

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

Name of the College : V. Y. W. S. DENATAL COLLEGE & HOSPITAL, AMRAVATI

Phone/Mobile No. : 0721-2662166

Name of the Subject : Prosthodontics and Crown Bridge

Sr. No.	Name of the Teacher (Last/First/Middle)	Designation	Subject/Speciality	Type of Appointment (Regular/Temp/Honorary)	Qualification	University Approxat (UG)	PG	PG	(Recognition Letter Date issued by University.)	No. of PG Students Guided last 5 year	Date of Birth	Email-ID	Mobile No.	Adhar Card No.	If Debarred Yes/No	Sign. Of Teacher
							Teaching Experience (in Years) After PGM	Teacher Recognition Yes/NO								
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr. Mrs. Barabde Aparna Shailesh	Professor & HoD	Prosthodontics and Crown Bridge	Regular	MDS	YES	14.1	YES	MUHS/PG/E-2/ 1050/2013 dt. 02.05.2013	5	07.11.1969	draparnabara bde@yahoo. com	8888854054	725738278204	No	
2	Dr. Dammani Brajesh Govinddas	Reader	Prosthodontics and Crown Bridge	Regular	MDS	YES	7.4	YES	No. MUHS/ E-2/PG/ 115103/2641/2023,Dt. 27.09.2023	2	18.01.1981	drdammanibr ajesh@gmail .com	9422156370	230247383263	No	
3	Dr. Miss Thombare Bhagyashree Ram	Reader	Prosthodontics and Crown Bridge	Regular	MDS	YES	5.4	YES	No. MUHS/E-2/ PG/ 1552/2022, Dt. 09.06.2022	2	22.09.1982	bchimote@g mail.com	7507693960	400105136238	No	
4	Dr. Wankhade Bhushan Ganeshrao	Reader	Prosthodontics and Crown Bridge	Regular	M.D.S.	YES	4.1	YES	No. MUHS/E-2/ PG/ 155103/1795/2023 Dt. 18.07.2023	0	15.02.1985	drbhushanfeb @gmail.com	9503213666	7030 9793 3731	No	

College Seal



12/e/cu
Signature of Dean

DEAN
Denatal College & Hospital
AMRAVATI.

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

Annexure-XV-C

College : V. Y. W. S. DENATAL COLLEGE & HOSPITAL, AMRAVATI

Phone/Mobile No. : 0721-2662166

Name of the Subject : Conservative Dentistry & Endodontics

Sr. No.	Name of the Teacher (Last/First/Middle)	Designation	Subject/Speciality	Type of Appointment (Regular/Temp/Honorary)	Qualification	University Approxat (UG)	PG	PG	(Recognition Letter Date issued by University.)	No. of PG Students Guided last 5 year	Date of Birth	Email-ID	Mobile No.	Adhar Card No.	If Debarred Yes/No	Sign. Of Teacher
							Teaching Experience (in Years) After PGM	Teacher Recognition Yes/NO								
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr. Tandil Yogesh Lopnath	Professor	Conservative Dentistry & Endodontics	Regular	MDS	YES	2.5	YES	No. MUHS/E- 2/ UG/115103/2641 /2023	5	10.12.1979	dryogeshatandil@gmail.com	8530330058	405045720290	No	
2	Dr. Shingane Shrikant Ashokrao	Reader	Conservative Dentistry & Endodontics	Regular	MDS	YES	2.2	YES	No. MUHS/E-2/ PG/115103/ 2842/2023,	2	01.09.1984	shrikantshingane437@gmail.com	7387755237	920547864816	No	
3	Dr. Mohkar Sagar Haridas	Reader	Conservative Dentistry & Endodontics	Regular	M.D.S.	YES	2.3	YES	No. MUHS/E- 2/ UG/115103/2641 /2023 Dt. 27.09.2023	1	23.01.1988	sagar22018@gmail.com	8208282306	4400 0285 0067	No	
4	Dr.Bhatia Chandani Mahesh (Adwani)	Reader	Conservative Dentistry & Endodontics	Regular	M.D.S.	YES	1.9	YES	No. MUHS/E-2/ PG/ 155103/1795/2023, Dt. 18.07.2023	0	12.11.1989	chandaniibhatia1989@gmail.com	7768917771	6730 0692 0487	No	

College Seal



121e1cu

Signature of Dean
DEAN

Denatal College & Hospital
AMRAVATI

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

Name of the College : V. Y. W. S. DENATAL COLLEGE & HOS

Phone/Mobile No. : 0721-2662166

Name of the Subject : Oral & Maxillofacial Surgery

Sr. No.	Name of the Teacher (Last/First/Middle)	Designation	Subject/Speciality	Type of Appointment (Regular/Temp/Honorary)	Qualification	University Approxat (UG)	PG	PG	(Recognition Letter Date issued by University.)	No. of PG Students Guided last 5 year	Date of Birth	Email-ID	Mobile No.	Adhar Card No.	If Debarred Yes/No	Sign. Of Teacher
							Teaching Experience (in Years) After PGM	Teacher Recognition Yes/NO								
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr. Naphade Milind Vishnu	Professor	Oral & Maxillofacial Surgery	Regular	MDS	YES	12.3	YES	No. MUHS/E- 2/ UG/115103/2641/2023 Dt. 27.09.2023	5	11.04.1968	naphademilind@gmail.com	9823035393	435904655114	No	
2	Dr. Mrs. Gondhalekar Rajeshree Rajesh	Reader	Oral & Maxillofacial Surgery	Regular	MDS	YES	7.11	YES	No. MUHS/E- 2/ UG/115103/2641/2023 Dt. 27.09.2023	5	24.12.1969	alpanaraj94@gmail.com	9422857925	857747039130	No	
3	Dr. Adwani Nitin Dwarkadas	Reader	Oral & Maxillofacial Surgery	Regular	MDS	YES	1.8	YES	No. MUHS/E-2/ PG/ 1552/2022, Dt. 09.06.2022	1	08.05.1984 38 years, 3 months	drnitinadwani@gmail.com	9673113113	6364 9336 0109	No	
4	Dr.Kolhe Vivek .R.	Reader	Oral & Maxillofacial Surgery	Regular	MDS	YES	1.7	YES	No. MUHS/E-2/ PG/ 155103/1795/2023, Dt. 18.07.2023	1	21.03.1983 39 years, 5 months	drvivekolhe11@gmail.com	7387431053	2328 6647 3006	No	

College Seal



Riela

Signature of Dean

DEANDenatal College & Hospital
AMRAVATI.

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

College : V. Y. W. S. DENATAL COLLEGE & HOSPITAL, AMRAVATI

Phone/Mobile No. : 0721.26621

Name of the Subject :Periodontology

Sr. No.	Full name of the Teacher (Last/First/Middle)	Designation	Subject/Speciality	Type of Appointment (Regular/Temp/Honorary)	Qualification	University Approxat (UG)	PG	PG	(Recognition Letter Date issued by University.)	No. of PG Students Guided last 5 year	Date of Birth	Email-ID	Mobile No.	Adhar Card No.	If Debarred Yes/No	Sign. Of Teacher
							Teaching Experience (in Years) After PGM	Teacher Recognition Yes/NO								
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr. Parwani Simran Rajkumar	Professor	Periodontology	Regular	MDS	YES	4.9	YES	No. MUHS/PG/E-2/2150/2019, Dt. 31.05.2019	2	12.12.1974	simpar74@gmail.com	9977132697	303310855324	No	
2	Dr. Thakare Kaustubh Suresh	Reader	Periodontology	Regular	MDS	YES	4.3	YES	No. MUHS/PG/E-2/3948/2019, Dt. 24.10.2019	3	20.04.1983	kaustubhthakaremds@gmail.com	9890495485	393056514030	No	
3	Dr. Kedia Sameer Gajendra	Reader	08.08.2013	Regular	M.D.S. 2013	YES	1.8	YES	No. MUHS/E-2/PG/155103/1795/2023, Dt. 18.07.2023	1	14.02.1986	kediasameer@rediffmail.com	9370152435	6302 4181 2701	No	
4	Dr. Zanwar Kushal Purushottam	Reader	12.11.2021	Regular	M.D.S.	YES	1.7	YES	No. MUHS/E-2/UG/115103/2641/2023 Dt. 27.09.2023	0	13.01.1987	drkushal_13@yahoo.com	9422917761	3687 4209 0997	No	

College Seal



12/1/24

Signature of Dean

DEAN

**Denatal College & Hospital
AMRAVATI.**

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

Name of the College : V. Y. W. S. DENATAL COLLEGE & HOSPITAL, AMRAVATI

Phone/Mobile No. : 0721-2662166

Name of the Subject : Orthodontics and Dentofacial Orthopaedics

Sr. No.	Name of the Teacher (Last/First/Middle)	Designation	Subject/Speciality	Type of Appointment (Regular/Temp/Honorary)	Qualification	University Approxat (UG)	PG	PG	(Recognition Letter Date issued by University.)	No. of PG Students Guided last 5 year	Date of Birth	Email-ID	Mobile No.	Adhar Card No.	If Debarred Yes/No	Sign. Of Teacher
							Teaching Experience (in Years) After PGM	Teacher Recopnilion Yes/NO								
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr. Verulkar Amol Ashokrao	Professor	Orthodontics and Dentofacial Orthopaedics	Regular	MDS	YES	16.1	YES	MUHS/Acad. / E- 2/ PG/3392/2022 Dt. 20.09.2022	5	30.09.1978	dramolveru lkar3@gmail.com	9370622204	323541472064	No	
2	Dr. Kolhe Shweta Abhijit	Lecturer	Orthodontics and Dentofacial Orthopaedics	Regular	MDS	YES	0.3	YES	No. MUHS/ E-2/PG/ 115103/2641/2023, Dt. 27.09.2023	1	06.01.1989	shweta.dhople@gmail.com	9623966872	8427 6982 2035	No	

College Seal



12/10/2023

Signature of Dean

V. Y. W. S. Denatal College & Hospital
 AMRAVATI.