

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. Vikas Sadashiv Gosavi
02.	Date of Birth	:	14-03-1954
03.	Address	:	C/O Shri Siddhivinayak Ganapati Cancer Hospital, Miraj 416410
04.	Tel. No./ Mob. No.	:	9823144302
05.	E-mail id	:	cancermiraj@gmail.com
06.	Nationality	:	Indian
07.	Qualification in details : (attach documentary proof)	:	MS (Gen Surgery)
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)	:	40 yrs
09.	Present Appointment	:	Medical Director
10.	Publications (List & Proof)	:	Encl
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	16
12.	Any other relevant information	:	-

Date: -

Name & Sign. of Director

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),

H. Gosavi
Sign & Stamp
Head of the Department
Date: 05-08-2025

S. V. Gomin
Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: 05-08-2025

Training Centre (Round Seal)

