

**MUHS**

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES**  
(An ISO 9001:2008 Certified University)  
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**डॉ. कालिदास द. चव्हाण**

एम.बी.बी.एस, एम.डी.(स्वायत्तचक्रास्त्र),

**प्र.कुलसचिव****Dr. Kalidas D. Chavan**

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

**Offg. Registrar**

No. MUHS/E-2/UG/39/2405/ 953 /2017

Date: 18/03/2017

**Continuation / Extension of Affiliation letter for Academic Year 2017-18**  
(Issued under provision No. 05 & 13 of University Direction No. 02/2016)

To,

**The Dean,**

Saraswati Dhanwantari Dental College & Hospital,  
Dr. Prafulla Patil Educational Campus,  
Pathri Road,  
Parbhani - 4314010

**Sub. : Continuation / Extension of Affiliation for the A.Y. 2017-18.**

Sir / Madam,

1. With reference to the subject cited above, I am directed to communicate that as per the provision under Section 68 of Maharashtra University of Health Sciences Act, 1998, the Academic Council has taken a decision in its meeting held on 07/03/2017, vide its resolution No 24/2017 to grant conditional continuation of affiliation to the **B.D.S** course for the A.Y. 2017-18, subject to following conditions:

- The intake capacity of students shall be **100**.
- Grant of permission from Central Govt. / Dental Council of India and / State Government, (as applicable).
- Fulfillment of following deficiencies strictly within **Three months** from date of this letter:

**(i) Teaching Staff:****Dental Subject :**

Sr. No.	Department	Required			Existing			Deficiency		
		Prof.	A.P.	Lect./ Tutor	Prof.	A.P.	Lect./ Tutor	Prof.	A.P.	Lect./ Tutor
1	Prosthetic & Crown & Bridge	-	2	-	-	1	-	-	1	-
2	Oral Pathology & Oral Microbiology	-	-	-	-	-	-	-	-	-
3	Conservative Dentistry & Endodontics	-	-	-	-	-	-	-	-	-
	Oral & Maxillofacial Surgery	1	2	2	0	1	1	1	1	1
	Periodontology	-	-	-	-	-	-	-	-	-



	Orthodontics	-	-	-	-	-	-	-	-	-
	Pediatric & Preventive Dentistry	-	-	-	-	-	-	-	-	-
4	Oral Medicine & Radiology	-	-	-	-	-	-	-	-	-
	Public Health Dentistry	-	-	-	-	-	-	-	-	-
	<b>Total</b>	1	4	2	0	2	1	1	2	1+3=4

**b) Medical Subject :**

Year	Department	Required		Existing		Deficiency	
		A.P.	Lect.	A.P.	Lect.	A.P.	Lect.
1 <sup>st</sup> BDS	Anatomy	1	-	0	-	1	-
	Physiology	1	-	0	-	1	-
	Biochemistry	1	-	0	-	1	-
2 <sup>nd</sup> BDS	Pharmacology	1	-	0	-	1	-
	General Pathology	-	-	-	-	-	-
	Microbiology	-	2	-	1	-	1
3 <sup>rd</sup> BDS	Gen. Medicine	-	-	-	-	-	-
	Gen. Surgery	-	-	-	-	-	-
	Anesthesiology	-	-	-	-	-	-
	<b>Total</b>	4	2	0	1	4	1

**(ii) Other:**

- d) Sending the information of total Teaching staff to the University in hard copy and soft copy in CD/DVD/Pen Drive as per following format.

Sr. No.	Name of the teacher	M. No. & Email ID	Post held	Sub.	Teacher's Category	Post Category	Year of passing Degree		Sub. Of PG Qualification	Date of		Date of birth	Type of Appointment (Regular/Temp.)	Approved experience		Approved vide Univ. Let.		Whether debarred (Y)	Signature of teacher
							UG	PG		Appoint	Joining			UG	PG	UG	PG		

- e) Sending the Affidavit in the prescribed format as per Academic Council's resolution No. 229/2013 (format attached)
- f) Sending the Information of all the college Teachers should be updated on the University website.
2. You are requested to comply with the above mentioned deficiencies within the stipulated time without fail and submit compliance report.
3. Kindly note the above and do the needful scrupulously.



**Important Note :** Although the Continuation / Extension of Affiliation is granted to your College for the Academic Year 2017-18, you are not allowed to admit students for First Year BDS course batch without receipt of permission of the Dental Council of India, New Delhi.

Thanking you,

Yours,

Q 7  
Offg. Registrar

Copy to:

1. The Secretary, Dental Council of India, New Delhi.
2. The Secretary, Medical Education & Drugs Department, Mantralaya, Mumbai.
3. The Director, Directorate of Medical Education & Research, Mumbai
4. The Secretary, Admission Regularity Authority, Mumbai.
5. The Competent Authority, AMPUDC, Mumbai.
6. The Controller of Examinations, M.U.H.S., Nashik.
7. Academic Department (PG), M.U.H.S., Nashik
8. Eligibility Department, M.U.H.S., Nashik.
9. Special Cell, MUHS, Nashik