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, Wakao 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 byte) the University vide clause no.7 of the University Direction No. 05/2017 (Amended) and University Pune-44. Circular No. MUHS/UPC/FCCC/736/2019 dated 30/09/2019.

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Sign & Stamp (Head of the Department)

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Date:11/08/2025

Dr. SUPRASHANT KULKARN! Training Centre Round Seal
MS (Surgery), FICS, FALS, FACRSI, FIAGES, FMAS
Senior Consultant Surgeon,

(General Gastrointestinal Laparoscopy, Colorectal, Endocrine) Lokmanya Hospital Nigdi, Punama. Reg. No. 70266 Sign & Stamp

Dean/Principal/Director of Training Centre

Sign, of Mentor ULKARNI

(Surgery), FICS, FALS, FACRSI, FIAGES, FMAS

Senior Consultant Surgeon,

Date:11/08/2025

Dr. Narendra V. Vaidya

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

Reg. No:96

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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		
06.	Nationality	:	Indian		
07.	Qualification in details :	:	MBBS	2000	
	(attach documentary proof)		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	:		1. 7	

Date: 11/08/2025 -

Name & Sign. of Mentor

For the use of affiliated Training Center:

DR. SHAILESH ADWANI MBBS, M.D. Medicine

I have verified the eligibility of the above Mentor as per the criteria of eligibility prescribed by 1/105 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

Sign & Stamp

Dean/Principal/Director of Training Centre

Date:11/08/2025

Dr. SUFRASHANT KULKARNI Training Centre Round Seal
MS (Surgery), FICS, FALS, FACASI, FIAGES, FMAS
Senior Consultant Surgeon,

(General Gastrointestinal Laparoscopy. Colorectal, Endocrine) Lokmanya Hospital Nigdi, Pune-44.

Reg. No. 70266

Dr. Narendra V. Vaidya

Chairperson, LHPL, Lokmanya Hospital Sec. No:24, Pradhikaran, Nigdi, Punc - 411044.

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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 Dill 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 2004 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 - 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 Orth0paedic 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

For the use of affiliated Training Center:

Name & Sign. of Mentor

Reg. No.: 2006/02/506 MBBS, MS (Orthopedic)

I have verified the eligibility of the above Mentor as per the criteria of eligibility prescribed by A the University vide clause no.7 of the University Direction No. 05/2017 (Amended) and University Circular No. MUHS/UDC/FQCQ/736/2019 dated 30/09/2019.

Sign & Stamp

Head of the Departmen

Date:11/08/2025

Training Centre Round Seal

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Sign & Stamp

Dean/Principal/Director of Training Centre

Date:11/08/2025

Dr. Narendra V. Vaidya

Chairperson, LHPL, Lokmanya Hospital

Nigdi, Pune - 411044. Reg. No:96

Dr. SUPRASHANT KULKARNI MS (Sargery), FICS, FALS, FACASI, FLAGES, FMAS

Senior Consultant Surgeon. (General Gooding works of AN Y025-26 Final folder for GDAC give infollic Proforma 25-26 LIC Annexure AtoHec. No: 24, Pradhikaran,

Colorectal, Endocrine) Lokmanya Hospital Nigdi, Pune 44. Reg. No. 70266

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

Sr.	Particular		Information to be filled	
No.				
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 Orth0paedic Trauma and Emergency Medical and Trauma Care since 2018	
12.	Any other relevant information	:	- Oall	

Date: 11/08/2025

Name & Sign. of Mentor

M. S. (ORTHO), F.A.S.S.I., F.I.A.S.A.(USA),

Dr. PALLAV BHATIA

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

Dr. SUPRASHANT KULKARN

MS (Surgery), FICS, FALS, FACRSI, FIAGES, FMAS Training Centre Round Seal Senior Consultant Surgeon, (General Gastrointestinal Laparoscopy,

Colorectal, Endocrine)
Lokmanya Hospital Nigdi, Pune

Reg. No. 70266

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

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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

02.	Date of Birth		00 01 1001	
02.	Date of Birth	Ŀ	08-01-1981	
03.	Address	:	H-802, Greens Beech (G-H) building, Opposit 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 do	:	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 selfattested 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:

Dr. BHUSHAN GANVIR MBBS, DNB (Ortho)

I have verified the eligibility of the above Mentor as per the criteries 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.NO. 2006/01/108

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Sign & Stamp

Head of the Department

Date: 11/08/2025-Dr. SUPRASHANT KULKARNI Training Centre Round Seal

MS (Surgery), FICS, FALS, FACRSI, FIAGES, FMAS Senior Consultant Surgeon, A.Y.2025-26/Final folder for C-D

(General Gastrointestinal Laparoscopy, Colorectal, Endocrine) Lokmanya Hospital Nigdi, Puna 4.

Reg. No. 70266

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. Sanjay Mandal	
02.	Date of Birth	:	01/01/1986	
03.	Address	:	Shobha N 8, Princess Villa, Jai Ganes Samarjya Society, Bhosari, Pimpri-Chinchwa 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 DNB Anaesthesiology	2011 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	:	-	W.

Date: 11/08/2025

Name & Sign. of Mentor

For the use of affiliated Training Center:

DR. SANJAY MANDAL

I have verified the eligibility of the above Mentor as per the enterna of the billy prescribed by the University vide clause no.7 of the University Direction No. MUHS/UDC/FCCC/736/2019 dated 30/09/2019.

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Sign & Stamp

Head of the Department

Date: 11/08/2025

Dr. SUPRASHANT KULKARNI MS (Surgery), FICS, FALS, FACRSI, FIAGES, FMAS Training Centre Round Seal Senior Consultant Surgeon,

(General Gastrointestinal Laparoscopy,

COOPERAL SERVICE FOR A.Y. 2025-26\Final folder for C-DAC

Lokmanya Hospital Nigdi, Pune-44. Reg. No. 70266

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