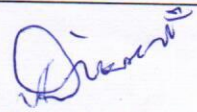


Annexure – F

Information of Mentor of Training Centre

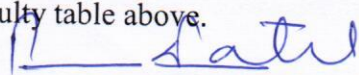
Sr. No.	Particular	-	Information to be filled
01.	Name of Faculty/Teacher	:	Dr. Amit A. Dikshit
02.	Date of Birth	:	03 rd July 1979
03.	Address	:	Flat no : 1 D – Bld, Common Wealth Hsg.Soc,Bund Garden Rd, Pune
04.	Tel. No./ Mob. No.	:	7775962919 /0240 2335282
05.	e-mail id	:	drdixitamit@gmail.com
06.	Nationality	:	Indian
07.	Qualification in details : (attached documentproof)	:	DNB,DA, PDCC (Regional Anesthesia)
08.	Teaching experience/Medical:Profession experience / Consultant/Mentor(attached document proof with signature of Head)	:	12 yrs
09.	Present Appointment	:	Consultant Ruby Hall Clinic
10.	Publications (List & Proof)	:	Attached
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	12 yrs
12.	Any other relevant information	:	Member of Board of Students (BOS) Fellowship & Research – AORA India Contributed Chapters in Regional Anesthesia and Focus Textbooks

Date : 21.05.22




Dr. Amit A. Dikshit
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.

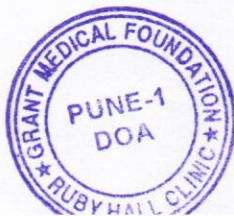


DR. RAJENDRASINGH D. PATIL
HEAD OF THE DEPARTMENT



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