

ANNEXURE "F"

Annexure – F

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.

Sr. No.	Particular	-	Information to be filled
01.	Name of mentor	:	Dr. Abhay Datarkar
02.	Date of Birth	:	5/11/1974
03.	Address	:	Plot no 53, Shreansh,, 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	:	

Name and sign of Mentor with date

Dean
Govt. Dental College & Hospital
NAGPUR

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/36/2019 DATED 30/09/2019

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

प्रमुख
शास्त्रीय वंत महाविद्यालय
नागपुर

Date: Sign & Stamp of Head of the Training Center

Dean
Govt. Dental College & Hospital
NAGPUR

ANNEXURE – “F”

**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 Ritesh Kalaskar
02.	Date of Birth	: 25/06/1975
03.	Address	: Plot No 68, Banerjee Layou, Bhagwan Nagar, Nagpur -440027
04.	Tel. No./ Mob. No.	: 8550938585
05.	e-mail id	: riteshpedo@gmail.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: MDS -Pediatric and Preventive Dentistry
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)	: 18.9 years
09.	Present Appointment	: Professor & HOD
10.	Publications (List & Proof)	: Attached
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 7 years
12.	Any other relevant information	:

Date: -22/05/20200

**Name & Sign. of Mentor
Dr Ritesh Kalaskar**

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.

**Sign & Stamp
Head of the Department
Date:**

**Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date:**

**Dean
Govt. Dental College & Hospital
NAGPUR**

Training Centre Round Seal

Dr. Ritesh Kalaskar
Professor & HOD
Pediatric Dentistry
Govt. Dental College & Hospital, Nagpur