

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
BVAPS4950B

नाम / Name

SACHIN VILAS SHINDE

पिता का नाम / Father's Name

VILAS DHONDI SHINDE

जन्म की तारीख / Date of Birth

13/06/1983

हस्ताक्षर / Signature





भारत सरकार

Government of India



सचिन विलास शिंदे
Sachin Vilas Shinde

जन्म तारीख / DOB : 13/06/1983

पुरुष / Male



8942 6580 7066

आधार - सामान्य माणसाचा अधिकार



भारतीय विशिष्ट ओळख प्राधिकरण

Unique Identification Authority of India

पत्ता ओंकार कॉलनी, इस्लामपूर,
उरुन इस्लामपूर, सांगली, महाराष्ट्र,
415409

Address: onkar colony, Islampur, Urun
Islampur, Sangli, Maharashtra, 415409

8942 6580 7066



help@uidai.gov.in

WWW

www.uidai.gov.in

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FORM C
(Rule 63)

Certificate of Registration under the Dentists Act, 1948 (XVI of 1948)

MAHARASHTRA STATE DENTAL COUNCIL

Block No. 211, Anand Complex, 2nd Floor, 189-Sane Guruji Marg,
Aurthur Road Naka, Chinchpokli (West), Mumbai 400011

Dated 03/12/2007.

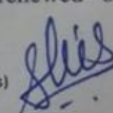
This is to certify that the person named below has been registered as a Dentist in **Part A / Part B / Part T** of the State Register under the provisions of the Dentists Act, 1948 (and his / her registration was last renewed on XXXXXXXXXXXX).

This certificate shall remain in force till **31st December 2008**.

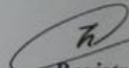
Name **SHINDE SACHIN VILAS**
Qualification **B.D.S. (M.U.H.S., NASHIK)**
Registered No. **A-14531**

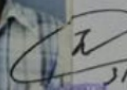
M.D.S. (Orthodontics & Dentofacial Orthopaedics)

(M.U.H.S., NASHIK)


Registrar,
Maharashtra State Dental Council
Mumbai




Registrar
31/5/2008


Registrar
Maharashtra State Dental Council;
31/5/2008

IMPORTANT NOTICE

1. Every registered dental practitioner should pay a renewal fee of Rs. 200/- between 1st January and 31st March every year. If the renewal fee is not paid before the due date the Registrar shall remove the name of the defaulter from the Register.
2. Every registered dental practitioner should be careful to send to the Registrar immediate notice of any change in his address.



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

We,

the Chancellor, Pro-Chancellor,
Vice-Chancellor
and

Members of the Management Council,
Academic Council
confer the Degree of

**Master of Dental Surgery In Orthodontics
and Dentofacial Orthopaedics**

on

Shinde Sachin Vilas
(PRN 2812116506)

of

**Shri Vishwanathrao Shamrao Patil Charitable Trust's
Vasantdada Patil Dental College & Hospital,
Kavlapur-Sangli**

for the examination held in Summer-2013
at the Convocation
held on 04th October, 2013



आम्ही,

कुलपती, प्र.कुलपती,
कुलगुरु
आणि

व्यवस्थापन परिषद व
विद्यापरिषदेचे सदस्य
दंत व्यंगोपचार शास्त्र

ही पदवी उन्हाळी-२०१३ मधील परीक्षेत उत्तीर्ण
झाल्याबद्दल

कवलापूर-सांगली येथील श्री विश्वनाथराव शामराव
पाटील चॅरिटेबल ट्रस्ट वसंतदादा पाटील दंत
महाविद्यालय आणि रुग्णालया चे/च्या
शिंदे सचिन विलास

यांना

०४ ऑक्टोबर, २०१३ च्या
दीक्षांत समारंभात प्रदान करित आहोत

VICE-CHANCELLOR
कुलगुरु

Shinde Dental Clinic

Dr. Yojana Sachin Shinde
M. D. S.
Mo. 9922870077
Regd. No. A-12602



Dr. Sachin Vilas Shinde
M. D. S.
Consulting Orthodontist
Mo. 9975634417
Regd. No. A-14531

Shinde Building, Azad Chowk, Islampur-415 409

Date :-

