



Annexure – F

Information of Mentor of Training Centre

Sr. No.	Particular	-	Information to be filled
01.	Name of Faculty/Teacher	:	Dr. Sabrina Bokil
02.	Date of Birth	:	16th May 1965
03.	Address	:	Dwidal Nursing Home, 10/15A, Erandewane, Karve Road, Pune 411004
04.	Tel. No./ Mob. No.	:	9822036493
05.	e-mail id	:	sabrinabokil@hotmail.com
06.	Nationality	:	Indian
07.	Qualification in details : (attached documentproof)	:	DGO, MD(obst/Gyn), MRCOG, The RCOG, London, UK FRCOG
08.	Teaching experience/Medical:Profession experience / Consultant/Mentor(attached document proof with signature of Head)	:	33 yrs
09.	Present Appointment	:	Sr. Consultant
10.	Publications (List & Proof)	:	Attached
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	29 yrs
12.	Any other relevant information	:	-

Date : 20.05.22

Dr. Sabrina Bokil
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. SUNITA TANDULWADKAR
HEAD OF 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

