

ANNEXURE – “G”**Information of Co-coordinator 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. Harshad Dilip Gulhane |
| 02. | Date of Birth | : 12/03/1986 |
| 03. | Address | : Trimurti Complex, Sutgiri road, saroj Colony, Navathe plot, Sai Nagar, Amravati, 444607 |
| 04. | Mob. No. | : 9623371671 |
| 05. | E-mail id | : harryayu007@gmail.com |
| 06. | Nationality | : Indian |
| 07. | Qualification in details : (attach documentary proof) | : BAMS, MD (Kayachikitsa) |
| 08. | Present Appointment | : Associate Professor |
| 09. | Any other relevant information | - |

Date: 23/05/2022

Sign. of Co-ordinator (Harshad Gulhane)

Sign & Stamp
Head of the Department
Date: 23/05/2022Kayachikitsa
Dr. Rajendra Gode Ayurved College,
Hospital & Research Center, Amravati

Training Centre Round Seal

Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: 23/05/2022Principal
Rajendra Gode Ayurved College,
Hospital & Research Center, Amravati