

# CERTIFICATE OF APPRECIATION

This is to certify that ..... DR. ROHIT BANSAL .....

Faculty of ..... CONSERVATIVE ..... has SUCCESSFULLY

..... COMPLETED 'E-CONTENT TRAINING PROGRAM' .....

.....

Date: ..... 14th NOV, 2018 .....



Principal



Course Coordinator



# CERTIFICATE OF APPRECIATION

This is to certify that .....DR. LAURIE CUPPA.....

Faculty of .....ORAL SURGERY..... has SUCCESSFULLY

COMPLETED 'ECONTENT TRAINING

PROGRAM' .....

Date:.....17<sup>th</sup> NOV 2018.....

*[Signature]*  
Principal

*[Signature]*  
Course Coordinator



# CERTIFICATE OF APPRECIATION

This is to certify that ..... DR. VIDYA SAGAR SARPAL .....

Faculty of ..... GENERAL MEDICINE ..... has SUCCESSFULLY .....

..... COMPLETED 'ECONTEUT TRAINING' .....

..... PROKHAM' .....

Date: ..... 17<sup>th</sup> NOV, 2018 .....

  
Principal

  
Course Coordinator



# CERTIFICATE OF APPRECIATION

This is to certify that ..... DR. RAKESH SHARMA .....

Faculty of ..... DRTHODONTICS ..... has..... SUCCESSFULLY

..... COMPLETED 'E CONTENT TRAINING

..... PROGRAM' .....

Date:..... 17<sup>th</sup> Nov, 2018.....



Principal



Course Coordinator



# CERTIFICATE OF APPRECIATION

This is to certify that ..... DR. NIDHI WALIA .....

Faculty of ..... PROSTHODONTICS has ..... SUCCESSFULLY

..... COMPLETED 'ECONOMENT TRAINING

..... PROGRAM' .....

Date: ..... 14<sup>th</sup> Nov, 2018 .....



Principal



Course Coordinator



# CERTIFICATE OF APPRECIATION

This is to certify that ..... DR. ANUBHAW CHOPRA .....

Faculty of ..... PROSTHODONTICS ..... has SUCCESSFULLY

COMPLETED 'E-CONTENT TRAINING

PROGRAM', .....

Date: ..... 17<sup>th</sup> NOV, 2018 .....



Principal



Course Coordinator



# CERTIFICATE OF APPRECIATION

This is to certify that ..... DR. SHASHIBHAC MAURYA  
Faculty of ..... PRAC PATHOLOGY ..... has SUCCESSFULLY  
..... COMPLETED 'E-CONTENT TRAINING.....  
..... PROGRAM.....

Date: ..... 11<sup>th</sup> Nov, 2018 .....



Principal



Course Coordinator



# CERTIFICATE OF APPRECIATION

This is to certify that ..... DR. FRANSHI TRIPATHI .....  
Faculty of ..... BIOCHEMISTRY ..... has SUCCESSFULLY  
COMPLETED 'E-CONTENT TRAINING  
PROGRAM' .....

Date: ..... 19<sup>th</sup> NOV, 2018 .....



Principal



Course Coordinator





# CERTIFICATE OF APPRECIATION

This is to certify that ..... DR. MUKUND VIR SINGH .....

Faculty of ..... CONSERVATIVE ..... has SUCCESSFULLY .....

..... COMPLETED 'E CONTENT TRAINING PROGRAM) .....

.....

Date: ..... 17<sup>th</sup> NOV, 2018 .....

  
Principal

  
Course Coordinator



# CERTIFICATE OF APPRECIATION

This is to certify that ..... DR. ANKIT GUPTA .....

Faculty of ..... CONSERVATIVE ..... has SUCCESSFULLY

..... COMPLETED 'E-CONTENT TRAINING

..... PROGRAM' .....

Date: ..... 17<sup>th</sup> NOV, 2018 .....



Principal



Course Coordinator



# CERTIFICATE OF APPRECIATION

This is to certify that ..... BR. PRIYANKA BHAT .....

Faculty of ..... PROSTHODONTICS ..... has SUCCESSFULLY

..... COMPLETED 'E CONTENT TRAINING

..... PROGRAM' .....

Date: ..... 19<sup>th</sup> Nov, 2018 .....

  
Principal

  
Course Coordinator



# CERTIFICATE OF APPRECIATION

This is to certify that ..... DR. GARIMA BHATTIA

Faculty of ..... SMDR ..... has SUCCESSFULLY

..... COMPLETED 'E-CONTENT TRAINING

..... PROGRAM', .....

Date: ..... 11<sup>th</sup> MAY, 2019, .....

  
Principal

  
Course Coordinator



# CERTIFICATE OF APPRECIATION

This is to certify that ..... DR. PRATIBHA CHAUDHRY .....  
Faculty of ..... PERIODONTICS ..... has SUCCESSFULLY  
..... COMPLETED SE CONTENT TRAINING  
PROGRAM' .....  
.....

Date: ..... 11<sup>th</sup> MAY, 2019. ....

*Pratibha*  
Principal

*Pratibha*  
Course Coordinator



# CERTIFICATE OF APPRECIATION

This is to certify that ..... MR. KUNAL MADHAN .....

Faculty of ..... MICROBIOLOGY ..... has SUCCESSFULLY

..... COMPLETED 'e-CONTENT TRAINING

..... PROGRAM) .....

Date: ..... 11<sup>th</sup> MAY, 2019 .....



Principal



Course Coordinator



# CERTIFICATE OF APPRECIATION

This is to certify that ..... DR. KAPIL KUMAR ARORA, .....

Faculty of ..... PERIODONTICS ..... has successfully

completed 'ECONOMY TRAINING

PROGRAM' .....

Date: ..... 11<sup>th</sup> MAY, 2019 .....

Principal



Course Coordinator



# CERTIFICATE OF APPRECIATION

This is to certify that ..... DR. MEGHA SETHI .....

Faculty of ..... PROSTHODONTICS ..... has successfully

..... COMPLETED 'E-CONTENT TRAINING' .....

..... PROGRAM' .....

Date: ..... 11<sup>th</sup> MAY, 2019 .....

  
Principal

  
Course Coordinator





# CERTIFICATE OF APPRECIATION

This is to certify that ..... DR. SHUMYA KANJAN .....

Faculty of ..... PEDDONTIES ..... has SUCCESSFULLY .....

..... COMPLETED 'e-CONTENT TRAINING' .....

..... PROGRAM? .....

Date: ..... 11<sup>th</sup> MAY 2015 .....

  
Principal

  
Course Coordinator



# CERTIFICATE OF APPRECIATION

This is to certify that ..... DR. AMITA RANI .....

Faculty of ..... DRAC SURGERY ..... has SUCCESSFULLY

..... COMPLETED 'E-CONTENT TRAINING PROGRAM',

.....

Date: ..... 11<sup>th</sup> MAY, 2019 .....



Principal



Course Coordinator



# CERTIFICATE OF APPRECIATION

This is to certify that ..... DR. AMBILUA LUTHRA .....

Faculty of ..... DENTAL SURGERY ..... has SUCCESSFULLY

..... COMPLETED 'E-CONTENT FRAMING

PROGRAM' .....

Date: ..... 11<sup>th</sup> MAY, 2019 .....

*[Signature]*  
Principal

*[Signature]*  
Course Coordinator



# CERTIFICATE OF APPRECIATION

This is to certify that ..... DR. KOMAL SHARMA .....

Faculty of ..... B.M.D.R. .... has SUCCESSFULLY

..... COMPLETED 'E-CONTENT TRAINING

..... PROGRAM', .....

Date: ..... 11<sup>th</sup> MAY, 2019. ....

  
Principal

  
Course Coordinator



# CERTIFICATE OF APPRECIATION

This is to certify that ..... DR. SAVRYA DEEP SAUVAL .....

Faculty of ..... ORAL SURGERY ..... has ..... SUCCESSFULLY .....

..... COMPLETED 'E-CONTENT TRAINING .....

..... PROGRAM' .....

Date: ..... 25<sup>th</sup> Nov, 2014 .....

  
Principal



Course Coordinator



# CERTIFICATE OF APPRECIATION

This is to certify that ..... DR. PRAVEENA MITTAL .....

Faculty of ..... ORTHODONTICS ..... has SUCCESSFULLY

COMPLETED 'E-CONTENT TRAINING

PROGRAM', .....

Date: ..... 25<sup>th</sup> NOV, 2017 .....

  
Principal

  
Course Coordinator



# CERTIFICATE OF APPRECIATION

This is to certify that ..... DR. SIDDHANTH SRIVASTAV .....

Faculty of ..... BMDR ..... has..... SUCCESSFULLY

..... COMPLETED 'E-CONTENT TRAINING

..... PROGRAM' .....

Date:..... 25<sup>th</sup> NOV .2017 .....

  
Principal

  
Course Coordinator



# CERTIFICATE OF APPRECIATION

This is to certify that ..... DR. GAURAV KUMAR MISRA .....  
.....

Faculty of ..... CONSERVATIVE ..... has ..... SUCCESSFULLY

..... COMPLETED 'E-CONTENT TRAINING' .....

..... PROGRAM' .....

Date: ..... 25<sup>th</sup> Nov 2017 .....

  
Principal

  
Course Coordinator





# CERTIFICATE OF APPRECIATION

This is to certify that .....DR. MANISHA LAKHANPAL SHARMA

Faculty of .....CMBR..... has..... SUCCESSFULLY

.....COMPLETED 'E-CONTENT TRAINING

.....PROGRAM',.....

Date:.....25<sup>th</sup> NOV, 2017.....

  
Principal

  
Course Coordinator



# CERTIFICATE OF APPRECIATION

This is to certify that ..... DR. SAURAV GUPTA .....

Faculty of ..... DMDR ..... has ..... SUCCESSFULLY

..... COMPLETED TRAINING IN 'E-CONTENT

..... TRAINING PROGRAM' .....

Date: ..... 25<sup>th</sup> NOV, 2017 .....

  
Principal

  
Course Coordinator



# CERTIFICATE OF APPRECIATION

This is to certify that ..... DR. RAJEE K AUL .....

Faculty of ..... PEDDONTICS ..... has ..... SUCCESSFULLY

..... COMPLETED 'ECONTENT TRAINING

..... PROGRAM' .....

Date: ..... 12<sup>th</sup> May, 2018 .....

  
Principal

  
Course Coordinator



# CERTIFICATE OF APPRECIATION

This is to certify that ..... DR. SHISHIR KRAUSHIK .....

Faculty of ..... DRA SURVEY ..... has ..... SUCCESSFULLY .....

..... COMPLETED 'E-CONTENT TRAINING' .....

..... PROGRAM' .....

Date: ..... 12<sup>th</sup> May, 2018 .....

  
Principal

  
Course Coordinator



# CERTIFICATE OF APPRECIATION

This is to certify that ..... DR. MEENU PARIHAR .....

Faculty of ..... AMDR ..... has SUCCESSFULLY

..... COMPLETED 'E CONTENT TRAINING

..... PROGRAM', .....

Date: ..... 12<sup>th</sup> May 2018 .....

  
Principal

  
Course Coordinator



# CERTIFICATE OF APPRECIATION

This is to certify that ..... DR. ANATRI .....

Faculty of ..... OMDR ..... has SUCCESSFULLY

..... COMPLETED 'E CONTENT TRAINING

PROGRAM', .....

Date: ..... 12th May, 2018 .....

  
Principal

  
Course Coordinator



# CERTIFICATE OF APPRECIATION

This is to certify that ..... DR. RUPALI KALSI MATHUR .....

Faculty of ..... PERIODONTICS ..... has ..... SUCCESSFULLY .....

..... COMPLETED 'E CONTENT TRAINING .....

..... PROGRAM' .....

Date: ..... 25<sup>th</sup> NOV, 2017 .....

  
Prikshat

  
Course Coordinator



# CERTIFICATE OF APPRECIATION

This is to certify that ..... DR PRAJAP SAINI.....

Faculty of ..... DEPT OF ORTHODONCS HAS COMPLETED.....

.....E CONTENT TRAINING PROGRAM.....

.....

Date: 10<sup>th</sup> NOVEMBER 2015

  
Principal

  
Course Coordinator





# CERTIFICATE OF APPRECIATION

This is to certify that .....DR.....NIKHIL.....

Faculty of .....DEPT OF C/ONS & ENDS..... has.....COMPLETED.....

.....E.....(CONTENT.....TRAINING.....

.....

Date:.....10th NOVEMBER 2015.....

  
Principal

  
Course Coordinator



# CERTIFICATE OF APPRECIATION

This is to certify that ..... DR. SUNGANDHA ..... BNALLA

Faculty of ..... DEPT. OF CONS AND ENDD. has ..... COMPLETED

..... E CONTENT TRAINING ..... PROGRAM

.....

Date: 10th NOVEMBER 2015

*M. Singh*  
Principal

*[Signature]*  
Course Coordinator



# CERTIFICATE OF APPRECIATION

This is to certify that .....DR. LIPKA DAS.....

Faculty of DEPT OF PHARMACY has COMPLETED.....

CONTENT TRAINING PROGRAM.....

.....

Date: 10<sup>th</sup> NOVEMBER 2015

*Principal*

*Course Coordinator*



# CERTIFICATE OF APPRECIATION

This is to certify that .....*DR*.....*Sonal*.....*SBI*.....*SRINAGRA*.....

Faculty of .....*DEPT OF LANS*..... & ENDO .....*has*.....*COMPLETED*.....

.....*E*.....*CONTENT*.....*TRAINING*.....*PROGRAM*.....

.....

Date:.....*18th NOV*.....*2015*.....

*Principals*

*Course Coordinator*



# CERTIFICATE OF APPRECIATION

This is to certify that ..... ~~DR.~~ VISAL ..... SINGH .....

Faculty of ..... DEPT. OF DRUGS AND CHEMISTRY ..... has RECEIVED .....

..... CONTENT TRAINING ..... PROGRAM .....

.....

Date: 10th Nov 2015

  
Principal

  
Course Coordinator



# CERTIFICATE OF APPRECIATION

This is to certify that ..... Dr. SURESH ANAND .....

Faculty of ..... DEPT OF CONS & ENDS ..... has RECEIVED .....

..... CONTENT TRAINING ..... PROGRAM .....

.....

Date: ..... 10th Nov 2015 .....

*Principal*

*[Signature]*

Course Coordinator



# CERTIFICATE OF APPRECIATION

This is to certify that ..... DR. NAMRATA SINGH .....

Faculty of DEPT OF PROSODYNTICS has COMPLETED .....

..... CONTENT TRAINING PROGRAM .....

.....

Date: ..... 10th Nov 2015 .....

*M. S. Q.*  
Principal

*[Signature]*  
Course Coordinator



# CERTIFICATE OF APPRECIATION

This is to certify that ..... Dr. SURBHI ..... GARG .....

Faculty of ..... DEPT OF PERIODONTICS ..... has RECEIVED .....

..... E CONTENT TRAINING PROGRAM .....

.....

Date: ..... 10th NOV 2015 .....

*Principal*

*Course Coordinator*





# CERTIFICATE OF APPRECIATION

This is to certify that ..... Dr..... RONI CHAUHAN .....

Faculty of ..... DEPT OF PERIODONTICS ..... has ..... RECEIVED .....

..... CONTENT TRAINING PROGRAM .....

.....

Date: ..... 10th Nov 2015 .....

*Principal*

*Course Coordinator*



# CERTIFICATE OF APPRECIATION

This is to certify that ..... Dr. TANIKA GARGS .....

Faculty of ..... DEPT OF LGNS AND ENDS has RECEIVED .....

..... CONTENT TRAINING PROGRAM .....

.....

Date: ..... 10th Nov 2015 .....

  
Praveen

  
Course Coordinator



# CERTIFICATE OF APPRECIATION

This is to certify that ..... Dr. OSAMA A. K. SHERMAI .....

Faculty of ..... DEPT OF DIAL PATHOLOGY has ..... COMPLETED .....

..... CONTENT TESTINGS ..... PROGRAM .....

.....

Date: ..... 10th Nov 2015 .....

*Praveen*  
Praveen

*Course*  
Course Coordinator



# CERTIFICATE OF APPRECIATION

This is to certify that ..... Dr. MORTI ..... SHARMA .....

Faculty of ..... DEPT OF ORAL PATHOLOGY ..... COMPLETED

..... & CONTENT FRANKS PROGRAM .....

.....

Date: ..... 10th NOV 2015 .....

*Praveen*  
Praveen

*Course Coordinator*  
Course Coordinator



# CERTIFICATE OF APPRECIATION

This is to certify that ..... Dr RANGHIT WADIA .....

Faculty of ..... DEPT. OF CONG. & ENDO ..... has RECEIVED .....

..... & CONTENT TRAINING PROGRAM .....

.....

Date: ..... 10th Nov 2015 .....

*Pratik Singh*  
Principal

*[Signature]*  
Course Coordinator



# CERTIFICATE OF APPRECIATION

This is to certify that ..... Dr. MAYA ..... KAMATHA .....

Faculty of ... DEPT OF LONB & ENDO ..... has RECEIVED .....

..... CONTENT TRAINING PROGRAM .....

.....

Date: ..... 10th NOV 2015 .....

  
Principal

  
Course Coordinator



# CERTIFICATE OF APPRECIATION

This is to certify that ..... *D* ..... *VISHWAS* ..... *BHARATI* .....

Faculty of ..... *DEPT* ..... *DE PROSTHODONTIC* has ..... *COMPLETED* .....

..... *E* ..... *CONTENT TRAINING* ..... *PROGRAM* .....

.....

Date: ..... *10th NOV 2015* .....

*Praveen*  
Praveen

*Course*  
Course Coordinator



# CERTIFICATE OF APPRECIATION

This is to certify that ..... Dr. SHANAZ .....

Faculty of ..... DEPT. OF COM. AND ENDS. .... has RECEIVED .....

..... E-CONTENT ..... TRAINING ..... PROGRAM .....

.....

Date: ..... 10th NOV 2015 .....

  
Principal

  
Course Coordinator





# CERTIFICATE OF APPRECIATION

This is to certify that ..... DR. AKSHAY .....

Faculty of ..... DEPT. OF CONS. AND ENVO. has ..... COMPLETED .....

..... COURSE IN TRAINING .....

.....

Date: ..... 18th Nov 2015 .....

*P. Prakash*  
Principal

*[Signature]*  
Course Coordinator



# CERTIFICATE OF APPRECIATION

This is to certify that Dr. Anur Kumar

Faculty of DEPT. OF PND has COMPLETED

E-CONTENT TRAINING PROGRAM

.....

Date: 10th Nov 2015

  
Principal

  
Course Coordinator



# CERTIFICATE OF APPRECIATION

This is to certify that ..... DR SNEHA MISRA .....

Faculty of ..... DEPT OF CONS & ENDO. has RECEIVED .....

..... & CONTENT TRAINING PROGRAM .....

.....

Date: 18th Nov 2015

*Principal's*  
Principal's

*[Signature]*

Course Coordinator



# CERTIFICATE OF APPRECIATION

This is to certify that *Dr. Karan Singh*.....

Faculty of *Dept. of oral surgery*..... has *completed*.....

*E-Content training program*.....  
.....

Date: *19th Nov. 16*.....

*Pratigya*

*Kishor*  
Course Coordinator



# CERTIFICATE OF APPRECIATION

This is to certify that ..... Dr. Abhinav Kishor .....

Faculty of ..... Dept. of ..... Orto dentics ..... has ..... Completed .....

..... E. Sem-1 ..... Training ..... Program .....

Date: ..... 19<sup>th</sup> Nov. 16 .....

  
Principal

  
Course Coordinator



# CERTIFICATE OF APPRECIATION

This is to certify that *Dr. Maheshwari Kholi*

Faculty of *Dept. of Oral Path* has *Completed*

*E - Content* *Academy* *Program*

Date: *19<sup>th</sup> Nov, 16*

*M*  
Principal

*Jitendra*  
Course Coordinator



# CERTIFICATE OF APPRECIATION

This is to certify that *Dr. Gita Malik* *Ph.D.*.....

Faculty of *Dept. of Oral medicine*..... has *Completed*.....

*Essential training program*.....

Date: *14<sup>th</sup> Nov 2016*.....

*[Signature]*  
Principal

*[Signature]*  
Course Coordinator



# CERTIFICATE OF APPRECIATION

This is to certify that *Dr. Teena Bansal*.....  
Faculty of *Dept. of Prosthetics*..... has *Completed*.....  
*E-Content Training Program*.....  
.....

Date: *19<sup>th</sup> Nov 15*.....

*[Signature]*  
Principal

*[Signature]*  
Course Coordinator





# CERTIFICATE OF APPRECIATION

This is to certify that *Dr. Gopal Krishna* *Sharma* *Sharma*.....  
Faculty of *Dept. of Oral Surgery* *has completed*.....  
*Ex. Control - Assessment Program*.....  
.....

Date: *19<sup>th</sup> Nov 16*.....

*[Signature]*  
Principal

*[Signature]*  
Course Coordinator



# CERTIFICATE OF APPRECIATION

This is to certify that *Dr. Hans Sharma*.....

Faculty of *Dept. of Oral medicine* has *Completed*.....

*E-Content- Learning Program*.....

Date: *19th Nov 2016*.....

*[Signature]*  
Principal

*[Signature]*  
Course Coordinator



# CERTIFICATE OF APPRECIATION

This is to certify that *Dr. Anjana Arora*.....  
Faculty of *Dept. of Oral medicine* has *Completed*.....  
*E-Consulting Program*.....  
.....

Date: *19<sup>th</sup> Nov 2015*.....

*[Signature]*  
Principal

*[Signature]*  
Course Coordinator



# CERTIFICATE OF APPRECIATION

This is to certify that *Dr. Alkhayy Shamma*

Faculty of *Dept. of Public Health* has *Completed*

*E-Seminar - Training program*

Date: *19th Nov 16*

*Principal*

*Kishore*  
Course Coordinator

