

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 to Certify that Dr. J.K Deshmukh has worked in the Department of General Medicine Training Centre as per following details

A) General Experience

| Designation | From | To | Total period Year/Months | |
|---|------------|-----------|--------------------------|-----------|
| | | | Year | Months |
| Asst.Prof GMC Latur | 2.7.2002 | 8.6.2003 | 1 yrs | |
| MIMSR | 11.6.2003 | 31.7.2007 | 4 Yrs | 2 months |
| Asso.Prof MIMSR | 1.8.2007 | 18.7.2012 | 5 yrs | |
| Indore med college Indore | 20.7.2012 | 5.12.2012 | - | 5 months |
| IMSR Medical college | 14.1.2013 | 31.7.2007 | - | 7 months |
| SRTR GMC Ambejogai | 23.11.2013 | 17.7.2015 | 1.Yrs | 8 months |
| Dr Ulhas patil medical college Jalgaon | 26.10.2015 | 28.9.2017 | 1 Yrs | 11 months |
| MIMSR | 3.10.2017 | 31.3.2002 | 4.Yrs | 6 Months |
| Prof. (MIMER) Pune | 6.4.2022 | Till date | - | 10 months |

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

| Designation | From | To | Total period Year/Months | |
|--|------------|-----------|--------------------------|-----------|
| | | | Year | Months |
| Asst.Prof GMC Latur | 2.7.2002 | 8.6.2003 | 1 yrs | |
| MIMSR | 11.6.2003 | 31.7.2007 | 4 Yrs | 2 months |
| Asso.Prof MIMSR | 1.8.2007 | 18.7.2012 | 5 yrs | |
| Indore med college Indore | 20.7.2012 | 5.12.2012 | - | 5 months |
| IMSR Medical college | 14.1.2013 | 31.7.2007 | - | 7 months |
| SRTR GMC Ambejogai | 23.11.2013 | 17.7.2015 | 1.Yrs | 8 months |
| Dr Ulhas patil medical college Jalgaon | 26.10.2015 | 28.9.2017 | 1 Yrs | 11 months |
| MIMSR | 3.10.2017 | 31.3.2002 | 4.Yrs | 6 Months |
| Prof. (MIMER) Pune | 6.4.2022 | Till date | - | 10 months |

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

2/5/2023
Sign & Stamp
Prof. HOD Medicine Dept
MIMER Medical College
Talegaon Dabhade
Date: 15/02/2023



Sign & Stamp
PRINCIPAL
MIMER MEDICAL COLLEGE
TALEGAON DABHADE
Date: 15/02/2023

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



॥ स्वास्थ्य-सेवा-सुशिक्षणम् ॥
MIMER MEDICAL COLLEGE

MAEER MIT PUNE'S
MAHARASHTRA INSTITUTE OF MEDICAL EDUCATION AND RESEARCH,
MEDICAL COLLEGE (ESTD - 1995)

DR. BHAUSAHEB SARDESAI TALEGAON RURAL HOSPITAL

Accredited by NAAC with 'A' Grade

Talegaon Dabhade, Pune - 410 507, Maharashtra, India.

■ Tel. 02114 - 308300, 808799040 / 41 / 42 / 43 ■ Fax : 02114- 223916

■ Website : www.mitmimer.com ■ Email :-info@mitmimer.com

Ref. No. MIMER/Est./Exp Cert/ 287 (30) /02/2023

Date 16/02/2023

EXPERIENCE CERTIFICATE

This is to certify that **Dr. Janakraj K. Deshmukh** is working as a **Professor** in the department of **Gen Medicine**, in this Medical College. His working experience is as under:-

| Post | From | To |
|-----------|------------|-----------|
| Professor | 06/04/2022 | Till date |

He bears a good moral character to the best of our knowledge & belief.




Principal
MIMER Medical College
Talegaon Dabhade

Principal
MIMER Medical College
Talegaon Dabhade,
Pune-410 507.

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 to Certify that Dr. Madhu Bansode worked in the Department of General Medicine Training Centre as per following details

C) General Experience

| Designation | From | To | Total period Year/ Months | |
|---|-----------------------------------|------------------------------------|---------------------------|--|
| Asst Professor BJMC Pune | 20.03.2002 | 31.08.2007 | 5 Yrs | 5 months |
| Asso Professor BVDUMC, Pune | 14.09.2007 | 04.09.2017 | 9 Yrs | 11 Months 22 Days |
| Prof. (MIMER) Pune SMCW Pune Prof. (MIMER) Pune | 14.9.2017 1.8.2019 1.8.2022 | 31.7.2019 3.1.2022 Till date | 1 Yrs 2 Yrs | 10 Months 18 Days 5 Months 2 Days 6 Months 16 days |

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

| Designation | From | To | Total period Year/Months | |
|---|-----------------------------------|------------------------------------|--------------------------|--|
| Asst Professor BJMC Pune | 20.03.2002 | 31.08.2007 | 5 Yrs | 5 months |
| Asso Professor BVDUMC, Pune | 14.09.2007 | 04.09.2017 | 9 Yrs | 11 Months 22 Days |
| Prof. (MIMER) Pune SMCW Pune Prof. (MIMER) Pune | 14.9.2017 1.8.2019 1.8.2022 | 31.7.2019 3.1.2022 Till date | 1 Yrs 2 Yrs | 10 Months 18 Days 5 Months 2 Days 6 Months 16 days |

(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: 15/02/2023

Dr. Madhu Bansode
Prof. HOD Medicine
MIMER Medical College
Talegaon Dabhade

Sign & Stamp
Dean/Principal/Head of Institute
Date: 15/02/2023



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



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MIMER MEDICAL COLLEGE

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MEDICAL COLLEGE (ESTD - 1995)

DR. BHAUSAHEB SARDESAI TALEGAON RURAL HOSPITAL

Accredited by NAAC with 'A' Grade

Talegaon Dabhade, Pune - 410 507, Maharashtra, India.

■ Tel. 02114 - 308300, 808799040 / 41 / 42 / 43 ■ Fax : 02114- 223916

■ Website : www.mitmimer.com ■ Email :-info@mitmimer.com

Ref. No. MIMER/Est./Exp Cert/ 287(31)/02/2023

Date 16/02/2023

EXPERIENCE CERTIFICATE

This is to certify that **Dr. Madhu Bansode** is working as a **Professor** in the department of **Gen Medicine**, in this Medical College. Her working experience is as under:-

| Post | From | To |
|-----------|------------|-----------|
| Professor | 01/08/2022 | Till date |

She bears a good moral character to the best of our knowledge & belief.

Principal
MIMER Medical College
Talegaon Dabhade



Principal
MIMER Medical College
Talegaon Dabhade,
Pune-410 507.

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 to Certify that Dr. Sudeep Kumar worked in the Department of General Medicine Training Centre as per following details


E) General Experience


| Designation | From | To | Total period Year/Months | |
|---|------------|------------|--------------------------|-----------|
| Asst. Professor MIMER Medical College Talegaon Dabhade | 23/12/15 | 30/04/2021 | 5 Years | 4 Months |
| Asso. Prof. | 01/05/2021 | Till Date | 1 Years | 10 months |

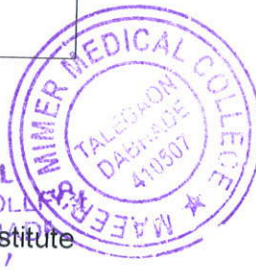
F) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-

| Designation | From | To | Total period Year/Months | |
|---|------------|------------|--------------------------|-----------|
| Asst. Professor MIMER Medical College Talegaon Dabhade | 23/12/15 | 30/04/2021 | 5 Years | 4 Months |
| Asso. Prof. | 01/05/2021 | Till Date | 1 Years | 10 months |

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

Sign & Stamp 
 Head of the Department
 MIMER Medical College
 Talegaon Dabhade
 Date: 15/02/2023

Sign & Stamp 
 Dean/Principal/Head of Institute
 Date: 15/02/2023



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



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Ref. No. MIMER/Est./Exp Cert/ 287 (27) / 02/2023

Date 16/02/2023

EXPERIENCE CERTIFICATE

This is to certify that **Dr. Sudeep Kumar** is working as an **Associate Professor** in the department of **Gen Medicine**, in this Medical College & Dr. BSTR Hospital Talegaon Dabhade. His working experience is as under:-

| Post | From | To |
|---------------------|------------|------------|
| Assistant Professor | 23/12/2015 | 30/04/2021 |
| Associate Professor | 01/05/2021 | Till date |

He bears a good moral character to the best of our knowledge & belief.



[Signature]

Principal
MIMER Medical College
Talegaon Dabhade

Principal
MIMER Medical College
Talegaon Dabhade,
Pune

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 to Certify that Dr. Prakash P Fadnis worked in the Department of General medicine Training Centre as per following details

K) General Experience

| Designation | From | To | Total period Year/Months | |
|--------------------|------------|-----------|--------------------------|-----------|
| | | | Year | Months |
| Asst. Prof (MIMER) | 13.07.2016 | Till date | 06 Yrs | 07 Months |

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

| Designation | From | To | Total period Year/Months | |
|--------------------|------------|-----------|--------------------------|-----------|
| | | | Year | Months |
| Asst. Prof (MIMER) | 13.07.2016 | Till date | 06 Yrs | 07 Months |

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

Sign & Stamp
Head of the Department
Date: 15/02/2023

Dr. Prakash P Fadnis
Prof. HOD Medicine Dept
MIMER Medical College
Talegaon Dabhade

Sign & Stamp
Dean/Principal/Head of Institute
Date: 15/02/2023

Dr. Prakash P Fadnis
PRINCIPAL
MIMER MEDICAL COLLEGE
TALEGAON DABHADE

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



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Ref. No. MIMER/Est./Exp Cert/ 287 (29) / 02 / 2023

Date 16/02/2023

EXPERIENCE CERTIFICATE

This is to certify that **Dr. Prakash P. Fadnis** is working as an **Assistant Professor** in the department of **Gen Medicine**, in this Medical College. His working experience is as under:-

| Post | From | To |
|---------------------|------------|-----------|
| Assistant Professor | 13/07/2016 | Till date |

He bears a good moral character to the best of our knowledge & belief.

Principal

MIMER Medical College
Talegaon Dabhade



Principal
MIMER Medical College
Talegaon Dabhade

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 to Certify that Dr. Yuvaraj K Badhe worked in the Department of General medicine Training Centre as per following details

I) General Experience

| Designation | From | To | Total period Year/Months | |
|--|------------|------------|--------------------------|-----------|
| Senior Resident BJMEDICAL COLLEGE & SGH, PUNE | 02/05/2015 | 31/03/2016 | | 11 MONTHS |
| MIMERMEDICAL COLLEGE, TALEGAON DABHADE,PUNE | 02/01/2017 | 30/4/2021 | 4 Years | 2 Months |
| Asst. Prof (MIMER) | 01/05/2021 | Till date | 1 Years | 10 months |

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

| Designation | From | To | Total period Year/Months | |
|--|------------|------------|--------------------------|-----------|
| Senior Resident BJMEDICAL COLLEGE & SGH, PUNE | 02/05/2015 | 31/03/2016 | | 11 MONTHS |
| MIMERMEDICAL COLLEGE, TALEGAON DABHADE,PUNE | 02/01/2017 | 30/4/2021 | 4 Years | 2 Months |
| Asst. Prof (MIMER) | 01/05/2021 | Till date | 1 Years | 10 months |

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

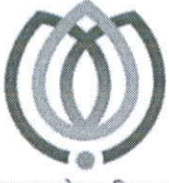
Sign & Stamp
Head of the Department
Date : 15/02/2023

S. K. Badhe
Prof. HOD Medicine Dept.
MIMER Medical College
Talegaon Dabhade

Sign & Stamp
Dean/Principal/Head of Institute
Date: 15/02/2023



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



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Ref. No. MIMER/Est./Exp Cert/ 287(32)/02/2023

Date 16/02/2023

EXPERIENCE CERTIFICATE

This is to certify that **Dr. Yuvaraj K. Badhe** is working as an **Assistant Professor** in the department of **Gen. Medicine**, in this Medical College. His working experience is as under:-

| Post | From | To |
|---------------------|------------|------------|
| Senior Resident | 02/01/2017 | 30/04/2021 |
| Assistant Professor | 01/05/2021 | Till date |

He bears a good moral character to the best of our knowledge & belief.



(Signature)

Principal

MIMER Medical College
Talegaon Dabhade

Principal
MIMER Medical College
Talegaon Dabhade,
Pune-410 507.

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 to Certify that Dr. Sachinkumar K. Khade worked in the Department of General medicine Training Centre as per following details

G) General Experience

| Designation | From | To | Total period Year/Months | |
|--------------------|------------|-----------|--------------------------|-----------|
| | | | Year | Months |
| Asst. Prof (MIMER) | 01/06/2016 | Till date | 06 Yrs | 09 Months |

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

| Designation | From | To | Total period Year/Months | |
|--------------------|------------|-----------|--------------------------|-----------|
| | | | Year | Months |
| Asst. Prof (MIMER) | 01/06/2016 | Till date | 06 Yrs | 09 Months |

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

Sign & Stamp
Head of the Department
Date: 15/02/2023

Sachin Khade
Prof. HOD Medicine Dep
MIMER Medical College
Talgaon Dabhade

Sign & Stamp
Dean/Principal/Head of Institute
Date: 15/02/2023



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



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Ref. No. MIMER/Est./Exp Cert/ 287(28)/02/2023

Date 16/02/2023.

EXPERIENCE CERTIFICATE

This is to certify that **Dr. Sachinkumar K Khade** is working as an **Assistant Professor** in the department of **Gen Medicine**, in this Medical College. His working experience is as under:-

| Post | From | To |
|---------------------|------------|-----------|
| Assistant Professor | 01/06/2016 | Till date |

He bears a good moral character to the best of our knowledge & belief.

Principal

MIMER Medical College
Talegaon Dabhade



Principal
MIMER Medical College
Talegaon Dabhade,
Pune-410 507.

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 Neonatology
This to Certify that Dr. Vijay Laxman Bhavari
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 Prof DUPMC Jalgaon | 27/11/2008 | 03/12/2014 | 06 years | |
| MIMER Medical College | 6/12/2014 | 29/2/2016 | 1 year | 2 months |
| Associate Prof MIMER Medical College | 01/3/2016 | 28/5/2021 | 05 Years | 02 months |
| Professor MIMER Medical College | 29/5/2021 | Till date | 1 year | 7 months |

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

| Designation | From | To | Total period Year/Months | |
|-------------|------|----|--------------------------|--------|
| | | | Year | Months |
| | | | | |
| | | | | |

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

Sign & Stamp
Head of the Department
Date: 15/02/2023

Prof. & HOD
Dept. of Paediatrics
MIMER Medical College
Talegaon Dabhade

Sign & Stamp
Dean/Principal/Head of Institute
Date: 15/02/2023



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



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MIMER MEDICAL COLLEGE

MAEER MIT PUNE'S
MAHARASHTRA INSTITUTE OF MEDICAL EDUCATION AND RESEARCH,
MEDICAL COLLEGE (ESTD – 1995)
DR. BHAUSAHEB SARDESAI TALEGAON RURAL HOSPITAL
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Talegaon Dabhade, Pune – 410 507, Maharashtra, India.
■ Tel. 02114 - 308300, 808799040 / 41 / 42 / 43 ■ Fax : 02114- 223916
■ Website : www.mitmimer.com ■ Email :-info@mitmimer.com

Ref No. MIMER/EST/ Exp Cer/ 287 (24)/02/2023

Date 16/02/2023

EXPERIENCE CERTIFICATE

This is to certify that **Dr. Vijay Bhavari** is working as a **Professor** in the department of **Paediatrics**, in this Medical College. His working experience is as under:-

| Post | From | To |
|---------------------|------------|------------|
| Assistant Professor | 06/12/2014 | 29/02/2016 |
| Associate Professor | 01/03/2016 | 30/04/2021 |
| Professor | 01/05/2021 | Till date |

He bears a good moral character to the best of our knowledge & belief.



Principal

MIMER Medical College
Talegaon Dabhade

Principal

MIMER Medical College
Talegaon Dabhade,
Pune-410 507.

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 Neonatology
This to Certify that Dr. Arun Madhusudan Zaveri
Worked in the Department of Pediatrics Training Centre as per following details

A) General Experience

| Designation | From | To | Total period Year/Months | |
|--|----------------------|------------------------|--------------------------|----------|
| Assistant Prof MIMER Medical College | 01/06/1995 | 31/05/2004 | 09 Years | |
| Associate Prof MIMER Medical College | 01/6/2004 | 31/5/2008 | 04 Years | |
| Professor MIMER Medical College | 1/6/2008 3/8/2015 | 30/6/2012 Till date | 04 years 7 years | 4 months |

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

| Designation | From | To | Total period Year/Months | |
|-------------|------|----|--------------------------|--|
| | | | | |
| | | | | |

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

Sign & Stamp
Head of the Department

Date: 15/02/2023

Prof. & HOD

Dept. of Paediatrics

MIMER Medical College

Talegaon Dabhade

Sign & Stamp
Dean/Principal/Head of Institute

Date: 15/02/2023



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



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MIMER MEDICAL COLLEGE

MAEER MIT PUNE'S
MAHARASHTRA INSTITUTE OF MEDICAL EDUCATION AND RESEARCH ,
MEDICAL COLLEGE (ESTD – 1995)
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Talegaon Dabhade, Pune – 410 507, Maharashtra, India.
■ Tel. 02114 - 308300, 808799040 / 41 / 42 / 43 ■ Fax : 02114- 223916
■ Website : www.mitmimer.com ■ Email :-info@mitmimer.com

Ref NO MIMER/EST/ Exp Cer/ 287 (23) / 02 / 2023

Date 16/02/2023

EXPERIENCE CERTIFICATE

This is to certify that **Dr. Arun M Zaveri** is working as a **Professor** in the department of Paediatrics , in this Medical College. His working experience is as under:-

| Post | From | To |
|-----------|------------|-----------|
| Professor | 03/08/2015 | Till date |

He bears a good moral character to the best of our knowledge & belief.




Principal
MIMER Medical College
Talegaon Dabhade
Principal
MIMER Medical College
Talegaon Dabhade

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 Neonatology
This to Certify that Dr. Eric Paul D'souza
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 Prof AFMC Pune MIMER Medical college | Nov 2001 | May 2004 | 02 years | 6 months |
| | 1/2/2006 | 12/8/2008 | 02 years | 6 months |
| Associate Prof | 13/8/2008 | 6/5/2014 | 5 years | 8 months |
| | 1/8/2018 | Till date | 4 years | 4 months |

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

| Designation | From | To | Total period Year/Months | |
|-------------|------|----|--------------------------|--------|
| | | | Year | Months |
| | | | | |
| | | | | |

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

Sign & Stamp
Head of the Department
Date : 15/02/2022

Prof. & HOD
Dept. of Paediatrics
MIMER Medical College
Talegaon Dabhade

Sign & Stamp
Dean/Principal/Head of Institute
Date: 15/02/2022



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



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MIMER MEDICAL COLLEGE

MAEER MIT PUNE'S
MAHARASHTRA INSTITUTE OF MEDICAL EDUCATION AND RESEARCH,
MEDICAL COLLEGE (ESTD – 1995)
DR. BHAUSAHEB SARDESAI TALEGAON RURAL HOSPITAL

Accredited by NAAC with 'A' Grade

Talegaon Dabhade, Pune – 410 507, Maharashtra, India.

■ Tel. 02114 - 308300, 808799040 / 41 / 42 / 43 ■ Fax : 02114- 223916

■ Website : www.mitmimer.com ■ Email :-info@mitmimer.com

Ref NO MIMER/EST/ Exp Cer/ 287 (24)/02/2023

Date 16/02/2023.

EXPERIENCE CERTIFICATE

This is to certify that **Dr. Eric P D'souza** is working as an **Associate Professor** in the department of Paediatrics, in this Medical College. His working experience is as under:-

| Post | From | To |
|---------------------|------------|-----------|
| Associate Professor | 01/08/2018 | Till date |

He bears a good moral character to the best of our knowledge & belief.

Principal

MIMER Medical College

Talegaon Dabhade



Principal
MIMER Medical College

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 Neonatology
This to Certify that Dr. Dilip Mahadeo Sankpal
Worked in the Department of Pediatrics Training Centre as per following details

A) General Experience

| Designation | From | To | Total period Year/Months | |
|--------------------------------|-----------|-----------|--------------------------|----------|
| Assistant Prof DYPMC Pimpri | 2/3/1998 | 30/4/2004 | 06 years | |
| Associate Prof DYPMC Pimpri | 1/5/2004 | 30/9/2006 | 2 years | 4 months |
| MIMER Medical College | 16/3/2015 | 9/12/2015 | - | 9 months |
| | 16/4/2018 | Till date | 4 years | 8 months |

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

| Designation | From | To | Total period Year/Months | |
|-------------|------|----|--------------------------|--|
| | | | | |
| | | | | |

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

Sign & Stamp
Head of the Department
Date: 15/02/2023

Prof. & HOD

Dept. of Paediatrics

MIMER Medical College

Talegaon Dabhade

Sign & Stamp
Dean/Principal/Head of Institute
Date: 15/02/2023



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



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MEDICAL COLLEGE (ESTD – 1995)
DR. BHAUSAHEB SARDESAI TALEGAON RURAL HOSPITAL
Accredited by NAAC with 'A' Grade
Talegaon Dabhade, Pune – 410 507, Maharashtra, India.
■ Tel. 02114 - 308300, 808799040 / 41 / 42 / 43 ■ Fax : 02114- 223916
■ Website : www.mitmimer.com ■ Email :-info@mitmimer.com

Ref NO MIMER/EST/ Exp Cer/ 287(25)/02/2023

Date 16/02/2023

EXPERIENCE CERTIFICATE

This is to certify that **Dr. Dilip Sankpal** is working as an **Associate Professor** in the department of Paediatrics, in this Medical College. His working experience is as under:-

| Post | From | To |
|---------------------|------------|-----------|
| Associate Professor | 16/04/2018 | Till date |

He bears a good moral character to the best of our knowledge & belief.

Principal

MIMER Medical College
Talegaon Dabhade



Principal
MIMER Medical College
Talegaon Dabhade.

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:**
1. Fellowship course in Minimal Access Surgery.
 2. Fellowship Course in Head & Neck Onco-surgery.
 3. Certificate course in OT Technician

This is to Certify that **Dr. Sachin Naik** has worked in the Department of General Surgery, MIMER Medical College / Institutes as per following details.

A) General Experience: -

| Designation | From | To | Total period Year / Month | |
|---------------------|------------|-----------|---------------------------|----------|
| | | | Year | Month |
| Assistant Professor | 12/10/1993 | 31/7/2005 | 5 years | 6 months |
| Associate Professor | 1/8/2005 | 30/4/2010 | 4 years | 8 months |
| Professor | 1/5/2010 | till date | 13 years | 1 month |


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

| Designation | From | To | Total period Year / Month | |
|---------------------|------------|-----------|---------------------------|----------|
| | | | Year | Month |
| Assistant Professor | 12/10/1993 | 31/7/2005 | 5 years | 6 months |
| Associate Professor | 1/8/2005 | 30/4/2010 | 4 years | 8 months |
| Professor | 1/5/2010 | till date | 13 years | 1 month |

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

Sachin Naik
 Sign & Stamp of
DR. SACHIN NAIK
 M.S. Gen Surgery, DLap, FMAS
 Professor & Head, Dept. of Surgery
 MIMER Medical College,
 Talegaon Dabhade, Pune-410507.
 Date: 15/02/2023

Pravin
 Sign & Stamp
 PRINCIPAL
 MIMER MEDICAL COLLEGE
 TALEGAON DABHADE
 PUNE 410507
 Date: 15/02/2023



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



॥ स्वास्थ्य-सेवा-सुशिक्षणम् ॥
MIMER MEDICAL COLLEGE

MAEER MIT PUNE'S
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DR. BHAUSAHEB SARDESAI TALEGAON RURAL HOSPITAL

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Ref NO MIMER/EST/ Exp Cer/ 287 (1)/02/2023

Date 16/02/2023

EXPERIENCE CERTIFICATE

This is to certify that **Dr. Sachin Naik** is working as a **Professor & HOD** in the department of **Gen Surgery**, in this Medical College & Dr. BSTR Hospital Talegaon Dabhade. His working experience is as under:-

| Post | From | To |
|---------------------|------------|------------|
| Assistant Professor | 12/10/1999 | 31/07/2005 |
| Associate Professor | 01/08/2005 | 30/04/2010 |
| Professor | 01/05/2010 | 27/03/2016 |
| Professor & HOD | 28/03/2016 | Till date |

He bears a good moral character to the best of our knowledge & belief.



Principal
MIMER Medical College
Talegaon Dabhade

Principal
MIMER Medical College
Talegaon Dabhade,
Pune-410 507.

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: 1.Certificate course in OT Technician

This is to Certify that Dr **R. N. Bharadwaj** has worked in the Department of General Surgery, MIMER Medical College / Institutes as per following details.

A) General Experience: -

| Designation | From | To | Total period Year / Month | |
|---------------------|-----------|------------|---------------------------|----------|
| Assistant Professor | 6/10/1979 | 28/2/1999 | 5 years | 2 months |
| Associate Professor | 1/3/1999 | 31/08/2003 | 4 years | 5 months |
| Professor | 1/3/1999 | till date | 19 years | 1 month |

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

:-

| Designation | From | To | Total period Year / Month | |
|---------------------|-----------|------------|---------------------------|----------|
| Assistant Professor | 6/10/1979 | 28/2/1999 | 5 years | 2 months |
| Associate Professor | 1/3/1999 | 31/08/2003 | 4 years | 5 months |
| Professor | 1/3/1999 | till date | 19 years | 1 month |

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

Sachin Naik
DR. SACHIN NAIK
 Sign & Stamp Head of
 M.S. Gen. Surgery, DLap, FMAS
 Professor & Head, Dept. of Surgery
 MIMER Medical College,
 Talegaon Dabhade, Pune-410507.
 Date: 15/02/2023

Principals
 Sign & Stamp
 Dean/Principal/Head of Institute
 MIMER MEDICAL COLLEGE
 TALEGAON DABHADE
 PUNE 410507
 Date: 15/02/2023



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



॥ स्वास्थ्य-सेवा-सुशिक्षणम् ॥
MIMER MEDICAL COLLEGE

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MEDICAL COLLEGE (ESTD – 1995)

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Ref NO MIMER/EST/ Exp Cer/ 287(2)/02/2023

Date 16/02/2023

EXPERIENCE CERTIFICATE

This is to certify that **Dr. R. N. Bharadwaj** is working as a **Professor** in the department of **Gen. Surgery**, in this Medical College. His working experience is as under:-

| Post | From | To |
|-----------|------------|-----------|
| Professor | 15/07/2013 | Till date |

He bears a good moral character to the best of our knowledge & belief.




Principal
MIMER Medical College
Talegaon Dabhade

Principal
MIMER Medical College
Talegaon Dabhade,
Pune-410 507.

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:**
1. Fellowship course in Minimal Access Surgery.
 2. Fellowship Course in Head & Neck Onco-surgery.
 3. Certificate course in OT Technician

This is to Certify that **Dr Tushar Khachane** has worked in the Department of General Surgery, MIMER Medical College / Institutes as per following details.

A) General Experience: -

| Designation | From | To | Total period Year / Month | |
|---------------------|-----------|------------|---------------------------|-----------|
| Assistant Professor | 1/10/2005 | 31/12/2016 | 11 years | 2 months |
| Associate Professor | 1/7/2007 | 31/10/2021 | 4 years | 10 months |
| Professor | 1/11/2021 | till date | 1 year | 1 month |

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

| Designation | From | To | Total period Year / Month | |
|---------------------|-----------|------------|---------------------------|-----------|
| Assistant Professor | 1/10/2005 | 31/12/2016 | 11 years | 2 months |
| Associate Professor | 1/7/2007 | 31/1/2022 | 4 years | 10 months |
| Professor | 1/11/2021 | till date | 1 year | 1 month |

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

Sachin Naik
DR. SACHIN NAIK
 Sign & Stamp Head of
 the Department
 M.S. General Lap, FMAS
 Professor & Head, Dept. of Surgery
 MIMER Medical College,
 Talegaon Dabhade, Pune-410507.
 Date: 15/02/2023

Sham
 Sign & Stamp
 Dean/Principal/Head of Institute
 MIMER MEDICAL COLLEGE
 TALEGAON DABHADE
 PUNE 410507
 Date: 15/02/2023



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



॥ स्वास्थ्य-सेवा-सुशिक्षणम् ॥
MIMER MEDICAL COLLEGE

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MEDICAL COLLEGE (ESTD – 1995)

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■ Website : www.mitmimer.com ■ Email :-info@mitmimer.com

Ref NO MIMER/EST/ Exp Cer/ 287 (3)/02/2023

Date 16/02/2023

EXPERIENCE CERTIFICATE

This is to certify that **Dr. Tushar S. Khachane** is working as a **Professor** in the department of **Gen. Surgery**, in this Medical College. His working experience is as under:-

| Post | From | To |
|---------------------|------------|------------|
| Assistant Professor | 01/10/2005 | 31/12/2016 |
| Associate Professor | 01/01/2017 | 31/10/2021 |
| Professor | 01/11/2021 | Till date |

He bears a good moral character to the best of our knowledge & belief.



[Signature]

Principal

MIMER Medical College
Talegaon Dabhade

Principal
MIMER Medical College
Talegaon Dabhade,
Pune-410 507.

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: 1. Fellowship course in Head & Neck Onco-surgery.
2. Certificate Course in OT Technician

This is to Certify that **Dr.Nikhil Phadke** has worked in the Department of General Surgery, MIMER Medical College / Institutes as per following details.

A) General Experience: -

| Designation | From | To | Total period Year / Month | |
|---------------------|----------|-----------|---------------------------|----------|
| | | | Year | Month |
| Assistant Professor | 1/5/2000 | 30/6/2007 | 7 years | 1 month |
| Associate Professor | 1/7/2007 | 31/1/2022 | 15 years | 2 months |
| Professor | 1/2/2022 | till date | 1 Year | 1 month |

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

| Designation | From | To | Total period Year / Month | |
|---------------------|----------|-----------|---------------------------|----------|
| | | | Year | Month |
| Assistant Professor | 1/5/2000 | 30/6/2007 | 7 years | 1 month |
| Associate Professor | 1/7/2007 | 31/1/2022 | 15 years | 2 months |
| Professor | 1/2/2022 | till date | 1 Year | 1 month |

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

Sachin Naik
Sign & Stamp Head of

DR. SACHIN NAIK

M.S. General Surgery, DLap, FMAS
Professor & Head, Dept. of Surgery

MIMER Medical College,

Talegaon Dabhade, Pune-410507.

[Signature]
Sign & Stamp

PRINCIPAL
MIMER MEDICAL COLLEGE
Talegaon Dabhade
PUNE 410507

Date: 15/02/2023



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



॥ स्वास्थ्य-सेवा-सुगमिणम् ॥
MIMER MEDICAL COLLEGE

MAEER MIT PUNE'S
MAHARASHTRA INSTITUTE OF MEDICAL EDUCATION AND RESEARCH,
MEDICAL COLLEGE (ESTD – 1995)

DR. BHAUSAHEB SARDESAI TALEGAON RURAL HOSPITAL

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Talegaon Dabhade, Pune – 410 507, Maharashtra, India.

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■ Website : www.mitmimer.com ■ Email :-info@mitmimer.com

Ref NO MIMER/EST/ Exp Cer/ 287 (5) / 02 / 2023

Date 16/02/2023

EXPERIENCE CERTIFICATE

This is to certify that **Dr. Nikhil A. Phadke** is working as a **Professor** in the department of **Gen. Surgery**, in this Medical College. His working experience is as under:-

| Post | From | To |
|---------------------|------------|------------|
| Assistant Professor | 02/05/2000 | 30/06/2007 |
| Associate Professor | 01/07/2007 | 31/01/2022 |
| Professor | 01/02/2022 | Till date |

He bears a good moral character to the best of our knowledge & belief.

Principal

MIMER Medical College

Talegaon Dabhade

Principal

MIMER Medical College

Talegaon Dabhade,

Pune-410 507.



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:**
1. Fellowship course in Minimal Access Surgery.
 2. Fellowship Course in Head & Neck Onco-surgery.
 3. Certificate course in OT Technician

This is to Certify that **Dr Sandesh Gawade** has worked in the Department of General Surgery, MIMER Medical College / Institutes as per following details.

A) General Experience: -

| Designation | From | To | Total period Year / Month | |
|---------------------|----------|------------|---------------------------|-----------|
| Assistant Professor | 1/2/2008 | 31/12/2016 | 8 years | 10 months |
| Associate Professor | 1/7/2007 | 31/1/2022 | 5 years | 1 month |
| Professor | 1/2/2022 | till date | 1 Year | 1 month |

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

| Designation | From | To | Total period Year / Month | |
|---------------------|----------|------------|---------------------------|-----------|
| Assistant Professor | 1/2/2008 | 31/12/2016 | 8 years | 10 months |
| Associate Professor | 1/7/2007 | 31/1/2022 | 5 years | 1 month |
| Professor | 1/2/2022 | till date | 1 Year | 1 month |

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

Sachin Naik
 Sign & Stamp Head of
 the Department
 M.S. Gen. Surgery, DLap, FMAS
 Professor & Head, Dept. of Surgery
 MIMER Medical College,
 Talegaon Dabnade, Pune 410507.
 Date: 15/02/2023

Pran
 Sign & Stamp
 Dean/Principal/Head of Institute
 MIMER MEDICAL COLLEGE
 PUNE 410507
 Date: 15/02/2023



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



॥ स्वास्थ्य-सेवा-सुशिक्षणम् ॥
MIMER MEDICAL COLLEGE

MAEER MIT PUNE'S
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MEDICAL COLLEGE (ESTD - 1995)

DR. BHAUSAHEB SARDESAI TALEGAON RURAL HOSPITAL

Accredited by NAAC with 'A' Grade

Talegaon Dabhade, Pune - 410 507, Maharashtra, India.

■ Tel. 02114 - 308300, 808799040 / 41 / 42 / 43 ■ Fax : 02114- 223916

■ Website : www.mitmimer.com ■ Email :-info@mitmimer.com

Ref NO MIMER/EST/ Exp Cer/ 287 (4)/02/2023

Date 16/02/2023

EXPERIENCE CERTIFICATE

This is to certify that **Dr. Sandesh Gawade** is working as a **Professor** in the department of **Gen. Surgery**, in this Medical College. His working experience is as under:-

| Post | From | To |
|------------------------------|------------|------------|
| Assistant Lecturer/ Resident | 14/05/2002 | 31/10/2006 |
| Assistant Professor | 01/11/2006 | 31/01/2007 |
| Assistant Professor | 01/02/2008 | 31/12/2016 |
| Associate Professor | 01/01/2017 | 31/01/2022 |
| Professor | 01/02/2022 | Till date |

He bears a good moral character to the best of our knowledge & belief.



Principal
MIMER Medical College
Talegaon Dabhade

Principal
MIMER Medical College
Talegaon Dabhade,
Pune-410 507.

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: 1. Fellowship course in Minimal Access Surgery.

This is to Certify that **Dr. Samadhan Kshirsagar** has worked in the Department of General Surgery, MIMER Medical College / Institutes as per following details.

A) General Experience: -

| Designation | From | To | Total period Year / Month | |
|---------------------|-----------|-----------|---------------------------|----------|
| | | | Year | Month |
| Assistant Professor | 14/9/2011 | 31/1/2022 | 10 years | 4 months |
| Associate Professor | 1/2/2022 | till date | 1 Year | 1month |
| Professor | | | | |

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

| Designation | From | To | Total period Year / Month | |
|---------------------|-----------|-----------|---------------------------|----------|
| | | | Year | Month |
| Assistant Professor | 14/9/2011 | 31/1/2022 | 10 years | 4 months |
| Associate Professor | 1/2/2022 | till date | 1 Year | 1month |
| Professor | | | | |

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

Sachin Naik
DR. SACHIN NAIK
 Sign & Stamp Head of
 the Department
 M.S. Gen. Surgery, DLap, FMAS
 Professor & Head, Dept. of Surgery
 MIMER Medical College,
 Talegaon Dabhade, Pune-410507.
 Date: 15/02/2023

Shom
 Sign & Stamp
 Dean/Principal/Head of Institute
 MIMER MEDICAL COLLEGE
 TALEGAON DABHADE
 PUNE 410507
 Date: 15/02/2023



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



॥ स्वास्थ्य-सेवा-सुनिश्चयम् ॥
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DR. BHAUSAHEB SARDESAI TALEGAON RURAL HOSPITAL

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Talegaon Dabhade, Pune – 410 507, Maharashtra, India.

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Ref NO MIMER/EST/ Exp Cer/ 287 (7) /02/2023

Date 16/02/2023

EXPERIENCE CERTIFICATE

This is to certify that **Dr. Samadhan N. Kshirsagar** is working as an **Associate Professor** in the department of **Gen. Surgery**, in this Medical College. His working experience is as under:-

| Post | From | To |
|---------------------|------------|------------|
| Assistant Professor | 14/09/2011 | 31/01/2022 |
| Associate Professor | 01/02/2022 | Till date |

He bears a good moral character to the best of our knowledge & belief.

Principal

MIMER Medical College

Talegaon Dabhade

Principal

MIMER Medical College

Talegaon Dabhade,

Pune-410 507.



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: 1. Fellowship Course in Head & Neck Onco-surgery.**

This is to Certify that **Dr. Jaipalreddy R Pogal** has worked in the Department of General Surgery, MIMER Medical College / Institutes as per following details.

A) General Experience: -

| Designation | From | To | Total period Year / Month | |
|---------------------|-----------------------|-------------------------|---------------------------|-----------|
| Junior Resident | 2005 | 2008 | 3 years | - |
| Senior Resident | 2010 | 2013 | 3 years | - |
| Assistant Professor | Sept 2008 Dec 2017 | April 2010 Till Date | 6 years | 10 months |

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

| Designation | From | To | Total period Year / Month | |
|---------------------|-----------------------|-------------------------|---------------------------|-----------|
| Assistant Professor | Sept 2008 Dec 2017 | April 2010 Till Date | 6 years | 10 months |
| 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)

Sachin Naik
DR. SACHIN NAIK
 Sign & Stamp Head of
 the Department
 M.S. Gen. Surgery, DLap, FMAS
 Professor & Head, Dept. of Surgery
 MIMER Medical College,
 Talegaon Dabhade, Pune-410507.
 Date: 15/02/2023

[Signature]
PRINCIPAL
 Sign & Stamp
 Dean/Principal/Head of Institute
 MIMER MEDICAL COLLEGE
 TALEGAON DABHADE
 PUNE 410507
 Date: 15/02/2023



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



॥ स्वास्थ्य-सेवा-सुशिक्षणम् ॥
MIMER MEDICAL COLLEGE

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MEDICAL COLLEGE (ESTD – 1995)

DR. BHAUSAHEB SARDESAI TALEGAON RURAL HOSPITAL

Accredited by NAAC with 'A' Grade

Talegaon Dabhade, Pune – 410 507, Maharashtra, India.

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■ Website : www.mitmimer.com ■ Email :-info@mitmimer.com

Ref NO MIMER/EST/ Exp Cer/ 287 (09) / 02/2023

Date 16/02/2023

EXPERIENCE CERTIFICATE

This is to certify that **Dr. Jaipalreddy R. Pogal** is working as an **Assistant Professor** in the department of **Gen. Surgery**, in this Medical College. His working experience is as under:-

| Post | From | To |
|---------------------|------------|-----------|
| Assistant Professor | 20/12/2016 | Till date |

He bears a good moral character to the best of our knowledge & belief.

Principal

MIMER Medical College

Talegaon Dabhade

Principal
MIMER Medical College

Talegaon Dabhade,

Pune-410 507.



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 to Certify that Dr. Shilpa Y. Gurav has worked in the Department of Anaesthesiology Training Centre as perfollowing details

A) General Experience

| Designation | From | To | Total period Year/Months | |
|-------------------------------|------------|------------|--------------------------|-----------|
| | | | Year | Months |
| Asst. Prof (SRTR)Ambajogai | 09/08/2002 | 06/12/2002 | | 04 Months |
| (GMC) Miraj | 10/12/2002 | 04/04/2003 | | 04 Months |
| (KIMS) Karad | 05/04/2003 | 12/06/2005 | 02 Yrs | 02 mth |
| (GMC) Yavatmal | 13/06/2005 | 16/08/2007 | 02 Yrs | 02 mth |
| (MIMER) Pune | 17/08/2007 | 16/09/2007 | | 01 month |
| Asso. Prof (MIMER) Pune | 17/09/2007 | 31/01/2012 | 04 yrs | 04 Months |
| Prof. (MIMER) Pune | 01/02/2012 | Till Date | 11 Yrs | |

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

| Designation | From | To | Total period Year/Months | |
|-------------------------------|------------|------------|--------------------------|-----------|
| | | | Year | Months |
| Asst. Prof (SRTR)Ambajogai | 09/08/2002 | 06/12/2002 | | 04 Months |
| (GMC) Miraj | 10/12/2002 | 04/04/2003 | | 04 Months |
| (KIMS) Karad | 05/04/2003 | 12/06/2005 | 02 Yrs | 02 mth |
| (GMC) Yavatmal | 13/06/2005 | 16/08/2007 | 02 Yrs | 02 mth |
| (MIMER) Pune | 17/08/2007 | 16/09/2007 | | 01 month |
| Asso. Prof (MIMER) Pune | 17/09/2007 | 31/01/2012 | 04 yrs | 04 Months |
| Prof. (MIMER) Pune | 01/02/2012 | Till Date | 11 Yrs | |

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

Dr. Shilpa Gurav

Prof. & HOD
Sign & Stamp
Reg. No. 85508
Head of the Department
Dept. of Anaesthesiology
MIMER Medical College
Talegaon Dabhade

Principal
Sign & Stamp
MIMER MEDICAL COLLEGE
Talegaon Dabhade
Date: 15/02/2023



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



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MIMER MEDICAL COLLEGE

MAEER MIT PUNE'S
MAHARASHTRA INSTITUTE OF MEDICAL EDUCATION AND RESEARCH,
MEDICAL COLLEGE (ESTD - 1995)

DR. BHAUSAHEB SARDESAI TALEGAON RURAL HOSPITAL
Accredited by NAAC with 'A' Grade

Talegaon Dabhade, Pune - 410 507, Maharashtra, India.

■ Tel. 02114 - 308300, 808799040 / 41 / 42 / 43 ■ Fax : 02114- 223916

■ Website : www.mitmimer.com ■ Email :-info@mitmimer.com

Ref No. MIMER/EST/ Exp Cer/287(10)/02/2023

Date 16/02/2023

EXPERIENCE CERTIFICATE

This is to certify that **Dr. (Mrs.) Shilpa Y. Gurav** is working as a **Professor** in the department of **Anesthesiology**, in this Medical College. Her working experience is as under:-

| Post | From | To |
|---------------------|------------|------------|
| Assistant Professor | 17/08/2007 | 16/09/2007 |
| Associate Professor | 17/09/2007 | 31/01/2012 |
| Professor | 01/02/2012 | Till date |

She bears a good moral character to the best of our knowledge & belief.



Shilpa

Principal

MIMER Medical College

Talegaon Dabhade

MIMER Medical College

Talegaon Dabhade,

Pune-410 507.

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 to Certify that Dr. Yuvraj Kumbhar worked in the Department of Anaesthesiology Training Centre as per following details

C) General Experience

| Designation | From | To | Total period Year/ Months | |
|--|--|--|---------------------------|-------------------------------|
| Asst Prof. (MIMER) (RCSMGME) (MIMER) | 07/09/1998 09/07/2003 15/03/2007 | 07/05/1999 08/03/2007 30/11/2009 | 3 Yrs 2 Yrs | 08 Mths 08 Mths 08 Mths |
| Asso. Prof.(MIMER) | 01/12/2009 | Till Date | 13 Yrs | 02 Mths |

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

| Designation | From | To | Total period Year/Months | |
|--|--|--|--------------------------|-------------------------------|
| Asst Prof. (MIMER) (RCSMGME) (MIMER) | 07/09/1998 09/07/2003 15/03/2007 | 07/05/1999 08/03/2007 30/11/2009 | 3 Yrs 2 Yrs | 08 Mths 08 Mths 08 Mths |
| Asso.Prof. (MIMER) | 01/12/2009 | Till Date | 13 Yrs | 02 Mths |

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

Dr. Shipa Gurav
 Sign & Stamp
 Prof. & HOD
 Reg. No. 85508
 Head of the Department
 Dept. of Anaesthesiology
 MIMER Medical College
 Talegaon Dabhade
 Date: 15/02/2023

Prin
 Sign & Stamp
 PRINCIPAL
 MIMER MEDICAL COLLEGE
 Talegaon Dabhade
 Date: 15/02/2023



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



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MIMER MEDICAL COLLEGE

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MEDICAL COLLEGE (ESTD - 1995)

DR. BHAUSAHEB SARDESAI TALEGAON RURAL HOSPITAL

Accredited by NAAC with 'A' Grade

Talegaon Dabhade, Pune - 410 507, Maharashtra, India.

■ Tel. 02114 - 308300, 808799040 / 41 / 42 / 43 ■ Fax : 02114- 223916

■ Website : www.mitmimer.com ■ Email :-info@mitmimer.com

Ref No. MIMER/EST/ Exp Cer/287(11)/02/2023

Date 16/02/2023

EXPERIENCE CERTIFICATE

This is to certify that **Dr. Yuvraj Kumbhar** is working as an **Associate Professor** in the department of **Anesthesiology**, in this Medical College. His working experience is as under:-

| Post | From | To |
|---------------------|------------|------------|
| Assistant Professor | 15/03/2007 | 30/11/2009 |
| Associate Professor | 01/12/2009 | Till date |

She bears a good moral character to the best of our knowledge & belief.

Principal

MIMER Medical College

Talegaon Dabhade



Principal

MIMER Medical College

Talegaon Dabhade,

Pune-410 507.

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 to Certify that Dr. Anita Kulkarni worked in the Department of Anaesthesiology Training Centre as per following details


E) General Experience


| Designation | From | To | Total period Year/Months | |
|---------------------|------------|------------|--------------------------|---------|
| Asst. Prof. (MIMER) | 12/05/2009 | 31/01/2015 | 05 Yrs | 08 mths |
| Asso. Prof. | 01/02/2015 | Till Date | 08 Yrs | |

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

| Designation | From | To | Total period Year/Months | |
|---------------------|------------|------------|--------------------------|---------|
| Asst. Prof. (MIMER) | 12/05/2009 | 31/01/2015 | 05 Yrs | 08 mths |
| Asso. Prof. | 01/02/2015 | Till Date | 08 Yrs | |

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


Dr. Shilpa Gurav
 Prof. & HOD
 Reg. No. 85504
 Dept. of Anaesthesiology
 Date: 15/02/2023


PRINCIPAL
 MAEER'S MIMER MEDICAL COLLEGE
 TALEGAON DABHADE
 Date: 15/02/2023



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



MAEER MIT PUNE'S
MAHARASHTRA INSTITUTE OF MEDICAL EDUCATION AND RESEARCH,
MEDICAL COLLEGE (ESTD - 1995)
DR. BHAUSAHEB SARDESAI TALEGAON RURAL HOSPITAL
Accredited by NAAC with 'A' Grade
Talegaon Dabhade, Pune - 410 507, Maharashtra, India.
■ Tel. 02114 - 308300, 808799040 / 41 / 42 / 43 ■ Fax : 02114- 223916
■ Website : www.mitmimer.com ■ Email :-info@mitmimer.com

Ref No. MIMER/EST/ Exp Cer/287(12)/02/2023

Date 16/02/2023

EXPERIENCE CERTIFICATE

This is to certify that **Dr. (Mrs.) Anita Kulkarni** is working as an **Associate Professor** in the department of **Anaesthesiology**, in this Medical College. Her working experience is as under:-

| Post | From | To |
|---------------------|------------|------------|
| Assistant Professor | 12/05/2009 | 31/01/2015 |
| Associate Professor | 01/02/2015 | Till date |

She bears a good moral character to the best of our knowledge & belief.



Principal
MIMER Medical College
Talegaon Dabhade

Principal
MIMER Medical College
Talegaon Dabhade,
Pune - 410 507.

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 to Certify that Dr. Leena Paulose worked in the Department of Anaesthesiology Training Centre as per following details

G) General Experience

| Designation | From | To | Total period Year/Months | |
|--------------------------|------------|------------|--------------------------|---------|
| Sr. Resident (MIMER) | 06/01/05 | 23/07/06 | 01 Yrs | 6 Mths |
| Sr. Resident (Choithram) | 04/08/06 | 04/08/08 | 02 Yrs | |
| Sr. Resident (MIMER) | 07/08/10 | 30/06/16 | 05 Yrs | 10 Mths |
| Asst. Prof (MIMER) | 01/07/2016 | 28/02/2021 | 04 Yrs | 07 Mths |
| Asso. Prof. (MIMER) | 01/03/2021 | Till Date | 01 Yrs | 11 mths |

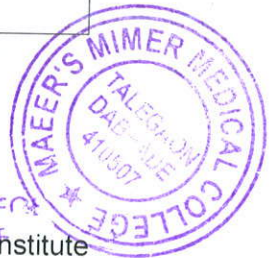
H) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-

| Designation | From | To | Total period Year/Months | |
|--------------------------|------------|------------|--------------------------|---------|
| Sr. Resident (MIMER) | 06/01/05 | 23/07/06 | 01 Yrs | 6 Mths |
| Sr. Resident (Choithram) | 04/08/06 | 04/08/08 | 02 Yrs | |
| Sr. Resident (MIMER) | 07/08/10 | 30/06/16 | 05 Yrs | 10 Mths |
| Asst. Prof (MIMER) | 01/07/2016 | 28/02/2021 | 04 Yrs | 07 Mths |
| Asso. Prof. (MIMER) | 01/03/2021 | Till Date | 01 Yrs | 11 mths |

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

Shilpa Gurav
Dr. Shilpa Gurav
 Sign & Stamp
 Reg. No. 45508
 Head of the Department
 Dept. of Anaesthesiology
 MAEER Medical College
 Dabhade

Shan
PRINCIPAL
 Sign & Stamp
 MAEER MEDICAL COLLEGE
 DABHADE
 Date: 15/02/2021



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



Ref No. MIMER/EST/ Exp Cer/287(13)/02/2023

Date 16/02/2023

EXPERIENCE CERTIFICATE

This is to certify that **Dr. Leena S. Paulose** is working as an **Associate Professor** in the department of **Anesthesiology**, in this Medical College. Her working experience is as under:-

| Post | From | To |
|---------------------|------------|------------|
| Senior Resident | 07/08/2010 | 30/06/2016 |
| Assistant Professor | 01/07/2016 | 28/02/2021 |
| Associate Professor | 01/03/2021 | Till date |

She bears a good moral character to the best of our knowledge & belief.



Shon

Principal

MIMER Medical College
Talegaon Dabhade

Principal
MIMER Medical College
Talegaon Dabhade,
Pune - 410 507.

ANNEXURE- VIII-A

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

Title of the Course applied for:-Fellowship -High Risk Obstetrics

This to Certify that Dr. Vaishali Raychand Korde has worked in the Department of OBSTETRICS & GYNAECOLOGY Training Centre as per following details

A) General Experience

| Designation | From | To | Total period | |
|-------------|------------|------------|--------------|-----------|
| | | | Year | Months |
| Tutor | 01.02.2001 | 14.04.2003 | 02 Yrs | 02 months |
| Asst. Prof. | 15.04.2003 | 31.05.2008 | 05 Yrs | 01 month |
| Asso. Prof. | 01.06.2008 | 30.06.2012 | 04 Yrs | 01 month |
| Professor | 01.07.2012 | Till Date | 10 Yrs | 06 months |

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

| Designation | From | To | Total period | |
|-------------|------------|------------|--------------|-----------|
| | | | Year | Months |
| Tutor | 01.02.2001 | 14.04.2003 | 02 Yrs | 02 months |
| Asst. Prof. | 15.04.2003 | 31.05.2008 | 05 Yrs | 01 month |
| Asso. Prof. | 1.6.2008 | 30.6.2012 | 04 Yrs | 01 month |
| Professor | 1.7.2012 | Till Date | 10 Yrs | 06 months |

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

Sign & Stamp

Head of the Department

Date 15/02/2023
Professor & HOD
Dept. of Obst. & Gyn.
MIMER MEDICAL COLLEGE
TALEGAON (D), PUNE

Sign & Stamp

Dean/Principal/Head of Institute

Date 02/02/2023





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MIMER MEDICAL COLLEGE

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MEDICAL COLLEGE (ESTD - 1995)
DR. BHAUSAHEB SARDESAI TALEGAON RURAL HOSPITAL
Accredited by NAAC with 'A' Grade
Talegaon Dabhade, Pune - 410 507, Maharashtra, India.
■ Tel. 02114 - 308300, 808799040 / 41 / 42 / 43 ■ Fax : 02114- 223916
■ Website : www.mitmimer.com ■ Email :-info@mitmimer.com

Ref No. MIMER/EST/ Exp Cer/287(14)/02/2023

Date 16/02/2023

EXPERIENCE CERTIFICATE

This is to certify that **Dr. Vaishali Korde** is working as a **Professor** in the department of **Obstetrics & Gynecology**, in this Medical College. Her working experience is as under:-

| Post | From | To |
|---------------------|------------|------------|
| Sr. Resident | 01/02/2001 | 14/04/2003 |
| Assistant Professor | 15/04/2003 | 31/05/2008 |
| Associate Professor | 01/06/2008 | 30/06/2012 |
| Professor | 01/07/2012 | Till date |

She bears a good moral character to the best of our knowledge & belief.

Principal
MIMER Medical College
Talegaon Dabhade

Principal
MIMER Medical College
Talegaon Dabhade,
Pune - 410 507.



ANNEXURE- VIII-A

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

Title of the Course applied for:-Fellowship High Risk Obstetrics

This to Certify that Dr. Sushma Sharma has worked in the Department of OBSTETRICS & GYNAECOLOGY Training Centre as per following details

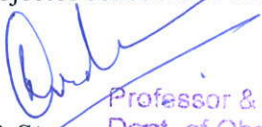
A) General Experience


| Designation | From | To | Total period | |
|-------------|------------|------------|--------------|-----------|
| | | | Year | Months |
| Tutor | 07.08.1999 | 20.01.2001 | 02 Yrs | 05 months |
| Asst. Prof. | 21.01.2001 | 31.01.2006 | 05 Yrs | - |
| Asso Prof. | 01.02.2006 | 31.03.2010 | 04 Yrs | 01 month |
| Professor | 01.04.2010 | Till Date | 12 Yrs | 09 months |

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

| Designation | From | To | Total period | |
|-------------|------------|------------|--------------|-----------|
| | | | Year | Months |
| Tutor | 07.08.1999 | 20.01.2001 | 02 Yrs | 05 months |
| Asst. Prof. | 21.01.2001 | 31.01.2006 | 05 Yrs | - |
| Asso Prof | 01.02.2006 | 31.03.2010 | 04 Yrs | 01 month |
| Professor | 01.04.2010 | Till Date | 12 Yrs | 09 months |

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


 Sign & Stamp
 Head of the Department
 Date 15/02/2023
 Professor & HOD
 Dept. of Obst. & Gyn.
 MIMER MEDICAL COLLEGE
 ALGAON (D), PUNE


 Sign & Stamp
 Dean/Principal/Head of Institute
 Date 15/02/2023
 PRINCIPAL
 MIMER MEDICAL COLLEGE
 ALGAON (D), PUNE





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MAEER MIT PUNE'S
MAHARASHTRA INSTITUTE OF MEDICAL EDUCATION AND RESEARCH,
MEDICAL COLLEGE (ESTD – 1995)

DR. BHAUSAHEB SARDESAI TALEGAON RURAL HOSPITAL

Accredited by NAAC with 'A' Grade

Talegaon Dabhade, Pune – 410 507, Maharashtra, India.

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Ref No. MIMER/EST/ Exp Cer/287(15)/02/2023

Date 16/02/2023

EXPERIENCE CERTIFICATE

This is to certify that **Dr. Sushma Sharma** is working as a **Professor** in the department of **Obstetrics & Gynecology**, in this Medical College. Her working experience is as under:-

| Post | From | To |
|---------------------|------------|------------|
| Sr. Resident | 07/08/1999 | 20/01/2001 |
| Assistant Professor | 21/01/2001 | 31/01/2006 |
| Associate Professor | 01/02/2006 | 31/03/2010 |
| Professor | 01/04/2010 | Till date |

She bears a good moral character to the best of our knowledge & belief



Principal

MIMER Medical College

Talegaon Dabhade

Principal

MIMER Medical College

Talegaon Dabhade,

Pune - 410 507.

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

Title of the Course applied for:-Fellowship- High Risk Obstetrics

This to Certify that Dr. Dattatraya Gopalghare has worked in the Department of OBSTETRICS & GYNAECOLOGY Training Centre as per following details
(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)


A) General Experience


| Designation | From | To | Total period | |
|-------------|------------|------------|--------------|-----------|
| | | | Year | Months |
| Asst. Prof. | 16/06/2005 | 15/07/2006 | 01 Yr | 01 Month |
| | 04/12/2008 | 31/10/2014 | 05 Yrs | 11 Months |
| Asso Prof | 01/11/2014 | 31/07/2018 | 03 Yrs | 08 Months |
| Professor | 01/08/2018 | Till Date | 04 Yrs | 05 Months |

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

| Designation | From | To | Total period | |
|-------------|------------|------------|--------------|-----------|
| | | | Year | Months |
| Asst. Prof. | 16/06/2005 | 15/07/2006 | 01 Yr | 01 Month |
| | 04/12/2008 | 31/10/2014 | 05 Yrs | 11 Months |
| Asso Prof | 01/11/2014 | 31/07/2018 | 03 Yrs | 08 Months |
| Professor | 01/08/2018 | Till Date | 04 Yrs | 05 Month |

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


 Sign & Stamp Professor & HOD
 Head of the Department Dept. of Obst. & Gyn.
 Date 15/02/2023
 MAEER'S MIMER MEDICAL COLLEGE
 DABHADI
 PUNE (D), PUNE


 Sign & Stamp
 Dean/Principal/Head of Institute
 Date 15/02/2023
 MAEER'S MIMER MEDICAL COLLEGE
 DABHADI
 PUNE (D), PUNE





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MAEER MIT PUNE'S
MAHARASHTRA INSTITUTE OF MEDICAL EDUCATION AND RESEARCH,
MEDICAL COLLEGE (ESTD - 1995)

DR. BHAUSAHEB SARDESAI TALEGAON RURAL HOSPITAL

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Talegaon Dabhade, Pune - 410 507, Maharashtra, India.

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■ Website : www.mitmimer.com ■ Email :-info@mitmimer.com

Ref NO MIMER/EST/ Exp Cer/ 287(16)/02/2023

Date 16/02/2023

EXPERIENCE CERTIFICATE

This is to certify that **Dr. D.V. Gopalghare** is working as a **Professor** in the department of **Obstetrics & Gynecology**, in this Medical College. . His working experience is as under:-

| Post | From | To |
|---------------------|------------|------------|
| Assistant Professor | 04/12/2008 | 31/10/2014 |
| Associate Professor | 01/11/2014 | 31/07/2018 |
| Professor | 01/08/2018 | Till date |

He bears a good moral character to the best of our knowledge & belief.



Principal

MIMER Medical College

Talegaon Dabhade

Principal

MIMER Medical College

Talegaon Dabhade,

ANNEXURE- VIII-A

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

Title of the Course applied for:-Fellowship - High Risk Obstetrics

This to Certify that Dr. Shashikant Y. Pawar has worked in the Department of OBSTETRICS & GYNAECOLOGY Training Centre as per following details

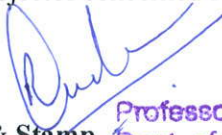
A) General Experience

| Designation | From | To | Total period | |
|-------------|------------------------|-------------------------|-----------------|----------------|
| | | | Year/Months | |
| Asst. Prof. | 01.01.2005 | 14.02.2010 | 05 Yrs | - |
| Asso Prof. | 15.2.2010 15.8.2015 | 31.01.2014 Till Date | 04 Yrs 07Yrs | - 05 Months |

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

| Designation | From | To | Total period | |
|-------------|------------------------|-------------------------|-----------------|----------------|
| | | | Year/Months | |
| Asst. Prof. | 01.01.2005 | 14.02.2010 | 05 Yrs | - |
| Asso. Prof. | 15.2.2010 15.8.2015 | 31.01.2014 Till Date | 04 Yrs 07Yrs | - 05 Months |

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


Sign & Stamp Professor & HOD
 Dept. of Obst. & Gyn.
Head of the Department MAHER'S MEDICAL COLLEGE
 TALEGAON (D), PUNE
Date 15/02/2023


Sign & Stamp PRINCIPAL
 Dean/Principal/Head of Institute
Date 15/02/2023
 TALEGAON (D), PUNE





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MIMER MEDICAL COLLEGE

MAER MIT PUNE'S
MAHARASHTRA INSTITUTE OF MEDICAL EDUCATION AND RESEARCH,
MEDICAL COLLEGE (ESTD - 1995)

DR. BHAUSAHEB SARDESAI TALEGAON RURAL HOSPITAL

Accredited by NAAC with 'A' Grade

Talegaon Dabhade, Pune - 410 507, Maharashtra, India.

■ Tel. 02114 - 308300, 808799040 / 41 / 42 / 43 ■ Fax : 02114- 223916

■ Website : www.mitmimer.com ■ Email :-info@mitmimer.com

Ref NO MIMER/EST/ Exp Cer/ 287 (19) /02/2023

Date 16/02/2023

EXPERIENCE CERTIFICATE

This is to certify that **Dr. Shashikant Pawar** is working as an **Associate Professor** in the department of **Obstetrics & Gynecology**, in this Medical College. Her working experience is as under:-

| Post | From | To |
|---------------------|------------|------------|
| Assistant Professor | 01/01/2005 | 14/02/2010 |
| Associate Professor | 15/02/2010 | 31/01/2014 |
| Associate Professor | 05/08/2015 | Till date |

He bears a good moral character to the best of our knowledge & belief.



Principal
MIMER Medical College
Talegaon Dabhade

Principal
MIMER Medical College
Talegaon Dabhade,
Pune - 410 507.

ANNEXURE- VIII-A

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

Title of the Course applied for:-Fellowship-- High Risk Obstetrics

This to Certify that Dr. Vedpathak Sachin Ganpat has worked in the Department of OBSTETRICS & GYNAECOLOGY Training Centre as per following details

A) General Experience

| Designation | From | To | Total period | |
|-----------------|------------|------------|--------------|-----------|
| | | | Year | Months |
| Junior Resident | 28.08.2006 | 27.08.2009 | 03 Yrs | - |
| Senior Resident | Sept. 2009 | April 2010 | - | 08 Months |
| Asst. Prof. | 18.08.2011 | 30/06/2019 | 07 Yrs | 10 Months |
| Asso Prof | 01.07.2019 | Till Date | 03Yrs | 06Months |

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

| Designation | From | To | Total period | |
|-----------------|------------|------------|--------------|-----------|
| | | | Year | Months |
| Junior Resident | 28.08.2006 | 27.08.2009 | 03 Yrs | - |
| Senior Resident | Sept. 2009 | April 2010 | - | 08 Months |
| Asst. Prof. | 18.08.2011 | 30/06/2019 | 07 Yrs | 10 Months |
| Asso Prof | 01.07.2019 | Till Date | 03Yrs | 06Months |

(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 & HOD
Dept. of Obst. & Gyn.
MIMER MEDICAL COLLEGE
TALEGAON (D), PUNE

18/02/2023

Sign & Stamp
Dean/Principal/Head of Institute
Date





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MIMER MEDICAL COLLEGE

MAEER MIT PUNE'S
MAHARASHTRA INSTITUTE OF MEDICAL EDUCATION AND RESEARCH,
MEDICAL COLLEGE (ESTD - 1995)

DR. BHAUSAHEB SARDESAI TALEGAON RURAL HOSPITAL

Accredited by NAAC with 'A' Grade

Talegaon Dabhade, Pune - 410 507, Maharashtra, India.

■ Tel. 02114 - 308300, 808799040 / 41 / 42 / 43 ■ Fax : 02114- 223916

■ Website : www.mitmimer.com ■ Email :-info@mitmimer.com

Ref NO MIMER/EST/ Exp Cer/ 287 (2)/02/2023

Date 16/02/2023.

EXPERIENCE CERTIFICATE

This is to certify that **Dr. Sachin Vedpathak** is working as an **Associate Professor** in the department of **OBGY**, in this Medical College. . His working experience is as under:-

| Post | From | To |
|---------------------|------------|------------|
| Assistant Professor | 18/08/2011 | 30/06/2019 |
| Associate Professor | 01/07/2019 | Till date |

He bears a good moral character to the best of our knowledge & belief.

Principal

MIMER Medical College
Talegaon Dabhade



Principal

MIMER Medical College
Talegaon Dabhade,
Pune - 410 507

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

Title of the Course applied for:-Fellowship - High Risk Obstetrics

This to Certify that Dr. Jaya Barla has worked in the Department
of OBSTETRICS & GYNAECOLOGY Training Centre as per following details

A) General Experience

| Designation | From | To | Total period | |
|-----------------|------------|------------|--------------|-----------|
| | | | Year | Months |
| Junior Resident | 01.05.2007 | 30.04.2010 | 03 Yrs | - |
| Senior Resident | 13.07.2010 | 12.07.2013 | 03 Yrs | - |
| Asst. Prof. | 01.07.2016 | Till date | 06 Yrs | 06 Months |

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

| Designation | From | To | Total period | |
|-----------------|------------|------------|--------------|-----------|
| | | | Year | Months |
| Junior Resident | 01.05.2007 | 30.04.2010 | 03 Yrs | - |
| Senior Resident | 13.07.2010 | 12.07.2013 | 03 Yrs | - |
| Asst. Prof. | 01.07.2016 | Till date | 06 Yrs | 06 Months |

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

Sign & Stamp

Head of the Department

Date

Professor & HOD
Dept. of Obst. & Gyn.
MIMER MEDICAL COLLEGE
TALGAON, PUNE
15/02/2023

Sign & Stamp

Dean/Principal/Head of Institute

Date

Principal
MIMER MEDICAL COLLEGE
TALGAON, PUNE
15/02/2023





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MEDICAL COLLEGE (ESTD – 1995)

DR. BHAUSAHEB SARDESAI TALEGAON RURAL HOSPITAL

Accredited by NAAC with 'A' Grade

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■ Tel. 02114 - 308300, 808799040 / 41 / 42 / 43 ■ Fax : 02114- 223916

■ Website : www.mitmimer.com ■ Email :-info@mitmimer.com

Ref NO MIMER/EST/ Exp Cer/ 287 (20)/02/2023

Date 16/02/2023

EXPERIENCE CERTIFICATE

This is to certify that **Dr. Jaya Barla** is working as an **Assistant Professor** in the department of **Obstetrics & Gynecology**, in this Medical College. Her working experience is as under:-

| Post | From | To |
|---------------------|------------|-----------|
| Assistant Professor | 01/07/2016 | Till date |

She bears a good moral character to the best of our knowledge & belief.

Principal

MIMER Medical College
Talegaon Dabhade

Principal

MIMER Medical College
Talegaon Dabhade,
Pune-410 507.



ANNEXURE- VIII-A

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

Title of the Course applied for:-Fellowship- High Risk Obstetrics

This to Certify that Dr. Meenakshi Surve has worked in the Department of OBSTETRICS & GYNAECOLOGY Training Centre as per following details

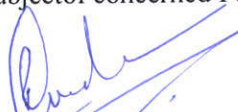
A) General Experience

| Designation | From | To | Total period | |
|-----------------|------------|------------|--------------|---|
| | | | Year/Months | |
| Junior Resident | 02.05.2009 | 30.04.2012 | 03 Yrs | - |
| Asst. Prof. | 02.01.2017 | Till date | 06Yrs | - |

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

| Designation | From | To | Total period | |
|-----------------|------------|------------|--------------|---|
| | | | Year/Months | |
| Junior Resident | 02.05.2009 | 30.04.2012 | 03 Yrs | - |
| Asst. Prof. | 02.01.2017 | Till date | 06Yrs | - |

(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 & HOD
 Head of the Department Dept. of Obst. & Gyn.
 Date 15/02/2023
 MIMER MEDICAL COLLEGE
 (MAEER'S), PUNE


Sign & Stamp PRINCIPAL
 Dean/Principal/Head of Institute
 Date 15/02/2023
 MIMER MEDICAL COLLEGE
 (MAEER'S), PUNE





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MIMER MEDICAL COLLEGE

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MEDICAL COLLEGE (ESTD - 1995)

DR. BHAUSAHEB SARDESAI TALEGAON RURAL HOSPITAL

Accredited by NAAC with 'A' Grade

Talegaon Dabhade, Pune - 410 507, Maharashtra, India.

■ Tel. 02114 - 308300, 808799040 / 41 / 42 / 43 ■ Fax : 02114- 223916

■ Website : www.mitmimer.com ■ Email :-info@mitmimer.com

Ref NO MIMER/EST/ Exp Cer/ 287 (18)/02/2023

Date 18/02/2023

EXPERIENCE CERTIFICATE

This is to certify that **Dr. Meenakshi Surve** is working as an **Assistant Professor** in the department of **Obstetrics & Gynecology**, in this Medical College. Her working experience is as under:-

| Post | From | To |
|---------------------|------------|-----------|
| Assistant Professor | 02/01/2017 | Till date |

She bears a good moral character to the best of our knowledge & belief.

Principal

MIMER Medical College

Talegaon Dabhade

Principal
MIMER Medical College



ANNEXURE- VIII-A

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

Title of the Course applied for:-Fellowship- High Risk Obstetrics

This to Certify that Dr. Priya Bagade has worked in the Department of OBSTETRICS & GYNAECOLOGY Training Centre as per following details


C) General Experience

| Designation | From | To | Total period | |
|-----------------|------------|------------|--------------|-----------|
| | | | Year/Months | |
| Junior Resident | 31/05/2005 | 30/05/2007 | 02 Yrs | - |
| | 02/08/2007 | 24/08/2009 | 02 Yrs | 15 Days |
| Senior Resident | 11/07/2012 | 10/07/2013 | 01 Yr | - |
| | 01/06/2014 | 31/05/2016 | 02 Yrs | - |
| Asst. Prof. | 01/06/2016 | 31/10/2017 | 01 Yr | 05 Months |
| | 06/11/2017 | Till Date | 05yrs | 02 Months |

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

| Designation | From | To | Total period | |
|-----------------|------------|------------|--------------|-----------|
| | | | Year/Months | |
| Junior Resident | 31/05/2005 | 30/05/2007 | 02 Yrs | - |
| | 02/08/2007 | 24/08/2009 | 02 Yrs | 15 Days |
| Senior Resident | 11/07/2012 | 10/07/2013 | 01 Yr | - |
| | 01/06/2014 | 31/05/2016 | 02 Yrs | - |
| Asst. Prof. | 01/06/2016 | 31/10/2017 | 01 Yr | 05 Months |
| | 06/11/2017 | Till Date | 05 yrs | 02 Months |

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


Sign & Stamp
 Professor & HOD
 Dept. of Obst. & Gyn.
 MAEER'S MEDICAL COLLEGE
 PUNE
Head of the Department
 Date 15/02/2023


Sign & Stamp
 Dean/Principal/Head of Institute
 MAEER'S MEDICAL COLLEGE
 PUNE
Date 15/02/2023





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MEDICAL COLLEGE (ESTD – 1995)
DR. BHAUSAHEB SARDESAI TALEGAON RURAL HOSPITAL
Accredited by NAAC with 'A' Grade
Talegaon Dabhade, Pune – 410 507, Maharashtra, India.
■ Tel. 02114 - 308300, 808799040 / 41 / 42 / 43 ■ Fax : 02114- 223916
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Ref NO MIMER/EST/ Exp Cer/ 287(23)/02/2023

Date 16/02/2023

EXPERIENCE CERTIFICATE

This is to certify that **Dr. Priya M. Bagade** is working as an **Assistant Professor** in the department of **Obstetrics & Gynecology**, in this Medical College. Her working experience is as under:-

| Post | From | To |
|---------------------|------------|-----------|
| Assistant Professor | 06/11/2017 | Till date |

During the above mentioned period, She has taken Maternity Leave from 01/07/19 to 30/11/19. She bears a good moral character to the best of our knowledge & belief.




Principal
MIMER Medical College
Talegaon Dabhade
Principal
MIMER Medical College
Talegaon Dabhade,
Pune - 410 507.

ANNEXURE- VIII-A

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

Title of the Course applied for:-Fellowship -High Risk Obstetrics

This to Certify that Dr. Priya Karmani has worked in the Department of OBSTETRICS & GYNAECOLOGY Training Centre as per following details

A) General Experience

| Designation | From | To | Total period | |
|-----------------|------------|------------|--------------|-----------|
| | | | Year | Months |
| Junior Resident | 15.2.2008 | 15.2.2011 | 03 Yrs | - |
| Senior Resident | 03.08.2015 | 31.01.2018 | 02 Yrs | 06 Months |
| Asst. Prof. | 01.02.2018 | Till date | 04 Yrs | 11 Months |

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

| Designation | From | To | Total period | |
|-----------------|------------|------------|--------------|-----------|
| | | | Year | Months |
| Junior Resident | 15.2.2008 | 15.2.2011 | 03 Yrs | - |
| Senior Resident | 03.08.2015 | 31.01.2018 | 02 Yrs | 06 Months |
| Asst. Prof. | 01.02.2018 | Till date | 04 Yrs | 11 Months |

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

Sign & Stamp

Head of the Department

Date

Professor & HOD
Dept. of Obst. & Gyn.
MAEER'S MEDICAL COLLEGE
TALIMON DABHADRE
PUNE

Sign & Stamp

Dean/Principal/Head of Institute

Date

PRINCIPAL
MAEER'S MEDICAL COLLEGE
TALIMON DABHADRE
PUNE





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Ref NO MIMER/EST/ Exp Cer/ 287 (17) / 02/2023

Date 16/02/2023

EXPERIENCE CERTIFICATE

This is to certify that **Dr. Priya Karmani** is working as an **Assistant Professor** in the department of **Obstetrics & Gynecology**, in this Medical College. Her working experience is as under:-

| Post | From | To |
|---------------------|------------|------------|
| Senior Resident | 03/08/2015 | 31/01/2018 |
| Assistant Professor | 01/02/2018 | Till date |

She bears a good moral character to the best of our knowledge & belief.

”



Principal

MIMER Medical College

Talegaon Dabhade

Principal

MIMER Medical College

Talegaon Dabhade,

ANNEXURE- VIII-A

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

Title of the Course applied for:-Fellowship-High Risk Obstetrics

This to Certify that Dr. Pranali Ghuge has worked in the Department of OBSTETRICS & GYNAECOLOGY Training Centre as per following details


A) General Experience


| Designation | From | To | Total period Year/Months | |
|-----------------|------------|------------|-----------------------------|-----------|
| Junior Resident | 22.07.2013 | 31.01.2017 | 03 Yrs | - |
| Senior Resident | 04.12.2017 | 30.04.2021 | 03 Yrs | 04 Months |
| Asst. Prof. | 01.05.2021 | Till date | 01 Yr | 08Months |

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

| Designation | From | To | Total period Year/Months | |
|-----------------|------------|------------|-----------------------------|-----------|
| Junior Resident | 22.07.2013 | 31.01.2017 | 03 Yrs | - |
| Senior Resident | 04.12.2017 | 30.04.2021 | 03 Yrs | 04 Months |
| Asst. Prof. | 01.05.2021 | Till date | 01 Yr | 08Months |

(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 15/02/2023
 Professor & HOD
 Dept. of Obst. & Gyn.
 MIMER MEDICAL COLLEGE
 TALEGAON (D), PUNE


 Sign & Stamp
 Dean/Principal/Head of Institute
 Date 15/02/2023
 PRINCIPAL
 MIMER MEDICAL COLLEGE
 TALEGAON (D), PUNE





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MEDICAL COLLEGE (ESTD – 1995)

DR. BHAUSAHEB SARDESAI TALEGAON RURAL HOSPITAL

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Talegaon Dabhade, Pune – 410 507, Maharashtra, India.

■ Tel. 02114 - 308300, 808799040 / 41 / 42 / 43 ■ Fax : 02114- 223916

■ Website : www.mitmimer.com ■ Email :-info@mitmimer.com

Ref NO MIMER/EST/ Exp Cer/ 287 (21)/02/2023

Date 18/02/2023

EXPERIENCE CERTIFICATE

This is to certify that **Dr. Pranali Ghuge** is working as an **Assistant Professor** in the department of **Obstetrics & Gynecology**, in this Medical College. Her working experience is as under:-

| Post | From | To |
|---------------------|------------|------------|
| Senior Resident | 04/12/2017 | 30/04/2021 |
| Assistant Professor | 01/05/2021 | Till date |

During the above mentioned period, she has taken Leave without pay from 07/12/2017 to 08/01/2018 & 28/01/2019 to 22/09/2019. She bears a good moral character to the best of our knowledge & belief.



Pranali Ghuge

Principal
MIMER Medical College
Talegaon Dabhade

Principal
MIMER Medical College
Talegaon Dabhade,

ANNEXURE-VIII-A

Information to be submitted with respect to newly appointed mentors

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

Title of the Course applied for: **Certificate Course in Radiography Technology**

This to Certify that Dr. Santosh Madhav Sabnis...has worked in the Department of Radio-Diagnosis Training Centre as per following details

A) General Experience

| Designation | From | To | Total period Year/Months | |
|---------------------|------------|------------|--------------------------|-----------|
| Assistant Professor | 1/1/2000 | 31/01/2005 | 5 Years | 1 Months |
| Associate Professor | 1/2/2005 | 31/01/2009 | 4 Years | 0 Month |
| Professor | 1/2/2009 | 21/12/2011 | 2 years | 11 Months |
| Professor | 19/5/2014 | 30/9/2016 | 2 years | 4 Months |
| Professor | 17/12/2018 | Till Date | 4 Years | 2 Months |
| Total | | | 18 Years | 6 Months |

B) Actual experience in the subject of concerned Fellowship/Certificate Course

| Designation | From | To | Total period Year/Months | |
|-------------|------------|-----------|--------------------------|-----------------------------------|
| Professor | 17/12/2018 | Till Date | | 9 Months |
| | | | | (After Actual Joining of Student) |

(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

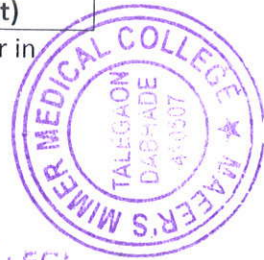
Head of the Department **Dr. (Col) S. S. THIND**

Date: **8/2/23.**
MD
rof. & HOD Radio Diagnosis
Regn. No.: 2018/11/5771


Sign & Stamp

PRINCIPAL
MAJER'S MEDICAL COLLEGE
Dean/Principal/Head of Institute
PUNE 410507

Date: **15/02/2023**



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



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■ Tel. 02114 - 308300, 808799040 / 41 / 42 / 43 ■ Fax : 02114- 223916
■ Website : www.mitmimer.com ■ Email :-info@mitmimer.com

Ref No. MIMER/EST/ Exp Cer/ 287 (26)/02/2023

Date 16/02/2023

EXPERIENCE CERTIFICATE

This is to certify that **Dr. Santosh M. Sabnis** is working as a **Professor** in the department of **Radio-diagnosis**, in this Medical College. His working experience is as under:-

| Post | From | To |
|-----------|------------|-----------|
| Professor | 17/12/2018 | Till date |

He bears a good moral character to the best of our knowledge & belief.



Principal

MIMER Medical College
Talegaon Dabhade

Principal

MIMER Medical College
Talegaon Dabhade,
Pune-410 507.