

**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. Pankaj Mangalkumar Joshi
02.	Date of Birth	: 01/12/1978
03.	Address	: 101, Hanprabha, Ginja Soc. Pune 411 008
04.	Tel. No./ Mob. No.	: 9923406464
05.	e-mail id	: drpankajmjoshi@gmail.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: MS, DNB Urology, Fellowship in Reconstructive 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)	: Asso. Prof. 8 yrs.
09.	Present Appointment	: Co-ordinator & Mentor
10.	Publications (List & Proof)	:
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 8 yrs.
12.	Any other relevant information	:

Date: -

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.

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Sign & Stamp  
Head of the Department

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



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

Dr. Jyotsna S. Kulkarni  
**Dr. JYOTSNA S. KULKARNI**  
**M.S., F.R.C.S.**  
**Consultant Surgeon**  
**Reg. No. 41209**