


**Annexure – F**

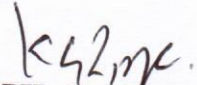
**Information of Mentor of Training Centre**


Sr. No.	Particular	-	Information to be filled
01.	Name of Faculty/Teacher	:	Dr Prasad Bhimrao Suryawanshi
02.	Date of Birth	:	21/05/1984
03.	Address	:	I 902 Pethkar Samrajya ,Shivtirth Nagar, Kothrud Pune .38
04.	Tel. No./ Mob. No.	:	9922081974
05.	e-mail id	:	Drprasad.Suryawanshi@Gmail.Com
06.	Nationality	:	Indian
07.	Qualification in details : (attached documentproof)	:	MBBS, MD ,DNB (Anaesthesiology). IDCCM ,FCCM,FNB CRITICAL CARE MEDICINE.
08.	Teaching experience/Medical:Profession experience / Consultant/Mentor(attached document proof with signature of Head)	:	9 yrs
09.	Present Appointment	:	Senior Consultant
10.	Publications (List & Proof)	:	02
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	9 yrs
12.	Any other relevant information	:	-

Date : 20.05.22

  
Dr. Prasad B. Suryawanshi  
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. KAPIL G. ZIRPE  
HEAD OF THE DEPARTMENT

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

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

Date : 20.05.22

