

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. Natasha Verma
02.	Date of Birth	04 - 08 - 1982
03.	Address	A-903, RV phase 1, NIBM, Pune
04.	Tel. No./ Mob. No.	9011763061
05.	E-mail id	natasha.verma@ciplacare.com
06.	Nationality	Indian
07.	Qualification in details : (attach documentary proof)	B.D.S. , MBA (Hosp. mgmt.)
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)	NA.
09.	Present Appointment	COO
10.	Publications (List & Proof)	NA
11.	Post Graduate Teaching experience (Attach documentary evidence)	NA.
12.	Any other relevant information	—

X1. Verma .

Name & Sign. of Director

(Dr. Natasha Verma).

Date: - 16/12/2025

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: 16/12/25



Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date: 16/12/2025