

## Information of Director 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 Director (Course Director)  | : | Dr. Deepak Sane  |
| 02.     | Date of Birth   | : | 18-Feb-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,<br>Mobile No- 09890303669  |
| 05.     | E-mail id   | : | sane_ds@rediffmail.com   |
| 06.     | Nationality   | : | Indian   |
| 07.     | Qualification in details :<br>(attach documentary proof)  | : | MBBS-Nagpur University-1990<br>MD-Medicine- Nagpur University-1994<br>DNB Medicine-NBE, New Delhi-2002<br>DNB-Cardiology-Avanti Institute of Cardiology, Nagpur and NBE New Delhi-2010 |
| 08.     | Teaching Experience / Health Sciences:<br>Profession Experience<br>(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) | : | 26+ Years of experience as a physician and 910 years of experience as Cardiologist<br>Lecturer in Medicine-GMC-Aurangabad: 1996-2001<br>Asso. Professor @ GMC, Dhule:2001-2004         |
| 09.     | Present Appointment   | : | Consultant Cardiologist  |
| 10.     | Publications (List & Proof)   | : | --   |
| 11.     | Post Graduate Teaching experience<br>(Attach documentary evidence)  | : | As mentioned in column No. 8   |
| 12.     | Any other relevant information  | : | --   |

Date: - 03/12/22

Name & Sign. of Director

DR Deepak Sane

For the use of affiliated Training Center:

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: 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 & Stamp

Dean/ Principal/ Director of Training Centre

Date: 03/12/22

**Dr. Deepak Sane**

MD (Med) DNB (Cardio)

Reg.No. 67857