

ANNEXURE – “E”

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	:	Vd. Vinay Raghunath Sonambekar
02.	Date of Birth	:	04.07.1970
03.	Address	:	5, Guruprasad, Navinya Colony, Near Ravindra High School, Kathe Lane, Dwarka, Nashik- 422011
04.	Tel. No./ Mob. No.	:	9822624890
05.	E-mail id	:	sonambekar.chinmay@gmail.com
06.	Nationality	:	Indian
07.	Qualification in details : (attach documentary proof)	:	BAMS- Pune University. MS Ayu. Shalyatantra Pune Uni.
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)	:	21 Yrs 9 Month
09.	Present Appointment	:	Professor - Shalyatantra I/c Principal
10.	Publications (List & Proof)	:	List attached
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	PG - 15 Yrs 6 M
12.	Any other relevant information	:	-

Date: - 21/5/22

Name & Sign. of Director

Dr. Vinay Sonambekar

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).

Sign & Stamp

Head of the Department

Date: 21/5/22

H.O.D. Panchakarm

Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date: 21/5/22

I/C. Principal

Ayurved Mahavidyalaya, Nashik

Training Centre Round Seal

