

**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. Vishal Warankar            |
| 02.     | Date of Birth   | : 19/04/1980                     |
| 03.     | Address   | : Friends Colony , Nagpur        |
| 04.     | Mob. No.  | : 9372307223                     |
| 05.     | E-mail id   | : warankar_vishal@rediffmail.com |
| 06.     | Nationality   | : Indian                         |
| 07.     | Qualification in details:<br>(attach documentary proof) | : Documents Attached             |
| 08.     | Present Appointment                                     | : Sr. Clinical Associates.       |
| 09.     | Any other relevant information                          |                                  |

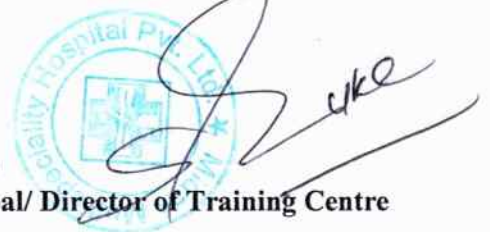
Date:

Sign & Stamp  
Head of the Department  
Date:



Sign. of Co-ordinator

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



Training Centre Round Seal



S.No. 040777

**Maharashtra Council of Indian Medicine, Mumbai**  
( Constituted under M.M.P. Act, 1961 Govt. of Maharashtra )

**Certificate of Registration**

Registration No.: I-46920-A

Date : 04/11/2004



*This is to certify that Dr. VISHAL SHATRUGHNA WARANKAR has been duly registered under the Maharashtra Medical Practitioners Act, 1961 (Mah. XXVIII of 1961) read with section 17 of the Indian Medicine Central Council Act, 1970 (Act No.48 of 1970) in Part One of the register.*

*In witness whereof are herewith affixed the seal of the Maharashtra Council of Indian Medicine, Mumbai and the signature of the Registrar.*

*This certificate shall be valid, subject to the provisions of the Act.*

Qualification - *B.A.M.S.*

University - *Maharashtra University of Health Sciences, Nashik*

Year of Passing - *2003*

*Registrar*  
Registrar





# MAHARASHTRA COUNCIL OF INDIAN MEDICINE, MUMBAI

Constituted under MMP Act 1961 Govt. of Maharashtra

Registration Date : 04/11/2004

Valid Thru : 14/04/2024



Name : Dr. VISHAL SHATRUGHNA WARANKAR

Qualification: B.A.M.S.

DOB : 19/10/1980

Mob No.: 9372307223

Blood Group: A +ve

46920

SIGNATURE OF CARD HOLDER

I-46920-A

REG. NO.

REGISTRAR

