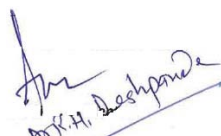


Information of Mentor of Training Centre
It shall be verified by the Head of the concerned Training Center,

Sr. No.	Particular	Information to be filled
01.	Name of the Mentor	: Dr. Rangrao Hanmantrao Deshpande
02.	Date of Birth	: 13/04/1958
03.	Address	: Flat No.06, “SEENA”, Building, Staff Quarters B. K. L. Walawalkar Rural Medical CollegeA/P- Sawarde, Kasarwadi, Tal: Chiplun , Dist: Ratnagiri Pin - 415606, Maharashtra State
04.	Tel. No./ Mob. No.	: 9422470731
05.	e-mail id	: drshamhd@gmail.com
06.	Nationality	: INDIAN
07.	Qualification in details : (attach documentary proof)	: MBBS, DCP, MD (Pathology)
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	: 16 Y 06M
09.	Present Appointment	: Professor and Head
10.	Publications (List & Proof)	: 16
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 04 Y 07 M
12.	Any other relevant information	:


Dr. R. Deshpande

Date: -

Name & Sign. of Mentor

For the use of affiliated Training Center:

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.

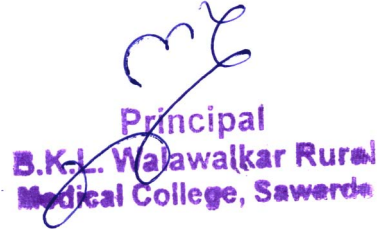


Sign & Stamp

Head of the Department

Date:

Head of The Department
B.K.L. Walawalkar Rural
Medical College, Sawarde



Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date:

Training Centre Round Seal



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 the Mentor	: DR. SUNIL MANOHAR NADKARNI
02.	Date of Birth	: 23/05/1958
03.	Address	: Flat No.01, “SHARAYU”, Building, Staff Quarters B. K. L. Walawalkar Rural Medical CollegeA/P- Sawarde, Kasarwadi, Tal: Chiplun , Dist: Ratnagiri Pin - 415606, Maharashtra State
04.	Tel. No./ Mob. No.	: 9822096340
05.	e-mail id	: sunilnadkarni@gmail.com
06.	Nationality	: INDIAN
07.	Qualification in details : (attach documentary proof)	: MBBS, MS (Orthopaedics), FRCS Edinburg
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	: 22 Y
09.	Present Appointment	: Assistant Professor
10.	Publications (List & Proof)	: 15
11.	Post Graduate Teaching experience (Attach documentary evidence)	: —
12.	Any other relevant information	:

Date: -


Name & Sign. of Mentor

For the use of affiliated Training Center:

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Sign & Stamp

Head of the Department

Date:

Head of The Department
B.K.L. Walawalkar Rural
Medical College, Sawarde



Principal
B.K.L. Walawalkar Rural
Medical College, Sawarde

Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date:

Training Centre Round Seal



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 the Mentor	:	Dr. Shreerang Madhusudan Joshi.
02.	Date of Birth	:	17/12/1958
03.	Address	:	Flat No.03, "SHARAYU", Building, Staff Quarters B. K. L. Walawalkar Rural Medical CollegeA/P- Sawarde, Kasarwadi, Tal: Chiplun , Dist: Ratnagiri Pin - 415606, Maharashtra State
04.	Tel. No./ Mob. No.	:	9823042591
05.	e-mail id	:	joshishreerang@yahoo.in
06.	Nationality	:	INDIAN
07.	Qualification in details : (attach documentary proof)	:	MBBS, MS (Orthopaedics),
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	:	21 Y 04 M
09.	Present Appointment	:	Professor & Head Orthopaedics
10.	Publications (List & Proof)	:	04
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	08 Y
12.	Any other relevant information	:	

Date: -

Amogh

Name & Sign. of Mentor

For the use of affiliated Training Center:

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Sign & Stamp

Head of the Department


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B.K.L. Walawalkar Rural
Medical College, Sawarde

Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date:



Principal
B.K.L. Walawalkar Rural
Medical College, Sawarde

Training Centre Round Seal



Information of Mentor of Training Centre
It shall be verified by the Head of the concerned Training Center,

**Course : Certificate Course in Technician /Respiratory Therapist
in ICU**

Sr. No.	Particular	Information to be filled
01.	Name of the Mentor	: Dr. Suryakant Haribhau Nisale
02.	Date of Birth	: 12/02/1957
03.	Address	: Flat No.04, “SHATADRU A”, Building, Staff Quarters B. K. L. Walawalkar Rural Medical CollegeA/P- Sawarde, Kasarwadi, Tal: Chiplun , Dist: Ratnagiri Pin - 415606, Maharashtra State
04.	Tel. No./ Mob. No.	: 9922717661
05.	e-mail id	: shnisale@gmail.com
06.	Nationality	: INDIAN
07.	Qualification in details : (attach documentary proof)	: MBBS, MD (GENERAL MEDICINE)
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	: 08 Y 03 M
09.	Present Appointment	: Associate Professor
10.	Publications (List & Proof)	: 04
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 01Y 10 M
12.	Any other relevant information	:

Date: -

Name & Sign. of Mentor

For the use of affiliated Training Center:

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Sign & Stamp

Head of the Department

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**Head of The Department
B.K.L. Walawalkar Rural
Medical College, Sawarde**



**Principal
B.K.L. Walawalkar Rural
Medical College, Sawarde**

Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date:

Training Centre Round Seal



Information of Mentor of Training Centre
It shall be verified by the Head of the concerned Training Center,

Course : Certificate Course in ECG Technician Assistant

Sr. No.	Particular	Information to be filled
01.	Name of the Mentor	: Dr. NIKHIL SUNIL NASIKKAR
02.	Date of Birth	: 08/11/1980
03.	Address	: Flat No. 306, “Chitrakuta ”, Building, Staff Quarters B. K. L. Walawalkar Rural Medical College A/P- Sawarde, Kasarwadi, Tal: Chiplun , Dist: Ratnagiri Pin - 415606, Maharashtra State
04.	Tel. No./ Mob. No.	: 9969026980
05.	e-mail id	: drniknash@gmail.com
06.	Nationality	: INDIAN
07.	Qualification in details : (attach documentary proof)	: MBBS, DNB (General Medicine)
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	: 06Y 10 M
09.	Present Appointment	: Assistant Professor
10.	Publications (List & Proof)	: 04
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 01Y
12.	Any other relevant information	:



Date: -

Name & Sign. of Mentor

For the use of affiliated Training Center:

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Sign & Stamp

Head of the Department

Date:

**Head of The Department
B.K.L. Walawalkar Rural
Medical College, Sawarde**



**Principal
B.K.L. Walawalkar Rural
Medical College, Sawarde**

Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date:



Training Centre Round Seal

Information of Mentor of Training Centre
It shall be verified by the Head of the concerned Training Center,

Course : Certificate Course in ECG Technician Assistant

Sr. No.	Particular	Information to be filled
01.	Name of the Mentor	: Dr. SUNIL TUKARAM KOTKUNDE
02.	Date of Birth	: 10/09/1975
03.	Address	: B-3 Sneh, Natures harmony, Vindhyavasini Road, Paranjpe Schme, Raotale, Tal : Chiplun Dist Ratnagiri, 415605, Maharashtra State
04.	Tel. No./ Mob. No.	: 8552054787
05.	e-mail id	: drsunil10@rediffmail.com
06.	Nationality	: INDIAN
07.	Qualification in details : (attach documentary proof)	: MBBS, MD (General Medicine)
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	: 06Y 10 M
09.	Present Appointment	: Associate Professor
10.	Publications (List & Proof)	: 02
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 01Y 10 M
12.	Any other relevant information	:




Date: -

Name & Sign. of Mentor

For the use of affiliated Training Center:

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Medical College, Sawarde**



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Medical College, Sawarde**

Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date:



Training Centre Round Seal

Information of Mentor of Training Centre
It shall be verified by the Head of the concerned Training Center,

Course : Certificate Course in Radiography Technology

Sr. No.	Particular	Information to be filled
01.	Name of the Mentor	: DR. PRADEEP RAGHAVENDRA KULKARNI
02.	Date of Birth	: 12/05/1959
03.	Address	: Flat No.06 “MUCHKUNDI”, Building, Staff Quarters B. K. L. Walawalkar Rural Medical CollegeA/P- Sawarde, Kasarwadi, Tal: Chiplun , Dist: Ratnagiri Pin - 415606, Maharashtra State
04.	Tel. No./ Mob. No.	: 9225857080
05.	e-mail id	: prk_sangli@yahoo.co.in
06.	Nationality	: INDIAN
07.	Qualification in details : (attach documentary proof)	: MBBS, MD (RADIO DIAGNOSIS)
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	: 16Y 03 M
09.	Present Appointment	: Professor & Head
10.	Publications (List & Proof)	: 04
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 01Y 10 M
12.	Any other relevant information	:

Date: -

Name & Sign. of Mentor

For the use of affiliated Training Center:

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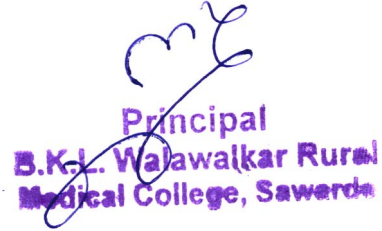


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Medical College, Sawarde**

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Dean/ Principal/ Director of Training Centre

Date:



Training Centre Round Seal

Information of Mentor of Training Centre
It shall be verified by the Head of the concerned Training Center,

Course : Certificate Course in Radiography Technology

Sr. No.	Particular	Information to be filled
01.	Name of the Mentor	: Dr. KEDAR JAYANT ATHAWALE
02.	Date of Birth	: 11/09/1974
03.	Address	: Flat No.01, “VIDISHA”, Building, Staff Quarters B. K. L. Walawalkar Rural Medical CollegeA/P- Sawarde, Kasarwadi, Tal: Chiplun , Dist: Ratnagiri Pin - 415606, Maharashtra State
04.	Tel. No./ Mob. No.	: 9422082884
05.	e-mail id	: kedarathavale@gmail.com
06.	Nationality	: INDIAN
07.	Qualification in details : (attach documentary proof)	: MBBS, DMRD, DNB (RADIODIAGNOSIS)
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	: 14Y 01 M
09.	Present Appointment	: Associate Professor
10.	Publications (List & Proof)	: 05
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 01Y 10 M
12.	Any other relevant information	:



Date: -

Name & Sign. of Mentor

For the use of affiliated Training Center:

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B.K.L. Walawalkar Rural
Medical College, Sawarde**


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Medical College, Sawarde**

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Training Centre Round Seal