

Certificate course in Hyperbaric medicine and Bolic wound management

ANNEXURE - "E"

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	:	Dr Manoj Gupta
02.	Date of Birth	:	04/04/1973
03.	Address	:	Bonivali (waz)
04.	Tel. No./ Mob. No.	:	9322233367
05.	E-mail id	:	drmdg1973@gmail.com
06.	Nationality	:	Indian.
07.	Qualification in details : (attach documentary proof)	:	Attached.
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)	:	Attached.
09.	Present Appointment	:	Director / member.
10.	Publications (List & Proof)	:	Attached
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	7 years.
12.	Any other relevant information	:	


Date: -


Name & 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).


Sign & Stamp
Head of the Department
Date:


Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date:

Training Centre Round Seal

