

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. Shubhangi Dnyaneshwar Dighade |
| 02. | Date of Birth | : 18/10/1977 |
| 03. | Address | : 75/B, C/O DG Dighade, Harshraj colony, Amravati |
| 04. | Tel. No./ Mob. No. | : 9421740435 |
| 05. | e-mail id | : shubhangidawne@hotmail.com |
| 06. | Nationality | : Indian |
| 07. | Qualification in details : (attach documentary proof) | : BAMS, MD (Kayachikitsa) |
| 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) | : 13.6 years |
| 09. | Present Appointment | : 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

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: 23/05/2022

H.O.D. Kayachikitsa

Dr. 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