

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 Narendra V Vaidya (HOD Joint Replacement Surgery) |
| 02. | Date of Birth | : 14-04-1968 |
| 03. | Address | : 26, 'Pranam' Shantisheela Housing Society, Erandwane, Pune 411004. |
| 04. | Tel. No./ Mob. No. | : 020 67392001/02; 9850049991 |
| 05. | e-mail id | : narenvv@hotmail.com |
| 06. | Nationality | : Indian |
| 07. | Qualification in details : (attach documentary proof) | : MBBS 1991 MS (Ortho) 1994 DNB (Ortho) 1995 |
| 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) | : 30 years |
| 09. | Present Appointment | : Chairperson, LHPL and Chief Joint replacement surgeon |
| 10. | Publications (List & Proof) | : 7 publications. List attached |
| 11. | Post Graduate Teaching experience (Attach documentary evidence) | : Faculty for DNB Orthopaedics 2008 to 2016. Mentor and Director for MUHS Fellowship courses in Joint replacement and Orthopaedic trauma and Emergency medical and Trauma care 2018 onwards. |
| 12. | Any other relevant information | : Providing training in Robotic Assisted Joint Replacement Surgery to Orthopedic surgeons from across the globe. Faculty in almost all the prestigious conferences all over the world. |

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

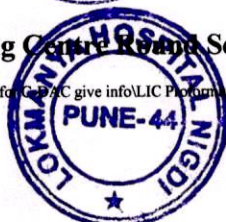
Date:11/08/2025

Dr. Narendra V. Vaidya

HOD, Dept. Of Orthopaedics,

M.S. Ortho, DNB Ortho, Mch. Ortho, A.T.L.S.,
Joint Replacement, Spine & Traumatology,
Reg. No. 65156

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

Dr. Narendra V. Vaidya
Name & Sign. of Mentor

Name & Sign. of Mentor

Dr. Narendra V. Vaidya

HOD, Dept. Of Orthopaedics,

M.S. Ortho, DNB Ortho, Mch. Ortho, A.T.L.S.,

Joint Replacement, Spine & Traumatology,

Reg. No. 65156

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) | 4 publications. 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

DR. ASHISH SURYAWANSHI

Reg. No.: 2006/02/506

MBBS, MS (Orthopedic)

FJRS (Germany) FORTS (USA)

Consultant Orthopedic & Robotic Unit

Joint Replacement Surgeon

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. Narendra V. Vaidya Training Centre Round Seal

HOD, Dept. Of Orthopaedics,

M.S. Ortho, DNB Ortho, Mch. Ortho, A.T.L.S.,

Joint Replacement, Spine, Sports & Arthroscopy

Reg. No. 65136

Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date: 11/08/2025

Dr. Narendra V. Vaidya

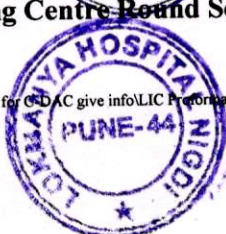
Chairperson, LHPL,

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. 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) | 2 publications. 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

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. Narendra V. Vaidya
 HOD, Dept. Of Orthopaedics,
 M.S. Ortho, DNB Ortho, Mch. Ortho, A.T.L.S.,
 Joint Replacement, Spine & Traumatology,
 Reg. No. 65156

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. 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 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 | - | |

Date: 11/8/2025

Name & Sign. of Mentor

For the use of affiliated Training Center:

DR. SANJAY MANDAL

MBBS DNB

Consultant Anaesthesiologist

Lokmanya Hospital, Nigdi

Reg. No.: 2020/12/7081

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. 03/2017 (Amended) and University Circular No. MUHS/UDC/FCCC/736/2019 dated 30/09/2019.

Sign & Stamp

Head of the Department

Date: 11/08/2025



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

Dr. Narendra V. Vaidya
HOD, Dept. Of Orthopaedics,
M.S. Ortho, DNB Ortho, Mch. Ortho, A.T.L.S.,
Joint Replacement, Spine & Traumatology,
Reg. No. 65156