

**Maharashtra University of Health Sciences, Nashik**  
**Dental Faculty**  
**Information of Subject-wise Intake as per College & DCI Recognition, Permitted**  
**Seat-Matrix Chart Academic Year 2024-25**

Name of College: Dr. Rajesh Ramdasji Kambe Dental College & Hospital ,Akola

| UG Degree/ PG Degree                                 | Intake as per Council | Status of Council     |           | Max. Seats Permitted by MUHS as per Teacher: Student Ratio |  |
|------------------------------------------------------|-----------------------|-----------------------|-----------|------------------------------------------------------------|--|
|                                                      |                       | Degree                |           |                                                            |  |
|                                                      |                       | Recognized            | Permitted | PG Degree                                                  |  |
| UG Degree (BDS)                                      | 100                   | NO. V.12017/2/2020-DE | Yes       | Not Applicable                                             |  |
|                                                      |                       |                       |           |                                                            |  |
| PG Degree (MDS)                                      |                       |                       |           |                                                            |  |
| Prosthodontics and Crown & Bridge                    | 2                     | -                     | Yes       | 1:1                                                        |  |
| Conservative Dentistry and Endodontics               | 3                     | -                     | Yes       | 1:1                                                        |  |
| Periodontology                                       | 0                     | -                     | -         |                                                            |  |
| Orthodontics & Dentofacial Orthopedics               | 3                     | -                     | Yes       | 1:1                                                        |  |
| Oral & Maxillofacial Surgery                         | 2                     | -                     | Yes       | 1:1                                                        |  |
| Oral & Maxillofacial Pathology and Oral Microbiology | 0                     | -                     | -         |                                                            |  |
| Oral Medicine & Radiology                            | 0                     | -                     | -         |                                                            |  |
| Pediatric Dentistry                                  | 3                     | -                     | Yes       | 1:1                                                        |  |
| Public Health Dentistry                              | 0                     | -                     | -         |                                                            |  |

Any other, please specify: .....

Data verified by the Committee Members:

Chairman of LIC

Member of LIC

Member of LIC

Member of LIC

**No. V.12017/18/2023-DE(Pt.)**  
Government of India  
Ministry of Health & Family Welfare  
(Dental Education Section)

Nirman Bhavan, New Delhi  
Dated the 12<sup>th</sup> February, 2024

To,

The Dean/Principal  
Dr. Rajesh Ramdasji Kambe Dental College & Hospital,  
Kanheri (Sarap), Tq. Barshitakali, Akola,  
Maharashtra - 444401

**Letter of Permission**

Sub: Starting of MDS course in Pediatric and Preventive Dentistry for the academic session 2024-25.

Sir/Madam,

In continuation to this Ministry's Letter of Intent (LoI) dated 12.01.2024 and with reference to your letter No. RRKDC&H/887/2024 dated 17.01.2024 furnishing therewith necessary Undertakings and other documents, I am directed to convey the permission of the Central Government for starting of MDS course in following specialty at your College for the academic session 2024-25 under Section 10(A) of the Dentists Act, 1948:

| S.No. | Speciality                         | Seats |
|-------|------------------------------------|-------|
| 1.    | Pediatric and Preventive Dentistry | 3     |

2. The permission of the Central Government is accorded initially for a period of one year and will be renewed on yearly basis subject to the verification of the achievement of annual targets as indicated in your scheme. The process of renewal of permission in the original intake capacity will continue till such time the expansion of its facilities is completed.

3. Any admission made in violation of the above condition will be treated as irregular and action under the provisions of the Dentists Act, 1948 and Regulations made thereunder shall be taken.

4. Discrepancies, if any, may be brought to the notice of Dental Council of India and Central Government.

Yours faithfully,

*Sushil Kumar Mishra*

(Sushil Kumar Mishra)

Under Secretary to the Government of India

Tele: 011-2306 2959

Copy to:

1. The Secretary, Dental Council of India, Aiwan-E-Galib Marg, Kotla Road, New Delhi - 110002, with a request to verify the correctness and genuineness of the "PBG no. BG-64/ 2024" dated 16.01.2024 of Rs. 60,00,000/- issued by the Mahila Gramin Scheduled Commercial Bank.
2. Secretary, Department of Health & Family Welfare, Govt. of Maharashtra, Mumbai
3. Registrar, Maharashtra University of Health Sciences, Nashik, Maharashtra- 422004
4. DDG (ME), Dte. GHS, MoHFW, Nirman Bhawan, New Delhi.

**BY SPEED POST**

No.V.12017/15/2023-DE  
GOVERNMENT OF INDIA  
Ministry of Health and Family Welfare  
(Dental Education Section)

Nirman Bhawan, New Delhi,  
Dated the 12<sup>th</sup> February, 2024

To,

The Principal,  
Dr. Rajesh Ramdasji Kambe Dental College & Hospital,  
Kanhari (Sarap) Tq. Barshitakali,  
Akola, Maharashtra - 444401.

Subject: Renewal of Central Government Permission for renewal of 4th batch in MDS courses with Original intake of seats at Dr. Rajesh Ramdasji Kambe Dental College & Hospital, Akola Maharashtra for the academic year 2024-25 - reg.

Sir,

I am directed to convey the permission of the Central Government for renewal of MDS Course (4th batch) against original intake as indicated below in the following specialities at Dr. Rajesh Ramdasji Kambe Dental College & Hospital, Akola Maharashtra for the academic year 2024-25.

*4th batch in MDS course renewal (Original intake)*

| S.No. | Speciality                             | Seats for which renewal sought for |
|-------|----------------------------------------|------------------------------------|
| 1     | Oral & Maxillofacial Surgery           | 2                                  |
| 2     | Conservative Dentistry and Endodontics | 3                                  |
| 3     | Prosthodontics and Crown & Bridge      | 2                                  |
| 4     | Orthodontics & Dentofacial Orthopedics | 3                                  |

2. The admission of next batch of students in MDS Course against original intake in the aforesaid specialities for the academic year 2025-26 shall be made only after grant of renewal permission/recognition of MDS Degree in the aforesaid specialities by the Central Government.

3. Any admissions made in violation of the above condition will be treated as irregular and action under the provisions of the Dentists Act, 1948 and Regulations made thereunder shall be taken.

Yours faithfully,

*Sushil Kumar Mishra*

(Sushil Kumar Mishra)

Under Secretary to the Government of India  
Tel.23062959

Copy forwarded for information & necessary action to:

1. Secretary, Dental Council of India, Kotla Road, New Delhi.
2. Secretary, Health & Family Welfare Department, Govt. of Maharashtra.
3. Registrar, Maharashtra University of Health Sciences, Mhasrul, Vani Dindori Road, Nashik, Maharashtra-422004.
4. Director (Medical Education), Govt. of Maharashtra.
5. ADG (ME), Directorate General of Health Services, Nirman Bhavan, New Delhi.
6. Guard File

**No. V.12017/18/2023-DE(Pt.)**  
Government of India  
Ministry of Health & Family Welfare  
(Dental Education Section)

Nirman Bhavan, New Delhi  
Dated the 12<sup>th</sup> February, 2024

To,

The Dean/Principal  
Dr. Rajesh Ramdasji Kambe Dental College & Hospital,  
Kanerhi (Sarap), Tq. Barshitakali, Akola,  
Maharashtra - 444401

**Letter of Permission**

Sub: Starting of MDS course in Pediatric and Preventive Dentistry for the academic session 2024-25.

Sir/Madam,

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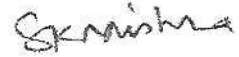
| S.No. | Speciality                         | Seats |
|-------|------------------------------------|-------|
| 1.    | Pediatric and Preventive Dentistry | 3     |

2. The permission of the Central Government is accorded initially for a period of one year and will be renewed on yearly basis subject to the verification of the achievement of annual targets as indicated in your scheme. The process of renewal of permission in the original intake capacity will continue till such time the expansion of its facilities is completed.

3. Any admission made in violation of the above condition will be treated as irregular and action under the provisions of the Dentists Act, 1948 and Regulations made thereunder shall be taken.

4. Discrepancies, if any, may be brought to the notice of Dental Council of India and Central Government.

Yours faithfully,



(Sushil Kumar Mishra)

Under Secretary to the Government of India

Tele: 011-2306 2959

Copy to:

1. The Secretary, Dental Council of India, Aiwan-E-Galib Marg, Kotla Road, New Delhi - 110002, with a request to verify the correctness and genuineness of the "PBG no. BG-64/ 2024" dated 16.01.2024 of Rs. 60,00,000/- issued by the Mahila Gramin Scheduled Commercial Bank.
2. Secretary, Department of Health & Family Welfare, Govt. of Maharashtra, Mumbai
3. Registrar, Maharashtra University of Health Sciences, Nashik, Maharashtra- 422004
4. DDG (ME), Dte. GHS, MoHFW, Nirman Bhawan, New Delhi.



# महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हसळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

Tel:(0253) 2539192 / 6659239 Student Helpline:0253-2539111/6659111/100

Website: www.muhs.ac.in, E-mail: academicdental@muhs.ac.in



**डॉ. राजेंद्र शिवाजी बंगाल**

एम.बी.बी.एस., एम.डी. (न्यायवैद्यकशास्त्र), डी.एन.बी., एलएल.बी.

**कुलसचिव**

**Dr. Rajendra Shivaji Bangal**

M.B.B.S., M.D. (Forensic Medicine), D.N.B., LL.B.

**Registrar**

Ref.No.: MUHS/Acad/E-2/UG/115105/ **70** /2024

Date: **18** /06/2024

To

**The Principal,**

Sakshi Shikshan Sanstha's,

Dr. Rajesh Ramdasji Kambe Dental College & Hospital

Gat No. 228, At Post Kanheri (Sarap),

Tal. Barshitakli, Dist. Akola - 444 401.

**Sub.: Continuation / Extension of Affiliation for Academic Year 2024-25 (Dental UG)**

(Issued under provision No. 05 & 13 of University Direction No. 02/2016)

**Ref.:** Academic Council Resolution No. 101/2024, dated 23/04/2024

Sir / Madam,

With reference to above cited subject, I am directed to communicate that, as per the University laid down procedure & your proposal for Continuation of Affiliation & / or Extension of Affiliation, the Hon'ble Academic Council is pleased to grant Continuation of Affiliation & / or Extension of Affiliation for Academic Year 2024-25 as per the provision u/s 68 and 65(4) of MUHS Act 1998, for the Under Graduate B.D.S. Course of your College, as under:

- The intake capacity of students shall be **100**.
- Permission is granted by Central Government / Dental Council of India / Commission and / State Government, (as applicable)
- Following deficiencies shall be strictly complied within Thirty Days, without fail.

(i) **Teaching Staff:**

a) **Dental Subject:**

| SN | Department                                           | Required staff |           |              | Approved Staff |           |              | Deficient staff |          |              |
|----|------------------------------------------------------|----------------|-----------|--------------|----------------|-----------|--------------|-----------------|----------|--------------|
|    |                                                      | Prof.          | A.P.      | Lect.+ Tutor | Prof.          | A.P.      | Lect.+ Tutor | Prof.           | A.P.     | Lect.+ Tutor |
| 1  | Prosthodontics and Crown & Bridge                    | 1              | 3         | 6            | 1              | 3         | 5            | 0               | 0        | 1            |
| 2  | Conservative Dentistry and Endodontics               | 1              | 3         | 6            | 1              | 3         | 5            | 0               | 0        | 1            |
| 3  | Periodontology                                       | 1              | 2         | 2            | 1              | 2         | 2            | 0               | 0        | 0            |
| 4  | Orthodontics and Dentofacial Orthopedics             | 1              | 2         | 3            | 1              | 3         | 2            | 0               | 0        | 1            |
| 5  | Oral & Maxillofacial Surgery                         | 1              | 3         | 3            | 1              | 3         | 3            | 0               | 0        | 0            |
| 6  | Oral & Maxillofacial Pathology and Oral Microbiology | 1              | 1         | 1            | 1              | 1         | 1            | 0               | 0        | 0            |
| 7  | Oral Medicine and Radiology                          | 0              | 1         | 2            | 1              | 1         | 2            | 0               | 0        | 0            |
| 8  | Pediatric Dentistry                                  | 0              | 1         | 2            | 1              | 2         | 2            | 0               | 0        | 0            |
| 9  | Public Health Dentistry                              | 0              | 1         | 1            | 0              | 1         | 0            | 0               | 0        | 1            |
|    | <b>Total</b>                                         | <b>6</b>       | <b>17</b> | <b>26</b>    | <b>8</b>       | <b>19</b> | <b>22</b>    | <b>0</b>        | <b>0</b> | <b>4</b>     |

**b) Medical Subject:**

| Year                | Department        | Required staff |       | Approved Staff |       | Deficient staff |       |
|---------------------|-------------------|----------------|-------|----------------|-------|-----------------|-------|
|                     |                   | A.P.           | Lect. | A.P.           | Lect. | A.P.            | Lect. |
| 1 <sup>st</sup> BDS | Anatomy           | 1              | 4     | 1              | 3     | 0               | 1     |
|                     | Physiology        | 1              | 2     | 1              | 2     | 0               | 0     |
|                     | Biochemistry      | 1              | 2     | 0              | 0     | 1               | 2     |
| 2 <sup>nd</sup> BDS | Pharmacology      | 1              | 3     | 1              | 3     | 0               | 0     |
|                     | General Pathology | 1              | 2     | 1              | 2     | 0               | 0     |
|                     | Microbiology      | 1              | 2     | 1              | 2     | 0               | 0     |
| 3 <sup>rd</sup> BDS | General Medicine  | 1              | 3     | 1              | 3     | 0               | 0     |
|                     | General Surgery   | 1              | 3     | 0              | 3     | 1               | 0     |
|                     | Anaesthesiology   | 1              | 1     | 1              | 1     | 0               | 0     |
|                     | Total             | 9              | 22    | 7              | 19    | 2               | 3     |

(ii) **Infrastructural Requirements:** Nil

(iii) **IPD / OPD / OT Workload:** Nil

(iv) **Other: Payment of all University dues including affiliation fees & submission of bank guarantee (wherever applicable)**

a. The College shall submit Affidavit in the prescribed format as per Academic Council's Resolution No. 229/2013 (format attached).

b. For those UG / PG qualifications that are not yet recognized by the Central Govt., it shall be mandatory for the College to apply to the Central Council / Commission through Central Govt. and ensure that "Permitted" / "Not Recognized" qualifications are enlisted in "Recognized Qualifications", failing which University shall not grant Continuation of Affiliation to such courses from ensuing Academic Year & no student shall be admitted in such courses.

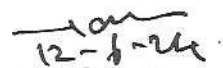
You are requested to comply with the above mentioned deficiencies within the stipulated time without fail and submit compliance report.

**Important Note:**

- 1) This Continuation / Extension of affiliation is issued for the A.Y. 2024-2025 subject to the permission of Dental Council of India / Commission and / or Government of India and if the permission is declined by the said authorities this Continuation / Extension of Affiliation shall be treated as cancelled. The College is not authorized to admit the students for 1st Year of the course until receipt of permission of the Dental Council of India / Commission and / or Government of India.
- 2) The admission shall be done through the Competent Authority only.

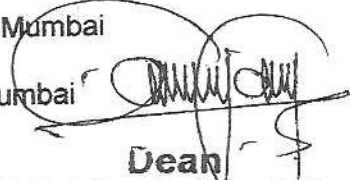
Thanking you.

Yours,

  
12-8-24  
Registrar

Copy to:

1. The Hon'ble Secretary, Dental Council of India, New Delhi
2. The Hon'ble Secretary, Medical Education & Drugs Department, Mumbai
3. The Secretary, Admission Regulatory Authority, Mumbai
4. The Director, Directorate of Medical Education and Research, Mumbai
5. The Controller of Examinations, MUHS, Nashik
6. The H.O.D., Eligibility Section, MUHS, Nashik
7. The H.O.D., Computer Section, MUHS, Nashik

  
Dean  
Dr. Rajesh Ramdasji Kambe Dental  
College & Hospital, Kanheri Sarap  
Tq. Barshitakli, Dist. Akola

[TO BE PUBLISHED IN THE GAZETTE OF INDIA, PART-II SECTION 3, SUB SECTION (ii)]  
GOVERNMENT OF INDIA  
MINISTRY OF HEALTH AND FAMILY WELFARE  
(DENTAL EDUCATION SECTION)

Nirman Bhavan, New Delhi  
Dated the 31<sup>st</sup> January, 2020

**NOTIFICATION**

S.O. .... In exercise of the powers conferred by sub-section (2) of section 10 of the Dentists Act, 1948 (16 of 1948), the Central Government, after consultation with the Dental Council of India, hereby, makes the following amendments in Part-I of the Schedule to the said Act, namely:-

In the existing entries of column 2 & 3 against Serial No.60, in Part-I of the Schedule to the Dentists Act, 1948 (16 of 1948) pertaining to recognition of Dental Degrees awarded by Maharashtra University of Health Sciences, Nashik in respect of BDS students of Dr. Rajesh Ramdasji Kambe Dental College and Hospital, Akola, Maharashtra, the following entries shall be inserted, namely:

|                                                                                     |                                                            |
|-------------------------------------------------------------------------------------|------------------------------------------------------------|
| Dr. Rajesh Ramdasji Kambe Dental College and Hospital, Akola, Maharashtra           |                                                            |
| Bachelor of Dental Surgery<br>(With 100 seats if granted on or after<br>23.07.2019) | BDS, Maharashtra University of Health<br>Sciences, Nashik. |

No.V.12017/2/2020-DE

  
(Vidyadhar Jha)  
Under Secretary to the Government of India.

To

The Manager,  
Govt. of India Press,  
Mayapuri, Ring Road,  
New Delhi-110064.

Inward No. 2222  
Outward No. 2017/20  
Date 20/1/20  
Dr. Rajesh Ramdasji Kambe Dental  
College & Hospital, Kanheri (Sarap)

F.No.V.12017/2/2020-DE<sup>[1]</sup>

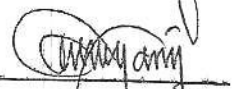
Copy for information:

1. The Secretary, Dental Council of India, Kotla Road, Temple Lane, New Delhi with request to obtain the copy of the Gazette Notification from Press and furnish at least two copies to this Ministry also.
2. The Principal Secretary, Health & F.W. Department, Govt. of Maharashtra.
3. The Director (Medical Education and Research), Department of Health & F.W. Govt. of Maharashtra.
4. The Registrar, Maharashtra University of Health Sciences, Nashik.
- ✓ 5. The Dean, Dr. Rajesh Ramdasji Kambe Dental College and Hospital, Akola, Maharashtra.
6. ADG (ME), Dte.G.H.S. Nirman Bhavan, New Delhi
7. Hindi Section, Ministry of Health & F.W. for Hindi translation of the notification.
8. Notification folder/Guard file.

(Vidyadhar Jha)

Under Secretary to the Government of India.

MOH&FW file

  
20/2/2020



# महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हसळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

Tel: (0253) 2539192 / 6659239 Student Helpline: 0253-2539111/6659111/100

Website: www.muhs.ac.in, E-mail: academicdental@muhs.ac.in



**डॉ. राजेंद्र शिवाजी बंगाल**

एम.बी.बी.एस., एम.डी. (न्यायवैद्यकशास्त्र), डी.एन.बी., एलएल.बी.

**कुलसचिव**

**Dr. Rajendra Shivaji Bangal**

M.B.B.S., M.D. (Forensic Medicine), D.N.B., LL.B.

**Registrar**

Ref.No.: MUHS/Acad/E-2/PG/115105/ **73** /2024

Date: **18** /06/2024

To  
The Principal,  
Sakshi Shikshan Sanstha's,  
Dr. Rajesh Ramdasji Kambe Dental College & Hospital  
Gat No. 228, At Post Kanheri (Sarap),  
Tal. Barshitakli, Dist. Akola - 444 401.

**Sub.: Continuation / Extension of Affiliation for Academic Year 2024-25 (Dental PG)**

(Issued under provision No. 11 & 12 of University Direction No. 02/2016)

**Ref.: 1) University Direction No. 02/2016 & u/s 68, 69 of MUHS Act 1998**

**2) Academic Council Resolution No. 101/2024, dated 23/04/2024**

Sir / Madam,

With reference to above cited subject, I am directed to communicate that, as per the University laid down procedure & your proposal of Continuation of Affiliation & / or Extension of Affiliation, considering Teacher : Student ratio the Hon'ble Academic Council is pleased to grant Continuation of Affiliation & / or Extension of Affiliation for Academic Year 2024-25 as per the provision u/s 65 (4) of the Maharashtra University of Health Sciences Act, 1998 for the Dental (Post Graduate) Courses of your College in the following subject(s):

| SN | PG Degree                                | Intake as per Council | Max. Seats Permitted as per Teacher : Student Ratio # |
|----|------------------------------------------|-----------------------|-------------------------------------------------------|
| 1. | Prosthodontics and Crown & Bridge        | 02                    | 02                                                    |
| 2. | Conservative Dentistry and Endodontics   | 03                    | 03                                                    |
| 3. | Orthodontics and Dentofacial Orthopedics | 03                    | 03                                                    |
| 4. | Oral & Maxillofacial Surgery             | 02                    | 02                                                    |

# No. of seats may Increase / Decrease as per availability of Recognized PG Teacher on or before the cut-off date of admission. PG seats shall be maximum up to sanctioned intake by Central Council.  
\* It indicates deficiency in No. of teachers in the Unit in that particular subject. Permission is granted subject to fulfilment of deficiency within One month from issuance of this letter.

- 1) The above subject and intake-wise affiliation is subject to the following conditions:
  - i. Permission is granted by Central Government / Central Council / Commission / State Government (as applicable for A.Y. 2024-25).
  - ii. Required teaching staff as per Teacher : Student ratio prescribed by Central Council / Commission / University norms is fulfilled.
  - iii. Admission of students is subject to availability of PG recognized teachers.
  - iv. It is mandatory to fulfil the prescribed minimum standard requirements for Undergraduate training as per the norms of Central Council and obtain Continuation of Affiliation for the UG Course also.

- v. For those UG/PG qualifications that are not yet recognized by the Central Government, it shall be mandatory for the College to apply to the Central Council / Commission through Central Government and ensure that "Permitted" / "Not Recognized" qualifications are enlisted in "Recognized Qualifications", failing which University shall not grant Continuation of Affiliation to such courses from ensuing Academic Year and no students shall be admitted in such courses. As per information available with the University, Seat Matrix of your College is attached herewith for perusal & necessary action.

2) The following deficiencies are to be complied with:

**A. Teaching Staff: Nil**

| SN | PG Subject                               | Max. Seats Permitted | Required Unit(s) | Post Graduate Recognized / Approved Teaching Staff |               |       |           |               |       |           |               |       |
|----|------------------------------------------|----------------------|------------------|----------------------------------------------------|---------------|-------|-----------|---------------|-------|-----------|---------------|-------|
|    |                                          |                      |                  | Required                                           |               |       | Available |               |       | Deficient |               |       |
|    |                                          |                      |                  | Prof.                                              | A.P. / Reader | Lect. | Prof.     | A.P. / Reader | Lect. | Prof.     | A.P. / Reader | Lect. |
| 1. | Prosthodontics and Crown & Bridge        | 2                    | 1                | 1                                                  | 3             | 6     | 1         | 3             | 5     | 0         | 0             | 1     |
| 2. | Conservative Dentistry and Endodontics   | 3                    | 1                | 1                                                  | 3             | 6     | 1         | 3             | 5     | 0         | 0             | 1     |
| 3. | Orthodontics and Dentofacial Orthopedics | 3                    | 1                | 1                                                  | 2             | 3     | 1         | 3             | 2     | 0         | 0             | 1     |

You are, therefore directed to fulfil the above mentioned deficiencies and submit the Compliance Report of the above deficiencies (regarding recognized PG Teacher(s) for sanction of No. of PG seats Unit(s) as per DCI Regulations, 2017) within One Month, without fail.

**B. Infrastructural Requirements: Nil.**

**C. IPD / OPD / OT Workload: Nil.**

**D. Other: Payment of all University dues including affiliation fees & submission of bank guarantee (wherever applicable).**

You are requested to note and do the needful.

**Important Note:**

- 1) This Continuation / Extension of Affiliation is issued for A.Y. 2024-25 subject to the permission of Dental Council of India / Commission and / or Government of India and if the permission is declined by the said authorities, this Continuation / Extension of Affiliation shall be treated as cancelled. The College is not authorized to admit students in First Year of the course until receipt of permission of the Dental Council of India / Commission and / or Government of India.
- 2) The admission shall be done only through the Competent Authorities of the State Government.

Thanking you.

Yours,

*[Signature]*  
12-6-24  
Registrar

**Copy to:**

- 1) The Hon'ble Secretary, Dental Council of India, New Delhi
- 2) The Hon'ble Secretary, Medical Education & Drugs Department, Mumbai
- 3) The Secretary, Admission Regulating Authority, Mumbai
- 4) The Director, Directorate of Medical Education and Research, Mumbai
- 5) The Controller of Examinations, MUHS, Nashik
- 6) The H.O.D., Eligibility Section, MUHS, Nashik
- 7) The H.O.D., Computer Section, MUHS, Nashik

**Dean**

*[Signature]*  
Dr. Rajesh Ramdasji Kambe Dental  
College & Hospital, Kanheri Sarap  
Tq. Barshitakli. Dist. Akola



**महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक**  
**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**

दिंडोरी रोड, म्हसळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 22004

Tel: (0253) 2539244/6659244/241/242-६ Student Helpline: 0253-539111/6659111/100

Website: www.muhs.ac.in, E-mail: planning@muhs.ac.in

**डॉ. राजेंद्र शिवाजी बंगाळ**

एम.बी.बी.एस, एम.डी. (न्यायवैद्यकशास्त्र), डी.एन.बी, एल.एल.बी.

**कुलसचिव**

**Dr. Rajendra Shivaji Bangal**

M.B.B.S, M.D. (Forensic Medicine), D.N.B, L.L.B.

**Registrar**

No. MUHS/PB/PG/P1/FTA/96/2024

Date : 24 / 10 / 2024

To,

The Principal,

Sakshi Education Trust's,

Dr. Rajesh R. Kambe Dental College &

Hospital, Gate No. 228,

At Post- Kanheri (Saraf),

Tal- Barshi, Takli,

Dist Akola - 444 401.

Sub : Grant of First Time Affiliation to Start New Post Graduate Post Graduate (M.D.S.) Courses for the Academic Year 2024-25.

Sir,

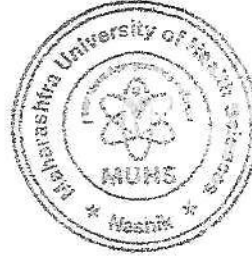
As per the provision of section 65 (4) of Maharashtra University of Health Sciences Act 1998, I am directed to inform you that, on the basis of Local Inquiry Committee report and Academic Council Vide it's Resolution No. 210 /2024 the Hon'ble Vice Chancellor is pleased to Grant First Time Affiliation to start New Post Graduate (M.D.S.) Courses in the following subject as per intake capacity shown against it, at your college viz.. Sakshi Education Trust's, Dr. Rajesh R. Kambe Dental College & Hospital, Gate No. 228, At Post- Kanheri (Saraf), Tal- Barshi, Takli, Dist Akola, (Maharashtra), for the Academic Year 2024-25.

| Sr. No. | Subject (s)                                  | Intake Capacity |
|---------|----------------------------------------------|-----------------|
| 01      | M.D.S. (Paediatric and Preventive Dentistry) | 03              |

However, the permission is subject to the following conditions:-

1. Fulfilment of norms and conditions laid down by MUHS and Govt. of Maharashtra.
2. Rules and Regulations made by the Govt. and the University, as amended from time to time, will be binding on the College.
3. The College / Institute should obtain approval / recognition for UG / PG teachers (as applicable) from Maharashtra University of Health Sciences, Nashik.
4. This permission to Start New Post Graduate courses M.D.S. Courses for above mentioned PG courses is valid for A.Y. 2024-25 only.
5. The next batch of students shall not be admitted unless continuation of affiliation of MUHS, is obtained by college / Institute.

6. The College shall provide for additional area for departmental library and for Pediatric dentistry treatment chairs, which are currently accommodated in too much restricted spaces.



24-10-24  
Registrar

**Copy to :-**

1. The Secretary, Government of India, Ministry of Health and Family Welfare, Nirman Bhavan, New Delhi.
2. The Secretary Dental Council of India National Dental Commission Building, Plot No.14. Near Sangam Cinema, Sector -9, Rama Krishna Puram, New Delhi - 110022
3. The Secretary, Medical Education & Drugs Department, Mumbai.
4. The Director, Medical Education & Research, Mumbai.
5. The Chairman, Admission Regulating Authority, Bandra (E), Mumbai,
6. The Chairman, Fee Regulating Authority, Bandra (E), Mumbai,
7. The Commissioner CET Cell, Mumbai
8. P.S. to the Hon'ble Vice Chancellor, MUHS, Nashik.
9. P.A. to the Pro Vice Chancellor, MUHS, Nashik
10. P.A. to the Registrar, MUHS, Nashik.
11. The Controller of Examination, MUHS, Nashik.
12. The Finance and Accounts Officer, MUHS, Nashik
13. HOD, Academic Section, MUHS, Nashik.
14. HOD, Student Welfare Section
15. HOD, Eligibility Section, MUHS, Nashik.
16. HOD, Computer Section, MUHS, Nashik.
17. HOD, Special Cell, MUHS, Nashik

**Dean**

Dr. Rajesh Ramdasji Kambe Dental  
College & Hospital, Kanheri Sarap  
Tq. Barshitakli, Dist. Akola