



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 3 Research, Innovation and Extension

Key Criteria 3.1: Resource Mobilization for Research

Metric 3.1.1: Percentage of teachers recognized as PG/Ph.D research guides by the respected university

List of PG Teachers In Last Five Years

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List of Full Time Teachers recognized as PG guide 2022-2023.

| 2022-2023 | | | |
|-----------|-------------------|----------------|--------------|
| SR NO. | NAME OF TEACHER | DESIGNATION | SUBJECT |
| 1 | Anand Shigli | Dean, HOD | Pedodontics |
| 2 | Pradeep Shetty | Professor, HOD | Endodontics |
| 3 | Geetanjali Jadhav | Reader | Pedodontics |
| 4 | Vinod Kambli | Reader | Endodontics |
| 5 | Pritesh Gawali | Reader | Pedodontics |
| 6 | Shailesh Dongre | Reader | Orthodontics |
| 7 | Divya Dudulwar | Reader | Endodontics |
| 8 | Sandeep Jethe | Professor, HOD | Orthodontics |
| 9 | Varsha Merani | Reader | Orthodontics |
| 10 | Kiran Keswani | Professor | Endodontics |

APPROVAL LETTERS FROM MUHS 2023



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: academic1@muhs.ac.in



डॉ. राजेंद्र शिवाजी बंगाळ

एम बी बी एम, एम डी (न्यायवैद्यकशास्त्र), डी.एल.बी., एल.एल.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/UG/112106/1094/2023

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, 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.

[Signature]
21-4-23
Registrar

D.Y. PATIL DENTAL SCHOOL
INWARD / OUTWARD

NO. DYPDS/2171

DATE: 31/5/23

21-2021 on teacher recognition and dental school number direction 01/2017 dated letter no.

डॉ. राजेंद्र शिवाजी बंगाळ
 एम.बी.बी.एस., एम.डी. (न्यायवैद्यकशास्त्र), डी.एन.बी., एन.एल.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
 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 / OUTWARD

NO. DYPDS/2187
 DATE: 01/05/2023
 Copy to: 1. Concern Teacher.


Registrar

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.



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: 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/ 3227/2023

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

INWARD OUTWARD

NO. DYPDS/2271

DATE: 05/12/2023

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.

24/11
Dy. Registrar



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

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

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

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



डॉ. राजेंद्र शिवाजी बंगाळ

एम बी बी एम, एम डी (न्यायवेद्यकशास्त्र), डी.एन.बी, एलएन 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.

D.Y.PATIL DENTAL SCHOOL
INWARD / OUTWARD

NO. DYPDS/2991

DATE: 11/04/2023

List of Full Time Teachers recognized as PG guide 2020-2021.

2020-2021

| SR NO. | NAME OF TEACHER | DESIGNATION | SUBJECT |
|--------|-----------------|-------------|-------------|
| 1 | Nandita Agarwal | Professor | Endodontics |
| 2 | Kiran Keswani | Professor | Endodontics |

APPROVAL LETTERS FROM MUHS 2021

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

Maharashtra University of Health Sciences, Nashik

वणी - दिंडोरी रोड, म्हस्रुळ, नाशिक - ४२२००४, Vani-Dindori Road, Mhasrul, Nashik- 422 004

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

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

MUHS

डॉ. कलिदास द. चव्हाण

एम.बी.बी.एस., एम.डी. (न्यायवैद्यकशास्त्र) पीएच.डी., डी.एम्सी.

Dr. Kalidas D. Chavan

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

Registrar

फुलसचिव

Out 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,

Harholi 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 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, 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.

D.Y.PATIL DENTAL SCHOOL
INWARD / OUTWARD

NO. DYPDS/1967
DATE: 03/12/2021

List of Full Time Teachers recognized as PG guide 2018-2019.

2018-2019

| SR NO. | NAME OF TEACHER | DESIGNATION | SUBJECT |
|--------|------------------|-------------|----------------|
| 1 | Dr Kamal Shigli | Professor | Prosthodontics |
| 2 | Dr Sandeep Jethe | Professor | Orthodontics |

DPU

Dr. D.Y. PATIL VIDYAPEETH, PUNE
(Deemed to be University)

(Re-accredited by NAAC with a CGPA of 3.62 on a four point scale at 'A' Grade)
(An ISO 9001 : 2008 Certified University)

Dr. A. N. Suryakar
Registrar

Ref. No. : DPU/CCS(14)/2018
Date : 23.06.2018

To,

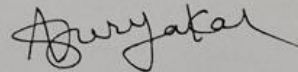
Dr. Sandeep Jethé
Reader,
Department of Orthodontics & Dentofacial Orthopedics,
Dr. D. Y. Patil Dental College & Hospital,
Pimpri, Pune – 411 018

Subject: Recognition as a Post-Graduate Teacher

Sir/ Madam,

I am directed to inform you that your recognition as a **Post-Graduate Teacher** of the Dr. D. Y. Patil Vidyapeeth, Pune, for imparting instructions in **MDS programme** of this Vidyapeeth in the specialty of **Orthodontics & Dentofacial Orthopedics** is renewed for a further period of five years, with effect from **07/06/2018 to 06/06/2023 or upto the age of 65 years, whichever is earlier.**

Yours faithfully,



(Dr. A. N. Suryakar)
Registrar

Copy for information to:

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



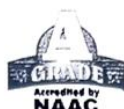
Bharati Vidyapeeth Deemed University, Pune (India)

'A' Grade University Status by MHRD, Govt. of India
Accredited & Reaccredited with 'A' Grade by NAAC



Hon'ble Dr. Patangrao Kadam
M.A., L.L.B., Ph.D.
Chancellor

Prof. Dr. Shivajirao Kadam
M.Sc., Ph.D.
Vice Chancellor



Bharati Vidyapeeth Bhavan,
Lal Bahadur Shastri Marg,
Pune - 411 030 (INDIA)

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Fax : +91-20-24339121, 243.
E-mail : bvuniversity@yahoo
Web : www.bvuniversity.edu

Ref.No.:BVU/Ph.D./2014-2015/ 3394

13 January 2015

To,
Dr. Kamal Shigli
Professor,
Dept. of Prosthodontics and Crown & Bridge
Dental College & Hospital, Sangli
Sangli.

Sub : Recognition as a Post-Graduate Teacher.

Sir/Madam,

With reference to your application for Recognition as a Post-graduate Teacher of this University, I am directed to inform you that the University authorities have been pleased to recognize you as a **Post-Graduate teacher** of Bharati Vidyapeeth University, Pune.

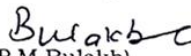
The recognition granted to you is always subject to the terms and conditions prescribed by the University, time to time.

The details of your recognition are as under:

| Degree | Subject | Period |
|--------|-----------------------------------|-----------------------------|
| M.D.S. | Prosthodontics and Crown & Bridge | 01/04/2014 to 31/03/2019 |

Thanking you,

Yours sincerely,


(Dr.P.M.Bulakh)
Director BCUD

Copy fwcs to :

- 1.The Dean, Faculty of Dentistry.
- 2.The Principal, Dental College and Hospital, Sangli.