

ANNEXURE – “G”

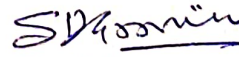
Information of the Mentor of Training Centre
It shall be verified by the Head of the concerned Training Center,

Sr. No.	Particular	Information to be filled
01.	Name of the Mentor	: Dr.Mrs. Rakhi Vikas Jagdale
02.	Date of Birth	: 08-06-1972
03.	Address	: C/O Shri Siddhivinayak Ganapati Cancer Hospital Miraj
04.	Mob. No.	: 9860607994
05.	E-mail id	: cancermiraj@gmail.com
06.	Nationality	: Indian
07.	Qualification in details: (attach documentary proof)	: MD. (Pathology)
08.	Present Appointment	: Consultant Pathologist & 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

