

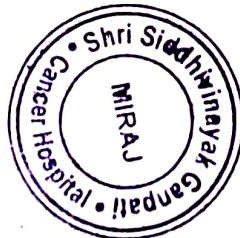
ANNEXURE – “G”

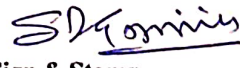
Information of Co-coordinator of Training Centre
It shall be verified by the Head of the concerned Training Center,

Sr. No.	Particular	Information to be filled
01.	Name of the Co-ordinator	: Dr. Mrs. Ankita Rahul Gosavi
02.	Date of Birth	: 25-12-1988
03.	Address	: C/O Shri Siddhivinayak Ganapati Cancer Hospital Miraj
04.	Mob. No.	: 9869146505
05.	E-mail id	: cancermiraj@gmail.com
06.	Nationality	: Indian
07.	Qualification in details: (attach documentary proof)	: MBBS. MD. DNB. IDCC
08.	Present Appointment	: Jt. Admin Director & Medical Supdt.
09.	Any other relevant information	

Date:**Sign. of Co-ordinator**


Sign & Stamp
Head of the Department
Date: 11-08-2025

**Training Centre Round Seal**


Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: 11-08-2025