

**Maharashtra University of Health Sciences, Nashik**  
**Local Inquiry Committee format for Continuation of Affiliation/Recognition for**  
**Affiliated Training Center's conducting Fellowship and Certificate Course(s) for**  
**the A.Y. 2022 - 2023**

(As per provisions of the Maharashtra University of Health Sciences Act, 1998 and University Rule / Guidelines)

Date of LIC	:	D	D	/	M	M	/	Y	Y	Y	Y
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Name & Designation of Inspectors :		Signature
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

**1. Training Centre Information:**

A	Name of the affiliated training centre	: Government Dental College & Hospital Nagpur
i	Name of Society / Trust	: Government of Maharashtra
ii	Address	: Government Medical College & Hospital Campus , Nagpur
iii	Email Address	: dean.gdcngp@gmail.com
iv	Telephone No.(s)	: 0712-2744496 / 9209044914
v	Website	: gdcnagpur.edu.in
vi	Year of Establishment	: 1 3 / 0 7 / 1 9 6 8
B	Name of the Director/ Dean/ Principal	: Dr. Abhay N. Datarkar
i	Mobile No.	: 9822698145
ii	Office Landline	: 0712-2744496
iii	E-mail	: dean.gdcngp@gmail.com
C	Name of Co-ordinator	: Dr. Ashita Kalaskar
i	Mobile No.	: 8550928585
ii	Email ID	: kalaskarashita@gmail.com

