ANNEXURE – "E"

Information of Director 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 Director	:	**DR. SUVARNA NETAJI PATIL.**
02.	Date of Birth	:	**03/10/1968**
03.	Address	:	**Flat No. 02, "SHATADRU-A", 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.	:	**9921251695**
05.	E-mail id	:	director@bklwrmc.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)	:	Health Sciences: Professional Experience =23 Teaching Experience : 07 Years 10 Months
09.	Present Appointment	:	Professor in General Medicine & MEDICAL DIRECTOR BKLWRMC & H
10.	Publications (List & Proof)	:	32
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	2.7 Years
12.	Any other relevant information	:	

Date: - 01/04/2023

Name & Sign. of Director

Dr. Suvarna N. Patil

For the use of affiliated Training Center:

have verified the eligibility of the above Director as per the criteria of eligibility prescribed bythe University vide clause no.7 of the University Direction No. 05/2017 (Amended).

Sign & Stamp

Head of the Department

Date: 1/4/2023

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

Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date: 1/4/23

DEAN
S.V.J.C.T.'S
B.K.L.Walawalkar Rural Medical College
At.Kasarwadi, Post.Sawarde
Tal.Chiplun,Dist.Ratnagiri

Training Centre Round Seal

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