

ANNEXURE-"F"

Information of Mentor 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 Mentor	:	Dr. Kishor M. Mahale
02	Date Of Birth	:	01/04/1975
03	Address	:	Government Dental College & Hopital, Aurangabaad
04	Tel.No./Mob. No.	:	9823182550
05	E-mail id	:	drkishor@redifimail.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	:	Professor & HOD (Prosthodontics)
10	Publication (List & Profe)	:	Yes
11	Post Graduate Teaching experience (Attach documentary evidence	:	15 Years
12	Any other revelent information		

For the use of afflicated Training Center

I have verified the eligibility of the above Mentor as per criteria of elligibility prescribed by the University vide clause no.7 of the university Direction No. 05/2017 (Amended) & University Circular No. MUHS/UDC/FCCC/736/2019 Dated 30/09/2019



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