

SHIVTEJ AROGYA SEVA SANSTHA'S



**YOGITA DENTAL COLLEGE AND
HOSPITAL**

REGD.NO.MAH/F/-1588/RATNAGIRI

(Recognized by Dental Council of India, New Delhi & Affiliated to Maharashtra University of Health Science, Nashik)

**COPIES OF
GUIDESHIP
LETTERS**



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हसळ, नाशिक-४२२००४ Dindori Road, Mhasrul, Nashik-422004

Phone : 0253 - 2539196/206, 0253 - 6659196/206

Email: udc@muhs.ac.in Website: www.muhs.ac.in

डॉ. सुनिल ह. फुगारे

एमएस्सी. पीएच.डी.

उपकुलसचिव

Dr. Sunil H. Fugare

MSc.Ph.D.

Deputy Registrar

O.No.MUHS/UDC(Ph.D.)/Guide /310 /2021

Date 21/09/2021

By Email

To,

The Dean / Principal,

Yogita Dental College & Hospital,

Khed, Narangi River side,

Tal-Khed

Ratnagiri - 415 709

Email:- yogitadentalcollege@gmail.com

Subject : Recognition as Ph.D. Guide...

Reference : 1) Your Proposal dated.- 17/06/2021

2) Ph.D. Direction No. 01/2020

Sir/Madam.

With reference to the above cited subject, I am directed to inform you that in view of the norms prescribed as per the provision u/s 29 (2) of (i) of MUHS Act, 1998 & clause 8.1 (ii) (a), (b), (c), (d) of Direction No. 01/2020 Hon'ble Vice Chancellor is pleased to grant recognition as Ph.D. Guide to the following teacher of your College/ Institute, subject to the terms & conditions of appointment order, for guiding the Ph.D. student in the subject mentioned against his/her/their name.

Sr. No.	Subject	Name of the Teacher	Designation	Status of recognition as Ph.D. Guide
1	Periodontology	Dr. Jadhav Varsha Pandurang	Professor	Approved w.e.f. 17/06/2021, onwards

Kindly note that the recognition granted by the University is valid till the above said teacher is in the service or till attaining the age of superannuation whichever happens earlier.

The above teacher is required to attend the Research Methodology Workshop conducted by this University or any other Centre authorized by the University.

TRUE COPY
Dean, Principal
Yogita Dental College
Khed, Ratnagiri

(P.T.O.)

You are requested to handover the copy of this letter to the concerned teacher for further necessary action.

Yours,



Dy. Registrar
University Dept. Cell
(Ph.D.)

[Note: -

1. In case, at later stage, if it is found that the information furnished in the Ph. D. recognition form by any Guide is incorrect. Ph.D. Guide Recognition granted by the University will stand cancelled.
2. It is required that the Dept. of Periodontology., Yogita Dental College & Hospital, Ratnagiri should be recognized place of research of Ph.D.]

Copy to :

1. Dr. Jadhav Varsha Pandurang
Professor
Dept. of Periodontology
Yogita Dental College & Hospital,
Khed, Narangi River side, Tal-Khed
Ratnagiri - 415 709
Email - drvarshamd@yahoo.co.in

2. In-Charge, Exam (Ph.D.),
MUHS Nashik.



TRUE COPY

Dean : Principal
Yogita Dental College
Khed, Ratnagiri



MUHS

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हास्रुळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

Tel: (0253) 2539206/2539196

Website: <http://www.muhs.ac.in>, E-mail: udc@muhs.ac.in

राजेंद्र च. शहाणे
सहा. कुलसचिव

Rajendra C. shahane
Asst. Registrar

O.No.: MUHS/UDC/PFL/E-2/ 856 /2017

Date: 03/07 /2017

To,
The Dean / Principal,
Shivtej Arogya Seva Sanstha's
Yogita Dental College & Hospital,
Near Narangi Bridge,
Dapoli Road, A/P. Tal. Khed,
Dist. Ratnagiri - 415 709.
Email - yogitadentalcollege@gmail.com

Subject : Recognition as Ph.D Guide...
Reference : 1) Comments received Dtd- 20/06/2017.
2) Your letter no. YDCH/2107/10192/2017 Date- 26/05/2017
3) Ph.D. Direction No. 04/2015 (Amended in 2016).

Sir/Madam,

With reference to the above cited subject & References, I am directed to inform you that in view of the norms prescribed as per the provision u/s 29 (2) of (i) of MUHS Act, 1998 & clause 07 (2) (a) (ii) of Direction No. 04/2015 (Amended in 2016) Hon'ble Vice Chancellor is pleased to grant recognition as Ph.D. Guide to the following teacher of your College/ Institute, subject to the terms & conditions of appointment order, for guiding the Ph.D. student in the subject mentioned against his/her/their name.

Sr. No.	Subject	Name of the Teacher	Designation	Status of recognition as Ph.D Guide
1	Prosthodontics & Crown & Bridge	Dr. Premraj Gopal Jadhav	Professor	Approved w.e.f. 20/06/2017, onwards

Kindly note that the recognition granted by the University is valid till the above said teacher is in the service of the said teaching college/institute or till attaining the age of superannuation whichever happens earlier.

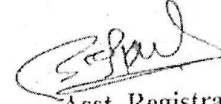
The above teacher is required to attend the Research Methodology Workshop conducted by Regional Centre, Pune of this University or any other Centre authorized by the University.

TRUE COPY
Dr. Principal
Yogita Dental College
Khed, Ratnagiri

(P.T.O.)

You are requested to handover the copy of this letter to the concerned teacher for further necessary action.

Yours,


Asst. Registrar
University Dept. Cell

[Note :-


1. In case, at later stage, if it is found that the information furnished in the Ph.D. recognition form by any Guide is incorrect, Ph.D. Guide Recognition granted by the University will stand cancelled.
2. It is required that the Dept. of Prosthodontics & Crown & Bridge, Yogita Dental College & Hospita, Ratnagiri should be recognized place of research of Ph.D.]

Copy to :

Dr. Premraj Gopal Jadhav
Professor
Dept. of Prosthodontics & Crown & Bridge
Shivtej Arogya Seva Sanstha's
Yogita Dental College & Hospital,
Near Narangi Bridge,
Dapoli Road, A/P. Tal. Khed,
Dist. Ratnagiri - 415 709.
E-mail ID : drpremrajadhav@rediffmail.com



TRUE COPY


Dr. Premraj Gopal Jadhav
Principal
Yogita Dental College
Khed, Ratnagiri.

TRUE COPY

Dr. Premraj Gopal Jadhav
Principal
Yogita Dental College
Khed, Ratnagiri.