

**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. 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 , Auranagbad, Maharashtra 431001
04.	Mob. No.	: 9421679094
05.	E-mail id	: drpradnya_mds@rediffmail.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: BDS, MDS
08.	Present Appointment	: Permanent, Vice Dean, Head of Department , Professor
09.	Any other relevant information	-

Date:

**Dr. Pradnya V. Bansode**

M.D.S.

Professor & Head of the Dept.

Department of Conservative Dentistry

Govt. Dental College & Hospital, A. Nagar

**Sign & Stamp**

**Head of the Department**

Date:

Sign. of Co-ordinator

**Sign & Stamp**

**Dean/ Principal/ Director of Training Centre**

Date:

**Training Centre Round Seal**



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