

**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	:	<u>Dr. Maya S. Indurkar</u>
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.	:	<u>9823182694</u>
05.	E-mail id	:	<u>mayaindurkar@gmail.com</u>
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).

Dr. Pradnya

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

Sign &amp; Stamp

Head of the Department

Date:



Training Centre Round Seal

Sign &amp; Stamp

Dean/ Principal/ Director of Training Centre

Date:

Dean,

Govt. Dental College & Hospital,  
Chhatrapati Sambhajinagar