

# Fellowship - Hyperbaric medicine and wound management

**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                                                                                                                                                                                                                                                                                | : | Dr. Manoj Gupta          |
| 02.     | Date of Birth                                                                                                                                                                                                                                                                                       | : | 04/04/1973               |
| 03.     | Address                                                                                                                                                                                                                                                                                             | : | Borivali (west)          |
| 04.     | Tel. No./ Mob. No.                                                                                                                                                                                                                                                                                  | : | 9322237364               |
| 05.     | E-mail id                                                                                                                                                                                                                                                                                           | : | drmdg1973@gmail.com      |
| 06.     | Nationality                                                                                                                                                                                                                                                                                         | : | Indian                   |
| 07.     | Qualification in details :<br>(attach documentary proof)                                                                                                                                                                                                                                            | : | Attached                 |
| 08.     | Teaching Experience / Health Sciences:<br>Profession Experience<br>(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) | : | Attached                 |
| 09.     | Present Appointment                                                                                                                                                                                                                                                                                 | : | Director /mentor         |
| 10.     | Publications (List & Proof)                                                                                                                                                                                                                                                                         | : | Attached                 |
| 11.     | Post Graduate Teaching experience<br>(Attach documentary evidence)                                                                                                                                                                                                                                  | : | 7 years                  |
| 12.     | Any other relevant information                                                                                                                                                                                                                                                                      | : |                          |

Date: -

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:



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

Training Centre Round Seal

