

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 the Mentor | Vd. Bhavesh Nareshchandra Panot |
| 02. | Date of Birth | 04/05/1980 |
| 03. | Address | 13 Varsha Apt, 3 rd floor, Kharkar Ali, Thane (W) 4000 601 |
| 04. | Tel. No./ Mob. No. | 9987076111 |
| 05. | e-mail id | bhaveshpanot@yahoo.co.in |
| 06. | Nationality | Indian |
| 07. | Qualification in details : (attach documentary proof) | B.A.M.S., M.D. (Ayur.) |
| 08. | Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course) | 14 Yrs. 9 Months. |
| 09. | Present Appointment | Professor |
| 10. | Publications (List & Proof) | - |
| 11. | Post Graduate Teaching experience (Attach documentary evidence) | NA |
| 12. | Any other relevant information | - |

Date: - 23/05/2022

Name & Sign. of Mentor

Pg. Bhavesh Panot

For the use of affiliated Training Center:

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/ECCO/736/2019 dated 30/09/2019.

Sign & Stamp

Head of the Department

Date: 23/05/2022

Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date: 23/05/2022

Training Centre Round Seal



ANNEXURE – “F”

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

| Sr. No. | Particular | Information to be filled |
|---------|---|---|
| 01. | Name of the Mentor | Vd. Patil Sarika Maruti |
| 02. | Date of Birth | 30/10/1981 |
| 03. | Address | 11/C/403,Safalya mhada Colony,Chandivali,Mumbai-400 072 |
| 04. | Tel. No./ Mob. No. | 8850261463 |
| 05. | e-mail id | <u>Sarikam301081@gmail.com</u> |
| 06. | Nationality | Indian |
| 07. | Qualification in details : (attach documentary proof) | B.A.M.S.,M.D. (Ayur.) |
| 08. | Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course) | 12 Yrs. 8 Months. |
| 09. | Present Appointment | Professor |
| 10. | Publications (List & Proof) | - |
| 11. | Post Graduate Teaching experience (Attach documentary evidence) | NA |
| 12. | Any other relevant information | |

Date: - 23/05/2022

Name & Sign. of Mentor

Dr. Sarika M. Patil

For the use of affiliated Training Center:

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 UniversityCircular No. MUHS/UDC/FCCC/736/2019 dated 30/09/2019.

Sign & Stamp

Head of the Department

Date: 23/05/2022

Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date: 23/05/2022

Training Centre Round Seal



ANNEXURE – “F”

Information of of Faculty Training Centre
It shall be verified by the Head of the concerned Training Center,

| Sr. No. | Particular | Information to be filled |
|---------|--|-------------------------------------|
| 01. | Name of the Faculty | Vd. Pandilwar Raghavendra Nandkumar |
| 02. | Date of Birth | 05/05/1989 |
| 03. | Address | |
| 04. | Tel. No./ Mob. No. | 9699365567 / 8369503248 |
| 05. | e-mail id | raghavendrapandilwar@gmail.com |
| 06. | Nationality | Indian |
| 07. | Qualification in details : (attach documentary proof) | B.A.M.S.,M.D. (Ayur.) |
| 08. | Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course) | 5 Yrs. 5 Months. |
| 09. | Present Appointment | Lecturer |
| 10. | Publications (List & Proof) | - |
| 11. | Post Graduate Teaching experience (Attach documentary evidence) | NA |
| 12. | Any other relevant information | - |

Date: - 23/05/2022

Name & Sign. of Mentor

For the use of affiliated Training Center:

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.

Sign & Stamp

Head of the Department

Date: 23/05/2022

Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date: 23/05/2022

Training Centre Round Seal



VD SANJEEV YADAV
Dean
College & Hospital,
Sec - 4, Kharghar,
Navi Mumbai - 410 210