

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 Courses (11 Subjects)

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

A) General Experience


Designation	From	To	Total period 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	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	To	Total period 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: / /
AMBAVAT


Sign & Stamp
Dean/Principal/Head of Institute
Date: / /
Dr. Panjabrao Amarji Education Institute
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 Courses (11 Subjects)

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

A) General Experience

Designation	From	To	Total period 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	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	To	Total period 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: / /

Sign & Stamp
Dean/Principal/Head of Institute
Date: / /
Dr. Panjabrao A. Deshpande
Memorial Medical College, Amravati

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

ANNEXURE- VIII

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

Sr. No.	Name of the Fellowship/Certificate Course	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentor and 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

Dr. Panjabrao Alias Bhausaheb Deshmukh
Memorial Medical College, Amravati

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. Virendra V. Saoji has worked in the Department Of Dermatology , Dr. Panjabrao Deshmukh Medical College/ Institutes as per following details.

A) General Experience

Designation	From	To	Total period Year/Months	
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 /Months	
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	02 Year	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
Professor & Head
Department of Skin & V. D.
Panjabrao Deshmukh
Memorial Medical College, Amravati
Date: / /

Sign & Stamp
Dean/Principal/Head of Institute
Panjabrao Alies Bhausaheb 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 Courses (11 Subjects)

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

A) General Experience

Designation	From	To	Total period 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	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	To	Total period 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 : / /

Sign & Stamp
Dean/Principal/Head of Institute
Date : / /
Parlabrao A. Deshmukh
Memorial Medical College, Amravati

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)

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

Sr. No.	Name of the Fellowship/Certificate Course	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentor and Contact Details
01	Fellowship Course in Phacoemulsification	2021	03	Dr. Archana Vilas Manekar Mob. No. 9423123077
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. 2018 – 2019	Fellowship Course in Phacoemulsification	--	--
2	A.Y. 2019 – 2020		--	--
3	A.Y. 2020 – 2021		--	--
4	A.Y. 2021 – 2022		03	Nil
5	A.Y. 2022 – 2023		03	Nil

DEAN

Dr. Panjabrao Alias Bhausaheb Deshpande
Memorial Medical College, Amravati

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. Archana Vilas Manekar**has worked in the Department of **Ophthalmology** **Dr. Panjabrao alias Bhausaheb Deshmukh Memorial Medical College, Amravati** Training Centre as perfollowing details

A) General Experience

Designation	From	To	Total periodYear/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	02 Yrs	03 Mth

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

Designation	From	To	Total periodYear/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	02 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)

DR. SMITAK KADU
 Sign & Stamp
 Professor & Head
 Dept. of Ophthalmology
 Date: / /
 M. Medical College,
 Amravati

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	

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 Courses (11 Subjects)

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

A) General Experience

Designation	From	To	Total period 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	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	To	Total period 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 : / /

Sign & Stamp
Dean/Principal/Head of Institute
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 Courses (11 Subjects)

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

A) General Experience

Designation	From	To	Total period 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	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	To	Total period 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 : / /

Sign & Stamp
Dean/Principal/Head of Institute
Date : / /

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

ANNEXURE- VIII

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)

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

Sr. No.	Name of the Fellowship / Certificate Course	Course Started from the Academic Year	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

Dr. Panjabrao Alias Bhausaheb Deshmukh
Memorial Medical College, Amravati

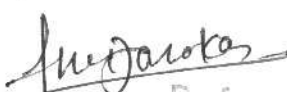
Information to be submitted with respect to newly appointed mentors**Professional Teaching Experience Certificate for Fellowship/Certificate Courses
Director/Mentor**Title of the Course applied for:- **Fellowship Course in Minimal access Surgery**This to Certify that **Dr. S. R. Qazi** has worked in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


Designation	From	To	Total period Year/Months	
Assistant Professor	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	To	Total period Year/Months	
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
 Surgery Department
 D.R.D.M.M.C. Amravati.
 Date : / /


 Sign & Stamp
 Dean/Principal/Head of Institute
 Date: / /
 Dr. S. R. Qazi
 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:- **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	To	Total period 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	To	Total period 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)

(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: 11. Panjabrao Anees Bhausaheb Deshpande
 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 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	Total period 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	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	To	Total period 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: / /

Sign & Stamp
Dean/Principal/Head of Institute
Date: / /
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 **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

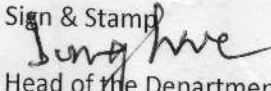
A) General Experience

Designation	From	To	Total period Year /Months	
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

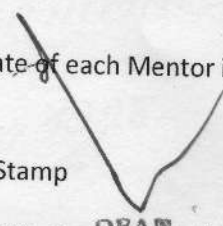
Designation	From	To	Total Period Year /Months	
Senior Resident	01/02/1999	31/01/2001	2 year	0 Month
Asst. professor	13/06/2001 08/04/2002	28/02/2002 01/02/2009	year 6 Year	08 Month 10 Month
Assoc. Professor	2/02/2009	31/8/2021	12 year	6 Month
Professor	01/9/2021	Onward	2 Year	3 Month

(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 Institute
Dr. Panjabrao Alias Bhausaheb Deshpande
 Dehmukh Memorial Medical College, Amravati

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 **High Risk Obstetrics**This to certify that **Dr. Smita A. Bijwe** hasWorked 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	To	Total period Year /Months	
Senior Resident	01/01/1992	13/12/1993	2 year	0 Month
	23/02/1994	31/01/1995		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	To	Total Period Year /Months	
Senior Resident	01/01/1992	13/12/1993	2 year	0 Month
	23/02/1994	31/01/1995		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

(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 / Principal / Head of Institute
Date: / /
Dr. Panjabrao Alias Bhausaheb
Memorial Medical College, Amravati

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 **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	To	Total period 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
	8/04/2002	01/02/2009	6 Year	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	To	Total Period 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	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

[Signature]
 Head of the Department

Date : / /

Sign & Stamp

[Signature]
DEAN
 Dr. Panjabrao alias Bhausaheb Dehmukh Memorial Medical College, Amravati
 Date : / /

Name of Inspectors		Signature of Inspectors
1)		
2)		
3)		
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. Smita A. Bijwe** hasWorked 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	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	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	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	17 year	1 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 : / /

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

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

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 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	Total period 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	15 Yrs	10(m)
Dean	30-10-2020	Till Date	03 Yrs	02(m)

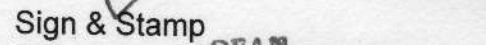
B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-

Designation	From	To	Total period 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 : / /



Sign & Stamp
Dean/Principal/Head of Institute
Date : / /

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

ANNEXURE- VIII

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/Certificate 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				
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. 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	---

DEAN

Dr. Panjabrao Alies Bhausaheb Deshmukh
Memorial Medical College, Amravati

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 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

Designation	From	To	Total periodYear/Months	
Assistant Professor	11/12/2010	24/07/2019	8 Year	7 M
Associate Professor	25/7/2019	Till Date	04 Year	04 M
Professor	-----	-----	-----	----

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

Designation	From	To	Total periodYear/Months	
Assistant Professor	11/12/2010	24/07/2019	8 Year	7 M
Associate Professor	25/7/2019	Till Date	04 Year	04 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)

Solomon
Sign & Stamp
 Professor & Head
 Department of Psychiatry
 Dr. Panjabrao Deshmukh Medical College, Amravati

Sign & Stamp
 Dean/Principal/Head of Institute
 Date: 4/1/2020
 Dr. Panjabrao Deshmukh 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 Courses (11 Subjects)

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

A) General Experience

Designation	From	To	Total period 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	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	To	Total period 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: / /

Sign & Stamp
Dean/Principal/Head of Institute
Date: / /

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

ANNEXURE- VIII**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/ Certificate Course	Course Started from the Academic Year	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	Academic Year	Intake Capacity	No. of Students Admitted (In figure only)
1	Fellowship Certificate Course in Cytopathology	A.Y. 2018 - 2019	----	---
		A.Y. 2019 - 2020	---	---
		A.Y. 2020 - 2021	---	---
		A.Y. 2021 - 2022	03	01
		A.Y. 2022 - 2023	---	---

DEAN

Dr. Panjabrao Alias Bhausaheb Deshpande
Memorial Medical College, Amravati


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, **Dr.P.D.M.Medical College,Amravati** Training Centre 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	02(y)	09(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	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)


PROFESSOR & HEAD
 DEPARTMENT OF PATHOLOGY
 Sign & Stamp
 Head of the Department
 Date : AMRAVATI / /


 Sign & Stamp
 Dean/Principal/Head of Institute
 Dr. Panjabrao A. Dhasane 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 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	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	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	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	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
 Head of the Department
 Date: / /

Sign & Stamp
 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.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	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 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	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 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

Date: / /

Sign & Stamp

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.P.G. Mankar** 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	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.	10 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.	10 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


DEAN
Sign & Stamp
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. A. A. Tayde** 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	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	08 Yrs	06 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	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
Date : / /

Sign & Stamp
Dr. Panjabrao ~~Dean/Principal/Head of Institute~~
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 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 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	02 Yr	03 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	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
Head of the Department
Date: / /
AMRAVATI



Sign & Stamp
Dean/Principal/Head of Institute
Date: / /
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 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 details.

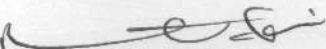
A) General Experience: -

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	10 Yrs	03 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	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

Date : / /

MEDICAL COLLEGE
AMRAVATI



Sign & Stamp DEAN

Dean/Principal/Head of Institute

Date : / /

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 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	To	Total period Year / Month	
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	To	Total period Year / 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
Head of the Department
Date: / /

Sign & Stamp
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.Nafees Nomaan** 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	To	Total period Year / Month	
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	To	Total period Year / 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 : / /



Sign & Stamp DEAN
Dean/Principal/Head of Institute

Date: / / 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 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	Total period 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	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	To	Total period 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 : / /

Sign & Stamp
Dean/Principal/Head of Institute
Date: / /
Panjabrao Ambedkar 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 Month
	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 Month
Asso-Professor	27/05/2017	8/10/2023	6 Y	5 Month
Professor	9/10/2023	Till Date		3 Month
			16	6

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 Month
	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 Month
Asso-Professor	27/05/2017	8/10/2023	6 Y	5 Month
Professor	9/10/2023	Till date		3 Month
			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

Department of Radiology

Date: Panjabrao Deshmukh Memorial Medical College, Amravati

Sign & Stamp

Dean/Principal/Head of Institute

DEAN

Date Dr. Panjabrao Alias Bhausaheb Deshmukh Memorial Medical College, Amravati

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 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	Total period 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	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	To	Total period 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 : / /
MEMORIAL MEDICAL COLLEGE
AMRAVATI

Sign & Stamp
Dean/Principal/Head of Institute
Date: / /
Dr. A. T. Deshmukh
Memorial Medical College, Amravati

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

ANNEXURE- VIII

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/Certificate Course	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentor and 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.....			

[Signature]
Professor & Head
Ortho Dept.
Dr. P.D.M.M.C., Amravati

[Signature]
DEAN
Dr. Panjabrao A. L. Dhanoo
Memorial Medical College, Amravati

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 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	To	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 Course applied for :-

Designation	From	To	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: **Panjabrao A. Bhausaheb Deshmukh**
Memorial Medical College, Amravati

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

[Signature]

**Professor & Head
Ortho Dept.
Dr. P.D.M.M.C., Amravati**

DEAN
Dr. Panjabrao A. Bhausaheb Deshmukh
Memorial Medical College, Amravati

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

Designation	From	To	Total period Year/Months	
Assistant Professor	02/3/2009	25/7/2019	10 Yrs.	4 Month
Associate Professor	26/07/2019	Till Date	04 Yrs.	4 Month

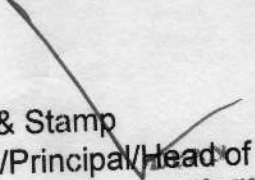
B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-

Designation	From	To	Total period Year/Months	
Assistant Professor	02/3/2009	25/7/2019	10 Yrs.	4 Month
Associate Professor	26/07/2019	Till Date	04 Yrs.	4 Month

(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: 17/7/2023

Department of Anaesthesiology
 Dr. Panjabrao Alias Bhausaheb Deshmukh
 Memorial Medical College, Amravati


 Sign & Stamp
 Dean/Principal/Head of Institute
 Date: 17/7/2023
 Dr. Panjabrao Alias Bhausaheb Deshmukh
 Memorial Medical College, Amravati

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

ANNEXURE - "I"**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 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	: rahulkadu65@gmail.com
06.	Nationality	: Indian
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.

Sign & Stamp
Head of the Department
Training Centre
Date:

Sign & Stamp
Dean/ Principal/ Director of
DEAN

Date: 21/10/2019
Dr. Alies Bhausaheb Deshpande
Memorial Medical College, Amravati

Training Centre Round Seal

ANNEXURE - "I"**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 Niraj Prakash Raghani
02.	Date of Birth	: 18/11/1980
03.	Address	: Khatri Apartment ,Flat No. -301, 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	-

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:

Training Centre Round Seal

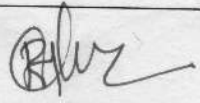
Sign & Stamp
Dean/ Principal/ Director of Training Centre
Date:
"Panjabrao Alias Bhausaheb Deshpande"
Memorial Medical College, Amravati

ANNEXURE - "I"**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 Nilkesh B. Chandak
02.	Date of Birth	: 28/03/1988
03.	Address	: Chandak Nivas Ghatladki
04.	Tel. No./ Mob. No.	: 7389173614
05.	e-mail id	: Dctrnilesh18@gmail.com
06.	Nationality	: Indian
07.	Qualification in details : (attach documentary proof)	: MBBS, MD [Cardiology] 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)	: 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.


Sign & Stamp
Head of the Department
Training Centre
Date:


Sign & Stamp
Dean/ Principal/ Director of
DEAN
Date: 11/11/2019
Dr. P. S. Rao A. S. Bhausaheb Deshmukh
Memorial Medical College, Amravati

Training Centre Round Seal

ANNEXURE - "I"**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.	: 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)	: 7 yrs.
09.	Present Appointment	: Associate
10.	Publications (List & Proof)	: National - Two
11.	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 Medicine
P. O. Box No. 1, Amravati

Training Centre Round Seal

Sign & Stamp

Dean/ Principal/ Director of Training Centre

Date:

DEAN

Dr. Panjabrao Alies Bhansabhai Deshpande
Memorial Medical College, Amravati

Annexure - II

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. Nikhil S. Badnerkar** has worked in the Department of **Medicine** College / Institutes Dr. Panjabrao Deshmukh Memorial Medical College, Amravati as per following details.

A) General Experience: -

Designation	From	To	Total period Year / Month	
Associate	07/05/2015	01/08/2016	1yrs.	3months
Associate	11/05/2017	Till Date	7yrs.	

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


Designation	From	To	Total period Year / Month	
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)


Sign & Stamp Head of
the Department

Date:

Professor & Head
Department of Medicine
Dr. P. D. Deshmukh
Amravati


Sign & Stamp
Dean/Principal/Head of Institute
DEAN

Dr. Panjabrao Alias Bhausaheb Deshpande
Date: _____
Memorial Medical College, Amravati

Recommended/Not Recommended

Signature with date of LIC Chairman/Member

ANNEXURE - "I"**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)	: Tow
11.	Post Graduate Teaching experience (Attach documentary evidence)	: -
12.	Any other relevant information	: -



Dr Nayan Chaudhari
Name & Sign. of Mentor

Date: -


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
Dr. P. E. ...

Training Centre Round Seal


Sign & Stamp
Dean/ Principal/ Director of
DEAN

Date: 11/10/2019
Dr. P. E. ...
Memorial Medical College, Amravati

Annexure - II

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. Dr. Nayan Chaudhari** has worked in the Department of **Medicine** College / Institutes Dr. Panjabrao Deshmukh Memorial Medical College, Amravati as per following details.

A) General Experience : -

Designation	From	To	Total period Year / Month	
Senior Resident	1/08/2019	5/12/2019		4moths
Senior Resident	20/01/2022	Till Date	2yrs	1months

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

Designation	From	To	Total period Year / Month	
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**

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

Date:

Sign & Stamp
Dean/Principal/Head of Institute
DEAN

Dr. Panjabrao Alias Bhausaheb Deshmukh
Memorial Medical College, Amravati

Recommended/Not Recommended

Signature with date of LIC Chairman/Member

ANNEXURE - "I"**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
Dr.P.D.M.M.C, Amravati.

Training Centre Round Seal


Sign & Stamp
Dean/ Principal/ Director of

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

Annexure - II

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: -

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

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

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**

DEAN
Dr. Panjabrao Alias Bhausaheb Deshmukh
Memorial Medical College, Amravati

Date:

Recommended/Not Recommended

Signature with date of LIC Chairman/Member

ANNEXURE - "I"**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
Dr.P.D M.M.C, Amravati.


Sign & Stamp
Dean/ Principal/ Director of
DEAN

Dr. Parashram Alias Bhausaheb Deshpande
Date:
Memorial Medical College, Amravati

Training Centre Round Seal

Annexure - II

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: -

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

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

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**

DEAN
Dr. Panjabrao Alias Bhausaheb Deshmukh
Memorial Medical College, Amravati

Date:

Recommended/Not Recommended


Signature with date of LIC Chairman/Member

ANNEXURE - "I"**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: -



Dr. Nayan Chaudhari
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:

Prof. Saur & Head
Department of Medicine
Dr.P.D.M.M.C, Amravati,


Sign & Stamp
Dean/ Principal/ Director of
DEAN

Date:
Dr. Panjabrao Alies Bhausaheb Deshmukh
Memorial Medical College, Amravati

Training Centre Round Seal

Annexure - II

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. Dr. Nayan Chaudhari** has worked in the Department of **Medicine** College / Institutes Dr. Panjabrao Deshmukh Memorial Medical College, Amravati as per following details.

A) General Experience : -

Designation	From	To	Total period Year / Month	
Senior Resident	1/08/2019	5/12/2019		4moths
Senior Resident	20/01/2022	Till Date	2yrs	1months

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

Designation	From	To	Total period Year / Month	
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**

Professor & Head
Department of Medicine

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

**Sign & Stamp
Dean/Principal/Head of Institute**

DEAN
Dr. Panjabrao Alias Bhausaheb Deshmukh
Deshmukh Memorial Medical College, Amravati

Recommended/Not Recommended

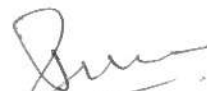
Signature with date of LIC Chairman/Member

ANNEXURE - "I"**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	:

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
Dr.P.D M.M.C. Amravati.


Sign & Stamp
Dean/Principal/Director of

Dr. Pralhadrao A. Deshpande
Date: _____
Memorial Medical College, Amravati

Training Centre Round Seal

Annexure - II

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. Dr. Pranit P.Kakde has worked in the Department of Medicine College / Institutes Dr. Panjabrao Deshmukh Memorial Medical College, Amravati as per following details.


A) General Experience: -

Designation	From	To	Total period Year / 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	To	Total period Year / 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**

Dr. Panjabrao Alish Bhausaheb Deshmukh
Memorial Medical College, Amravati
Date:

Recommended/Not Recommended

Signature with date of LIC Chairman/Member