

For Online Transmission of Question Papers:

SN	Infrastructure facilities at College	Yes /No
<b>Strong Room :</b>		
1	It must have Single Door Entry/Exit (with Safety Door/Grill for windows)	YES
2	Minimum Area shall be 20 x 20 sq. ft.	YES
3	Adequate Steel Almirah/Cupboard for storage of Answer Books.	YES
4	C.C.T.V. Camera with recording facility that covers entire area or Downloading and Printing of online transmission of Question Paper process.	YES
5	Latest version Computer (Minimum 4) and Printer (Minimum 4) with Inverter facility, MS Office, PDF Reader, Winrar or Winzip.	YES
6	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class 'A' ISP, and alternate line with 1 : 1 dedicated line of 50 mbps speed, by an another Class 'A' ISP to ensure uninterrupted downloading facility, with 2(two) static IP's, Internet Dongle.	YES
7	Adequate Number of Paper Rims for printing Question Papers.	YES
8	One Photocopy Machine, UPS Backup.	YES.
<b>Scanning Room :</b>		
9	Separate Scanning Room for scanning Answer Books after end of Examination Session under CCTV Surveillance. (Laptops and Scanners will be provided by the University Appointed Agency)	YES
10	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class 'A' ISP, and alternate line with 1 : 1 dedicated line of 50 mbps speed, by an another Class 'A' ISP to ensure uninterrupted downloading facility, with 2(two) static IP's, Internet Dongle.	YES

To Set Up DEC for Onscreen Evaluation of Answer Books :

SN	Infrastructure facilities at College	Yes /No
1	Computers (20) with latest licensed Operating System Software (OSS) with antivirus and firewalls to provide all lock, work station with Computer charts and key board tray.	YES
2	Wiring and Networking (with Raw Power Supply and UPS) and one Printer per DEC	YES.
3	Air conditioners, Bio metric system, CCTV installation, Rest rooms and 24 x 7 security.	YES
4	Collapsible gate for the main entrance with Name board and locking facility.	
5	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class 'A' ISP, and alternate line with 1 : 1 dedicated line of 50 mbps speed, by an another Class 'A' ISP to ensure uninterrupted downloading facility, with 2(two) static IP's.	YES
6	Appointment of one Professor as a Examination Co-ordinator to Co-ordinate this Online process.	YES
7	Separate Evaluation Room for Evaluating the Answer Books under CCTV Surveillance	YES

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01-2-20

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Nair Hospital Dental College

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

Name of the College : Nair Hospital Dental College

Name of the Subject: Oral Medicine and Radiology

SN	College Name	Subject	Full name of the Teacher (First/Middle/Last )	Designation	Date of Joining	UG Qualification on & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debanded Yes/No	Signature of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	
1	Nair Hospital Dental College	Oral Medicine and Radiology	Dr Sunali Khanna	Associate Professor Te & HOD	21/09/2005	BDS 2000	MDS 2005 DNB 2005 PhD 2018 PGDHHM 2008 PGDMLS 2009 CCR 2010	19.9 yrs	Yes	MUHS/E-2/PGT/830.5.3.2007  MUHS/PG/E-2/728/2020  MUHS/E-2/PG/111102/36/2024	790415216825	AGOPK0620L	30/11/1978	sunalkhanna@gmail.com	9821459013	No	Sunali 16/2/26
2			Dr. Sonal Vahanwala	Associate Professor	23/9/2021	BDS 1998	MDS 2001 PhD 2017	21 yrs	Yes	MUHS/E/PG/2916/2021  MUHS/E-2/PG/1877/2022	622373982329	ADMPV3929J	8/4/1975	drvahanwalasonal@gmail.com	9820372903	No	Sonal 29.2.26

*Sunali Khanna*  
 16/2/26  
 Dr Sunali Khanna  
 MDS 2005 DNB 2005 PhD 2018  
 PGDHHM 2008 PGDMLS 2009 CCR 2010  
 Dept of Oral Medicine and Radiology  
 Nair Hospital Dental College  
 Nashik

*Sonal*  
 29.2.26  
 Dean  
 Nair Hospital Dental College

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

Name of the College: Nair Hospital Dental College

S N	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth(Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Nair Hospital Dental College	Oral & Maxillofacial Surgery	Dr. Mohan Devidas Deshpande	Associate Professor & I c HOD	Adhoc 16.03.88 to 01.04.90 Regular 03.04.90	1984	1986	37 Years	Yes	UG- MUHS/E/2/2102/56 06/dt 27.12.2004 PG- MUHS/E-2/PGT/830/2007 dt 5.3.2007	411609027194	AALPD5419P	05.07.1963	mdd.nhdcos@gmail.com	9820474383	NO
2	Nair Hospital Dental College	Oral & Maxillofacial Surgery	Dr. (Smt.) Snehal Nilesh Ingole	Associate Professor	Adhoc 01.12.95 to 17.11.96 Regular 18.11.1996 Associate Professor 21.05.2009	1992	1995	30 Years	Yes	UG- MUHS/E/2/2102/18 08/09 dt 24.06.2009 PG-MUHS/PG/E-2/PGTRC/265/2012 dt 21.01.2012	223821583681	AAEPB9094M	19.09.1969	ingole.snehal@rediffmail.com	9987483998	NO

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Nair Hospital Dental College

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पापकानक व विभागप्रमुख (प)  
मुख्यमंत्री शस्त्रक्रिया विभाग  
राष्ट्र कानालय व न महाविद्यालय  
बहमनपुरी, महानगरपालिका  
महानगरपालिका

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

Name of the College : NAIR HOSPITAL DENTAL COLLEGE

Phone/Mobile No. :

Name of the Subject : Periodontics

SN	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Nair Hospital Dental College	Periodontics	Dr. Mala Dixit Baburaj	Professor & HOD	25-02-2005	BDS 1998	MDS 1993	32 years	YES	MUHS/E2/2102/2565	355595507742	AAGPI1167G	25/11/1966 59 yrs	maladixit25@gmail.com	9223340938	NO
2	Nair Hospital Dental College	Periodontics	Dr. Praneeta S. Kamble	Associate Professor	03-09-2001	BDS 1996	MDS 1999	24 years	YES	MUHS/E2/2102/808	518051051565	AHAPK9342G	18/11/1972	drpraneetakamble@vahoo.com	9820263468	NO
3	Nair Hospital Dental College	Periodontics	Dr. Sapna Gokul	Associate Professor	25-08-2009	BDS 2005	MDS 2009	16 yrs 4 months	YES	MUHS/E2/2102/809	653816806074	AMAPR1812P	21/3/1982	drsapna21@gmail.com	9819812310	NO

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Nair Hospital Dental College

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

Name of the College: Nair Hospital Dental College  
 Name of the Subject\_- Pediatric & Preventive Dentistry

S N	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No	Sign of the Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	
1	Nair Hospital Dental College	Pediatric & Preventive Dentistry	DR. ADESH KANTILAL KAKADE	Professor & HOD	01-12-1995	BDS 1991	MDS 1994	30 yrs 2 months	Yes	MUHS/E-2/PGT/452/2008 Dt.17-04-2008	353598115556	AGKPK5914D	13-09-1969 (56 yrs)	adeshkakade@rediffmail.com	9821289144	No	<i>Akade</i>
2	Nair Hospital Dental College	Pediatric & Preventive Dentistry	DR. TEJASHRI SHREYAS GUPTA	Associate Professor	02-07-2012	BDS 1998	MDS 2001	20 yrs 8 months	Yes	MUHS/PG/E-2/1080/14Dt.08-05-2014	918539229602	AHSPG7096B	21-02-1976 (49 yrs)	tejashri@rediffmail.com	9920055382	No	<i>Tejashri</i>
3	Nair Hospital Dental College	Pediatric & Preventive Dentistry	DR. ABDULKADEER MOHMADI JETPURWALA	Associate Professor	02-01-2009	BDS 2004	MDS 2008	17 yrs 5 months	Yes	MUHS/PG/E-2/3089/2019Dt.07-08-2019	239488075387	AKQPJ040EH	21-08-1981 (44 yrs)	jetabdulkadeer@gmail.com	9867177867	No	<i>Abdul</i>

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23.2.26  
Dean  
Nair Hospital Dental College

*Akade*  
DR. ADESH KAKADE  
Professor And Head  
Dept. of Pediatric Dentistry  
Nair Hospital Dental College  
Municipal Corporation of Greater Mumbai

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

Name of the College : Nair Hospital Dental College

Phone/Mobile No. :

Name of the Subject: Pre-Clinical Conservative

SN	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Nair Hospital Dental College	Conservative Dentistry & Endodontics	Dr. Kulvinder Makhan Singh Banga	Professor & HOD	23/03/90	BDS 1987	MDS 1989	36 yrs	Yes	MUHS/E-2/2102/2399/2008	446123351543	AAIP B1088P	15/01/66	ksbanga@gmail.com	9821124394	No
2			Dr. Ashish Pandurang Mandwe	Associate Professor	18/06/12	BDS 1999	MDS 2004	21 yrs	Yes	MUHS/PG/E-2/3576/14.08.01.2015	692745620004	AMY PM0134F	01/07/77	drmandwe@gmail.com	9867142202	No
3			Dr. Pankaj Ashok Gupta	Associate Professor	01/10/07	BDS 2002	MDS 2006	19 yrs	Yes	MUHS/E-2/2102/2399/2008	636821136406	AKK PG2291H	28/03/79	drpankajgupta@gmail.com	9322016166	No
4			Dr. Heeresh Shetty	Associate Professor	01/10/07	BDS 2002	MDS 2006 Ph.D.2020	19 yrs	Yes	MUHS/E-2/2102/2399/2008	487637804754	BMN PS3723C	24/06/79	heereshshetty@yahoo.com	9920963037	No

*Banga*  
22-2-26

**Dean**  
Nair Hospital Dental College

**Dr. K.S. BANGA**  
Professor & Head  
Department of Conservative Dentistry  
Nair Hospital Dental College  
Mumbai - 400008

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

Name of the College : **Nair Hospital Dental College**

Phone/Mobile No. :

Name of the Subject: **Dental Materials**

SN	College Name	Subject	Full name of the Teacher (First/Middle/Last )	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Nair Hospital Dental College	Conservative Dentistry & Endodontics	Dr. Kulvinder Makhan Singh Banga	Professor & HOD	23/03/90	BDS 1987	MDS 1989	36 yrs	Yes	MUHS/E-2/2102/2399/2008	446123351543	AAIP B1088P	15/01/66	ksbanga@gmail.com	9821124394	No
2			Dr. Ashish Pandurang Mandwe	Associate Professor	18/06/12	BDS 1999	MDS 2004	21 yrs	Yes	MUHS/PG E-2/3576/14,08.01.2015	692745620004	AMY PM0134F	01/07/77	drmandwe@gmail.com	9867142202	No
3			Dr. Pankaj Ashok Gupta	Associate Professor	01/10/07	BDS 2002	MDS 2006	19 yrs	Yes	MUHS/E-2/2102/2399/2008	636821136406	AKK PG2291H	28/03/79	drpankajgupta@gmail.com	9322016166	No
4			Dr. Heeresh Shetty	Associate Professor	01/10/07	BDS 2002	MDS 2006 Ph.D.2020	19 yrs	Yes	MUHS/E-2/2102/2399/2008	487637804754	BMN PS3723C	24/06/79	heereshshetty@yahoo.com	9920963037	No

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**Dean**  
Nair Hospital Dental College

**Dr. K.S. BANGA**  
Professor & Head  
Department of Conservative Dentistry  
Nair Hospital Dental College  
Mumbai - 400008

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

Name of the College : Nair Hospital Dental College

Phone/Mobile No. :

Name of the Subject: Conservative Dentistry and Endodontics

SN	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Nair Hospital Dental College	Conservative Dentistry & Endodontics	Dr. Kulvinder Makhan Singh Banga	Professor & HOD	23/03/90	BDS 1987	MDS 1989	36 yrs	Yes	MUHS/E-2/2102/2399/2008	446123351543	AAPB1088P	15/01/66	ksbanga@gmail.com	9821124394	No
2			Dr. Ashish Pandurang Mandwe	Associate Professor	18/06/12	BDS 1999	MDS 2004	21 yrs	Yes	MUHS/PG/E-2/3576/14.08.01.2015	692745620004	AMYPM0134F	01/07/77	drmandwe@gmail.com	9867142202	No
3			Dr. Pankaj Ashok Gupta	Associate Professor	01/10/07	BDS 2002	MDS 2006	19 yrs	Yes	MUHS/E-2/2102/2399/2008	636821136406	AKKPG2291H	28/03/79	drpankajgupta@gmail.com	9322016166	No
4			Dr. Heeresh Shetty	Associate Professor	01/10/07	BDS 2002	MDS 2006 Ph.D.2020	19 yrs	Yes	MUHS/E-2/2102/2399/2008	487637804754	BMNPS3723C	24/06/79	heereshshetty@yahoo.com	9920963037	No

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22-2-26  
Dean

Nair Hospital Dental College

**Dr. K.S. BANGA**  
Professor & Head  
Department of Conservative Dentistry  
Nair Hospital Dental College  
Mumbai - 400008

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

Name of the College : NAIR HOSPITAL DENTAL COLLEGE

Phone/Mobile No. :

Name of the Subject : ORTHODONTICS

SN	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Nair Hospital Dental College	Orthodontics	DR.(SMT).SHWETA RAJENDRA BHAT	Professor & HOD	25/01/1999	BDS 1995	MDS 1998	26 YEARS	YES	MUHS/E-2/2102/362/2003 Dt 20.01.2004	315988534195	AAEP B461 2R	25-07-1972	srbhat72@yahoo.co.in	9867670544	NO
2	Nair Hospital Dental College	Orthodontics	DR.RAKESHKUMAR KESHAVKUMAR KONTHAM	Associate professor	18-06-2012	BDS 1995	MDS 1999	25 years	YES	MUHS/E-2/2102/1324 DT 18.3.2014	397915214950	AGV PK64 06F	04-09-1973	rakeshkontham@rediffmail.com	9820232812	NO
3	Nair Hospital Dental College	Orthodontics	DR. NAVAL SURESH BAWASKAR	Associate professor	03.11.2009	BDS 2004	MDS 2009	16 years	YES	MUHS/E-2/2102/3999/10 dt 21.12.2010	679787619206	AVIP B260 3F	28.05.1983	navalbawaskar@yahoo.com	9004008555	NO

*Bonala*  
23-2-26  
Dean  
Nair Hospital Dental College

*For Shweta*  
Dr. Shweta Bhat  
Professor & HOD  
Dept. Of Orthodontics

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

Name of the College : Nair hospital dental college

Phone/Mobile No. :

Name of the Subject: Dental Materials

SN	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Nair Hospital Dental College	Prosthodontics and Crown & Bridge	DR.VISHWAS KAACHRU KHARSAN	PROFESSOR & HOD	02.01.1995	BDS 1989	MDS 1993	31 yrs	Yes	MUHSE-2/2102/1068/2003 25.09.2003	727652550435	AFHPK8745G	07.10.1965	drvishwaskharsan@gmail.com	9821022823	NO
2			DR.RAHUL KULKARNI	ASSOCIATE PROFESSOR	22.06.2012	BDS 2003	MDS 2007	18 years 6 months	Yes	MUHSE-2/2102/232/14 16.07.2014	390053923425	AXTPK6327N	08.05.1980	drrahulprosthodont@yahoo.com	9823874645	NO
3			DR.HAZARI GOLAM MUSTAFFA	ASSOCIATE PROFESSOR	01-10-2007	BDS 2004	MDS 2007	18 yrs 2 months	Yes	MUHSE-2/2102/2399/2008	991760277122	ADBPH6561K	11.04.1979	mustaffa786@rediffmail.com	9321027087	NO
4			DR.SUBHASH DAMODAR BANDGAR	ASSOCIATE PROFESSOR	24-10-2007	BDS 2002	MDS 2007	18 yrs 3 month	Yes	MUHSE-2/2102/2399/2008	726996463691	ANTPB7000R	10.06.1979	subhashimplant@gmail.com	8898001515	NO

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23-2-26  
Dean  
Nair Hospital Dental College

*[Signature]*  
**Dr. Vishwas Kharsan**  
Professor and Head  
Dept. of Prosthodontics and Crown & Bridge  
Nair Hospital Dental College, Mumbai-400008.

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

Name of the College : Nair hospital dental college

Phone/Mobile No. :

Name of the Subject: Pre- Clinical Prosthodontics

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No	
1	Nair Hospital Dental College	Prosthodontics and Crown & Bridge	DR.VISHWAS KAACHRU KHARSAN	PROFESSOR & HOD	02.01.1995	BDS 1989	MDS 1993	31 yrs	Yes	MUHSE-2/2102/1068/2003 25.09.2003	727652550435	AFHPK8745G	07.10.1965	drvishwasharsan@gmail.com	9821022823	NO
2			DR.RAHUL KULKARNI	ASSOCIATE PROFESSOR	22.06.2012	BDS 2003	MDS 2007	18 years 6 months	Yes	MUHS/E-2/2102/232/14 16.07.2014	390053923425	AXTPK6327N	08.05.1980	drrahulprosthodont@yahoo.com	9823874645	NO
3			DR.HAZARI GOLAM MUSTAFFA	ASSOCIATE PROFESSOR	01-10-2007	BDS 2004	MDS 2007	18 yrs 2 months	Yes	MUHSE-2/2102/2399/2008	991760277122	ADBPH6561K	11.04.1979	mustaffa786@rediffmail.com	9321027087	NO
			DR.SUBHASH DAMODAR BANDGAR	ASSOCIATE PROFESSOR	24-10-2007	BDS 2002	MDS 2007	18 yrs 3 month	Yes	MUHSE-2/2102/2399/2008	726996463691	ANTPB7000R	10.06.1979	subhashimplant@gmail.com	8898001515	NO

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23.2.26  
Dean  
Nair Hospital Dental College

*Dr. Vishwas Kharsan*  
Professor and Head  
Dept. of Prosthodontics and Crown & Bridge  
Nair Hospital Dental College, Mumbai - 400008.

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

Name of the College : Nair hospital dental college

Phone/Mobile No. :

Name of the Subject: Prosthodontics and Crown &amp; Bridge

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No	
1	Nair Hospital Dental College	Prosthodontics and Crown & Bridge	DR. VISHWAS KAACHRU KHARSAN	PROFESSOR & HOD	02.01.1995	BDS 1989	MDS 1993	31 yrs	Yes	MUHSE-2/2102/1068/2003 25.09.2003	727652550435	AFHPK8745G	07.10.1965	drvishwaskharsan@gmail.com	9821022823	NO
2			DR. RAHUL KULKARNI	ASSOCIATE PROFESSOR	22.06.2012	BDS 2003	MDS 2007	18 years 6 months	Yes	MUHSE-2/2102/232/14 16.07.2014	390053923425	AXTPK6327N	08.05.1980	drrahulprosth@yahoo.com	9823874645	NO
3			DR. HAZARI GOLAM MUSTAFFA	ASSOCIATE PROFESSOR	01-10-2007	BDS 2004	MDS 2007	18 yrs 2 months	Yes	MUHSE-2/2102/2399/2008	991760277122	ADBPH6561K	11.04.1979	mustaffa786@rediffmail.com	9321027087	NO
			DR. SUBHASH DAMODAR BANDGAR	ASSOCIATE PROFESSOR	24-10-2007	BDS 2002	MDS 2007	18 yrs 3 month	Yes	MUHSE-2/2102/2399/2008	726996463691	ANTPB7000R	10.06.1979	subhashimplant@gmail.com	8898001515	NO

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Dean  
Nair Hospital Dental College

*[Signature]*  
**Dr. Vishwas Kharsan**  
Professor and Head  
Dept. of Prosthodontics and Crown & Bridge  
Nair Hospital Dental College, Mumbai - 400008.

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

Name of the College: Nair Hospital Dental College, Mumbai – 8

Phone/Mobile No.:

NAME OF THE SUBJECT: DENTAL ANATOMY, EMBRYOLOGY AND ORAL HISTOLOGY

SN	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Nair hospital dental college, Mumbai	Dental anatomy, Embryology & Oral Histology	Dr. Rajiv Surendra Desai	Professor & HOD	1st Sept 2010	BDS 1989	MDS 1992	31yrs	Yes	MUHS/PG/E2/PG/IR/C/625/2011	679059820035	AAA PD9 938 N	11-05-1968	nansrd@hotmail.com	9821545914	No
2			Dr Shivani Bansal	Associate Professor	7th Aug 2006	BDS 2000	MDS 2003	19yrs	Yes	MUHS/PG/E2/PGTR/C/452/2011	277141950486	AIG PB7 505B	29-05-1978	bshivani2000@gmail.com	9967542929	No
3			Dr. Pankaj M. Shirsat	Associate Professor	26th Dec 2008	BDS 2001	MDS 2006	16yrs	Yes	MUHS/E-2/2102/5166/2019 dt 29/11/2019		284124659545083	BLG PS1 M	17-08-1977	shirsat.pankaj@gmail.com	9987094168

*Bansal*  
22/2-26  
**Dean**  
Nair Hospital Dental College

*Desai: R.S.*

Dr. Rajiv S. Desai Professor Dept of Oral Pathology & Embryology Nair Hospital Dental College Mumbai 400008
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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK  
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College: Nair Hospital Dental College, Mumbai – 8

Phone/Mobile No.:

Name of the Subject: ORAL & MAXILLOFACIAL PATHOLOGY AND ORAL MICROBIOLOGY

SN	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Nair Hospital Dental College, Mumbai	Oral Pathology And Microbiology	Dr. Rajiv Surendra Desai	Professor & HOD	1st Sept 2010	BDS 1989	MDS 1992	34 yrs	Yes	MUHS/PG/E2/PG/IR C/625/2011	679059820035938	AAA PD9	11-05-1968	nansrd@hotmail.com	9821545914	No
2			Dr Shivani Bansal	Associate Professor	7th Aug 2006	BDS 2000	MDS 2003	23 yrs	Yes	MUHS/PG/E2/PGTR C/452/2011	277141950486	AIG PB7 505B	29-05-1978	bshivani2000@gmail.com	9967542929	No
3			Dr. Pankaj M. Shirsat	Associate Professor	26th Dec 2008	BDS 2001	MDS 2006	20 yrs	Yes	MUHS/E-2/2102/5166/2019 dt 29/11/2019	284124659545	BLG PS1 083 M	17-08-1977	shirsat.pankaj@gmail.com	9987094168	No

*Rajiv S. Desai*  
23.2.24  
Dean  
Nair Hospital Dental College

*Rajiv S. Desai*  
Dr. Rajiv S. Desai  
Professor & Head  
Dept. of Oral Pathology & Microbiology  
Nair Hospital Dental College  
Mumbai 400008

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

Name of the College : Nair Hospital Dental College

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp. / Honorary)	Qualification	University Approx at (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University.)	No. of PG Students Guided last 5 year	Date of Birth	E-mail ID	Mobile No.	Aadhar Card No	If Debarred (Yes/ No)	Sign. of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr Sunali Khanna	Associate Professor & HOD	Oral Medicine and Radiology	Regular	BDS 2000 MDS 2005 DNB 2005 PhD 2018 PGDHHM 2008 PGDMLS 2009 CCR 2010	MUHS/E-2/2102/239 9/2008	7.9yrs	Yes	MUHS/E-2/PGT/830.5. 3.2007  MUHS/E-2/ PG/111102/36/ 2024	09	30/11/1978	sunalikhanna@gmail.com	9821459013	790415216825	No	<i>Sunali Khanna</i> 16/2/2026
2	Dr. Sonal Vahanwala	Associate Professor	Oral Medicine and Radiology	Regular	BDS 1998 MDS 2001 PhD 2017	MUHS/E/PG/2916/2021	20.4 yrs	Yes	MUHS/E/PG/2916/2021  MUHS/E-2/ PG/1877/2022	05	08/04/1975	drvahanwalasonal@gmail.com	9820372903	622373982329	No	<i>SV</i> 16 Feb 2026

HOD SIGN

*Sunali Khanna*  
16/2/2026

*Sonal Vahanwala*  
23.2.26

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Nair Hospital Dental College

Annexure-XVf-B

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

DEPT OF PUBLIC HEALTH DENTISTRY

Name of the College: Nair Hospital Dental College

Phone/Mobile No.:

SN	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Nair Hospital Dental College	Public Health Dentistry	DR SEEMA KAMBLE	Associate Professor	04-02-2013	BDS 2005	MDS 2011	14 yrs 06 months	Yes	MUHS/E-2/2102/3661/13 dt 23/9/2013	697318144793	BDY PK4654C	28-07-1983	drseema.kamble@gmail.com	9765954576	No

*Seema*  
16.2.26  
**Dean**  
Nair Hospital Dental College

*Seema*  
31/1/26  
**DR. SEEMA KAMBLE**  
I/C Head of Department  
Dept. of Public Health Dentistry  
Nair Hospital Dental College  
Mumbai - 400 008.

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

Name of the College : Nair Hospital Dental College

Phone/Mobile No. : 022-230082714/ 15 / 16

Name of the Subject : Oral &amp; Maxillofacial Surgery

SN	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth(Age in years)	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Nair Hospital Dental College	Oral & Maxillofacial Surgery	Dr. Mohan Devidas Deshpande	Associate Professor & I/c HOD	Adhoc 16.03.88 to 01.04.90 Regular 03.04.90	1984	1986	37 Years	Yes	UG- MUHS/E/2/2102/5606/dt 27.12.2004 PG- MUHS/E-2/PGT/830/2007 dt 5.3.2007	411609027194	AALPD5419P	05.07.1963	mdd.nhdcos@gmail.com	9820474383	NO
2	Nair Hospital Dental College	Oral & Maxillofacial Surgery	Dr. (Smt.) Snehal Nilesh Ingole	Associate Professor	Adhoc 01.12.95 to 17.11.96 Regular 18.11.1996 Associate Professor 21.05.2009	1992	1995	30 Years	Yes	UG- MUHS/E/2/2102/1808/09 dt 24.06.2009 PG-MUHS/PG/E-2/PGTRC/265/2012 dt 21.01.2012	223821583681	AAEPB9094M	19.09.1969	ingole.snehal@rediffmail.com	9987483998	NO

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Dean  
Nair Hospital Dental College

*KBD*  
शास्त्राध्यक्ष व विभागाध्यक्ष (म)  
मुख्यमंत्री शस्त्रक्रिया विभाग  
नाशिक रुग्णालय व महाविद्यालय  
बहामुंबई महानगरपालिका  
महानगरपालिका

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK  
Annexure - 15  
Periodontics eligible examiners list (PG Courses)

S N	Name of teacher (Last Name First Name Middle Name)	Designation	Subject	Type of Appointment (Regular/ Temp./ Honorary)	Qualification	University Approval (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University.)	No. of PG Students Guided last 5 year	Date of Birth	E-mail id	Mobile No	Adhar Card No	If Debarred (Yes/No)
1	Dr. Mala Dixit Baburaj	Professor & HOD	Periodontology	Regular	MDS	No. MUHS/E. 2/2102/2565 Date 21/07/2005	23 yrs	Yes	No. MUHS/E-2/PGT/830/2007 DATE 05/03/2007	10	25-11-1966	maladixit25@gmail.com	9223340938	355595507742	No
2	Dr. Praneeta Kamble	Associate Professor	Periodontology	Regular	MDS 1999 Periodontics	Yes	16 yrs	Yes	MUHS/ E 2/2102/808	15	18-11-1972	drpraneetakamble@gmail.com	9820263468	518051051565	No

*Praneeta*  
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Nair Hospital Dental College

**Annexure-XVI-C**

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

Name of the College : Nair Hospital Dental College

Phone/Mobile No. :

Name of the Subject : Conservative Dentistry and Endodontics

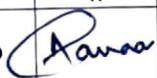
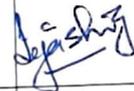
Sr. No.	Name of Teacher (Last Name, First Name, Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/Temp./Honorary)	Qualification	University Approx at (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University.)	No. of PG Students Guided last 5 year	Date of Birth	E-mail ID	Mobile No.	Aadhar Card No	If Debarred (Yes/No)	Sign of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr. Kulvinder Makhan Singh Banga	Conservative Dentistry & Endodontics	Professor & HOD	Regular	MDS 1989	MUHS/E-2/2102/2399/2008	28 yrs	Yes	MUHS/E-2/PGT/830.5.3.2007	10	15/01/66	ksbanga@gmail.com	9821124394	446123351543	No	
2	Dr. Ashish Mandwe	Conservative dentistry & Endodontics	Associate Professor	Regular	MDS 2004	MUHS/PG/E-2/3576/14.31/12/2014	11 yrs	Yes	MUHS/PG/E-2/3576/14.31/12/2014	05	01/07/77	drmandwe@gmail.com	9220524842	692745620004	No	

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Nair Hospital Dental College

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

Name of the College: Nair Hospital Dental College  
 Name of the Subject: Paediatric & Preventive Dentistry

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp. / Honorary)	Qualification	University Approx at (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date Issued by University.)	No. of PG Students Guided last 5 year	Date of Birth	E-mail ID	Mobile No.	Aadhar Card No	If Debarred (Yes/No)	Sign. of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	DR. ADESH KAKADE	Professor & Head	Pediatric & Preventive Dentistry	Reg	MDS	Yes	17 yrs 9 months	Yes	MUHS/E-2/PGT/452/2008 Dt.17-04-2008	10	13-09-1969	adeshkaka.de@rediffmail.com	9821289144	353598115556	NO	
2	DR. TEJASHRI SHREYAS GUPTA	Associate Professor	Pediatric & Preventive Dentistry	Reg	MDS	Yes	12 yrs	Yes	MUHS/PG/E-2/1080/14Dt.08-05-2014	5	21-02-1976	tejashrigupte@rediffmail.com	9920055382	918539229602	NO	
3	DR. ABDULKADEER MOHMADI JETPURWALA	Associate Professor	Pediatric & Preventive Dentistry	Reg	MDS	Yes	7 yrs	Yes	MUHS/PG/E-2/3089/2019 Dt.07-08-2019	3	21-08-1981	ietabdulkadeer@gmail.com	9867177867	239488075387	NO	

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**Dean**  
 Nair Hospital Dental College

  
**DR. ADESH KAKADE**  
 Professor And Head  
 Dept. of Pediatric Dentistry  
 Nair Hospital Dental College  
 M. T. C. Corporation of Greater Mumbai

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

Name of the College :NAIR HOSPITAL DENTAL COLLEGE

Phone/Mobile No. :

Name of the Subject :ORTHODONTICS

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp. / Honorary)	Qualification	University Approval (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date issued by University.)	No. of PG Students Guided last 5 year	Date of Birth	E-mail ID	Mobile No.	Aadhar Card No	If Debarred (Yes/ No)	Sign. of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	DR.(SMT) BHAT SHWETA RAJENDRA	Professor & HOD	Orthodontics	Regular	M.D.S.	MUHS/E-2/2102/362/2003 Dt 20.01.2004	19 years 9 months	YES	MUHS/PG/E-2/900/15 Dt 7.04.2015	10	25-07-1972	srbhat72@yahoo.co.in	9867670534195	315988534195	NO	<i>SBhat</i>
2	DR.KONTHAM RAKESHKUMAR KESHAVKUMAR	Associate Professor	Orthodontics	Regular	M.D.S.	MUHS/E-2/2102/1324 DT 18.3.2014	11 years 6 months	YES	MUHS/PG/E-2/1080/14 dt 8.5.2014	3	04-09-1973	rakeshkontham@rediffmail.com	9820232812	397915214950	NO	<i>RK</i>
3	DR NAVAL SURESH BAWASKAR	Associate Professor	Orthodontics	Regular	M.D.S.	MUHS/E-2/2102/3999/10 dt 21.12.2010	8 years	YES	MUHS/PG/E-2/3089/2019 dt 15/08/2019	3	28-05-1983	navalbawaskar@yahoo.com	9004008555	679787619206	NO	<i>Naval</i>
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Nair Hospital Dental College

*SBhat*  
Dr. Shweta Bhat  
Professor & HOD  
Dept. Of Orthodontics

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

Name of the College : Nair Hospital Dental College

Phone/Mobile No. :

Name of the Subject : Prosthodontics Crown and Bridge

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp./ Honorary)	Qualification	University Approx at (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recogni tion Yes/No	(Recognition Letter Date issued by University.)	No. of PG Students Guided last 5 years	Date of Birth	E-mail ID	Mobile No.	Aadhar Card No	Debarred (Yes/ No)	Sign of teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
1	DR VISHWAS KACHRU KHARSAN	PROF & HOD	PROSTHO DONTICS	REGULAR	MDS	MUHSI - 22102-10682 003 25.09.2003	20 YRS	YES	MUHSI - 2 PGF 830 2007 05.03.2007	9	07.10.19 65	drvishwask harsan@gmail.com	98210228 23	7276525 50435	NO	
	DR RAHUL SHYAMRAO KULKARNI	ASSO PROF	PROSTHO DONTICS	REGULAR	MDS	MUHSI - 21324-14 18.03.2014	9 YRS	YES	MUHS PGF - 21844-14 16.07.2014	5	08.05.19 80	drrahulpros tho@yahoo.com	98238746 45	3900539 23425	NO	

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 Nair Hospital Dental College

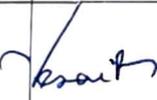
  
**Dr. Vishwas Kharsan**  
 - Professor and Head  
 Dept. of Prosthodontics and Crown & Bridge  
 Nair Hospital Dental College, Mumbai - 400008.

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

Name of the College: Nair Hospital dental college, Mumbai – 8.

Phone/Mobile No.:

Name of the Subject: Oral Pathology and Microbiology

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject / Speciality	Type of Appointment (Regular/Temp./Honorary)	Qualification	University Approved at (UG)	PG Teaching Experience (In Years) after PGM	PG Teacher Recognition Yes/No	(Recognition Letter Date Issued by University.)	No. of PG Students Guided last 5 year	Date of Birth	E-mail ID	Mobile No.	Aadhar Card No	If Debarred (Yes/No)	Sign. of Teacher
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Dr Rajiv Desai	Professor & HOD	Oral Pathology	Regular	M.D.S.	YES	25 yrs	Yes	MUHS/PG/E2/PGI/RC/625/2011	10	11 <sup>th</sup> May 1968	nansrj@hoptmail.com	9821545914	6790598 20035	No	
2	Dr Shivani Bansal	Associate Professor	Oral Pathology	Regular	M.D.S.	YES	13 yrs	Yes	MUHS/PG/E2/PGTRC/452/2011	5	29 <sup>th</sup> May 1978	bshivani2000@yahoo.com	9967542929	277141950486	No	
3	Dr Pankaj M. Shirsat	Associate Professor	Oral Pathology	Regular	M.D.S.	YES	02	Yes	MUHS/E-2/111102/PG/152/2024	1	17 <sup>th</sup> Aug 1977	shirsat.pankaj@gmail.com	9987094168	284124659545	No	

**Dean**  
Nair Hospital Dental College

  
**Dr. Rajiv S. Desai**  
 Professor & Head  
 Dept. of Oral Pathology & Microbiology  
 Nair Hospital Dental College  
 Mumbai 400008