

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES , NASHIK
Subjectwise Eligible Examiners List (PG Courses)

Name of the College :- Dr. Rajesh Ramdasji Kambe Dental College & Hospital, Akola
 Contact No. 9552566277 / 9373566277

Email ID- dr.rkdentara@gmail.com

Name of the Department /Subject: Oral & Maxillofacial Surgery

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
SN	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 the Years and Pg)	PG Teacher Recognition (Yes/No)	Recognition Letter Date issued by University	No. of PG Student Guided Last 5 years	DOB	E-Mail ID	Mobile No.	Athar Card No.	Remark (if debarred, specify) (Yes/No)	Sign. Of Teacher
1	Dr. Prafull Galkwad	Professor	Oral Surgery	Regular	MDS Oral Surgery	Yes	4	Yes	Pending at MUHS		13.11.1975	drprafullgalkwad@yahoo.com	96659507711	504772129231	No	
2	Dr. Mahima Goel	Professor	Oral Surgery	Regular	MDS Oral Surgery	Yes	2	Yes	Letter No. MUHS/E-2/P/G176/2 025 Dated 19.05.2025		31.03.1983	mahimagoel@yahoo.co.in	8800095093	382384528759	No	
3	Dr. Pawan Dawane	Reader	Oral Surgery	Regular	MDS Oral Surgery	Yes	0	Yes	Pending at MUHS		02.05.1989	drpawandawane@gmail.com	7774929994	209632825221	No	
4	Dr. Vijay Rode	Reader	Oral Surgery	Regular	MDS Oral Surgery	Yes	0	Yes	Pending at MUHS		17-12-1987	vijayrode11@gmail.com	9975528806	838009690927	No	

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Name of the College :- Dr. Rajesh Ramdasji Kambe Dental College & Hospital, Akola
 Contact No. 9552566277 / 9373566277

Email ID:- dr.rfdental@gmail.com

Name of the Department /Subject: Orthodontics

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
SN	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appointment (Regular/ Temp. Honorary)	Qualification	University Approval (UG)	PG Teaching Experienced (in the Years and PG)	PG Teacher Recognition (Yes/No)	Recognition Letter Date Issued by University	No. of PG Student Guided Last 5 Years	DOB	E-Mail ID	Mobile No.	Aadhar Card No.	Remark (If debarred, specify) (Yes/No)	Sign. Of Teacher
1	Dr. Sameer Parhad	Professor	Orthodontics	Regular	MDS Orthodontics	Yes	10 Year	Yes	Letter No. MUHS/E- Z/PG329/20 21 Dated 24.11.2021	2	20.10.1978	sameerparhad@gmail.com	9860167510	974370537265	No	
2	Dr. Vinay Urnale	Reader	Orthodontics	Regular	MDS Orthodontics	Yes	1 Year	Yes	Letter No. MUHS/E- Z/PG91/2024 Dated 28.06.2024	0	15.8.1988	vinayurnale15@gmail.com	9648334058	37737393336	No	
3	Dr. Meenakshi Tiwari	Reader	Orthodontics	Regular	MDS Orthodontics	Yes	0	Yes	Pending at MUHS	0	21.02.1986	drmeenakshhigaud@gmail.com	9730742710	483495985655	No	

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Name of the College :- Dr. Rajesh Ramdasji Kambe Dental College & Hospital, Akola
Contact No. 9552566277 / 9373566277
Email ID - dr.rrkdental@gmail.com

Name of the Department /Subject: PAEDIATRIC & PREVENTIVE DENTISTRY

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
SN	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 the Years and PG)	PG Teacher Recognition (Yes/No)	Recognition Letter Date issued by University	No. of PG Student Guided Last 5 years	DOB	E-Mail ID	Mobile No.	Adhar Card No.	Remark (If debarred, specify) (Yes/No)	Sign. Of Teacher
1	Dr. Gaurav Ramdhan Shinde	Professor	Paediatric & Preventive Dentistry	Regular	MDS Pedodontics	Regular	1 Year Yes	Yes	Letter No. MUHS/E-2/115105/P/G267/2025 Dated 25.06.2025	2	05.07.1985	gauravshinde3388@gmail.com	9923644493	716279905888	No	
2	Dr. Shruti Suresh Karale	Reader	Paediatric & Preventive Dentistry	Regular	MDS Pedodontics	Regular	1 Year Yes	Yes	Letter No. MUHS/E-2/115105/P/G267/2025 Dated 25.06.2025	1	10.05.1989	drshrutikarale@gmail.com	9975526953	730206270217	No	
3	Dr. Prabhakar Kumar Sing	Reader	Paediatric & Preventive Dentistry	Regular	MDS Pedodontics	Regular	0 Yes	Yes	Pending from MUHS	0	21.11.1987	dvs21@gmail.com	8788938118	331592971119	No	

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Name of the College :- Dr. Rajesh Ramdasji Kambhe Dental College & Hospital, Akola
 Contact No. 952566277 / 9373566277

Email ID- dr.riddental@gmail.com

Name of the Department /Subject: PROSTHODONTICS & CROWN AND BRIDGE

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
SN	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 the Years and PG)	PG Teacher Recognition (Yes/No)	Recognition Letter Date issued by University	No. of PG Student Guided Last 5 Years	DOB	E-Mail ID	Mobile No.	Aadhar Card No.	Remark (If debarred, specify) (Yes/No)	Sign. Of Teacher
1	Dr. Swati S. Kharat	Professor	Prosthodontics	Regular	MDS Prosthodontics	Regular	2 Year	Yes	Letter No. MUHS/E-2/PG376/2025 Dated 19.05.2025	4	19.04.1977	sonalimodi2003@gmail.com	9764598000	950333230724	No	
2	Dr. Pritesh O. Gangde	Reader	Prosthodontics	Regular	MDS Prosthodontics	Regular	0	Yes	Pending from MUHS	0	29.05.1987	pritesh_2905@gmail.com	7387610776	576779638176	No	
3	Dr. Mehboob Raza Khan	Reader	Prosthodontics	Regular	MDS Prosthodontics	Regular	0	Yes	Pending from MUHS	0	07.02.1986	mehboob35@gmail.com	8007951730	832827567064	No	

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Name of the College :- Dr. Rajesh Ramdasji Kambe Dental College & Hospital, Akola
 Contact No. 9552566277 / 9373566277
 Email ID - dr.riddental@gmail.com

Name of the Department /Subject: Conservative Dentistry & Endodontics

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
SN	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 the Years and PG)	PG Teacher Recognition (Yes/No)	Recognition Letter Date issued by University	No. of PG Student Guided Last 5 Years	DOB	E-Mail ID	Mobile No.	Adhar Card No.	Remark (If debarred, specify) (Yes/No)	Sign. Of Teacher
1	Dr. Ravi Nagpal	Professor	Conservative Dentistry	Regular	MDS Conservative Dentistry	Regular	1 Year	Yes	Letter No. MUHS/E-2/PG15105/12/2026 Dated 12.01.2026	4	01.07.1980	ravinagpal@gmail.com	9882539030	370157533425	No	
2	Dr. Anantkumar Heda	Professor	Conservative Dentistry	Regular	MDS Conservative Dentistry	Regular	8 Years	Yes	Letter No. MUHS/E-2/PG176/2025 Dated 19.05.2025	4	05.09.1979	anant.heda@gmail.com	9890187350	700137872545	No	
3	Dr. Deepali Birla	Reader	Conservative Dentistry	Regular	MDS Conservative Dentistry	Regular	0	Yes	Letter No. MUHS/E-2/PG176/2025 Dated 19.05.2025	0	08.06.1988	birladeepali@yahoo.co.in	9766961681	979568932112	No	

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