ANNEXURE- VIII-A

Information to be submitted with respect to newly appointed mentors

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

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

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

A) General Experience

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

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

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

Sign & Stamp
Head of the Department
Date : / /

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

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

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

ANNEXURE-VIII-A

Informationtobesubmittedwithrespect tonewlyappointedmentors

ProfessionalTeachingExperienceCertificateforFellowship/CertificateCourses
Director/Mentor

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

A) GeneralExperience:-

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

B) ActualExperienceintheSubjectofconcernedFellowship/CertificateCourseappliedfor :-

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

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

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

Sign&Stamp
Headofthe Department
Date : / /

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

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

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

ANNEXURE-VIII-A

Informationtobesubmittedwithrespect tonewlyappointedmentors

ProfessionalTeachingExperienceCertificateforFellowship/CertificateCourses
Director/Mentor

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

A) **GeneralExperience:-**

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

B) **ActualExperienceintheSubjectofconcernedFellowship/CertificateCourseappliedfor:-**

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

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

Sign&Stamp
Headofthe Department
Date:

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

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

ANNEXURE-VIII-A

Informationtobesubmittedwithrespect tonewlyappointedmentors

ProfessionalTeachingExperienceCertificateforFellowship/CertificateCourses
Director/Mentor

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

A) GeneralExperience:-

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

B) **ActualExperienceintheSubjectofconcernedFellowship/CertificateCourseappliedfor**:-

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

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

Sign&Stamp
Headofthe Department
Date: / /

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

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

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

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

ANNEXURE-VIII-A

Informationtobesubmittedwithrespect tonewlyappointedmentors

ProfessionalTeachingExperienceCertificateforFellowship/CertificateCourses
Director/Mentor

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

A) GeneralExperience:-

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

B) ActualExperienceintheSubjectofconcernedFellowship/CertificateCourseappliedfor :-

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

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

Sign&Stamp
Headofthe Department
Date :

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

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

ANNEXURE-VIII-A

Informationtobesubmittedwithrespect tonewlyappointedmentors

ProfessionalTeachingExperienceCertificateforFellowship/CertificateCourses
Director/Mentor

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

A) GeneralExperience:-

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

B) ActualExperienceintheSubjectofconcernedFellowship/CertificateCourseappliedfor:-

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

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

Sign&Stamp
Headofthe Department
Date : / /

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

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

DEAN
Dr. Panjabrao Deshmukh Memorial Medical College, Amravati

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

ANNEXURE-VIII-A

Informationtobesubmittedwithrespect tonewlyappointedmentors

ProfessionalTeachingExperienceCertificateforFellowship/CertificateCourses
Director/Mentor

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

A) **GeneralExperience:-**

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

B) **ActualExperienceintheSubjectofconcernedFellowship/CertificateCourseappliedfor:-**

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

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

Sign&Stamp
Headofthe Department
Date:

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

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

ANNEXURE-VIII-A

Informationtobesubmittedwithrespect tonewlyappointedmentors

ProfessionalTeachingExperienceCertificateforFellowship/CertificateCourses
Director/Mentor

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

A) GeneralExperience:-

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

B) ActualExperienceintheSubjectofconcernedFellowship/CertificateCourseappliedfor :-

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

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

Sign&Stamp
Headofthe Department
Date: /

Sign&Stamp
Dean/Principal/HeadofInstitute
Date: /

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

ANNEXURE-VIII-A

Informationtobesubmittedwithrespect tonewlyappointedmentors

ProfessionalTeachingExperienceCertificateforFellowship/CertificateCourses
Director/Mentor

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

A) GeneralExperience:-

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

B) ActualExperienceintheSubjectofconcernedFellowship/CertificateCourseappliedfor:-

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

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

Sign&Stamp
Headofthe Department
Date : / /

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

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

ANNEXURE-VIII-A

Informationtobesubmittedwithrespect tonewlyappointedmentors

ProfessionalTeachingExperienceCertificateforFellowship/CertificateCourses
Director/Mentor

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

C) GeneralExperience:-

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

D) ActualExperienceintheSubjectofconcernedFellowship/CertificateCourseappliedfor:-

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

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

Sign&Stamp
Headofthe Department
Date : / /

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

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

ANNEXURE-VIII-A

Informationtobesubmittedwithrespect tonewlyappointedmentors

ProfessionalTeachingExperienceCertificateforFellowship/CertificateCourses
Director/Mentor

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

E) GeneralExperience:-

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

F) ActualExperienceintheSubjectofconcernedFellowship/CertificateCourseappliedfor:-

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

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

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

Sign&Stamp
Headofthe Department
Date : / /

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

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

ANNEXURE- VIII-A

Information to be submitted with respect to newly appointed mentors

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

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

This to Certify that **Dr. Mukund Purushottam Murke** has worked in the **Department of Psychiatry** Training **Dr. Panjabrao Alias Bhausaheb Deshmukh Memorial Medical College**, Centre **Amravati** as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
Assistant Professor	11/12/2010	24/07/2019	8 Year	7 M
Associate Professor	25/7/2019	Till Date	04 Year	5 Y 6 M

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

Designation	From	To	Total periodYear/Months	
Assistant Professor	11/12/2010	24/07/2019	8 Year	7 M
Associate Professor	25/7/2019	Till Date	04 Year	5 Y 6 M

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

Sign & Stamp
Head of the Department
Date: / /

Professor & Head
Department of Psychiatry
Dr Panjabrao alias Bhausaheb Deshmukh
Memorial Medical College, Amravati

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

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

ANNEXURE- VIII-A

Information to be submitted with respect to newly appointed mentors

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

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

A) General Experience

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

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

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

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

Sign & Stamp
Head of the Department
Date : / /

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

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: / /

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

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

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

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

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: / /

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

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

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

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

Information tobe submitted with respect to newly appointed mentors

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

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

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

A) General Experience

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

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

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

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

Sign & Stamp
Head of the Department
Date: / /

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

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

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

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

Information tobe submitted with respect to newly appointed mentors

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

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

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

A) General Experience

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

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

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

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

Sign & Stamp
Head of the Department
Date: / /

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

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

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

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

ANNEXURE-VIII-A

Information tobe submitted with respect to newly appointed mentors

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

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

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

A) General Experience

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

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

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

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

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

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

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

Information tobe submitted with respect to newly appointed mentors

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

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

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

A) General Experience

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

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

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

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

Sign & Stamp
Head of the Department
Date: / /

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

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

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

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

Information tobe 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: / /

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

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

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

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

Information tobe 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: / /

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

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

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

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

Information tobe submitted with respect to newly appointed mentors

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

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

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

A) General Experience

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

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

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

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

Sign & Stamp
Head of the Department
Date: / /

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

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

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

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

Information tobe submitted with respect to newly appointed mentors

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

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

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

A) General Experience

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

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

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

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

Sign & Stamp
Head of the Department
Date: / /

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

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

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

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

Information tobe submitted with respect to newly appointed mentors

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

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

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

A) General Experience

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

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

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

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

Sign & Stamp
Head of the Department
Date: / /

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

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

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 tobe submitted with respect to newly appointed mentors

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

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

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

A) General Experience

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

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

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

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

Sign & Stamp
Head of the Department
Date: / /

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

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

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

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

ANNEXURE-VIII-A

Information tobe submitted with respect to newly appointed mentors

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

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

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

A) General Experience

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

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

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

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

Sign & Stamp
Head of the Department
Date: / /

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

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

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

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

ANNEXURE-VIII-A

Information tobe submitted with respect to newly appointed mentors

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

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

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

A) General Experience

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

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

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

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

Sign & Stamp
Head of the Department
Date: / /

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

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

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

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

Information to be submitted with respect to newly appointed mentors

Professional Teaching Experience Certificate for Fellowship/Certificate Courses

Director/Mentor

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

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

A) General Experience

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

B) Actualexperienceinthesubjectofconcernedfellowship/CertificateCourse applied for :-

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

(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. SMITA K. KADU
Head
Dept. of Ophthalmology
Dr. P.D.M.Medical College,
Amravati.

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

DEAN
Dr Panjabrao Alias Bhausaheb Deshmukh
Memorial Medical College, Amravati

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

ANNEXURE-VIII-A

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 Memoria l Medical College** Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
Assistant Professor	02/3/2009	25/7/2019	10 Yrs.	4 Month
Associate Professor	26/07/2019	Till Date	05 Yrs.	6 Month

B) ActualexperienceinthesubjectofconcernedFellowship/CertificateCourseappliedfor:-

Designation	From	To	Total period Year/Months	
Assistant Professor	02/3/2009	25/7/2019	10 Yrs.	4 Month
Associate Professor	26/07/2019	Till Date	05 Yrs.	6 Month

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

Sign &Stamp

Head of the Department

Date : / /

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

Sign &Stamp

Dean/Principal/Head of Institute

Date: / /

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

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

ANNEXURE-VIIIA

Information to be submitted with respect to newly appointed mentors

ProfessionalTeachingExperienceCertificateforFellowship/CertificateCourses Director/Mentor

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

A) GeneralExperience

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

B) ActualexperienceinthesubjectofconcernedFellowship/CertificateCourseappliedfor :-

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

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

Sign & Stamp
Head of the Department
Date: / /

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

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

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

Annexure - VIII-A

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

Title of the Course Applied For :- 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 23/05/1989to1/02/1987

A) General Experience :

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

B) **Actual Experience in the Subject of Concerned Fellowship /Certificate Course applied for :**

Designation	From	To	Total Period Year /Month	
Junior Resident	1/01/1986	31/07/1986		6 Month
Senior Resident	1/2/1987 to 23/05/1989	20/11/1988 to28/2/1990	1 Years	9 Month 9 month
Assit- Professor	26/11/2010	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

Head of Department
Department of Radiology
Dr. Panjabrao Deshmukh Memo
Medical College, Amravati

Head of the Department

Date :-

Sign & Stamp

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

Dean /Principal /Head of institute

Date :

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

Annexure - VIII-A

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

Title of the Course Applied For :- 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 23/05/1989to1/02/1987

A) General Experience :

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

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

Designation	From	To	Total Period Year /Month	
Junior Resident	1/01/1986	31/07/1986		6 Month
Senior Resident	1/2/1987 to 23/05/1989	20/11/1988 to28/2/1990	1 Years	9 Month 9 month
Assit- Professor	26/11/2010	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

Head of the Department

Head of Department
Dr. Panjabrao Deshmukh Memo
Medical College, Amravati

Date :-

Sign & Stamp

Dean /Principal /Head of institute

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

Date :

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

ANNEXURE- VIII-A

Information to be submitted with respect to newly appointed mentors

Professional Teaching Experience Certificate for Fellowship/Certificate Courses

~~Director~~/Mentor

Title of the Course applied for: -

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

A) General Experience

Designation	From	To	Total periodYear/Months	
Junior Resident	15/09/1993	14/09/1996	03 Year	--

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

Designation	From	To	Total period Year /Months	
Assistant Professor	4/03/1999	2/04/2009	10 Yrs.	1 Month
Associate Professor	3/04/2009	31/08/2021	12 Yrs.	5 M
Professor	01/09/2021	Till Date	03 Year	05 M

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

Sign & Stamp
Head of the Department
Date : / /

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

Dr 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 Minimal access Surgery**

This to Certify that **Dr. S. R. Qazi** has worked in the Department of **General Surgery** Training Centre as per following details

A) General Experience

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

B) Actualexperienceinthesubjectofconcernedfellowship/CertificateCourse applied for :-

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

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

Sign & Stamp
Head of the Department
Date: / /

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

Sign & Stamp DEAN
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	