

VERIFICATION OF  
SCHEDULES OF  
TRAINING  
PROGRAMS BY  
COMPETENT  
AUTHORITY

# MAHARASHTRA STATE DENTAL COUNCIL

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, 2<sup>nd</sup> Floor,  
189 - Sane Guruji Marg, Aurthor Road  
Naka, Chinchpokali (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.msdcmbai.org.in](http://www.msdcmbai.org.in)  
E-mail: [cdemsdcmbai@gmail.com](mailto:cdemsdcmbai@gmail.com)

President:

Dr. Narendra Kale

No. 9703/CDE/2023-2024

Date: 19.10.2023

To,  
Yogita Dental College & Hospital,  
Khed

Subject: As per regulation 7 of CDE Notification dt 5<sup>th</sup> 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 **16/10/2023**.

Your CDE Programme is scheduled on **06<sup>th</sup> November, 2023** CDE Credit Points Approval Number is **MSDC/CDE/9703/2023-2024 dated 19/10/2023** which should be display and print on the attendance certificate. The participants who will attend the program on **06<sup>th</sup> November, 2023** will eligible for **06 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.

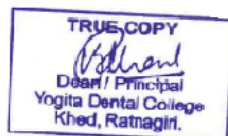
(10.2) The Organization shall submit the entire data of the attendees to the MSDC office in Excel Format e.g. S.No., Surname, First Name, Middle Name, Reg. No, Mobile No., Email, DE code allotted by the State Council, Date, claimed credit point within a month of the Programme with the approval of observer,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

Yours faithfully,

Sd/-

Registrar,

Maharashtra State Dental Council,  
Mumbai.



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E-mail: [cdemsdcmbai@gmail.com](mailto:cdemsdcmbai@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:-

**Continuing Dental Education**  
NAME OF CONDUCTING AUTHORITY  
CERTIFICATE OF ATTENDANCE

Certified that Dr. \_\_\_\_\_ has attended the \_\_\_\_\_ on dd/mm/yyyy  
for hh:mm hrs duration organised by \_\_\_\_\_  
& credited with \_\_\_\_\_ CDE points. (Ref. No. (MSDC Outward No. and Date))

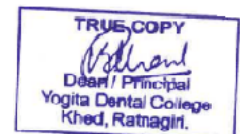
Signature of the Maharashtra State Dental Council Representative      Authorised Signatory (on behalf of Organiser)      Signature of Guest Speaker

**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)
2. Paper: 160 GSM (Matt Finish)

#####



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E-mail: [cdemsdcmbai@gmail.com](mailto:cdemsdcmbai@gmail.com)

President:  
Dr. Narendra Kale

Date: 19/10/2023

To,  
Yogita Dental College & Hospital,  
Khed

Dentist Palekar Saba Shabbir  
Reg No: A-31532

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

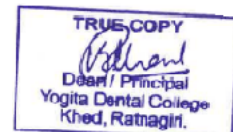
Respected Sir/Madam,

As per regulation 10 (10.1.3) of CDE Notification dt 5th Sept. 2018 **Dentist Palekar Saba Shabbir** 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 Palekar Saba Shabbir for information and further action.  
Mob No: - 88062 84438  
Email: - [sabapalekar17@gmail.com](mailto:sabapalekar17@gmail.com)

\*\*\*\*\* END \*\*\*\*\*



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E-mail [cdemsdcmbai@gmail.com](mailto:cdemsdcmbai@gmail.com)

President:  
Dr. Narendra Kale

No. 769 / CDE / 2023 - 2024

Date: 30 / 08 / 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 26/08/2023.

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 scheduled on 31<sup>st</sup> August & 01<sup>st</sup> September 2023.

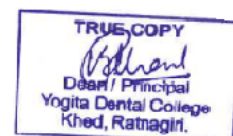
Title of Account- Maharashtra State Dental Council  
NAME OF BANK- BANK OF BARODA  
A/C NO. - 04170200002212  
IFSC CODE - BARB0SIRPMR  
Branch Name - SIR P M ROAD BRANCH

Those participants who will attend CDE program on 31<sup>st</sup> August & 01<sup>st</sup> September 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.



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E-mail: [cdemsdcmbai@gmail.com](mailto:cdemsdcmbai@gmail.com)

President:

Dr. Narendra Kale

No. 637/CDE/2024-2025

Date: 25.06.2024

To,  
Yogita Dental College & Hospital,  
Khed

Subject: As per regulation 7 of CDE Notification dt 5<sup>th</sup> 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 **20/06/2024**.

Your CDE Programme is scheduled on **26<sup>th</sup> June, 2024** CDE Credit Points Approval Number is **MSDC/CDE/637/2024-2025 dated 25/06/2024** which should be display and print on the attendance certificate. The participants who will attend the program on **26<sup>th</sup> June, 2024** will eligible for **05 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.

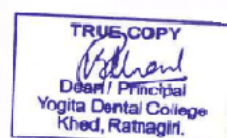
(10.2) The Organization shall submit the entire data of the attendees to the MSDC office in Excel Format e.g. S.No., Surname, First Name, Middle Name, Reg. No, Mobile No., Email, DE code allotted by the State Council, Date, claimed credit point within a month of the Programme with the approval of observer,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

Yours faithfully,

Sd/-

Registrar,

Maharashtra State Dental Council,  
Mumbai



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E-mail: [cdemsdcmbai@gmail.com](mailto:cdemsdcmbai@gmail.com)

President:

Dr. Narendra Kale

No. 319/CDE/2024-2025

Date: 17.05.2024

To,  
Yogita Dental College & Hospital,  
Khed

Subject: As per regulation 7 of CDE Notification dt 5<sup>th</sup> 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 **13/04/2024**.

Your CDE Programme is scheduled on **31<sup>st</sup> May, 2024** CDE Credit Points Approval Number is **MSDC/CDE/319/2024-2025 dated 17/05/2024** which should be display and print on the attendance certificate. The participants who will attend the program on **31<sup>st</sup> May, 2024** will eligible for **03 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.

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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.

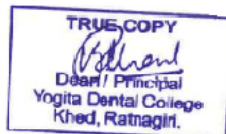
(10.2) The Organization shall submit the entire data of the attendees to the MSDC office in Excel Format e.g. S.No., Surname, First Name, Middle Name, Reg. No, Mobile No., Email, DE code allotted by the State Council, Date, claimed credit point within a month of the Programme with the approval of observer,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

Yours faithfully,

Sd/-

Registrar,

Maharashtra State Dental Council,  
Mumbai



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Website: [www.msdcmbai.org.in](http://www.msdcmbai.org.in)  
E-mail: [cdemsdcmbai@gmail.com](mailto:cdemsdcmbai@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:-

**Continuing Dental Education**  
NAME OF CONDUCTING AUTHORITY  
CERTIFICATE OF ATTENDANCE

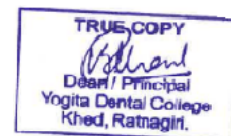
Certified that Dr. \_\_\_\_\_ has attended the \_\_\_\_\_ on \_\_\_/\_\_\_/\_\_\_\_\_.  
for \_\_\_:\_\_\_ hrs duration organised by \_\_\_\_\_  
& credited with \_\_\_\_\_ CDE points. (Ref. No. (MSDC Outward No. and Date)

Signature of the Maharashtra State Dental Council Representative      Authorised Signatory (on behalf of Organiser)      Signature of Guest Speaker

**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)
  2. Paper: 160 GSM (Matt Finish)

#####





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E-mail: [cdemsdcmbai@gmail.com](mailto:cdemsdcmbai@gmail.com)

President:  
Dr. Narendra Kale

Date: 17/05/2024

To,  
Yogita Dental College & Hospital,  
Khed

Dentist Nore Naeem Abdullateef  
Reg No: A-14157

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

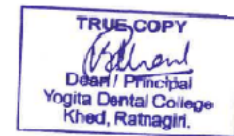
Respected Sir/Madam,

As per regulation 10 (10.1.3) of CDE Notification dt 5th Sept. 2018 **Dentist Nore Naeem Abdullateef** 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 Nore Naeem Abdullateef for information and further action.  
Mob No: - 94223 36314  
Email: - [naeem\\_norebds@yahoo.co.in](mailto:naeem_norebds@yahoo.co.in)

\*\*\*\*\* END\*\*\*\*\*



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E-mail: [cdemsdcmbai@gmail.com](mailto:cdemsdcmbai@gmail.com)

President:

Dr. Narendra Kale

No. 10370/CDE/2023-2024

Date: 12.02.2024

To,  
Yogita Dental College,  
Khed

Subject: As per regulation 7 of CDE Notification dt 5<sup>th</sup> 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 **31/01/2024**.

Your CDE Programme is scheduled on **22<sup>nd</sup> February, 2024** CDE Credit Points Approval Number is **MSDC/CDE/10370/2023-2024 dated 12/02/2024** which should be display and print on the attendance certificate. The participants who will attend the program on **22<sup>nd</sup> February, 2024** will eligible for **03 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.

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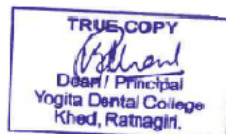
(10.2) The Organization shall submit the entire data of the attendees to the MSDC office in Excel Format e.g. S.No., Surname, First Name, Middle Name, Reg. No, Mobile No., Email, DE code allotted by the State Council, Date, claimed credit point within a month of the Programme with the approval of observer,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

Yours faithfully,

Sd/-

Registrar,

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Mumbai



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President:  
Dr. Narendra Kale

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The specimen design of the certificate is as follows:-

**Continuing Dental Education**  
NAME OF CONDUCTING AUTHORITY  
CERTIFICATE OF ATTENDANCE

Certified that Dr. \_\_\_\_\_ has attended the \_\_\_\_\_ on dd/mm/yyyy  
for hh:mm hrs duration organised by \_\_\_\_\_  
& credited with \_\_\_\_\_ CDE points. (Ref. No. (MSDC Outward No. and Date))

Signature of the Maharashtra State Dental Council Representative      Authorised Signatory (on behalf of Organiser)      Signature of Guest Speaker

**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)
  2. Paper: 160 GSM (Matt Finish)

#####

TRUE COPY  
*Yogita*  
Dean / Principal  
Yogita Dental College  
Khed, Ratnagiri.

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E-mail: [cdemsdcmbai@gmail.com](mailto:cdemsdcmbai@gmail.com)

President:  
Dr. Narendra Kale

Date: 12/02/2024

To,  
Yogita Dental College,  
Khed

Dentist Hamdulay Afiya Dawood  
Reg No: A- 33382

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

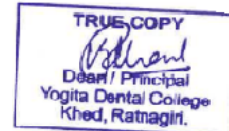
Respected Sir/Madam,

As per regulation 10 (10.1.3) of CDE Notification dt 5th Sept. 2018 **Dentist Hamdulay Afiya Dawood** 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 Hamdulay Afiya Dawood** for information and further action.  
Mob No: - 83900 88725  
Email: - [dr.afiyahamdulay@gmail.com](mailto:dr.afiyahamdulay@gmail.com)

\*\*\*\*\* END\*\*\*\*\*



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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.msdcmbai.org.in](http://www.msdcmbai.org.in)  
E-mail: [cdemsdcmbai@gmail.com](mailto:cdemsdcmbai@gmail.com)

President:

Dr. Narendra Kale

No. 10370/CDE/2023-2024

Date: 12.02.2024

To,  
Yogita Dental College,  
Khed

Subject: As per regulation 7 of CDE Notification dt 5<sup>th</sup> 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 **31/01/2024**.

Your CDE Programme is scheduled on **22<sup>nd</sup> February, 2024** CDE Credit Points Approval Number is **MSDC/CDE/10370/2023-2024 dated 12/02/2024** which should be display and print on the attendance certificate. The participants who will attend the program on **22<sup>nd</sup> February, 2024** will eligible for **03 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.

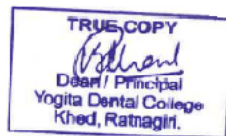
(10.2) The Organization shall submit the entire data of the attendees to the MSDC office in Excel Format e.g. S.No., Surname, First Name, Middle Name, Reg. No, Mobile No., Email, DE code allotted by the State Council, Date, claimed credit point within a month of the Programme with the approval of observer,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

Yours faithfully,

Sd/-

Registrar,

Maharashtra State Dental Council,  
Mumbai



# MAHARASHTRA STATE DENTAL COUNCIL

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, 2<sup>nd</sup> Floor,  
189 - Sane Guruji Marg, Aurthor Road  
Naka, Chinchpokali (West),  
Mumbai - 400 011

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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:-

**Continuing Dental Education**  
NAME OF CONDUCTING AUTHORITY  
CERTIFICATE OF ATTENDANCE

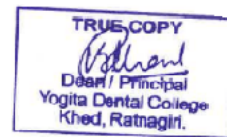
Certified that Dr. \_\_\_\_\_ has attended the \_\_\_\_\_ on dd/mm/yyyy  
for hh:mm hrs duration organised by \_\_\_\_\_  
& credited with \_\_\_\_\_ CDE points. (Ref. No. (MSDC Outward No. and Date))

Signature of the Maharashtra State Dental Council Representative      Authorised Signatory (on behalf of Organiser)      Signature of Guest Speaker

**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)
  2. Paper: 160 GSM (Matt Finish)

#####



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President:  
Dr. Narendra Kale

Date: 12/02/2024

To,  
Yogita Dental College,  
Khed

Dentist Hamdulay Afiya Dawood  
Reg No: A- 33382

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

Respected Sir/Madam,

As per regulation 10 (10.1.3) of CDE Notification dt 5th Sept. 2018 **Dentist Hamdulay Afiya Dawood** 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 Hamdulay Afiya Dawood** for information and further action.  
Mob No: - 83900 88725  
Email: - [dr.afiyahamdulay@gmail.com](mailto:dr.afiyahamdulay@gmail.com)

\*\*\*\*\* END\*\*\*\*\*

