

ANNEXURE – “F”

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 Suprashant Kulkarni (HOD for EM&TC)
02.	Date of Birth	: 01-03-1970
03.	Address	: Duplex 34, The Woods by Mahendra, Wakad, Pune 411057
04.	Tel. No./ Mob. No.	: 020 67392001/02; 9823011099
05.	e-mail id	: suprash@gmail.com
06.	Nationality	: Indian
07.	Qualification in details : (attach do	: MBBS 1991 MS (Gen Surgery) 1997
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)	: 28 years
09.	Present Appointment	: Full time Consultant - General Surgeon
10.	Publications (List & Proof)	: List attached
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 28 years Mentor for 1 year MUHS Fellowship Courses Emergency Medical and Trauma Care since 2018
12.	Any other relevant information	: --

Date: 11/08/2025

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: 11/08/2025

Dr. SUPRASHANT KULKARNI
 MS (Surgery), FICS, FALS, FACRSI, FIAGES, FMAS
 Senior Consultant Surgeon,
 (General Gastrointestinal Laparoscopy,
 Colorectal, Endocrine)
 Lokmanya Hospital Nigdi, Pune-44.
 Reg. No. 70266

Training Centre Round Seal



Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: 11/08/2025

Dr. Narendra V. Vaidya
 Chairperson, LHPL,
 Lokmanya Hospital
 Sec. No:24, Pradhikaran,
 Nigdi, Pune - 411044.
 Reg. No:96

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. Shailesh Rajaram Adwani
02.	Date of Birth	: 07-03-1978
03.	Address	: C1001, Titanium Park, Park Street Wakad Pune -411057.
04.	Tel. No./ Mob. No.	: 020 67392001/02; +91-9423583838
05.	e-mail id	: shailesh.adwani@gmail.com <i>shailesh.adwani@gmail.com</i>
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: MBBS 2000 MD General Medicine 2006
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)	: 19 years
09.	Present Appointment	: Full time Consultant - General Medicine
10.	Publications (List & Proof)	: List Attached
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 19 years Mentor for 1 year MUHS Fellowship Courses Emergency Medical and Trauma Care since 2018
12.	Any other relevant information	: --

Date: 11/08/2025

Name & Sign. of Mentor

DR. SHAILESH ADWANI

MBBS, M.D. Medicine

Reg. No. 2001/01/105

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: 11/08/2025

Dr. SUPRASHANT KULKARNI
MS (Surgery), FICS, FALS, FACS, FIAGES, FMAS
Senior Consultant Surgeon,
(General Gastrointestinal Laparoscopy,
Colorectal, Endocrine)
Lokmanya Hospital Nigdi, Pune-44.
Reg. No. 70266



Training Centre Round Seal

Sign & Stamp

Dean/Principal/Director of Training Centre

Date: 11/08/2025

Dr. Narendra V. Vaidya

Chairperson, LHPL,
Lokmanya Hospital
Sec. No: 24, Pradhikaran,
Nigdi, Pune - 411044.
Reg. No. 10090

ANNEXURE – “F”**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 Ashish Suryawanshi	
02.	Date of Birth	14-03-1983	
03.	Address	C1203, Swiss County, Opposite Dilip Vengsarkar Cricket Academy, Thergaon, Pune – 411033.	
04.	Tel. No./ Mob. No.	020 67392001/02; +91-9370671319	
05.	e-mail id	ashishvsuryawanshi@gmail.com	
06.	Nationality	Indian	
07.	Qualification in details : (attach do	MBBS MS (Ortho)	2004 2010
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)	14 years	
09.	Present Appointment	Full time Consultant - Orthopedic Surgeon and Head, Trauma Unit	
10.	Publications (List & Proof)	List attached	
11.	Post Graduate Teaching experience (Attach documentary evidence)	14 years Mentor for 1 year MUHS Fellowship Courses Joint Replacement Surgery and Orthopaedic Trauma and Emergency Medical and Trauma Care since 2018	
12.	Any other relevant information	Have experience in organizing and conducting University level theory and practical examinations for Postgraduate medical trainees/students as Assistant Professor in Medical Colleges and Mentor for MUHS Fellowship courses.	

Date: 11/08/2025

Name & Sign. of Mentor

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Sign & Stamp

Head of the Department

Date: 11/08/2025

Dr. SUPRASHANT KULKARNI
MS (Surgery), FICS, FALS, FACPSI, FIAGES, FMAS
Senior Consultant Surgeon,
(General Gastroenterology, Hepatobiliary, Colorectal, Endocrine)
Lokmanya Hospital Nigdi, Pune-44.
Reg. No. 70266

Training Centre Round Seal

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Dean/Principal/Director of Training Centre

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Chairperson, LHPL,
Lokmanya Hospital
Sec. No: 24, Pradhikaran,
Nigdi, Pune - 411044.
Reg. No: 96

DR. ASHISH SURYAWANSHI
Reg. No. 2009/02/506
MBBS, MS (Orthopedic)
FJRS (Germany), FIOTS (USA)
Consultant Orthopedic & Robotic Joint
Replacement Surgeon

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. Pallav Shyamsunder Bhatia
02.	Date of Birth	: 14-02-1983
03.	Address	: Y-103, Roseland Residency, Kunal Icon Road, Pimple Saudagar, Pune - 411027
04.	Tel. No./ Mob. No.	: 020 67392001/02; +91-9711185045
05.	e-mail id	: drpallavbhatia@gmail.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: MBBS 2005 MS (Ortho) 2010
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)	: 14 years
09.	Present Appointment	: Full Time Consultant Spine Surgeon
10.	Publications (List & Proof)	: List attached
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 14 years Mentor for 1 year MUHS Fellowship Courses Joint Replacement Surgery and Orthopaedic Trauma and Emergency Medical and Trauma Care since 2018
12.	Any other relevant information	: --

Date: 11/08/2025

Name & Sign. of Mentor

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Head of the Department

Date: 11/08/2025

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Sec. No:24, Pradhikaran,
Nigdi, Pune - 411044.
Reg. No:96

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 Bhushankumar Rajendra Ganvir
02.	Date of Birth	: 08-01-1981
03.	Address	: H-802, Greens Beech (G-H) building, Opposite Pudumjee Paper Mills, Aditya Birla Hospital Marg, Thergaon, Pune - 411033 (Maharashtra), India
04.	Tel. No./ Mob. No.	: 020 67392001/02; +91 8208098374
05.	e-mail id	: drbhushanganvir@gmail.com
06.	Nationality	: Indian
07.	Qualification in details : (attach doc)	: MBBS 2004 DNB (Ortho) 2012
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)	: 13 years
09.	Present Appointment	: Full time Consultant, Orthopaedic Surgeon (Arthroscopy and Sports Medicine)
10.	Publications (List & Proof)	: Reviewer for International Journals
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 13 years 3 months. Mentor for MUHS Orthopaedic Trauma Fellowship and Emergency Medical and Trauma care
12.	Any other relevant information	: --

Date: 11/08/2025

Name & Sign. of Mentor

For the use of affiliated Training Center:

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Nigdi, Pune - 411044.
Reg. No:96

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. Sanjay Mandal
02.	Date of Birth	: 01/01/1986
03.	Address	: Shobha N 8, Princess Villa, Jai Ganesh Samarjya Society, Bhosari, Pimpri-Chinchwad, Maharashtra 411039.
04.	Tel. No./ Mob. No.	: 8087980290
05.	E-mail id	: dr.sanjaysmandal@gmail.com
06.	Nationality	: Indian
07.	Qualification in details :- (attach documentary proof)	: MBBS 2011 DNB Anaesthesiology 2017
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)	: 7 yrs
09.	Present Appointment	: Consultant Anaesthesiologist
10.	Publications (List & Proof)	: -
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 7 yrs
12.	Any other relevant information	: -

Date: 11/08/2025

Name & Sign. of Mentor

For the use of affiliated Training Center:

DR. SANJAY MANDAL

MBBS DNB

Consultant Anaesthesiologist

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