

Annexure – F
Information of Mentor of Training Centre
It shall be verified by the Head of the concerned Training Center,

Sr. No.	Particular	-	Information to be filled
01.	Name of Faculty/Teacher	:	Dr. Sahil D. Rasane
02.	Date of Birth	:	19.01.1984
03.	Address	:	Shahu college 40/3B/16 – jaydeep banglow, Tapodhan Society, Parvati, Pune 411009
04.	Tel. No./ Mob. No.	:	8788280291
05.	e-mail id	:	sahilrasane@gmail.com
06.	Nationality	:	Indian
07.	Qualification in details : (attached documentproof)	:	DNB (Gastroenterology) DNB (General Medicine) MBBS
08.	Teaching experience/Medical:Profession experience / Consultant/Mentor(attached document proof with signature of Head)	:	04 Yrs
09.	Present Appointment	:	Consultant Gastroenterology Ruby Hall Clinic
10.	Publications (List & Proof)	:	-
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	4 yrs
12.	Any other relevant information	:	-

Date : 20.05.2021



Dr. Sahil D. Rasane
Signature of Mentor

I have verified the eligibility of the above Mentor as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 05/2017 (Amended) and University Circular No. MUHS/UDC/FCCC/736/2019 dated 30/09/2019



DR. NITIN PAI
HEAD OF THE DEPARTMENT

Date: 20.05.2021



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

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

