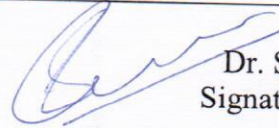


**Annexure - F**

Sr. No.	Particular	-	Information to be filled
1.	Name of Faculty/Teacher	:	Dr. Shilpy Dolas
2.	Date of Birth	:	23.09.1983
3.	Address	:	E-1 /302 Swapna Nagri Apartments Near Magar Stadium, Pune
4.	Tel. No./ Mob. No.	:	8605105057
5.	e-mail id	:	<a href="mailto:drshilpydolas@gmail.com">drshilpydolas@gmail.com</a>
6.	Nationality	:	Indian
7.	Qualification in details : (attached document proof)	:	MS (General Surgery) , Fellowship in Breast Surgery, & Fellowship in Surgical Oncology UICC
8.	Teaching experience/Medical: Profession experience / Consultant/Mentor(attached document proof with signature of Head)	:	12 yrs
9.	Present Appointment	:	Consultant
10.	Publications (List & Proof)	:	Attached
11.	Post Graduate Teaching experience Attach documentary evidence)	:	12 yrs
12.	Any Other relevant information		-

Date : 21.05.2022

  
Dr. Shilpy Dolas  
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. BHALERAO**  
DIRECTOR ACADEMICS (ADMIN)

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

