

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@cipdacare.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	:	-

Date: - 16/12/2025

For the use of affiliated Training Center:

N. Verma
Name & Sign. of Director

(Dr. Natasha Verma)

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).

[Signature]
Sign & Stamp
Head of the Department

Date: 16/12/25



Training Centre Round Seal

N. Verma
Sign & Stamp
Dean/ Principal/ Director of Training Centre

Date: 16/12/2025