

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. Parag Anand Biniwale
02.	Date of Birth	: 25/04/1967
03.	Address	: 942/4-B Anupam model colony Pune
04.	Tel. No./ Mob. No.	: +91 9822023061
05.	e-mail id	: parag.biniwale@gmail.com
06.	Nationality	: INDIAN
07.	Qualification in details : (attach documentary proof)	: MD (Ob-Gyn) clinical course in surgical pelviscopy
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)	: 33 years
09.	Present Appointment	: Mentor
10.	Publications (List & Proof)	: -
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 05 years 11 months
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.



Sign & Stamp
Head of the Department

Date:



Sign & Stamp
Dean/ Principal/ Director of Training Centre

Date:



Training Centre Round Seal

