



**Annexure – F**

**Information of Mentor of Training Centre**

Sr. No.	Particular	-	Information to be filled
01.	Name of Faculty/Teacher	:	Dr,Saurabh S. Shaha
02.	Date of Birth	:	03/11/1989
03.	Address	:	Flat No 1906Aspire Tower II B Amanora ParkTown, Hadapsar , Pune
04.	Tel. No./ Mob. No.	:	9860023910
05.	e-mail id	:	<a href="mailto:drsaurabhshaha@gmail.com">drsaurabhshaha@gmail.com</a>
06.	Nationality	:	Indian
07.	Qualification in details : (attached documentproof)	:	MD (Anesthesia) IDCCM
08.	Teaching experience/Medical:Profession experience / Consultant/Mentor(attached document proof with signature of Head)	:	8 yrs
09.	Present Appointment	:	Consultant
10.	Publications (List & Proof)	:	
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	8 yrs
12.	Any other relevant information	:	-

Date :

*For* *Shilpa*  
Dr. Saurabh S. Shah  
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.

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

*Dr. D.N. Bhalerao*  
**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

