

Director
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 <i>Director</i>	Dr. Himanshu Gupta
02.	Date of Birth	20/10/1971
03.	Address	'Balkrishna' N-1 CIDCO, Aurangabad
04.	Tel. No./ Mob. No.	98903 03609
05.	e-mail id	hgupta@yahoo.com
06.	Nationality	Indian
07.	Qualification in details : (attach documentary proof)	BDS, PGDHHM
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)	<ul style="list-style-type: none"> • Consultant from 2000 to till date (22 Yrs) • Administrator from 2011^{to} till date (11 Yrs)
09.	Present Appointment	Administrator
10.	Publications (List & Proof)	
11.	Post Graduate Teaching experience (Attach documentary evidence)	
12.	Any other relevant information	

Date: - 25/8/2022

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.

Magarkar
 Sign & Stamp
 Head of the Department
 Date: 25/8/2022

H Gupta
 Sign & Stamp
 Dean/ Principal/ Director of Training Centre
 Date: 25/8/2022

DR. VILAS P. MAGARKAR Training Centre Round Seal
 DM(Card), MD (Med.), FSCAI(USA), FACC(USA)
 Reg.No.67885
 Consultant Cardiology, Interventional Cardiology
 Seth Nandlal Dhoot Hospital, Aurangabad



P.P.