

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 Manoj Gupta
02.	Date of Birth	04/04/1973
03.	Address	Borivali (West)
04.	Tel. No./ Mob. No.	9322237389
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	mentor.
10.	Publications (List & Proof)	Attached
11.	Post Graduate Teaching experience (Attach documentary evidence)	7 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.



Sign & Stamp
Head of the Department
Date:



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

Training Centre Round Seal

