


**Annexure – F**  
Information of Mentor of Training Centre  
It shall be verified by the Head of the concerned Training Center,

Sr. No.	Particular	-	Information to be filled
01.	Name of Faculty/Teacher	:	Dr. Nitin Pai
02.	Date of Birth	:	15 <sup>th</sup> November 1973
03.	Address	:	1091/B4, Sita Kunj, hare Krishna Road Model Colony Pune :01
04.	Tel. No./ Mob. No.	:	9822008682 /9890909082
05.	e-mail id	:	<a href="mailto:drnitinpai@gmail.com">drnitinpai@gmail.com</a>
06.	Nationality	:	Indian
07.	Qualification in details : (attached documentproof)	:	DNB, MD (Med) and DM (Gastroenterology)
08.	Teaching experience/Medical:Profession experience / Consultant/Mentor(attached document proof with signature of Head)	:	23 yrs
09.	Present Appointment	:	Sr. Consultant & Head of Department (Gastrointestinal) Ruby Hall Clinic
10.	Publications (List & Proof)	:	Attached
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	15 yrs
12.	Any other relevant information	:	-

Date : 20.05.2021



Dr. Nitin Pai  
Signature of Mentor

I have verified the eligibility of the above Mentor as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 05/2017 (Amended) and University Circular No. MUHS/UDC/FCCC/736/2019 dated 30/09/2019



**DR. NITIN PAI**  
**HEAD OF THE DEPARTMENT**  
Date: 20.05.2021



**DR. D.N. BHALERAO**  
**DIRECTOR ACADEMICS(ADMIN)**



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

