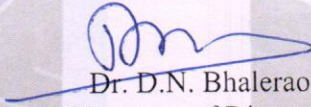


**Annexure – E**

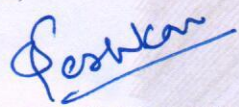
**Information of Mentor of Training Centre**

Sr. No.	Particular	-	Information to be filled
01.	Name of Director	:	Dr. D.N. Bhalerao
02.	Date of Birth	:	30.05.1966
03.	Address	:	Remedi 1929, Sadashiv Peth, Bajirao Road, Opposite Telephone Bhavan, Pune 411030
04.	Tel. No./ Mob. No.	:	986008854
05.	e-mail id	:	dr.bhalerao@gmail.com
06.	Nationality	:	Indian
07.	Qualification in details : (attached documentproof)	:	MBBS, PGDMLS, EMSFAIC, ACCR, DHM, BCC
08.	Teaching experience/Medical:Profession experience / Consultant/Mentor(attached document proof with signature of Head)	:	-
09.	Present Appointment	:	Director-Academics (Admin)
10.	Publications (List & Proof)	:	-
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	-
12.	Any other relevant information	:	-

Date : 21.05.22

  
 Dr. D.N. Bhalerao  
 Signature of Director

I have verified the eligibility of the above Director as per the criteria of the eligibility prescribed by the University vide clause no.7 of the University Direction No 05/1017- (Amended)

  
**DR. SHILPA KULKARNI**  
 HEAD OF THE DEPARTMENT

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

Date : 21.05.22



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