


**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. Vinit Shah
02.	Date of Birth	:	11 <sup>th</sup> June 1983
03.	Address	:	Building A, Flat 18, Adinath Hsg Society, Pune Satara Rd. Pune37
04.	Tel. No./ Mob. No.	:	91 9540951038
05.	e-mail id	:	drvinitshah@gmail.com
06.	Nationality	:	Indian
07.	Qualification in details : (attached document proof)	:	DNB (Medical Gastroenterology) DNB (General Medicine) MBBS
08.	Teaching experience/Medical:Profession experience / Consultant/Mentor(attached document proof with signature of Head)	:	08 Yrs <i>senior</i>
09.	Present Appointment	:	<i>Htl</i> Consultant (Hepatology) Ruby Hall Clinic
10.	Publications (List & Proof)	:	-
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	08 yrs
12.	Any other relevant information	:	

Date : 22.10.22

  
 Dr. Vinit Shah  
 Signature of Teaching Staff  
*drvinitshah*

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

*[Signature]*  
**DR. NITIN PAI**  
**HEAD OF THE DEPARTMENT**

Date: 20.05.2022

*[Signature]*  
**DR. D.N. BHALERAO**  
**DIRECTOR ACADEMICS(ADMIN)**

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

