

**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. Vijaykumar Girhe (HOD Oral Implantology)
02.	Date of Birth	: 15/08/1985
03.	Address	: Staff Quarter, College Campus Dr. HSRSM DC Hingoli 431513
04.	Tel. No./ Mob. No.	: 7798077682
05.	e-mail id	: drvijaygirhe@yahoo.co.in
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: MDS (Oral & Maxillofacial Surgery)
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)	: 11 Y 04M
09.	Present Appointment	: Permanent Approved
10.	Publications (List & Proof)	: Attach
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 11 Y 5M
12.	Any other relevant information	:

Date: 23/05/2022

*Dr. Girhe*  
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:



*Dr. Hedgewar*  
Principal  
Dr. Hedgewar Shruti Rugna Seva Mandal's  
Dental College & Hospital, Hingoli