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 Nupur Trivedi
02.	Date of Birth	:	February 10, 1969
03.	Address	:	Crescent Bay, Tower 2, 1601, Jerbai Wadia Road, Parel, Mumbai 400012
04.	Tel. No./ Mob. No.	:	9620281969
05.	E-mail id	:	hodeducation@hindujahospital.com dr_nupur.trivedi@hindujahospital.com
06.	Nationality	:	Indian
07.	Qualification in details : (attach documentary proof)	:	MBBS, M. Phil Hospital & Health Systems Management
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signatureof 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)	:	Not Applicable
09.	Present Appointment	:	Medical Superintendent
10.	Publications (List & Proof)	:	Not Applicable
11.	Post Graduate Teaching experience(Attach documentary evidence)	:	Not Applicable
12.	Any other relevant information	:	- -

Date: 20/11/2025

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 bythe University vide clause no.7 of the University Direction No. 05/2017 (Amended).

Sign & Stamp
Head of the Department
Date:

Dr. Manju Butani MD, DA
HOD Anaesthesiology, Pain Management & Operating Rooms
P. D. Hinduja National Hospital & MRC
V. S. Marg, Mahim, Mumbai - 400 016.
Telephone No.:- 2444 75 72 / 73

Training Centre Round Seal

P. D. HINDUJA NATIONAL HOSPITAL
& MEDICAL RESEARCH CENTRE
89, VEER SAVARKAR MARG,
MAHIM, MUMBAI - 400 016.

Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: 20/11/25

Dr. Nupur Trivedi
Medical Superintendent
P. D. Hinduja National Hospital
& Medical Research Centre
Mahim, Mumbai - 400 016.