

ANNEXURE – “F”

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 SATHARASAN
02.	Date of Birth	20.07.1965
03.	Address	CIPLA PALLIATIVE CARE & TRAINING CENTERS, 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, M.B.B.S.
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 PRACTICES GUIDELINES IN PALLIATIVE CARE HOME SETTING IN INDIA (2020)
11.	Post Graduate Teaching experience (Attach documentary evidence)	-
12.	Any other relevant information	

Date: - 16/12/2025

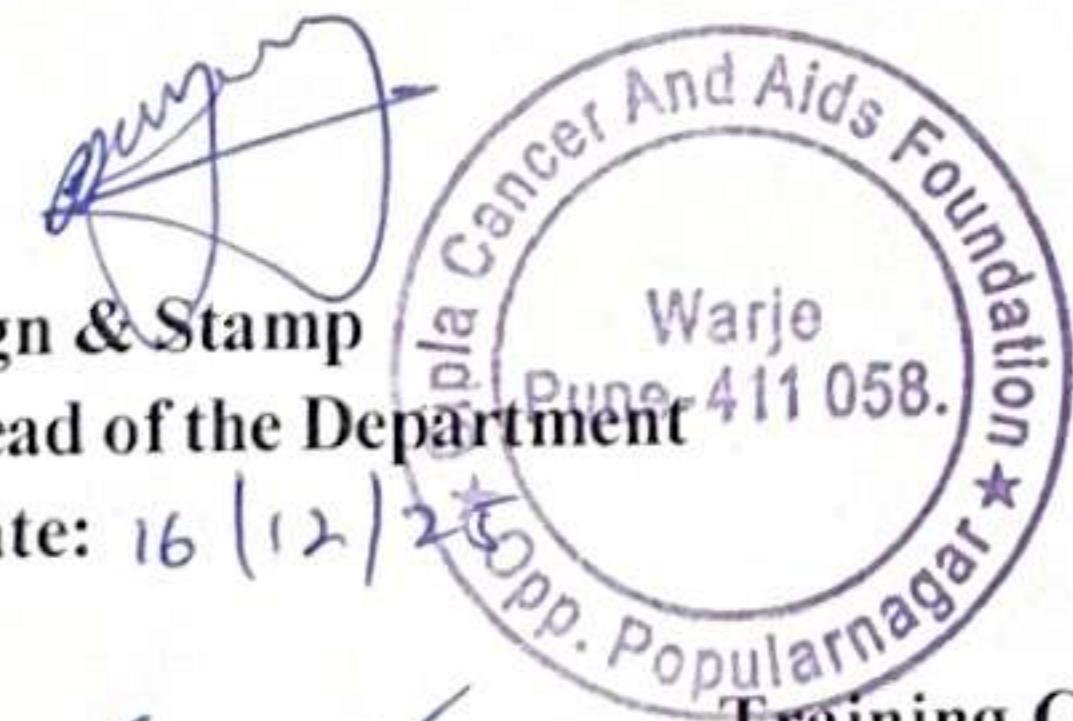
Name & Sign. of Mentor

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



Training Centre Round Seal

Sign & Stamp
Dean/ Principal/ Director of Training Centre

Date: 16/12/2025