

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. Meghna Vandekar
02.	Date of Birth	:	21/07/1974
03.	Address	:	8 /45 , SHYAM NIWAS 5 , BHULABHAI DESAI ROAD, BREACH CANDY , MUMBAI-400 026
04.	Tel. No./ Mob. No.	:	9820074916
05.	E-mail id	:	megsvandekar@gmail.com
06.	Nationality	:	Indian
07.	Qualification in details : (attach documentary proof)	:	B.D.S. M.D.S. (Orthodontics)
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)	:	22 yrs 09 month
09.	Present Appointment	:	YMTDC /2511/2018 Date 24.09.2018
10.	Publications (List & Proof)	:	List Attached
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	12 Yrs. 2 Month
12.	Any other relevant information	:	

Date: - 20/05/2022

MJVandekar
Name & Sign. of Director
(Dr. Meghna Vandekar)

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).

[Signature]
Sign & Stamp
Head of the Department
Date: 20/05/2022



MJVandekar
Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: 20/05/2022
Y.M.T. Dental College
& Hospital Kharghar,
Navi Mumbai - 410 210