Near C.S.T. Railway Station,
Mumbai-400 001.



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> Website: www.msdcmumbai.org.in E-mail: cdemsdcmumbai@gmail.com

President:

Dr. Narendra Kale

No. 1750/CDE/2022-2023

Date: 19/12/2022.

To.

Yogita Dental College and Hospital,

Khed.

Subject: As per regulation 7 of CDE Notification dt 5th Sept.2018 regarding...

Respected Sir,

I am directed to state that as per Regulation No.7 of the Dental Council of India Continuing Dental Education Regulations, 2018 the Maharashtra State Dental Council CDE Committee has approved your e-mail application for CDE credit points dated 26/11/2022.

Your CDE Programme is scheduled on **14th jan 2023** CDE Credit Points Approval Number is MSDC/CDE/1750/2022-2023 dated 19/12/2022 which should be display and print on the attendance certificate. The participants who will attend the program on **14th jan 2023** will eligible for **01 CDE Point**.

As per Regulation No.7.2 of the Dental Council of India Continuing Dental Education Regulations, 2018 the speakers are eligible to obtain double credit points.

As per Dental Council of India Continuing Dental Education Regulations, 2018 Regulation No.10 (10.1) It would be the responsibility of the CDE provider/s conducting the Programme to ensure that only valid professionals who have attended the CDE activity in full, are allotted CDE credit points.

The organization may adopt any of the following measures for prompt allotment of credit points.

10.1.1. Bar Code at Entry and Exit level

10.1.2. Speaker will be given a code at the beginning and end of the lecture.

The code envelope shall be opened just before the lecture.

10.1.3. One observer appointed by the concerned State Dental Council shall be present during the Programme. The observer shall put his/her signature on every CDE certificate for the validity.

(10.2) The Organization shall submit the entire data of the attendees to the MSDC office in Excel Format e.g. S.No., Surname, First Name, Middle Name, Reg. No., Mobile No., Email, DE code allotted by the State Council, Date, claimed credit point within a month of the Programme with the approval of observer, Otherwise the allotted CDE points will be invalid.

Extension Office
Govt. Dental College and Hospital,
Third Floor, ST. George Hospital
Compound, Near C.S.T. Railway Station,
Mumbai-400 001.



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Office Tel. No. 022-22617644 Office Fax No. 022-22617634

Website: www.msdcmumbai.org.in
E-mailto:cdemsdcmumbai@gmail.com

President:

Dr. Narendra Kale

THE SPECIMEN DESIGN OF THE CERTIFICATE IS AS PER REGULATION 14 OF CDE NOTIFICATION DT 5TH SEPT.2018.

The specimen design of the certificate is as follows:-



Note: The sponsors name or logo shall not be printed on the certificate

Specification for Certificate Format: -

1. Size: 24.7 x 33 cm (landscape oblong)

2. Paper: 160 GSM (Matt Finish)

########

Extension Office
Govt. Dental College and Hospital,
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Compound, Near C.S.T. Railway Station,
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Website: www.msdcmumbai.org.in E-mail: cdemsdcmumbai@gmail.com

President:

Dr. Narendra Kale

Date: 19/12/2022.

To, Yogita Dental College and Hospital, Khed.

Dr. Palekar Abdul Kadir Hishamuddin Reg No: A-34857

Subject: As per regulation 10 (10.1.3) of CDE notification dated 5th Sept.2018 Regarding....

Respected Sir,

As per regulation 10 (10.1.3) of CDE Notification dt 5th Sept.2018 Dr. Palekar Abdul Kadir Hishamuddin is appointed as an observer of the Maharashtra State Dental Council, Mumbai, he will be present for your CDE program. The observer should put his signature on every CDE certificate for validity and submit the report of said program.

Yours faithfully, Sd/-Registrar, Maharashtra State Dental Council, Mumbai.

C.C. Dr. Palekar Abdul Kadir Hishamuddin for information and further action.

Mob No: - 97663 62007

Email: - kwel.abdul.007@gmail.com

Extension Office
Govt. Dental College and Hospital,
Third Floor, ST. George Hospital
Compound, Near C.S.T. Railway Station,
Mumbai-400 001.



Administration Office 211, Anand Complex,2nd Floor, 189 - Sane Guruji Marg, Aurthor Road Naka, Chinchpokli (West), Mumbai – 400 011

Date: 10/04/2023.

Constituted under 21 of the Dentists Act,1948
(A Body Corporate by Government of Maharashtra)
Office Tel. No. 022-22617644 Office Fax No. 022-22617634

Website: www.msdcmumbai.org.in
E-mail: cdemsdcmumbai@gmail.com

President: DR. NARENDRA KALE No. 24 /CDE/2023-2024.

To, Dean,

Yogita Dental College and Hospital,

Khed.

Subject: As per regulation 7 of CDE Notification dt 5th Sept.2018 regarding...

Respected Madam,

I am directed to state that as per Regulation No.7 of the Dental Council of India Continuing Dental Education Regulations, 2018 the Maharashtra State Dental Council CDE Committee has approved your e-mail application for CDE credit points dated 03/04/2023.

Your CDE Programme is scheduled on 18th April 2023 CDE Credit Points Approval Number is **MSDC/CDE/24** /2023-2024 dated 10/04/2023 which should be displayed and printed on the attendance certificate. The participants who will attend the program on 18th April 2023 will eligible for 3 **CDE Points**.

As per Regulation No.7.2 of the Dental Council of India Continuing Dental Education Regulations, 2018 the speakers are eligible to obtain double credit points.

As per Dental Council of India Continuing Dental Education Regulations, 2018 Regulation No.10 (10.1) It would be the responsibility of the CDE provider/s conducting the programme to ensure that only valid professionals who have attended the CDE activity in full, are allotted CDE credit points.

The organization may adopt any of the following measures for prompt allotment of credit points.

10.1.1. Bar Code at Entry and Exit level

10.1.2. Speaker will be given a code at the beginning and end of the lecture.

The code envelope shall be opened just before the lecture.

10.1.3. One observer appointed by the concerned State Dental Council shall be present during the programme. The observer shall put his/her signature on every CDE certificate for the validity.

(10.2) The Organization shall submit the entire data of the attendees to the MSDC office in Excel Format e.g. S.No., Surname, First Name, Middle Name, Reg. No, Mobile No., Email, DE code allotted by the State Council, Date, claimed credit point within a month of the programme with the approval of observer, Otherwise the allotted CDE points will be invalid.

Extension Office
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Third Floor, ST. George Hospital
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Website: www.msdcmumbai.org.in
E-mail: cdemsdcmumbai@gmail.com

President: DR. NARENDRA KALE

14

THE SPECIMEN DESIGN OF THE CERTIFICATE IS AS PER REGULATION OF CDE NOTIFICATION DT 5TH SEPT.2018.

The specimen design of the certificate is as follows:-



Note: The sponsors name or logo shall not be printed on the certificate

Specification for Certificate Format: -

- 1. Size: 24.7 x 33 cm (landscape oblong)
- 2. Paper: 160 GSM (Matt Finish)

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Website: www.msdcmumbai.org.in
E-mail: cdemsdcmumbai@gmail.com

President: DR. NARENDRA KALE

naeem norebds@yahoo.co.in

To, Dean.

Yogita Dental College and Hospital, Khed.

Dr. Naeem Abdullateef Nore Reg.No. A-14107

Subject: As per regulation 10 (10.1.3) of CDE notification dated 5th Sept.2018 Regarding....

Respected Madam.

As per regulation 10 (10.1.3) of CDE Notification dt 5th Sept.2018 Dr. Naeem Abdullateef Nore is appointed as an observer of the Maharashtra State Dental Council, Mumbai, he will be present for your CDE program. The observer should put her signature on every CDE certificate for validity and submit the report of said program.

Yours faithfully, Sd/-Registrar, Maharashtra State Dental Council, Mumbai.

C.C. Dr. Naeem Abdullateef Nore for information and further action. Mob No: - 9422336314 Email: - naeem_norebds@yahoo.co.in

Extension Office Third Floor, Govt. Dental College and Hospital, S.T. George Hospital Compound, Near C.S.T. Railway Station, Mumbai-400001.



Administration Office 211, Anand Complex,2nd Floor, 189 - Sane Guruji Marg, Aurthor Road Naka, Chinchpokali (West), Mumbai – 400 011

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Website: www.msdcmumbai.org.in
E-mail: cdemsdcmumbai@gmail.com

President:

<u>Dr. Narendra Kale</u> No. 328/CDE/2023-2024

Date: 06.06.2023

To,

Yogita Dental College & Hospital, Khed.

Subject: As per regulation 7 of CDE Notification dt 5th Sept.2018 regarding...

Respected Sir/Madam.

I am directed to state that as per Regulation No.7 of the Dental Council of India Continuing Dental Education Regulations, 2018 the Maharashtra State Dental Council CDE Committee has approved your e-mail application for CDE credit points dated **01/06/2023**.

Your CDE Programme is scheduled on 14^{th} and 15^{th} June 2023, CDE Credit Points Approval Number is MSDC/CDE/328/2023-2024 dated 06/06/2023 which should be display and print on the attendance certificate. The participants who will attend the program on 14^{th} and 15^{th} June 2023 will eligible for 08 CDE Points.

As per Regulation No.7.2 of the Dental Council of India Continuing Dental Education Regulations, 2018 the speakers are eligible to obtain double credit points.

As per Dental Council of India Continuing Dental Education Regulations, 2018 Regulation No.10 (10.1) It would be the responsibility of the CDE provider/s conducting the Programme to ensure that only valid professionals who have attended the CDE activity in full, are allotted CDE credit points.

The organization may adopt any of the following measures for prompt allotment of credit points.

10.1.1. Bar Code at Entry and Exit level

10.1.2. Speaker will be given a code at the beginning and end of the lecture.

The code envelope shall be opened just before the lecture.

10.1.3. One observer appointed by the concerned State Dental Council shall be present during the Programme. The observer shall put his/her signature on every CDE certificate for the validity.

(10.2) The Organization shall submit the entire data of the attendees to the MSDC office in Excel Format e.g. S.No., Surname, First Name, Middle Name, Reg. No, Mobile No., Email, DE code allotted by the State Council, Date, claimed credit point within a month of the Programme with the approval of observer, Otherwise the allotted CDE points will be invalid.

Extension Office
Third Floor, Govt. Dental College and
Hospital, S.T. George Hospital Compound,
Near C.S.T. Railway Station, Mumbai-400001.



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Website: www.msdcmumbai.org.in
E-mail: cdemsdcmumbai@gmail.com

<u>President:</u> <u>Dr. Narendra Kale</u>

Date: 06/06/2023

To, Yogita Dental College & Hospital, Khed.

Dentist Zote Sonali Ramesh Reg No: A-26864

Subject: As per regulation 10 (10.1.3) of CDE notification dated 5th Sept.2018 Regarding....

Respected Sir/Madam,

As per regulation 10 (10.1.3) of CDE Notification dt 5th Sept.2018 Dentist Zote Sonali Ramesh is appointed as an observer of the Maharashtra State Dental Council, Mumbai, he/she will be present for your CDE program. The observer should put his/her signature on every CDE certificate for validity and submit the report of said program.

Yours faithfully,
Sd/Registrar,
Maharashtra State Dental Council,
Mumbai.

C.C. Dentist Zote Sonali Ramesh for information and further action. Mob No: - 90670 30345
Email: - sonalizote@gmail.com

Extension Office Third Floor, Govt. Dental College and Hospital, ST. George Hospital Compound, Near C.S.T. Railway Station, Mumbai-400001.



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Website <u>www.msdcmumbai.org.in</u>
E-mail <u>cdemsdcmumbai@gmail.com</u>

<u>President:</u> Dr. Narendra Kale

No.327/CDE/2023-2024

Date: 06/06/2023

To, Yogita Dental College & Hospital, Khed.

Subject: CDE credit points....

Respected Sir/Madam,

I am directed to state that as per Dental Council of India guidelines on section 2(a) to 2(i) on Continuing Dental Regulation, 2007 the Maharashtra State Dental Council CDE Committee has granted your e-mail application for CDE credit points dated 04/05/2023.

As per Maharashtra State Dental Council CDE guideline processing fee of Rs. 2,000/- you will have to pay by NEFT for your CDE program which is to be held on 14th & 15th June 2023.

Title of Account- Maharashtra State Dental Council NAME OF BANK- BANK OF BARODA A/C NO. - **04170200002212** IFSC CODE - **BARBOSIRPMR** Branch Name - SIR P M ROAD BRANCH

Those participants who will attend CDE program on 14th & 15th June 2023 will be eligible for 08 CDE Points. You will have to submit following details to the MSDC office in Excel Format (e.g. Sr. No., Date, Reg. No., Surname, First Name, Middle Name, Attending Hours, Qualification, Phone No., Email, Claimed Credit Point, Remarks) after completion of event within 15 days.

Yours faithfully, Sd/-Registrar Maharashtra State Dental Council, Mumbai

 NOTE: - All CDE Providers should note that Maharashtra State Dental Council will provide CDE Approval Number, which should be Display and Printed on the attendance Certificate by the CDE Provider (As Per MSDC CDE Guideline) When Above Mentioned Processing Fees Received by Maharashtra State Dental Council.



To Maharashtra State Dental Council

₹2,000

Perio-Plastic Surgical Workshop 14-15 June, CDE points -8

Pay again

Split with friends

Completed

Jun 6, 2023 1:11 PM



Bank Of Maharashtra 3975

UPI transaction ID 315717920105

To

•••• 2212

From: Dr. VAISHNAVI SANJAY SHAH (Bank Of Maharashtra)

shahvaishnavi209@okhdfcbank

Google transaction ID CICAgNDKuvb5Ug

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Extension Office Third Floor, Govt. Dental College and Hospital, ST. George Hospital Compound, Near C.S.T. Railway Station, Mumbai-400001.



Administration Office 211, 2nd Floor, Anand Complex, 189 - Sane Guruji Marg, Aurthor Road Naka, Chinchpokali (West), Mumbai – 400 011

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Website <u>www.msdcmumbai.org.in</u> E-mail <u>cdemsdcmumbai@gmail.com</u>

<u>President:</u> <u>Dr. Narendra Kale</u>

No.496/CDE/2023-2024

Date: 04/07/2023

To, Yogita Dental College, Khed.

Subject: CDE credit points....

Respected Sir/Madam,

I am directed to state that as per Dental Council of India guidelines on section 2(a) to 2(i) on Continuing Dental Regulation, 2007 the Maharashtra State Dental Council CDE Committee has granted your e-mail application for CDE credit points dated 27/06/2023.

As per Maharashtra State Dental Council CDE guideline processing fee of Rs. 2,000/- you will have to pay by NEFT for your CDE program which is to be held on 13th July to 14th July 2023.

Title of Account- Maharashtra State Dental Council NAME OF BANK- BANK OF BARODA A/C NO. - **04170200002212**IFSC CODE - **BARBOSIRPMR**Branch Name - SIR P M ROAD BRANCH

Those participants who will attend CDE program on 13th July to 14th July 2023 will be eligible for 12 CDE Points. You will have to submit following details to the MSDC office in Excel Format (e.g. Sr. No., Date, Reg. No., Surname, First Name, Middle Name, Attending Hours, Qualification, Phone No., Email, Claimed Credit Point, Remarks) after completion of event within 15 days.

Yours faithfully, Sd/-Registrar Maharashtra State Dental Council, Mumbai

 NOTE: - All CDE Providers should note that Maharashtra State Dental Council will provide CDE Approval Number, which should be Display and Printed on the attendance Certificate by the CDE Provider (As Per MSDC CDE Guideline) When Above Mentioned Processing Fees Received by Maharashtra State Dental Council.