

**ANNEXURE – “E”****Information of Director 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 Director	:	<b><u>Dr. Maya S. Indurkar</u></b>
02.	Date of Birth	:	<u>06/04/1965</u>
03.	Address	:	Government Dental College & Hospital, Ghati Parisar, Panchakki Road, Dhanwantari Nagar, Chhatrapati Sambhajinagar, 431001
04.	Tel. No./ Mob. No.	:	9823182694
05.	E-mail id	:	mayaindurkar@gmail.com
06.	Nationality	:	Indian
07.	Qualification in details : (attach documentary proof)	:	BDS , MDS
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)	:	34 YEARS
09.	Present Appointment	:	DEAN , PROFESSOR
10.	Publications (List & Proof)	:	YES
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	36 YEARS
12.	Any other relevant information	:	


Date: -

Name &amp; Sign. of Director

**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).

  
Sign & Stamp  
Head of the Department  
Date:

  
Sign & Stamp  
Dean/ Principal/ ~~Director~~ of Training Centre  
Date: **Govt. Dental College & Hospital,  
Chhatrapati Sambhajinagar**

Training Centre Round Seal