

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. Kulkarni Savita Ambadas
02.	Date of Birth	: 30/10/1965
03.	Address	: Rajendra Apt, Rajendra Colony, Shastri Path, Opp. Police Station, Nashik Road, Nashik,422101
04.	Tel. No./ Mob. No.	: 9423081487
05.	e-mail id	: drsavita.k07@gmail.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: BAMS- Pune University. MD Ayu. Kayachikitsa 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)	: 12 Yrs 0 month
09.	Present Appointment	: Professor - Panchakarma
10.	Publications (List & Proof)	: List attached
11.	Post Graduate Teaching experience (Attach documentary evidence)	: -
12.	Any other relevant information	: -

Date: - 21/5/20

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: 21/5/20

J.O.D. Panchakarma

Training Centre Round Seal



Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: 21/5/20

I/C. Principal
Ayurved Mahavidyalaya, Nashik

Name & Sign. of Mentor

Dr. Savita Kulkarni

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. Gadekar Smita Avinash
02.	Date of Birth	: 23.04.1973
03.	Address	: B-8, AWHO Quarters, Pratap Vihar, Ambad Link Road, Pavan Nagar, Nashik
04.	Tel. No./ Mob. No.	: 8390757781
05.	e-mail id	: drsmitaag@gmail.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: UG-MUHS, Nashik PG-MUHS, Nashik
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)	: 11 Yrs 3 month
09.	Present Appointment	: Professor - Panchakarma
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. Smita Gadekar

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

H.O. Panchakarma

Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: 21/5/22

I/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. Kulkarni Ketaki Rajan
02.	Date of Birth	: 22.12.1988
03.	Address	: 4, Kishan Kanhiya Society, Tarwala Nagar, Nashik.
04.	Tel. No./ Mob. No.	: 9673682887
05.	e-mail id	: ketakikulkarni2212@gmail.com
06.	Nationality	: Indian
07.	Qualification in details ; (attach documentary proof)	: UG-MUHS, Nashik PG -MUHS, Nashik
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)	: 4 Yrs 3 month
09.	Present Appointment	: Assistant Professor - Panchakarma
10.	Publications (List & Proof)	: List attached
11.	Post Graduate Teaching experience (Attach documentary evidence)	: -
12.	Any other relevant information	: -

Date: - 21/5/21

Name & Sign. of Mentor

Dr. Ketaki Kulkarni

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: 21/5/21

H.O.D. Panchakarm

Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: 21/5/21

I/C. Principal

Ayurved Mahavidyalaya, Nashik

Training Centre Round Seal



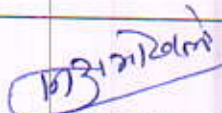
ANNEXURE – “F”

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. Nilam Abhijit Gokhale
02.	Date of Birth	: 17.01.1985
03.	Address	: 6 durvankur row houses, kalpatarunagar, Ashoka Marg, Nashik
04.	Tel. No./ Mob. No.	: 8390629619
05.	e-mail id	: vd.nilam@gmail.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: UG-MUHS, Nashik PG -MUHS, Nashik
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)	: 4 month 20 days
09.	Present Appointment	: Assistant Professor - Panchakarma
10.	Publications (List & Proof)	: List attached
11.	Post Graduate Teaching experience (Attach documentary evidence)	: -
12.	Any other relevant information	: -


Date: 21/10/20


Name & Sign. of Mentor
Dr. Nilam Gokhale

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: 21/10/20
H.O.D. Panchakarm


Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: 21/10/20
I/C. Principal
Ayurved Mahavidyalaya, Nashik

