



Annexure – F

Information of Mentor of Training Centre

Sr. No.	Particular	-	Information to be filled
01.	Name of Faculty/Teacher	:	Dr. Sanmay Chowdhury
02.	Date of Birth	:	14 th March 1973
03.	Address	:	Ashirwad 29B, survey No.89/90 Lokmanya Colony, paud Road, Pune
04.	Tel. No./ Mob. No.	:	9822058461
05.	e-mail id	:	<u>Dr.sanmay@gmail.com</u>
06.	Nationality	:	Indian
07.	Qualification in details : (attached documentproof)	:	DNB , ISCCM, FCPS
08.	Teaching experience/Medical:Profession experience / Consultant/Mentor(attached document proof with signature of Head)	:	14 yrs
09.	Present Appointment	:	Consultant (ICU Incharge)
10.	Publications (List & Proof)	:	Attached in CV
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	14 yrs
12.	Any other relevant information	:	

Date : 20.05.22

Dr. Sanmay Chowdhury
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 : 20.05.22



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