



D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune 412105

Affiliated to Maharashtra University of Health Sciences, Nashik

Recognized by Dental Council of India



SELF STUDY REPORT (CYCLE 1) 2018-2023

Criteria 2: Teaching Learning and Evaluation

Key Indicator: 2.4: Teacher Profile and Quality

Metric: 2.4.2: Average Percentage of full time teachers with Ph.D/ D.Sc/ D.Lit./DM/M Ch/DNB in super specialities / other PG degrees (like MD/MS/MDS etc.) in Health Sciences (like MD/MS/MDS etc.) for recognition of Ph.D guides as per the eligibility criteria stipulated by the Regulatory Councils /Affiliating Universities.

**Copies of Guideship letters or authorization of research guide provide by
the University.**

Index

Sr. No.	Data	Page No.
1	Copies of PG Guideship letters for year 2022-2023	4
2	Copies of to be eligible PhD guide-ship letters for year 2022-2023	10
3	Copies of PG Guideship letters for year 2021- 2022	70
4	Copies of to be eligible PhD guide-ship letters for year 2021-2022	73
5	Copies of to be eligible PhD guide-ship letters for year 2020-2021	121
6	Copies of to be eligible PhD guide-ship letters for year 2019-2020	168
7	Copies of to be eligible PhD guide-ship letters for year 2018-2019	215

Copies of PG Guideship letters for year 2022-2023



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

दिंडोरी रोड, म्हसर्गळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004
Tel (0253) 2539192, 2396659192, 239 Student Helpline: 0253-2539111/6659111/100
Website: www.muhs.ac.in, E-mail: academic1@muhs.ac.in



डॉ. राजेंद्र शिवाजी बंगाळ

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

कुलसचिव

Dr. Rajendra Shivaji Bangal

M.B.B.S., M.D. (Forensic Medicine) D.N.B. F.I.C.

Registrar

Out No.: MUHS/E-2/UG/112106/109/2023

Date: 24/04/2023

To

The Principal,

D Y Patil Dental School, D Y patil Knowledge City,
Charholi Bk, Via Lohegaon,

Pune-412 105

Sub:- Recognition as Post-Graduate Teacher.

Ref:- 1) University Direction No.01/2017 dated 13/04/2017.
2) Your College letter no. DYPDS/2991 dated 28/01/2023

Sir / Madam,

With reference to the subject cited above, I am directed to inform you that, the proposal of Recognition as Post-Graduate Teacher of the following teacher(s) has been considered by the University subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree Course(s) in the subject mentioned against his/ her/ their name.

Sr. No.	Subject	Name of the Teacher	Designation	Status of PG recognition
1.	Conservative Dentistry and Endodontics	Dr. Pradeep Shetty	Professor	w.e.f. 27/03/2023 to 26/03/2025 only
2.	Pediatric Dentistry	Dr. Geetanjali Jadhav	Reader	w.e.f. 27/03/2023 to 26/03/2025 only

Kindly note that the recognition granted by the University is valid till the above said teacher is in the services of the said PG teaching Institute/College or attains the age of superannuation, whichever happens earlier.

The above teacher(s) is/are required to attend the Research Methodology Workshop conducted by Regional Center, Pune of this University or any other center authorised by the University and also submit the documents regarding publishing minimum one publication in case of Reader and two publication in case of Professor published in the National/International indexed journal within the period of one year, failing which, the recognition issued shall stand automatically cancelled, which may please be noted.

You are requested to handover the copy of letter to the concerned teacher(s) for further necessary action.

Copy to: 1. Concern Teacher.
2. The Controller of Examinations, MUHS, Nashik

Note: In case, if it is found at later stage that information furnished in Post Graduate Recognition form by the teacher concerned is incorrect, PG Recognition/UG approval granted by the University will stand cancelled.

Registrar

D.Y. PATIL DENTAL SCHOOL
INWARD / OUTWARD

NO. DYPDS / 2171

DATE: 9/5/23

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

दिंडोरी राड, म्हासुरुळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004
Tel: (0253) 2539192, 239/6659192, 239 Student Helpline 0253-2539111/6659111/100
Website: www.muhs.ac.in, E-mail: academic1@muhs.ac.in



डॉ. राजेंद्र शिवाजी बंगाल

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

कुलसचिव

Dr. Rajendra Shivaji Bangal
M.B.B.S., M.D. (Forensic Medicine), D.N.B., L.L.B.
Registrar

Out No.: MUHS/E-2/PG/112106/1439/2023

Date: 01/05/2023
06

To :

The Principal,

D Y Patil Dental School, D Y patil Knowledge City,
Charholi Bk, Via Lohegaon,
Pune-412 105

Sub:- Recognition as Post-Graduate Teacher.

- Ref:- 1) University Direction No.01/2017 dated 13/04/2017.
2) Your College letter no. DYPDS/3020 dated 05/04/2023
3) University letter No. MUHS/Acad/Approval/UG/1385/2023 dated 29/05/2023

Sir / Madam,

With reference to the subject cited above, I am directed to inform you that, the proposal of Recognition as Post-Graduate Teacher of the following teacher(s) has been considered by the University subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree Course(s) in the subject mentioned against his/ her/ their name.

Sr. No.	Subject	Name of the Teacher	Designation	Status of PG recognition
1.	Conservative Dentistry and Endodontics	Dr. Vinod Annappa Kambli	Reader	w.e.f. 25/04/2023 to 24/04/2025 only
2.	Pediatric Dentistry	Dr. Pritesh Namdeo Gawali	Reader	w.e.f. 25/04/2023 to 24/04/2025 only
3.	Orthodontics & Dentofacial Orthopedics	Dr. Shailesh Babarao Dongre	Reader	w.e.f. 25/04/2023 to 24/04/2025 only

Kindly note that the recognition granted by the University is valid till the above said teacher is in the services of the said PG teaching Institute/College or attains the age of superannuation, whichever happens earlier.

The above teacher(s) is/are required to attend the Research Methodology Workshop conducted by Regional Center, Pune of this University or any other center authorised by the University and also submit the documents regarding publishing minimum one publication in case of Reader and two publication in case of Professor published in the National/International indexed journal within the period of one year, failing which, the recognition issued shall stand automatically cancelled, which may please be noted.

You are requested to handover the copy of letter to the concerned teacher(s) for further necessary action.

D.Y.PATIL DENTAL SCHOOL
INWARD / RECEIVED

NO. DYPDS/2187

DATE: 01/05/2023
Copy to: 1. Concern Teacher.

2. The Controller of Examinations, MUHS, Nasik

Note: In case, if it is found at later stage that information furnished in Post Graduate Recognition form by the teacher concerned is incorrect, PG Recognition/UG approval granted by the University will stand cancelled.

31-5-23
Registrar

[Signature]

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

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

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

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

डॉ. राजेंद्र शिवाजी बंगाल

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

कुलसचिव

Dr. Rajendra Shivaji Bangal

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

Registrar

Out No.: MUHS/E-2/PG/112106/ 975 /2023

Date: 11/04/2023

To

The Principal,

D. Y. Patil Dental School

D. Y. Patil Knowledge City,

Charholi BK, Via Lohegaon,

Pune - 412 105

Sub.: Temporary Recognition as Post-Graduate Teacher

Ref.: 1) University Direction No. 01/2017 dt. 13/04/2017

2) Your letter No. DYPDS/2991 dt. 28/03/2023

3) University letter No. MUHS/Acad/Approval/UG&PG/5436/2022 dated 12/12/2022

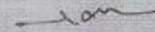
Sir / Madam,

With reference to the subject cited above, I am directed to inform you that, the proposal of Recognition as a Post Graduate Teacher of the following teacher(s) has been considered by the University subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree, Diploma or Super Speciality course(s) (as applicable) in the subject mentioned against his / her name as indicated below & subject to following conditions.

SN	Subject	Name of the Teacher	Designation	Status of PG Recognition
1.	Orthodontics and Dentofacial Orthopedics	Dr. Sandeep Atmaramji Jetha	Professor	w.e.f. 28/03/2023 to 12/10/2024.
2.	Orthodontics and Dentofacial Orthopedics	Dr. Varsha Vasudev Merani	Reader	w.e.f. 28/03/2023 to 12/10/2024.

- 1) The recognition granted by the University is subject to successful completion of at least one Medical Education Technology (MET) workshop conducted by the University, within the period of one year from the date of recognition. If any teacher fails to comply with the said provision, the recognition granted by the Vice-Chancellor shall stand cancelled automatically. It is further clarified that the validity of 'Research Methodology Workshop' is for five years only and it must be renewed after every five years as per Circular No. 14/2011 dated 23/06/2011.

- 2) Kindly note that the Recognition granted by the University is valid till the above said teacher(s) is in the services of the said PG teaching College or attains the age of superannuation, whichever happens earlier.
- 3) A copy of this letter may be handed over to concerned teacher.



Registrar

Copy to: 1) Controller of Examinations, MUHS, Nashik.
2) University Research Department, MUHS, Nashik.



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

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

Tel: (0253) 2539192, 239/6659192, 239 Student Helpline: 0253-2539111/6659111/100

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



डॉ. सुनिल ह. फुगारे

एम.एस्सी. पीएच.डी.

उपकुलसचिव

Dr. Sunil H. Fugare

MSc. Ph.D.

Deputy Registrar

Out No.: MUHS/Acad /Approval/UG/327/2023

Date: 29/11/2023

To,

The Dean/Principal,

D Y Patil Dental School D Y Patil Knowledge City,

Charholi BK, Via Lohegaon,

Pune- 412 105

Sub:- Recognition as Post-Graduate Teacher.

Ref:- 1) University Direction No.01/2017 dated 13/04/2017.

2) Your College letter no. DYPDS/3494-A dated 12/10/2023

Sir / Madam,

With reference to the subject cited above, I am directed to inform you that, the proposal of Recognition as Post-Graduate Teacher of the following teacher(s) has been considered by the University subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree Course(s) in the subject mentioned against his/ her/ their name.

Sr. No.	Subject	Name of the Teacher	Designation	Status of PG recognition
1.	Conservative Dentistry and Endodontics	Dr. Divya Gaurav Dudulwar	Reader	w.e.f. 12/10/2023 to 11/10/2025 only
2.	Pediatric Dentistry	Dr. Anand Shigli	Professor	w.e.f. 12/10/2023 to 11/10/2025 only

Kindly note that the recognition granted by the University is valid till the above said teacher is in the services of the said PG teaching Institute/College or attains the age of superannuation, whichever happens earlier.

The above teacher(s) is/are required to attend the Research Methodology Workshop conducted by Regional Center, Pune of this University or any other center authorised by the University and also submit the documents regarding publishing minimum one publication in case of Reader and two publication in case of Professor published in the National/International indexed journal within the period of one year, failing which, the recognition issued shall stand automatically cancelled, which may please be noted.

You are requested to handover the copy of letter to the concerned teacher(s) for further necessary action.

D.Y.PATIL DENTAL SCHOOL

INVOICE

NO. DYPDS/0013

DATE: 16/01/2024

Dy. Registrar

Copy to: 1. Concern Teacher.

2. The Controller of Examinations, MUHS, Nasik

Note: In case, if it is found at later stage that information furnished in Post Graduate Recognition form by the teacher concerned is incorrect, PG Recognition/UG approval granted by the University will stand cancelled.

**Copies of to be eligible PhD
Guide-ship letters for year 2022-2023**



KARNATAK UNIVERSITY, DHARWAD

ಕರ್ನಾಟಕ ವಿಶ್ವವಿದ್ಯಾಲಯದ ಕುಲಾಧಿಪತಿ, ಕುಲಪತಿ ಹಾಗೂ ಸಿನೇಟ ಸದಸ್ಯರಾದ ನಾವು

We, the Chancellor, Vice-Chancellor and Members of the Senate of the Karnataka University certify that

ಶಿ.ಗ್ಲಿ ಆನಂದ ಲಿಂಗಾಚಾರ್ಯ

ಕೆ.ಎಲ್.ಇ.ಎಸ್. ಇನ್ಸ್ಟಿಟ್ಯೂಟ್ ಆಫ್ ಡೆಂಟಲ್ ಸೈನ್ಸೆಸ್ ಲಿಮಿಟೆಡ್, ಬೆಂಗಳೂರಿನಲ್ಲಿ
ಇವರು ಸಂಬಂಧಿಸಿದ ಸ್ನಾತಕೋತ್ತರ ಪದವಿ ಪರೀಕ್ಷೆಯನ್ನು ಫೆಬ್ರವರಿ ೧೯೯೫ ರಲ್ಲಿ
ಸಾಮಾನ್ಯ ವರ್ಗದಲ್ಲಿ ಉತ್ತೀರ್ಣರಾದ ನಿಮಿತ್ತ ಇವರಿಗೆ

Shigli Anand Lingaraj

K. L. E. S. Institute of Dental Sciences Bangalore
having been examined in February 1995 and placed in the
Pass Class, the Post-graduate Degree of

ಮಾಸ್ಟರ್ ಆಫ್ ಡೆಂಟಲ್ ಸರ್ಜರಿ

(ಪೀಡೋಡಾಂಟಿಕ್ಸ್ ಪ್ರೆವೆಂಟಿವ್ ಡೆಂಟಿಸ್ಟ್ರಿ)

MASTER OF DENTAL SURGERY

(Pedodontics & Preventive Dentistry)

ಪದವಿ ಪ್ರದಾನವನ್ನು ಧಾರವಾಡ ದಲ್ಲಿ ಒಂದು ಸಾವಿರದಾ ಒಂಬತ್ತನೂರಾ ತೊಂಬತ್ತಾರನೆಯ
ಜನವರಿ ಇಪ್ಪತ್ತಾರನೆಯ ಅಧಿಕೃತಗೊಳಿಸಿದ್ದೇವೆ.

has been conferred on him at **Dharwad**, on the twentyfourth day of the
month of **January** in the year one thousand nine hundred ninety five

ಈ ವಿಶ್ವವಿದ್ಯಾಲಯದ ಮುದ್ರೆ ಮತ್ತು ಕುಲಪತಿಯವರ ರುಜುಗಳಿಂದ ಇದನ್ನು ಪ್ರಮಾಣೀಕರಿಸಲಾಗಿದೆ.

In Testimony whereof are set the Seal of the said University and
the Signature of the said Vice-Chancellor.

A. Prabhakar

ಕುಲಪತಿ Vice-Chancellor



KARNATAK UNIVERSITY, DHARWAD

ಕರ್ನಾಟಕ ವಿಶ್ವವಿದ್ಯಾಲಯದ ಕುಲಾಧಿಪತಿ, ಕುಲಪತಿ ಹಾಗೂ ಸಿನೇಟ ಸದಸ್ಯರಾದ ನಾವು

We, the Chancellor, Vice-Chancellor and Members of the Senate of the
Karnatak University certify that

ಕಮಲಜೀತ ಸಲೂಜಾ

ಕೆ ಎಲ್ ಇ ಎಸ್ ಇನ್ಸ್ಟಿಟ್ಯೂಟ್ ಆಫ್ ಡೆಂಟಲ್ ಸೈನ್ಸೆಸ್ ಬೆಂಗಳೂರು ಒಳಿತಿಗೊಂಡ
ಇವರು ಸಂಬಂಧಿಸಿದ ಸ್ನಾತಕೋತ್ತರ ಪದವಿ ಪರೀಕ್ಷೆಯನ್ನು ಫೆಬ್ರವರಿ ೧೯೯೭ ರಲ್ಲಿ

ಸಾಮಾನ್ಯ ವರ್ಗದಲ್ಲಿ ಉತ್ತೀರ್ಣರಾದ ನಿಮಿತ್ತ ಇವರಿಗೆ

Kamaljeet Saluja

of

K. L. E. S. Institute of Dental Sciences Bangalore.
having been examined in February 1996 and placed in the

Pass Class, the Post-graduate Degree of

ಮಾಸ್ಟರ್ ಆಫ್ ಡೆಂಟಲ್ ಸರ್ಜರಿ

(ಪ್ರೋಥೋಡಾಂಟಿಕ್ಸ್)

MASTER OF DENTAL SURGERY

(Prosthodontics)

ಪದವಿ ಪ್ರದಾನವನ್ನು ಧಾರವಾಡ ದಲ್ಲಿ ಒಂದು ಸಾವಿರದ ಒಂಬತ್ತನೂರಾ ತೊಂಬತ್ತೇಳನೆಯ
ಫೆಬ್ರವರಿ ಹದಿನೇಳರಂದು ಅಧಿಕೃತಗೊಳಿಸಿದ್ದೇವೆ.

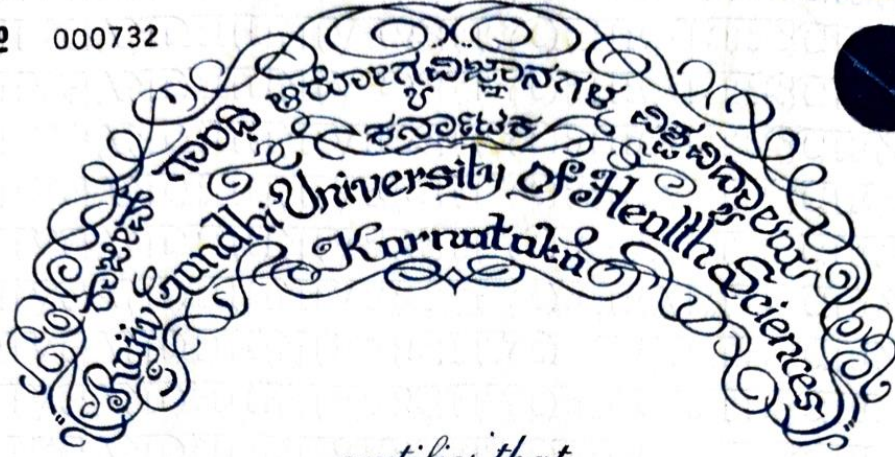
has been conferred on her at Dharwad, on the seventeenth day of the
month of February in the year one thousand nine hundred ninety-seven.

ಈ ವಿಶ್ವವಿದ್ಯಾಲಯದ ಮುದ್ರೆ ಮತ್ತು ಕುಲಪತಿಯವರ ರುಜುಗಳಿಂದ ಇದನ್ನು ಪ್ರಮಾಣೀಕರಿಸಲಾಗಿದೆ.

In Testimony whereof are set the Seal of the said University and
the Signature of the said Vice-Chancellor.


ಕುಲಪತಿ Vice-Chancellor

No 000732



certifies that

DR. GIRISH N BYAKOD

ಅವರು

ಯಥಾಯೋಗ್ಯವಾಗಿ ಈಗಾಗಲೇ ಪ್ರವೇಶ ಪಡೆದಿರುವರೆಂದು ದೃಢೀಕರಿಸುತ್ತಾ

has been duly admitted to the Degree of

M.D.S. - PERIODONTICS

ಪದವಿಗೆ ಅಗತ್ಯವಾದ ಅರ್ಹತೆಗಳನ್ನು ಪೂರೈಸಿ ಪರಿಗಣಿತವಾಗಿರುವ ಕಾರಣ

in recognition of the fulfilment of requirements

ಮೇಲೆ ಕಾಣಿಸಿದ ಪದವಿಗೆ ಅವರನ್ನು ಅಧಿಕಾರವಹಿಸಲಾಗಿದೆ. ಆ ಪದವಿಯ ವಿವರಗಳು ಹೀಗಿವೆ

for the said degree as follows

ಪರೀಕ್ಷೆಯ ವರ್ಷ :

Year of Examination :

SEPTEMBER 1999 EXAMINATION

ಪಡೆದ ವರ್ಗ :

Class :

PASS

ವಿಶ್ವವಿದ್ಯಾಲಯದ ಅಧಿಕಾರ ಮುದ್ರೆಯೊಡನೆ ನೀಡಲಾಗಿದೆ.

Given under the seal of the University



ಬೆಂಗಳೂರು

Bangalore :

ದಿನಾಂಕ

Date : 20-03-2000

ಕುಲಪತಿ

Signature

Vice-Chancellor

ಕ.ಸಂ. ೦೦೨೫೨೦



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ
ಕರ್ನಾಟಕ



RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
KARNATAKA

ಡಾ|| ಕರಿಬಸಪ್ಪ ಜಿ ಎನ್
ರವರು, ಸ್ನಾತಕೋತ್ತರ ಪದವಿಗೆ ಯಥಾ ಯೋಗ್ಯವಾದ ಅವಶ್ಯಕತೆಗಳನ್ನು
ಏಪ್ರಿಲ್ ೨೦೦೫ ರ ಪರೀಕ್ಷೆಯಲ್ಲಿ ಪೂರೈಸಿರುವರೆಂದು ದೃಢೀಕರಿಸುತ್ತಾ
ಮಾಸ್ಟರ್ ಆಫ್ ಡೆಂಟಲ್ ಸರ್ಜರಿ (ಕಮ್ಯುನಿಟಿ ಡೆಂಟಿಸ್ಟ್ರಿ)
ಸ್ನಾತಕೋತ್ತರ ಪದವಿಯನ್ನು ಕುಲಾಧಿಪತಿ, ಸಮಕುಲಾಧಿಪತಿ, ಕುಲಪತಿ ಹಾಗೂ ಸೆನೆಟ್ ಮತ್ತು ಸಿಂಡಿಕೇಟ್ ಸದಸ್ಯರುಗಳಾದ
ನಾವು ಡಿಸೆಂಬರ್ ೨೦೦೬ ರಂದು ನಡೆದ ೮ ನೇ ಘಟಿಕೋತ್ಸವದಲ್ಲಿ
ವಿಶ್ವವಿದ್ಯಾಲಯದ ಅಧಿಕಾರ ಮುದ್ರೆಯೊಡನೆ ಪ್ರದಾನ ಮಾಡಿದ್ದೇವೆ.

We, the Chancellor, the Pro-chancellor, the Vice-Chancellor and the
members of the Senate and the Syndicate Confer

MASTER OF DENTAL SURGERY (COMMUNITY DENTISTRY)

on

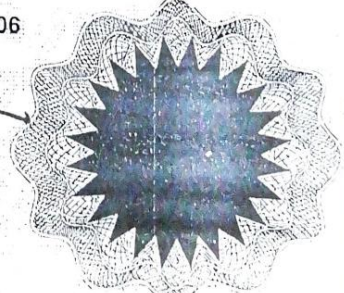
Dr. KARIBASAPPA G N

in recognition of fulfillment of the requirements for the said
Post Graduate Degree in the examination held during APRIL 2005
Given under the seal of the University, in the

8th convocation held on 3rd March 2006



[Signature]
Vice-Chancellor



Bangalore Date : 03/03/2006

7. Masters Degree

*We, the Chancellor,
the Vice Chancellor and
Members of the Management Council
and the Academic Council of the
University of Pune certify that*

Jethu Sandeep Atmaramji

Mother's Name :

*Dr. D. Y. Patil Dental College & Hospital,
Pimhari, Pune
having been examined and found duly
qualified for the degree of*

Master In Dental Surgery

(Branch : Orthodontics)

in April 2008

The said degree has been conferred on him.

*In testimony whereof is set
the seal of the said University.*



**University
Of
Pune**

(Formerly
University of Poona)



**पुणे
विद्यापीठ**

MD-00034



आम्ही, पुणे विद्यापीठाचे कुलपति,
कुलगुरु आणि
व्यवस्थापन परिषद
व विद्या परिषद सदस्य,
प्रमाणित करितो की,

जेठे संदीप आत्मारामजी
आईचे नांव:

हे डॉ. डी. वाय. पाटील डेन्टल कॉलेज अँड
हॉस्पिटल पिंपरी, पुणे
येथून

एप्रिल २००८

मध्ये

दंत शल्यशास्त्र निष्णात

(शाखा : दंत व्यंगोपचार शास्त्र)

पदवी परीक्षा उत्तीर्ण झाल्याबद्दल त्यांना ही पदवी
प्रदान करण्यात येत आहे.

याची साक्षात् म्हणून विद्यापीठाची अधिकृत मुद्रा येथे
अंकित करण्यात येत आहे.

MAHARASHTRA UNIVERSITY OF
HEALTH SCIENCES, NASHIK

We, the Chancellor, the Pro-Chancellor, the
Vice-Chancellor, the Members of the
Management Council and the Academic Council
of the Maharashtra University of Health
Sciences, Nashik, certify that

Shri / Smt. PRADEEP SHETTY

of Dr.D.Y.Patil Dental College & Hospital,
Pimpri, Pune

having been examined and found duly qualified
for the

*Master of Dental Surgery In
Conservative Dentistry*

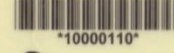
in June-2009
the said Degree has been conferred on him/her.
In testimony whereof is set the seal of the said
University.

PRN 2809114658
20th May 2010

Nilima Keshirsagar
VICE-CHANCELLOR



महाराष्ट्र आरोग्य
विज्ञान विद्यापीठ, नाशिक



आम्ही, महाराष्ट्र आरोग्य विज्ञान विद्यापीठाचे
कुलपति, प्रकुलपति, कुलगुरु, व्यवस्थापन
परिषद व विद्यापरिषद सदस्य प्रमाणित करतो
की,

पिंपरी, पुणे येथील पद्मश्री डॉ.डी.वाय.
पाटील दंत महाविद्यालय व रुग्णालया
चे/च्या

प्रदीप शेटी

हे/हया जुन-२००९ मध्ये

दंत शल्य शास्त्र

परीक्षा उत्तीर्ण झाल्याबद्दल त्यांना ही पदवी
प्रदान करण्यात येत आहे.

याची साक्ष म्हणून विद्यापीठाची अधिकृत मुद्रा
येथे अंकित करण्यात येत आहे.

गिरीमा मीरसागर
कुलगुरु

DPU
Dr. D. Y. Patil Vidyapeeth
Pune (India)
(Deemed University)
(Under Section 3 of the UGC Act, 1956)



*We, the Chancellor,
the Vice-Chancellor,
the Members of the Board of Management and of the
Academic Council of Dr. D. Y. Patil Vidyapeeth, Pune certify that*

Shete Anagha Vishweshwar

[Student of Dr. D. Y. Patil Dental College & Hospital, Pimpri, Pune]

*having been examined and found duly qualified for
the degree of*

Master of Dental Surgery
(Oral Medicine & Radiology)

in May 2011.

*The said degree has been conferred on her at the
Third Convocation held on Nineth June Two Thousand Twelve.*

In testimony whereof is set the seal of the said University.


Vice Chancellor
080402014




Chancellor

DPU

Dr. D. Y. Patil Vidyapeeth

Pune (India)

(Deemed to be University)

(Under Section 3 of the UGC Act, 1956)



*We, the Chancellor, the Vice-Chancellor,
the Members of the Board of Management and the Academic Council
of Dr. D. Y. Patil Vidyapeeth, Pune certify that*

Pradeep Shetty

*having been examined and found duly qualified for
the degree of*

Doctor of Philosophy

(Conservative Dentistry and Endodontics - Faculty of Dentistry)

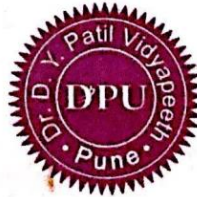
*(Effect of Diabetes Mellitus (Type II) on Inflammatory and Structural Components of
Dental Pulp)*

*The said degree has been conferred on him at the
Tenth Convocation held on Thirteenth April Two Thousand Nineteen.*

In testimony whereof is set the seal of the said University.

Pawar

Vice Chancellor



Patil

Chancellor

DPU

Dr. D. Y. Patil Vidyapeeth

Pune (India)

(Deemed to be University)

(Under Section 3 of the UGC Act, 1956)



*We, the Chancellor, the Vice-Chancellor,
the Members of the Board of Management and the Academic Council
of Dr. D. Y. Patil Vidyapeeth, Pune certify that*

Anagha Shete

*having been examined and found duly qualified for
the degree of*

Doctor of Philosophy

(Oral Medicine and Radiology - Faculty of Dentistry)

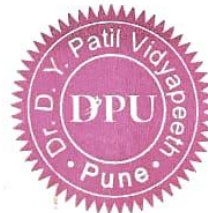
*(Evaluation of the Efficacy of Oxone Therapy Against Conventional Corticosteroids for
The Management of Oral Lichen Planus)*

*The said degree has been conferred on her at the
Tenth Convocation held on Thirteenth April Two Thousand Nineteen.*

In testimony whereof is set the seal of the said University.

Pawar

Vice Chancellor



Shete

Chancellor



D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Ref: No. DYPDS/AL/AS/300617

Date: 30/06/2017

Appointment Order

To:
Dr. Anand Shigli
Flat-801, Park Spring,
Kharwal Road, Lohegaon, 411047

Sub: Appointment to the post of Principal
at D Y Patil Dental School

Dear Dr. Shigli,

With Reference to your application and subsequent interview held for the above post, the management is pleased to inform you that you are hereby appointed on the post of **Principal** at D Y Patil Dental School, Dr D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune 412105.

The Terms and Condition of your appointment are as follows:

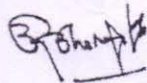
1. Your appointment is on probation for period of one year from the date of your joining. Your services are likely to be discontinued by the management if your services are not found satisfactory by giving three month's notice on either side or three month's pay, in lieu of the notice period.
2. You are appointed in the pay scale of Rs. 18400-500-22400 with starting consolidated pay of Rs. 1,60,000 (Rs One lac Sixty Thousand) per month in the time scale. On successful completion of probation period of one year your services may be confirmed subject to your satisfactory performance and conduct and approval by regulatory bodies (DCI, MUHS).
3. Your appointment on probation shall be deemed to be confirmed after satisfactory completion of probation period and unless there is any adverse communication order/ order of extension of probation.
4. Your appointment is on Full time basis and your normal daily duty Hours shall be as decided / prescribed by the Competent Authority. However, the working hours shall be flexible depending upon the exigencies of services at the discretion of the Management.
5. Your appointment shall be terminated automatically, if it is proved that the information given by you in your application is false and or a Degree / any other certificate/document submitted by you are forged or tampered with.
6. Your service shall be governed by the (a) provision of the Maharashtra University of Health Sciences Act, 1998 and Statutes, Ordinances, Rules, Regulations and Directions framed under it from time to time (b) The Rules, Regulations, Instructions, Directives, Circulars received from Respective central Councils from time to time and (c) The prevailing Rules, Regulations and service conditions framed by the Management of the College and amended / altered from time to time. And you will follow the code of conduct and Professional Ethics prescribed in University Direction No. 2/2012.
7. Your services shall be transferable to any College of the same Management which is affiliated to the Maharashtra University of Health Sciences, Nashik. However, you will work in one College only, at a time.

Received

8. Conducting private tuitions or private coaching classes in any form is strictly prohibited. You are also prohibited from taking any paid assignment or honorary posting outside the College without prior written permission of the Management.
9. Besides taking Lecture, Tutorials and Clinics / Practicals in the department you will be required to participate in the internal and external examination duties of the college and University and it is obligatory on your part to carry out any other responsibilities assigned by the University and Management from time to time.
10. You are also required to undertake the responsibilities in the College / Hospital and any other medical/dental activities which are conducted by the college in the relation to the patient care, student care and that of academic nature, related to professional Pursuits, and also take part in Administrative task related to College and Hospital and shall have to strive to maintain dignity and standard of the college and Institute.
11. You will have to undergo the Medical Examination by the authorized Medical Officer or by the Civil Surgeon of the concerned District as per rules.
12. The management can also seek the Antecedent Character Report from the police authority.
13. Prior to this appointment, if you have been serving in any College / Recognized Institution, you will be allowed to join only after submission of your resignation and relieving letter from the concerned College.
14. Your appointment is subject to the approval from Maharashtra University of Health Sciences, Nashik. If your appointment for the said post is not approved by the university your services shall be terminated forthwith or if you so desire and the Management is agree to continue you on the unapproved post you will be allowed to continue in the service with your written consent. The terms and conditions of such appointment shall be as decided by the Management and accepted by you. You are required to submit duly signed, "Deed of Contract" in a prescribed format.

If you are voluntarily accepting the appointment with abovementioned terms and conditions, you are required to give your acceptance forthwith or within seven days from the date of receipt of this appointment order and join within a stipulated period not later than thirty days. If your acceptance is not received in time or you failed to join within stipulated period, it will be presumed that you are not interested to join the post and this order shall automatically stand cancelled, this may please be noted.

Yours faithfully,



Prof B G Bhandarkar
Director Corporate Relations
Authorized Signatory



Copy to:

1. The Dean: D Y Patil Dental School
(in duplicate 1. For personal File 2. For Accounts Section)
2. Chief Administrative officer
3. Master File





MODERN DENTAL COLLEGE AND RESEARCH CENTRE

Ref. No. MDC/76/2012

Date : August 9, 2012

TO WHOM SO EVER IT MAY CONCERN

This is to certify that Dr. Anand Shigli have been working as Professor & Head in the Department of Pedodontics & Preventive Dentistry from 07-02-2007 to 09-08-2012.

During the above tenure his work and conduct has been found satisfactory.

He has been relieved from his duties on 09-08-2012 (A.N.).

Dean
Modern Dental College &
Research Centre, Indore.





Bharati Vidyapeeth Deemed University, Pune (India)

'A' Grade University Status by MHRD, Govt. of India



DENTAL COLLEGE & HOSPITAL, SANGLI

Founder & Chancellor :

Dr. Patangrao Kadam

M.A., LL.B., Ph.D.

Accredited and Reaccredited with 'A' Grade by NAAC

Sangli-Miraj Road, Sangli-416 414 Tel.: 0233-2601639, 6496777, Fax: 0233-2211324.

E-mail : bvdentalsangli@yahoo.in • Web: <http://dchsangli.bharatividyapeeth.edu>

Principal

Dr. Anand Shigli

M.D.S.

Ref.No.: BVDU / DCH / SANGLI / 604/2017-18

Date : 26/06/2017

EXPERIENCE CERTIFICATE

This is to certify that Dr. Shigli Anand Lingaraj., M.D.S. was working as Principal & Professor in the Department of Pedodontics & Preventive Dentistry at Bharati Vidyapeeth Deemed University Dental College & Hospital Sangli, as shown below:

- **Principal & Professor: From 11.08.2012 to 26.06.2017**

R. Kulkarni

Dr. Kulkarni Rajeev Balwantrao
Dean Bharati Vidyapeeth Deemed University
Medical College & Hospital Sangli





**K. L. E. SOCIETY'S
INSTITUTE OF DENTAL, SCIENCES, BELGAUM.**

(Recognised by Dental Council of India)

**J. N. Medical College Campus Nehrunagar, BELGAUM-590010.
(Karnatak State India)**

ಕೆ.ಎಲ್.ಇ. ಸಂಸ್ಥೆಯ ಇನ್‌ಸ್ಟಿಟ್ಯೂಟ ಆಫ್ ಡೆಂಟಲ್ ಸೈನ್ಸಸ್
ಜಿ. ಎನ್. ಮಡಕಲ್ ಕಾಲೇಜು ಆವರಣ, ನೆಹರುನಗರ, ಬೆಳಗಾವಿ-೫೯೦೦೧೦.

KLES/DENT/EST/2469/06.

Date: 30-12-2006.

EXPERIENCE CERTIFICATE

This is to certify that, Dr.A.L.Shigli , M.D.S. is working in this Institution in the Department of Pedodontics, the details are as follows:

Designation	Period
Lecturer / Assistant Professor	15-05-1995 to 30-06-1998
Reader	01-07-1998 to 13-09-2000
Associate Professor	14-09-2000 to 14-05-2003
Professor	15-05-2003 to till date.

His work and conduct has been found to be satisfactory.



A. L. Shigli
Principal,

Institute of Dental Sciences, Belgaum

Acceptance of the Appointment

Appendix - V

Dr. Anand Shigli

Flat No. 801, Lohu
From: Park Spring, Poreu
(Full Resi. Add.) Road, Lohgeon,
Date: 30/8/17

To,

D.Y. Patel Dental
School, Lohgeon

Subject : Acceptance of the Appointment

Reference : Your appointment order No. DYPDS/AL/AS/300617 dated 30/06/17

Sir/Madam,

I have received the above cited appointment order on 30/06/17 and hereby declares that I am accepting the same. I shall join as early as possible or as soon as I have been relieved from my present employer.

Yours faithfully,

(Signature)

Joining Report

Appendix - VI

Dr. Anand Shigli

Flat No. 801, Lohu
From: Park Spring, Poreu
(Full Resi. Add.) Road, Lohgeon
Date: 30/6/17

To,

D.Y. Patel Dental Lohgeon
School. Subject : Joining Report

Reference : Your appointment order No. DYPDS/AL/AS/300617 dated 30/6/17

Sir/Madam,

I have received the above cited appointment order on 30/6/17. I am accepting the same and joining to the post of Principal in the subject of w.e.f. 30/6/17 (before noon/afternoon) and I am aware that my appointment is subject to the approval from the University.

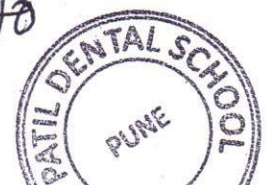
Yours faithfully,

(Signature)

Note: The appointing authority should endorsed the remarks as "Allowed to join" on the joining report and sign the same with seal of the College.

(Please provide Copy to the concerned employee.)

Allowed to join





K. L. E. SOCIETY'S
INSTITUTE OF DENTAL SCIENCES
(RECOGNISED BY DENTAL COUNCIL OF INDIA)
J. N. M. C. Campus, Nehrunagar, Belgaum-590 010.
Karnataka State, (India)

Phones :
Office : 0831-2470362,
0831-2473777 (16 Lines)
(R) : 0831-2472352
Fax : 0831-2470640

ಕೆ. ಎಲ್. ಇ. ಸಂಸ್ಥೆಯ ಇನ್‌ಸ್ಟಿಟ್ಯೂಟ ಆಫ್ ಡೆಂಟಲ್ ಸೈನ್ಸಿಸ್
ಜೆ. ಎನ್. ಮೆಡಿಕಲ್ ಕಾಲೇಜ್ ಆವರಣ, ನೆಹರುನಗರ, ಬೆಳಗಾವಿ-೫೯೦೦೧೦.

Ref. No. KLES/DENT : 2680 / 06.

Date : 06-02-2007.

RELIEVING ORDER:

With reference to his resignation letter dated 02-02-2007,
Dr. Anand L. Shigli, M.D.S., Professor, Department of Pedodontics, is
hereby informed that, he is relieved from his duties in this Institution on
06-02-2007, after office hours.



Shas
Principal,
Institute of Dental Sciences,
Belgaum.

To
Dr. Anand L. Shigli,
Professor,
Dept. of Pedodontics,
Institute of Dental Sciences,
BELGAUM.



Bharati Vidyapeeth Deemed University, Pune (India)

'A' Grade University Status by MHRD, Govt. of India



DENTAL COLLEGE & HOSPITAL, SANGLI

Accredited and Reaccredited with 'A' Grade by NAAC

Founder & Chancellor :

Dr. Patangrao Kadam

M.A.,LL.B.,Ph.D.

Principal

Dr. Anand Shigli

M.D.S.

Sangli-Miraj Road, Sangli-416 414 Tel.: 0233-2601639, 6496777, Fax: 0233-2211324.

E-mail : bvdentalsangli@yahoo.in • Web: <http://dchsangli.bharativedyapeeth.edu>

Ref.No.: BVDU / DCH / SANGLI / 603/2017-18

Date : 26/06/2017

RELIEVING ORDER

To

Dr. Shigli Anand Lingaraj.
Principal & Professor
Bharati Vidyapeeth Deemed University
Dental College & Hospital
Sangli

With reference to the order No BV/CO/Admn/Resign/5583/2017-2018, dated 17.06.2017, Dr. Shigli Anand Lingaraj, M.D.S. who was working as Principal & Professor in the Department of Pedodontics & Preventive Dentistry in this institute has been relieved from his duties on 26.06.2017, after office hours.

He has handed over the complete charge of his duties to the undersigned. He has cleared all the college dues before getting relieved.

He has hand over the complete charge of his duties to Dr. Kulkarni Rajeev Balwantrao, Dean, Bharati Vidyapeeth Deemed University Medical College and Hospital, Sangli.

R.B. Kulkarni
Dr. Kulkarni Rajeev Balwantrao
Dean Bharati Vidyapeeth Deemed University
Medical College & Hospital, Sangli



Copy to:

1. The Secretary, Bharati Vidyapeeth, Pune
2. The Registrar, Bharati Vidyapeeth Deemed University, Pune



D Y PATIL DENTAL SCHOOL

Re: No. :- DYPDS/171-A

Date :- 06/07/2017

To,
Dr. Kamal Shigli,
Flat No. 801, Lotus,
Park Spring, Porwal Road,
Lohegaon Pune, 412105.

Sub: Appointment to the post of **Professor & Head** in the Department of **Prosthodontics Crown and Bridge** at D.Y. Patil Dental School, Pune.

Dear, Dr. Kamal,

With Reference to your application and subsequent interview held for the above post, the management is pleased to inform you that you are here by appointed on the post of **Professor & Head** at this institution.

The Terms and Condition of your appointment are as follows:

- 1) Your appointment is on probation for period of two years from the date of your joining. During the period of probation, your services are likely to be discontinued by the Management if your services are not found satisfactory by giving one months' notice on either side or one month's pay, in lieu of the notice period.
- 2) You are appointed in the pay scale of Rs. 16400-450-22400 with Starting pay of Rs.100000/- and Per month in the time scale and Special pay 30000/- Per month. After successful completion of the probation period of one year normally you will be entitled to annual increment subject to your satisfactory performance and conduct and a report thereof from concerned Head of the Department. On successful completion of probation period of two years your services may be confirmed subject to your satisfactory performance and conduct.



D Y PATIL DENTAL SCHOOL

3. Your appointment is on Full time basis and your normal daily duty Hours shall be as decided / prescribed by the Competent Authority. However, the working hours shall be flexible depending upon the exigencies of services at the discretion of the Management.
4. Your appointment shall be terminated automatically, if it is proved that the information given by you in your application is false and or a Degree / any other certificate/document submitted by you are forged or tampered with.
5. Your service shall be governed by the (a) provision of the Maharashtra University of Health Sciences Act, 1998 and Statutes, Ordinances, Rules, Regulations and Directions framed under it from time to time (b) The Rules, Regulations, Instructions, Directives, Circulars received from Respective central Councils from time to time and (c) The prevailing Rules, Regulations and service conditions framed by the Management of the College and amended / altered from time to time. And you will follow the code of conduct and Professional Ethics prescribed in University Direction No.2/2012
6. Your services shall be transferable to any College of the same Management which is affiliated to the Maharashtra University of Health Sciences, Nashik. However, you will work in one College only, at a time.
7. Conducting private tuitions or private coaching classes in any form is strictly prohibited. You are also prohibited from taking any paid assignment or honorary posting outside the College without prior written permission of the Management.
8. Besides taking Lecture, Tutorials and Clinics / Practical's in the department you will be required to participate in the internal and external examination duties of the college and University and it is obligatory on your part to carry out any other responsibilities assigned by the University and college from time to time.
9. You are also required to undertake the responsibilities in the College / Hospital and any other medical activities which are conducted by the college in the relation to the patient care, student care and that of academic nature, related to professional Pursuits, and also take part in Administrative task related to College and Hospital and shall have to strive to maintain dignity and standard of the college and Institute.



D Y PATIL DENTAL SCHOOL

10. You will have to undergo the Medical Examination by the authorized Medical Officer or by the Civil Surgeon of the concerned District as per rules.
11. The management can also seek the Antecedent Character Report from the police authority.
12. Prior to this appointment, if you have been serving in any College / Recognized Institution, you will be allowed to join only after submission of your resignation and relieving letter from the concerned College.
13. Your appointment is subject to the approval from Maharashtra University of Health Sciences, Nashik. If your appointment for the said post is not approved by the university your services shall be terminated forthwith or if you so desire and the Management is agree to continue you on the unapproved post you will be allowed to continue in the service with your written consent. The terms and conditions of such appointment shall be as decided by the Management and accepted by you. You are required to submit duly signed, "Deed Of Contract" in a prescribed format.

If you are voluntarily accepting the appointment with abovementioned terms and conditions, you are required to give your acceptance forthwith or within seven days from the date of receipt of this appointment order and join within a stipulated period not later than thirty days. If your acceptance is not received in time or you failed to join within stipulated period, it will be presumed that you are not interested to join the post and this order shall automatically stand cancelled, this may please be noted.

Yours faithfully,

Dean



Appendix - V

Acceptance of the Appointment

From: Dr. Kamal Singh
(Full Resi. Add.) Flat no. 801, Park Springs
Apartment, Porsal Road,
Date: Pune-411015

To,
Dean, D.Y. Patil Dental
School

Subject : Acceptance of the Appointment

Reference : Your appointment order No. DYPDS/171-A dated 06.07.2017

Sir/Madam,

I have received the above cited appointment order on 06/7/17... and hereby declares that I am accepting the same. I shall join as early as possible or as soon as I have been relieved from my present employer.

Yours faithfully,

(Kamal Singh)

Appendix - VI

Joining Report

From: Dr. Kamal Singh
(Full Resi. Add.) Flat no. 801 Park
Spings Apartment, Porsal
Date: Road Pune 411015

To,
Dean, D.Y. Patil
Dental School

Subject : Joining Report

Reference : Your appointment order No. DYPDS/171-A dated 06.07.2017

Sir/Madam,

I have received the above cited appointment order on 6/7/17... I am accepting the same and joining to the post of Prof. & Head in the subject of PROSTHOPTICS w.e.f. 06th July, 2017 (beforenoon/afternoon) and I am aware that my appointment is subject to the approval from the University.

Yours faithfully,

(Kamal Singh)

Note: The appointing authority should endorsed the remarks as "Allowed to join" on the joining report and sign the same with seal of the College.

(Please provide Copy to the concerned employee.)



[Signature]

Allowed to join.



MODERN DENTAL COLLEGE AND RESEARCH CENTRE

Ref. No. MDC/77/2012

Date : August 9, 2012

TO WHOM SO EVER IT MAY CONCERN

This is to certify that Dr. (Mrs.) Kamal Shigli have been working as Professor in the Department of Prosthodontics from 18-05-2007 to 09-08-2012.

During the above tenure her work and conduct has been found satisfactory.

She has been relieved from her duties on 09-08-2012 (A.N.).

Dean
Modern Dental College &
Research Centre, Indore.





K. L. E. SOCIETY'S
INSTITUTE OF DENTAL SCIENCES
(RECOGNISED BY DENTAL COUNCIL OF INDIA)
J. N. M. C. Campus, Nehrunagar, Belgaum-590 010.
Karnataka State, (India)

Phones :
Office : 0831-2470362,
0831-2473777 (16 Lines)
(R) : 0831-2472352
Fax : 0831-2470640

ಕೆ. ಎಲ್. ಇ. ಸಂಸ್ಥೆಯ ಇನ್‌ಸ್ಟಿಟ್ಯೂಟ ಆಫ್ ಡೆಂಟಲ್ ಸೈನ್ಸೆಸ್
ಬಿ. ಎನ್. ಮೆಡಿಕಲ್ ಕಾಲೇಜ್ ಆವರಣ, ನೆಹರುನಗರ, ಬೆಳಗಾವಿ-೫೯೦೦೧೦.

Ref. No. KLES/DENT : 279 / 07.

Date : 18-05-2007.

EXPERIENCE CERTIFICATE :

This is to certify that, Dr.(Mrs)Kamal A. Shigli, M.D.S.,
has worked in this Institution in the Department of Prosthodontics
as follows:

1. Assistant Professor : 20-04-1998 to 10-08-1999
2. Reader : 11-08-1999 to 10-08-2001
3. Associate Professor : 11-08-2001 to 30-09-2004
5. Professor : 01-10-2004 to 17-05-2007

To the best of my knowledge & record, her work and conduct has
been satisfactory.



(Signature)

Principal,
Institute of Dental Sciences, Belgaum.

To,
Dr.(Mrs)Kamal A. Shigli,
Professor,
Dept. of Prosthodontics,
Institute of Dental Sciences,
BELGAUM.



MODERN DENTAL COLLEGE AND RESEARCH CENTRE

Ref. No. MDC/77/2012

Date : August 9, 2012

TO WHOM SO EVER IT MAY CONCERN

This is to certify that Dr. (Mrs.) Kamal Shigli have been working as Professor in the Department of Prosthodontics from 18-05-2007 to 09-08-2012.

During the above tenure her work and conduct has been found satisfactory.

She has been relieved from her duties on 09-08-2012 (A.N.).

Dean
Modern Dental College &
Research Centre, Indore.





OFFICE OF THE PRINCIPAL

Phone ; Off : 22189

Resi :

Fax ; 08352-52984



Dental College, BIJAPUR-586108
Karnataka, INDIA.

PRINCIPAL

Date 31-07-1998.

No. ADC/130/98-99.

CERTIFICATE

This is to certify that, Dr. Kamaljeet Saluja,
M.D.S. Prosthodontics had served in this Institution
as Assistant Professor in Department of Prosthodontics
for a period from 1-5-1996 till 31-03-1998.

During her period of service, I found her work
satisfactory.

P. Celatdu
31.7.98

Principal,
Al-Ameen Dental College,
BIJAPUR.



Jawahar Medical Foundation's
**Annasaheb Chudaman Patil Memorial
Dental College**

Post Box No. 145
Sahar Road,
Dhule (M.S.) 424001, II

☎ [02562] 277924 X0674
☎ [02562] 279924 X2027
E-mail : acpmdental@rediffmail.com, id.com

Ref No: 111 | JMF's ACPMDC/Dhule

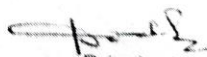
Date: 01/02/2019

EXPERIENCE CERTIFICATE

This is to Certified that Dr.Girish Neelkanth Byakod , MDS (Periodontics), is working in the Department of Periodontics. Her total teaching experience is as follows.

TEACHING EXPERIENCE

Designation	Name of Institution	From	To	Total Experience Year-Month-Day
Lecturer	S.Nijalingappa Institute of Dental Science & Research Guibarga, Karnataka	04/01/2000	09/02/2001	01.01
	KLE, Institute of Dental Sciences Belgaum.	10/02/2001	03/02/2003	02.00
Reader	KLE, Institute of Dental Sciences Belgaum.	04/02/2003	24/06/2005	02.04
	Pravara Institute of Medical Sciences Deemed University, Loni.	28/06/2005	04/02/2008	02.07
Professor	Sinhgad Dental College & Hospital, Pune	05/02/2008	01/07/2009	01.05
	Bharti Vidyapeeth University Dental College & Hospital Sangh.	07/07/2009	20/07/2010	01.00
	MCES's M.A Rangunwala College of Dental Sciences & Research Centur Pune	21/07/2010	15/06/2017	06.10
	ACPM Dental College, Dhule.	02/04/2018	Till date	00.09


Principal
JMF's A.C.P.M.Dental College,
Dhule.



Post Box No. 145
Sakri Road,
Dhule (M.S.)-424001.

☎ | 02562 | 277924
☎ | 02562 | 279924
E-mail : acpmdental@rediffmail.com.

Ref. No 749/JMF's ACPMDC/Dhule.

Date: 16/5/2016

Jawahar Medical Foundation's Annasaheb Chudaman Patil Memorial Dental College

EXPERIENCE CERTIFICATE

This is to Certified that Dr.Karibasappa G.N., MDS (Public Health Dentistry), was working in the Department of Public Health Dentistry. His total teaching experience is as follows.

TEACHING EXPERIENCE

Designation	Name of Institution	From	To
Reader	A.C.P.M. Dental College, Dhule.	01/03/2011	02/08/2011
Asso.Professor	A.C.P.M. Dental College, Dhule.	03/08/2011	30/06/2014
Professor	A.C.P.M. Dental College, Dhule.	01/07/2014	16/05/2016

Principal

JMF's A.C.P.M. Dental College,
Dhule.

Principal,
JMF's A.C.P.M. Dental College
DHULE - 424 001 (M.S.)



Bapuji Educational Association®
BAPUJI DENTAL COLLEGE & HOSPITAL

(Recognised by the Dental Council of India, New Delhi)
(Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore.)



Ref.No.BDC/2010-2011/1292

Date:28-02-2011

CERTIFICATE

This is to certify that, Dr.G.N.Karibasappa, MDS., has worked in this institution in the department of Preventive & Community Dentistry in the following capacities as noted below:-

SL. NOS.	DESIGNATION	FROM	TO
1.	Assistant Professor	01-07-2008	30-06-2009
2.	Reader	01-07-2009	28-02-2011

G. N. Karibasappa
PRINCIPAL
VA

Post Box No. 326, DAVANGERE - 577 004, Karnataka - India
Office Tele. : 08192-220575, 220579 & 220580
Principal Tele Fax : 01-8192-220572
Website : www.bapujidental.edu

Fax : 01-8192-220578
E-mail : principal@bapujidental.edu
bdc@satyam.net.in
Grams : "DENTAL"



SHARAVATHI EDUCATION TRUST (REGD.)



Alkole, T.H. Road, Shimoga - 577204, Karnataka, India. Ph. 0091-08182-250816, 250167 Email : info@sharavathi.org
Reg. Off. No -36, EastPark Road, Kumam Park East, Bangalore-1, Phone: 22265321, 22269863, Fax-22265316, Web : www.Sharavathi.Org

4th May 2007

EXPERIENCE CERTIFICATE

This is to certify that Dr. G.N. KARIBASAPPA, MDS., has worked as an Senior Lecturer in Department of Community Dentistry at Sharavathi Dental College & Hospital, Shimoga, from 1st July 2005 to 6th April 2007.

His Character and Conduct was found good during his stay in our Institution.

For SHARAVATHI EDUCATION TRUST,


(H.G. SIDDALINGAIAH)
Hon'ble Secretary.

C.C to The Principal & Office, Shimoga.



ಸಿ.ಎನ್.ನಿಜಲಿಂಗಪ್ಪ ದಂತ ವಿಜ್ಞಾನ ಸಂಶೋಧನಾ ಸಂಸ್ಥೆ
ಸೆಡಮ ರಸ್ತೆ - ಗುಲ್ಬರ್ಗಾ - ೫೨೨ ೫೦೨ - ಕರ್ನಾಟಕ
ಫೋನ್: ೦೮೪೭೨-೨೪೭೭೪೫, ೨೪೫೦೨೮ (ಇಂ) - ಫ್ಯಾಕ್ಸ್: ೦೮೪೭೨-೨೪೫೦೨೮
Hyderabad Karnatak Education Society's
S.Nijalingappa Institute of Dental Sciences & Research
Sedam Road, GULBARGA - 5 Ph.: 08472-247745 - Principal: 245028
Fax : 08472-245028 • E-mail : sndcg@hotmail.com

Affiliated to Rajiv Gandhi University of Health Sciences, Bangalore (Karnataka)

Ref. No. HKES / SDCG / 2008 - 2009/452 Date 30/6/08

EXPERIENCE CERTIFICATE

This is to certify that **Dr. G.N.Karibasappa,**
M.D.S. has worked in this institution as Sr. Lecturer
from 07.04.2007 to 30-06-2008 in the department of
Community Dentistry.


PRINCIPAL



Bapuji Educational Association®
BAPUJI DENTAL COLLEGE & HOSPITAL

(Recognised by the Dental Council of India, New Delhi)
(Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore.)



Ref.No.BDC/2010-2011/1292

Date:28-02-2011

CERTIFICATE

This is to certify that, Dr.G.N.Karibasappa, MDS., has worked in this institution in the department of Preventive & Community Dentistry in the following capacities as noted below:-

SL. NOS.	DESIGNATION	FROM	TO
1.	Assistant Professor	01-07-2008	30-06-2009
2.	Reader	01-07-2009	28-02-2011

Dr. Karibasappa
PRINCIPAL
VA

Post Box No. 326, DAVANGERE - 577 004, Karnataka - India
Office Tele. : 08192-220575, 220579 & 220580
Principal Tele Fax : 01-8192-220572
Website : www.bapujidental.edu

Fax : 01-8192-220578
E-mail : principal@bapujidental.edu
bdc@satyam.net.in
Grams : "DENTAL"





Post Box No. 145
Sakri Road,
Dhule (M.S.)-424001.

☎ | 02562 | 277924
☎ | 02562 | 279924
E-mail : acpmdental@rediffmail.com.

Ref. No 749/JMF's ACPMDC/Dhule.

Date: 16/5/2016

Jawahar Medical Foundation's Annasaheb Chudaman Patil Memorial Dental College

EXPERIENCE CERTIFICATE

This is to Certified that Dr.Karibasappa G.N., MDS (Public Health Dentistry), was working in the Department of Public Health Dentistry. His total teaching experience is as follows.

TEACHING EXPERIENCE

Designation	Name of Institution	From	To
Reader	A.C.P.M. Dental College, Dhule.	01/03/2011	02/08/2011
Asso.Professor	A.C.P.M. Dental College, Dhule.	03/08/2011	30/06/2014
Professor	A.C.P.M. Dental College, Dhule.	01/07/2014	16/05/2016

Principal

JMF's A.C.P.M. Dental College,
Dhule.

Principal,
JMF's A.C.P.M. Dental College
DHULE - 424 001 (M.S.)

Acceptance of the Appointment

Appendix - V

Dr. Kasibasa...

From:

(Full Resi. Add.)

Date : 17/5/2016

To,
The Dean
D.Y. Patil Dental School

Subject : Acceptance of the Appointment

Reference : Your appointment order No. DYPDS/161 dated 17/5/2016

Sir/Madam,

I have received the above cited appointment order on 17/5/2016 and hereby declares that I am accepting the same. I shall join as early as possible or as soon as I have been relieved from my present employer.

Yours faithfully,

(Kohar)

Joining Report

Appendix - VI

Dr. Kasibasa...

From:

(Full Resi. Add.)

Date : 17/5/2016

To,
The Dean
D.Y. Patil Dental School

Subject : Joining Report

Reference : Your appointment order No. DYPDS/161 dated 17/5/2016

Sir/Madam,

I have received the above cited appointment order on 17/5/2016. I am accepting the same and joining to the post of Professor in the subject of Public Health w.e.f. (before noon/afternoon) and I am aware that my appointment is subject to the approval from the University.

Yours faithfully,

(Kohar)

Note: The appointing authority should endorsed the remarks as "Allowed to join" on the joining report and sign the same with seal of the College.

(Please provide Copy to the concerned employee.)

Allowed to Join.

D. R. Barfiwar





D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Ref: No.DYPDS/163

Date: 17/05/2016

To,
Dr. Karibasappa G.N.

Sub: Appointment to the post of Professor in the Department of Public Health Dentistry

Dear Dr. Karibasappa,

With Reference to your application and subsequent interview held for the above post, the management is pleased to inform you that you are here by appointed on the post of Professor in the subject of Public Health Dentistry

The Terms and Condition of your appointment are as follows:

1. Your appointment is temporary for one year from the date of your joining. During the period of your temporary service, you are likely to be discontinued.
2. You are appointed in the pay scale of Rs16400-450-22400 with starting pay of Rs100000/- per month in the time scale. After successful completion of the probation period of one year normally you will be entitled to annual increment subject to your satisfactory performance and conduct and a report thereof from the Dean. On successful completion of probation period of two years your services may be confirmed subject to your satisfactory performance and conduct.
3. Your appointment on probation shall be deemed to be confirmed after satisfactory completion of probation period and unless there is any adverse communication order/ order of extension of probation.
4. Your appointment is on Full time basis and your normal daily duty Hours shall be as decided / prescribed by the Competent Authority. However, the working hours shall be flexible depending upon the exigencies of services at the discretion of the Management.
5. Your appointment shall be terminated automatically, if it is proved that the information given by you in your application is false and or a Degree / any other certificate/document submitted by you are forged or tampered with.



D Y PATIL DENTAL SCHOOL

6. Your service shall be governed by the (a) provision of the Maharashtra University of Health Sciences Act, 1998 and Statutes, Ordinances, Rules, Regulations and Directions framed under it from time to time (b) The Rules, Regulations, Instructions, Directives, Circulars received from Respective central Councils from time to time and (c) The prevailing Rules, Regulations and service conditions framed by the Management of the College and amended / altered from time to time. And you will follow the code of conduct and Professional Ethics prescribed in University Direction No. 2/2012
7. Your services shall be transferable to any College of the same Management which is affiliated to the Maharashtra University of Health Sciences, Nashik. However, you will work in one College only, at a time.
8. Conducting private tuitions or private coaching classes in any form is strictly prohibited. You are also prohibited from taking any paid assignment or honorary posting outside the College without prior written permission of the Management.
9. Besides taking Lecture, Tutorials and Clinics / Practicals in the department you will be required to participate in the internal and external examination duties of the college and University and it is obligatory on your part to carry out any other responsibilities assigned by the University and college from time to time.
10. You are also required to undertake the responsibilities in the College / Hospital and any other medical activities which are conducted by the college in the relation to the patient care, student care and that of academic nature, related to professional Pursuits, and also take part in Administrative task related to College and Hospital and shall have to strive to maintain dignity and standard of the college and Institute.
11. You will have to undergo the Medical Examination by the authorized Medical Officer or by the Civil Surgeon of the concerned District as per rules.
12. The management can also seek the Antecedent Character Report from the police authority.
13. Prior to this appointment, if you have been serving in any College / Recognized Institution, you will be allowed to join only after submission of your resignation and relieving letter from the concerned College.



D Y PATIL DENTAL SCHOOL

14. Your appointment is subject to the approval from Maharashtra University of Health Sciences, Nashik. If your appointment for the said post is not approved by the university your services shall be terminated forthwith or if you so desire and the Management is agree to continue you on the unapproved post you will be allowed to continue in the service with your written consent. The terms and conditions of such appointment shall be as decided by the Management and accepted by you. You are required to submit duly signed, "Deed Of Contract" in a prescribed format.

If you are voluntarily accepting the appointment with abovementioned terms and conditions, you are required to give your acceptance forthwith or within seven days from the date of receipt of this appointment order and join within a stipulated period not later than thirty days. If your acceptance is not received in time or you failed to join within stipulated period, it will be presumed that you are not interested to join the post and this order shall automatically stand cancelled, this may please be noted.

Yours faithfully,

D. R. Barfiwale.

DEAN





D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Outward No.-DYPDS/477

Date: 08/01/2019

Appointment Order

To,
Dr. Sandeep Jethi
C5, Dwarka Vishwa Society
Indrayani Nagar
Bhosari, Pune.

Subject: Appointment on the post of **Professor & HOD** in the department of Orthodontics

Sir/Madam,

With reference to your application and subsequent interview held on **08/01/2019** for the above post, the Management is pleased to inform you that you are hereby appointed on the post of **Professor & HOD** in the department of Orthodontics this institute.

The Terms and Conditions of your appointment are as follows:

- 1) Your appointment is on probation for period of two years from the date of your joining. During the period of probation, your services are likely to be discontinued by the Management if your services are not found satisfactory by giving one months notice on either side or one month's pay in lieu of the notice period.
- 2) You are appointed in the pay scale with starting pay of Rs Rs. 100000/- in the pay scale Rs. 16400-450-22400 per month in the time scale. After successful completion of the probation period of one year normally you will be entitled to annual increment subject to your satisfactory performance and conduct and a report thereof from the Head of the Department. On successful completion of probation period of two years your services may be confirmed subject to your satisfactory performance and conduct.



D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

- 3) Your appointment on probation shall be deemed to be confirmed after satisfactory completion of probation period and unless there is any adverse communication / order/order of extension of probation.
- 4) Your appointment is on Full time basis and your normal daily duty Hours shall be as decided / prescribed by the Competent Authority. However, the working hours shall be flexible depending upon the exigencies of services at the discretion of the Management.
- 5) Your appointment shall be terminated automatically, if it is proved that the information given by you in your application is false and or a Degree/any other certificate/document submitted by you are forged or tampered with.
- 6) Your services shall be governed by the (a) provisions of the Maharashtra University of Health Sciences Act, 1998 and Statutes, Ordinances, Rules, Regulations and Directions framed under it from time to time (b) The Rules, Regulations, Instructions, Directives, Circulars received from Respective Central Councils from time to time and (c) The prevailing Rules, Regulations and service conditions framed by the Management of the college and amended / altered from time to time. And you will follow the code of conduct and Professional Ethics prescribed in University Direction No.02./2012.
- 7) Your services shall be transferable to any College of the same Management which is affiliated to the Maharashtra University of Health Sciences, Nashik. However, you will work in one College only, at a time.
- 8) Conducting private tuitions or private coaching classes in any form is strictly prohibited. You are also prohibited from taking any paid assignment or honorary posting outside the college without prior written permission of the Management.



D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

- 9) Besides taking Lectures, Tutorials and Clinics/Practicals in the department you will be required to participate in the internal and external examination duties of the college and University and it is obligatory on your part to carry out any other responsibilities assigned by the University and college from time to time.
- 10) You are also required to undertake the responsibilities in the College / Hospital and any other medical activities which are conducted by the College in relation to the patient care, student care and that of academic nature, related to professional Pursuits, and also take part in Administrative task related to College and Hospital and shall have to strive to maintained dignity and standard of the college and Institute.
- 11) You will have to undergo the Medical Examination by the authorized Medical Officer or by the Civil Surgeon of the concerned district as per rules.
- 12) The Management can also seek the Antecedent Character Report from the police authority.
- 13) Prior to this appointment, if you have been serving in any College / Recognised Institution, you will be allowed to join only after submission of your resignation and relieving letter from the concerned College.
- 14) Your appointment is subject to the approval from Maharashtra University of Health Sciences, Nashik. If your appointment for the said post is not approved by the University your services shall be terminated forthwith or if you so desire and the Management is agree to continue you on the unapproved post you will be allowed to continue in the service with your written consent. The terms and condition of such appointment shall be as decided by the Management and accepted by you.
You are required to submit duly signed, "Deed of Contract" in a prescribed format.

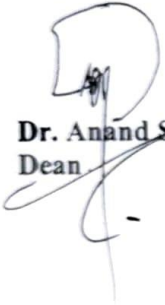


D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

If you are voluntarily accepting the appointment with abovementioned terms and conditions, you are required to give your acceptance forthwith or within seven days from the date of receipt of this appointment order and join within a stipulated period not later than thirty days. If your acceptance is not received in time or you failed to join within stipulated period, it will be presumed that you are not interested to join the post and this order shall automatically stand cancelled, this may please be noted.

Yours faithfully,


Dr. Anand Shigli
Dean

Received
Shigli

Acceptance of the Appointment

From: Dr. Sandeep Jethne
(Full Resi. Add.)
Date: 8/1/2019

To,
The Dean
D.Y. Patil Dental School

Subject : Acceptance of the Appointment

Reference : Your appointment order No. DYPDS/677.....dated 8/1/2019

Sir/Madam,

I have received the above cited appointment order on 8/1/2019 and hereby declares that I am accepting the same. I shall join as early as possible or as soon as I have been relieved from my present employer.

Yours faithfully,



(Sandeep Jethne)

Joining Report

From: Dr. Sandeep Jethne
(Full Resi. Add.)
Date: 8/1/2019

To,
The Dean
D.Y. Patil Dental School

Subject : Joining Report

Reference : Your appointment order No. DYPDS/677.....dated 8/1/2019

Sir/Madam,

I have received the above cited appointment order on 8/1/2019. I am accepting the same and joining to the post of H.O.D. in the subject of Orthodontics w.e.f. 1/4/2019 (befornoon/afternoon) and I am aware that my appointment is subject to the approval from the University.

Yours faithfully,

(Sandeep Jethne)

Note: The appointing authority should endorsed the remarks as "Allowed to join" on the joining report and sign the same with seal of the College.

(Please provide Copy to the concerned employee.)



Allowed to join



UNDERTAKING OF TEACHER

I, Dr./Md. Sandeep Jethe
 Resident of (Permanent home address) CS. Dwarka Vishwa Society,
Padraayani Nagar, Borosri, Pune
 Presently residing at ((Present home address)
Same AS Above.

do hereby giving an undertaking that -

- I have been selected as per prescribed procedure of selection and working as full time Director /Dean/ Principal/Professor /Asso. Professor / Reader /Assit. Prof./lecturer/ Asst. Lecturer/Tutor / Demonstrator

In subject of Ortodontics at D.Y. Patil Dental School
(Name of the college or recognized institution)

- My working hours at the College / Institution are from 8.30 AM to 2.30 PM
- I hereby further declare that except the above said College, I am not employed in any other College in any capacity.
- I voluntarily declare that I shall be abided by the rules and regulations of the University, made from time to time.
- Practicing/not practicing _____
- If practicing, the place of practice is _____
- My practicing hours are from _____ to _____

Whether allowed by the Management/ College: - Yes/ No
 If yes, attach copy of the letter.)

Date : 1/4/2019

Signature [Signature]

Place : PUNE

Name : Dr. Sandeep Jethe

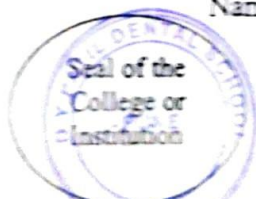
Designation : Professor HOD

Date : 1/4/2019

Countersigned by Dean/Principal [Signature]

Place PUNE

Name DR. ANAND SHILDI



(To be typed on plain paper)



Late Shri Yashwantrao Chavan Memorial Medical & Rural Development Foundation's,

DENTAL COLLEGE & HOSPITAL

166/1, Vadgaon Gupta, Opp. M.I.D.C., Ahmednagar – 414003. Ph. : (0241) 2779111, 6450365.

• Fax : 0241 – 2779111 • Web site : www.yashdental.org.in • Email : yash_dental@rediffmail.com

Ref. No. YCDC / 164-D/ 2012-13

Date :- 31/08/2012

RELIEVING ORDER

This is to certify that Dr. Jethu Sandeep A. was working as a Lecturer in the Department of Orthodontics from 01/09/2011 & he is relieved from duties w.e.f. 31/08/2012 after noon at his own request.

During the above period, his overall performance was satisfactory.

Dean

Late Shri Yashwantrao Chavan Memorial Medical
& Rural Development Foundation's Dental College
Vadgaon Gupta Ahmednagar

Aditya Education Trust's

ADITYA HOSPITAL AND DENTAL COLLEGE

Nalwandi Naka, Pimpalner Road, Suraj Nagar, Beed - 431 122.

Ph. (02442) 231199

Ref. No. ADC/1072/2011

Date : 20/9/2001

EXPERIENCE & RELIEVING ORDER

This is to certify that **Dr.Sandeep A. Jethe** joined as Sr. Lecturer in the Dept.of Orthodontics on **30-06-2008** & He is relieved on **31-08-2011** subsequent to his resignation. During the above period his clinical work and teaching was good.


चे.आर.मन
CHAIRMAN
आदित्य एज्युकेशन ट्रस्ट,
बीड
ADITYA DENTAL COLLEGE



Late Shri Yashwantrao Chavan Memorial Medical & Rural Development Foundation, Ahmednagar.

Yashwantrao Gadakh Patil
MLC, Ex. M.P.
President

Post Box No. 02, Savedi, Near Nagapur Bridge, Ahmednagar – 414003. (M.S.) ☎ (0241)2779111, 6450365, Fax. 2778511

Ref. No. YCDC / 160 / 2011-12

Date :- 01/09/2011

: Appointment Order :

To,

Dr. Jethe Sandeep

M.D.S. (Orthodontics),

With reference to your application and the subsequent interview. The Management is pleased to inform you that you are appointed as a '**Lecturer**' in the Department of '**Orthodontics**' in Late Shri Yashwantrao Chavan Memorial Medical & Rural Development Foundation's, Dental College & Hospital, Ahmednagar with effect from 01/09/2011 on the following terms and conditions :-

1. You will be paid salary as per 6th Pay Commission norms, along with deduction as per Government rules
2. You will have to appear before the Staff Selection Committee of Maharashtra University of Health Science (M.U.H.S.), Nashik. Your services will be continued in the Late Shri Yashwantrao Chavan Memorial Medical & Rural Development Foundation's, Dental College & Hospital, Ahmednagar subject to the approval of Staff Selection Committee of the University.
3. If you so desires to leave before appearing for the staff selection committee of MUHS, Nashik or thereafter you will have to give three month's notice or three month's total pay in lieu of the notice. You will ordinarily not give such notice terminating the notice period in the middle of the term. The Management may waive the notice period.

As per M.U.H.S., Nashik rules you are appointed for a period of academic year initially. if your performance and conduct is found to be satisfactory, your service will be extended subject to your selection by the Staff Selection Committee the extension will be presumed if there is no communication from us.

4. If your performance or conduct is found to be unsatisfactory your services are liable to be terminated without any notice or pay of one month in lieu of notice.

Dr. Sharad Samb

Managing Trustee

Late Shri Yashwantrao Chavan

Memorial Medical & Rural Development Foundation, Ahmednagar. www.yashdental.org.in

5. You will be governed by the rules and regulations including leave rules of Late Shri Yashwantrao Chavan Memorial Medical & Rural Development Foundation, Ahmednagar in force from time.
6. Your services are liable to be terminated without any notice or notice pay, if it is found that you have misrepresented or concealed or given wrong information at time of appointment or thereafter or are found to be acting working against the interest of the students/ Institution or the University.
7. You will be required to carry out all work and other duties related to the establishment as and when ordered or assigned to you by the authorities from time to time.
8. If required, you will have to proceed outstation for work, without claiming extra allowance or remuneration. You will be paid T.A. & D.A. as per rules of the establishment.
9. During the course of employment you will not undertake any private practice, other business, trade or profession, you will not against the interest of the establishment.
10. You will be liable for action for any acts committed inside or outside the premises of the establishment, if such acts likely to affect the discipline and working of the establishment.
11. Please note that the decision of the management in judging your efficiency, performance and also interpreting this agreement will be absolute & final and will be binding upon you.
12. You are required to produce Medical Fitness Certificate at the time of joining from the Medical Superintendent, Late Shri Yashwantrao Chavan Memorial Medical & Rural Development Foundation's, Dental College & Hospital, Ahmednagar.
13. The continuation in the employment will be subject to your remaining physically and mentally fit. The management shall have every right to get you examined at any time by any expert appointed by the Late Shri Yashwantrao Chavan Memorial Medical & Rural Development Foundation, Ahmednagar whose finding will be final and binding.
14. You will sign the duplicate copy of the appointment order in token of your acceptance of these terms and conditions and return it to the office of the management.


Dr. Sharad Samb

Managing Trustee
Late Shri Yashwantrao Chavan Page 2 of 2
Memorial Medical & Rural Development
Foundation, Ahmednagar.

Organising President
Late Shri Yashwantrao Chavan Memorial,
Medical & Rural Development Foundation's
Ahmednagar.



Late Shri Yashwantrao Chavan Memorial Medical & Rural Development Foundation's,

DENTAL COLLEGE & HOSPITAL

166/1, Vadgaon Gupta, Opp. M.I.D.C., Ahmednagar – 414003. Ph. : (0241) 2779111, 6450365.

• Fax : 0241 – 2779111 • Web site : www.yashdental.org.in • Email : yash_dental@rediffmail.com

Ref. No. YCDC / 164-D/ 2012-13

Date :- 31/08/2012

RELIEVING ORDER

This is to certify that Dr. Jethu Sandeep A. was working as a Lecturer in the Department of Orthodontics from 01/09/2011 & he is relieved from duties w.e.f. 31/08/2012 after noon at his own request.

During the above period, his overall performance was satisfactory.

Dean

Late Shri Yashwantrao Chavan Memorial Medical
& Rural Development Foundation's Dental College
Vadgaon Gupta Ahmednagar

Dr. D. Gopalakrishnan
Dean

Dr. P. D. Patil
Chancellor

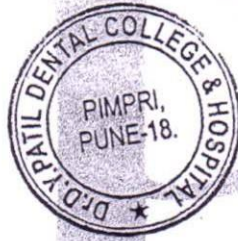
Ref. No. : DYPDCH /02/2019

Date : 1/4/2019

EXPERIENCE CERTIFICATE

This is to certify that Dr. Sandeep A. Jethe was working as "Reader" in Orthodontics & Dentofacial Orthopedics Department at Dr. D. Y. Patil Dental College & Hospital, Pimpri, Pune from 01.11.2012 to 31.03.2019.

This certificate is issued on his request.



D. Gopalakrishnan
(Dr. D. Gopalakrishnan)
Dean

Copy to:

- 1) Dr. Sandeep A. Jethe
- 2) Personal File





D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Affiliated to the Maharashtra University of Health Sciences, Nashik
Recognized by Dental Council of India

Re: DYPDS/2215

Date: 21/03/2022

To,
Dr. Pradeep Shetty
Truptideep, Row House-25
Sukhwani Oasis, Sec 11.
Near Spine Road, Flyover, PCNTDA
Chikhli, Chiinchwad, Pune – 411019

Sub: Appointment to the post of Professor & HOD in the Department of Conservative Dentistry & Endodontics.

Dear Dr. Pradeep,

With Reference to your application and subsequent interview held for the above post, the management is pleased to inform you that you are here by appointed on the post of Professor & HOD in the subject of Conservative Dentistry & Endodontics.

The Terms and Condition of your appointment are as follows:

1. Your appointment is temporary for one year from the date of your joining. During the period of your temporary service, you are likely to be discontinued.
2. You are appointed in the consolidated pay scale of Rs. 1,00,000/- per month in the time scale. After successful completion of the probation period of one year normally you will be entitled to annual increment subject to your satisfactory performance and conduct and a report thereof from concerned Head of the Department. On successful completion of probation period of two years your services may be confirmed subject to your satisfactory performance and conduct.
3. Your appointment on probation shall be deemed to be confirmed after satisfactory completion of probation period and unless there is any adverse communication order/ order of extension of probation.
4. Your appointment is on Full time basis and your normal daily duty Hours shall be as decided / prescribed by the Competent Authority. However, the working hours shall be flexible depending upon the exigencies of services at the discretion of the Management.

5. Your appointment shall be terminated automatically, if it is proved that the information given by you in your application is false and or a Degree / any other certificate/document submitted by you are forged or tampered with.
6. Your service shall be governed by the (a) provision of the Maharashtra University of Health Sciences Act, 1998 and Statutes, Ordinances, Rules, Regulations and Directions framed under it from time to time (b) The Rules, Regulations, Instructions, Directives, Circulars received from Respective central Councils from time to time and (c) The prevailing Rules, Regulations and service conditions framed by the Management of the College and amended / altered from time to time. And you will follow the code of conduct and Professional Ethics prescribed in University Direction No.2/2012
7. Your services shall be transferable to any College of the same Management which is affiliated to the Maharashtra University of Health Sciences, Nashik. However, you will work in one College only, at a time.
8. Conducting private tuitions or private coaching classes in any form is strictly prohibited. You are also prohibited from taking any paid assignment or honorary posting outside the College without prior written permission of the Management.
9. Besides taking Lecture, Tutorials and Clinics / Practical's in the department you will be required to participate in the internal and external examination duties of the college and University and it is obligatory on your part to carry out any other responsibilities assigned by the University and college from time to time.
10. You are also required to undertake the responsibilities in the College / Hospital and any other medical activities which are conducted by the college in the relation to the patient care, student care and that of academic nature, related to professional Pursuits, and also take part in Administrative task related to College and Hospital and shall have to strive to maintain dignity and standard of the college and Institute.
11. You will have to undergo the Medical Examination by the authorized Medical Officer or by the Civil Surgeon of the concerned District as per rules.
12. The management can also seek the Antecedent Character Report from the police authority.
13. Prior to this appointment, if you have been serving in any College / Recognized Institution, you will be allowed to join only after submission of your resignation and relieving latter from the concerned College.



D Y PATIL DENTAL SCHOOL

Affiliated to the Maharashtra University of Health Sciences, Nashik
Recognized by Dental Council of India

14. Your appointment is subject to the approval from Maharashtra University of Health Sciences, Nashik. If your appointment for the said post is not approved by the university your services shall be terminated forthwith or if you so desire and the Management is agree to continue you on the unapproved post you will be allowed to continue in the service with your written consent. The terms and conditions of such appointment shall be as decided by the Management and accepted by you. You are required to submit duly signed, "Deed of Contract" in a prescribed format.

If you are voluntarily accepting the appointment with abovementioned terms and conditions, you are required to give your acceptance forthwith or within seven days from the date of receipt of this appointment order and join within a stipulated period not later than thirty days. If your acceptance is not received in time or you failed to join within stipulated period, it will be presumed that you are not interested to join the post and this order shall automatically stand cancelled, this may please be noted.

Yours faithfully,


Dr. Anand Shigli
DEAN





D Y PATIL GROUP

D Y Patil Dental School

Ref: No. DYPDS/071

Date: 28/01/2016

To,
Dr. Anagha Shete
Durain, Nyati Environ
Tingre Nagar, Lane-5
Vishrantwadi, Pune

Sub: Appointment to the post of **Asso. Professor/Reader** in the Department of **Oral Medicine & Radiology**

Dear Dr. Anagha,

With Reference to your application and subsequent interview held for the above post, the management is pleased to inform you that you are here by appointed on the post of **Asso. Professor / Reader** in the subject of **Oral Medicine & Radiology**

The Terms and Condition of your appointment are as follows:

1. Your appointment is temporary for one year from the date of your joining. During the period of your temporary service, you are likely to be discontinued.
2. You are appointed in the pay scale of Rs.12000-375-18300 with starting pay of Rs.80000/- per month in the time scale. After successful completion of the probation period of one year normally you will be entitled to annual increment subject to your satisfactory performance and conduct and a report thereof from concerned Head of the Department. On successful completion of probation period of two years your services may be confirmed subject to your satisfactory performance and conduct.
3. Your appointment on probation shall be deemed to be confirmed after satisfactory completion of probation period and unless there is any adverse communication order/ order of extension of probation.
4. Your appointment is on Full time basis and your normal daily duty Hours shall be as decided / prescribed by the Competent Authority. However, the working hours shall be flexible depending upon the exigencies of services at the discretion of the Management.



D Y PATIL GROUP

D Y Patil Dental School

5. Your appointment shall be terminated automatically, if it is proved that the information given by you in your application is false and or a Degree / any other certificate/document submitted by you are forged or tampered with.
6. Your service shall be governed by the (a) provision of the Maharashtra University of Health Sciences Act, 1998 and Statutes, Ordinances, Rules, Regulations and Directions framed under it from time to time (b) The Rules, Regulations, Instructions, Directives, Circulars received from Respective central Councils from time to time and (c) The prevailing Rules, Regulations and service conditions framed by the Management of the College and amended / altered from time to time. And you will follow the code of conduct and Professional Ethics prescribed in University Direction No. 2./2012
7. Your services shall be transferable to any College of the same Management which is affiliated to the Maharashtra University of Health Sciences, Nashik. However, you will work in one College only, at a time.
8. Conducting private tuitions or private coaching classes in any form is strictly prohibited. You are also prohibited from taking any paid assignment or honorary posting outside the College without prior written permission of the Management.
9. Besides taking Lecture, Tutorials and Clinics / Practicals in the department you will be required to participate in the internal and external examination duties of the college and University and it is obligatory on your part to carry out any other responsibilities assigned by the University and college from time to time.
10. You are also required to undertake the responsibilities in the College / Hospital and any other medical activities which are conducted by the college in the relation to the patient care, student care and that of academic nature, related to professional Pursuits, and also take part in Administrative task related to College and Hospital and shall have to strive to maintain dignity and standard of the college and Institute.
11. You will have to undergo the Medical Examination by the authorized Medical Officer or by the Civil Surgeon of the concerned District as per rules.
12. The management can also seek the Antecedent Character Report from the police authority.



D Y PATIL GROUP

D Y Patil Dental School

13. Prior to this appointment, if you have been serving in any College / Recognized Institution, you will be allowed to join only after submission of your resignation and relieving letter from the concerned College.
14. Your appointment is subject to the approval from Maharashtra University of Health Sciences, Nashik. If your appointment for the said post is not approved by the university your services shall be terminated forthwith or if you so desire and the Management is agree to continue you on the unapproved post you will be allowed to continue in the service with your written consent. The terms and conditions of such appointment shall be as decided by the Management and accepted by you. You are required to submit duly signed, " Deed Of Contract" in a prescribed format.

If you are voluntarily accepting the appointment with abovementioned terms and conditions, you are required to give your acceptance forthwith or within seven days from the date of receipt of this appointment order and join within a stipulated period not later than thirty days. If your acceptance is not received in time or you failed to join within stipulated period, it will be presumed that you are not interested to join the post and this order shall automatically stand cancelled, this may please be noted.

Yours faithfully,

D. K. Sarfware
hr Director

Dr. Deepak G. Kulkarni
Dean

Dr. P. D. Patil
President

Ref. No. : DYPDCH/EST/1138/2016

Date : 12/1/2016

EXPERIENCE CERTIFICATE

It is certified that, Dr. Anagha Shete his working on ad-hoc / temporary / regular teacher in fulltime capacity at Dr. D. Y. Patil Dental College & Hospital, Pimpri, Pune as a Lecturer in Department of Oral Medicine & Radiology.

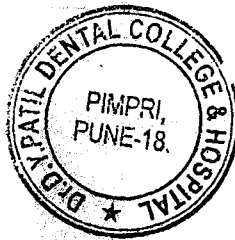
His / her experience in the said College / Institute is as under:

S. N.	Post	Subject	Experience	
			From	To
1	Lecturer	Oral Medicine & Radiology	05.09.2011	Till date

This certificate is given as per his / her request.

Date : 12/1/2016

Place: Pimpri, Pune-18



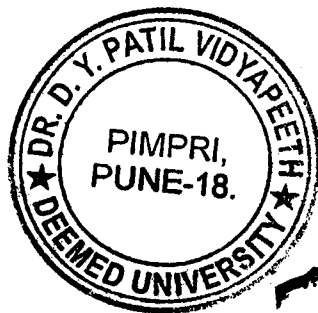
Dr. Deepak G. Kulkarni
Dean

(Space shall be used for certification by concerned University only)

Date: 12-01-2016

Place: Pimpri, Pune-18

Certified By:



Dr. A. N. Suryakar
Registrar

Principal
Bhagrathi Institute of Nursing
SATARA

Dr. Deepak G. Kulkarni
Dean

Dr. P. D. Patil
President

Ref. No. : DYPDCH/EST/1206/2016


Date : 04/02/2016

EXPERIENCE CERTIFICATE

This is to certify that Dr. Anagha Shete was working as “**Lecturer**” in Oral Medicine & Radiology Department at Dr. D. Y. Patil Dental College & Hospital, Pimpri, Pune-18 from 05.09.2011 To 30.01.2016.

This certificate is issued on her request.




(Dr. Deepak G. Kulkarni)
Dean

Copy to:

- 1) Dr. Anagha Shete
- 2) Personal File

Dr. Deepak G. Kulkarni
Dean

Dr. P. D. Patil
President

Ref. No. : DYPDCH/EST/1207/2016

Date : 04/02/2016

RELIEVING ORDER

Dr. Anagha Shete was working as “Lecturer” in Oral Medicine & Radiology Department at Dr. D. Y. Patil Dental College & Hospital, Pimpri, Pune-18 from 05.09.2011 To 30.01.2016 A.N.

She was relieved from this institute on 30.01.2016 A.N.



Deepak G. Kulkarni
(Dr. Deepak G. Kulkarni)
Dean

Copy to:
Dr. Anagha Shete



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, Nashik

(An ISO 9001:2008 Certified University)

दिंडोरी रोड, म्हसळ, नाशिक - ४२३००४ / Dindori Road, Mhasrul, Nashik - 422004

Tel : (0253) 2539192 / 198, Fax : (0253) 2539195

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

शि. द. कंडेकर

कक्ष अधिकारी

शैक्षणिक विभाग (दंत विद्याशाळा)

S. D. Kandekar

Section Officer

Academic Section (Dental Faculty)

No. MUHS/UG/E-2/53/2207/2759/2016

Date: 25/04/2016

To,

The Principal,

D Y Patil Dental School,

D Y Patil Knowledge City,

Charholi Bk, Via Lohegaon

Dist. Pune - 412 105.

Sub.: Approval to the appointment(s) of teacher(s)...

Ref.: 1. Your letter No. DYPDS/640 Dated 02/02/2016.

2. University Letter no. MUHS/UG/E-2/53/2207/312/2016 dated 24/02/16

3. Your letter No. DYPDS/117 dated 03/03/2016.

Sir / Madam,

With reference to the above cited subject, I am directed to inform you that, Hon'ble Vice-Chancellor is pleased to grant approval to the appointment(s) of following teacher(s) as indicated below:

Sr. No	Subject	Name of the Teacher(s)	Post	Status of Approval
1.	Periodontology	Dr. Rakesh Mutha	Reader	w.e.f. 28/01/2016 for <u>one year</u> only, against SC category
2.	Oral & Medicine Radiology	Dr. Anagha Shete	Reader	w.e.f. 28/01/2016
3.	Public Health Dentistry	Dr. Madhuri Sonawane	Lecturer	w.e.f. 28/01/2016
4.	---	Dr. Pravina Prakash Kulkarni	Tutor	w.e.f. 28/01/2016
5.	---	Dr. Dipti D. Vaidya (Oswal)	Tutor	w.e.f. 28/01/2016
6.	---	Dr. Pratibha Singh Oswal	Tutor	w.e.f. 28/01/2016
7.	Anatomy	Dr. Makarand Apte	Reader	w.e.f. 28/01/2016
8.	Physiology	Dr. Gauri Apte (Seema Kulkarni)	Reader	w.e.f. 28/01/2016
9.	Biochemistry	Dr. Arti Hajarnavis	Reader	w.e.f. 28/01/2016
10.	Microbiology	Dr. Swati Joshi (Banerjee)	Reader	w.e.f. 28/01/2016

Kindly note that, the approval to the said appointments are subject to successful completion of at least one Medical Education Technology (MET) workshop conducted by the University within the period of one year from the date of approval, failing to which the approval granted shall automatically stands cancelled as per clause No. 9.2.8 of University Direction No. 02/2014.

You are requested to hand over photo copy of this letter to concerned teacher.

Yours,

D.Y.PATIL DENTAL SCHOOL
INWARD / OUTWARD


Section Officer

Copy to: I/c, Academic Section (PG), MUHS, Nashik
NO.....
DATE.....
Vacademic28VF28-201657_Teacher Approval2207SSC 28.01.2016/E. Let 28.01.2016.doc

D.Y.PATIL DENTAL SCHOOL
INWARD / OUTWARD

- 8 -

Appendix - V

Acceptance of the Appointment

Dr. Anagha Shet

From:

(Full Resi. Add.)

Date : 28/01/2016

To,

The Dean
Ajeenkya D.Y. Patil Dental School

Subject : Acceptance of the Appointment

Reference : Your appointment order No. DYPDS/07/ dated 28/01/2016

Sir/Madam,

I have received the above cited appointment order on 28/01/2016 and hereby declares that I am accepting the same. I shall join as early as possible or as soon as I have been relieved from my present employer.

Yours faithfully,

(Anagha Shet)

Appendix - VI

Joining Report

Dr. Anagha Shet

From:

(Full Resi. Add.)

Date : 02/02/2016

To,

The Dean
Ajeenkya D.Y. Patil Dental School

Subject : Joining Report

Reference : Your appointment order No. DYPDS/07/ dated 28/01/2016

Sir/Madam,

I have received the above cited appointment order on 28/01/2016. I am accepting the same and joining to the post of Reader... in the subject of OMDR w.e.f. 02/02/2016. (before noon/afternoon) and I am aware that my appointment is subject to the approval from the University.

Yours faithfully,

(Anagha Shet)

Note: The appointing authority should endorsed the remarks as "Allowed to join" on the joining report and sign the same with seal of the College.

(Please provide Copy to the concerned employee.)

Handwritten signature



Copies of PG Guideship letters for year 2021-2022



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

Maharashtra University of Health Sciences, Nashik

वली - दिंडोरी रोड, भुसंडा, नाशिक - ४२२००४, Yashwantrao Road, Bhuseda, Nashik - 422004

Tel.: (0253)-6659192/6659239 Student Helpline : (0253) 2539111/6659111

Web.: www.muhs.ac.in E-mail : academic1@muhs.ac.in

डॉ. कलिदास द. चव्हाण

एन.टी.डी.ए.ए. (व्यावसायिक) पीएच.डी.सी.एसी.

कुलसचिव

Dr. Kalidas D. Chavan

M.B.B.S., M.D.(Forensic Medicine) Ph.D., D.Sc

Registrar

Dir No: MUHS/E-2/UG/112106/3154/2021

Date: 18/11/2021

To

The Principal,

D Y Patil Dental School, D Y patil Knowledge City,

Charholi Bk, Via Lohegaon,

Pune-412 105

Sub:- Recognition as Post-Graduate Teacher.

- Ref- 1) University Direction No.01/2017 dated 13/04/2017.
 2) Your College letter No. DYPDS/1664 dated 26/06/2021
 3) University letter no MUHS/E2/UG&PG/1908/2021 dated 23/06/2021
 4) Your College letter No. DYPDS/1798 dated 20/09/2021
 5) College Email dated 10/11/2021 & 11/11/2021

Sir / Madam,

With reference to the subject cited above, I am directed to inform you that, the proposal of Recognition as Post-Graduate Teacher of the following teacher(s) has been considered by the University subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree Course(s) in the subject mentioned against his/ her/ their name.

Sr. No.	Subject	Name of the Teacher	Designation	Status of PG recognition
1.	Conservative Dentistry and Endodontics	Dr. Nandita Rohit Agrawal	Professor	w.e.f. 26/06/2021 & onwards
2.	Conservative Dentistry and Endodontics	Dr. Kiran Keswani	Reader	w.e.f. 26/06/2021 & onwards

Kindly note that the recognition granted by the University is valid till the above said teacher is in the services of the said PG teaching Institute/College or attains the age of superannuation, whichever happens earlier.

The above teacher(s) is/are required to attend the Research Methodology Workshop conducted by Regional Center, Pune of this University or any other center authorised by the University and also submit the documents regarding publishing minimum one publication in case of Reader and two publication in case of Professor published in the National/international indexed journal within the period of one year, failing which, the recognition issued shall stand automatically cancelled, which may please be noted.

You are requested to handover the copy of letter to the concerned teacher(s) for further necessary action.

Registrar

Copy to: 1. Concern Teacher.

2. The Controller of Examinations, MUHS, Nashik

Note: In case, if it is found at later stage that information furnished in Post Graduate Recognition form by the teacher concerned is incorrect, PG Recognition/UG approval granted by the University will stand cancelled.

D.Y.PATIL DENTAL SCHOOL

INWARD / OUTWARD

NO. DYPDS/1969

DATE: 03/12/2021



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
Maharashtra University of Health Sciences, Nashik

वनी - दिंडोरी रोड, महाराष्ट्र, नाशिक - ४२२००६ Vani-Dindori Road, Maharashtra, Nashik-422006

Tel: (0253) 6659192/6659239 Student Helpline: (0253) 2539111/6659111

Web.: www.muhs.ac.in E-mail: academic1@muhs.ac.in

डॉ. कलिदास द. चव्हाण

एम बी बी एस, एम डी (व्यापकचिकित्सा) पीएच डी, डी एस्सी

कुलसचिव

Dr. Kalidas D. Chavan

MBBS, MD (Forensic Medicine) Ph.D, D.Sc.

Registrar

Out No.: MUHS/E-2/UG/112106/2802/2021

Date: 13/10/2021

To

The Principal,

D Y Patil Dental School, D Y patil Knowledge City,

Charholi Bk, Via Lohagaon,

Pune-412 105

Sub:- Recognition as Post-Graduate Teacher.

- Ref:-
- 1) University Direction No.01/2017 dated 13/04/2017.
 - 2) Your College letter No. DYPDS/1664 dated 26/06/2021
 - 3) University letter no MUHS/E2/UG&PG/1908/2021 dated 23/06/2021
 - 4) Your College letter No. DYPDS/1798 dated 20/09/2021
 - 5) University letter no MUHS/E2/UG/113102/2733/2021 dated 04/10/2021

Sir / Madam,

With reference to the subject cited above, I am directed to inform you that, the proposal of Recognition as Post-Graduate Teacher of the following teacher(s) has been considered by the University subject to the terms and conditions of appointment order for imparting instructions to the Post Graduate Degree Course(s) in the subject mentioned against his/ her/ their name.

Sr. No.	Subject	Name of the Teacher	Designation	Status of PG recognition
1.	Orthodontics & Dentofacial Orthopedics	Dr. Sandeep Atmaramji Jetha	Professor	w.e.f. 24/09/2021 to 23/09/2022 only
2.	Orthodontics & Dentofacial Orthopedics	Dr. Varsha Vasudev Merani	Reader	w.e.f. 24/09/2021 to 23/09/2022 only
3.	Orthodontics & Dentofacial Orthopedics	Dr. Shailesh Babarao Dongare	Reader	w.e.f. 26/06/2021 to 06/04/2023 only
4.	Pediatric Dentistry	Dr. Pritesh Namdeo Gawali	Reader	w.e.f. 26/06/2021 to 06/04/2023 only
5.	Conservative Dentistry and Endodontics	Dr. Jayakumar Appasaheb Patil	Reader	w.e.f. 26/06/2021 to 06/04/2023 only
6.	Conservative Dentistry and Endodontics	Dr. Vinod Annappa Kambli	Reader-	w.e.f. 26/06/2021 to 06/04/2023 only

D.Y.PATIL DENTAL SCHOOL
INWARD / OUTWARD

NO. DYPDS/1955
DATE: 08/11/2021

[Signature]

Copies of to be eligible PhD

Guide-ship letters for year 2021-2022



KARNATAK UNIVERSITY, DHARWAD

ಕರ್ನಾಟಕ ವಿಶ್ವವಿದ್ಯಾಲಯದ ಕುಲಾಧಿಪತಿ, ಕುಲಪತಿ ಹಾಗೂ ಸಿನೇಟ ಸದಸ್ಯರಾದ ನಾವು

We, the Chancellor, Vice-Chancellor and Members of the Senate of the Karnataka University certify that

ಶಿ.ಗ್ಲಿ ಆನಂದ ಲಿಂಗಾಚಾರ್ಯ

ಕೆ.ಎಲ್.ಇ.ಎಸ್. ಇನ್ಸ್ಟಿಟ್ಯೂಟ್ ಆಫ್ ಡೆಂಟಲ್ ಸೈನ್ಸೆಸ್ ಲಿಮಿಟೆಡ್, ಬೆಂಗಳೂರಿನಲ್ಲಿ ಇವರು ಸಂಬಂಧಿಸಿದ ಸ್ನಾತಕೋತ್ತರ ಪದವಿ ಪರೀಕ್ಷೆಯನ್ನು ಫೆಬ್ರವರಿ ೧೯೯೫ ರಲ್ಲಿ ಸಾಮಾನ್ಯ ವರ್ಗದಲ್ಲಿ ಉತ್ತೀರ್ಣರಾದ ನಿಮಿತ್ತ ಇವರಿಗೆ

Shigli Anand Lingaraj of

K. L. E. S. Institute of Dental Sciences Bangalore having been examined in February 1995 and placed in the Pass Class, the Post-graduate Degree of

ಮಾಸ್ಟರ್ ಆಫ್ ಡೆಂಟಲ್ ಸರ್ಜರಿ

(ಪೀಡೋಡಾಂಟಿಕ್ಸ್ ಪ್ರೆವೆಂಟಿವ್ ಡೆಂಟಿಸ್ಟ್ರಿ)

MASTER OF DENTAL SURGERY

(Pedodontics & Preventive Dentistry)

ಪದವಿ ಪ್ರದಾನವನ್ನು ಧಾರವಾಡ ದಲ್ಲಿ ಒಂದು ಸಾವಿರದಾ ಒಂಬತ್ತನೂರಾ ತೊಂಬತ್ತಾರನೆಯ ಜನವರಿ ಇನ್ನೆತ್ತಾರನೆಯ ಅಧಿಕೃತಗೊಳಿಸಿದ್ದೇವೆ.

has been conferred on him at **Dharwad**, on the twentyfourth day of the month of **January** in the year one thousand nine hundred ninety five

ಈ ವಿಶ್ವವಿದ್ಯಾಲಯದ ಮುದ್ರೆ ಮತ್ತು ಕುಲಪತಿಯವರ ರುಜುಗಳಿಂದ ಇದನ್ನು ಪ್ರಮಾಣೀಕರಿಸಲಾಗಿದೆ.

In Testimony whereof are set the Seal of the said University and the Signature of the said Vice-Chancellor.

ಕುಲಪತಿ Vice-Chancellor



KARNATAK UNIVERSITY, DHARWAD

ಕರ್ನಾಟಕ ವಿಶ್ವವಿದ್ಯಾಲಯದ ಕುಲಾಧಿಪತಿ, ಕುಲಪತಿ ಹಾಗೂ ಸಿನೇಟ ಸದಸ್ಯರಾದ ನಾವು

We, the Chancellor, Vice-Chancellor and Members of the Senate of the
Karnatak University certify that

ಕಮಲಜೀತ ಸಲೂಜಾ

ಕೆ ಎಲ್ ಇ ಎಸ್ ಇನ್ಸ್ಟಿಟ್ಯೂಟ್ ಆಫ್ ಡೆಂಟಲ್ ಸೈನ್ಸಸ್ ಬೆಂಗಳೂರು ಒಳಿತಿಗೊಂಡ
ಇವರು ಸಂಬಂಧಿಸಿದ ಸ್ನಾತಕೋತ್ತರ ಪದವಿ ಪರೀಕ್ಷೆಯನ್ನು ಫೆಬ್ರವರಿ ೧೯೯೭ ರಲ್ಲಿ

ಸಾಮಾನ್ಯ ವರ್ಗದಲ್ಲಿ ಉತ್ತೀರ್ಣರಾದ ನಿಮಿತ್ತ ಇವರಿಗೆ

Kamaljeet Saluja

of

K. L. E. S. Institute of Dental Sciences Bangalore.
having been examined in February 1996 and placed in the

Pass Class, the Post-graduate Degree of

ಮಾಸ್ಟರ್ ಆಫ್ ಡೆಂಟಲ್ ಸರ್ಜರಿ

(ಪ್ರೋಥೋಡಾಂಟಿಕ್ಸ್)

MASTER OF DENTAL SURGERY

(Prosthodontics)

ಪದವಿ ಪ್ರದಾನವನ್ನು ಧಾರವಾಡ ದಲ್ಲಿ ಒಂದು ಸಾವಿರದ ಒಂಬತ್ತನೂರಾ ತೊಂಬತ್ತೇಳನೆಯ
ಫೆಬ್ರವರಿ ಹದಿನೇಳರಂದು ಅಧಿಕೃತಗೊಳಿಸಿದ್ದೇವೆ.

has been conferred on her at Dharwad, on the seventeenth day of the
month of February in the year one thousand nine hundred ninety-seven.

ಈ ವಿಶ್ವವಿದ್ಯಾಲಯದ ಮುದ್ರೆ ಮತ್ತು ಕುಲಪತಿಯವರ ರುಜುಗಳಿಂದ ಇದನ್ನು ಪ್ರಮಾಣೀಕರಿಸಲಾಗಿದೆ.

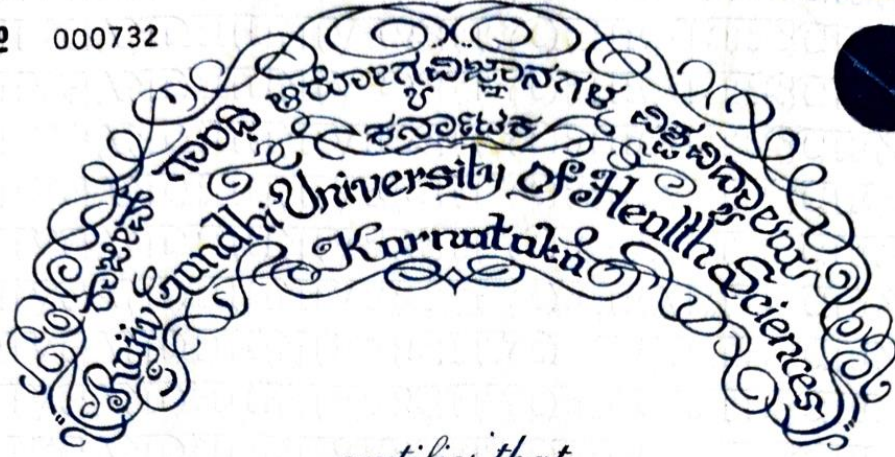
In Testimony whereof are set the Seal of the said University and
the Signature of the said Vice-Chancellor.


ಕುಲಪತಿ Vice-Chancellor

Scanned by CamScanner

Scanned by CamScanner

No 000732



certifies that

DR. GIRISH N BYAKOD

ಅವರು

ಯಥಾಯೋಗ್ಯವಾಗಿ ಈಗಾಗಲೇ ಪ್ರವೇಶ ಪಡೆದಿರುವರೆಂದು ದೃಢೀಕರಿಸುತ್ತಾ

has been duly admitted to the Degree of

M.D.S. - PERIODONTICS

ಪದವಿಗೆ ಅಗತ್ಯವಾದ ಅರ್ಹತೆಗಳನ್ನು ಪೂರೈಸಿ ಪರಿಗಣಿತವಾಗಿರುವ ಕಾರಣ

in recognition of the fulfilment of requirements

ಮೇಲೆ ಕಾಣಿಸಿದ ಪದವಿಗೆ ಅವರನ್ನು ಅಧಿಕಾರವಾಗಿ ರಿಸಲಾಗಿದೆ. ಆ ಪದವಿಯ ವಿವರಗಳು ಹೀಗಿವೆ

for the said degree as follows

ಪರೀಕ್ಷೆಯ ವರ್ಷ :

Year of Examination :

SEPTEMBER 1999 EXAMINATION

ಪಡೆದ ವರ್ಗ :

Class :

PASS

ವಿಶ್ವವಿದ್ಯಾಲಯದ ಅಧಿಕಾರ ಮುದ್ರೆಯೊಡನೆ ನೀಡಲಾಗಿದೆ.

Given under the seal of the University



ಬೆಂಗಳೂರು

Bangalore :

ದಿನಾಂಕ

Date : 20-03-2000

ಕುಲಪತಿ

Secretary

Vice-Chancellor

ಕ.ಸಂ. ೦೦೨೫೨೦



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ
ಕರ್ನಾಟಕ
RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
KARNATAKA



ಡಾ|| ಕರಿಬಸಪ್ಪ ಜಿ ಎನ್
ರವರು, ಸ್ನಾತಕೋತ್ತರ ಪದವಿಗೆ ಯಥಾ ಯೋಗ್ಯವಾದ ಅವಶ್ಯಕತೆಗಳನ್ನು
ಏಪ್ರಿಲ್ ೨೦೦೫ ರ ಪರೀಕ್ಷೆಯಲ್ಲಿ ಪೂರೈಸಿರುವುದನ್ನು ದೃಢೀಕರಿಸುತ್ತಾ
ಮಾಸ್ಟರ್ ಆಫ್ ಡೆಂಟಲ್ ಸರ್ಜರಿ (ಕಮ್ಯುನಿಟಿ ಡೆಂಟಿಸ್ಟ್ರಿ)
ಸ್ನಾತಕೋತ್ತರ ಪದವಿಯನ್ನು ಕುಲಾಧಿಪತಿ, ಸಮಕುಲಾಧಿಪತಿ, ಕುಲಪತಿ ಹಾಗೂ ಸೆನೆಟ್ ಮತ್ತು ಸಿಂಡಿಕೇಟ್ ಸದಸ್ಯರುಗಳಾದ
ನಾವು ಡಿಸೆಂಬರ್ ೨೦೦೬ ರಂದು ನಡೆದ ೮ ನೇ ಘಟಿಕೋತ್ಸವದಲ್ಲಿ
ವಿಶ್ವವಿದ್ಯಾಲಯದ ಅಧಿಕಾರ ಮುದ್ರೆಯೊಡನೆ ಪ್ರದಾನ ಮಾಡಿದ್ದೇವೆ.

*We, the Chancellor, the Pro-chancellor, the Vice-Chancellor and the
members of the Senate and the Syndicate Confer*

MASTER OF DENTAL SURGERY (COMMUNITY DENTISTRY)

on

Dr. KARIBASAPPA G N

in recognition of fulfillment of the requirements for the said

Post Graduate Degree in the examination held during APRIL 2005

Given under the seal of the University, in the

8th convocation held on 3rd March 2006

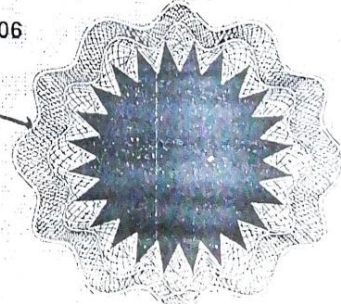


P. S. N.
Vice-Chancellor



Bangalore

Date : 03/03/2006





*We, the Chancellor,
the Vice Chancellor and
Members of the Management Council
and the Academic Council of the
University of Pune certify that*

Jethe Sandeep Atmaramji

Mother's Name :

*Dr. D. Y. Patil Dental College & Hospital,
Pimpri, Pune*

*having been examined and found duly
qualified for the degree of*

Master In Dental Surgery

(Branch : Orthodontics)

in April 2008

The said degree has been conferred on him.

*In testimony whereof is set
the seal of the said University.*

**University
Of
Pune**

(Formerly
University of Poona)



**पुणे
विद्यापीठ**

आम्ही, पुणे विद्यापीठाचे कुलपति,
कुलगुरु आणि
व्यवस्थापन परिषद
व विद्या परिषद सदस्य,
प्रमाणित करितो की,

जेठे संदीप आत्मारामजी

आईचे नांव:

हे डॉ. डी. वाय. पाटील डेन्टल कॉलेज अँड
हॉस्पिटल पिंपरी, पुणे

येथून

एप्रिल २००८

मध्ये

दंत शल्यशास्त्र निष्णात

(शाखा :दंत व्यंगोपचार शास्त्र)

पदवी परीक्षा उत्तीर्ण झाल्याबद्दल त्यांना ही पदवी
प्रदान करण्यात येत आहे.

याची संपूर्ण म्हणून विद्यापीठाची अधिकृत मुद्रा
अंकित करण्यात येत आहे.

MAHARASHTRA UNIVERSITY OF
HEALTH SCIENCES, NASHIK

We, the Chancellor, the Pro-Chancellor, the
Vice-Chancellor, the Members of the
Management Council and the Academic Council
of the Maharashtra University of Health
Sciences, Nashik, certify that

Shri / Smt. PRADEEP SHETTY

of Dr.D.Y.Patil Dental College & Hospital,
Pimpri, Pune

having been examined and found duly qualified
for the

*Master of Dental Surgery In
Conservative Dentistry*

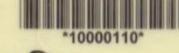
in June-2009
the said Degree has been conferred on him/her.
In testimony whereof is set the seal of the said
University.

PRN 2809114658
20th May 2010

Nilima Kohirsaagar
VICE-CHANCELLOR



महाराष्ट्र आरोग्य
विज्ञान विद्यापीठ, नाशिक



आम्ही, महाराष्ट्र आरोग्य विज्ञान विद्यापीठाचे
कुलपति, प्रकुलपति, कुलगुरु, व्यवस्थापन
परिषद व विद्यापरिषद सदस्य प्रमाणित करतो
की,

पिंपरी, पुणे येथील पद्मश्री डॉ.डी.वाय.
पाटील दंत महाविद्यालय व रुग्णालया
चे/च्या

प्रदीप शेट्टी

हे/हया जुन-२००९ मध्ये

दंत शल्य शास्त्र

परीक्षा उत्तीर्ण झाल्याबद्दल त्यांना ही पदवी
प्रदान करण्यात येत आहे.

याची साक्ष म्हणून विद्यापीठाची अधिकृत मुद्रा
येथे अंकित करण्यात येत आहे.

निळीमाभीरसागर
कुलगुरु

DPU
Dr. D. Y. Patil Vidyapeeth
Pune (India)
(Deemed University)
(Under Section 3 of the UGC Act, 1956)



*We, the Chancellor,
the Vice-Chancellor,
the Members of the Board of Management and of the
Academic Council of Dr. D. Y. Patil Vidyapeeth, Pune certify that*

Shete Anagha Vishweshwar

[Student of Dr. D. Y. Patil Dental College & Hospital, Pimpri, Pune]

*having been examined and found duly qualified for
the degree of*

Master of Dental Surgery
(Oral Medicine & Radiology)

in May 2011.

*The said degree has been conferred on her at the
Third Convocation held on Nineth June Two Thousand Twelve.*

In testimony whereof is set the seal of the said University.


Vice Chancellor
08/06/2014




Chancellor

DPU

Dr. D. Y. Patil Vidyapeeth

Pune (India)

(Deemed to be University)

(Under Section 3 of the UGC Act, 1956)



*We, the Chancellor, the Vice-Chancellor,
the Members of the Board of Management and the Academic Council
of Dr. D. Y. Patil Vidyapeeth, Pune certify that*

Pradeep Shetty

*having been examined and found duly qualified for
the degree of*

Doctor of Philosophy

(Conservative Dentistry and Endodontics - Faculty of Dentistry)

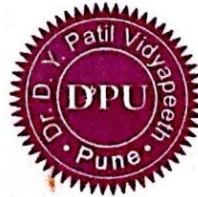
*(Effect of Diabetes Mellitus (Type II) on Inflammatory and Structural Components of
Dental Pulp)*

*The said degree has been conferred on him at the
Tenth Convocation held on Thirteenth April Two Thousand Nineteen.*

In testimony whereof is set the seal of the said University.

Pawar

Vice Chancellor



Patil

Chancellor

Scanned with CamScanner

Scanned by CamScanner

DPU

Dr. D. Y. Patil Vidyapeeth

Pune (India)

(Deemed to be University)
(Under Section 3 of the UGC Act, 1956)



*We, the Chancellor, the Vice-Chancellor,
the Members of the Board of Management and the Academic Council
of Dr. D. Y. Patil Vidyapeeth, Pune certify that*

Anagha Shete

*having been examined and found duly qualified for
the degree of*

Doctor of Philosophy

(Oral Medicine and Radiology - Faculty of Dentistry)

*(Evaluation of the Efficacy of Oxone Therapy Against Conventional Corticosteroids for
The Management of Oral Lichen Planus)*

*The said degree has been conferred on her at the
Tenth Convocation held on Thirteenth April Two Thousand Nineteen.*

In testimony whereof is set the seal of the said University.



Vice Chancellor





Chancellor



D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Ref: No. DYPDS/AL/AS/300617

Date: 30/06/2017

Appointment Order

To:
Dr. Anand Shigli
Flat-801, Park Spring,
Kharwal Road, Lohegaon, 411047

Sub: Appointment to the post of Principal
at D Y Patil Dental School

Dear Dr. Shigli,

With Reference to your application and subsequent interview held for the above post, the management is pleased to inform you that you are hereby appointed on the post of **Principal** at D Y Patil Dental School, Dr D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune 412105.

The Terms and Condition of your appointment are as follows:

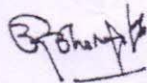
1. Your appointment is on probation for period of one year from the date of your joining. Your services are likely to be discontinued by the management if your services are not found satisfactory by giving three month's notice on either side or three month's pay, in lieu of the notice period.
2. You are appointed in the pay scale of Rs. 18400-500-22400 with starting consolidated pay of Rs. 1,60,000 (Rs One lac Sixty Thousand) per month in the time scale. On successful completion of probation period of one year your services may be confirmed subject to your satisfactory performance and conduct and approval by regulatory bodies (DCI, MUHS).
3. Your appointment on probation shall be deemed to be confirmed after satisfactory completion of probation period and unless there is any adverse communication order/ order of extension of probation.
4. Your appointment is on Full time basis and your normal daily duty Hours shall be as decided / prescribed by the Competent Authority. However, the working hours shall be flexible depending upon the exigencies of services at the discretion of the Management.
5. Your appointment shall be terminated automatically, if it is proved that the information given by you in your application is false and or a Degree / any other certificate/document submitted by you are forged or tampered with.
6. Your service shall be governed by the (a) provision of the Maharashtra University of Health Sciences Act, 1998 and Statutes, Ordinances, Rules, Regulations and Directions framed under it from time to time (b) The Rules, Regulations, Instructions, Directives, Circulars received from Respective central Councils from time to time and (c) The prevailing Rules, Regulations and service conditions framed by the Management of the College and amended / altered from time to time. And you will follow the code of conduct and Professional Ethics prescribed in University Direction No. 2/2012.
7. Your services shall be transferable to any College of the same Management which is affiliated to the Maharashtra University of Health Sciences, Nashik. However, you will work in one College only, at a time.

Received

8. Conducting private tuitions or private coaching classes in any form is strictly prohibited. You are also prohibited from taking any paid assignment or honorary posting outside the College without prior written permission of the Management.
9. Besides taking Lecture, Tutorials and Clinics / Practicals in the department you will be required to participate in the internal and external examination duties of the college and University and it is obligatory on your part to carry out any other responsibilities assigned by the University and Management from time to time.
10. You are also required to undertake the responsibilities in the College / Hospital and any other medical/dental activities which are conducted by the college in the relation to the patient care, student care and that of academic nature, related to professional Pursuits, and also take part in Administrative task related to College and Hospital and shall have to strive to maintain dignity and standard of the college and Institute.
11. You will have to undergo the Medical Examination by the authorized Medical Officer or by the Civil Surgeon of the concerned District as per rules.
12. The management can also seek the Antecedent Character Report from the police authority.
13. Prior to this appointment, if you have been serving in any College / Recognized Institution, you will be allowed to join only after submission of your resignation and relieving letter from the concerned College.
14. Your appointment is subject to the approval from Maharashtra University of Health Sciences, Nashik. If your appointment for the said post is not approved by the university your services shall be terminated forthwith or if you so desire and the Management is agree to continue you on the unapproved post you will be allowed to continue in the service with your written consent. The terms and conditions of such appointment shall be as decided by the Management and accepted by you. You are required to submit duly signed, "Deed of Contract" in a prescribed format.

If you are voluntarily accepting the appointment with abovementioned terms and conditions, you are required to give your acceptance forthwith or within seven days from the date of receipt of this appointment order and join within a stipulated period not later than thirty days. If your acceptance is not received in time or you failed to join within stipulated period, it will be presumed that you are not interested to join the post and this order shall automatically stand cancelled, this may please be noted.

Yours faithfully,



Prof B G Bhandarkar
Director Corporate Relations
Authorized Signatory



Copy to:

1. The Dean: D Y Patil Dental School
(in duplicate 1. For personal File 2. For Accounts Section)
2. Chief Administrative officer
3. Master File





MODERN DENTAL COLLEGE AND RESEARCH CENTRE

Ref. No. MDC/76/2012

Date : August 9, 2012

TO WHOM SO EVER IT MAY CONCERN

This is to certify that Dr. Anand Shigli have been working as Professor & Head in the Department of Pedodontics & Preventive Dentistry from 07-02-2007 to 09-08-2012.

During the above tenure his work and conduct has been found satisfactory.

He has been relieved from his duties on 09-08-2012 (A.N.).

Dean
Modern Dental College &
Research Centre, Indore.





Bharati Vidyapeeth Deemed University, Pune (India)

'A' Grade University Status by MHRD, Govt. of India



DENTAL COLLEGE & HOSPITAL, SANGLI

Founder & Chancellor :

Dr. Patangrao Kadam

M.A., LL.B., Ph.D.

Accredited and Reaccredited with 'A' Grade by NAAC

Sangli-Miraj Road, Sangli-416 414 Tel.: 0233-2601639, 6496777, Fax: 0233-2211324.

E-mail : bvdentalsangli@yahoo.in • Web: <http://dchsangli.bharatividyapeeth.edu>

Principal

Dr. Anand Shigli

M.D.S.

Ref.No.: BVDU / DCH / SANGLI / 604/2017-18

Date : 26/06/2017

EXPERIENCE CERTIFICATE

This is to certify that Dr. Shigli Anand Lingaraj., M.D.S. was working as Principal & Professor in the Department of Pedodontics & Preventive Dentistry at Bharati Vidyapeeth Deemed University Dental College & Hospital Sangli, as shown below:

- **Principal & Professor: From 11.08.2012 to 26.06.2017**

R. Kulkarni

Dr. Kulkarni Rajeev Balwantrao
Dean Bharati Vidyapeeth Deemed University
Medical College & Hospital Sangli





**K. L. E. SOCIETY'S
INSTITUTE OF DENTAL, SCIENCES, BELGAUM.**

(Recognised by Dental Council of India)

**J. N. Medical College Campus Nehrunagar, BELGAUM-590010.
(Karnatak State India)**

ಕೆ.ಎಲ್.ಇ. ಸಂಸ್ಥೆಯ ಇನ್‌ಸ್ಟಿಟ್ಯೂಟ ಆಫ್ ಡೆಂಟಲ್ ಸೈನ್ಸಸ್
ಜೆ. ಎನ್. ಮಡಕಲ್ ಕಾಲೇಜ್ ಆವರಣ, ನೆಹರುನಗರ, ಬೆಳಗಾವಿ-೫೯೦೦೧೦.

KLES/DENT/EST/2469/06.

Date: 30-12-2006.

EXPERIENCE CERTIFICATE

This is to certify that, Dr.A.L.Shigli , M.D.S. is working in this Institution in the Department of Pedodontics, the details are as follows:

Designation	Period
Lecturer / Assistant Professor	15-05-1995 to 30-06-1998
Reader	01-07-1998 to 13-09-2000
Associate Professor	14-09-2000 to 14-05-2003
Professor	15-05-2003 to till date.

His work and conduct has been found to be satisfactory.




Principal,

Institute of Dental Sciences, Belgaum

Acceptance of the Appointment

Appendix - V

Dr. Anand Shigli

Flat No. 801, Lohu
From: Park Spring, Poreu
(Full Resl. Add.) Road, Lohgeon
Date: 30/8/17

To,

D.Y. Patel Dental
School, Lohgeon

Subject : Acceptance of the Appointment

Reference : Your appointment order No. DYPDS/AL/AS/300617 dated 30/06/17

Sir/Madam,

I have received the above cited appointment order on 30/06/17 and hereby declares that I am accepting the same. I shall join as early as possible or as soon as I have been relieved from my present employer.

Yours faithfully,

(Signature)

Joining Report

Appendix - VI

Dr. Anand Shigli

Flat No. 801, Lohu
From: Park Spring, Poreu
(Full Resl. Add.) Road, Lohgeon
Date: 30/6/17

To,

D.Y. Patel Dental Lohgeon
School. Subject : Joining Report

Reference : Your appointment order No. DYPDS/AL/AS/300617 dated 30/6/17

Sir/Madam,

I have received the above cited appointment order on 30/6/17. I am accepting the same and joining to the post of Principal in the subject of w.e.f. 30/6/17 (before noon/afternoon) and I am aware that my appointment is subject to the approval from the University.

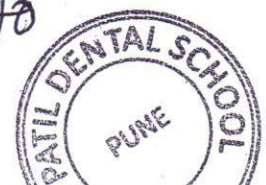
Yours faithfully,

(Signature)

Note: The appointing authority should endorsed the remarks as "Allowed to join" on the joining report and sign the same with seal of the College.

(Please provide Copy to the concerned employee.)

Allowed to join





K. L. E. SOCIETY'S
INSTITUTE OF DENTAL SCIENCES
(RECOGNISED BY DENTAL COUNCIL OF INDIA)
J. N. M. C. Campus, Nehrunagar, Belgaum-590 010.
Karnataka State, (India)

Phones :
Office : 0831-2470362,
0831-2473777 (16 Lines)
(R) : 0831-2472352
Fax : 0831-2470640

ಕೆ. ಎಲ್. ಇ. ಸಂಸ್ಥೆಯ ಇನ್‌ಸ್ಟಿಟ್ಯೂಟ ಆಫ್ ಡೆಂಟಲ್ ಸೈನ್ಸಿಸ್
ಜೆ. ಎನ್. ಮೆಡಿಕಲ್ ಕಾಲೇಜ್ ಆವರಣ, ನೆಹರುನಗರ, ಬೆಳಗಾವಿ-೫೯೦೦೧೦.

Ref. No. KLES/DENT : 2680 / 06.

Date : 06-02-2007.

RELIEVING ORDER:

With reference to his resignation letter dated 02-02-2007,
Dr. Anand L. Shigli, M.D.S., Professor, Department of Pedodontics, is
hereby informed that, he is relieved from his duties in this Institution on
06-02-2007, after office hours.



Shas
Principal,
Institute of Dental Sciences,
Belgaum.

To
Dr. Anand L. Shigli,
Professor,
Dept. of Pedodontics,
Institute of Dental Sciences,
BELGAUM.



Bharati Vidyapeeth Deemed University, Pune (India)

'A' Grade University Status by MHRD, Govt. of India



DENTAL COLLEGE & HOSPITAL, SANGLI

Accredited and Reaccredited with 'A' Grade by NAAC

Founder & Chancellor :

Dr. Patangrao Kadam

M.A.,LL.B.,Ph.D.

Principal

Dr. Anand Shigli

M.D.S.

Sangli-Miraj Road, Sangli-416 414 Tel.: 0233-2601639, 6496777, Fax: 0233-2211324.

E-mail : bvdentalsangli@yahoo.in • Web: <http://dchsangli.bharativedyapeeth.edu>

Ref.No.: BVDU / DCH / SANGLI / 603/2017-18

Date : 26/06/2017

RELIEVING ORDER

To

Dr. Shigli Anand Lingaraj.
Principal & Professor
Bharati Vidyapeeth Deemed University
Dental College & Hospital
Sangli

With reference to the order No BV/CO/Admn/Resign/5583/2017-2018, dated 17.06.2017, Dr. Shigli Anand Lingaraj, M.D.S. who was working as Principal & Professor in the Department of Pedodontics & Preventive Dentistry in this institute has been relieved from his duties on 26.06.2017, after office hours.

He has handed over the complete charge of his duties to the undersigned. He has cleared all the college dues before getting relieved.

He has hand over the complete charge of his duties to Dr. Kulkarni Rajeev Balwantrao, Dean, Bharati Vidyapeeth Deemed University Medical College and Hospital, Sangli.

R.B. Kulkarni
Dr. Kulkarni Rajeev Balwantrao
Dean Bharati Vidyapeeth Deemed University
Medical College & Hospital, Sangli



Copy to:

1. The Secretary, Bharati Vidyapeeth, Pune
2. The Registrar, Bharati Vidyapeeth Deemed University, Pune



D Y PATIL DENTAL SCHOOL

Re: No. :- DYPDS/171-A

Date :- 06/07/2017

To,
Dr. Kamal Shigli,
Flat No. 801, Lotus,
Park Spring, Porwal Road,
Lohegaon Pune, 412105.

Sub: Appointment to the post of **Professor & Head** in the Department of **Prosthodontics Crown and Bridge** at D.Y. Patil Dental School, Pune.

Dear, Dr. Kamal,

With Reference to your application and subsequent interview held for the above post, the management is pleased to inform you that you are here by appointed on the post of **Professor & Head** at this institution.

The Terms and Condition of your appointment are as follows:

- 1) Your appointment is on probation for period of two years from the date of your joining. During the period of probation, your services are likely to be discontinued by the Management if your services are not found satisfactory by giving one months' notice on either side or one month's pay, in lieu of the notice period.
- 2) You are appointed in the pay scale of Rs. 16400-450-22400 with Starting pay of Rs.100000/- and Per month in the time scale and Special pay 30000/- Per month. After successful completion of the probation period of one year normally you will be entitled to annual increment subject to your satisfactory performance and conduct and a report thereof from concerned Head of the Department. On successful completion of probation period of two years your services may be confirmed subject to your satisfactory performance and conduct.



D Y PATIL DENTAL SCHOOL

3. Your appointment is on Full time basis and your normal daily duty Hours shall be as decided / prescribed by the Competent Authority. However, the working hours shall be flexible depending upon the exigencies of services at the discretion of the Management.
4. Your appointment shall be terminated automatically, if it is proved that the information given by you in your application is false and or a Degree / any other certificate/document submitted by you are forged or tampered with.
5. Your service shall be governed by the (a) provision of the Maharashtra University of Health Sciences Act, 1998 and Statutes, Ordinances, Rules, Regulations and Directions framed under it from time to time (b) The Rules, Regulations, Instructions, Directives, Circulars received from Respective central Councils from time to time and (c) The prevailing Rules, Regulations and service conditions framed by the Management of the College and amended / altered from time to time. And you will follow the code of conduct and Professional Ethics prescribed in University Direction No.2/2012
6. Your services shall be transferable to any College of the same Management which is affiliated to the Maharashtra University of Health Sciences, Nashik. However, you will work in one College only, at a time.
7. Conducting private tuitions or private coaching classes in any form is strictly prohibited. You are also prohibited from taking any paid assignment or honorary posting outside the College without prior written permission of the Management.
8. Besides taking Lecture, Tutorials and Clinics / Practical's in the department you will be required to participate in the internal and external examination duties of the college and University and it is obligatory on your part to carry out any other responsibilities assigned by the University and college from time to time.
9. You are also required to undertake the responsibilities in the College / Hospital and any other medical activities which are conducted by the college in the relation to the patient care, student care and that of academic nature, related to professional Pursuits, and also take part in Administrative task related to College and Hospital and shall have to strive to maintain dignity and standard of the college and Institute.



D Y PATIL DENTAL SCHOOL

10. You will have to undergo the Medical Examination by the authorized Medical Officer or by the Civil Surgeon of the concerned District as per rules.
11. The management can also seek the Antecedent Character Report from the police authority.
12. Prior to this appointment, if you have been serving in any College / Recognized Institution, you will be allowed to join only after submission of your resignation and relieving letter from the concerned College.
13. Your appointment is subject to the approval from Maharashtra University of Health Sciences, Nashik. If your appointment for the said post is not approved by the university your services shall be terminated forthwith or if you so desire and the Management is agree to continue you on the unapproved post you will be allowed to continue in the service with your written consent. The terms and conditions of such appointment shall be as decided by the Management and accepted by you. You are required to submit duly signed, "Deed Of Contract" in a prescribed format.

If you are voluntarily accepting the appointment with abovementioned terms and conditions, you are required to give your acceptance forthwith or within seven days from the date of receipt of this appointment order and join within a stipulated period not later than thirty days. If your acceptance is not received in time or you failed to join within stipulated period, it will be presumed that you are not interested to join the post and this order shall automatically stand cancelled, this may please be noted.

Yours faithfully,

Dean



Appendix - V

Acceptance of the Appointment

From: Dr. Kamal Singh
(Full Resi. Add.) Flat no. 801, Park Springs
Apartment, Porsal Road,
Date: Pune-411015

To,
Dean, D.Y. Patil Dental
School

Subject : Acceptance of the Appointment

Reference : Your appointment order No. DYPDS/171-A dated 06.07.2017

Sir/Madam,

I have received the above cited appointment order on 06/7/17... and hereby declares that I am accepting the same. I shall join as early as possible or as soon as I have been relieved from my present employer.

Yours faithfully,

(Kamal Singh)

Appendix - VI

Joining Report

From: Dr. Kamal Singh
(Full Resi. Add.) Flat no. 801 Park
Springs Apartment, Porsal
Date: Road Pune 411015

To,
Dean, D.Y. Patil
Dental School

Subject : Joining Report

Reference : Your appointment order No. DYPDS/171-A dated 06.07.2017

Sir/Madam,

I have received the above cited appointment order on 6/7/17... I am accepting the same and joining to the post of Prof. & Head in the subject of PROSTHODONTICS w.e.f. 06th July, 2017 (beforenoon/afternoon) and I am aware that my appointment is subject to the approval from the University.

Yours faithfully,

(Kamal Singh)

Note: The appointing authority should endorsed the remarks as "Allowed to join" on the joining report and sign the same with seal of the College.

(Please provide Copy to the concerned employee.)



[Signature]

Allowed to join.



MODERN DENTAL COLLEGE AND RESEARCH CENTRE

Ref. No. MDC/77/2012

Date : August 9, 2012

TO WHOM SO EVER IT MAY CONCERN

This is to certify that Dr. (Mrs.) Kamal Shigli have been working as Professor in the Department of Prosthodontics from 18-05-2007 to 09-08-2012.

During the above tenure her work and conduct has been found satisfactory.

She has been relieved from her duties on 09-08-2012 (A.N.).

Dean
Modern Dental College &
Research Centre, Indore.





K. L. E. SOCIETY'S
INSTITUTE OF DENTAL SCIENCES
(RECOGNISED BY DENTAL COUNCIL OF INDIA)
J. N. M. C. Campus, Nehrunagar, Belgaum-590 010.
Karnataka State, (India)

Phones :
Office : 0831-2470362,
0831-2473777 (16 Lines)
(R) : 0831-2472352
Fax : 0831-2470640

ಕೆ. ಎಲ್. ಇ. ಸಂಸ್ಥೆಯ ಇನ್‌ಸ್ಟಿಟ್ಯೂಟ ಆಫ್ ಡೆಂಟಲ್ ಸೈನ್ಸೆಸ್
ಬಿ. ಎನ್. ಮೆಡಿಕಲ್ ಕಾಲೇಜ್ ಆವರಣ, ನೆಹರುನಗರ, ಬೆಳಗಾವಿ-೫೯೦೦೧೦.

Ref. No. KLES/DENT : 279 / 07.

Date : 18-05-2007.

EXPERIENCE CERTIFICATE :

This is to certify that, Dr.(Mrs)Kamal A. Shigli, M.D.S.,
has worked in this Institution in the Department of Prosthodontics
as follows:

1. Assistant Professor : 20-04-1998 to 10-08-1999
2. Reader : 11-08-1999 to 10-08-2001
3. Associate Professor : 11-08-2001 to 30-09-2004
5. Professor : 01-10-2004 to 17-05-2007

To the best of my knowledge & record, her work and conduct has
been satisfactory.



(Signature)

Principal,
Institute of Dental Sciences, Belgaum.

To,
Dr.(Mrs)Kamal A. Shigli,
Professor,
Dept. of Prosthodontics,
Institute of Dental Sciences,
BELGAUM.



MODERN DENTAL COLLEGE AND RESEARCH CENTRE

Ref. No. MDC/77/2012

Date : August 9, 2012

TO WHOM SO EVER IT MAY CONCERN

This is to certify that Dr. (Mrs.) Kamal Shigli have been working as Professor in the Department of Prosthodontics from 18-05-2007 to 09-08-2012.

During the above tenure her work and conduct has been found satisfactory.

She has been relieved from her duties on 09-08-2012 (A.N.).

Dean
Modern Dental College &
Research Centre, Indore.





OFFICE OF THE PRINCIPAL

Phone ; Off : 22189

Resi :

Fax ; 08352-52984



Dental College, BIJAPUR-586108
Karnataka, INDIA.

PRINCIPAL

Date 31-07-1998.

No. ADC/130/98-99.

CERTIFICATE

This is to certify that, Dr. Kamaljeet Saluja,
M.D.S. Prosthodontics had served in this Institution
as Assistant Professor in Department of Prosthodontics
for a period from 1-5-1996 till 31-03-1998.

During her period of service, I found her work
satisfactory.

P. Celatdu
31.7.98

Principal,
Al-Ameen Dental College,
BIJAPUR.



Jawahar Medical Foundation's
**Annasaheb Chudaman Patil Memorial
Dental College**

Post Box No. 145
Sahar Road,
Dhule (M.S.) 424001, II

Ph [02562] 277924 20674
Fax [02562] 279924 2027
E-mail : acpmdental@rediffmail.com, 14.com

Ref No: 111 | JMF's ACPMDC/Dhule


Date: 01/02/2019

EXPERIENCE CERTIFICATE

This is to Certified that Dr.Girish Neelkanth Byakod , MDS (Periodontics), is working in the Department of Periodontics. Her total teaching experience is as follows.

TEACHING EXPERIENCE

Designation	Name of Institution	From	To	Total Experience Year-Month-Day
Lecturer	S Njalngappa Institute of Dental Science & Research Guibarga, Karnataka	04/01/2000	09/02/2001	01.01
	KLE. Institute of Dental Sciences Belgaum.	10/02/2001	03/02/2003	02.00
Reader	KLE. Institute of Dental Sciences Belgaum.	04/02/2003	24/06/2005	02.04
	Pravara Institute of Medical Sciences Deemed University, Loni.	28/06/2005	04/02/2008	02.07
Professor	Sinhgad Dental College & Hospital, Pune.	05/02/2008	01/07/2009	01.05
	Bharti Vidyapeeth University Dental College & Hospital Sangh.	07/07/2009	20/07/2010	01.00
	MCES's M.A Rangunwala College of Dental Sciences & Research Centur Pune	21/07/2010	15/06/2017	06.10
	ACPM Dental College, Dhule.	02/04/2018	Till date	00.09


Principal
JMF's A.C.P.M.Dental College,
Dhule.



Post Box No. 145
Sakri Road,
Dhule (M.S.) 424001.

☎ | 02562 | 277924
FAX | 02562 | 279924
E-mail : arpm dental@rediffmail.com.

Ref. No 749/JMF's ACPMDC/Dhule.

Date: 16/5/2016

Jwahir Medical Foundation's Annasaheb Chudaman Patil Memorial Dental College

EXPERIENCE CERTIFICATE

This is to Certified that Dr.Karibasappa G.N., MDS (Public Health Dentistry), was working in the Department of Public Health Dentistry. His total teaching experience is as follows.

TEACHING EXPERIENCE

Designation	Name of Institution	From	To
Reader	A.C.P.M. Dental College, Dhule.	01/03/2011	02/08/2011
Asso.Professor	A.C.P.M. Dental College, Dhule.	03/08/2011	30/06/2014
Professor	A.C.P.M. Dental College, Dhule.	01/07/2014	16/05/2016

Principal
JMF's A.C.P.M. Dental College,
Dhule.

Principal,
JMF's A.C.P.M. Dental College,
DHULE - 424 001, [M.S.]



Bapuji Educational Association*
BAPUJI DENTAL COLLEGE & HOSPITAL

(Recognised by the Dental Council of India, New Delhi)
(Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka, Bengaluru.)



Ref.No.BDC/2010-2011/1292

Date:28-02-2011

CERTIFICATE

This is to certify that, Dr.G.N.Karibasappa, MDS., has worked in this institution in the department of Preventive & Community Dentistry in the following capacities as noted below:-

SL. NOS.	DESIGNATION	FROM	TO
1.	Assistant Professor	01-07-2008	30-06-2009
2.	Reader	01-07-2009	28-02-2011

G. N. Karibasappa
PRINCIPAL
VA

Post Box No. 326, DAVANGERE - 577 004, Karnataka - India
Office Tele. : 08192-220575, 220579 & 220580
Principal Tele Fax : 01-8192-220572
Website : www.bapujidental.edu

Fax : 01-8192-220578
E-mail : principal@bapujidental.edu
bdch@satyam.net.in
Grams : "DENTAL"



SHARAVATHI EDUCATION TRUST (REGD.)



Alkole, T.H. Road, Shimoga - 577204, Karnataka, India. Ph. 0091-08162-250810, 250167 Email : info@sharavathi.org
Reg. Off. No -36, East Park Road, Kumara Park East, Bangalore-1, Phone: 22265321, 22269863, Fax-22265316, Web : www.Sharavathi.Org

4th May 2007

EXPERIENCE CERTIFICATE

This is to certify that Dr. G.N. KARIBASAPPA, MDS., has worked as an Senior Lecturer in Department of Community Dentistry at Sharavathi Dental College & Hospital, Shimoga, from 1st July 2005 to 6th April 2007.

His Character and Conduct was found good during his stay in our Institution.

For SHARAVATHI EDUCATION TRUST,


(H.G. SIDDALINGAIAH)
Hon'ble Secretary.

C.C to The Principal & Office, Shimoga.



ಸಿ.ಎಸ್. ನಿಜಲಿಂಗಪ್ಪ ದಂತ ವಿಜ್ಞಾನ ಸಂಶೋಧನಾ ಕೇಂದ್ರ
 ಸೇದಾ ರಸ್ತೆ - ಗುಲ್ಬರ್ಗಾ - ೫೨೨ ೫೦೨ - ಕರ್ನಾಟಕ
 ಫೋನ್: ೦೮೪೭೨-೨೪೭೭೪೫, ೨೪೫೦೨೮ (ಇಂ) - ಫ್ಯಾಕ್ಸ್: ೦೮೪೭೨-೨೪೫೦೨೮
 Hyderabad Karnatak Education Society's
S.Nijalingappa Institute of Dental Sciences & Research
 Sedam Road, GULBARGA - 5 Ph: 08472-247745 - Principal: 245028
 Fax : 08472-245028 • E-mail : sndcg@hotmail.com

Affiliated to Rajiv Gandhi University of Health Sciences, Bangalore (Karnataka)

Ref. No. HKES / SNDCG / 2008 - 2009/452 Date: 30/6/08

EXPERIENCE CERTIFICATE

This is to certify that **Dr. G.N.Karibasappa,**
M.D.S. has worked in this institution as Sr. Lecturer
 from 07.04.2007 to 30-06-2008 in the department of
 Community Dentistry.


PRINCIPAL



Bapuji Educational Association*
BAPUJI DENTAL COLLEGE & HOSPITAL

(Recognised by the Dental Council of India, New Delhi)
(Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka, Bengaluru.)



Ref.No.BDC/2010-2011/1292

Date:28-02-2011

CERTIFICATE

This is to certify that, Dr.G.N.Karibasappa, MDS., has worked in this institution in the department of Preventive & Community Dentistry in the following capacities as noted below:-

SL. NOS.	DESIGNATION	FROM	TO
1.	Assistant Professor	01-07-2008	30-06-2009
2.	Reader	01-07-2009	28-02-2011

G. N. Karibasappa
PRINCIPAL
VA

Post Box No. 326, DAVANGERE - 577 004, Karnataka - India
Office Tele. : 08192-220575, 220579 & 220580
Principal Tele Fax : 01-8192-220572
Website : www.bapujidental.edu

Fax : 01-8192-220578
E-mail : principal@bapujidental.edu
bdch@satyam.net.in
Grams : "DENTAL"





Post Box No. 145
Sakri Road,
Dhule (M.S.) 424001.

☎ | 02562 | 277924
FAX | 02562 | 279924
E-mail : arpm dental@rediffmail.com.

Jwahir Medical Foundation's Annasaheb Chudaman Patil Memorial Dental College

Ref. No 749/JMF's ACPMDC/Dhule.

Date: 16/5/2016

EXPERIENCE CERTIFICATE

This is to Certified that Dr.Karibasappa G.N., MDS (Public Health Dentistry), was working in the Department of Public Health Dentistry. His total teaching experience is as follows.

TEACHING EXPERIENCE

Designation	Name of Institution	From	To
Reader	A.C.P.M. Dental College, Dhule.	01/03/2011	02/08/2011
Asso.Professor	A.C.P.M. Dental College, Dhule.	03/08/2011	30/06/2014
Professor	A.C.P.M. Dental College, Dhule.	01/07/2014	16/05/2016

Principal
JMF's A.C.P.M. Dental College,
Dhule.

Principal,
JMF's A.C.P.M. Dental College,
DHULE - 424 001, [M.S.]

Acceptance of the Appointment

Appendix - V

Dr. Kasibasa...

From:

(Full Resi. Add.)

Date : 17/5/2016

To,
The Dean
D.Y. Patil Dental School

Subject : Acceptance of the Appointment

Reference : Your appointment order No. DYPDS/161 dated 17/5/2016

Sir/Madam,

I have received the above cited appointment order on 17/5/2016 and hereby declares that I am accepting the same. I shall join as early as possible or as soon as I have been relieved from my present employer.

Yours faithfully,

(Keha)

Joining Report

Appendix - VI

Dr. Kasibasa...

From:

(Full Resi. Add.)

Date : 17/5/2016

To,
The Dean
D.Y. Patil Dental School

Subject : Joining Report

Reference : Your appointment order No. DYPDS/161 dated 17/5/2016

Sir/Madam,

I have received the above cited appointment order on 17/5/2016. I am accepting the same and joining to the post of Professor in the subject of Public Health w.e.f. (before noon/afternoon) and I am aware that my appointment is subject to the approval from the University.

Yours faithfully,

(Keha)

Note: The appointing authority should endorsed the remarks as "Allowed to join" on the joining report and sign the same with seal of the College.

(Please provide Copy to the concerned employee.)

Allowed to Join.
D. R. Sarfwar





D Y PATIL DENTAL SCHOOL

D Y PATIL DENTAL SCHOOL

Ref: No.DYPDS/16\

Date: 17/05/2016

To,
Dr. Karibasappa G.N.

Sub: Appointment to the post of **Professor** in the Department of **Public Health Dentistry**

Dear Dr. Karibasappa,

With Reference to your application and subsequent interview held for the above post, the management is pleased to inform you that you are here by appointed on the post of **Professor** in the subject of **Public Health Dentistry**

The Terms and Condition of your appointment are as follows:

1. Your appointment is temporary for one year from the date of your joining. During the period of your temporary service, you are likely to be discontinued.
2. You are appointed in the pay scale of Rs16400-450-22400 with starting pay of Rs100000/- per month in the time scale. After successful completion of the probation period of one year normally you will be entitled to annual increment subject to your satisfactory performance and conduct and a report thereof from the Dean. On successful completion of probation period of two years your services may be confirmed subject to your satisfactory performance and conduct.
3. Your appointment on probation shall be deemed to be confirmed after satisfactory completion of probation period and unless there is any adverse communication order/ order of extension of probation.
4. Your appointment is on Full time basis and your normal daily duty Hours shall be as decided / prescribed by the Competent Authority. However, the working hours shall be flexible depending upon the exigencies of services at the discretion of the Management.
5. Your appointment shall be terminated automatically, if it is proved that the information given by you in your application is false and or a Degree / any other certificate/document submitted by you are forged or tampered with.



D Y PATIL DENTAL SCHOOL

6. Your service shall be governed by the (a) provision of the Maharashtra University of Health Sciences Act, 1998 and Statutes, Ordinances, Rules, Regulations and Directions framed under it from time to time (b) The Rules, Regulations, Instructions, Directives, Circulars received from Respective central Councils from time to time and (c) The prevailing Rules, Regulations and service conditions framed by the Management of the College and amended / altered from time to time. And you will follow the code of conduct and Professional Ethics prescribed in University Direction No 2/2012
7. Your services shall be transferable to any College of the same Management which is affiliated to the Maharashtra University of Health Sciences, Nashik. However, you will work in one College only, at a time.
8. Conducting private tuitions or private coaching classes in any form is strictly prohibited. You are also prohibited from taking any paid assignment or honorary posting outside the College without prior written permission of the Management.
9. Besides taking Lecture, Tutorials and Clinics / Practicals in the department you will be required to participate in the internal and external examination duties of the college and University and it is obligatory on your part to carry out any other responsibilities assigned by the University and college from time to time.
10. You are also required to undertake the responsibilities in the College / Hospital and any other medical activities which are conducted by the college in the relation to the patient care, student care and that of academic nature, related to professional Pursuits, and also take part in Administrative task related to College and Hospital and shall have to strive to maintain dignity and standard of the college and Institute.
11. You will have to undergo the Medical Examination by the authorized Medical Officer or by the Civil Surgeon of the concerned District as per rules.
12. The management can also seek the Antecedent Character Report from the police authority.
13. Prior to this appointment, if you have been serving in any College / Recognized Institution, you will be allowed to join only after submission of your resignation and relieving letter from the concerned College.



D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

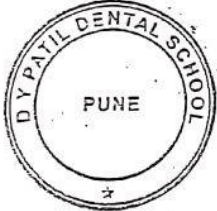
14. Your appointment is subject to the approval from Maharashtra University of Health Sciences, Nashik. If your appointment for the said post is not approved by the university your services shall be terminated forthwith or if you so desire and the Management is agree to continue you on the unapproved post you will be allowed to continue in the service with your written consent. The terms and conditions of such appointment shall be as decided by the Management and accepted by you. You are required to submit duly signed, "Deed Of Contract" in a prescribed format.

If you are voluntarily accepting the appointment with abovementioned terms and conditions, you are required to give your acceptance forthwith or within seven days from the date of receipt of this appointment order and join within a stipulated period not later than thirty days. If your acceptance is not received in time or you failed to join within stipulated period, it will be presumed that you are not interested to join the post and this order shall automatically stand cancelled, this may please be noted.

Yours faithfully,

D. R. Barfiwale.

DEAN





D Y PATIL DENTAL SCHOOL

Affiliated to the Maharashtra University of Health Sciences, Nashik
Recognized by Dental Council of India

Re: DYPDS/2215

Date: 21/03/2022

To,
Dr. Pradeep Shetty
Truptideep, Row House-25
Sukhwani Oasis, Sec 11.
Near Spine Road, Flyover, PCNTDA
Chikhli, Chiinchwad, Pune – 411019

Sub: Appointment to the post of Professor & HOD in the Department of Conservative Dentistry & Endodontics.

Dear Dr. Pradeep,

With Reference to your application and subsequent interview held for the above post, the management is pleased to inform you that you are here by appointed on the post of Professor & HOD in the subject of Conservative Dentistry & Endodontics.

The Terms and Condition of your appointment are as follows:

1. Your appointment is temporary for one year from the date of your joining. During the period of your temporary service, you are likely to be discontinued.
2. You are appointed in the consolidated pay scale of Rs. 1,00,000/- per month in the time scale. After successful completion of the probation period of one year normally you will be entitled to annual increment subject to your satisfactory performance and conduct and a report thereof from concerned Head of the Department. On successful completion of probation period of two years your services may be confirmed subject to your satisfactory performance and conduct.
3. Your appointment on probation shall be deemed to be confirmed after satisfactory completion of probation period and unless there is any adverse communication order/ order of extension of probation.
4. Your appointment is on Full time basis and your normal daily duty Hours shall be as decided / prescribed by the Competent Authority. However, the working hours shall be flexible depending upon the exigencies of services at the discretion of the Management.

5. Your appointment shall be terminated automatically, if it is proved that the information given by you in your application is false and or a Degree / any other certificate/document submitted by you are forged or tampered with.
6. Your service shall be governed by the (a) provision of the Maharashtra University of Health Sciences Act, 1998 and Statutes, Ordinances, Rules, Regulations and Directions framed under it from time to time (b) The Rules, Regulations, Instructions, Directives, Circulars received from Respective central Councils from time to time and (c) The prevailing Rules, Regulations and service conditions framed by the Management of the College and amended / altered from time to time. And you will follow the code of conduct and Professional Ethics prescribed in University Direction No.2/2012
7. Your services shall be transferable to any College of the same Management which is affiliated to the Maharashtra University of Health Sciences, Nashik. However, you will work in one College only, at a time.
8. Conducting private tuitions or private coaching classes in any form is strictly prohibited. You are also prohibited from taking any paid assignment or honorary posting outside the College without prior written permission of the Management.
9. Besides taking Lecture, Tutorials and Clinics / Practical's in the department you will be required to participate in the internal and external examination duties of the college and University and it is obligatory on your part to carry out any other responsibilities assigned by the University and college from time to time.
10. You are also required to undertake the responsibilities in the College / Hospital and any other medical activities which are conducted by the college in the relation to the patient care, student care and that of academic nature, related to professional Pursuits, and also take part in Administrative task related to College and Hospital and shall have to strive to maintain dignity and standard of the college and Institute.
11. You will have to undergo the Medical Examination by the authorized Medical Officer or by the Civil Surgeon of the concerned District as per rules.
12. The management can also seek the Antecedent Character Report from the police authority.
13. Prior to this appointment, if you have been serving in any College / Recognized Institution, you will be allowed to join only after submission of your resignation and relieving latter from the concerned College.



D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Affiliated to the Maharashtra University of Health Sciences, Nashik
Recognized by Dental Council of India

14. Your appointment is subject to the approval from Maharashtra University of Health Sciences, Nashik. If your appointment for the said post is not approved by the university your services shall be terminated forthwith or if you so desire and the Management is agree to continue you on the unapproved post you will be allowed to continue in the service with your written consent. The terms and conditions of such appointment shall be as decided by the Management and accepted by you. You are required to submit duly signed, "Deed of Contract" in a prescribed format.

If you are voluntarily accepting the appointment with abovementioned terms and conditions, you are required to give your acceptance forthwith or within seven days from the date of receipt of this appointment order and join within a stipulated period not later than thirty days. If your acceptance is not received in time or you failed to join within stipulated period, it will be presumed that you are not interested to join the post and this order shall automatically stand cancelled, this may please be noted.

Yours faithfully,


Dr. Anand Shigli
DEAN





D Y PATIL GROUP

D Y Patil Dental School

Ref: No. DYPDS/071

Date: 28/01/2016

To,
Dr. Anagha Shete
Durain, Nyati Environ
Tingre Nagar, Lane-5
Vishrantwadi, Pune

Sub: Appointment to the post of **Asso. Professor/Reader** in the Department of **Oral Medicine & Radiology**

Dear Dr. Anagha,

With Reference to your application and subsequent interview held for the above post, the management is pleased to inform you that you are here by appointed on the post of **Asso. Professor / Reader** in the subject of **Oral Medicine & Radiology**

The Terms and Condition of your appointment are as follows:

1. Your appointment is temporary for one year from the date of your joining. During the period of your temporary service, you are likely to be discontinued.
2. You are appointed in the pay scale of Rs.12000-375-18300 with starting pay of Rs.80000/- per month in the time scale. After successful completion of the probation period of one year normally you will be entitled to annual increment subject to your satisfactory performance and conduct and a report thereof from concerned Head of the Department. On successful completion of probation period of two years your services may be confirmed subject to your satisfactory performance and conduct.
3. Your appointment on probation shall be deemed to be confirmed after satisfactory completion of probation period and unless there is any adverse communication order/ order of extension of probation.
4. Your appointment is on Full time basis and your normal daily duty Hours shall be as decided / prescribed by the Competent Authority. However, the working hours shall be flexible depending upon the exigencies of services at the discretion of the Management.



D Y PATIL GROUP

D Y Patil Dental School

5. Your appointment shall be terminated automatically, if it is proved that the information given by you in your application is false and or a Degree / any other certificate/document submitted by you are forged or tampered with.
6. Your service shall be governed by the (a) provision of the Maharashtra University of Health Sciences Act, 1998 and Statutes, Ordinances, Rules, Regulations and Directions framed under it from time to time (b) The Rules, Regulations, Instructions, Directives, Circulars received from Respective central Councils from time to time and (c) The prevailing Rules, Regulations and service conditions framed by the Management of the College and amended / altered from time to time. And you will follow the code of conduct and Professional Ethics prescribed in University Direction No. 2./2012
7. Your services shall be transferable to any College of the same Management which is affiliated to the Maharashtra University of Health Sciences, Nashik. However, you will work in one College only, at a time.
8. Conducting private tuitions or private coaching classes in any form is strictly prohibited. You are also prohibited from taking any paid assignment or honorary posting outside the College without prior written permission of the Management.
9. Besides taking Lecture, Tutorials and Clinics / Practicals in the department you will be required to participate in the internal and external examination duties of the college and University and it is obligatory on your part to carry out any other responsibilities assigned by the University and college from time to time.
10. You are also required to undertake the responsibilities in the College / Hospital and any other medical activities which are conducted by the college in the relation to the patient care, student care and that of academic nature, related to professional Pursuits, and also take part in Administrative task related to College and Hospital and shall have to strive to maintain dignity and standard of the college and Institute.
11. You will have to undergo the Medical Examination by the authorized Medical Officer or by the Civil Surgeon of the concerned District as per rules.
12. The management can also seek the Antecedent Character Report from the police authority.



D Y PATIL GROUP

D Y Patil Dental School

13. Prior to this appointment, if you have been serving in any College / Recognized Institution, you will be allowed to join only after submission of your resignation and relieving letter from the concerned College.
14. Your appointment is subject to the approval from Maharashtra University of Health Sciences, Nashik. If your appointment for the said post is not approved by the university your services shall be terminated forthwith or if you so desire and the Management is agree to continue you on the unapproved post you will be allowed to continue in the service with your written consent. The terms and conditions of such appointment shall be as decided by the Management and accepted by you. You are required to submit duly signed, " Deed Of Contract" in a prescribed format.

If you are voluntarily accepting the appointment with abovementioned terms and conditions, you are required to give your acceptance forthwith or within seven days from the date of receipt of this appointment order and join within a stipulated period not later than thirty days. If your acceptance is not received in time or you failed to join within stipulated period, it will be presumed that you are not interested to join the post and this order shall automatically stand cancelled, this may please be noted.

Yours faithfully,

D. K. Sarfware
Director

Dr. Deepak G. Kulkarni
Dean

Dr. P. D. Patil
President

Ref. No. : DYPDCH/EST/1138/2016

Date : 12/1/2016

EXPERIENCE CERTIFICATE

It is certified that, Dr. Anagha Shete his working on ad-hoc / temporary / regular teacher in fulltime capacity at Dr. D. Y. Patil Dental College & Hospital, Pimpri, Pune as a Lecturer in Department of Oral Medicine & Radiology.

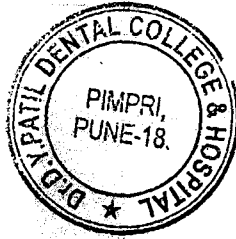
His / her experience in the said College / Institute is as under:

S. N.	Post	Subject	Experience	
			From	To
1	Lecturer	Oral Medicine & Radiology	05.09.2011	Till date

This certificate is given as per his / her request.

Date : 12/1/2016

Place: Pimpri, Pune-18



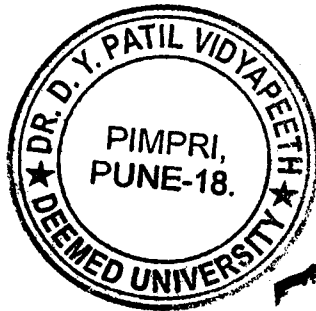

Dr. Deepak G. Kulkarni
Dean

(Space shall be used for certification by concerned University only)

Date: 12.01.2016

Place: Pimpri, Pune-18

Certified By:





Dr. A. N. Suryakar
Registrar


Principal
Shaghrathi Institute of Nursing
SATARA

Dr. Deepak G. Kulkarni
Dean

Dr. P. D. Patil
President

Ref. No. : DYPDCH/EST/1206/2016


Date : 04/02/2016

EXPERIENCE CERTIFICATE

This is to certify that Dr. Anagha Shete was working as “Lecturer” in Oral Medicine & Radiology Department at Dr. D. Y. Patil Dental College & Hospital, Pimpri, Pune-18 from 05.09.2011 To 30.01.2016.

This certificate is issued on her request.




(Dr. Deepak G. Kulkarni)
Dean

Copy to:

- 1) Dr. Anagha Shete
- 2) Personal File

Dr. Deepak G. Kulkarni
DeanDr. P. D. Patil
President

Ref. No. : DYPDCH/EST/1207/2016

Date : 04/02/2016

RELIEVING ORDER

Dr. Anagha Shete was working as "Lecturer" in Oral Medicine & Radiology Department at Dr. D. Y. Patil Dental College & Hospital, Pimpri, Pune-18 from 05.09.2011 To 30.01.2016 A.N.

She was relieved from this institute on 30.01.2016 A.N.



Deepak G. Kulkarni
(Dr. Deepak G. Kulkarni)
Dean

Copy to:
Dr. Anagha Shete



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, Nashik

(An ISO 9001:2008 Certified University)

दिंडोरी रोड, म्हस्रुळ, नाशिक - ४२३००४ / Dindori Road, Mhasrul, Nashik - 422004

Tel : (0253) 2539192 / 198, Fax : (0253) 2539195

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

शि. द. कंडेकर

कक्ष अधिकारी

शैक्षणिक विभाग (दंत विद्याशाळा)

S. D. Kandekar

Section Officer

Academic Section (Dental Faculty)

No. MUHS/UG/E-2/53/2207/2759/2016

Date: 25/04/2016

To,

The Principal,

D Y Patil Dental School,

D Y Patil Knowledge City,

Charholi Bk, Via Lohegaon

Dist. Pune - 412 105.

Sub.: Approval to the appointment(s) of teacher(s)...

Ref.: 1. Your letter No. DYPDS/640 Dated 02/02/2016.

2. University Letter no. MUHS/UG/E-2/53/2207/312/2016 dated 24/02/16

3. Your letter No. DYPDS/117 dated 03/03/2016.

Sir / Madam,

With reference to the above cited subject, I am directed to inform you that, Hon'ble Vice-Chancellor is pleased to grant approval to the appointment(s) of following teacher(s) as indicated below:

Sr. No	Subject	Name of the Teacher(s)	Post	Status of Approval
1.	Periodontology	Dr. Rakesh Mutha	Reader	w.e.f. 28/01/2016 for <u>one year</u> only, against SC category
2.	Oral & Medicine Radiology	Dr. Anagha Shete	Reader	w.e.f. 28/01/2016
3.	Public Health Dentistry	Dr. Madhuri Sonawane	Lecturer	w.e.f. 28/01/2016
4.	---	Dr. Pravina Prakash Kulkarni	Tutor	w.e.f. 28/01/2016
5.	---	Dr. Dipti D. Vaidya (Oswal)	Tutor	w.e.f. 28/01/2016
6.	---	Dr. Pratibha Singh Oswal	Tutor	w.e.f. 28/01/2016
7.	Anatomy	Dr. Makarand Apte	Reader	w.e.f. 28/01/2016
8.	Physiology	Dr. Gauri Apte (Seema Kulkarni)	Reader	w.e.f. 28/01/2016
9.	Biochemistry	Dr. Arti Hajarnavis	Reader	w.e.f. 28/01/2016
10.	Microbiology	Dr. Swati Joshi (Banerjee)	Reader	w.e.f. 28/01/2016

Kindly note that, the approval to the said appointments are subject to successful completion of at least one Medical Education Technology (MET) workshop conducted by the University within the period of one year from the date of approval, failing to which the approval granted shall automatically stands cancelled as per clause No. 9.2.8 of University Direction No. 02/2014.

You are requested to hand over photo copy of this letter to concerned teacher.

Yours,

D.Y.PATIL DENTAL SCHOOL
INWARD / OUTWARD


Section Officer

NO.....
Copy to: I/c, Academic Section (PG), MUHS, Nashik
DATE.....
Vacademic28VF28-201657_Teacher Approval2207SSC 28.01.2016/E. Let 28.01.2016.doc

D.Y.PATIL DENTAL SCHOOL
INWARD / OUTWARD

- 8 -

Appendix - V

Acceptance of the Appointment

Dr. Anagha Shet

From:

(Full Resi. Add.)

Date : 28/01/2016

To,

The Dean
Ajeenkya D.Y. Patil Dental School

Subject : Acceptance of the Appointment

Reference : Your appointment order No. DYPDS/07/ dated 28/01/2016

Sir/Madam,

I have received the above cited appointment order on 28/01/2016 and hereby declares that I am accepting the same. I shall join as early as possible or as soon as I have been relieved from my present employer.

Yours faithfully,

(Anagha Shet)

Appendix - VI

Joining Report

Dr. Anagha Shet

From:

(Full Resi. Add.)

Date : 02/02/2016

To,

The Dean
Ajeenkya D.Y. Patil Dental School

Subject : Joining Report

Reference : Your appointment order No. DYPDS/07/ dated 28/01/2016

Sir/Madam,

I have received the above cited appointment order on 28/01/2016. I am accepting the same and joining to the post of Reader... in the subject of OMDR w.e.f. 02/02/2016. (before noon/afternoon) and I am aware that my appointment is subject to the approval from the University.

Yours faithfully,

(Anagha Shet)

Note: The appointing authority should endorsed the remarks as "Allowed to join" on the joining report and sign the same with seal of the College.

(Please provide Copy to the concerned employee.)

Handwritten signature



**Copies of to be eligible PhD
Guide-ship letters for year 2020-2021**



KARNATAK UNIVERSITY, DHARWAD

ಕರ್ನಾಟಕ ವಿಶ್ವವಿದ್ಯಾಲಯದ ಕುಲಾಧಿಪತಿ, ಕುಲಪತಿ ಹಾಗೂ ಸಿನೇಟ ಸದಸ್ಯರಾದ ನಾವು

We, the Chancellor, Vice-Chancellor and Members of the Senate of the Karnataka University certify that

ಶಿ.ಗ್ಲಿ ಆನಂದ ಲಿಂಗರಾಜ್

ಕೆ.ಎಲ್.ಇ.ಎಸ್. ಇನ್ಸ್ಟಿಟ್ಯೂಟ್ ಆಫ್ ಡೆಂಟಲ್ ಸೈನ್ಸೆಸ್ ಲಿಮಿಟೆಡ್, ಬೆಂಗಳೂರಿನಲ್ಲಿ ಇವರು ಸಂಬಂಧಿಸಿದ ಸ್ನಾತಕೋತ್ತರ ಪದವಿ ಪರೀಕ್ಷೆಯನ್ನು ಫೆಬ್ರವರಿ ೧೯೯೫ ರಲ್ಲಿ ಸಾಮಾನ್ಯ ವರ್ಗದಲ್ಲಿ ಉತ್ತೀರ್ಣರಾದ ನಿಮಿತ್ತ ಇವರಿಗೆ

Shigli Anand Lingaraj of

K. L. E. S. Institute of Dental Sciences Bangalore having been examined in February 1995 and placed in the Pass Class, the Post-graduate Degree of

ಮಾಸ್ಟರ್ ಆಫ್ ಡೆಂಟಲ್ ಸರ್ಜರಿ

(ಪೀಡೋಡಾಂಟಿಕ್ಸ್ ಪ್ರೆವೆಂಟಿವ್ ಡೆಂಟಿಸ್ಟ್ರಿ)

MASTER OF DENTAL SURGERY

(Pedodontics & Preventive Dentistry)

ಪದವಿ ಪ್ರದಾನವನ್ನು ಧಾರವಾಡ ದಲ್ಲಿ ಒಂದು ಸಾವಿರದಾ ಒಂಬತ್ತನೂರಾ ತೊಂಬತ್ತಾರನೆಯ ಜನವರಿ ಇನ್ನೆತ್ತಾರನೆಯ ಅಧಿಕೃತಗೊಳಿಸಿದ್ದೇವೆ.

has been conferred on him at Dharwad, on the twentyfourth day of the month of January in the year one thousand nine hundred ninety six

ಈ ವಿಶ್ವವಿದ್ಯಾಲಯದ ಮುದ್ರೆ ಮತ್ತು ಕುಲಪತಿಯವರ ರುಜುಗಳಿಂದ ಇದನ್ನು ಪ್ರಮಾಣೀಕರಿಸಲಾಗಿದೆ.

In Testimony whereof are set the Seal of the said University and the Signature of the said Vice-Chancellor.

Signature

ಕುಲಪತಿ Vice-Chancellor



KARNATAK UNIVERSITY, DHARWAD

ಕರ್ನಾಟಕ ವಿಶ್ವವಿದ್ಯಾಲಯದ ಕುಲಾಧಿಪತಿ, ಕುಲಪತಿ ಹಾಗೂ ಸಿನೇಟ ಸದಸ್ಯರಾದ ನಾವು

We, the Chancellor, Vice-Chancellor and Members of the Senate of the
Karnatak University certify that

ಕಮಲಜೀತ ಸಲೂಜಾ

ಕೆ ಎಲ್ ಇ ಎಸ್ ಇನ್ಸ್ಟಿಟ್ಯೂಟ್ ಆಫ್ ಡೆಂಟಲ್ ಸೈನ್ಸೆಸ್ ಬೆಂಗಳೂರಿನಲ್ಲಿ ಒತ್ತಿರಿಸಿ
ಇವರು ಸಂಬಂಧಿಸಿದ ಸ್ನಾತಕೋತ್ತರ ಪದವಿ ಪರೀಕ್ಷೆಯನ್ನು ಫೆಬ್ರವರಿ ೧೯೯೭ ರಲ್ಲಿ
ಸಾಮಾನ್ಯ ವರ್ಗದಲ್ಲಿ ಉತ್ತೀರ್ಣರಾದ ನಿಮಿತ್ತ ಇವರಿಗೆ

Kamaljeet Saluja

of

K. L. E. S. Institute of Dental Sciences Bangalore.
having been examined in February 1996 and placed in the
Pass Class, the Post-graduate Degree of

ಮಾಸ್ಟರ್ ಆಫ್ ಡೆಂಟಲ್ ಸರ್ಜರಿ

(ಪ್ರಾಥೋಡಾಂಟಿಕ್ಸ್)

MASTER OF DENTAL SURGERY

(Prosthodontics)

ಪದವಿ ಪ್ರದಾನವನ್ನು ಧಾರವಾಡ ದಲ್ಲಿ ಒಂದು ಸಾವಿರದ ಒಂಬತ್ತನೂರಾ ತೊಂಬತ್ತೇಳನೆಯ
ಫೆಬ್ರವರಿ ಹನ್ನೆರಡನೆಯ ಅಧಿಕೃತಗೊಳಿಸಿದ್ದೇವೆ.

has been conferred on her at Dharwad, on the seventeenth day of the
month of February in the year one thousand nine hundred ninety-seven.

ಈ ವಿಶ್ವವಿದ್ಯಾಲಯದ ಮುದ್ರೆ ಮತ್ತು ಕುಲಪತಿಯವರ ರುಜುಗಳಿಂದ ಇದನ್ನು ಪ್ರಮಾಣೀಕರಿಸಲಾಗಿದೆ.

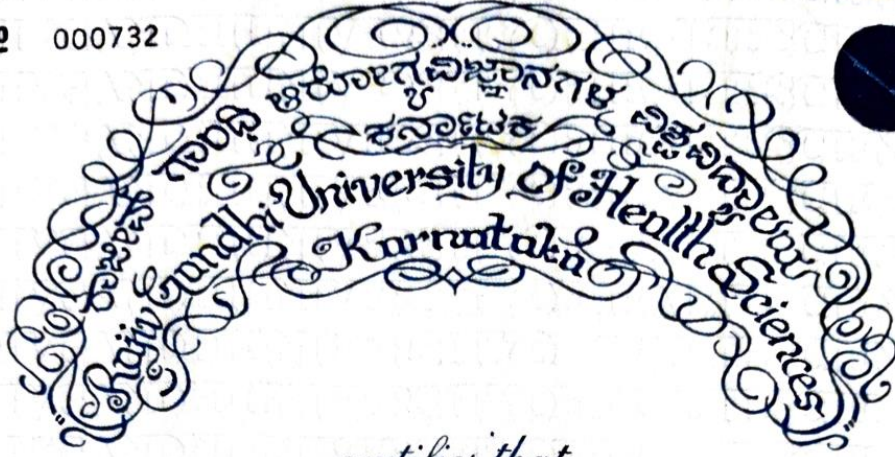
In Testimony whereof are set the Seal of the said University and
the Signature of the said Vice-Chancellor.

Subhan
ಕುಲಪತಿ Vice-Chancellor

Scanned by CamScanner

Scanned by CamScanner

No 000732



certifies that

DR. GIRISH N BYAKOD

ಅವರು

ಯಥಾಯೋಗ್ಯವಾಗಿ ಈಗಾಗಲೇ ಪ್ರವೇಶ ಪಡೆದಿರುವರೆಂದು ದೃಢೀಕರಿಸುತ್ತಾ

has been duly admitted to the Degree of

M.D.S. - PERIODONTICS

ಪದವಿಗೆ ಅಗತ್ಯವಾದ ಅರ್ಹತೆಗಳನ್ನು ಪೂರೈಸಿ ಪರಿಗಣಿತವಾಗಿರುವ ಕಾರಣ

in recognition of the fulfilment of requirements

ಮೇಲೆ ಕಾಣಿಸಿದ ಪದವಿಗೆ ಅವರನ್ನು ಅಧಿಕಾರವಾಗಿ ರಿಸಲಾಗಿದೆ. ಆ ಪದವಿಯ ವಿವರಗಳು ಹೀಗಿವೆ

for the said degree as follows

ಪರೀಕ್ಷೆಯ ವರ್ಷ :

Year of Examination :

SEPTEMBER 1999 EXAMINATION

ಪಡೆದ ವರ್ಗ :

Class :

PASS

ವಿಶ್ವವಿದ್ಯಾಲಯದ ಅಧಿಕಾರ ಮುದ್ರೆಯೊಡನೆ ನೀಡಲಾಗಿದೆ.

Given under the seal of the University



ಬೆಂಗಳೂರು

Bangalore :

ದಿನಾಂಕ

Date : 20-03-2000

ಕುಲಪತಿ

Secretary

Vice-Chancellor

ಕ.ಸಂ. ೦೦೨೫೨೦



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ
ಕರ್ನಾಟಕ
RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
KARNATAKA



ಡಾ|| ಕರಿಬಸಪ್ಪ ಜಿ ಎನ್
ರವರು, ಸ್ನಾತಕೋತ್ತರ ಪದವಿಗೆ ಯಥಾ ಯೋಗ್ಯವಾದ ಅವಶ್ಯಕತೆಗಳನ್ನು
ಏಪ್ರಿಲ್ ೨೦೦೫ ರ ಪರೀಕ್ಷೆಯಲ್ಲಿ ಪೂರೈಸಿರುವರೆಂದು ದೃಢೀಕರಿಸುತ್ತಾ
ಮಾಸ್ಟರ್ ಆಫ್ ಡೆಂಟಲ್ ಸರ್ಜರಿ (ಕಮ್ಯುನಿಟಿ ಡೆಂಟಿಸ್ಟ್ರಿ)
ಸ್ನಾತಕೋತ್ತರ ಪದವಿಯನ್ನು ಕುಲಾಧಿಪತಿ, ಸಮಕುಲಾಧಿಪತಿ, ಕುಲಪತಿ ಹಾಗೂ ಸೆನೆಟ್ ಮತ್ತು ಸಿಂಡಿಕೇಟ್ ಸದಸ್ಯರುಗಳಾದ
ನಾವು ಡಿಸೆಂಬರ್ ೨೦೦೬ ರಂದು ನಡೆದ ೮ ನೇ ಘಟಿಕೋತ್ಸವದಲ್ಲಿ
ವಿಶ್ವವಿದ್ಯಾಲಯದ ಅಧಿಕಾರ ಮುದ್ರೆಯೊಡನೆ ಪ್ರದಾನ ಮಾಡಿದ್ದೇವೆ.

*We, the Chancellor, the Pro-chancellor, the Vice-Chancellor and the
members of the Senate and the Syndicate Confer*

MASTER OF DENTAL SURGERY (COMMUNITY DENTISTRY)

on

Dr. KARIBASAPPA G N

in recognition of fulfillment of the requirements for the said

Post Graduate Degree in the examination held during APRIL 2005

Given under the seal of the University, in the

8th convocation held on 3rd March 2006

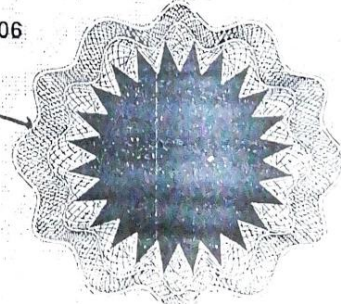


P. S. N.
Vice-Chancellor



Bangalore

Date : 03/03/2006



7. Masters Degree

*We, the Chancellor,
the Vice Chancellor and
Members of the Management Council
and the Academic Council of the
University of Pune certify that*

Jethe Sandeep Atmaramji

Mother's Name :

*Dr. D. Y. Patil Dental College & Hospital,
Pimpri, Pune
having been examined and found duly
qualified for the degree of*

Master In Dental Surgery

(Branch : Orthodontics)

in April 2008

The said degree has been conferred on him.

*In testimony whereof is set
the seal of the said University.*



**University
Of
Pune**

(Formerly
University of Poona)



**पुणे
विद्यापीठ**

MD - 00034



आम्ही, पुणे विद्यापीठाचे कुलपति,
कुलगुरु आणि
व्यवस्थापन परिषद
व विद्या परिषद सदस्य,
प्रमाणित करितो की,

जेठे संदीप आत्मारामजी
आईचे नांव:

हे डॉ. डी. वाय. पाटील डेन्टल कॉलेज अँड
हॉस्पिटल पिंपरी, पुणे
येथून

एप्रिल २००८ मध्ये

दंत शल्यशास्त्र निष्णात

(शाखा : दंत व्यंगोपचार शास्त्र)

पदवी परीक्षा उत्तीर्ण झाल्याबद्दल त्यांना ही पदवी
प्रदान करण्यात येत आहे.
याची संपूर्ण म्हणून विद्यापीठाची अधिकृत मुद्रा येथे
अंकित करण्यात येत आहे.

MAHARASHTRA UNIVERSITY OF
HEALTH SCIENCES, NASHIK

We, the Chancellor, the Pro-Chancellor, the
Vice-Chancellor, the Members of the
Management Council and the Academic Council
of the Maharashtra University of Health
Sciences, Nashik, certify that

Shri / Smt. PRADEEP SHETTY

of Dr.D.Y.Patil Dental College & Hospital,
Pimpri, Pune

having been examined and found duly qualified
for the

*Master of Dental Surgery In
Conservative Dentistry*

in June-2009
the said Degree has been conferred on him/her.
In testimony whereof is set the seal of the said
University.

PRN 2809114658
20th May 2010

Nilima Kahirsgan
VICE-CHANCELLOR



महाराष्ट्र आरोग्य
विज्ञान विद्यापीठ, नाशिक



आम्ही, महाराष्ट्र आरोग्य विज्ञान विद्यापीठाचे
कुलपति, प्रकुलपति, कुलगुरु, व्यवस्थापन
परिषद व विद्यापरिषद सदस्य प्रमाणित करतो
की,

पिंपरी, पुणे येथील पद्मश्री डॉ.डी.वाय.
पाटील दंत महाविद्यालय व रुग्णालया
चे/च्या

प्रदीप शेट्टी

हे/हया जुन-२००९ मध्ये

दंत शल्य शास्त्र

परीक्षा उत्तीर्ण झाल्याबद्दल त्यांना ही पदवी
प्रदान करण्यात येत आहे.

याची साक्ष म्हणून विद्यापीठाची अधिकृत मुद्रा
येथे अंकित करण्यात येत आहे.

नीलिमा कीरसागर
कुलगुरु

DPU
Dr. D. Y. Patil Vidyapeeth
Pune (India)
(Deemed University)
(Under Section 3 of the UGC Act, 1956)



*We, the Chancellor,
the Vice-Chancellor,
the Members of the Board of Management and of the
Academic Council of Dr. D. Y. Patil Vidyapeeth, Pune certify that*

Shete Anagha Vishweshwar

[Student of Dr. D. Y. Patil Dental College & Hospital, Pimpri, Pune]

*having been examined and found duly qualified for
the degree of*

Master of Dental Surgery
(Oral Medicine & Radiology)

in May 2011.

*The said degree has been conferred on her at the
Third Convocation held on Nineth June Two Thousand Twelve.*

In testimony whereof is set the seal of the said University.


Vice Chancellor
08/06/2014




Chancellor

DPU

Dr. D. Y. Patil Vidyapeeth

Pune (India)

(Deemed to be University)
(Under Section 3 of the UGC Act, 1956)



*We, the Chancellor, the Vice-Chancellor,
the Members of the Board of Management and the Academic Council
of Dr. D. Y. Patil Vidyapeeth, Pune certify that*

Pradeep Shetty

*having been examined and found duly qualified for
the degree of*

Doctor of Philosophy

(Conservative Dentistry and Endodontics - Faculty of Dentistry)

*(Effect of Diabetes Mellitus (Type II) on Inflammatory and Structural Components of
Dental Pulp)*

*The said degree has been conferred on him at the
Tenth Convocation held on Thirteenth April Two Thousand Nineteen.*

In testimony whereof is set the seal of the said University.

Pawar

Vice Chancellor



Patil

Chancellor

DPU

Dr. D. Y. Patil Vidyapeeth

Pune (India)

(Deemed to be University)
(Under Section 3 of the UGC Act, 1956)



*We, the Chancellor, the Vice-Chancellor,
the Members of the Board of Management and the Academic Council
of Dr. D. Y. Patil Vidyapeeth, Pune certify that*

Anagha Shete

*having been examined and found duly qualified for
the degree of*

Doctor of Philosophy

(Oral Medicine and Radiology - Faculty of Dentistry)

*(Evaluation of the Efficacy of Oxone Therapy Against Conventional Corticosteroids for
The Management of Oral Lichen Planus)*

*The said degree has been conferred on her at the
Tenth Convocation held on Thirteenth April Two Thousand Nineteen.*

In testimony whereof is set the seal of the said University.



Vice Chancellor





Chancellor



D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Ref: No. DYPDS/AL/AS/300617

Date: 30/06/2017

Appointment Order

To:
Dr. Anand Shigli
Flat-801, Park Spring,
Kharwal Road, Lohegaon, 411047

Sub: Appointment to the post of Principal
at D Y Patil Dental School

Dear Dr. Shigli,

With Reference to your application and subsequent interview held for the above post, the management is pleased to inform you that you are hereby appointed on the post of **Principal** at D Y Patil Dental School, Dr D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune 412105.

The Terms and Condition of your appointment are as follows:

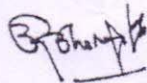
1. Your appointment is on probation for period of one year from the date of your joining. Your services are likely to be discontinued by the management if your services are not found satisfactory by giving three month's notice on either side or three month's pay, in lieu of the notice period.
2. You are appointed in the pay scale of Rs. 18400-500-22400 with starting consolidated pay of Rs. 1,60,000 (Rs One lac Sixty Thousand) per month in the time scale. On successful completion of probation period of one year your services may be confirmed subject to your satisfactory performance and conduct and approval by regulatory bodies (DCI, MUHS).
3. Your appointment on probation shall be deemed to be confirmed after satisfactory completion of probation period and unless there is any adverse communication order/ order of extension of probation.
4. Your appointment is on Full time basis and your normal daily duty Hours shall be as decided / prescribed by the Competent Authority. However, the working hours shall be flexible depending upon the exigencies of services at the discretion of the Management.
5. Your appointment shall be terminated automatically, if it is proved that the information given by you in your application is false and or a Degree / any other certificate/document submitted by you are forged or tampered with.
6. Your service shall be governed by the (a) provision of the Maharashtra University of Health Sciences Act, 1998 and Statutes, Ordinances, Rules, Regulations and Directions framed under it from time to time (b) The Rules, Regulations, Instructions, Directives, Circulars received from Respective central Councils from time to time and (c) The prevailing Rules, Regulations and service conditions framed by the Management of the College and amended / altered from time to time. And you will follow the code of conduct and Professional Ethics prescribed in University Direction No. 2/2012.
7. Your services shall be transferable to any College of the same Management which is affiliated to the Maharashtra University of Health Sciences, Nashik. However, you will work in one College only, at a time.

Received

8. Conducting private tuitions or private coaching classes in any form is strictly prohibited. You are also prohibited from taking any paid assignment or honorary posting outside the College without prior written permission of the Management.
9. Besides taking Lecture, Tutorials and Clinics / Practicals in the department you will be required to participate in the internal and external examination duties of the college and University and it is obligatory on your part to carry out any other responsibilities assigned by the University and Management from time to time.
10. You are also required to undertake the responsibilities in the College / Hospital and any other medical/dental activities which are conducted by the college in the relation to the patient care, student care and that of academic nature, related to professional Pursuits, and also take part in Administrative task related to College and Hospital and shall have to strive to maintain dignity and standard of the college and Institute.
11. You will have to undergo the Medical Examination by the authorized Medical Officer or by the Civil Surgeon of the concerned District as per rules.
12. The management can also seek the Antecedent Character Report from the police authority.
13. Prior to this appointment, if you have been serving in any College / Recognized Institution, you will be allowed to join only after submission of your resignation and relieving letter from the concerned College.
14. Your appointment is subject to the approval from Maharashtra University of Health Sciences, Nashik. If your appointment for the said post is not approved by the university your services shall be terminated forthwith or if you so desire and the Management is agree to continue you on the unapproved post you will be allowed to continue in the service with your written consent. The terms and conditions of such appointment shall be as decided by the Management and accepted by you. You are required to submit duly signed, "Deed of Contract" in a prescribed format.

If you are voluntarily accepting the appointment with abovementioned terms and conditions, you are required to give your acceptance forthwith or within seven days from the date of receipt of this appointment order and join within a stipulated period not later than thirty days. If your acceptance is not received in time or you failed to join within stipulated period, it will be presumed that you are not interested to join the post and this order shall automatically stand cancelled, this may please be noted.

Yours faithfully,



Prof B G Bhandarkar
Director Corporate Relations
Authorized Signatory



Copy to:

1. The Dean: D Y Patil Dental School
(in duplicate 1. For personal File 2. For Accounts Section)
2. Chief Administrative officer
3. Master File





MODERN DENTAL COLLEGE AND RESEARCH CENTRE

Ref. No. MDC/76/2012

Date : August 9, 2012

TO WHOM SO EVER IT MAY CONCERN

This is to certify that Dr. Anand Shigli have been working as Professor & Head in the Department of Pedodontics & Preventive Dentistry from 07-02-2007 to 09-08-2012.

During the above tenure his work and conduct has been found satisfactory.

He has been relieved from his duties on 09-08-2012 (A.N.).

Dean
Modern Dental College &
Research Centre, Indore.





Bharati Vidyapeeth Deemed University, Pune (India)

'A' Grade University Status by MHRD, Govt. of India



DENTAL COLLEGE & HOSPITAL, SANGLI

Founder & Chancellor :

Dr. Patangrao Kadam

M.A.,LL.B.,Ph.D.

Accredited and Reaccredited with 'A' Grade by NAAC

Sangli-Miraj Road, Sangli-416 414 Tel.: 0233-2601639, 6496777, Fax: 0233-2211324.

E-mail : bvdentalsangli@yahoo.in • Web: <http://dchsangli.bharativedyapeeth.edu>

Principal

Dr. Anand Shigli

M.D.S.

Ref.No.: BVDU / DCH / SANGLI / 604/2017-18

Date : 26/06/2017

EXPERIENCE CERTIFICATE

This is to certify that Dr. Shigli Anand Lingaraj., M.D.S. was working as Principal & Professor in the Department of Pedodontics & Preventive Dentistry at Bharati Vidyapeeth Deemed University Dental College & Hospital Sangli, as shown below:

- **Principal & Professor: From 11.08.2012 to 26.06.2017**

Rajkarni

Dr. Kulkarni Rajeev Balwantrao
Dean Bharati Vidyapeeth Deemed University
Medical College & Hospital Sangli





**K. L. E. SOCIETY'S
INSTITUTE OF DENTAL, SCIENCES, BELGAUM.**

(Recognised by Dental Council of India)

**J. N. Medical College Campus Nehrunagar, BELGAUM-590010.
(Karnatak State India)**

ಕೆ.ಎಲ್.ಇ. ಸಂಸ್ಥೆಯ ಇನ್‌ಸ್ಟಿಟ್ಯೂಟ ಆಫ್ ಡೆಂಟಲ್ ಸೈನ್ಸಸ್
ಜಿ. ಎನ್. ಮಡಕಲ್ ಕಾಲೇಜು ಆವರಣ, ನೆಹರುನಗರ, ಬೆಳಗಾವಿ-೫೯೦೦೧೦.

KLES/DENT/EST/2469/06.

Date: 30-12-2006.

EXPERIENCE CERTIFICATE

This is to certify that, Dr.A.L.Shigli , M.D.S. is working in this Institution in the Department of Pedodontics, the details are as follows:

Designation	Period
Lecturer / Assistant Professor	15-05-1995 to 30-06-1998
Reader	01-07-1998 to 13-09-2000
Associate Professor	14-09-2000 to 14-05-2003
Professor	15-05-2003 to till date.

His work and conduct has been found to be satisfactory.



A. L. Shigli
Principal,

Institute of Dental Sciences, Belgaum

Acceptance of the Appointment

Appendix - V

Dr. Anand Shigli

Flat No. 801, Lohu
From: Park Spring, Poreu
(Full Resl. Add.) Road, Lohgeon
Date: 30/8/17

To,

D.Y. Patel Dental
School, Lohgeon

Subject : Acceptance of the Appointment

Reference : Your appointment order No. DYPDS/AL/AS/300617 dated 30/06/17

Sir/Madam,

I have received the above cited appointment order on 30/06/17 and hereby declares that I am accepting the same. I shall join as early as possible or as soon as I have been relieved from my present employer.

Yours faithfully,

(Signature)

Joining Report

Appendix - VI

Dr. Anand Shigli

Flat No. 801, Lohu
From: Park Spring, Poreu
(Full Resl. Add.) Road, Lohgeon
Date: 30/6/17

To,

D.Y. Patel Dental Lohgeon
School. Subject : Joining Report

Reference : Your appointment order No. DYPDS/AL/AS/300617 dated 30/6/17

Sir/Madam,

I have received the above cited appointment order on 30/6/17. I am accepting the same and joining to the post of Principal in the subject of w.e.f. 30/6/17 (before noon/afternoon) and I am aware that my appointment is subject to the approval from the University.

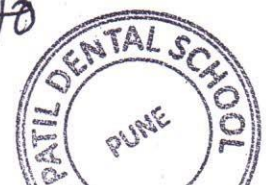
Yours faithfully,

(Signature)

Note: The appointing authority should endorsed the remarks as "Allowed to join" on the joining report and sign the same with seal of the College.

(Please provide Copy to the concerned employee.)

Allowed to join





K. L. E. SOCIETY'S
INSTITUTE OF DENTAL SCIENCES
(RECOGNISED BY DENTAL COUNCIL OF INDIA)
J. N. M. C. Campus, Nehrunagar, Belgaum-590 010.
Karnataka State, (India)

Phones :
Office : 0831-2470362,
0831-2473777 (16 Lines)
(R) : 0831-2472352
Fax : 0831-2470640

ಕೆ. ಎಲ್. ಇ. ಸಂಸ್ಥೆಯ ಇನ್‌ಸ್ಟಿಟ್ಯೂಟ ಆಫ್ ಡೆಂಟಲ್ ಸೈನ್ಸಿಸ್
ಜೆ. ಎನ್. ಮೆಡಿಕಲ್ ಕಾಲೇಜ್ ಆವರಣ, ನೆಹರುನಗರ, ಬೆಳಗಾವಿ-೫೯೦೦೧೦.

Ref. No. KLES/DENT : 2680 / 06.

Date : 06-02-2007.

RELIEVING ORDER:

With reference to his resignation letter dated 02-02-2007,
Dr. Anand L. Shigli, M.D.S., Professor, Department of Pedodontics, is
hereby informed that, he is relieved from his duties in this Institution on
06-02-2007, after office hours.



Shas
Principal,
Institute of Dental Sciences,
Belgaum.

To
Dr. Anand L. Shigli,
Professor,
Dept. of Pedodontics,
Institute of Dental Sciences,
BELGAUM.



Bharati Vidyapeeth Deemed University, Pune (India)

'A' Grade University Status by MHRD, Govt. of India



DENTAL COLLEGE & HOSPITAL, SANGLI

Accredited and Reaccredited with 'A' Grade by NAAC

Founder & Chancellor :

Dr. Patangrao Kadam

M.A.,LL.B.,Ph.D.

Principal

Dr. Anand Shigli

M.D.S.

Sangli-Miraj Road, Sangli-416 414 Tel.: 0233-2601639, 6496777, Fax: 0233-2211324.

E-mail : bvdentalsangli@yahoo.in • Web: <http://dchsangli.bharativedyapeeth.edu>

Ref.No.: BVDU / DCH / SANGLI / 603/2017-18

Date : 26/06/2017

RELIEVING ORDER

To

Dr. Shigli Anand Lingaraj.
Principal & Professor
Bharati Vidyapeeth Deemed University
Dental College & Hospital
Sangli

With reference to the order No BV/CO/Admn/Resign/5583/2017-2018, dated 17.06.2017, Dr. Shigli Anand Lingaraj, M.D.S. who was working as Principal & Professor in the Department of Pedodontics & Preventive Dentistry in this institute has been relieved from his duties on 26.06.2017, after office hours.

He has handed over the complete charge of his duties to the undersigned. He has cleared all the college dues before getting relieved.

He has hand over the complete charge of his duties to Dr. Kulkarni Rajeev Balwantrao, Dean, Bharati Vidyapeeth Deemed University Medical College and Hospital, Sangli.

R.B. Kulkarni
Dr. Kulkarni Rajeev Balwantrao
Dean Bharati Vidyapeeth Deemed University
Medical College & Hospital, Sangli



Copy to:

1. The Secretary, Bharati Vidyapeeth, Pune
2. The Registrar, Bharati Vidyapeeth Deemed University, Pune



D Y PATIL DENTAL SCHOOL

Re: No. :- DYPDS/171-A

Date :- 06/07/2017

To,
Dr. Kamal Shigli,
Flat No. 801, Lotus,
Park Spring, Porwal Road,
Lohegaon Pune, 412105.

Sub: Appointment to the post of **Professor & Head** in the Department of **Prosthodontics Crown and Bridge** at D.Y. Patil Dental School, Pune.

Dear, Dr. Kamal,

With Reference to your application and subsequent interview held for the above post, the management is pleased to inform you that you are here by appointed on the post of **Professor & Head** at this institution.

The Terms and Condition of your appointment are as follows:

- 1) Your appointment is on probation for period of two years from the date of your joining. During the period of probation, your services are likely to be discontinued by the Management if your services are not found satisfactory by giving one months' notice on either side or one month's pay, in lieu of the notice period.
- 2) You are appointed in the pay scale of Rs. 16400-450-22400 with Starting pay of Rs.100000/- and Per month in the time scale and Special pay 30000/- Per month. After successful completion of the probation period of one year normally you will be entitled to annual increment subject to your satisfactory performance and conduct and a report thereof from concerned Head of the Department. On successful completion of probation period of two years your services may be confirmed subject to your satisfactory performance and conduct.



D Y PATIL DENTAL SCHOOL

3. Your appointment is on Full time basis and your normal daily duty Hours shall be as decided / prescribed by the Competent Authority. However, the working hours shall be flexible depending upon the exigencies of services at the discretion of the Management.
4. Your appointment shall be terminated automatically, if it is proved that the information given by you in your application is false and or a Degree / any other certificate/document submitted by you are forged or tampered with.
5. Your service shall be governed by the (a) provision of the Maharashtra University of Health Sciences Act, 1998 and Statutes, Ordinances, Rules, Regulations and Directions framed under it from time to time (b) The Rules, Regulations, Instructions, Directives, Circulars received from Respective central Councils from time to time and (c) The prevailing Rules, Regulations and service conditions framed by the Management of the College and amended / altered from time to time. And you will follow the code of conduct and Professional Ethics prescribed in University Direction No.2/2012
6. Your services shall be transferable to any College of the same Management which is affiliated to the Maharashtra University of Health Sciences, Nashik. However, you will work in one College only, at a time.
7. Conducting private tuitions or private coaching classes in any form is strictly prohibited. You are also prohibited from taking any paid assignment or honorary posting outside the College without prior written permission of the Management.
8. Besides taking Lecture, Tutorials and Clinics / Practical's in the department you will be required to participate in the internal and external examination duties of the college and University and it is obligatory on your part to carry out any other responsibilities assigned by the University and college from time to time.
9. You are also required to undertake the responsibilities in the College / Hospital and any other medical activities which are conducted by the college in the relation to the patient care, student care and that of academic nature, related to professional Pursuits, and also take part in Administrative task related to College and Hospital and shall have to strive to maintain dignity and standard of the college and Institute.



D Y PATIL DENTAL SCHOOL

10. You will have to undergo the Medical Examination by the authorized Medical Officer or by the Civil Surgeon of the concerned District as per rules.
11. The management can also seek the Antecedent Character Report from the police authority.
12. Prior to this appointment, if you have been serving in any College / Recognized Institution, you will be allowed to join only after submission of your resignation and relieving letter from the concerned College.
13. Your appointment is subject to the approval from Maharashtra University of Health Sciences, Nashik. If your appointment for the said post is not approved by the university your services shall be terminated forthwith or if you so desire and the Management is agree to continue you on the unapproved post you will be allowed to continue in the service with your written consent. The terms and conditions of such appointment shall be as decided by the Management and accepted by you. You are required to submit duly signed, "Deed Of Contract" in a prescribed format.

If you are voluntarily accepting the appointment with abovementioned terms and conditions, you are required to give your acceptance forthwith or within seven days from the date of receipt of this appointment order and join within a stipulated period not later than thirty days. If your acceptance is not received in time or you failed to join within stipulated period, it will be presumed that you are not interested to join the post and this order shall automatically stand cancelled, this may please be noted.

Yours faithfully,

Dean



Appendix - V

Acceptance of the Appointment

From: Dr. Kamal Singh
(Full Resi. Add.) Flat no. 801, Park Springs
Apartment, Poonal Road
Date: Pune-411015

To,
Dean, D.Y. Patil Dental
School

Subject : Acceptance of the Appointment

Reference : Your appointment order No. DYPDS/171-A dated 06.07.2017

Sir/Madam,

I have received the above cited appointment order on 06/7/17... and hereby declares that I am accepting the same. I shall join as early as possible or as soon as I have been relieved from my present employer.

Yours faithfully,

(Kamal Singh)

Appendix - VI

Joining Report

From: Dr. Kamal Singh
(Full Resi. Add.) Flat no. 801 Park
Spings Apartment, Poonal
Date: Road Pune 411015

To,
Dean, D.Y. Patil
Dental School

Subject : Joining Report

Reference : Your appointment order No. DYPDS/171-A dated 06.07.2017

Sir/Madam,

I have received the above cited appointment order on 6/7/17... I am accepting the same and joining to the post of Prof. & Head in the subject of PROSTHODONTICS w.e.f. 06th July, 2017 (beforenoon/afternoon) and I am aware that my appointment is subject to the approval from the University.

Yours faithfully,

(Kamal Singh)

Note: The appointing authority should endorsed the remarks as "Allowed to join" on the joining report and sign the same with seal of the College.

(Please provide Copy to the concerned employee.)



[Signature]

Allowed to join.



MODERN DENTAL COLLEGE AND RESEARCH CENTRE

Ref. No. MDC/77/2012

Date : August 9, 2012

TO WHOM SO EVER IT MAY CONCERN

This is to certify that Dr. (Mrs.) Kamal Shigli have been working as Professor in the Department of Prosthodontics from 18-05-2007 to 09-08-2012.

During the above tenure her work and conduct has been found satisfactory.

She has been relieved from her duties on 09-08-2012 (A.N.).

Dean
Modern Dental College &
Research Centre, Indore.





K. L. E. SOCIETY'S
INSTITUTE OF DENTAL SCIENCES
(RECOGNISED BY DENTAL COUNCIL OF INDIA)
J. N. M. C. Campus, Nehrunagar, Belgaum-590 010.
Karnataka State, (India)

Phones :
Office : 0831-2470362,
0831-2473777 (16 Lines)
(R) : 0831-2472352
Fax : 0831-2470640

ಕೆ. ಎಲ್. ಇ. ಸಂಸ್ಥೆಯ ಇನ್‌ಸ್ಟಿಟ್ಯೂಟ ಆಫ್ ಡೆಂಟಲ್ ಸೈನ್ಸೆಸ್
ಬಿ. ಎನ್. ಮೆಡಿಕಲ್ ಕಾಲೇಜ್ ಆವರಣ, ನೆಹರುನಗರ, ಬೆಳಗಾವಿ-೫೯೦೦೧೦.

Ref. No. KLES/DENT : 279 / 07.

Date : 18-05-2007.

EXPERIENCE CERTIFICATE :

This is to certify that, Dr.(Mrs)Kamal A. Shigli, M.D.S.,
has worked in this Institution in the Department of Prosthodontics
as follows:

1. Assistant Professor : 20-04-1998 to 10-08-1999
2. Reader : 11-08-1999 to 10-08-2001
3. Associate Professor : 11-08-2001 to 30-09-2004
5. Professor : 01-10-2004 to 17-05-2007

To the best of my knowledge & record, her work and conduct has
been satisfactory.



(Signature)

Principal,
Institute of Dental Sciences, Belgaum.

To,
Dr.(Mrs)Kamal A. Shigli,
Professor,
Dept. of Prosthodontics,
Institute of Dental Sciences,
BELGAUM.



MODERN DENTAL COLLEGE AND RESEARCH CENTRE

Ref. No. MDC/77/2012

Date : August 9, 2012

TO WHOM SO EVER IT MAY CONCERN

This is to certify that Dr. (Mrs.) Kamal Shigli have been working as Professor in the Department of Prosthodontics from 18-05-2007 to 09-08-2012.

During the above tenure her work and conduct has been found satisfactory.

She has been relieved from her duties on 09-08-2012 (A.N.).

Dean
Modern Dental College &
Research Centre, Indore.





OFFICE OF THE PRINCIPAL

Phone ; Off : 22189

Resi :

Fax ; 08352-52984



Dental College, BIJAPUR-586108
Karnataka, INDIA.

PRINCIPAL

Date 31-07-1998.

No. ADC/130/98-99.

CERTIFICATE

This is to certify that, Dr. Kamaljeet Saluja,
M.D.S. Prosthodontics had served in this Institution
as Assistant Professor in Department of Prosthodontics
for a period from 1-5-1996 till 31-03-1998.

During her period of service, I found her work
satisfactory.

P. Celatdu
31.7.98

Principal,
Al-Ameen Dental College,
BIJAPUR.



Jawahar Medical Foundation's
**Annasaheb Chudaman Patil Memorial
Dental College**

Post Box No. 145
Sahar Road,
Dhule (M.S.) 424001, II

Ph [02562] 277924 20674
Fax [02562] 279924 2027
E-mail : acpmdental@rediffmail.com, 14.com

Ref No: 111 | JMF's ACPMDC/Dhule


Date: 01/02/2019

EXPERIENCE CERTIFICATE

This is to Certified that Dr.Girish Neelkanth Byakod , MDS (Periodontics), is working in the Department of Periodontics. Her total teaching experience is as follows.

TEACHING EXPERIENCE

Designation	Name of Institution	From	To	Total Experience Year-Month-Day
Lecturer	S Njalngappa Institute of Dental Science & Research Guibarga, Karnataka	04/01/2000	09/02/2001	01.01
	KLE. Institute of Dental Sciences Belgaum.	10/02/2001	03/02/2003	02.00
Reader	KLE. Institute of Dental Sciences Belgaum.	04/02/2003	24/06/2005	02.04
	Pravara Institute of Medical Sciences Deemed University, Loni.	28/06/2005	04/02/2008	02.07
Professor	Sinhgad Dental College & Hospital, Pune.	05/02/2008	01/07/2009	01.05
	Bharti Vidyapeeth University Dental College & Hospital Sangh.	07/07/2009	20/07/2010	01.00
	MCES's M.A Rangunwala College of Dental Sciences & Research Centur Pune	21/07/2010	15/06/2017	06.10
	ACPM Dental College, Dhule.	02/04/2018	Till date	00.09


Principal
JMF's A.C.P.M.Dental College,
Dhule.



Post Box No. 145
Sakri Road,
Dhule (M.S.) 424001.

☎ | 02562 | 277924
FAX | 02562 | 279924
E-mail : arpm dental@rediffmail.com.

Jwahir Medical Foundation's Annasaheb Chudaman Patil Memorial Dental College

Ref. No 749/JMF's ACPMDC/Dhule.

Date: 16/5/2016

EXPERIENCE CERTIFICATE

This is to Certified that Dr.Karibasappa G.N., MDS (Public Health Dentistry), was working in the Department of Public Health Dentistry. His total teaching experience is as follows.

TEACHING EXPERIENCE

Designation	Name of Institution	From	To
Reader	A.C.P.M. Dental College, Dhule.	01/03/2011	02/08/2011
Asso.Professor	A.C.P.M. Dental College, Dhule.	03/08/2011	30/06/2014
Professor	A.C.P.M. Dental College, Dhule.	01/07/2014	16/05/2016

Principal
JMF's A.C.P.M. Dental College,
Dhule.

Principal,
JMF's A.C.P.M. Dental College,
DHULE - 424 001, [M.S.]



Bapuji Educational Association*
BAPUJI DENTAL COLLEGE & HOSPITAL

(Recognised by the Dental Council of India, New Delhi)
(Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka, Bengaluru.)



Ref.No.BDC/2010-2011/1292

Date:28-02-2011

CERTIFICATE

This is to certify that, Dr.G.N.Karibasappa, MDS., has worked in this institution in the department of Preventive & Community Dentistry in the following capacities as noted below:-

SL. NOS.	DESIGNATION	FROM	TO
1.	Assistant Professor	01-07-2008	30-06-2009
2.	Reader	01-07-2009	28-02-2011

G. N. Karibasappa
PRINCIPAL
VA

Post Box No. 326, DAVANGERE - 577 004, Karnataka - India
Office Tele. : 08192-220575, 220579 & 220580
Principal Tele Fax : 01-8192-220572
Website : www.bapujidental.edu

Fax : 01-8192-220578
E-mail : principal@bapujidental.edu
bdch@satyam.net.in
Grams : "DENTAL"



SHARAVATHI EDUCATION TRUST (REGD.)



Alkole, T.H. Road, Shimoga - 577204, Karnataka, India. Ph. 0091-08162-250810, 250167 Email : info@sharavathi.org
Reg. Off. No -36, East Park Road, Kumara Park East, Bangalore-1, Phone: 22265321, 22269863, Fax-22265316, Web : www.Sharavathi.Org

4th May 2007

EXPERIENCE CERTIFICATE

This is to certify that Dr. G.N. KARIBASAPPA, MDS., has worked as an Senior Lecturer in Department of Community Dentistry at Sharavathi Dental College & Hospital, Shimoga, from 1st July 2005 to 6th April 2007.

His Character and Conduct was found good during his stay in our Institution.

For SHARAVATHI EDUCATION TRUST,


(H.G. SIDDALINGAIAH)
Hon'ble Secretary.

C.C to The Principal & Office, Shimoga.



ಸಿ.ಎನ್. ನಿಜಲಿಂಗಪ್ಪ ದಂತ ವಿಜ್ಞಾನ ಸಂಶೋಧನಾ ಕೇಂದ್ರ
 ಸಿದ್ಧಾಂತ ರಸ್ತೆ - ಗುಲ್ಬರ್ಗಾ - ೫೨೨ ೫೦೨ - ಕರ್ನಾಟಕ
 ಫೋನ್: ೦೮೪೭೨-೨೪೭೭೪೫, ೨೪೫೦೨೮ (ಇಂ) - ಫ್ಯಾಕ್ಸ್: ೦೮೪೭೨-೨೪೫೦೨೮
 Hyderabad Karnatak Education Society's
S.Nijalingappa Institute of Dental Sciences & Research
 Sidam Road, GULBARGA - 5 Ph: 08472-247745 - Principal: 245028
 Fax : 08472-245028 • E-mail : sndcg@hotmail.com

Affiliated to Rajiv Gandhi University of Health Sciences, Bangalore (Karnataka)

Ref. No. HKES / SNDCG / 2008 - 2009/452 Date: 30/6/08

EXPERIENCE CERTIFICATE

This is to certify that **Dr. G.N.Karibasappa,**
M.D.S. has worked in this institution as Sr. Lecturer
 from 07.04.2007 to 30-06-2008 in the department of
 Community Dentistry.


PRINCIPAL



Bapuji Educational Association*
BAPUJI DENTAL COLLEGE & HOSPITAL

(Recognised by the Dental Council of India, New Delhi)
(Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka, Bengaluru.)



Ref.No.BDC/2010-2011/1292

Date:28-02-2011

CERTIFICATE

This is to certify that, Dr.G.N.Karibasappa, MDS., has worked in this institution in the department of Preventive & Community Dentistry in the following capacities as noted below:-

SL. NOS.	DESIGNATION	FROM	TO
1.	Assistant Professor	01-07-2008	30-06-2009
2.	Reader	01-07-2009	28-02-2011

G. N. Karibasappa
PRINCIPAL
VA

Post Box No. 326, DAVANGERE - 577 004, Karnataka - India
Office Tele. : 08192-220575, 220579 & 220580
Principal Tele Fax : 01-8192-220572
Website : www.bapujidental.edu

Fax : 01-8192-220578
E-mail : principal@bapujidental.edu
bdch@satyam.net.in
Grams : "DENTAL"





Post Box No. 145
Sakri Road,
Dhule (M.S.) 424001.

☎ | 02562 | 277924
FAX | 02562 | 279924
E-mail : arpm dental@rediffmail.com.

Ref. No 749/JMF's ACPMDC/Dhule.

Date: 16/5/2016

Jwahir Medical Foundation's Annasaheb Chudaman Patil Memorial Dental College

EXPERIENCE CERTIFICATE

This is to Certified that Dr.Karibasappa G.N., MDS (Public Health Dentistry), was working in the Department of Public Health Dentistry. His total teaching experience is as follows.

TEACHING EXPERIENCE

Designation	Name of Institution	From	To
Reader	A.C.P.M. Dental College, Dhule.	01/03/2011	02/08/2011
Asso.Professor	A.C.P.M. Dental College, Dhule.	03/08/2011	30/06/2014
Professor	A.C.P.M. Dental College, Dhule.	01/07/2014	16/05/2016

Principal
JMF's A.C.P.M. Dental College,
Dhule.

Principal,
JMF's A.C.P.M. Dental College,
DHULE - 424 001, [M.S.]

Acceptance of the Appointment

Appendix - V

Dr. Kasibasa...

From:

(Full Resi. Add.)

Date : 17/5/2016

To,
The Dean
D.Y. Patil Dental School

Subject : Acceptance of the Appointment

Reference : Your appointment order No. DYPDS/161 dated 17/5/2016

Sir/Madam,

I have received the above cited appointment order on 17/5/2016 and hereby declares that I am accepting the same. I shall join as early as possible or as soon as I have been relieved from my present employer.

Yours faithfully,

(...Keha...)

Joining Report

Appendix - VI

Dr. Kasibasa...

From:

(Full Resi. Add.)

Date : 17/5/2016

To,
The Dean
D.Y. Patil Dental School

Subject : Joining Report

Reference : Your appointment order No. DYPDS/161 dated 17/5/2016

Sir/Madam,

I have received the above cited appointment order on 17/5/2016. I am accepting the same and joining to the post of Professor in the subject of Public Health w.e.f. (before noon/afternoon) and I am aware that my appointment is subject to the approval from the University.

Yours faithfully,

(...Keha...)

Note: The appointing authority should endorsed the remarks as "Allowed to join" on the joining report and sign the same with seal of the College.

(Please provide Copy to the concerned employee.)

Allowed to Join.
D. R. Sarfwar





D Y PATIL DENTAL SCHOOL

D Y PATIL DENTAL SCHOOL

Ref: No.DYPDS/16\

Date: 17/05/2016

To,
Dr. Karibasappa G.N.

Sub: Appointment to the post of Professor in the Department of Public Health Dentistry

Dear Dr. Karibasappa,

With Reference to your application and subsequent interview held for the above post, the management is pleased to inform you that you are here by appointed on the post of Professor in the subject of Public Health Dentistry

The Terms and Condition of your appointment are as follows:

1. Your appointment is temporary for one year from the date of your joining. During the period of your temporary service, you are likely to be discontinued.
2. You are appointed in the pay scale of Rs16400-450-22400 with starting pay of Rs100000/- per month in the time scale. After successful completion of the probation period of one year normally you will be entitled to annual increment subject to your satisfactory performance and conduct and a report thereof from the Dean. On successful completion of probation period of two years your services may be confirmed subject to your satisfactory performance and conduct.
3. Your appointment on probation shall be deemed to be confirmed after satisfactory completion of probation period and unless there is any adverse communication order/ order of extension of probation.
4. Your appointment is on Full time basis and your normal daily duty Hours shall be as decided / prescribed by the Competent Authority. However, the working hours shall be flexible depending upon the exigencies of services at the discretion of the Management.
5. Your appointment shall be terminated automatically, if it is proved that the information given by you in your application is false and or a Degree / any other certificate/document submitted by you are forged or tampered with.



D Y PATIL DENTAL SCHOOL

6. Your service shall be governed by the (a) provision of the Maharashtra University of Health Sciences Act, 1998 and Statutes, Ordinances, Rules, Regulations and Directions framed under it from time to time (b) The Rules, Regulations, Instructions, Directives, Circulars received from Respective central Councils from time to time and (c) The prevailing Rules, Regulations and service conditions framed by the Management of the College and amended / altered from time to time. And you will follow the code of conduct and Professional Ethics prescribed in University Direction No 2/2012
7. Your services shall be transferable to any College of the same Management which is affiliated to the Maharashtra University of Health Sciences, Nashik. However, you will work in one College only, at a time.
8. Conducting private tuitions or private coaching classes in any form is strictly prohibited. You are also prohibited from taking any paid assignment or honorary posting outside the College without prior written permission of the Management.
9. Besides taking Lecture, Tutorials and Clinics / Practicals in the department you will be required to participate in the internal and external examination duties of the college and University and it is obligatory on your part to carry out any other responsibilities assigned by the University and college from time to time.
10. You are also required to undertake the responsibilities in the College / Hospital and any other medical activities which are conducted by the college in the relation to the patient care, student care and that of academic nature, related to professional Pursuits, and also take part in Administrative task related to College and Hospital and shall have to strive to maintain dignity and standard of the college and Institute.
11. You will have to undergo the Medical Examination by the authorized Medical Officer or by the Civil Surgeon of the concerned District as per rules.
12. The management can also seek the Antecedent Character Report from the police authority.
13. Prior to this appointment, if you have been serving in any College / Recognized Institution, you will be allowed to join only after submission of your resignation and relieving letter from the concerned College.



D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

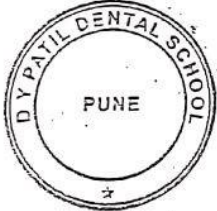
14. Your appointment is subject to the approval from Maharashtra University of Health Sciences, Nashik. If your appointment for the said post is not approved by the university your services shall be terminated forthwith or if you so desire and the Management is agree to continue you on the unapproved post you will be allowed to continue in the service with your written consent. The terms and conditions of such appointment shall be as decided by the Management and accepted by you. You are required to submit duly signed, "Deed Of Contract" in a prescribed format.

If you are voluntarily accepting the appointment with abovementioned terms and conditions, you are required to give your acceptance forthwith or within seven days from the date of receipt of this appointment order and join within a stipulated period not later than thirty days. If your acceptance is not received in time or you failed to join within stipulated period, it will be presumed that you are not interested to join the post and this order shall automatically stand cancelled, this may please be noted.

Yours faithfully,

D. R. Barfiwale.

DEAN





D Y PATIL DENTAL SCHOOL

Affiliated to the Maharashtra University of Health Sciences, Nashik
Recognized by Dental Council of India

Re: DYPDS/2215

Date: 21/03/2022

To,
Dr. Pradeep Shetty
Truptideep, Row House-25
Sukhwani Oasis, Sec 11.
Near Spine Road, Flyover, PCNTDA
Chikhli, Chiinchwad, Pune – 411019

Sub: Appointment to the post of Professor & HOD in the Department of Conservative Dentistry & Endodontics.

Dear Dr. Pradeep,

With Reference to your application and subsequent interview held for the above post, the management is pleased to inform you that you are here by appointed on the post of Professor & HOD in the subject of Conservative Dentistry & Endodontics.

The Terms and Condition of your appointment are as follows:

1. Your appointment is temporary for one year from the date of your joining. During the period of your temporary service, you are likely to be discontinued.
2. You are appointed in the consolidated pay scale of Rs. 1,00,000/- per month in the time scale. After successful completion of the probation period of one year normally you will be entitled to annual increment subject to your satisfactory performance and conduct and a report thereof from concerned Head of the Department. On successful completion of probation period of two years your services may be confirmed subject to your satisfactory performance and conduct.
3. Your appointment on probation shall be deemed to be confirmed after satisfactory completion of probation period and unless there is any adverse communication order/ order of extension of probation.
4. Your appointment is on Full time basis and your normal daily duty Hours shall be as decided / prescribed by the Competent Authority. However, the working hours shall be flexible depending upon the exigencies of services at the discretion of the Management.



D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Affiliated to the Maharashtra University of Health Sciences, Nashik
Recognized by Dental Council of India

14. Your appointment is subject to the approval from Maharashtra University of Health Sciences, Nashik. If your appointment for the said post is not approved by the university your services shall be terminated forthwith or if you so desire and the Management is agree to continue you on the unapproved post you will be allowed to continue in the service with your written consent. The terms and conditions of such appointment shall be as decided by the Management and accepted by you. You are required to submit duly signed, "Deed of Contract" in a prescribed format.

If you are voluntarily accepting the appointment with abovementioned terms and conditions, you are required to give your acceptance forthwith or within seven days from the date of receipt of this appointment order and join within a stipulated period not later than thirty days. If your acceptance is not received in time or you failed to join within stipulated period, it will be presumed that you are not interested to join the post and this order shall automatically stand cancelled, this may please be noted.

Yours faithfully,


Dr. Anand Shigli
DEAN





D Y PATIL GROUP

D Y Patil Dental School

Ref: No. DYPDS/071

Date: 28/01/2016

To,
Dr. Anagha Shete
Durain, Nyati Environ
Tingre Nagar, Lane-5
Vishrantwadi, Pune

Sub: Appointment to the post of **Asso. Professor/Reader** in the Department of **Oral Medicine & Radiology**

Dear Dr. Anagha,

With Reference to your application and subsequent interview held for the above post, the management is pleased to inform you that you are here by appointed on the post of **Asso. Professor / Reader** in the subject of **Oral Medicine & Radiology**

The Terms and Condition of your appointment are as follows:

1. Your appointment is temporary for one year from the date of your joining. During the period of your temporary service, you are likely to be discontinued.
2. You are appointed in the pay scale of Rs.12000-375-18300 with starting pay of Rs.80000/- per month in the time scale. After successful completion of the probation period of one year normally you will be entitled to annual increment subject to your satisfactory performance and conduct and a report thereof from concerned Head of the Department. On successful completion of probation period of two years your services may be confirmed subject to your satisfactory performance and conduct.
3. Your appointment on probation shall be deemed to be confirmed after satisfactory completion of probation period and unless there is any adverse communication order/ order of extension of probation.
4. Your appointment is on Full time basis and your normal daily duty Hours shall be as decided / prescribed by the Competent Authority. However, the working hours shall be flexible depending upon the exigencies of services at the discretion of the Management.



D Y PATIL GROUP

D Y Patil Dental School

5. Your appointment shall be terminated automatically, if it is proved that the information given by you in your application is false and or a Degree / any other certificate/document submitted by you are forged or tampered with.
6. Your service shall be governed by the (a) provision of the Maharashtra University of Health Sciences Act, 1998 and Statutes, Ordinances, Rules, Regulations and Directions framed under it from time to time (b) The Rules, Regulations, Instructions, Directives, Circulars received from Respective central Councils from time to time and (c) The prevailing Rules, Regulations and service conditions framed by the Management of the College and amended / altered from time to time. And you will follow the code of conduct and Professional Ethics prescribed in University Direction No. 2./2012
7. Your services shall be transferable to any College of the same Management which is affiliated to the Maharashtra University of Health Sciences, Nashik. However, you will work in one College only, at a time.
8. Conducting private tuitions or private coaching classes in any form is strictly prohibited. You are also prohibited from taking any paid assignment or honorary posting outside the College without prior written permission of the Management.
9. Besides taking Lecture, Tutorials and Clinics / Practicals in the department you will be required to participate in the internal and external examination duties of the college and University and it is obligatory on your part to carry out any other responsibilities assigned by the University and college from time to time.
10. You are also required to undertake the responsibilities in the College / Hospital and any other medical activities which are conducted by the college in the relation to the patient care, student care and that of academic nature, related to professional Pursuits, and also take part in Administrative task related to College and Hospital and shall have to strive to maintain dignity and standard of the college and Institute.
11. You will have to undergo the Medical Examination by the authorized Medical Officer or by the Civil Surgeon of the concerned District as per rules.
12. The management can also seek the Antecedent Character Report from the police authority.



D Y PATIL GROUP

D Y Patil Dental School

13. Prior to this appointment, if you have been serving in any College / Recognized Institution, you will be allowed to join only after submission of your resignation and relieving letter from the concerned College.
14. Your appointment is subject to the approval from Maharashtra University of Health Sciences, Nashik. If your appointment for the said post is not approved by the university your services shall be terminated forthwith or if you so desire and the Management is agree to continue you on the unapproved post you will be allowed to continue in the service with your written consent. The terms and conditions of such appointment shall be as decided by the Management and accepted by you. You are required to submit duly signed, " Deed Of Contract" in a prescribed format.

If you are voluntarily accepting the appointment with abovementioned terms and conditions, you are required to give your acceptance forthwith or within seven days from the date of receipt of this appointment order and join within a stipulated period not later than thirty days. If your acceptance is not received in time or you failed to join within stipulated period, it will be presumed that you are not interested to join the post and this order shall automatically stand cancelled, this may please be noted.

Yours faithfully,

D. K. Sarfware
hr Director

Dr. Deepak G. Kulkarni
Dean

Dr. P. D. Patil
President

Ref. No. : DYPDCH/EST/1138/2016

Date : 12/1/2016

EXPERIENCE CERTIFICATE

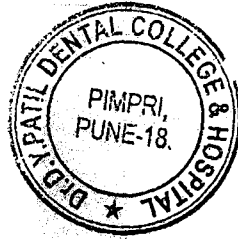
It is certified that, Dr. Anagha Shete his working on ad-hoc / temporary / regular teacher in fulltime capacity at Dr. D. Y. Patil Dental College & Hospital, Pimpri, Pune as a Lecturer in Department of Oral Medicine & Radiology.

His / her experience in the said College / Institute is as under:

S. N.	Post	Subject	Experience	
			From	To
1	Lecturer	Oral Medicine & Radiology	05.09.2011	Till date

This certificate is given as per his / her request.

Date : 12/1/2016
Place: Pimpri, Pune-18



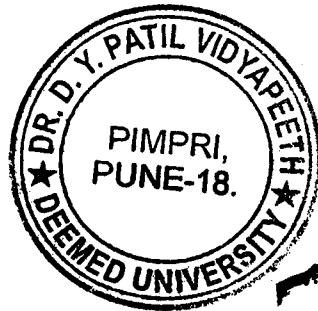

Dr. Deepak G. Kulkarni
Dean


(Space shall be used for certification by concerned University only)

Date: 12.01.2016

Place: Pimpri, Pune-18

Certified By:




Dr. A. N. Suryakar
Registrar


Principal
Shaghrathi Institute of Nursing
SATARA

Dr. Deepak G. Kulkarni
Dean

Dr. P. D. Patil
President

Ref. No. : DYPDCH/EST/1206/2016


Date : 04/02/2016

EXPERIENCE CERTIFICATE

This is to certify that Dr. Anagha Shete was working as “Lecturer” in Oral Medicine & Radiology Department at Dr. D. Y. Patil Dental College & Hospital, Pimpri, Pune-18 from 05.09.2011 To 30.01.2016.

This certificate is issued on her request.




(Dr. Deepak G. Kulkarni)
Dean

Copy to:

- 1) Dr. Anagha Shete
- 2) Personal File

Dr. Deepak G. Kulkarni
Dean

Dr. P. D. Patil
President

Ref. No. : DYPDCH/EST/1207/2016

Date : 04/02/2016

RELIEVING ORDER

Dr. Anagha Shete was working as “Lecturer” in Oral Medicine & Radiology Department at Dr. D. Y. Patil Dental College & Hospital, Pimpri, Pune-18 from 05.09.2011 To 30.01.2016 A.N.

She was relieved from this institute on 30.01.2016 A.N.



Deepak G. Kulkarni
(Dr. Deepak G. Kulkarni)
Dean

Copy to:
Dr. Anagha Shete



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, Nashik

(An ISO 9001:2008 Certified University)

दिंडोरी रोड, म्हसळ, नाशिक - ४२३००४ / Dindori Road, Mhasrul, Nashik - 422004

Tel : (0253) 2539192 / 198, Fax : (0253) 2539195

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

शि. द. कंडेकर

कक्ष अधिकारी

शैक्षणिक विभाग (दंत विद्याशाळा)

S. D. Kandekar

Section Officer

Academic Section (Dental Faculty)

No. MUHS/UG/E-2/53/2207/2759/2016

Date: 25/04/2016

To,

The Principal,

D Y Patil Dental School,

D Y Patil Knowledge City,

Charholi Bk, Via Lohegaon

Dist. Pune - 412 105.

Sub.: Approval to the appointment(s) of teacher(s)...

Ref.: 1. Your letter No. DYPDS/640 Dated 02/02/2016.

2. University Letter no. MUHS/UG/E-2/53/2207/312/2016 dated 24/02/16

3. Your letter No. DYPDS/117 dated 03/03/2016.

Sir / Madam,

With reference to the above cited subject, I am directed to inform you that, Hon'ble Vice-Chancellor is pleased to grant approval to the appointment(s) of following teacher(s) as indicated below:

Sr. No	Subject	Name of the Teacher(s)	Post	Status of Approval
1.	Periodontology	Dr. Rakesh Mutha	Reader	w.e.f. 28/01/2016 for <u>one year</u> only, against SC category
2.	Oral & Medicine Radiology	Dr. Anagha Shete	Reader	w.e.f. 28/01/2016
3.	Public Health Dentistry	Dr. Madhuri Sonawane	Lecturer	w.e.f. 28/01/2016
4.	---	Dr. Pravina Prakash Kulkarni	Tutor	w.e.f. 28/01/2016
5.	---	Dr. Dipti D. Vaidya (Oswal)	Tutor	w.e.f. 28/01/2016
6.	---	Dr. Pratibha Singh Oswal	Tutor	w.e.f. 28/01/2016
7.	Anatomy	Dr. Makarand Apte	Reader	w.e.f. 28/01/2016
8.	Physiology	Dr. Gauri Apte (Seema Kulkarni)	Reader	w.e.f. 28/01/2016
9.	Biochemistry	Dr. Arti Hajarnavis	Reader	w.e.f. 28/01/2016
10.	Microbiology	Dr. Swati Joshi (Banerjee)	Reader	w.e.f. 28/01/2016

Kindly note that, the approval to the said appointments are subject to successful completion of at least one Medical Education Technology (MET) workshop conducted by the University within the period of one year from the date of approval, failing to which the approval granted shall automatically stands cancelled as per clause No. 9.2.8 of University Direction No. 02/2014.

You are requested to hand over photo copy of this letter to concerned teacher.

Yours,

D.Y.PATIL DENTAL SCHOOL
INWARD / OUTWARD


Section Officer

NO.....
Copy to: I/c, Academic Section (PG), MUHS, Nashik
DATE.....
Vacademic28VF28-201657_Teacher Approval2207SSC 28.01.2016/E. Let 28.01.2016.doc

D.Y.PATIL DENTAL SCHOOL
INWARD / OUTWARD

- 8 -

Appendix - V

Acceptance of the Appointment

Dr. Anagha Shet

From:

(Full Resi. Add.)

Date : 28/01/2016

To,

The Dean
Ajeenkya D.Y. Patil Dental School

Subject : Acceptance of the Appointment

Reference : Your appointment order No. DYPDS/07/ dated 28/01/2016

Sir/Madam,

I have received the above cited appointment order on 28/01/2016 and hereby declares that I am accepting the same. I shall join as early as possible or as soon as I have been relieved from my present employer.

Yours faithfully,

(Anagha Shet)

Appendix - VI

Joining Report

Dr. Anagha Shet

From:

(Full Resi. Add.)

Date : 02/02/2016

To,

The Dean
Ajeenkya D.Y. Patil Dental School

Subject : Joining Report

Reference : Your appointment order No. DYPDS/07/ dated 28/01/2016

Sir/Madam,

I have received the above cited appointment order on 28/01/2016. I am accepting the same and joining to the post of Reader... in the subject of OMDR w.e.f. 02/02/2016. (before noon/afternoon) and I am aware that my appointment is subject to the approval from the University.

Yours faithfully,

(Anagha Shet)

Note: The appointing authority should endorsed the remarks as "Allowed to join" on the joining report and sign the same with seal of the College.

(Please provide Copy to the concerned employee.)

Handwritten signature



Copies of to be eligible PhD
Guide-ship letters for year 2019-2020



KARNATAK UNIVERSITY, DHARWAD

ಕರ್ನಾಟಕ ವಿಶ್ವವಿದ್ಯಾಲಯದ ಕುಲಾಧಿಪತಿ, ಕುಲಪತಿ ಹಾಗೂ ಸಿನೇಟ ಸದಸ್ಯರಾದ ನಾವು

We, the Chancellor, Vice-Chancellor and Members of the Senate of the Karnataka University certify that

ಶಿ.ಗ್ಲಿ ಆನಂದ ಲಿಂಗಾಚಾರ್ಯ

ಕೆ.ಎಲ್.ಇ.ಎಸ್. ಇನ್ಸ್ಟಿಟ್ಯೂಟ್ ಆಫ್ ಡೆಂಟಲ್ ಸೈನ್ಸೆಸ್ ಲಿಮಿಟೆಡ್, ಬೆಂಗಳೂರಿನಲ್ಲಿ ಇವರು ಸಂಬಂಧಿಸಿದ ಸ್ನಾತಕೋತ್ತರ ಪದವಿ ಪರೀಕ್ಷೆಯನ್ನು ಫೆಬ್ರವರಿ ೧೯೯೫ ರಲ್ಲಿ ಸಾಮಾನ್ಯ ವರ್ಗದಲ್ಲಿ ಉತ್ತೀರ್ಣರಾದ ನಿಮಿತ್ತ ಇವರಿಗೆ

Shigli Anand Lingaraj

K. L. E. S. Institute of Dental Sciences Bangalore of *having been examined in February 1995 and placed in the Pass Class, the Post-graduate Degree of*

ಮಾಸ್ಟರ್ ಆಫ್ ಡೆಂಟಲ್ ಸರ್ಜರಿ

(ಪೀಡೋಡಾಂಟಿಕ್ಸ್ ಪ್ರೆವೆಂಟಿವ್ ಡೆಂಟಿಸ್ಟ್ರಿ)

MASTER OF DENTAL SURGERY

(Pedodontics & Preventive Dentistry)

ಪದವಿ ಪ್ರದಾನವನ್ನು ಧಾರವಾಡ ದಲ್ಲಿ ಒಂದು ಸಾವಿರದಾ ಒಂಬತ್ತನೂರಾ ತೊಂಬತ್ತಾರನೆಯ ಜನವರಿ ಇನ್ನೆತ್ತಾರನೆಯ ಅಧಿಕೃತಗೊಳಿಸಿದ್ದೇವೆ.

has been conferred on him at Dharwad, on the twentyfourth day of the month of January in the year one thousand nine hundred ninety six

ಈ ವಿಶ್ವವಿದ್ಯಾಲಯದ ಮುದ್ರೆ ಮತ್ತು ಕುಲಪತಿಯವರ ರುಜುಗಳಿಂದ ಇದನ್ನು ಪ್ರಮಾಣೀಕರಿಸಲಾಗಿದೆ.

In Testimony whereof are set the Seal of the said University and the Signature of the said Vice-Chancellor.

ಕುಲಪತಿ Vice-Chancellor



KARNATAK UNIVERSITY, DHARWAD

ಕರ್ನಾಟಕ ವಿಶ್ವವಿದ್ಯಾಲಯದ ಕುಲಾಧಿಪತಿ, ಕುಲಪತಿ ಹಾಗೂ ಸಿನೇಟ ಸದಸ್ಯರಾದ ನಾವು

We, the Chancellor, Vice-Chancellor and Members of the Senate of the
Karnatak University certify that

ಕಮಲಜೀತ ಸಲೂಜಾ

ಕೆ ಎಲ್ ಇ ಎಸ್ ಐನ್ಸ್ಟಿಟ್ಯೂಟ್ ಆಫ್ ಡೆಂಟಲ್ ಸೈನ್ಸೆಸ್ ಬೆಂಗಳೂರಿನಲ್ಲಿ ಒತ್ತಿರಿಸಿ
ಇವರು ಸಂಬಂಧಿಸಿದ ಸ್ನಾತಕೋತ್ತರ ಪದವಿ ಪರೀಕ್ಷೆಯನ್ನು ಫೆಬ್ರವರಿ ೧೯೯೭ ರಲ್ಲಿ
ಸಾಮಾನ್ಯ ವರ್ಗದಲ್ಲಿ ಉತ್ತೀರ್ಣರಾದ ನಿಮಿತ್ತ ಇವರಿಗೆ

Kamaljeet Saluja

of

K. L. E. S. Institute of Dental Sciences Bangalore.
having been examined in February 1996 and placed in the
Pass Class, the Post-graduate Degree of

ಮಾಸ್ಟರ್ ಆಫ್ ಡೆಂಟಲ್ ಸರ್ಜರಿ

(ಪ್ರಾಥೋಡಾಂಟಿಕ್ಸ್)

MASTER OF DENTAL SURGERY

(Prosthodontics)

ಪದವಿ ಪ್ರದಾನವನ್ನು ಧಾರವಾಡ ದಲ್ಲಿ ಒಂದು ಸಾವಿರದ ಒಂಬತ್ತನೂರಾ ತೊಂಬತ್ತೇಳನೆಯ
ಫೆಬ್ರವರಿ ಹದಿನೇಳರಂದು ಅಧಿಕೃತಗೊಳಿಸಿದ್ದೇವೆ.

has been conferred on her at Dharwad, on the seventeenth day of the
month of February in the year one thousand nine hundred ninety-seven.

ಈ ವಿಶ್ವವಿದ್ಯಾಲಯದ ಮುದ್ರೆ ಮತ್ತು ಕುಲಪತಿಯವರ ರುಜುಗಳಿಂದ ಇದನ್ನು ಪ್ರಮಾಣೀಕರಿಸಲಾಗಿದೆ.

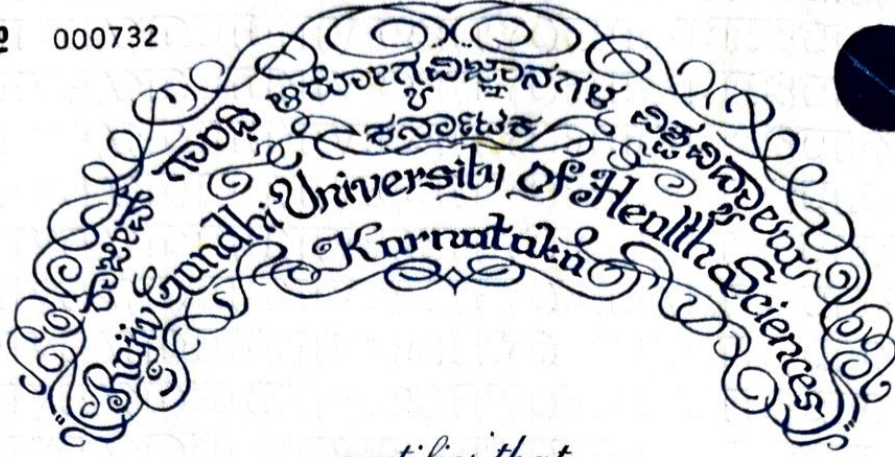
In Testimony whereof are set the Seal of the said University and
the Signature of the said Vice-Chancellor.

Subhan
ಕುಲಪತಿ Vice-Chancellor

Scanned by CamScanner

Scanned by CamScanner

No 000732



certifies that

DR. GIRISH N BYAKOD

ಅವರು

ಯಥಾಯೋಗ್ಯವಾಗಿ ಈಗಾಗಲೇ ಪ್ರವೇಶ ಪಡೆದಿರುವರೆಂದು ದೃಢೀಕರಿಸುತ್ತಾ

has been duly admitted to the Degree of

M.D.S. - PERIODONTICS

ಪದವಿಗೆ ಅಗತ್ಯವಾದ ಅರ್ಹತೆಗಳನ್ನು ಪೂರೈಸಿ ಪರಿಗಣಿತವಾಗಿರುವ ಕಾರಣ

in recognition of the fulfilment of requirements

ಮೇಲೆ ಕಾಣಿಸಿದ ಪದವಿಗೆ ಅವರನ್ನು ಅಧಿಕಾರವಾಗಿ ರಿಸಲಾಗಿದೆ. ಆ ಪದವಿಯ ವಿವರಗಳು ಹೀಗಿವೆ

for the said degree as follows

ಪರೀಕ್ಷೆಯ ವರ್ಷ :

Year of Examination :

SEPTEMBER 1999 EXAMINATION

ಪಡೆದ ವರ್ಗ :

Class :

PASS

ವಿಶ್ವವಿದ್ಯಾಲಯದ ಅಧಿಕಾರ ಮುದ್ರೆಯೊಡನೆ ನೀಡಲಾಗಿದೆ.

Given under the seal of the University



ಬೆಂಗಳೂರು

Bangalore :

ದಿನಾಂಕ

Date : 20-03-2000

ಕುಲಪತಿ

Secretary

Vice-Chancellor

ಕ.ಸಂ. ೦೦೨೫೨೦



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ
ಕರ್ನಾಟಕ
RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
KARNATAKA



ಡಾ|| ಕರಿಬಸಪ್ಪ ಜಿ ಎನ್
ರವರು, ಸ್ನಾತಕೋತ್ತರ ಪದವಿಗೆ ಯಥಾ ಯೋಗ್ಯವಾದ ಅವಶ್ಯಕತೆಗಳನ್ನು
ಏಪ್ರಿಲ್ ೨೦೦೫ ರ ಪರೀಕ್ಷೆಯಲ್ಲಿ ಪೂರೈಸಿರುವರೆಂದು ದೃಢೀಕರಿಸುತ್ತಾ
ಮಾಸ್ಟರ್ ಆಫ್ ಡೆಂಟಲ್ ಸರ್ಜರಿ (ಕಮ್ಯುನಿಟಿ ಡೆಂಟಿಸ್ಟ್ರಿ)
ಸ್ನಾತಕೋತ್ತರ ಪದವಿಯನ್ನು ಕುಲಾಧಿಪತಿ, ಸಮಕುಲಾಧಿಪತಿ, ಕುಲಪತಿ ಹಾಗೂ ಸೆನೆಟ್ ಮತ್ತು ಸಿಂಡಿಕೇಟ್ ಸದಸ್ಯರುಗಳಾದ
ನಾವು ಡಿಸೆಂಬರ್ ೨೦೦೬ ರಂದು ನಡೆದ ೮ ನೇ ಘಟಿಕೋತ್ಸವದಲ್ಲಿ
ವಿಶ್ವವಿದ್ಯಾಲಯದ ಅಧಿಕಾರ ಮುದ್ರೆಯೊಡನೆ ಪ್ರದಾನ ಮಾಡಿದ್ದೇವೆ.

*We, the Chancellor, the Pro-chancellor, the Vice-Chancellor and the
members of the Senate and the Syndicate Confer*

MASTER OF DENTAL SURGERY (COMMUNITY DENTISTRY)

on

Dr. KARIBASAPPA G N

in recognition of fulfillment of the requirements for the said

Post Graduate Degree in the examination held during APRIL 2005

Given under the seal of the University, in the

8th convocation held on 3rd March 2006

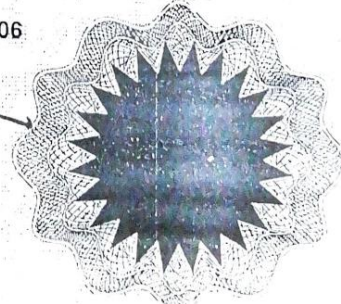


K. S. N.
Vice-Chancellor



Bangalore

Date : 03/03/2006



7. Masters Degree

*We, the Chancellor,
the Vice Chancellor and
Members of the Management Council
and the Academic Council of the
University of Pune certify that*

Jethe Sandeep Almaramji

Mother's Name :

*Dr. D. Y. Patil Dental College & Hospital,
Pimpri, Pune
having been examined and found duly
qualified for the degree of*

Master In Dental Surgery

(Branch : Orthodontics)

in April 2008

The said degree has been conferred on him.

*In testimony whereof is set
the seal of the said University.*



**University
Of
Pune**

(Formerly
University of Poona)



**पुणे
विद्यापीठ**

MD - 00034



आम्ही, पुणे विद्यापीठाचे कुलपति,
कुलगुरु आणि
व्यवस्थापन परिषद
व विद्या परिषद सदस्य,
प्रमाणित करितो की,

जेठे संदीप आत्मारामजी

आईचे नांव:

हे डॉ. डी. वाय. पाटील डेन्टल कॉलेज अँड
हॉस्पिटल पिंपरी, पुणे
येथून

एप्रिल २००८

मध्ये

दंत शल्यशास्त्र निष्णात

(शाखा : दंत व्यंगोपचार शास्त्र)

पदवी परीक्षा उत्तीर्ण झाल्याबद्दल त्यांना ही पदवी
प्रदान करण्यात येत आहे.
याची साक्षात् म्हणून विद्यापीठाची अधिकृत मुद्रा येथे
अंकित करण्यात येत आहे.

**MAHARASHTRA UNIVERSITY OF
HEALTH SCIENCES, NASHIK**

We, the Chancellor, the Pro-Chancellor, the
Vice-Chancellor, the Members of the
Management Council and the Academic Council
of the Maharashtra University of Health
Sciences, Nashik, certify that

Shri / Smt. PRADEEP SHETTY

of Dr.D.Y.Patil Dental College & Hospital,
Pimpri, Pune

having been examined and found duly qualified
for the

*Master of Dental Surgery In
Conservative Dentistry*

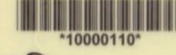
in June-2009
the said Degree has been conferred on him/her.
In testimony whereof is set the seal of the said
University.

PRN 2809114658
20th May 2010

Nilima Kahirsagan
VICE-CHANCELLOR



**महाराष्ट्र आरोग्य
विज्ञान विद्यापीठ, नाशिक**



आम्ही, महाराष्ट्र आरोग्य विज्ञान विद्यापीठाचे
कुलपति, प्रकुलपति, कुलगुरु, व्यवस्थापन
परिषद व विद्यापरिषद सदस्य प्रमाणित करतो
की,

पिंपरी, पुणे येथील पद्मश्री डॉ.डी.वाय.
पाटील दंत महाविद्यालय व रुग्णालया
चे/च्या

प्रदीप शेटी

हे/हया जुन-२००९ मध्ये

दंत शल्य शास्त्र

परीक्षा उत्तीर्ण झाल्याबद्दल त्यांना ही पदवी
प्रदान करण्यात येत आहे.

याची साक्ष म्हणून विद्यापीठाची अधिकृत मुद्रा
येथे अंकित करण्यात येत आहे.

गिरीमा श्रीरसागर
कुलगुरु

DPU
Dr. D. Y. Patil Vidyapeeth
Pune (India)
(Deemed University)
(Under Section 3 of the UGC Act, 1956)



*We, the Chancellor,
the Vice-Chancellor,
the Members of the Board of Management and of the
Academic Council of Dr. D. Y. Patil Vidyapeeth, Pune certify that*

Shete Anagha Vishweshwar

[Student of Dr. D. Y. Patil Dental College & Hospital, Pimpri, Pune]

*having been examined and found duly qualified for
the degree of*

Master of Dental Surgery
(Oral Medicine & Radiology)

in May 2011.

*The said degree has been conferred on her at the
Third Convocation held on Nineth June Two Thousand Twelve.*

In testimony whereof is set the seal of the said University.


Vice Chancellor
08/06/2014




Chancellor

DPU

Dr. D. Y. Patil Vidyapeeth

Pune (India)

(Deemed to be University)

(Under Section 3 of the UGC Act, 1956)



*We, the Chancellor, the Vice-Chancellor,
the Members of the Board of Management and the Academic Council
of Dr. D. Y. Patil Vidyapeeth, Pune certify that*

Pradeep Shetty

*having been examined and found duly qualified for
the degree of*

Doctor of Philosophy

(Conservative Dentistry and Endodontics - Faculty of Dentistry)

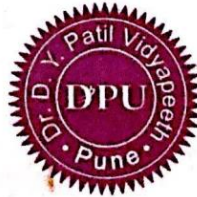
*(Effect of Diabetes Mellitus (Type II) on Inflammatory and Structural Components of
Dental Pulp)*

*The said degree has been conferred on him at the
Tenth Convocation held on Thirteenth April Two Thousand Nineteen.*

In testimony whereof is set the seal of the said University.

Pawar

Vice Chancellor



Patil

Chancellor

DPU

Dr. D. Y. Patil Vidyapeeth

Pune (India)

(Deemed to be University)

(Under Section 3 of the UGC Act, 1956)



*We, the Chancellor, the Vice-Chancellor,
the Members of the Board of Management and the Academic Council
of Dr. D. Y. Patil Vidyapeeth, Pune certify that*

Anagha Shete

*having been examined and found duly qualified for
the degree of*

Doctor of Philosophy

(Oral Medicine and Radiology - Faculty of Dentistry)

*(Evaluation of the Efficacy of Oxone Therapy Against Conventional Corticosteroids for
The Management of Oral Lichen Planus)*

*The said degree has been conferred on her at the
Tenth Convocation held on Thirteenth April Two Thousand Nineteen.*

In testimony whereof is set the seal of the said University.

Pawar

Vice Chancellor



Shete

Chancellor



D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Ref: No. DYPDS/AL/AS/300617

Date: 30/06/2017

Appointment Order

To:
Dr. Anand Shigli
Flat-801, Park Spring,
Kharwal Road, Lohegaon, 411047

Sub: Appointment to the post of Principal
at D Y Patil Dental School

Dear Dr. Shigli,

With Reference to your application and subsequent interview held for the above post, the management is pleased to inform you that you are hereby appointed on the post of **Principal** at D Y Patil Dental School, Dr D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune 412105.

The Terms and Condition of your appointment are as follows:

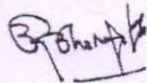
1. Your appointment is on probation for period of one year from the date of your joining. Your services are likely to be discontinued by the management if your services are not found satisfactory by giving three month's notice on either side or three month's pay, in lieu of the notice period.
2. You are appointed in the pay scale of Rs. 18400-500-22400 with starting consolidated pay of Rs. 1,60,000 (Rs One lac Sixty Thousand) per month in the time scale. On successful completion of probation period of one year your services may be confirmed subject to your satisfactory performance and conduct and approval by regulatory bodies (DCI, MUHS).
3. Your appointment on probation shall be deemed to be confirmed after satisfactory completion of probation period and unless there is any adverse communication order/ order of extension of probation.
4. Your appointment is on Full time basis and your normal daily duty Hours shall be as decided / prescribed by the Competent Authority. However, the working hours shall be flexible depending upon the exigencies of services at the discretion of the Management.
5. Your appointment shall be terminated automatically, if it is proved that the information given by you in your application is false and or a Degree / any other certificate/document submitted by you are forged or tampered with.
6. Your service shall be governed by the (a) provision of the Maharashtra University of Health Sciences Act, 1998 and Statutes, Ordinances, Rules, Regulations and Directions framed under it from time to time (b) The Rules, Regulations, Instructions, Directives, Circulars received from Respective central Councils from time to time and (c) The prevailing Rules, Regulations and service conditions framed by the Management of the College and amended / altered from time to time. And you will follow the code of conduct and Professional Ethics prescribed in University Direction No. 2/2012.
7. Your services shall be transferable to any College of the same Management which is affiliated to the Maharashtra University of Health Sciences, Nashik. However, you will work in one College only, at a time.

Received

8. Conducting private tuitions or private coaching classes in any form is strictly prohibited. You are also prohibited from taking any paid assignment or honorary posting outside the College without prior written permission of the Management.
9. Besides taking Lecture, Tutorials and Clinics / Practicals in the department you will be required to participate in the internal and external examination duties of the college and University and it is obligatory on your part to carry out any other responsibilities assigned by the University and Management from time to time.
10. You are also required to undertake the responsibilities in the College / Hospital and any other medical/dental activities which are conducted by the college in the relation to the patient care, student care and that of academic nature, related to professional Pursuits, and also take part in Administrative task related to College and Hospital and shall have to strive to maintain dignity and standard of the college and Institute.
11. You will have to undergo the Medical Examination by the authorized Medical Officer or by the Civil Surgeon of the concerned District as per rules.
12. The management can also seek the Antecedent Character Report from the police authority.
13. Prior to this appointment, if you have been serving in any College / Recognized Institution, you will be allowed to join only after submission of your resignation and relieving letter from the concerned College.
14. Your appointment is subject to the approval from Maharashtra University of Health Sciences, Nashik. If your appointment for the said post is not approved by the university your services shall be terminated forthwith or if you so desire and the Management is agree to continue you on the unapproved post you will be allowed to continue in the service with your written consent. The terms and conditions of such appointment shall be as decided by the Management and accepted by you. You are required to submit duly signed, "Deed of Contract" in a prescribed format.

If you are voluntarily accepting the appointment with abovementioned terms and conditions, you are required to give your acceptance forthwith or within seven days from the date of receipt of this appointment order and join within a stipulated period not later than thirty days. If your acceptance is not received in time or you failed to join within stipulated period, it will be presumed that you are not interested to join the post and this order shall automatically stand cancelled, this may please be noted.

Yours faithfully,



Prof B G Bhandarkar
Director Corporate Relations
Authorized Signatory



Copy to:

1. The Dean: D Y Patil Dental School
(in duplicate 1. For personal File 2. For Accounts Section)
2. Chief Administrative officer
3. Master File





MODERN DENTAL COLLEGE AND RESEARCH CENTRE

Ref. No. MDC/76/2012

Date : August 9, 2012

TO WHOM SO EVER IT MAY CONCERN

This is to certify that Dr. Anand Shigli have been working as Professor & Head in the Department of Pedodontics & Preventive Dentistry from 07-02-2007 to 09-08-2012.

During the above tenure his work and conduct has been found satisfactory.

He has been relieved from his duties on 09-08-2012 (A.N.).

Dean
Modern Dental College &
Research Centre, Indore.





Bharati Vidyapeeth Deemed University, Pune (India)

'A' Grade University Status by MHRD, Govt. of India



DENTAL COLLEGE & HOSPITAL, SANGLI

Founder & Chancellor :

Dr. Patangrao Kadam

M.A., LL.B., Ph.D.

Accredited and Reaccredited with 'A' Grade by NAAC

Sangli-Miraj Road, Sangli-416 414 Tel.: 0233-2601639, 6496777, Fax: 0233-2211324.

E-mail : bvdentalsangli@yahoo.in • Web: <http://dchsangli.bharatividyapeeth.edu>

Principal

Dr. Anand Shigli

M.D.S.

Ref.No.: BVDU / DCH / SANGLI / 604/2017-18

Date : 26/06/2017

EXPERIENCE CERTIFICATE

This is to certify that Dr. Shigli Anand Lingaraj., M.D.S. was working as Principal & Professor in the Department of Pedodontics & Preventive Dentistry at Bharati Vidyapeeth Deemed University Dental College & Hospital Sangli, as shown below:

- **Principal & Professor: From 11.08.2012 to 26.06.2017**

R. Kulkarni

Dr. Kulkarni Rajeev Balwantrao
Dean Bharati Vidyapeeth Deemed University
Medical College & Hospital Sangli





**K. L. E. SOCIETY'S
INSTITUTE OF DENTAL, SCIENCES, BELGAUM.**

(Recognised by Dental Council of India)

**J. N. Medical College Campus Nehrunagar, BELGAUM-590010.
(Karnatak State India)**

ಕೆ.ಎಲ್.ಇ. ಸಂಸ್ಥೆಯ ಇನ್‌ಸ್ಟಿಟ್ಯೂಟ ಆಫ್ ಡೆಂಟಲ್ ಸೈನ್ಸಸ್
ಜೆ. ಎನ್. ಮೆಡಿಕಲ್ ಕಾಲೇಜ್ ಆವರಣ, ನೆಹರುನಗರ, ಬೆಳಗಾವಿ-೫೯೦೦೧೦.

KLES/DENT/EST/2469/06.

Date: 30-12-2006.

EXPERIENCE CERTIFICATE

This is to certify that, Dr.A.L.Shigli , M.D.S. is working in this Institution in the Department of Pedodontics, the details are as follows:

Designation	Period
Lecturer / Assistant Professor	15-05-1995 to 30-06-1998
Reader	01-07-1998 to 13-09-2000
Associate Professor	14-09-2000 to 14-05-2003
Professor	15-05-2003 to till date.

His work and conduct has been found to be satisfactory.




Principal,

Institute of Dental Sciences, Belgaum

Acceptance of the Appointment

Appendix - V

Dr. Anand Shigli

Flat No. 801, Lohu
From: Park Spring, Poreu
(Full Resl. Add.) Road, Lohgeon
Date: 30/8/17

To,

D.Y. Patel Dental
School, Lohgeon

Subject : Acceptance of the Appointment

Reference : Your appointment order No. DYPDS/AL/AS/300617 dated 30/06/17

Sir/Madam,

I have received the above cited appointment order on 30/06/17 and hereby declares that I am accepting the same. I shall join as early as possible or as soon as I have been relieved from my present employer.

Yours faithfully,

(Signature)

Joining Report

Appendix - VI

Dr. Anand Shigli

Flat No. 801, Lohu
From: Park Spring, Poreu
(Full Resl. Add.) Road, Lohgeon
Date: 30/6/17

To,

D.Y. Patel Dental Lohgeon
School. Subject : Joining Report

Reference : Your appointment order No. DYPDS/AL/AS/300617 dated 30/6/17

Sir/Madam,

I have received the above cited appointment order on 30/6/17. I am accepting the same and joining to the post of Principal in the subject of w.e.f. 30/6/17 (before noon/afternoon) and I am aware that my appointment is subject to the approval from the University.

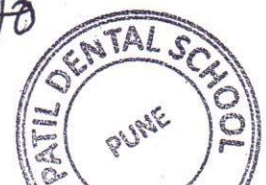
Yours faithfully,

(Signature)

Note: The appointing authority should endorsed the remarks as "Allowed to join" on the joining report and sign the same with seal of the College.

(Please provide Copy to the concerned employee.)

Allowed to join





K. L. E. SOCIETY'S
INSTITUTE OF DENTAL SCIENCES
(RECOGNISED BY DENTAL COUNCIL OF INDIA)
J. N. M. C. Campus, Nehrunagar, Belgaum-590 010.
Karnataka State, (India)

Phones :
Office : 0831-2470362,
0831-2473777 (16 Lines)
(R) : 0831-2472352
Fax : 0831-2470640

ಕೆ. ಎಲ್. ಇ. ಸಂಸ್ಥೆಯ ಇನ್‌ಸ್ಟಿಟ್ಯೂಟ ಆಫ್ ಡೆಂಟಲ್ ಸೈನ್ಸಿಸ್
ಜೆ. ಎನ್. ಮೆಡಿಕಲ್ ಕಾಲೇಜ್ ಆವರಣ, ನೆಹರುನಗರ, ಬೆಳಗಾವಿ-೫೯೦೦೧೦.

Ref. No. KLES/DENT : 2680 / 06.

Date : 06-02-2007.

RELIEVING ORDER:

With reference to his resignation letter dated 02-02-2007,
Dr. Anand L. Shigli, M.D.S., Professor, Department of Pedodontics, is
hereby informed that, he is relieved from his duties in this Institution on
06-02-2007, after office hours.



Shas
Principal,
Institute of Dental Sciences,
Belgaum.

To
Dr. Anand L. Shigli,
Professor,
Dept. of Pedodontics,
Institute of Dental Sciences,
BELGAUM.



Bharati Vidyapeeth Deemed University, Pune (India)

'A' Grade University Status by MHRD, Govt. of India



DENTAL COLLEGE & HOSPITAL, SANGLI

Accredited and Reaccredited with 'A' Grade by NAAC

Founder & Chancellor :

Dr. Patangrao Kadam

M.A.,LL.B.,Ph.D.

Principal

Dr. Anand Shigli

M.D.S.

Sangli-Miraj Road, Sangli-416 414 Tel.: 0233-2601639, 6496777, Fax: 0233-2211324.

E-mail : bvdentalsangli@yahoo.in • Web: <http://dchsangli.bharativedyapeeth.edu>

Ref.No.: BVDU / DCH / SANGLI / 603/2017-18

Date : 26/06/2017

RELIEVING ORDER

To

Dr. Shigli Anand Lingaraj.
Principal & Professor
Bharati Vidyapeeth Deemed University
Dental College & Hospital
Sangli

With reference to the order No BV/CO/Admn/Resign/5583/2017-2018, dated 17.06.2017, Dr. Shigli Anand Lingaraj, M.D.S. who was working as Principal & Professor in the Department of Pedodontics & Preventive Dentistry in this institute has been relieved from his duties on 26.06.2017, after office hours.

He has handed over the complete charge of his duties to the undersigned. He has cleared all the college dues before getting relieved.

He has hand over the complete charge of his duties to Dr. Kulkarni Rajeev Balwantrao, Dean, Bharati Vidyapeeth Deemed University Medical College and Hospital, Sangli.

R.Balwantrao
Dr. Kulkarni Rajeev Balwantrao
Dean Bharati Vidyapeeth Deemed University
Medical College & Hospital, Sangli



Copy to:

1. The Secretary, Bharati Vidyapeeth, Pune
2. The Registrar, Bharati Vidyapeeth Deemed University, Pune



D Y PATIL DENTAL SCHOOL

Re: No. :- DYPDS/171-A

Date :- 06/07/2017

To,
Dr. Kamal Shigli,
Flat No. 801, Lotus,
Park Spring, Porwal Road,
Lohegaon Pune, 412105.

Sub: Appointment to the post of **Professor & Head** in the Department of **Prosthodontics Crown and Bridge** at D.Y. Patil Dental School, Pune.

Dear, Dr. Kamal,

With Reference to your application and subsequent interview held for the above post, the management is pleased to inform you that you are here by appointed on the post of **Professor & Head** at this institution.

The Terms and Condition of your appointment are as follows:

- 1) Your appointment is on probation for period of two years from the date of your joining. During the period of probation, your services are likely to be discontinued by the Management if your services are not found satisfactory by giving one months' notice on either side or one month's pay, in lieu of the notice period.
- 2) You are appointed in the pay scale of Rs. 16400-450-22400 with Starting pay of Rs.100000/- and Per month in the time scale and Special pay 30000/- Per month. After successful completion of the probation period of one year normally you will be entitled to annual increment subject to your satisfactory performance and conduct and a report thereof from concerned Head of the Department. On successful completion of probation period of two years your services may be confirmed subject to your satisfactory performance and conduct.



D Y PATIL DENTAL SCHOOL

3. Your appointment is on Full time basis and your normal daily duty Hours shall be as decided / prescribed by the Competent Authority. However, the working hours shall be flexible depending upon the exigencies of services at the discretion of the Management.
4. Your appointment shall be terminated automatically, if it is proved that the information given by you in your application is false and or a Degree / any other certificate/document submitted by you are forged or tampered with.
5. Your service shall be governed by the (a) provision of the Maharashtra University of Health Sciences Act, 1998 and Statutes, Ordinances, Rules, Regulations and Directions framed under it from time to time (b) The Rules, Regulations, Instructions, Directives, Circulars received from Respective central Councils from time to time and (c) The prevailing Rules, Regulations and service conditions framed by the Management of the College and amended / altered from time to time. And you will follow the code of conduct and Professional Ethics prescribed in University Direction No.2/2012
6. Your services shall be transferable to any College of the same Management which is affiliated to the Maharashtra University of Health Sciences, Nashik. However, you will work in one College only, at a time.
7. Conducting private tuitions or private coaching classes in any form is strictly prohibited. You are also prohibited from taking any paid assignment or honorary posting outside the College without prior written permission of the Management.
8. Besides taking Lecture, Tutorials and Clinics / Practical's in the department you will be required to participate in the internal and external examination duties of the college and University and it is obligatory on your part to carry out any other responsibilities assigned by the University and college from time to time.
9. You are also required to undertake the responsibilities in the College / Hospital and any other medical activities which are conducted by the college in the relation to the patient care, student care and that of academic nature, related to professional Pursuits, and also take part in Administrative task related to College and Hospital and shall have to strive to maintain dignity and standard of the college and Institute.



D Y PATIL DENTAL SCHOOL

10. You will have to undergo the Medical Examination by the authorized Medical Officer or by the Civil Surgeon of the concerned District as per rules.
11. The management can also seek the Antecedent Character Report from the police authority.
12. Prior to this appointment, if you have been serving in any College / Recognized Institution, you will be allowed to join only after submission of your resignation and relieving letter from the concerned College.
13. Your appointment is subject to the approval from Maharashtra University of Health Sciences, Nashik. If your appointment for the said post is not approved by the university your services shall be terminated forthwith or if you so desire and the Management is agree to continue you on the unapproved post you will be allowed to continue in the service with your written consent. The terms and conditions of such appointment shall be as decided by the Management and accepted by you. You are required to submit duly signed, "Deed Of Contract" in a prescribed format.

If you are voluntarily accepting the appointment with abovementioned terms and conditions, you are required to give your acceptance forthwith or within seven days from the date of receipt of this appointment order and join within a stipulated period not later than thirty days. If your acceptance is not received in time or you failed to join within stipulated period, it will be presumed that you are not interested to join the post and this order shall automatically stand cancelled, this may please be noted.

Yours faithfully,

Dean



Appendix - V

Acceptance of the Appointment

From: Dr. Kamal Singh
(Full Resi. Add.) Flat no. 801, Park Springs
Apartment, Poonal Road,
Date: Pune-411015

To,
Dean, D.Y. Patil Dental
School

Subject : Acceptance of the Appointment

Reference : Your appointment order No. DYPDS/171-A dated 06.07.2017

Sir/Madam,

I have received the above cited appointment order on 06/7/17... and hereby declares that I am accepting the same. I shall join as early as possible or as soon as I have been relieved from my present employer.

Yours faithfully,

(Kamal Singh)

Appendix - VI

Joining Report

From: Dr. Kamal Singh
(Full Resi. Add.) Flat no. 801 Park
Spings Apartment, Poonal
Date: Road Pune 411015

To,
Dean, D.Y. Patil
Dental School

Subject : Joining Report

Reference : Your appointment order No. DYPDS/171-A dated 06.07.2017

Sir/Madam,

I have received the above cited appointment order on 6/7/17... I am accepting the same and joining to the post of Prof. & Head in the subject of PROSTHODONTICS w.e.f. 06th July, 2017 (beforenoon/afternoon) and I am aware that my appointment is subject to the approval from the University.

Yours faithfully,

(Kamal Singh)

Note: The appointing authority should endorsed the remarks as "Allowed to join" on the joining report and sign the same with seal of the College.

(Please provide Copy to the concerned employee.)



[Signature]

Allowed to join.



MODERN DENTAL COLLEGE AND RESEARCH CENTRE

Ref. No. MDC/77/2012

Date : August 9, 2012

TO WHOM SO EVER IT MAY CONCERN

This is to certify that Dr. (Mrs.) Kamal Shigli have been working as Professor in the Department of Prosthodontics from 18-05-2007 to 09-08-2012.

During the above tenure her work and conduct has been found satisfactory.

She has been relieved from her duties on 09-08-2012 (A.N.).

Dean
Modern Dental College &
Research Centre, Indore.





K. L. E. SOCIETY'S
INSTITUTE OF DENTAL SCIENCES
(RECOGNISED BY DENTAL COUNCIL OF INDIA)
J. N. M. C. Campus, Nehrunagar, Belgaum-590 010.
Karnataka State, (India)

Phones :
Office : 0831-2470362,
0831-2473777 (16 Lines)
(R) : 0831-2472352
Fax : 0831-2470640

ಕೆ. ಎಲ್. ಇ. ಸಂಸ್ಥೆಯ ಇನ್‌ಸ್ಟಿಟ್ಯೂಟ ಆಫ್ ಡೆಂಟಲ್ ಸೈನ್ಸೆಸ್
ಬಿ. ಎನ್. ಮೆಡಿಕಲ್ ಕಾಲೇಜ್ ಆವರಣ, ನೆಹರುನಗರ, ಬೆಳಗಾವಿ-೫೯೦೦೧೦.

Ref. No. KLES/DENT : 279 / 07.

Date : 18-05-2007.

EXPERIENCE CERTIFICATE :

This is to certify that, Dr.(Mrs)Kamal A. Shigli, M.D.S.,
has worked in this Institution in the Department of Prosthodontics
as follows:

1. Assistant Professor : 20-04-1998 to 10-08-1999
2. Reader : 11-08-1999 to 10-08-2001
3. Associate Professor : 11-08-2001 to 30-09-2004
5. Professor : 01-10-2004 to 17-05-2007

To the best of my knowledge & record, her work and conduct has
been satisfactory.



[Signature]

Principal,
Institute of Dental Sciences, Belgaum.

To,
Dr.(Mrs)Kamal A. Shigli,
Professor,
Dept. of Prosthodontics,
Institute of Dental Sciences,
BELGAUM.



MODERN DENTAL COLLEGE AND RESEARCH CENTRE

Ref. No. MDC/77/2012

Date : August 9, 2012

TO WHOM SO EVER IT MAY CONCERN

This is to certify that Dr. (Mrs.) Kamal Shigli have been working as Professor in the Department of Prosthodontics from 18-05-2007 to 09-08-2012.

During the above tenure her work and conduct has been found satisfactory.

She has been relieved from her duties on 09-08-2012 (A.N.).

Dean
Modern Dental College &
Research Centre, Indore.





OFFICE OF THE PRINCIPAL

Phone ; Off : 22189

Resi :

Fax ; 08352-52984



Dental College, BIJAPUR-586108
Karnataka, INDIA.

PRINCIPAL

Date 31-07-1998.

No. ADC/130/98-99.

CERTIFICATE

This is to certify that, Dr. Kamaljeet Saluja,
M.D.S. Prosthodontics had served in this Institution
as Assistant Professor in Department of Prosthodontics
for a period from 1-5-1996 till 31-03-1998.

During her period of service, I found her work
satisfactory.

P. Celatdu
31.7.98

Principal,
Al-Ameen Dental College,
BIJAPUR.



Jawahar Medical Foundation's
**Annasaheb Chudaman Patil Memorial
Dental College**

Post Box No. 145
Sahar Road,
Dhule (M.S.) 424001, II

Ph [02562] 277924 20674
Fax [02562] 279924 2027
E-mail : acpmdental@rediffmail.com, 14.com

Ref No: 111 | JMF's ACPMDC/Dhule


Date: 01/02/2019

EXPERIENCE CERTIFICATE

This is to Certified that Dr.Girish Neelkanth Byakod , MDS (Periodontics), is working in the Department of Periodontics. Her total teaching experience is as follows.

TEACHING EXPERIENCE

Designation	Name of Institution	From	To	Total Experience Year-Month-Day
Lecturer	S Njalngappa Institute of Dental Science & Research Guibarga, Karnataka	04/01/2000	09/02/2001	01.01
	KLE. Institute of Dental Sciences Belgaum.	10/02/2001	03/02/2003	02.00
Reader	KLE. Institute of Dental Sciences Belgaum.	04/02/2003	24/06/2005	02.04
	Pravara Institute of Medical Sciences Deemed University, Loni.	28/06/2005	04/02/2008	02.07
Professor	Sinhgad Dental College & Hospital, Pune.	05/02/2008	01/07/2009	01.05
	Bharti Vidyapeeth University Dental College & Hospital Sangh.	07/07/2009	20/07/2010	01.00
	MCES's M.A Rangunwala College of Dental Sciences & Research Centur Pune	21/07/2010	15/06/2017	06.10
	ACPM Dental College, Dhule.	02/04/2018	Till date	00.09


Principal
JMF's A.C.P.M.Dental College,
Dhule.



Post Box No. 145
Sakri Road,
Dhule (M.S.) 424001.

☎ | 02562 | 277924
FAX | 02562 | 279924
E-mail : arpm dental@rediffmail.com.

Ref. No 749/JMF's ACPMDC/Dhule.

Date: 16/5/2016

Jwahir Medical Foundation's Annasaheb Chudaman Patil Memorial Dental College

EXPERIENCE CERTIFICATE

This is to Certified that Dr.Karibasappa G.N., MDS (Public Health Dentistry), was working in the Department of Public Health Dentistry. His total teaching experience is as follows.

TEACHING EXPERIENCE

Designation	Name of Institution	From	To
Reader	A.C.P.M. Dental College, Dhule.	01/03/2011	02/08/2011
Asso.Professor	A.C.P.M. Dental College, Dhule.	03/08/2011	30/06/2014
Professor	A.C.P.M. Dental College, Dhule.	01/07/2014	16/05/2016

Principal
JMF's A.C.P.M. Dental College,
Dhule.

Principal,
JMF's A.C.P.M. Dental College,
DHULE - 424 001, [M.S.]



Bapuji Educational Association*
BAPUJI DENTAL COLLEGE & HOSPITAL

(Recognised by the Dental Council of India, New Delhi)
(Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka, Bengaluru.)



Ref.No.BDC/2010-2011/1292

Date:28-02-2011

CERTIFICATE

This is to certify that, Dr.G.N.Karibasappa, MDS., has worked in this institution in the department of Preventive & Community Dentistry in the following capacities as noted below:-

SL. NOS.	DESIGNATION	FROM	TO
1.	Assistant Professor	01-07-2008	30-06-2009
2.	Reader	01-07-2009	28-02-2011

G. N. Karibasappa
PRINCIPAL
VA

Post Box No. 326, DAVANGERE - 577 004, Karnataka - India
Office Tele. : 08192-220575, 220579 & 220580
Principal Tele Fax : 01-8192-220572
Website : www.bapujidental.edu

Fax : 01-8192-220578
E-mail : principal@bapujidental.edu
bdch@satyam.net.in
Grams : "DENTAL"



SHARAVATHI EDUCATION TRUST (REGD.)



Alkole, T.H. Road, Shimoga - 577204, Karnataka, India. Ph. 0091-08162-250810, 250167 Email : info@sharavathi.org
Reg. Off. No -36, East Park Road, Kumara Park East, Bangalore-1, Phone: 22265321, 22269863, Fax-22265316, Web : www.Sharavathi.Org

4th May 2007

EXPERIENCE CERTIFICATE

This is to certify that Dr. G.N. KARIBASAPPA, MDS., has worked as an Senior Lecturer in Department of Community Dentistry at Sharavathi Dental College & Hospital, Shimoga, from 1st July 2005 to 6th April 2007.

His Character and Conduct was found good during his stay in our Institution.

For SHARAVATHI EDUCATION TRUST,


(H.G. SIDDALINGAIAH)
Hon'ble Secretary.

C.C to The Principal & Office, Shimoga.



ಸಿ.ಎನ್. ನಿಜಲಿಂಗಪ್ಪ ದಂತ ವಿಜ್ಞಾನ ಸಂಶೋಧನಾ ಕೇಂದ್ರ
 ಸಿದ್ಧಾಂತ ರಸ್ತೆ - ಗುಲ್ಬರ್ಗಾ - ೫೨೨ ೫೦೨ - ಕರ್ನಾಟಕ
 ಫೋನ್: ೦೮೪೭೨-೨೪೭೭೪೫, ೨೪೫೦೨೮ (ಇಂ) - ಫ್ಯಾಕ್ಸ್: ೦೮೪೭೨-೨೪೫೦೨೮
 Hyderabad Karnatak Education Society's
S.Nijalingappa Institute of Dental Sciences & Research
 Sidam Road, GULBARGA - 5 Ph: 08472-247745 - Principal: 245028
 Fax : 08472-245028 • E-mail : sndcg@hotmail.com

Affiliated to Rajiv Gandhi University of Health Sciences, Bangalore (Karnataka)

Ref. No. HKES / SNDCG / 2008 - 2009/452 Date: 30/6/08

EXPERIENCE CERTIFICATE

This is to certify that **Dr. G.N.Karibasappa,**
M.D.S. has worked in this institution as Sr. Lecturer
 from 07.04.2007 to 30-06-2008 in the department of
 Community Dentistry.


PRINCIPAL



Bapuji Educational Association*
BAPUJI DENTAL COLLEGE & HOSPITAL

(Recognised by the Dental Council of India, New Delhi)
(Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka, Bengaluru.)



Ref.No.BDC/2010-2011/1292

Date:28-02-2011

CERTIFICATE

This is to certify that, Dr.G.N.Karibasappa, MDS., has worked in this institution in the department of Preventive & Community Dentistry in the following capacities as noted below:-

SL. NOS.	DESIGNATION	FROM	TO
1.	Assistant Professor	01-07-2008	30-06-2009
2.	Reader	01-07-2009	28-02-2011

G. N. Karibasappa
PRINCIPAL
VA

Post Box No. 326, DAVANGERE - 577 004, Karnataka - India
Office Tele. : 08192-220575, 220579 & 220580
Principal Tele Fax : 01-8192-220572
Website : www.bapujidental.edu

Fax : 01-8192-220578
E-mail : principal@bapujidental.edu
bdch@satyam.net.in
Grams : "DENTAL"





Post Box No. 145
Sakri Road,
Dhule (M.S.) 424001.

☎ | 02562 | 277924
FAX | 02562 | 279924
E-mail : arpm dental@rediffmail.com.

Jwahir Medical Foundation's Annasaheb Chudaman Patil Memorial Dental College

Ref. No 749/JMF's ACPMDC/Dhule.

Date: 16/5/2016

EXPERIENCE CERTIFICATE

This is to Certified that Dr.Karibasappa G.N., MDS (Public Health Dentistry), was working in the Department of Public Health Dentistry. His total teaching experience is as follows.

TEACHING EXPERIENCE

Designation	Name of Institution	From	To
Reader	A.C.P.M. Dental College, Dhule.	01/03/2011	02/08/2011
Asso.Professor	A.C.P.M. Dental College, Dhule.	03/08/2011	30/06/2014
Professor	A.C.P.M. Dental College, Dhule.	01/07/2014	16/05/2016

Principal

JMF's A.C.P.M. Dental College,
Dhule.

Principal,
JMF's A.C.P.M. Dental College,
DHULE - 424 001, [M.S.]

Acceptance of the Appointment

Appendix - V

Dr. Kasibasa...

From:

(Full Resi. Add.)

Date : 17/5/2016

To,
The Dean
D.Y. Patil Dental School

Subject : Acceptance of the Appointment

Reference : Your appointment order No. DYPDS/161 dated 17/5/2016

Sir/Madam,

I have received the above cited appointment order on 17/5/2016 and hereby declares that I am accepting the same. I shall join as early as possible or as soon as I have been relieved from my present employer.

Yours faithfully,

(Kaha)

Joining Report

Appendix - VI

Dr. Kasibasa...

From:

(Full Resi. Add.)

Date : 17/5/2016

To,
The Dean
D.Y. Patil Dental School

Subject : Joining Report

Reference : Your appointment order No. DYPDS/161 dated 17/5/2016

Sir/Madam,

I have received the above cited appointment order on 17/5/2016. I am accepting the same and joining to the post of Professor in the subject of Public Health w.e.f. (before noon/afternoon) and I am aware that my appointment is subject to the approval from the University.

Yours faithfully,

(Kaha)

Note: The appointing authority should endorsed the remarks as "Allowed to join" on the joining report and sign the same with seal of the College.

(Please provide Copy to the concerned employee.)

Allowed to Join.
D. R. Sarfwar





D Y PATIL DENTAL SCHOOL

D Y PATIL DENTAL SCHOOL

Ref: No.DYPDS/16\

Date: 17/05/2016

To,
Dr. Karibasappa G.N.

Sub: Appointment to the post of Professor in the Department of Public Health Dentistry

Dear Dr. Karibasappa,

With Reference to your application and subsequent interview held for the above post, the management is pleased to inform you that you are here by appointed on the post of Professor in the subject of Public Health Dentistry

The Terms and Condition of your appointment are as follows:

1. Your appointment is temporary for one year from the date of your joining. During the period of your temporary service, you are likely to be discontinued.
2. You are appointed in the pay scale of Rs16400-450-22400 with starting pay of Rs100000/- per month in the time scale. After successful completion of the probation period of one year normally you will be entitled to annual increment subject to your satisfactory performance and conduct and a report thereof from the Dean. On successful completion of probation period of two years your services may be confirmed subject to your satisfactory performance and conduct.
3. Your appointment on probation shall be deemed to be confirmed after satisfactory completion of probation period and unless there is any adverse communication order/ order of extension of probation.
4. Your appointment is on Full time basis and your normal daily duty Hours shall be as decided / prescribed by the Competent Authority. However, the working hours shall be flexible depending upon the exigencies of services at the discretion of the Management.
5. Your appointment shall be terminated automatically, if it is proved that the information given by you in your application is false and or a Degree / any other certificate/document submitted by you are forged or tampered with.



D Y PATIL DENTAL SCHOOL

6. Your service shall be governed by the (a) provision of the Maharashtra University of Health Sciences Act, 1998 and Statutes, Ordinances, Rules, Regulations and Directions framed under it from time to time (b) The Rules, Regulations, Instructions, Directives, Circulars received from Respective central Councils from time to time and (c) The prevailing Rules, Regulations and service conditions framed by the Management of the College and amended / altered from time to time. And you will follow the code of conduct and Professional Ethics prescribed in University Direction No 2/2012
7. Your services shall be transferable to any College of the same Management which is affiliated to the Maharashtra University of Health Sciences, Nashik. However, you will work in one College only, at a time.
8. Conducting private tuitions or private coaching classes in any form is strictly prohibited. You are also prohibited from taking any paid assignment or honorary posting outside the College without prior written permission of the Management.
9. Besides taking Lecture, Tutorials and Clinics / Practicals in the department you will be required to participate in the internal and external examination duties of the college and University and it is obligatory on your part to carry out any other responsibilities assigned by the University and college from time to time.
10. You are also required to undertake the responsibilities in the College / Hospital and any other medical activities which are conducted by the college in the relation to the patient care, student care and that of academic nature, related to professional Pursuits, and also take part in Administrative task related to College and Hospital and shall have to strive to maintain dignity and standard of the college and Institute.
11. You will have to undergo the Medical Examination by the authorized Medical Officer or by the Civil Surgeon of the concerned District as per rules.
12. The management can also seek the Antecedent Character Report from the police authority.
13. Prior to this appointment, if you have been serving in any College / Recognized Institution, you will be allowed to join only after submission of your resignation and relieving letter from the concerned College.



D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

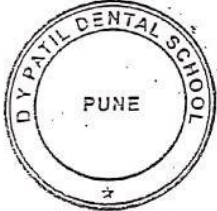
14. Your appointment is subject to the approval from Maharashtra University of Health Sciences, Nashik. If your appointment for the said post is not approved by the university your services shall be terminated forthwith or if you so desire and the Management is agree to continue you on the unapproved post you will be allowed to continue in the service with your written consent. The terms and conditions of such appointment shall be as decided by the Management and accepted by you. You are required to submit duly signed, "Deed Of Contract" in a prescribed format.

If you are voluntarily accepting the appointment with abovementioned terms and conditions, you are required to give your acceptance forthwith or within seven days from the date of receipt of this appointment order and join within a stipulated period not later than thirty days. If your acceptance is not received in time or you failed to join within stipulated period, it will be presumed that you are not interested to join the post and this order shall automatically stand cancelled, this may please be noted.

Yours faithfully,

D. R. Barfiwale.

DEAN





D Y PATIL DENTAL SCHOOL

Affiliated to the Maharashtra University of Health Sciences, Nashik
Recognized by Dental Council of India

Re: DYPDS/2215

Date: 21/03/2022

To,
Dr. Pradeep Shetty
Truptideep, Row House-25
Sukhwani Oasis, Sec 11.
Near Spine Road, Flyover, PCNTDA
Chikhli, Chiinchwad, Pune – 411019

Sub: Appointment to the post of Professor & HOD in the Department of Conservative Dentistry & Endodontics.

Dear Dr. Pradeep,

With Reference to your application and subsequent interview held for the above post, the management is pleased to inform you that you are here by appointed on the post of Professor & HOD in the subject of Conservative Dentistry & Endodontics.

The Terms and Condition of your appointment are as follows:

1. Your appointment is temporary for one year from the date of your joining. During the period of your temporary service, you are likely to be discontinued.
2. You are appointed in the consolidated pay scale of Rs. 1,00,000/- per month in the time scale. After successful completion of the probation period of one year normally you will be entitled to annual increment subject to your satisfactory performance and conduct and a report thereof from concerned Head of the Department. On successful completion of probation period of two years your services may be confirmed subject to your satisfactory performance and conduct.
3. Your appointment on probation shall be deemed to be confirmed after satisfactory completion of probation period and unless there is any adverse communication order/ order of extension of probation.
4. Your appointment is on Full time basis and your normal daily duty Hours shall be as decided / prescribed by the Competent Authority. However, the working hours shall be flexible depending upon the exigencies of services at the discretion of the Management.



D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Affiliated to the Maharashtra University of Health Sciences, Nashik
Recognized by Dental Council of India

14. Your appointment is subject to the approval from Maharashtra University of Health Sciences, Nashik. If your appointment for the said post is not approved by the university your services shall be terminated forthwith or if you so desire and the Management is agree to continue you on the unapproved post you will be allowed to continue in the service with your written consent. The terms and conditions of such appointment shall be as decided by the Management and accepted by you. You are required to submit duly signed, "Deed of Contract" in a prescribed format.

If you are voluntarily accepting the appointment with abovementioned terms and conditions, you are required to give your acceptance forthwith or within seven days from the date of receipt of this appointment order and join within a stipulated period not later than thirty days. If your acceptance is not received in time or you failed to join within stipulated period, it will be presumed that you are not interested to join the post and this order shall automatically stand cancelled, this may please be noted.

Yours faithfully,


Dr. Anand Shigli
DEAN





D Y PATIL GROUP

D Y Patil Dental School

Ref: No. DYPDS/071

Date: 28/01/2016

To,
Dr. Anagha Shete
Durain, Nyati Environ
Tingre Nagar, Lane-5
Vishrantwadi, Pune

Sub: Appointment to the post of **Asso. Professor/Reader** in the Department of **Oral Medicine & Radiology**

Dear Dr. Anagha,

With Reference to your application and subsequent interview held for the above post, the management is pleased to inform you that you are here by appointed on the post of **Asso. Professor / Reader** in the subject of **Oral Medicine & Radiology**

The Terms and Condition of your appointment are as follows:

1. Your appointment is temporary for one year from the date of your joining. During the period of your temporary service, you are likely to be discontinued.
2. You are appointed in the pay scale of Rs.12000-375-18300 with starting pay of Rs.80000/- per month in the time scale. After successful completion of the probation period of one year normally you will be entitled to annual increment subject to your satisfactory performance and conduct and a report thereof from concerned Head of the Department. On successful completion of probation period of two years your services may be confirmed subject to your satisfactory performance and conduct.
3. Your appointment on probation shall be deemed to be confirmed after satisfactory completion of probation period and unless there is any adverse communication order/ order of extension of probation.
4. Your appointment is on Full time basis and your normal daily duty Hours shall be as decided / prescribed by the Competent Authority. However, the working hours shall be flexible depending upon the exigencies of services at the discretion of the Management.



D Y PATIL GROUP

D Y Patil Dental School

5. Your appointment shall be terminated automatically, if it is proved that the information given by you in your application is false and or a Degree / any other certificate/document submitted by you are forged or tampered with.
6. Your service shall be governed by the (a) provision of the Maharashtra University of Health Sciences Act, 1998 and Statutes, Ordinances, Rules, Regulations and Directions framed under it from time to time (b) The Rules, Regulations, Instructions, Directives, Circulars received from Respective central Councils from time to time and (c) The prevailing Rules, Regulations and service conditions framed by the Management of the College and amended / altered from time to time. And you will follow the code of conduct and Professional Ethics prescribed in University Direction No. 2./2012
7. Your services shall be transferable to any College of the same Management which is affiliated to the Maharashtra University of Health Sciences, Nashik. However, you will work in one College only, at a time.
8. Conducting private tuitions or private coaching classes in any form is strictly prohibited. You are also prohibited from taking any paid assignment or honorary posting outside the College without prior written permission of the Management.
9. Besides taking Lecture, Tutorials and Clinics / Practicals in the department you will be required to participate in the internal and external examination duties of the college and University and it is obligatory on your part to carry out any other responsibilities assigned by the University and college from time to time.
10. You are also required to undertake the responsibilities in the College / Hospital and any other medical activities which are conducted by the college in the relation to the patient care, student care and that of academic nature, related to professional Pursuits, and also take part in Administrative task related to College and Hospital and shall have to strive to maintain dignity and standard of the college and Institute.
11. You will have to undergo the Medical Examination by the authorized Medical Officer or by the Civil Surgeon of the concerned District as per rules.
12. The management can also seek the Antecedent Character Report from the police authority.



D Y PATIL GROUP

D Y Patil Dental School

13. Prior to this appointment, if you have been serving in any College / Recognized Institution, you will be allowed to join only after submission of your resignation and relieving letter from the concerned College.
14. Your appointment is subject to the approval from Maharashtra University of Health Sciences, Nashik. If your appointment for the said post is not approved by the university your services shall be terminated forthwith or if you so desire and the Management is agree to continue you on the unapproved post you will be allowed to continue in the service with your written consent. The terms and conditions of such appointment shall be as decided by the Management and accepted by you. You are required to submit duly signed, " Deed Of Contract" in a prescribed format.

If you are voluntarily accepting the appointment with abovementioned terms and conditions, you are required to give your acceptance forthwith or within seven days from the date of receipt of this appointment order and join within a stipulated period not later than thirty days. If your acceptance is not received in time or you failed to join within stipulated period, it will be presumed that you are not interested to join the post and this order shall automatically stand cancelled, this may please be noted.

Yours faithfully,

D. K. Sarfware
hr Director

Dr. Deepak G. Kulkarni
Dean

Dr. P. D. Patil
President

Ref. No. : DYPDCH/EST/1138/2016

Date : 12/1/2016

EXPERIENCE CERTIFICATE

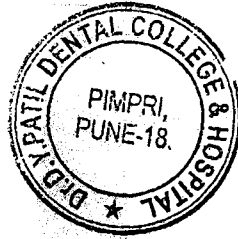
It is certified that, Dr. Anagha Shete his working on ad-hoc / temporary / regular teacher in fulltime capacity at Dr. D. Y. Patil Dental College & Hospital, Pimpri, Pune as a Lecturer in Department of Oral Medicine & Radiology.

His / her experience in the said College / Institute is as under:

S. N.	Post	Subject	Experience	
			From	To
1	Lecturer	Oral Medicine & Radiology	05.09.2011	Till date

This certificate is given as per his / her request.

Date : 12/1/2016
Place: Pimpri, Pune-18



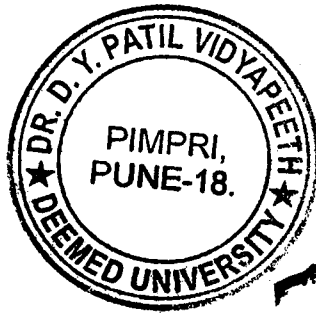

Dr. Deepak G. Kulkarni
Dean

(Space shall be used for certification by concerned University only)

Date: 12.01.2016

Place: Pimpri, Pune-18

Certified By:





Dr. A. N. Suryakar
Registrar


Principal
Shaghrathi Institute of Nursing
SATARA

Dr. Deepak G. Kulkarni
Dean

Dr. P. D. Patil
President

Ref. No. : DYPDCH/EST/1206/2016


Date : 04/02/2016

EXPERIENCE CERTIFICATE

This is to certify that Dr. Anagha Shete was working as “Lecturer” in Oral Medicine & Radiology Department at Dr. D. Y. Patil Dental College & Hospital, Pimpri, Pune-18 from 05.09.2011 To 30.01.2016.

This certificate is issued on her request.




(Dr. Deepak G. Kulkarni)
Dean

Copy to:

- 1) Dr. Anagha Shete
- 2) Personal File

Dr. Deepak G. Kulkarni
Dean

Dr. P. D. Patil
President

Ref. No. : DYPDCH/EST/1207/2016

Date : 04/02/2016

RELIEVING ORDER

Dr. Anagha Shete was working as “Lecturer” in Oral Medicine & Radiology Department at Dr. D. Y. Patil Dental College & Hospital, Pimpri, Pune-18 from 05.09.2011 To 30.01.2016 A.N.

She was relieved from this institute on 30.01.2016 A.N.



Deepak G. Kulkarni
(Dr. Deepak G. Kulkarni)
Dean

Copy to:
Dr. Anagha Shete



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, Nashik

(An ISO 9001:2008 Certified University)

दिंडोरी रोड, म्हसळ, नाशिक - ४२३००४ / Dindori Road, Mhasrul, Nashik - 422004

Tel : (0253) 2539192 / 198, Fax : (0253) 2539195

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

शि. द. कंडेकर

कक्ष अधिकारी

शैक्षणिक विभाग (दंत विद्याशाळा)

S. D. Kandekar

Section Officer

Academic Section (Dental Faculty)

No. MUHS/UG/E-2/53/2207/2759/2016

Date: 25/04/2016

To,

The Principal,

D Y Patil Dental School,

D Y Patil Knowledge City,

Charholi Bk, Via Lohegaon

Dist. Pune - 412 105.

Sub.: Approval to the appointment(s) of teacher(s)...

Ref.: 1. Your letter No. DYPDS/640 Dated 02/02/2016.

2. University Letter no. MUHS/UG/E-2/53/2207/312/2016 dated 24/02/16

3. Your letter No. DYPDS/117 dated 03/03/2016.

Sir / Madam,

With reference to the above cited subject, I am directed to inform you that, Hon'ble Vice-Chancellor is pleased to grant approval to the appointment(s) of following teacher(s) as indicated below:

Sr. No	Subject	Name of the Teacher(s)	Post	Status of Approval
1.	Periodontology	Dr. Rakesh Mutha	Reader	w.e.f. 28/01/2016 for <u>one year</u> only, against SC category
2.	Oral & Medicine Radiology	Dr. Anagha Shete	Reader	w.e.f. 28/01/2016
3.	Public Health Dentistry	Dr. Madhuri Sonawane	Lecturer	w.e.f. 28/01/2016
4.	---	Dr. Pravina Prakash Kulkarni	Tutor	w.e.f. 28/01/2016
5.	---	Dr. Dipti D. Vaidya (Oswal)	Tutor	w.e.f. 28/01/2016
6.	---	Dr. Pratibha Singh Oswal	Tutor	w.e.f. 28/01/2016
7.	Anatomy	Dr. Makarand Apte	Reader	w.e.f. 28/01/2016
8.	Physiology	Dr. Gauri Apte (Seema Kulkarni)	Reader	w.e.f. 28/01/2016
9.	Biochemistry	Dr. Arti Hajarnavis	Reader	w.e.f. 28/01/2016
10.	Microbiology	Dr. Swati Joshi (Banerjee)	Reader	w.e.f. 28/01/2016

Kindly note that, the approval to the said appointments are subject to successful completion of at least one Medical Education Technology (MET) workshop conducted by the University within the period of one year from the date of approval, failing to which the approval granted shall automatically stands cancelled as per clause No. 9.2.8 of University Direction No. 02/2014.

You are requested to hand over photo copy of this letter to concerned teacher.

Yours,

D.Y.PATIL DENTAL SCHOOL
INWARD / OUTWARD


Section Officer

NO.....
Copy to: I/c, Academic Section (PG), MUHS, Nashik
DATE.....
Vacademic28VF28-201657_Teacher Approval2207SSC 28.01.2016/E. Let 28.01.2016.doc

D.Y.PATIL DENTAL SCHOOL
INWARD / OUTWARD

- 8 -

Appendix - V

Acceptance of the Appointment

Dr. Anagha Shet

From:

(Full Resi. Add.)

Date : 28/01/2016

To,

The Dean
Ajeenkya D.Y. Patil Dental School

Subject : Acceptance of the Appointment

Reference : Your appointment order No. DYPDS/07/ dated 28/01/2016

Sir/Madam,

I have received the above cited appointment order on 28/01/2016 and hereby declares that I am accepting the same. I shall join as early as possible or as soon as I have been relieved from my present employer.

Yours faithfully,

(Anagha Shet)

Appendix - VI

Joining Report

Dr. Anagha Shet

From:

(Full Resi. Add.)

Date : 02/02/2016

To,

The Dean
Ajeenkya D.Y. Patil Dental School

Subject : Joining Report

Reference : Your appointment order No. DYPDS/07/ dated 28/01/2016

Sir/Madam,

I have received the above cited appointment order on 28/01/2016. I am accepting the same and joining to the post of Reader... in the subject of OMDR w.e.f. 02/02/2016. (before noon/afternoon) and I am aware that my appointment is subject to the approval from the University.

Yours faithfully,

(Anagha Shet)

Note: The appointing authority should endorsed the remarks as "Allowed to join" on the joining report and sign the same with seal of the College.

(Please provide Copy to the concerned employee.)

Handwritten signature



**Copies of to be eligible PhD
Guide-ship letters for year 2018-2019**



KARNATAK UNIVERSITY, DHARWAD

ಕರ್ನಾಟಕ ವಿಶ್ವವಿದ್ಯಾಲಯದ ಕುಲಾಧಿಪತಿ, ಕುಲಪತಿ ಹಾಗೂ ಸಿನೇಟ ಸದಸ್ಯರಾದ ನಾವು

We, the Chancellor, Vice-Chancellor and Members of the Senate of the Karnataka University certify that

ಶಿ.ಗ್ಲಿ ಆನಂದ ಲಿಂಗಾಚಾರ್ಯ

ಕೆ.ಎಲ್.ಇ.ಎಸ್. ಇನ್ಸ್ಟಿಟ್ಯೂಟ್ ಆಫ್ ಡೆಂಟಲ್ ಸೈನ್ಸೆಸ್ ಲಿಮಿಟೆಡ್, ಬೆಂಗಳೂರಿನಲ್ಲಿ ಇವರು ಸಂಬಂಧಿಸಿದ ಸ್ನಾತಕೋತ್ತರ ಪದವಿ ಪರೀಕ್ಷೆಯನ್ನು ಫೆಬ್ರವರಿ ೧೯೯೫ ರಲ್ಲಿ ಸಾಮಾನ್ಯ ವರ್ಗದಲ್ಲಿ ಉತ್ತೀರ್ಣರಾದ ನಿಮಿತ್ತ ಇವರಿಗೆ

Shigli Anand Lingaraj

K. L. E. S. Institute of Dental Sciences Bangalore of *having been examined in February 1995 and placed in the Pass Class, the Post-graduate Degree of*

ಮಾಸ್ಟರ್ ಆಫ್ ಡೆಂಟಲ್ ಸರ್ಜರಿ
(ಪೀಡೋಂಟಿಕ್ಸ್ ಮತ್ತು ಪ್ರಿವೆಂಟಿವ್ ಡೆಂಟಿಸ್ಟ್ರಿ)
MASTER OF DENTAL SURGERY
(Pedodontics & Preventive Dentistry)

ಪದವಿ ಪ್ರದಾನವನ್ನು ಧಾರವಾಡ ದಲ್ಲಿ ಒಂದು ಸಾವಿರದಾ ಒಂಬತ್ತನೂರಾ ತೊಂಬತ್ತಾರನೆಯ ಜನವರಿ ಇನ್ನೆತ್ತಾರನೆಯ ಅಧಿಕೃತಗೊಳಿಸಿದ್ದೇವೆ.

has been conferred on him at Dharwad, on the twentyfourth day of the month of January in the year one thousand nine hundred ninety five

ಈ ವಿಶ್ವವಿದ್ಯಾಲಯದ ಮುದ್ರೆ ಮತ್ತು ಕುಲಪತಿಯವರ ರುಜುಗಳಿಂದ ಇದನ್ನು ಪ್ರಮಾಣೀಕರಿಸಲಾಗಿದೆ.

In Testimony whereof are set the Seal of the said University and the Signature of the said Vice-Chancellor.

A. Subhan
ಕುಲಪತಿ Vice-Chancellor



KARNATAK UNIVERSITY, DHARWAD

ಕರ್ನಾಟಕ ವಿಶ್ವವಿದ್ಯಾಲಯದ ಕುಲಾಧಿಪತಿ, ಕುಲಪತಿ ಹಾಗೂ ಸಿನೇಟ ಸದಸ್ಯರಾದ ನಾವು

We, the Chancellor, Vice-Chancellor and Members of the Senate of the
Karnatak University certify that

ಕಮಲಜೀತ ಸಲೂಜಾ

ಕೆ ಎಲ್ ಇ ಎಸ್ ಇನ್ಸ್ಟಿಟ್ಯೂಟ್ ಆಫ್ ಡೆಂಟಲ್ ಸೈನ್ಸೆಸ್ ಬೆಂಗಳೂರಿನಲ್ಲಿ ಒತ್ತಿರಿಸಿ
ಇವರು ಸಂಬಂಧಿಸಿದ ಸ್ನಾತಕೋತ್ತರ ಪದವಿ ಪರೀಕ್ಷೆಯನ್ನು ಫೆಬ್ರವರಿ ೧೯೯೭ ರಲ್ಲಿ
ಸಾಮಾನ್ಯ ವರ್ಗದಲ್ಲಿ ಉತ್ತೀರ್ಣರಾದ ನಿಮಿತ್ತ ಇವರಿಗೆ

Kamaljeet Saluja

of

K. L. E. S. Institute of Dental Sciences Bangalore.
having been examined in February 1996 and placed in the
Pass Class, the Post-graduate Degree of

ಮಾಸ್ಟರ್ ಆಫ್ ಡೆಂಟಲ್ ಸರ್ಜರಿ

(ಪ್ರಾಥೋಡಾಂಟಿಕ್ಸ್)

MASTER OF DENTAL SURGERY

(Prosthodontics)

ಪದವಿ ಪ್ರದಾನವನ್ನು ಧಾರವಾಡ ದಲ್ಲಿ ಒಂದು ಸಾವಿರದ ಒಂಬತ್ತನೂರಾ ತೊಂಬತ್ತೇಳನೆಯ
ಫೆಬ್ರವರಿ ಹನ್ನೆರಡನೆಯ ಅಧಿಕೃತಗೊಳಿಸಿದ್ದೇವೆ.

has been conferred on her at Dharwad, on the seventeenth day of the
month of February in the year one thousand nine hundred ninety-seven.

ಈ ವಿಶ್ವವಿದ್ಯಾಲಯದ ಮುದ್ರೆ ಮತ್ತು ಕುಲಪತಿಯವರ ರುಜುಗಳಿಂದ ಇದನ್ನು ಪ್ರಮಾಣೀಕರಿಸಲಾಗಿದೆ.

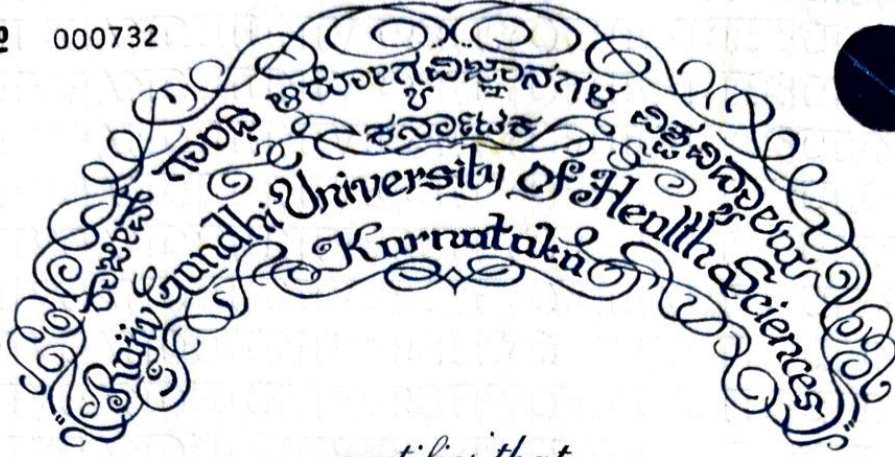
In Testimony whereof are set the Seal of the said University and
the Signature of the said Vice-Chancellor.

Subhan
ಕುಲಪತಿ Vice-Chancellor

Scanned by CamScanner

Scanned by CamScanner

No 000732



certifies that

DR. GIRISH N BYAKOD

ಅವರು

ಯಥಾಯೋಗ್ಯವಾಗಿ ಈಗಾಗಲೇ ಪ್ರವೇಶ ಪಡೆದಿರುವರೆಂದು ದೃಢೀಕರಿಸುತ್ತಾ

has been duly admitted to the Degree of

M.D.S. - PERIODONTICS

ಪದವಿಗೆ ಅಗತ್ಯವಾದ ಅರ್ಹತೆಗಳನ್ನು ಪೂರೈಸಿ ಪರಿಗಣಿತವಾಗಿರುವ ಕಾರಣ

in recognition of the fulfilment of requirements

ಮೇಲೆ ಕಾಣಿಸಿದ ಪದವಿಗೆ ಅವರನ್ನು ಅಧಿಸಲಾಗಿದೆ. ಆ ಪದವಿಯ ವಿವರಗಳು ಹೀಗಿವೆ

for the said degree as follows

ಪರೀಕ್ಷೆಯ ವರ್ಷ :

Year of Examination :

SEPTEMBER 1999 EXAMINATION

ಪಡೆದ ವರ್ಗ :

Class :

PASS

ವಿಶ್ವವಿದ್ಯಾಲಯದ ಅಧಿಕಾರ ಮುದ್ರೆಯೊಡನೆ ನೀಡಲಾಗಿದೆ.

Given under the seal of the University



ಬೆಂಗಳೂರು

Bangalore :

ದಿನಾಂಕ

Date : 20-03-2000

ಕುಲಪತಿ

Secretary

Vice-Chancellor

ಕ.ಸಂ. ೦೦೨೫೨೦



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ
ಕರ್ನಾಟಕ
RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
KARNATAKA



ಡಾ|| ಕರಿಬಸಪ್ಪ ಜಿ ಎನ್
ರವರು, ಸ್ನಾತಕೋತ್ತರ ಪದವಿಗೆ ಯಥಾ ಯೋಗ್ಯವಾದ ಅವಶ್ಯಕತೆಗಳನ್ನು
ಏಪ್ರಿಲ್ ೨೦೦೫ ರ ಪರೀಕ್ಷೆಯಲ್ಲಿ ಪೂರೈಸಿರುವರೆಂದು ದೃಢೀಕರಿಸುತ್ತಾ
ಮಾಸ್ಟರ್ ಆಫ್ ಡೆಂಟಲ್ ಸರ್ಜರಿ (ಕಮ್ಯುನಿಟಿ ಡೆಂಟಿಸ್ಟ್ರಿ)
ಸ್ನಾತಕೋತ್ತರ ಪದವಿಯನ್ನು ಕುಲಾಧಿಪತಿ, ಸಮಕುಲಾಧಿಪತಿ, ಕುಲಪತಿ ಹಾಗೂ ಸೆನೆಟ್ ಮತ್ತು ಸಿಂಡಿಕೇಟ್ ಸದಸ್ಯರುಗಳಾದ
ನಾವು ಡಿಸೆಂಬರ್ ೨೦೦೬ ರಂದು ನಡೆದ ೮ ನೇ ಘಟಿಕೋತ್ಸವದಲ್ಲಿ
ವಿಶ್ವವಿದ್ಯಾಲಯದ ಅಧಿಕಾರ ಮುದ್ರೆಯೊಡನೆ ಪ್ರದಾನ ಮಾಡಿದ್ದೇವೆ.

*We, the Chancellor, the Pro-chancellor, the Vice-Chancellor and the
members of the Senate and the Syndicate Confer*

MASTER OF DENTAL SURGERY (COMMUNITY DENTISTRY)

on

Dr. KARIBASAPPA G N

in recognition of fulfillment of the requirements for the said

Post Graduate Degree in the examination held during APRIL 2005

Given under the seal of the University, in the

8th convocation held on 3rd March 2006

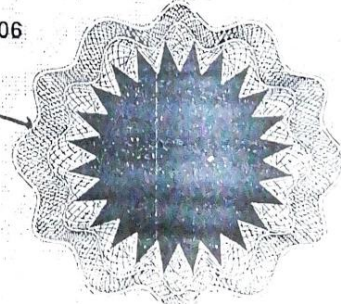


K. S. N.
Vice-Chancellor



Bangalore

Date : 03/03/2006



7. Masters Degree

We, the Chancellor,
the Vice Chancellor and
Members of the Management Council
and the Academic Council of the
University of Pune certify that

*Dr. D. G. Patil Dental College & Hospital,
Pune*

*Dr. D. G. Patil Dental College & Hospital,
Pune*

having been examined and found duly
qualified for the degree of

Master In Dental Surgery
(Branch: Orthodontics)

in April 2008

The said degree has been conferred on him.
The testimony whereof is set
the seal of the said University.



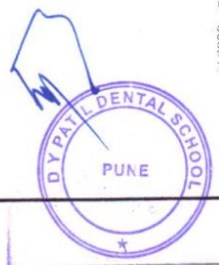
University of Pune

(Formerly
University of Poona)



**पुणे
विद्यापीठ**

MD-00034



आम्ही, पुणे विद्यापीठाचे कुलगपति,
कुलगुरु आणि
व्यवस्थापन परिषद
व विद्या परिषद सदस्य,
प्रमाणित करितो की,

जेठे संदीप आत्मरामजी

आईचे नांव:

हे डॉ. डी. वाय. पाटील इन्स्टल कॉलेज अँड

हॉस्पिटल पिंपरी, पुणे

येथून

एप्रिल २००८

मध्ये

दंत शल्यशास्त्र निष्णात

(शाखा :दंत व्यंगोपचार शास्त्र)

पदवी परीक्षा उत्तीर्ण झाल्याबद्दल त्यांना ही पदवी
प्रदान करण्यात येत आहे.
याची सात म्हणून विद्यापीठाची अधिकृत मुद्रा येथे
अंकित करण्यात येत आहे.

**MAHARASHTRA UNIVERSITY OF
HEALTH SCIENCES, NASHIK**

We, the Chancellor, the Pro-Chancellor, the
Vice-Chancellor, the Members of the
Management Council and the Academic Council
of the Maharashtra University of Health
Sciences, Nashik, certify that

Shri / Smt. PRADEEP SHETTY

of Dr.D.Y.Patil Dental College & Hospital,
Pimpri, Pune

having been examined and found duly qualified
for the

*Master of Dental Surgery In
Conservative Dentistry*

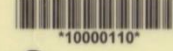
in June-2009
the said Degree has been conferred on him/her.
In testimony whereof is set the seal of the said
University.

PRN 2809114658
20th May 2010

Nilima Kharisgan
VICE-CHANCELLOR



**महाराष्ट्र आरोग्य
विज्ञान विद्यापीठ, नाशिक**



आम्ही, महाराष्ट्र आरोग्य विज्ञान विद्यापीठाचे
कुलपति, प्रकुलपति, कुलगुरु, व्यवस्थापन
परिषद व विद्यापरिषद सदस्य प्रमाणित करतो
की,

पिंपरी, पुणे येथील पद्मश्री डॉ.डी.वाय.
पाटील दंत महाविद्यालय व रुग्णालया
चे/च्या

प्रदीप शेटी

हे/हया जुन-२००९ मध्ये

दंत शल्य शास्त्र

परीक्षा उत्तीर्ण झाल्याबद्दल त्यांना ही पदवी
प्रदान करण्यात येत आहे.

याची साक्ष म्हणून विद्यापीठाची अधिकृत मुद्रा
येथे अंकित करण्यात येत आहे.

गिरीमा मीरसागर
कुलगुरु

DPU
Dr. D. Y. Patil Vidyapeeth
Pune (India)
(Deemed University)
(Under Section 3 of the UGC Act, 1956)



*We, the Chancellor,
the Vice-Chancellor,
the Members of the Board of Management and of the
Academic Council of Dr. D. Y. Patil Vidyapeeth, Pune certify that*

Shete Anagha Vishweshwar

[Student of Dr. D. Y. Patil Dental College & Hospital, Pimpri, Pune]

*having been examined and found duly qualified for
the degree of*

Master of Dental Surgery
(Oral Medicine & Radiology)

in May 2011.

*The said degree has been conferred on her at the
Third Convocation held on Nineth June Two Thousand Twelve.*

In testimony whereof is set the seal of the said University.


Vice Chancellor
08/06/2014




Chancellor

DPU

Dr. D. Y. Patil Vidyapeeth

Pune (India)

(Deemed to be University)

(Under Section 3 of the UGC Act, 1956)



*We, the Chancellor, the Vice-Chancellor,
the Members of the Board of Management and the Academic Council
of Dr. D. Y. Patil Vidyapeeth, Pune certify that*

Pradeep Shetty

*having been examined and found duly qualified for
the degree of*

Doctor of Philosophy

(Conservative Dentistry and Endodontics - Faculty of Dentistry)

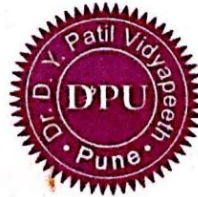
*(Effect of Diabetes Mellitus (Type II) on Inflammatory and Structural Components of
Dental Pulp)*

*The said degree has been conferred on him at the
Tenth Convocation held on Thirteenth April Two Thousand Nineteen.*

In testimony whereof is set the seal of the said University.

Pawar

Vice Chancellor



Patil

Chancellor

Scanned with CamScanner

Scanned by CamScanner

DPU

Dr. D. Y. Patil Vidyapeeth

Pune (India)

(Deemed to be University)

(Under Section 3 of the UGC Act, 1956)



*We, the Chancellor, the Vice-Chancellor,
the Members of the Board of Management and the Academic Council
of Dr. D. Y. Patil Vidyapeeth, Pune certify that*

Anagha Shete

*having been examined and found duly qualified for
the degree of*

Doctor of Philosophy

(Oral Medicine and Radiology - Faculty of Dentistry)

*(Evaluation of the Efficacy of Oxone Therapy Against Conventional Corticosteroids for
The Management of Oral Lichen Planus)*

*The said degree has been conferred on her at the
Tenth Convocation held on Thirteenth April Two Thousand Nineteen.*

In testimony whereof is set the seal of the said University.

Pawar

Vice Chancellor



Shete

Chancellor



D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Ref: No. DYPDS/AL/AS/300617

Date: 30/06/2017

Appointment Order

To:
Dr. Anand Shigli
Flat-801, Park Spring,
Kharwal Road, Lohegaon, 411047

Sub: Appointment to the post of Principal
at D Y Patil Dental School

Dear Dr. Shigli,

With Reference to your application and subsequent interview held for the above post, the management is pleased to inform you that you are hereby appointed on the post of **Principal** at D Y Patil Dental School, Dr D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune 412105.

The Terms and Condition of your appointment are as follows:

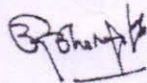
1. Your appointment is on probation for period of one year from the date of your joining. Your services are likely to be discontinued by the management if your services are not found satisfactory by giving three month's notice on either side or three month's pay, in lieu of the notice period.
2. You are appointed in the pay scale of Rs. 18400-500-22400 with starting consolidated pay of Rs. 1,60,000 (Rs One lac Sixty Thousand) per month in the time scale. On successful completion of probation period of one year your services may be confirmed subject to your satisfactory performance and conduct and approval by regulatory bodies (DCI, MUHS).
3. Your appointment on probation shall be deemed to be confirmed after satisfactory completion of probation period and unless there is any adverse communication order/ order of extension of probation.
4. Your appointment is on Full time basis and your normal daily duty Hours shall be as decided / prescribed by the Competent Authority. However, the working hours shall be flexible depending upon the exigencies of services at the discretion of the Management.
5. Your appointment shall be terminated automatically, if it is proved that the information given by you in your application is false and or a Degree / any other certificate/document submitted by you are forged or tampered with.
6. Your service shall be governed by the (a) provision of the Maharashtra University of Health Sciences Act, 1998 and Statutes, Ordinances, Rules, Regulations and Directions framed under it from time to time (b) The Rules, Regulations, Instructions, Directives, Circulars received from Respective central Councils from time to time and (c) The prevailing Rules, Regulations and service conditions framed by the Management of the College and amended / altered from time to time. And you will follow the code of conduct and Professional Ethics prescribed in University Direction No. 2/2012.
7. Your services shall be transferable to any College of the same Management which is affiliated to the Maharashtra University of Health Sciences, Nashik. However, you will work in one College only, at a time.

Received

8. Conducting private tuitions or private coaching classes in any form is strictly prohibited. You are also prohibited from taking any paid assignment or honorary posting outside the College without prior written permission of the Management.
9. Besides taking Lecture, Tutorials and Clinics / Practicals in the department you will be required to participate in the internal and external examination duties of the college and University and it is obligatory on your part to carry out any other responsibilities assigned by the University and Management from time to time.
10. You are also required to undertake the responsibilities in the College / Hospital and any other medical/dental activities which are conducted by the college in the relation to the patient care, student care and that of academic nature, related to professional Pursuits, and also take part in Administrative task related to College and Hospital and shall have to strive to maintain dignity and standard of the college and Institute.
11. You will have to undergo the Medical Examination by the authorized Medical Officer or by the Civil Surgeon of the concerned District as per rules.
12. The management can also seek the Antecedent Character Report from the police authority.
13. Prior to this appointment, if you have been serving in any College / Recognized Institution, you will be allowed to join only after submission of your resignation and relieving letter from the concerned College.
14. Your appointment is subject to the approval from Maharashtra University of Health Sciences, Nashik. If your appointment for the said post is not approved by the university your services shall be terminated forthwith or if you so desire and the Management is agree to continue you on the unapproved post you will be allowed to continue in the service with your written consent. The terms and conditions of such appointment shall be as decided by the Management and accepted by you. You are required to submit duly signed, "Deed of Contract" in a prescribed format.

If you are voluntarily accepting the appointment with abovementioned terms and conditions, you are required to give your acceptance forthwith or within seven days from the date of receipt of this appointment order and join within a stipulated period not later than thirty days. If your acceptance is not received in time or you failed to join within stipulated period, it will be presumed that you are not interested to join the post and this order shall automatically stand cancelled, this may please be noted.

Yours faithfully,



Prof B G Bhandarkar
Director Corporate Relations
Authorized Signatory



Copy to:

1. The Dean: D Y Patil Dental School
(in duplicate 1. For personal File 2. For Accounts Section)
2. Chief Administrative officer
3. Master File





MODERN DENTAL COLLEGE AND RESEARCH CENTRE

Ref. No. MDC/76/2012

Date : August 9, 2012

TO WHOM SO EVER IT MAY CONCERN

This is to certify that Dr. Anand Shigli have been working as Professor & Head in the Department of Pedodontics & Preventive Dentistry from 07-02-2007 to 09-08-2012.

During the above tenure his work and conduct has been found satisfactory.

He has been relieved from his duties on 09-08-2012 (A.N.).

Dean
Modern Dental College &
Research Centre, Indore.





Bharati Vidyapeeth Deemed University, Pune (India)

'A' Grade University Status by MHRD, Govt. of India



DENTAL COLLEGE & HOSPITAL, SANGLI

Founder & Chancellor :

Dr. Patangrao Kadam

M.A.,LL.B.,Ph.D.

Accredited and Reaccredited with 'A' Grade by NAAC

Sangli-Miraj Road, Sangli-416 414 Tel.: 0233-2601639, 6496777, Fax: 0233-2211324.

E-mail : bvdentalsangli@yahoo.in • Web: <http://dchsangli.bharatividyapeeth.edu>

Principal

Dr. Anand Shigli

M.D.S.

Ref.No.: BVDU / DCH / SANGLI / 604/2017-18

Date : 26/06/2017

EXPERIENCE CERTIFICATE

This is to certify that Dr. Shigli Anand Lingaraj., M.D.S. was working as Principal & Professor in the Department of Pedodontics & Preventive Dentistry at Bharati Vidyapeeth Deemed University Dental College & Hospital Sangli, as shown below:

- **Principal & Professor: From 11.08.2012 to 26.06.2017**

Rajkarni

Dr. Kulkarni Rajeev Balwantrao
Dean Bharati Vidyapeeth Deemed University
Medical College & Hospital Sangli





**K. L. E. SOCIETY'S
INSTITUTE OF DENTAL, SCIENCES, BELGAUM.**

(Recognised by Dental Council of India)

**J. N. Medical College Campus Nehrunagar, BELGAUM-590010.
(Karnatak State India)**

ಕೆ.ಎಲ್.ಇ. ಸಂಸ್ಥೆಯ ಇನ್‌ಸ್ಟಿಟ್ಯೂಟ ಆಫ್ ಡೆಂಟಲ್ ಸೈನ್ಸಸ್
ಜೆ. ಎನ್. ಮಡಕಲ್ ಕಾಲೇಜ್ ಆವರಣ, ನೆಹರುನಗರ, ಬೆಳಗಾವಿ-೫೯೦೦೧೦.

KLES/DENT/EST/2469/06.

Date: 30-12-2006.

EXPERIENCE CERTIFICATE

This is to certify that, Dr.A.L.Shigli , M.D.S. is working in this Institution in the Department of Pedodontics, the details are as follows:

Designation	Period
Lecturer / Assistant Professor	15-05-1995 to 30-06-1998
Reader	01-07-1998 to 13-09-2000
Associate Professor	14-09-2000 to 14-05-2003
Professor	15-05-2003 to till date.

His work and conduct has been found to be satisfactory.



(Signature)
Principal,

Institute of Dental Sciences, Belgaum

Acceptance of the Appointment

Appendix - V

Dr. Anand Shigli

Flat No. 801, Lohu
From: Park Spring, Poreu
(Full Resl. Add.) Road, Lohgeon
Date: 30/8/17

To,

D.Y. Patel Dental
School, Lohgeon

Subject : Acceptance of the Appointment

Reference : Your appointment order No. DYPDS/AL/AS/300617 dated 30/06/17

Sir/Madam,

I have received the above cited appointment order on 30/06/17 and hereby declares that I am accepting the same. I shall join as early as possible or as soon as I have been relieved from my present employer.

Yours faithfully,

(Signature)

Joining Report

Appendix - VI

Dr. Anand Shigli

Flat No. 801, Lohu
From: Park Spring, Poreu
(Full Resl. Add.) Road, Lohgeon
Date: 30/6/17

To,

D.Y. Patel Dental Lohgeon
School. Subject : Joining Report

Reference : Your appointment order No. DYPDS/AL/AS/300617 dated 30/6/17

Sir/Madam,

I have received the above cited appointment order on 30/6/17. I am accepting the same and joining to the post of Principal in the subject of w.e.f. 30/6/17 (before noon/afternoon) and I am aware that my appointment is subject to the approval from the University.

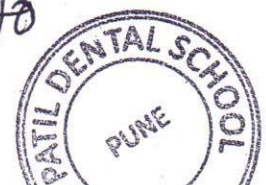
Yours faithfully,

(Signature)

Note: The appointing authority should endorsed the remarks as "Allowed to join" on the joining report and sign the same with seal of the College.

(Please provide Copy to the concerned employee.)

Allowed to join





K. L. E. SOCIETY'S
INSTITUTE OF DENTAL SCIENCES
(RECOGNISED BY DENTAL COUNCIL OF INDIA)
J. N. M. C. Campus, Nehrunagar, Belgaum-590 010.
Karnataka State, (India)

Phones :
Office : 0831-2470362,
0831-2473777 (16 Lines)
(R) : 0831-2472352
Fax : 0831-2470640

ಕೆ. ಎಲ್. ಇ. ಸಂಸ್ಥೆಯ ಇನ್‌ಸ್ಟಿಟ್ಯೂಟ ಆಫ್ ಡೆಂಟಲ್ ಸೈನ್ಸಿಸ್
ಜೆ. ಎನ್. ಮೆಡಿಕಲ್ ಕಾಲೇಜ್ ಆವರಣ, ನೆಹರುನಗರ, ಬೆಳಗಾವಿ-೫೯೦೦೧೦.

Ref. No. KLES/DENT : 2680 / 06.

Date : 06-02-2007.

RELIEVING ORDER:

With reference to his resignation letter dated 02-02-2007,
Dr. Anand L. Shigli, M.D.S., Professor, Department of Pedodontics, is
hereby informed that, he is relieved from his duties in this Institution on
06-02-2007, after office hours.



Shas
Principal,
Institute of Dental Sciences,
Belgaum.

To
Dr. Anand L. Shigli,
Professor,
Dept. of Pedodontics,
Institute of Dental Sciences,
BELGAUM.



Bharati Vidyapeeth Deemed University, Pune (India)

'A' Grade University Status by MHRD, Govt. of India



DENTAL COLLEGE & HOSPITAL, SANGLI

Accredited and Reaccredited with 'A' Grade by NAAC

Founder & Chancellor :

Dr. Patangrao Kadam

M.A.,LL.B.,Ph.D.

Principal

Dr. Anand Shigli

M.D.S.

Sangli-Miraj Road, Sangli-416 414 Tel.: 0233-2601639, 6496777, Fax: 0233-2211324.

E-mail : bvdentalsangli@yahoo.in • Web: <http://dchsangli.bharativedyapeeth.edu>

Ref.No.: BVDU / DCH / SANGLI / 603/2017-18

Date : 26/06/2017

RELIEVING ORDER

To

Dr. Shigli Anand Lingaraj.
Principal & Professor
Bharati Vidyapeeth Deemed University
Dental College & Hospital
Sangli

With reference to the order No BV/CO/Admn/Resign/5583/2017-2018, dated 17.06.2017, Dr. Shigli Anand Lingaraj, M.D.S. who was working as Principal & Professor in the Department of Pedodontics & Preventive Dentistry in this institute has been relieved from his duties on 26.06.2017, after office hours.

He has handed over the complete charge of his duties to the undersigned. He has cleared all the college dues before getting relieved.

He has hand over the complete charge of his duties to Dr. Kulkarni Rajeev Balwantrao, Dean, Bharati Vidyapeeth Deemed University Medical College and Hospital, Sangli.

R.Balwantrao
Dr. Kulkarni Rajeev Balwantrao
Dean Bharati Vidyapeeth Deemed University
Medical College & Hospital, Sangli



Copy to:

1. The Secretary, Bharati Vidyapeeth, Pune
2. The Registrar, Bharati Vidyapeeth Deemed University, Pune



D Y PATIL DENTAL SCHOOL

Re: No. :- DYPDS/171-A

Date :- 06/07/2017

To,
Dr. Kamal Shigli,
Flat No. 801, Lotus,
Park Spring, Porwal Road,
Lohegaon Pune, 412105.

Sub: Appointment to the post of **Professor & Head** in the Department of **Prosthodontics Crown and Bridge** at D.Y. Patil Dental School, Pune.

Dear, Dr. Kamal,

With Reference to your application and subsequent interview held for the above post, the management is pleased to inform you that you are here by appointed on the post of **Professor & Head** at this institution.

The Terms and Condition of your appointment are as follows:

- 1) Your appointment is on probation for period of two years from the date of your joining. During the period of probation, your services are likely to be discontinued by the Management if your services are not found satisfactory by giving one months' notice on either side or one month's pay, in lieu of the notice period.
- 2) You are appointed in the pay scale of Rs. 16400-450-22400 with Starting pay of Rs.100000/- and Per month in the time scale and Special pay 30000/- Per month. After successful completion of the probation period of one year normally you will be entitled to annual increment subject to your satisfactory performance and conduct and a report thereof from concerned Head of the Department. On successful completion of probation period of two years your services may be confirmed subject to your satisfactory performance and conduct.



D Y PATIL DENTAL SCHOOL

3. Your appointment is on Full time basis and your normal daily duty Hours shall be as decided / prescribed by the Competent Authority. However, the working hours shall be flexible depending upon the exigencies of services at the discretion of the Management.
4. Your appointment shall be terminated automatically, if it is proved that the information given by you in your application is false and or a Degree / any other certificate/document submitted by you are forged or tampered with.
5. Your service shall be governed by the (a) provision of the Maharashtra University of Health Sciences Act, 1998 and Statutes, Ordinances, Rules, Regulations and Directions framed under it from time to time (b) The Rules, Regulations, Instructions, Directives, Circulars received from Respective central Councils from time to time and (c) The prevailing Rules, Regulations and service conditions framed by the Management of the College and amended / altered from time to time. And you will follow the code of conduct and Professional Ethics prescribed in University Direction No.2/2012
6. Your services shall be transferable to any College of the same Management which is affiliated to the Maharashtra University of Health Sciences, Nashik. However, you will work in one College only, at a time.
7. Conducting private tuitions or private coaching classes in any form is strictly prohibited. You are also prohibited from taking any paid assignment or honorary posting outside the College without prior written permission of the Management.
8. Besides taking Lecture, Tutorials and Clinics / Practical's in the department you will be required to participate in the internal and external examination duties of the college and University and it is obligatory on your part to carry out any other responsibilities assigned by the University and college from time to time.
9. You are also required to undertake the responsibilities in the College / Hospital and any other medical activities which are conducted by the college in the relation to the patient care, student care and that of academic nature, related to professional Pursuits, and also take part in Administrative task related to College and Hospital and shall have to strive to maintain dignity and standard of the college and Institute.



D Y PATIL DENTAL SCHOOL

10. You will have to undergo the Medical Examination by the authorized Medical Officer or by the Civil Surgeon of the concerned District as per rules.
11. The management can also seek the Antecedent Character Report from the police authority.
12. Prior to this appointment, if you have been serving in any College / Recognized Institution, you will be allowed to join only after submission of your resignation and relieving letter from the concerned College.
13. Your appointment is subject to the approval from Maharashtra University of Health Sciences, Nashik. If your appointment for the said post is not approved by the university your services shall be terminated forthwith or if you so desire and the Management is agree to continue you on the unapproved post you will be allowed to continue in the service with your written consent. The terms and conditions of such appointment shall be as decided by the Management and accepted by you. You are required to submit duly signed, "Deed Of Contract" in a prescribed format.

If you are voluntarily accepting the appointment with abovementioned terms and conditions, you are required to give your acceptance forthwith or within seven days from the date of receipt of this appointment order and join within a stipulated period not later than thirty days. If your acceptance is not received in time or you failed to join within stipulated period, it will be presumed that you are not interested to join the post and this order shall automatically stand cancelled, this may please be noted.

Yours faithfully,

Dean



Appendix - V

Acceptance of the Appointment

From: Dr. Kamal Singh
(Full Resi. Add.) Flat no. 801, Park Springs
Apartment, Poonal Road,
Date: Pune-411015

To,
Dean, D.Y. Patil Dental
School

Subject : Acceptance of the Appointment

Reference : Your appointment order No. DYPDS/171-A dated 06.07.2017

Sir/Madam,

I have received the above cited appointment order on 06/7/17... and hereby declares that I am accepting the same. I shall join as early as possible or as soon as I have been relieved from my present employer.

Yours faithfully,

(Kamal Singh)

Appendix - VI

Joining Report

From: Dr. Kamal Singh
(Full Resi. Add.) Flat no. 801 Park
Spings Apartment, Poonal
Date: Road Pune 411015

To,
Dean, D.Y. Patil
Dental School

Subject : Joining Report

Reference : Your appointment order No. DYPDS/171-A dated 06.07.2017

Sir/Madam,

I have received the above cited appointment order on 6/7/17... I am accepting the same and joining to the post of Prof. & Head in the subject of PROSTHODONTICS w.e.f. 06th July, 2017 (beforenoon/afternoon) and I am aware that my appointment is subject to the approval from the University.

Yours faithfully,

(Kamal Singh)

Note: The appointing authority should endorsed the remarks as "Allowed to join" on the joining report and sign the same with seal of the College.

(Please provide Copy to the concerned employee.)



[Signature]

Allowed to join.



MODERN DENTAL COLLEGE AND RESEARCH CENTRE

Ref. No. MDC/77/2012

Date : August 9, 2012

TO WHOM SO EVER IT MAY CONCERN

This is to certify that Dr. (Mrs.) Kamal Shigli have been working as Professor in the Department of Prosthodontics from 18-05-2007 to 09-08-2012.

During the above tenure her work and conduct has been found satisfactory.

She has been relieved from her duties on 09-08-2012 (A.N.).

Dean
Modern Dental College &
Research Centre, Indore.





K. L. E. SOCIETY'S
INSTITUTE OF DENTAL SCIENCES
(RECOGNISED BY DENTAL COUNCIL OF INDIA)
J. N. M. C. Campus, Nehrunagar, Belgaum-590 010.
Karnataka State, (India)

Phones :
Office : 0831-2470362,
0831-2473777 (16 Lines)
(R) : 0831-2472352
Fax : 0831-2470640

ಕೆ. ಎಲ್. ಇ. ಸಂಸ್ಥೆಯ ಇನ್‌ಸ್ಟಿಟ್ಯೂಟ ಆಫ್ ಡೆಂಟಲ್ ಸೈನ್ಸೆಸ್
ಬಿ. ಎನ್. ಮೆಡಿಕಲ್ ಕಾಲೇಜ್ ಆವರಣ, ನೆಹರುನಗರ, ಬೆಳಗಾವಿ-೫೯೦೦೧೦.

Ref. No. KLES/DENT : 279 / 07.

Date : 18-05-2007.

EXPERIENCE CERTIFICATE :

This is to certify that, Dr.(Mrs)Kamal A. Shigli, M.D.S.,
has worked in this Institution in the Department of Prosthodontics
as follows:

1. Assistant Professor : 20-04-1998 to 10-08-1999
2. Reader : 11-08-1999 to 10-08-2001
3. Associate Professor : 11-08-2001 to 30-09-2004
5. Professor : 01-10-2004 to 17-05-2007

To the best of my knowledge & record, her work and conduct has
been satisfactory.



(Signature)

Principal,
Institute of Dental Sciences, Belgaum.

To,
Dr.(Mrs)Kamal A. Shigli,
Professor,
Dept. of Prosthodontics,
Institute of Dental Sciences,
BELGAUM.



MODERN DENTAL COLLEGE AND RESEARCH CENTRE

Ref. No. MDC/77/2012

Date : August 9, 2012

TO WHOM SO EVER IT MAY CONCERN

This is to certify that Dr. (Mrs.) Kamal Shigli have been working as Professor in the Department of Prosthodontics from 18-05-2007 to 09-08-2012.

During the above tenure her work and conduct has been found satisfactory.

She has been relieved from her duties on 09-08-2012 (A.N.).

Dean
Modern Dental College &
Research Centre, Indore.





OFFICE OF THE PRINCIPAL

Phone ; Off : 22189

Resi :

Fax ; 08352-52984



Dental College, BIJAPUR-586108
Karnataka, INDIA.

PRINCIPAL

Date 31-07-1998.

No. ADC/130/98-99.

CERTIFICATE

This is to certify that, Dr. Kamaljeet Saluja,
M.D.S. Prosthodontics had served in this Institution
as Assistant Professor in Department of Prosthodontics
for a period from 1-5-1996 till 31-03-1998.

During her period of service, I found her work
satisfactory.

P. Celatdu
31.7.98

Principal,
Al-Ameen Dental College,
BIJAPUR.



Jawahar Medical Foundation's
**Annasaheb Chudaman Patil Memorial
Dental College**

Post Box No. 145
Sahar Road,
Dhule (M.S.) 424001, II

Ph [02562] 277924 20674
Fax [02562] 279924 2027
E-mail : acpmdental@rediffmail.com, 14.com

Ref No: 111 | JMF's ACPMDC/Dhule


Date: 01/02/2019

EXPERIENCE CERTIFICATE

This is to Certified that Dr.Girish Neelkanth Byakod , MDS (Periodontics),
is working in the Department of Periodontics. Her total teaching experience is as
follows.

TEACHING EXPERIENCE

Designation	Name of Institution	From	To	Total Experience Year-Month-Day
Lecturer	S Njalngappa Institute of Dental Science & Research Guibarga, Karnataka	04/01/2000	09/02/2001	01.01
	KLE. Institute of Dental Sciences Belgaum.	10/02/2001	03/02/2003	02.00
Reader	KLE. Institute of Dental Sciences Belgaum.	04/02/2003	24/06/2005	02.04
	Pravara Institute of Medical Sciences Deemed University, Loni.	28/06/2005	04/02/2008	02.07
Professor	Sinhgad Dental College & Hospital, Pune.	05/02/2008	01/07/2009	01.05
	Bharti Vidyapeeth University Dental College & Hospital Sangh.	07/07/2009	20/07/2010	01.00
	MCES's M.A Rangunwala College of Dental Sciences & Research Centur Pune	21/07/2010	15/06/2017	06.10
	ACPM Dental College, Dhule.	02/04/2018	Till date	00.09


Principal
JMF's A.C.P.M.Dental College,
Dhule.



Post Box No. 145
Sakri Road,
Dhule (M.S.) 424001.

☎ | 02562 | 277924
FAX | 02562 | 279924
E-mail : arpm dental@rediffmail.com.

Jwahir Medical Foundation's Annasaheb Chudaman Patil Memorial Dental College

Ref. No 749/JMF's ACPMDC/Dhule.

Date: 16/5/2016

EXPERIENCE CERTIFICATE

This is to Certified that Dr.Karibasappa G.N., MDS (Public Health Dentistry), was working in the Department of Public Health Dentistry. His total teaching experience is as follows.

TEACHING EXPERIENCE

Designation	Name of Institution	From	To
Reader	A.C.P.M. Dental College, Dhule.	01/03/2011	02/08/2011
Asso.Professor	A.C.P.M. Dental College, Dhule.	03/08/2011	30/06/2014
Professor	A.C.P.M. Dental College, Dhule.	01/07/2014	16/05/2016

Principal
JMF's A.C.P.M. Dental College,
Dhule.

Principal,
JMF's A.C.P.M. Dental College,
DHULE - 424 001, [M.S.]



Bapuji Educational Association*
BAPUJI DENTAL COLLEGE & HOSPITAL

(Recognised by the Dental Council of India, New Delhi)
(Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka, Bengaluru.)



Ref.No.BDC/2010-2011/1292

Date:28-02-2011

CERTIFICATE

This is to certify that, Dr.G.N.Karibasappa, MDS., has worked in this institution in the department of Preventive & Community Dentistry in the following capacities as noted below:-

SL. NOS.	DESIGNATION	FROM	TO
1.	Assistant Professor	01-07-2008	30-06-2009
2.	Reader	01-07-2009	28-02-2011

G. N. Karibasappa
PRINCIPAL
VA

Post Box No. 326, DAVANGERE - 577 004, Karnataka - India
Office Tele. : 08192-220575, 220579 & 220580
Principal Tele Fax : 01-8192-220572
Website : www.bapujidental.edu

Fax : 01-8192-220578
E-mail : principal@bapujidental.edu
bdch@satyam.net.in
Grams : "DENTAL"



SHARAVATHI EDUCATION TRUST (REGD.)



Alkole, T.H. Road, Shimoga - 577204, Karnataka, India. Ph. 0091-08162-250810, 250167 Email : info@sharavathi.org
Reg. Off. No -36, East Park Road, Kumara Park East, Bangalore-1, Phone: 22265321, 22269863, Fax-22265316, Web : www.Sharavathi.Org

4th May 2007

EXPERIENCE CERTIFICATE

This is to certify that Dr. G.N. KARIBASAPPA, MDS., has worked as an Senior Lecturer in Department of Community Dentistry at Sharavathi Dental College & Hospital, Shimoga, from 1st July 2005 to 6th April 2007.

His Character and Conduct was found good during his stay in our Institution.

For SHARAVATHI EDUCATION TRUST,


(H.G. SIDDALINGAIAH)
Hon'ble Secretary.

C.C to The Principal & Office, Shimoga.



ಸಿ.ಎನ್. ನಿಜಲಿಂಗಪ್ಪ ದಂತ ವಿಜ್ಞಾನ ಸಂಶೋಧನಾ ಕೇಂದ್ರ
 ಸೆಡಮ ರಸ್ತೆ - ಗುಲ್ಬರ್ಗಾ - ೫೨೨ ೫೦೨ - ಹೈದರಾಬಾದ್
 ಫೋನ್: ೦೮೪೭೨-೨೪೭೭೪೫, ೨೪೫೦೨೮ (ಇಂ) - ಫ್ಯಾಕ್ಸ್: ೦೮೪೭೨-೨೪೫೦೨೮
 Hyderabad Karnatak Education Society's
S.Nijalingappa Institute of Dental Sciences & Research
 Sedam Road, GULBARGA - 5 Ph: 08472-247745 - Principal: 245028
 Fax : 08472-245028 • E-mail : sndcg@hotmail.com

Affiliated to Rajiv Gandhi University of Health Sciences, Bangalore (Karnataka)

Ref. No. HKES / SNDCG / 2008 - 2009/452 Date: 30/6/08

EXPERIENCE CERTIFICATE

This is to certify that **Dr. G.N.Karibasappa, M.D.S.** has worked in this institution as Sr. Lecturer from 07.04.2007 to 30-06-2008 in the department of Community Dentistry.

[Signature]
PRINCIPAL



Bapuji Educational Association*
BAPUJI DENTAL COLLEGE & HOSPITAL

(Recognised by the Dental Council of India, New Delhi)
(Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka, Bengaluru.)



Ref.No.BDC/2010-2011/1292

Date:28-02-2011

CERTIFICATE

This is to certify that, Dr.G.N.Karibasappa, MDS., has worked in this institution in the department of Preventive & Community Dentistry in the following capacities as noted below:-

SL. NOS.	DESIGNATION	FROM	TO
1.	Assistant Professor	01-07-2008	30-06-2009
2.	Reader	01-07-2009	28-02-2011

G. N. Karibasappa
PRINCIPAL
VA

Post Box No. 326, DAVANGERE - 577 004, Karnataka - India
Office Tele. : 08192-220575, 220579 & 220580
Principal Tele Fax : 01-8192-220572
Website : www.bapujidental.edu

Fax : 01-8192-220578
E-mail : principal@bapujidental.edu
bdch@satyam.net.in
Grams : "DENTAL"





Post Box No. 145
Sakri Road,
Dhule (M.S.) 424001.

☎ | 02562 | 277924
FAX | 02562 | 279924
E-mail : arpm dental@rediffmail.com.

Ref. No 749/JMF's ACPMDC/Dhule.

Date: 16/5/2016

Jwahir Medical Foundation's Annasaheb Chudaman Patil Memorial Dental College

EXPERIENCE CERTIFICATE

This is to Certified that Dr.Karibasappa G.N., MDS (Public Health Dentistry), was working in the Department of Public Health Dentistry. His total teaching experience is as follows.

TEACHING EXPERIENCE

Designation	Name of Institution	From	To
Reader	A.C.P.M. Dental College, Dhule.	01/03/2011	02/08/2011
Asso.Professor	A.C.P.M. Dental College, Dhule.	03/08/2011	30/06/2014
Professor	A.C.P.M. Dental College, Dhule.	01/07/2014	16/05/2016

Principal
JMF's A.C.P.M. Dental College,
Dhule.

Principal,
JMF's A.C.P.M. Dental College,
DHULE - 424 001, [M.S.]

Acceptance of the Appointment

Appendix - V

Dr. Kasibasa...

From:

(Full Resi. Add.)

Date: 17/5/2016

To, The Dean
D.Y. Patil Dental School

Subject : Acceptance of the Appointment

Reference : Your appointment order No. DYPDS/161 dated 17/5/2016

Sir/Madam,

I have received the above cited appointment order on 17/5/2016 and hereby declares that I am accepting the same. I shall join as early as possible or as soon as I have been relieved from my present employer.

Yours faithfully,

(Kaha)

Joining Report

Appendix - VI

Dr. Kasibasa...

From:

(Full Resi. Add.)

Date: 17/5/2016

To, The Dean
D.Y. Patil Dental School

Subject : Joining Report

Reference : Your appointment order No. DYPDS/161 dated 17/5/2016

Sir/Madam,

I have received the above cited appointment order on 17/5/2016. I am accepting the same and joining to the post of Professor in the subject of Public Health w.e.f. (before noon/afternoon) and I am aware that my appointment is subject to the approval from the University.

Yours faithfully,

(Kaha)

Note: The appointing authority should endorsed the remarks as "Allowed to join" on the joining report and sign the same with seal of the College.

(Please provide Copy to the concerned employee.)

Allowed to Join.
D.R. Sarfwar





D Y PATIL DENTAL SCHOOL

D Y PATIL DENTAL SCHOOL

Ref: No.DYPDS/16\

Date: 17/05/2016

To,
Dr. Karibasappa G.N.

Sub: Appointment to the post of Professor in the Department of Public Health Dentistry

Dear Dr. Karibasappa,

With Reference to your application and subsequent interview held for the above post, the management is pleased to inform you that you are here by appointed on the post of Professor in the subject of Public Health Dentistry

The Terms and Condition of your appointment are as follows:

1. Your appointment is temporary for one year from the date of your joining. During the period of your temporary service, you are likely to be discontinued.
2. You are appointed in the pay scale of Rs16400-450-22400 with starting pay of Rs100000/- per month in the time scale. After successful completion of the probation period of one year normally you will be entitled to annual increment subject to your satisfactory performance and conduct and a report thereof from the Dean. On successful completion of probation period of two years your services may be confirmed subject to your satisfactory performance and conduct.
3. Your appointment on probation shall be deemed to be confirmed after satisfactory completion of probation period and unless there is any adverse communication order/ order of extension of probation.
4. Your appointment is on Full time basis and your normal daily duty Hours shall be as decided / prescribed by the Competent Authority. However, the working hours shall be flexible depending upon the exigencies of services at the discretion of the Management.
5. Your appointment shall be terminated automatically, if it is proved that the information given by you in your application is false and or a Degree / any other certificate/document submitted by you are forged or tampered with.



D Y PATIL DENTAL SCHOOL

6. Your service shall be governed by the (a) provision of the Maharashtra University of Health Sciences Act, 1998 and Statutes, Ordinances, Rules, Regulations and Directions framed under it from time to time (b) The Rules, Regulations, Instructions, Directives, Circulars received from Respective central Councils from time to time and (c) The prevailing Rules, Regulations and service conditions framed by the Management of the College and amended / altered from time to time. And you will follow the code of conduct and Professional Ethics prescribed in University Direction No 2/2012
7. Your services shall be transferable to any College of the same Management which is affiliated to the Maharashtra University of Health Sciences, Nashik. However, you will work in one College only, at a time.
8. Conducting private tuitions or private coaching classes in any form is strictly prohibited. You are also prohibited from taking any paid assignment or honorary posting outside the College without prior written permission of the Management.
9. Besides taking Lecture, Tutorials and Clinics / Practicals in the department you will be required to participate in the internal and external examination duties of the college and University and it is obligatory on your part to carry out any other responsibilities assigned by the University and college from time to time.
10. You are also required to undertake the responsibilities in the College / Hospital and any other medical activities which are conducted by the college in the relation to the patient care, student care and that of academic nature, related to professional Pursuits, and also take part in Administrative task related to College and Hospital and shall have to strive to maintain dignity and standard of the college and Institute.
11. You will have to undergo the Medical Examination by the authorized Medical Officer or by the Civil Surgeon of the concerned District as per rules.
12. The management can also seek the Antecedent Character Report from the police authority.
13. Prior to this appointment, if you have been serving in any College / Recognized Institution, you will be allowed to join only after submission of your resignation and relieving letter from the concerned College.



D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

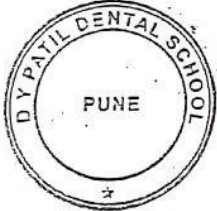
14. Your appointment is subject to the approval from Maharashtra University of Health Sciences, Nashik. If your appointment for the said post is not approved by the university your services shall be terminated forthwith or if you so desire and the Management is agree to continue you on the unapproved post you will be allowed to continue in the service with your written consent. The terms and conditions of such appointment shall be as decided by the Management and accepted by you. You are required to submit duly signed, "Deed Of Contract" in a prescribed format.

If you are voluntarily accepting the appointment with abovementioned terms and conditions, you are required to give your acceptance forthwith or within seven days from the date of receipt of this appointment order and join within a stipulated period not later than thirty days. If your acceptance is not received in time or you failed to join within stipulated period, it will be presumed that you are not interested to join the post and this order shall automatically stand cancelled, this may please be noted.

Yours faithfully,

D. R. Barfiwale.

DEAN





D Y PATIL DENTAL SCHOOL

Affiliated to the Maharashtra University of Health Sciences, Nashik
Recognized by Dental Council of India

Re: DYPDS/2215

Date: 21/03/2022

To,
Dr. Pradeep Shetty
Truptideep, Row House-25
Sukhwani Oasis, Sec 11.
Near Spine Road, Flyover, PCNTDA
Chikhli, Chiinchwad, Pune – 411019

Sub: Appointment to the post of Professor & HOD in the Department of Conservative Dentistry & Endodontics.

Dear Dr. Pradeep,

With Reference to your application and subsequent interview held for the above post, the management is pleased to inform you that you are here by appointed on the post of Professor & HOD in the subject of Conservative Dentistry & Endodontics.

The Terms and Condition of your appointment are as follows:

1. Your appointment is temporary for one year from the date of your joining. During the period of your temporary service, you are likely to be discontinued.
2. You are appointed in the consolidated pay scale of Rs. 1,00,000/- per month in the time scale. After successful completion of the probation period of one year normally you will be entitled to annual increment subject to your satisfactory performance and conduct and a report thereof from concerned Head of the Department. On successful completion of probation period of two years your services may be confirmed subject to your satisfactory performance and conduct.
3. Your appointment on probation shall be deemed to be confirmed after satisfactory completion of probation period and unless there is any adverse communication order/ order of extension of probation.
4. Your appointment is on Full time basis and your normal daily duty Hours shall be as decided / prescribed by the Competent Authority. However, the working hours shall be flexible depending upon the exigencies of services at the discretion of the Management.



D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Affiliated to the Maharashtra University of Health Sciences, Nashik
Recognized by Dental Council of India

14. Your appointment is subject to the approval from Maharashtra University of Health Sciences, Nashik. If your appointment for the said post is not approved by the university your services shall be terminated forthwith or if you so desire and the Management is agree to continue you on the unapproved post you will be allowed to continue in the service with your written consent. The terms and conditions of such appointment shall be as decided by the Management and accepted by you. You are required to submit duly signed, "Deed of Contract" in a prescribed format.

If you are voluntarily accepting the appointment with abovementioned terms and conditions, you are required to give your acceptance forthwith or within seven days from the date of receipt of this appointment order and join within a stipulated period not later than thirty days. If your acceptance is not received in time or you failed to join within stipulated period, it will be presumed that you are not interested to join the post and this order shall automatically stand cancelled, this may please be noted.

Yours faithfully,


Dr. Anand Shigli
DEAN





D Y PATIL GROUP

D Y Patil Dental School

Ref: No. DYPDS/071

Date: 28/01/2016

To,
Dr. Anagha Shete
Durain, Nyati Environ
Tingre Nagar, Lane-5
Vishrantwadi, Pune

Sub: Appointment to the post of **Asso. Professor/Reader** in the Department of **Oral Medicine & Radiology**

Dear Dr. Anagha,

With Reference to your application and subsequent interview held for the above post, the management is pleased to inform you that you are here by appointed on the post of **Asso. Professor / Reader** in the subject of **Oral Medicine & Radiology**

The Terms and Condition of your appointment are as follows:

1. Your appointment is temporary for one year from the date of your joining. During the period of your temporary service, you are likely to be discontinued.
2. You are appointed in the pay scale of Rs.12000-375-18300 with starting pay of Rs.80000/- per month in the time scale. After successful completion of the probation period of one year normally you will be entitled to annual increment subject to your satisfactory performance and conduct and a report thereof from concerned Head of the Department. On successful completion of probation period of two years your services may be confirmed subject to your satisfactory performance and conduct.
3. Your appointment on probation shall be deemed to be confirmed after satisfactory completion of probation period and unless there is any adverse communication order/ order of extension of probation.
4. Your appointment is on Full time basis and your normal daily duty Hours shall be as decided / prescribed by the Competent Authority. However, the working hours shall be flexible depending upon the exigencies of services at the discretion of the Management.



D Y PATIL GROUP

D Y Patil Dental School

5. Your appointment shall be terminated automatically, if it is proved that the information given by you in your application is false and or a Degree / any other certificate/document submitted by you are forged or tampered with.
6. Your service shall be governed by the (a) provision of the Maharashtra University of Health Sciences Act, 1998 and Statutes, Ordinances, Rules, Regulations and Directions framed under it from time to time (b) The Rules, Regulations, Instructions, Directives, Circulars received from Respective central Councils from time to time and (c) The prevailing Rules, Regulations and service conditions framed by the Management of the College and amended / altered from time to time. And you will follow the code of conduct and Professional Ethics prescribed in University Direction No. 2./2012
7. Your services shall be transferable to any College of the same Management which is affiliated to the Maharashtra University of Health Sciences, Nashik. However, you will work in one College only, at a time.
8. Conducting private tuitions or private coaching classes in any form is strictly prohibited. You are also prohibited from taking any paid assignment or honorary posting outside the College without prior written permission of the Management.
9. Besides taking Lecture, Tutorials and Clinics / Practicals in the department you will be required to participate in the internal and external examination duties of the college and University and it is obligatory on your part to carry out any other responsibilities assigned by the University and college from time to time.
10. You are also required to undertake the responsibilities in the College / Hospital and any other medical activities which are conducted by the college in the relation to the patient care, student care and that of academic nature, related to professional Pursuits, and also take part in Administrative task related to College and Hospital and shall have to strive to maintain dignity and standard of the college and Institute.
11. You will have to undergo the Medical Examination by the authorized Medical Officer or by the Civil Surgeon of the concerned District as per rules.
12. The management can also seek the Antecedent Character Report from the police authority.



D Y PATIL GROUP

D Y Patil Dental School

13. Prior to this appointment, if you have been serving in any College / Recognized Institution, you will be allowed to join only after submission of your resignation and relieving letter from the concerned College.
14. Your appointment is subject to the approval from Maharashtra University of Health Sciences, Nashik. If your appointment for the said post is not approved by the university your services shall be terminated forthwith or if you so desire and the Management is agree to continue you on the unapproved post you will be allowed to continue in the service with your written consent. The terms and conditions of such appointment shall be as decided by the Management and accepted by you. You are required to submit duly signed, " Deed Of Contract" in a prescribed format.

If you are voluntarily accepting the appointment with abovementioned terms and conditions, you are required to give your acceptance forthwith or within seven days from the date of receipt of this appointment order and join within a stipulated period not later than thirty days. If your acceptance is not received in time or you failed to join within stipulated period, it will be presumed that you are not interested to join the post and this order shall automatically stand cancelled, this may please be noted.

Yours faithfully,

D. K. Sarfware
hr Director

Dr. Deepak G. Kulkarni
Dean

Dr. P. D. Patil
President

Ref. No. : DYPDCH/EST/1138/2016

Date : 12/1/2016

EXPERIENCE CERTIFICATE

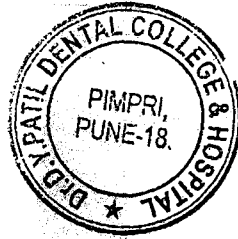
It is certified that, Dr. Anagha Shete his working on ad-hoc / temporary / regular teacher in fulltime capacity at Dr. D. Y. Patil Dental College & Hospital, Pimpri, Pune as a Lecturer in Department of Oral Medicine & Radiology.

His / her experience in the said College / Institute is as under:

S. N.	Post	Subject	Experience	
			From	To
1	Lecturer	Oral Medicine & Radiology	05.09.2011	Till date

This certificate is given as per his / her request.

Date : 12/1/2016
Place: Pimpri, Pune-18



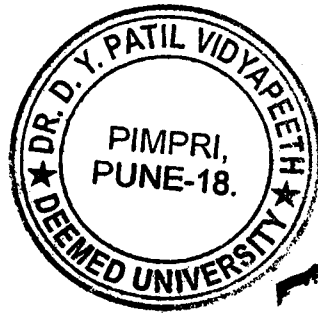

Dr. Deepak G. Kulkarni
Dean


(Space shall be used for certification by concerned University only)

Date: 12.01.2016

Place: Pimpri, Pune-18

Certified By:




Dr. A. N. Suryakar
Registrar


Principal
Shaghrathi Institute of Nursing
SATARA

Dr. Deepak G. Kulkarni
Dean

Dr. P. D. Patil
President

Ref. No. : DYPDCH/EST/1206/2016


Date : 04/02/2016

EXPERIENCE CERTIFICATE

This is to certify that Dr. Anagha Shete was working as “Lecturer” in Oral Medicine & Radiology Department at Dr. D. Y. Patil Dental College & Hospital, Pimpri, Pune-18 from 05.09.2011 To 30.01.2016.

This certificate is issued on her request.




(Dr. Deepak G. Kulkarni)
Dean

Copy to:

- 1) Dr. Anagha Shete
- 2) Personal File

Dr. Deepak G. Kulkarni
Dean

Dr. P. D. Patil
President

Ref. No. : DYPDCH/EST/1207/2016

Date : 04/02/2016

RELIEVING ORDER

Dr. Anagha Shete was working as “Lecturer” in Oral Medicine & Radiology Department at Dr. D. Y. Patil Dental College & Hospital, Pimpri, Pune-18 from 05.09.2011 To 30.01.2016 A.N.

She was relieved from this institute on 30.01.2016 A.N.



Deepak G. Kulkarni
(Dr. Deepak G. Kulkarni)
Dean

Copy to:
Dr. Anagha Shete



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, Nashik

(An ISO 9001:2008 Certified University)

दिंडोरी रोड, म्हसळ, नाशिक - ४२३००४ / Dindori Road, Mhasrul, Nashik - 422004

Tel : (0253) 2539192 / 198, Fax : (0253) 2539195

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

शि. द. कंडेकर

कक्ष अधिकारी

शैक्षणिक विभाग (दंत विद्याशाळा)

S. D. Kandekar

Section Officer

Academic Section (Dental Faculty)

No. MUHS/UG/E-2/53/2207/2759/2016

Date: 25/04/2016

To,

The Principal,

D Y Patil Dental School,

D Y Patil Knowledge City,

Charholi Bk, Via Lohegaon

Dist. Pune - 412 105.

Sub.: Approval to the appointment(s) of teacher(s)...

Ref.: 1. Your letter No. DYPDS/640 Dated 02/02/2016.

2. University Letter no. MUHS/UG/E-2/53/2207/312/2016 dated 24/02/16

3. Your letter No. DYPDS/117 dated 03/03/2016.

Sir / Madam,

With reference to the above cited subject, I am directed to inform you that, Hon'ble Vice-Chancellor is pleased to grant approval to the appointment(s) of following teacher(s) as indicated below:

Sr. No	Subject	Name of the Teacher(s)	Post	Status of Approval
1.	Periodontology	Dr. Rakesh Mutha	Reader	w.e.f. 28/01/2016 for <u>one year</u> only, against SC category
2.	Oral & Medicine Radiology	Dr. Anagha Shete	Reader	w.e.f. 28/01/2016
3.	Public Health Dentistry	Dr. Madhuri Sonawane	Lecturer	w.e.f. 28/01/2016
4.	---	Dr. Pravina Prakash Kulkarni	Tutor	w.e.f. 28/01/2016
5.	---	Dr. Dipti D. Vaidya (Oswal)	Tutor	w.e.f. 28/01/2016
6.	---	Dr. Pratibha Singh Oswal	Tutor	w.e.f. 28/01/2016
7.	Anatomy	Dr. Makarand Apte	Reader	w.e.f. 28/01/2016
8.	Physiology	Dr. Gauri Apte (Seema Kulkarni)	Reader	w.e.f. 28/01/2016
9.	Biochemistry	Dr. Arti Hajarnavis	Reader	w.e.f. 28/01/2016
10.	Microbiology	Dr. Swati Joshi (Banerjee)	Reader	w.e.f. 28/01/2016

Kindly note that, the approval to the said appointments are subject to successful completion of at least one Medical Education Technology (MET) workshop conducted by the University within the period of one year from the date of approval, failing to which the approval granted shall automatically stands cancelled as per clause No. 9.2.8 of University Direction No. 02/2014.

You are requested to hand over photo copy of this letter to concerned teacher.

Yours,

D.Y.PATIL DENTAL SCHOOL
INWARD / OUTWARD


Section Officer

NO.....
Copy to: I/c, Academic Section (PG), MUHS, Nashik
DATE.....
Vacademic28VF28-201657_Teacher Approval2207SSC 28.01.2016/E. Let 28.01.2016.doc

D.Y.PATIL DENTAL SCHOOL
INWARD / OUTWARD

- 8 -

Appendix - V

Acceptance of the Appointment

Dr. Anagha Shet

From:

(Full Resi. Add.)

Date : 28/01/2016

To,

The Dean
Ajeenkya D.Y. Patil Dental School

Subject : Acceptance of the Appointment

Reference : Your appointment order No. DYPDS/07/ dated 28/01/2016

Sir/Madam,

I have received the above cited appointment order on 28/01/2016 and hereby declares that I am accepting the same. I shall join as early as possible or as soon as I have been relieved from my present employer.

Yours faithfully,

(Anagha Shet)

Appendix - VI

Joining Report

Dr. Anagha Shet

From:

(Full Resi. Add.)

Date : 02/02/2016

To,

The Dean
Ajeenkya D.Y. Patil Dental School

Subject : Joining Report

Reference : Your appointment order No. DYPDS/07/ dated 28/01/2016

Sir/Madam,

I have received the above cited appointment order on 28/01/2016. I am accepting the same and joining to the post of Reader... in the subject of OMDR w.e.f. 02/02/2016. (before noon/afternoon) and I am aware that my appointment is subject to the approval from the University.

Yours faithfully,

(Anagha Shet)

Note: The appointing authority should endorsed the remarks as "Allowed to join" on the joining report and sign the same with seal of the College.

(Please provide Copy to the concerned employee.)

Handwritten signature

