

## **DETAILS OF SUPERINTENDENT**

**NAME : DR. SANDESH SHAHAJI SHINDE**



**DATE OF BIRTH : 12/02/1995**

**REGISTRATION NUMBER: 18AK754**

**EDUCATIONAL QUALIFICATION: M.D**

**DESIGNATION: DEPUTY MEDICAL SUPERINTENDENT**

**DATE OF JOINING: 01-04-2024**

**CONTACT NUMBER: +91 8152884448**