

ANNEXURE – “G”

Information of Co-ordinator 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 Co-ordinator	Dr Kishor Mahale
02.	Date of Birth	: 01-04-1975
03.	Address	: Government Dental College & Hospital, Ghati Parisar, Panchakki Road, Dhanwantari Nagar, Chhatrapati Sambhajinagar, 431001
04.	Mob. No.	: 9823182550
05.	E-mail id	: <u>drkishorm@rediffmail.com</u>
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: MDS Prosthodontics
08.	Present Appointment	: Professor and HOD
09.	Any other relevant information	

Date: 21/8/25

Sign. of Co-ordinator

Sign & Stamp
Head of the Department
Date: 21/8/25

Sign & Stamp
Dean/Principal/Director of Training Centre
Date: 21/8/25
Govt. Dental College & Hospital,
Chhatrapati Sambhajinagar

Training Centre Round Seal