

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
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. ASHISH SURYAWANSHI Training Centre Round Seal
Reg. No.: 2006/02/506
MBBS, MS (Orthopaedic)
FIJRS (Germany) FIOTS(USA)
Consultant Orthopaedic & Robotic Joint Replacement Surgeon



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
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Sr. No.	Particular	Information to be filled
01.	Name of the Mentor	: Dr Ashish Suryawanshi (HOD for Orthopaedic Trauma)
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 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)	: 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

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Information of Mentor of Training Centre
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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	--

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Name & Sign of Mentor

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[Signature]

Sign & Stamp

Head of the Department

Date: 11/08/2025

DR. ASHISH SURYAWANSHI

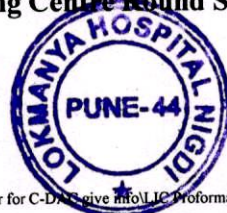
Reg. No.: 2006/07/506

MBBS, MS (Orthopedic)

FIJRS (Germany) FIOTS(USA)

Consultant Orthopedic & Robotic Joint Replacement Surgeon

Training Centre Round Seal



Dr. PALLAV BHATIA

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

F.I.G.A.S.S. (GERMANY), F.N.A.S.S. (USA)

CONSULTANT SPINE SURGEON

REG. NO. 2017/062517

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
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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 Pudemjee 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

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DR. ASHISH SURYAWANSHI Training Centre Round Seal

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Information of Mentor of Training Centre
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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: 11/08/2025

Name & Sign. of Mentor

For the use of affiliated Training Center:

DR. SANJAY MANDAL
MBBS DNB

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Head of the Department

Date: 11/08/2025

DR. ASHISH SURYAWANSHI

Reg. No.: 2006/02/506

MBBS, MS (Orthopedic)

FIJES (Germany) FIOTS(USA)

Consultant in Orthopedic & Robotic Joint

Replacement Surgeon

Training Centre Round Seal



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Dean/ Principal/ Director of Training Centre

Date: 11/08/2025

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