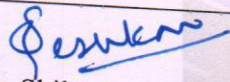


Annexure - F

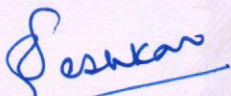
Information of Mentor of Training Centre

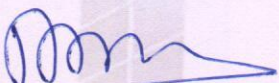
Sr. No.	Particular	-	Information to be filled
01.	Name of Faculty/Teacher	:	Dr. Shilpa Kulkarni
02.	Date of Birth	:	26/12/1969
03.	Address	:	S. No 7/1, 7/2, C- 204 Avaneesh Apartment C -204, Kothrud, Pune -38
04.	Tel. No./ Mob. No.	:	9850042103
05.	e-mail id	:	Shilpadeshkar @yahoo.com
06.	Nationality	:	Indian
07.	Qualification in details : (attached documentproof)	:	MD Anaesthesia, IDCCM (Critical Care)
08.	Teaching experience/Medical:Profession experience / Consultant/Mentor(attached document proof with signature of Head)	:	27 yrs
09.	Present Appointment	:	Head of Department
10.	Publications (List & Proof)	:	-
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	27yrs
12.	Any other relevant information	:	

Date : 23/5/22

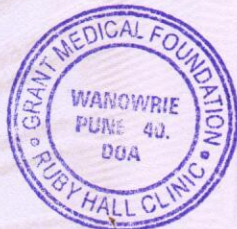

 Dr. Shilpa Kulkarni
 Head of Department
 Signature of Mentor

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. SHILPA KULKARNI
 HEAD OF THE DEPARTMENT


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

Date : 23/5/2022



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