


Annexure – F

Information of Mentor of Training Centre

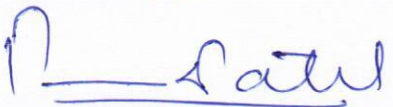
Sr. No.	Particular	-	Information to be filled
01.	Name of Faculty/Teacher	:	Dr. Prachi Vitthal Surve
02.	Date of Birth	:	12/08/1983
03.	Address	:	F4/25, Hermes Heritage Chs Phase 2&3, Shashtrinagar, Yerada. Behind Nagar Road Sahyadri Hospital. Pune 411006
04.	Tel. No./ Mob. No.	:	9702703763
05.	e-mail id	:	Prachivsurve@Yahoo.Com
06.	Nationality	:	Indian
07.	Qualification in details : (attached document proof)	:	MBBS DNB (Anaesthesia)
08.	Teaching experience/Medical:Profession experience / Consultant/Mentor(attached document proof with signature of Head)	:	08 Years
09.	Present Appointment	:	Consultant Anaesthesiologist
10.	Publications (List & Proof)	:	Intrathecal Clonidine
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	08 Years
12.	Any other relevant information	:	BLS,ACLS,ATLS Instructor

Date : 21.05.22




Dr. Prachi Surve
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