


ANNEXURE-"G"

**Information of Co-ordinator 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 Co-ordinator	:	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	Present Appointment	:	Professor & HOD (Prosthodontics)
09	Any other revelent information		

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

