


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. USHA M. RADKE
02.	Date of Birth	:	19/11/1958
03.	Address	:	“Parijat”, Plot No. 10, Ramkrushna Nagar, Near Nagarjuna Hospital, Pratap Nagar Square, Nagpur – 440 025.
04.	Tel. No./ Mob. No.	:	9423100115
05.	E-mail id	:	<u>usha.radke@gmail.com</u>
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)	:	—
09.	Present Appointment	:	DEAN (Prof. & HOD)
10.	Publications (List & Proof)	:	YES (Attached)
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	15 Years
12.	Any other relevant information	:	—

Date: -


Name & Sign. of Director
(Dr. Usha M. Radke)

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:

DEAN
VSPM'S Dental College & Research Centre, Digdoh Hills,
Hingna Road, Nagpur-440019



DEAN
VSPM'S Dental College & Research Centre, Digdoh Hills,
Hingna Road, Nagpur-440019