


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 Teacher | : | Dr. Waghmare Nitin Ramchandra |
| 02 | Date of Birth | : | 21/11/1980 |
| 03 | Address | : | Flat No. 04, 1st Floor, Laxmi Kunj Apartment, Near Shirke Company, Gate No. 3, Ghorpadi, Pune-36. |
| 04 | Tel.No/ Mobile. No. | : | 9320383434 / 7038984984 |
| 05 | e-mail Id | : | drnitinwaghmare@gmail.com |
| 06 | Nationality | : | Indian |
| 07 | Qualification in details : (attach documentary proof) | : | MD (Ayu.) Kaumarbhritya, Ph.D. (Ayu.) Kaumarbhritya |
| 08 | Teaching experience/ Medical:Profession Experience / Consultant / Mentor (Attached document proof with signature of Head of the Institute) | : | Yes, uploaded in Online Teachers Database. |
| 09 | Present Appointment | : | Professor |
| 10 | Publications (List & Proof) | : | Information uploaded in OTD |
| 11 | Post Graduate Teaching experience (Attach documentary evidence) | : | Information uploaded in OTD |
| 12 | Any other relevant information | : | Information uploaded in OTD |


Date :- 21/05/2022


(Dr. Waghmare Nitin Ramchandra)
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.


(Dr. Waghmare Nitin Ramchandra)
Professor, Head of the Department
Date: 21/05/2022


(Dr. Nilesh Madhukarrao Phule)
Principal
Date: 21/05/2022

Training Centre Round Seal



Principal
M. A. M's, Sumatibhai Shah
Ayurved Mahavidyalaya,
Pune-28, Hadapsar, Phone-411 028.

Information of Mentor of Training Centre
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| Sr. No | Particular | - | Information to be filled |
|--------|---|---|--|
| 01 | Name of Teacher | : | Dr. Babar Ramchandra Pandurang |
| 02 | Date of Birth | : | 24/04/1983 |
| 03 | Address | : | Flat No. 202, Shreeya Homes, Bhosale Village, Near old Power House, Saswad Road, Fursungi, Pune - 412308. |
| 04 | Tel.No/ Mobile. No. | : | 8275459236 |
| 05 | e-mail Id | : | ramchandrababar@gmail.com |
| 06 | Nationality | : | Indian |
| 07 | Qualification in details : (attach documentary proof) | : | MD (Ayu.) Kaumarbhritya, Ph.D. (Ayu.) Kaumarbhritya |
| 08 | Teaching experience/ Medical:Profession Experience / Consultant / Mentor (Attached document proof with signature of Head of the Institute) | : | Yes, uploaded in Online Teachers Database. |
| 09 | Present Appointment | : | Reader |
| 10 | Publications (List & Proof) | : | Information uploaded in OTD |
| 11 | Post Graduate Teaching experience (Attach documentary evidence) | : | Information uploaded in OTD |
| 12 | Any other relevant information | : | Information uploaded in OTD |

Date :- 21/05/2022

(Dr. Babar Ramchandra Pandurang)
Mentor

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Hadapsar, Pune- 411 028.

Information of Mentor of Training Centre
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| Sr. No | Particular | - | Information to be filled |
|--------|---|---|---|
| 01 | Name of Teacher | : | Dr. Jagtap Manisha Amitkumar |
| 02 | Date of Birth | : | 18/08/1985 |
| 03 | Address | : | 671/D, Sopan Nagar, Saswad, Tal: Purandar, Dist: Pune. |
| 04 | Tel.No/ Mobile. No. | : | 8412022555 |
| 05 | e-mail Id | : | manisha.shinde18@gmail.com |
| 06 | Nationality | : | Indian |
| 07 | Qualification in details : (attach documentary proof) | : | MD (Ayu.) Kaumarbhritya |
| 08 | Teaching experience/ Medical:Profession Experience / Consultant / Mentor (Attached document proof with signature of Head of the Institute) | : | Yes, uploaded in Online Teachers Database. |
| 09 | Present Appointment | : | Lecturer |
| 10 | Publications (List & Proof) | : | Information uploaded in OTD |
| 11 | Post Graduate Teaching experience (Attach documentary evidence) | : | - |
| 12 | Any other relevant information | : | Information uploaded in OTD |


Date :- 21/05/2022

(Dr. Jagtap Manisha Amitkumar)
Mentor

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(Dr. Waghmare Nitin Ramchandra)
Professor, Head of the Department
Date: 21/05/2022


(Dr. Nilesh Madhukarrao Phule)
Principal
Date: 21/05/2022

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Hadapsar, Pune- 411 028.

Information of Mentor of Training Centre
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| Sr. No | Particular | - | Information to be filled |
|--------|---|---|---|
| 01 | Name of Teacher | : | Dr. Jadhav Onkar Suryakant |
| 02 | Date of Birth | : | 29.05.1994 |
| 03 | Address | : | Sr. No. 252, Jayprakash Vasahat, Hadapsar, Near Annapurna Provision Stores, Ramoshi Ali, Hadapsar, Pune. |
| 04 | Tel.No/ Mobile. No. | : | 8208891916 |
| 05 | e-mail Id | : | onkarsuryakantjadhav@gmail.com |
| 06 | Nationality | : | Indian |
| 07 | Qualification in details : (attach documentary proof) | : | MD (Ayu.) Kaumarbhritya |
| 08 | Teaching experience/ Medical:Profession Experience / Consultant / Mentor (Attached document proof with signature of Head of the Institute) | : | Yes, uploaded in Online Teachers Database. |
| 09 | Present Appointment | | Lecturer |
| 10 | Publications (List & Proof) | | Information uploaded in OTD |
| 11 | Post Graduate Teaching experience (Attach documentary evidence) | - | |
| 12 | Any other relevant information | | Information uploaded in OTD |

Date :- 21/05/2022

(Dr. Jadhav Onkar Suryakant)
Mentor**For the use of affiliated Training Center:**

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(Dr. Waghmare Nitin Ramchandra)
Professor, Head of the Department
Date: 21/05/2022



(Dr. Nilesh Madhukarrao Phule)
Principal
Date: 21/05/2022

Principal

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Information of Mentor of Training Centre
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| Sr. No | Particular | - | Information to be filled |
|--------|---|---|---|
| 01 | Name of Teacher | : | Dr. Dole Sanjeev Shankar |
| 02 | Date of Birth | : | 22/06/1961 |
| 03 | Address | : | 5, Bhosale Complex, Opp. Vaibhav Theatre, Pune-Solapur Road, Hadapsar, Pune. |
| 04 | Tel.No/ Mobile. No. | : | 9422009232, 9021683666 |
| 05 | e-mail Id | : | doleswati@yahoo.in |
| 06 | Nationality | : | Indian |
| 07 | Qualification in details : (attach documentary proof) | : | M.B.B.S., M.D. (Pediatrician) |
| 08 | Teaching experience/ Medical:Profession Experience / Consultant / Mentor (Attached document proof with signature of Head of the Institute) | : | Experience certificate attached. |
| 09 | Present Appointment | : | Consultant / Lecturer |
| 10 | Publications (List & Proof) | : | List & proof attached. |
| 11 | Post Graduate Teaching experience (Attach documentary evidence) | : | - |
| 12 | Any other relevant information | : | - |

Date :- 21/05/2022

(Dr. Dole Sanjeev Shankar)
Mentor

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(Dr. Waghmare Nitin Ramchandra)
Professor, Head of the Department
Date: 21/05/2022



(Dr. Nilesh Madhukarrao Phule)
Principal
Date: 21/05/2022

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Principal
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Ayurved Mahavidyalaya,
Hadapsar, Pune- 411 028.

Information of Mentor of Training Centre
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| Sr. No | Particular | - | Information to be filled |
|--------|---|---|---|
| 01 | Name of Teacher | : | Dr. Mahindre Abhay B. |
| 02 | Date of Birth | : | 26/12/1980 |
| 03 | Address | : | A-2/602, Orchid Gulmohar Park View, S.No. 26, Kharadi, Pune-411 014. |
| 04 | Tel.No/ Mobile. No. | : | +91 8007321666 |
| 05 | e-mail Id | : | drabhay4newborn@gmail.com |
| 06 | Nationality | : | Indian |
| 07 | Qualification in details : (attach documentary proof) | : | M.B.B.S., DCH, CNB, Fellowship in Neonatal |
| 08 | Teaching experience/ Medical:Profession Experience / Consultant / Mentor (Attached document proof with signature of Head of the Institute) | : | Experience certificate attached. |
| 09 | Present Appointment | : | Consultant / Lecturer |
| 10 | Publications (List & Proof) | : | List & proof attached. |
| 11 | Post Graduate Teaching experience (Attach documentary evidence) | : | - |
| 12 | Any other relevant information | : | - |

Date :- 21/05/2022

(Dr. Mahindre Abhay B.)
Mentor

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(Dr. Waghmare Nitin Ramchandra)
Professor, Head of the Department
Date: 21/05/2022



(Dr. Nilesh Madhukarrao Phule)
Principal
Date: 21/05/2022

Principal

**M. A. M's, Sumatibhai Shah
Ayurved Mahavidyalaya,
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