

ANNEXURE "E"


Annexure – E

INFORMATION OF DIRECTOR OF TRAINING CENTRE

Sr. No.	Particular	-	Information to be filled
01.	Name of Director	:	Dr. Abhay Datarkar
02.	Date of Birth	:	5/11/1974
03.	Address	:	Plot no 53, Shreeansh,, near Telecom hall. Gawande layout, Pratap nagar, Nagpur, Maharashtra, 440022
04.	Tel. No./ Mob. No.	:	9822698145
05.	e-mail id	:	abhaydatarkar@yahoo.com
06.	Nationality	:	Indian
07.	Qualification in details : (attached document proof)	:	BDS, MDS, DNB, FIBCSOMS, FDSRCPS
08.	Teaching experience/ Medical: Profession experience / Consultant/Mentor (attached document proof with signature of Head, Also it is mandatory to attach selfattested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course))	:	20 years
09.	Present Appointment	:	DEAN, Professor (OMFS) GDCH, Nagpur
10.	Publications (List & Proof)	:	Attached
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	17 years

12. Any other relevant information

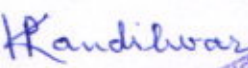
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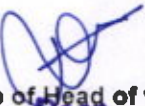
Name and sign of Director with date

For the use of affiliated Training Center:

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


प्रमुख व विभाग प्रमुख,
मुख्य शिक्षा शाखा विभाग,
शासकीय स्तर महविद्यालय, इ. रुग्णालय,
नागपुर

Sign of Head of the Department (HOD of concerned Department of Fellowship Subject) with date


Date: Sign & Stamp of Head of the Training Center
Dean
Govt. Dental College & Hospital
NAGPUR