

FOR FELLOWSHIP/CERTIFICATE COURESE (S)FOR A.Y.2026 – 2027

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

1. Name (S)of the Fellowship/Certificate Courses (S) – Certificate Course in Modern Pharmacology

Sr. No.	Name of Fellowship /Certificate Course	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentor and Contact Details
1.	Certificate Course in Modern Pharmacology	2017	50	Dr.K.A.Bansod 9823255396
				Dr.S.S.Ingle 8806017166
				Dr.R.S.Singh 9922914834
				Dr. U.M. Ghotkar 9209188938
				Dr.V.R.Wankhade 9653613524
				Dr.A.P.Chaudhary 9146317709
				Dr. C.M.Shambharkar 8830049202

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

Sr. No.	Academic Year	Name of Fellowship /Certificate Course	Intake Capacity	No. of Students Admitted (In figure only)
1.	A.Y.2020- 2021	Certificate Course in Modern Pharmacology	50	34
2.	A.Y.2021- 2022	Certificate Course in Modern Pharmacology	50	47
3.	A.Y.2022- 2023	Certificate Course in Modern Pharmacology	50	49
4.	A.Y.2023- 2024	Certificate Course in Modern Pharmacology	50	50
5.	A.Y.2024- 2025	Certificate Course in Modern Pharmacology	50	50

**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

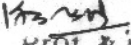
I) General Experience

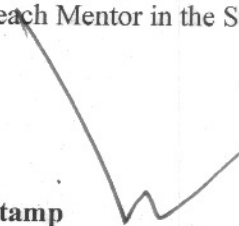
Designation	From	To	Total period Year/Months	
Asst. Professor	27/07/2022	Till date	3year	6months

J) 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	3year	6months

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


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


Sign & Stamp
Dean/Principal of Institute
Dr. D. G. Brao alias 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	
			Year	Months
Tutor	06/02/2017	05/02/2018	1Year	--
Assistant Professor	02/02/2016	31/1/2017	7 Years	--
	08/02/2018	7/06/2018		
	11/06/2018	15/2/2024		
Associate Professor	20/02/2024	Till date	2Years	--

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

Designation	From	To	Total period Year/Months	
			Year	Months
Associate Professor	20/02/2024	Till date	2year	--

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

Handwritten signature
Prof. & Head

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

Sign & Stamp
Head of the Department

Date:

Sign & Stamp

Dean/Principal/HEAD of Institute

Date: *Handwritten signature*
Dr. Parajabrao alias Bhausahab 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. 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	05/05/2003	04/05/2023	20 years	--
Assoc. Professor	05/05/2023	Till date	2Year	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	2Year	9months

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

Hansraj
Prof. & HeadDepartment of Pharmacology,
Dr. P. D. M. M. College, AmravatiSign & 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 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	
			Year	Months
Demonstrator	07/11/2017	07/11/2018	1Years	--
Asst. Professor	08/11/2018	02/01/2023	4Years	4mths
Assoc. Professor	03/01/2023	Till date	3Years	2mths

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

Designation	From	To	Total period Year/Months	
			Year	Months
Demonstrator	07/11/2017	07/11/2018	1Years	--
Asst. Professor	08/11/2018	02/01/2023	4Years	4mths
Assoc. Professor	03/01/2023	Till date	3Years	2mths

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

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

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 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. 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	
			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	6years	7 months

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

Designation	From	To	Total period Year/Months	
			Year	Months
Assoc. Professor	2017	25/07/2019	2years	
Professor	26/07/2019	Till date	6years	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)

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

Sign &Stamp
Dean/Principal/Head of Institute
Dr. Panjabrao alias Bhausaheb Deshmukh
 Date:
 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: - 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	
			Year	Month
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	3 Year	8 Month

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

Designation	From	To	Total period Year /Months	
			Year	Month
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	3 Year	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 Pediatrics

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	

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	4 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	4 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. Pankaj V. Barabde 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	

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	2 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	2 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)

P. P.

Sign & Stamp
Head of the Department
Date: **Professor & Head /**
Department of Pediatrics

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	

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 is to certify that **Dr. A.K. Jawarkar** has worked in the Department of ... **Dept of Community Medicine Dr. P.D.M.M.C., Amravati** Training Centre as per following details**A) General Experience**

Designation	From	To	Total period Year/Months	
Professor & Head	27/02/1992	Till Date	35 Yrs	

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

Designation	From	To	Total period Year/Months	
Professor & Head	2017	Till Date	9 Yrs	

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

SK
 Sign & Stamp
 Head of the Department
 Date: / / **Professor & Head**
Dept. of Community Medicine
Dr. P.D.M. Medical College, Amravati

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

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 is to certify that **Dr. V.R. Lunge** has worked in the Department of... **Dept of Community Medicine Dr. P.D.M.M.C, Amravati** Training Centre as per following details**C) General Experience**

Designation	From	To	Total period Year/Months	
Professor	19/02/1992	Till Date	37 Yrs	

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

Designation	From	To	Total period Year/Months	
Professor	2017	Till Date	9 Yrs	

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

stt
Sign & Stamp
Head of the Department

Date: / / **Professor & Head**
Deptt. of Community Medicine
Dr. P.D.M. Medical College

Sign & Stamp
Dean/Principal/Head of Institute

Date: / / **Dr. Panjabrao Alias Bhausaheb Deshpande**
DEAN
Memorial Medical College

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 is to certify that **Dr. V.R. Wasnik** has worked in the Department of... **Dept of Community Medicine Dr.PDMMC, Amravati** Training Centre as per following details**E) General Experience**

Designation	From	To	Total period Year/Months	
			Year	Months
Professor	09/03/2012	Till Date	19 Yrs	4 M

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

Designation	From	To	Total period Year/Months	
			Year	Months
Professor	2017	Till Date	9 Yrs	

(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****Dept. of Community Medicine****Dr. P.D.M. 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 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

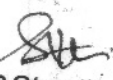
This is to certify that **Dr. Deepa Pankaj Ghundiyal** has worked in the Department of ... **Dept of Community Medicine Dr. P.D.M.M.C, Amravati** Training Centre as per following details**G) General Experience**

Designation	From	To	Total period Year/Months	
Associate Professor	19/05/2004	Till Date	21 Yrs	9 M

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

Designation	From	To	Total period Year/Months	
Associate Professor	2017	Till Date	9 Yrs	

(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**
Dept. of Community 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: - ... Certificate Course of Modern Pharmacology

This is to certify that **Dr. M.K. Deotale** has worked in the Department of ... **Dept of Community Medicine Dr. P.D.M.M.C., Amravati** Training Centre as per following details**I) General Experience**

Designation	From	To	Total period Year/Months	
Associate Professor	12/10/2010	Till Date	15 Yrs	5 M

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

Designation	From	To	Total period Year/Months	
Associate Professor	2017	Till Date	9 Yrs	

(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 DepartmentDate: / / **Professor A. Head**
Dept. of Community Medicine
Dr. P.D.M. Medical College, AmravatiSign & Stamp
Dean/Principal/Head of InstituteDate: / / **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 is to certify that Dr. P.A. Warbhe
worked in the Department of ... **Dept of Community Medicine Dr. P.D.M.M.C., Amravati**
..... Training Centre as per following details**K) General Experience**

Designation	From	To	Total period Year/Months	
			12 Yrs	8 M
Associate Professor	01/11/2018	Till Date		

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

Designation	From	To	Total period Year/Months	
			8 Yrs	
Associate Professor	2018	Till Date		

(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
Dept. of Community Medicine
P.D.M. Medical

Sign & Stamp

Dean/Principal/Head of Institute

Date: / /
Dr. Panjabrao Alias Bhausaheb De
Memorial Medical College, Amr

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 is to certify that Dr. S.U. Dakhode has worked in the Department of... **Dept of Community Medicine Dr.PDMMC, Amravati** Training Centre as per following details**M) General Experience**


Designation	From	To	Total period Year/Months	
			7 Yrs	8 Mth
Associate Professor	18/08/2022	Till Date		

N) Actual experience in the subject of concerned Fellowship/Certificate Course applied for

:-

Designation	From	To	Total period Year/Months	
			4 Yrs	
Associate Professor	2022	Till Date		

(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
 Deptt. of Community Medicine
 G.P.D.M. Medical College, Amravati

Sign & Stamp
 Dean/Principal/Head of Institute
 Date: / /
 Dr. Panjabrao Alias Bhausaheb Desh
 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 is to certify that **Dr. V.D.Khanande** has worked in the Department of...**Dept of Community Medicine Dr.PDMMC, Amravati** Training Centre as per following details**O) General Experience**

Designation	From	To	Total period Year/Months	
			10 Yrs	
Assistant Professor	07/06/2016	Till Date		

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

Designation	From	To	Total period Year/Months	
			9 Yrs	
Assistant Professor	2017	Till Date		

(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
Dept. of Community Medicine
Dr. P.D.M. Medical College

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

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

FORFELLOWSHIP /CERTIFICATE COURSE (S) FOR A.Y. 2026-2027

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

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

Sr. No.	Name of the Fellowship/ Certificate Course	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentor and Contact Details
01	Non Invasive Cardiology	2021-22	3	1] Dr Niraj Prakash Raghani Mob. No 7774055140 2] Dr Nilesh B. Chandak Mob. No. 7389173614 3] Dr Rahul Shankarrao Kadu Mob. No. 8422936670 4] Dr Archana Girish Tapadiya Mob. No. 9372726255 5] Dr. Nikhil Vijay Bakhtar Mob. No. 9765622022
02	Dialysis Medicine	2021-22	3	1] Dr. Nikhil S. Badnerkar Mob. No. 7875449625 2] Dr. S. B. Molke Mob. No 9098353696 3] Dr. Pranit P. Kakde Mob. No. 8600990073
03				
04				
05				
06				
07				

(Attach separate List if necessary)

2. Year-wisenumberofstudentsadmittedtoFellowship/Certificatecourseduringlast5years

Sr. No.	Academic Year	Name of Fellowship/ Certificate Course	Intake Capacity	No.of Students Admitted (In figure only)
1	A.Y.2021 –2022	Non Invasive Cardiology	3	1
		Dialysis Medicine	3	---
2	A.Y.2022 –2023		---	---
3	A.Y.2023. –2024		---	---
4	A.Y.2024 –2025		---	---
5	A.Y.2025 –2026		---	---

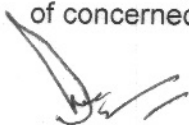
Information to be submitted with respect to newly appointed mentors**Professional Teaching Experience Certificate for Fellowship/Certificate Courses
Director/Mentor**Title of the Course applied for:- **Fellowship Course in Dialysis Medicine**This to Certify that Dr. **Dr. Nikhil S. Badnerkar** hasWorked in the Department of. **General Medicine, Dr. PDMMC. Amravati** Training Centre as per following details.**A) General Experience :-**

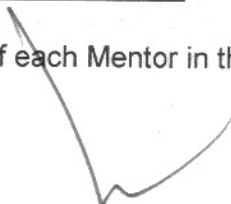
Designation	From	To	Total period Year / Month	
Junior Resident	3/05/2007	2/05/2010	3 yrs.	
Senior Resident	05/03/2012	04/03/2015	3 Yrs.	
Assistant Professor	7/05/2015	1/08/2016	1 yrs.	3 month
	11/05/2017	14/01/2024	6 yrs.	8 Month
Associate Professor	15/01/2024	Till Date	2 yrs.	2 month

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

Designation	From	To	Total period Year / Month	
Junior Resident	3/05/2007	2/05/2010	3 yrs.	
Senior Resident	05/03/2012	04/03/2015	3 Yrs.	
Assistant Professor	7/05/2015	1/08/2016	1 yrs.	3 month
	11/05/2017	14/01/2024	6 yrs.	8 Month
Associate Professor	15/01/2024	Till Date	2 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: / /


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

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

Information to be submitted with respect to newly appointed mentors**Professional Teaching Experience Certificate for Fellowship/Certificate Courses
Director/Mentor**Title of the Course applied for:- **Fellowship Course in Dialysis Medicine**This to Certify that Dr. **Dr. Swapnil Balabhau Molke** hasWorked in the Department of. **General Medicine, Dr. PDMMC, Amravati** Training Centre as per following details.**B) General Experience :-**

Designation	From	To	Total period Year / Month	
Junior Resident	24/02/2016	22/02/2019	3 yrs.	
Senior Resident	19/06/2011 19/11/2020	20/06/2014 08/10/2023	3 yrs. 2 yrs.	11 m
Assistant Professor	9/10/2023	Till Date	2 yrs.	5 months
Associate Professor				

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

Designation	From	To	Total period Year / Month	
Junior Resident	24/02/2016	22/02/2019	3 yrs.	
Senior Resident	19/06/2011 19/11/2020	20/06/2014 08/10/2023	3 yrs. 2 yrs.	11 m
Assistant Professor	9/10/2023	Till Date	2 yrs.	5 months
Associate Professor				

(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. Prasad Anand 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 Medicine**This to Certify that Dr. **Dr. Pranit Pramod Kakde** hasWorked in the Department of. **General Medicine, Dr. PDMMC, Amravati** Training Centre as per following details.**A) General Experience :-**

Designation	From	To	Total period Year / Month	
Junior Resident	20/07/2013	19/07/2016	3 yrs.	
Senior Resident	23/10/2017 03/07/2023	22/10/2020 Till date	3 yrs. 2 yrs.	8 months
Assistant Professor				
Associate Professor				

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

Designation	From	To	Total period Year / Month	
Junior Resident	20/07/2013	19/07/2016	3 yrs.	
Senior Resident	23/10/2017 03/07/2023	22/10/2020 Till date	3 yrs. 2 yrs.	8 months
Assistant Professor				
Associate Professor				

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

Sign & Stamp
Head of the Department
Date: / /Sign & Stamp
DEAN
Dean/Principal/Head of Institute
Date: Memorial Medical College, Amravati

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

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. **Dr. Niraj P. Raghani** hasWorked in the Department of. **General Medicine, Dr. PDMMC, Amravati** Training Centre as per following details.**A) General Experience :-**

Designation	From	To	Total period	
			Year /	Month
Consultant Cardiologist	30/11/2017	Till Date	8 yrs.	4 months
Senior Resident				
Assistant Professor				
Associate Professor				

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

Designation	From	To	Total period	
			Year /	Month
Consultant Cardiologist	30/11/2017	Till Date	8 yrs.	4 months
Senior Resident				
Assistant Professor				
Associate Professor				

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

Sign & Stamp

Head of the Department

Date: / /

Sign & Stamp

DEAN
Dean/Principal/Head of Institute

Date: / / Memorial Medical College, Amravati

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

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. **Dr. Rahul Shankarrao Kadu** hasWorked in the Department of **General Medicine, Dr. PDMMC, Amravati** Training Centre as per following details.**A) General Experience :-**

Designation	From	To	Total period Year / Month	
Junior Resident	30/08/2017	30/04/2015	3 yrs.	
Senior Resident	10/07/2015 15/09/2020	30/09/2015 15/09/2021	1 yrs.	2 m. 20 days
Assistant Professor	1/10/2015 09/12/2021	08/03/2017 Till Date	1 yr. 4 yrs.	5 m. 4 m.
Associate Professor				
Professor				

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

Designation	From	To	Total period Year / Month	
Junior Resident	30/08/2017	30/04/2015	3 yrs.	
Senior Resident	10/07/2015 15/09/2020	30/09/2015 15/09/2021	1 yrs. 4 yrs.	2 m. 20 days 2
Assistant Professor	1/10/2015 09/12/2021	08/03/2017 Till Date	1 yr. 4 yrs.	5 m. 4 m.
Associate Professor				
Professor				

(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 Non Invasive Cardiology**This to Certify that Dr. **Dr. Nikhil Vijay Bakhtar** hasWorked in the Department of. **General Medicine, Dr. PDMMC, Amravati** Training Centre as per following details.**A) General Experience :-**

Designation	From	To	Total period Year / Month	
Junior Resident	30/04/2015	29/04/2018	3 yrs.	
Senior Resident	12/2020 05/2022	12/2021 05/2025	1 yrs. 3 yrs.	
Assistant Professor	01/2021 03/06/2025	06/2022 Till Date	1 yr.	5 m. 9 m.
Associate Professor				
Professor				

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

Designation	From	To	Total period Year / Month	
Junior Resident	30/04/2015	29/04/2018	3 yrs.	
Senior Resident	12/2020 05/2022	12/2021 05/2025	1 yrs. 3 yrs.	
Assistant Professor	01/2021 03/06/2025	06/2022 Till Date	1 yr.	5 m. 9 m.
Associate Professor				
Professor				

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

Sign & Stamp
Head of the Department
Date: / /

Sign & Stamp
DEAN
Dean/Principal/Head of Institute
Dr. Panjabrao alias Chhatrapati Shahu
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 Non Invasive Cardiology**This to Certify that Dr. **Dr. Nilesh B. Chandak** hasWorked in the Department of. **General Medicine, Dr. PDMMC. Amravati** Training Centre as per following details.**A) General Experience :-**

Designation	From	To	Total period Year / Month	
Junior Resident	04/2012	03/2015	3 yrs.	-
Senior Resident	1/08/2015 07/06/2023	31/07/2018 Till Date	3 yrs. 2 yrs.	- 9 m.
Assistant Professor				
Associate Professor				
Professor				

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

Designation	From	To	Total period Year / Month	
Junior Resident	04/2012	03/2015	3 yrs.	-
Senior Resident	1/08/2015 07/06/2023	31/07/2018 Till Date	3 yrs. 2 yrs.	- 9 m.
Assistant Professor				
Associate Professor				
Professor				

(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	

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. **Dr. Archana Girish Tapadiya** has

Worked in the Department of. **General Medicine, Dr. PDMMC, Amravati** Training Centre as per following details.

A) General Experience :-

Designation	From	To	Total period Year / Month	
Junior Resident	1994	1997	3 yrs.	-
Senior Resident	26/06/1998	25/06/2001	3 yrs.	-
Assistant Professor	1/11/2023	Till Date	2 yrs.	3 m.
Associate Professor				
Professor				

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

Designation	From	To	Total period Year / Month	
Junior Resident	1994	1997	3 yrs.	-
Senior Resident	26/06/1998	25/06/2001	3 yrs.	-
Assistant Professor	1/11/2023	Till Date	2 yrs.	3 m.
Associate Professor				
Professor				

(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	

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2026-2027

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

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

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

(Attach separate List if necessary)

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

Sr. No.	Academic Year	Name of Fellowship/Certificate Course	Intake Capacity	No. of Students Admitted (In figure only)
1	A.Y. 2021 –2022	Minimal access Surgery	03	Nil
2	A.Y. 2022 –2023	Minimal access Surgery	03	Nil
3	A.Y. 2023 –2024	Minimal access Surgery	03	Nil
4	A.Y. 2024 –2025	Minimal access Surgery	03	Nil
5	A.Y. 2025 –2026	Minimal access Surgery	03	Nil

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

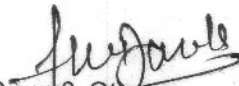
A) General Experience

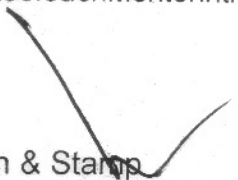
Designation	From	To	Total period Year/Months	
Assistant Professor	11/02/2005	25/07/2019	14	04
Associate Professor	26/07/2019	Till Date	06	07

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	06	07

(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.M.M.C. Amravati


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

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

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

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

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

Sr. No.	Name of the Fellowship/Certificate Course	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentor and Contact Details
01	Certificate Course in Modern Pharmacology	2017-2018	50	Dr. R.K. Hantodkar 9643737838
02				
03				
04				
05				
06				
07				

(Attach separate List if necessary)

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

Sr. No.	Academic Year	Name of Fellowship/Certificate Course	Intake Capacity	No. of Students Admitted (In figure only)
1	A.Y. 2021 –2022	Certificate Course in Modern Pharmacology	50	47
2	A.Y. 2022 –2023	Certificate Course in Modern Pharmacology	50	49
3	A.Y. 2023 –2024	Certificate Course in Modern Pharmacology	50	50
4	A.Y. 2024 –2025	Certificate Course in Modern Pharmacology	50	50
5	A.Y. 2025 –2026	Certificate Course in Modern Pharmacology	50	50

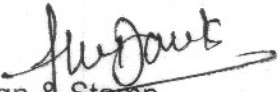
Information to be submitted with respect newly appointed mentors**Professional Teaching Experience Certificate for Fellowship/Certificate Courses
Director/Mentor**Title of the Course applied for:- **Certificate Courses of Modern Pharmacology**This to Certify that **Dr. Rahul K. Hantodkar** has worked in the Department of **General Surgery** Training Centre as per following details**C) General Experience**


Designation	From	To	Total period Year/Months	
Assistant Professor	01/04/2021	Till Date	04 (y)	10 (m)

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

Designation	From	To	Total period Year/Months	
Assistant Professor	01/04/2021	Till Date	04 (y)	10 (m)

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


 Sign & Stamp
 Head of the Department
 Professor & Head
 Surgery Department
 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/ Mentors**

Title of the Course applied for :- Fellowship Course in Palliative Care

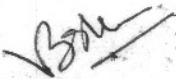
This to Certify that **Dr. Jayesh Sudam Ingle** has worked in the **Department of Anaesthesiology** **Dr. Panjabrao Deshmukh Memorial Medical College** Training Centre as per following details**A) General Experience**

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

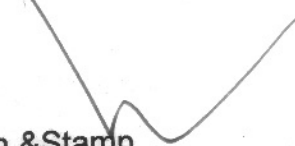
B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for:-

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

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


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

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

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2026-2027

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

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

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

(Attach separate List if necessary)

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

Sr. No.	Name of Fellowship/Certificate Course	Academic Year	Intake Capacity	No. of Students Admitted (In figure only)
1	Fellowship Certificate Course in Cytopathology	A.Y.2021 -2022	03	01
		A.Y.2022 -2023	---	---
		A.Y.2023 -2024	---	---
		A.Y.2024 -2025	---	---
		A.Y.2025 -2026	---	---


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

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

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

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


A) General Experience:-

Designation	From	To	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	05(y)	00 (m)

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

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	05(y)	00(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
 Date:

Sign & Stamp
 Dean/Principal/HOD
 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. 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:-

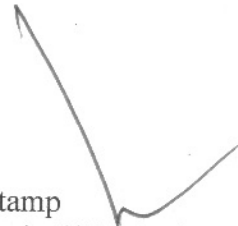
Designation	From	To	Totalperiod Year/Month	
Asst. Professor	28-02-1984	10-02-1986	02(y)	--
	11-02-1986	10-01-1992	05(y)	11(m)
Assoc. Professor	10-01-1992	01-04-2007	15(y)	03(m)
Professor	02-04-2007	Till Date	17(y)	10(m)
Dean	30/10/2020	Till Date	05(y)	04(m)

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

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	05(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)


 Sign & Stamp
 Head of the Department
 Dr. A. T. Deshmukh
 DEPARTMENT OF PATHOLOGY
 Dr. P. D. M. MEDICAL COLLEGE
 AMRAVATI


 Sign & Stamp
 Dean/Principal/DEAN of Institute
 Dr. A. T. Deshmukh / 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	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	04(y)	06 (m)

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

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	04(y)	06(m)

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

Sign & Stamp
PROFESSOR & HEAD
 Head of the Department
 Date: **P.D.M. MEDICAL COLLEGE**
AMRAVATI

Sign & Stamp
 Dean/Principal/**DEAN** 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 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	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	18(y)	02(m)

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

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	18(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)


PROFESSOR & HEAD
 Head of the Department
DEPARTMENT OF PATHOLOGY
DR.P.D.M. MEDICAL COLLEGE
AMRAVATI


 Sign & Stamp
 Dean/Principal **DEAN** of Institute
 Dr. P.G. Mankar 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:-

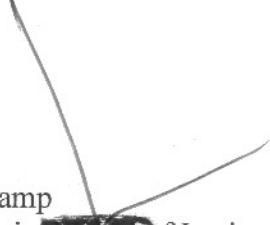
Designation	From	To	Totalperiod	
			Year	Month
Asst. Prof	31/05/2008	24/11/2010	02 (y)	06 (m)
	25/11/2010	28/05/2015	04 (y)	06 (m)
Asso. Prof.	29/05/2015	Till date	10 (y)	09 (m)

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

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	10(y)	09(m)

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


 Sign & Stamp
PROFESSOR & HEAD
 Head of the Department
 Date
P.D.M. MEDICAL COLLEGE
 AMRAVATI


 Sign & Stamp
 Dean/Principal
 Date
Dr. Parashram 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. 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:-

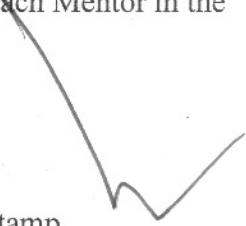
Designation	From	To	Totalperiod Year/Month	
Asst. Professor	10/08/2010	31/08/2021	11 (y)	01 (m)
Assoc. Professor	01/09/2021	Till Date	04 (y)	05 (m)

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

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	04 (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)


 Sign & Stamp
 Head of the Department
 Date: _____
DEPARTMENT OF PATHOLOGY
DR. P. D. M. MEDICAL COLLEGE
AMRAVATI


 Sign & Stamp
 Dean/Principal/Head of Institute
 Date: _____
DEAN
Dr. Panjabrao Jais Bhau Sahab 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. Chetna Agrawal** has worked in the Department Of Pathology, **Dr.P.D.M. Medical College, Amravati Training Centre** as per following details.

A) General Experience :-

Designation	From	To	Totalperiod Year/Month	
Demonstrator	01/11/2011	28/05/2015	03 (y)	07 (m)
Assi. Prof.	29/05/2015	30/09/2024	09 (y)	04 (m)
Asso. Prof	01/10/2024	Till date	01 (y)	05 (m)

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

Designation	From	To	Totalperiod Year/Month	
Demonstrator	01/11/2011	28/05/2015	03 (y)	07 (m)
Assi. Prof.	29/05/2015	30/09/2024	09 (y)	04 (m)
Asso. Prof	01/10/2024	Till date	01 (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)

Sign & Stamp
PROFESSOR & HEAD
DEPARTMENT OF PATHOLOGY
Dr. P.D.M. MEDICAL COLLEGE
 Date: _____
 (AMRAVATI)

Sign & Stamp
 Dean/Principal **DEAN** of Institute
Dr. D. C. Jadhav 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. 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	Totalperiod	
			Year	Month
Demonstrator	02/01/2007	06/06/2016	09 (y)	05 (m)
Assi. Prof.	07/06/2016	30/01/2026	09 (y)	08 (m)
Asso. Prof	31/01/2026	Till date	00 (y)	01 (m)

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

Designation	From	To	Totalperiod	
			Year	Month
Demonstrator	02/01/2007	06/06/2016	09 (y)	05 (m)
Assi. Prof.	07/06/2016	30/01/2026	09 (y)	08 (m)
Asso. Prof	31/01/2026	Till date	00 (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
DEPARTMENT OF PATHOLOGY
DR. P. D. M. MEDICAL COLLEGE
AMRAVATI

Sign & Stamp
DEAN
Dean/Principal Of Institute
Dr. 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. N. P. Chikhale** has worked in the Department Of Pathology, Dr.P.D.M. Medical College, Amravati Training Centre as per following details.**A) General Experience:-**

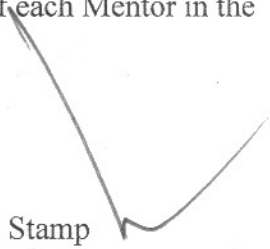
Designation	From	To	Totalperiod Year/Month	
Senior Resident	06/09/2010	05/09/2011	01 (y)	---(m)
Senior Resident	19/12/2011	31/03/2014	02 (y)	04 (m)
Senior Resident	20/06/2023	21/06/2024	01 (y)	---(m)
Assi. Prof.	22/06/2024	Till date	01 (y)	08 (m)

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

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	01 (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
 Dr. N. P. CHIKHALE
 Date: _____
 P.D.M. MEDICAL COLLEGE
 AMRAVATI


 Sign & Stamp
 Dean/Principal
 Dr. Jyotirao Bhausaheb 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. N. M. Muda** has worked in the Department Of **Pathology, Dr.P.D.M. Medical College, Amravati** Training Centre as per following details.

A) General Experience:-

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

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

Designation	From	To	Total period	
			Year	Month
Senior Resident	06/12/2022	08/12/2023	01 (y)	---(m)
Assi. Prof.	29/01/2025	Till date	01 (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: _____
P.D.M. MEDICAL COLLEGE
AMRAVATI

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

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

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2026-2027

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

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

Sr. No.	Name of the Fellowship/Certificate Course	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentor and Contact Details
01	Fellowship in De-Addiction	2021	03	Dr. M. P. Murke (9325278884)

(Attach separate List if necessary)

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

Sr. No.	Academic Year	Name of Fellowship / Certificate Course	Intake Capacity	No. of Students Admitted (In figure only)
1	A.Y. 2021 – 2022	Fellowship in De-Addiction	03	---
2	A.Y. 2022 - 2023.	Fellowship in De-Addiction	03	---
3	A.Y. 2023 – 2024	Fellowship in De-Addiction	03	---
4	A.Y. 2024 – 2025	Fellowship in De-Addiction	03	---
5	A.Y. 2025 – 2026	Fellowship in De-Addiction	03	---

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 period Year/Months	
			Year	Months
Assistant Professor	11/12/2010	24/07/2019	8 Year	7 M
Associate Professor	25/7/2019	Till Date	6 Year	7 M
Professor	-----	-----	-----	-----

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

Designation	From	To	Total period Year/Months	
			Year	Months
Assistant Professor	11/12/2010	24/07/2019	8 Year	7 M
Associate Professor	25/7/2019	Till Date	06 Year	07 M
Professor	-----	-----	-----	-----

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

Saloon
Sign & Stamp

Head of the Department

Date: / /

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

Sign & Stamp

Dean/Principal/Head of Institute

Date: / /

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

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

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2026 - 2027.

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

Date of Inspection	:	
---------------------------	---	--

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

Sr. No.	Name of the Fellowship/Certificate Course	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentor and Contact Details
01	Fellowship Course in Phacoemulsification	2021	03	Dr. Archana Vilas Manekar Mob. No. 9423123077
02				
03				
04				
05				
06				
07				

(Attach separate List if necessary)

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

Sr. No.	Academic Year	Name of Fellowship / Certificate Course	Intake Capacity	No. of Students Admitted (In figure only)
1	A.Y. 2020 – 2021	Fellowship Course in Phacoemulsification	--	--
2	A.Y. 2021 – 2022		03	Nil
3	A.Y. 2022 – 2023		03	Nil
4	A.Y. 2023 – 2024		03	Nil
5	A.Y. 2024 – 2025		03	Nil

Information to be submitted with respect to newly appointed mentors**Professional Teaching Experience Certificate for Fellowship/Certificate Courses
Director/Mentor**Title of the Course applied for:- **Fellowship Course in Phacoemulsification**This to Certify that **Dr. Archana Vilas Manekar**has worked in the Department of **Ophthalmology** **Dr. Panjabrao alias Bhausaheb Deshmukh Memorial Medical College, Amravati** Training Centre as perfollowing details**A) General Experience**

Designation	From	To	Total periodYear/Months	
			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	04 Yrs	06 Mth

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

Designation	From	To	Total periodYear/Months	
			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	04 Yrs	06 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. P. D. M. M. C. Amravati**

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

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

ANNEXURE-V

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

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

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

Sr. No.	Name of the Fellowship/Certificate Course	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentor and Contact Details
01	Orthopedic Trauma	2025 - 2026	03	Dr S.V. Jaiswal Contact No. 9423854459
02				
03				
04				
05				
06				
07				

(Attach separate List if necessary)

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

Sr. No.	Academic Year	Name of Fellowship / Certificate Course	Intake Capacity	No. of Students Admitted (In figure only)
1	A.Y. 2021 – 2022	Orthopedic Trauma	03	01
2	A.Y. 2022 – 2023		03	01
3	A.Y. 2023 – 2024		03	01
4	A.Y. 2024 – 2025		03	01
5	A.Y. 2025 – 2026		03	Nil

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 has worked in the Department of 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	12 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	--	12 M.
	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	12	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: / /

Professor & Head

Ortho Dept.

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 High Risk Obstetrics**This to Certify that **Dr. Smita A. Bijwe** hasworked 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 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	4 Year	06 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 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	4 Year	06 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	

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2026-2027

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

Date of Inspection	:	
---------------------------	---	--

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

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

(Attach separate List if necessary)

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

Sr. No.	Academic Year	Name of Fellowship / Certificate Course	Intake Capacity	No. of Students Admitted (In figure only)
1	A.Y. 2020 – 2019	---	---	---
2	A.Y. 2021 - 2022.	Fellowship in Basic Phototherapy and Lasers in Clinical Dermatology	03	01
3	A.Y. 2022 – 2023	Fellowship in Basic Phototherapy and Lasers in Clinical Dermatology	03	---
4	A.Y. 2023 – 2024	Fellowship in Basic Phototherapy and Lasers in Clinical Dermatology	03	---
5	A.Y. 2024 – 2025	Fellowship in Basic Phototherapy and Lasers in Clinical Dermatology	03	01

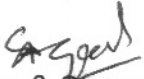
Information to be submitted with respect to newly appointed mentors**Professional Teaching Experience Certificate for Fellowship/Certificate Courses
Director/Mentor****Title of the Course applied for: -**This is to Certify that **Dr. Virendra V. Saoji** has worked in the **Department Of Dermatology , Dr. Panjabrao Deshmukh Medical College/ Institutes** as per following details.**A) General Experience**

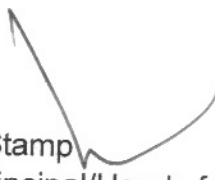
Designation	From	To	Total period Year/Months	
Junior Resident	15/09/1993	14/09/1996	03 Year	--

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	04 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: / /
DEAN
Dr. Panjabrao alias Bhausaheb Deshmukh
Memorial Medical College, Amravati

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