## ANNEXTURE "G"

Information of Co -Ordinator of Training Center



#### ANNEXURE - "G"

#### Information of Co-Ordinator of Training Centre

It shall be verified by the Head of the concerned Training Center,

			Training Center,
Sr. No.	Farticular		Information to be filled
01.	Name of the Co-Ordinator		Dr. Premanand Anandrao More
02.	Date of Birth		20/11/1984
03.	Address		Suyog building, flat no 101, Kawadenagar , Pimple Gurav , Pune
04.	Mob. No.	:	
05.	E-mail id	:	drpremanandmore@gmail.com
06.	Nationality	:	Indian
07.	Qualification in details : (attach documentary proof)	:	BAMS, PG DEMS
08.	Present Appointment	:	Co – Ordinator
09.	Any other relevant information		-

Date: 1710512022

Sign. of Co-Ordinator

Co-Ordinators BVSS, Pune

Sign & Stamp Head of the Departmen t Date:

Sign & Stamp

Sign & Stamp
Dean/ Principal/ Director of Training Centre

Date: 17/5/22

Head of Institute

Bharat Vikas Shikshan Sanstha

PUNE

**Training Centre Round Seal** 



## OF HEALTH SCIENCES, NASHIK MAHARASHTRA UNIVERSTY

the Vice-Chancellor, the Members of the We, the Chancellor, the Pro-Chancellor, Management Council and the Academic Council of the Maharashtra University of Health Sciences, Nashik, certify that

## MORE PREMANAND ANANDRAO

of Ayurved Mahavidyalaya & Rugnalaya,

duly qualified for the having been examined and found

Bachelor of Ayurved Medicine & Turgery



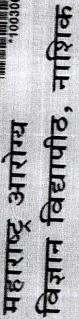
conferred on him/her. the said Degree has been the seal of the said University. In testimony whereof is set in June-2008



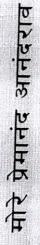
NilimaKehirsapan

PRN 1304242227 20th May 2010 VICE-CHANCELLOR

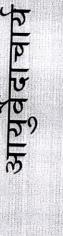




पुसद येथील आयुर्वेद महाविद्यालय व आम्ही, महाराष्ट्र आरोग्य विज्ञान विद्यापीठाचे व्यवस्थापन परिषद व विद्यापरिषद सदस्य कुलपति, प्रकुलपति, कुलगुरू, रुग्णालया चे/च्या प्रमाणित करतो की,



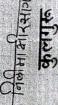
हे/हया जून-२००८ मध्ये



ही पदवी प्रदान करण्यात येत आहे परीक्षा उत्तीर्ण झाल्याबहुल त्यांना

याची साक्ष म्हणून विद्यापीठाची अधिकृत मुद्रा येथे अंकित करण्यात येत आहे.

निकामा सीरमागर.









WEST MIDLANDS AMBULANCE SERVICE, ENGLAND RUBY HALL CLINIC, PUNE IN PARTNERSHIP WITH

# CERTIFICATE OF COMPLETION AWARDED TO Dr. Premanand A. More

To certify that they have completed to satisfaction

Course Service's Diploma with Disaster Management Medical Emergency The

CHAIRMAN AND MANAGING TRUSTEE RUBY HALL CLINIC

DATE: March 2014



Thus war

RUBY HALL CLINIC, J

DATE:

SIGNATURE Ruby Hall Clinic Grant Medical Foundation

CHAIRMAN - "SAVING LIVES" PROJECT, ENGLAND
PAST CHAIRMAN - WEST MIDLANDS AMBULANCE SERVICES, ENGLAND



## MAHARASHTRA COUNCIL OF INDIAN MEDICINE





Certificate No. 2 +61560+4

### This is to certify that More Premanand Anandrao

has been duly registered under the Maharashtra Medical Practitioners' Act, 1961 (Mah. XXVIII of 1961) read with section 47 of the Indian Medicine Central Council Act, 1970 (Act No. 48 of 1970) in Part Green of the Register.

In witness whereof are herewith affixed the seal of the Maharashtra Council of Indian Medicine, Mumbai and the Signature of the Registrar.

This Certificate shall be valid, subject to the provisions of





Anos

22027 ignature of Registra