

## Information of Director of Training Center

It shall be verified by the Head of the concerned Training Center

Sr.No.	Particular	-	Information to be filled
01	Name of the Dean	:	Dr. S.P. Dange
02	Date Of Birth	:	04/06/1959
03	Address	:	Govt. Dental College & Hospital, Aurangabad
04	Tel.No./Mob. No.	:	9422714209
05	E-mail id	:	Drdange4@gmail.com
06	Nationality	:	Indian
07	Qualificatio in details: (attach documentary proof)	:	M.D.S. Prosthodontics
08	Teaching Experience / Health Sciences:Professional Experience (Attached document profe with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate photocopy of the Experience Certificate of each Mentor in the subject of concerned Fellowship /Certificate Courses)		Yes
09	Present Appointment	:	Dean
10	Publication ( List & Proofs)	:	Yes
11	Post Graduate Teaching experience ( Attach documentary evidence	:	16 years
12	Any other revelent information		--

For the use of afflicated Training Center

I have verified the eligibility of the above Director as per criteria of elligibility prescribed by the University vide clause no.7 of the university Direction No. 05/2017 ( Amended)

Training Center Round Seal



DEAN  
Govt. Dental College & Hospita  
Aurangabad.  
Sign & Stamp of  
Dean of Training Center  
DAt