

ANNEXURE – “F”

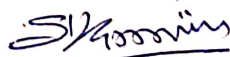
Information of Mentor of Training Centre
It shall be verified by the Head of the concerned Training Center,

Sr. No.	Particular	Information to be filled
01.	Name of the Mentor	: Dr. Ravindra Madhav Joshi
02.	Date of Birth	: 18-08-1968
03.	Address	: C/O Shri Siddhivinayak Ganapati Cancer Hospital Miraj
04.	Mob. No.	: 9422040299
05.	E-mail id	: drjoshisgch@rediffmail.com
06.	Nationality	: Indian
07.	Qualification in details: (attach documentary proof)	: MD. DM (Medical Oncology)
08.	Present Appointment	: Consultant Medical Oncologist & HOD.
09.	Any other relevant information	-

Date:


Sign & Stamp
Head of the Department
Date: 11-08-2025


Sign. of Mentor


Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: 11-08-2025

Training Centre Round Seal

