

ANNEXURE

'G'

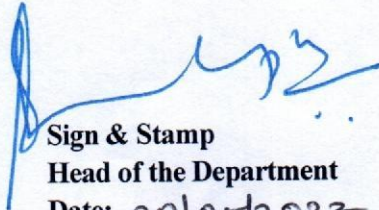
ANNEXURE – “G”

Information of Co-ordinator 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. 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.	Mob. No.	: 9323031872
05.	E-mail id	: amitbenjamin@yahoo.com
06.	Nationality	: INDIAN
07.	Qualification in details : (attach documentary proof)	: M.D.S. –ATTACHED
08.	Present Appointment	: YMTDC/252/2019 DATED 01/02/2019
09.	Any other relevant information	

Date: 20/05/2022


Sign. of Co-ordinator


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




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