


Annexure – F


Information of Mentor of Training Centre


Sr. No.	Particular	-	Information to be filled
01.	Name of Faculty/Teacher	:	Dr. Nandini N. Londhe
02.	Date of Birth	:	26 <sup>th</sup> September 1969
03.	Address	:	B-13, Nilgiri Heights, Shivaji Housing Society. Off Senapati Bapat Rd. Pune
04.	Tel. No./ Mob. No.	:	9823179219
05.	e-mail id	:	londhenandini9@gmail.com
06.	Nationality	:	Indian
07.	Qualification in details : (attached documentproof)	:	M.D (Anesthesia)
08.	Teaching experience/Medical:Profession experience / Consultant/Mentor(attached document proof with signature of Head)	:	27 yrs
09.	Present Appointment	:	Sr. Consultant Ruby Hall Clinic
10.	Publications (List & Proof)	:	-
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	26 yrs Associate Professor (Anesthesiology & Critical care)
12.	Any other relevant information	:	

Date : 21.05.22

  
Dr. Nandini N. Londhe  
Signature of Mentor

I have verified the eligibility of all faculty members for the post they are holding (**based on experience certificates issued by competent authority of the place of working**). Their experience details in different Designations and unit wise distribution is given the faculty table above.

  
**DR. RAJENDRASINGH D. PATIL**  
HEAD OF THE DEPARTMENT

  
**DR. D.N. BHALERAO**  
DIRECTOR ACADEMICS(ADMIN)

Date : 21.05.22



**DR. D. N. BHALERAO**  
MBBS, DHM, PGDLMS, ACCR, BCC  
DIRECTOR - ACADEMICS (ADMIN)  
DIRECTOR - RESEARCH