Information to be submitted with respect 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. Kaustubh Madhusudhan Sarda** has worked in the Department of **General Surgery** Training Centre as per following details

C) General Experience

Designation	From	To	Total period Year/Months	
Assistant Professor	18/05/2009 02/12/2011	17/05/2010 Till Date	14 (y)	02 (m)

D) Actualexperienceinthesubjectofconcernedfellowship/CertificateCourseappliedfor :-

Designation	From	To	Total period Year/Months	
Assistant Professor	18/05/2009 02/12/2011	17/05/2010 Till Date	14 (y)	02 (m)

(Itismandatorytoattachself-attestedPhotocopyoftheExperienceCertificateofeachMentorinthe Subjectof concerned Fellowship/Certificate Course)

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

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

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

ANNEXURE-V-A

Information to be submitted with respect 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. **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	05	06

B) **Actualexperienceinthesubjectofconcernedfellowship/CertificateCourseappliedfor :-**

Designation	From	To	Total period Year/Months	
Assistant Professor	11/02/2005	25/07/2019	14	04
Associate Professor	26/07/2019	Till Date	05	06

(Itismandatorytoattachself-attestedPhotocopyoftheExperienceCertificateofeachMentorinthe Subject of concerned Fellowship/Certificate Course)

Sign & Stamp
Professor & Head
Head of the Department
Date:

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

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

Annexure - V-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 :- Ultra Sonography & Colour Doppler

This is to Certify that Dr. Sushil J. Sikchi (Mentor) has worked in the Department of Radio-Diagnosis , Dr. Panjabrao Bhausaheb Deshmukh Memorial Medical College Amravati . /institutes as per following details

A) General Experience :

Designation	From	To	Total Period Year /Mont	
Junior Resident	1/01/1986	31/07/1986		6 Month
Senior Resident	1/2/1987 to 23/05/1989	20/11/1988 to28/2/1990	1 Years	9 Month 9 month
Assit- Professor	26/10/2010	26/05/2017	6Years	5Month
Asso-Professor	27/05/2017	23/10/2023	6 Years	5 Month
Professor	24/10/2023	Till date	1 Years	3 Month
			17 Years	4 Month

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	1/2/1987 to 23/05/1989	20/11/1988 to28/2/1990	1 Years	9 Month 9 month
Assit- Professor	26/10/2010	26/05/2017	6Years	5Month
Asso-Professor	27/05/2017	23/10/2023	6 Years	5 Month
Professor	24/10/2023	Till date	1 Years	3 Month
			17 Years	4 Month

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

Sign & Stamp

Dr. Head of the Department

Date :-

Sign & Stamp

Dean /Principal /Head of institute

Date :

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

ANNEXURE-V-A

Information to be submitted with respect to newly appointed mentors

ProfessionalTeachingExperienceCertificateforFellowship/CertificateCourses

Director/ Mentors

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	05 Yrs.	6 Month

B) ActualexperienceinthesubjectofconcernedFellowship/CertificateCourseappl iedfor:-

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	05 Yrs.	6 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 : / /
Professor & Head
Department of Anaesthesiology
Dr. Panjabrao Alias Bhausaheb Deshmukh Memorial Medical College, Amravati

Sign &Stamp
Dean/Principal/Head of Institute
Date: / /
DEAN
Dr Panjabrao Alias Bhausaheb Deshmukh

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

DISCHARGE SUMMARY

MRS. DIPALI AKSHAY CHANDURKAR

MRN-241000540

DOB/AGE	: 34 YR / FEMALE	ADDRESS	: 13 A, VYAS LAYOUT, ASHIYAD COLONY, SHEGAO NAKA, AMRAVATI, MAHARASHTRA, INDIA, 444601
REG NO	: IPD 24-25-2638		
MOB NO	: 9503716303		
PATIENT CATEGORY	: PAYING		
ADMISSION DATE	: 12-10-2024 12:41 PM	WARD INFO	: BED-302/ROOM-302/SINGLE(NON-AC) WARD
DISCHARGE DATE	: 15-10-2024 12:00 PM	DEPARTMENT	: GYNAECOLOGY AND OBSTETRICS
DISCHARGE TYPE	: REGULAR DISCHARGE		
DISCHARGE CONDITION	: STABLE	CONSULTANT DR.	: DR. POONAM P. RATHI [MBBS, DIP (OBST & GYNAE), DNB (OBST & GYNAE)]
DATE OF SURGERY	: 12-10-2024 02:15 PM		

DIAGNOSIS

DIAGNOSIS	ICD CODE
G3A2 WITH FTP WITH ANA POSITIVE WITH FETAL ANEMIA	

PRESENTING COMPLAINTS

A 34 year old female patient had h/o amenorrhea since 36 weeks, came with c/o labour pain, hence admitted to RIMS Hospital for further treatment and management.

EVALUATION AND MANAGEMENT

O/E:
GC - mod, afeb
P - 84/min
BP - 120/80mmhg
SPO2 - 98% on room air
RS - AEBE, clear
CVS - s1s2+
CNS - conscious oriented
P/A - ut 36 weeks
Contraction +
Cephalic fixed
FHS (+) R
H/o- Amenorrhea since 36 weeks
O/H- G3A2
PP
LMP- 02/02/2024

RAINBOW INSTITUTE OF MEDICAL SCIENCES
Besides Hotel Neelam, Opp. Empire Mall, Badnera Road, Amravati-444605, Maharashtra, India
Appointments 0721-2579198 / 2579188, Emergency 8055454444, Ambulance 8055754444
Website: www.rimsamravati.com, E-mail: info@rimsamravati.com

EDD- 07/11/2024

HOSPITAL STAY

Patient admitted with above mentioned complaints. On arrival patient conscious, obeying, ho
vitals. Foley's catheter insertion done on 12/10/2024. During hospitalization patient underw
EMERGENCY LSCS done on 12/10/2024. A full term female child weighting 3kg at 2.32p
Foley's catheter removed on 13/10/2024. Patient managed with antibiotics, anti emetic s with
others supportive measures and care. Patient improved clinically, dressing done, suture site he
hence being discharge in relatively stable condition.

SURGERY

1) OPERATIVE PROCEDURE	: EMERGENCY LSCS, PERFORMED ON : 12-10-2024, AT 02:15 PM
Surgeon	: Dr. ASHISH MASHANKAR
Asst. Surgeon	: Dr. POONAM P. RATHI
Anaesthesiologist	: Dr. SWATI SINDEKAR
Operative Notes	:

- Under AAP, Under SA, P and D done.
- Abdomen opened in layers by p'fannenstell's incision.
- LUS identified, deperitonised.
- Bladder pushed down.
- Transverse incision over LUS taken.
- A full term female child weighting 3kg extracted by Vx on 12/10/2024 at 2.32pm. BCIAB.
- Placenta and membranes delivered spontaneously.
- Uterus closed in 2 layers.
- Hemostasis achieved.
- Sterile dressing and Vaginal toileting done.
- Procedure uneventful.

end of surgery no

TREATMENT GIVEN

INJ PAN 40MG STAT
INJ ONDEM 4MG STAT
INJ MONOCEF 1GM BD
INJ DYNAPAR AQ 75MG SOS/STAT
IV SUMOL 100ML SOS
TAB SEFORIA BD
TAB ZIXFLAM BD
TAB GUT OK OD

RIMS
Rainbow Institute of Medical Sciences

DISCHARGE MEDICATION

SR. MEDICINE

		DOSAGE INSTRUCTION	DURATION
1.	TAB FEREDET XT	१ गोळी रात्री 0----------0----------1	३० दिवस
2.	TAB CORCIUM XT	१ गोळी दिवसातून एकदा 1-----0--------0	९० दिवस

INSTRUCTIONS

FOLLOW UP AFTER 6 DAYS ON (21/10/2024)IN OPD.

EMERGENCY CONTACT DETAILS

IN EMERGENCY CONTACT 07212579188, 0721-2579199.

Consultant

DR. POONAM P. RATHI
Gynaecologist & Obstetrician

RAINBOW INSTITUTE OF MEDICAL SCIENCES
Besides Hotel Neelam Opp Empire Mall Badnera Road, Amravati 444605 Maharashtra, India
Appointments 0721-2579199 2579188 Emergency 8055454444 Ambulance 8055764444
Website www.rimsamravati.com E-mail info@rimsamravati.com

Date- 7/10/24

Department of Anaesthesiology
Dr. Panjabrao Alias Bhausaheb Deshmukh
Memorial Medical College, Amravati
Outward No. - 5-51/24
Date. - 4/10/2024

To,
The Dean,
Dr. PDMMC Hospital,
Amravati.

Subject:- Application for ANC and maternity leave

Respected Sir,

I, Dr. Dipali Gotty Chandurka am working as Assistant professor in the department of Anesthesiology for last 2 years (Mums Approved). I have taken ANC & maternity leave as advised by gynecologist since 19/5/24 (leave application submitted in office dated - 13/5/24 outward No - 152/24 Dtd 13/5/24). At present I am 35 week. ANC and not able to join yet. I request you to grant me Paid ANC & maternity leave.

Attaching medical certificate with the application.

Thanking you.

Yours faithfully
D. Gotty
9503716803

Forwarded to the Dean
7/10/24
Professor & Head
Department of Anaesthesiology
Dr. Panjabrao Alias Bhausaheb Deshmukh
Memorial Medical College, Amravati.

Dr. Ashish Mashalkar
M.D. (OBG)
Reg. No. 071030
Hospital Near Gopal Talkies, Rajapeth, Amravati.
Ph. No. (H) 2566688, 9372568599, (R) 2673332

[redacted]

03/10/24

Medical Certificate

This is to certify that Dr.
Mrs. Deepali Vijay Chandurkar
is a case of G2P1L1 bad obstetric
history, and is under my treatment.
She is advised rest from
03/10/24 for 2 months.

Dr. Ashish Mashalkar
M.D. (O)

ANNEXURE-V-A

Information to be submitted with respect to newly appointed mentors

ProfessionalTeachingExperienceCertificateforFellowship/CertificateCourses Director/Mentor

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

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

A) General Experience

Designation	From	To	Total periodYear/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	03 Yrs	05 Mth

B) ActualexperienceinthesubjectofconcernedFellowship/CertificateCourseappliedfor :-

Designation	From	To	Total periodYear/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	03 Yrs	05 Mth

(Itismandatorytoattachself-attestedPhotocopyoftheExperienceCertificateofeachMentorinthe Subject of concerned Fellowship/Certificate Course)

Sign & Stamp
Head of the Department
Date: / /

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

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

ANNEXURE-V-A

Information to be submitted with respect to newly appointed mentors

ProfessionalTeachingExperienceCertificateforFellowship/CertificateCourses Director/Mentor

Title of the Course applied for Fellowship course in **High Risk Obstetrics**
This to Certify that **Dr. Smita A. Bijwe** has
worked in theDepartment of **Obstetrics & Gynaecology Dr. Panjabrao alias Bhausaheb Dehmukh Memorial Medical.**Training Centre as per following details

A) GeneralExperience

Designation	From	To	Total periodYear/Months	
Senior Resident	01/01/1992 23/02/1994	13/12/1993 31/01/1995	2 Year	0 Month 11 Month
Asst. professor	19/08/1998	30/06/2004	5 year	10 Month
Assoc. Professor	01/07/2004	31/08/2021	16 year	10 Month
Professor	01/09/2021	Onward	3 Year	05 Month

B) Actualexperienceinthesubjectofconcernedfellowship/CertificateCourseappliedfor :-

Designation	From	To	Total periodYear/Months	
Senior Resident	01/01/1992 23/02/1994	13/12/1993 31/01/1995	2 Year	0 Month 11 Month
Asst. professor	19/08/1998	30/06/2004	5 year	10 Month
Assoc. Professor	01/07/2004	31/08/2021	16 year	10 Month
Professor	01/09/2021	Onward	3 Year	05 Month

(Itismandatorytoattachself-attestedPhotocopyoftheExperienceCertificateofeachMentorinthe Subject of concerned Fellowship/Certificate Course)

Sign & Stamp
Head of the Department
Date: / /

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

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

ANNEXURE-V-A

Information to be submitted with respect 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 Centre as per following details

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.

B) Actualexperienceinthesubjectofconcernedfellowship/CertificateCourseappliedfor :-

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

(Itismandatorytoattachself-attestedPhotocopyoftheExperienceCertificateofeachMentorinthe Subjectof concerned Fellowship/Certificate Course)

Sign & Stamp
Head of the Department
Date: / /

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

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

ANNEXURE-V-A

Informationtobesubmittedwithrespect tonewlyappointedmentors

ProfessionalTeachingExperienceCertificateforFellowship/CertificateCourses
Director/Mentor

TitleoftheCourseappliedfor:- Fellowship Course in Cytopathology
Thisisto Certifythat **Dr.R.R.Soni** hasworkedintheDepartment Of **Pathology, Dr.P.D.M.Medical College,AmravatiTraining Centre** asperfollowingdetails.

A) GeneralExperience:-

Designation	From	To	Totalperiod 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	03(y)	11(m)

B) ActualExperienceintheSubjectofconcernedFellowship/CertificateCourseappliedfor :-

Designation	From	To	Totalperiod 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	03(y)	11(m)

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in theSubjectofconcernedFellowship/CertificateCourse)

Sign&Stamp
Head oftheDepartment
Date:

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

NameofInspectors		SignatureofInspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

ANNEXURE-V-A

Informationtobesubmittedwithrespect tonewlyappointedmentors

ProfessionalTeachingExperienceCertificateforFellowship/CertificateCourses
Director/Mentor

TitleoftheCourseappliedfor:- Fellowship Course in Cytopathology
Thisisto Certifythat **Dr.A. T. Deshmukh** hasworkedintheDepartment Of Pathology , Dr.P.D.M. Medical College,Amravati Training Centre asperfollowingdetails.

A) **GeneralExperience:-**

Designation	From	To	Totalperiod Year/Month	
Asst. Professor	28-02-1984	10-02-1986	02(y)	--
	11-02-1986	10-01-1992	05(y)	11(m)
Assoc. Professor	10-01-1992	01-04-2007	15(y)	03(m)
Professor	02-04-2007	Till Date	17(y)	10(m)
Dean	30/10/2020	Till Date	04(y)	04(m)

B) **ActualExperienceintheSubjectofconcernedFellowship/CertificateCourseappliedfor:-**

Designation	From	To	Totalperiod Year/Month	
Asst. Professor	28-02-1984	10-02-1986	02 (y)	--
	11-02-1986	10-01-1992	05 (y)	11(m)
Assoc. Professor	10-01-1992	01-04-2007	15 (y)	03(m)
Professor	02-04-2007	Till Date	17 (y)	10(m)
Dean	30/10/2020	Till Date	04 (y)	04(m)

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in theSubjectofconcernedFellowship/CertificateCourse)

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

Sign&Stamp
PROFESSOR & HEAD
DEPARTMENT OF PATHOLOGY
D.M. MEDICAL COLLEGE
AMRAVATI
Head oftheDepartment
Date:

NameofInspectors		SignatureofInspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

ANNEXURE-V-A

Informationtobesubmittedwithrespect tonewlyappointedmentors

ProfessionalTeachingExperienceCertificateforFellowship/CertificateCourses
Director/Mentor

TitleoftheCourseappliedfor:- Fellowship Course in Cytopathology
Thisisto Certifythat Dr.M.W. Jagtap hasworkedintheDepartment Of Pathology , Dr.P.D.M. Medical College,Amravati Training Centre asperfollowingdetails.

A) GeneralExperience:-

Designation	From	To	Totalperiod Year/Month	
Tutor	18/07/1983	30/09/1984	01 (y)	02(m)
Asst. Prof	01/10/1986	20/01/1992	05 (y)	03(m)
Asso. Prof	20/01/1992	25/07/2016\	24 (y).	06(m)
	30/04/2019	01/08/2021	03 (y)	01(m)
Professor	26/07/2016	30/04/2019	02 (y)	09(m)
	01/09/2021	Till Date	03(y)	05 (m)

B) ActualExperienceintheSubjectofconcernedFellowship/CertificateCourseappliedfor:-

Designation	From	To	Totalperiod Year/Month	
Tutor	18/07/1983	30/09/1984	01 (y)	02 (m)
Asst. Prof	01/10/1986	20/01/1992	05 (y)	03 (m)
Asso. Prof	20/01/1992	25/07/2016\	24 (y).	06 (m)
	30/04/2019	01/08/2021	03 (y)	01 (m)
Professor	26/07/2016	30/04/2019	02 (y)	09 (m)
	01/09/2021	Till Date	03(y)	05 (m)

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

Sign&Stamp PROFESSOR & HEAD
HeadoftheDepartment DEPARTMENT OF PATHOLOGY
Date P.D.M. MEDICAL COLLEGE AMRAVATI

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

NameofInspectors		SignatureofInspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

ANNEXURE-V-A

Informationtobesubmittedwithrespect tonewlyappointedmentors

ProfessionalTeachingExperienceCertificateforFellowship/CertificateCourses
Director/Mentor

TitleoftheCourseappliedfor:- Fellowship Course in Cytopathology
Thisisto Certifythat Dr.P.G. Mankar hasworkedintheDepartment Of Pathology , Dr.P.D.M. Medical College,Amravati Training Centre asperfollowingdetails.

A) GeneralExperience:-

Designation	From	To	Totalperiod Year/Month	
Asst. Prof	01/08/1992	26/07/1993	01(y)	(m)
	05/08/1993	07/07/1997	04(y)	(m)
	07/07/1997	30/06/1998	01 (y)	(m)
Asso. Prof	01/01/2008	Till date	17(y)	01(m)

B) ActualExperienceintheSubjectofconcernedFellowship/CertificateCourseappliedfor :-

Designation	From	To	Totalperiod Year/Month	
Asst. Prof	01/08/1992	26/07/1993	01 (y)	(m)
	05/08/1993	07/07/1997	04 (y)	(m)
	07/07/1997	30/06/1998	01 (y)	(m)
Asso. Prof	01/01/2008	Till date	17(y)	01(m)

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

Sign&Stamp
Head of the Department
Date:

PROFESSOR & HEAD
DEPARTMENT OF PATHOLOGY
D.M. MEDICAL COLLEGE
AMRAVATI

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

Dr. Panjabrao alias Bhausaheb Deshmukh
Memorial Medical College, Amravati

NameofInspectors		SignatureofInspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

ANNEXURE-V-A

Informationtobesubmittedwithrespect tonewlyappointedmentors

ProfessionalTeachingExperienceCertificateforFellowship/CertificateCourses
Director/Mentor

TitleoftheCourseappliedfor:- Fellowship Course in Cytopathology
Thisisto Certifythat **Dr. A. A. Tayde** hasworkedintheDepartment Of **Pathology , Dr.P.D.M. Medical College,Amravati** Training Centre asperfollowingdetails.

A) GeneralExperience:-

Designation	From	To	Totalperiod Year/Month	
Asst. Prof	31/05/2008	24/11/2010	02 (y)	06(m)
	25/11/2010	28/05/2015	04 (y)	06 (m)
Asso. Prof.	29/05/2015	Till date	09(y)	08(m)

B) ActualExperienceintheSubjectofconcernedFellowship/CertificateCourseappliedfor:-

Designation	From	To	Totalperiod Year/Month	
Asst. Prof	31/05/2008	24/11/2010	02 (y)	06 (m)
	25/11/2010	28/05/2015	04 (y)	06 (m)
Asso. Prof.	29/05/2015	Till date	09(y)	08(m)

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

Sign&Stamp
Director & Head
of the Department
Dated P.D.M. Medical College
Amravati

Sign&Stamp
Dean/Principal/HeadofInstitute
Dr. P. D. M. Medical College, Amravati

NameofInspectors		SignatureofInspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

ANNEXURE-V-A

Informationtobesubmittedwithrespect tonewlyappointedmentors

ProfessionalTeachingExperienceCertificateforFellowship/CertificateCourses
Director/Mentor

TitleoftheCourseappliedfor:- Fellowship Course in Cytopathology
Thisisto Certifythat Dr.S.V. Chaukade hasworkedintheDepartment Of Pathology, Dr.P.D.M. Medical College,AmravatiTraining Centre asperfollowingdetails.

A) **GeneralExperience:-**

Designation	From	To	Totalperiod Year/Month	
Asst. Professor	10/08/2010	31/08/2021	11 (y)	01 (m)
Assoc. Professor	01/09/2021	Till Date	03(y)	05(m)

B) **ActualExperienceintheSubjectofconcernedFellowship/CertificateCourseappliedfor:-**

Designation	From	To	Totalperiod Year/Month	
Asst. Professor	10/08/2010	31/08/2021	11 (y)	01 (m)
Assoc. Professor	01/09/2021	Till Date	03(y)	05(m)

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in theSubjectofconcernedFellowship/CertificateCourse)

Sign&Stamp PROFESSOR & HEAD
HeadoftheDepartment DEPARTMENT OF PATHOLOGY
Date D.M. MEDICAL COLLEGE AMRAVATI

Sign&Stamp DEAN
Dr.Pa Dean/Principal/HeadofInstitute anas Bhausaheb Deshmukh
Memo Date Medical College, Amravati

NameofInspectors		SignatureofInspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

ANNEXURE-V-A

Informationtobesubmittedwithrespect tonewlyappointedmentors

ProfessionalTeachingExperienceCertificateforFellowship/CertificateCourses
Director/Mentor

TitleoftheCourseappliedfor:- Fellowship Course in Cytopathology
Thisisto Certifythat **Dr.Chetna Agrawal** hasworkedintheDepartment Of Pathology , Dr.P.D.M. Medical College,Amravati Training Centre asperfollowingdetails.

A) GeneralExperience:-

Designation	From	To	Totalperiod Year/Month	
Demonstrator	01/11/2011	28/05/2015	03 (y)	07 (m)
Assi. Prof.	29/05/2015	Till date	09(y)	08(m)

B) ActualExperienceintheSubjectofconcernedFellowship/CertificateCourseappliedfor :-

Designation	From	To	Totalperiod Year/Month	
Demonstrator	01/11/2011	28/05/2015	03 (y)	07 (m)
Assi. Prof.	29/05/2015	Till date	09(y)	08(m)

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

Sign&Stamp
Headofthe Department
Date

PROFESSOR & HEAD
DEPARTMENT OF PATHOLOGY
P.D.M. MEDICAL COLLEGE
AMRAVATI

Sign&Stamp
Dr. P. Dean/Principal/HeadofInstitute
Date:

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

NameofInspectors		SignatureofInspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

ANNEXURE-V-A

Informationtobesubmittedwithrespect tonewlyappointedmentors

ProfessionalTeachingExperienceCertificateforFellowship/CertificateCourses
Director/Mentor

TitleoftheCourseappliedfor:- Fellowship Course in Cytopathology
Thisisto Certifythat Dr.Nafees Nomaan hasworkedintheDepartment Of Pathology , Dr.P.D.M. Medical College,AmravatiTraining Centre asperfollowingdetails.

A) GeneralExperience:-

Designation	From	To	Totalperiod Year/Month	
Demonstrator	02/01/2007	06/06/2016	09 (y)	05 (m)
Assi. Prof.	07/06/2016	Till date	08(y)	08(m)

B) ActualExperienceintheSubjectofconcernedFellowship/CertificateCourseappliedfor:-

Designation	From	To	Totalperiod Year/Month	
Demonstrator	02/01/2007	06/06/2016	09 (y)	05 (m)
Assi. Prof.	07/06/2016	Till date	08(y)	08(m)

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

Sign&Stamp
Headofthe Department
Date:

Sign&Stamp
Dean/Principal/HeadofInstitute
Date:

NameofInspectors		SignatureofInspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

ANNEXURE-V-A

Informationtobesubmittedwithrespect tonewlyappointedmentors

ProfessionalTeachingExperienceCertificateforFellowship/CertificateCourses
Director/Mentor

TitleoftheCourseappliedfor:- Fellowship Course in Cytopathology
Thisisto Certifythat Dr.N.P. Chikhale hasworkedintheDepartment Of Pathology , Dr.P.D.M. Medical College,AmravatiTraining Centre asperfollowingdetails.

C) GeneralExperience:-

Designation	From	To	Totalperiod Year/Month	
Senior Resident	06/09/2010	05/09/2011	01 (y)	---(m)
Senior Resident	19/12/2011	31/03/2014	02 (y)	04 (m)
Senior Resident	20/06/2023	21/06/2024	01 (y)	---(m)
Assi. Prof.	22/06/2024	Till date	---(y)	08 (m)

D) ActualExperienceintheSubjectofconcernedFellowship/CertificateCourseappliedfor:-

Designation	From	To	Totalperiod Year/Month	
Senior Resident	06/09/2010	05/09/2011	01 (y)	---(m)
Senior Resident	19/12/2011	31/03/2014	02 (y)	04 (m)
Senior Resident	20/06/2023	21/06/2024	01 (y)	---(m)
Assi. Prof.	22/06/2024	Till date	---(y)	08 (m)

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

Sign&Stamp
Headofthe Department
Date :

Sign&Stamp
Dean/Principal/HeadofInstitute
Memo Date

NameofInspectors		SignatureofInspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

ANNEXURE-V-A

Informationtobesubmittedwithrespect tonewlyappointedmentors

ProfessionalTeachingExperienceCertificateforFellowship/CertificateCourses
Director/Mentor

TitleoftheCourseappliedfor:- Fellowship Course in Cytopathology
Thisisto Certifythat Dr.N.M. Muda has workedintheDepartment Of Pathology , Dr.P.D.M. Medical College,AmravatiTraining Centre asperfollowingdetails.

E) GeneralExperience:-

Designation	From	To	Totalperiod Year/Month	
Senior Resident	06/12/2022	08/12/2023	01 (y)	---(m)
Assi. Prof.	29/01/2025	Till date	---(y)	01 (m)

F) ActualExperienceintheSubjectofconcernedFellowship/CertificateCourseappliedfor:-

Designation	From	To	Totalperiod Year/Month	
Senior Resident	06/12/2022	08/12/2023	01 (y)	---(m)
Assi. Prof.	29/01/2025	Till date	---(y)	01 (m)

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

Sign&Stamp
Headofthe Department
Date:

Sign&Stamp
Dean/Principal/HeadofInstitute
Date: /DEAN

Dr.Panjabrao alias Bhausaheb Deshmukh
Memorial Medical College, Amravati

NameofInspectors		SignatureofInspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

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

A) General Experience

Designation	From	To	Total periodYear/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	01/09/2021	Till Date	03 Year	05 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
Head of the Department
Date : / /

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

Dr. P. D. Deshmukh
Memorial Medical College, Amravati

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

ANNEXURE- V-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 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	5 Y 06 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	05Year	5 Y 06 M
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
Head of the Department
Date:

Dr. Panjabrao alias Bhausaheb Deshmukh Memorial Medical College, Amravati

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

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

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

ANNEXURE- V-A

Information to be submitted with respect to newly appointed mentors

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

Title of the Course applied for: - Certificate Couse of Modern Pharmacology

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

A) General Experience

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

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

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

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

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

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

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

ANNEXURE- V-A

Information to be submitted with respect to newly appointed mentors

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

Title of the Course applied for: - Certificate Couse of Modern Pharmacology

This to Certify that **Dr. Pankaj V. Barabde** has worked in the Department of Pediatrics Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year /Months	
Assistant Professor	03/05/2007	31/08/2021	14 Years	3Month
Associate Professor	01/09/2021	Till Date	3 Years	5Month

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

Designation	From	To	Total period Year /Months	
Assistant Professor	03/05/2007	31/08/2021	14 Years	3Month
Associate Professor	01/09/2021	Till Date	3 Years	5Month

(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 Pediatrics
Dr. P.D.M.M.C. Amravati.

Sign & Stamp
Dean/Principal/Head of Institute
Date:
DEAN
Dr. [illegible] Dr. P.D.M.M.C., Amravati

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

ANNEXURE- V-A

Information to be submitted with respect to newly appointed mentors

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

Title of the Course applied for: - Certificate Couse of Modern Pharmacology

This to Certify that **Dr. Sanket S. Pande** has worked in the Department of Pediatrics Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year /Months	
Senior Resident	21/09/2017	21/09/2018	1 Years	
Assistant Professor	22/09/2018	08/10/2023	5 Years	
Associate Professor	09/10/2023	Till Date	1 Years	4 Month

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

Designation	From	To	Total period Year /Months	
Senior Resident	21/09/2017	21/09/2018	1 Years	
Assistant Professor	22/09/2018	08/10/2023	5 Years	
Associate Professor	09/10/2023	Till Date	1 Years	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: / /
Professor & Head
Department of Pediatrics
Dr. P.D.M.M.C. Amravati.

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

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

ANNEXURE-V- A

Information to be submitted respect to newly appointed mentors

Professional Teaching Experience Certificate for Fellowship/ Certificate Courses

Director/Mentor

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

This to Certify that **Dr. Kishor A. Bansod** has worked in the **Department of Pharmacology, Dr.P.A.B D.M.Meical College,Amravati** Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
Asst. Professor	06/01/2005	23/04/2010	5years	4 months
Assoc. Professor	24/04/2010	25/07/2019	9years	3months
Professor	26/07/2019	Till date	5years	7 months

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

Designation	From	To	Total period Year/Months	
Assoc. Professor	2017	25/07/2019	2years	
Professor	26/07/2019	Till date	5years	7 months

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

Sign &Stamp
Head of the Department
Date : Prof. & Head
Department of Pharmacology,
Dr.P.D.M.M.College,Amravati

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

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

ANNEXURE- V – A

Information to be submitted respect to newly appointed mentors

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

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

This to Certify that **Dr. Shilpa S. Ingle** has worked in the **Department of Pharmacology, Dr.P.A.B. D.M.Medical College,Amravati** Training Centre as per following details

C) GeneralExperience

Designation	From	To	Total period Year/Months	
Demonstrator	07/11/2017	07/11/2018	1Years	--
Asst. Professor	08/11/2018	02/01/2023	4Years	1mths
Assoc. Professor	03/01/2023	Till date	2Years	

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

Designation	From	To	Total period Year/Months	
Demonstrator	07/11/2017	07/11/2018	1Years	--
Asst. Professor	08/11/2018	02/01/2023	4Years	1mths
Assoc. Professor	03/01/2023	Till date	2Years	--

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

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

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

ANNEXURE-V –A

Information to be submitted respect to newly appointed mentors

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

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

This to Certify that **Dr. Ravi S. Singh** has worked in the **Department of Pharmacology, Dr.P.A.B.D.M. Medical College,Amravati** Training Centre as per following details

E) General Experience

Designation	From	To	Total period Year/Months	
Asst. Professor	2017	04/05/2023	6 years	--
Assoc. Professor	05/05/2023	Till date	1Year	9months

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

Designation	From	To	Total period Year/Months	
Asst. Professor	2017	04/05/2023	6years	--
Assoc. Professor	05/05/2023	Till date	1Year	9months

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

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

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

ANNEXURE-V-A

Information to be submitted respect to newly appointed mentors

ProfessionalTeachingExperienceCertificateforFellowship/CertificateCourses

Director/Mentor

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

This to Certify that **Dr. Ulhas M. Ghotkar** has worked in the **Department of Pharmacology, Dr.P.A.B. D.M.Medical College,Amravati** Training Centre as per following details

G) General Experience

Designation	From	To	Total period Year/Months	
Associate Professor	20/02/2024	Till date	1year	--

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

Designation	From	To	Total period Year/Months	
Associate Professor	20/02/2024	Till date	1year	--

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

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

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

ANNEXURE-V-A

Information to be submitted respect to newly appointed mentors

ProfessionalTeachingExperienceCertificateforFellowship/CertificateCourses

Director/Mentor

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

This to Certify that **Dr. Vikram R. Wankhade** has worked in the **Department of Pharmacology, Dr.P.A.B. D.M.Medical College,Amravati** Training Centre as per following details

G) General Experience

Designation	From	To	Total period Year/Months	
Asst. Professor	27/07/2022	Till date	2year	6months

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

Designation	From	To	Total period Year/Months	
Asst. Professor	27/07/2022	Till date	2year	6months

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

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

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

ANNEXURE-V-A

Information to be submitted respect to newly appointed mentors

Professional Teaching Experience Certificate for Fellowship/Certificate Courses

Director/Mentor

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

This to Certify that **Dr. Anita S. Sande** has worked in the **Department of Pharmacology, Dr.P.A.B.D.M. Medical College,Amravati** Training Centre as per following details

I) General Experience

Designation	From	To	Total period Year/Months	
Demonstrator	27/05/1989	10/04/2022	33years	--
Senior Resident	11/04/2022	31/08/2023	1years	4months
Tutor	01/09/2023	Till date	1Year	4months

J) Actualexperienceinthesubjectofconcernedfellowship/CertificateCourseappliedfor:-

Designation	From	To	Total period Year/Months	
Demonstrator	27/05/1989	11/04/2022	33years	--
Senior Resident	11/04/2022	31/08/2023	1years	4 months
Tutor	01/09/2023	Till date	1 Year	4 months

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

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

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

ANNEXURE-V-A

Information to be submitted with respect to newly appointed mentors

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

Title of the Course applied for:- Fellowship Course in Dialysis Medicine

This to Certify that Dr. Nikhil S. Badnerkar has worked in the Department of. Nephrology Training Dr. Panjabrao Deshmukh Memorial Medical College, Amravati Centre as per following details.

A) General Experience

Designation	From	To	Total period Year/Months	
Asst. Professor	7/05/2015 11/05/2017	1/08/2016 14/01/2024	1 yrs. 6 yrs.	3 month 8 Month
Assoc. Professor	15/01/2024	Till Date	1 yrs.	1 month

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

Designation	From	To	Total period Year/Months	
Asst. Professor	7/05/2015 11/05/2017	1/08/2016 10/01/2024	1 yrs. 6 yrs.	3 month 8 Month
Assoc. Professor	11/01/2024	Till Date	1 yrs.	1 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: / /

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

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

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

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

ANNEXURE-V-A

Information to be submitted with respect to newly appointed mentors

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

Title of the Course applied for:- Fellowship Course in Dialysis Medicine

This to Certify that Dr. Nikhil S. Badnerkar has worked in the Department of. Nephrology Training Dr. Panjabrao Deshmukh Memorial Medical College, Amravati Centre as per following details.

A) General Experience

Designation	From	To	Total period Year/Months	
Asst. Professor	7/05/2015 11/05/2017	1/08/2016 14/01/2024	1 yrs. 6 yrs.	3 month 8 Month
Assoc. Professor	15/01/2024	Till Date	1 yrs.	1 month

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

Designation	From	To	Total period Year/Months	
Asst. Professor	7/05/2015 11/05/2017	1/08/2016 10/01/2024	1 yrs. 6 yrs.	3 month 8 Month
Assoc. Professor	11/01/2024	Till Date	1 yrs.	1 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: / /
Professor & Head
Department of Medicine
Dr.P.D.M.M.C. Amravati

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

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

ANNEXURE-V-A

Information to be submitted with respect to newly appointed mentors

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

Title of the Course applied for:- Fellowship Course in Dialysis Medicine

This to Certify that Dr. Swapnil B. Molke has worked in the Department of. Nephrology Training Dr. Panjabrao Deshmukh Memorial Medical College, Amravati Centre as per following details.

A) General Experience

Designation	From	To	Total period Year/Months	
Asst. Professor	09/10/2023	Till date	1 Yrs.	4 month

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

Designation	From	To	Total period Year/Months	
Asst. Professor	09/10/2023	Till date	1 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: / /
Professor & Head
Department of Medicine
Dr.P.D.M.M.C. 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	

ANNEXURE-V-A

Information to be submitted with respect to newly appointed mentors

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

Title of the Course applied for:- Fellowship Course in Dialysis Medicine

This to Certify that Dr. Swapnil B. Molke has worked in the Department of. Nephrology Training Dr. Panjabrao Deshmukh Memorial Medical College, Amravati Centre as per following details.

A) General Experience

Designation	From	To	Total period Year/Months	
Asst. Professor	09/10/2023	Till date	1 Yrs.	4 month

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

Designation	From	To	Total period Year/Months	
Asst. Professor	09/10/2023	Till date	1 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:

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

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

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

ANNEXURE-V-A

Information to be submitted with respect to newly appointed mentors

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

Title of the Course applied for:- Fellowship Course in Dialysis Medicine

This to Certify that Dr. Pranit P. Kakde has worked in the Department of. Nephrology Training Dr. Panjabrao Deshmukh Memorial Medical College, Amravati Centre as per following details.

A) General Experience

Designation	From	To	Total period Year/Months	
Asst. Professor				
Senior Resident	03/07/2023	Till Date	1 yr.	8 month

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

Designation	From	To	Total period Year/Months	
Asst. Professor				
Senior Resident	03/07/2023	Till Date	1 yr.	8 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: / /
Professor & Head
Department of Medicine
Dr.P.D.M.M.C, Amravati

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

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

ANNEXURE-V-A

Information to be submitted with respect to newly appointed mentors

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

Title of the Course applied for:- **Fellowship Course in Dialysis Medicine**

This to Certify that **Dr. Pranit P. Kakde** has worked in the Department of. **Nephrology** Training **Dr. Panjabrao Deshmukh Memorial Medical College, Amravati** Centre as per following details.

A) General Experience

Designation	From	To	Total period Year/Months	
Asst. Professor				
Senior Resident	03/07/2023	Till Date	1 yr.	8 month

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

Designation	From	To	Total period Year/Months	
Asst. Professor				
Senior Resident	03/07/2023	Till Date	1 yr.	8 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:

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

NameofInspectors		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 Non Invasive Cardiology

This to Certify that Dr. Archana G. Tapadiya has worked in the Department of. Cardiology Training Dr. Panjabrao Deshmukh Memorial Medical College, Amravati Centre as per following details.

A) General Experience

Designation	From	To	Total period Year/Months	
Asst. Professor	01/10/2023	Till Date	1 year	3 Month

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

Designation	From	To	Total period Year/Months	
Asst. Professor	01/10/2023	Till Date	1 year	3 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:

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

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

ANNEXURE-V-A

Information to be submitted with respect to newly appointed mentors

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

Title of the Course applied for:- **Fellowship Course in Non Invasive Cardiology**

This to Certify that **Dr. Archana G. Tapadiya** has worked in the Department of. **Cardiology** Training **Dr. Panjabrao Deshmukh Memorial Medical College, Amravati** Centre as per following details.

A) General Experience

Designation	From	To	Total period Year/Months	
Asst. Professor	01/10/2023	Till Date	1 year	3 Month

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

Designation	From	To	Total period Year/Months	
Asst. Professor	01/10/2023	Till Date	1 year	3 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: / /

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

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

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

ANNEXURE-V-A

Information to be submitted with respect to newly appointed mentors

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

Title of the Course applied for:- Fellowship Course in Non Invasive Cardiology

This to Certify that Dr. Rahul S. Kadu has worked in the Department of. Cardiology Training Dr. Panjabrao Deshmukh Memorial Medical College, Amravati Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
Asst. Professor	09/12/2021	Till Date	3 year	2 Month

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

Designation	From	To	Total period Year/Months	
Asst. Professor	09/12/2021	Till Date	3 year	2 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:

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

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

ANNEXURE-V-A

Information to be submitted with respect to newly appointed mentors

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

Title of the Course applied for:- Fellowship Course in Non Invasive Cardiology

This to Certify that Dr. Rahul S. Kadu has worked in the Department of. Cardiology Training Dr. Panjabrao Deshmukh Memorial Medical College, Amravati Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
Asst. Professor	09/12/2021	Till Date	3 year	2 Month

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

Designation	From	To	Total period Year/Months	
Asst. Professor	09/12/2021	Till Date	3 year	2 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:
Prof. & Head
Department of Medicine
Dr.P.D.M.M.C. Amravati

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

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

ANNEXURE-V-A

Information to be submitted with respect to newly appointed mentors

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

Title of the Course applied for:- Fellowship Course in Non Invasive Cardiology

This to Certify that Dr. Nilesh B. Chandak has worked in the Department of. Cardiology Training Dr. Panjabrao Deshmukh Memorial Medical College, Amravati Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
Asst. Professor	05/12/2020	Till Date	4 year	2 m.

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

Designation	From	To	Total period Year/Months	
Asst. Professor	05/12/2020	Till Date	4 year	2 m.

(Itismandatorytoattachself-attestedPhotocopyoftheExperienceCertificateofeachMentorinthe Subject of concerned Fellowship/Certificate Course)

Sign & Stamp
Head of the Department
Date: / /

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

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

ANNEXURE-V-A

Information to be submitted with respect to newly appointed mentors

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

Title of the Course applied for:- **Fellowship Course in Non Invasive Cardiology**

This to Certify that **Dr. Nilesh B. Chandak** has worked in the Department of. **Cardiology** Training **Dr. Panjabrao Deshmukh Memorial Medical College, Amravati** Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
Asst. Professor	05/12/2020	Till Date	4 year	2 m.

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

Designation	From	To	Total period Year/Months	
Asst. Professor	05/12/2020	Till Date	4 year	2 m.

(Itismandatorytoattachself-attestedPhotocopyoftheExperienceCertificateofeachMentorinthe Subject of concerned Fellowship/Certificate Course)

Sign & Stamp
Head of the Department
Date: / /

Prof. & Head
Department of Medicine
Dr.P.D.M.M.C, 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 Course in Non Invasive Cardiology**

This to Certify that **Dr Niraj Prakash Raghani** has worked in the Department of. Cardiology Training Dr. Panjabrao Deshmukh Memorial Medical College, Amravati Centre as per following details

A) **General Experience**

Designation	From	To	Total period Year/Months	
Asst. Professor	04/12/2017	Till date	7 yrs.	2 month

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

Designation	From	To	Total period Year/Months	
Asst. Professor	04/12/2017	Till date	7 yrs.	2 month

(Itismandatorytoattachself-attestedPhotocopyoftheExperienceCertificateofeachMentorinthe Subject of conserned Fellowship/Certificate Course)

Sign & Stamp
Head of the Department
Date: / /

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

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

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

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

Information to be submitted with respect to newly appointed mentors

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

Title of the Course applied for:- Fellowship Course in Non Invasive Cardiology

This to Certify that **Dr Niraj Prakash Raghani** has worked in the Department of. **Cardiology** Training Dr. Panjabrao Deshmukh Memorial Medical College, Amravati Centre as per following details

A) **General Experience**

Designation	From	To	Total period Year/Months	
Asst. Professor	04/12/2017	Till date	7 yrs.	2 month

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

Designation	From	To	Total period Year/Months	
Asst. Professor	04/12/2017	Till date	7 yrs.	2 month

(Itismandatorytoattachself-attestedPhotocopyoftheExperienceCertificateofeachMentorinthe Subject of concerned Fellowship/Certificate Course)

Sign & Stamp
Head of the Department
Date: / /

Sign &Stamp
Dean/Principal/Head of Institute
Date: / /
DEAN
Dr.Panjabrao alias Bhausaheb Deshmukh

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

ANNEXURE-VII A

Information to be submitted respect to newly appointed mentors

Professional Teaching Experience Certificate for Fellowship/ Certificate Courses

Director/Mentor

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

This to Certify that **Dr. Kishor A. Bansod** has worked in the **Department of Pharmacology, Dr.P.A.B. D.M.Medical College, Amravati** Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
Asst. Professor	06/01/2005	23/04/2010	5years	4 months
Assoc. Professor	24/04/2010	25/07/2019	9years	3months
Professor	26/07/2019	Till date	5years	7 months

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

Designation	From	To	Total period Year/Months	
Assoc. Professor	2017	25/07/2019	2years	
Professor	26/07/2019	Till date	5years	7 months

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

Sign &Stamp
Head of the Department
Date : Prof. & Head
Department of Pharmacology,
Dr P.D.M.M.College, Amravati

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

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

ANNEXURE- VII – A

Information to be submitted respect to newly appointed mentors

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

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

This to Certify that **Dr. Shilpa S. Ingle** has worked in the **Department of Pharmacology, Pharmacology, Dr.P.A.B. D.M.Medical College, Amravati** Training Centre as per following details

C) GeneralExperience

Designation	From	To	Total period Year/Months	
Demonstrator	07/11/2017	07/11/2018	1Years	--
Asst. Professor	08/11/2018	02/01/2023	4Years	1mths
Assoc. Professor	03/01/2023	Till date	2Years	

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

Designation	From	To	Total period Year/Months	
Demonstrator	07/11/2017	07/11/2018	1Years	--
Asst. Professor	08/11/2018	02/01/2023	4Years	1mths
Assoc. Professor	03/01/2023	Till date	2Years	--

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

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

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

ANNEXURE-VII –A

Information to be submitted respect to newly appointed mentors

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

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

This to Certify that **Dr. Ravi S. Singh** has worked in the **Department of Pharmacology, Pharmacology, Dr.P.A.B. D.M.Medical College, Amravati** Training Centre as per following details

E) General Experience

Designation	From	To	Total period Year/Months	
Asst. Professor	2017	04/05/2023	6 years	--
Assoc. Professor	05/05/2023	Till date	1Year	9months

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

Designation	From	To	Total period Year/Months	
Asst. Professor	2017	04/05/2023	6years	--
Assoc. Professor	05/05/2023	Till date	1Year	9months

(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 :

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

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

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

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

ANNEXURE-VII –A

Information to be submitted respect to newly appointed mentors

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

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

This to Certify that **Dr. Ulhas M. Ghotkar** has worked in the **Department of Pharmacology, Pharmacology, Dr.P.A.B. D.M.Medical College, Amravati** Training Centre as per following details

G) General Experience

Designation	From	To	Total period Year/Months	
Assoc. Professor	20.02.2024	Till date	1Year	--

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

Designation	From	To	Total period Year/Months	
Assoc. Professor	20.02.2024	Till date	1Year	--

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

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

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

ANNEXURE-VII-A

Information to be submitted respect to newly appointed mentors

ProfessionalTeachingExperienceCertificateforFellowship/CertificateCourses

Director/Mentor

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

This to Certify that **Dr. Vikram R. Wankhade** has worked in the **Department of Pharmacology, Pharmacology, Dr.P.A.B. D.M.Medical College, Amravati** Training Centre as per following details

G) General Experience

Designation	From	To	Total period Year/Months	
Asst. Professor	27/07/2022	Till date	2year	6months

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

Designation	From	To	Total period Year/Months	
Asst. Professor	27/07/2022	Till date	2year	6months

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

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

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

ANNEXURE-VII-A

Information to be submitted respect to newly appointed mentors

Professional Teaching Experience Certificate for Fellowship/Certificate Courses

Director/Mentor

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

This to Certify that **Dr. Anita S. Sande** has worked in the **Department of Pharmacology, Pharmacology, Dr.P.A.B. D.M.Medical College, Amravati** Training Centre as per following details

I) General Experience

Designation	From	To	Total period Year/Months	
Demonstrator	27/05/1989	10/04/2022	33years	--
Senior Resident	11/04/2022	31/08/2023	1years	4months
Tutor	01/09/2023	Till date	1Year	4months

J) Actualexperienceinthesubjectofconcernedfellowship/CertificateCourseappliedfor:-

Designation	From	To	Total period Year/Months	
Demonstrator	27/05/1989	11/04/2022	33years	--
Senior Resident	11/04/2022	31/08/2023	1years	4 months
Tutor	01/09/2023	Till date	1 Year	4 months

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

Sign &Stamp
Dean/Principal/Head of Institute
Date: DEAN
Dr.Panjabrao Alias Bhausaheb Deshmukh

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