

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 the Mentor | : Vd. Pankaj Prabhakar Dixit |
| 02. | Date of Birth | : 09.01.1977 |
| 03. | Address | : 507, Ishwar Pratik App., Near Spring Vailey, Tapovan Road Nashik -422011 |
| 04. | Tel. No./ Mob. No. | : 9011045371 |
| 05. | e-mail id | : drpankajpdixit@gmail.com |
| 06. | Nationality | : Indian |
| 07. | Qualification in details : (attach documentary proof) | : BAMS-Pune Uni M.S 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) | : 10Yrs 6 M |
| 09. | Present Appointment | : Associate Professor - Shalyatantra |
| 10. | Publications (List & Proof) | : List attached |
| 11. | Post Graduate Teaching experience (Attach documentary evidence) | : PG - 10Yrs |
| 12. | Any other relevant information | : - |

Date: - 21/5/22

Name & Sign. of Mentor

Dr. Pankaj Dixit

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

Dr. V. S. Kulkarni

Date: 21/5/22

Professor and Head

Department of Shalyatantra

A.S.S. Ayurved Mahavidyalaya, Nashik



Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date: 21/5/22 / C. Principal

Ayurved Mahavidyalaya, Nashik

Training Centre Round Seal

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 | : Vd. Shripad Mangalmurti Upasani |
| 02. | Date of Birth | : 24.08.1975 |
| 03. | Address | : Chaitanya, Behind Krishna Mandir, Chetna Nagar, Nashik |
| 04. | Tel. No./ Mob. No. | : 9823033591 |
| 05. | e-mail id | : - |
| 06. | Nationality | : Indian |
| 07. | Qualification in details : (attach documentary proof) | : BAMS- Pune Uni. M.S 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) | : 19 Yrs |
| 09. | Present Appointment | : Associate Professor - Shalyatantra |
| 10. | Publications (List & Proof) | : List attached |
| 11. | Post Graduate Teaching experience (Attach documentary evidence) | : - |
| 12. | Any other relevant information | : - |

Date: - 21/5/22

Name & Sign. of Mentor

Dr. Shripad Upasani

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: 21/5/22

Dr. Vinay R. Sonambekar

Professor and Head

Department of Shalyatantra,

A.S.S. Ayurved Mahavidyalaya, Nashik



Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date: 21/5/22 C. Principal

Ayurved Mahavidyalaya, Nashik

Training Centre Round Seal

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 the Mentor | : Vd. Santosh Shridhar Pathak |
| 02. | Date of Birth | : 14.06.1978 |
| 03. | Address | : B-201, Shree Ramchandranagar Apt, Dindori Road, Nashik-422004 |
| 04. | Tel. No./ Mob. No. | : 9405369727 |
| 05. | e-mail id | : drsantoshsp@gmail.com |
| 06. | Nationality | : INDIAN |
| 07. | Qualification in details : (attach documentary proof) | : BAMS- Mumbai Uni MS Ayu.-Shalyatantra SRTM Uni, Nanded |
| 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) | : 13 Yrs 10 M |
| 09. | Present Appointment | : Associate Professor - Shalyatantra |
| 10. | Publications (List & Proof) | : List attached |
| 11. | Post Graduate Teaching experience (Attach documentary evidence) | : PG - 12 Yrs |
| 12. | Any other relevant information | : - |

Date: - 21/5/22

Name & Sign. of Mentor
Vd. Santosh S. Pathak

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: 21/5/22
Dr. Vinay R. Sonambekar

Professor and Head
Department of Shalyatantra,
A.S.S. Ayurved Mahavidyalaya, Nashik



Training Centre Round Seal

Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: 21/5/22
C. Principal
Ayurved Mahavidyalaya, Nashik