



**Mahatma Gandhi Vidyamandir's**  
**Karmaveer Bhausaheb Hiray Dental College & Hospital**  
**Panchavati, Nashik-422003**

2.2. Official letter of sanction of post from the statutory body or Government

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# महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

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

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

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



डॉ. राजेंद्र शिवाजी बंगाळ

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

कुलसचिव

Dr. Rajendra Shivaji Bangal

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

Registrar

Ref.No.: MUHS/Acad/E-2/PG/113101/ 1533 /2023

Date: 10/6/2023

To  
The Principal,  
Mahatma Gandhi Vidyamandir's,  
K.B.H. Dental College & Hospital  
Mumbai – Agra Road,  
Panchavati,  
Nashik – 422 003.

|                               |
|-------------------------------|
| <b>MGV/KBH/DC/NSK</b>         |
| Inward No. 92                 |
| Date of Receipt 21/6/2023     |
| Concerned Person Dept. Office |
| Signature: [Signature]        |

**Sub. : Continuation / Extension of Affiliation for Academic Year 2023-24**  
(Issued under provision No. 11 & 12 of University Direction No. 02/2016)

**Ref. :** 1) University Direction No. 02/2016 & u/s 68, 69 of MUHS Act 1998  
2) Academic Council Resolution No. 40/2023, dated 24/05/2023

Sir / Madam,

With reference to above cited subject, I am directed to communicate that, as per the University laid down procedure & your proposal of Continuation of Affiliation & / or Extension of Affiliation, the Hon'ble Vice-Chancellor is pleased to grant Continuation of Affiliation & / or Extension of Affiliation for Academic Year 2023-24 as per the provision u/s 65 (4) of the Maharashtra University of Health Sciences Act, 1998 for the Dental (**Post Graduate**) Courses of your College in the following subject(s):

| SN | PG Degree  | Intake as per Council | Max. Seats Permitted as per Teacher : Student Ratio # |
|----|--|-----------------------|---|
| 1. | Prosthodontics and Crown & Bridge                    | 03                    | 03  |
| 2. | Conservative Dentistry and Endodontics               | 05                    | 05  |
| 3. | Periodontology                                       | 06                    | 03  |
| 4. | Orthodontics and Dentofacial Orthopedics             | 03                    | 03  |
| 5. | Oral & Maxillofacial Pathology and Oral Microbiology | 06                    | 03  |
| 6. | Oral Medicine and Radiology                          | 04                    | 03  |
| 7. | Pediatric Dentistry                                  | 02                    | 02  |

# No. of seats may Increase / Decrease as per availability of Recognized PG Teacher on or before the cut-off date of admission. PG seats shall be maximum up to sanctioned intake by Central Council.

\* It indicates deficiency in No. of teachers in the Unit in that particular subject. Permission is granted subject to fulfilment of deficiency within Two months from issuance of this letter.

- 1) The above subject and intake-wise affiliation is subject to the following conditions:
  - i. Permission is granted by Central Government / Central Council / State Government (as applicable for A.Y. 2023-24).

- ii. Required teaching staff as per Teacher : Student ratio prescribed by Central Council / University norms is fulfilled.
  - iii. Admission of students is subject to availability of PG recognized teachers.
  - iv. It is mandatory to fulfil the prescribed minimum standard requirements for Undergraduate training as per the norms of Central Council and obtain Continuation of Affiliation for the UG Course also.
  - v. **For those UG/PG qualifications that are not yet recognized by the Central Government, it shall be mandatory for the College to apply to the Central Council through Central Government and ensure that "Permitted" / "Not Recognized" qualifications are enlisted in "Recognized Qualifications", failing which University shall not grant Continuation of Affiliation to such courses from ensuing Academic Year and no students shall be admitted in such courses.** As per information available with the University, Seat Matrix of your College is attached herewith for perusal & necessary action.
- 2) The following deficiencies are to be complied with:

**A. Teaching Staff:**

| SN | PG Subject   | Max. Seats Permitted | Required Unit(s) | Post Graduate Recognized / Approved Teaching Staff |               |       |           |               |       |           |               |       |
|----|--|----------------------|------------------|--|---------------|-------|-----------|---------------|-------|-----------|---------------|-------|
|    |  |                      |                  | Required   |               |       | Available |               |       | Deficient |               |       |
|    |  |                      |                  | Prof.  | A.P. / Reader | Lect. | Prof.     | A.P. / Reader | Lect. | Prof.     | A.P. / Reader | Lect. |
| 1. | Conservative Dentistry and Endodontics               | 5                    | 2                | 2  | 4             | 8     | 2         | 3             | 9     | 0         | 1             | 0     |
| 2. | Oral & Maxillofacial Pathology and Oral Microbiology | 3                    | 1                | 1  | 2             | 3     | 3         | 1             | 3     | 0         | 1             | 0     |
| 3. | Pediatric Dentistry                                  | 2                    | 1                | 1  | 2             | 3     | 1         | 2             | 2     | 0         | 0             | 1     |

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

- B. **Infrastructural Requirements:** Nil.
- C. **IPD / OPD / OT Workload:** Nil.
- D. **Other:** Nil

You are requested to note and do the needful.

**Important Note:**

- 1) This Continuation / Extension of Affiliation is issued for A.Y. 2023-24 subject to the permission of Dental Council of India and / or Government of India and if the permission is declined by the said authorities, this Continuation / Extension of Affiliation shall be treated as cancelled. The College is not authorized to admit students in First Year of the course until receipt of permission of the Dental Council of India and / or Government of India.
- 2) The admission shall be done only through the Competent Authorities of the State Government.

Thanking you.

Yours,



**Registrar**

Copy to:

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





महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक  
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दिंडोरी रोड, म्हस्रुळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004  
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डॉ. राजेंद्र शिवाजी बंगाळ

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

कुलसचिव

Dr. Rajendra Shivaji Bangal

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

Registrar

Ref.No.: MUHS/Acad/E-2/UG/113101/ 1506/2023

Date: 20/6/2023

To  
The Principal,  
Mahatma Gandhi Vidyamandir's,  
K.B.H. Dental College & Hospital  
Mumbai – Agra Road,  
Panchavati, Nashik – 422 003.

|                        |            |
|------------------------|------------|
| <b>MGV/KEH/DC/MSK</b>  |            |
| Inward No.             | 113        |
| Date of Receipt        | 01/02/2023 |
| Concerned Person Dept. | Office     |
| Signature              |            |

Sub.: Continuation / Extension of Affiliation for Academic Year 2023-24

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

Ref.: Academic Council Resolution No. 39/2023, dated 24/05/2023

Sir / Madam,

With reference to above cited subject, I am directed to communicate that, as per the University laid down procedure & your proposal of Continuation of Affiliation & / or Extension of Affiliation, the Hon'ble Vice-Chancellor is pleased to grant Continuation of Affiliation & / or Extension of Affiliation for Academic Year 2023-24 as per the provision u/s 68 and 65(4) of MUHS Act 1998, for the **Under Graduate B.D.S.** Course of your College, as under:

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

(i) Teaching Staff:

a) Dental Subject:

| SN | Department   | Required staff |      |              | Approved Staff |      |              | Deficient staff |      |              |
|----|--|----------------|------|--------------|----------------|------|--------------|-----------------|------|--------------|
|    |  | Prof.          | A.P. | Lect.+ Tutor | Prof.          | A.P. | Lect.+ Tutor | Prof.           | A.P. | Lect.+ Tutor |
| 1  | Prosthodontics and Crown & Bridge                    | 1              | 3    | 6            | 2              | 3    | 8            | 0               | 0    | 0            |
| 2  | Conservative Dentistry and Endodontics               | 2              | 4    | 8            | 2              | 3    | 9            | 0               | 1    | 0            |
| 3  | Periodontology                                       | 1              | 3    | 3            | 1              | 3    | 3            | 0               | 0    | 0            |
| 4  | Orthodontics and Dentofacial Orthopedics             | 1              | 2    | 3            | 2              | 3    | 6            | 0               | 0    | 0            |
| 5  | Oral & Maxillofacial Surgery                         | 1              | 2    | 2            | 1              | 2    | 2            | 0               | 0    | 0            |
| 6  | Oral & Maxillofacial Pathology and Oral Microbiology | 1              | 2    | 3            | 3              | 1    | 3            | 0               | 1    | 0            |
| 7  | Oral Medicine and Radiology                          | 1              | 2    | 3            | 1              | 2    | 4            | 0               | 0    | 0            |
| 8  | Pediatric Dentistry                                  | 1              | 2    | 3            | 1              | 2    | 2            | 0               | 0    | 1            |
| 9  | Public Health Dentistry                              | 0              | 1    | 1            | 0              | 1    | 1            | 0               | 0    | 0            |
|    | Total  | 9              | 21   | 32           | 13             | 20   | 38           | 0               | 2    | 1            |



**b) Medical Subject:**

| Year                | Department        | Required staff |       | Approved Staff |       | Deficient staff |       |
|---------------------|-------------------|----------------|-------|----------------|-------|-----------------|-------|
|                     |                   | A.P.           | Lect. | A.P.           | Lect. | A.P.            | Lect. |
| 1 <sup>st</sup> BDS | Anatomy           | 1              | 4     | 1              | 4     | 0               | 0     |
|                     | Physiology        | 1              | 2     | 1              | 2     | 0               | 0     |
|                     | Biochemistry      | 1              | 2     | 1              | 3     | 0               | 0     |
| 2 <sup>nd</sup> BDS | Pharmacology      | 1              | 3     | 1              | 3     | 0               | 0     |
|                     | General Pathology | 1              | 2     | 1              | 3     | 0               | 0     |
|                     | Microbiology      | 1              | 2     | 1              | 2     | 0               | 0     |
| 3 <sup>rd</sup> BDS | General Medicine  | 1              | 3     | 1              | 3     | 0               | 0     |
|                     | General Surgery   | 1              | 3     | 1              | 3     | 0               | 0     |
|                     | Anaesthesiology   | 1              | 1     | 1              | 1     | 0               | 0     |
|                     | Total             | 9              | 22    | 9              | 24    | 0               | 0     |

(ii) **Infrastructural Requirements:** Nil

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

(iv) **Other:**

- The College shall submit Affidavit in the prescribed format as per Academic Council's Resolution No. 229/2013 (format attached).
- For those UG / PG qualifications that are not yet recognized by the Central Govt., it shall be mandatory for the College to apply to the Central Council through Central Govt. and ensure that "Permitted" / "Not Recognized" qualifications are enlisted in "Recognized Qualifications", failing which University shall not grant Continuation of Affiliation to such courses from ensuing Academic Year & no student shall be admitted in such courses.

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

**Important Note:**

- This Continuation / Extension of affiliation is issued for the A.Y. 2023-2024 subject to the permission of Dental Council of India and / or Government of India and if the permission is declined by the said authorities this Continuation / Extension of Affiliation shall be treated as cancelled. The College is not authorized to admit the students for 1st Year of the course until receipt of permission of the Dental Council of India and / or Government of India.
- The admission shall be done through the Competent Authority only.

Thanking you.

Yours,



Registrar

Copy to:

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



# महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

## MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हस्रुळ, 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.एस., एम.डी. (न्यायवैद्यकशास्त्र), डी.एन.बी., एल.एल.बी.

**कुलसचिव**

**Dr. Rajendra Shivaji Bangal**

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

**Registrar**

R. No.: MUHS / Acad. / E2-PG / 3563 / 2022

Date: 07/10/2022

To

**The Principal,**

Mahatma Gandhi Vidyamandir's

K.B.H. Dental College & Hospital,

Mumbai – Agra Road, Panchavati,

**Dist. Nashik 422 003**

|                        |             |
|------------------------|-------------|
| <b>MGV/KBH/DC/NSK</b>  |             |
| Inward No.             | 237         |
| Date of Receipt        | 13/10/2022  |
| Concerned Person Dept. | Office      |
| Signature              | [Signature] |

**Sub. : Continuation / Extension of Affiliation for Academic Year 2022-2023.**

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

- Ref. :**
- 1) University Direction 02/2016 & U/S 68, 69 Of MUHS Act 1998
  - 2) University Let. No. MUHS/E-2/PG/113101/2698/2022, Dated 05/08/2012
  - 3) Your Let. No. MGV/KBHDC/475/2022-23, dated 23/08/2022
  - 4) Academic Council (Second) resolution No. 39/2022, dated 20/09/2022

Sir / Madam,

With reference to above cited subject, I am directed to communicate that as per the University laid down procedure & your proposal of Continuation of Affiliation & / or Extension of Affiliation, the Hon'ble Vice-Chancellor is pleased to grant Continuation of Affiliation & / Extension of Affiliation for Academic Year 2022-2023 as per the provision u/s 65 (4) of MUHS Act 1998, for the Dental (**Post Graduate**) Courses of your College in the following subject(s):

| Sr. No. | PG Degree  | Intake as per Council | Max. Seats Permitted as per Teacher: Student Ratio # |
|---------|--|-----------------------|--|
| 1       | Prosthodontics and Crown & Bridge                    | 03                    | 03   |
| 2       | Orthodontics and Dentofacial Orthopedics             | 03                    | 03   |
| 3       | Conservative Dentistry and Endodontics               | 05                    | 05   |
| 4       | Periodontology                                       | 06                    | 03 #   |
| 5       | Oral Medicine and Radiology                          | 04                    | 03 #   |
| 6       | Pediatric Dentistry                                  | 02                    | 02   |
| 7       | Oral & Maxillofacial Pathology and Oral Microbiology | 06                    | 03 #   |

# No. of seats may Increase / Decrease as per availability of Recognized PG Teacher on or before the cut-off date of admission. P.G. seats shall be maximum upto sanctioned intake by Central Council.

\* It indicates deficiency in No. of teachers in the Unit in that particular subject. Permission is granted subject to fulfillment of deficiency within Three months from issuance of this letter.

To  
HR  
MGV  
13/10/2022



1) **The above subject & intake wise affiliation is subject to the following conditions:**

- i. Grant of permission from Central Govt./ Central Council/ State Government (as applicable for A.Y. 2022-2023.)
- ii. Fulfilment of the required teaching staff as per the Teacher: Student ratio prescribed by Central Council / University norms.
- iii. Admission of students is subject to availability of PG recognized Teachers.
- iv. It is mandatory to fulfil the prescribed minimum requirements for Undergraduate training as per the norms of Central Council and obtain Continuation of Affiliation for the UG Course also.
- v. **Those UG/PG qualifications that are not yet recognized by the Central Govt., it is mandatory for the College to apply to the Central Council through Central Govt. and ensure that Permitted / Not Recognised qualifications are enlisted in "Recognised Qualifications", failing which University shall not grant Continuation of Affiliation to such courses from ensuing Academic Year & no students shall be admitted in such courses.** As per information available with the University, Seat Matrix of your college is attached herewith for perusal & necessary action.

**A) Infrastructure / Others: NIL**

You are requested to note and do the needful.

**Important Note:**

- 1) This Continuation / Extension of Affiliation is issued for A.Y. 2022-2023 subject to the permission of Dental Council of India and / or Govt. of India and if the permission is declined by the said authorities this Continuation / Extension of Affiliation will be treated as cancelled. The College is not authorized to admit the students in the first year of the course until receipt of permission of the Dental Council of India and / or Govt. of India.
- 2) The admission shall be done only through the Competent Authorities of the State Govt.

Thanking you,

Yours,

*104*  
*07/11/22*  
**Registrar**

**Copy to:**

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



# महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

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दिंडोरी रोड, म्हसरुळ, 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

MUHS



डॉ. राजेंद्र शिवाजी बंगाळ

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

कुलसचिव

Dr. Rajendra Shivaji Bangal

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

Registrar

Out No.: MUHS/Acad/E2-UG/113101/ 3588/2022

Date: 10/10/2022

To  
The Principal,  
MGV's, KBH Dental College and Hospital  
Mumbai – Agra Road,  
Panchvati,  
Dist. Nashik - 422 003.

|                       |             |
|-----------------------|-------------|
| MGV/KBH/DC/NBK        |             |
| Inward No.            | 279         |
| Date of Receipt       | 28/11/2022  |
| Concerned Person Dept | O.P.H.C.    |
| Signature             | [Signature] |

Sub.: Continuation / Extension of Affiliation for Academic Year 2022-2023

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

Ref.: Academic Council Resolution No. 45/2022, dated 20/09/2022

Sir / Madam,

With reference to above cited subject, I am directed to communicate that as per the University laid down procedure & your proposal of Continuation of Affiliation & / or Extension of Affiliation, the Hon'ble Vice-Chancellor is pleased to grant Continuation of Affiliation & / or Extension of Affiliation for Academic Year 2022-23 as per the provision u/s 68 and 65(4) of MUHS Act 1998, for the Under Graduate B.D.S. Course of your College, as under:

- The intake capacity of students shall be 100.
- Grant of permission from Central Govt. / Dental Council of India and / State Government, (as applicable)
- Fulfillment of following deficiencies shall be strictly complied within Ninety Days, without fail.

(i) Teaching Staff:

a) Dental Subject:

| SN | Department   | Required staff |      |              | Approved Staff |      |              | Deficient staff |      |              |
|----|--|----------------|------|--------------|----------------|------|--------------|-----------------|------|--------------|
|    |  | Prof.          | A.P. | Lect.+ Tutor | Prof.          | A.P. | Lect.+ Tutor | Prof.           | A.P. | Lect.+ Tutor |
| 1  | Prosthodontics and Crown & Bridge                    | 1              | 3    | 6            | 1              | 2    | 7            | 0               | 1    | 0            |
| 2  | Conservative Dentistry and Endodontics               | 2              | 4    | 8            | 2              | 3    | 10           | 0               | 1    | 0            |
| 3  | Periodontology                                       | 1              | 3    | 3            | 1              | 3    | 4            | 0               | 0    | 0            |
| 4  | Orthodontics and Dentofacial Orthopedics             | 1              | 2    | 3            | 1              | 1    | 5            | 0               | 1    | 0            |
| 5  | Oral & Maxillofacial Surgery                         | 1              | 2    | 2            | 1              | 2    | 2            | 0               | 0    | 0            |
| 6  | Oral & Maxillofacial Pathology and Oral Microbiology | 1              | 2    | 3            | 3              | 1    | 3            | 0               | 0    | 0            |
| 7  | Oral Medicine and Radiology                          | 1              | 2    | 3            | 1              | 2    | 4            | 0               | 0    | 0            |
| 8  | Pediatric Dentistry                                  | 1              | 2    | 3            | 1              | 2    | 3            | 0               | 0    | 0            |
| 9  | Public Health Dentistry                              | 0              | 1    | 1            | 0              | 1    | 1            | 0               | 0    | 0            |
|    | Total  | 9              | 21   | 32           | 11             | 17   | 39           | 0               | 3    | 0            |

To  
HR  
Mgule



**b) Medical Subject:**

| Year                | Department        | Required staff |       | Approved Staff |       | Deficient staff |       |
|---------------------|-------------------|----------------|-------|----------------|-------|-----------------|-------|
|                     |                   | A.P.           | Lect. | A.P.           | Lect. | A.P.            | Lect. |
| 1 <sup>st</sup> BDS | Anatomy           | 1              | 4     | 1              | 4     | 0               | 0     |
|                     | Physiology        | 1              | 2     | 1              | 2     | 0               | 0     |
|                     | Biochemistry      | 1              | 2     | 1              | 3     | 0               | 0     |
| 2 <sup>nd</sup> BDS | Pharmacology      | 1              | 3     | 1              | 3     | 0               | 0     |
|                     | General Pathology | 1              | 2     | 1              | 3     | 0               | 0     |
|                     | Microbiology      | 1              | 2     | 1              | 2     | 0               | 0     |
| 3 <sup>rd</sup> BDS | General Medicine  | 1              | 3     | 1              | 4     | 0               | 0     |
|                     | General Surgery   | 1              | 3     | 1              | 3     | 0               | 0     |
|                     | Anaesthesiology   | 1              | 1     | 1              | 1     | 0               | 0     |
|                     | Total             | 9              | 22    | 9              | 25    | 0               | 0     |

**(ii) Other:**

- The College shall submit Affidavit in the prescribed format as per Academic Council's Resolution No. 229/2013 (format attached).
- Those UG / PG qualifications that are not yet recognized by the Central Govt. it is mandatory for the College to apply to the Central Council through Central Govt. and ensure that Permitted / Not Recognized qualifications are enlisted in "Recognized Qualifications", failing which University shall not grant Continuation of Affiliation to such courses from ensuing Academic Year & no student shall be admitted in such courses.

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

**Important Note:**

- This Continuation / Extension of affiliation is issued for the A.Y. 2022-2023 subject to the permission of Dental Council of India and / or Govt. of India and if the permission is declined by the said authorities this Continuation / Extension of Affiliation will be treated as cancelled. The College is not authorized to admit the students for 1st Year of the course until receipt of permission of the Dental Council of India and / or Govt. of India.
- The admission shall be done through the Competent Authority only.

Thanking you.

Yours,

*[Handwritten Signature]*  
07/10/22

**Registrar**

**Copy to:**

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





# महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

Maharashtra University of Health Sciences, Nashik

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

EPABX: 0253-2539100-300, Phone: 0253-2539239/192, 6659239/192

E-mail : [academic1@muhs.ac.in](mailto:academic1@muhs.ac.in) Web.: [www.muhs.ac.in](http://www.muhs.ac.in)

डॉ. कालिदास द. चव्हाण

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

कुलसचिव

Dr. Kalidas D. Chavan

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

Registrar

R. No.: MUHS / Acad / PG / E-2 / 1220 / 2021

Date: 25/05/2021

By E-mail & Speed Post

**MGV/KBH/DC/NSK**

Inward No. 22

Date of Receipt 16/06/2021

Concerned Person Dept. Office

Signature

To

The Dean / Principal,

Mahatma Gandhi Vidyamandir's

K.B.H. Dental College & Hospital,

Mumbai – Agra Road, Panchavati,

Dist. Nashik 422 003

**Sub. : Continuation / Extension of Affiliation for Academic Year 2021-2022.**

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

**Ref. : 1. University Direction 02/2016 & u/s 68, 69 of MUHS Act 1998.**

**2. University Academic Council Resolution No. 07/2021 dated 22/01/2021**

Sir / Madam,

With reference to above cited subject, I am directed to communicate that as per the University laid down procedure & your proposal of Continuation of Affiliation & / or Extension of Affiliation, the Hon'ble Vice-Chancellor is pleased to grant Continuation of Affiliation & / Extension of Affiliation for Academic Year 2021-2022 as per the provision u/s 65 (4) of MUHS Act 1998, for the Dental (Post Graduate) Courses of your College in the following subject(s):

| Sr. No. | PG Degree  | Intake as per Council | Max. Seats Permitted as per Teacher: Student Ratio # |
|---------|--|-----------------------|--|
| 1       | Prosthodontics and Crown & Bridge                    | 03                    | 03   |
| 2       | Orthodontics and Dentofacial Orthopedics             | 03                    | 03*  |
| 3       | Conservative Dentistry and Endodontics               | 05                    | 05*  |
| 4       | Periodontology                                       | 06                    | 03#*   |
| 5       | Oral Medicine and Radiology                          | 04                    | 03#  |
| 6       | Pediatric Dentistry                                  | 02                    | 02*  |
| 7       | Oral & Maxillofacial Pathology and Oral Microbiology | 06                    | 03#*   |

# No. of seats may Increase / Decrease as per availability of Recognized PG Teacher on or before the cut-off date of admission. P.G. seats shall be maximum upto sanctioned intake by Central Council.

\* It indicates deficiency in No. of teachers in the Unit in that particular subject. Permission is granted subject to fulfillment of deficiency within Three months from issuance of this letter.

To Mr. C. J. Jadhav  
MGV  
16/6/2021



1) **The above subject & intake wise affiliation is subject to the following conditions:**

- Grant of permission from Central Govt./ Central Council/ State Government (as applicable for A.Y. 2021-2022.)
- Fulfilment of the required teaching staff as per the Teacher: Student ratio prescribed by Central Council / University norms.
- Admission of students is subject to availability of PG recognized Teachers.
- It is mandatory to fulfil the prescribed minimum requirements for Undergraduate training as per the norms of Central Council and obtain Continuation of Affiliation for the UG Course also.
- Those UG/PG qualifications that are not yet recognized by the Central Govt., it is mandatory for the College to apply to the Central Council through Central Govt. and ensure that Permitted / Not Recognised qualifications are enlisted in "Recognised Qualifications", failing which University shall not grant Continuation of Affiliation to such courses from ensuing Academic Year & no students shall be admitted in such courses.** As per information available with the University, Seat Matrix of your college is attached herewith for perusal & necessary action.

2) **The following deficiencies are to be complied:-**

**A) Teaching Staff:**

| Sr. No. | PG Subject                                      | Intake as per Council | Required Unit(s) | Post Graduate Approved/Recognised Teaching Staff |            |       |           |            |       |           |            |       |
|---------|---|-----------------------|------------------|--|------------|-------|-----------|------------|-------|-----------|------------|-------|
|         |   |                       |                  | Required   |            |       | Available |            |       | Deficient |            |       |
|         |   |                       |                  | Prof.  | A.P./ Read | Lect. | Prof.     | A.P./ Read | Lect. | Prof.     | A.P./ Read | Lect. |
| 1       | Orthodontics & Dentofacial Orthopedics          | 3                     | 1                | 1  | 2          | 3     | 2         | 0          | 6     | -         | 1          | 3     |
| 2       | Conservative Dentistry & Endodontics            | 5                     | 2                | 2  | 4          | 8     | 2         | 4          | 6     | -         | -          | 2     |
| 3       | Periodontology                                  | 6                     | 1                | 1  | 3          | 3     | 1         | 3          | 1     | -         | -          | 2     |
| 4       | Pediatric Dentistry                             | 2                     | 1                | 1  | 2          | 3     | 1         | 1          | 1     | -         | 1          | 2     |
| 5       | Oral & Maxillofacial Pathology and Microbiology | 6                     | 1                | 1  | 2          | 3     | 2         | 1          | 2     | -         | -          | 1     |

You are, therefore directed to fulfill the above mentioned deficiencies and submit the Compliance report of the above deficiencies (regarding recognized PG Teacher(s) for sanction of No. of PG seats Unit(s) as per DCI regulations 2017) within Three months, without fail.

**B) Infrastructure / Others: NIL**

You are requested to note and do the needful.

**Important Note :**

- This Continuation / Extension of Affiliation is issued for A.Y. 2021-2022 subject to the permission of Dental Council of India and / or Govt. of India and if the permission is declined by the said authorities this Continuation / Extension of Affiliation will be treated as cancelled. The College is not authorized to admit the students for the 1st year of the course until receipt of permission of the Dental Council of India and / or Govt. of India.
- The admission shall be done only through the Competent Authorities of the State Govt.

Thanking you,

Yours,

  
Registrar

**Copy to:**

- The Hon'ble. Secretary, Medical Education & Drugs Department, Mumbai.
- The Secretary, Admission Regulatory Authority, Mumbai
- The Director, Directorate of Medical Education and Research, Mumbai.
- The Controller of Examinations, Examination Section, MUHS, Nashik.
- The H.O.D. Eligibility Section, MUHS, Nashik



**Maharashtra University of Health Sciences, Nashik**  
**Dental Faculty (PG)**  
**Information of Subject wise Intake as per Council & University for Colleges having PG**  
**Teaching A.Y. 2021-22**

12) Name of College: MGV's, K. B. H. Dental College & Hospital, Nashik

| Sr. No. | PG Degree  | Intake as per Council | Max. Seats Permitted as per Teacher : Student Ratio<br>(As per College Letter dt. 31/03/2021) |
|---------|--|-----------------------|---|
| 1       | Prosthodontics and Crown & Bridge                    | 03                    | 03  |
| 2       | Orthodontics and Dentofacial Orthopedics             | 03                    | 03  |
| 3       | Conservative Dentistry and Endodontics               | 05                    | 05  |
| 4       | Periodontology                                       | 06                    | 03 #  |
| 5       | Oral Medicine and Radiology                          | 04                    | 03 #  |
| 6       | Pediatric Dentistry                                  | 02                    | 02  |
| 7       | Oral & Maxillofacial Pathology and Oral Microbiology | 06                    | 03 #  |

*(# - The College has requested to curtail seats of Periodontology Course from 06 to 03, Oral Medicine and Radiology Course from 04 to 03 & Oral & Maxillofacial Pathology and Oral Microbiology Course from 06 to 03.)*

Note:- 1) Permission of DCI for Academic Year 2021-22 is still awaited.

2) Above information is based on availability of PG recognized teacher & Teacher: Student Ratio. In case if any teacher is dropped out; it shall be responsibility for the respective college to fill up vacant post to avoid any academic loss to the admitted students.







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

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

Tel : (0253) 2539192/239, 6659192/239

Website : www.muhs.ac.in, E-mail : academic1@muhs.ac.in

डॉ. कालिदास द. चव्हाण

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

कुलसचिव

Dr. Kalidas D. Chavan

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

Registrar

No. MUHS/E-2/UG/ 1585/2021

Date: 2 / 7 / 2021

To,

The Dean / Principal,

Mahatma Gandhi Vidyamandir's

K.B.H. Dental College & Hospital,

Mumbai – Agra Road, Panchavati,

Dist. Nashik 422 003.

|                            |             |
|----------------------------|-------------|
| MGV/KBH/DC/NSK             |             |
| Inward No.....             | 58          |
| Date of Receipt.....       | 24/07/2021  |
| Concerned Person Dept..... | Office      |
| Signature.....             | [Signature] |

Sub.: Continuation / Extension of Affiliation for Academic Year 2021-2022

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

Ref. : University Academic Council Resolution No. 07/2021 dated 22/01/2021

Sir / Madam,

With reference to above cited subject, I am directed to communicate that as per the University laid down procedure & your proposal of Continuation of Affiliation &/ or Extension of Affiliation, the Hon'ble Vice-Chancellor is pleased to grant Continuation of Affiliation & / or Extension of Affiliation for Academic Year 2021-2022 as per the provision u/s 68 and 65 (4) of MUHS Act 1998, for the Dental (Under Graduate) B.D.S. Course of your College.

- 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 shall be strictly complied within Ninety Days, without fail.

(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       | Oral Pathology & Oral Microbiology   | -        | -    | -            | -        | -    | -            | -          | -    | -            |
| 3       | Conservative Dentistry & Endodontics | -        | -    | -            | -        | -    | -            | -          | -    | -            |
| 4       | Oral & Maxillofacial Surgery         | -        | -    | -            | -        | -    | -            | -          | -    | -            |
| 5       | Periodontology                       | -        | -    | -            | -        | -    | -            | -          | -    | -            |
| 6       | Orthodontics                         | -        | -    | -            | -        | -    | -            | -          | -    | -            |
| 7       | Pediatric & Preventive Dentistry     | -        | -    | -            | -        | -    | -            | -          | -    | -            |
| 8       | Oral Medicine & Radiology            | -        | -    | -            | -        | -    | -            | -          | -    | -            |
| 9       | Public Health Dentistry              | -        | -    | -            | -        | -    | -            | -          | -    | -            |
|         | <b>Total</b>                         | -        | -    | <b>0+20</b>  | -        | -    | <b>0+9</b>   | -          | -    | <b>0+11</b>  |

To HR  
MGV  
24/7/2021



b) Medical Subject:

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

(ii) Other:


- The College shall submit Affidavit in the prescribed format as per Academic Council's resolution No. 229/2013 (format attached)
  - Information of all College Teachers shall be updated on the University Academic Online Teachers Database & monthly review shall be taken by College Coordinator so as to ensure that teacher's information is regularly updated.
  - Those UG / PG qualifications that are not yet recognized by the Central Govt. it is mandatory for the college to apply to the Central Council through Central Govt. and ensure that Permitted / Not Recognized qualifications are enlisted in "Recognized Qualifications", failing which University shall not grant Continuation of Affiliation to such courses from ensuing Academic Year & no student shall be admitted in such courses.
2. You are requested to comply with the above mentioned deficiencies within the stipulated time without fail and submit compliance report.

**Important Note:**

- This continuation / Extension of affiliation is issued for the A.Y. 2021-2022 subject to the permission of Dental Council of India and / or Govt. of India and if the permission is declined by the said authorities this Continuation / Extension of Affiliation will be treated as cancelled. The college is not authorized to admit the students for 1<sup>st</sup> year of the course until receipt of permission of the Dental Council of India and / or Govt. of India.**
- The admission shall be done only through the Competent Authorities**

Thanking you,

Yours,

  
Registrar

**Copy to:**

- The Hon'ble Secretary, Medical Education & Drugs Department, Mumbai.
- The Secretary, Admission Regulatory Authority, Mumbai
- The Director, Directorate of Medical Education and Research, Mumbai.
- The Controller of Examinations, Examination Section, MUHS, Nashik.
- The H.O.D. Eligibility Section, MUHS, Nashik





# महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

Maharashtra University of Health Sciences, Nashik

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

EPABX: 0253-2539100-300, Phone: 0253-2539239/192, 6659239/192

E-mail : [academic1@muhs.ac.in](mailto:academic1@muhs.ac.in) Web.: [www.muhs.ac.in](http://www.muhs.ac.in)

डॉ. कालिदास द. चव्हाण

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

कुलसचिव

Dr. Kalidas D. Chavan

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

Registrar

R. No.: MUHS / Acad / PG / E-2 / 484 / 2020

Date: 18 / 02 / 2020

By E-mail & Speed Post

To

The Dean / Principal,

Mahatma Gandhi Vidyamandir's

K.B.H. Dental College & Hospital,

Mumbai – Agra Road, Panchavati,

Dist. Nashik 422 003

|                        |          |
|------------------------|----------|
| <b>MGV/KBH/DC/NSK</b>  |          |
| Inward No.             | 748      |
| Date of Receipt        | 5/3/2020 |
| Concerned Person Dept. | office   |
| Signature              |          |

Sub. : Continuation / Extension of Affiliation for Academic Year 2020-2021.

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

Ref. : University Direction 02/2016 & u/s 68, 69 of MUHS Act 1998.

Sir / Madam,

With reference to above cited subject, I am directed to communicate that as per the University laid down procedure & your proposal of Continuation of Affiliation & / or Extension of Affiliation, the Hon'ble Vice-Chancellor is pleased to grant Continuation of Affiliation & / Extension of Affiliation for Academic Year 2020-2021 as per the provision u/s 65 (4) of MUHS Act 1998, for the Dental (Post Graduate) Courses of your College in the following subject(s):

| Sr. No. | PG Degree  | Intake as per Council | Max. Seats Permitted as per Teacher: Student Ratio # |
|---------|--|-----------------------|--|
| 1       | Prosthodontics and Crown & Bridge                    | 03                    | 03*  |
| 2       | Orthodontics and Dentofacial Orthopedics             | 03                    | 03   |
| 3       | Conservative Dentistry and Endodontics               | 05                    | 05*  |
| 4       | Periodontology                                       | 06                    | 03@*   |
| 5       | Oral Medicine and Radiology                          | 04                    | 03@  |
| 6       | Pediatric Dentistry                                  | 02                    | 02*  |
| 7       | Oral & Maxillofacial Pathology and Oral Microbiology | 06                    | 03@*   |

# No. of seats may Increase / Decrease as per availability of Recognized PG Teacher on or before the cut-off date of admission. P.G. seats shall be maximum upto sanctioned intake by Central Council.

\* It indicates deficiency in No. of teachers in the Unit in that particular subject. Permission is granted subject to fulfillment of deficiency within Two months from issuance of this letter.

@ The College has curtail seats of Periodontology Course from 06 to 03, Oral Medicine and Radiology Course from 04 to 03, Oral & Maxillofacial Pathology and Oral Microbiology Course 06 to 03.

1) The above subject & intake wise affiliation is subject to the following conditions:

- Grant of permission from Central Govt./ Central Council/ State Government (as applicabled for A.Y.2020-2021)

To CA Jackson  
MGV/KBH/DC/NSK  
5/3/2020



- ii. Fulfilment of the required teaching staff as per the Teacher:Student ratio prescribed by Central Council / University norms.
- iii. Admission of students is subject to availability of PG recognized Teachers.
- iv. It is mandatory to fulfil the prescribed minimum requirements for Undergraduate training as per the norms of Central Council and obtain Continuation of Affiliation for the UG Course also.
- v. **Those UG/PG qualifications that are not yet recognized by the Central Govt., it is mandatory for the College to apply to the Central Council through Central Govt. and ensure that Permitted / Not Recognised qualifications are enlisted in "Recognised Qualifications", failing which University shall not grant Continuation of Affiliation to such courses from ensuing Academic Year & no students shall be admitted in such courses.** As per information available with the University, Seat Matrix of your college is attached herewith for perusal & necessary action.

2) **The following deficiencies are to be complied :-**

**A) Teaching Staff :**

| Sr. No. | PG Subject   | Intake as per Council | Required Unit(S) | Post Graduate Approved/Recognised Teaching Staff |            |       |           |            |       |           |            |       |
|---------|--|-----------------------|------------------|--|------------|-------|-----------|------------|-------|-----------|------------|-------|
|         |  |                       |                  | Required   |            |       | Available |            |       | Deficient |            |       |
|         |  |                       |                  | Prof.  | A.P./ Read | Lect. | Prof.     | A.P./ Read | Lect. | Prof.     | A.P./ Read | Lect. |
| 1       | Prosthodontics and Crown & Bridge                  | 03                    | 01               | 01   | 03         | 06    | 00        | 02         | 01    | 01        | 01         | 05    |
| 2       | Conservative Dentistry and Endodontics             | 05                    | 02               | 02   | 04         | 08    | 01        | 03         | 06    | 01        | 01         | 02    |
| 3       | Periodontology                                     | 06                    | 01               | 01   | 03         | 03    | 01        | 04         | 01    | 00        | 00         | 01    |
| 4       | Oral Maxillofacial Pathology and Oral Microbiology | 06                    | 01               | 01   | 02         | 03    | 02        | 00         | 01    | 00        | 01         | 02    |
| 5       | Pediatric Dentistry                                | 02                    | 01               | 01   | 02         | 03    | 01        | 01         | 00    | 00        | 01         | 03    |

You are, therefore directed to fulfill the above mentioned deficiencies and submit the Compliance report of the above deficiencies (regarding recognized PG Teacher(s) for sanction of No. of PG seats Unit(s) as per DCI regulations 2017) within Thirty Days, without fail.

**B) Infrastructure / Others : NIL**

You are requested to note and do the needful.

**Important Note :**

- 1) This Continuation / Extension of Affiliation is issued for A.Y. 2020-2021 subject to the permission of Dental Council of India and / or Govt. of India and if the permission is declined by the said authorities this Continuation / Extension of Affiliation will be treated as cancelled. The College is not authorized to admit the students for the 1st year of the course until receipt of permission of the Dental Council of India and / or Govt. of India.
- 2) The admission shall be done only through the Competent Authorities of the State Govt.

Thanking you,

  
**Registrar**

**Copy to :**

- 1) The Hon'ble. Secretary, Medical Education & Drugs Department, Mumbai.
- 2) The Director, Directorate of Medical Education and Research, Mumbai.
- 3) The Controller of Examinations, Examination Section, MUHS, Nashik.
- 4) The H.O.D. Eligibility Section, MUHS, Nashik



**Maharashtra University of Health Sciences, Nashik**  
**Dental Faculty (PG)**

**Information of Subject wise intake as per Dental Council & University for Colleges having Post Graduate Teaching for Academic Year 2020-21**

**12) Name of College: MGV's, K. B. H. Dental College & Hospital, Nashik**

| Sr. No. | PG Degree  | Intake as per Council | Max. Seats Permitted as per Teacher: Student Ratio (As per College Letter dtd.18/12/2019) |
|---------|--|-----------------------|---|
| 1       | Prosthodontics and Crown & Bridge                    | 03                    | 03  |
| 2       | Orthodontics and Dentofacial Orthopedics             | 03                    | 03  |
| 3       | Conservative Dentistry and Endodontics               | 05                    | 05  |
| 4       | Periodontology                                       | 06                    | 03@   |
| 5       | Oral Medicine and Radiology                          | 04                    | 03 @  |
| 6       | Pediatric Dentistry                                  | 02                    | 02  |
| 7       | Oral & Maxillofacial Pathology and Oral Microbiology | 06                    | 03@   |

*@ The College has requested to curtail seats of Periodontology Course from 06 to 03, Oral Medicine and Radiology Course from 04 to 03 & Oral & Maxillofacial Pathology and Oral Microbiology Course from 06 to 03.)*

**Note: - 1) Permission of DCI for Academic Year 2020-21 is still awaited.**

**2) Above information is based on availability of PG recognized teacher & Teacher: Student Ratio. In case if any teacher is dropped out; it shall be responsibility for the respective college to fill up vacant post to avoid any academic loss to the admitted students.**







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

Website : www.muhs.ac.in, E-mail : academic1@muhs.ac.in

डॉ. कालिदास द. चव्हाण  
एम.बी.बी.एस, एम.डी. (न्यायवैद्यकशास्त्र),  
कुलसचिव

Dr. Kalidas D. Chavan  
M.B.B.S., M.D.(Forensic Medicine)  
Registrar

No. MUHS/E-2/UG/39/1394 / 2020

Date: 11 / 08 / 2020

To,  
The Dean / Principal,  
Mahatma Gandhi Vidyamandir's  
K.B.H. Dental College & Hospital,  
Mumbai - Agra Road, Panchavati,  
Dist. Nashik 422 003.

|                        |             |
|------------------------|-------------|
| MGV/KBH/DC/NBK         |             |
| Inward No.             | 97          |
| Date of Receipt        | 14/08/2020  |
| Concerned Person Dept. | Office      |
| Signature              | [Signature] |

Sub.: Continuation / Extension of Affiliation letter for Academic Year 2020-2021  
(Issued under provision No. 05 & 13 of University Direction No. 02/2016)

Ref. : Academic Council Meeting dated. 15/07/2020 Resolution No. 20 /2020.

Sir / Madam,

With reference to above cited subject, I am directed to communicate that as per Academic Council Resolution No. 20 / 2020 dated 15/07/2020 and as per your proposal of Continuation of Affiliation &/ or Extension of Affiliation, the Academic Council unanimously resolved to grant Continuation of Affiliation & / Extension of Affiliation for Academic Year 2020-2021 as per the provision u/s 68 and 65 (4) of MUHS Act 1998, for the Dental (Under Graduate) **B.D.S.** Course of your College.

- 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 shall be strictly complied within Ninety Days, without fail.

(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       | Oral Pathology & Oral Microbiology   | -        | -        | -            | -        | -        | -            | -          | -        | -            |
| 3       | Conservative Dentistry & Endodontics | -        | 2        | -            | -        | 1        | -            | -          | 1        | -            |
| 4       | Oral & Maxillofacial Surgery         | -        | -        | -            | -        | -        | -            | -          | -        | -            |
| 5       | Periodontology                       | -        | -        | -            | -        | -        | -            | -          | -        | -            |
| 6       | Orthodontics                         | -        | -        | -            | -        | -        | -            | -          | -        | -            |
| 7       | Pediatric & Preventive Dentistry     | -        | -        | -            | -        | -        | -            | -          | -        | -            |
| 8       | Oral Medicine & Radiology            | -        | -        | -            | -        | -        | -            | -          | -        | -            |
| 9       | Public Health Dentistry              | -        | -        | -            | -        | -        | -            | -          | -        | -            |
|         | <b>Total</b>                         | -        | <b>2</b> | -            | -        | <b>1</b> | -            | -          | <b>1</b> | -            |



b) Medical Subject:

| Year                   | Department        | Required |           | Existing |          | Deficiency |           |
|------------------------|-------------------|----------|-----------|----------|----------|------------|-----------|
|                        |                   | A.P.     | Lect.     | A.P.     | Lect.    | A.P.       | Lect.     |
| 1 <sup>st</sup><br>BDS | Anatomy           | -        | 4         | -        | 1        | -          | 3         |
|                        | Physiology        | -        | 2         | -        | 0        | -          | 2         |
|                        | Biochemistry      | -        | 2         | -        | 1        | -          | 1         |
| 2 <sup>nd</sup><br>BDS | Pharmacology      | -        | 3         | -        | 1        | -          | 2         |
|                        | General Pathology | -        | 2         | -        | 1        | -          | 1         |
|                        | Microbiology      | -        | -         | -        | -        | -          | -         |
| 3 <sup>rd</sup><br>BDS | Gen. Medicine     | 1        | -         | 0        | -        | 1          | -         |
|                        | Gen. Surgery      | -        | 3         | -        | 1        | -          | 2         |
|                        | Anesthesiology    | 1        | -         | 0        | -        | 1          | -         |
| <b>Total</b>           |                   | <b>2</b> | <b>16</b> | <b>0</b> | <b>5</b> | <b>2</b>   | <b>11</b> |

(ii) Other:

- The College shall submit Affidavit in the prescribed format as per Academic Council's resolution No. 229/2013 (format attached)
- Information of all College Teachers shall be updated on the University Academic Online Teachers Database & monthly review shall be taken by College Coordinator so as to ensure that teacher's information is regularly updated.
- Those UG / PG qualifications that are not yet recognized by the Central Govt. it is mandatory for the college to apply to the Central Council through Central Govt. and ensure that Permitted / Not Recognized qualifications are enlisted in "Recognized Qualifications", failing which University shall not grant Continuation of Affiliation to such courses from ensuing Academic Year & no student shall be admitted in such courses.

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


**Important Note :**

1) This continuation / Extension of affiliation is issued for the A.Y. 2020-2021 subject to the permission of Dental Council of India and / or Govt. of India and if the permission is declined by the said authorities this Continuation / Extension of Affiliation will be treated as cancelled. The college is not authorized to admit the students for 1<sup>st</sup> year of the course until receipt of permission of the Dental Council of India and / or Govt. of India.

2) ~~The admission shall be done only through the Competent Authorities~~

Thanking you,

Yours,

  
Registrar

**Copy to:**

- The Secretary, Dental council of India, New Delhi.
- The Secretary, Medical Education & Drugs Department, Mantralaya, Mumbai.
- The Director, Directorate of Medical Education & Research, Mumbai
- The Secretary, Admission Regularity Authority, Mumbai.
- The Controller of Examinations, M.U.H.S., Nashik.
- Eligibility Department, M.U.H.S., Nashik.
- Special Cell, MUHS, Nashik





MUHS

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

Maharashtra University of Health Sciences, Nashik

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

EPABX: 0253-2539100-300, Phone: 0253-2539239/192

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

डॉ. कलिदास द. चव्हाण

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

कुलसचिव

Dr. Kalidas D. Chavan

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

Registrar

O. No.: MUHS/Acad/PG/E-2/ 510 /2019

Date: 02/02/2019

By E-mail & Speed Post

To

The Dean / Principal,

Mahatma Gandhi Vidyamandir's,

K. B. H. Dental College & Hospital,

Mumbai- Agra Road, Panchavati,

Dist. Nashik - 422 003

|                           |         |
|---------------------------|---------|
| PGW/REG/SG/MSK            |         |
| Inward No.....            | 611     |
| Date of Receipt.....      | 04/2/19 |
| Concerns Person Dept..... |         |
| Signature.....            |         |

Sub. : Continuation/ Extension of Affiliation for Academic Year 2019-20.

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

Ref. : University Direction 02/2016 & u/s 68, 69 of MUHS Act 1998.

Sir / Madam,

With reference to above cited subject, I am directed to communicate that as per the University laid down procedure & your proposal of Continuation of Affiliation & / or Extension of Affiliation, the Hon'ble Vice-Chancellor decided to grant conditional Continuation of Affiliation & / Extension of Affiliation for Academic Year 2019-20 as per the provision u/s 65 (4) of MUHS Act 1998, for the Dental (Post Graduate) Courses of your College in the following subject(s):

| Sr. No. | PG Degree  | Intake as per Council | Max. Seats Permitted as per Teacher : Student Ratio # |
|---------|--|-----------------------|---|
| 1       | Prosthodontics and Crown & Bridge                    | 03                    | 03  |
| 2       | Orthodontics & Dentofacial Orthopedics               | 03                    | 03  |
| 3       | Conservative Dentistry and Endodontics               | 05                    | 05  |
| 4       | Periodontology                                       | 03                    | 03 \$   |
| 5       | Oral Medicine & Radiology                            | 03                    | 03 \$   |
| 6       | Pediatric Dentistry                                  | 02                    | 02  |
| 7       | Oral & Maxillofacial Pathology and Oral Microbiology | 03                    | 03 \$   |

# The No. of seats may Increase / Decrease as per availability of Recognized PG Teacher on or before the cut off date of admission. However, maximum up to sanctioned intake by Central Council.

\$ The College has requested to curtail seats of Periodontology Course from 06 to 03, Oral Medicine and Radiology Course from 04 to 03 & Oral & Maxillofacial Pathology and Oral Microbiology Course from 06 to 03.

1) The above subject & intake wise affiliation is subject to the following conditions:

- i) Grant of permission from Central Govt./ Central Council/ State Government (as applicable.)



- II) Fulfilment of the required teaching staff as per the Teacher: Student ratio prescribed by Central Council / University norms.
- III) Admission of students is subject to availability of PG recognised Teachers.
- IV) It will be mandatory to fulfill the prescribed minimum requirements for Undergraduate training as per the norms of Central Council and obtain Continuation of Affiliation for the UG Course also.
- V) Those UG/ PG qualifications that are not yet recognized by the Central Govt., it is mandatory for the College to apply to the Central Council through Central Govt. and ensure that Permitted/ Not Recognised qualifications are enlisted in "Recognised Qualifications", failing which University shall not grant Continuation of Affiliation to such courses from ensuing Academic Year & no student shall be admitted in such courses. As per information available with the University, Seat Matrix of your College is attached herewith for perusal & necessary action.

2) **The following deficiencies are to be complied:-**

**A) Teaching Staff : Nil**

**B) Infrastructure /Others : Nil.**

You are requested to note and do the needful.

**Important Note:-**

- 1) *This Continuation / Extension of Affiliation is issued for the A.Y. 2019-20 subject to the permission of Dental Council of India and / or Govt. of India and if the permission is declined by the said authorities this Continuation / Extension of Affiliation will be treated as cancelled. The College is not authorised to admit the students for the 1<sup>st</sup> year of the course until receipt of permission of the Dental Council of India and / or Govt. of India.*
- 2) *The admission shall be done only through the Competent Authorities.*

Thanking you,

  
Registrar

- Copy to :**
1. The Hon'ble Secretary, Medical Education & Drugs Department, Mumbai.
  2. The Director, Directorate of Medical Education and Research, Mumbai.
  3. The Controller of Examinations, Examination Section, MUHS, Nashik.
  4. The Deputy Registrar, Eligibility Section, MUHS, Nashik.







महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक  
**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
 दिंडोरी रोड, म्हस्रुळ, नाशिक-४२२००४ Dindori Road, Mhasrul, Nashik-422004

**MUHS**

Tel : (0253) 2539239/192, Website : www.muhs.ac.in, E-mail : academic1@muhs.ac.

डॉ. कालिदास द. चव्हाण  
 एम.बी.बी.एस, एम.डी.(न्यायवैद्यकशास्त्र),  
**कुलसचिव**

**Dr. Kalidas D. Chavan**  
 M.B.B.S., M.D.(Forensic Medicine)  
**Registrar**

No. MUHS/E-2/UG/39/2301/ 650 /2019

Date: 06/02/2019

**Continuation / Extension of Affiliation letter for Academic Year 2019-20**  
**(Issued under provision No. 05 & 13 of University Direction No. 02/2016)**

To,  
**The Dean / Principal**  
 M.G.V.'s K. B. H. Dental College & Hospital  
 Mumbai-Agra High way, Panchvati,  
**Nashik – 422 003**

|                               |         |
|-------------------------------|---------|
| <b>MGV/KBH/DC/NSK</b>         |         |
| Inward No. ....               | 626     |
| Date of Receipt .....         | 12/2/19 |
| Concerned Person's Dist ..... |         |
| Signature .....               |         |

**Sub. : Continuation / Extension of Affiliation for the Academic Year 2019-20**

Sir/ Madam,

1. With reference to the subject cited above, I am directed to communicate that as per the provision under Section 16(7) of Maharashtra University of Health Sciences Act, 1998, the Hon'ble Vice-Chancellor is pleased to grant conditional continuation of affiliation to the **B.D.S** course for the A.Y. 2019-20, 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 till **28<sup>th</sup> Feb. 2019**.

**(i) Teaching Staff:**

**a) Dental Subject : Nil**

**b) Medical Subject :**

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

*Dr. Boman  
 12/2/2019*



| Year | Department     | Required |       | Existing |       | Deficiency |       |
|------|----------------|----------|-------|----------|-------|------------|-------|
|      |                | A.P.     | Lect. | A.P.     | Lect. | A.P.       | Lect. |
|      | Anesthesiology | -        | -     | -        | -     | -          | -     |
|      | <b>Total</b>   | -        | 9     | -        | 6     | -          | 3     |

**(ii) Other:**

**Infrastructure:- Nil**

- c) Sending the Affidavit in the prescribed format as per Academic Council's resolution No. 229/2013 (format attached)
- d) Sending the Information of all the college Teachers should be updated on the University website.
- e) Those UG/ PG qualifications that are not yet recognized by the Central Govt., it is mandatory for the College to apply to the Central Council through Central Govt. and ensure that Permitted/ Not Recognised qualifications are enlisted in "Recognised Qualifications", failing which University shall not grant Continuation of Affiliation to such courses from ensuir Academic Year & no student shall be admitted in such courses. As per information available with the University, Seat Matrix of your College is attached herewith for perusal & necessary action.
2. You are requested to comply with the above mentioned deficiencies within the stipulated time without fail and submit compliance report.

**Important Note:-**

- 1) *This Continuation / Extension of Affiliation is issued for the A.Y. 2019-20 subject to the permission of Dental Council of India and / or Govt. of India and if the permission is declined by the said authorities this Continuation / Extension of Affiliation will be treated as cancelled. The College is not authorised to admit the students for the 1<sup>st</sup> year of the course until receipt of permission of the Dental Council of India and / or Govt. of India.*
- 2) *The admission shall be done only through the Competent Authorities.*

Thanking you,

Yours,

  
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. Eligibility Department, M.U.H.S., Nashik.
8. Special Cell, MUHS, Nashik



12) Name of College: MGV's, K. B. H. Dental College & Hospital, Nashik

| Sr. No. | PG Degree  | Intake as per Council | Max. Seats Permitted as per Teacher :<br>Student Ratio<br>(As per College Letter dtd.26/12/2018 & 04/01/2019) |
|---------|--|-----------------------|---|
| 1       | Prosthodontics and Crown & Bridge                    | 03                    | 03  |
| 2       | Orthodontics and Dentofacial Orthopedics             | 03                    | 03  |
| 3       | Conservative Dentistry and Endodontics               | 05                    | 05  |
| 4       | Periodontology                                       | 06                    | 03 #  |
| 5       | Oral Medicine and Radiology                          | 04                    | 03 #  |
| 6       | Pediatric Dentistry                                  | 02                    | 02  |
| 7       | Oral & Maxillofacial Pathology and Oral Microbiology | 06                    | 03 #  |

*(# - The College has requested to curtail seats of Periodontology Course from 06 to 03, Oral Medicine and Radiology Course from 04 to 03 & Oral & Maxillofacial Pathology and Oral Microbiology Course from 06 to 03.)*

**Note:-** 1) Permission of DCI for Academic Year 2019-20 is still awaited.

2) Above information is based on availability of PG recognized teacher & Teacher: Student Ratio. In case if any teacher is dropped out, it shall be responsibility for the respective college to fill up vacant post to avoid any academic loss to the admitted students.





# महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

Maharashtra University of Health Sciences, Nashik

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

EPABX: 0253-2539100-300, Phone: 0253-2539239/192

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

डॉ. कलिदास द. चव्हाण

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

युक्तनिधि

Dr. Kalidas D. Chavan

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

Registrar

Out No.: MUHS/PG/E-2/113101/ 1591 /2018

Date: 11/04/2018

**By E-mail & Speed Post**

To

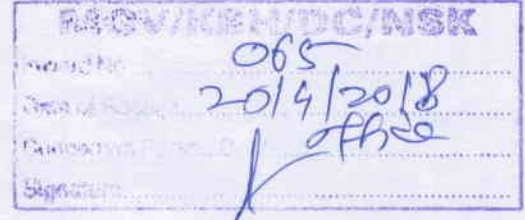
The Dean / Principal,

Mahatma Gandhi Vidyamandir's,

K. B. H. Dental College & Hospital,

Mumbai- Agra Road, Panchavati,

Dist. Nashik - 422 003



Sub. : Continuation / Extension of Affiliation for Academic Year 2018-19.  
(Issued under provision No. 11&12 of University Direction No. 02/2016)

Ref. : University Direction 02/2016 & u/s 68, 69 of MUHS Act 1998.

Sir / Madam,

With reference to above cited subject, I am directed to communicate that as per the University laid down procedure & your proposal of Continuation of Affiliation & / or Extension of Affiliation, the Hon'ble Vice-Chancellor decided to grant Continuation of Affiliation & / Extension of Affiliation for Academic Year 2018-19 as per the provision u/s 65 (4) of MUHS Act 1998, for the **Dental (Post Graduate)** Courses of your College in the following subject(s):

| Sr. No. | PG Degree  | Intake as per Council | Max. Seats Permitted as per Teacher : Student Ratio # |
|---------|--|-----------------------|---|
| 1       | Prosthodontics and Crown & Bridge                    | 03                    | 03*   |
| 2       | Orthodontics & Dentofacial Orthopedics               | 03                    | 03  |
| 3       | Conservative Dentistry and Endodontics               | 05                    | 05*   |
| 4       | Periodontology                                       | 06                    | 06*   |
| 5       | Oral Medicine & Radiology                            | 04                    | 04*   |
| 6       | Pediatric Dentistry                                  | 02                    | 02*   |
| 7       | Oral & Maxillofacial Pathology and Oral Microbiology | 06                    | 06*   |

# The No. of seats may Increase / Decrease as per availability of Recognized PG Teacher on or before the cut off date of admission. However, maximum up to sanctioned intake by Central Council.

\* It indicates deficiency in the unit i.e. deficient No. of teachers in this particular subject. Permission is given subject to fulfillment of deficiency within Two months from issuance of this letter.

1) The above subject & intake wise affiliation is subject to the following conditions:

- I) Grant of permission from Central Govt./ Central Council/ State Government (as applicable.)
- II) Fulfilment of the required teaching staff as per the teacher: student ratio prescribed by Central Council / University norms.



III) Admission of students is subject to availability of PG recognised Teachers.

IV) It will be mandatory to fulfill the prescribed minimum requirements for Undergraduate training as per the norms of Central Council and obtain Continuation of Affiliation for the UG Course also.

2) **The following deficiencies are to be complied:-**

**A) Teaching Staff :**

| Sr. No. | PG Subject   | Intake as per Council | Required Unit(S) | Post Graduate Approved/Recognised Teaching Staff |           |       |              |           |       |           |           |       |
|---------|--|-----------------------|------------------|--|-----------|-------|--------------|-----------|-------|-----------|-----------|-------|
|         |  |                       |                  | Required   |           |       | Availability |           |       | Deficient |           |       |
|         |  |                       |                  | Prof.  | A.P./Read | Lect. | Prof.        | A.P./Read | Lect. | Prof.     | A.P./Read | Lect. |
| 1       | Conservative Dentistry and Endodontics               | 05                    | 02               | 02   | 04        | 08    | 02           | 04        | 05    | --        | --        | 03    |
| 2       | Periodontology                                       | 06                    | 02               | 02   | 04        | 05    | 01           | 04        | 03    | 01        | --        | 02    |
| 3       | Oral Medicine & Radiology                            | 04                    | 02               | 02   | 03        | 05    | 01           | 02        | 03    | 01        | 01        | 02    |
| 4       | Oral & Maxillofacial Pathology and Oral Microbiology | 06                    | 02               | 02   | 03        | 05    | 03           | 00        | 03    | --        | 02        | 02    |
| 5       | Prosthodontics and Crown & Bridge                    | 03                    | 01               | 01   | 03        | 06    | 01           | 03        | 03    | --        | --        | 03    |
| 6       | Pediatric Dentistry                                  | 02                    | 01               | 01   | 02        | 03    | 01           | 02        | 01    | --        | --        | 02    |

You are, therefore directed to fulfill the above mentioned deficiencies and submit the Compliance report of the above deficiencies (regarding recognised PG Teacher(s) for sanction of No. of PG seats / Unit(s) as per DCI regulations 2017) on or before 15<sup>th</sup> May 2018, without fail.

**B) Infrastructure /Others : Nil.**

You are requested to note and do the needful.

**Important Note:-**

- 1) This Continuation / Extension of Affiliation is issued for the A.Y. 2018-19 subject to the permission of Dental Council of India and / or Govt. of India and if the permission is declined by the said authorities this Continuation / Extension of Affiliation will be treated as cancelled. The College is not authorised to admit the students for the 1<sup>st</sup> year of the course until receipt of permission of the Dental Council of India and / or Govt. of India.
- 2) The admission shall be done only through the Competent Authorities.

Thanking you,

Registrar

- Copy to :**
1. The Hon'ble. Secretary, Medical Education & Drugs Department, Mumbai.
  2. The Director, Directorate of Medical Education and Research, Mumbai.
  3. The Offg. Controller of Examinations, Examination Section, MUHS, Nashik.
  4. The Asst. Registrar, Eligibility Section, MUHS, Nashik.



to. Bama  
20.4.2018





डॉ. कालिदास द. चव्हाण  
एम.बी.बी.एस, एम.डी.(न्यायवैद्यकशास्त्र),  
कुलसचिव

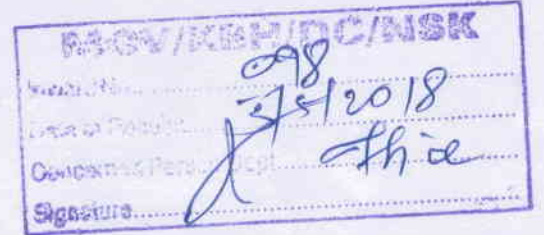
Dr. Kalidas D. Chavan  
M.B.B.S., M.D.(Forensic Medicine)  
Registrar

No. MUHS/E-2/UG/39/2301/ 174 /2018

Date: 24/04/2018

**Continuation / Extension of Affiliation letter for Academic Year 2018-19**  
(Issued under provision No. 05 & 13 of University Direction No. 02/2016)

To,  
The Dean / Principal  
M.G.V.'s K. B. H. Dental College & Hospital  
Mumbai-Agra High way, Panchvati,  
Nashik - 422 003



**Sub. : Continuation / Extension of Affiliation for the A.Y. 2018-19**

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 Hon'ble Vice-Chancellor has decided to grant conditional continuation of affiliation to the **B.D.S** course of your college for the A.Y. 2018-19, subject to the 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 by **31<sup>st</sup> May 2018**

(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       | Oral Pathology & Oral Microbiology   | -        | -    | -            | -        | -    | -            | -          | -    | -            |
| 3       | Conservative Dentistry & Endodontics | -        | -    | -            | -        | -    | -            | -          | -    | -            |
|         | Oral & Maxillofacial Surgery         | -        | -    | -            | -        | -    | -            | -          | -    | -            |
|         | Periodontology                       | -        | -    | -            | -        | -    | -            | -          | -    | -            |
|         | Orthodontics                         | -        | -    | -            | -        | -    | -            | -          | -    | -            |
| 4       | Pediatric & Preventive Dentistry     | -        | -    | -            | -        | -    | -            | -          | -    |              |

| Sr. No. | Department                | Required |      |             | Existing |      |             | Deficiency |      |             |
|---------|---------------------------|----------|------|-------------|----------|------|-------------|------------|------|-------------|
|         |                           | Prof.    | A.P. | Lect./Tutor | Prof.    | A.P. | Lect./Tutor | Prof.      | A.P. | Lect./Tutor |
|         | Oral Medicine & Radiology | -        | -    | -           | -        | -    | -           | -          | -    | -           |
|         | Public Health Dentistry   | -        | -    | -           | -        | -    | -           | -          | -    | -           |
|         | <b>Total</b>              | -        | -    | -           | -        | -    | -           | -          | -    | 4(T)        |

**b) Medical Subject :**

| Year                | Department        | Required |       | Existing |       | Deficiency |       |
|---------------------|-------------------|----------|-------|----------|-------|------------|-------|
|                     |                   | A.P.     | Lect. | A.P.     | Lect. | A.P.       | Lect. |
| 1 <sup>st</sup> BDS | Anatomy           | -        | 4     | -        | 3     | -          | 1     |
|                     | Physiology        | -        | 2     | -        | 1     | -          | 1     |
|                     | Biochemistry      | -        | 2     | -        | 1     | -          | 1     |
| 2 <sup>nd</sup> BDS | Pharmacology      | -        | -     | -        | -     | -          | -     |
|                     | General Pathology | -        | -     | -        | -     | -          | -     |
|                     | Microbiology      | -        | 2     | -        | 1     | -          | 1     |
| 3 <sup>rd</sup> BDS | Gen. Medicine     | -        | 3     | -        | 1     | -          | 2     |
|                     | Gen. Surgery      | -        | 3     | -        | 1     | -          | 2     |
|                     | Anesthesiology    | -        | -     | -        | -     | -          | -     |
|                     | <b>Total</b>      | -        | 16    | -        | 8     | -          | 8     |

**(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. Category | 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 |                          |                       |                      |
|         |                     |                   |           |               |                    |               |                        |    |                          |         |         |               |                                     |                     |    |                          |                       |                      |

- e) Sending the Affidavit in the prescribed format as per Academic Council's resolution No. 229/2013 (format attached)

- f) 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 accordingly.



**Important Note :** 1. This continuation / Extension of Affiliation is issued for the A.Y.2018-19 subject to the permission of Dental Council of India and / or Government of India and if the permission is declined by the said authorities this Continuation / Extension of Affiliation will be treated as cancelled . The College is not authorize to admit the students for the 1<sup>st</sup> year of the course until receipt of permission of the Dental Council of India and / or Government of India.

2. The admissions shall be done only through the Competent Authorities.

Thanking you,

Yours Sincerely,

  
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 Regulating Authority, Mumbai.
5. The Controller of Examinations, M.U.H.S., Nashik.
6. Academic Department (PG), M.U.H.S., Nashik
7. Eligibility Department, M.U.H.S., Nashik.
8. Special Cell, MUHS, Nashik

*No. Banna  
Do you need it  
3-5-18*