


Annexure – F

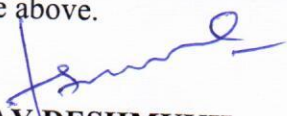
Information of Mentor of Training Centre

Sr. No.	Particular	-	Information to be filled
1.	Name of Faculty/Teacher	:	Dr. Shailesh R. Naik
2.	Date of Birth	:	27/09/1973
3.	Address	:	404, Harmony, North Avenue Raod, Kalyaninagar, Pune
4.	Tel. No./ Mob. No.	:	9822319847
5.	e-mail id	:	drshaileshnaik@gmail.com
6.	Nationality	:	Indian
7.	Qualification in details : (attached document proof)	:	DNB (General-Surgery)
8.	Teaching experience/Medical: Profession experience / Consultant/Mentor(attached document proof with signature of Head)	:	14 years
9.	Present Appointment	:	Consultant
10.	Publications (List & Proof)	:	Attached
11.	Post Graduate Teaching experience	:	12 yrs
12.	(Attach documentary evidence)	:	

Date : 18.05.2022


Dr. Shailesh R. Naik
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. SANJAY DESHMUKH
HEAD OF THE DEPARTMENT

Date :21.05.2022


DR. D.N. BHALEROO
DIRECTOR ACADEMICS (ADMIN)

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

