

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. Sanjeev R.Yadav
02.	Date of Birth	:	22/05/1962
03.	Address	:	A-1/3Shriramkapuskamgar chs.kamgarnagar,Kurla (E)-24
04.	Tel. No./ Mob. No.	:	02225293820/09322456999
05.	E-mail id	:	Drsanjeevyadav22@gmail.com
06.	Nationality	:	Indian
07.	Qualification in details : (attach documentary proof)	:	B.A.M.S.M.D. (Ayur.)SHALYATANTRA
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)	:	27Years 04 month
09.	Present Appointment	:	Dean and HOD of Shalyatantra dept.
10.	Publications (List & Proof)	:	5 Publications
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	13 Years Attached
12.	Any other relevant information	:	

Date: - 23/05/2022

Name & Sign. of Director

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: 23/05/2022

Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date: 23/05/2022

Training Centre Round Seal



V D SANJEEV YADAV
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