

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	: PONISSELY JAYARASAN
02.	Date of Birth	: 20.02.1965
03.	Address	: CIPLA PALLIATIVE CARE & TRAINING CENTRE, WARJE, PUNE
04.	Tel. No./ Mob. No.	: 9745067733
05.	e-mail id	: -
06.	Nationality	: INDIAN.
07.	Qualification in details : (attach documentary proof)	: NATIONAL FELLOWSHIP IN PALLIATIVE MEDICINE, PG DIPLOMA IN PALLIATIVE MEDICINE, MBBS.
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)	: ATTACHED
09.	Present Appointment	: MEDICAL DIRECTOR.
10.	Publications (List & Proof)	: DEVELOPING EVIDENCE-BASED PALLIATIVE GUIDELINES IN PALLIATIVE CARE FOR HOME CARE SETTING IN INDIA (2020) CLINICAL (1)
11.	Post Graduate Teaching experience (Attach documentary evidence)	: -
12.	Any other relevant information	: -

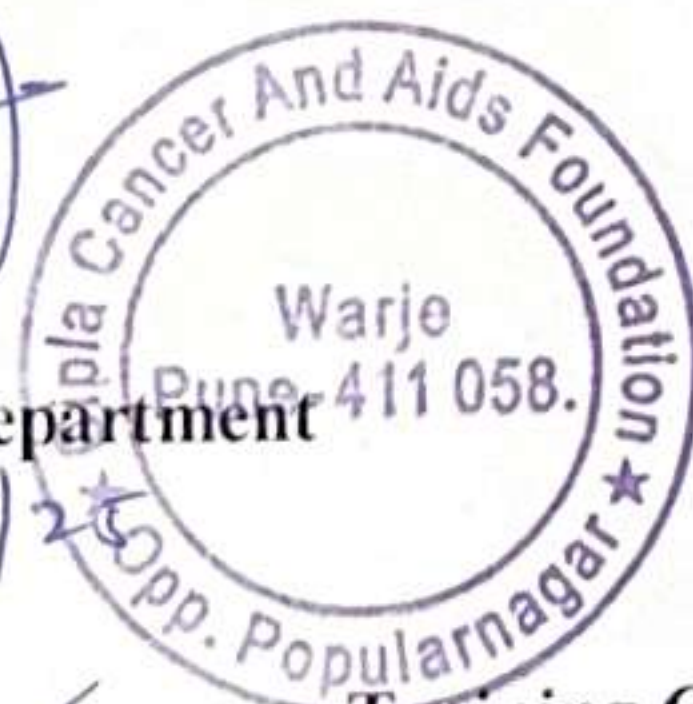
Date: - 16/12/2025

Name & Sign. of 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.

Sign & Stamp
Head of the Department
Date: 16/12/2025



Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date: 16/12/2025

N. Vesma

Training Centre Round Seal