

ANNEXURE – “G”

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. Manoj Gupta
02.	Date of Birth	04/04/1973
03.	Address	Bonivali (west)
04.	Mob. No.	9322233369
05.	E-mail id	drmdg1973@gmail.com
06.	Nationality	Indian
07.	Qualification in details : (attach documentary proof)	Attache d
08.	Present Appointment	Director / mentor Coordinator
09.	Any other relevant information	

Date:

Sign. of Co-ordinator

Sign & Stamp
Head of the Department
Date:

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

Training Centre Round Seal

