ANNEXURE- VIII-A

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 perfollowing 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	7	0

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	7	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 : 23/01/2026

Sign & Stamp
Dean/Principal/Head of Institute
Date:23/01/2026

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

ANNEXURE- VIII-A

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	4	5

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	4	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 : 23/01/2026

Sign & Stamp
Dean/Principal/Head of Institute
Date: 23/01/2026

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

ANNEXURE- VIII-A

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 perfollowing details

A) General Experience

Designation	From	To	Total period Year/Months	
Assistant Professor	01/10/2016	Till date	9	3

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

Designation	From	To	Total periodYear/Months	
Assistant Professor	01/10/2016	Till date	9	3

(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 : 23/01/2026

Sign & Stamp
Dean/Principal/Head of Institute
Date: 23/01/2026

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

ANNEXURE- VIII-A

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 Gasto Intestinal, Hepatopancreatico Biliary (GI, HPB) Oncosurgery.**

This to Certify that **Dr. Milind Prabhakarrao Joshi** has worked in the Department of **General Surgery** Training Centre as perfollowing 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	7	0

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

Designation	From	To	Total periodYear/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	7	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 :23 / 01 / 2026

Sign & Stamp
Dean/Principal/Head of Institute
Date:23 / 1 / 2026

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

ANNEXURE- VIII-A

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 Gasto Intestinal, Hepatopancreatico Biliary (GI, HPB) Oncosurgery.**

This to Certify that **Dr. Milind Ramdas Patil** has worked in the Department of **General Surgery** Training Centre as perfollowing 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	10

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	Till date	2	10

(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 :23/01/2026

DR. ULHAS PATIL MEDICAL JALGAON

Dean
Dr. Ulhas Patil Medical College

Sign & Stamp
Dean/Principal/Head of Institute
Date:23/01/2026

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

ANNEXURE- VIII-A

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	12	6

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	12	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 : 23/01/2026

Sign & Stamp
Dean/Principal/Head of Institute
Date: 23/01/2026

Dean
Dr. Dhas Patil Medical College & Hospital, Jalgaon MH.

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

ANNEXURE- VIII-A

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 perfollowing 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	4	8

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

Designation	From	To	Total periodYear/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	4	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 : 23/01/2026

Sign & Stamp
Dean/Principal/Head of Institute
Date: 23/01/2026

Dean
Dr. Ulhas Patil Medical College & Hospital, Jalgaon Kh.

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

ANNEXURE- VIII-A

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 perfollowing 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	8	3

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

Designation	From	To	Total periodYear/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	8	3

(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 : 23/01/2026

DR. UNDAS PATIL MEDICAL COLLEGE & HOSPITAL JALGAON

Sign & Stamp
Dean/Principal/Head of Institute
Date: 23/01/2026

Dean
Dr.Undas Patil Medical College
& Hospital, Jalgaon (M.S.)

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

ANNEXURE- VIII-A

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 perfollowing 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	3	2

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

Designation	From	To	Total periodYear/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	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 :23 /01 /2026

DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL JALGAON

Sign & Stamp
Dean/Principal/Head of Institute
Date:23/01/2026

Dean
Dr.Ulhas Patil Medical College & Hospital, Jalgaon Kh.

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

ANNEXURE- VIII-A

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	22/07/2024	7	0
Associate Professor	23/07/2024	Till date	1	5

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

Designation	From	To	Total periodYear/Months	
Assistant Professor	01/07/2017	22/07/2024	7	0
Associate Professor	23/07/2024	Till date	1	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 :23 /01 /2026

DR. TOMAS PATIL MEDICAL COLLEGE & HOSPITAL JALGAON

Dean
Dr.Tomas Patil Medical College & Hospital, Jalgaon (M.S.)

Sign & Stamp
Dean/Principal/Head of Institute
Date:23 /01 /2026

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

ANNEXURE- VIII-A

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 perfollowing details

A) General Experience

Designation	From	To	Total period Year/Months	
Assistant Professor	19/03/2019	21/02/2025	5	11
Associate Professor	22/02/2025	Till date	0	11

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

Designation	From	To	Total periodYear/Months	
Assistant Professor	19/03/2019	21/02/2025	5	11
Associate Professor	22/02/2025	Till date	0	11

(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 : 23/01/2026

JALGAON

Dean

Sign & Stamp
Dean/Principal/Head of Institute
Date: 23/01/2026

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

ANNEXURE- VIII-A

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. Gopal Ganeshrao Gondchar** 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	19/02/2022	Till date	4	0

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

Designation	From	To	Total period Year/Months	
Assistant Professor	19/02/2022	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 : 23/01/2026

Dean
Sign & Stamp
Dean/Principal/Head of Institute
Date: 23/01/2026

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

ANNEXURE- VIII-A

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 perfollowing 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	2	3

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

Designation	From	To	Total period Year/Months	
Assistant Professor	01/08/2016	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	2	3

(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 : 23 /01 /2026

Sign & Stamp
Dean/Principal/Head of Institute
Date: 23 /01 /2026

Dean
Dr. Ulhas Patil Medical College & Hospital, Jalgaon (M.S.)

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 perfollowing details

A) General Experience

Designation	From	To	Total period Year/Months	
Assistant Professor	02/03/2020	21/02/2025	4	11
Associate Professor	22/02/2025	Till date	0	10

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

Designation	From	To	Total periodYear/Months	
Assistant Professor	02/03/2020	21/02/2025	4	11
Associate Professor	22/02/2025	Till date	0	10

(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 : 23/01/2026

PATIL MEDICAL COLLEGE JALGAON

Dean
Sign & Stamp
Dean/Principal/Head of Institute
Date: 23/01/2026

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	7	4

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	7	4

(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 : 23/01/2026

Sign & Stamp
Dean/Principal/Head of Institute
Date: 23/01/2026

Dean
D.Y. Patil Medical College
Hospital, Sangaon Kha

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

ANNEXURE- VIII-A

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 perfollowing 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	4	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	4	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 : 23 / 01 / 2026

Dean
Dr. Ulhas Patil Medical College & Hospital, Jalgaon Kh.

Sign & Stamp
Dean/Principal/Head of Institute
Date: 23 / 01 / 2026

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

ANNEXURE- VIII-A

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	5	0

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	5	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 : 23/01/2026

Dean

Sign & Stamp
Dean/Principal/Head of Institute
Date: 23/01/2026

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

ANNEXURE- VIII-A

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	10	6

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	10	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 : 23/01/2026

Sign & Stamp
Dean/Principal/Head of Institute
Date 23/01/2026

Dean
Dr. Ulhas Patil Medical College & Hospital, Jalgaon

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

ANNEXURE- VIII-A

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	7	4

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	7	4

(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 : 23/01/2026

DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL JALGAON

Dean
Dr. Ulhas Patil Medical College & Hospital, Jalgaon (M.S.)

Sign & Stamp
Dean/Principal/Head of Institute
Date:23/01/2026

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

ANNEXURE- VIII-A

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	24/05/2021	15/10/2025	4	4
Associate Professor	16/10/2025	Till date	0	2

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

Designation	From	To	Total periodYear/Months	
Assistant Professor	24/05/2021	15/10/2025	4	4
Associate Professor	16/10/2025	Till date	0	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 : 23/01/2026

JALGAON

Dean
Dr. Ulhas Patil Medical College & Hospital, Jalgaon M.S.

Sign & Stamp
Dean/Principal/Head of Institute
Date: 23/01/2026

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

ANNEXURE- VIII-A

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	5	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	5	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 : 23 / 01 / 2026

Sign & Stamp
Dean/Principal/Head of Institute
Date: 23 / 01 / 2026

Dean
Dr. Ulhas Patil Medical College
& Hospital, Jalgaon (M.S.)

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

ANNEXURE- VIII-A

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 perfollowing 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	7	1

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

Designation	From	To	Total periodYear/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	7	1

(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 : 23/01/2026

Dean
Sign & Stamp
Dean/Principal/Head of Institute
Date: 23/01/2026

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

ANNEXURE- VIII-A

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 perfollowing 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	5	0

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

Designation	From	To	Total periodYear/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	5	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 : 23/01/2026

DR. VILHAS PATIL MEDICAL COLLEGE JALGAON

Sign & Stamp
Dean/Principal/Head of Institute
Date: 23/01/2026

Dean
Dr Vilhas Patil Medical College

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

ANNEXURE- VIII-A

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 perfollowing 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	4	10

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

Designation	From	To	Total periodYear/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	4	10

(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 :23 /01 /2026

DR. TATYASAHEB PATIL MEDICAL COLLEGE & HOSP. JALGAON

Dean
Sign & Stamp
Dean/Principal/Head of Institute
Date:23/01/2026

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

ANNEXURE- VIII-A

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	3	1

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	3	1

(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 : 23/01/2026

DR. PATIL MEDICAL COLLEGE & HOSPITAL JALGAON

Dean
Dr. Ulhas Patil Medical College & Hospital, Jalgaon

Sign & Stamp
Dean/Principal/Head of Institute
Date: 23/01/2026

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

ANNEXURE- VIII-A

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 Vasant 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	11

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	11

(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 : 23 /01 /2026

JALGAON

Dean
Sign & Stamp
Dean/Principal/Head of Institute
Date:23/01/2026

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

ANNEXURE- VIII-A

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 perfollowing 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	04/08/2024	3	2
Professor	05/08/2024	Till date	1	4

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

Designation	From	To	Total periodYear/Months	
Assistant Professor	04/02/2017	31/05/2021	4	4
Associate Professor	01/06/2021	04/08/2024	3	2
Professor	05/08/2024	Till date	1	4

(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 : 23/01/2026

JALGAON

Dean
Dr. Uttamrao Patil Medical College & Hospital, Jalgaon

Sign & Stamp
Dean/Principal/Head of Institute
Date: 23/01/2026

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

ANNEXURE- VIII-A

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	3	8

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	3	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 : 23/01/2026

DR. UJHAS PATIL MEDICAL COLLEGE & HOSPITAL JALGAON

Dean
Dr.Ujhas Patil Medical College & Hospital, Jalgaon (M.S.)

Sign & Stamp
Dean/Principal/Head of Institute
Date:23/01/2026

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

ANNEXURE- VIII-A

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 perfollowing 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	22/05/2025	3	4
Associate Professor	23/05/2025	Till date	0	7

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

Designation	From	To	Total periodYear/Months	
Assistant Professor	01/08/2015	09/01/2022	6	5
Associate Professor	10/01/2022	22/05/2025	3	4
Associate Professor	23/05/2025	Till date	0	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 :23 /01 /2026

MAS PATIL MEDICAL COLLEGE & HOSPITAL JALGAON

Dean
Dr. Vilas Patil Medical College & Hospital, Jalgaon

Sign & Stamp
Dean/Principal/Head of Institute
Date:23/01/2026

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

ANNEXURE- VIII-A

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 Invasive Cardiology.**

This to Certify that **Dr. Amol Devidasrao Kothalkar** 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	08/11/2016	02/06/2021	4	6
Associate Professor	03/06/2021	31/12/2025	4	6
Professor	01/01/206	Till date	0	1

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

Designation	From	To	Total periodYear/Months	
Assistant Professor	08/11/2016	02/06/2021	4	6
Associate Professor	03/06/2021	31/12/2025	4	6
Professor	01/01/206	Till date	0	1

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

Patil

Sign & Stamp
Head of the Department
Date : 23/01/2026

SMT. KASTURBAI WALCHAND PATIL MEDICAL COLLEGE JALGAON

Dean
Sign & Stamp
Dean/Principal/Head of Institute
Date: 23/01/2026

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

ANNEXURE- VIII-A

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 Invasive Cardiology.**

This to Certify that **Dr. Shamsuddin Ansari Basheeruddin** 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	09/04/2021	Till date	4	9

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

Designation	From	To	Total periodYear/Months	
Assistant Professor	09/04/2021	Till date	4	9

(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 : 23/01/2026

DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL JALGAON

Dean
Dr. Ulhas Patil Medical College & Hospital, Jalgaon Kh.

Sign & Stamp
Dean/Principal/Head of Institute
Date: 23/01/2026

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 Invasive Cardiology.**

This to Certify that **Dr. Harshal Surendra Patil** 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	4	5

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

Designation	From	To	Total periodYear/Months	
Assistant Professor	28/07/2021	Till date	4	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 : 23 /01 /2026

DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL * JALGAON

Sign & Stamp
Dean/Principal/Head of Institute
Date: 23/01/2026

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

ANNEXURE- VIII-A

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 in Urology (Laparoscopy/ Robotic & Endourology).**

This to Certify that **Dr. Anilkumar Bhaskar Patil** has worked in the Department of **General Surgery** Training Centre as perfollowing details

A) General Experience

Designation	From	To	Total period Year/Months	
Assistant Professor	01/01/2009	31/12/2013	5	0
Associate Professor	01/01/2024	31/10/2017	3	10
Professor	01/11/2017	Till date	8	2

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

Designation	From	To	Total period Year/Months	
Assistant Professor	01/01/2009	31/12/2013	5	0
Associate Professor	01/01/2024	31/10/2017	3	10
Professor	01/11/2017	Till date	8	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 : 23 / 01 / 2026

Sign & Stamp
Dean/Principal/Head of Institute
Date: 23 / 01 / 2026

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

ANNEXURE- VIII-A

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 in Urology (Laparoscopy/ Robotic & Endourology).**

This to Certify that **Dr. Parag Surendra Bhirud** has worked in the Department of **Urology** Training Centre as perfollowing details

A) General Experience

Designation	From	To	Total period Year/Months	
Assistant Professor	01/07/2021	31/03/2023	1	9
Associate Professor	01/04/2023	Till date	2	11

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

Designation	From	To	Total period Year/Months	
Assistant Professor	01/07/2021	31/03/2023	1	9
Associate Professor	01/04/2023	Till date	2	11

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

Sign & Stamp
Head of the Department
Date :23/01/2026

Sign & Stamp
Dean/Principal/Head of Institute
Date23/01/2026

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

ANNEXURE- VIII-A

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 Onco Pathology**

This to Certify that **Dr. Shirish Renurao Gondane** has worked in the Department of **Pathology** Training Centre as perfollowing details

A) General Experience

Designation	From	To	Total period Year/Months	
Assistant Professor	18/08/2019	15/05/2024	4	8
Associate Professor	16/05/2024	Till date	1	10

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

Designation	From	To	Total period Year/Months	
Assistant Professor	18/08/2019	15/05/2024	4	8
Associate Professor	16/05/2024	Till date	1	10

(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 : 23 / 01 / 2026

DR. ULHAS PATIL MEDICAL COLLEGE HOSPITAL JALGAON

Dean
Dr. Ulhas Patil Medical College & Hospital, Jalgaon (M.S.)

Sign & Stamp
Dean/Principal/Head of Institute
Date: 23/01/2026

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

ANNEXURE- VIII-A

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 Onco Pathology**

This to Certify that **Dr. Reshma Wankhede (Nirmale)** has worked in the Department of **Pathology** Training Centre as perfollowing details

A) General Experience

Designation	From	To	Total period Year/Months	
Assistant Professor	01/10/2014	16/02/2020	5	4
Associate Professor	17/02/2020	17/02/2023	3	0
Professor	18/02/2023	Till date	2	11

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

Designation	From	To	Total period Year/Months	
Assistant Professor	01/10/2014	16/02/2020	5	4
Associate Professor	17/02/2020	17/02/2023	3	0
Professor	18/02/2023	Till date	2	11

(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 :23 /01 /2026

DR. ULHAS PATIL MEDICAL COLLEGE & R. JALGAON

Dean
Dr. Ulhas Patil Medical College & Hospital, Jalgaon

Sign & Stamp
Dean/Principal/Head of Institute
Date23 /01 /2026

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

ANNEXURE- VIII-A

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 Diabetology**

This to Certify that **Dr. Dinesh Eknath Nehete** 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	24/09/2008	24/09/2013	5	0
Associate Professor	25/09/2013	19/03/2017	3	5
Professor	20/03/2017	Till date	8	8

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

Designation	From	To	Total periodYear/Months	
Assistant Professor	24/09/2008	24/09/2013	5	0
Associate Professor	25/09/2013	19/03/2017	3	5
Professor	20/03/2017	Till date	8	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 :23 / 01 / 2026

DR. ULHAS PATIL MEDICAL COLLEGE HOSPITAL JALGAON

Dean
Dr. Ulhas Patil Medical College & Hospital, Jalgaon (Kh)

Sign & Stamp
Dean/Principal/Head of Institute
Date:23 /01 /2026

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

ANNEXURE- VIII-A

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 Diabetology**

This to Certify that **Dr. Pankaj Ramchandra Mahajan** 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	10/11/2025	02/06/2021	5	6
Associate Professor	03/06/2021	Till date	4	5

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

Designation	From	To	Total periodYear/Months	
Assistant Professor	10/11/2025	02/06/2021	5	6
Associate Professor	03/06/2021	Till date	4	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 :23 /01 /2026

JALGAON

Sign & Stamp
Dean/Principal/Head of Institute
Date:23 /01 /2026

Dean
Dr.Ulhas Patil Medical College
& Hospital, Jalgaon (M.S.)

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

ANNEXURE- VIII-A

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 Oncology Care**

This to Certify that **Dr. Yogesh Pralhad Chaudhari** has worked in the Department of **General Surgery** Training Centre as perfollowing details

A) General Experience

Designation	From	To	Total period Year/Months	
Assistant Professor	24/09/2008	24/07/2010	1	10
Associate Professor	25/07/2010	31/08/2015	5	1
Professor	01/09/2015	Till date	10	3

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

Designation	From	To	Total periodYear/Months	
Assistant Professor	24/09/2008	24/07/2010	1	10
Associate Professor	25/07/2010	31/08/2015	5	1
Professor	01/09/2015	Till date	10	3

(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 : 23/01/2026

JALGAON

Dean
Sign & Stamp
Dean/Principal/Head of Institute
Date: 23/01/2026

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

ANNEXURE- VIII-A

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 Intensive Cardiac Care**

This to Certify that **Dr. Vaibha Anil Patil** has worked in the Department of **Cardiology** Training Centre as perfollowing details

A) General Experience

Designation	From	To	Total period Year/Months	
Assistant Professor	12/11/2019	03/12/2023	4	0
Associate Professor	04/12/2023	Till date	2	1

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

Designation	From	To	Total periodYear/Months	
Assistant Professor	12/11/2019	03/12/2023	4	0
Associate Professor	04/12/2023	Till date	2	1

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

Patil

Sign & Stamp
Head of the Department
Date :23 /01 /2026

DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL JALGAON

Dean
Dr. Ulhas Patil Medical College & Hospital, Jalgaon (Kh.)

Sign & Stamp
Dean/Principal/Head of Institute
Date:23/01/2026

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

ANNEXURE- VIII-A

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 Intensive Cardiac Care**

This to Certify that **Dr. Vivek Divakar Chaudhari** has worked in the Department of **Cardiology** Training Centre as perfollowing details

A) General Experience

Designation	From	To	Total period Year/Months	
Assistant Professor	05/01/2012	04/01/2019	7	0
Associate Professor	05/01/2019	12/01/2022	3	0
Professor	13/01/2022	Till date	3	10

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

Designation	From	To	Total periodYear/Months	
Assistant Professor	05/01/2012	04/01/2019	7	0
Associate Professor	05/01/2019	12/01/2022	3	0
Professor	13/01/2022	Till date	3	10

(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 :23 /01 /2026

PATIL MEDICAL COLLEGE JALGAON

Dean
Sign & Stamp
Dean/Principal/Head of Institute
Date:23/01/2026

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

ANNEXURE- VIII-A

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 Oncology**

This to Certify that **Dr. Sachin Shashikant Ingle** has worked in the Department of **General Surgery** Training Centre as perfollowing details

A) General Experience

Designation	From	To	Total period Year/Months	
Assistant Professor	13/02/2010	13/05/2014	4	3
Associate Professor	14/05/2014	31/10/2017	3	5
Professor	01/11/2017	Till date	8	1

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

Designation	From	To	Total periodYear/Months	
Assistant Professor	13/02/2010	13/05/2014	4	3
Associate Professor	14/05/2014	31/10/2017	3	5
Professor	01/11/2017	Till date	8	1

(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 :23/01/2026

JALGAON

Sign & Stamp
Dean/Principal/Head of Institute
Date: 23/01/2026

Dean
Dr.Ulhas Patil Medical College
& Hospital, Jalgaon Kh.

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

ANNEXURE- VIII-A

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 Vascular & Interventional Radiology.**

This to Certify that **Dr. Vinod Narayanrao Chaudhari** has worked in the Department of **Radiology** Training Centre as perfollowing details

A) General Experience

Designation	From	To	Total period Year/Months	
Assistant Professor	20/05/2011	11/07/2019	8	1
Associate Professor	12/07/2019	31/05/2021	1	10
Professor	01/06/2021	Till date	4	8

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

Designation	From	To	Total periodYear/Months	
Assistant Professor	20/05/2011	11/07/2019	8	1
Associate Professor	12/07/2019	31/05/2021	1	10
Professor	01/06/2021	Till date	4	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 :23 / 01 / 2026

PATIL MEDICAL COLLEGE JALGAON

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Dean/Principal/Head of Institute
Date:23/01/2026

Dean
Dr. Ulhas Patil Medical College & Hospital, Jalgaon (Kh.)

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

ANNEXURE- VIII-A

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 Clinical Nephrology.**

This to Certify that **Dr. Sachin Satyanarayan Soni** has worked in the Department of **Nephrology** Training Centre as perfollowing details

A) General Experience

Designation	From	To	Total period Year/Months	
Assistant Professor	08/06/2023	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	08/06/2023	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)

Patil

Sign & Stamp
Head of the Department
Date :23 /01 /2026

JALGAON

Dean
Dr.Umas Patil Medical College
& Hospital, Jalgaon

Sign & Stamp
Dean/Principal/Head of Institute
Date:23 /01/2026

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

ANNEXURE- VIII-A

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 Ultra Sonography and Colour Doppler.**

This to Certify that **Dr. Kiran Choldas Patil** has worked in the Department of **Radiology** Training Centre as perfollowing details:

A) General Experience

Designation	From	To	Total period Year/Months	
Assistant Professor	24/09/2008	24/06/2011	2	9
Associate Professor	25/06/2011	30/10/2014	3	5
Professor	01/12/2014	Till date	11	0

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

Designation	From	To	Total periodYear/Months	
Assistant Professor	24/09/2008	24/06/2011	2	9
Associate Professor	25/06/2011	30/10/2014	3	5
Professor	01/12/2014	Till date	11	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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Date :23/01/2026

DR. KIRAN PATIL MEDICAL COLLEGE & HOSPITAL JALGAON

Dean
Dr. Kiran Patil Medical College & Hospital, Jalgaon

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Dean/Principal/Head of Institute
Date23/01/2026

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

ANNEXURE- VIII-A

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 Emergency Medical Services.**

This to Certify that **Dr. Nitesh Suresh Chhajed** has worked in the Department of **Emergency Medicine** Training Centre as perfollowing details:

A) General Experience

Designation	From	To	Total period Year/Months	
Assistant Professor	08/01/2014	15/04/2018	4	3
Associate Professor	16/04/2018	10/0/2022	3	8
Professor	11/01/2022	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	08/01/2014	15/04/2018	4	3
Associate Professor	16/04/2018	10/0/2022	3	8
Professor	11/01/2022	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 : 23/01/2026

DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL JALGAON

Dean
Dr. Ulhas Patil Medical College & Hospital, Jalgaon Kh.

Sign & Stamp
Dean/Principal/Head of Institute
Date: 23/01/2026

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

ANNEXURE- VIII-A

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 Emergency Medical Services.**

This to Certify that **Dr. Suhas Sopan Borle** has worked in the Department of **Emergency Medicine** Training Centre as perfollowing details:

A) General Experience

Designation	From	To	Total period Year/Months	
Assistant Professor	02/06/2020	10/01/2022	5	7
Associate Professor	11/01/2022	22/05/2025	3	4
Professor	23/05/2025	Till date	0	8

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

Designation	From	To	Total periodYear/Months	
Assistant Professor	02/06/2020	10/01/2022	5	7
Associate Professor	11/01/2022	22/05/2025	3	4
Professor	23/05/2025	Till date	0	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 : 23/01/2026

Dean
Sign & Stamp
Dean/Principal/Head of Institute
Date: 23/01/2026

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

ANNEXURE- VIII-A

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 Radiography Technology.**

This to Certify that **Dr. Vijay Indal Naik** has worked in the Department of **Radiology** Training Centre as perfollowing details:

A) General Experience

Designation	From	To	Total period Year/Months	
Assistant Professor	18/11/2013	31/12/2013	0	1
Associate Professor	01/01/2014	31/05/2021	7	5
Professor	01/06/2021	Till date	4	9

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

Designation	From	To	Total periodYear/Months	
Assistant Professor	18/11/2013	31/12/2013	0	1
Associate Professor	01/01/2014	31/05/2021	7	5
Professor	01/06/2021	Till date	4	9

(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 : 23 /01 /2026

Dean
Sign & Stamp
Dean/Principal/Head of Institute
Date 23 /01 /2026

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

ANNEXURE- VIII-A

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 ECG Technician Assistant.**

This to Certify that **Dr. Sanjay Pandharinath Patil** 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	01/01/2013	15/04/2018	5	3
Associate Professor	16/04/2018	12/01/2022	3	8
Professor	13/01/2022	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	01/01/2013	15/04/2018	5	3
Associate Professor	16/04/2018	12/01/2022	3	8
Professor	13/01/2022	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 : 23/01/2026

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Dean/Principal/Head of Institute
Date: 23/01/2026

Dean
D. Uttam Patil Medical College
& Hospital, Jalgaon (M.S.)

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

ANNEXURE- VIII-A

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 CVTS Assistant.**

This to Certify that **Dr. Sandip Ashok Bharude** 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	01/02/2023	Till date	2	11

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

Designation	From	To	Total period Year/Months	
Assistant Professor	01/02/2023	Till date	2	11

(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 : 23/01/2026

Sign & Stamp
Dean/Principal/Head of Institute
Date: 23/01/2026

Dean
Dr. Ulhas Patil Medical College & Hospital, Jalgaon (Kh.)

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