

Information of Director of Training Centre
It shall be verified by the Head of the concerned Training Centre

Sr.No.	Particular	Information to be filled
01	Name of the Mentor	: Dr. Roysuneel V. Patankar
02	Date of Birth	: 26/07/1965
03	Address	: 151/3, Tushar, 14 th Road, Chembur, Mumbai 400071
04	Tel No. / Mob. No.	: 9820075254
05	Email ID	: roypatankar@gmail.com
06	Nationality	: Indian
07	Qualification in details (Attach documentary proof)	: FICS, FMAS, FIAGES, FRCS (Glasg), FALS, FRCS(Ed), PhD (Gasro,UK), FCLS
	Teaching experience / Medical : Professional experience / Consultant / Mentor (Attached document proof with signature of Head of the Institute.	Asstt. Professor-General Surgery at K.J.Somaiya Medical College & Research Centre 01/06/2002 to 25/07/2007. General Surgeon since 1991 and Consultant G.I. & Lapl. Surgeon since 1993
09	Present Appointment	Director, Surgical Services, Zen Multispeciality Hospital.
10	Publications (List & Proof)	CV attached
11	Post Graduate Teaching experience (attach documentary evidence)	Asstt. Professor-General Surgery at K.J. Somaiya Medical College & Research Centre 01/06/2002 to 25/07/2007
12	Any other relevant information	

Date :

6/6/2022

Name & Sign of Director

For the use of affiliated Training Centre :

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)

Sign & Stamp

Head of the Department

Date :

6/6/2022

Sign & Stamp

Director of Training Centre

Date :

6/6/2022



Training Centre Round Seal

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01	Name of the Mentor	: Dr. Roysuneel V. Patankar
02	Date of Birth	: 26/07/1965
03	Address	: 151/3, Tushar, 14 th Road, Chembur, Mumbai 400071
04	Tel No. / Mob. No.	: 9820075254
05	Email ID	: roypatankar@gmail.com
06	Nationality	: Indian
07	Qualification in details (Attach documentary proof)	: FICS, FMAS, FIAGES, FRCS (Glasg), FALS, FRCS(Ed), PhD (Gasro,UK), FCLS
	Teaching experience / Medical : Professional experience / Consultant / Mentor (Attached document proof with signature of Head of the Institute.	Asstt. Professor-General Surgery at K.J.Somaiya Medical College & Research Centre 01/06/2002 to 25/07/2007. General Surgeon since 1991 and Consultant G.I. & Lapl. Surgeon since 1993
09	Present Appointment	Director, Surgical Services, Zen Multispeciality Hospital.
10	Publications (List & Proof)	CV attached
11	Post Graduate Teaching experience (attach documentary evidence)	Asstt. Professor-General Surgery at K.J. Somaiya Medical College & Research Centre 01/06/2002 to 25/07/2007 --
12	Any other relevant information	

Date :

6/6/2022

Name & Sign of Director

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Head of the Department

Date :

6/6/2022

Sign & Stamp

Director of Training Centre

Date :

6/6/2022



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

Sr.No.	Particular	Information to be filled
01	Name of the Mentor	: Dr. Nitish Jhawar
02	Date of Birth	: 03/10/1971
03	Address	: A503, Govind Complex, Sector 14, Vashi, Navi Mumbai 400703
04	Tel No. / Mob. No.	: 9930997704
05	Email ID	: jhawarnitish@hotmail.com
06	Nationality	: Indian
07	Qualification in details (Attach documentary proof)	: M.S.
	Teaching experience / Medical : Professional experience / Consultant / Mentor (Attached document proof with signature of Head of the Institute.	General Surgeon since 2001 and Consultant Lap & Colorectal surgeon since 2003
09	Present Appointment	Consultant Surgeon, Zen Hospital.
10	Publications (List & Proof)	CV attached
11	Post Graduate Teaching experience (attach documentary evidence)	--
12	Any other relevant information	

Date :

6/6/2022

Nitish Jhawar
Name & Sign of Mentor
Dr. Nitish Jhawar

For the use of affiliated Training Centre :

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.

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Sign & Stamp
Head of the Department

Date :

6/6/2022

[Signature]
Sign & Stamp
Director of Training Centre

Date :

6/6/2022



Training Centre Round Seal

Information of Mentor of Training Centre
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Sr.No.	Particular	Information to be filled
01	Name of the Mentor	: Dr. Kishore Adyanthaya
02	Date of Birth	: 08/06/1952
03	Address	: Pinnaroo Annexe, Plot#15, 16th Road, Bandra (West), Mumbai400050
04	Tel No. / Mob. No.	: :+91 22 21660653, +91 9867122776
05	Email ID	: adyanthaya@gmail.com
06	Nationality	: Indian
07	Qualification in details (Attach documentary proof)	: MBBS, MS. MCh.
	Teaching experience / Medical : Professional experience / Consultant / Mentor (Attached document proof with signature of Head of the Institute.	Lecturer, Asst. Professor, and Professor and Head of department Recognized as a Post graduate teacher byt the MUHS from 20 th April, 2009
09	Present Appointment	Consultant Surgeon, Zen Hospital.
10	Publications (List & Proof)	CV attached
11	Post Graduate Teaching experience (attach documentary evidence)	June 1980 till date in the capacity of Lecturer, Asstt. Prof. Assoc. Professor and Professor and Head of Depaftrment --
12	Any other relevant information	

Date:

6/6/2022


Name & Sign of Mentor
Dr. Kishore Adyanthaya


For the use of affiliated Training Centre :

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:

6/6/2022


Sign & Stamp
Director of Training Centre

Date:

6/6/2022



Training Centre Round Seal

Information of Mentor of Training Centre
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Sr.No.	Particular	Information to be filled
01	Name of the Mentor	: Dr. Vishakha Kalikar
02	Date of Birth	: 17/10/1987
03	Address	: 16/43, oswal paek, pikhran road2 thane west .
04	Tel No. / Mob. No.	: 9975634405
05	Email ID	: vish.kalikar@gmail.com
06	Nationality	: Indian
07	Qualification in details (Attach documentary proof)	: MBBS., DNB, FMAS,
08	Teaching experience / Medical : Professional experience / Consultant / Mentor (Attached document proof with signature of Head of the Institute)	General & Laparoscopic Surgeon since 2015 till date at Zen Multispeciality Hospital.
09	Present Appointment	Junior consultant Zen Multispeciality Hospital
10	Publications (List & Proof)	CV attached
11	Post Graduate Teaching experience (attach documentary evidence)	--
12	Any other relevant information	

Date :

6/6/2022

V. Kalikar
Name & Sign of Mentor
Dr. Vishakha Kalikar

For the use of affiliated Training Centre :

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.

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Sign & Stamp
Head of the Department

Date :

6/6/2022

RC
Sign & Stamp
Director of Training Centre

Date :

6/6/2022



Training Centre Round Seal


V. Kalikar

Information of Mentor of Training Centre
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Sr.No.	Particular	Information to be filled
01	Name of the Mentor	: Dr. Roy Patankar
02	Date of Birth	: 26/07/1965
03	Address	: 151/3, Tushar, 14 th Road, Chembur, Mumbai 400071
04	Tel No. / Mob. No.	: 022-25217878, 9820075254
05	Email ID	: roypatankar@gmail.com
06	Nationality	: Indian
07	Qualification in details (Attach documentary proof)	: MS, FRCS, PhD.
08	Teaching experience / Medical : Professional experience / Consultant / Mentor (Attached document proof with signature of Head of the Institute.	Director of the institute. Consultant GI and Lap. Surgeon since 1991
09	Present Appointment	Director, Zen Multispeciality Hospital
10	Publications (List & Proof)	List attached
11	Post Graduate Teaching experience (attach documentary evidence)	5 Years as Assistant Professor of Surgery
12	Any other relevant information	

Date :

6/6/2022


Name & Sign of Mentor
Dr. Roy Patankar

For the use of affiliated Training Centre :

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 :

6/6/2022



Sign & Stamp
Director of Training Centre

Date :

6/6/2022



Training Centre Round Seal

Information of Mentor of Training Centre
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Sr.No.	Particular	Information to be filled
01	Name of the Mentor	: Dr. Rajan Modi
02	Date of Birth	: 03/05/1960
03	Address	: Kapadia Hospital, MG Road, Goregaon, Mumbai
04	Tel No. / Mob. No.	: 9820496525
05	Email ID	: neetamodi62@yahoo.com
06	Nationality	: Indian
07	Qualification in details (Attach documentary proof)	: M.S.
08	Teaching experience / Medical : Professional experience / Consultant / Mentor (Attached document proof with signature of Head of the Institute.	General and Lap. Surgeon since 1988
09	Present Appointment	Consultant and Head of Unit
10	Publications (List & Proof)	CV attached
11	Post Graduate Teaching experience (attach documentary evidence)	
12	Any other relevant information	

Date : 6/6/2022

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Name & Sign of Mentor
Dr. Rajan Modi

For the use of affiliated Training Centre :

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.

ngan
Sign & Stamp
Head of the Department

Date : 6/6/2022

RD
Sign & Stamp
Director of Training Centre

Date : 6/6/2022



Training Centre Round Seal

Information of Mentor of Training Centre
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Sr.No.	Particular	Information to be filled
01	Name of the Mentor	: Dr. Prasad Bhukebag
02	Date of Birth	: 07/05/1977
03	Address	: A-504, Park Royale, Madan Mohan Malviya Road, Mulund (West), Mumbai 400080
04	Tel No. / Mob. No.	: 9819491946
05	Email ID	: drprasad77@gmail.com
06	Nationality	: Indian
07	Qualification in details (Attach documentary proof)	: MS, MRCPS, MRCS, FACS, FMAS
08	Teaching experience / Medical : Professional experience / Consultant / Mentor (Attached document proof with signature of Head of the Institute)	Senior Registrar, Consultant General, Laparoscopic and Bariatric Surgeon since 2006
09	Present Appointment	Consultant, Zen Multispeciality Hospital
10	Publications (List & Proof)	Detailed CV attached
11	Post Graduate Teaching experience (attach documentary evidence)	Experience certificates attached.
12	Any other relevant information	

Date :

6/6/2022

Dr. Prasad Bhukebag
Name & Sign of Mentor
Dr. Prasad Bhukebag

For the use of affiliated Training Centre :

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.

[Signature]
Sign & Stamp
Head of the Department

Date :

6/6/2022

[Signature]
Sign & Stamp
Director of Training Centre

Date :

6/6/2022



Training Centre Round Seal