

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. Amit Patankar
02.	Date of Birth	:	24/6/1971
03.	Address	:	"Swanand" 986/A/1, Shukrawar Peth Pune
04.	Tel. No./ Mob. No.	:	+91 9823059044
05.	E-mail id	:	dr.amitpatankar@gmail.com
06.	Nationality	:	INDIAN
07.	Qualification in details : (attach documentary proof)	:	DNB [Ob-Gyn] NBE New Delhi 1999
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)	:	22 years 6 months
09.	Present Appointment	:	Senior consultant
10.	Publications (List & Proof)	:	-
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	08 years
12.	Any other relevant information	:	-

Date: -

Name & 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:

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



Training Centre Round Seal

