

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. Shweta Patil
02.	Date of Birth	: 09/05/1986
03.	Address	: Flat No.505, Wing A, Jayamba Apt. 14, Kathora Road, Amravati
04.	Tel. No./ Mob. No.	: 9595141459
05.	e-mail id	: vdpatilshweta@gmail.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: BAMS, MD (Panchakarma)
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)	: 8.6 years
09.	Present Appointment	: Associate Professor
10.	Publications (List & Proof)	: 5
11.	Post Graduate Teaching experience (Attach documentary evidence)	: Not Any
12.	Any other relevant information	: -

Date: - 23/05/2022

Spn
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.

Spn
Sign & Stamp

Head of the Department

Date: 23/05/22
H.O.D. PanchakarmaDr. Rajendra Gode Ayurved College,
Hospital & Research Center, Amravati

Training Centre Round Seal



Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date: 23/05/2022 Principal

Rajendra Gode Ayurved College,
Hospital & Research Center, Amravati

Balala