

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	: Dr Pankaj M. Joshi
02.	Date of Birth	: 01/12/1978
03.	Address	: 101, Heeriprzbha, Girija Hsg. Soc. Paul Rd Kothrud Pune
04.	Mob. No.	: 9923406464
05.	E-mail id	: drpankajmjoshi@gmail.com
06.	Nationality	: Indian.
07.	Qualification in details : (attach documentary proof)	: MS, DNB (urology)
08.	Present Appointment	: Co-ordinator, Mentor.
09.	Any other relevant information	

Date:

Sign. of Co-ordinator

Kulkarni S.B.

Sign & Stamp
Head of the Department

Dr. SANJAY KULKARNI
M.S., F.R.C.S. DIP(UROLOGY)
Consultant Urologist
Reg. No. 36694



Training Centre Round Seal

Sign & Stamp

Dean/ Principal Director of Training Centre

Date:

Dr. JYOTSNA S. KULKARNI
M.S., F.R.C.S.
Consultant Surgeon
Reg. No. 41209