re-XVI-A

For Online Transmission of Question Papers:

SN	Infrastructure facilities at College	Yes /No
Strong Room :		
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	DualInternetservice,Primarywith1:1dedicatedlineof100mbps speedbyclass'A'ISP,andalternatelinewith1:1dedicatedlineof 50mpbsspeed,byananotherClass'A'ISPtoensureuninterrupted 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
Scanning Room :		
9	Separate Scanning Room for scanning Answer Books after end of Examination Session under CCTV Surveillience. (Laptops and Scanners will be provided by the University Appointed Agency)	YES
10	DualInternetservice,Primarywith1:1dedicatedlineof100mbps speedbyclass'A'ISP,andalternatelinewith1:1dedicatedlineof 50mpbsspeed,byananotherClass'A'ISPtoensureuninterrupted 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	WiringandNetworking(withRawPowerSupplyandUPS)andone Printer perDEC	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.	YES
5	DualInternetservice,Primarywith1:1dedicatedlineof100mbps speedbyclass'A'ISP,andalternatelinewith1:1dedicatedlineof 50mpbsspeed,byananotherClass'A'ISPtoensureuninterrupted 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 Surveillience	YES

Dean
Nair Hospital Dental College

Annexure-XVI-B

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College:

Phone/Mobile No. :

Name of the Subject : ORAL MEDICINE & RADIOLOGY

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 medicine & radiology	Dr Kaustubh Sansare	Prof & HOD	18/09/1995	BDS 1990	MDS 1993	30 years	yes	MUHS/E-2/PGT/92/2/2008	742109752582	AJUPS4976L	30/09/1968	kaustubhsansare@yahoo.com	9821237185	No
2	Nair Hospital Dental College	Oral medicine & radiology	Dr Vahanwala Sonal	Associate professor	23/09/2021	BDS 1998	MDS 2001	22 years	yes	MUHS/E/PG/2/916/2021 & MUHS/E2/PG/1877/2022	622373982329	ADMPV3929	8/4/1975	drvahanwalasonal@gmail.com	9820372903	No
3	Nair Hospital Dental College	Oral medicine & radiology	Dr Sunali Khanna	Assistant professor	21/09/2005	BDS 2001	MDS 2005	18 years	yes	MUHS/PG/E-2/728/2020	790415216825	AGOPK0620L	30/11/1978	sunalikhanna@gmail.com	9821459013	No
4																
5																

Nair Hospital Dental College

ANNEXURE

2 | Minimum Area shall be 20 x 20 sq. ft

Annexure-XVI-B

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECT WISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : Nair Hospital Dental College

Phone/Mobile No. : 022 -23082714/15/16

Name of the Subject : Oral and 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	Aadhar 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. (Smt.) Neelam Noel Andrade	Director ME&MH Dean, Regular Incharge Dean Professor & HOD Asso. Prof. Asst. Prof	01.03.2022 25.01.18 05.12.17 05.2008 03.1996 10.02.87	1983	1985	36 Years	Yes	UG-MUHS/E/2/2102/3008/10 dt 23.09.2010 PG- MUHS/E-2/PGT/830/2007 dt 5.3.2007 PhD Guide MUHS/UDC/PFL/E-2/684/2017	764583455309	AACPA2920M	18.12.1961	drnnandrade@gmail.com	9821126837	No
2	Nair Hospital Dental College	Oral & Maxillofacial Surgery	Dr. Mohan Devidas Deshpande	Associate Professor	Adhoc 16.03.88 to 01.04.90 Regular 03.04.90	1984	1986	35 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	9869288203	No
3	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	1992	1995	27 Years	Yes	UG-MUHS/E/2/2102/1808/09 dt 24.6.2009 PG-MUHS/PG/E-2/PGTRC/265/2012 dt 24.01.2012	223821583681	AAEPB9094M	19.09.1969	ingole.snehal@rediffmail.com	9987483998	No

Dean
Nair Hospital Dental College

	...spital Dental College	Oral & Maxillofacial Surgery	Dr. (Smt.) Trupti Mahesh Gandhewar	Asst. Prof.	01.09.03	1996	2002	20 Years	Yes	UG-MUHS/E/2/2102/5606/ dt 27.12.2004 PG-MUHS/PG/E-2/2098/2019	573327295653	AGAPG8179J	27.10.1973	tgandhewar@yahoo.com	9819323729	No
5	Nair Hospital Dental College	Oral & Maxillofacial Surgery	Dr. (Smt.) Deepashree Maroti Meshram	Asst. Prof.	02.01.09	2002	2009	14.1 Years	Yes	MUHS/E/2/2102/1808/09 dt 24.6.2009			24.08.1980	24deemes@gmail.com	9867828284	No
6	Nair Hospital Dental College	Oral & Maxillofacial Surgery	Dr. (Smt.) Pallavi Adinath Ranadive	Asst. Prof.	Adhoc 21.09.05 to 10.10.08 Regular 22.06.09	2001	2005	17 Years	Yes	UG-MUHS/E/2/2102/3999/10 dt 21.12.10	899526467438	AEQPN9100A	21.11.1978	drpallavir@yahoo.com	9821165703	No
7	Nair Hospital Dental College	Oral & Maxillofacial Surgery	Dr. (Smt.) Smriti Manoj Choradia	Asst. Prof.	Adhoc 18.05.09 to 31.07.09 01.02.10 to 31.08.10 Regular 01.09.10	2004	2009	13.3 Years	Yes	MUHS/E/2/2102/819/11 dt 17.03.11	987599276829	AOIPB9789D	19.05.1983	Smritibora@gmail.com	9664051177	No
8	Nair Hospital Dental College	Oral & Maxillofacial Surgery	Dr. Ankush Janardhan Chavan	Asst. Prof.	Adhoc 19.10.10 to 20.03.11 & 21.03.11 to 28.02.13 Regular 01.03.13	2005	2010	12.5 Years	Yes	MUHS/E-2/2102/198/14 dt 16.01.2014	998582220622	AMDPC5296M	10.01.1983	drankushchavan101@gmail.com	9960994859	No

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Nair Hospital Dental College

ELIGIBLE EXAMINERS LIST (UG Courses)

DEPARTMENT OF PERIODONTICS

Sr. No.	College Name	Subject	Full Name of the Teacher (First Name Middle Name Last Name	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 Year)	Latest Email Address	Contact Nos. (Mob)	Debarred Yes/No
1	Nair Hospital Dental College	Periodontics	DR. MALA DIXIT BABURAJ	PROFESSOR & HOD	25.02.2005	BDS 1998	MDS 1993	30 yrs	Yes	MUHS/ E 2/2102/2565	355595507742	AAGPI1167G	25-11-1966	maladixit25@gmail.com	9223340938	NO
2			DR. PRANEETA SHAYRAO KAMBLE	Associate Professor	03.09.2001	BDS 1996	MDS 1999	22yrs	Yes	MUHS/ E 2/2102/808	518051051565	AHAPK9342G	18-11-1972	drpraneetakamble@yahoo.com	9820263468	NO
3			DR. SAPNA GOKUL	Associate Professor	25.08.2009	BDS 2005	MDS 2009	13YRS 6 MONTHS	Yes	MUHS/ E 2/2102/809	653816806074	AMAPR1812P	21-03-1982	drsapna21@gmail.com	9819812310	NO

Nair Hospital Dental College

Mala 09/4/23

DR. MALA DIXIT BABURAJ
Professor and Head
Department of Periodontics,
Nair Hospital Dental College
MUMBAI-400 008

Annexure-XVI-B

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

DEPT OF PUBLIC HEALTH DENSTISTRY

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	11 yrs 7 months	Yes	MUHS/E-2/2102/3661/13 dt 23/9/2013	697318144793	BDYPK4654C	28-07-1983	drseema.kamble@gmail.com	9765954576	No
2	Nair Hospital Dental College	Public Health Dentistry	DR AMIT CHAUDHARI	Assistant Professor	15-12-2014	BDS 2006	MDS 2011	11 yrs 7 months	Yes	MUHS/E-2/2102/Teacher Approval/1608/15	697443319867	AFYPC5002K	19-08-1984	dr.amit.chaudhari@gmail.com	9967447073	No

Dr. AMIT
Nair Hospital Dental College

DR. SEEMA KAMBLE
Associate Professor
Dept. of Public Health Dentistry
Nair Hospital Dental College
Mumbai - 400 008.

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK **Annexure-XVI-B**

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College: Nair Hospital Dental College

Name of the Subject_- Pediatric & Preventive Dentistry

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	Pediatric & Preventive Dentistry	DR. ADESH KANTILAL KAKADE	Professor & HOD	01-12-1995	BDS 1991	MDS 1994	26yrs	Yes	MUHS/E-2/PGT/452/2008 Dt.17-04-2008	353598115556	AGKPK5914D	13-09-1969 (53 yrs)	adeshkakade@rediffmail.com	9821289144	No
2	Nair Hospital Dental College	Pediatric & Preventive Dentistry	DR. TEJASHRI SHREYAS GUPTE	Associate Professor	02-07-2012	BDS 1998	MDS 2001	18yrs	Yes	MUHS/PG/E-2/1080/14Dt.08-05-2014	918539229602	AHSPG7096B	21-02-1976 (47 yrs)	adeshkakade@rediffmail.com	9920055382	No
3	Nair Hospital Dental College	Pediatric & Preventive Dentistry	DR. ABDULKADEER MOHMADI JETPURWALA	Associate Professor	01-09-2008	BDS 2004	MDS 2008	14yrs	Yes	MUHS/PG/E-2/3089/2019Dt.07-08-2019	239488075387	AKQPJ0408H	21-08-1981 (41 yrs)	jetabdulkadeer@gmail.com	9867177867	No
4	Nair Hospital Dental College	Pediatric & Preventive Dentistry	DR. PRITI SUSHIL JAIN	Assistant Professor	25-08-2009	BDS 2004	MDS 2009	13yrs	Yes	MUHS/E/2/2102/3999/10 dt 21/12/10	744715541625	ANQPS6643A	08-10-1980 (42 yrs)	jetabdulkadeer@gmail.com	9820270900	No
5	Nair Hospital Dental College	Pediatric & Preventive Dentistry	DR. SHELY DEDHIA	Assistant Professor	25-08-2009	BDS 2004	MDS 2009	13yrs	Yes	MUHS/E/2/2102/3999/10 dt 21/12/10	385987815862	AMJP8003D	13-08-1981 (41 yrs)	jetabdulkadeer@gmail.com	9820811238	No

Nair Hospital Dental College

Annexure-XVI-B

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	24 yrs	Yes	MUHS/E-2/2102/2399/2008	446123351543	AAIPB1088P	15/01/66	ksbanga@gmail.com	9821124394	No
2			Dr. Ashish Pandurang Mandwe	Associate Professor	18/06/12	BDS 1999	MDS 2004	15 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	11 yrs	Yes	MUHS/E-2/2102/2399/2008	636821136406	AKKPG2291H	28/03/79	drpankajgupta@gmail.com	9322016166	No
4			Dr. Heeresh Shetty	Assistant Professor	01/10/07	BDS 2002	MDS 2006 Ph.D.2020	11 yrs	Yes	MUHS/E-2/2102/2399/2008	487637804754	BMNPS3723C	24/06/79	heereshshetty@yahoo.com	9920963037	No
5			Dr. Pravin Govind Patil	Assistant Professor	25/08/09	BDS 2005	MDS 2009	9 yrs	Yes	MUHS/ E 2/2102/3999/10	380809320280	AYJPP2709G	18/02/83	pravinpati154@yahoo.com	9224287248	No
6			Dr. Sachin Shashikant Metkari	Assistant Professor	17/11/09	BDS 2005	MDS 2009	9 yrs	Yes	MUHS/ E 2/2102/3999/10	528689729138	AQQPM2335G	26/09/81	drssmetkari@yahoo.co.in	9167699805	No

Dean
Nair Hospital Dental College

DR. J. 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)	Design ation	Date of Joining	UG Qualificati 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.)	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	24 yrs	Yes	MUHS/E-2/2102/2399/2008	446123351543	AAIPB1088P	15/01/66	ksbanga@gmail.com	9821124394	No
2			Dr. Ashish Pandurang Mandwe	Associate Professor	18/06/12	BDS 1999	MDS 2004	15 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	11 yrs	Yes	MUHS/E-2/2102/2399/2008	636821136406	AKKPG2291H	28/03/79	drpankajgupta@gmail.com	9322016166	No
4			Dr. Heeresh Shetty	Assistant Professor	01/10/07	BDS 2002	MDS 2006 Ph.D.2020	11 yrs	Yes	MUHS/E-2/2102/2399/2008	487637804754	BMNPS3723C	24/06/79	heereshshetty@yahoo.com	9920963037	No
5			Dr. Pravin Govind Patil	Assistant Professor	25/08/09	BDS 2005	MDS 2009	9 yrs	Yes	MUHS/ E 2/2102/3999/10	380809320280	AYJPP2709G	18/02/83	pravinpatil54@yahoo.com	9224287248	No
6			Dr. Sachin Shashikant Metkari	Assistant Professor	17/11/09	BDS 2005	MDS 2009	9 yrs	Yes	MUHS/ E 2/2102/3999/10	528689729138	AQQPM2335G	26/09/81	drssmetkari@yahoo.co.in	9167699805	No

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)	Design ation	Date of Joining	UG Qualificati 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.)	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	24 yrs	Yes	MUHS/E-2/2102/2399/2008	446123351543	AAIPB1088P	15/01/66	ksbanga@gmail.com	9821124394	No
2			Dr. Ashish Pandurang Mandwe	Associate Professor	18/06/12	BDS 1999	MDS 2004	15 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	11 yrs	Yes	MUHS/E-2/2102/2399/2008	636821136406	AKKPG2291H	28/03/79	drpankajgupta@gmail.com	9322016166	No
4			Dr. Heeresh Shetty	Assistant Professor	01/10/07	BDS 2002	MDS 2006 Ph.D.2020	11 yrs	Yes	MUHS/E-2/2102/2399/2008	487637804754	BMNPS3723C	24/06/79	heereshshetty@yahoo.com	9920963037	No
5			Dr. Pravin Govind Patil	Assistant Professor	25/08/09	BDS 2005	MDS 2009	9 yrs	Yes	MUHS/ E 2/2102/3999/10	380809320280	AYJPP2709G	18/02/83	pravinpati154@yahoo.com	9224287248	No
6			Dr. Sachin Shashikant Metkari	Assistant Professor	17/11/09	BDS 2005	MDS 2009	9 yrs	Yes	MUHS/ E 2/2102/3999/10	528689729138	AQQPM2335G	26/09/81	drssmetkari@yahoo.co.in	9167699805	No

Dean

Nair Hospital Dental College

DR. K. S. BANGA.
PROFESSOR & HEAD.
DEPARTMENT OF CONSERVATIVE DENTISTRY.
NAIR HOSPITAL DENTAL COLLEGE.
MUMBAI-400008.

Annexure-XVI-B

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	23 YEARS	YES	MUHS/E-2/2102/362/2003 Dt 20.01.2004	315988534195	AAEPB4612R	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	22 years	YES	MUHS/PG/E-2/1080/14 DT 8.5.2014	397915214950	AGVPK6406F	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	13years 1 month	YES	MUHS/E-2/2102/3999/10 dt 21.12.2010	679787619206	AVIPB2603F	28.05.1983	navalbawaskar@yahoo.com	9004008555	NO
4																
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Dean

Nair Hospital Dental College

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK **Annexure-XVI-B**

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College : Nair hospital dental college

Phone/Mobile No. :

Name of the Subject: Prosthodontics

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 yeas rs	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	28 yrs 1Month	Yes	MUHS/E-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	15 years 9 months	Yes	MUHS/E-2/2102/232/14 16.07.2014	390053923425	AXTPK6327N	08.05.1980	drrahulprostho@yahoo.com	9823874645	NO
3			DR.HAZARI GOLAM MUSTAFFA	ASSOCIATE PROFESSOR	01-10-2007	BDS 2004	MDS 2007	15 yrs, 4 mnths	Yes	MUHS/E-2/2102/2399/2008	991760277122	ADBPH6561K	11.04.1979	mustaffa786@rediffmail.com	9321027087	NO
4			DR.SUBHASH DAMODAR BANDGAR	ASSISTANT PROFESSOR	24-10-2007	BDS 2002	MDS 2007	15 yrs	Yes	MUHS/E-2/2102/2399/2008	726996463691	ANTPB7000R	10.06.1979	subhashimplant@gmail.com	8898001515	NO
5			DR.RAVINDRA PAWAR	ASSISTANT PROFESSOR	16-06-2011	BDS 2005	MDS 2010	12 yrs	Yes	MUHS/E-2/2102/4542/11 01.11.2011	428210823752	BBCPP8338N	20.02.1983	drravindra202@gmail.com	9967330698	NO
6			DR.PRAVIN EKNATH RAIPURE	ASSISTANT PROFESSOR	22-07-2011	BDS 2006	MDS 2010	12 yrs	Yes	MUHS/E-2/2102/4542/11 01.11.2011	993978945517	AQWPR7953B	05-07-1983	drpraveenrai@gmail.com	7506851751	NO

Dean
Nair Hospital Dental College

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK **Annexure-XVI-B**

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 KACHRU KHARSAN	PROFESSOR & HOD	02.01.1995	BDS 1989	MDS 1993	28 yrs	Yes	MUHS/E-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	15 years 9 months	Yes	MUHS/E-2/2102/232/14 16.07.2014	390053923425	AXTPK6327N	08.05.1980	drrahulprostho@yahoo.com	9823874645	NO
3			DR.HAZARI GOLAM MUSTAFFA	ASSOCIATE PROFESSOR	01-10-2007	BDS 2004	MDS 2007	15 yrs, 4 mnths	Yes	MUHS/E-2/2102/2399/2008	991760277122	ADBPH6561K	11.04.1979	mustaffa786@rediffmail.com	9321027087	NO
4			DR.SUBHASH DAMODAR BANDGAR	ASSISTANT PROFESSOR	24-10-2007	BDS 2002	MDS 2007	15 yrs	Yes	MUHS/E-2/2102/2399/2008	726996463691	ANTPB7000R	10.06.1979	subhashimplant@gmail.com	8898001515	NO
5			DR.RAVINDRA PAWAR	ASSISTANT PROFESSOR	16-06-2011	BDS 2005	MDS 2010	12 yrs	Yes	MUHS/E-2/2102/4542/11 01.11.2011	428210823752	BBCPP8338N	20.02.1983	drravindra202@gmail.com	9967330698	NO
6			DR.PRAVIN EKNATH RAIPURE	ASSISTANT PROFESSOR	22-07-2011	BDS 2006	MDS 2010	12 yrs	Yes	MUHS/E-2/2102/4542/11 01.11.2011	993978945517	AQWPR7953B	05-07-1983	drpraveenrai@gmail.com	7506851751	NO

Nair Hospital Dental College

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Annexure-XVI-B

Name of the College : Nair hospital dental college

Phone/Mobile No. :

Name of the Subject: Pre clinical Prosthodontics

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 KACHRU KHARSAN	PROFESSOR & HOD	02.01.1995	BDS 1989	MDS 1993	28 yrs	Yes	MUHS/E-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	15 years 9 months	Yes	MUHS/E-2/2102/232/14 16.07.2014	390053923425	AXTPK6327N	08.05.1980	drrahulprostho@yahoo.com	9823874645	NO
3			DR.HAZARI GOLAM MUSTAFFA	ASSOCIATE PROFESSOR	01-10-2007	BDS 2004	MDS 2007	15 yrs. 4 mnths	Yes	MUHS/E-2/2102/2399/2008	991760277122	ADBPH6561K	11.04.1979	mustaffa786@rediffmail.com	9321027087	NO
4			DR.SUBHASH DAMODAR BANDGAR	ASSISTANT PROFESSOR	24-10-2007	BDS 2002	MDS 2007	15 yrs	Yes	MUHS/E-2/2102/2399/2008	726996463691	ANTPB7000R	10.06.1979	subhashimplant@gmail.com	8898001515	NO
5			DR.RAVINDRA PAWAR	ASSISTANT PROFESSOR	16-06-2011	BDS 2005	MDS 2010	12 yrs	Yes	MUHS/E-2/2102/4542/11 01.11.2011	428210823752	BBCPP8338N	20.02.1983	drravindra202@gmail.com	9967330698	NO
6			DR.PRAVIN EKNATH RAIPURE	ASSISTANT PROFESSOR	22-07-2011	BDS 2006	MDS 2010	12 yrs	Yes	MUHS/E-2/2102/4542/11 01.11.2011	993978945517	AQWPR7953B	05-07-1983	drpraveenrai@gmail.com	7506851751	NO

Dean
Nair Hospital Dental College

Annexure-XVI-B

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 PATHOLOGY AND 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	31 yrs	Yes	MUHS/PG/E2/PGI/RC/625/2011	679059820035	AAAPD9938N	11-05-1968	nansrd@hotmail.com	9821545914	No
2			DR SHIVANI BANSAL	Associate Professor	7th Aug 2006	BDS 2000	MDS 2003	19 yrs	Yes	MUHS/PG/E2/PGTRC/452/2011	277141950486	AIGPB7505B	29-05-1978	bshivani2000@gmail.com	9967542929	No
3			DR PANKAJ SHIRSAT	Adhoc Associate Professor	24th Dec 2008	BDS 201	MDS 2006	16 yrs	Yes	MUHS/E-2/2102/5166/2019 dt 29/11/2019	284124659545	BLGPS1083M	17-08-1977	shirsat.pankaj@gmail.com	9987094168	No
4			DR POOJA PRASAD	Assistant Professor	10th Aug 2011	BDS 2004	MDS 2010	12 yrs	Yes	MUHS/E-2/2102/4542/11 01.11.2011	479664703830	AOBPP2406G	05-06-1982	drprasadopath@gmail.com	9029101062	No

Dean
Nair Hospital Dental College

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

Annexure-

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	09-01-2010	BDS 1989	MDS 1992	31 yrs	Yes	MUHS/PG/E2/PGI/RC/625/2011	679059820035	AAAPD9938N	11-05-1968	nansrd@hotmail.com	9821545914	No
2			DR SHIVANI BANSAL	Associate Professor	10-07-2006	BDS 2000	MDS 2003	19 yrs	Yes	MUHS/PG/E2/PGTRC/452/2011	277141950486	AIGPB7505B	29-05-1978	bshivani2000@gmail.com	9967542929	No
3			DR PANKAJ SHIRSAT	Adhoc Associate Professor	24-12-2008	BDS 201	MDS 2006	16 yrs	Yes	MUHS/E-2/2102/5166/2019 dt 29/11/2019	284124659545	BLGPS1083M	17-08-1977	shirsat.pankaj@gmail.com	9987094168	No
4			DR POOJA PRASAD	Assistant Professor	10-08-2011	BDS 2004	MDS 2010	12 yrs	Yes	MUHS/E-2/2102/4542/11 01.11.2011	479664703830	AOBPP2406G	05-06-1982	drprasadopath@gmail.com	9029101062	No

Dean
Nair Hospital Dental College

Annexure-XVI-C

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

Name of the College :

Phone/Mobile No. :

Name of the Subject :

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 Recopnil ion 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 Kaustubh Sansare	Prof & HOD	Oral medicine & radiology	Regular	MDS	Bombay University	16 years	Yes	MUHS/E-2/PGT/92/2/2008	9	30/09/1968	kaustubhsansare@yahoo.com	9821237185	742109752582	No	
2																
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Nair Hospital Dental College Dean

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. :022- 23082714/15/16

Name of the Subject : Oral and Maxillofacial Surgery

	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-mall 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.) Andrade Neelam Noel	Director ME&MH Dean, Professor & HOD	Oral & Maxillofacial Surgery	Regular	MDS	UG-MUHS/E/2/2102/3008/10 dt 23.09.2010	27	Yes	PG-MUHS/E-2/PGT/830/2007 dt 5.3.2007 PhD Guide MUHS/UDC/PFL/E-2/684/2017	05	18.12.1961	drnnandrade@gmail.com	9821126837	764583455309	No	

Dean
Nair Hospital Dental College

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Annexure-16 PERIODONTICS ELIGIBLE EXAMINERS LIST (PG Courses)

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	Mala Dixit Baburaj	Prof and Head of Department	Periodontology	Regular	MDS	No. MUHS/E.2/2102/2565 Date 21/07/2005	30	Yes	No. MUHS/E-2/PGT/830/2007 DATE 05/03/2007	10	25-11-1966	maladixit25@gmail.com	9223340938	355595507742	No	

Mala
09/12/23

DR. MALA DIXIT BABURAJ
Professor and Head
Department of Periodontics,
Nair Hospital Dental College
MUMBAI- 400 008

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 Recopnil ion 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	25 yrs	Yes	MUHS/E-2/PGT/830,5.3.2007	10	15/01/66	ksbanga@gmail.com	9821124394	446123351543	No	

Dean
Nair Hospital Dental College

DR. K. S. BANGA.
PROFESSOR & HEAD,
DEPARTMENT OF CONSERVATIVE DENTISTRY
NAIR HOSPITAL DENTAL COLLEGE,
MUMBAI-400008.

Annexure-XVI-C

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

Name of the College: Nair Hospital Dental College

Name of the Subject: Pediatric & 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 Recopnil ion Yes/No	(Recognition Letter Date issued by University.)	No. of PG Students Guided last 5 year	Date of Birth	E-mall 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	14yrs	Yes	MUHS/E-2/PGT/452/2008 Dt.17-04-2008	10	13-09-1969	adeshkakade@rediffmail.com	9821289144	353598115556	NO	

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Nair Hospital Dental College

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

Annexure-XVI-C

Name of the 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 Recopnilion Yes/No	(Recognition Letter Date issued by University.)	No. of PG Students Guided last 5 year	Date of Birth	E-mall 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.VISHWAS KACHRU KHARSAN	PROF. & HOD	PROSTHODONTICS	REGULAR	MDS	MUHS/E-2/2102/1068/2003 25.09.2003	19 YRS.	YES	MUHS/E-2/PGT/830/2007 05.03.2007	8	07.10.1965	drvishwaskharsan@gmail.com	9821022823	727652550435	NO	

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 :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 Recopnilion Yes/No	(Recognition Letter Date issued by University.)	No. of PG Students Guided last 5 year	Date of Birth	E-mall 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) .SHWETA RAJENDRA BHAT	Professor & HOD	Orthodontics	Regular	M.D.S.	MUHS/E-2/2102/362/2003 Dt 20.01.2004	16 years	YES	MUHS/E-2/PGT/1993/2007 Dt 11.04.2007	08	25-07-1972	srbhat72@yahoo.co.in	9867670544	315988534195	NO	
2																
3																
4																

Dean
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, 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/ Specialty	Type of Appointment (Regular /. Temp. / Honorary	Qualification	University Approx at (UG)	PG Teaching Experience (in Years) after PGM	PG Teacher Recopnilion Yes/No	(Recogniti on Letter Date issued by University.)	No. of PG Students Guided last 5 year	Date of Birth	E-mall 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	11th May 1968	nansrd@hotmail.com	98215 45914	6790598 20035	No	

Dean
Nair Hospital Dental College