

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 Smita Khalikar
02.	Date of Birth	: 30-04-1965
03.	Address	: Government Dental College & Hospital, Ghati Parisar, Panchakki Road, Dhanwantari Nagar, Chhatrapati Sambhajinagar, 431001
04.	Tel. No./ Mob. No.	: 9423456600
05.	e-mail id	: smitakhalikar@yahoo.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: MDS Prosthodontics
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)	: YES
09.	Present Appointment	: Professor
10.	Publications (List & Proof)	: YES
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 26 YEARS
12.	Any other relevant information	:

Date: - 21/8/2025

Smita Khalikar
 Name & Sign. of Mentor
 DR. Smita A. Khalikar

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:

[Signature]
 21/8/25

Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date:

[Signature]
 Dean,
 Govt. Dental College & Hospital,
 Chhatrapati Sambhajinagar

Training Centre Round Seal

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 Maya Indurkar
02.	Date of Birth	: 06/04/1965
03.	Address	: Government Dental College & Hospital, Ghati Parisar, Panchakki Road, Dhanwantari Nagar, Chhatrapati Sambhajnagar, 431001
04.	Tel. No./ Mob. No.	: Mob: 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)	: YES
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 & Sign of Mentor

For the use of affiliated Training Center: ;

**Govt. Dental College & Hospital,
Chhatrapati Sambhajnagar**

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: 21/8/25

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

Training Centre Round Seal

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 . C .D .Dhalkari
02.	Date of Birth	: 23-04-1970
03.	Address	: Government Dental College & Hospital, Ghati Parisar, Panchakki Road, Dhanwantari Nagar, Chhatrapati Sambhajinagar, 431001
04.	Tel. No./ Mob. No.	: 9422204639
05.	e-mail id	: droddhalkari@gmail.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: MDS (Periodontology)
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)	: YES
09.	Present Appointment	: Professor &HOD
10.	Publications (List & Proof)	: YES
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 7 YEARS
12.	Any other relevant information	:

Date: - 21.8.2025

Name & Sign. of Mentor

For the use of affiliated Training Center:

(Dr. C.D. Dhalkari)

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: 21/8/25

Sign & Stamp
Dean/Principal/ Director of Training Centre

Govt Dental College & Hospital,
Chhatrapati Sambhajinagar

Training Centre Round Seal

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 J S Pagare
02.	Date of Birth	: 03-09-1971
03.	Address	: Government Dental College & Hospital, Ghati Parisar, Panchakki Road, Dhanwantari Nagar, Chhatrapati Sambhajinagar, 431001
04.	Tel. No./ Mob. No.	: 9890612144
05.	e-mail id	: drjaishripagare@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)	: YES
09.	Present Appointment	: Professor and HOD
10.	Publications (List & Proof)	: YES
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 23 YEARS
12.	Any other relevant information	:

Date: -

Name & Sign. of Mentor

Dr. Jaishri Pagare

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:

Training Centre Round Seal

Dean,
Govt. Dental College & Hospital,
Chhatrapati Sambhajinagar