


Annexure – F

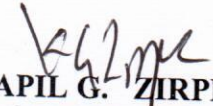
Information of Mentor of Training Centre


Sr. No.	Particular	-	Information to be filled
01.	Name of Faculty/Teacher	:	Dr. Sushma K. Gurav
02.	Date of Birth	:	08 th April 1973
03.	Address	:	K-6 Flat 103, Katepuram, Phase 2, Pimple Gurav, Pune : 61
04.	Tel. No./ Mob. No.	:	9860034778
05.	e-mail id	:	kritisush_gurav@yahoo.co.in
06.	Nationality	:	Indian
07.	Qualification in details : (attached documentproof)	:	DNB, DA & IDCCM
08.	Teaching experience/Medical:Profession experience / Consultant/Mentor(attached document proof with signature of Head)	:	21 yrs
09.	Present Appointment	:	Sr. Consultant
10.	Publications (List & Proof)	:	06
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	21 yrs
12.	Any other relevant information	:	-

Date : 20.05.22


Dr. Sushma K. Gaurav
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)

Date : 20.05.22



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