

ANNEXURE – “E”

Information of Director 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 Director	:	Dr. Kulkarni Sanjay Balwant
02.	Date of Birth	:	12/04/1953
03.	Address	:	Gharkul, Ganeshkripa Hsg. Soc. Panel 2, Kothrud Pune
04.	Tel. No./ Mob. No.	:	02025380230/9822024050
05.	E-mail id	:	sanjaybkulkarni@gmail.com
06.	Nationality	:	Indian
07.	Qualification in details : (attach documentary proof)	:	MS, F.R.C.S, Diploma in Urology.
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)	:	Professor 8 yrs Asso. Professor 17 yrs.
09.	Present Appointment	:	Professor, Programme Director
10.	Publications (List & Proof)	:	
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	25 yrs.
12.	Any other relevant information	:	

Kulkarni's.B.

Date: -

Dr. SANJAY KULKARNI
M.S., F.R.C.S. DIP(UROLOGY)
Consultant Urologist
Reg. No. 36694

For the use of affiliated Training Center:

I have verified the eligibility of the above Director as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 05/2017 (Amended).

Kulkarni's.B.

Sign & Stamp
Dr. SANJAY KULKARNI
Head of the Department
M.S., F.R.C.S. DIP(UROLOGY)
Consultant Urologist
Reg. No. 36694



Training Centre Round Seal

[Signature]
Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: **Dr. JYOTSNA S. KULKARNI**
M.S., F.R.C.S.
Consultant Surgeon
Reg. No. 41209

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