

Information of Mentor of Training Centre

It Shall be verified by the Head of the concerned Training Centre,

Sr. No	Particulars	Information to be filled
1	Name of the Mentor	: Dr. SUNIL MANOHAR NADKARNI
2	Date of Birth	: 23/05/1958
3	Address	: Flat No. 01, "SHARAYU", Building, Staff Quarters, B. K. L. Walawalkar Rural Medical College, A/P- Sawarde, Kasarwadi, Tal: Chiplun Dist: Ratnagiri, Pin- 415 606, Maharashtra State
4	Tel. No. / Mob. No.	: 9822096340
5	E-mail id	: <u>sunilnadkarni@gmail.com</u>
6	Nationality	: Indian
7	Qualification in details : (attached document proof)	: M.B.B.S., M.S, FRCS. Orthopaedics
8	Teaching experience / Health Sciences: Profession experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to the attach self-attested photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	: 09 Years
9	Present Appointment	: 01/02/2019 as Assistant Professor
10	Publications (List & Proof)	: National – 05 , International 07 = 12
11	Post Graduate Teaching experience (Attach documentary evidence)	: 02 Y
12	Any other relevant information	: -

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

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

Sign & Stamp
Dean/Principal/Director of Training Centre
DEAN

B.K.L. Walawalkar Rural Medical College
At. Kasarwadi, Post. Sawarde
Tal. Chiplun, Dist. Ratnagiri

Training Centre Round Seal

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Sr. No	Particulars	Information to be filled
1	Name of the Mentor	: Dr. CHINTAMANI AVINASH LATKAR
2	Date of Birth	: 11/12/1974
3	Address	: Flat No. 02, “SHARAYU ”, Building, Staff Quarters, B. K. L. Walawalkar Rural Medical College, A/P- Sawarde, Kasarwadi, Tal: Chiplun Dist: Ratnagiri, Pin- 415 606, Maharashtra State
4	Tel. No. / Mob. No.	: 9823028036
5	E-mail id	: nandanlatkar@yahoo.com
6	Nationality	: Indian
7	Qualification in details : (attached document proof)	: M.B.B.S., M.S. Orthopaedics
8	Teaching experience / Health Sciences: Profession experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to the attach self-attested photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	: 23 Years
9	Present Appointment	: 26/06/2022 as Professor
10	Publications (List & Proof)	: National – 01 , International 00 = 02
11	Post Graduate Teaching experience (Attach documentary evidence)	: 12 Y
12	Any other relevant information	: -

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Sr. No	Particulars	Information to be filled
1	Name of the Mentor	: Dr. Ujjwala Prabhakar Kulkarni
2	Date of Birth	: 07/09/1969
3	Address	: KRUSHNA-Ground Floor", Building, Staff Quarters,B. K. L. Walawalkar Rural Medical College, A/P- Sawarde, Kasarwadi,Tal: Chiplun Dist: Ratnagiri, Pin- 415 606, Maharashtra State
4	Tel. No. / Mob. No.	: 9823028566
5	E-mail id	: ujjwala769@gmail.com
6	Nationality	: Indian
7	Qualification in details : (attached document proof)	: M.B.B.S., M.D. General Medicine
8	Teaching experience / Health Sciences: Profession experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to the attach self-attested photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	: 25 Years 10 Months
9	Present Appointment	: 01/07/2018 as Professor
10	Publications (List & Proof)	: National – 00 , International 05
11	Post Graduate Teaching experience (Attach documentary evidence)	: 04 Years 04 M
12	Any other relevant information	: -

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Information of Mentor of Training Centre**It Shall be verified by the Head of the concerned Training Centre,**

Sr. No	Particulars	Information to be filled
1	Name of the Mentor	: Dr. Sagar Subhash Nanaware
2	Date of Birth	: 07/04/1986
3	Address	: Flat No. 11, “MUCHKUNDI”, Building, Staff Quarters, B. K. L. Walawalkar Rural Medical College, A/P- Sawarde, Kasarwadi, Tal: Chiplun Dist: Ratnagiri, Pin- 415 606, Maharashtra State
4	Tel. No. / Mob. No.	: 7755967486
5	E-mail id	: dr.sagarnanaware@gmail.com
6	Nationality	: Indian
7	Qualification in details : (attached document proof)	: M.B.B.S., M.D. General Medicine
8	Teaching experience / Health Sciences: Profession experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to the attach self-attested photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	: 11 Years 06 Months
9	Present Appointment	: 06/09/2022 as Associate Professor
10	Publications (List & Proof)	: National – 00 , International 07
11	Post Graduate Teaching experience (Attach documentary evidence)	: 02 Y 05 M
12	Any other relevant information	: -

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Sr. No	Particulars	Information to be filled
1	Name of the Mentor	: Dr. Amey Diwakar Paranjpe
2	Date of Birth	: 10/04/1987
3	Address	: Flat No. 05, "MUCHKUNDI", Building, Staff Quarters, B. K. L. Walawalkar Rural Medical College, A/P- Sawarde, Kasarwadi, Tal: Chiplun Dist: Ratnagiri, Pin- 415 606, Maharashtra State
4	Tel. No. / Mob. No.	: 9820595063
5	E-mail id	: ameyparanjape100@gmail.com
6	Nationality	: Indian
7	Qualification in details : (attached document proof)	: M.B.B.S., M.D. Pulmonary Medicine
8	Teaching experience / Health Sciences: Profession experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to the attach self-attested photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	: 13 Years 01 Month
9	Present Appointment	: 10/10/2024 as Professor
10	Publications (List & Proof)	: National – 00 , International 05
11	Post Graduate Teaching experience (Attach documentary evidence)	:
12	Any other relevant information	: -

Date:-

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Information of Mentor of Training Centre

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Sr. No	Particulars	Information to be filled
1	Name of the Mentor	: Dr. Nitin Dnyandev Kesarkar
2	Date of Birth	: 18/02/1981
3	Address	: Flat No. 06, "SHATADRU-A ", Building, Staff Quarters B. K. L. Walawalkar Rural Medical College A/P- Sawarde, Kasarwadi, Tal: Chiplun , Dist: Ratnagiri Pin - 415606, Maharashtra State
4	Tel. No. / Mob. No.	: 9970288797
5	E-mail id	: dr.nitz@rediffmail.com
6	Nationality	: Indian
7	Qualification in details : (attached document proof)	: M.B.B.S., M.D. General Medicine
8	Teaching experience / Health Sciences: Profession experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to the attach self-attested photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	: 15 Years 02 M
9	Present Appointment	: 19/02/2020 as Associate Professor
10	Publications (List & Proof)	: National – 00 , International 04
11	Post Graduate Teaching experience (Attach documentary evidence)	:
12	Any other relevant information	: -

Date:-

Name & Sign. of Mentor

Nitin Kesarkar

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Sr. No	Particulars	Information to be filled
1	Name of the Mentor	: Dr. Ninad Eknath Naphade
2	Date of Birth	: 27/06/1970
3	Address	: Near Bhawani Mandap, Shanti Nagar, Tal-Dist- Ratnagiri, 415639, Maharashtra
4	Tel. No. / Mob. No.	: 9890466663
5	E-mail id	: drninadnafade1970@gmail.com
6	Nationality	: Indian
7	Qualification in details : (attached document proof)	: M.B.B.S., M.D. Radio-Diagnosis
8	Teaching experience / Health Sciences: Profession experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to the attach self-attested photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	: 26 Years 09 Months
9	Present Appointment	: 15/06/2022 as Professor & Head
10	Publications (List & Proof)	: National – 03 , International 03
11	Post Graduate Teaching experience (Attach documentary evidence)	: 07 Years 10 Month
12	Any other relevant information	: -

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Sr. No	Particulars	Information to be filled
1	Name of the Mentor	: Dr. ANAND SHRIKANT GAJAKOSH
2	Date of Birth	: 28/03/1979
3	Address	: Flat No. 203, "TAMRAPARNEE", Building, Staff Quarters B. K. L. Walawalkar Rural Medical College A/P- Sawarde, Kasarwadi, Tal: Chiplun, Dist: Ratnagiri Pin - 415606, Maharashtra State
4	Tel. No. / Mob. No.	: 9325232082
5	E-mail id	: drgajakos@gmail.com
6	Nationality	: Indian
7	Qualification in details : (attached document proof)	: M.B.B.S., DMRD, DNB Radio-Diagnosis
8	Teaching experience / Health Sciences: Profession experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to the attach self-attested photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	: 16 Years 11 Months
9	Present Appointment	: 12/05/2023 as Professor
10	Publications (List & Proof)	: National – 00, International 08
11	Post Graduate Teaching experience (Attach documentary evidence)	: 03 Years 08 Month
12	Any other relevant information	: -

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Sr. No	Particulars	Information to be filled
1	Name of the Mentor	: Dr. Soneshkumar Raosaheb Chougule
2	Date of Birth	: 23/02/1978
3	Address	: Flat No. 05, "Shatadru-A", Building, Staff Quarters B. K. L. Walawalkar Rural Medical College/A/P- Sawarde, Kasarwadi, Tal: Chiplun, Dist: Ratnagiri Pin - 415606, Maharashtra State
4	Tel. No. / Mob. No.	: 9673552555
5	E-mail id	: sonesh.chougule@yahoo.com
6	Nationality	: Indian
7	Qualification in details : (attached, document proof)	: M.B.B.S., M.D. Radio-Diagnosis
8	Teaching experience / Health Sciences: Profession experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to the attach self-attested photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	: 17 Years 07 Months
9	Present Appointment	: 08/01/2022 as Associate Professor
10	Publications (List & Proof)	: National – 03, International 05
11	Post Graduate Teaching experience (Attach documentary evidence)	: 06 Years 07 Month
12	Any other relevant information	: -

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