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 Course Director		Dr. Parag Munshi
02.	Date of Birth		30/05/1966
03.	Address		54, 5 th flr, B Wing, Nalanda, Mumbai – 400 026
04.	Tel. No./ Mob. No.		9819934002
05.	e-mail id		paragmunshi@hotmail.com
06.	Nationality	1:1	Indian
07.	Qualification in details :(attach documentary proof)		MS, D (Orth), DNB, M.Ch. (Orth), FRCS, FRCS (Orth)
08.	Teaching experience/ Profession experience/ (attached document proof with signature of Head of the Institute.)		26 yrs.
09.	Present Appointment	1	Professor & Head
10.	Publications (List & Proof)	:	Attached
11.	Post Graduate Teaching experience (Attach documentary evidence)		21 yrs.
12.	Any other relevant information	10	AO International Faculty

DR. PARAG MUNSHI
Namel and Sign of Director Mch Orth (UK)
FRCS Sen, Sura (UK), FRCS Orth (UK), CCST (UK)
Consultant Orthopaedic &

Joint Replacement Surgeon

I have verified the eligibility of the above Director as per the above 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: 15-06-2022

For the use of affiliating Training Center:

Centre

Date 29.06.2022

DR. PARAG MUNSHI MS.Orth(Bom), D.Orth(Bom), DNB Orth, Mch Orth (UK) FRCS Gen, Surg. (UK), FRCS Orth (UK), CCST (UK)

Consultant Orthopaedic & Joint Replacement Surgeon Reg.No. 63862.

Sign & Stamp

Dean/Principal/Director of Training

Date: 29.06.2022

Dr. S. V. Khadilkar MD DM DNBE FIAN FICP FAMS FRCP (London) Dean

Bombay Hospital Institute of Medical Sciences 12, New Marine Lines, Mumbai - 400 020