

**ANNEXURE – “E”**

**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. Vivek Choukse
02.	Date of Birth	:	12 /01/1975
03.	Address	:	Staff Quarter, College Campus Dr. HSRSM DC Hingoli 431513
04.	Tel. No./ Mob. No.	:	9826034360
05.	E-mail id	:	<u>vivc_12@yahoo.com</u>
06.	Nationality	:	Indian
07.	Qualification in details : (attach documentary proof)	:	MDS (Prosthodontics Crown and Bridge)
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)	:	17 Y 03 M 10D
09.	Present Appointment	:	Permanent Approved
10.	Publications (List & Proof)	:	Attach
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	13 Y 10M
12.	Any other relevant information	:	

**Date: 23/05/2022**

**Name & Sign. of Director**

**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:**  
Dr. Hedgewar Shruti Rugna Sava Mandal's  
Dental College & Hospital, Hingoli

