

**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	Vd. Rajput Sandeep Kisan
02.	Date of Birth	03/05/1983
03.	Address	A type 4 room number 7 sector 13 new panvel
04.	Mob. No.	9167133548
05.	E-mail id	Dr.rajputsandeep@gmail.com
06.	Nationality	Indian
07.	Qualification in details : (attach documentary proof)	B.A.M.S.,M.D. (Ayur.)
08.	Present Appointment	9 Yrs. 7 Months.
09.	Any other relevant information	Reader

Date: 23/05/2022

Sign & Stamp

Head of the Department

Date:

23/05/2022

डॉ. मार भूत्य-तंत्र विभाग,  
केरळा आयुर्वेद महाविद्यालय,  
बायबल सेक्टर नं. ४, नवी मुंबई

Sign. of Co-ordinator

Dr. Rajput sandeep

Dean/ Principal/ Director of Training Centre

Date: 23/05/2022

V D SANJEEV YADAV  
Sign & Stamp  
Y.M.T. Ayurvedic Medical  
College & Hospital,  
Sec - 4, Kharghar,  
Navi Mumbai - 410 210

Training Centre Round Seal

