

**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. P Mahesh
02.	Date of Birth	:	22.5.1963
03.	Address	:	Swargiya Dadasaheb Kalmegh Smruti Dental College & Hospital Wanadongri-Waddhamna Road, Hingna, Nagpur, Maharashtra PIN code:441110
04.	Tel. No./ Mob. No.	:	91 7758834549
05.	E-mail id	:	mahesh.p@sdk-dentalcollege.edu.in
06.	Nationality	:	Indian
07.	Qualification in details : (attach documentary proof)	:	BDS, MDS
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)	:	26 years
09.	Present Appointment	:	Dean
10.	Publications (List & Proof)	:	Attached
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	Attached
12.	Any other relevant information	:	I) Fellow in International college of dentistry. II) 300 HRS implant training by American Academy of Implant Dentistry.

Date: - 25/5/22

Name &amp; 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:



Training Centre Round Seal

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

DEAN  
Swargiya Dadasaheb Kalmegh Smruti  
Dental College & Hospital  
Hingna, Dist. Nagpur