

**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**Title of the Course applied for: - **Certificate Course in Modern Pharmacology.**This to Certify that **Dr. Suyog Sudhakar Chopade** has worked in the Department of Pharmacology Training Centre as per following details**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	12/09/2011	30/09/2015	4	0
Associate Professor	01/10/2015	31/07/2019	3	10
Professor	01/08/2019	Till date	5	6

**B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total period Year/Months	
Assistant Professor	12/09/2011	30/09/2015	4	0
Associate Professor	01/10/2015	31/07/2019	3	10
Professor	01/08/2019	Till date	5	6


(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)



Sign &amp; Stamp

Head of the Department

Date : 15 / 02 / 2025

Sign &amp; Stamp

Dean/Principal/Head of Institute

Date: 15/02/2025

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**

Title of the Course applied for: - **Fellowship Course in Obesity, Body Metabolism & Nutrition.**

This to Certify that **Dr. Chimutai Balkrushna Chinte** has worked in the Department of General Medicine Training Centre as perfollowing details

**A) General Experience**

Designation	From	To	Total period Year / Months	
Assistant Professor	28/07/2021	Till date	3	7

**B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total period Year/Months	
Assistant Professor	28/07/2021	Till date	3	7

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

*Dale*

Sign & Stamp  
Head of the Department  
Date : 15/02/2025



*15/02/25*  
Sign & Stamp  
Dean/Principal/Head of Institute  
Date: 15/02/2025  
*Dr. Ujjwal Pathy, General College & Hospital, Mangal Kh.*

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**

Title of the Course applied for: - Fellowship Course in Obesity, Body Metabolism & Nutrition.

This to Certify that **Dr. Chetan Ramesh Chaudhari** has worked in the Department of General Medicine Training Centre as per following details

**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	01/10/2016	Till date	8	3

**B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total period Year/Months	
Assistant Professor	01/10/2016	Till date	8	3

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

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Sign & Stamp  
Head of the Department  
Date : 15/02/2025



*Dr. Umas Pathi*  
Sign & Stamp  
Dean/Principal/Head of Institute  
Date: 15/02/2025

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**

Title of the Course applied for: - **Fellowship Course in Gastro Intestinal, Hepatopancreaticobiliary (GI, HPB) Oncosurgery.**

This to Certify that **Dr. Milind Prabhakarrrao Joshi** has worked in the Department of **General Surgery Training Centre** as per following details

**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	25/07/2005	08/03/2006	0	7
Assistant Professor	19/09/2009	18/09/2011	2	0
Assistant Professor	04/03/2014	03/08/2015	1	5
Associate Professor	04/08/2015	26/12/2018	3	4
Professor	27/12/2018	Till date	6	2

**B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total period Year/Months	
Assistant Professor	25/07/2005	08/03/2006	0	7
Assistant Professor	19/09/2009	18/09/2011	2	0
Assistant Professor	04/03/2014	03/08/2015	1	5
Associate Professor	04/08/2015	26/12/2018	3	4
Professor	27/12/2018	Till date	6	2

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

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Date: 15/02/2025

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Dean/Principal/Head of Institute  
Date: 15/02/2025

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	



**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**

Title of the Course applied for: - **Fellowship Course in Gastro Intestinal,  
Hepatopancreatic Biliary (GI, HPB) Oncosurgery.**

This to Certify that **Dr. Milind Ramdas Patil** has worked in the Department of **General Surgery** Training Centre as per following details

**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	01/06/2013	30/09/2019	6	4
Associate Professor	01/10/2019	06/02/2023	3	4
Professor	07/02/2023	Till date	2	0

**B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total period Year/Months	
Assistant Professor	01/06/2013	30/09/2019	6	4
Associate Professor	01/10/2019	06/02/2023	3	4
Professor	07/02/2023	2	2	0

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

*Sakmal*  
Sign & Stamp  
Head of the Department  
Date: 15/02/2025



*Dr. Milind Ramdas Patil*  
Sign & Stamp  
Dean/Principal/Head of Institute  
Date: 15/02/2025

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**

Title of the Course applied for: - **Fellowship Course in Gastro Intestinal, Hepatopancreatic Biliary (GI, HPB) Oncosurgery.**

This to Certify that **Dr. Sumit Raghunath Chaudhari** has worked in the Department of General Surgery Training Centre as per following details

**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	20/01/2014	31/05/2021	7	4
Associate Professor	01/06/2021	Till date	2	6

**B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total period Year/Months	
Assistant Professor	20/01/2014	31/05/2021	7	4
Associate Professor	01/06/2021	Till date	2	6

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

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Sign & Stamp  
Head of the Department  
Date : 15/02/2025



*Dr. Sumit Raghunath Chaudhari*  
Sign & Stamp  
Dean/Principal/Head of Institute  
Date: 15/02/2025

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**Title of the Course applied for: - **Fellowship Course in Minimal Access Surgery.**This to Certify that **Dr. Shivaji Pandurang Sadulwad** has worked in the Department of Pharmacology Training Centre as perfollowing details**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	06/08/2002	27/12/2003	1	4
Assistant Professor	31/07/2004	30/06/2007	2	11
Assistant Professor	24/09/2008	23/06/2009	0	9
Associate Professor	24/06/2009	23/06/2013	4	0
Professor	24/06/2013	Till Date	10	8

**B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total period Year/Months	
Assistant Professor	06/08/2002	27/12/2003	1	4
Assistant Professor	31/07/2004	30/06/2007	2	11
Assistant Professor	24/09/2008	23/06/2009	0	9
Associate Professor	24/06/2009	23/06/2013	4	0
Professor	24/06/2013	Till Date	10	8

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

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Head of the Department

Date : 15/02/2025

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Dean/Principal/Head of Institute

Date: 15/02/2025

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	



**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**Title of the Course applied for: - **Fellowship Course in Minimal Access Surgery.**This to Certify that **Dr. Virendra Nanaji Zambare** has worked in the Department of General Surgery Training Centre as per following details**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	01/06/2013	11/04/2018	04	10
Associate Professor	12/04/2018	23/04/2021	3	0
Professor	24/04/2021	Till date	3	8

**B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total period Year/Months	
Assistant Professor	01/06/2013	11/04/2018	04	10
Associate Professor	12/04/2018	23/04/2021	3	0
Professor	24/04/2021	Till date	3	8

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

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 Sign & Stamp  
 Head of the Department  
 Date : 15/02/2025



*[Signature]*  
 Dean  
 Dr. Virendra Nanaji Zambare  
 Sign & Stamp  
 Dean/Principal/Head of Institute  
 Date: 15/02/2025

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	



**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**

Title of the Course applied for: - **Fellowship Course in Minimal Access Surgery-Gynecology.**

This to Certify that **Dr. Anjali Kiran Bhirud** has worked in the Department of OBGY Training Centre as per following details

**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	01/10/2008	30/09/2013	5	0
Associate Professor	01/10/2013	18/09/2017	3	11
Professor	19/09/2017	Till date	7	5

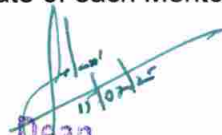
**B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total period Year/Months	
Assistant Professor	01/10/2008	30/09/2013	5	0
Associate Professor	01/10/2013	18/09/2017	3	11
Professor	19/09/2017	Till date	7	5

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

  
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Head of the Department  
Date : 15/02/2025



  
Sign & Stamp  
Dean/Principal/Head of Institute  
Date: 15/02/2025

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**

Title of the Course applied for: - **Fellowship Course in Minimal Access Surgery-  
Gynecology.**

This to Certify that **Dr. Prashant Chhagan Patil** has worked in the Department of OBGY Training Centre as per following details


**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	01/08/2015	31/10/2019	4	3
Associate Professor	01/11/2019	03/11/2022	3	0
Professor	04/11/2022	Till date	2	3

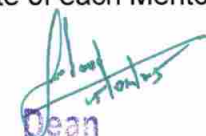
**B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total period Year/Months	
Assistant Professor	01/08/2015	31/10/2019	4	3
Associate Professor	01/11/2019	03/11/2022	3	0
Professor	04/11/2022	Till date	2	3

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

  
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Head of the Department  
Date : 15/02/2025



  
Dean  
Sign & Stamp  
J. J. Medical College  
Dean/Principal/Head of Institute  
Date: 15/02/2025

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

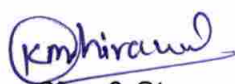
**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**Title of the Course applied for: - **Fellowship Course in Medical Retina.**This to Certify that **Dr. Ashwini Sudhakar Patil** has worked in the Department of **Ophthalmology Training Centre** as per following details**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	02/03/2020	Till date	4	11

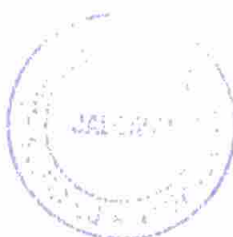
**B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**


Designation	From	To	Total period Year/Months	
Assistant Professor	02/03/2020	Till date	4	11

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)



Sign & Stamp  
Head of the Department  
Date : 15 / 02 / 2025



  
 Sign & Stamp  
 Dean/Principal/Head of Institute  
 Date: 15 / 02 / 2025

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	



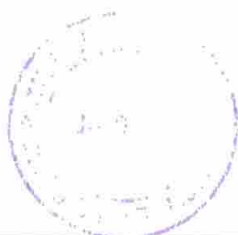
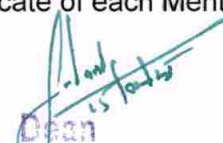
**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**Title of the Course applied for: - **Fellowship Course in Medical Retina.**This to Certify that **Dr. Renuka Nilesh Patil** has worked in the Department of **Ophthalmology** Training Centre as perfollowing details**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	01/07/2017	Till date	7	6

**B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total periodYear/Months	
Assistant Professor	01/07/2017	Till date	7	6

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subjectof concerned Fellowship/Certificate Course)

Sign & Stamp  
Head of the Department  
Date : 15 / 02 / 2025
  
 Dean  
 Sign & Stamp  
 Dean/Principal/Head of Institute  
 Date: 15 / 02 / 2025

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	


**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**Title of the Course applied for: - **Fellowship Course in Pulmonary Critical Care**This to Certify that **Dr. Sanjay Dattu Mahajan** has worked in the Department of **Respiratory Medicine Training Centre** as perfollowing details**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	09/01/2013	09/01/2017	4	0
Assistant Professor	10/01/2017	Till date	8	0


**B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total period Year/Months	
Assistant Professor	09/01/2013	09/01/2017	4	0
Assistant Professor	10/01/2017	Till date	8	0

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subjectof concerned Fellowship/Certificate Course)

  
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 Head of the Department  
 Date : 15/02/2025



  
 Sign & Stamp  
 Dr. Ujjas Patil Medical College  
 & Hospital, Jalgaon Kh  
 Date: 15/02/2025

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	


**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**Title of the Course applied for: - **Fellowship Course in Pulmonary Critical Care.**This to Certify that **Dr. Bharat Anil Toshniwal** has worked in the Department of Respiratory Medicine Training Centre as per following details**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	01/08/2016	28/02/2018	1	7
Assistant Professor	01/03/2018	27/06/2019	1	4
Assistant Professor	17/07/2019	31/08/2020	1	1
Associate Professor	01/09/2020	01/09/2023	3	0
Professor	02/09/2023	Till Date	1	5

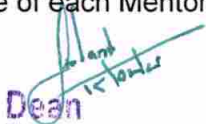
**B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total period Year/Months	
Assistant Professor	01/08/2016	28/02/2018	1	7
Assistant Professor	01/03/2018	27/06/2019	1	4
Assistant Professor	17/07/2019	31/08/2020	1	1
Associate Professor	01/09/2020	01/09/2023	3	0
Professor	02/09/2023	Till Date	1	5

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

  
 Sign & Stamp  
 Head of the Department  
 Date : 15/02/2025



  
 Sign & Stamp  
 Dean/Principal/Head of Institute  
 Date: 15/02/2025

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	



**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**

Title of the Course applied for: - **Fellowship Course in Advance Vitreo Retinal Surgery (FVRS).**

This to Certify that **Dr. Rahul Anil Nehete** has worked in the Department of **Ophthalmology** Training Centre as per following details

**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	19/03/2019	Till Date	5	11

**B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

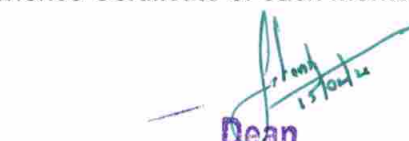
Designation	From	To	Total period Year/Months	
Assistant Professor	19/03/2019	Till Date	5	11

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)



Sign & Stamp  
Head of the Department  
Date : 15 / 02 / 2025



  
Dean  
Dr. Ginas Pathi Medical College  
& Hospital, Jaipur  
Date: 15/02/2025

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**

Title of the Course applied for: - **Fellowship Course in Advance Vitreo Retinal Surgery (FVRS).**

This to Certify that **Dr. Shailesh Suresh Chhajed** has worked in the Department of **Ophthalmology** Training Centre as perfollowing details

**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	01/09/2018	Till Date	6	5

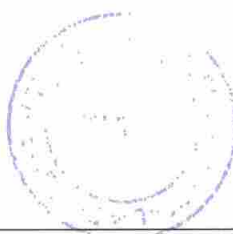
**B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**


Designation	From	To	Total periodYear/Months	
Assistant Professor	01/09/2018	Till Date	6	5

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subjectof concerned Fellowship/Certificate Course)



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Head of the Department  
Date : 15/02/2025



  
Dean  
Sign & Stamp  
Dr. Vilas Path Medical College  
& Hospital, Bangalore  
Date: 15/02/2025

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**

Title of the Course applied for: - **Fellowship Course in Comprehensive Ophthalmology, Cataract & Phacoemulsification.**

This to Certify that **Dr. Kiran Martand Bhirud** has worked in the Department of **Ophthalmology** Training Centre as per following details

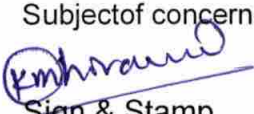
**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	07/01/2009	19/05/2009	0	4
Assistant Professor	01/07/2010	21/07/2017	7	0
Associate Professor	22/07/2017	31/05/2021	3	10
Professor	01/06/2021	Till Date	3	7

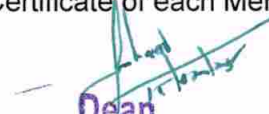
**B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total period Year/Months	
Assistant Professor	07/01/2009	19/05/2009	0	4
Assistant Professor	01/07/2010	21/07/2017	7	0
Associate Professor	22/07/2017	31/05/2021	3	10
Professor	01/06/2021	Till Date	3	7

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

  
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Head of the Department  
Date : 15/02/2025



  
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Dean/Principal/Head of Institute  
Date: 15/02/2025

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	



**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**

Title of the Course applied for: - **Fellowship Course in Comprehensive Ophthalmology, Cataract & Phacoemulsification.**

This to Certify that **Dr. Darshana Pankaj Shah** has worked in the Department of Ophthalmology Training Centre as perfollowing details

**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	02/06/2008	31/10/2009	1	5
Assistant Professor	08/08/2011	31/10/2017	6	2
Associate Professor	01/11/2017	31/05/2021	3	7
Professor	01/06/2021	Till Date	3	7

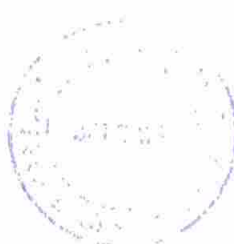
**B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

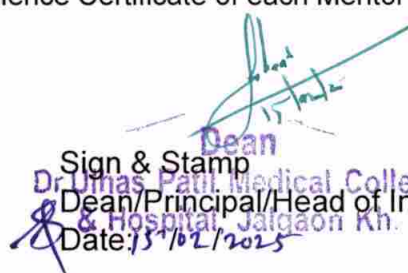
Designation	From	To	Total periodYear/Months	
Assistant Professor	02/06/2008	31/10/2009	1	5
Assistant Professor	08/08/2011	31/10/2017	6	2
Associate Professor	01/11/2017	31/05/2021	3	7
Professor	01/06/2021	Till Date	3	7

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subjectof concerned Fellowship/Certificate Course)



Sign & Stamp  
Head of the Department  
Date : 15/02/2025



  
Sign & Stamp  
Dean/Principal/Head of Institute  
Date: 15/02/2025

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**

Title of the Course applied for:- **Fellowship Course in Prevention & Control of infectious Disease**

This to Certify that **Dr. Dilip Narayanrao Dhekale** has worked in the Department of Community Medicine Training Centre as perfollowing details


**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	23/07/2007	19/11/2007	0	4
Assistant Professor	24/09/2008	24/06/2012	3	9
Associate Professor	25/06/2012	30/06/2015	3	0
Professor	01/07/2015	Till date	9	5

**B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total periodYear/Months	
Assistant Professor	23/07/2007	19/11/2007	0	4
Assistant Professor	24/09/2008	24/06/2012	3	9
Associate Professor	25/06/2012	30/06/2015	3	0
Professor	01/07/2015	Till date	9	5

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subjectof concerned Fellowship/Certificate Course)



Sign & Stamp  
Head of the Department  
Date : 15/02/2025




Sign & Stamp  
Dean/Principal/Head of Institute  
Date: 15/02/2025

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**

Title of the Course applied for: - **Fellowship Course in Prevention & Control of infectious Disease.**

This to Certify that **Dr. Nilesh Prakash Bendale** has worked in the Department of Community Medicine Training Centre as perfollowing details

**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	22/08/2009	02/07/2014	4	10
Assistant Professor	01/08/2014	31/07/2015	1	0
Associate Professor	01/08/2015	31/08/2018	3	1
Professor	01/09/2018	Till date	6	5

**B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total periodYear/Months	
Assistant Professor	22/08/2009	02/07/2014	4	10
Assistant Professor	01/08/2014	31/07/2015	1	0
Associate Professor	01/08/2015	31/08/2018	3	1
Professor	01/09/2018	Till date	6	5

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subjectof concerned Fellowship/Certificate Course)

*Annex*

Sign & Stamp  
Head of the Department  
Date : 15/02/2025



*Dr. Uthas Patil*  
Sign & Stamp  
Dean/Principal/Head of Institute  
Date: 15/02/2025

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	



**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**

Title of the Course applied for: - **Fellowship Course in Prevention & Control of infectious Disease.**

This to Certify that **Dr. Yashovardhan Mahendra Kabra** has worked in the Department of **Community Medicine Training Centre** as perfollowing details

**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	12/08/2017	13/08/2018	1	0
Assistant Professor	24/05/2021	Till date	3	2

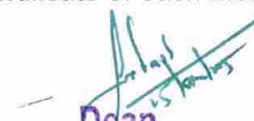
**B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total periodYear/Months	
Assistant Professor	12/08/2017	13/08/2018	1	0
Assistant Professor	24/05/2021	Till date	3	2

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subjectof concerned Fellowship/Certificate Course)



Sign & Stamp  
Head of the Department  
Date : 15/02/2025

Dean  
Dr. [Name] Medical College  
Dean/Principal/Head of Institute  
Date: 15/02/2025

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**Title of the Course applied for: - **Fellowship Course in Arthroscopy.**This to Certify that **Dr. Ajaykumar Laxminarayan Kogta** has worked in the Department of **Orthopedics Training Centre** as perfollowing details**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	01/03/2010	26/08/2015	5	4
Assistant Professor	27/08/2015	31/12/2020	5	4
Professor	01/01/2021	Till Date	4	0

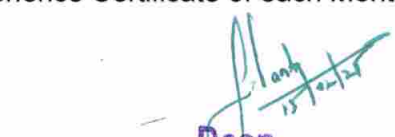
**B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total periodYear/Months	
Assistant Professor	01/03/2010	26/08/2015	5	4
Assistant Professor	27/08/2015	31/12/2020	5	4
Professor	01/01/2021	Till Date	4	0

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subjectof concerned Fellowship/Certificate Course)



 Sign & Stamp  
 Head of the Department  
 Date : 15/02/2025

  
 Sign & Stamp  
 Dean/Principal/Head of Institute  
 Date: 15/02/2025

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**Title of the Course applied for: - **Fellowship Course in Arthroscopy.**This to Certify that **Dr. Deepak Prakash Agrawal** has worked in the Department of **Orthopedics** Training Centre as per following details**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	04/06/2010	01/09/2015	5	3
Associate Professor	19/10/2015	14/11/2018	3	1
Professor	15/11/2018	Till Date	6	3

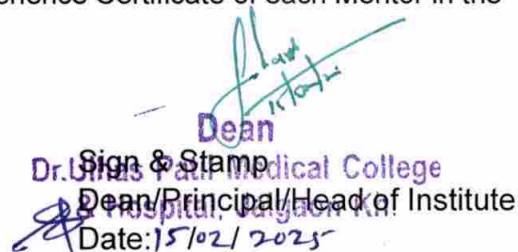
**B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for:-**

Designation	From	To	Total period Year/Months	
Assistant Professor	04/06/2010	01/09/2015	5	3
Associate Professor	19/10/2015	14/11/2018	3	1
Professor	15/11/2018	Till Date	6	3

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)



 Sign & Stamp  
 Head of the Department  
 Date : 15/02/2025


 Dean  
 Sign & Stamp  
 Dr. Bhis Pal Medical College  
 Hospital, Bagmati  
 Date: 15/02/2025

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	



**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**

Title of the Course applied for: - **Certificate Course in Operation Theater Technology.**

This to Certify that **Dr. Snehal Vishnu Fegade** has worked in the Department of **General Surgery** Training Centre as per following details

**A) General Experience**

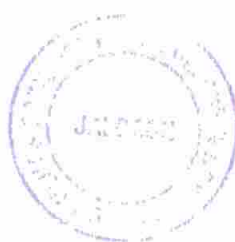
Designation	From	To	Total period Year/Months	
Assistant Professor	01/02/2012	04/09/2017	5	7
Associate Professor	05/09/2017	31/12/2020	3	3
Professor	01/01/2021	Till date	4	1

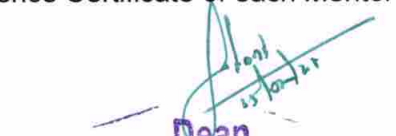
**B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total period Year/Months	
Assistant Professor	01/02/2012	04/09/2017	5	7
Associate Professor	05/09/2017	31/12/2020	3	3
Professor	01/01/2021	Till date	4	1

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

  
Sign & Stamp  
Head of the Department  
Date : 15/02/2025



  
Sign & Stamp  
Dean  
Dr. Umas Pathi Medical College  
& Hospital, Dargaon Rd.  
Date: 15/02/2025

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	



**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**

Title of the Course applied for: - **Certificate Course in Operation Theater Technology.**

This to Certify that **Dr. Prasanna Gambhir Jawale** has worked in the Department of **General Surgery** Training Centre as per following details

**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	01/02/2012	15/07/2016	4	5
Associate Professor	16/07/2016	23/04/2021	4	9
Professor	24/04/2021	Till date	3	5

**B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total period Year/Months	
Assistant Professor	01/02/2012	15/07/2016	4	5
Associate Professor	16/07/2016	23/04/2021	4	9
Professor	24/04/2021	Till date	3	5

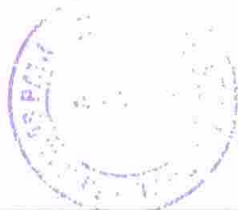
(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

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Sign & Stamp

Head of the Department

Date : 15/02/2025



Sign & Stamp

Dean/Principal/Head of Institute

Date: 15/02/2025

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

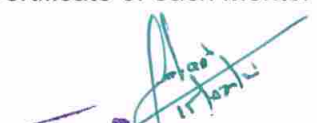
**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**Title of the Course applied for: - **Certificate Course in Anesthesia Technician**This to Certify that **Dr. Varsha Keshvrao Warke** has worked in the Department of **Anesthesiology** Training Centre as perfollowing details**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	01/01/2013	26/10/2017	4	9
Associate Professor	27/10/2017	22/11/2022	5	0
Professor	23/11/2022	Till date	2	8

**B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for:-**

Designation	From	To	Total periodYear/Months	
Assistant Professor	01/01/2013	26/10/2017	4	9
Associate Professor	27/10/2017	22/11/2022	5	0
Professor	23/11/2022	Till date	2	8

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subjectof concerned Fellowship/Certificate Course)

Sign & Stamp  
Head of the Department  
Date : 15/02/2025
  
 Sign & Stamp  
 Dean  
 Dr. Ujjas Pathi Medical College  
 & Hospital, Jaggaon Kh.  
 Date: 15/02/2025

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

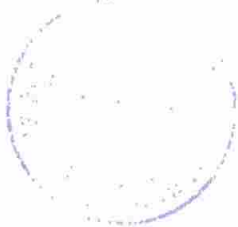
**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**Title of the Course applied for: - **Certificate Course in Anesthesia Technician.**This to Certify that **Dr. Lalit Vsant Patil** has worked in the Department of **Anesthesiology** Training Centre as perfollowing details**A) General Experience**


Designation	From	To	Total period Year/Months	
Assistant Professor	01/01/2013	21/07/2017	4	6
Associate Professor	22/07/2017	09/01/2022	4	5
Professor	10/01/2022	Till date	3	0

**B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total periodYear/Months	
Assistant Professor	01/01/2013	21/07/2017	4	6
Associate Professor	22/07/2017	09/01/2022	4	5
Professor	10/01/2022	Till date	3	0

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subjectof concerned Fellowship/Certificate Course)

Sign & Stamp  
Head of the Department  
Date : 15/02/2025

  
Dean  
Sign & Stamp  
Dr. Lalit Vsant Patil Medical College  
Date: 15/02/2025

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

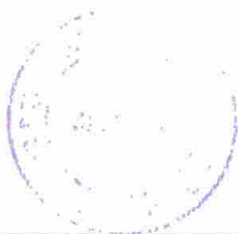
**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**Title of the Course applied for: - **Certificate Course in Anesthesia Technician.**This to Certify that **Dr. Pooja Pandharinath Dharamwar** has worked in the Department of **Anesthesiology** Training Centre as per following details**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	04/02/2017	31/05/2021	4	4
Associate Professor	01/06/2021	Till date	3	5

**B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total period Year/Months	
Assistant Professor	04/02/2017	31/05/2021	4	4
Associate Professor	01/06/2021	Till date	3	5

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

Sign & Stamp  
Head of the Department  
Date : 15/02/2025Sign & Stamp  
Dean/Principal/Head of Institute  
Date: 15/02/2025

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	



**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**Title of the Course applied for: - **Certificate Course in Anesthesia Technician.**This to Certify that **Dr. Arti Jagdish Patil** has worked in the Department of **Anesthesiology** Training Centre as perfollowing details**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	16/04/2018	16/04/2022	4	0
Associate Professor	17/04/2022	Till Date	2	6

**B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total periodYear/Months	
Assistant Professor	16/04/2018	16/04/2022	4	0
Associate Professor	17/04/2022	Till Date	2	6

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subjectof concerned Fellowship/Certificate Course)

Sign & Stamp  
Head of the Department  
Date : 15/02/2025
  
 Sign & Stamp  
 Dean/Principal/Head of Institute  
 Date: 15/02/2025  
 Dr. Vilas Patil Medical College & Hospital, Jalgaon Kh.

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

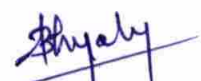
**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**Title of the Course applied for: - **Certificate Course in Anesthesia Technician.**This to Certify that **Dr. Vinod Govindrao Kinge** has worked in the Department of **Anesthesiology** Training Centre as per following details**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	01/08/2015	09/01/2022	6	5
Associate Professor	10/01/2022	Till date	3	0

**B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total period Year/Months	
Assistant Professor	01/08/2015	09/01/2022	6	5
Associate Professor	10/01/2022	Till date	3	0

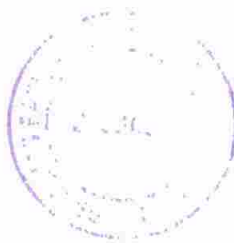
(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

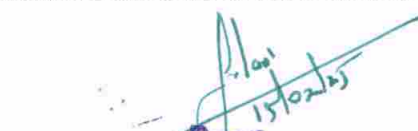


Sign &amp; Stamp

Head of the Department

Date : 15/02/2025



  
 Sign & Stamp  
 Dr. Uthas Patil Medical College  
 & Hospital, Jalgaon Kh.  
 Date: 15/02/2025

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	