

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 Sambhajinagar, 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:

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.

Dr. Pradnya V. Bansode
M.D.S.
Professor & Head of the Dept.
Dept. of Conservative Dentistry,
Govt. Dental College & Hospital, A'bad

Sign & Stamp

Head of the Department

Date: 22-8-25



Training Centre Round Seal

Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date:

Dean,
Govt. Dental College & Hospital,
Chhatrapati Sambhajinagar

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. Pradnya V Bansode
02.	Date of Birth	: 21/07/1971
03.	Address	: H No 04 Plot No 242, Sr No 29, 30 Cts No 800, Sau Shakshi Residency Nandanvan Colony, Aurangabad, Maharashtra - 431001
04.	Tel. No./ Mob. No.	: 9421679094
05.	e-mail id	: drpradnya_mds@rediffmail.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)	: 26 Years
09.	Present Appointment	: Permanent, Vice Dean, Head of the Department, Professor
10.	Publications (List & Proof)	: 157
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 26 Years
12.	Any other relevant information	: -

Date: - 22-8-25

Name & Sign. of Mentor

For the use of affiliated Training Center:

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Dr. Pradnya V. Bansode
M.D.S.
Professor & Head of the Dept.
Dental & Stomatology
Govt. Dental College & Hospital, Aurangabad

Date:



Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date:

Training Centre Round Seal

Dean,
Govt. Dental College & Hospital,
Chhatrapati Sambhajinagar

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 Kishor Mahale
02.	Date of Birth	: 01-04-1975
03.	Address	: Government Dental College & Hospital, Ghati Parisar, Panchakki Road, Dhanwantari Nagar, Chhatrapati Sambhajnagar, 431001
04.	Tel. No./ Mob. No.	: 9823182550
05.	e-mail id	: drkishorm@rediffmail.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 and HOD
10.	Publications (List & Proof)	: YES
11.	Post Graduate Teaching experience (Attach documentary evidence)	:
12.	Any other relevant information	:

Date: -

Name & Sign. of Mentor

For the use of affiliated Training Center:

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Dr. Pradnya V. Bansode

M.D.S.

Professor & Head of the Dept.

Dept. of Conservative Dentistry

Govt. Dental College & Hospital, A. Nagar

Sign & Stamp
Head of the Department

Date:



Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date:

Dean,

Training Centre Round Seal

Govt. Dental College & Hospital,
Chhatrapati Sambhajnagar

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. Kanchan Shah
02.	Date of Birth	: 20-07-1967
03.	Address	: 27, Nirmal Apt, Block – 3, Nandanvan Colony, Chh. Sambhajinagar - 431001
04.	Tel. No./ Mob. No.	: 8275092597
05.	e-mail id	: drkanchans@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)	: 25 Years
09.	Present Appointment	: Permanent, Head of the Department
10.	Publications (List & Proof)	: 154
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 25 Years
12.	Any other relevant information	: -

Date: -

Name & Sign. of Mentor

For the use of affiliated Training Center:

Dr. Kanchan Shah.

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.

Dr. Pradnya V. Bansode

M.D.S.
Professor & Head of the Dept.
Department of Conservative Dentistry,
Govt. Dental College & Hospital, Chh. Sambhajinagar.

Date:



Training Centre Round Seal

Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date:

Dean,
Govt. Dental College & Hospital,
Chh. Sambhajinagar

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 Sambhajnagar, 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: -

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:

Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date:

Pradnya V. Bansode
Dr. Pradnya V. Bansode
M.D.S.
Professor & Head of the Dept.,
Dept. of Conservative Dentistry,
Govt. Dental College & Hospital, A'bad.



Dean,
Govt. Dental College & Hospital,
Chhatrapati Sambhajnagar

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. Seema D Pathak
02.	Date of Birth	: 25-04-1971
03.	Address	: Swarna Residency, Opp. SBI Bank, Samarth Nagar, Chh. Sambhajinagar - 431001
04.	Tel. No./ Mob. No.	: 9850694750
05.	e-mail id	: seemadpathak@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)	: 26 Years
09.	Present Appointment	: Permanent, Associate Professor
10.	Publications (List & Proof)	: 153
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 26 Years
12.	Any other relevant information	: -

Date: -

Name & Sign. of Mentor

Dr. Seema D. Pathak

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.

Dr. Pradnya V. Bansode

M.D.S.
Professor & Head of the Dept.
Dept. of Conservative Dentistry,
Govt. Dental College & Hospital,
Chhatrapati Sambhajinagar.

Date:



Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date:

Training Centre Round Seal

**Dean,
Govt. Dental College & Hospital,
Chhatrapati Sambhajinagar**

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 Madhuri Ambhure Wavdhane
02.	Date of Birth	: 07-04-1973
03.	Address	: Jijamata Colony, opp. Union Bank, Paithan Gate, Chh. Sambhajinagar - 431001
04.	Tel. No./ Mob. No.	: 9890053082
05.	e-mail id	: mbwavdhane@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)	: 19 Years
09.	Present Appointment	: Permanent, Associate Professor
10.	Publications (List & Proof)	: 148
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 19 Years
12.	Any other relevant information	: -

Date: -

Name & Sign. of Mentor

Dr. madhuri Ambhure (Wavdhane)

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.

Dr. Pradya V. Bansode
M.D.S.
Professor & Head of the Dept.,
Dept. of Conservative Dentistry,
Govt. Dental College & Hospital, Chhatrapati Sambhajinagar
Sign & Stamp
Head of the Department

Date:



Training Centre Round Seal

Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date:

Dean,
Govt. Dental College & Hospital,
Chhatrapati Sambhajinagar

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. Shirish Khedgikar
02.	Date of Birth	: 20-12-1963
03.	Address	: B-2, Sudarshan Park, Vedant Nagar, Chh. Sambhajinagar - 431001
04.	Tel. No./ Mob. No.	: 9850055445
05.	e-mail id	: shirishkhedgikar@yahoo.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)	: 14 Years
09.	Present Appointment	: Permanent, Associate Professor
10.	Publications (List & Proof)	: 20
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 14 Years
12.	Any other relevant information	: -

Date: -

[Signature]
Name & Sign. of Mentor

[DR. SHIRISH B. KHEDGIKAR]

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.

32-8-25
Dr. Pradnya V. Bansode
M.D.S.
Professor & Head of the Dept.
Dept. of Conservative Dentistry,
Govt. Dental College & Hospital,
Chhatrapati Sambhajinagar
Sign & Stamp
Head of the Department

Date:



[Signature]
Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date:

Training Centre Round Seal

Dean,
Govt. Dental College & Hospital,
Chhatrapati Sambhajinagar