

**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. Jaykumar Gade
02.	Date of Birth	: 15/09/1962
03.	Address	: Plot BA-2 Srinath Sai Nagar, Nagpur, 440027
04.	Tel. No./ Mob. No.	: 9921425443
05.	e-mail id	: jaykumar.gade @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)	: 28 years and 10 months
09.	Present Appointment	: Professor and Head
10.	Publications (List & Proof)	: 40
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 11 years
12.	Any other relevant information	:

Date: - 26/5/22

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 &amp; Stamp

Head of the Department

Date: 26/5/22

Sign &amp; Stamp

Dean/ Principal/ Director of Training Centre

Date:

PROFESSOR & HEAD OF  
DEPTT. OF PROSTHODONTICS  
SWARGIYA DADASAHEB KALMEGH  
SMRUTI DENTAL COLLEGE & HOSPITAL  
WANADONGRI-WADDHAMANA ROAD,  
HINGNA, DIST. NAGPUR

Training Centre Round Seal



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

**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. Shallu Bansal
02.	Date of Birth	: 23.9.1978
03.	Address	: 102, E wing, phase 1, pioneer woods, Hingna, wanadongri road, Nagpur
04.	Tel. No./ Mob. No.	: 9116155666
05.	e-mail id	: Shallu.bansal@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)	: 14 years
09.	Present Appointment	: Professor and Head
10.	Publications (List & Proof)	: 37
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 10 years
12.	Any other relevant information	: <ul style="list-style-type: none"> <li>➤ Head and Neck Onco-surgery and Reconstruction at Tata Memorial Cancer Institute Mumbai, From 16 March to 15 May 2012</li> <li>➤ Fellowship in AOCMF from NHS Birmingham, UK (Sept 3- Oct 12, 2018)</li> <li>➤ PhD fellow in KIITS Orrisa from Oct, 2021 onwards</li> </ul>

Date: - 25/5/22

*Shallu Bansal*  
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: 25/5/22

Oral Implantology/

Swargiya Dadasaheb Kalmegh Smruti Dental College & Hospital  
Wanadongri, Hingna, Distt. Nagpur

**Sign & Stamp**

**Dean/ Principal/ Director of Training Centre**

Date:

**DEAN**

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

**Training Centre Round Seal**





**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. Salman Ansari
02.	Date of Birth	: 15.8.1980
03.	Address	: Swargiya Dadasaheb Kalmegh Smruti Dental College & Hospital Wanadongri-Waddhamna Road, Hingna, Nagpur, Maharashtra PIN code:441110
04.	Tel. No./ Mob. No.	: 8956143679
05.	e-mail id	: salman.ansari@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)	: 12 years
09.	Present Appointment	: Professor and Head
10.	Publications (List & Proof)	: 32
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 8 years
12.	Any other relevant information	:

Date: -

Name &amp; Sign. of Mentor

For the use of affiliated Training Center:

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Sign & Stamp  
Head of the Department  
Date:

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

**PROFESSOR & HOD**  
Department of Periodontology  
Swargiya Dadasaheb Kalmegh  
Smruti Dental College & Hospital,  
Nagpur

Training Centre Round Seal



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