

ANNEXURE – “G”

Information of Co-ordinator 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 Co-ordinator	: Dr. Ashwin Aidasani
02.	Date of Birth	: 19-05-1985
03.	Address	: Staff Quarter, College Campus Dr. HSRSM DC Hingoli 431513
04.	Mob. No.	: 8149343541
05.	E-mail id	: Ashwin1905@yahoo.co.in
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: MDS (Prosthodontics Crown and Bridge)
08.	Present Appointment	: Permanent Approved
09.	Any other relevant information	

Date:23/05/2022

Sign. of Co-ordinator

Sign & Stamp
Head of the Department
Date:

Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date:
Dr Hedgewar *Smiti* Rugna Seva Mandal's
Dental College & Hospital, Hingoli

Training Centre Round Seal



ANNEXURE – “G”

Information of Co-ordinator 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 Co-ordinator	: Dr. Rahul Kothari
02.	Date of Birth	: 24-04-1986
03.	Address	: Staff Quarter, College Campus Dr. HSRSM DC Hingoli 431513
04.	Mob. No.	: 9689009266
05.	E-mail id	: akl_rahul@yahoo.co.in
06.	Nationality	: Indiana
07.	Qualification in details : (attach documentary proof)	: MDS (Prosthodontics Crown and Bridge)
08.	Present Appointment	: Permanent Approved
09.	Any other relevant information	

Date:23/05/2022

Sign. of Co-ordinator

Sign & Stamp
Head of the Department
Date:

Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: Dr. Hedgewar S. V. /
Principal
Dr. Hedgewar S. V. /
Dental College & Hospital, Hingoli

Training Centre Round Seal



ANNEXURE – “G”

Information of Co-ordinator 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 Co-ordinator	: Dr. Abhay Narayane
02.	Date of Birth	: 16-08-1986
03.	Address	: Staff Quarter, College Campus Dr. HSRSM DC Hingoli 431513
04.	Mob. No.	: 9960973901
05.	E-mail id	: Abhay.narayane16@gmail.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: MDS (Prosthodontics Crown and Bridge)
08.	Present Appointment	: Permanent Approved
09.	Any other relevant information	

Date:23/05/2022

Sign. of Co-ordinator

Sign & Stamp
Head of the Department
Date:

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

Training Centre Round Seal



Dr. Hedgewar Santhi Rugna Seva Mandal's
Dental College & Hospital, Hingoli

ANNEXURE – “G”

Information of Co-ordinator 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 Co-ordinator	: Dr. Amit Rao
02.	Date of Birth	: 01-09-1973
03.	Address	: Staff Quarter, College Campus Dr. HSRSM DC Hingoli 431513
04.	Mob. No.	: 9247147923
05.	E-mail id	: dramitrao@yahoo.co.in
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: MDS (Oral & Maxillofacial Surgery)
08.	Present Appointment	: Permanent Approved
09.	Any other relevant information	

Date:23/05/2022

Sign. of Co-ordinator

Sign & Stamp
Head of the Department
Date:

Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date:
Dr. Hedgewar Suresh Rugna Seva Mandal's
Dental College & Hospital, Hingoli

Training Centre Round Seal



ANNEXURE – “G”

Information of Co-ordinator 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 Co-ordinator	: Dr. Balgangadhar Tilak
02.	Date of Birth	: 16-04-1971
03.	Address	: Staff Quarter, College Campus Dr. HSRSM DC Hingoli 431513
04.	Mob. No.	: 9482511675
05.	E-mail id	: Drtilak1@gmail.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: MDS (Oral Surgery)
08.	Present Appointment	: Permanent Approved
09.	Any other relevant information	

Date:23/05/2022

Sign. of Co-ordinator

Sign & Stamp
Head of the Department
Date:

Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: *Dr. Hedgewar*
Principal
Dr Hedgewar Sanjay Rugna Seva Mandal's
Dental College & Hospital, Hingoli

Training Centre Round Seal



ANNEXURE – “G”

Information of Co-ordinator 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 Co-ordinator	: Dr. Anuj Jain
02.	Date of Birth	: 16-12-1988
03.	Address	: Staff Quarter, College Campus Dr. HSRSM DC Hingoli 431513
04.	Mob. No.	: 8855251111
05.	E-mail id	: dranujsinghvi@gmail.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: MDS (Oral & Maxillofacial Surgery)
08.	Present Appointment	: Permanent Approved
09.	Any other relevant information	

Date:23/05/2022

Sign. of Co-ordinator

Sign & Stamp
Head of the Department
Date:

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

Anuj Jain
Principal
Dr. Hedgewar Vinodini Rugna Seva Mandal's
Dental College & Hospital, Hingoli

Training Centre Round Seal



ANNEXURE – “G”

Information of Co-ordinator 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 Co-ordinator	: Dr. Monika Mahajani
02.	Date of Birth	: 02.03.1969
03.	Address	: Staff Quarter, College Campus Dr. HSRM DC Hingoli 431513
04.	Mob. No.	: 9823091631
05.	E-mail id	: jmahajani@hotmail.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: MDS(Periodontology)
08.	Present Appointment	: Permanent Approved
09.	Any other relevant information	

Date:23/05/2022

Sign. of Co-ordinator

Sign & Stamp
Head of the Department
Date:

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

Dr. Hedgewar Srushti Rugna Seva Mandal's
Dental College & Hospital, Hingoli

Training Centre Round Seal



ANNEXURE – “G”

Information of Co-ordinator of Training Centre
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Sr. No.	Particular	Information to be filled
01.	Name of the Co-ordinator	: Dr. Anup Shelke
02.	Date of Birth	: 12-06-1984
03.	Address	: Staff Quarter, College Campus Dr. HSRSM DC Hingoli 431513
04.	Mob. No.	: 9890395919
05.	E-mail id	: dranup001@gmail.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: MDS(Periodontology)
08.	Present Appointment	: Permanent Approved
09.	Any other relevant information	

Date:23/05/2022

Sign. of Co-ordinator

Sign & Stamp
Head of the Department
Date:

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

Dr. Hedgewar Shrutu Rugna Seva Mandal's
Dental College & Hospital, Hingoli

Training Centre Round Seal



ANNEXURE – “G”

Information of Co-ordinator 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 Co-ordinator	: Dr. Subodh Gaikwad
02.	Date of Birth	: 24-03-1986
03.	Address	: Staff Quarter, College Campus Dr. HSRSM DC Hingoli 431513
04.	Mob. No.	: 7709063683
05.	E-mail id	: Dr.spg24@gmail.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: MDS(Periodontology)
08.	Present Appointment	: Permanent Approved
09.	Any other relevant information	

Date:23/05/2022

Sign. of Co-ordinator

Sign & Stamp
Head of the Department
Date:

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

Dr. Hedgewar Shrinuti Rugna Seva Mandal's
Dental College & Hospital, Hingoli

Training Centre Round Seal

