

**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 PharmacologyThis 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<br>02/12/2011 | 17/05/2010<br>Till Date | 14 (y)                   | 02 (m) |
|                     |                          |                         |                          |        |

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

| Designation         | From                     | To                      | Total period Year/Months |        |
|---------------------|--------------------------|-------------------------|--------------------------|--------|
| Assistant Professor | 18/05/2009<br>02/12/2011 | 17/05/2010<br>Till Date | 14 (y)                   | 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 Assistant Professor & Head  
 Head of the Department  
 Date: 10/05/2023 Dr. P. D. J. C. Amravati.

  
 Sign & Stamp  
 Dean/Principal/Head of Institute  
 Date: 10/05/2023 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 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

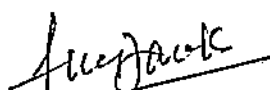
**A) General Experience**

| 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) 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  | 05                       | 06 |

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

  
 Sign & Stamp  
 Head of the Department  
 Date: 26/07/2019

  
 Sign & Stamp  
 Dr. Dean/Principal/Head of Institute  
 Date: 26/07/2019

| 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

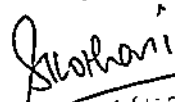
#### A) General Experience :

| 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 to 28/2/1990 | 1 Years                 | 9 Month<br>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 to 28/2/1990 | 1 Years                  | 9 Month<br>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  
Department of Radio-Diagnosis  
Dr. Head of the Department  
Medical College, Amravati  
Date :-

Sign & Stamp

Dean /Principal /Head of Institute  
Dr. Panjabrao Alies Bhausaheb Deshmukh Memorial Medical College  
Date :-

| Name of Inspections |          | 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/ 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) 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 | 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

  
Sign & Stamp  
Dean/Principal/Head of Institute

Date : / /  
DEAN

Dr. Panjabrao Alias Shousahob Deshmukh

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



## DISCHARGE SUMMARY

MRS. DIPALI ARSHAY CHANDURKAR

MRN-241000540



DOB/AGE : 34 YR / FEMALE  
REG. NO : IPD-24-25-2638  
MOB NO : 9503716303  
PATIENT CATEGORY : PAYING  
ADMISSION DATE : 12-10-2024 12:41 PM  
DISCHARGE DATE : 15-10-2024 12:00 PM  
DISCHARGE TYPE : REGULAR DISCHARGE  
DISCHARGE CONDITION : STABLE  
DATE OF SURGERY : 12-10-2024 02:15 PM

ADDRESS

13/A, VYAS LAYOUT, ASHIYAD  
COLONY, SIHGAO NAKA,  
AMRAVATI, MAHARASHTRA,  
INDIA, 444601

WARD INFO

BED-302/ROOM-  
302/SINGLE(NON-AC) WARD

DEPARTMENT

GYNAECOLOGY AND  
OBSTETRICS

CONSULTANT DR.

DR. POONAM P. RATHI  
[MBBS, DIP (OBST & GYNAE),  
DNB (OBST & GYNAE)]

### DIAGNOSIS

DIAGNOSIS

G3A2 WITH FTP WITH ANA POSITIVE WITH FETAL ANEMIA

ICD CODE

### 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

BP

LMP-02/02/2024

U/ AKSHAY CHANDURKAR / MRN-241000540 / IPD-24-25-2638

Page 1 of 1

RAINBOW INSTITUTE OF MEDICAL SCIENCES

Besides Hotel Neelam, Opp. Empire Mall, Badnera Road, Amravati-444605, Maharashtra, India

Appointments 0721-2579199 / 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, having vital signs. Foley's catheter insertion done on 12/10/2024. During hospitalization patient underwent EMERGENCY LSCS done on 12/10/2024. A full term female child weighing 3kg at 2.32pm. Foley's catheter removed on 13/10/2024. Patient managed with antibiotics, anti-emetics with others supportive measures and care. Patient improved clinically, dressing done, suture site healed hence being discharge in relatively stable condition.

SURGERY

1) OPERATIVE PROCEDURE

EMERGENCY LSCS, PERFORMED ON: 12-10-2024, AT 02:05 PM

Surgeon

Dr. ASHISH MASHANKAR

Asst. Surgeon

Dr. POONAM P. RATIH

Anesthesiologist

Dr. SWATI SINDEKAR

Operative Notes

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

end of surgery

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

S. DRAU ASHISH CHANDURKAR / NAIK241000540 / IPD-24-25-2638

**RIMS**  
RAINBOW INSTITUTE OF MEDICAL SCIENCES

Pharmacy & Medical Sciences

1. TAB FEREDET XT
2. TAB CORCIUM XT

**DOSAGE INSTRUCTION**

१ गोळी रात्री ०-----०-----१

१ गोळी दिवसातून एकदा १----०-----०

**DURATION**

३० दिवस

९० दिवस

**INSTRUCTIONS**

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

**EMERGENCY CONTACT DETAILS**

IN EMERGENCY CONTACT 07212579188, 0721-2579199.



**RAINBOW INSTITUTE OF MEDICAL SCIENCES**

Besides Hotel Neelam Opp Empire Mall Badnera Road, Amravati 444605 Maharashtra, India

Appointments 0721-2579199 2579188 Emergency 8055454444 Ambulance 8055754444

Website: [www.rimsamravati.com](http://www.rimsamravati.com) E-mail: [info@rimsamravati.com](mailto:info@rimsamravati.com)

Date - 7/10/24

Department of Anaesthesiology  
Dr. Panjabrao Alias Bhausaheb Deshmukh  
Memorial Medical College, Amravati  
Outward No. .... 57/24  
Date. .... 14/10/2024

To,  
The Dean,  
Dr. PDM MC Hospital,  
Amravati.

Subject: Application for ANC and  
maternity leave

Respected Sir

Dr. Dipali Gotay Chandorkar  
I am working as Assistant professor in the  
department of, Anaesthesiology for last 2 year  
(MMS Approved). I have taken ANC & Maternity  
leave as advised by gynecologist since 13/5/24  
(leave application submitted in office dated - 13/5/24  
Outward No - 152/24 Dtd 13/5/24  
At present I am 35 weeks 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.

Forwarded to  
The Dean  
13/10/24

3/10/24  
Professor & Head  
Department of Anaesthesiology  
Dr. Panjabrao Alias Bhausaheb Deshmukh  
Memorial Medical College, Amravati.

Yours faithfully  
Dr. Dipali Gotay  
9503716203

Dr. Ashish Mashankar  
M.D. (OBG)  
Reg. No. 071030

Hospital: Near Gopal Talkies, Rajapath, Amravati.  
Ph. No. (H) 2568688, 9372588599, (R) 2673332

03/10/24

Medical Certificate

This is to certify that Dr.  
Mrs. Deepati Kashyap Chandekar  
is a case of G.P. a bad obstetric  
history, and is under my treatment.  
She is advised to rest from  
03/10/24 for 4 months.

Dr. Ashish Mashankar  
M.D. (OBG)  
Reg. No. 071030

+ AMBASHI MEDICALS +

# 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 per following details

### A) General Experience

| Designation         | From       | To         | Total period Year/Months |        |
|---------------------|------------|------------|--------------------------|--------|
| Assistant Professor | 06/08/1993 | 03/04/2004 | 10 Yrs                   | 08 Mth |
|                     | 01/11/2004 | 26/11/2010 | 06 Yrs                   | 00 Mth |
| Asso. Professor     | 27/11/2010 | 31/08/2021 | 10 Yrs                   | 09 Mth |
| Professor           | 01/09/2021 | Till Date  | 03 Yrs                   | 05 Mth |

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

| Designation         | From       | To         | Total period Year/Months |        |
|---------------------|------------|------------|--------------------------|--------|
| Assistant Professor | 06/08/1993 | 03/04/2004 | 10 Yrs                   | 08 Mth |
|                     | 01/11/2004 | 26/11/2010 | 06 Yrs                   | 00 Mth |
| Asso. Professor     | 27/11/2010 | 31/08/2021 | 10 Yrs                   | 09 Mth |
| Professor           | 01/09/2021 | Till Date  | 03 Yrs                   | 05 Mth |

(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: KADU

Date: 10/11/2021

Sign & Stamp

Dean/Principal/Head of Institute

Date: 10/11/2021

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 High Risk Obstetrics

This to Certify that Dr. Smita A. Bijwe has

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

**A) General Experience**

| Designation      | From                     | To                       | Total period Year/Months |                     |
|------------------|--------------------------|--------------------------|--------------------------|---------------------|
| Senior Resident  | 01/01/1992<br>23/02/1994 | 13/12/1993<br>31/01/1995 | 2 Year                   | 0 Month<br>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) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

| Designation      | From                     | To                       | Total period Year/Months |                     |
|------------------|--------------------------|--------------------------|--------------------------|---------------------|
| Senior Resident  | 01/01/1992<br>23/02/1994 | 13/12/1993<br>31/01/1995 | 2 Year                   | 0 Month<br>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            |

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

Sign & Stamp  
Head of the Department  
Date: / /

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

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

# 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  | 31/01/1996 | --                       | --    |
|                      | 01/02/1996 | 31/02/1996 |                          |       |
|                      | 01/05/1996 | 30/07/1996 |                          |       |
|                      | 17/08/1996 | 02/11/1996 |                          |       |
|                      | 02/11/1996 | 15/01/1997 |                          |       |
| Assistance Professor | 23/10/2008 | 14/01/2019 | 11 Y                     | 02 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  | 31/01/1996 |                          |       |
|                      | 01/02/1996 | 31/02/1996 |                          |       |
|                      | 01/05/1996 | 30/07/1996 |                          |       |
|                      | 17/08/1996 | 02/11/1996 |                          |       |
|                      | 02/11/1996 | 15/01/1997 | --                       | 11 M. |
| Assistance Professor | 23/10/2008 | 14/01/2019 | 11                       | 02    |

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

Sign & Stamp  
Head of the Department  
Date: / /

Sign & Stamp  
Dean/Principal/Head of Institute  
Dr. Hanjabrao alias Bhausaheb Deshmukh  
Date: / /  
Signature of Inspectors, Amravati

| Name of Inspectors |          | Signature of Inspectors, Amravati |
|--------------------|----------|-----------------------------------|
| 1)                 | Chairman |                                   |
| 2)                 | Member   |                                   |
| 3)                 | Member   |                                   |
| 4)                 | Member   |                                   |

**Information to be submitted with respect to newly appointed mentors**  
**Professional Teaching Experience Certificate for Fellowship/Certificate Courses**  
**Director/Mentor**

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

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

**A) General Experience:-**

| Designation      | From       | To         | Total period<br>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) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for :-**

| Designation      | From       | To         | Total period<br>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 the Subject of concerned Fellowship/Certificate Course)

  
**SIGNATURE & HEAD**  
**Head of the Department**  
**DEPARTMENT OF PATHOLOGY**  
**Dr. P. D. M. MEDICAL COLLEGE**  
**AMRAVATI**

  
**Sign & Stamp**  
**Dean/Principal/Head of Institute**  
**Dr. Pandurang 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 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<br>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) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for:-**

| Designation      | From       | To         | Total period<br>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 the Subject of concerned Fellowship/Certificate Course)

  
**PROFESSOR & HEAD**  
 Department of Pathology  
 Dr. P.D.M. MEDICAL COLLEGE  
 AMRAVATI

  
 Sign & Stamp  
 Dean/Principal/Head of Institute  
 Dr. Parag Rao 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 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.

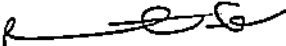
**A) General Experience:-**

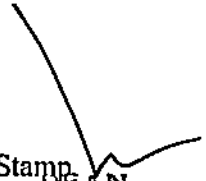
| Designation | From       | To          | Total period<br>Year/Month |        |
|-------------|------------|-------------|----------------------------|--------|
| Tutor       | 18/07/1983 | 30/09/1984  | 01 (y)                     | 02 (m) |
| Asst. Prof  | 01/10/1986 | 20/01/1992  | 05 (y)                     | 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) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for:-**

| Designation | From       | To          | Total period<br>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 the Subject of concerned Fellowship/Certificate Course)

  
**SIGNATURE & HEAD**  
 Head of the Department of Pathology  
 Dr. P.D.M. MEDICAL COLLEGE  
 AMRAVATI

  
**Sign & Stamp**  
 Dean/Principal/Head of Institute  
 Dr. Pankaj Rao alias Dhausaheb Deshmukh  
 Date: / /  
 Memorial Medical College, Amravati

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

**Information to be submitted with respect to newly appointed mentors**

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

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

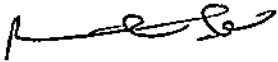
**A) General Experience:-**

| Designation | From       | To         | Total period<br>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) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for :-**

| Designation | From       | To         | Total period<br>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 the Subject of concerned Fellowship/Certificate Course)

  
**PROFESSOR & HEAD**  
 Head of the Department of Pathology  
 Dr. P.D.M. MEDICAL COLLEGE  
 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   |                         |

**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.

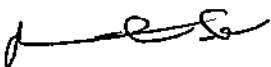
**A) General Experience:-**

| Designation | From       | To         | Total period<br>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) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for:-**

| Designation | From       | To         | Total period<br>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 the Subject of concerned Fellowship/Certificate Course)

  
**DIRECTOR & HEAD**  
 of the Department of Pathology  
 Dr. P. D. M. MEDICAL COLLEGE  
 AMRAVATI

  
 Sign & Stamp  
 Dean/Principal/Head of Institute  
 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.V. Chaukade has worked in the Department Of Pathology, Dr.P.D.M. Medical College, Amravati Training Centre as per following details.

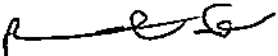
**A) General Experience:-**

| Designation      | From       | To         | Total period<br>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) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for:-**

| Designation      | From       | To         | Total period<br>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 the Subject of concerned Fellowship/Certificate Course)

  
**PROFESSOR & HEAD**  
 Head of the Department of Pathology  
 Dr. P.D.M. MEDICAL COLLEGE  
 AMRAVATI

  
 Sign & Stamp  
 Dr. P.D.M. Medical College  
 Head of Institute  
 Dr. P.D.M. Medical College, Amravati

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

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.

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

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

Signature of the Head  
of the Department  
Date \_\_\_\_\_  
F.D.M. MEDICAL COLLEGE  
AMRATAPUR

Sign & Stamp  
Dr. P. D. Gan / Principal / Head of Institute  
Date: \_\_\_\_\_  
Member: \_\_\_\_\_

| 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<br>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) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for:-**

| Designation  | From       | To         | Total period<br>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 the Subject of concerned Fellowship/Certificate Course)

  
**PROFESSOR & HEAD**  
 Head of the Department  
 Date: **01/07/2017**  
**Dr. P.D.M. MEDICAL COLLEGE**  
**AMRAVATI**

  
 Sign & Stamp  
**Dr. P.D.M. Medical College, Amravati**  
 Dean/Principal/Head of Institute  
 Date: **01/07/2017**  
**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.N.P. Chikhale has worked in the Department Of Pathology , Dr.P.D.M. Medical College, Amravati Training Centre as per following details.

**C) General Experience:-**

| Designation     | From       | To         | Total period<br>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) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for:-**

| Designation     | From       | To         | Total period<br>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 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.N.M. Muda has worked in the Department Of Pathology , Dr.P.D.M. Medical College, Amravati Training Centre as per following details.

## E) General Experience:-

| Designation     | From       | To         | Total period<br>Year/Month |        |
|-----------------|------------|------------|----------------------------|--------|
| Senior Resident | 06/12/2022 | 08/12/2023 | 01 (y)                     | ---(m) |
| Assi. Prof.     | 29/01/2025 | Till date  | ---(y)                     | 01 (m) |

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

| Designation     | From       | To         | Total period<br>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 the Subject of concerned Fellowship/Certificate Course)

Sign & Stamp  
Head of the Department  
Date: 01/01/2025

Sign & Stamp  
Dean/Principal/Head of Institute  
Date: 01/01/2025

Dr. Panjabrao alias Bhausaheb Deshmukh  
Amravati Training Centre, Amravati

| Name of Inspectors |          | Memorandum | 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: -

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           | 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 Subject of concerned Fellowship/Certificate Course)

Sign & Stamp  
Head of the Department  
Date : / /

Sign & Stamp  
Dean/Principal/Head of Institute  
Date : / /  
Dr. P. D. Saoji  
Memorial Medical College, Anantnagar

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

**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**

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

This 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)

*Saleem*  
 Sign & Stamp  
 Head of the Department  
 Dr. Panjabrao alias Bhausaheb Deshmukh  
 Date: / /  
 Memorial Medical College, Amravati

*[Signature]*  
 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: - Certificate Course of Modern Pharmacology

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

**A) General Experience**

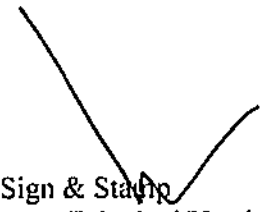
| Designation         | From       | To         | Total period Year /Months |          |
|---------------------|------------|------------|---------------------------|----------|
| Senior Resident     | 10/12/2012 | 20/08/2014 | 1 Year                    | 8 Month  |
| Senior Resident     | 18/04/2015 | 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: \_\_\_\_\_  
 Dr. Parag 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: - Certificate Course 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**

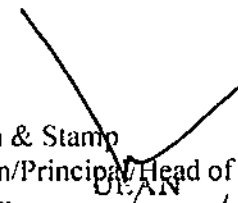
| Designation         | From       | To         | Total period Year /Months |        |
|---------------------|------------|------------|---------------------------|--------|
| Assistant Professor | 03/05 2007 | 31/08 2021 | 14 Years                  | 3Month |
| Associate Professor | 01/09 2021 | Till 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:        /        /  
 Dr. Rajendra alias Bhaskar Debbari  
 P.D.M.M.C. 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 Course 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**

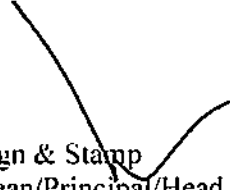
| Designation         | From       | To         | Total period Year /Months |         |
|---------------------|------------|------------|---------------------------|---------|
| Senior Resident     | 21/09/2017 | 21/09/2018 | 1 Years                   |         |
| Assistant Professor | 22/09/2018 | 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   |                         |

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 Deshpande****Memorial Medical College, Amravati**

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

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) General Experience**

| 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)



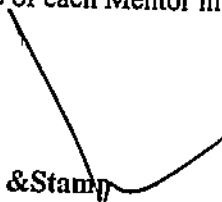
Sign &amp; Stamp

Head of the Department

Date - Prof. &amp; Head

Department of Pharmacology,

Dr.P.D.M.M.College, Amravati



Dean/Principal/Head of Institute

Date - DEAN

Dr. Panjabrao Alias Bhausaheb Deshpande

Memorial Medical College, Amravati

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

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  | 1 Year                   | 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  | 1 Year                   | 9months |

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

17/5/2024

Sign &amp;Stamp

Head of the Department

Date : Prof. &amp; Head

Department of Pharmacology,  
Dr P D M.M.College, Amravati.

Sign &amp;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   |                        |

**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, 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 | 1 year                   | -- |

**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 | 1 year                   | -- |

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

*[Signature]*

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

Or. Panjabrao Alles Bhausaheb Deshmukh

Memorial Medical College, Amravati

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

**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. 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)

*[Signature]*

Sign & Stamp

Head of the Department

Date: **Prof. & Head**

Department of Pharmacology.

Dr. P.D.M.M. College, Amravati

*[Signature]*

Sign & Stamp

Dean/Principal/Head of Institute

Date: **Dr. Panjabrao Alias Bhausaheb Deshpande**

Memorial Medical College, Amravati

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

**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

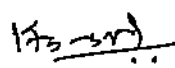
**I) General Experience**

| 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  | 1 Year                   | 4months |

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

| 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)



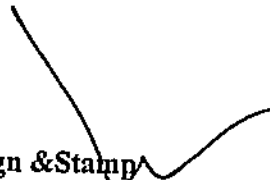
Sign & Stamp

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 Alles Bhausaheb Deshpande**

Memorial Medical College, Amravati

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

**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**Title of the Course applied for:- Fellowship Course in Dialysis MedicineThis 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  | 1/08/2016  | 1 yrs.                   | 3 month |
|                  | 11/05/2017 | 14/01/2024 | 6 yrs.                   | 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  | 1/08/2016  | 1 yrs.                   | 3 month |
|                  | 11/05/2017 | 10/01/2024 | 6 yrs.                   | 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: \_\_\_\_\_  
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   |                         |

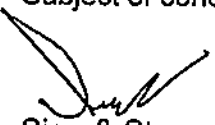
**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**Title of the Course applied for:- Fellowship Course in Dialysis MedicineThis to Certify that Dr. Nikhil S. Badnerkar has worked in 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  | 1/08/2016  | 1 yrs.                   | 3 month |
|                  | 11/05/2017 | 14/01/2024 | 6 yrs.                   | 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  | 1/08/2016  | 1 yrs.                   | 3 month |
|                  | 11/05/2017 | 10/01/2024 | 6 yrs.                   | 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

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

| Dr. P.D.M.M.C. Amravati Name of Inspectors |          | Signature of Inspectors |
|--------------------------------------------|----------|-------------------------|
| 1)                                         | Chairman |                         |
| 2)                                         | Member   |                         |
| 3)                                         | Member   |                         |
| 4)                                         | Member   |                         |

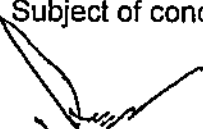
**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**Title of the Course applied for:- Fellowship Course in Dialysis MedicineThis to Certify that Dr. Swapnil B. Molke has worked in the 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 |
|                 |            |           |                          |         |

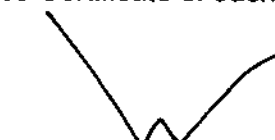
**B) Actual experience in the subject of concerned Fellowship /Certificate Course applied for :-**

| 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



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

| Dr.P.D.M.M.C. 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 Dialysis MedicineThis 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)



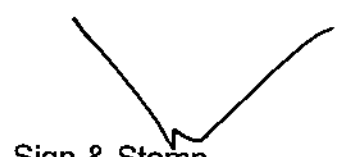
Sign &amp; Stamp

Head of the Department

Date: 09/10/2023

Department of Medicine

Dr. P. D. Deshmukh, Amravati



Sign &amp; Stamp

Dean/Principal/Head of Institute

Date: 09/10/2023

Dr. Panjabrao Deshmukh

Memorial Medical College, Amravati

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

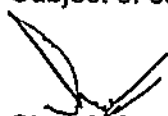
**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**Title of the Course applied for:- Fellowship Course in Dialysis MedicineThis to Certify that Dr. Pranit P. Kakde has worked in the 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: / /  
 Dr. P. D. Kakde  
 Department of Medicine

  
 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 Dialysis MedicineThis 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 &amp; Stamp

Head of the Department

Date: 10/07/2023

Department of Nephrology

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


Sign & Stamp  
Dean/Principal/Head of InstituteDate: 10/07/2023  
Dr. Pranab 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. Archana G. Tapadiya has worked in the Department of Cardiology Training Dr. Panjabrao Deshmukh Memorial Medical College, Amravati Centre as per following details.

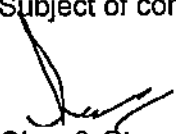
**A) General Experience**

| 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 |
|                 |            |           |                          |         |

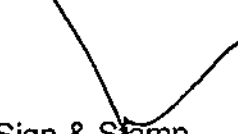
(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)


 Sign & Stamp

Head of the Department

Date: 10/10/2023Department: Cardiology

Dr. P.D. Tapadiya, Amravati


 Sign & Stamp

Dean/Principal/Head of Institute

 Dr. Panjabrao Deshmukh  
 Date: 10/10/2023  
 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. 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 &amp; Stamp

Head of the Department

Date: / /

Department of Cardiology

Dr. P. D. Deshmukh, Amravati

Sign &amp; 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. 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 &amp; Stamp

Head of the Department

Date: \_\_\_\_\_

Prof. Dr. \_\_\_\_\_  
Department of \_\_\_\_\_

Sign &amp; Stamp

Dean/Principal/Head of Institute

Date: \_\_\_\_\_

Dr. D. B. \_\_\_\_\_  
Dr. Panjabrao 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 CardiologyThis 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 &amp; Stamp

Head of the Department

Date: \_\_\_\_\_

Department of Cardiology

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

Sign &amp; Stamp

Dean/Principal/Head of Institute

Date: \_\_\_\_\_

Dr. Panjabrao 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 CardiologyThis 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. |
|                 |            |           |                          |      |

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

Sign &amp; Stamp

Head of the Department

Date: \_\_\_\_\_

Prof. \_\_\_\_\_ Head  
Department of \_\_\_\_\_

Sign &amp; Stamp

Dean/Principal/Head of Institute

Date: \_\_\_\_\_  
Dr. Panjabrao 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 CardiologyThis 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. |
|                 |            |           |                          |      |

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

Sign &amp; Stamp

Head of the Department

Date:           /          /          Professor / Head  
Department of Cardiology

Dr. P. D. Deshmukh, Amravati

Sign &amp; 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 |
|                 |            |           |                          |         |

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

Sign &amp; Stamp

Head of the Department

Date: \_\_\_\_\_

Department of Medicine

Dr. P. D. Deshmukh, Amravati

Sign &amp; 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 |
|                 |            |           |                          |         |

(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. / Asst. Prof. Head  
Department of Medicine

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   |                         |

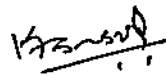
Information to be submitted respect to newly appointed mentors**Professional Teaching Experience Certificate for Fellowship/ Certificate Courses****Director/Mentor**Title of the Course applied for:- **Certificate Course in Modern Pharmacology**This to Certify that **Dr. Kishor A. Bansod** has worked 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 Deshpande****Memorial Medical College, Amravati**

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

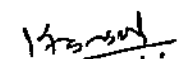
Information to be submitted respect to newly appointed mentors**Professional Teaching Experience Certificate for Fellowship /Certificate Courses  
Director/ Mentor**Title of the Course applied for:- **Certificate Course in Modern Pharmacology**This to Certify that **Dr. Shilpa S. Ingle** has worked in the Department of Pharmacology, Pharmacology,  
**Dr.P.A.B. D.M.Medical College, Amravati Training Centre** as per following details**C) General Experience**

| 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 &amp; Stamp

Head of the Department

Date - Prof. &amp; Head

Department of Pharmacology,

Dr.P.D.M.M.College, Amravati.

Sign &amp; Stamp

Dean/Principal/Head of Institute

Date - DEAN

Dr. Panjabrao Alies Bbausaheb Deshmukh

Dr. P.D.M.M.College, Amravati

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

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)

*17/3/24*  
**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 Deshpande**  
**Memorial Medical College, Amravati**

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

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)



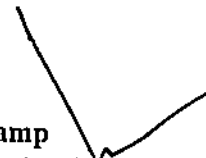
Sign &amp;Stamp

Head of the Department

Date : Prof. &amp; Head

Department of Pharmacology,

Or.P.D.M.M.College, Amravati

  
Sign &Stamp

Dean/Principal/Head of Institute

Date : DEAN

Or. Panjabrao Alles Bhausaheb Deshpande

Memorial Medical College, Amravati

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

**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. 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)

*H3-2022*

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 Deshpande

Memorandum Medical College, Amravati

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

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

| 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)

*17/3/23*  
 Sign & Stamp

Head of the Department

Date: 17/3/23

Department of Pharmacology,

Dr.P.D.M.M.College, Amravati.

*[Signature]*  
 Sign & Stamp

Dean/Principal/Head of Institute

Date: 17/3/23

Dr. Pooja B. A. ...

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