

# Details of University exams grievances for last 5 years



2.5.2

VIDYA BHIKSHAN PRASARIK MANDAL'S  
DENTAL COLLEGE & RESEARCH CENTRE,

DIGDOH HILLS, HINGNA ROAD, NAGPUR-440 019 PH(07104) 236290,(0712)321825 FAX(0712) 232905,232905 07104-232904  
REF: VSPM'S DCRC/EXAM-MAY-JUNE-2014/10/2/2011 DATE: 13/8/2014

To,  
The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

- > SUB: SUBMISSION OF VERIFICATION / PHOTOCOPY OF ANSWERSHEET FORMS.
- > REF: RESULT DECLARED ON MUHS WEB-SITE

Dear Sir,

Please find enclosed herewith the verification / photocopy forms of the students along with application . submitted by the students combined D.D. No. \_\_\_\_\_ Date: \_\_\_\_\_ Bank. \_\_\_\_\_ The details are given below:

SIL NO	CLASS	SEAT NO.	NAME OF STUDENTS	VERIFICATION/REVOLUTI ON/PHOTO COPY OF ANSWERSHEET.	No. of SUBJECT APPLIED FOR	TOTAL AMOUNT.
33	IV-I	27776	meenakshi Kullarkar	Verif.	01	500
34	I-st	21975	shrushti Dhande	Verif.	02	1000
35	I-st	21975	shrushti Dhande	Zerox	01	500
36	I-st	22032	dipali sanap	Zerox	01	500
37	I-st	22032	dipali sanap	Verif.	01	500
38	I-st	21978	Ruchita Dumbre	Verif.	02	1000
39	I-st	21978	Ruchita Dumbre	Zerox	02	1000
Total →				9000 + 6000 + 6000 + 6500 + 5000 =	32500/-	

Rs Total :

Kindly find in order and do the needful.

Thanking you,

Yours faithfully,

(DEAN)

VSPM'S Dental College & Research Center, Digdoh Hills, Hingna Road, Nagpur-440 019

encl: D.D.No, 008929  
RS 32500/-  
DE. 17/8/14  
KOTAK.



VIDYA SHIKSHAN PRASARAK MANDAL'S  
DENTAL COLLEGE & RESEARCH CENTRE,

DIGDOI HILLS, HINGNA ROAD, NAGPUR-440 019 PII(07104) 236290,(0712)321825 FAX(0712) 232905,232905 07104-331904  
REF: VSPM'S DCRC/EXAM-MAY-JUNE-2014/10/4/2011 DATE: 8/8/2014

To,  
The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

- > SUB: SUBMISSION OF VERIFICATION / PHOTOCOPY OF ANSWERSHEET FORMS.
- > REF: RESULT DECLARED ON MUHS WEB-SITE

Dear Sir,

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SIL NO	CLASS	SEAT NO.	NAME OF STUDENTS	VERIFICATION OR REVOLUTI ON PHOTO COPY OF ANSWERSHE ET.	No. of SUBJECT APPLIED FOR	TOTAL AMOUNT.
25	I-st	21966	Shubham Bhole	Verif.	02	1000
26	IIIrd	26312	Haya Belan.	Verif.	02	1000
27	IIIrd	26312	Haya Belan	Verif.	01	500
28	IIIrd	26312	Haya Belan.	Zerox	02	1000
29	IV-II	29351	Prerna motwani	Verif.	02	1000
30	I-st	21962	Trushita Banubakode	Verif.	01	500
31	I-st	21962	Trushita Banubakode	Zerox	01	500
32	IV-I	27777	Neha Lanjewar	Verif.	02	1000

Rs Total : 6500

Kindly find in order and do the needful.

Thanking you,

Yours faithfully,

(DEAN)

VSPM'S Dental College &  
Research Center, Digdoh Hills,  
Hingna Road, Nagpur-440 019



VIDYA SANKSHAN PRASARAK MANDAL'S  
DENTAL COLLEGE & RESEARCH CENTRE,

DIGDOH HILLS, HINGNA ROAD, NAGPUR-440 019 P11(07104) 236290/(0712)321825 FAX(0712) 232905,232905 07104-232904  
REF: VSPM'S DCRC/EXAM-MAY-JUNE-2014/014/2011 DATE 19/8/2014

To,

The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

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Dear Sir,

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SIL NO	CLASS	SEAT NO.	NAME OF STUDENTS	VERIFICATION METHOD ON PHOTO COPY OF ANSWERSHEET ET.	No. of SUBJECT APPLIED FOR	TOTAL AMOUNT.
17	Ist	22048	Sameer Thote	Zerox	02	1000
18	Ist	22048	Sameer Thote	Verif.	02	1000
19	IInd	24369	Sumedh Kumbhare	Verif.	01	500
20	IV-I	21981	Manisha Gaibhiye	Verif.	02	1000
21	IV-I	21981	Manisha Gaibhiye	Zerox	02	1000
22	IInd	24313	Ansari Shamaila F.	Verif.	01	500
22	IV-I	27787	Sanchayanifutkar	Verif.	01	500
24	Ist	21724	Nikita Wanjar	Verif.	01	500

Rs Total : 6000

Kindly find in order and do the needful.

Thanking you,

Yours faithfully,

(DENT)

VSPM'S Dental College &  
Research Center, Digdoh Hills,  
Hingna Road, Nagpur-440 019



VIDYA SHIKSHAN PRASARAK MANDAL'S  
DENTAL COLLEGE & RESEARCH CENTRE,

DIGDOH HILLS, HINGNA ROAD, NAGPUR-440 019 PH:(07104) 236290,(0712)321825 FAX:(0712) 232905,232905 07104-232904  
REF: VSPM'S DCRC/EXAM-MAY-JUNE-2014/1014/2011 DATE: 13/8/2014

To,

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Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

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SR. NO.	CLASS	SEAT NO.	NAME OF STUDENTS	VERIFICATION / REVOLUTI ON / PHOTO COPY OF ANSWERSHEET.	NO. of SUBJECT APPLIED FOR	TOTAL AMOUNT.
9	IV-I	27761	Payal Gajbhiye	Verif.	02	1000
10	III <sup>rd</sup>	26308	Pratik Bayde	Verif.	02	1000
11	III <sup>rd</sup>	26307	Nitish Babhulkar	Verif.	02	1000
12	IV-I	27792	Shubhangi Rane	Verif.	01	500
13	IV-I	27792	Shubhangi Rane	Verif.	01	500
14	IV-I	27763	Mayuri Gedam	Verif.	02	1000
15	IV-I	27762	Kalyani Ganar	Verif.	01	500
16	I <sup>st</sup>	21957	Aishwarya Babhulkar	Verif.	01	500

Rs Total : 6000

Kindly find in order and do the needful.

Thanking you,

Yours faithfully,

(DEAN)

DEAN

VSPM'S Dental College &  
Research Center, Digdoh Hills,  
Hingna Road, Nagpur-440 019



VIDYA SHIKSHAN PRASARAK MANDAL'S  
DENTAL COLLEGE & RESEARCH CENTRE,

DIGDOH HILLS, HINGNA ROAD, NAGPUR-440 019 PH@07104) 236290,(0712)321825 FAX@0712) 232905,232905 07104-232904

REF: VSPM'S DCRC/EXAM-MAY-JUNE-2014/1014/2011

DATE: 13/8/2014

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9	IV-I	27761	Payal Gaibhiye	verif.	02	1000
10	III <sup>rd</sup>	26308	Pratik Bayde	verif.	02	1000
11	III <sup>rd</sup>	26307	Nitish Babhulkar	verif.	02	1000
12	IV-I	27792	Shubhangi Rane	verif.	01	500
13	IV-I	27792	Shubhangi Rane	verif.	01	500
14	IV-I	27763	Mayusi Gedam	verif	02	1000
15	IV-I	27762	Kalyani Ganar	verif	01	500
16	I <sup>st</sup>	21957	Aishwarya Babhulkar	verif	01	500

Rs Total : 6000

Kindly find in order and do the needful.

Thanking you,

Yours faithfully,

(DEAN)  
DEAN

VSPM'S Dental College & Research Center, Digdoh Hills, Hingna Road, Nagpur-440 019



VIDYA SHIKSHAN PRASARAK MANDAL'S  
DENTAL COLLEGE & RESEARCH CENTRE,

DIGDOH HILLS, HINGNA ROAD, NAGPUR-440 019 PH(07104) 23290, (0712)321825 FAX(0712) 232905, 232905 07104-232904  
REF: VSPM'S DCRC/EXAM-MAY-JUNE-2014/10/14/2011 DATE: 19/8/2014

To,

The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

- > SUB: SUBMISSION OF VERIFICATION / PHOTOCOPY OF ANSWERSHEET FORMS.
- > REF: RESULT DECLARED ON MUHS WEB-SITE

Dear Sir,

Please find enclosed herewith the verification / photocopy forms of the students along with application, submitted by the students combined. D.D. No. 8929 Date: 17/8/14 Bank: Kotak. The details are given below:

SRL NO	CLASS	SEAT NO.	NAME OF STUDENTS	VERIFICATION REVOLVED OR PHOTOCOPY OF ANSWERSHEET ET.	NO. OF SUBJECT APPLIED FOR	TOTAL AMOUNT.
1	IV-I	27753	Pooja J. Bobade	verif.	01	500
2	IV-I	27753	Pooja J. Bobade	verif.	01	500
3	I-st	21961	Harsha S. Banorkar	verif.	03	1500
4	IV-I	27775	Sayali S. Kotambkar	verif.	03	1500
5	I-st	22023	Prachiti Ninawe	verif.	02	1000
6	I-st	22025	Prashasti Saxode	verif.	02	1000
7	IV-I	27801	Pratikta Sukhadere	verif.	03	1500
8	I-st	22020	Vaishnavi Pawar	verif.	03	1500

Rs Total : 9000

Kindly find in order and do the needful.

Thanking you,

Yours faithfully,

(DEAN)  
DEAN

VSPM'S Dental College &  
Research Center, Digdoh Hills,  
Hingna Road, Nagpur-440 019

Encl: D.D No. 008929

RS 32500/-

Kotak dt. 17/8/14



VIDYA SHIKSHAN PRASARAK MANDAL'S  
DENTAL COLLEGE & RESEARCH CENTRE,

DIGDOH HILLS, HINGNA ROAD, NAGPUR-440 019 PH(07104) 236290, (07104) 2321825 FAX(0712) 232905, 232905 07104-232904  
REF: VSPM'S DCRC/EXAM-MAY-JUNE-2014/10172011 DATE: 20/8/2014

To,

The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

- > SUB: SUBMISSION OF VERIFICATION / PHOTOCOPY OF ANSWERSHEET FORMS.
- > REF: RESULT DECLARED ON MUHS WEB-SITE

Dear Sir,

Please find enclosed herewith the verification / photocopy forms of the students along with application - submitted by the students combined D.D. No. 8943 Date: 19/8/14 Bank: Kotak. The details are given below:

SRL NO	CLASS	SEAT NO.	NAME OF STUDENTS	VERIFICATION/REVOLUTI ON/PHOTO COPY OF ANSWERSHEET.	No. of SUBJECT APPLIED FOR	TOTAL AMOUNT.
1	Ist	22054	Ritika Wasurkar	Verif.	03	1500
2	IV-I	27810	Namrata Wakkalikar	verif.	03	1500
3	I-3rd	22025	Prashasti Sarode	Xerox	02	1000
4	IInd	24407	Ishita Shirwalkar	verif.	01	500
5	IV-I	27769	Shamli Jaiswal	verif.	03	1500
6	IV-II	29335	Devika Karale	verif.	02	1000
7						
8						

Rs Total: 7000

Kindly find in order and do the needful.

Thanking you,

Yours faithfully,

*Umesh*

(DEAN)

DEAN

VSPM'S Dental College &  
Research Center, Digdoh Hills,  
Hingna Road, Nagpur-440 019.

1. D.D. No. 008943  
RS 7000/-  
Dt. 19/8/14  
Kotak.

VIDYA SHIKSHAN PRASARAK MANDAL'S  
DENTAL COLLEGE & RESEARCH CENTRE,

DIGDOH HILLS, HINGNA ROAD, NAGPUR-440 019 PH:07104)236290,(0712)321825 FAX:0712) 232905,232905 07104-232904  
REF: VSPM'S DCRC/EXAM-MAY-JUNE-2014/1020/2011 DATE: 18/2014

To,  
The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

- > SUB: SUBMISSION OF VERIFICATION / PHOTOCOPY OF ANSWERSHEET FORMS.
- > REF: RESULT DECLARED ON MUHS WEB-SITE

Dear Sir,  
Please find enclosed herewith the verification / photocopy forms of the students along with application, submitted by the students combined D.D. No. 9002 Date: 21/8/14 Bank. Katak. The details are given below:

SRL NO	CLASS	SEAT NO.	NAME OF STUDENTS	VERIFICATION/REVOLUTI ON/PHOTO COPY OF ANSWERSHEET.	No. of SUBJECT APPLIED FOR	TOTAL AMOUNT.
1	IV-II	29335	Devika Kardale	Zerox	01	500
2	IV-I	27753	Pooja Bobale	Zerox	01	500
3	IV-I	27771	Ketan Jashi	Verif.	02	1000
4	I-st	22021	Surekha Pantewad	Verif.	02	1000
5	IIIrd	26374	Rita Rakh	Verif.	02	1000
6	IIIrd	26374	Rita Rakh	Zerox	01	500
7	IV-I	27781	Satyajit more	Verif.	04	2000
8	IV-I	27790	Quadrif Farha F.	Verif.	04	2000

Rs Total: 8500/-

Kindly find in order and do the needful.

Thanking you,

Yours faithfully,

*U. Kulkarni*

(DEAN)

VSPM'S Dental College &  
Research Center, Digdoh Hills,  
Hingna Road, Nagpur-440 019

encl: D.D. No. 009002

RS 8500/-

Dt. 21/8/14



VIDYA SHIKSHAN PRASARAK MANDAL'S  
DENTAL COLLEGE & RESEARCH CENTRE,

DIGDOH HILLS, HINGNA ROAD, NAGPUR-440 019 PH:07104) 236290,(0712)321825 FAX:0712) 232905,232905 07104-232904  
REF: VSPM'S DCRC/EXAM-MAY-JUNE-2014/036/2011 DATE: 2/8/2014

To,

The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

- > SUB: SUBMISSION OF VERIFICATION / PHOTOCOPY OF ANSWERSHEET FORMS.
- > REF: RESULT DECLARED ON MUHS WEB-SITE

Dear Sir,

Please find enclosed herewith the verification / photocopy forms of the students along with application . submitted by the students combined D.D. No. 9006 Date: 2/8/14 Bank. Katak The details are given below:

SR NO	CLASS	SEAT NO.	NAME OF STUDENTS	VERIFICATION/REVOLUTION/PHOTO COPY OF ANSWERSHEET.	No. of SUBJECT APPLIED FOR	TOTAL AMOUNT.
1	IIInd	24317	Nilam Bang.	Verif.	02	1000
2						
3						
4						
5						
6						
7						
8						

Rs Total :

Kindly find in order and do the needful.

Thanking you,

Yours faithfully,

*Umesh*

(DEAN)

VSPM'S Dental College &  
Research Center, Digdoh Hills,  
Hingna Road, Nagpur-440 019

Encl: D.D. No. 90060  
RS 1000/-  
Dt. 2/8/14  
Katak



VIDYA SUKTHAN PRASARAK MANDAL'S  
DENTAL COLLEGE & RESEARCH CENTRE,

DIGDOH HILLS, HINGNA ROAD, NAGPUR-440 019 PH(07104) 236290, (0712) 321825 FAX(0712) 232905, 232905 07104-232904  
REF: VSPM'S DCRC/EXAM-MAY-JUNE-2014/10/11/2011 DATE: 21/8/2014

To,

The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

- > SUB: SUBMISSION OF VERIFICATION / PHOTOCOPY OF ANSWERSHEET FORMS.
- > REF: RESULT DECLARED ON MUHS WEB-SITE

Dear Sir,

Please find enclosed herewith the verification / photocopy forms of the students along with application . submitted by the students combined D.D. No. 9010 Date: 22/8/14 Bank: KOTAK The details are given below:

S.R. NO.	CLASS	SEAT NO.	NAME OF STUDENTS	VERIFICATION BY REVOLVING OR PHOTO COPY OF ANSWERSHEET ET.	No. of SUBJECT APPLIED FOR	TOTAL AMOUNT.
1	IIIrd	26914	Kunal Pilare	Verif.	01	500
2	IIIrd	26914	Kunal Pilare	Zerox	01	500
3	IIInd	24065	Rupali Sonkar	Verif.	01	500
4						1500
5						
6						
7						
8						

Rs Total :

Kindly find in order and do the needful.

Thanking you,

Yours faithfully,

*(Signature)*

(DDBAN)

VSPM'S Dental College &  
Research Center, Digdoh Hills,  
Hingna Road, Nagpur-440 019

Encl: D.D. No. 009010

RS 1500

KOTAK Dt. 22/8/14



VIDYA SIKSHANA PRASARAK MANDAL'S  
DENTAL COLLEGE & RESEARCH CENTRE,

DIGDOH HILLS, HINGNA ROAD, NAGPUR-440 019 PH: (07104) 236290, (07104) 2321825 FAX: (07112) 232905, 232905 07104-232904  
REF: VSPM'S DCRC/EXAM-MAY-JUNE-2014/10/2011 DATE: 21/8/2014

To,

The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

- > SUB: SUBMISSION OF VERIFICATION / PHOTOCOPY OF ANSWERSHEET FORMS.
- > REF: RESULT DECLARED ON MUHS WEB-SITE

Dear Sir,

Please find enclosed herewith the verification / photocopy forms of the students along with application . submitted by the students combined D.D. No. 9036 Date: 27/8/14 Bank: Kotak The details are given below:

SR. NO	CLASS	SEAT NO.	NAME OF STUDENTS	VERIFICATION / REVOLUTI ON PHOTO COPY OF ANSWERSHEET.	No. of SUBJECT APPLIED FOR	TOTAL AMOUNT.
1						
2	Ist	22021	Surekha Pentelwad	Zerox	02	1000
3						
4						
5						
6						
7						
8						

Rs Total :

Kindly find in order and do the needful.

Thanking you,

Yours faithfully,

*Ulekh*

(DEAN)  
DEAN

VSPM'S Dental College &  
Research Center, Digdoh Hills,  
Hingna Road, Nagpur-440 019

Encl: D.D. No. 009036

DT. 27/8/14

RS 1000/-

KOTAK



VIDYA SHIKSHAN PRASARAK MANDAL'S  
DENTAL COLLEGE & RESEARCH CENTRE,

DIGDOH HILLS, HINGNA ROAD, NAGPUR-440 019 PH: (07104) 236290, (0712) 321825 FAX: (0712) 232905, 232905 07104-232904  
REF: VSPM'S DCRC/EXAM-MAY-JUNE-2014/1068/2011 DATE: 30/8/2014

To,

The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

- > SUB: SUBMISSION OF VERIFICATION / PHOTOCOPY OF ANSWERSHEET FORMS.
- > REF: RESULT DECLARED ON MUHS WEB-SITE

Dear Sir,

Please find enclosed herewith the verification / photocopy forms of the students along with application, submitted by the students combined D.D. No. 9049 Date: 31/8/14 Bank: Kotak. The details are given below:

SER. NO.	CLASS	SEAT NO.	NAME OF STUDENTS	VERIFICATION IN REVOLUT ON PHOTO COPY OF ANSWERSH ET.	No. of SUBJECT APPLIED FOR	TOTAL AMOUNT.
1	IV-I	27779	Zoiya Merchani	Verif	01	500
2						
3						
4						
5						
6						
7						
8						

Rs Total :

Kindly find in order and do the needful.

Thanking you,

Yours faithfully,

*Madh*

(DEAN)  
DEAN

VSPM'S Dental College &  
Research Centre, Digdoh Hills,  
Hingna Road, Nashik-440 019

Encl:

D.D. No. 009049

RS 500/-

Dt. 31/8/14

KOTAK.



VIDYA SHIKSHAN PRASARAK MANDAL'S  
DENTAL COLLEGE & RESEARCH CENTRE,

DIGDOH HILLS, HINGNA ROAD, NAGPUR-440 019 PH(07104) 236290, (0712)321825 FAX(0712) 232905, 232905 07104-232904  
REF: VSPM'S DCRC/EXAM-MAY-JUNE-2014/10/2/2011 DATE: 13/8/2014

To,

The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
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33	IV-I	27776	mcenakshi Kullarkar	Verif.	01	500
34	I-st	21975	shrushti Dhande	Verif.	02	1000
35	I-st	21975	shrushti Dhande	Zerox	01	500
36	I-st	22032	Dipali sanap	Zerox	01	500
37	I-st	22032	Dipali sanap	Verif.	01	500
38	I-st	21978	Ruchita Dumbre	Verif.	02	1000
39	I-st	21978	Ruchita Dumbre	Zerox	02	1000
			Total →	9000 + 6000 + 6000 + 6500 + 5000 = 32500,		

Rs Total :

Kindly find in order and do the needful.

Thanking you,

Yours faithfully,

(DEAN)

VSPM'S Dental College &  
Research Center, Digdoh Hills,  
Hingna Road, Nagpur-440 019

Encl: D.D. No, 008929  
RS 32500/-  
Dt. 17/8/14  
KOTAK.



VIDYA SHIKSHAN PRASARAK MANDAL'S  
DENTAL COLLEGE & RESEARCH CENTRE,

DIGDOH HILLS, HINGNA ROAD, \*NAGPUR-440 019 PH:(07104) 236290, (0712)321825 FAX:(0712) 232905, 232905 07104-332904  
REF: VSPM'S DCRC/EXAM-MAY-JUNE-2014/10/4/2011 DATE: 8/8/2014

To,  
The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

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25	I-st	21966	Shubham Bhole	Verif.	02	1000
26	II <sup>nd</sup>	26312	Haya Belan.	Verif.	02	1000
27	III <sup>rd</sup>	26312	Haya Belan	Verif.	01	500
28	III <sup>rd</sup>	26312	Haya Belan.	Zerox	02	1000
29	IV-II	29351	Prerna motwani	Verif.	02	1000
30	I-st	21962	Toushita Banubakode	Verif.	01	500
31	I-st	21962	Toushita Banubakode	Zerox	01	500
32	IV-I	27777	Neha Lanjewar	Verif.	02	1000
Rs Total : 6500						

Kindly find in order and do the needful.

Thanking you,

Yours faithfully,

  
(DEAN)  
VSPM'S Dental College &  
Research Center, Digdoh Hills,  
Hingna Road, Nagpur-440 019



VIDYA SHIKSHAN PRASARAK MANDAL'S  
DENTAL COLLEGE & RESEARCH CENTRE,

DIGDOH HILLS, HINGNA ROAD, NAGPUR-440 019 PII(07104) 236290,(0712)321825 FAX(0712) 232905,232905 07104-231904  
REF: VSPM'S DCRC/EXAM-MAY-JUNE-2014/1014/2011 DATE: 12/2/2014

To,

The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

- SUB: SUBMISSION OF VERIFICATION / PHOTOCOPY OF ANSWERSHEET FORMS.
- REF: RESULT DECLARED ON MUHS WEB-SITE

Dear Sir,

Please find enclosed herewith the verification / photocopy forms of the students along with application, submitted by the students combined D.D. No. \_\_\_\_\_ Date: \_\_\_\_\_ Bank: \_\_\_\_\_ The details are given below:

SIL NO.	CLASS	SEAT NO.	NAME OF STUDENTS	VERIFICATION BY/VERIFICATION ON PHOTO COPY OF ANSWERSHEET ET.	No. of SUBJECT APPLIED FOR	TOTAL AMOUNT.
17	Ist	22048	Sameer Thote	Zerox	02	1000
18	Ist	22048	Sameer Thote	Verif.	02	1000
19	II NA	24369	Sumedh Kumbhare	Verif.	01	500
20	IV-I	21981	Manisha Gajbhiye	Verif.	02	1000
21	IV-I	21981	Manisha Gajbhiye	Zerox	02	1000
22	IInd	24313	Ansari Shamaila F.	Verif.	01	500
23	IV-I	27787	Sanchayan Patil	Verif.	01	500
24	Ist	21724	Nikita Wanjari	Verif.	01	500

Rs Total : 6000

Kindly find in order and do the needful.

Thanking you,

Yours faithfully,

(DEAN)

VSPM'S Dental College &  
Research Center, Digdoh Hills,  
Hingna Road, Nagpur-440 019



VIDYA SHIKSHAN PRASARAK MANDAL'S  
DENTAL COLLEGE & RESEARCH CENTRE,

DIGDOH HILLS, HINGNA ROAD, NAGPUR-440 019 PH:(07104) 236290, (0712)321825 FAX:(0712) 232905, 232905 07104-232904  
REF: VSPM'S DCRC/EXAM-MAY-JUNE-2014/1014/2011 DATE: 19/8/2014

To,

The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

- SUB: SUBMISSION OF VERIFICATION / PHOTOCOPY OF ANSWERSHEET FORMS.
- REF: RESULT DECLARED ON MUHS WEB-SITE

Dear Sir,

Please find enclosed herewith the verification / photocopy forms of the students along with application, submitted by the students combined D.D. No. \_\_\_\_\_ Date: \_\_\_\_\_ Bank: \_\_\_\_\_ The details are given below:

SL NO	CLASS	SEAT NO.	NAME OF STUDENTS	VERIFICATION REVOLUTI ON PHOTO COPY OF ANSWERSHEET.	No. of SUBJECT APPLIED FOR	TOTAL AMOUNT.
9	IV-I	27761	Payal Gajbhaye	verif.	02	1000
10	III <sup>rd</sup>	26308	Pratik Bagde	verif.	02	1000
11	III <sup>rd</sup>	26307	Nitish Babhulkar	verif.	02	1000
12	IV-I	27792	Shubhangi Rane	verif.	01	500
13	IV-I	27792	Shubhangi Rane	verif.	01	500
14	IV-I	27763	Mayuri Gedam	verif.	02	1000
15	IV-I	27762	Kalyani Ganar	verif.	01	500
16	I <sup>st</sup>	21957	Aishwarya Babhulkar	verif.	01	500

Rs Total : 6000

Kindly find in order and do the needful.

Thanking you,

Yours faithfully,

(DEAN)

DEAN

VSPM'S Dental College &  
Research Center, Digdoh Hills,  
Hingna Road, Nagpur-440 019



VEDYA SHIKSHAN PRASARAK MANDAL'S  
DENTAL COLLEGE & RESEARCH CENTRE,

DIGDOH HILLS, HINGNA ROAD, NAGPUR-440 019 Ph: (0712) 236290, (0712) 2321825 FAX: (0712) 232905, 232905 07104-232904

REF: VSPM'S DCRC/EXAM-MAY-JUNE-2015/365/2015

DATE: 13/12/2015

To,

The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

- > SUB: SUBMISSION OF VERIFICATION / PHOTOCOPY OF ANSWERSHEET FORMS OF SUMMER 2015 EXAMINATION.
- > REF: RESULT DECLARED ON MUHS WEB-SITE

Dear Sir,

Please find enclosed herewith the verification / photocopy forms of the students along with application . submitted by the students combined D.D. No. \_\_\_\_\_ Date: \_\_\_\_\_ Bank: \_\_\_\_\_ The details are given below:

SR. NO	CLASS	SEAT NO.	NAME OF STUDENTS	VERIFICATION MODE (ORIGINAL OR PHOTO-COPY OF ANSWERSHEET)	No. of SUBJECT APPLIED FOR	TOTAL AMOUNT.
1.	IV-II	98434	Prarthana Deshmukh	Verif	03	1650
2.	IV-II	98504	Ashwini Shah	Verif.	04	2200
3.	IV-I	96742	Gadpayale Nalini	Verif.	03	1650
4.	IV-I	96742	Gadpayale Nalini	XEROX	02	1100
5.	IV-I	96746	Nupoor Gosavi	Verif	02	1100
6.	IV-I	96739	Anuradha Dambhare	Verif	02	1100
7.	IV-I	96739	Anuradha Dambhare	XEROX	01	550

D.D. No. 5791  
U.B.  
D.D. No. 3410  
Andhra Bank  
D.D. No. 2231  
Punjab & Sind  
D.D. No. 223  
Punjab & Sind  
D.D. No. 823  
ICICI B  
D.D. No. 831  
SBI,  
D.D. No. 831  
SBI

Rs Total :

Kindly find in order and do the needful.

Thanking you,

Yours faithfully,

Encl: separate D.D.

*Umesh*  
DEAN  
VSPM'S Dental College &  
Research Center, Digdoh Hills,  
Hingna Road, Nagpur-440 019

VIDYA SHIKSHAN PRASARAK MANDAL'S  
DENTAL COLLEGE & RESEARCH CENTRE,

DIGDOH HILLS, HINGNA ROAD, NAGPUR-440 019 PH:07104) 236290,(0712)321825 FAX:0712) 232905,232905 07104-232504

REF: VSPM'S DCRC/EXAM-MAY-JUNE-2015/26/2015

DATE: 7/8/2015

To,

The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

- > SUB: SUBMISSION OF VERIFICATION / PHOTOCOPY OF ANSWERSHEET FORMS OF SUMMER 2015 EXAMINATION.
- > REF: RESULT DECLARED ON MUHS WEB-SITE

Dear Sir,

Please find enclosed herewith the verification / photocopy forms of the students along with application, submitted by the students combined D.D. No. \_\_\_\_\_ Date: 7/8/15 Bank: KOFUK. Details are given below:

SR NO	CLASS	SEAT NO.	NAME OF STUDENTS	VERIFICATION / REVOLUT / ON PHOTO COPY OF ANSWERSHEET	No. of SUBJECT APPLIED FOR	TOTAL AMOUNT.
9.	IV-I	96743	Shefali S. Gedam	Verif	03	1650
10.	IV-I	96743	shefali S. Gedam	XEROX	02	1100
					Total/1	9900

Rs Total :

Kindly find in order and do the needful.

Thanking you,

Yours faithfully,

Encl: D.D. 10574  
RS-9900/-  
KOFUK

*Wheal*  
DEAN

VSPM'S Dental College & Research Center, Digdoh Hills Hingna Road, Nagpur-440 019

VIDYA SHIKSHAN PRASARAK MANDAL'S  
DENTAL COLLEGE & RESEARCH CENTRE

DIGDOH HILLS, HINGNA ROAD, NAGPUR-440 019 P: (0712) 232900, (0712) 321825 FAX: (0712) 232905, 232906 07104-232904

REF: VSPM'S DCRC/EXAM-MAY-JUNE-2015/6/2015

DATE: 19/8/2015

To,

The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422-004

- > SUB: SUBMISSION OF VERIFICATION / PHOTOCOPY OF ANSWERSHEET FORMS OF SUMMER 2015 EXAMINATION
- > REF: RESULT DECLARED ON MUHS WEB-SITE

Dear Sir,

Please find enclosed herewith the verification / photocopy forms of the students along with application, submitted by the students combined D.D. No. 10574 Date: 19/8/15 Bank: Kotak

Sr. No.	CLASS	SEAT NO.	NAME OF STUDENTS	VERIFICATION / PHOTOCOPY OF ANSWERSHEET	No. of SUBJECT APPLIED FOR	TOTAL AMOUNT.
1.	IV-I	96746	Gosavi Nupoor	Xerox	02	1100
2.	III	95838	Payal A. Chavhan	Verif.	02	1100
3.	III	95838	Payal A. Chavhan	Xerox	02	1100
4.	III	95861	Jadhav Shriram	Verif.	01	550
5.	IV-II	98456	Rajlaxmi Jaiswal	Verif.	02	1100
6.	IV-I	96748	Hedau Dhanashri R.	Verif.	01	550
7.	IV-I	96748	Hedau Dhanashri R.	Xerox	01	550
8.	IV-I	96769	Priyanka Bahate	Xerox	02	1100

Rs Total :

Kindly find in order and do the needful.

Thanking you,

Yours faithfully,

Encl: D.D. of Rs 9900/-  
No. 10574

*Uleek*  
DEAN

VSPM'S Dental College & Research Center, Digdoh Hill, Hingna Road, Nagpur-440 019



VIDYA SHIKSHAN PRASARAK MANDALI  
DENTAL COLLEGE & RESEARCH CENTRE,

DIGDOH HILLS, HINGNA ROAD, NAGPUR-440 019 (PH:207104) 216290,(0712)121825 FAX:60712) 212905,232905 07104-232904

REF: VSPM'S DCRC/EXAM-MAY-JUNE-2015/ /2015

DATE: / /2015

To,

The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

- > SUB: SUBMISSION OF VERIFICATION / PHOTOCOPY OF ANSWERSHEET FORMS OF SUMMER 2015 EXAMINATION.
- > REF: RESULT DECLARED ON MUHS WEB-SITE

Dear Sir,

Please find enclosed herewith the verification / photocopy forms of the students along with application, submitted by the students combined D.D. No. \_\_\_\_\_ Date: 19/8/15 Bank: Kotak. The details are given below:

SL NO	CLASS	SEAT NO.	NAME OF STUDENTS	VERIFICATION REVOLUT ON PHOTO COPY OF ANSWERSHEET.	No. of SUBJECT APPLIED FOR	TOTAL AMOUNT.
	IV-I	96762	Satyajit More, Verif.		03	1650
						8250

Rs Total :

Kindly find in order and do the needful.

Thanking you,

Yours faithfully,

*Uleke*

DEAN

VSPM'S Dental College & Research Center, Digdoh Hills, Hingna Road, Nagpur-440 019

Encl: D.D. No.  
Rs 8250/-  
Df. 19/8/15



VEDYA SHIKSHAN PRASARAK MANDAL'S  
DENTAL COLLEGE & RESEARCH CENTRE,

DIGDOH HILLS, HINGNA ROAD, +NAGPUR-440 019 PIN(07104) 236290/(0712)321425 (FAX(0712) 232905,232905 01104-23904

REF: VSPM'S DCRC/EXAM-MAY-JUNE-2015-19/2015

DATE: 18/8/2015

To,

The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

- > SUB: SUBMISSION OF VERIFICATION / PHOTOCOPY OF ANSWERSHEET FORMS OF SUMMER 2015 EXAMINATION.
- > REF: RESULT DECLARED ON MUHS WEB-SITE

Dear Sir,

Please find enclosed herewith the verification / photocopy forms of the students along with application, submitted by the students combined D.D. No. 10578 Date: 19/8/15 Bank: *State Bank of India* Details are given below:

SR. NO.	CLASS	SEAT NO.	NAME OF STUDENTS	VERIFICATION PHOTO COPY OF ANSWERSHEET	No. of SUBJECT APPLIED FOR	TOTAL AMOUNT.
	IV-I	96738	chetan choudhari	Verif	02	1100
	IV-I	96750	Ketan Joshi	verif	01	550
	IV-II	98457	Ketan Joshi	verif	01	550
	IV-II	98495	Ankita Ranitke	verif	02	1100
	IV-I	96772	Ankita Ranitke	verif	01	550
	IV-I	96792	Wasim Nagan	Verif	02	1100
	IV-I	96761	Mahesh Meshram	verif	02	1100
	IV-I	96761	Mahesh Meshram	Verif	01	550

Rs Total :

Kindly find in order and do the needful.

Thanking you,

Yours faithfully,

*Udelle*

DEAN

YSPM'S Dental College &  
Research Center, Digdoh Mills,  
Hingna Road, Nagpur-440 019

Encl: D.D. No. 010578

RS 8250 Katak

Dt. 19/8/15

**DENTAL COLLEGE & RESEARCH CENTRE,**

DIGDOH HILLS, HINGNA ROAD, NAGPUR-440 019 PH(07104) 236290,(0712)321825 FAX(0712) 232905,232903 07104-232904

REF: VSPM'S DCRC/EXAM-MAY-JUNE-2015/2015

DATE: 20/8/2015

To,

The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

- > SUB: SUBMISSION OF VERIFICATION / PHOTOCOPY OF ANSWERSHEET FORMS OF SUMMER 2015 EXAMINATION.
- > REF: RESULT DECLARED ON MUHS WEB-SITE

Dear Sir,

Please find enclosed herewith the verification / photocopy forms of the students along with application, submitted by the students combined D.D. No. 10581 Date: 20/8/15. Details are given below:

Sr. No.	CLASS	SEAT NO.	NAME OF STUDENTS	VERIFICATION ON PHOTO COPY OF ANSWERSHEET	No. of SUBJECT APPLIED FOR	TOTAL AMOUNT.
1.	IV-II	98497	Varbhav Raut	Verif.	01	550
2.	IV-I	96769	Priyanka Rahate	Verif.	03	1650
3.	IV-II	98516	Ashish B. Thakre	Verif.	01	550
						2750

Rs Total :

Kindly find in order and do the needful.

Thanking you,

Yours faithfully,

Encl: D.D. No. 010581  
Rs 2750 Katak  
Dt- 20/8/15

*(Kealle)*  
DEAN  
VSPM'S Dental College &  
Research Center, Digdoh Hills,  
Hingna Road, Nagpur-440 019



VIDYA SHEKSHAN PRASARAK MANDAL'S  
DENTAL COLLEGE & RESEARCH CENTRE,

DIGDOH HILLS, HINGNA ROAD, NAGPUR-440 019 PH:07104) 236290,(0712)321825 FAX:0712) 232905,232905 07104-232904

REF: VSPM'S DCRC/EXAM-MAY-JUNE-2015 by 78/2015

DATE 27/8/2015

To,

The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

- > SUB: SUBMISSION OF VERIFICATION / PHOTOCOPY OF ANSWERSHEET FORMS OF SUMMER 2015 EXAMINATION.
- > REF: RESULT DECLARED ON MUHS WEB-SITE

Dear Sir,

Please find enclosed herewith the verification / photocopy forms of the students along with application . submitted by the students combined D.D. No. 10583 Date: 27/8/15 Bank. Kotak. The details are given below:

SR. NO	CLASS	SEAT NO.	NAME OF STUDENTS	VERIFICATION PHOTO COPY OF ANSWERS ET.	NO. OF SUBJECT APPLIED FOR	TOTAL AMOUNT.
1.	IV-I	96736	Haya Belan.	Verif.	02	1100
2.	IV-I	96737	Ankita Bhus.	Verif.	03	1650
						2750

Kindly find in order and do the needful.

Rs Total :-

Thanking you,

Yours faithfully,

DEAN

VSPM'S Dental College & Research Center, Digdoh Hills, Hingna Road, Nagpur-440 019

Encl: D.D.No. 10583  
RS 2750 Kotak  
mahindra Kotak.



VIDYA SHIKSHAN PRASARAK MANDAL'S  
DENTAL COLLEGE & RESEARCH CENTRE,

DIGDOH HILLS, HINGNA ROAD, NAGPUR-440 019 PH:0712(07104) 236290, (0712)321825 FAX:0712) 232905,232905 07104-232904

REF: VSPM'S DCRC/EXAM-MAY-JUNE-2015/2015

DATE: 25/8/2015

To,

The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

- > SUB: SUBMISSION OF VERIFICATION / PHOTOCOPY OF ANSWERSHEET FORMS OF SUMMER 2015 EXAMINATION.
- > REF: RESULT DECLARED ON MUHS WEB-SITE

Dear Sir,

Please find enclosed herewith the verification / photocopy forms of the students along with application, submitted by the students combined D.D. No. 10599 Date: 24/8/15 Bank: Kotak. The details are given below:

SRL NO.	CLASS	SEAT NO.	NAME OF STUDENTS	VERIFICATION N PHOTO COPY OF ANSWERSHEET.	No. of SUBJECT APPLIED FOR	TOTAL AMOUNT.
17.	Ist	92076	Vincent Victorija	Verif.	02	1100
18.	Ist	92024	Kotpalliway Bhairavi	Verif.	03	1650
19.	Ist	92022	Sadaf Khokay	Verif.	03	1650
20.	Ist	92004	Dewanshi Gaikwad	Verif.	03	1650
21.	IIInd	93994	Nikhil Hole	Verif.	02	1100
22.	Ist	92013	Pranali Kalambe	Verif.	02	1100
					TOTAL	24200

Rs Total :

Kindly find in order and do the needful.

Thanking you,

Yours faithfully,

Encl: Rs 24200  
D.D.No. 10599  
Dt. 24/8/15 Kotak.

  
DEAN

VSPM'S Dental College  
Research Center, Digdol  
Hingna Road, Nagpur-44

VIDYA SHEKSHAN PRASARAK MANDAL'S  
DENTAL COLLEGE & RESEARCH CENTRE.

DIGDOH HILLS, HINGNA ROAD, NAGPUR-440 019 PH(807104) 236290, (0712)321825 FAX(0712) 232501, 232503 07104-232504

REF: VSPM'S DCRC/EXAM-MAY-JUNE-2015/ /2015

DATE: / /2015

To,

The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

- > SUB: SUBMISSION OF VERIFICATION / PHOTOCOPY OF ANSWERSHEET FORMS OF SUMMER 2015 EXAMINATION.
- > REF: RESULT DECLARED ON MUHS WEB-SITE

Dear Sir,

Please find enclosed herewith the verification / photocopy forms of the students along with application . submitted by the students combined. D.D. No. 10539 Date: 24/8/15 Bank: Kotak. The details are given below:

SRL NO	CLASS	SEAT NO.	NAME OF STUDENTS	VERIFICATION IN PHOTO COPY OF ANSWERSHEET	No. of SUBJECT APPLIED FOR	TOTAL AMOUNT.
9	Ist	92078	Ankita R. Wadhvani	Verif	01	550
10	Ist	92078	Ankita R. Wadhvani	Xerox	01	550
11	IInd	94007	Aishwarya Komarpur	Verif	02	1100
12	IInd	94007	Aishwarya Komarpur	Xerox	02	1100
13	Ist	92033	shalaka mohite	Verif	03	1650
14	Ist	91987	Kiran Badodekar	Verif	03	1650
15	Ist	92054	Shubhangi sande	Verif	02	1100
16	Ist	92058	Kajal shambharkar	Verif	03	1650

Rs Total :

Kindly find in order and do the needful.

Thanking you,

Yours faithfully,

*Umesh*  
DEAN

VSPM'S Dental College &  
Research Center, Digdoh Hills,  
Hingna Road, Nagpur-440 019

VIDYA SIKHSILAN PRAKARAK MANDAL'S  
DENTAL COLLEGE & RESEARCH CENTRE,

DIGDOH HILLS, HINGNA ROAD, •NAGPUR-440 019 P110071041 236200,(0712)321125 FAX(0712),212905,212905 07106-232904

REF: VSPM'S DCRC/EXAM-MAY-JUNE-2015/100/2015

DATE: 25/8/2015

To,

The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

- > SUB: SUBMISSION OF VERIFICATION / PHOTOCOPY OF ANSWERSHEET FORMS OF SUMMER 2015 EXAMINATION,
- > REF: RESULT DECLARED ON MUHS WEB-SITE

Dear Sir,

Please find enclosed herewith the verification / photocopy forms of the students along with application, submitted by the students combined D.D. No. 10599 Date: 24/8/15 Bank: Kotak. The details are given below:

SRL NO	CLASS	SEAT NO.	NAME OF STUDENTS	VERIFICATION PHOTO COPY OF ANSWERSHEET	No. of SUBJECT APPLIED FOR	TOTAL AMOUNT.
1.	I <sup>st</sup>	92060	shweta Khard	Verif.	01	550
2.	I <sup>st</sup>	92060	shweta Khard	Xerox	01	550
3.	I <sup>st</sup>	92014	Dimple Kalamkar	Xerox	02	1100
4.	I <sup>st</sup>	92014	Dimple Kalamkar	Verif.	02	1100
5.	I <sup>st</sup>	98641	Sameer thote	Verif.	02	1100
6.	I <sup>st</sup>	98642	sameer thote	Xerox	02	1100
7.	I <sup>st</sup>	92041	Gayatri Peshne	verif	01	550
8.	I <sup>st</sup>	92041	Gayatri Peshne	Xerox	01	550

Rs Total :

Kindly find in order and do the needful.

Thanking you,

Yours faithfully,

  
DEAN

VSPM'S Dental College &  
Research Center, Digdoh Hills,  
Hingna Road, Nagpur-440 019

cl: D.D.No. 10599  
RS 24200 KOTAK  
Dt. 24/8/15



VIDYA SHIKSHAN PRASARAK MANDAL'S  
DENTAL COLLEGE & RESEARCH CENTRE,

WINGNA HILLS, WINGNA ROAD, NAGPUR-440 019 PIN(07104) 216290,(0712)321625 FAX(0712) 232905,232905 07104-232904

DATE 26/8/2015

REF: VSPM'S DCRC/EXAM-MAY-JUNE-2015  
10/6

To,  
The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

- > SUB: SUBMISSION OF VERIFICATION / PHOTOCOPY OF ANSWERSHEET FORMS OF SUMMER 2015 EXAMINATION.
- > REF: RESULT DECLARED ON MUHS WEB-SITE

Dear Sir,  
Please find enclosed herewith the verification / photocopy forms of the students along with application, submitted by the students combined D.D. No. 10607 Date: 26/8/15 Bank: KOTAK. Details are given below:

SR. NO.	CLASS	SEAT NO.	NAME OF STUDENTS	VERIFICATION METHOD ORIGINAL COPY OF ANSWERSHEET	No. of SUBJECT APPLIED FOR	TOTAL AMOUNT.
				VERIFIED	02	1100
1.	II <sup>nd</sup>	94031	Pooja Radke	VERIFIED	01	550
2	I <sup>st</sup>	92013	Pranali Kalambe	XEROX	02	1100

Rs Total:-

Kindly find in order and do the needful.

Thanking you,

Yours faithfully,

*Udealy*

DEAN

VSPM'S Dental College & Research Center, Wingna Hills, Wingna Road, Nagpur-440 019

Incl: D.D. NO. 010607  
Dt. 26/8/15  
RS. 1650 KOTAK.



VIDYA SHIKSHA PRASARAK MANDAL'S  
DENTAL COLLEGE & RESEARCH CENTRE,

DIGDOH HILLS, HINGNA ROAD, NAGPUR-440 019 PH(07104) 236290, (0712) 221425 FAX(0712) 232905, 232905 07104-232904

REF: VSPM'S DCRC/EXAM-MAY-JUNE-2015/ 28/2015

DATE: 18/8/2015

To,

The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

- > SUB: SUBMISSION OF VERIFICATION / PHOTOCOPY OF ANSWERSHEET FORMS OF SUMMER 2015 EXAMINATION.
- > REF: RESULT DECLARED ON MUHS WEB-SITE

Dear Sir,

Please find enclosed herewith the verification / photocopy forms of the students along with application, submitted by the students combined D.D. No. \_\_\_\_\_ Date: 27/8/15 Bank: Kotak. The details are given below:

Sr. No.	CLASS	SEAT NO.	NAME OF STUDENTS	VERIFICATION / PHOTO COPY OF ANSWERSHEET	No. of SUBJECT APPLIED FOR	TOTAL AMOUNT.
1.	Ist	92024	Kotpalliwar, Pooja Savi	Xerox	03	1650
2.	Final/BDS	98648	Vikrant Kove	Verif.	01	550
3.	Final/BDS	98648	Vikrant Kove	Verif.	01	550
4.	Final	98648	Vikrant Kove	Verif.	01	550
5.	Final	98648	Vikrant Kove	Xerox	01	550
6.	Ist	92042	Rutuja Pise	Verif.	02	3850
						1100

DD, No. 119  
RS 1100 SB  
Dt. 27/8/15

Rs Total :

Kindly find in order and do the needful.

Thanking you,

Yours faithfully,

*(Signature)*  
DEAN

VSPM'S Dental College & Research Center, Digdoh Hills, Hingna Road, Nagpur-440 019

Encl: D.D. No.  
RS 3850/-  
Kotak, Dt. 27/8/15



VIDYA SHIKSHAN PRASARAK MANDAL'S  
DENTAL COLLEGE & RESEARCH CENTRE,

DIGDOH HILLS, HINGNA ROAD, NAGPUR-440 019 P11807104) 236290,(0712)321825 FAX(0712) 232905,232905 07104-232904

REF: VSPM'S DCRC/EXAM-MAY-JUNE-2015/1052015

DATE: 28/8/2015

To,

The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

- > SUB: SUBMISSION OF VERIFICATION / PHOTOCOPY OF ANSWERSHEET FORMS OF SUMMER 2015 EXAMINATION.
- > REF: RESULT DECLARED ON MUHS WEB-SITE

Dear Sir,

Please find enclosed herewith the verification / photocopy forms of the students along with application, submitted by the students combined D.D. No. 177695, Date: 28/8/15, Bank: SBI. The details are given below:

SR. NO	CLASS	SEAT NO.	NAME OF STUDENTS	VERIFICATION / PHOTOCOPY OF ANSWERSHEET.	No. of SUBJECT APPLIED FOR	TOTAL AMOUNT.
1.	I <sup>st</sup>	92042	Rutuja Pise	XEROX	01	550

Rs Total :

Kindly find in order and do the needful.

Thanking you,

Yours faithfully,

*Udellu*  
DEAN

VSPM'S Dental College & Research Center, Digdoh Hills, Hingna Road, Nagpur-440 019

ENCL: D.D. 177695  
Dt. 28/8/15 Rs 550/-

VIDYA SHIKSHAN PRASARAK MANDAL'S  
**DENTAL COLLEGE & RESEARCH CENTRE,**

DIGDOH HILLS, HINGNA ROAD, NAGPUR-440 019 PH: (07104) 236290, (0712) 321825 FAX: (0712) 232905, 232903 07104-232904

REF: VSPM'S DCRC/EXAM-SUMMER-2016/1623/2016

DATE: 23/12/2016

To,

The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

- > SUB: SUBMISSION OF VERIFICATION / RETOTALING/ZEROX COPY FORMS.
- > REF: RESULT DECLARED ON MUHS WEB-SITE

Dear Sir,

Please find enclosed herewith the verification forms, retotaling/zerox form of the students along with application & separate D.D. submitted by the students. The details are given below:

SR. NO	NAME OF STUDENTS	VERI/RET. OTAL/ ZEROX	D.D. NO.	DATE	RS.	NUMBER OF SUBJECT	BANK
1	Simran Gopchandani <i>Second</i>	Verification	013069	22/12/2016	1000	02 (Prosthodontics-Practical & Dental Material-Theory)	Kotak Mahendra
2							
3							
4							
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6							

Kindly find in order and do the needful.

Thanking you,

Yours faithfully,

*Umesh*

DEAN

VSPM'S Dental College & Research Centre, Digdoh Hill, Hingna Road, Nagpur-440 019





VIDYA SHIKSHAN PRASARAK MANDAL'S  
DENTAL COLLEGE & RESEARCH CENTRE,

DIGDOH HILLS, HINGNA ROAD, NAGPUR-440 019 TEL(07104) 236290,07121121825 FAX(07112) 232905,232905 07104-232904

REF: VSPM'S DCRC/EXAM-SUMMER-2016/1202/2016

DATE: 22/09/2016

To,

The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasral, Dindori Road,  
Nashik-422 004

SUB: SUBMISSION OF VERIFICATION/ RETOTALING/ZEROX COPY FORMS  
FOR RESULT DECLARED ON MHS WEBSITE

Dear Sir,

Please find enclosed herewith the verification forms/retotaling/zerox form of the students along with application & separate D.D. submitted by the students. The details are given below:

SR. NO.	NAME OF STUDENTS	VERI./RETOTAL/ZEROX	D.D. NO.	DATE	RS.	NUMBER OF SUBJECT	BANK
1	KIRAN A. BADODEKAR	VERIFICATION	060718	19/09/2016	500	01	Allahabad
2	Kamala Shree G. ...	Verif.	...	...	...	...	...
3	Karti'k Sakhasre	Verif.	12167	22/9/16	500	01	Allahabad
4	Damini Padole	Verif.	144476	22/9/16	500	01	Allahabad
5							
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8							
9							

Kindly find an order and do the needful.

Thanking you,

Yours faithfully,

*Ulekh*



VIDYA SHIKSHAN PRASARAK MANDAL'S  
DENTAL COLLEGE & RESEARCH CENTRE,

DIGDOH HILLS, HINGNA ROAD, NAGPUR-440 019 PH@07104) 236290,(0712)321825 FAX@0712) 232905,232905 07104-232904

REF: VSPM'S DCRC/EXAM-SUMMER-2016/1162/2016

DATE: 19/09/2016

To,

The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

- > SUB: SUBMISSION OF VERIFICATION / RETOTALING/ZEROX COPY FORMS.
- > REF: RESULT DECLARED ON MUHS WEB-SITE

Dear Sir,

Please find enclosed herewith the verification forms,retotaling/zerox form of the students along with application & separate D.D. submitted by the students. The details are given below:

SR. NO.	NAME OF STUDENTS	VERL/RETOTAL/ZEROX	D.D. NO.	DATE	RS.	NUMBER OF SUBJECT	BANK
1	KIRAN A. BADODEKAR	VERIFICATION	060718	19/09/2016	500	01	Allahabad
2	Kamalshree Gaikwad	Verif	587413	20/9/16	1500	03	PNB.
3	Kaantik Sakharde	Verif	12167	22/9/16	500	01	KABAK
4							
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9							

Kindly find in order and do the needful,  
Thanking you,

Yours faithfully,

*Umesh*  
DEAN

VSPM's Dental College &  
Research Centre, Digdoh Hills

VIDYA SHIKSHAN PRASARAK MANDAL'S  
DENTAL COLLEGE & RESEARCH CENTRE,

DIGDOH HILLS, HINGNA ROAD, •NAGPUR-440 019 PH(07104) 236290,(0712)321825 FAX(0712) 232905,232905 07104-232904

REF: VSPM'S DCRC/EXAM-SUMMER-2016/1162/2016

DATE: 19/09/2016

To,

The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

- > SUB: SUBMISSION OF VERIFICATION / RETOTALING/ZEROX COPY FORMS.
- > REF: RESULT DECLARED ON MUHS WEB-SITE

Dear Sir,

Please find enclosed herewith the verification forms,retotaling/zerox form of the students along with application & separate D.D. submitted by the students. The details are given below:

SR. NO.	NAME OF STUDENTS	VERI/RETOTAL/ZEROX	D.D. NO.	DATE	RS.	NUMBER OF SUBJECT	BANK
1	Kasandip Madan	Verif.	12088	17/9/16	1500	3	Kotak
2	Meethayi Ganvir	Verif.	12089	17/9/16	500	01	Kotak
3							
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Kindly find in order and do the needful.

Thanking you,

Yours faithfully,

*Meethu*  
DEAN

VSPM'S Dental College &  
Research Centre, Digdoh Hills



VEDYA SIKSHAN PRASARAK MANDAL'S  
DENTAL COLLEGE & RESEARCH CENTRE,

DIGDOH HILLS, HINGNA ROAD, NAGPUR-440 019 PH(07104) 236290,(0712)321825 FAX(0712) 232905,232905 07104-232904

REF: VSPM'S DCRC/EXAM-SUMMER-2016/ 153/2016

DATE: 17/09/2016

To,

The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004.

- > SUB: SUBMISSION OF VERIFICATION / RETOTALING/ZEROX COPY FORMS.
- > REF: RESULT DECLARED ON MUHS WEB-SITE

Dear Sir,

Please find enclosed herewith the verification forms, retotaling/zerox form of the students along with application & separate D.D. submitted by the students. The details are given below:

SR. NO.	NAME OF STUDENTS	VERI/RETOTAL/ZEROX	D.D. NO	DATE	RS.	NUMBER OF SUBJECT.	BANK
1	Mona Premkumar Mulani	VERIFICATION	012061	15/09/2016	1000	02	Kotak Mahendra
2	Akash Todsam	Verif.	060571	15/9/16	500	01	Allahabad B.T.
3	Akash Todsam	ZEROX	060572	15/9/16	500	01	Allahabad
4	Rakshanda Wanjar	Verif.	404553	14/9/16	1000	02	SBI
5	Rakshanda Wanjar	ZEROX	12079	16/9/16	1000	02	Kotak
6	Dhanshri Jaybhaye	Verif.	12080	16/9/16	500	01	Kotak
7	Dhanshri Jaybhaye	ZEROX	12080	16/9/16	500	01	Kotak
8							
9							

Kindly find in order and do the needful.  
Thanking you,

Yours faithfully,

VIDYA SHIKSHAN PRASARAK MANDAL'S  
**DENTAL COLLEGE & RESEARCH CENTRE.**

DIGDOH HILLS, HINGNA ROAD, NAGPUR-440 019 P:071041 236290,07121321 R25 FAX:07121 232905,232903 07104-332904

REF: VSPM'S DCRC/EXAM-SUMMER-2016/ 114/2016

DATE: 15/09/2016

To,

The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

- SUB: SUBMISSION OF VERIFICATION / RETOTALING/ZEROX COPY FORMS.
- REF: RESULT DECLARED ON MUHS WEB-SITE

Dear Sir,

Please find enclosed herewith the verification forms, retotaling/zerox form of the students along with application & separate D.D. submitted by the students. The details are given below:

SR. NO.	NAME OF STUDENTS	VERI/RETOT AL/ZEROX	D.D. NO.	DATE	RS.	NUMBE R OF SUBJEC T	BANK
1	Trushita Sanjay Banubakode	VERIFICA TION	012041	14/09/2016	1000	02	Kotak Mahendra
2	Trushita Sanjay Banubakode	ZEROX	012041	14/09/2016	1000	02	Kotak Mahendra
3	Wade Vaishanavi Diliprao	VERIFICA TION	012042	14/09/2016	1000	02	Kotak Mahendra
4	Wade Vaishanavi Diliprao	ZEROX	012042	14/09/2016	1000	02	Kotak Mahendra
5	Nikhar Shyam Wadhvani	VERIFICA TION	012031	12/09/2016	1000	02	Kotak Mahendra
6	Nikhar Shyam Wadhvani	ZEROX	012031	12/09/2016	1000	02	Kotak Mahendra
7	Ketti Narendra Charde	VERIFICA TION	012030	12/09/2016	1000	02	Kotak Mahendra
8	Ketti Narendra Charde	ZEROX	012030	12/09/2016	1000	02	Kotak Mahendra
9	Kanchan Shankar Kothajkar	VERIFICA TION	060529	14/09/2016	1000	02	Allahabad Bank
10	Swaraj Wase	VERIFICA TION	060527	14/09/2016	1500	03	Allahabad Bank
11	Swaraj Wase	ZEROX	060528	14/09/2016	1000	02	Allahabad Bank

Kindly find in order and do the needful.

Thanking you,

Yours faithfully,

*Umesh*  
DEAN

VSPM'S Dental College &  
Research Centre, Digdoh Hills



VIDYA SHEKSHAN PRASARAK MANDAL'S  
DENTAL COLLEGE & RESEARCH CENTRE,

DIGDOH HILLS, HINGNA ROAD, +NAOPUR-440 019 PH@07104) 236290,(0712)321825 FAX@0712) 232905,232905 07104-232904

REF: VSPM'S DCRC/EXAM-SUMMER-2016/ 14/9/2016

DATE: 15/09/2016

To,

The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

- > SUB: SUBMISSION OF VERIFICATION / RETOTALING/ZEROX COPY FORMS.
- > REF: RESULT DECLARED ON MUHS WEB-SITE

Dear Sir,

Please find enclosed herewith the verification forms, retotaling/zerox form of the students along with application & separate D.D. submitted by the students. The details are given below:

SIR. NO.	NAME OF STUDENTS	VERI./RETOT AL/ZEROX	D.D. NO.	DATE	RS.	NUMBE R OF SUBJEC T	BANK
1	T anay Trivedi	Verification	60525	14/9/16	1000	2	Allahabad
2	T anay Trivedi	Zerox	60526	14/9/16	1000	2	Allahabad
3							
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Kindly find in order and do the needful.

Thanking you,

Yours faithfully,

*Wadhwa*

DLN

VSPM'S Dental College &  
Research Centre, Hingna Road, Nashik



VIDYA SHIKSHAN PRASARAK MANDAL'S  
DENTAL COLLEGE & RESEARCH CENTRE

Digdoh Hills, Hingna Road, Nagpur - 440 019, Ph. : 07104 - 306100 Fax : 07104 - 306301  
E-mail : vspnderecnagpur@gmail.com

REF: VSPM'S DCRC/DEAN/UG/2017/ 973 /2017.

DATE: 16/08/2017

प्रति,  
मा. परीक्षा नियंत्रक  
महाराष्ट्र आरोग्य विज्ञान विद्यापीठ  
दिंडोरी रोड, महसूरुळ, नाशिक-४२२००४

विषय : परीक्षेचा निकाल लावणेबाबत.

महोदय,

वरील विषयान्वये आपणास विनंती करण्यात येते की, उन्हाळी २०१७ परीक्षेचा निकाल लागलेला आहे. त्यामध्ये आमच्या महाविद्यालयाची तृतीय वर्षाची विद्यार्थिनी १) अरुना अशोक चांदवानी (बैठक क्रमांक ५२३१४) व द्वितीय वर्षाची विद्यार्थिनी २) रूतुजा पिसे (बैठक क्रमांक ५००७६) या विद्यार्थिनींचा निकाल Withheld मध्ये दाखविण्यात आलेला आहे. सदर विद्यार्थिनींचा प्रवेश १५ टक्के N.R.I. कोटयामधे असून आवश्यक ते कागदपत्रे प्रवेश नियामक प्राधिकरण यांना सादर केलेले आहे. परंतु अजूनपर्यंत त्यांचेकडून मान्यता मिळालेली नाही. मान्यता मिळाल्यानंतर आपणास सादर करण्यात येईल.

तरी सदर विद्यार्थिनींचा परीक्षेचा निकाल लावण्यात यावा, ही विनंती.

DEAN

VSPM'S Dental College &  
Research Centre, Digdoh Hills  
Hingna Road, Nagpur-440019

प्रतिलिपी : मा. अध्यक्ष

प्रवेश नियामक प्राधिकरण

मुंबई, आपणास विनंती करण्यात येते की, विद्यापीठाला वरील विद्यार्थ्यांचा निकाल लावण्याबाबत आपले स्तरवरून कळविण्यात यावे.

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक  
परीक्षा विभाग  
त्र मिळाले : १९/०८/१७

VIDYA BHIKSHAN PRASARAK MANDAL'S  
**DENTAL COLLEGE & RESEARCH CENTRE,**

DIGDOH HILLS, HINGNA ROAD, NAGPUR-440 019 PH(807104) 235290, (0712)321 825 FAX(80712) 232905, 232905 07104-233904

REF: VSPM'S DCRC/EXAM-SUMMER-2017/ 980 /2017

DATE: 13/08/2017

To,

The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

- SUB: SUBMISSION OF APPLICATION OF PHOTOCOPY AND VERIFICATION/RE-TOTALING FORMS OF SUMMER 2017 EXAMINATION.
- REF: RESULT DECLARED ON MUHS WEB-SITE

Dear Sir,

Please find attached herewith application for Photocopy and Retotaling form of our college who fail in summer 2017 examination enclosed separate D.D. the details are as follows,

SR. NO.	NAME OF STUDENTS	CLASS	D.D. NO.	DATE	NUMBER OF SUBJECT	Zero/Verification.	BANK	RUPEES
1	Gandhi Harsha Jayprakash	2 <sup>nd</sup> BDS	14358	14/8/17	01	ZEROX	Kotak Mahindra	550/-
2	Gandhi Harsha Jayprakash	2 <sup>nd</sup> BDS	14358	14/8/17	01	Verification	Kotak Mahindra	550/-
3	Shweta Khard	3 <sup>rd</sup> BDS	14350	14/8/17	01	Verification	Kotak Mahindra	550/-
4	Madhura shashikant Shahakar	2 <sup>nd</sup> BDS	14359	14/8/17	02	ZEROX	Kotak Mahindra	1100/-
5	Madhura shashikant Shahakar	2 <sup>nd</sup> BDS	14359	14/8/17	02	Verification	Kotak Mahindra	1100/-
6	Chaudhari Vaishnavi Umeshrao	1 <sup>st</sup> BDS	14361	14/8/17	02	Verification	Kotak Mahindra	1100/-
7	Chaudhari Vaishnavi Umeshrao	1 <sup>st</sup> BDS	14361	14/8/17	02	ZEROX	Kotak Mahindra	1100/-
8	Ranveersingh Sunilrao Dikey	4 <sup>th</sup> BDS	14377	16/8/17	01	Verification	Kotak Mahindra	550/-
9	Ranveersingh Sunilrao Dikey	4 <sup>th</sup> BDS	14377	16/8/17	02	ZEROX	Kotak Mahindra	1100/-
10	Asawari Sunil Thekedar	2 <sup>nd</sup> BDS	14378	16/8/17	03	Verification	Kotak Mahindra	1650/-
11	Asawari Sunil Thekedar	2 <sup>nd</sup> BDS	14378	16/8/17	02	zerox	Kotak Mahindra	1100/-

Kindly find in order and do the needful.

Thanking you.

Yours faithfully,

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक  
नरीक्षा विभाग  
19/08/17

*Uledu*  
DEAN



VIDYA SHEKHAR PRASARAK MANDAL'S  
DENTAL COLLEGE & RESEARCH CENTRE,

DIGDOH HILLS, HINONA ROAD, NAGPUR-440 019 T11807104) 236290,(0712)321823 FAX(0712) 232905,232905 07104-232904

REF: VSPM'S DCRC/EXAM-SUMMER-2017/90 /2017

DATE: 18/08/2017

To,

The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

- > SUB: SUBMISSION OF APPLICATION OF PHOTOCOPY AND VERIFICATION/RE-TOTALING FORMS OF SUMMER 2017 EXAMINATION.
- > REF: RESULT DECLARED ON MUHS WEB-SITE

Dear Sir,

Please find attached herewith application for Photocopy and Retotaling form of our college who fail in summer 2017 examination enclosed separate D.D. the details are as follows,

SRL NO.	NAME OF STUDENTS	CLASS	D.D. NO.	DATE	NUMBER OF SUBJECT	Zeroz/Ver ification.	BANK	RUPEES
12	Wankhede Shreya Sujay	2 <sup>nd</sup> BDS	611224	14/8/17	2	Verificatio n	Vijaya Bank	1100/-
13	Wankhede Shreya Sujay	2 <sup>nd</sup> BDS	611225	14/8/17	2	Zeroz	Vijaya Bank	1100/-
14	Prashasti Sarode	4 <sup>th</sup> BDS	678699	16/8/17	3	Verificatio n	Indusind Bank	1650/-
15	Prashasti Sarode	4 <sup>th</sup> BDS	678698	16/8/17	2	Zeroz	Indusind Bank	1100/-
16	Vishakha Rajaram Shahu	1 <sup>st</sup> BDS	756669 & 756670	14/8/17	2	Verificatio n	HDFC Bank	1100/-
17	Sneha Indrajit Bhujade	1 <sup>st</sup> BDS	756668	14/8/17	1	Verificatio n	HDFC Bank	550/-
18	Janhvi Abaji Meshram	1 <sup>st</sup> BDS	371376	16/8/17	2	Verificatio n	SBI	1100/-
19	Janhvi A. Meshram	2 <sup>nd</sup> BDS	209743	18/8/17	2	Zeroz	SBI	1100/-

Kindly find in order and do the needful.

Thanking you.

Yours faithfully,

*Umesh*  
DPM

*210*



VIDYA SHIKSHAN PRASARAK MANDAL'S  
DENTAL COLLEGE & RESEARCH CENTRE,

DIGDOH HILLS, HINGNA ROAD, •NAGPUR-440 019 PH(07104) 236290,(0712)321825 FAX(0712) 232905,232905 07104-232904

REF: VSPM'S DCRC/EXAM-SUMMER-2017/2017

DATE: 18/08/2017

To,

The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

- SUB: SUBMISSION OF APPLICATION OF PHOTOCOPY AND VERIFICATION/RE-TOTALING FORMS OF SUMMER 2017 EXAMINATION.
- REF: RESULT DECLARED ON MUHS WEB-SITE

Dear Sir,

Please find attached herewith application for Photocopy and Retotaling form of our college who fail in summer 2017 examination enclosed separate D.D. the details are as follows,

SR. NO.	NAME OF STUDENTS	CLASS	D.D. NO.	DATE	NUMBER OF SUBJECT	Zerox/Verification.	BANK	RUPEES
1	Radhika R. Sahariya	4 <sup>th</sup> BDS	862644	16/8/17	02	Verification	Allahabad	1100/-
2	Harsha S. Banorkar	3 <sup>rd</sup> BDS	371378	16/8/17	01	Verification	SBI	550/-
3	Harsha S. Banorkar	3 <sup>rd</sup> BDS	371379	16/8/17	01	Zerox	SBI	550/-
4	Rajashree Kshirsagar	2 <sup>nd</sup> BDS	14417, 14419	18/8/17	01	Verifi,	Kotak	550/-

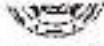
Kindly find in order and do the needful.

Thanking you.

Yours faithfully,

  
DEAN

VSPM'S Dental College &  
Research Centre, Digdoh Hills  
Hingna Road, Nagpur-440019

  
**VIDYA SHEKSHAN PRASARAK MANDAL'S**  
**DENTAL COLLEGE & RESEARCH CENTRE,**

DIGDOH HILLS, HINGNA ROAD, NAGPUR-440 019 PH(07104) 236290/(0712)321825 FAX(0712) 232905,232905 07104-232904

REF: VSPM'S DCRC/EXAM-SUMMER-2017/ 980 /2017

DATE: 13/08/2017

To,

The Controller of Examination,  
 Maharashtra University of Health Sciences,  
 Mhasrul, Dindori Road,  
 Nashik-422 004

- SUB: SUBMISSION OF APPLICATION OF PHOTOCOPY AND VERIFICATION/RETOTALING FORMS OF SUMMER 2017 EXAMINATION.
- REF: RESULT DECLARED ON MUHS WEB-SITE

Dear Sir,

Please find attached herewith application for Photocopy and Retotaling form of our college who fail in summer 2017 examination enclosed separate D.D. the details are as follows,

SR. NO.	NAME OF STUDENTS	CLASS	D.D. NO.	DATE	NUMBER OF SUBJECT	Zerox/Verification.	BANK	RUPEES
1	Gandhi Harsha Jayprakash	2 <sup>nd</sup> BDS	14358	14/8/17	01	ZEROX	Kotak Mahindra	550/-
2	Gandhi Harsha Jayprakash	2 <sup>nd</sup> BDS	14358	14/8/17	01	Verification	Kotak Mahindra	550/-
3	Shweta Khard	3 <sup>rd</sup> BDS	14360	14/8/17	01	Verification	Kotak Mahindra	550/-
4	Madhura shashikant Shahakar	2 <sup>nd</sup> BDS	14359	14/8/17	02	ZEROX	Kotak Mahindra	1100/-
5	Madhura shashikant Shahakar	2 <sup>nd</sup> BDS	14359	14/8/17	02	Verification	Kotak Mahindra	1100/-
6	Chaudhari Vaishnavi Umeshrao	1 <sup>st</sup> BDS	14361	14/8/17	02	Verification	Kotak Mahindra	1100/-
7	Chaudhari Vaishnavi Umeshrao	1 <sup>st</sup> BDS	14361	14/8/17	02	ZEROX	Kotak Mahindra	1100/-
8	Ranveersingh Sunilrao Dikay	4 <sup>th</sup> BDS	14377	16/8/17	01	Verification	Kotak Mahindra	550/-
9	Ranveersingh Sunilrao Dikay	4 <sup>th</sup> BDS	14377	16/8/17	02	ZEROX	Kotak Mahindra	1100/-
10	Aasawari Sunil Thekedar	2 <sup>nd</sup> BDS	14378	16/8/17	03	Verification	Kotak Mahindra	1650/-
11	Aasawari Sunil Thekedar	2 <sup>nd</sup> BDS	14378	16/8/17	02	zerox	Kotak Mahindra	1100/-

Kindly find in order and do the needful.

Thanking you.

Yours faithfully,

  
**DEAN**

  
**VIDYA SHEKSHAN PRASARAK MANDAL'S  
 DENTAL COLLEGE & RESEARCH CENTRE,**

WINDSOFF HILLS, HINGNA ROAD, •NAGPUR-440 019 PH(07104) 236290,(0712)321825 FAX(0712) 232905,232905 07104-232904  
 REF: VSPM'S DCRC/EXAM-SUMMER-2017/380 /2017

DATE: 18 / 08 / 2017

To,  
 The Controller of Examination,  
 Maharashtra University of Health Sciences,  
 Mhasrul, Dindori Road,  
 Nashik-422 004

- > SUB: SUBMISSION OF APPLICATION OF PHOTOCOPY AND VERIFICATION/RE-TOTALING FORMS OF SUMMER 2017 EXAMINATION.
- > REF: RESULT DECLARED ON MUHS WEB-SITE.

Dear Sir,

Please find attached herewith application for Photocopy and Retotaling form of our college who fail in summer 2017 examination enclosed separate D.D. the details are as follows,

SR. NO.	NAME OF STUDENTS	CLASS	D.D. NO.	DATE	NUMBER OF SUBJECT	Zerox/Verification.	BANK	RUPEES
12	Wankhede Shreya Sujay	2 <sup>nd</sup> BDS	611224	14/8/17	2	Verification	Vijaya Bank	1100/-
13	Wankhede Shreya Sujay	2 <sup>nd</sup> BDS	611225	14/8/17	2	Zerox	Vijaya Bank	1100/-
14	Prashasti Sarode	4 <sup>th</sup> BDS	678699	16/8/17	3	Verification	Indusind Bank	1650/-
15	Prashasti Sarode	4 <sup>th</sup> BDS	678698	16/8/17	2	Zerox	Indusind Bank	1100/-
16	Vishakha Rajaram Shahu	1 <sup>st</sup> BDS	756669 & 756670	14/8/17	2	Verification	HDFC Bank	1100/-
17	Sneha Indrajit Bhujade	1 <sup>st</sup> BDS	756668	14/8/17	1	Verification	HDFC Bank	550/-
18	Janhvi Abaji Meshram	1 <sup>st</sup> BDS	371376	16/8/17	2	Verification	SBI	1100/-
19	Janhvi Meshram	2 <sup>nd</sup> BDS	209743	18/8	2	Zerox	SBI	1100/-

Kindly find in order and do the needful.

Thanking you.

Yours faithfully,

*Umesh*  
**DEAN**  
 VSPM'S Dental College & Research Centre



VIDYA SHIKSHAN PRASARAK MANDAL'S  
**DENTAL COLLEGE & RESEARCH CENTRE,**

DIGDOH HILLS, HINGNA ROAD, NAGPUR-440 019 PH@07104) 236290,(0712)321825 FAX@0712) 232905,232905 07104-232904

REF: VSPM'S DCRC/EXAM-SUMMER-2018/1056 /2018 DATE: 05/09/2018

To,

**The Controller of Examinations,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004**

**SUB: SUBMISSION OF APPLICATION FOR PHOTOCOPY AND MARKSLIP OF  
THEORY ANSWER BOOKS AND VERIFICATION /RE-TOTALLING OF  
MARKS.**

➤ **REF: university declared result of BDS 30/8/2018**

Dear Sir,

Please find attached herewith application for Photocopy of Theory Answer-book and Mark-slips of Theory Answer-book seperately paid online fees by students of our college as per following list attached.

Thanking you,

Yours faithfully,

  
(Dean)  
VSPM'S DCRC, NAGPUR.


**DEAN**

**VSPM'S Dental College &  
Research Centre, Digdoh Hills  
Hingna Road, Nagpur-440019**

Encl: As above.

CANDIDATE APPLIED FOR VERIFICATION/RE-TOTALING OF (ANNEXURE 'D')

Sr.	Name of the candidate	Course & Year	No. of Subjects	Total answer-books	Amount	Remarks
1.	Shreyash S. Ohale	II BDS	02		1200	Theory + Practical
2	Ishita S. Khatikar	II BDS	01		600	Theory
3	Aakruti M. Gangurde	II BDS	02		1200	Theory
4	Yashashri P. Rajwade	III BDS	02		1200	Theory + Practical
5	Gunjari S. Kumbhar	II BDS	04		2400	Theory + Practical
6	Raksha M. Bhangale	II BDS	02		1200	Theory
7	Simran R. Ukey	II BDS	02		1200	Theory
8	Aditya S. Jitkalwad	II BDS	04		2400	Theory + Practical
9	Muskan R. Wanjari	II BDS	02		1200	Theory
10	Mounali R. Dahiakar	III	01		600	Practical
11	Kisan S. Sontakhe	II BDS	02		1200	Theory
12	Pranabi V. Darna	II BDS	02		1200	Theory
13	Kartiki S. Vaidya	I BDS	02		1200	Theory
14	Sharvari T. Tadga	II BDS	02		1200	Theory + Practical
15	Shradha S. Bhatnagar	II	01		600	Practical
16	Akansha D. Chaudhary	IV	01		600	Theory
17	Antakshasi R. Mohod	IV	02		1200	Theory
18	Devadatta P. Waindeskar	I	03		1800	Theory
19	Ashani Chandwani	IV BDS	02		1200	Theory
20	Gayatri P. Nagdeve	IV	02		1200	Theory
21	Gayatri U. Sontakhe	IV	02		1200	Theory
22	Mayuri S. Ataram	III	01		600	Practical
Total Amount						

  
 DEAN  
 VSPM'S Dental College &







VIDYA SHIKSHAN PRASARAK MANDAL'S  
**DENTAL COLLEGE & RESEARCH CENTRE,**

DIGDOH HILLS, HINGNA ROAD, NAGPUR-440 019 PH(07104) 235290,(0712)321825 FAX(0712) 232905,232905 07104-232904

REF: VSPM'S DCRC/EXAM-SUMMER-2018/ 123 /2018 DATE: 7 /09/2018

To,

The Controller of Examinations,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

SUB: SUBMISSION OF APPLICATION FOR PHOTOCOPY AND MARKSLIP OF  
THEORY ANSWER BOOKS AND VERIFICATION /RE-TOTALLING OF  
MARKS.

> REF: university declared result of BDS 30/8/2018

Dear Sir,

Please find attached herewith application for Photocopy of Theory Answer-book  
and Mark-slips of Theory Answer-book seperately paid online fees by students  
of our college as per following list attached.

Thanking you,

Yours faithfully,

(Dean)

VSPM'S DCRC, NAGPUR.

DEAN

VSPM'S Dental College &  
Research Centre, Digdoh Hills  
Hingna Road, Nagpur-440019

Encl: As above.





VIDYA SHIKSHAN PRASARAK MANDAL'S  
DENTAL COLLEGE & RESEARCH CENTRE,

DIGDOH HILLS, HINGNA ROAD, •NAGPUR-440 019 PH@07104) 236290,(0712)321825 FAX@0712) 232905,232905 07104-332904

REF: VSPM'S DCRC/EXAM-SUMMER-2018/ 1057/2018 DATE: 7 /09/2018

To,

The Controller of Examinations.  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

SUB: SUBMISSION OF APPLICATION FOR PHOTOCOPY AND MARKSLIP OF  
THEORY ANSWER BOOKS AND VERIFICATION /RE-TOTALLING OF  
MARKS.

➤ REF: university declared result of BDS 30/8/2018

Dear Sir,

Please find attached herewith application for Photocopy of Theory Answer-book  
and Mark-slips of Theory Answer-book seperately paid online fees by students  
of our college as per following list attached.

Thanking you,

Yours faithfully,

*Ulealk*

(Dean)

VSPM'S DCRC, NAGPUR.

DEAN

VSPM'S Dental College &  
Research Centre, Digdoh Hills  
Hingna Road, Nagpur-440019

Encl: As above. DD.

DD. No. 16880 Kotak  
RS - 600 Dt. 7/9/18



One temporary fine payment receipt.

1200

VEDYA JIHNISHAN PRASADHAR MUNDAL'S  
DENTAL COLLEGE & RESEARCH CENTRE.

DETHI HILLS, HINGNA ROAD, NAGPUR-440 019 PH:907104) 236200,(0712)321825 FAX:890712) 232905,232905 07194-237064  
VSPM'S DCRC/EXAM-WINTER-2014/ 13/3 /2014

DATE: ~~7/2014~~  
13/2/15

Controller of Examination,  
Maharashtra University of Health Sciences,  
Marol, Dindori Road,  
Mumbai-422 004

SUB: SUBMISSION OF VERIFICATION / RETOTALING OF FORMS.  
REF: RESULT DECLARED ON MUHS WEB-SITE

I find enclosed herewith the verification / Re-total forms of the students along with application, submitted by the students combined D.D. No. 52683 Date: 13/2/15. The details are given below:

CLASS	SEAT NO.	NAME OF STUDENTS	VERIFICATION / RETOTAL	No. of SUBJECT APPLIED FOR	TOTAL AMOUNT.
IV-FH BDS	32623	Rahul Bankar	verif.	03	1500

Kindly find in order and do the needful.  
Thanking you,

*Anita*  
Yours faithfully,  
DEAN  
VSPM'S Dental College & Research Center, Dethi Hills,  
Hingna Road, Nagpur-440 019

cl: D.D.No. 052683  
RS 1500/-  
Bank of Baroda,  
Dt. 13/2/15

VIDYA SHIKSHAN PRASARAK MANDAL'S  
DENTAL COLLEGE & RESEARCH CENTRE,

HILLS, HINGNA ROAD, NAGPUR-440 019 PH(07104) 236290, (0712) 2321825 FAX(0712) 232905, 232903 07104 232904  
VSPM'S DCRC/EXAM-WINTER-2014/191/2014 DATE: 5/2/2016

Controller of Examination,  
Maharashtra University of Health Sciences,  
Chazrul, Dindori Road,  
Nashik-422 004

- > SUB: SUBMISSION OF VERIFICATION / RETOTALING OF FORMS.
- > REF: RESULT DECLARED ON MUHS WEB-SITE

Dear Sir,  
Enclosed herewith the verification / Re-total forms of the students along with application - submitted by the students combined D.D. No. 9902 Date: 12/2/15 Bank: Kothari. The details are given below:  
D.D. No. 9904 - 13/2/15

S. NO.	CLASS	SEAT NO.	NAME OF STUDENTS	VERIFICATION / RE-TOTAL	No. of SUBJECT APPLIED FOR	TOTAL AMOUNT.
1	Ist	31052	AKASH mane	Verif.	01	500
2	IV-I	34313	AKASH Kudmathe	Verif.	01	500
3	IV-I	34267	chetan choudhary	Verif.	03	1500
4	IV-II	35106	chetan choudhary	Verif.	03	1500
photo copy fees						
			Dewendra Waryhane	Zero	01	500
						4500

Kindly find in order and do the needful.  
Thanking you,

Yours faithfully,  
*Uckli*  
(DEAN)  
DEAN

Encl: D.D. No. 9902 and D.D. No. 9904 -  
Rs. 1000 Rs. 1500  
RS 4500  
Kotahari.

VSPM'S Dental College & Research Center, Hills, Hingna Road, Nagpur-440 019





VIDYA NIKETAN PRASAK HANDBALIN  
DENTAL COLLEGE & RESEARCH CENTRE,

DIGDOH HILLS, HINGNA ROAD, NAGPUR-440 019 PH: (011) 2362901, 2362902, 2362903, 2362904 FAX: (011) 232905, 232906, 232907, 232908  
REF: VSPM'S DCRG/EXAM-WINTER-2014/187/2014 DATE: 12/2/2015

To,

The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

- > SUB: SUBMISSION OF VERIFICATION / RETOTALING OF FORMS.
- > REF: RESULT DECLARED ON MUHS WEB-SITE

Dear Sir,

Please find enclosed herewith the verification / Re-total forms of the students along with application, submitted by the students combined D.D. No. 9900 Date: 12/2 Bank Kotak details are given below:

S R N O.	CLASS	SEAT NO.	NAME OF STUDENTS	VERIFICATION NRE-TOTAL	No. of SUBJECT APPLIED FOR	TOTAL AMOUNT.
1	III <sup>rd</sup>	32397	Nitish Babhulker	Verif.	02	1000
2	II <sup>nd</sup>	31767	Snehal Meshram	Verif.	01	500
3	IV-I	34376	Dewendra Waghmare	Verif.	02	1000
4	IV-II	35111	Ketan Joshi	Verif.	03	1500
5	IV-I	34299	Ketan Joshi	Verif.	02	1000
6	IV-I	34367	Muyank Tiwari	Verif.	02	1000
7	IV-I	34330	Satyajit More	Verif.	03	1500
8	IV-I	34323	Vicky Mandpe	Verif.	02	1000

Kindly find in order and do the needful.

Thanking you,

Yours faithfully,

Ae

(JUD DEAN)  
DEAN  
VSPM'S Dental College &  
Research Center, Digdoh Hills,  
Hingna Road, Nagpur-440 019

Encl: D.D.No. 9900.

Dt. 12/2/15

125 - 11000/-

Y.S.P.M.'S DENTAL PRASARNA MANDAL'S  
DENTAL COLLEGE & RESEARCH CENTRE,

Y.S.P.M.'S DENTAL PRASARNA MANDAL'S  
DENTAL COLLEGE & RESEARCH CENTRE  
WINTER-2014/15 2014 DATE: 12/2/2015

Controller of Examination,  
Maharashtra University of Health Sciences,  
Mumbai, Dindori Road,  
Mumbai-400004

- > SUB: SUBMISSION OF VERIFICATION / RETOTALING OF FORMS.
- > REF: RESULT DECLARED ON MUHS WEB-SITE

Dear Sir,

Please find enclosed herewith the verification / Re-total forms of the students along with application, submitted by the students combined D.D. No. \_\_\_\_\_ Date: \_\_\_\_\_ Bank: \_\_\_\_\_ The details are given below:

SER. NO.	CLASS	SEAT NO.	NAME OF STUDENTS	VERIFICATION NRE-TOTAL	NO. OF SUBJECT APPLIED FOR	TOTAL AMOUNT.
9	IV-I	34313	AKAESH KUDMATE	verif.	01	500
10	IV-I	34345	Vaibhav Raut	verif.	01	500
11	IV-I	34259	KARAN ASARAN	verif.	01	500
12	IV-I	34360	Ashish Thakre	verif.	02	1000
5						
6						
7						
8					TOTAL	12000/-

Kindly find in order and do the needful.

Thanking you,

Yours faithfully,

*Ac*  
(for DEAN)  
DEAN  
Y.S.P.M.'S Dental College &  
Research Center, Dindori Hills,  
Hingna Road, Nagpur-440 019

To,

The Controller of Examination,  
 Maharashtra University of Health Sciences,  
 Bhamburda, Dindori Road,  
 Mumbai - 422 004

- > SUB: SUBMISSION OF VERIFICATION / RE TOTAL ASSESSMENT OF PRACTICES
- > REF: RESULT DECLARED ON MUHS WEB-SITE

Dear Sir,

Please find enclosed herewith the verification / Re-total forms of the students along with applications submitted by the students combined D.D. No. 9888 Date 10/2/15 (Place: Kothari). See details are given below.

S. NO.	CLASS	SLAT NO.	NAME OF STUDENT	VERIFICATION / RE-TOTAL	NO. OF SUBJECT APPLIED FOR	EXAM. AMOUNT
1	IIIrd	32415	Arvindita Sengupta	Verif.	01	500
2	IIIrd	32408	Shubhit Meheta	Verif.	01	500
3	II-I	34352	Hshwini Shah	Verif.	02	600
4	IIIrd	32410	Jaypriya Harwad	Verif.	01	500
5	III	32409	Ankita Khur	Verif.	01	500
6	IV-I	34369	Akash Mahake	Verif.	01	500
7	III-I	32407	Hirani Prasad Shetty	Verif.	02	600
						1000

Kindly find in order and do the needful.

Thanking you,

Encl: D.D. No. 9888  
 Rs. 33500/-  
 Dt. 10/2/15  
 Kothari.

Yours faithfully,

(Signature)  
 DEAN  
 VSPM's Dental College &  
 Research Center, Digdori Hill,  
 Hingna Road, Mumbai-440 019

HILLS, HINGINA ROAD, NAGPUR-440 019 PH(901104) 236290, (0712) 231825 FAX(90112) 232905, 232905 97161 231904  
 /SPM'S DCRC/EXAM-WINTER-2014/ 571 /2014 DATE: 10/2/2015

Controller of Examination,  
 Maharashtra University of Health Sciences,  
 Masrul, Dindori Road,  
 Nagpur-440 003

- > NBI SUBMISSION OF VERIFICATION AT TOLEVAHSAH OF MUMBAI
- > REP: RESULT DECLARED ON MUHS WEB-SITE

Dear Sir,  
 Please find enclosed herewith the verification / Re-bonal. forms of the students along with application - was made by  
 the students combined. I.D. No. 2288 Date 10/2/15 at 15:01/15.

S. NO.	CLASS	SEAT NO.	NAME OF STUDENT	VERIFICATION / RE-BONAL.	No. of SUBJECT APPLIED FOR	MARKS
1	III	31765	Kartik Ganeshwar	Verif.	02	1000
2	IV	34351	Shazala K. Chikil	Verif.	02	1000
3	III	32402	Aishwarya A. Deolde	Verif.	02	1000
4	IV	34332	Ashinika NamPELLIKAR	Verif.	02	1000
5	IV	34321	Aashwani Mahalle	Verif.	02	1000
6	IV	34312	Ananya S. Kolhe	Verif.	02	1000
7	IV	34323	Nalini S. D. Poye	Verif.	04	2000
8	IV	34324	Prayana Chavan	Verif.	02	1000

Kindly find in each case the marks awarded.

Thanking you,

DEAN  
 VSPM'S Dental College &  
 Research Center, Masrul, Dindori,  
 Hingol Road, Nagpur-440 003

To,

The Controller of Examination,  
 Maharashtra University of Health Sciences,  
 Mhasrul, Dindori Road,  
 Nashik-422 004

- > MR. SUBMISSION OF VERIFICATION / RE-OPENING OF RESULTS
- > REF: RESULT DECLARED ON MUHS WEB-SITE

Dear Sir,

Please find enclosed herewith the verification / Re-Opening of the result along with application and result of  
 examination conducted U.D. 19/1/15 Date 10/2/15. Thank you.

S. NO.	CLASS	SEAT NO.	NAME OF STUDENT	VERIFICATION AND TOTAL	NO. OF SUBJECTS APPLIED FOR	TOTAL MARKS
1	B.V.-II	3517	Sujali Kumbhkar	Verif	02	1000
2	B.V.-I	3429	Rajlaxmi K. Jaisani	Verif	02	1000
3	B.V.-I	3427	Anuradha Deambhore	Verif	04	2000
4	B.V.-I	3435	Shweta Sawade	Verif	02	1000
5	B.V.-I	3453	Krushanti Nerkade	Verif	02	1000
6	B.V.-I	3511	Meenakshi Kulkarni	Verif	3	1500
7	B.V.-I	3536	Nandini Dalal	Verif	1	500
8	B.V.-I	3522	Indira Jaisani	Verif	1	500

Khudiyi God hi order and do the needful.

Thanking you.

(Signature)  
 DEAN  
 VSPM Dental College &  
 Research Centre  
 Nagpur

VSPM'S DENTAL COLLEGE & RESEARCH CENTRE,

HILLS, HINGNA ROAD, ANMOLPUR-422 009 PUNE-422 009 TEL: 020-22220000 FAX: 020-22220001

VSPM'S DCRC/EXAM-WINTER-2014/171/2014

DATE: Jan 2, 2015

Chief Controller of Examination,  
Maharashtra University of Health Sciences,  
Abasrol, Dindori Road,  
Nashik-422 004

- > SUB: SUBMISSION OF VERIFICATION / RETOTALING OF FORMS.
- > REF: RESULT DECLARED ON MUHS WEB-SITE.

Dear Sir,

As find enclosed herewith the verification / Re-total forms of the students along with application, submitted by students certified D.D. No. 9683 Date: 10/12/14 Bank: 50/178 details are given below.

S. NO.	CLASS	SEAT NO.	NAME OF STUDENT	VERIFIED / RE-TOTAL	NO. OF SUBJECT APPLIED FOR	TOTAL AMOUNT
1	IV-I	24312	Hemant Ramesh	Verify	01	1000
2	IV-I	31063	Vaishnavi Pawar	Verify	02	1000
3	IV-I	3434	Ramesh Kumar Singh	Verify	01	1000
4	IV-I	3434	Aradhya Prakash	Verify	01	1000
5	IV-II	2515	Aradhya Prakash	Verify	01	1000
6	IV-I	3434	Prarthana Deshpande	Verify	01	1000
7	IV-I	24312	Sushant	Verify	01	1000
8						

Kindly find in order and do the needful.

Thanking you.

Yours faithfully,

(SIGNATURE)  
VSPM'S Dental College &  
Research Centre, Hills,  
Hingna road, Nashik-422 009

VISHVA MAHARASHTRA UNIVERSITY  
DENTAL COLLEGE & RESEARCH CENTRE,

BIMONA ROAD, NASHIK, 422 004 (M.S.) TEL: 0253238555 FAX: 0253238555  
MU'S DCRC-EXAM-WINTER-2015/2016

DATE: 3/3/2016

The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

- SUB: SUBMISSION OF VERIFICATION / RETOTALING/ ZEROX COPY OF FORMS OF WINTER 2015 EXAMINATION.
- REF: RESULT DECLARED ON 26/02/2016 MUHS WEB-SITE

Dear Sir,

Please find enclosed herewith the verification / Re-total forms of the students along with application - submitted by the students combined / separate. D.D. No The details are given below:

S. NO.	CLASS	SEAT NO.	NAME OF STUDENTS	VERIFICATION/RE-TOTAL	No. of SUBJECT APPLIED FOR	ED. NR. & BANK	TOTAL AMOUNT
1.	I <sup>st</sup> BDS	53166	Rashmi Bhangale	Verif.	01	Mumbai BK 731515 11/2/16	550
2.	I <sup>st</sup> BDS	53165	Kishan Bhangale	Verif.	01	Mumbai BK 731517 11/2/16	550
3.	III <sup>rd</sup> BDS	54207	Sumedh Kumbhkar	Zerox	01	PNB SF 11/2/16 236170	550
4.	III <sup>rd</sup> BDS	54208	Sumedh Kumbhkar	Verif.	01	PNB SF 11/2/16 236174	550
5.	IV <sup>th</sup> BDS	5582	Kanchan Kulkarni	Verif.	01	Mumbai BK 731515	550
6.	IV <sup>th</sup> BDS	55060	Bhagyashri Sirkate	Verif.	01	Mumbai BK 731515	550
7.	V <sup>th</sup> BDS	55037	Ashwin Phatak	Zerox	01	PNB 236173	550
8.	V <sup>th</sup> BDS	55038	Ashwin Phatak	Verif.	01	PNB 236172	550

Kindly find in order and do the needful.

Thanking you,

Yours faithfully,

*[Signature]*  
DEAN

Vishva Dental College &  
Research Center, Dindori Hill  
Mhasrul, Nashik-422 004

DENTAL COLLEGE & RESEARCH CENTRE

REF: VSPM'S DCRC/EXAM-WINTER-2015 30/1/2016 DATE 2/3/2016

To,

The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

- SUB: SUBMISSION OF VERIFICATION / RETOTALING/ ZEROX COPY OF FORMS OF WINTER 2015 EXAMINATION.
- REF: RESULT DECLARED ON 26/02/2016 MUHS WEB-SITE

Dear Sir,

Please find enclosed herewith the verification / Re-total forms of the students along with application - submitted by the students combined / separate D.D. No The details are given below:

SER NO	CLASS	SEAT NO.	NAME OF STUDENTS	VERIFICATION / RE-TOTAL	No. of SUBJECT APPLIED FOR	DD NO. & BANK	TOTAL AMOUNT
9	IV <sup>th</sup> BDS	55027	Pooja Chauhan	Verif.	02	PNB 296171	1100
10	IV <sup>th</sup> BDS	55027	Pooja Chauhan	ZEROX	02	PNB 296184	1100
11	IV <sup>th</sup> BDS	55046	Shetali Gadam	Verif.	01	Kotak 611217	550
12	IV <sup>th</sup> BDS	56776	Nishigandha Wadhare	Verif.	01	Allahabad BK 731515	550
13	IV <sup>th</sup> BDS	5507	Gisisa Kulkarni	Verif.	01	SBI 430346	550
14	IV <sup>th</sup> BDS	56763	Anandita Sengupta	Verif.	02	SBI 104562	1100
15	IV <sup>th</sup> BDS	55033	Ankita Wadhvani	Verif.	01	PNB 212111	550
16	IV <sup>th</sup> BDS	55026	Anuradha Patil	Verif.	01	PNB 020253	550

Kindly find in order and do the needful.

Thanking you,

Yours faithfully,

*Wadhare*  
DEAN  
VSPM'S Dental College & Research Center, Dighodhi Road, Nashik-422 004

DENTAL COLLEGE & RESEARCH CENTRE

REF: VSPM'S DCRC EXAM-WINTER-2015-2016 DATE: 23/01/2016

To,  
The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Diadori Road,  
Nashik-422 004

- ✓ SUB: SUBMISSION OF VERIFICATION / RETOTALING ZERON COPY OF FORMS OF WINTER 2015 EXAMINATION.
- ✓ REF: RESULT DECLARLD ON 26/02/2016 MUHS WEB-SITE

Dear Sir,  
Please find enclosed herewith the verification / Re-total forms of the students along with application submitted by the students combined / separate D.D. No. The details are given below:

S R N O	CLASS	SEAT NO	NAME OF STUDENTS	VERIFIED RE-TOTAL	No. of SUBJE CT APPLIC ATION	D.D. NO. & DATE	TOTAL AMOUNT
1.	IV BDS	56765	Sumanth Bahirani	Verif.	03		1650
2	IV BDS	56765	Aakita Ranitake	Zerox	03		1650
	IV-II	56765	Aakita Ranitake	Verif	03		1650
	IV-IV	5511	Aakita Ranitake	Verif	01		550
	IV-I	5511	Aakita Ranitake	Zerox	01		550
	B-E	56766	Haya Bhat	Verif.	04		2200
	B-E	56766	Haya Bhat	Zerox	02		1100
	B-D	5377	Kant & Sakshi	Verif.	02		1100

Kindly find in order and do the needful

Thanking you.

Yours faithfully,

*Wadhwa*  
DEAN

VSPM'S Dental College & Research Center, Digdar Highway, Nashik-422 004

*Handwritten notes:*  
Smt. D.D. ...  
D.D. ...  
Rs. ...

MUMBAI UNIVERSITY OF HEALTH SCIENCES  
DENTAL COLLEGE & RESEARCH CENTRE.

MUMBAI ROAD, MUMBAI-400 001 (INDIA) TEL: 022-25122122 FAX: 022-25122123  
DATE: 3-2016

The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

- SUB: SUBMISSION OF VERIFICATION / RETOTALING/ ZEROX COPY OF FORMS OF WINTER 2015 EXAMINATION.
- REF: RESULT DECLARED ON 26/02/2016 MUHS WEB-SITE.

Dear Sir,

Please find enclosed herewith the verification / Re-total forms of the students along with application, submitted by the students combined / separate. D.D. No The details are given below:

SER NO	CLASS	SEAT NO	NAME OF STUDENTS	VERIFICATION VERI-TOTAL	No. of SUBIE CT APPLIF D FOR	REMARK & BANK	TOTAL AMOUNT.
1.	RSC BDS	53166	Roshni Deshpande	Verif	01	PNB SF 13/16	550
2	FAC BDS	53165	Kiran Badolekar	Verif	01	PNB SF 13/16	550
3	III BDS	54207	Sumedh Kumbhkar	Zerox	01	PNB SF 13/16	550
4	III BDS	54208	Sumedh Kumbhkar	Verif	01	PNB SF 13/16	550
5	IV BDS	55075	Kamlesh K. Walke	Verif	01	PNB SF 13/16	550
6	IV BDS	55066	Shreyashi Sidhate	Verif	01	PNB SF 13/16	550
7	IV BDS	55077	Ashwin Dhote	Zerox	01	PNB SF 13/16	550
8	IV BDS	55077	Ashwin Dhote	Verif	01	PNB SF 13/16	550

Kindly find in enter and on the needful.

Thanking you,

Yours faithfully,

*(Signature)*

DEAN

MUMBAI Dental College &  
Research Center, Dighesh Hill  
Mumbai-400 001. Maharashtra

07  
महाराष्ट्र आरोग्य विज्ञान विश्वविद्यालय, नाशिक  
परिक्षा विभाग  
पत्र क्रमांक : सही व तारोख 03/3/16.

VIDYANIKSHAN PUNJAB UNIVERSITY  
DENTAL COLLEGE & RESEARCH CENTRE

REF: VSPM'S DCRC EXAM-WINTER-2015/2016

DATE: 2/3/2016

To,

The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

- SUB: SUBMISSION OF VERIFICATION / RETOTALING/ ZEROX COPY OF FORMS OF WINTER 2015 EXAMINATION.
- REF: RESULT DECLARED ON 26/02/2016 MUHS WEB-SITE

Dear Sir,

Please find enclosed herewith the verification / Re-total forms of the students along with application, submitted by the students combined / separate D.D. No. The details are given below:

S. NO.	CLASS	SEAT NO.	NAME OF STUDENTS	VERIFICATION NRE-TOTAL	No. of SEATS CT APPLIC DFOR	DE NO. & BANK	TOTAL AMOUNT
9	IV TH BDS	55027	Preraj Chaurasi	Verif.	02	PMB - 56171	1100
10	IV TH BDS	55027	Preraj Chaurasi	Zerox	02	PMB 356183	1100
11	IV TH BDS	55048	Shreeshri Gredam	Verif.	01	Kotak 01217	550
12	IV TH BDS	56770	Shrihagulla	Verif	01	Allahabad 731515	550
13	IV TH BDS	55072	Givisa Katarke	Verif	01	SBI 430346	550
14	IV TH BDS	56769	Anandita Sengupta	Verif	02	SBI 123000	1100
15	Ist BDS	55033	Aniruddha Wadhvani	Verif	01	Axis Bank 312101	550
16	IV TH BDS	55020	Anuradha Dandhale	Verif	01	Axis Bank 620255	550

Kindly find in order and on the receipt

Thanking you,

Yours faithfully,

*Ujjwal*  
DEAN

VSPM's Dental College & Research Center, Dindori Hill, Mhasrul Road, Nashik-422004

VIDYANISHIKSANA P. D. INSAK MAHARASHTRA  
DENTAL COLLEGE & RESEARCH CENTRE

DINDORI HILLS, BHONGA ROAD, NASHIK-422 004 TEL: 2624411111 FAX: 2624411111

REF: VSPM'S DCRC EXAM-WINTER-2015 06 2016

DATE: 23/2/2016

To,

The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

- SUB: SUBMISSION OF VERIFICATION / RETOTALING/ ZEROX COPY OF FORMS OF WINTER 2015 EXAMINATION.
- REF: RESULT DECLARED ON 26/02/2016 MUHS WEB-SITE

Dear Sir,

Please find enclosed herewith the verification / Re-total forms of the students along with application, submitted by the students combined / separate D.D. No The details are given below:

S R S O	CLASS	SEAT NO.	NAME OF STUDENTS	VERIFICATION RE-TOTAL	No. of SUBJE CT APPLIE D FOR	D.D. NO. & BANK	TOTAL AMOUNT
1.	IV-1 BDS	56745	Sumanth Bakhiraj	Verif.	03		1650
2.	IV-3 BDS	56765	Ankita Rautake	Zerox	03		1650
	IV-II BDS	56765	Ankita Rautake	Verif.	03		1650
	IV-1 BDS	55106	Ankita Rautake	Verif.	01		550
	IV-2 BDS	55106	Ankita Rautake	Zerox	01		550
	IV-II BDS	56746	Maya Bhat	Verif.	04		2200
	IV-II BDS	56746	Maya Bhat	Zerox	02		1100
	IV-1 BDS	5317	Kavik Sakhar	Verif.	02		1100

Kindly find in order and do the needful

10450

Thanking you,

Yours faithfully,

*Wadhwa*  
DEAN

VSPM'S Dental College &  
Research Center, Dindori Hill  
Bhonga Road, Nashik-422 004

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक  
परिक्षा विभाग : *Jamun*  
पत्र क्रमांक : महा व तारीख 03/3/16

g/c

VSPM'S DENTAL COLLEGE & RESEARCH CENTRE

REF: VSPM'S DCRG EXAM-WINTER-2015-332-2016

DATE 9/3/2016

To,  
 The Controller of Examination,  
 Maharashtra University of Health Sciences,  
 Mhasrul, Dindori Road,  
 Nashik-422 004

- SUB: SUBMISSION OF VERIFICATION / RETOTALING ZEROX COPY OF FORMS OF WINTER 2015 EXAMINATION.
- REF: RESULT DECLARED ON 26/02/2016 MUHS WEB-SITE

Dear Sir,

Please find enclosed herewith the verification / Re-total forms of the students along with application, submitted by the students combined / separate D.D. No The details are given below:

S R N O	CLASS	SEAT NO.	NAME OF STUDENT	VERIFICATION OR TOTAL	NO. OF SUCCESS FUL APPLI CATION	RE. NO. & BANK	TOTAL AMOUNT
1	2nd BDS	53746	AKASH WANE	verif.	02	D.D. No. 011237 Kotak 413116	1100

Kindly find in order and do the needful.

Thanking you.

Yours faithfully,

*(Handwritten Signature)*

DEAN  
 VSPM'S Dental College &  
 Research Center, Dindori  
 Mhasrul Road, Nashik

VIDYA SIKSHANA PRASARAK MANDAL  
DENTAL COLLEGE & RESEARCH CENTRE.

DUDHESHILLS, MINGWA ROAD, VASGIRI-422014 PUNE-422014 TEL: 222501121021121 FAX: 222501121021121  
REF: VSPM'S DCRC/EXAM-WINTER-2015 24 2016 DATE: 5 2016

To,

The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

- SUB: SUBMISSION OF VERIFICATION / RETOTALING/ ZEROX COPY OF FORMS OF WINTER 2015 EXAMINATION.
- REF: RESULT DECLARED ON 26/02/2016 MUHS WEB-SITE

Dear Sir,

Please find enclosed herewith the verification / Re-total forms of the students along with application . submitted by the students combined / separate D.D. No The details are given below:

S. NO.	CLASS	SEAT NO.	NAME OF STUDENT	VERIFICATION NO-RE-TOTAL	No. of STUDENT APPLIED FOR	BANK & BANK	TOTAL AMOUNT.
	IV-I BDS	55109	Abhiviyakti Pathad	Verif.	01	Allahabad BK 731523	550
	IV-I BDS	55025	Madhulika Chandak	Verif.	01	Allahabad/BK 731524	550
	IV-I BDS	55078	mansilawange	Verif.	02	SBI 132097	1100

Kindly find in order and do the needful.

Thanking you.

Yours faithfully,

*[Signature]*

VSPM - Dental College & Research Center, Vasgiri, Mingwa Road, Vasgiri

VPO & SHIKSHAN PRASARAK MANDAL  
DENTAL COLLEGE & RESEARCH CENTRE.

VSPM'S DCRC/EXAM-WINTER-2015/ 27 2016  
DATE: 3/3 2016

To,  
The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

- > SUB: SUBMISSION OF VERIFICATION / RETOTALING/ ZEROX COPY OF FORMS OF WINTER 2015 EXAMINATION.
- > REF: RESULT DECLARED ON 26/02/2016 MUHS WEB-SITE

Dear Sir,  
Please find enclosed herewith the verification / Re-total forms of the students along with application, submitted by the students combined / separate D.D. No The details are given below:

S. NO	CLASS	SEAT NO.	NAME OF STUDENTS	VERIFICATION NO. TOTAL	No. of SURVE CT APPLD DFORM	D.D. NO. & BANK	TOTAL AMOUNT
	Ist B.D.S	53181	Sanjay Thobe	Zerox	02		1100
	IV - I B.D.S	55126	Utkarsh Pradham	Verif.	01		550
	IV - I B.D.S	55038	Randeersingh Dikay	Verif.	01		550
	IV - Old B.D.S	5730	Vikrant Kore	Verif.	03		1650
	IV - I B.D.S	55011	Pratik Bagade	verif.	02		1100
	IV - II B.D.S	56744	Pratik Bagade	Verif.	03		1650
	IV - II B.D.S	56744	Pratik Bagade	Zerox	01	(550+500) = 1050	650
	Ist B.D.S	53171	Sadat. Khokar	Verif.	02		1100
							8350

Kindly find in order and do the needful.

Thanking you.

Yours faithfully,

enc). D.D. No. 011229  
RS 8350/-  
Kotaki,  
Dt. 3/3/16

*V. Kulkarni*  
DEAN  
VSPM's Dental College & Research Center, Dindori Road, Nashik

VEDI CAMRUSHIJI PILLASABAI GANDHI'S  
DENTAL COLLEGE & RESEARCH CENTRE.

REF: VSPM'S DCRC/EXAM-WINTER-2015-2016 DATE: 3/3/2016

To,

The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

- SUB: SUBMISSION OF VERIFICATION / RETOTALING/ ZEROX COPY OF FORMS OF WINTER 2015 EXAMINATION.
- REF: RESULT DECLARED ON 26/02/2016 MUHS WEB-SITE

Dear Sir,

Please find enclosed herewith the verification / Re-total forms of the students along with application, submitted by the students combined / separate D.D. No The details are given below:

S.R. NO.	CLASS	SEAT NO.	NAME OF STUDENTS	VERIFICATION NET-TOTAL	No. of SUBJECTS APPLIED FOR	D.D. NO. & BANK	TOTAL AMOUNT.
	Jst B.D.I	53165	DEVANSHI GOIKWAD	verifi	02		1100
	P.C.B.D.S	53165	DEVANSHI GOIKWAD	Zerox	02		1100
	V-H-13DS	56764	RITA RAJKH.	verifi	02		1100
							3300

and in order and do the needful.

Yours faithfully,

D.D. 11234  
RS. 3300/-  
KTK 4/3/16

Yours faithfully,

*Ulcatti*  
DEAN

GPM'S Dental College & Research Center, Dighoh Hills.

VIDYA SHIKSHAN PRASARAK MANDAL'S  
DENTAL COLLEGE & RESEARCH CENTRE,

DEGDH HILLS, HINGNA ROAD, NAGPUR-440 019 PH(07104) 236290,(0712)321825 FAX(0712) 232905,232905 07104-232904

REF: VSPM'S DCRC/EXAM-WINTER-2016/283/2017

DATE: 3/03/2017

To,

The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

- > SUB: SUBMISSION OF VERIFICATION / RETOTALING/ZEROX COPY FORMS OF WINTER 2016 EXAMINATION.
- > REF: RESULT DECLARED ON MUHS WEB-SITE

Dear Sir,

Please find enclosed herewith the verification forms,retotaling/zerox form of the students along with application & separate D.D, submitted by the students. The details are given below:

SL. NO.	NAME OF STUDENTS	VERI/RETOTAL/ZEROX	D.D. NO.	DATE	RS.	NUMBER OF SUBJECT	BANK
1	Harsha S. Banarkar	Verif.	242262	2/3/17	500	1	SBI
2	Harsha S. Banarkar	Zerox	242263	2/3/17	500	1	SBI
3	Rajashree Kshirsagar	Verif.	13407	2/3/17	500	1	KOTAK
4	Rajashree Kshirsagar	Zerox	13408	2/3/17	500	1	KOTAK
5							
6							
7							
8							

Kindly find in order and do the needful.

Thanking you,

Yours faithfully,

महाराष्ट्र आरोग्य विज्ञान विश्वविद्यालय, नाशिक  
परिक्षा विभाग : *[Signature]*  
प्र. क्र. दिनांक : ३/३/१७

*[Signature]*  
DEAN

VSPM's Dental College &  
Research Centre, Dehgh Hills  
Hingna Road, Nagpur-440019

*[Handwritten Signature]*

VIDYA SHIKSHAN PRASARAK MANDAL'S  
**DENTAL COLLEGE & RESEARCH CENTRE.**

DIGDOH HILLS, HINGNA ROAD, NAGPUR-440 019 PH: (0712) 236290, (0712) 321825 FAX: (0712) 232905, 232903 07104-232904

REF: VSPM'S DCRC/EXAM-WINTER-2016/28/2017

DATE: 1/03/2017

To,

The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

- > SUB: SUBMISSION OF VERIFICATION / RETOTALING/ZEROX COPY FORMS OF WINTER 2016 EXAMINATION.
- > REF: RESULT DECLARED ON MUHS WEB-SITE

Dear Sir,

Please find enclosed herewith the verification forms, retotaling/zerox form of the students along with application & separate D.D. submitted by the students. The details are given below:

SR. NO.	NAME OF STUDENTS	VERI./RETOT/AL/ZEROX	D.D. NO.	DATE	RS.	NUMBE R OF SUBJECT	BANK
1	Kumbhre Varsha Kishor	Verification	013341	25/2/17	1000	2	Kotak Mahindra
2	Dhanashree B. Jaybhaye	Zerox	13365	28/2/17	500	1	Kotak Mahindra
3	Dhanashree B. Jaybhaye	Verification	13365	28/2/17	500	1	Kotak Mahindra
4	Kalamkar Dimple Moreshwar	Verification	13339	25/2/17	1000	2	Kotak Mahindra
5	Nikita Mohan Wanjarl	Verification	13391	1/3/17	1000	2	Kotak Mahindra
6	Aishwarya Vijay Babhulkar	Verification	13392	1/3/17	1500	3	Kotak Mahindra
7	Aishwarya Komerwar	Verifi	144737	27/2/17	500	1	Union Bank
8	Aishwarya Komerwar	Zerox	144738	27/2/17	500	1	Union Bank

Kindly find in order and do the needful.

Thanking you,

Yours faithfully,

*W. Reddy*

(Dean)

VSPM'S DCRC, NAGPUR.  
DEAN

VSPM's Dental College &  
Research Centre, Digidoh Hills  
Hingna Road, Nagpur-440019

VIDYA SHIKSHAN PRASARAK MANDAL'S  
**DENTAL COLLEGE & RESEARCH CENTRE,**

HILLS, HINGNA ROAD, NAGPUR-440 019 (PH:07104) 236290,(0712)321825 FAX(0712) 232905,232903 07104-372904

REF: VSPM'S DCRC/EXAM-WINTER-2016/281/2017

DATE: 1/03/2017

To,

The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

- > SUB: SUBMISSION OF VERIFICATION / RETOTALING/ZEROX COPY FORMS OF WINTER 2016 EXAMINATION.
- > REF: RESULT DECLARED ON MUHS WEB-SITE

Dear Sir,

Please find enclosed herewith the verification forms,retotaling/zerox form of the students along with application & separate D.D. submitted by the students. The details are given below:

Sr. No.	NAME OF STUDENTS	VERI/RETOTAL/ZEROX	D.D. NO.	DATE	RS.	NUMBER OF SUBJECT	BANK
1	Pratiksha Kadamore	Verifi.	292070	28/2/17	1000	2	Bank of Maharashtra
2	Jyoti P. Sharma.	Zerox	253205	27/2/17	500	1	Bank of Maharashtra
3	Jyoti P. Sharma.	Verifi.	253204	27/2/17	500	1	Bank of Maharashtra
4	Ankita Ramteke	Verifi.	448320	1/3/17	1000	2	state Bank of Maharashtra
5	Rutuja P. Rajit	Verifi.	495343	1/5/17	1000	2	Syndicate Bank
6	Ahmed Taliya Arsh	Verifi.	13397	2/3/17	1500	5	mahindra metal
7							
8							

Kindly find in order and do the needful.

Thanking you,

Yours faithfully,

*Uleale*

(Dean)

VSPM'S DCRC, NAGPUR.  
DEAN

VSPM's Dental College &  
Research Centre, Hills  
Hingna Road, Nagpur-440019



VIDYA SHIKSHAN PRASARAK MANDAL'S  
DENTAL COLLEGE & RESEARCH CENTRE,

HINGNA HILLS, HINGNA ROAD, NAGPUR-440 019 PH(07104) 236290,(0712)321825 FAX(0712) 232905,232905 07104-232904

REF: VSPM'S DCRC/EXAM-WINTER-2017/614 /2018

DATE: 15/05/2018

To,

The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

- > SUB: SUBMISSION OF APPLICATION OF VERIFICATION FORMS OF WINTER 2017 EXAMINATION MS SHALAKHA MOHITE.
- > REF: RESULT DECLARED ON MUHS WEB-SITE

Dear Sir,

Please find attached herewith application for Retotaling form of our college who fail in winter- 2017 examination enclosed D.D. the details are as follows,

SR NO.	NAME OF STUDENTS	CLASS	D.D. NO.	DATE	NUMBER OF SUBJECT	Zeros/Verification	BANK	RUPEES
1	MOHITE SHALAKA S.	FIRST	16236	15/5/18	1	VERIFICATION	Kotak	550

Kindly find in order and do the needful.

Thanking you.

Yours faithfully,

*(Signature)*

DEAN

VSPM'S Dental College &  
Research Centre, Hingna Hills  
Hingna Road, Nagpur-440019

VIDYA SHIKSHAN PRASARAK MANDAL'S  
**DENTAL COLLEGE & RESEARCH CENTRE,**

DIGDOH HILLS, HINGNA ROAD, NAGPUR-440 019 PH(07104) 236290,07123321825 FAX(0712) 232905,232905 07104-232904

REF: VSPM'S DCRC/EXAM-WINTER-2017/11 /2018

DATE: 5/02/2018

To,

The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

> SUB: SUBMISSION OF APPLICATION OF PHOTOCOPY AND VERIFICATION/RE-TOTALING FORMS OF WINTER 2017 EXAMINATION.

> REF: RESULT DECLARED ON MUHS WEB-SITE

Dear Sir,

Please find attached herewith application for Photocopy and Retotaling form of our college who fail in winter-2017 examination enclosed separate D.D. the details are as follows,

SR. NO.	NAME OF STUDENTS	CLASS	D.D. NO.	DATE	NUMBER OF SUBJECT	Zerox/Verification.	BANK	RUPEES
1	PRASHASTI SARODE	4	864501	5/2/18	2	ZEROX	ALLAHABAD	1100
2	PRASHASTI SARODE	4	864500	5/2/18	2	VERIFICATION	ALLAHABAD	1100
3	PRACHITI NINAWA	4	864502	5/2/18	3	ZEROX	ALLAHABAD	1650
	PRACHITI NINAWA	4	864503	5/2/18	3	VERIFICATION	ALLAHABAD	1650
	SADAF A. KHOKAR	2	132406	5/2/18	1	ZEROX	SBI	550
	SADAF A. KHOKAR	2	132405	5/2/18	1	VERIFICATION	SBI	550
	VISHAKHA SHAHU	1	001330	5/2/18	2	VERIFICATION	AXIS	1100

Kindly find in order and do the needful.

Thanking you.

Yours faithfully,

*Uleedh*  
DEAN

VSPM's Dental College &  
Research Centre, Digdoh Hills  
Hingna Road, Nagpur-440019

VIDYA SHIKSHAN PRASARAK MANDAL'S  
DENTAL COLLEGE & RESEARCH CENTRE,

DIGDOH HILLS, HINGONA ROAD, NAGPUR-440 019 PH(07104) 236290,(0712)321825 FAX(0712) 232905,232905 07104-232904

REF: VSPM'S DCRC/EXAM-WINTER-2017/ 184 /2018

DATE: 6 / 02 /2018

To,

The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

- > SUB: SUBMISSION OF APPLICATION OF PHOTOCOPY AND VERIFICATION/RETOTALING FORMS OF WINTER 2017 EXAMINATION.
- > REF: RESULT DECLARED ON MUHS WEB-SITE

Dear Sir,

Please find attached herewith application for Photocopy and Retotaling form of our college who fail in winter-2017 examination enclosed separate D.D. the details are as follows.

SR. NO.	NAME OF STUDENTS	CLASS	D.D. NO.	DATE	NUMBER OF SUBJECT	Zeros/Verification	BANK	RUPEES
1-	Kamalsheel Gajkward	II <sup>nd</sup>	50123 50124	3/2/18 5/2/18	01	Verifi.	BOB	550

Kindly find in order and do the needful.

Thanking you.

Yours faithfully,

*Urash*

DEAN

VSPM's Dental College &  
Research Centre, Digdoh Hills,  
Hingona Road, Nagpur-440012



VIDYA BHIKSHAJI PRABARAK MANDAL  
DENTAL COLLEGE & RESEARCH CENTRE,

DIGDOH HILLS, HINGNA ROAD, NAGPUR-440 019 PH:(07104) 236290,(0712)331825 FAX:(0712) 232905,232905 07104-232904

REF: VSPM'S DCRC/EXAM-WINTER-2018/225 /2019

DATE: 7/02/2019

To,

The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

- > SUB: SUBMISSION OF APPLICATION OF PHOTOCOPY AND VERIFICATION/RE-TOTALING FORMS OF WINTER-2018 EXAMINATION.
- > REF: RESULT DECLARED ON MUHS WEB-SITE ON 31/1/2019

Dear Sir,

Please find attached herewith application for Photocopy and Retotaling form of our college who fail in winter 2018 examination enclosed separate D.D. the details are as follows,

SR. NO.	NAME OF STUDENTS	CLASS	D.D. NO.	DATE	NUMBER OF SUBJECT	Zeros/Ver. lification.	BANK	RUPEES
1	Vaishnavi Pawar	IV	017521	7/2/19	04	Verif	Kotak	2400
2								
3								

Kindly find in order and do the needful.

Thanking you.

Yours faithfully,

*Uedhe*

(Dean)

VSPM'S DCRC, NAGPUR.  
DEAN

VSPM'S Dental College &  
Research Centre, Digdoh Hills  
Hingna Road, Nagpur-440019



VIDYA SHIKSHAN PRASARAK MANDAL'S  
DENTAL COLLEGE & RESEARCH CENTRE,

DIGDOH HILLS, HINGNA ROAD, NAGPUR-440 019 PH(07104) 236290,(0712)321 825 FAX(0712) 232905,232905 07104-232904

REF: VSPM'S DCRC/EXAM-WINTER-2018/ 202 /2019

DATE: 05 / 02 /2019

To,

The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

> SUB: SUBMISSION OF APPLICATION OF PHOTOCOPY AND VERIFICATION/RE-TOTALING FORMS OF WINTER-2018 EXAMINATION.

> REF: RESULT DECLARED ON MUHS WEB-SITE ON 31/1/2019

Dear Sir,

Please find attached herewith application for Photocopy and Retotaling form of our college who fail in winter 2018 examination enclosed separate D.D. the details are as follows,

SR. NO.	NAME OF STUDENTS	CLASS	D.D. NO.	DATE	NUMBER OF SUBJECT	Zeros/Ver ification.	BANK	RUPES
1	Dewanshi Galkwad	III BDS	890017, 017511	4/2 & 5/2/19	02	Verificatio n	SBIKOTAK	1200
2	Kajal Shambharkar	IV BDS	017510	5/2/19	01	Verificatio n	KOTAK	600
3	Akash Todsam	IV BDS	017512	5/2/19	02	Verificatio n	KOTAK	1200
4	Akash Todsam	IV BDS	017512	5/2/19	01	ZEROX	KOTAK	600

Kindly find in order and do the needful.

Thanking you.

Yours faithfully,

*(Signature)*

(Dean)

VSPM'S DCRC, NAGPUR.  
DEAN

VSPM'S Dental College &  
Research Centre, Digdoh Hills  
Hingna Road, Nagpur-440019



VIDYA BHAWAN PRASARAK MANDAL'S  
DENTAL COLLEGE & RESEARCH CENTRE,

DIGDOH HILLS, HINGNA ROAD, NAGPUR-440 019 PH(07104) 232905, 232906, 232907, 232908 FAX(0712) 232905, 232906, 232907, 232908

REF: VSPM'S DCRC/EXAM-WINTER-2018/ 191 /2019

DATE: 2/02/2019

To;

The Controller of Examination,  
Maharashtra University of Health Sciences,  
Mhasrul, Dindori Road,  
Nashik-422 004

- > SUB: SUBMISSION OF APPLICATION OF PHOTOCOPY AND VERIFICATION/RE-TOTALING FORMS OF WINTER-2018 EXAMINATION.
- > REF: RESULT DECLARED ON MUHS WEB-SITE ON 31/1/2019

Dear Sir,

Please find attached herewith application for Photocopy and Retotaling form of our college who fail in winter 2018 examination enclosed separate D.D. the details are as follows,

SR NO.	NAME OF STUDENTS	CLASS	D.D. NO.	DATE	NUMBER OF SUBJECT	Zero/Ver (Status)	BANK	RUPEES
1	Kajal L. Arke	I			02	Verif.		1200
2	Ankita Wadhwan	III			01	verif.		600
3	Ankita Wadhwan	III		19	01	Verif.		600
4	Varsha Kumbhde	III		21	02	verif.		1200
5	Ranveersingh Dikey	IV		21	01	verif.		600
6	Ranveersingh Dikey	IV			01	Zerox		600

Kindly find in order and do the needful.

Thanking you.

Yours faithfully,

*(Signature)*  
 (Dean)  
 VSPM'S DCRC, NAGPUR.  
 DEAN

VSPM'S Dental College &  
 Research Centre, Digdoh Hills  
 Hingna Road, Nag. 440019

