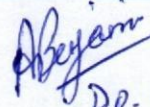


ANNEXURE – “F”

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 Faculty /Teacher	DR. AMIT BENJAMIN – M.D.S., PERIODONTOLOGY PROFESSOR & CO- ORDINATOR
02	Date of Birth	01/08/1975
03	Address	F-904, ASHTAVINAYAK CHS., GANESH CHOWK, D.N. NAGAR, ANDHERI(W)
04	Tel.No./Mob.No	9323031872
05	Email ID	<u>amitbenjamin@yahoo.com</u>
06	Nationality	INDIAN
07	Qualification in details (attached document proof)	M.D.S. –ATTACHED
08	Teaching Experience (attached document proof with signature of Head)	Attached
09	Present appointment	YMTDC/252/2019 DATED 01/02/2019
10	Publication (List & Proof) :	LIST ATTACHED
11	Post Graduate Teaching Experience	6 YRS 2 MON
12	Any other relevant information	

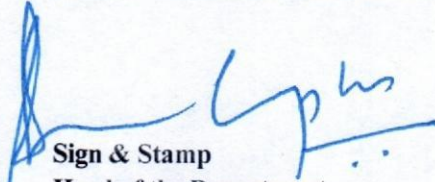

DR. AMIT BENJAMIN

Date: - 20/05/2022


Name & Sign. of co-ordinator & 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: 20/05/2022



Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: 20/05/2022

Training Centre Round Seal



DEAN
Y.M.T. Dental College
& Hospital Kharghar,
Navi Mumbai - 410 210

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.SHREYAS GUPTA- M.D.S. PROFESSOR & HEAD ORAL & MAXILLOFACIAL SURGERY
02.	Date of Birth	: 06.01.1975
03.	Address	: 29 /C KHOTACHI WADI, CHAUDHARY HOUSE, V.P.ROAD, GIRGAUM, MUMBAI 400 004
04.	Tel. No./ Mob. No.	: 9819583044
05.	e-mail id	: gshreyas@rediffmail.com
06.	Nationality	: INDIAN
07.	Qualification in details : (attach documentary proof)	: M.D.S. - ATTACHED
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)	: 16 yrs 5 month (copy Attached)
09.	Present Appointment	: YMTDC/205/2016 DATED 01.02.2014
10.	Publications (List & Proof)	: ATTACHED
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 7 Years 10 Month
12.	Any other relevant information	: ..

Date: - 20/05/2022

Name & Sign. of Mentor

(Dr. Shreyas Gupta)

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: 20/05/2022

Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date: 20/05/2022

Training Centre Round Seal



DEAN

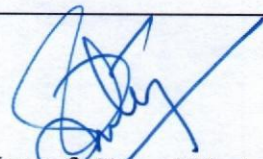
Y.M.T. Dental College
& Hospital Kharghar,
Navi Mumbai - 410 210

ANNEXURE – “F”

Information of Mentor of Training Centre
It shall be verified by the Head of the concerned Training
Center,

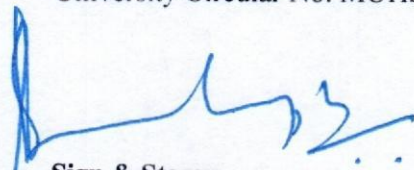
Sr.No.	Particular	Information to be filled
01	Name of Faculty /Teacher	DR. SALONI MISTRY- M.D.S.,PROFESSOR & HEAD , PROSTHODONTICS
02	Date of Birth	14/12/1974
03	Address	B-3, VELENTINE APTS. D-304, OPP.TARMAT MALAD, MUMBA-400 0097
04	Tel.No./Mob.No	9821020083
05	Email ID	salonimistry@ymail.com
06	Nationality	INDIAN
07	Qualification in details (attached document proof)	M.D.S. -ATTACHED
08	Teaching Experience (attached document proof with signature of Head)	ATTACHED
09	Present appointment	YMTD/251/2019 Dt.01/02/2019
10	Publication (List & Proof) :	LIST ATTACHED
11	Post Graduate Teaching Experience	10yrs.7months
12	Any other relevant information	

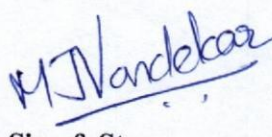
Date: - 20/05/2022


Name & Sign. of Mentor
(Dr. Saloni Mistry)

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: 20/05/2022


Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: 20/05/2022

Training Centre Round Seal



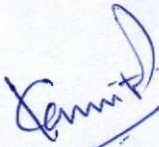
DEAN
Y.M.T. Dental College
& Hospital Kharghar,
Navi Mumbai - 410 210

ANNEXURE – “F”

Information of Mentor of Training Centre
It shall be verified by the Head of the concerned Training Center,

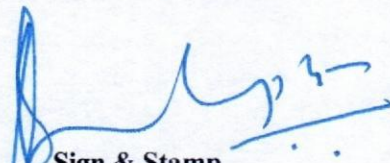
Sr.No.	Particular	Information to be filled
01	Name of Faculty /Teacher	DR. KAVITA POL – READER, PERIODONTOLOGY
02	Date of Birth	12.10.1980
03	Address	KESAR HARMONY, 13TH FLOOR, 1304 SEC-06, KHARGHAR, NAVI MUMBAI
04	Tel.No./Mob.No	9820618812
05	Email ID	<u>kavitagpol@yahoo.co.in</u>
06	Nationality	INDIAN
07	Qualification in details (attached document proof)	M.D.S. –ATTACHED
08	Teaching Experience (attached document proof with signature of Head)	ATTACHED
09	Present appointment	YMTDC/616/2020 DATED 02/07/2020
10	Publication (List & Proof) :	ATTACHED
11	Post Graduate Teaching Experience	5 YRS MONTH
12	Any other relevant information	

Date: - 20/05/2022


Name & Sign. of Mentor
(Dr. Kavita Pol)


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: 20/05/2022

Training Centre Round Seal




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

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 Faculty /Teacher	DR. HARSHAL SURYAVANSHI- M.D.S.READER ORAL & MAXILLOFACIAL SURGERY
02	Date of Birth	29.07.1984
03	Address	G-202/ LAXMI NAGAR, SAPHALE, PALGHAR THANE - 401102
04	Tel.No./Mob.No	9764595557
05	Email ID	<u>drharshal@live.com</u>
06	Nationality	INDIAN
07	Qualification in details (attached document proof)	M.D.S. - ATTACHED
08	Teaching Experience (attached document proof with signature of Head)	ATTACHED
09	Present appointment	YMTDC/1299/2022 DATED 20/06/2021
10	Publication (List & Proof) :	LIST ATTACHED
11	Post Graduate Teaching Experience	5 YRS 11 MONTH
12	Any other relevant information	

Date: - 20/05/2022

Name & Sign. of Mentor
(Dr Harshal Suryavanshi)

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: 20/05/2022

Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: 20/05/2022
DEAN

Training Centre Round Seal

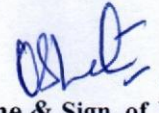
**Y.M.T. Dental College
& Hospital Kharghar,
Navi Mumbai - 410 210**

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 Faculty /Teacher	DR. OMKAR SHETE - M.D.S.READER PROSTHODONTICS
02	Date of Birth	01/03/1985
03	Address	603, 'B' wing, R.R. Residency, Opp. Nazarana Talkies, Bhiwandi-421302.
04	Tel.No./Mob.No	9823599550
05	Email ID	<u>omkarrshete@gmail.com</u>
06	Nationality	INDIAN
07	Qualification in details (attached document proof)	M.D.S. -PROSTHODONTICS ATTACHED
08	Teaching Experience (attached document proof with signature of Head)	ATTACHED
09	Present appointment	YMTDC/2082/2021 Dt: 01/10/2021
10	Publication (List & Proof) :	ATTACHED
11	Post Graduate Teaching Experience	2 YRS 4 MONTH
12	Any other relevant information	

Date: - 20/05/2022


Name & Sign. of Mentor
(Dr. Omkar Shete)

For the use of affiliated Training Center:

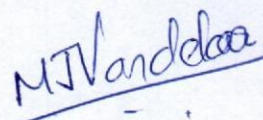
I have verified the eligibility of the above Mentor as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 05/2017 (Amended) and University Circular No. MUHS/UDC/FCCC/736/2019 dated 30/09/2019.

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

Training Centre Round Seal



Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: 20/05/2022



**CERTIFICATE
DEAN RUE COPY
Y.M.T. Dental College
& Hospital Kharghar,
Navi Mumbai - 410 210
& Hospital, Kharghar,
Navi Mumbai - 410210.**