

**iv) University affiliated with - Name of the University with their address and phone numbers
(copy of Affiliation letter to be displayed on website)**

Name of the University

Maharashtra University of Health Sciences, Nashik

ADDRESS: Maharashtra University of Health Sciences, Nashik

Dindori Road, Mhasrul, Nashik Maharashtra-422004, India

PHONE NO.:

EPABX No. (0253) 2539100 (0253) 2539100 , 2539300)



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES

गंगापुर रोड, आनंदवल्ली, नाशिक - ४२२ ०१३

GANGAPUR ROAD, ANANDVALLI, NASHIK - 422 013.

Tel. - (0253) 340271,72, Fax - (0253) 344343

Email-muhs@sancharnet.in Web: http://www.muhsnashik.com

S. K. Mehra
Dy.Registrar

Phone : 346402

No. MUHS/E-1953/2002

Date: 03/09/2002

To,
The Principal,
Tatyasaheb Kore Dental College
& Research Centre, New Pargaon,
Dist- Kolhapur.

Sub :- Grant of First Affiliation.

Ref :- G.R. No. BDS- 130 J/2535/CR 368/2000/ Edn-1 dated 02/07/2002

Sir,

As per provision of Section 65 (4) of Maharashtra University of Health Sciences Act, 1998, I am directed to inform you that the Academic Council at its meeting held on 30/08/2002 resolved to grant first affiliation to your college for the Academic year 2002-03 subject to the following conditions:-

1. The intake capacity shall be 60 students.
2. Journals should be subscribed.
3. Fulfillment of the norms and conditions laid down by the Dental Council of India.
4. Rules and Regulations made by the State Govt. and the University, as amended from time to time, will be binding on the college.

Kindly acknowledge the receipt.

Thanking you,

Yours faithfully,

(S. K. Mehra)
Dy. Registrar

Copy to:-

1. The Secretary, Dental Council of India
2. The Secretary, Medical Education and Drugs Department, Mantralaya, Mumbai.
3. The Director, DMER, Mumbai.
4. COE.
5. Eligibility.

TRUE COPY

Dr. Harish Kulkarni M.D.S.
Principal
T. K. D. C. S. K. Dental Centre,
New Pargaon, Tal. Pathanangla,
Dist. Kolhapur-416 137

Annexure-VII



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES
गंगापूर रोड, आनंदवल्ली, नाशिक - ४२२ ००५.
GANGAPUR ROAD, ANANDVALLI, NASHIK - 422 005.

Tel/Fax : 0253-344343

email-muhs@boms6.vsnl.net.in

Web :http://www.muhsnashik.com

Dr. N. R. Bhadane
Registrar

email-muhsregistrar@hotmail.com
Phone : 346402

No. MUHS/E-2-1/2001-1312/2001

Date : 02/07/2001

To
The* Chairman / Secretary
Mahatma Gandhi Charitable Medical Trust
Warnanagar, Dist -Kolhapur (Maharashtra)

Sub :- Provisional Affiliation to the proposed Dental College at New Pargaon.

Ref :- Your letter No. 10/322/2001-2002, Dated 01/07/2001.

Sir,

With reference to the above, I am to inform you that the report of the Verification Committee appointed by the University to verify the compliance report was placed before the Hon'ble Vice-Chancellor. After consideration of the report the Hon'ble Vice-Chancellor is pleased to grant provisional affiliation for 1st Year of BBS course with intake capacity of 60 students to the proposed Tatyasaheb Kore Dental College & Research Centre, New Pargaon, Tal. Harkangale, Dist- Kolhapur and to be established by your society subject to the permission from Dental Council of India, Central Govt. & State Govt. and also subject to fulfilment of the conditions and norms laid down by the Dental Council of India / State Govt. / University.

Kindly note that after the permission from Dental Council of India, Central Government and State Government is obtained the first affiliation will be granted by the University under Section 65 of Maharashtra University of Health Sciences Act 1998. No student should be admitted till first affiliation is granted by this University.

Thanking you.

Yours faithfully,

(Dr. N. R. Bhadane)
Registrar

Copy f w e s :

1). Secretary, Dental Council of India, New Delhi

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Dr. Harish Kulkarni M.D.S.
Principal
T. K. D. C. & Research Centre,
New Pargaon, Tal. Harkangale,
Dist. Kolhapur - 416 137



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

विद्यार्थी रोड, म्हासरुड, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

Tel : (0253) 2539292, Fax : (0253) 2539295

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

डॉ. आदिनाथ सूर्यकर

पीएच.डी., एफएसीपीआय

कुलसचिव

Dr. Adinath Suryakar

Ph.D., FACP

Registrar

No.MUHS/E- 2(UG)/2205/202/2013

Date: 31/05/2013

To,

The Principal

Tatyasaheb Kore Dental College & Research Centre,

New Pargaon, Tal. Hatkanangale,

Dist. Kolhapur - 416 137.

Sub :- Continuation / Extension of Affiliation for the academic year 2013-14.

Sir / Madam,

As per the provision under Section 65(4) of Maharashtra University of Health Sciences Act, 1998, I am directed to communicate the decision of the Academic Council, taken in its meeting held on 09/05/2013. The Academic Council has unanimously resolved vide its resolution No. 186/2013 to grant continuation / Extension of affiliation to the B.D.S. course of your College for the academic year 2013-14, subject to following conditions:

- The Intake capacity shall be 60.
- Grant of permission from Central Govt. / Central Council and / State Government (as applicable).
- Fulfilment of following deficiencies and submission of its compliance report within Three months :

i) Teaching Staff :

a) Dental Subject :

	Departments	Professor			Reader			Lecturer/Tutor		
		R.	E.	D.	R.	E.	D.	R.	E.	D.
1	Prosthetic & Crown & Bridge	-	-	-	-	-	-	4	3	1
2	Oral Pathology & Oral Microbiology	1	-	1	-	-	-	-	-	-
3	Conservative Dentistry & Endodontics	-	-	-	2	-	2	-	-	-
4	Oral & Maxillofacial Surgery	-	-	-	1	-	1	3	1	2
5	Orthodontics	-	-	-	-	-	-	2	1	1
6	Pediatric & Preventive Dentistry	-	-	-	1	-	1	3	1	2
7	Oral Medicine & Radiology	-	-	-	-	-	-	3	1	2
8	Public Health Dentistry	-	-	-	1	-	1	3	1	2
9	Dental Anatomy, Embryology & Oral Histology	-	-	-	-	-	-	1	-	1
	Total	1	-	1	5	-	5	13	8+4T = 12	11-4T = 07

Req : Indicates no. of required teaching staff as per Council norms.

Exist : Indicates no. of existing approved teaching staff.

Def : Indicates no. of deficit teaching staff as per Council norms

T : Tutor.

b) Medical Subject :

Year	Subject	Reader			Lecturers		
		Req	Exist.	Deficit	Req.	Exist.	Deficit
1 st BDS	Anatomy	-	-	-	2	-	2
	Physiology	-	-	-	2	1	1
	Biochemistry	-	-	-	2	1	1
2 nd BDS	Pharmacology	-	-	-	-	-	-
	General Pathology	1	-	1	2	1	1
	Microbiology	-	-	-	2	1	1
3 rd BDS	Gen. Medicine	-	-	-	2	1	1
	Gen. Surgery	1	-	1	-	-	-
	Anesthesiology	1	-	1	-	-	-
Total		3	-	3	12	5	7

Req : Indicates no. of required teaching staff as per Council norms.

Exist : Indicates no. of existing approved teaching staff .

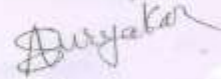
Def : Indicates no. of deficit teaching staff as per Council norms

ii) Approach road needs improvement.

- Also kindly comply the requirements mentioned in the enclosed Annexure "A" within Three months
- You are requested to comply with the above mentioned deficiencies within a stipulated time without fail and submit compliance report.
- Kindly note the above and do the needful.

Thanking you,

Yours Faithfully,



Registrar

Copy to :-

- The Secretary, Medical Education & Drugs Department, Mumbai
- The Director, Medical Education & Research, Mumbai.
- The Secretary, Pravesh Niyamtran Samiti, Mumbai
- The Competent Authority, AMUPMDC, Mumbai
- The Controller of Examinations, M.U.H.S., Nashik
- The Dy. Registrar, Academic Section (PG), MUHS, Nashik
- The Asst. Registrar, Eligibility Section, M.U.H.S., Nashik

T.K.D.C. & R.C. New Pargaon

Inward No 07R

Date 10/06/2018





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

दिंडोरी रोड, म्हासुरुळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004
Tel : (0253) 2539239 Fax : (0253) 2539200
Website : www.muhs.ac.in , E-mail : registrar@muhs.ac.in

डॉ. आदिनाथ सूर्यकर
पीएच.डी., एमएलसीसीआय
कुलसचिव

Dr. Adinath Suryakar
Ph.D., FACBI
Registrar

No. MUHS/ PG/E-2/2205/ 1416 /13

By Fax/Post

Date: 09/05/2013

To,
The Dean / Principal,
Tatyasaheb Kore Dental College & Research Centre,
Mahatma Gandhi Hospital Campus,
New Pargaon, Tal- Hathkanangale,
Dist- Kolhapur 416 137.

Sub :- Continuation / Extension of Affiliation for Academic Year 2013-14.
Ref :- Academic Council meeting dtd. 09/05/2013 Resolution No. 193/2013.

Sir / Madam,

As per the provision u/s 65 (4) of MUHS Act 1998, I am directed to communicate the decision of the Academic Council taken in its meeting held on 09/05/2013. The Academic Council vide resolution no 193/2013 unanimously resolved to grant Continuation of Affiliation & /or Extension of Affiliation for Academic Year 2013-14 to the Dental (Post Graduate) Courses of your College (as applicable) in the following subject(s):

Sr. No.	Degree	Intake as per Council	Max. Seats Permitted as per Teacher: Student Ratio #
1	Prosthodontics & Crown & Bridge	02	02
2	Orthodontics & Dentofacial Orthopedics	02	02
3	Conservative Dentistry & Endodontics	02	02
4	Periodontology	@	--

The No. of seats may Increase / Decrease as per availability of Recognised PG Teachers on or before admission. However, maximum upto sanctioned intake by Central Council.

@ GOI not permitted to admit any student in the speciality of Periodontology for the A. Y. 2013-14 as per letter No V 12017/6/2008 dated 30/03/2013.

The above subject & intakewise affiliation is subject to the following conditions;

- 1) Grant of permission from Central Govt. / Central Council / State Government (as applicable),
- 2) Fulfilment of the required teaching staff as per the teacher: student ratio prescribed by Central Council / University norms,
- 3) Admission of students is subject to availability of Recognised PG Teachers.

The following deficiencies are to be complied

A) Teaching Staff

PG recognition i/r of eligible teachers to be obtained immediately.

- i) Professor & Reader for Prosthodontics ii) Professor for Orthodontics iii) Professor & A.P./Reader for Periodontology iv) Professor & Reader for Oral & Maxillofacial Surgery v) 01 Professor & 02 A.P./Reader for Oral Medicine & Radiology vi) Reader/A.P. for Paedodontics.

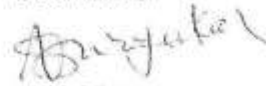
B) Other Deficiencies:

PG teaching programme should be submitted.

You are requested to do the needful & submit the compliance report within six months.

Thanking you.

Yours faithfully,



Registrar

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

