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

Title of the Course applied for:- Fellowship Courses (11 Subjects)

This to Certify that **Dr. A. T. Deshmukh** has worked in the Department of Pathology Training Centre as perfollowing details

A) General Experience

Designation	From	To 10-02-1986 10-01-1992	Total period Year/Months		
Assi. Prof.	28-02-1984 11-02-1986		02 Yrs 05 Yrs	 11(m)	
Assoc. Prof.	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	03 Yrs	02(m)	

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

Designation	From	То	Total per	riod Year/Months
Assi. Prof.	28-02-1984	10-02-1986	02 Yrs	
	11-02-1986	10-01-1992	05 Yrs	11(m)
Assoc. Prof.	10-01-1992	01-04-2007	15Yrs	03(m)
Professor	02-04-2007	Till Date	16 Yrs	8i mn(m)
Dean	30-10-2020	Till Date	03 Yrs	02(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 MEDICAL COLLEGE

AMRAVATI

Sign & Stamp DBAN
Dean/Principal/Head of Institute
Date:
Date:
Medical Coilege, Azura

Name of Inspect	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 Courses (11 Subjects)

This to Certify that **Dr. A. T. Deshmukh** has worked in the Department of Pathology Training Centre as perfollowing details

A) General Experience

Designation	From	То	Total period Year/Month	
Assi. Prof.	28-02-1984 11-02-1986	10-02-1986 10-01-1992	02 Yrs 05 Yrs	 11(m)
Assoc. Prof.	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	03 Yrs	02(m)

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

Designation	From	То	Total period Year/Months		
Assi. Prof.	28-02-1984 11-02-1986	10-02-1986 10-01-1992	02 Yrs 05 Yrs		
Assoc. Prof.	10-01-1992	01-04-2007	15Yrs	11(m) 03(m)	
Professor	02-04-2007	Till Date	16 Yrs	8i mn(m)	
Dean	30-10-2020	Till Date	03 Yrs	02(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

Date: / / DEAN Di. Panjabrao Alics Bhausaheb Deshmul

Memorial Medical Coilege, Amrayati

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

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2024-2025

(As per provisions of the Maharashtra University of Health Sciences Act, 1998 and University Rule / Guidelines)

	1	
Date of Inspection	:	of the state of the second to the Department Of Everlands of the

1. Name(s) of the Fellowship/Certificate Course(s)

Sr. No.	Name of the Fellowship/Certifica te Course	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentorand Contact Details
01	Fellowship in Basic Phototherapy & Lasers in Clinical Dermatology	2021	03	Dr. V. V. Saoji, Professor 9422190445

(Attach separate List if necessary)

2. Year-wise number of students admitted to Fellowship/ Certificate course during last 5 years

Sr. No.	Academic Year	Name of Fellowship / Certificate Course	Intake Capacity	No. of Students Admitted (In figure only)
1	A.Y. 2018 – 2017			
2	A.Y. 2019. – 2018			
3	A.Y. 2020 – 2019	-	•••	-
4	A.Y. 2021 - 2022.	Fellowship in Basic Phototherapy and Lasers in Clinical Dermatology	03	01
5	A.Y. 2022 – 2023	Fellowship in Basic Phototherapy and Lasers in Clinical Dermatology	03	

DEAN

71 Panjabrao Alies Bhausaheb Deshmul
Memorial Medical College, Amravas

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

Title of the Course applied for: -

This is to Certify that Dr. Virendra V. Saoji has worked in the Department Of Dermatology, Dr. Panjabrao Deshmukh Medical College/ Institutes as per followingdetails.

A) General Experience

Designation Junior Resident	From	To	Total periodYear/Month	
			03 Year	-
	15/09/1993	14/09/1996	05 1 car	

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

From To		Total period Year /Months	
4/03/1999	2/04/2009	10 Yrs.	1 Month
3/04/2009	31/08/2021	12 Yrs.	5 M
1/09/2021	Till Date	02 Year	03 M
	4/03/1999 3/04/2009	4/03/1999 2/04/2009 3/04/2009 31/08/2021	4/03/1999 2/04/2009 10 Yrs. 3/04/2009 31/08/2021 12 Yrs. 02 Year

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

Professor & Head

Sigm &p Stamp t of Skin & V. D. Head of the Department Deshmukh

Date College College Amravati

Sign & Stamp

Dean/Principal/Plead of Institute
Date ania orap Alies Bhausanes Desniruk!

Memorial Medical College, Amrava

	Signature of Inspectors
Chairman	
Member	
Member	
Member	
	Member Member

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

Title of the Course applied for:- Fellowship Courses (11 Subjects)

This to Certify that **Dr. A. T. Deshmukh** has worked in the Department of Pathology Training Centre as perfollowing details

A) General Experience

Designation	From	То	Total period Year/Mon	
Assi. Prof.	28-02-1984 11-02-1986	10-02-1986 10-01-1992	02 Yrs 05 Yrs	 11(m)
Assoc. Prof.	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	03 Yrs	02(m)

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

Designation	From	То	Total per	riod Year/Months
Assi. Prof.	28-02-1984 11-02-1986	10-02-1986 10-01-1992	02 Yrs 05 Yrs	
Assoc. Prof.	10-01-1992	01-04-2007	15Yrs	11(m) 03(m)
Professor	02-04-2007	Till Date	16 Yrs	8i mn(m)
Dean	30-10-2020	Till Date	03 Yrs	02(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: POLCAL COLLEGE

Sign & Stamp_

Dean/Principal/Head of Institute

Memorial Medical College, Amrava

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

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2024 - 2025.

(As per provisions of the Maharashtra University of Health Sciences Act, 1998 and University Rule / Guidelines)

Table of the Control of	
Date of Inspection	:

1. Name(s) of the Fellowship/Certificate Course(s)

Sr. No.	Name of the Fellowship/Certifica teCourse	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentorand Contact Details
01	Fellowship Course in Phacoemulsification	2021	03	Dr. Archana Vilas Manekar Mob. No. 9423123077
02				
03				
04	Actual experience in t			
05	clind for x			
06	Pasignauron - English		The sale of	La Frankle skap
07				

(Attach separate List if necessary)

2. Year-wise number of students admitted to Fellowship/Certificate course during last 5 years

Sr. No.	Academic Year	Name of Fellowship / Certificate Course	Intake Capacity	No. of Students Admitted (In figure only)
1	A.Y. 2018 – 2019			
2	A.Y. 2019 – 2020	Fallewahin Course in	-	
3	A.Y. 2020 – 2021	Fellowship Course in Phacoemulsification	-	
4	A.Y. 2021 – 2022		03	Nil
5	A.Y. 2022 – 2023		03	Nil

DEAN

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

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

A) General Experience

Designation	From	То	Total perio	dYear/Months
Assistant Professor	06/08/1993 01/11/2004	03/04/2004 26/11/2010	10 Yrs 06 Yrs	08 Mth 00 Mth
Asso. Professor	27/11/2010	31/08/2021	10 Yrs	09 Mth
Professor	01/09/2021	Till Date	02 Yrs	03 Mth

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

Designation	From	То	Total period	Year/Months
Assistant Professor	06/08/1993 01/11/2004	03/04/2004 26/11/2010	10 Yrs 06 Yrs	08 Mth 00 Mth
Asso. Professor	27/11/2010	31/08/2021	10 Yrs	09 Mth
Professor	01/09/2021	Till Date	02 Yrs	03 Mth

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

Sign & Stamp KADU
Head of the Danaitment
Date M. Medical College.

Sign & Stamp

Dean/Principal/Head of Institute

Date: // Panjabrao Afies Bhausaheb Deshronial Medical College, Amraya

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	THE NAME OF THE PARTY OF THE PA
4)	Member	dia dia America

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

Title of the Course applied for:- Fellowship Courses (11 Subjects)

This to Certify that Dr. A. T. Deshmukh has worked in the Department of Pathology Training Centre as perfollowing details

A) General Experience

Designation	From	Total period		iod Year/Months	
Assi. Prof.	28-02-1984 11-02-1986	10-02-1986 10-01-1992	02 Yrs 05 Yrs	11(m)	
Assoc. Prof.	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	03 Yrs	02(m)	

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

Designation	From	То	Total perio	d Year/Months
Assi, Prof.	28-02-1984 11-02-1986	10-02-1986 10-01-1992	02 Yrs 05 Yrs	11(m)
Assoc. Prof.	10-01-1992	01-04-2007	15Yrs	11(m) 03(m)
Professor	02-04-2007	Till Date	16 Yrs	8i mn(m)
Dean	30-10-2020	Till Date	03 Yrs	02(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

· MRAVATI

Date: MEDICAL COLLEGE

Sign & Stamp

Dean/Principal/Head of Institute.

Name of Inspectors		Signature of Inspecto
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 Courses (11 Subjects)

This to Certify that Dr. A. T. Deshmukh has worked in the Department of Pathology Training Centre as perfollowing details

A) General Experience

Designation	From	То	Total period Year/Mont	
Assi. Prof.	28-02-1984 11-02-1986	10-02-1986 10-01-1992	02 Yrs 05 Yrs	 11(m)
Assoc. Prof.	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	03 Yrs	02(m)

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

Designation	From	То	Total period Year/M	
Assi. Prof.	28-02-1984 11-02-1986	10-02-1986 10-01-1992	02 Yrs 05 Yrs	44()
Assoc. Prof.	10-01-1992	01-04-2007	15Yrs	11(m) 03(m)
Professor	02-04-2007	Till Date	16 Yrs	8i mn(m)
Dean	30-10-2020	Till Date	03 Yrs	02(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 of & Head of Department Head of the Department of Surgery

Date: / Dr.P.D.IVI.M.College, Amravatl

Sign & Stamp

Dean/Principal/Head of Institute

Date anjabrdo Alies Bhausaheb Deshmi Memorial Medical College

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

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2023-2024.

(As per provisions of the Maharashtra University of Health Sciences Act, 1998 and University Rule / Guidelines)

1. Name (s) of the Fellowship/Certificate Course (s)

Sr. No.	Name of the Fellowship / Certificate Course	Course Started from the AcademicYear	Intake Capacity Sanctioned by the University	Name of Mentor And Contact Details
01	Minimal access Surgery	2021-2022	03	Dr. S. R. Qazi 9922445925
02				
03				
04				
05				
06				
07				

(Attach separate List if necessary)

2. Year-wise number of students admitted to Fellowship/ Certificate course during last 5 years

Sr. No.	Academic Year	Name of Fellowship / Certificate Course	Intake Capacity	No. of Students Admitted (In figure only)
1	A.Y. 2021– 20			, , , , , , , , , , , , , , , , , , , ,
2	A.Y. 20 – 20			
3	A.Y. 2021 – 2022	Minimal access Surgery	03	Nil
4	A.Y. 2022 – 2023	Minimal access Surgery	03	Nil
5	A.Y. 2023 – 2024	Minimal access Surgery	03	Nil

DEAN

Di Panjabrao Alies Bhausaheb Deshmut Memorial Medical College, Amravat

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. S. R. Qazi has worked in the Department of General Surgery Training Centre as per following details

A) General Experience

Designation	From	То	Total perio	d Year/Months
Assistant Professor	11/02/2005	25/07/2019	14	04
Associate Professor	26/07/2019	Till Date	04	05

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

Designation	From	То	Total period Year/M	
Assistant Professor	11/02/2005	25/07/2019	14	04
Associate Professor	26/07/2019	Till Date	04	05

(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 Date: / J.P.D.M.M.C.Amravati.

Sign & Stamp

Dean/Principal/Head of Institute

Datei, Phojabrao Alies Bhausaheb Deshuru Memorial Medical College, Amrava

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:- Certificate Courses of Modern Pharmacology This to Certify that Dr. Mrs. Varsha Nitin Bijwe has worked in the Department of General Surgery Training Centre as per following details

E) General Experience

Designation	From	То	Total perio	d Year/Months
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	02 (y)	03 (m)

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

Designation	From	То	Total perio	d Year/Months
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		
22	01/03/2006	31/08/2021	23 (y)	08 (m)
Professor	01/09/2021	Till Date	02 (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 Surgery Department Head of the Department M.C.Amravati,

Date: /

Sign & Stamp

Dean/Principal/Head of Institute

Date: 11. Panlabrao Alies Bhausaheb Deshu-

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 Courses (11 Subjects)

This to Certify that Dr. A. T. Deshmukh has worked in the Department of Pathology Training Centre as perfollowing details

A) General Experience

Designation	From	То	Total period	Year/Months
Assi. Prof.	28-02-1984 11-02-1986	10-02-1986 10-01-1992	02 Yrs 05 Yrs	 11(m)
Assoc. Prof.	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	03 Yrs	02(m)

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

Designation	From	То	Total per	riod Year/Months
Assi. Prof.	28-02-1984 11-02-1986	10-02-1986 10-01-1992	02 Yrs	-
Assoc. Prof.	10-01-1992	01-04-2007	05 Yrs 15Yrs	11(m) 03(m)
Professor	02-04-2007	Till Date	16 Yrs	8i mn(m)
Dean	30-10-2020	Till Date	03 Yrs	02(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

EMBAVATI.

Date: 7 THOLOGE

Sign & Stamp

Dean/Principal/Flead of InstituteDates labracy Alies Bhausane DetituteMemorial Medical College, Amraya

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 Course Director / Mentor
Title of the Course applied for :- :- Fellowship High Risk Obstetrics

This to certify that Dr. Sonal A. Bhuyar has

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

A) General Experience

Designation	From	То	Total period	Year /Months
Senior Resident	01/02/1999	31/01/2001	2 year	0 Month
Asst. professor	13/06/2001 8/04/2002	28/02/2002 01/02/2009	year 6 Year	08 Month
Assoc. Professor	2/02/2009	31/8/2021	12 year	10 Month
Professor	01/9/2021	Onward	2 Year	6 Month 3 Month

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

Designation	From	То	Total Period Year / Months	
Senior Resident	01/02/1999	31/01/2001	2 year	0 Month
Asst. professor	13/06/2001 08/04/2002	28/02/2002 01/02/2009	year 6 Year	08 Month 10 Month
Assoc. Professor	2/02/2009	31/8/2021	12 year	
Professor	01/9/2021	Onward	2 Year	6 Month 3 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

Date: / /

Sigh & Stamp

Dean / Principal / Head of Institute
D. Panjabrao Alies Bhausaheb Desh
Datemorial Medical College, Amrava

Signature of Inspectors
Signature of hispectors

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

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

This to certify that Dr. Smita A. Bijwe has

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

A) General Experience

Designation	From	То	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	17 year	1 Month
Professor	01/9/2021	Onward	2 Year	3 Month

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

Designation	From	То	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	17 year	Month
Professor	01/9/2021	Onward	2 Year	3 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

Date:

Sigh & Stamp DEAD Dean / Principal / Head of histitutes >-Date Memorial Medical College, Amrav-

Name of Inspectors		Signature of Inspectors
1)		are set the Spall as at
2)		re of else
3)	Hor.	
4)		

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 High Risk Obstetrics

This to certify that Dr. Sonal A. Bhuyar has

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

A) General Experience

Designation	From	То	Total period Year /Months	
Senior Resident	01/02/1999	31/01/2001	2 year	0 Month
Asst. professor	13/06/2001 8/04/2002	28/02/2002 01/02/2009	year 6 Year	08 Month 10 Month
Assoc. Professor	2/02/2009	31/8/2021	12 year	6 Month
Professor	01/9/2021	Onward	2 Year	3 Month

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

Designation	From	То	Total Period Year / Months	
Senior Resident	01/02/1999	31/01/2001	2 year	0 Month
Asst. professor	13/06/2001 08/04/2002	28/02/2002 01/02/2009	year 6 Year	08 Month 10 Month
Assoc. Professor	2/02/2009	31/8/2021	12 year	6 Month
Professor	01/9/2021	Onward	2 Year	3 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

Date : / /

Sigh & Stamp

Dean / Principal / Head of Institutes

Date Medical Coll

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

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

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

This to certify that Dr. Smita A. Bijwe has

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

A) General Experience

Designation	From	То	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	17 year	1 Month
Professor	01/9/2021	Onward	2 Year	3 Month

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

Designation	From	То	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	17 year	1 Nonth
Professor	01/9/2021	Onward	2 Year	3 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

Date: / /

Sign & Stamp DEAN

Reprincipal/Head of Institute

Pite orial Medical College, Amayan

Name of Ins	pectors	Signature of Inspectors
1)		Signature of Hispectors
2)		
3)		
4)		

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

Title of the Course applied for:- Fellowship Courses (11 Subjects)

This to Certify that Dr. A. T. Deshmukh has worked in the Department of Pathology Training Centre as perfollowing details

A) General Experience

Designation	From	То	Total period	Year/Months
Assi. Prof.	28-02-1984 11-02-1986	10-02-1986 10-01-1992	02 Yrs 05 Yrs	 11(m)
Assoc. Prof.	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	03 Yrs	02(m)

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

Designation	From	То	Total per	iod Year/Months
Assi. Prof.	28-02-1984 11-02-1986	10-02-1986 10-01-1992	02 Yrs	-
Assoc. Prof.	10-01-1992	01-04-2007	05 Yrs 15Yrs	11(m) 03(m)
Professor	02-04-2007	Till Date	16 Yrs	8i mn(m)
Dean	30-10-2020	Till Date	03 Yrs	02(m)

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

-MEAVATE

Sign & Stamp Head of the Department

Date : MEDICAL COLLEGE

Sign & Stamp
Dean/Principal/Head of Institute
Date: Memorial Medical College, Amrava

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

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2024-2025

(As per provisions of the Maharashtra University of Health Sciences Act, 1998 and University Rule / Guidelines)

Date of Inspection	:	

1. Name(s) of the Fellowship/Certificate Course(s)

Sr. No.	Name of the Fellowship/Certifica te Course	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentor and Contact Details
01	Fellowship in De- Addiction	2021	03	Dr. M. P. Murke (9325278884)
02				
03				
04	at un variable to time bu			
05	NOTE: SEE			
06	Laura Farm			
07	11.702/2			

(Attach separate List if necessary)

2. Year-wise number of students admitted to Fellowship/ Certificate course during last 5 years

Sr. No.	Academic Year	Name of Fellowship / Certificate Course	Intake Capacity	No. of Students Admitted (In figure only)
1	A.Y. 2018 – 2017	-		-
2	A.Y. 2019. – 2018	-		
3	A.Y. 2020 – 2019			
4	A.Y. 2021 - 2022.	Fellowship in De- Addiction	03	-
5	A.Y. 2022 – 2023	Fellowship in De- Addiction	03	

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Page 15 of 15

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11. Panjabrao Alies Bhausaheb Deshmul

Memorial Medical College, Amravat

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

Title of the Course applied for:- Fellowship in De-addiction

This to Certify that Dr. Mukund P. Murke has worked in the Department Of Psychiatry, Dr. Panjabrao Deshmukh Medical College, Amravati Training Centre Amravati as per following details

A) General Experience

eneral Experie	nce		Total per	riodYear/Months
Designation	From	То		7.14
Designation	11/12/2010	24/07/2019	8 Year	7 M
Assistant	11/12/2010	//		
Professor			O4 Voor	04 M
Associate	25/7/2019	Till Date	04 Year	
Professor				
Professor				

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

		То	Total periodYear/Months	
Designation	From	24/07/2019	8 Year	7 M
Assistant Professor	11/12/2010	21,0.,202		04 M
Associate Professor	25/7/2019	Till Date	04 Year	
Professor				

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

Sign & Stamp of Psychiatry

Dr. Head of the Department shmukt

Material Medical Follege, Amravati

Sign & Stamp \ Dean/Principal/Head of Institute

Date: . Penidorao Alies Bhausaneb Deshin Memorial Medical College, Amreva

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	
ssacad76(Desktop),20,04,2020 (Medical-LC Format with Annexures (I to XIII) for A.Y.2022-23	Page 15 of is	

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

Title of the Course applied for:- Fellowship Courses (11 Subjects)

This to Certify that Dr. A. T. Deshmukh has worked in the Department of Pathology Training Centre as perfollowing details

A) General Experience

Designation	From	То	Total period	Year/Months
Assi. Prof.	28-02-1984 11-02-1986	10-02-1986 10-01-1992	02 Yrs 05 Yrs	 11(m)
Assoc. Prof.	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	03 Yrs	02(m)

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

Designation	From	То	Total per	riod Year/Months
Assi. Prof.	28-02-1984	10-02-1986	02 Yrs	-
	11-02-1986	10-01-1992	05 Yrs	11(m)
Assoc. Prof.	10-01-1992	01-04-2007	15Yrs	03(m)
Professor	02-04-2007	Till Date	16 Yrs	8i mn(m)
Dean	30-10-2020	Till Date	03 Yrs	02(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

- MRAVATI

THE Date MEDICAL COLLEGE

Sign & Stamp

Dean/Principal/Head of Institute

Date an abryo Alies Bostonia Memorial Medical College, Anna Memorial Medical College, Anna

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

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2024-2025

(As per provisions of the Maharashtra University of Health Sciences Act, 1998 and University Rule / Guidelines)

Data of Increation		
Date of Inspection		

1. Name(s) of the Fellowship/Certificate Course(s)

Sr. No.	Name of the Fellowship/ Certificate Course	Course Started from the AcademicYear	Intake Capacity Sanctioned by The University	Name of Mentor and Contact Details
1	Fellowship Course in Cytopathology	2021-22	03	Dr. S.V. Chaukade 9404855601 sonalc21@gmail.com

(Attach separate List if necessary)

2. Year-wise number of students admitted to Fellowship/ Certificate course during last 5 years

Sr. No.	Name of Fellowship/ Certificate Course	cademic Year	Intake Capacity	No. of Students Admitted (In figure only)
	Fellowship	A.Y. 2018 - 2019		
4	Certificate Course	A.Y. 2019 - 2020		
I	in Cytopathology	A.Y. 2020 - 2021		(1000)
		A.Y. 2021 - 2022	03	01
		A.Y. 2022 - 2023		

DEAN

Oi. Panjabrao Alies Bhausaheb Deshr ... Memorial Medical College, Amrava.

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, Dr.P.D.M.Medical
College, Amravati Training Centre as per following details.

A) General Experience: -

Designation	From	То	Total pe Year / M	
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	02(y)	09(m)

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

Designation	From	То	Total per Year / Mo	
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	02(y)	09(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 PATHOLOGY

Head of the Department

Date: MRAVATI/ /

Sign & Stamp

Dr Panjabraca Alar Principal/Head of Institute

Memoria de dical 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 Cytopathology
This is to Certify that Dr.A. T. Deshmukh has worked in the Department Of Pathology, Dr.P.D.M.
Medical College, Amravati Training Centre as per following details.

A) General Experience: -

Designation	From	То	Total per Year / M	
Asst. Professor	28-02-1984	10-02-1986	02 Yrs	
74351. 1 10103501	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	16 Yrs	08(m)
Dean	30/10/2020	Till Date	03 Yrs	01(m)

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

Designation	From	То	Total peri Year / Mo	
Asst. Professor	28-02-1984	10-02-1986	02 Yrs	
Asst. I folessor	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	16 Yrs	08(m)
Dean	30/10/2020	Till Date	03 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 ATHOLOGY
Head of the Department

Date: MRAVAT! / /

Sign & Stamp

Dean/Principal/Head of Institute

Mem Date: "/

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

A) General Experience: -

Designation	From	То	Total peri Year / Mo	
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 Yrs	01M
Professor	26/07/2016	30/04/2019	02 Yrs	09M
	01/09/2021	Till Date	02 Yrs	03M

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

Designation	From	То	Total peri Year / Mo	
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 Yrs	01M
Professor	26/07/2016	30/04/2019	02 Yrs	09M
	01/09/2021	Till Date	02 Yrs	03M

(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

Sign & Stamp

or Pania Dean/Principal/Head of Institute MemdDate ledical College, Amravati

Name of Inspectors		Signature of Inspectors
1)	Chairman	22
2)	Member	01/2 400000
3)	Member	
4)	Member	

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, Dr.P.D.M.
Medical College, Amravati Training Centre as per following

A) General Experience: -

Designation	From	То	Total peri Year / Mo	
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.	10 M

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

Designation	From	То		period Month
Asst. Prof	01/08/1992	26/07/1993	01Yr	7
	05/08/1993	07/07/1997	04Yrs	
	07/07/1997	30/06/1998	01 Yrs	
Asso. Prof	01/01/2008	Till date	15 Yrs.	10 M

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subjectof

concerned Fellowship/Certificate Course)

Sign & Stamp

PAR Head of the Department

MANAPI Date MEDICAL COLLEGE

Dr Panjabrao A Sign & Stamp eshmukh

Memorial Dean/Principal/Head of Institute

Date: / /

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

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. A. A. Tayde has worked in the Department Of Pathology, Dr.P.D.M.
Medical College, Amravati Training Centre as per following

A) General Experience: -

Designation	From	То	Total peri Year / Mo	
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	08 Yrs	06 M

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

Designation	From	То		l period / 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	08 Yrs	06 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

amalerd.

Date:

Sign & Stamp

Dr Panjabrao Dean/Principal/Head of Institute

Memorial Datical College, Amravati

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	a af Marydia
3)	Member	*
4)	Member	

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, Dr.P.D.M.
Medical College, Amravati Training Centre as per following

A) General Experience: -

Designation	From	То	Total per Year / M	
Asst. Professor	10/08/2010	31/08/2021	11 yrs	01 M
Assoc. Professor	01/09/2021	Till Date	02 Yr	03 M

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

Designation	From	То		al period / Month
Asst. Professor	10/08/2010	31/08/2021	11 yrs	01 M
Assoc. Professor	01/09/2021	Till Date	02 Yr	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 A HEAD

Head of the Department

AMRAVATI

Date M. MEDICAL COLLEGE

Sign & Stamp EAN

Dean/Principal/Head of Institute

Date: mo/al yledical 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 Cytopathology
This is to Certify that Dr.S.S. Adwani has worked in the Department Of Pathology, Dr.P.D.M.
Medical College, Amravati Training Centre as per following

A) General Experience: -

Designation	From	То	Total perio Year / Mo	
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	10 Yrs	03 M

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

Designation	From	То	Total Year /	period 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	10 Yrs	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

AMRAVATI

- Esi

Date: MEDICAL /COLLEGE

Sign & StampDEAN

Dean/Principal/Head of Institute mukh

Date emo/ial 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 Cytopathology
This is to Certify that Dr.Chetna Agrawal has worked in the Department Of Pathology, Dr.P.D.M.
Medical College, Amravati Training Centre as per following details.

A) General Experience: -

Designation	From	То	Total peri Year / Mo	
Demonstrator	01/11/2011	28/05/2015	3 Yrs	7 M
Assi. Prof.	29/05/2015	Till date	8 Yrs	6 M

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

Designation	From	То	10000	l period Month
Demonstrator	01/11/2011	28/05/2015	3 Yrs	7 M
Assi. Prof.	29/05/2015	Till date	8 Yrs	6 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 HLAD

Head of the Department

Date MEDICAL COLLEGE

Sign & Stamp

Dean/Principal/Head of Institute

Date: / /

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	8.76
4)	Member	-4

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, Dr.P.D.M.
Medical College, Amravati Training Centre as per following

A) General Experience: -

Designation	From	То	Total per Year / M	
Demonstrator	02/01/2007	06/06/2016	9 Yrs	5 M
Assi. Prof.	07/06/2016	Till date	7 Yrs	6 M

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

Designation	From	То		al period / Month
Demonstrator	02/01/2007	06/06/2016	9 Yrs	5 M
Assi. Prof.	07/06/2016	Till date	7 Yrs	6 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 : MEDICAL /COL/200

Sign & Stamp EAN

Dean/Principal/Head of Institute mukh Date:moryal Medical College, Amravati

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

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

Title of the Course applied for:- Fellowship Courses (11 Subjects)

This to Certify that **Dr. A. T. Deshmukh** has worked in the Department of Pathology Training Centre as perfollowing details

A) General Experience

Designation	From	То	Total period	Year/Months
Assi. Prof.	28-02-1984 11-02-1986	10-02-1986 10-01-1992	02 Yrs 05 Yrs	 11(m)
Assoc. Prof.	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	03 Yrs	02(m)

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

Designation	From	То	Total per	iod Year/Months
Assi. Prof.	28-02-1984	10-02-1986	02 Yrs	<u> -</u>
	11-02-1986	10-01-1992	05 Yrs	11(m)
Assoc. Prof.	10-01-1992	01-04-2007	15Yrs	03(m)
Professor	02-04-2007	Till Date	16 Yrs	8i mn(m)
Dean	30-10-2020	Till Date	03 Yrs	02(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

Date / Memorial Medical College, Amray.

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 Courseappliedfor:-

This is to Celtify 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	То	Total perio	
Junior Resident	1/01/1986	31/07/1986		6 Month
Senior Resident	1/02/1987 1/02/1989 23/05/1989	30/11/1988 22/05/1989 28/02/1990	1 Y	9 Month 3 Month 9 Month
Assit- Professor	26/11/2010	26/5/2017	6 Y	7 Month
Asso-Professor	27/05/2017	8/10/2023	6 Y	5 Month
Professor	9/10/2023	Till Date		3 Month
110103501			16	6

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

Designation	From	То	The second secon	l period Month
Junior Resident	1/01/1986	31/07/1986		6 Month
Senior Resident	1/02/1987 1/02/1989 23/05/1989	30/11/1988 22/05/1989 28/02/1990	1 Y	9 Month 3 Month 9 Month
Assit- Professor	26/11/2010	26/5/2017	6-Y	7 Month
Asso-Professor	27/05/2017	8/10/2023	6 Y	5 Month
Professor	9/10/2023	Till date		3 Month
11010001			16	6

(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 Parish and Deshmukh Memo

Sign &Stamp

Dean/Principal/Head of Institute

Date

Date

Date

Date

Display

Displa

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

Title of the Course applied for:- Fellowship Courses (11 Subjects)

This to Certify that Dr. A. T. Deshmukh has worked in the Department of Pathology Training Centre as perfollowing details

A) General Experience

Designation		То	Total period Year/Months	
Assi. Prof.		10-02-1986 10-01-1992	02 Yrs 05 Yrs	 11(m)
Assoc. Prof.	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	03 Yrs	02(m)

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

Designation	From	То	Total period Year/	
Assi. Prof.	28-02-1984 11-02-1986	10-02-1986 10-01-1992	02 Yrs 05 Yrs	 11(m)
Assoc. Prof.	10-01-1992	01-04-2007	15Yrs	03(m)
Professor	02-04-2007	Till Date	16 Yrs	8i mn(m)
Dean	30-10-2020	Till Date	03 Yrs	02(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: MEPICAL COLLEGE MRAVATI

Sign & Stamp

Dean/Principal/Head of Institute

Memorial Medical College, Amrava

Name of	Signature of Inspectors	
1)	Chairman	101-111-111
2)	Member	
3)	Member	
4)	Member	4

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 20.....-20......

(As per provisions of the Maharashtra University of Health Sciences Act, 1998 and University Rule / Guidelines)

	, ,	
Date of Inspection	:	

1. Name(s) of the Fellowship/Certificate Course(s)

Sr. No.	Name of the Fellowship/Certifica te Course	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentorand Contact Details
01	Orthopedic Trauma	2022 - 2023	03	Dr S.V. Jaiswal Contact No. 9423854459
02				
03				
04				
05				
06				
07				

(Attach separate List if necessary)

2. Year-wise number of students admitted to Fellowship/Certificate course during last 5 years

Sr. No.	Academic Year	Name of Fellowship / Certificate Course	Intake Capacity	No. of Students Admitted (In figure only)
1	A.Y. 2021 – 2022	Orthopedic Trauma	03	01
2	A.Y. 2022 – 2023		03	01
3	A.Y. 20 – 20			
4	A.Y. 20 – 20			
5	A.Y. 20 – 20			,

Professor & Head

Dr.PDMMC., Again avail

O1. Panjabrao Alies Bhausabeb Deshraik Memorial Medical College, Amrava

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

Title of the Course applied for:- Fellowship Course in Orthopedic Trauma
This to Certify that Dr. S.V. Jaiswal has
worked in the Department of Orthopaedic. Dr. P.D.M.M.C., Amravati Training
following details

Centre

as

per

A) General Experience

Designation	From	То	Total period Year/Months	
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 Y	02 M.
Associate Professor	15/01/2019	Till Date	04 M.	11 M.

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

Designation	From	То	Total period Year/Months	
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		11 M.
Assistance Professor	23/10/2008	14/01/2019	11	02
Associate Professor	15/01/2019	Till Date	04	11

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

Sign & Stamp Head of the Department

Date: / /

Sign & Stamp
Dean/Principal/Head of Institute
Date aniabra A lies Bhausaheb Desamu

Memorial Medical College, Amravas

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

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Professor & Head Ortho Dept. Dr.PDMMC., Advanti Os Panjabrao Alice De usabeb Deshmut

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

A) General Experience

	From	То	Total perio	d Year/Months
Designation	FION			
Assistant	02/3/2009	25/7/2019	10 Yrs.	4 Month
Professor	sor		04 Yrs.	
Associate Professor	26/07/2019	Till Date	04 115.	4 Month

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

applied for :-		I	Total period	Year/Months
Designation	From	То	Total police	
Assistant Professor	02/3/2009	25/7/2019	10 Yrs.	4 Month
Associate	26/07/2019	Till Date	04 Yrs.	4 Month
Professor		Dhatasany of the Ey	ioneo Certificate	of each Ment

(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 Professor & Head Dr. Panjabrao Alias Bhausaheh Deshmukb Sign & Stamp Dean/Principal/Head of Institute Date Panjabrao Alies Bhausaheb D Memorial Medical College, Amrava

Panjabrao Alias Bhausahen Deshmuka temorial Medical College, Amravati Name of Inspect	tors	Signature of Inspectors
1)	Chairman	*
2)	Member	
3)	Member	
4)	Member	

Information of Mentor of Training Centre

It shall be verified by the Head of the concerned Training Center,

Sr.			Information to be filled
01.	Name of the Mentor	:	Dr Rahul Shankarrao Kadu
02.	Date of Birth	:	26/08/1986
03.	Address	:	Joshi Colony , Camp Amravati 444601
04.	Tel. No./ Mob. No.	:	8422936670
05.	e-mail id	1	rahulkadu65@gmail.com
06.	Nationality	:	
07.	Qualification in details : (attach documentary proof)	:	MBBS, MD [General Medicine) DM, Cardiology]
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	:	1 year 10 m
09.	Present Appointment	:	Assistant Professor
10.	Publications (List & Proof)	:	No
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	-
12.	Any other relevant information	:	- ^

Date: -

Name & Sign. of Mentor

For the use of affiliated Training Center:

I have verified the eligibility of the above Mentor as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 05/2017 (Amended) and University Circular No. MUHS/UDC/FCCC/736/2019 dated 30/09/2019.

R

Sign & Stamp Head of the Department Training Centre Date: Sign & Stamp
Dean/Principal/Director of
DEAD

Memorial Medical College, Amraya

Information of Co-ordinator of Training Centre It shall be verified by the Head of the concerned Training Center,

Sr. No.	Particular		Information to be filled
01.	Name of the Mentor	1	Dr Niraj Prakash Raghani
02.	Date of Birth	:	18/11/1980
03.	Address	:	Khatri Apartment ,Flat No301, Zafarzin Plot Near Agrawal Dharmkata , Amravati
04.	Tel. No./ Mob. No.	:	7774055140
05.	e-mail id	:	drnirajraghani@yahoo.co.in
06.	Nationality	:	Indian
07.	Qualification in details : (attach documentary proof)	:	MBBS, MD (Cardiology)
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	:	5 yrs. 10 months
09.	Present Appointment	*	Assistant Professor
10.	Publications (List & Proof)	:	NO
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	No
12.	Any other relevant information		

R

Date: -

Name & Sign. of Co-Ordinator

For the use of affiliated Training Center:

I have verified the eligibility of the above Mentor as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 05/2017 (Amended) and University Circular No. MUHS/UDC/FCCC/736/2019 dated 30/09/2019.

Sign & Stamp

Head of the Department

Date:

Sign & Stamp

Dean/Principal/Director of Training Centre

1. Panjabrao Alies Bhausaheb Desbr Memorial Medical College, Amravas

Information of Mentor of Training Centre

It shall be verified by the Head of the concerned Training Center,

Sr. No.	1 ai ciculai	1	Information to be filled
01.	Name of the Mentor	1	: Dr Nilkesh B. Chandak
02.	Date of Birth	1	: 28/03/1988
03.	Address	+	: Chandak Nivas Ghatladki
04.	Tel. No./ Mob. No.	+	7389173614
05.	e-mail id	1	Dctrnilesh18@gmail.com
06.	Nationality		Indian
07.	Qualification in details: (attach documentary proof) Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)		MBBS, MD [Cardiology] DM, Cardiology] 3 yr. 10 month
09.	Present Appointment	:	Assistant Professor
10.	Publications (List & Proof)	:	NO
11.	Post Graduate Teaching experience (Attach documentary evidence)		
12.	Any other relevant information	:	

Date: -

Name & Sign. of Mentor

For the use of affiliated Training Center:

I have verified the eligibility of the above Mentor as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 05/2017 (Amended) and University Circular No. MUHS/UDC/FCCC/736/2019 dated 30/09/2019.

13

Sign & Stamp Head of the Department Training Centre Date:

Sign & Stamp

Dean/Principal/Director of

DEAN

n. P. Paterao Alies Bhausaheb Deshr...

Memorial Medical College, Amrava

Information of Co-ordinator of Training Centre

It shall be verified by the Head of the concerned Training Center,

Sr. No.	Particular		Information to be filled
01.	Name of the Mentor	:	Dr. Nikhil Sunilkumar Badnerkar
02.	Date of Birth	:	08/06/1982
03.	Address	:	Kazi Compound near bus stand, Amravati
04.	Tel. No./ Mob. No.	1	7875449625
05.	e-mail id	:	nbadnerkar@yahoo.co.in
06.	Nationality	:	Indian
07.	Qualification in details : (attach documentary proof)	:	MBBS, MD [General Medicine] DNB, MNAMS, Nephrology
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	2	7 yrs.
09.	Present Appointment	:	Associate
10.	Publications (List & Proof)	:	National - Two
	Post Graduate Teaching experience (Attach documentary evidence)	:	No
12.	Any other relevant information	;	-

Date: -

Name & Sign. of Co-ordinator

For the use of affiliated Training Center:

I have verified the eligibility of the above Mentor as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 05/2017 (Amended) and University Circular No. MUHS/UDC/FCCC/736/2019 dated 30/09/2019.

Sign & Stamp

Head of the Department

Date:

Professor & Head

Department of A dicin.

Fir Divinish A Farms

Training Centre Round Seal

Sign & Stamp

Dean/Principal/Director of Training Centre

Data

MARO

Memorial Medical College, Amrava

Professional/Teaching Experience Certificate for Fellowship/Certificate Courses Faculty/Teachers/Consultant/Mentor

Faculty

Title of the Course applied for: - Dialysis Medicine

This is to Certify that <u>Dr.Nikhil S.Badnerkar</u> has worked in the Department of <u>Medicine</u> College / Institutes Dr. Panjabrao Deshmukh Memorial Medical College, Amravati as per following details.

A) General Experience: -

From	То		otal period or / Month
07/05/2015	01/08/2016	1yrs.	3months
11/05/2017	Till Date	7yrs.	
	07/05/2015	07/05/2015 01/08/2016	07/05/2015 01/08/2016 1yrs.

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

Designation	From	То	Total p Year / I	
Associate	07/05/2015	01/08/2016	1yrs.	3months
Associate	11/05/2017	Till Date	7yrs.	

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

Signer Stamp Head of the Department

Sign & Stamp Dean/Principal/Head of Institute

Date:

Memorial Medical College, Amrava

Professor & Head

Department of Aldicine

Or.F (*) Annavati

Information of Mentor of Training Centre

It shall be verified by the Head of the concerned Training Center,

Sr. No.	Particular		Information to be filled
01.	Name of the Mentor	:	Dr. Nayan Chaudhari
02.	Date of Birth	:	12/02/1993
03.	Address	1	Residence Hostel Dr.PDMMC, Amravati
04.	Tel. No./ Mob. No.	:	7387372734
05.	e-mail id	:	Nayan.chaudhary12@rediffmail.com
06.	Nationality		Indian
07.	Qualification in details : (attach documentary proof)	:	MBBS, MD [Pediatrics] Fellowship Courses in Dialysis Medicine
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	:	2 yr. 1 month
09.	Present Appointment	:	Senior Resident
10.	Publications (List & Proof)	:	Tow
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	-
12.	Any other relevant information	:	-

Date: -

for Nayan Wandharb Name & Sign. of Mentor

For the use of affiliated Training Center:

I have verified the eligibility of the above Mentor as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 05/2017 (Amended) and University Circular No. MUHS/UDC/FCCC/736/2019 dated 30/09/2019.

Sign & Stamp

Head of the Department

Training Centre

Date:

Sign & Stamp

Dean/Principal/Director of

DEAN

". Hatebrao Alics Bhausaneb Deshrer"

Memorial Medical College, Amravat

Professor & Head
Department of Medicine
Or.r.C (1. A) - ori

<u>Professional/Teaching Experience Certificate for Fellowship/Certificate</u> <u>Courses Faculty/Teachers/Consultant/Mentor</u>

Faculty

Title of the Course applied for: - Dialysis Medicine

This is to Certify that, <u>Dr. Dr. Nayan Chaudhari</u> has worked in the Department of <u>Medicine</u> College / Institutes Dr. Panjabrao Deshmukh Memorial Medical College, Amravati as per following details.

A) General Experience : -

Designation	From	То	Total pe Year / M	
Senior Resident	1/08/2019	5/12/2019		4moths
Senior Resident	20/01/2022	Till Date	2yrs	1months
No. of the Control of				

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

From	То	Total period Year / Month	
1/08/2019	5/12/2019		4moths
20/01/2022	Till Date	2yrs	1months
	1/08/2019	1/08/2019 5/12/2019	Year / M 1/08/2019 5/12/2019

(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

Professor & Head

Department of Medicine

Or.P.D M.M.C. Amravati

Sign & Stamp

Dean/Principal/Head of Institute

Dataorial Medical College, Amravat

Recommended/Not Recommended

Signature with date of LIC Chairman/Member

Information of Mentor of Training Centre

It shall be verified by the Head of the concerned Training Center,

Sr. No.	Particular		Information to be filled
01.	Name of the Mentor	:	Dr. Swapnil B. Molke
02.	Date of Birth	:	26/11/1983
03.	Address	:	Dr. PDMMC Residents Quarter, Amravati
04.	Tel. No./ Mob. No.	:	9098353696
05.	e-mail id	:	-
06.	Nationality	:	Indian
07.	Qualification in details : (attach documentary proof)	:	MBBS, MD [General Medicine] DNB, Nephrology
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	:	2 yr. 11 month
09.	Present Appointment	;	Assistant Professor
10.	Publications (List & Proof)	:	One
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	-
12.	Any other relevant information	:	-

Date: -

Name & Sign. of Mentor

For the use of affiliated Training Center:

I have verified the eligibility of the above Mentor as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 05/2017 (Amended) and University Circular No. MUHS/UDC/FCCC/736/2019 dated 30/09/2019.

Sign & Stamp

Head of the Department

Training Centre

Date:

Prot ssor & Head Department of Medicine Or.P.D.M.M.C. Amravati.

Sign & Stamp

Dean/Principal/Director of

DEAD

Date:
Panjabrao Alies Bhausaheb Deshmul Memorial Medical College, Amrava:

Professional/Teaching Experience Certificate for Fellowship/Certificate Courses Faculty/Teachers/Consultant/Mentor

Faculty

Title of the Course applied for: - Dialysis Medicine

This is to Certify that, <u>Dr.Swapnil B. Molke</u> has worked in the Department of <u>Medicine</u> College / Institutes Dr. Panjabrao Deshmukh Memorial Medical College, Amravati as per following details.

A) General Experience: -

TEST I		
Till date	2yrs	11 Months
	THI WATE	Till date

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

Designation	Designation From To			Total period Year / Month	
Asst. Professor	19/11/2020	Till date	2yrs	11months	

(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

Professor & Head Department of Medicine Dr.P.D.M.M.C. Amravati

Date:

Sign & Stamp

Dean/Principal/Head of Institute

DEAM

Memorial Medical College, Amrava

Information of Mentor of Training Centre

It shall be verified by the Head of the concerned Training Center,

Sr. No.	Particular		Information to be filled
01.	Name of the Mentor	:	Dr. Swapnil B. Molke
02.	Date of Birth	:	26/11/1983
03.	Address	:	Dr. PDMMC Residents Quarter, Amravati
04.	Tel. No./ Mob. No.	:	9098353696
05.	e-mail id	:	-
06.	Nationality	:	Indian
07.	Qualification in details : (attach documentary proof)	:	MBBS, MD [General Medicine] DNB, Nephrology
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	**	2 yr. 11 month
09.	Present Appointment	:	Assistant Professor
10.	Publications (List & Proof)	;	One
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	-
12.	Any other relevant information	:	-

Date: -

Name & Sign. of Mentor

For the use of affiliated Training Center:

I have verified the eligibility of the above Mentor as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 05/2017 (Amended) and University Circular No. MUHS/UDC/FCCC/736/2019 dated 30/09/2019.

Sign & Stamp

Head of the Department

Training Centre

Date: Professor & Head Department of Medicine

Or.P.D M.M.C. Amravati.

Sign & Stamp

Dean/Principal/Director of

Paratecao Alies Bhausaheb Deshr Memorial Medical College, Amrava:

Professional/Teaching Experience Certificate for Fellowship/Certificate Courses Faculty/Teachers/Consultant/Mentor

Faculty

Title of the Course applied for: - Dialysis Medicine

This is to Certify that, **Dr.Swapnil B. Molke** has worked in the Department of **Medicine** College / Institutes Dr. Panjabrao Deshmukh Memorial Medical College, Amravati as per following details.

A) General Experience: -

From	То		al period · / Month
19/11/2020	Till date	2yrs	11 Months
			Year

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

Designation	From	То	100 000 00	al period r / Month
Asst. Professor	19/11/2020	Till date	2yrs	11months

(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 Medicine

Date: Or.P.D M.M.C. Amrayati

Sign & Stamp
Dean/Principal/Head of Institute

DEAN

Manjabrao Alies Bhausaheb Deshr. Manjabraial Medical College, Amray

Information of Mentor of Training Centre

It shall be verified by the Head of the concerned Training Center,

Sr. No.	Particular		Information to be filled
01.	Name of the Mentor	:	Dr. Nayan Chaudhari
02.	Date of Birth	;	12/02/1993
03.	Address	:	Residence Hostel Dr.PDMMC, Amravati
04.	Tel. No./ Mob. No.	:	7387372734
05.	e-mail id	:	Nayan.chaudhary12@rediffmail.com
06.	Nationality	:	Indian
07.	Qualification in details : (attach documentary proof)	:	MBBS, MD [Pediatrics] Fellowship Courses in Dialysis Medicine
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)	:	2 yr. 1 month
09.	Present Appointment	:	Senior Resident
10.	Publications (List & Proof)	:	Two
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	-
12.	Any other relevant information	:	-

Date: -

for Nayon Chaudhas. Name & Sign. of Mentor

For the use of affiliated Training Center:

I have verified the eligibility of the above Mentor as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 05/2017 (Amended) and University Circular No. MUHS/UDC/FCCC/736/2019 dated 30/09/2019.

Sign & Stamp

Head of the Department

Training Centre

Date:

Sign & Stamp Dean/Principal/Director of

DEAN

n. Panjabrao Alies Bhausaheb Desha.
Memorial Medical College, Amrava

Department of Medicine Dr.P.D.M.M.C. Amravati.

Professional/Teaching Experience Certificate for Fellowship/Certificate Courses Faculty/Teachers/Consultant/Mentor

Faculty

Title of the Course applied for: - Dialysis Medicine

This is to Certify that, <u>Dr. Dr. Nayan Chaudhari</u> has worked in the Department of <u>Medicine</u> College / Institutes Dr. Panjabrao Deshmukh Memorial Medical College, Amravati as per following details.

A) General Experience: -

From	10	Total pe Year / M	
1/08/2019	5/12/2019		4moths
20/01/2022 T	Till Date	2yrs	1months
-			
		3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1/08/2019 5/12/2019

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

Designation	From	То	Total po Year / N	
Senior Resident	1/08/2019	5/12/2019		4moths
Senior Resident	20/01/2022	Till Date	2yrs	1months
		-		

(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 Medicine

Date: Dr.P.D.M.M.C. Amravati

Sign & Stamp

Dean/Principal/Head of Institute

DEAN

n. Panjabrao Alies Bhausaheb Desh-

Recommended/Not Recommended

Signature with date of LIC Chairman/Member

Information of Mentor of Training Centre

It shall be verified by the Head of the concerned Training Center,

Sr. No.	Particular		Information to be filled
01.	Name of the Mentor	:	Dr. Pranit P.Kakde
02.	Date of Birth	:	19/10/1988
03.	Address	;	Vidyut Nagar, V.M.V. Amravati
04.	Tel. No./ Mob. No.	:	8600990073
05.	e-mail id	:	Kakde.Pranit@gmail.com
06.	Nationality	:	Indian
07.	Qualification in details : (attach documentary proof)	:	MBBS, MD [General Medicine] DNB, Nephrology
08.	Teaching Experience / Health Sciences: Profession Experience (Attached document proof with signature of Head of the Institute. Also it is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)		3 yr. 2 month
09.	Present Appointment	;	Senior Resident
10.	Publications (List & Proof)	:	
11.	Post Graduate Teaching experience (Attach documentary evidence)	:	-
12.	Any other relevant information	1	-

Date: -

Name & Sign. of Mentor

For the use of affiliated Training Center:

I have verified the eligibility of the above Mentor as per the criteria of eligibility prescribed by the University vide clause no.7 of the University Direction No. 05/2017 (Amended) and University Circular No. MUHS/UDC/FCCC/736/2019 dated 30/09/2019.

Sign & Stamp

Head of the Department

Training Centre

Date:

Professor & Head Qepartment of M. dicine Or.P.D M.M.C. Amravati. Sign & Stamp

Dean/Principal/Director of

Memorial Medical College, Amraya

Professional/Teaching Experience Certificate for Fellowship/Certificate Courses Faculty/Teachers/Consultant/Mentor Faculty

Title of the Course applied for: - Dialysis Medicine

This is to Certify that, <u>Dr. Dr. Pranit P.Kakde</u> has worked in the Department of <u>Medicine</u> College / Institutes Dr. Panjabrao Deshmukh Memorial Medical College, Amravati as per following details.

A) General Experience: -

Designation	From	То		al period r / Month
Senior Resident	23/10/2017	22/10/2020	3yrs	
Senior Resident	03/07/2023	Till date		2monts

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

Designation	From	То	200	tal period r / Month
Senior Resident	23/10/2017	22/10/2020	3yrs	
Senior Resident	03/07/2023	Till date		2monts

(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

Professor & Head Department of Medicine Date: Dr.P.D M.M.C. Amravati. Sign & Stamp

Dean/Principal/Head of Institute

Memorial Medical College, Amrava.

Date: