

**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   | 04/01/1973               |
| 03.     | Address   | Burivali (west)          |
| 04.     | Tel. No./ Mob. No.  | 9322237369               |
| 05.     | e-mail id   | drmdg1973@gmail.com      |
| 06.     | Nationality   | Indian                   |
| 07.     | Qualification in details :<br>(attach documentary proof)  | Attacheed                |
| 08.     | Teaching Experience / Health Sciences:<br>Profession Experience<br>(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) | Attacheed                |
| 09.     | Present Appointment   | mentor                   |
| 10.     | Publications (List & Proof)   | Attached                 |
| 11.     | Post Graduate Teaching experience<br>(Attach documentary evidence)  | 7 year                   |
| 12.     | Any other relevant information  |                          |

Date: -

Name &amp; 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

