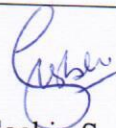


**Annexure – F**


**Information of Mentor of Training Centre**


| Sr. No. | Particular                                                                                                            | - | Information to be filled                                                    |
|---------|-----------------------------------------------------------------------------------------------------------------------|---|-----------------------------------------------------------------------------|
| 01.     | Name of Faculty/Teacher                                                                                               | : | Dr. Sachin S. Arbhi                                                         |
| 02.     | Date of Birth                                                                                                         | : | 03 <sup>rd</sup> June 1977                                                  |
| 03.     | Address                                                                                                               | : | B -2, 902, Prism Society, S.No.6(P)+7,<br>Behind Spicer College,Aundh, Pune |
| 04.     | Tel. No./ Mob. No.                                                                                                    | : | 90499687399                                                                 |
| 05.     | e-mail id                                                                                                             | : | sachindoc77@rediffmail.com<br>sachindoc77@gmail.com                         |
| 06.     | Nationality                                                                                                           | : | Indian                                                                      |
| 07.     | Qualification in details : (attached documentproof)                                                                   | : | M.D Anaesthesia                                                             |
| 08.     | Teaching experience/Medical:Profession experience / Consultant/Mentor(attached document proof with signature of Head) | : | 17 yrs                                                                      |
| 09.     | Present Appointment                                                                                                   | : | Consultant Ruby Hall Clinic                                                 |
| 10.     | Publications (List & Proof)                                                                                           | : | Attached                                                                    |
| 11.     | Post Graduate Teaching experience (Attach documentary evidence)                                                       | : | 14 yrs                                                                      |
| 12.     | Any other relevant information                                                                                        | : |                                                                             |

Date : 21.05.22

  
Dr. Sachin S. Arbhi  
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. RAJENDRASINGH D. PATIL**  
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