PG APPROVAL LETTERS



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

(An ISO 9001:2008 Certified University)

दिहोरी रोड, म्हसरुळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

Tel: (0253) 2539239, Fax: (0253) 2539200 Website: http://www.muhs.ac.in, E-mail: pgacademic@muhs.ac.in

मिलिंद प्र. देशमुख नैक्षणिक विभागप्रमुख (पदब्युत्तर)

Milind P. Deshmukh I/c, Academic Section (PG)

No. MUHS/PG/E-2/2107/2779/15

Date: 22/07/2015

To

The Dean / Principal.

Yogita Dental College & Hospital,

At-Postt Tal -Khed

Dist-Ratnagiri 415 709

: Recognition as Post-Graduate Teacher.

1) Your College letter No. YDCH/2107/6008/2015 dated 18/06/2015; and

2) Post Graduate Teacher Recognition Committee meeting dtd 07/07/2015.

Sir / Madam,

With reference to the above cited subject, I am directed to inform you that in view of the norms prescribed as per provision under the section 29(2)(/) of the MUHS Act, 1998 Hon'ble Vice-Chancellor is pleased to grant recognition as Post-Graduate Teacher to the following teacher(s) of your Institute/College subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree in the subject mentioned against his/ her/ their name:-

Sr. No.	Subject	Name of the Teacher	Designation	Status of PG recognition
1	Prosthodontics & Crown & Bridge	Dr. Sadar Leena Rajesh	Professor	w.e.f.18/06/2015 & onwords
2	Conservative Dentistry & Endodontics	Dr. Darda Sumit Subhash	Reader	w.e.f.18/06/2015 & onwards
3	Periodontology	Dr.Jadhav Varsha Pandurang	Professor	w.e.f.18/06/2015 & onwards

Kindly note that the recognition granted by the University is valid till the above said teacher is in the services of the said PG teaching Institute/College or attains the age of superannuation, whichever appens earlier.

The above teacher(s) is/are required to attend the Research Methodology Workshop conducted by Regional Center, Pune of this University or any other centre authorised by the University and also submit the documents regarding publishing minimum one publication in case of Reader and two publication in case of Professor published in the National/International indexed journal within the period of one year, failing which, the recognition issued shall stand automatically cancelled, which may please

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

inward No.- 86 31

Yours Sincerely

Copy to: The Controller of Examinations, MUHS

Note: In case, if it is found at later stage that information furnished in Post Graduate Recognition form by the teacher concerned is incorrect, PG Recognition/UG approval granted by the University will stand cancelled.

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महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES

(An ISO 9001:2008 Certified University)

दिडोरी रोड, म्हसरुळ, नाशिक -४२२००४ Dindori Road, Mhasrul, Nashik -

422004

Tel: (0253) 2539270/205 Fax: (0253) 2539200 Website: www.muhs.ac.in, E-mail: ugacademic@muhs.ac.in

डॉ. उदयसिंह रावराणे [एम.डी.(बारू.)]

Dr. Udaysinh Raorane
[M.D.(Ayurved)]

उपकुलसचिव

Dy. Registrar

Out No.: MUHS/PG/E-2/2107/12 33 / 2016

Date: 07/05/2016

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

Sub.

: Recognition as Post-Graduate Teacher.

Ref.

1) Your letter no. YDCH/2107/8439/2016 dated 05/04/2016

2) Postgraduate Teacher Recognition Committee meeting dated 21/04/2016.

Sir/Madam,

With reference to the above cited subject, I am directed to inform you that in view of the norms prescribed as per provision under the section 29(2)(/) of the MUHS Act,1998 Hon'ble Vice-Chancellor is pleased to grant recognition as Post-Graduate Teacher to the following teacher(s) of your Institute/College subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree in the subject mentioned against his/ her/ their name.

Sr. No.	Subject	Name of the Teacher	Designation	Status of PG recognition
1.	Periodontology	Dr. Prashant R. Shetty	Reader	w.e.f. 14/08/2015 for one year only.
7	Prosthodontics & Crown & Bridge	Dr. Shetty Adarsh Krishnayya	Reader	w.e.f. 14/08/2015 for one year only.

Kindly note that the recognition granted by the University is valid till the above said teacher is in the services of the said PG teaching institute/College or attains the age of superannuation, whichever happens earlier

The above teacher(s) is/are required to attend the Research Methodology Workshop conducted by Regional Center, Pune of this University or any other centre authorised by the University and also submit the documents regarding publishing minimum one publication in case of Reader and two publication in case of Professor publish in the National/International indexed journal within the period of one year, failing which, the recognition issued shall stand automatically cancelled, which may please be noted.

You are requested to handover the copy of letter to the concerned teacher(s) for further necessary

action.

Dais 03 106 /2011

Dean Principal

Operation (P.G.)

Dean Principal

Khed, Ramayir.

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Maharashtra University of Health Sciences, Nashik

(An ISO 9001:2008 Certified University)

वणी - दिंडोरी रोड, म्हसरुळ, नाशिक - ४२२००४, Vani-Dindori Road, Mhasrul, Nashik-422 004 EPABX: 0253-2539100-300, Fax - 0253-2539200, Phone: 0253-2539270/205.

E-mail: pgacademic@muhs.ac.in Web.: www.muhs.ac.in

डॉ. उदयसिंह रावराणे

Dr. Udaysinh Raorane

[एम.डी.(बाबु.)]

[M.D.(Ayurved)] Dy. Registrar

उपकुलसचिव

Out No.: MUHS/PG/E-2/2107/13 80/2016

Date: 30/05/2016

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.

Sub.

Recognition as Post-Graduate Teacher.

: 1) Your Letter No. YDCH/2107/8511/2016 dated 09/05/2016.

2) Postgraduate Teacher Recognition Committee meeting dated 27/05/2016.

Sir/Madam,

With reference to the above cited subject, I am directed to inform you that in view of the norms prescribed as per provision under the section 29(2)(I) of the MUHS Act, 1998 Hon'ble Vice-Chancellor is pleased to grant recognition as Post-Graduate Teacher to the following teacher(s) of your Institute/College subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree, in the subject mentioned against his/ her/ their name.

Sr. No.	Subject	Name of the Teacher	Designation	Status of PG recognition
1.	Orthodontics & Dentofacial Orthopedics	Dr. Patil Chetan Dilip	Reader	w.e.f. 22/04/2016 for one year only.

Kindly note that the recognition granted by the University is valid till the above said teacher is in the services of the said PG teaching College or attains the age of superannuation, whichever happens earlier.

TRUE CUPY The above teacher(s) is/are required to attend the Research Methodology Workshop conducted by Regional Center, Pune of this University or any other centre Dead authorised by the University and also submit the documents regarding publishing Khed, Rathayir. minimum one publication in case of Reader and two publication in case of Professor

[Rape : 1]



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES

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डॉ. उदयसिंह रावराणे

No. MUHS/PG/E-2/2107/2 148/16

[एम.ही.(आय.)]

Dr. Udaysinh Raorane

[M.D.(Ayurved)] Dy. Registrar

उपकुलसचिव

Date: 22/08/2016

To, The Dean / Principal, SASS's Yogita Dental College & Hospital, At. Post Tal.- Khed. Dist-Ratnagiri 415 709

Sub

: Recognition as Post-Graduate Teacher.

Ref

: 1) Your College letter No. YDCH/2107/8698/2016 dated 05/07/2016; and

2) Post Graduate Teacher Recognition Committee meeting dtd 30/07/2016; and

3) Your College letter No. YDCH/2107/9025/2016 dated 04/08/2016.

Sir / Madam,

With reference to the above cited subject, I am directed to inform you that in view of the norms prescribed as per provision under the section 29(2)(/) of the MUHS Act, 1998 Hon'ble Vice-Chancellor is pleased to grant recognition as Post-Graduate Teacher to the following teacher(s) of your Institute/College subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree in the subject mentioned against his/her/ their name:-

Sr. No.	Subject	Name of the Teacher	Designation	Status of PG recognition
1	Prosthodontics & Crown & Bridge	Dr. Jadhav Premraj Gopal	Professor	w.e.f. 03/05/2016 for one year only.
	Orthodontics & Dentofacial Orthopaedics	Dr.Vibhute Pavankumar J.	Professor	w.e.f. 05/07/2016 for one year only.

Kindly note that the recognition granted by the University is valid till the above said teacher is in the services of the said PG teaching Institute/College or attains the age of superannuation, whichever happens earlier.

The above teacher(s) is/are required to attend the Research Methodology Workshop conducted by Regional Center, Pune of this University or any other centre authorised by the University and also submit the documents regarding publishing minimum one publication in case of Reader and two publication in case of Professor published in the National/International indexed journal within the

Impard No . Daia.

Dean : Principal Yogita Dental Codlege Khed, Ramayir,

FRUE CUPY



Maharashtra University of Health Sciences, Nashik सबी - दिडोरी रोड, म्हसरुळ, नाशिक - ४२२००४, Vani-Dindori Road, Mhasrul, Nashik-422 004

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E-mail: pgacademic@muhs.ac.in Web.: www.muhs.ac.in

डॉ. कलिदास द. चव्हाण

एम.बी.बी.एस., एम.डी. (न्वाबवैधकमास्त्र) प्र. कुलसचिव

Dr. Kalidas D. Chavan M.B.B.S., M.D.(Forensic Medicine)

Offg. Registrar

Date: 14 /07/2017

No. MUHS/PG/E-2/2107/1834/2017

To

The Dean / Principal, Yogita Dental College & Hospital, At-Postt Tal -Khed Dist-Ratnagiri 415 709

Ref

: Recognition as Post-Graduate Teacher.

: 1) University Direction No.01/2017 dated 13/04/2017.

2) Your College letter no. YDCH/2107/10259/2017dated 26/05/2017.

3) College Email dated 06/07/2017

4) University letter No MUHS/E-2/UG/2359/2017 dated 21/06/2017.

Sir / Madam

With reference cited above, I am directed to inform you that, the proposal of Recognition as Post-Graduate Teacher of the fol lowing teacher(s) has been considered by the University subject to the terms, and conditions of appointment order for imparting instructions to the Post Graduate Degree Course(s) in the subject mentioned against his/her/their name.

Sr. No.	Culatant	Name of the Teacher	Designation	Status of PG recognition
1.	Prosthodontics & Crown & Bridge	Dr. Jadhav Premraj Gopal	Professor	
3.	Prosthodontics & Crown & Bridge	Dr. Shetty Adarsh Krishnayya *	Reader	Temporary for two years w.e.f. date of joining i.e. from 26/05/2017 to 31/07/2019
4.	Prosthodontics & Crown & Bridge	To the second se	Reader	Temporary for two years w.e.f. date of joining i.e. from 26/05/2017 to 31/07/2019
5.	& Endodontics	Dr. B. Sunil Rao *	Professor	Temporary for two years w.e.f. date of joining i.e. from 26/05/2017 to 31/07/2019
	Conservative Dentistry & Endodontics	Dr. Babannavar Roopa Bandu *#	Reader	Temporary for two years w.e.f. date of joining i.e. from 26/05/2017 to 31/07/2019
6.	Periodontology	Dr. Prashant R. Shetty *	Reader	Temporary for two years w.e.f. date of joining i.e. from 26/05/2017 to 31/07/2019

Dean! Frincisal Yogita Dental . dage Kheu, Ramayin

Sr. No.	Subject	Name of the Teacher	Designation	Status of PG recognition
7.	Periodontology	Dr. Deshpande Pawan Sureshrao *	Reader	Temporary for one years w.e.f. date of joining i.e. from 23/05/2017 to 31/07/2018
9.	Orthodontics & Dentofacial Orthopaedics	Dr.Vibhute Pavankumar Janardan *	Professor	Temporary for two years w.e.f. date of joining i.e. from 26/05/2017 to 31/07/2019
	Orthodontics & Dentofacial Orthopaedics	Dr.Patil Chetan Dilip *	Reader	Temporary for two years w.e.f. date of joining i.e. from 22/04/2017 to 31/07/2019
10.	Orthodontics & Dentofacial Orthopaedics	Dr. Patil Ajinkya Appasaheb * #	Reader	Temporary for one years w.e.f. date of joining i.e. from 26/05/2017 to 31/07/2018

Kindly note that the recognition granted by the University is valid till the above said teacher(s) are in the services of the said PG teaching Institute/College or attains the age of superannuation, whichever happens earlier.

* Indicate that the above teacher(s) is/are required to attend the Research Methodology Workshop conducted by Regional Center, Pune of this University or any other centre authorised by the University

Indicate that the above teacher(s) is/are required to submit the documents regarding publishing minimum one publication in case of Reader and two publication in case of Professor published in the National/International indexed journal within the period of one year, failing which, the recognition issued shall stand automatically cancelled, which may please be noted.

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

Offg. Registrar

Copy to: 1. Concern Teacher.

2. The Controller of Examinations, MUHS, Nasik

Note: In case, if it is found at later stage that information furnished in Post Graduate Recognition form by the teacher concerned is incorrect, PG Recognition/UG approval granted by the University will stand cancelled.

Inward No. 9635
Date - 19 07/2017

Dean Principal
Yogita Dental Codlege
Khed, Ratnayas



Maharashtra University of Health Sciences, Nashik

वणी - दिंढोरी रोड, म्हसरुळ, नाशिक - ४२२००४, Vani-Dindori Road, Mhasrul, Nashik- 422 004

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डॉ. कालिदास द. चव्हाण रम.बी.बी.एस., एम.डी. (न्याववैद्यक्सास्त्र) Dr. Kalidas D. Chavan

M.B.B.S., M.D.(Forensic Medicine)

कुलसचिव

Registrar

No. MUHS/PG/E-2/5598/2019

Date: |9 /12/2019

To

The Dean / Principal,
Yogita Dental College & Hospital,
At-Postt Tal -Khed
Dist-Ratnagiri 415 709

Sub

: Recognition as Post-Graduate Teacher.

Ref

: 1) University Direction No.01/2017 dated 13/04/2017.

Your College letter no. YDCH/2107/13537/2019 dated 29/08/2019.

4) University letter No MUHS/E2 /Approval/UG /544/2019 dated/3/12/2019

5) University letter No MUHS/E2/Approval/UG /5462/2019 dated /3 /12/2019

Sir / Madam

With reference cited above, I am directed to inform you that, the proposal of Recognition as Post-Graduate Teacher of the fol lowing teacher(s) has been considered by the University subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree Course(s) in the subject mentioned against his/her/their name.

Sr. No.	Subject	Name of the Teacher	Designation	Status of PG recognition
1.	Periodontology	Dr. Prashant R. Shetty	Reader	w.e.f 05/10/2019 & onwards.
2.	Periodontology	Dr. Nandigam Anwesh Reddy	Reader	w.e.f 05/10/2019 01 year only against OBC category
3.	Periodontology	Dr. Talesara Kamlesh Prakash	Reader	w.e.f 05/10/2019 01 year only against SC category
4.	Prosthodontics and Crown & Bridge	Dr. Premraj Gopal Jadhav	Professor	w.e.f. 05/10/2019 & onwards
5.	Prosthodontics & Crown & Bridge	Dr. Milind B. Limaye	Reader	w.e.f. 05/10/2019 & onwards
6.	Prosthodontics & Crown & Bridge	Dr. Chetan M. Modgi	Reader	w.e.f 05/10/2019 01 Year only against OBC category
7.	Prosthodontics and Crown & Bridge	Dr. Pradeep Dilip Taide	Reader	w,e.f. 05/10/2019 & onwards
8.	Conservative Dentistry & Endodontics	Dr. Prashant P. Moogi	Professor	w.e.f. 05/10/2019 & onwards
9.	Conservative Dentistry & Endodontics	Dr. Siddhesh Dattatray Bandekar	Reader TRUE CUP	w.e.f. 05/10/2019 for 01 year only against OBC Category

Dean : Principal Yogita Dental College Khed, Rama, in

No.	Subject	Name of the Teacher	Designation	Status of PG recognition
10	Conservative Dentistry & Endodontics	Dr. Vishnu P. Rathore	Reader	05/10/2019 for 01 year only against SC category
11	Conservative Dentistry & Endodontics	Dr. Shirin Kshirsagar	Reader	w.e.f 05/10/2019 & onwards
12	Orthodontics & Dentofacial Orthopaedics	Dr. Pavankumar Janardan Vibhute	Professor	w.e.f. 05/10/2019 & onwards
13	Orthodontics & Dentofacial Orthopaedics	Dr.Patil Chetan Dilip	Reader	w.e.f. 05/10/2019 & onwards
14	Orthodontics & Dentofacial Orthopaedics	Dr.Bala Gangadhar Munagala	Reader	w.e.f 05/10/2019 01 year only against SC category

Kindly note that the recognition granted by the University is valid till the above said teacher(s) are in the services of the said PG teaching Institute/College or attains the age of superannuation, whichever happens earlier.

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

Registrar

- Copy to: 1. Concern Teacher.
 - 2. The Controller of Examinations, MUHS, Nasik

Note: In case, if it is found at later stage that information furnished in Post Graduate Recognition form by the teacher concerned is incorrect, PG Recognition/UG approval granted by the University will stand cancelled.

> Yogita Dental College Khed, Ramayir.



Maharashtra University of Health Sciences, Nashik

वणी - दिंडोरी रोड, म्हसरुळ, नामिक - ४२२००४, Vani-Dindori Road, Mhasrul, Nashik- 422 004

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हाँ. कालिदास द. चव्हाण

Dr. Kalidas D. Chavan

M.B.B.S., M.D.(Forensic Medicine)

Registrar

ा वी.वी.एस., एम.डी. (न्यायवैश्वक्सास्त्र) ः लसचिव

Ref No.: MUHS/E-2/PG/24/7 / 2020

Date: 14 /12/2020

The Principal.

Shivtej Arogya Seva Sanstha's Yogita Dental College & Hospital, Naringi Riverside, At.Post Tal.Khed, Dist. Ratnagiri - 415 709

Regarding extension to Post Graduate Teacher Recognition

 Univ. Letter No. MUHS/PG/E-2/5598/2019 dated 19/12/2019. University Circular No. 14/2020 (Revised) dated 24/06/2020.

3. Your letter No YDCH/2107/15169/2020 dated 21/10/2020 4. Univ. Letter No. MUHS/E-2/Temp Approval/ 2397 /2020 dated 14/12/2020

Sir/ Madam.

With reference to the subject cited above, I am to inform you that, the proposal of extension to recognition as Post-Graduate Teacher of the following teachers have been considered by the University subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree, Diploma or Super-Speciality Course in the subject mentioned against their names.

Sr. Designation Status of PG recognition Name of the Teacher Subject No. w.e.f 06/10/2020 to 05/10/2021 Prosthodontics and Dr. Chetan Modgi Reader 1. only (against OBC Category) Crown & Bridge w.e.f 06/10/2020 to 05/10/2021 Dr. Bala Gangadhar Reader Orthodontics & 2. only (against SC Category) Dentofacial Munagala Orthopedics w.e.f 06/10/2020 to 05/10/2021 Dr. Siddhesh Bandekar Reader Conservative Dentistry 3 only (against OBC Category) and Endodontics Conservative Dentistry w.e.f 06/10/2020 to 05/10/2021 4. Dr. Vishnu Rathore Reader only (against SC Category) and Endodontics w.e.f 06/10/2020 to 05/10/2021 5. Periodontology Dr. Kamlesh Talesara Reader only (against SC Category) Dr. Anwesh Reddy Reader w.e.f 06/10/2020 to 05/10/2021 Periodontology 6. only (against OBC Category)

The above mentioned teachers are required to attend "Research Methodology Workshop" conducted by Regional Centre, Pune of this University or any other centre authorised by the 1University (if not attended earlier), within a period of one year from the date of recognition. It is clarified that the validity of Research Methodology Workshop' is for five years only and it must be renewed after every five years as per Circular 14/2011 dated 23/06/2011.

2) The recognition granted by the University is subject to successful completion of at least one Medical Education Technology (MET) workshop conducted by the University, within the period of one year from the date of recognition. If any teacher fails to comply with the said provision, the recognition granted by the University will be considered as cancelled.

3) A copy of this letter is to be handed over to the concerned teacher.

Yours.

Yogita Dental College

Khed, Ramayir.

Copy to:

Concern Teachers.

The Controller of Examinations, MUHS, Nasik

Note: In case, if it is found at later stage that information furnished in Post Graduate Recognition form by the teacher concerned is incorrect, PG Recognition/UG approval granted by the University will stand cancelled.

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Maharashtra University of Health Sciences, Nashik

दिंडोरी रोड, म्ह्सरुळ, नान्निक - ४२२००४, Dindorl Road, Mhasrul, Nashik-422 004 Tel: (0253)2539192/6659239, Student Helpline:(0253)2539111/6659111

Website: www.muhs.ac.in, E-mail: academic1@muhs.ac.in

डॉ. कलिदास द. चव्हाण

एम.की.की.एम., एम.डी. (न्वायवेद्यबसास्त्र), पीएप.डी., डी.एस्सी. युट्टस्पिय Dr. Kalidas D. Chavan

M.B.B.S., M.D.(Forensic Medicine)Ph.D., D.sc.

Registrar

Out No.: MUHS/E-2/PG/2071 /2021

Date: 06/09/2021

To

The Principal,

Shivtej Arogya Seva Sanstha's Yogita Dental College & Hospital, Naringi Riverside, At. Post Tal. Khed,

Dist. Ratnagiri - 415 709

Sub. : Recognition as Post-Graduate Teacher

Ref. : Your letter No YDCH/2107/50/2021 dated 01/07/2021

Sir / Madam.

With reference to the subject cited above, I am directed to inform you that, the proposal of Recognition as Post-Graduate Teacher of the following teachers is considered by the University subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree Course in the subject mentioned against their name.

Sr. No.	Subject	Name of the Teacher	Designation	Status of Approval
1.	Pediatric Dentistry	Dr. Shridhar Shetty	Professor	w.e.f 01/07/2021 to 10/02/2023 only.
2	Orthodontics and Dentofacial Orthopaedics	Dr. Patil Chetan Dilip	Professor	w.e.f 01/07/2021 to 10/02/2023 only.
3.	Orthodontics and Dentofacial Orthopaedics	Dr. Sanjeev Jakati	Reader	w.e.f 01/07/2021 to 10/02/2023 only
4.	Paediatric Dentistry	Dr. Priyanka Razdan	Reader	w.e.f 01/07/2021 to 10/02/2023 only.
5.	Paediatric Dentistry	Dr. Preeti Singh	Reader	w.e.f 01/07/2021 to 10/02/2022 only. (against OBC Category)
6.	Prosthodontics & Crown & Bridge	Dr. Kanitkar Aneesh Shriram	Reader	w.e.f 01/07/2021 to 10/02/2023 only

Kindly note that the recognition granted by the University is valid till the above said teachers are in the services of the said PG teaching Institute/College or attains the age of superannuation, whichever happens earlier.

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

Your

Dean Princip Registra

Khed, Ramayar.

Copy to: 1) Concern Teacher.

2) The Controller of Examinations, MUHS, Nashik

Note: In case, if it is found at later stage that information furnished in Post Graduate Recognition form by the teacher concerned is incorrect, PG Recognition/UG

approval granted by the University will stand cancelled.

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

विंडोरीरोड, म्हसच्ळ, नाम्रिक-४२२००४Dindori Road, Mhasrul, Nashik - 422004 Tel:(0253) 2539192/6659192/239 ⊋Student Helpline:0253-2539111/6659111/100 Website: www.muhs.ac.in, E-mail: academic1@muhs.ac.in

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MUHS

डॉ.कालेदास द. चव्हाण

एम.वी.बी.एम.,एम.डी.(न्बाबवैचक्बास्व),पीएच.डी.,डी.एससी.

कुलसचिव

Dr. Kalidas D. Chavan M.B.B.S., M.D. (Forensic Medicine), Ph.D., D.Sc.

Registrar

MUHS / E-2/PG / 7-4 /2022

Date: | 0 / 01/2022

To
The Principal,
Shivtej Arogya Seva Sanstha's
Yogita Dental College & Hospital,
Naringi Riverside, At.Post Tal.Khed,
Dist. Ratnagiri – 415 709

Sub.

: Recognition as Post-Graduate Teacher

Ref.

: 1) MUHS/F-2/UG/E-2/2139/2021 dated- 10/08/2021

3) Your letter No. YDCH/2107/125/2021 Date-29/11/2021

Sir / Madam,

With reference to the subject cited above, I am directed to inform you that, the proposal of Recognition as Post-Graduate Teacher of the following teachers is considered by the University subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree Course in the subject mentioned against their name.

Sr. No.	Subject	Name of the Teacher	Designation	Status of Approval
1.	Periodontology	Dr. Gorwade Nitin Kalinath	Reader	w.e.f 29/11/2021 to 10/02/2023 only

Kindly note that the recognition granted by the University is valid till the above said teachers are in the services of the said PG teaching Institute/College or attains the age of superannuation, whichever happens earlier.

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

Your

Registrar

Copy to: 1) Concern Teacher.

2) The Controller of Examinations, MUHS, Nashik

Note: In case, if it is found at later stage that information furnished in Post Graduate Recognition form by the teacher concerned is incorrect, PG Recognition/UG approval granted by the University will stand cancelled.

Dean Principal
Yogita Dental College
Khed, Ramayir.



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

दिंडोरीरोड, म्हसरुळ, नाम्निक-४२२००४Dindori Road, Mhasrul, Nashik - 422004 Tel:(0253) 2539192/6659192/239 Student Helpline:0253-2539111/6659111/100 Website: www.muhs.ac.in, E-mail: academic1@muhs.ac.in

डॉ.कालिदास द. चव्हाण

एम.बी.बी.एस.,एम.डी (न्यायवैद्यवजास्य),पीएच.डी.,डी.एससी.

कुलसचिव

Dr.Kalidas D. Chavan M.B.B.S., M.D. (Forensic Medicine), Ph.D., D.Sc.

Registrar

Date: 22/05/2022

Out No.: MUHS/E-2/PG/1312/2022

To The Principal, Shivtej Arogya Seva Sanstha's Yogita Dental College & Hospital, Naringi Riverside, At. Post Tal. Khed, Dist. Ratnagiri - 415 709

Sub.

: Recognition as Post-Graduate Teacher

Ref.

: Your letter No YDCH/2107/2011/2022 dated 27/04/2022

Sir / Madam.

With reference to the subject cited above, I am directed to inform you that, the proposal of Recognition as Post-Graduate Teacher of the following teachers is considered by the University subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree Course in the subject mentioned against their name.

Sr. No.	Subject	Name of the Teacher	Designation	Status of Approval
1.	Conservative Dentistry and Endodontics	Dr. Unmesh Deepak Khanvilkar	Professor (Open)	w.e.f 27/04/2022 to 14/02/2024 only.
2.	Conservative Dentistry and Endodontics	Dr. Bandekar Siddhesh Dattatray	Reader (OBC)	w.e.f 27/04/2022 to 14/02/2024 only.
3.	Pediatric Dentistry	Dr. Rashmi Jayanna	Professor (Open)	w.e.f 27/04/2022 to 14/02/2024 only.

Kindly note that the recognition granted by the University is valid till the above said teachers are in the services of the said PG teaching Institute/College or attains the age of superannuation, whichever happens earlier.

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

Your

Registrar

Copy to: 1) Concern Teacher.

2) The Controller of Examinations, MUHS, Nashik

In case, if it is found at later stage that information furnished in Post Graduate Recognition form by the teacher concerned is incorrect, PG Recognition/UG approval granted by the University will stand cancelled. TRUE COPY

Khed, Ramayir.

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

दिंडोगीगेड, म्हस्रुळ, नाणिक- ४०००४Dindori Road, Mhasrul, Nashik - 422004 Tel:(0253) 2539192/6659192/239**%** Student Helpline:0253-2539111/6659111/100

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डॉ.क्रालिबास द. चव्हाण

एम मा यो यम एम है। (न्यावनसभास्य) प्रेणाच हो। हो एमसी

Dr. Kalidas D. Chavan M.B.B.S. M.D. (Forensic Medicine), Ph.D. D.Sc.

Registrar

कुलशचिव

Out No.: MUHS/E-2/PG/1417/2022

Date: 21/06/2022

To The Principal, Shivtej Arogya Seva Sanstha's Yogita Dental College & Hospital, Naringi Riverside, At.Post Tal Khed, Dist. Ratnagiri – 415 709

Sub.

Recognition as Post-Graduate Teacher

Ref.

Your letter No YDCH/2107/2019/2022 dated 14/05/2022

Sir / Madam.

With reference to the subject cited above, I am directed to inform you that, the proposal of Recognition as Post-Graduate Teacher of the following teachers is considered by the University subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree Course in the subject mentioned against their name.

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No.	Subject	Name of the Teacher	Designation	Status of Approvai
1.	Periodontology	Dr. Talesara kamlash Prakash	Reader	w.e.f. 14/05/2022 to 14/02/2023 only.
2.	Periodontology	Dr. Rashmi Alisa Saroja Heralgi	Reader	w.e.f. 14/05/2022 to 14/02/2023 only.
3.	Orthodontics & Dentofacial Orthopedics	Dr. Kawale Pradeep Dilip	Reader	w.e.f. 14/05/2022 to 14/02/2023 only
4.	Pediatric Dentistry	Dr. Mhatre Swapnil Haribhau	Reader	w.e.f. 14/05/2022 to 14/02/2023 only.
5.	Prosthodontics and Crown & Bridge	Dr. Jadhav Varunraj Chandrakant	Reader	w.e.f. 14/05/2022 to 14/02/2023 only.

Kindly note that the recognition granted by the University is valid till the above said teachers are in the services of the said PG teaching Institute/College or attains the age of superannuation, whichever happens earlier

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

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Registrar

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2) The Controller of Examinations, MUHS, Nashik

Note: In case, if it is found at later stage that information furnished in Post Graduate

Recognition form by the teacher concerned is incorrect, PG Recognition/Upean All Inchal approval granted by the University will stand cancelled.

Yogita Dental College

Khed, Ramayiri.

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