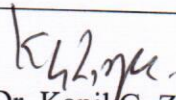


**Annexure – F**

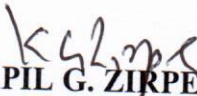
**Information of Mentor of Training Centre**


Sr. No.	Particular	-	Information to be filled
01.	Name of Faculty/Teacher	:	Dr. Kapil G. Zirpe
02.	Date of Birth	:	12 <sup>th</sup> May 1968
03.	Address	:	Swari Apts, Happy Colony, Lane No.2 Kothrud, Pune
04.	Tel. No./ Mob. No.	:	020 25442375 / 9822844212
05.	e-mail id	:	<a href="mailto:Kapilzirpe@gmail.com">Kapilzirpe@gmail.com</a> & <a href="mailto:Kapilzirpe@yahoo.com">Kapilzirpe@yahoo.com</a>
06.	Nationality	:	Indain
07.	Qualification in details : (attached documentproof)	:	MD (Chest medicine) FCCM & FICCM
08.	Teaching experience/Medical:Profession experience / Consultant/Mentor(attached document proof with signature of Head)	:	28 yrs
09.	Present Appointment	:	Director & HOD (Neuro Intensive care unit)
10.	Publications (List & Proof)	:	20
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	26 yrs
12.	Any other relevant information	:	-

Date : 21.05.22

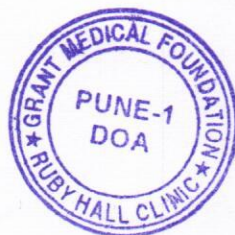
  
Dr. Kapil G. Zirpe  
Signature of Mentor

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. KAPIL G. ZIRPE**  
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