

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

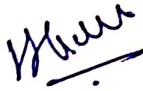
Sr. No.	Particular	Information to be filled
01.	Name of the Mentor	: Dr. Vivek Madhukar Kulkarni
02.	Date of Birth	: 30-09-1969
03.	Address	: C/O Shri Siddhivinayak Ganapati Cancer Hospital Miraj
04.	Tel. No./ Mob. No.	: 9422613936
05.	e-mail id	: Koolvivek04@yahoo.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: MS. FMAS.
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)	: 10 yrs
09.	Present Appointment	: Consultant Surgical Oncologist
10.	Publications (List & Proof)	: Encl
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 10 yrs
12.	Any other relevant information	: -

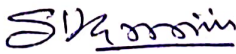
Date: -05-08-2025

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: 05-08-2025


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

Training Centre Round Seal

