

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. Payal Lakhani .
02.	Date of Birth	: 25-02-1976 .
03.	Address	: E-35 Bina Apartments Sis. M.V. Road (Andheri CE) Mumbai 400089 .
04.	Mob. No.	: 9987796150 .
05.	E-mail id	: payal_lakhani@rediffmail.com
06.	Nationality	: Indian .
07.	Qualification in details : (attach documentary proof)	: MD, DNB (OBGYN) .
08.	Present Appointment	: Associate Professor .
09.	Any other relevant information	

Date: 18/5/22

Sign. of Co-ordinator *Lakhani*

Kapil Sanejee

Sign & Stamp
Head of the Department
Date:

M.J. Jassawalla

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

Training Centre Round Seal



Dr. M.J. Jassawalla
MD. (Bom) F.C.P.S. FICOG. D.G.O.D.F.P.
FICMCH, FIAJAGO, F.I.C.A (USA); F.R.S.H. (ENG)
Medical Director
Nowrosjee Wadia Maternity Hospital,
A. D. Marg, Parel, Mumbai - 400 012.