FOR Ph.D COURSE(S) FOR A.Y. 20? 20?

(Please submit separate report for each subject)

	ty: Dr.Neelam No				l and Maxillof	acial Surgery	an a
Nam	e & Address of the	College/Resea	rch Centre:	•			
NA	IR HOSPITAL DENT	AL COLLEGE					
DI	R. A L NAIR ROAD, M	IUMBAI CENTR	KAL,				
N	1UMBAI-400008, M	AHARASHTRA,	INDIA				
	Name of Head of Designation: Prof	essor		-			
D	epartment / Subjec		t available r				PhD
Sr. No.	(Attach Anne Name of Ph.D. Guide	Designation	Date of Birth	Date of Retirement	Total No. of PhD Scholars Registered till date	Has completed six days Research Methodology Workshop? Yes/No	Recognition No. and Date
	l l n Neel	Professor	18.12.1961	31.12.2023	06	Yes	MUHS/UDC/PFL /E-2/684/2017
1	Dr. Neelam Noel Andrade			10 10			
2			5 A.				
3	i						
4	5						
•	i) Adequate numbe ii)) Adequate nur iii) Any other specif	nber of Books / fic thing availabl	with Interne Journals are e at the Depa	available? artment:			
	i) Available Area : . ii) Is Drugs/Medicin iii) Is Adequate num	of Central Rese 750 sq mt. es/Chemicals et nber of Instrume	arch Laborati c. are availat ents are avail le?	ory: ble for resear		Ves / No Yes / No Yes / No	Dean Dean air Hospital Denta

Name of Inspectors	Sign. of Inspectors with Date
observations of the Inspection Committee are as follows: -	
Centre, the available other facilities, required instruments and oquip	ment, available at the research con
DECLARATION B We, the UC Members, hereby certify that, we have thoroughly inspec	ted and verified the bepartments
DECLARATION B	Y LIC
interdisciplinary treatment planting	
like microvascular surgery. 2. Integrated learning activities with allied branch, Department of P	rosthodontics, NHDC for exposure to
 Allied learning activities with Department of Plastic Surgery, TNM 	C, for additional expertise in advanced proceeding
ther important thing related to Research/Department	racinities, the
12. Whether Research Centre is registered under MPCB provise	Yes / No
build a state ph D. Scholar maintained property.	X INT
Vives Name of the SoftwareDuplichecker	Yes / No
at the detection software facility available.	
the set external Subject Expert	Yes / No
ment have been of Members:	
Date of Composition:	
In Doctoral Committee constituted in the interesting	
and of proceedings are many and	Yes / No
i) Total number of Members:00	Yes / No
) Date of Composition	
² 21.04.22	
the of Research Advisory Committee: (Attach Annexure	''C")
uuman and Animal Ethics Committee, registered under the upproprie	
Number of meetings are maintained properly? Whether Records of proceedings are maintained properly?	te authority? Yes / No N·A
Total Number of meetings held in previous year: 03	Ves / No
Total Number of Members:12	
Date of Composition:	tion)
Details of Institutional Ethical Committee: (Attach Annexure	'B")
u finstautional Fables 10.	

Name of Inspectors		Sign. of Inspectors with Date
1)	Chairman	
2)	Member	Art
3)	Member	
4	Member	Nair Hospitar Dones
		Nair Hospita

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MUNICIPAL CORPORATION OF GREATER MUMBAI

CS-4B

NAIR HOSPITAL DENTAL COLLEGE

Dr. A. L. Nair Road, MUMBAI-400 008. INDIA.

E.Mall: nairdentalmumbai@gmail.com Tel. No. : 23082714-5-6-7 Telegraphic Address : 'Dento' Byculla, Mumbai - 400 008. Fax : 91-22-308 06 55

ANNEXURE-XVIII-D

Details of Research Advisory/ Doctoral Committee

				T	T	S
6	S	4	ω	2	-	Sr.No.
Dr. Seema Kamble	Dr. Jain Shikharhand Gulabchand	Dr. Shivani Bansal	Dr. Sonal Vahanwala	Dr. Srivali Natrajan	Dr. Neelam Andrade	Name of Research Advisory/ Doctoral Committee/Subject expert Member
Member (Statistical Expert)	Member (Statistical Expert)	Allied Branch member	Allied Branch member (Phd Guide)	Member (Phd Guide)	Chairperson (Dean)	Designation

Signature, Name and stam Dean/Principal/Director BEGHICO M CONOGO

23

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BMPP-20013-2014-15-200 PadX 100 Lva

Date:

ANNEXURE-XVIII-A

FOR Ph.D COURSE(S) FOR A.Y. 20.....-20....

(Please submit separate report for each subject)

Date	
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Faculty: Dr. Kulvindersingh M Banga Subject/Specialty: Conservative Dentistry and Endodontics

Name & Address of the College/Research Centre:-

NAIR HOSPITAL DENTAL COLLEGE

DR.A L NAIR ROAD, MUMBAI CENTRAL,

MUMBAI-400008

MAHARASHTRA , INDIA

he of Head of the Department:- Dr. Kulvindersingh M Banga

signation: Professor

2 Department / Subject wise details of available PhD Guides:-

													_	_	7	
_	Г		Т		Т	_	5	_	_	-			No.	Sr.	_	
5		4				2		M Ballga		1 Dr. Kulvindersingh			Ph.D. Guide	Name of		(Attach Annexure "A")
										Professor 13.01.1900 01.0200				Designation		ure "A")
				T						10.01.1700	12 01 1066		DILUI	Date of		
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								4			03		date	Date of Ketirement Registered till	phn Scholars	Total No. of
1							-				YES	163/140	Workshop:	Methodology	days Research	Total No. of Has completed six
										1E-2/000/2011	MUHSIODOLL	STATE INC/DEL		No. and Date	Recognition	PhD

i) Ade	4	
 i) Adequate number of Computers with internet lacing from the second s	Details of available?	outputs of available infrastructure for Research:

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iii) Any other specific thing available at theDepartment:...

Details of Central ResearchLaboratory:

ii) Is Drugs/Medicines/Chemicals etc. are availableforresearch?

iii) Is Adequate number of Instrumentsareavailable?

6 Details of Central AnimalHouse:

Functioning Central Animal House? Available Area in sq. ft:

Yes / No Yes / No

Kes No Nat Hospital 25 11 College

H.

Yes/No

ii) Adequate number of Boo

i) Available Area (in sq. ft) :750 sq mt. თ

iv) Is Records of Stockbookavailable?

Nair Hospin	Member	4
- 1 Calle	Member	3)
	Member	2)
H. H.	Chairman	1)
Sign. of Inspectors with Date		Name of Inspectors
		observations of the Inspection Committee are as follows: -
	DECLARATION BY LIC ve thoroughly inspected a struments and equipment.	DECLARATION BY LIC DECLARATION BY LIC We, the UC Members, hereby certify that, we have thoroughly inspected and verified the Department/College/Research Centre, the available other facilities, required instruments and equipment, available at the research centre. The overall
s? Ves / No acliities, which epartment:	operiy: CB provision: Department/F 1 under this d	 Is attendance of the Ph.D. Scholar maintained property: Whether Research Centre is registered under MPCB provisions? Whether BMW facility is available? Whether BMW facility is available? Any other important thing related to Research/Department/Facilities, which Any other important thing related to Research under this department: will be helpful to carry out good quality research under this department:
		y. Is reperior. If Yes, Name of the SoftwareDuplichecker
Ves / No	· 2	。) 7 7 7
Yes / No	AC?	iv) Whether records of processings a communication of a second committee constituted in the linesofRAC?
455/No	V?	7. 1) Date of Composition:21.04.2022
eauthority? Yes/No [1]./T	heappropriat h Annexure '	_{Is} Human and Animal Etritics Committee: (Egisteried unider theappropriateauthority/ Defails of Research Advisory Committee: (Attach Annexure "C")
	(ration)	pate or cover of Members:
		situtional Ethical Committee: (Attach Annexure''8")

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E.Mail: nairdentalmumbal@gmall.com Tel. No. : 23082714-5-6-7 Telegraphic Address : 'Dento' Byculla, Mumbai - 400 008. Fax : 91-22-308 06 55

ANNEXURE-XVIII-B

List of Ph.D. Guides Available at Ph.D. Research Centre

-	No.
Or. Kulvindersingh M Banga	Name of Ph.D. Guide
Professor	Designation
	Date of Birth
15.01.1966 01.02.2027	Date of Retirement
03	Date of Total No. of Retirement PhD Scholars Registered till date
Yes	Total No. of Has completed PhD Scholars six days Registered till Research date Workshop? Yes/No
MUHS/UDC/PF L/E-2/683/2017	PhD Recognition No. and Date

Dean/Principal/Director 0 - 19

Nair Hospita: Jental College

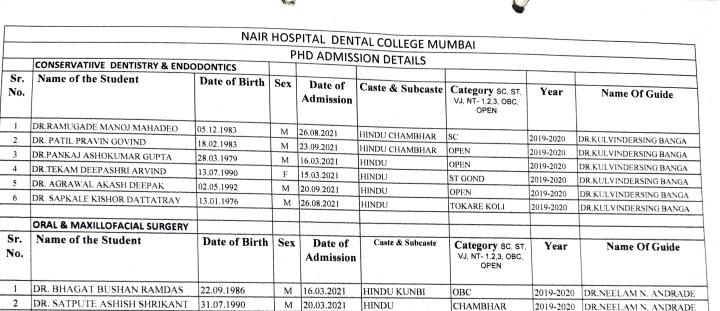
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Signature, Name and stamp of

Date:



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2019-2020

2020-2021

2021-2022

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DR.NEELAM N. ANDRADE

DR.NEELAM N. ANDRADE

DR.NEELAM N. ANDRADE

DR.NEELAM N. ANDRADE

23.05.1980

29.05.1987

10.01.1992

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DR. VIKRAM R KARANDE

DR. JOHN JANICE

DR. KHAN KAINAT ANWAR

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DR. CHALAKUZHQ PAUL MAITHAI 08.12.2022