

ANNEXURE - VII-A

Information to be submitted with respect to newly appointed mentors

Professional Teaching Experience Certificate for Fellowship/ Certificate Courses

Director/ Mentor

Title of Course applied for :- Certificate Course in Modern Pharmacology

This is Certified the Dr. Kishor A. Bansod has worked in the Department of Pharmacology Training Centre as per following details.

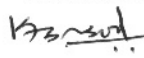
A) General Experience -

Designation	From	To	Total period year/months	
Tutor/ Demonstrator/ Senior Resident	--	--	--	---
Assistant Professor	06/01/2005	23/04/2010	5 years	1 months
Associate Professor	24/04/2010	25/07/2019	9 years	3months
Professor	26/07/2019	Till date	3 years	7 months

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

Designation	From	To	Total period year/months	
Tutor/ Demonstrator/ Senior Resident	--	--	--	---
Assistant Professor	06/01/2005	23/04/2010	5 years	1 months
Associate Professor	24/04/2010	25/07/2019	9 years	3months
Professor	26/07/2019	Till date	3 years	7 months

It is mandatory to attach self attested Photocopy of the Experience Certificate of each mentor in the Subject of concerned fellowship/Certificate Course)


PROF. & HEAD
 Department of Pharmacology,
 Dr P.D.M.M.College, Amravati.

Sign. & stamp
Head of the Department
 Date / /2023


DEAN
 Dr. Venkatesh P. Phausaheb Deshmukh
Sign & stamp
Dean/Principal/Head of Institute
 Date - / /2023

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

ANNEXURE – VII-A

Information to be submitted with respect to newly appointed mentors

Professional Teaching Experience Certificate for Fellowship/ Certificate Courses

Director/ Mentor

Title of Course applied for :- Certificate Course in Modern Pharmacology

This is Certified the Dr. Shilpa S. Ingle has worked in the Department of Pharmacology Training Centre as per following details.

A) General Experience -

Designation	From	To	Total period year/months	
Tutor/ Demonstrator/ Senior Resident	07/11/2017	07/11/2018	1year	---
Assistant Professor	13/07/2017 08/11/2018	06/11/2017 02/01/2023	4 years	1 months
Associate Professor	03/01/2023	Till date		1month, 10days
Professor	---	---	---	---

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

Designation	From	To	Total period year/months	
Tutor/ Demonstrator/ Senior Resident	07/11/2017	07/11/2018	1year	---
Assistant Professor	13/07/2017 08/11/2018	06/11/2017 02/01/2023	4 years	1 months
Associate Professor	03/01/2023	Till date		1month, 10days
Professor	---	---	---	---

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

Shilpa S. Ingle
Prof. & Head
Department of Pharmacology,
Sign. & stamp College, Amravati.
Head of the Department
Date / /2023

Dr. Sanjay Prakash Bhausaheb Deshmukh
DEAN
Sign & stamp
Dean/Principal/Head of Institute
Date - / /2023

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

ANNEXURE - VII-A

Information to be submitted with respect to newly appointed mentors

Professional Teaching Experience Certificate for Fellowship/ Certificate Courses

Director/ Mentor

Title of Course applied for :- Certificate Course in Modern Pharmacology

This is Certified the Mr. Ravi S. Singh has worked in the Department of Pharmacology Training Centre as per following details.

A) General Experience -

Designation	From	To	Total period year/months	
Tutor/ Demonstrator/ Senior Resident	---	---	---	---
Assistant Professor	05/05/2003	Till date	19 years	8 months
Associate Professor	----	----	---	---
Professor	---	---	---	---

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

Designation	From	To	Total period year/months	
Tutor/ Demonstrator/ Senior Resident	---	---	---	---
Assistant Professor	05/05/2003	Till date	19 years	8 months
Associate Professor	----	----	---	---
Professor	---	---	---	---

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

[Signature]
Prof. & Head
Department of Pharmacology,
Dr. P. D. M. M. College, Amravati

**Sign. & stamp
Head of the Department
Date / /2023**

[Signature]
DEAN
Dr. Bhausaheb Deshmukh
Dean/Principal/Head of Institute
Date - / /2023

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

ANNEXURE - VII-A

Information to be submitted with respect to newly appointed mentors

**Professional Teaching Experience Certificate for Fellowship/ Certificate Courses
Director/ Mentor**

Title of Course applied for :- **Certificate Course in Modern Pharmacology**

This is Certified the Dr. Vikram R. Wankhade has worked in the Department of Pharmacology Training Centre as per following details.


A) General Experience -

Designation	From	To	Total period year/months	
Tutor/ Demonstrator/ Senior Resident	12/10/2018	11/10/2019	1 year	---
Assistant Professor	28/07/2022	Till date	8 months	--
Associate Professor	----	----	---	---
Professor	---	---	---	---

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

Designation	From	To	Total period year/months	
Tutor/ Demonstrator/ Senior Resident	12/10/2018	11/10/2019	1 year	---
Assistant Professor	28/07/2022	Till date	8 months	--
Associate Professor	----	----	---	---
Professor	---	---	---	---

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


Prof. & Head
Department of Pharmacology,
Dr. P.D.M.M. College, Amravati.

Sign. & stamp
Head of the Department
Date / /2023



DEAN
Sign & stamp
Dean/Principal/Head of Institute
Date - / /2023

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

ANNEXURE - VII-A

Information to be submitted with respect to newly appointed mentors

Professional Teaching Experience Certificate for Fellowship/ Certificate Courses

Director/ Mentor

Title of Course applied for :- Certificate Course in Modern Pharmacology

This is Certified the Dr. Anita S. Sande has worked in the Department of Pharmacology Training Centre as per following details.

A) General Experience -

Designation	From	To	Total period year/months	
Tutor/ Demonstrator/ Senior Resident	27/05/1989	Till date	33 year	10 months
Assistant Professor	---	----	---	--
Associate Professor	----	----	---	---
Professor	---	---	---	---

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

Designation	From	To	Total period year/months	
Tutor/ Demonstrator/ Senior Resident	27/05/1989	Till date	33 year	10 months
Assistant Professor	---	----	---	--
Associate Professor	----	----	---	---
Professor	---	---	---	---

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

Handwritten signature
Prof. & Head
Department of Pharmacology,
Dr. P.D.M.M. College, Amravati.
Sign. & stamp
Head of the Department
Date / /2023

Handwritten signature
DEAN
Sign & stamp
Dr. Anandhaiah Deshmukh
Dean/Principal/Head of Institute
Date / /2023

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

ANNEXURE - VII-A

Information to be submitted with respect to newly appointed mentors

Professional Teaching Experience Certificate for Fellowship/ Certificate Courses

Director/ Mentor

Title of Course applied for :- Certificate Course in Modern Pharmacology

This is Certified the Dr. Advait P. Chaudhary has worked in the Department of Pharmacology

Training Centre as per following details.

A) General Experience -

Designation	From	To	Total period year/months	
Tutor/ Demonstrator/ Senior Resident	01/06/2022	Till date	--	8 months
Assistant Professor	---	----	---	--
Associate Professor	----	----	---	---
Professor	---	---	---	---

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

Designation	From	To	Total period year/months	
Tutor/ Demonstrator/ Senior Resident	01/06/2022	Till date	--	8 months
Assistant Professor	---	----	---	--
Associate Professor	----	----	---	---
Professor	---	---	---	---

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

As per
Prof. & Head
Department of Pharmacology,
Dr. P. D. M. M. College, Amravati.

Sign. & stamp
Head of the Department
Date / /2023



Sign & stamp
DEAN
Dr. Anil Prakash Kaushech Deshmukh
Dean/Principal/Head of Institute
Date / /2023
College, Amravati

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

ANNEXURE - VII-A

Information to be submitted with respect to newly appointed mentors

Professional Teaching Experience Certificate for Fellowship/ Certificate Courses

Director/ Mentor

Title of Course applied for :- Certificate Course in Modern Pharmacology

This is Certified the Dr. Archana P. Dhoot has worked in the Department of Pharmacology Training Centre as per following details.

A) General Experience -

Designation	From	To	Total period year/months	
Tutor/ Demonstrator/ Senior Resident	02/05/2005	Till date	17 years	9months
Assistant Professor	---	----	---	--
Associate Professor	----	----	---	---
Professor	---	---	---	---

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

Designation	From	To	Total period year/months	
Tutor/ Demonstrator/ Senior Resident	02/05/2005	Till date	17 years	9months
Assistant Professor	---	----	---	--
Associate Professor	----	----	---	---
Professor	---	---	---	---

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

K. S. Deshmukh
Prof. & Head
Department of Pharmacology.
Dr. P. D. M. M. College, Amravati
Sign. & stamp
Head of the Department
Date / /2023

[Signature]
DEAN
Dr. [Signature] L. H. Deshmukh
Dean/Principal/Head of Institute
Date - / /2023

Name of Inspectors		Signature of Inspector
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 Cytopathology

This is to Certify that **Dr.R.R.Soni** has worked in the Department Of Pathology in Dr.P.D.M.Medical College,Amravati as per following details.


A) General Experience: -


Designation	From	To	Total period	
			Year	Month
Tutor/Demo	04/07/1989	21/08/1990	01(y)	1.5(m)
Asst. Professor	22/08/1990	31/12/2007	17(y)	04 (m)
Assoc. Professor	01/01/2008	28/02/2021	13(y)	02(m)
Professor	01/03/2021	Till date	01(y)	11(m)

B) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for :-

Designation	From	To	Total period	
			Year	Month
Tutor/Demo	04/07/1989	21/08/1990	01(y)	1.5(m)
Asst. Professor	22/08/1990	31/12/2007	17(y)	04 (m)
Assoc. Professor	01/01/2008	28/02/2021	13(y)	02(m)
Professor	01/03/2021	Till date	01(y)	11(m)

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


PROFESSOR & HEAD
 Sign & Stamp
 Head of the Department
 P.D.M. MEDICAL COLLEGE
 AMRAVATI
 Date: / /


DEAN
 Sign & Stamp
 Dr. Parajabao alias Bhausaheb Deshmukh
 Dean/Principal/Head of Institute
 P.D.M. Medical College, Amravati
 Date: / /

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 CytopathologyThis is to Certify that **Dr.A. T. Deshmukh** has worked in the Department Of Pathology in Dr.P.D.M.Medical College, Amravati as per following details.**A) General Experience: -**


Designation	From	To	Total period Year / Month	
Asst. Professor	28-02-1984	10-02-1986	02 Yrs	--
	11-02-1986	10-01-1992	05 Yrs	11(m)
Assoc. Professor	10-01-1992	01-04-2007	15Yrs	03(m)
Professor	02-04-2007	Till Date	15 Yrs	10(m)
Dean	30/10/2020	Till Date	02 Yrs	03(m)

B) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for:-

Designation	From	To	Total period Year / Month	
Asst. Professor	28-02-1984	10-02-1986	2 Yrs	--
	11-02-1986	10-01-1992	5 Yrs	11(m)
Assoc. Professor	10-01-1992	01-04-2007	15Yrs	3(m)
Professor	02-04-2007	Till Date	15 Yrs	10(m)
Dean	30/10/2020	Till Date	2 Yrs	3(m)

(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: _____
 PROFESSOR & HEAD
 DEPARTMENT OF PATHOLOG
 P.D.M. MEDICAL COLLEGE
 AMRAVATI


 Sign & Stamp DEAN
 Dean/Principal/Head of Institute
 Date: _____
 P.D.M. Medical College, Amravati

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 Cytopathology

This is to Certify that Dr.M.W. Jagtap has worked in the Department Of Pathology in Dr.P.D.M.Medical College,Amravati as per following details.

A) General Experience: -

Designation	From	To	Total period	
			Year / Month	
Tutor	18/07/1983	30/09/1984	01 Yr	02M
Asst. Prof	01/10/1986	20/01/1992	05 Yrs	03M
Asso. Prof	20/01/1992	25/07/2016\	24 Yrs.	06M
	30/04/2019	01/08/2021	03 Yr	01M
Professor	26/07/2016	30/04/2019	02 Yrs	09M
	01/09/2021	Till Date	01 Yr	05M

B) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for:-

Designation	From	To	Total period	
			Year / Month	
Tutor	18/07/1983	30/09/1984	01 Yr	02M
Asst. Prof	01/10/1986	20/01/1992	05 Yrs	03M
Asso. Prof	20/01/1992	25/07/2016\	24 Yrs.	06M
	30/04/2019	01/08/2021	03 Yr	01M
Professor	26/07/2016	30/04/2019	02 Yrs	09M
	01/09/2021	Till Date	01 Yr	05M

(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
P.D.M. MEDICAL COLLEGE
AMRAVATI



Sign & Stamp
Dr. Dean/Principal
Ramesh Deshmukh
Date: / / Medical College, Amravati

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 Cytopathology

This is to Certify that **Dr.J.P. Laddha** has worked in the Department Of Pathology in Dr.P.D.M.Medical College,Amravati as per following details.


A) General Experience: -


Designation	From	To	Total period	
			Year /	Month
Demonstrator	01/07/1986	17/09/1987	01 Yr	02 M
Asst. Prof	17/09/1987	12/05/1906	18 Yrs	08M
Asso. Prof	12/05/1906	31/08/2021	15 Yrs	03M
Professor	01/09/2021	Till Date	01 Yr	05M

B) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for:-

Designation	From	To	Total period	
			Year /	Month
Demonstrator	01/07/1986	17/09/1987	01 Yr	02M
Asst. Prof	17/09/1987	12/05/1906	18 Yrs	08M
Asso. Prof	12/05/1906	31/08/2021	15 Yrs	03M
Professor	01/09/2021	Till Date	01 Yr	05M

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


PROFESSOR & HEAD
DEPARTMENT OF PATHOLOGY
DR. P. D. M. MEDICAL COLLEGE
AMRAVATI
 Sign & Stamp
 Head of the Department
 Date :


DEAN
Dean/Principal/Head of Institute
Dr. P. D. M. MEDICAL COLLEGE, AMRAVATI
 Sign & Stamp
 Date: / /

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 Cytopathology

This is to Certify that **Dr.P.G. Mankar** has worked in the Department Of Pathology in Dr.P.D.M.Medical College,Amravati as per following details.**A) General Experience: -**

Designation	From	To	Total period	
			Year / Month	
Asst. Prof	01/08/1992	26/07/1993	01Yr	--
	05/08/1993	07/07/1997	04Yrs	--
	07/07/1997	30/06/1998	01 Yrs	--
Asso. Prof	01/01/2008	Till date	15 Yrs.	01 M

B) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for :-

Designation	From	To	Total period	
			Year / Month	
Asst. Prof	01/08/1992	26/07/1993	01Yr	--
	05/08/1993	07/07/1997	04Yrs	--
	07/07/1997	30/06/1998	01 Yrs	--
Asso. Prof	01/01/2008	Till date	15 Yrs.	01 M

(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
 PROFESSOR & HEAD
 DEPARTMENT OF PATHOLOGY
 DR. P. D. M. MEDICAL COLLEGE
 AMRAVATI
 Date: / /



Sign & Stamp DEAN
 Dr. P. G. Mankar, Bhousher Deshmukh
 Memorial Medical College, Amravati
 Date: / /

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 CytopathologyThis is to Certify that **Dr. A. A. Tayde** has worked in the Department Of Pathology in Dr.P.D.M.Medical College, Amravati as per following details.**A) General Experience: -**

Designation	From	To	Total period	
			Year	Month
Asst. Prof	31/05/2008	24/11/2010	02 Yrs	06 M
	25/11/2010	28/05/2015	04 Yrs	06 M
Asso. Prof.	29/05/2015	Till date	07 Yrs	08 M

B) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for:-

Designation	From	To	Total period	
			Year	Month
Asst. Prof	31/05/2008	24/11/2010	02 Yrs	06 M
	25/11/2010	28/05/2015	04 Yrs	06 M
Asso. Prof.	29/05/2015	Till date	07 Yrs	05 M

(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: / /

P.D.M. MEDICAL COLLEGE
AMRAVATI


Sign & Stamp

DEAN
Dean/Principal/Head of Institute

Date: / /

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 Cytopathology

This is to Certify that **Dr.S.V. Chaukade** has worked in the Department Of Pathology in Dr.P.D.M.Medical College,Amravati as per following details.

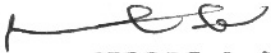
A) General Experience: -


Designation	From	To	Total period	
			Year / Month	
Asst. Professor	10/08/2010	31/08/2021	11 yrs	01 M
Assoc. Professor	01/09/2021	Till Date	01 Yr	05 M

B) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for:-

Designation	From	To	Total period	
			Year / Month	
Asst. Professor	10/08/2010	31/08/2021	11 Yrs	01 M
Assoc. Professor	01/09/2021	Till Date	01 Yr	05 M

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


PROFESSOR & HEAD
 DEPARTMENT OF PATHOLOG
 DR.P.D.M. MEDICAL COLLEGE
 AMRAVATI
 Sign & Stamp
 Head of the Department
 Date: _____


DEAN
 Dean/Principal/Head of Institute
 Date: ____/____/____
 Amravati

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 CytopathologyThis is to Certify that **Dr.S.S. Adwani** has worked in the Department Of Pathology in Dr.P.D.M.Medical College,Amravati as per following details.**A) General Experience: -**


Designation	From	To	Total period	
			Year	Month
Senior Resi.	07/02/2011	31/07/2013	02 Yrs	05 M
Asst. Prof	18/01/2010	11/08/2010	---	08 M
	23/09/2013	Till date	09 Yrs	05 M

B) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for:-

Designation	From	To	Total period	
			Year	Month
Senior Resi.	07/02/2011	31/07/2013	2 Yrs	5 M
Asst. Prof	18/01/2010	11/08/2010	---	8 M
	23/09/2013	Till date	9 Yrs	5 M

(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: / /
PROFESSOR & HEAD
DEPARTMENT OF PATHOLOGY
DR. P. D. M. MEDICAL COLLEGE
AMRAVATI


 Sign & Stamp
 DEAN
 Dean/Principal/Head of Institute
 Date: / /
DR. PARISHRAMPALJI BHAYASHAH DESHMUKH
DR. P. D. M. MEDICAL COLLEGE, AMRAVATI

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 CytopathologyThis is to Certify that **Dr.Chetna Agrawal** has worked in the Department Of Pathology in Dr.P.D.M.Medical College,Amravati as per following details.**A) General Experience: -**


Designation	From	To	Total period	
			Year / Month	
Demonstrator	01/11/2011	28/05/2015	3 Yrs	7 M
Assi. Prof.	29/05/2015	Till date	7 Yrs	8 M

B) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for :-

Designation	From	To	Total period	
			Year / Month	
Demonstrator	01/11/2011	28/05/2015	3 Yrs	7 M
Assi. Prof.	29/05/2015	Till date	7 Yrs	8 M

(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
 DEPARTMENT OF PATHOLOGY
 DR. P. D. M. MEDICAL COLLEGE
 AMRAVATI


 Sign & Stamp
 Dean/Principal/Head of Institute
 Date: / /
 DEAN
 DR. CHAUSAHEB DESHMUKH
 P. D. M. MEDICAL COLLEGE, AMRAVATI

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 Cytopathology

This is to Certify that **Dr.Nafees Nomaan** has worked in the Department Of Pathology in Dr.P.D.M.Medical College,Amravati as per following details.


A) General Experience: -


Designation	From	To	Total period	
			Year	Month
Demonstrator	02/01/2007	06/06/2016	9 Yrs	5 M
Assi. Prof.	07/06/2016	Till date	6 Yrs	8 M

B) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for:-

Designation	From	To	Total period	
			Year	Month
Demonstrator	02/01/2007	06/06/2016	9 Yrs	5 M
Assi. Prof.	07/06/2016	Till date	6 Yrs	8 M

(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
P.D.M. MEDICAL COLLEGE
AMRAVATI


Sign & Stamp
Dean/Principal/Head of Institute
Date
P.D.M. MEDICAL COLLEGE, AMRAVATI

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 of Modern Pharmacology

This to Certify that Dr. Naresh B. Tayade has worked in the Department of Pediatrics Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year /Months	
			Year	Month
Senior Resident	10/12/2012	20/08/2014	1 Year	8 Month
Senior Resident	18/04/2015	02/07/2017	2 Year	3 Month
Assistant Professor	03/07/2017	20/06/2022	4 Year	11 Month
Associate Professor	21/06/2022	Till Date		7 Month

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

Designation	From	To	Total period Year /Months	
			Year	Month
Senior Resident	10/12/2012	20/08/2014	1 Year	8 Month
Senior Resident	18/04/2015	02/07/2017	2 Year	3 Month
Assistant Professor	03/07/2017	20/06/2022	4 Year	11 Month
Associate Professor	21/06/2022	Till Date		7 Month

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

Pat
 Sign & Stamp
 Head of the Department
 Date: / /
 Professor & Head
 Department of Pediatrics
 Dr. P.D.M.M.C. Amravati.

me
 Sign & Stamp
 Dean/Principal/Head of Institute
 Date: DEAN /
 Dr. Panjabrao alias Bhausaheb Deshmukh
 Memorial Medical College, Amravati

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 in De-addiction

This is to Certify that **Dr.Mukund P. Murke** has worked in the **Department Of Psychiatry,**
Dr.Panjabrao Deshmukh Medical training centre as per following details.

A) General Experience: -

Designation	From	To	Total period	
			Year	Month
Assistant Professor	11/12/2010	24/07/2019	8 Year	7 M
Associate Professor	25/7/2019	Till Date	03 Year	06 M
Professor	-----	-----	-----	-----

B) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for :-

Designation	From	To	Total period	
			Year	Month
Assistant Professor	11/12/2010	24/07/2019	8 Year	7 M
Associate Professor	25/7/2019	Till Date	3 Year	6 M
Professor	-----	-----	-----	-----

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

Saboo

Sign & Stamp

Professor & Head
Head of the Department

Department of Psychiatry
Dr. Panjabrao alias Bhausaheb Deshmukh
Date: / /
Memorial Medical College, Amravati

Sign & Stamp

Dean/Principal/Head of Institute

DEAN
Dr. Panjabrao alias Bhausaheb Deshmukh
Date: / /
Memorial Medical College, Amravati

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 Basic Phototherapy and Lasers in Clinical Dermatology

This is to certify that **Dr Virendra V. Saoji** has worked in the **Department of Dermatology** Of **Dr. Panjabrao alias Bhausaheb Deshmukh Memorial Medical College/ Institutes** as per following details.

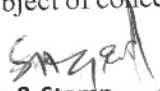
A) General Experience:-


Designation	From	To	Total period Year / Month	
Junior Resident	15/09/1993	14/09/1996	03 Year	

B) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for

Designation	From	To	Total period Year / Month	
Assistant Professor	4/03/1999	2/04/2009	10 Yrs.	1 Month
Associate Professor	3/04/2009	31/08/2021	12 Yrs.	5 M
Professor	1/09/2021	Till Date	01 Y	5 M

(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
Professor & Head
Head of the Department
Department of Skin S.V.D.
Dr Panjabrao alias Bhausaheb Deshmukh
Memorial Medical College, Amravati
Date: / /


Sign & Stamp
Dean/Principal/Head of Institute
DEAN
Dr. Panjabrao alias Bhausaheb Deshmukh
Memorial Medical College, Amravati
Date: / /

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 is to Certify that **Dr. Syed Rizwanuddin Qazi** has worked in the Department of **Gen. Surgery** College / Institutes **Dr. P. D. M. M. C., Amravati** as per following details.

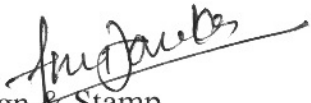
A) General Experience: -


Designation	From	To	Total period Year / Month	
Assistant Professor	11/02/2005	25/07/2019	14	04
Associate Professor	26/07/2019	Till Date	03	06

B) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for :-

Designation	From	To	Total period Year / Month	
Assistant Professor	11/02/2005	25/07/2019	14	04
Associate Professor	26/07/2019	Till Date	03	06

(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
Prof. & Head of Department
Date
Department of Surgery
Dr. P. D. M. M. College, Amravati


Sign & Stamp
Dean/Principal/Head of Institute
Date
Dr. Babrao alias Bhausaheb Deshmukh
Memorial Medical College, Amravati

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 Courses of Modern Pharmacology**

This is to Certify that **Dr. Mrs. Varsha Nitin Bijwe** has worked in the Department of **Gen. Surgery** College / Institutes **Dr. P. D. M. M. C., Amravati** as per following details.


C) General Experience: -


Designation	From	To	Total period Year / Month	
Assistant Professor	19/08/1994	23/03/1996	01 (y)	07 (m)
Associate Professor	06/09/1996	05/10/1996		
	05/07/1997	03/06/1998		
	08/08/1998	30/04/1999		
	04/03/2000	28/02/2005		
	01/03/2006	31/08/2021	23 (y)	08 (m)
Professor	01/09/2021	Till Date	01 (y)	03 (m)

D) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for :- (2017)

Designation	From	To	Total period Year / Month	
Assistant Professor	19/08/1994	23/03/1996	01 (y)	07 (m)
Associate Professor	06/09/1996	05/10/1996		
	05/07/1997	03/06/1998		
	08/08/1998	30/04/1999		
	04/03/2000	28/02/2005		
	01/03/2006	31/08/2021	23 (y)	08 (m)
Professor	01/09/2021	Till Date	01 (y)	03 (m)

(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 / /


Sign & Stamp
Dean/Principal/Head of Institute
Dr. ~~Date~~ ~~Dr. Dattabhai Bhausaheb Deshmukh~~
Memorial Medical College, Amravati

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 :- Modern Mid Level Certificate Course

This is to Certify that **Dr. Kaustubh Madhusudhan Sarada** has worked in the Department of **Gen. Surgery** College / Institutes **Dr. P. D. M. M. C., Amravati** as per following details.

E) General Experience: -


Designation	From	To	Total period Year / Month	
Assistant Professor	18/05/2009	17/05/2010	01 (Y)	01 (m)
	02/12/2011	Till Date	11 (Y)	

F) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for :-

Designation	From	To	Total period Year / Month	
Assistant Professor	18/05/2009	17/05/2010	01 (Y)	01 (m)
	02/12/2011	Till Date	11 (Y)	

(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 / /


Sign & Stamp
Dean/Principal/Head of Institute
Date
Dr. P. D. M. M. C. Amravati
Memorial Medical College, Amravati

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 Orthopedic Trauma**

This is to Certify that **Dr. S.V. Jaiswal** has worked in the Department of. **Orthopaedic College /Institutes Dr. P.D.M.M.C., Amravati** as per following details.

General Experience: -

Designation	From	To	Total period Year / Month	
Senior Resident	01/1/1996 01/02/1996 01/05/1996 17/08/1996 02/11/1996	31/01/1996 31/02/1996 30/07/1996 02/11/1996 15/01/1997	--	
Assistance Professor	23/10/2008	14/01/2019	11	02
Associate Professor	15/01/2019	Till Date	04	01

Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for :-

Designation	From	To	Total period Year / Month	
Senior Resident	01/1/1996 01/02/1996 01/05/1996 17/08/1996 02/11/1996	31/01/1996 31/02/1996 30/07/1996 02/11/1996 15/01/1997	--	
Assistance Professor	23/10/2008	14/01/2019	11	02
Associate Professor	15/01/2019	Till Date	04	01

(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 / /

Sign & Stamp
Dean/Principal/Head of Institute
Date
Dr. Prakashrao alias Bhavsahab Deshmukt
Memorial Medical College, Amravati

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 Phacoemulsification**

This to Certify that **Dr. Anil T. Deshmukh** has worked in the Department Of **Pathology** **Dr. Panjabrao alias Bhausaheb Deshmukh Memorial Medical College, Amravati** Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
Assistant Professor	28/02/1984 11/02/1986	10/02/1986 10/01/1992	02 06	-
Associate Professor	10/01/1992	01/04/2007	15	-
Professor	2/04/2007	Till Date	15	10
Dean	29/10/2020	Till Date	02	04

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

Designation	From	To	Total period Year/Months	
Assistant Professor	28/02/1984 11/02/1986	10/02/1986 10/01/1992	02 06	-
Associate Professor	10/01/1992	01/04/2007	15	-
Professor	2/04/2007	Till Date	15	10
Dean	29/10/2020	Till Date	02	04

(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 :


Sign & Stamp
Dean/Principal/Head of Institute
Date :
Dr. Panjabrao alias Bhausaheb Deshmukh
Memorial Medical College, Amravati

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

Professional Teaching Experience Certificate for Fellowship/Certificate Courses Director/Mentor

Title of the Course applied for:- Fellowship Course in Phacoemulsification

This to Certify that **Dr. Archana Vilas Manekar** has worked in the
Department Of **Ophthalmology** Dr. Panjabrao alias Bhausaheb Deshmukh Memorial Medical College,
Amravati Training Centre as per following details

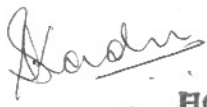
A) General Experience


Designation	From	To	Total period Year/Months	
Assistant Professor	06/08/1993	03/04/2004	10 Yrs	08 Mth
	01/11/2004	26/11/2010	06 Yrs	00 Mth
Asso. Professor	27/11/2010	31/08/2021	10 Yrs	09 Mth
Professor	01/09/2021	Till Date	01 Yrs	03 Mth

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

Designation	From	To	Total period Year/Months	
Assistant Professor	06/08/1993	03/04/2004	10 Yrs	08 Mth
	01/11/2004	26/11/2010	06 Yrs	00 Mth
Asso. Professor	27/11/2010	31/08/2021	10 Yrs	09 Mth
Professor	01/09/2021	Till Date	01 Yrs	03 Mth

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


Head
Sign & Stamp Department of Ophthalmology
Head of the Department. C. Amravati
Date :


Dean/Principal/Head of Institute
Date: Dr. Panjabrao alias Bhausaheb Deshmukh
Memorial Medical College, Amravati

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:-

This is to certify that **Dr. Sushil J. Sikchi** has worked in the Department of **Radio-diagnosis** of **Dr. Panjabrao Deshmukh Memorial Medical College** Training Centre as per following details

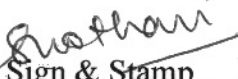
A) General Experience:-


Designation	From	To	Total period Year/Month	
Junior Resident	1/01/1986	31/07/1986		6 Month
Senior Resident	1/02/1987	30/11/1988		1 Y 9 M
	1/02/1989	22/05/1989		3 Month
	23/05/1989	28/02/1990		9 Month
Assit- Professor	26/11/2010	26/5/2017		6 Y 7 M
Asso-Professor	27/05/2017	Till Date	5 Y 9 M	15 Y 7

B) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for

Designation	From	To	Total period Year/Month	
Junior Resident	1/01/1986	31/07/1986		6 Month
Senior Resident	1/02/1987	30/11/1988		1 Y 9 M
	1/02/1989	22/05/1989		3 Month
	23/05/1989	28/02/1990		9 Month
Assit- Professor	26/11/2010	26/5/2017		6 Y 7 M
Asso-Professor	27/05/2017	Till Date	5 Y 9 M	15 Y 7

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


Sign & Stamp
Head of the Department
Dr. Panjabrao Deshmukh
Date:
Deshmukh Memorial Medical College Amravati


Sign & Stamp
Dean/Principal/Head of Institute
Dr. Panjabrao alias Bhausaheb Deshmukh
Date
Memorial Medical College, Amravati

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

Date:

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 :-

This is to Certify that **Dr Jayesh Sudam Ingle** has worked in the Department of **Anaesthesiology** of **Dr.Panjabrao Deshmukh Memorial Medical College** Training Centre as per following details

A) General Experience:-

Designation	From	To	Total period Year / Month	
Assistant Professor	02/3/2009	25/7/2019	10 Yrs.	4 Month
Associate Professor	26/07/2019	Till Date	03 Yrs.	6m

B) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for

Designation	From	To	Total period Year / Month	
Assistant Professor	02/3/2009	25/7/2019	10 Yrs.	4 Month
Associate Professor	26/07/2019	Till Date	03 Yrs.	6m


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



Sign & Stamp

Head of the Department

Date:


Sign & Stamp

Dean/Principal/Head of Institute

Dr. Panjabrao alias Bhausaheb Deshmukh
Deshmukh Memorial Medical College, Amravati

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 Course Director /Mentor

Title of the Course applied for :- :- Fellowship Course in **High Risk Obstetrics**

This to certify that **Dr. Smita A. Bijwe** has

Worked in the Department of **Obstetrics & Gynaecology Dr. Panjabrao alias Bhausaheb Dehmukh Memorial Medical College** Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year /Months	
Senior Resident	01/01/1992 23/02/1994	13/12/1993 31/01/1995	2 year	0 Month 11 Month
Asst. professor	19/08/1998	30/06/2004	5 year	10 Month
Assoc. Professor	01/07/2004	31/08/2021	16 year	1 Month
Professor	01/9/2021	Onward	1 Year	5 Month

B) Actual experience in the subject of concerned Fellowship / Certificate Course

Designation	From	To	Total Period Year /Months	
Senior Resident	01/01/1992 23/02/1994	13/12/1993 31/01/1995	2 year	0 Month 11 Month
Asst. professor	19/08/1998	30/06/2004	5 year	10 Month
Assoc. Professor	01/07/2004	31/08/2021	16 year	1 Month
Professor	01/9/2021	Onward	1 Year	5 Month

(It is mandatory to attach self –attested photocopy of the Experience Certificate of each Mentor in the subject concerned Fellowship /Certificate Course)

Singh

Sign & Stamp

Head of the Department

Department of Gynaecology

Dr. Panjabrao alias Bhausaheb Deshmukh Memorial Medical College

[Signature]

Sign & Stamp

Dean / Principal / Head of Institute

Date : / /

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

ANNEXURE –VIII-A

Information to be submitted with respect to newly appointed mentors

Professional Teaching Experience Certificate for Fellowship / Certificate Course Director /Mentor

Title of the Course applied for :- Fellowship Course in **High Risk Obstetrics**

This to certify that **Dr. Sonal A. Bhuyar** has

Worked in the Department of of **Obstetrics & Gynaecology Dr. Panjabrao alias Bhausaheb Dehmukh Memorial Medical College** , Amravati Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year /Months	
			Year	Months
Senior Resident	01/02/1999	31/01/2001	2 year	0 Month
Asst. professor	13/06/2001	28/02/2002	year	08 Month
	08/04/2002	01/02/2009	6 Year	10 Month
Assoc. Professor	02/02/2009	31/8/2021	12 year	6 Month
Professor	01/9/2021	Onward	1 Year	5 Month

B) Actual experience in the subject of concerned Fellowship / Certificate Course

Designation	From	To	Total Period Year /Months	
			Year	Months
Senior Resident	01/02/1999	31/01/2001	2 year	0 Month
Asst. professor	13/06/2001	28/02/2002	year	08 Month
	08/04/2002	01/02/2009	6 Year	10 Month
Assoc. Professor	03/02/2009	31/8/2021	12 year	6 Month
Professor	01/9/2021	Onward	1 Year	5 Month

(It is mandatory to attach self –attested photocopy of the Experience Certificate of each Mentor in the subject concerned Fellowship /Certificate Course)

Sign & Stamp

Head of the Department

Department of Gynaecology
Dr. Panjabrao alias Bhausaheb Deshmukh
Memorial Medical College, Amravati

Sign & Stamp

Dean / Principal / Head of Institute

Dr. Panjabrao alias Bhausaheb Deshmukh
Memorial Medical College, Amravati

Date

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