

**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)

<b>Date of Inspection</b>	:	
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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

(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 to newly appointed mentors**  
**Professional Teaching Experience Certificate for Fellowship/Certificate Courses**  
**Director/Mentor**

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

This to Certify that **Dr. Dr. Rahul K. Hantodkar** has worked in the Department of **General Surgery** Training Centre as per following details

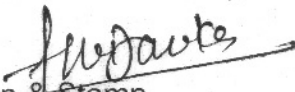
**C) General Experience**

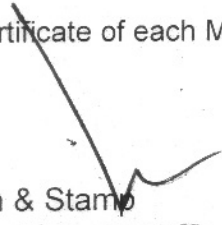
Designation	From	To	Total period Year/Months	
Assistant Professor	01/04/2021	Till Date	04 (y)	10 (m)

**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  
 Surgery Department  
 Date: \_\_\_\_\_  
 Dr. P.D.M.M.C. Amravati.

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

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

**MAHARASHTRA UNIVERSITY  
OF HEALTH SCIENCES, NASHIK**

We, the Chancellor, the Pro-Chancellor,  
the Vice-Chancellor, the Members of the  
Management Council and the Academic  
Council of the Maharashtra University of  
Health Sciences, Nashik,  
certify that

Shri/Smt. HANTODKAR RAHUL KISHOR

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

having been examined and found  
duly qualified for the

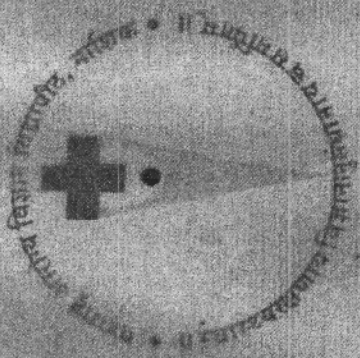
*Bachelor Of Medicine &  
Bachelor Of Surgery*

In Nov.-2006  
the said Degree has been  
conferred on him/her  
in testimony whereof is set  
the seal of the said University

PRN 0102183336

15th May 2008

VICE-CHANCELLOR



\*08013489\*

**महाराष्ट्र आरोग्य  
विज्ञान विद्यापीठ, नाशिक**

आम्ही, महाराष्ट्र आरोग्य विज्ञान विद्यापीठाचे  
कुलपति, प्रकुलपति, कुलगुरू,  
व्यवस्थापन परिषद व विद्यापरिषद सदस्य  
प्रमाणित करतो की,  
अमरावती येथील डॉ. पंजाबराव उपाख्य  
भाऊसाहेब देशमुख स्मृती वैद्यकीय  
महाविद्यालया चे/च्या

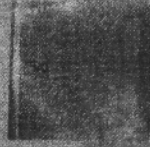
हांतोडकर राहुल किशोर

हे/हया नोव्हेंबर-२००६ मध्ये

**वैद्यक आणि शल्यचिकित्सा  
स्नातक**

परीक्षा उत्तीर्ण झाल्याबद्दल त्यांना  
ही पदवी प्रदान करण्यात येत आहे.  
याची साक्ष म्हणून विद्यापीठाची अधिकृत मुद्रा  
येथे अंकित करण्यात येत आहे.

मुद्रा फडके  
कुलगुरू





# Maharashtra Medical Council, Mumbai

## Certificate of Registration

Registration No. 2008/05/1902



This is to certify that the withinsigned

*R. Hantodkar*

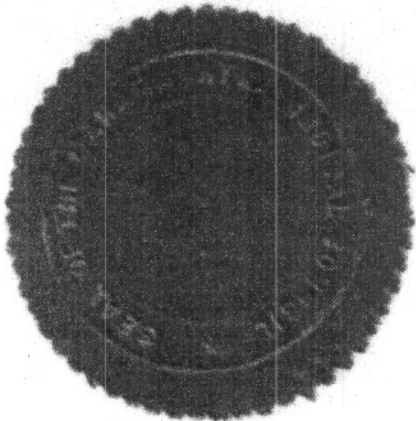


Doctor **HANTODKAR RAHUL KISHOR**

possessing the qualification **M.B.B.S.** of **MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK, 2008** has been duly registered in part **I** of the register under the Maharashtra Medical Council Act, 1965 (Mah. XLVI of 1965).

This certificate is valid upto **09/05/2013**.

In witness whereof are herewith affixed the Seal of the Maharashtra Medical Council, Mumbai & the Signature of the Registrar.



Dated the **09/05/2008**

*[Signature]*

Registrar

**DPU**  
**Dr. D. Y. Patil Vidyapeeth**

000804

**Pune (India)**

**(Deemed University)**

(Under Section 3 of the UGC Act, 1956)



*We, the Chancellor,  
the Vice-Chancellor,  
the Members of the Board of Management and of the  
Academic Council of Dr. D. Y. Patil Vidyapeeth, Pune certify that*

**Hantodkar Rahul Kishor**

[Student of Padmashree Dr.D.Y.Patil Medical College, Hospital & Research Centre, Pimpri, Pune]

*having been examined and found duly qualified for  
the degree of*

**Master of Surgery  
(General Surgery)**

*in May 2011.*

*The said degree has been conferred on him at the  
Third Convocation held on Nineth June Two Thousand Twelve.*

*In testimony whereof is set the seal of the said University.*

*R.R. Patil*

*Vice Chancellor*

080102024



*R. Patil*  
*Chancellor*



# Maharashtra Medical Council, Mumbai

Registration No. : 2008/05/1902

Dated: 09/05/2008

## ADDITIONAL MEDICAL QUALIFICATION REGISTRATION CERTIFICATE

Certificate No. : 1659/2011

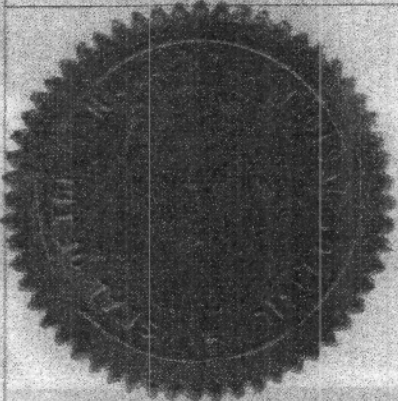
Dated: 27/06/2011



*I hereby certify that the following qualification has been  
duly registered in the Medical Register of the Council.*



NAME	ADDITIONAL QUALIFICATION
DR. HANTODKAR RAHUL KISHOR	M. S. (GENL. SURG.) DR. D. Y. PATIL UNIVERSITY, PUNE, 2011



*W. Nigamdar*  
REGISTRAR

**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. 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)

*[Handwritten Signature]*

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	
			Year	Months
Assistant Professor	03/05/2007	31/08/2021	14 Years	3Month
Associate Professor	01/09/2021	Till Date	4 Years	6Month

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

Designation	From	To	Total period Year /Months	
			Year	Months
Assistant Professor	03/05/2007	31/08/2021	14 Years	3Month
Associate Professor	01/09/2021	Till Date	4 Years	6Month

(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 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)

Sign &amp; Stamp

Head of the Department

Date: / /

**PROFESSOR & HEAD**  
**Dept. of Community Medicine**  
**Dr. P.D.M. Medical College, Amravati**

Sign &amp; 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. 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	
			37 Yrs	
Professor	19/02/1992	Till Date		

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

Designation	From	To	Total period Year/Months	
			9 Yrs	
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  
Deptt. of Community Medicine  
Or. P. D. M. Medical College, Amravati

Sign & Stamp  
Dean/Principal/Head of Institute  
Date: / / Dr. Panjabrao Alias Bhausaheb Naehr  
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. 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 &amp; Stamp

Head of the Department

Date: / /

**Professor & Head**  
Deptt. of Community Medicine  
Dr. P.D.M. Medical College, Amravati

Sign &amp; 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 Ghundiya** ..... 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	
			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	
			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 **Professor & Head**  
**Dept. of Community Medicine**  
**Dr. P.D.M. Medical College, Amravati**  
 Date: / /

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

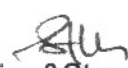
This is to certify that **Dr. M.K. Deotale** ..... has worked in the Department of... **Dept of Community Medicine Dr. P.D.M.M.C., Amravati** ..... Training Centre as per following details**D) General Experience**

Designation	From	To	Total period Year/Months	
			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	
			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)

  
**Professor & Head**  
 Dept. of .....  
**Dr. P.D.M.M.C.**  
 Head of the Department  
 Date: / /

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

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

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

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

This is to certify that **Dr. P.A. Warbhe** ..... has  
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	
			Year	Months
Associate Professor	01/11/2018	Till Date	12 Yrs	8 M

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

:-

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

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

*Signature*  
Sign & Stamp  
Head of the Department

Date: / / **Professor & Head**  
Deptt. of

Dr. P. A. M. Warbhe

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

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

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

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

Title of the Course applied for: ... Certificate Course of Modern Pharmacology .....

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

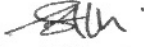
Designation	From	To	Total period Year/Months	
			10 Yrs	
Assistant Professor	07/06/2016	Till Date		

**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 A. N. Deshmukh**  
**Deptt. of Community Medicine**  
Or P.D.M.C.

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

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

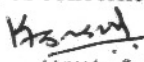
**Information to be submitted respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/ Certificate Courses  
Director/Mentor**Title of the Course applied for:- **Certificate Course in Modern Pharmacology**This to Certify that **Dr. Kishor A. Bansod** has worked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

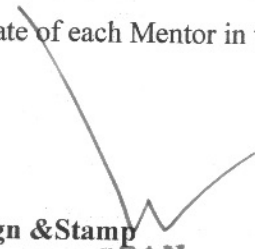
Designation	From	To	Total period Year/Months	
			Year	Months
Asst. Professor	06/01/2005	23/04/2010	5years	4 months
Assoc. Professor	24/04/2010	25/07/2019	9years	3months
Professor	26/07/2019	Till date	6years	7 months

**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)

  
**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. Paragbrao alias Bhausaheb Deshpande  
 Date:  
 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	1 Years	--
Asst. Professor	08/11/2018	02/01/2023	4 Years	4mths
Assoc. Professor	03/01/2023	Till date	3 Years	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	1 Years	--
Asst. Professor	08/11/2018	02/01/2023	4 Years	4mths
Assoc. Professor	03/01/2023	Till date	3 Years	2mths

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

*As-sd.*  
Prof. & Head

Department of Pharmacology.

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

Sign &amp; Stamp

Head of the Department

Date -

Sign &amp; Stamp

Dean/Principal/Head of Institute.

Dr. P. D. M. M. 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 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	
			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	
			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)

*Ravi S. Singh*  
**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. Parajit 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	
Tutor	06/02/2017	05/02/2018	1 Year	--
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	2 Years	--

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

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

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

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

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

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

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

**I) General Experience**

Designation	From	To	Total period Year/Months	
			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	
			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)

*K. S. Wankhade*  
**Prof. & Head**  
**Department of Pharmacology,**  
**Dr. P. D. M. M. College, Amravati**

**Sign & Stamp**  
**Head of the Department**

**Date:**

*[Signature]*  
**Sign & Stamp**  
**Dean/Principal/Head of Institute**  
**Date:**  
**Dr. P. D. M. M. College, Amravati**

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

**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

## 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
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.

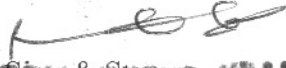
## A) General Experience:-

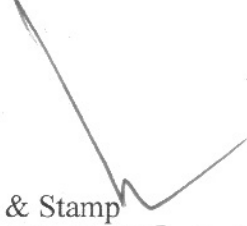
Designation	From	To	Totalperiod Year/Month	
Tutor/Demo	04/07/1989	21/08/1990	01(y)	1.5(m)
Asst. Professor	22/08/1990	31/12/2007	17(y)	04 (m)
Assoc. Professor	01/01/2008	28/02/2021	13(y)	02(m)
Professor	01/03/2021	Till date	05(y)	00 (m)

## 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)

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

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

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

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

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

This is to Certify that **Dr. 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**  
**PROFESSOR & HEAD**  
**Head of the Department**  
**DEPARTMENT OF PATHOLOGY**  
**Date: MEDICAL COLLEGE**  
**AMRAVATI**

  
**Sign & Stamp**  
**DEAN**  
**Dean/Principal/Head of Institute**  
**Date: 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**  
**HEAD**  
 Head of the Department  
 Dr. P. D. M. MEDICAL COLLEGE  
 AMRAVATI

**Sign & Stamp**  
 Dean/Principal/Head of Institute  
 Dr. P. D. M. MEDICAL COLLEGE  
 AMRAVATI

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

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

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

This is to Certify that **Dr. 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)

Sign & Stamp

Head of the Department

Date :

Sign & Stamp

Dean/Principal/Head of Institute

Date:

Dr. P. G. Mankar alias Bhausaheb Deshpande  
 Memorial Medical College, Amravati

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

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

**Title of the Course applied for:- Fellowship 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  
**DEPARTMENT OF PATHOLOGY**  
**DR. P. D. M. MEDICAL COLLEGE**  
**AMRAVATI**

  
 Sign & Stamp  
**DEAN**  
 Dean/Principal/Head of Institute  
 Dr. Penlabrao Anand  
 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. 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  
 Dr. P. D. M. MEDICAL COLLEGE  
 AMRAVATI

Sign & Stamp  
 Dean/Principal/Head of Institute  
 Dr. D. Brao alias Bhausaheb Deshpande  
 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. Chetna Agrawal** has worked in the Department Of Pathology, **Dr.P.D.M. Medical College, Amravati Training Centre** as per following details.


**A) General Experience :-**


Designation	From	To	Total period	
			Year	Month
Demonstrator	01/11/2011	28/05/2015	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	Total period	
			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**  
**Head of the Department**  
**Dr. P. D. M. MEDICAL COLLEGE**  
**AMRAVATI**

  
**Sign & Stamp**  
**DEAN**  
**Dean/Principal/Head of Institute**  
**Dr. P. D. M. MEDICAL COLLEGE**  
**AMRAVATI**

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

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

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

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

**A) General Experience:-**

Designation	From	To	Total period	
			Year	Month
Demonstrator	02/01/2007	06/06/2016	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	Total period	
			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)

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

Sign & Stamp  
**DEAN**  
 Dean/Principal/Head of Institute  
 Dr. Panjabrao Amarji  
 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. 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	Total period 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)

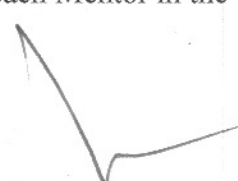
**B) Actual Experience in the Subject of concerned Fellowship/Certificate Course applied for:-**

Designation	From	To	Total period 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  
Date: M. MEDICAL COLLEGE  
AMRAVATI



Sign & Stamp  
Dean/Principal 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 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:

Sign & Stamp

Dr. P. D. M. Medical College, Amravati  
Dean/Principal/Head of Institute  
Date:

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

## Annexure - V-A

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

#### Director / Mentor

Title of the Course Applied For :- Ultra Sonography & Colour Doppler

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

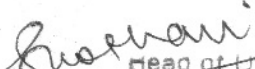
#### A) General Experience :

Designation	From	To	Total Period Year /Mont	
Junior Resident	1/01/1986	31/07/1986		6 Month
Senior Resident	1/2/1987 to 23/05/1989	20/11/1988 to 28/2/1990	1 Years	9 Month 9 month
Assit- Professor	26/11/2010	26/05/2017	6Years	6Month
Asso-Professor	27/05/2017	23/10/2023	6 Years	5 Month
Professor	24/10/2023	Till date	2 Years	4Month
			18 Years	7 Month

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

Designation	From	To	Total Period Year /Month	
Junior Resident	1/01/1986	31/07/1986		6 Month
Senior Resident	1/2/1987 to 23/05/1989	20/11/1988 to 28/2/1990	1 Years	9 Month 9 month
Assit- Professor	26/11/2010	26/05/2017	6Years	6Month
Asso-Professor	27/05/2017	23/10/2023	6 Years	5 Month
Professor	24/10/2023	Till date	2 Years	4 Month
			18 Years	7 Month

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

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

Date :-

Sign & Stamp

  
Dean /Principal /Head of institute  
Dr. Panjabrao alias Bhausaheb Deshmukh Memorial Medical College, Amravati  
Date

Name of Inspections		Signature of Inspectors	
	Chairman		
	Member		
	Member		
	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** 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
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  
Professor & Head  
Department of Medicine  
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. 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  
 Professor & Head  
 Department of Medicine  
 Head of the Department  
 Date: / /

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

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

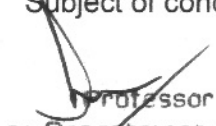
**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**Title of the Course applied for:- **Fellowship Course in Non Invasive Cardiology**This to Certify that Dr. **Dr. Rahul Shankarrao 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)

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

  
 DEAN  
 Dean/Principal/Head of Institute  
 P. D. M. M. C. Amravati  
 Sign & Stamp  
 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)

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

Sign & Stamp  
 Dean/Principal/Head of Institute  
 P. D. M. M. C. Amravati  
 Date: / /

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

**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**Title of the Course applied for:- **Fellowship Course in Non Invasive Cardiology**This to Certify that Dr. **Dr. Archana Girish Tapadiya** 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	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  
Professor & Head  
Department of Medicine  
Head of the Department  
Dr. P.D.M.M.C. Amravati  
Date: / /

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

<b>Date of Inspection</b>	:	
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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-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	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
Professor				

**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
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  
Professor & Head  
Department of Medicine  
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 Dialysis Medicine**

This to Certify that Dr. **Dr. Swapnil Balabhau Molke** 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	24/02/2016	22/02/2019	3 yrs.	
Senior Resident	19/06/2011	20/06/2014	3 yrs.	11 m
	19/11/2020	08/10/2023	2 yrs.	
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	20/06/2014	3 yrs.	11 m
	19/11/2020	08/10/2023	2 yrs.	
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  
Professor & Head  
Department of Medicine  
Head of the Department  
Date: / /

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	

**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: P.D.M.M.C. Amravati.

Sign & Stamp  
Dean/Principal/Head of Institute  
Date: P.D.M.M.C. 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 Course in High Risk Obstetrics	2021-22	3	Dr. Smita A. Bijwe 9922445958
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- 22	Fellowship Course in High Risk Obstetrics	03	1
2	A.Y. 2022-23			
3	A.Y. 2023-24			
4	A.Y. 2024-25			
5	A.Y. 2025-26			

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

Title of the Course applied for **Fellowship course in High Risk Obstetrics**

This to Certify that **Dr. Smita A. Bijwe** has

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

**A) General Experience**

Designation	From	To	Total period Year/Months	
			Year	Month
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	
			Year	Month
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)

*Smita A. Bijwe*

Sign & Stamp  
Head of the Department

Date: / /

Sign & Stamp  
**DEAN**  
Dr. Panjabrao alias Bhausaheb Dehmukh  
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/ 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 I Medical College Training Centre as per following details

**A) General Experience**

Designation	From	To	Total period Year/Months	
			Year	Month
Assistant Professor	02/3/2009	25/7/2019	10 Yrs.	4 Month
Associate Professor	26/07/2019	Till Date	07 Yrs.	8 Month

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

Designation	From	To	Total period Year/Months	
			Year	Month
Assistant Professor	02/3/2009	25/7/2019	10 Yrs.	4 Month
Associate Professor	26/07/2019	Till Date	07 Yrs.	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 Anaesthesiology  
 Dr. P. D. M. M. C., Amravati

Sign & Stamp  
 Dean/Principal/Head of Institute

Date: / /  
 Dr. Panjabrao / Alia 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)

<b>Date of Inspection</b> :	
-----------------------------	--

**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- VIII

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

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

<b>Date of Inspection</b> :	
-----------------------------	--

**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	Orthopaedics Trauma	2025-2026	03	Dr.S.V. Jaiswal Contact No. 942854459
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	Orthopaedics 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 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 periodYear/Months	
			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.
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 periodYear/Months	
			Year	Months
Senior Resident	01/1/1996	31/01/1996		
	01/02/1996	31/02/1996		
	01/05/1996	30/07/1996		
	17/08/1996	02/11/1996		
	02/11/1996	15/01/1997	--	11 M.
Assistance Professor	23/10/2008	14/01/2019	11	02
Associate Professor	15/01/2019	Till Date	04	11

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

Sign &amp; Stamp

Head of the Department

Date : / /

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

Sign &amp; Stamp

Dean/Principal/Head of Institute

Date: / / DEAN

*[Signature]*  
Dr. Penjabrao alias Bhausaheb Deshmukh  
Memorial Medical College, Amravati

**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)

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  
 Memorial Medical College, Amravati

Name of Inspectors	Signature of Inspectors
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)

<b>Date of Inspection</b> :	
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**1. Name(s) of the Fellowship/Certificate Course(s)**

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

(Attach separate List if necessary)

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

Sr. No.	Academic Year	Name of Fellowship / Certificate Course	Intake Capacity	No. of Students Admitted (In figure only)
1	A.Y. 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	
			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	
			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  
 Professor & Head  
 Date: \_\_\_\_\_  
 Department of Skin & V. D.

Dr Panjabrao alias Bhausaheb Deshmukh  
 Memorial Medical College, Amravati

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

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

**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)

<b>Date of Inspection</b>	:	
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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

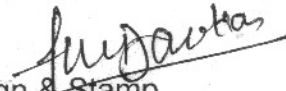
**Information to be submitted with respect to newly appointed mentors****Professional Teaching Experience Certificate for Fellowship/Certificate Courses  
Director/Mentor**Title of the Course applied for:- **Fellowship Course in Minimal access Surgery**This to Certify that **Dr. S. R. Qazi** has worked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

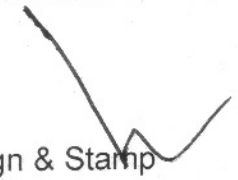
Designation	From	To	Total period Year/Months	
			Year	Months
Assistant Professor	11/02/2005	25/07/2019	14	04
Associate Professor	26/07/2019	Till Date	06	07

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

Designation	From	To	Total period Year/Months	
			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: 10/07/2022  
 Dr. P.D.M.M.C. Amravati.

  
 Sign & Stamp  
 Dean/Principal/Head of Institute  
 Date: 10/07/2022  
 Dr. Panjabrao alias Bhausaheb Deshmukh  
 Memorial Medical College, Amravati

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

# Nagpur University



आयुःशल्य विज्ञान स्नातक  
(Bachelor of Medicine &  
Bachelor of Surgery)

—\*\*—

*This is to certify that*

*Shri Syed Rizwan-uddin Qazi*

*obtained the degree of आयुःशल्य विज्ञान स्नातक  
(Bachelor of Medicine & Bachelor of Surgery)  
in this University in the Examination  
of April 1987.*

Nagpur :

December, 1987

*S. M. B. S.*  
READER  
Deptt. of Surgery  
Dr. P. D. N. M. C. Amravati

*M. G. P. S. K. S.*

Vice-Chancellor

# Nagpur University



शल्यविज्ञान पारंगत  
[Master of Surgery]  
(Faculty of Medicine)

*This is to certify that*

*Shri Syed Rizwanuddin Qazi*

*having been found to be duly qualified in the written examination, clinical, practical and viva-voce examinations and on examination of the thesis on: A Bloodless Operation for the Cure of Primary Hydrocele By Wanna's Procedure.*

*was admitted to the degree of शल्यविज्ञान पारंगत (Master of Surgery) in this University in the Examination held in Winter, 1993.*


Nagpur :

READER  
Dept. of Surgery  
C. Amravati

M. K. Kulkarni

MAHARASHTRA MEDICAL COUNCIL, BOMBAY  
CERTIFICATE OF REGISTRATION

Registration No. 60127

This is to certify that the within-  
signed  Doctor Shri/Shrimati/

Kumari: SYED RIZWANUDDIN QAZI

possessing the qualifications of M.B.B.S. (NAGPUR) 1988;

has been duly registered under the Maharashtra  
Medical Council Act. 1965 (Mah. XLVI of 1965), in  
Part I of the register.

In witness whereof are herewith affixed the  
seal of the Maharashtra Medical Council, Bombay  
and the signature of the Registrar.

Dated the 7th JULY 1988.

  
Registrar.

Regd. No. 60127  
Date: 7TH JULY 1908

# Maharashtra Medical Council

E.S.I.S. Hospital Campus, Nurses Quarters, 1st floor,  
L.B.S. Marg, Mulund (West), Mumbai - 400 080.

## REGISTRATION CERTIFICATE FOR ADDITIONAL MEDICAL QUALIFICATION

Dated 22ND MARCH 2000

Certificate No. 14595

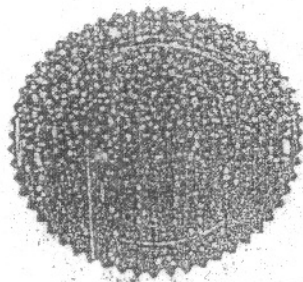
I hereby certify that the following qualification has been duly registered in the Medical Register:

ADDITIONAL QUALIFICATION

NAME:

DR. SYED RIZWANUDDIN QAZI

M.S. (GEN. SURG.) MUMBAI, 1991;



Maharashtra Medical Council  
Mumbai - 400 004

*Handwritten signature*

REGISTRAR

1908/700

READER  
Deptt. of Surgery  
Dr. P. D. M. C. Amravati

*Operation for the Cure of Primary Hydrocele*