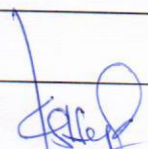


Annexure – F

Information of Mentor of Training Centre

Sr. No.	Particular	-	Information to be filled
01.	Name of Faculty/Teacher	:	Dr. Sujai K. Hegde
02.	Date of Birth	:	11 th February 1971
03.	Address	:	Flat No : 102 Shrawasti A-1, Building Kondwa Pune 48
04.	Tel. No./ Mob. No.	:	9890107621
05.	e-mail id	:	sujai.hedge@hotmail.com sujaihedge@gmail.com
06.	Nationality	:	Indian
07.	Qualification in details : (attached documentproof)	:	MS, DNB, MRCS (EDINBURGH)
08.	Teaching experience/Medical:Profession experience / Consultant/Mentor(attached document proof with signature of Head)	:	22 yrs
09.	Present Appointment	:	Sr. Consultant & Head of Department
10.	Publications (List & Proof)	:	-
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	17 yrs
12.	Any other relevant information	:	


Date :18.05.2022


Dr. Sujai K. Hegde
Head of Department
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. SUJAI K. HEGDE
HEAD OF THE DEPARTMENT

Date : 18.05.22


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

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

