



Annexure – F

Information of Mentor of Training Centre

Sr. No.	Particular	-	Information to be filled
01.	Name of Faculty/Teacher	:	Dr. Vidhyachandra V. Gandhi
02.	Date of Birth	:	14 th May 1979
03.	Address	:	Flat No B-13, B Wing, 4 th Floor Hermes Housing society, Dhole Patil Road, Pune
04.	Tel. No./ Mob. No.	:	9987884252
05.	e-mail id	:	drgandhivv@gmail.com
06.	Nationality	:	Indian
07.	Qualification in details : (attached document proof)	:	DNB (General Surgery & Surgical Gastroenterology) & Fellowship in Surgical Gastroenterology
08.	Teaching experience/Medical:Profession experience / Consultant/Mentor(attached document proof with signature of Head)	:	12 Yrs
09.	Present Appointment	:	Consultant Ruby Hall Clinic
10.	Publications (List & Proof)	:	-
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	10 yrs
12.	Any other relevant information	:	

Date :

Dr. Vidhyachandra Gandhi
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. SUJAI K. HEGDE
HEAD OF THE DEPARTMENT

Date : 18.05.22

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

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

