

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. Usha M. Radke
02.	Date of Birth	19/11/1958
03.	Address	"Parvati" Velco Society Plot No. 10, Pimpri Chinchwad, Nagpur. Nagpur Hospital, Nagpur
04.	Tel. No./ Mob. No.	9423100115
05.	e-mail id	usha.radke@gmail.com
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)	23.11 years
09.	Present Appointment	HOD & Professor
10.	Publications (List & Proof)	Yes
11.	Post Graduate Teaching experience (Attach documentary evidence)	22 years
12.	Any other relevant information	—

Date: -

Name & Sign. of Mentor

Dr. Usha M. Radke

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:

DEAN

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

Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date:

DEAN

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

Training Centre Round Seal



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Information of Mentor of Training Centre
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Sr. No.	Particular	Information to be filled
01.	Name of the Mentor	Dr. Neelam A. Pande
02.	Date of Birth	1/12/1967
03.	Address	123, 'Rajendra' Plot No. 1 Pande by out Khemda, Nagpur
04.	Tel. No./ Mob. No.	9822931899
05.	e-mail id	neelampande112@gmail.com
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)	21.11 years
09.	Present Appointment	Professor
10.	Publications (List & Proof)	yes
11.	Post Graduate Teaching experience (Attach documentary evidence)	16.11 years
12.	Any other relevant information	—

Date: -

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:

Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date:

DEAN

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



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. Abhay Kulk.
02.	Date of Birth	29-06-1970.
03.	Address	B-301, Poonam Heights, Pandey layout, Nagpur.
04.	Tel. No./ Mob. No.	9011071467
05.	e-mail id	drabhaykulk@gmail.com
06.	Nationality	Indian.
07.	Qualification in details : (attach documentary proof)	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	Since 27.09.2005
10.	Publications (List & Proof)	List Attached.
11.	Post Graduate Teaching experience (Attach documentary evidence)	14 years.
12.	Any other relevant information	—

Date: - 19/5/2022

Name & Sign. of Mentor

(Dr. Abhay Kulk.)

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: 19/5/22

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

DEAN

VSPM'S Dental College &
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Training Centre Round Seal



ANNEXURE - "F"

Information of Mentor of Training Centre
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Sr. No.	Particular	Information to be filled
01.	Name of the Mentor	Dr. Rajashri Kolte .
02.	Date of Birth	22.8.1974
03.	Address	B-301, Poonam Heights, Pandey Lay out Nagpur .
04.	Tel. No./ Mob. No.	9011071468
05.	e-mail id	dr.rajashri.kolte@gmail.com
06.	Nationality	Indian
07.	Qualification in details : (attach documentary proof)	MDS in Periodontology .
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)	23 years .
09.	Present Appointment	Since 1.12.2001
10.	Publications (List & Proof)	User Attached .
11.	Post Graduate Teaching experience (Attach documentary evidence)	14 years .
12.	Any other relevant information	—

Date: - 19/5/22

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: 19/5/22



Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date:

Training Centre Round Seal



DEAN

VSPM'S Dental College &
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Hingna Road, Nagpur-440019

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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. Suresh Rathod
02.	Date of Birth	25/3/1971
03.	Address	A-20 Mahalgi Nagar, Nagpur
04.	Tel. No./ Mob. No.	9011071477
05.	e-mail id	drsureshrathod@gmail.com
06.	Nationality	Indian
07.	Qualification in details : (attach documentary proof)	BDS, MDS, PhD
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)	23 years
09.	Present Appointment	Professor
10.	Publications (List & Proof)	84
11.	Post Graduate Teaching experience (Attach documentary evidence)	13 yrs 4 months
12.	Any other relevant information	-

Date: -

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:

Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date:

DEAN

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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 Ramakrishna Shenoi
02.	Date of Birth	01/01/1968
03.	Address	VSPM Dental College, Wega
04.	Tel. No./ Mob. No.	9822220505
05.	e-mail id	ramakrishna.shenoi@gmail.com
06.	Nationality	Indian
07.	Qualification in details : (attach documentary proof)	BDS, MDS, MBA
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
09.	Present Appointment	Prof & Head
10.	Publications (List & Proof)	attached
11.	Post Graduate Teaching experience (Attach documentary evidence)	15 years
12.	Any other relevant information	

Date: _____

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

Dr. S.R. SHENOI
Professor, Head & Vice-Dean
Dept. of Oral & Maxillofacial Surgery
V.S.P.M's Dental College & Research Centre
Digdoh Hills, Hingna Road, Nagpur



Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date: _____

DEAN

**VSPM's Dental College &
Research Centre, Digdoh Hills,
Hingna Road, Nagpur-440019**

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. VRINDA SUMIL KOLTE
02.	Date of Birth	14/3/1972
03.	Address	Dept of OMS, VSPMDCRC, NAGPUR
04.	Tel. No./ Mob. No.	9822366988
05.	e-mail id	drvrindakolte@gmail.com
06.	Nationality	Indian
07.	Qualification in details : (attach documentary proof)	BDS, MDS (Oral & Maxillofacial Surgery), MBACHCM, Ph.D. Scholar
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 Yr.
09.	Present Appointment	Professor
10.	Publications (List & Proof)	
11.	Post Graduate Teaching experience (Attach documentary evidence)	12 Yr.
12.	Any other relevant information	Ongoing Ph.D. in Oral & Maxillofacial Surgery

Date: -

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
Dr. S.R. SHENOI
Date: _____
Professor, Head & Vice-Dean
Dept. of Oral & Maxillofacial Surgery
V.S.P.M's Dental College & Research Centre
Digdoh Hills, Hingna Road, Nagpur



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

DEAN
VSPM'S Dental College &
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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. Mukta Motwani
02.	Date of Birth	23.06.1966
03.	Address	21, Poonam Aishwarya, Channi, Nagpur
04.	Tel. No./ Mob. No.	9372306210
05.	e-mail id	motwanimukta@yahoo.co.in
06.	Nationality	Indian
07.	Qualification in details : (attach documentary proof)	BDS, MDS (Oral Medicine & Radiology)
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)	30 year 5 months.
09.	Present Appointment	Professor & Head.
10.	Publications (List & Proof)	
11.	Post Graduate Teaching experience (Attach documentary evidence)	18 year
12.	Any other relevant information	

Date: -

Name & Sign. of Mentor

For the use of affiliated Training Center:

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Sign & Stamp

Head of the Department

Date:

Professor & HOD

Dept. of Oral Medicine & Radiology
VSPM Dental College & Research Centre
Nagpur.

Training Centre Round Seal



Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date:

DEAN

VSPM'S Dental College &
Research Centre, Digdoh Hills,
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