



TATYASAHEB KORE DENTAL COLLEGE AND
RESEARCH CENTRE NEW PARGAON – 416 113
Tal.: Hatkanangale Dist.:Kolhapur (Maharashtra State)
Ph. 0230 2477081 – 82

Annual Quality Assurance Report



Criterion - 1 Curricular Aspects

Key Indicator: 1.1

Curricular Planning and Implementation

Metric Number -1.1.2. (QnM)

Percentage of fulltime teachers participating in BoS /Academic Council of Universities during year
2023/2024



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हासुरुळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004
Tel: (0253) 2539151/6659151 Student Helpline: 0253-2539111/6659111/100
Website: www.muhs.ac.in, E-mail: election@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., LL.B.

Registrar

Ref. No. MUHS/ELN/A-136 /2023

Date: 17/04/2023

To,

DR. CHETAN GANESH HOTKAR

TATYA SAHEB KORE DENTAL COLLEGE,
KOLHAPUR - 416 005

Sub.:- Co-option on Board of Studies from the Faculty of Dentistry

Sir / Madam,

I have pleasure to inform you that, you are Co-opt as a member of the Board of Studies in **Pre Clinical Dental Subjects for Group of Under Graduate and Post Graduate Subjects** u/s 36 (2) (a) of the Maharashtra University of Health Sciences Act, 1998 (MUHS Act, 1998).


The term of the members of authority of the University as per Section 39 of the MUHS, Act, 1998 is for the Period of five years from the date of its first meeting, The term of the members of authority of the University as per Section 39 of the MUHS, Act, 1998 is for the period of five years from the date of its first meeting, irrespective of the date on which a member enters upon such office. For the purpose of Term of Office, Cessation and Disqualification of membership, you are kindly requested to peruse Section 39, 40, 41 of the MUHS Act 1998.

Your membership shall be governed by the provisions of the MUHS, Act, 1998 and Statutes, Ordinances, Rules, Regulations and Direction promulgated, thereunder.

You are requested to bring 3 passport size of your recent photographs while attending the B.O.S. meeting.

With warm Regards

Yours Sincerely,


Dr. Rajendra Shivaji Bangal
Registrar and Election Officer

Copy to :-
1. The Dean / Principal, TATYA SAHEB KORE DENTAL COLLEGE, KOLHAPUR
2. Dy. Registrar (Academic Dept.)

Dr. Harish Kulkarni M.D.S.
Principal

T. K. D. C. & Research Centre,
New Pargaon, Tal. Hatkanangla
Dist. Kolhapur, 416 137



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

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Registrar

Ref. No. MUHS/ELN/A-136 /2023

Date: 17/04/2023

To,

DR. HARISH S. KULKARNI,

T.K.C. DENTAL COLLEGE,

NEW PARGAON

KOLHAPUR 416 113

Sub.:- Co-optation on Board of Studies from the Faculty of Dentistry

Sir / Madam,

I have pleasure to inform you that, you are Co-opt as a member of the Board of Studies in **Clinical Dental Subjects for Group of Under Graduate and Post Graduate Subjects** u/s 36 (3) (c) of the Maharashtra University of Health Sciences Act, 1998 (MUHS Act, 1998).

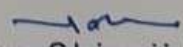
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With warm, Regards

Yours Sincerely,


Dr. Rajendra Shivaji Bangal
Registrar and Election Officer

Copy to :-

1. The Dean / Principal, T.K.C. Dental College, NEW PARGAON KOLHAPUR
2. Dy. Registrar, T.K.C. & Research Centre, New Pargaon, Tal. Hatkanangla, Kolhapur, 416 137