

**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. Mahesh Fulwani
02.	Date of Birth	: 20-May-1969
03.	Address	: Shrikrishna Hrudayalaya and Critical Care Centre, Tikekar Road, Congress Nagar Square, Dhantoli, Nagpur. PIN code: 440012
04.	Tel. No./ Mob. No.	: Phone No. (O) : 0712 2444434, Mobile No- 09823078146
05.	e-mail id	: drmaheshfulwani@gmail.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: MBBS ,MD-Medicine, DM-Cardiology
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)	: 21+ Years of experience as a consultant and Interventional Cardiologist
09.	Present Appointment	: Director and Interventional Cardiologist
10.	Publications (List & Proof)	: Perspectives in Clinical Research
11.	Post Graduate Teaching experience (Attach documentary evidence)	: 1 Yr as a lecturer in SSH and PGI, Nagpur
12.	Any other relevant information	:

Date: - 03/12/22

Name &amp; Sign. of Mentor

DR Mahesh Fulwani

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: 03/12/22

**DR. MAHESH C. FULWANI**  
MD.(MED), DM.(CARD)  
DNB.(CARD), FCCP.(PED.CARD)  
DHANTOLI, NAGPUR-12.  
REG. No.: 67796

Training Centre Round Seal



Sign &amp; Stamp

Dean/ Principal/ Director of Training Centre

Date: 03/12/22

**Dr. Deepak Sana**  
MD (Med) DNB (Cardio)  
Reg.No. 67857