

Information of Mentor of Training Centre
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. Seema D. Pathak
02.	Date of Birth	: 25/04/1971
03.	Address	: Flat no 03, Swarna Residency, Samarthnagar, Aurangabad
04.	Tel.No./Mob.No.	: 9850694750
05.	e-mail id	: seemadpathak@gmail.com
06.	Nationality	: Indian
07.	Qualification in details :(attach documentary proof)	: Masters in Dentistry (MDS) in Conservative Dentistry & Endodontics
08.	Teaching Experience/Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	: 23 Years
09.	Present Appointment	: Professor (academic)
10.	Publications (List & Proof)	: 94
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 08 years
12.	Any other relevant information	:

Date:-

S. Pathak
Dr. S. D. Pathak
Name & Sign. of Mentor

For the use of affiliated Training Center:

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

Pa
S. Pathak
Sign & Stamp
Head of the Department
Date:

Dr. S. D. Pathak
DEAN
Govt. Dental College & Hospital
Aurangabad.
Sign & Stamp
Dean/Principal/Director of Training Centre
Date:

The details of each faculty (Teaching staff / Medical Professional / Consultant/Mentor) appointed for the Fellowship / Certificate course along with its supporting documents & to be submitted along with list of Teaching staff. (Separate form shall be filled for Director, Co-ordinator & Mentor)

Sr. No.	Particular	-	Information to be filled
01.	Name of Faculty/Teacher	:	Dr. Madhuri M. Ambhure (Wavdhane)
02.	Date of Birth	:	07/04/1973
03.	Address	:	17/7/31 Jijamata colony, Paithan Gate, Aurangabad.
04.	Tel. No./ Mob. No.	:	9890053082
05.	e-mail id	:	mbwavdhane@gmail.com
06.	Nationality	:	Indian
07.	Qualification in details : (attach documentary proof)	:	Masters in Dentistry (MDS) in Conservative Dentistry & Endodontics
08.	Teaching experience/ Medical: Profession experience /Consultant/Mentor (attached document proof with signature of Head)	:	16 years
09.	Present Appointment	:	Associate Professor
10.	Publications (List & Proof)	:	88
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	05 years
12.	Any other relevant information	:	

- Note:**
1. Unit wise teaching / Resident staff should be shown separately for each Unit in the Proforma.
 2. Use only the Format provided. DO NOT devise your own format otherwise the information will not be considered. Fill up all columns
 3. Publications: Give only full articles in indexed Journals published during the period of promotion and list them here only. No Annexure will be seen.
 4. In case of DNB qualification name of the institution/hospital from where DNB training was done and year of passing must be provided. Simply saying National Board of Examinations, New Delhi is not enough. Without these details DNB qualification holder will be summarily rejected.
 5. Experience of Defense services must be supported by certificate from competent authority of the office of DGAFM without which it will not be considered.

Date:-

Sign. of Teaching Staff

Countersigned & Stamp by
Head of Institute

I have verified the eligibility of all faculty members for the post they are holding (based on experience certificates issued by competent authority of the place of working). Their experience details in different Designations and unit wise distribution is given in the faculty table above.

(Handwritten signature)

The details of each faculty (Teaching staff / Medical Professional / Consultant/Mentor) appointed for the Fellowship / Certificate course along with its supporting documents & to be submitted along with list of Teaching staff. (Separate form shall be filled for Director, Co-ordinator & Mentor)

Sr. No.	Particular	-	Information to be filled
01.	Name of Faculty/Teacher	:	Dr. Shirish B. Khedgikar
02.	Date of Birth	:	20/12/1963
03.	Address	:	B-2, Sudarshan Park, Vedant Nagar, Aurangabad.
04.	Tel. No./ Mob. No.	:	9850055445
05.	e-mail id	:	Shirish_khedgikar@yahoo.co.in
06.	Nationality	:	Indian
07.	Qualification in details : (attach documentary proof)	:	Masters in Dentistry (MDS) in Conservative Dentistry & Endodontics
08.	Teaching experience/ Medical: Profession experience /Consultant/Mentor (attached document proof with signature of Head)	:	10 years
09.	Present Appointment	:	Associate Professor
10.	Publications (List & Proof)	:	24
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	---
12.	Any other relevant information	:	

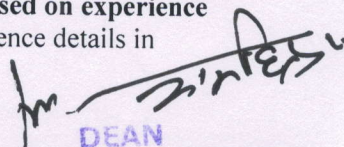
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DEAN

Govt. Dental College & Hospital