

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

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

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

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 ECG Technician Assistant	2020-21	09	Dr. Priti Dave 9822790490 Dr. J.K Deshmukh 9422013615 Dr. Madhu Bansode 9822998833 Dr. Sudeep Kumar 7387105362 Dr. Prakash Fadnis 8767336705 Dr. Yuvaraj Badhe 9423778855 Dr. Sachinkumar K. Khade 9850420210

(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	Certificate course in ECG Technician Assistant	09	01
2	A.Y. 2021 – 2022	Certificate course in ECG Technician Assistant	09	Nil
3	A.Y. 2022 – 2023	Certificate course in ECG Technician Assistant	09	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:- **Certificate course in ECG Technician Assistant**

This to Certify that Dr.Priti Dave has worked in the Department of General Medicine Training Centre as perfollowing details

A) General Experience

Designation	From	To	Total period Year/Months	
Asst.Prof MIMER Med College, Talegaon Dabhade	30.4.1999	27.12.2003		7 months
Asso.Prof Bharati Vidyapeeth Pune	Bharati Vidyapeeth Pune	06.01.2004	04.08.2007	3.7 years
	Bharati Vidyapeeth Pune	24.02.2009	27.09.2012	3.7 years
Bharati Vidyapeeth Pune	28.9.2012	14.2.2023	11 yrs	7 Months
Prof. (MIMER) Pune	6.3.2023	Till date		11 months

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

Designation	From	To	Total period 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 Vadgaon	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	1 Yrs	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 : 13 / 12 / 2023

Dave
Dr. Priti Dave
Prof & HOD
Reg. No. 2009/05/2270
Medicine Department
MIMER Med. College
Talegaon

K. Somayaji
Sign & Stamp
Principal
MIMER MEDICAL COLLEGE
Talegaon Dabhadre
Date: 18 / 12 / 2023



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 in ECG Technician Assistant

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

C) General Experience

Designation	From	To	Total period Year/Months	
Asst.Prof GMC Latur	2.7.2002	3.6.2003	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	-	
IMSR Medical college	14.1.2013	31.7.2007	-	5 months
SRTR GMC Ambejogai	23.11.2013	17.7.2015	1.Yrs	7 months
Dr Ulhas patil medical college Vadgaon	26.10.2015	28.9.2017	1 Yrs	8 months
MIMSR	3.10.2017	31.3.2002	4 Yrs	11 months
Prof. (MIMER) Pune	6.4.2022	Till date	1 Yrs	6 Months

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

Designation	From	To	Total period Year/Months	
Asst.Prof GMC Latur	2.7.2002	3.6.2003	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	-	
IMSR Medical college	14.1.2013	31.7.2007	-	5 months
SRTR GMC Ambejogai	23.11.2013	17.7.2015	1.Yrs	7 months
Dr Ulhas patil medical college Vadgaon	26.10.2015	28.9.2017	1 Yrs	8 months
MIMSR	3.10.2017	31.3.2002	4.Yrs	11 months
Prof. (MIMER) Pune	6.4.2022	Till date	1 Yrs	6 Months
				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)

Dr. Priti Dave

Prof & HOD

Reg. No. 3063/05/2270

Medicine Department

MIMER Med. College

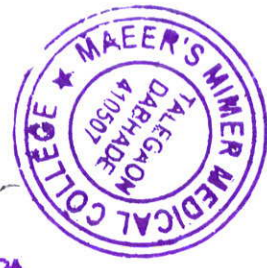
Talegaon (D)

Dave

Sign & Stamp

Head of the Department

Date : 13/12/2023

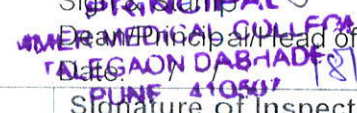


Ks amdhys

Sign & Stamp

Principal/Head of Institute

Date: 18/12/2023



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 in ECG Technician Assistant

This to Certify that Dr. Madhu Bansode 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 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	14.9.2017	31.7.2019	1 Yrs	10 Months 18 Days
SMCW Pune	1.8.2019	3.1.2022	2 Yrs	5 Months 2 Days
Prof. (MIMER) Pune	1.8.2022	Till date	1 Yrs	4 Months

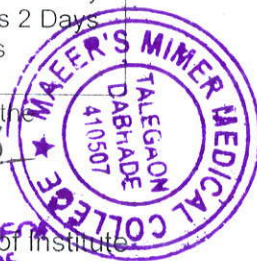
F) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-

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	14.9.2017	31.7.2019	1 Yrs	10 Months 18 Days
SMCW Pune	1.8.2019	3.1.2022	2 Yrs	5 Months 2 Days
Prof. (MIMER) Pune	1.8.2022	Till date	1 Yrs	4 Months

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

Sign & Stamp **Dr. Priti Dave**
Head of the Department **Prof & HOD**
Date: **13/12/2023**
Reg. No. 2009/05/2270
Medicine Department
MIMER Med. College
Talegaon (D)

Sign & Stamp **Kromadhyas**
Dean/Principal/Head of Institute
Date: **13/12/2023**
MIMER MEDICAL COLLEGE
Talegaon DABHAD
PUNE 410507



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 in ECG Technician Assistant

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

G) 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
Asst. Professor Asso. Prof.	01/05/2021	Till Date	2 Years	7 months

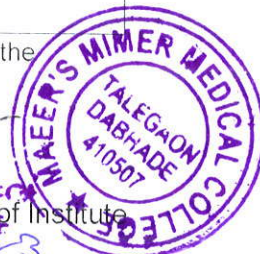
H) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-

Designation	From	To	Total period Year/Months	
Asst. Professor MIMER Medical College Talegaon Dabhade	23/12/15	30/04/2021	5 Years	4 Months
Asst. Professor Asso. Prof.	01/05/2021	Till Date	2 Years	7 months

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

Sign & Stamp *Law* **Dr. Priti Dave**
 Head of the Department **Prof & HOD**
 Date: **13/12/2023** **Reg. No. 2009/05/2270**
MIMER Med. College
Talegaon (D)

Sign & Stamp *Ksankhy*
 Dean/Principal/Head of Institute
PRINCIPAL
MIMER MEDICAL COLLEGE
TALEGAON DABHADE
PUNE 410507



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 in ECG Technician Assistant**

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

I) General Experience

Designation	From	To	Total period Year/Months	
Asst. Prof (MIMER)	01/06/2016	Till date	07 Yrs	06 Months

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


Designation	From	To	Total period Year/Months	
Asst. Prof (MIMER)	01/06/2016	Till date	07 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)

Dr. Priti Dave
Prof & HOD
 Reg. No. 2009/05/2270
 Medicine Department
 MIMER Med. College
 Talegaon (D)

Sign & Stamp
 Head of the Department
 Date : / /

Ksornady
 Sign & Stamp
 PRINCIPAL
 MIMER MEDICAL COLLEGE
 Talegaon (D) / Head of Institute
 TALEGAON DABHADE
 PUNE 410507



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 in ECG Technician Assistant

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

K) 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	2 Years	7 months

L) 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	2 Years	7 months

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

Sign & Stamp
Head of the Department
Date : 13/12/2023

Dr. Priti Dave**Prof & HOD****Reg. No. 2009/05/2270****Medicine Department****MIMER Med. College**

Sign & Stamp

PRINCIPAL**Dean Medical College****TALEGAON DABHADE****PUNE - 410507**

Name of Inspectors (T)		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 in ECG Technician Assistant

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

M) General Experience

Designation	From	To	Total period Year/Months	
Asst. Prof (MIMER)	13.07.2016	Till date	07 Yrs	05 Months

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

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

Dr. Priti Dave
Prof & HOD
Reg. No. 2009/05/2270
Medicine Department
MIMER Medical College
Talegaon

Sign & Stamp
Head of the Department
Date : 13 / 12 / 2023

Sign & Stamp
Principal
MIMER Medical College
Talegaon Dabhade
Pune 410507



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

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

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

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

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 Neonatology	2017-2018	02	1) Dr. Shahaji Gaikwad 96233 31091 2) Dr. Arun Zaveri 9890885780 3) Dr. Vijay Bhavari 9822109299 4) Dr. Dilip Sankpal 9763131073

(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. 2019 – 2020	Fellowship course in Neonatology	02	-
2	A.Y. 2020– 2021	Fellowship course in Neonatology	02	-
3	A.Y. 2021 – 2022	Fellowship course in Neonatology	02	-
4	A.Y. 2022 – 2023	Fellowship course in Neonatology	02	01
5	A.Y. 2023– 2024	Fellowship course in Neonatology	02	-

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. Shahaji Gaikwad

Worked in the Department of Pediatrics Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
Assistant Prof ARMC Solapur	16/11/2013	21/12/2020	07 Years	
Associate Prof ARMC Solapur	01/01/2021	06/03/2023	2 Years	
MIMER Medical College	10/04/2023	Till Date	-	07 months

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

Designation	From	To	Total period Year/Months	
Associate Professor	August 2023	Till date		03 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 : 07/12/2023

Shahaji Gaikwad
Prof. & HOD

Dept. of Paediatrics

MIMER Medical College

Talegaon Dabhade

Sign & Stamp

Dean/Principal/Head of Institute

Date: 12/12/2023



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 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	30/6/2012	04 years	
	3/8/2015	Till date	08 years	04 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)


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

Sign & Stamp

Head of the Department

Date : 07/12/2013


Dean/Principal/Head of Institute

Dean/Principal/Head of Institute

Date : 07/12/2013



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 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	
Assistant Prof DUPMC Jalgaon MIMER Medical College	27/11/2008	03/12/2014	06 years	
	6/12/2014	29/2/2016	01 year	02 months
Associate Prof MIMER Medical College	01/3/2016	30/4/2021	05 Years	01 months
Professor MIMER Medical College	1/5/2021	Till date	02 year	07 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 : 07/12/2023

[Signature]
Prof. & HOD
Dept. of Paediatrics
MIMER Medical College
Jalgaon Dabha

Sign & Stamp
Dean/Principal/Head of Institute
Date : 07/12/2023



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 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	02 years	04 months
MIMER Medical College	16/3/2015	9/12/2015	-	09 months
	16/4/2018	Till date	05 years	07 months

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

Designation	From	To	Total period Year/Months	

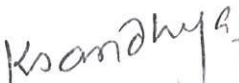
(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)


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

Sign & Stamp

Head of the Department

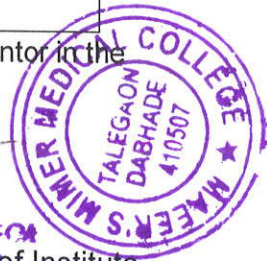
Date : / /


 PRINCIPAL
 MIMER MEDICAL COLLEGE
 TALEGAON DABHADE
 410507

Sign & Stamp

Dean/Principal/Head of Institute

Date: / / 410511



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

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2023-2024

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

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

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

Sr. No.	Name of the Fellowship/ Certificate Course	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentor and Contact Details
01	Fellowship Course in Minimal Access Surgery	2017	02	1. Dr. Sachin Naik Mobile No-9822409640 2. Dr. Tushar Khachane Mobile No - 9881726634 3. Dr. Sandesh Gawade Mobile No - 9890950097 4. Dr. Samadhan Kshirsagar Mobile No - 9823336680 5. Dr. Kalpesh Patil Mobile No - 9920147567
02	Fellowship course in Head & Neck Onco surgery	2017	02	1. Dr. Sachin Naik Mobile No-9822409640 2. Dr. Jaipalreddy R. Pogat Mobile No - 8237348509 3. Dr. Nikhil Phadke Mobile No - 7387995127 4. Dr. Tushar Khachane Mobile No - 9881726634 5. Dr. Sandesh Gawade Mobile No - 9890950097
03	Certificate course in OT Technician	2021	09	1. Dr. Sachin Naik Mobile No-9822409640 2. Dr. R. N. Bharadwaj Mobile no- 9371035335 3. Dr. Nikhil Phadke Mobile No - 7387995127 4. Dr. Tushar Khachane Mobile No - 9881726634 5. Dr. Sandesh Gawade Mobile No - 9890950097

(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)
	A.Y. 2023 – 2024	1. Fellowship Course in Minimal Access Surgery 2. Fellowship course in Head & Neck Onco surgery 3. Certificate course in OT Technician	2 2 9	2 0 0
	A.Y. 2022 – 2023	4. Fellowship Course in Minimal Access Surgery 5. Fellowship course in Head & Neck Onco surgery 6. Certificate course in OT Technician	2 2 9	0 0 0
1	A.Y. 2021 – 2022	1 Fellowship Course in Minimal Access Surgery 2 Fellowship course in Head & Neck Onco surgery 7. Certificate course in OT Technician	2 2 9	0 0 1
2	A.Y. 2020 – 2021	1. Fellowship Course in Minimal Access Surgery 2. Fellowship course in Head & Neck Onco surgery	2 2	0 0
3	A.Y. 2019 – 2020	1. Fellowship Course in Minimal Access Surgery 2. Fellowship course in Head & Neck Onco surgery	2 2	1 1
4	A.Y. 2018 – 2019	1. Fellowship Course in Minimal Access Surgery 2. Fellowship course in Head & Neck Onco surgery	2 2	0 0
5	A.Y. 2017. – 2018	1. Fellowship Course in Minimal Access Surgery 2. Fellowship course in Head & Neck Onco surgery	2 2	2 1

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

- Title of the Course applied for: -**
1. Minimal Access Surgery
 2. Head & Neck Oncosurgery
 3. Certificate course in OT Technician

This is to Certify that **Dr Sachin Prabhakar 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	
Assistant Professor	12/10/1999	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	7 months

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

Designation	From	To	Total period Year / Month	
Assistant Professor	12/10/1999	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	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)

Sachin Naik

Sign & Stamp Head of
the Department

DR. SACHIN NAIK

M.S. Gen. Surgery, DLap, FMAS
Professor & Head, Dept. of Surgery
MIMER Medical College,
Talegaon Dabhade, Pune-410507.

Date:

Sign & Stamp
Dean/Principal/Head of Institute

MIMER MEDICAL COLLEGE
TALEGAON DABHADE
PUNE 410507

Date: 18/12/2023

Name of Inspection		Signature of Inspector
	Chairman	
	Member	
	Member	
	Member	

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

Title of the Course applied for: - **1. Minimal Access Surgery**
2. Head & Neck Oncosurgery
3. 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	1/9/2003 16/7/2013	24/4/2013 Till Date	20 years	1 months

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	1/9/2003 16/7/2013	24/4/2013 Till Date	20 years	1 months

(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

Date: **DR. SACHIN NAIK**

M.S. Gen. Surgery, DLap, FMAS
Professor & Head, Dept. of Surgery
MIMER Medical College,
Talegaon Dabhade, Pune-410507.

K. S. Mahajan
Sign & Stamp
Dean/Principal/Head of Institute

**MIMER MEDICAL COLLEGE FOR
TALEGAON DABHADE
PUNE 410507**

Date: **18/12/2023**



Name of Inspection		Signature of Inspector
	Chairman	
	Member	
	Member	
	Member	

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

1. Minimal Access Surgery

Title of the Course applied for: 2. Head & Neck Oncosurgery

3. 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	
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	10 months

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

Designation	From	To	Total period 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	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)

Sachin Naik

Sign & Stamp Head of
the Department

DR. SACHIN NAIK

M.S. Gen. Surgery, DLap, FMAS
Professor & Head, Dept. of Surgery
MIMER Medical College,
Talegaon Dabhade, Pune-410507.

Ksambhaji
Sign & Stamp
Dean/Principal/Head of Institute
TALEGAON DABHADE
PUNE 410507
Date: 18/12/2023

Name of Inspection		Signature of Inspector
	Chairman	
	Member	
	Member	
	Member	

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

- 1. Minimal Access Surgery**
Title of the Course applied for: 2. Head & Neck Oncosurgery
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	2 Year	1 months

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	2 Year	1 months

(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

DR. SACHIN NAIK

M.S. Gen. Surgery, DLap, FMAS
 Professor & Head, Dept. of Surgery
 MIMER Medical College,
 Talegaon Dabhade, Pune-410507.

Kramdyh
 Sign & Stamp
 Dean/Principal/Head of Institute

Date: 18/12/2021



Name of Inspection		Signature of Inspector
	Chairman	
	Member	
	Member	
	Member	

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

Title of the Course applied for: -

1. Minimal Access Surgery
2. Head & Neck Oncosurgery
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	10 months

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	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)

Sachin Naik

Sign & Stamp Head of
the Department

DR. SACHIN NAIK

M.S. Gen. Surgery, DLap, FMAS
Professor & Head, Dept. of Surgery
MIMER Medical College,
Talegaon Dabhade, Pune-410507.

Sandesh Gawade
Sign & Stamp
Dean/Principal/Head of Institute

Date: 18/12/2022



Name of Inspection		Signature of Inspector
	Chairnam	
	Member	
	Member	
	Member	

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

Title of the Course applied for: **1. Minimal Access Surgery**
2. Head & Neck Oncosurgery

This is to Certify that **Dr Shantaram Gulve** 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	10/4/2014 6/9/2016	15/1/2016 30/4/2021	6 years	4 months
Associate Professor	1/5/2021	Till Date	2 year	7 months
Professor				

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

Designation	From	To	Total period Year / Month	
Assistant Professor	10/4/2014 6/9/2016	15/1/2016 30/4/2021	6 years	4 months
Associate Professor	1/5/2021	Till Date	2 year	7 months
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

Sign & Stamp Head of
 the Department

DR. SACHIN NAIK

M.S. Gen. Surgery, DLap, FMAS
 Professor & Head, Dept. of Surgery
 MIMER Medical College,
 Talegaon Dabhade, Pune-410507.

Ksantanya
 Sign & Stamp
 Dean/Principal/Head of Institute
 MIMER MEDICAL COLLEGE
 TALEGAON DABHADE
 PUNE 410507
 Date: 18/12/2023



Name of Inspection		Signature of Inspector
	Chairman	
	Member	
	Member	
	Member	

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

Title of the Course applied for: - **1. Minimal Access Surgery**
2. Head & Neck Oncosurgery

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	
Assistant Professor	14/9/2011	31/1/2022	10 years	4 months
Associate Professor	1/2/2022	till date	1 Year	10 month
Professor				

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

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

Sachin Naik

Sign & Stamp Head of
the Department

DR. SACHIN NAIK

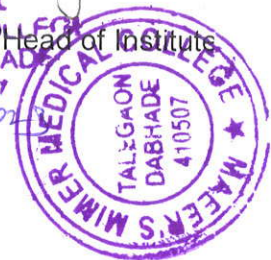
M.S. Date: Surgery, DLap, FMAS
Professor & Head, Dept. of Surgery
MIMER Medical College,
Talegaon Dabhade, Pune-410507.

K. Samadhan
Sign & Stamp

Dean/Principal/Head of Institute

MIMER MEDICAL COLLEGE
TALEGAON DABHADE
PUNE 410507

Date: 18/12/2022



Name of Inspection		Signature of Inspector
	Chairman	
	Member	
	Member	
	Member	

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

Title of the Course applied for: - **1. Minimal Access Surgery**
2. Head & Neck Oncosurgery

This is to Certify that **Dr Ajit Jadhav** 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	
Senior Resident	25/01/2014	1/5/2015	1 years	4 months
Assistant Professor	2/5/2015	31/10/2021	6 years	2 months
Associate Professor	1/11/2021	Till Date	2 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	2/5/2015	31/10/2021	6 years	2 months
Associate Professor	1/11/2021	Till Date	2 Years	1 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)


sachin

Sign & Stamp Head of
the Department

DR. SACHIN NAIK

M.S. Gen. Surgery, DLap, FMAS
Professor & Head, Dept. of Surgery
MIMER Medical College,
Talegaon Dabhade, Pune-410507.

Kromalya
Sign & Stamp
Dean/Principal/Head of Institute
MIMER MEDICAL COLLEGE
PRINCIPAL
TALEGAON DABHADE
PUNE-410507
Date: 18/11/2021



Name of Inspection	Signature of Inspector
	Chairman
	Member
	Member
	Member

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

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

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

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 Regional Anaesthesia	2017-2018	02	Dr. Shilpa Y. Gurav 9850303375
				Dr. Yuvraj Kumbhar 9850422933
				Dr. Anita Kulkani 9689652384
				Dr. Leena Paulose 9604865712

(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. 2023 – 2024	Fellowship course in Regional Anaesthesia	02	Nil
2	A.Y. 2022 – 2023	Fellowship course in Regional Anaesthesia	02	02
3	A.Y. 2021 – 2022	Fellowship course in Regional Anaesthesia	02	Nil
4	A.Y. 2020 – 2021	Fellowship course in Regional Anaesthesia	02	Nil
5	A.Y. 2019 – 2020	Fellowship course in Regional Anaesthesia	02	Nil



Dr. Shilpa Gurav
Prof. & HOD
Reg. No. 85508
Dept. of Anaesthesiology
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 Regional Anaesthesia

This to Certify that **Dr. Shilpa Y. Gurav**..... has worked in the Department of Anaesthesiology
.....Training Centre as per following details


A) General Experience


Designation	From	To	Total period 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	9 Months


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

Designation	From	To	Total period 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	9 Months

(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
Sign & Stamp
Head of the Department
Dept. of Anaesthesiology
MIMER Medical College
Talegaon Dabhade


K. S. Khandys
Sign & Stamp
Dean/Principal/Head of Institute
MIMER MEDICAL COLLEGE
TALEGAON DABHADE
PUNE 410507
18/12/2013



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

आयकर विभाग

INCOME TAX DEPARTMENT

SHILPA YOGESH GURAV

SUDHAKAR BALIRAM TIRTHAKAR

07/06/1974

Permanent Account Number

ACPPT0031K



Signature



भारत सरकार

GOVT. OF INDIA



Scanned with CamScanner

Handwritten signature in blue ink



Accredited by NAAC with 'A' Grade

P.O. Talegaon General Hospital, Talegaon Dabhade, Pune 410507, Maharashtra, India.

Tel. - 02114 - 308300, 8087099040 / 41 / 42 / 43 Fax - 02114 - 223916.

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

Ref No MIMER/Accounts/Pay. rev 17/466/2017

Date: 23/02/2017

To,
Dr. Shilpa Y. Gurav
Professor & HOD
Dept. of Anesthesiology

SUB : REVISION IN PAY SCALE

After careful consideration of the performance of Dr. Shilpa Y. Gurav, the undersigned is please to allow revision in the salary with effect from 1st January 2017 as follow :-

Pay Scale Rs.37400-67000/- with G.P -10,000/-

Particulars	Amount Rs.
Basic Pay	51890.00
Grade Pay	10000.00
Revised Basic	61890.00
D.A	69936.00
H.R.A	6189.00
C.L.A.	240.00
T.A.	1600.00
Other	00.00
Gross Total	1,39,855.00

You will continue to render satisfactory services and further improve upon it.

You will abide by the service Rules and Regulations of MAEER & MIMER Medical College.


DR. SURESH G. GHAISAS
MEDICAL DIRECTOR

Cc to : 1) Accounts Section 2) Establishment Section

attested




MAEER MIT PUNE'S
MAHARASHTRA INSTITUTE OF MEDICAL EDUCATION AND RESEARCH
(Medical College)

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

P.O. Talegaon General Hospital, Talegaon Dabhade, Pune 410507, Maharashtra, India.

■ Tel.:- 02114 - 308300, 8087099040 / 41 / 42 / 43 ■ Fax :- 02114 - 223916.

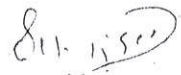
■ Website :- www.mitmimer.com ■ Email :- info@mitmimer.com.

Ref : No. MIMER/ 30 09/2012

Date : 01/09/2012

'Office Order'

Dr.Mrs.Shilpa Y. Gurav, Professor of Anaesthesiology Dept. has been appointed as 'Head of the Department' (H.O.D), with effect from 1st September 2012 till further order. All the staff members of Anaesthesiology Dept. will extend their co-operation for smooth function of Departmental work.


(Dr. Suresh Ghaisas)
Medical Director

To,

Dr.Mrs.Shilpa Y. Gurav,
Dept. of Anaesthesiology

c.c. to - All HOD's

c.c to - Executive Director (P & D)

- Executive Director (H.A)

attested




MAEER MIT PUNE'S
MAHARASHTRA INSTITUTE OF MEDICAL EDUCATION AND RESEARCH
(Medical College)

DR. BHAUSAHEB SARDESAI TALEGAON RURAL HOSPITAL

P.O. Talegaon General Hospital, Talegaon Dabhade, Pune 410507, Maharashtra, India.
Website - www.mitmimer.com ■ Tel.:- + 91 - 8087099040 / 41 / 42 / 43 ■ Fax :- 223916.
Email :- mimer@pn3.vsnl.net.in, info@mitmimer.com.

Ref: No. MIMER/66/159/2012.

Date : 27/1/2012

To,
DR. SHILPA YOGESH GURAV
ASSO. PROFESSOR
Department of Anaesthesiology

SUB : PROMOTION

Dr. Shilpa Yogesh Gurav presently working as a Associate Professor in the Department of Anaesthesiology, stands promoted to **Professor** w.e.f. **1st February 2012** with the Basic Pay of Rs.17,750/- (Rs. Seventeen Thousand Seven Hundred Fifty only) in the Scale of Rs.16000-450-20900-500-22400/-. Salary details are as under.

Particulars	Amount
Basic	17,750.00
DP	8,875.00
DA	30,619.00
HRA	2,663.00
NPA	4,438.00
CLA	800.00
TA	240.00
Gross Total	65,384.00

We have also informed you that Clause No.1 of Terms and conditions appeared on page no.2, of your appointment letter No. MAEER/MIMER/Teach-EST/1593/07 dated 17-08-2007 has been partially modified. The clause No.1 will now read as under.

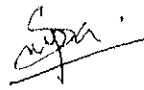
"Your appointment may be terminated at any time, by either side/ party, by giving three month's notice."

All other terms and conditions of your service remain unaltered.


DR. SURESH GHAISAS
MEDICAL DIRECTOR

Cc to: 1) Accounts Section 2) HOD, Anaesthesiology 3) Personal File

Recd
27 Jan
2012





MAHARASHTRA ACADEMY OF ENGINEERING AND EDUCATION RESEARCH'S
MAHARASHTRA INSTITUTE OF MEDICAL EDUCATION
AND RESEARCH, TALEGAON DABHADE

(MEDICAL COLLEGE)

(Trust Regn. No. F. 2555)

DR. BHAI SAHEB SARDESAI TALEGAON RURAL HOSPITAL

P. O. TALEGAON GENERAL HOSPITAL

TALEGAON DABHADE - 410 507

☎ Mail : mae@mitmimer.com ☎ Tel: (02114) 228532, 227938, 224272 ☎ Fax : 223916

☎ Website : www.mitmimer.com

Ref.No/MAEER/MIMER/TEACH-EST/1593/07

Date: 17/08/2007

To,
Dr. Shilpa Yogesh Gurav
M.D.(Anaesthesiology)
C/o Yogesh K. Gurav
Flat No 7, Build NO 36
Sect.21. NIV Staff quarter
Yamunanagar Nigdi 44

LETTER OF APPOINTMENT

Madam,

With reference to your application dated 17/08/2007 and the subsequent interview you had with us, we are pleased to appoint you as LECTURER in the Department of Anaesthesiology of our MAEER's MIMER Medical College, Talegaon Dabhade, with effect from 17/08/2007.

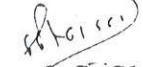
You will be paid salary in the scale of Rs. 10,000 - 325 - 15,200 as under-

Particulars	Rs.
Basic	10,000.00
D.P.	5,000.00
D.A.	6,150.00
H.R.A.	750.00
N.P.A.	2,500.00
C.L.A.	800.00
T.A	240.00
Gross Total	25,440.00

The terms & conditions of your services are attached herewith.

Thanking you,

Yours faithfully,


Dr. Suresh G. Ghaisas
Medical Director

Copy to:-

Accountant - MIMER Medical College

attested.


(2)

Terms & Conditions

1. Your services can be terminated by giving one month's notice on either side or one month pay in lieu thereof.
2. You will appear before the selection Committee in due course of time for your regular selection as per the procedure laid down by the University / MUHS, Nashik.
3. On the day of your joining you will have to produce the following certificates in original and one xerox copy of each document. The original certificates will be returned to you after verification.
 - (a) Permanent Registration Certificate of Maharashtra Medical Council.
 - (b) Internship Completion Certificate
 - (c) MBBS Degree Certificate
 - (d) Post – Graduate Degree Certificate
 - (e) Date of Birth Certificate
 - (f) Educational & work /employment Certificate
 - (g) Relieving Certificate from previous Employer
 - (h) Photo identity (Licence,Passport/Pan Card)
4. You will abide by the service Rules and Regulations of our Medical College & Hospital.
5. You will wear Uniform on the scheduled days. The Institute will provide the same.
6. If you avail bus facility of the college, you will have to pay the amount fixed for this purpose.

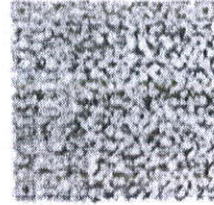


भारत सरकार
GOVERNMENT OF INDIA



शिल्पा योगेश गुराव
Shilpa Yogesh Gurav

जन्म वर्ष / Year of Birth: 1974
स्त्री / Female



9672 1776 2065

आधार – सामान्य माणसाचा अधिकार



भारतीय विशिष्ट ओळख प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पत्ता 605, सी-2 गंगा स्काय, सन तुकाराम
नगर पिंपरी, पुणे बाहेर, पुणे, पिंपरी सी
एफ, महाराष्ट्र, 411018

Address: 605, c-2 ganga skies,
sant tukaram nagar pimpri, Pune
City, Pune, Pimpri P F,
Maharashtra, 411018



1947
1800 180 1947



help@uidai.gov.in



www.uidai.gov.in



P.O. Box No. 1947,
Bengaluru 560 001

attached
Shilpa

Date: 1/2/2012

From: DR. Shripa Yogesh Gurav
Dept. of Anaesthesiology
Talegaon (D)

To,
The Principal,
MIMER Medical College, Talegaon Dabhade,
Tal. Murwa Dist. Pune

Sub: Joining Report. Post: PROFESSOR
Ref: Appointment Order No. 06/107/2012 Date: 1 Feb 2012

Respected Sir,

I have gone through the conditions mentioned in the appointment order referred to above and also the conduct rules of the College. I shall abide by these and also the order rules and regulations of the Institute, which are in force or may be framed from time to time.

I am joining the duties for the Post of PROFESSOR today
i.e. BN BN/AN

Thanking you,

Yours faithfully,

Signature of Candidates

Dr. (L.I. Cell) Anurajha
Signature of H.O.D. (Anesthesiology)
Registration No. 2007/08/320

FOR OFFICE USE

Professor and Head Dept. of Anesthesiology,
MIMER Medical College, Talegaon (Dabhade)
Post: Professor in Anesthesiology
Basic Pay Rs. 17,750/- PM Pay Scale 16020-450-20900-520-22400
Consolidated Salary Rs. _____ PM
Joined on 1st Feb 2012 BN/AN

MAEER'S
MIMER MEDICAL COLLEGE

Inward No. 327
Date 1.2.12

Co to: Personal File

PRINCIPAL

attached
2/2

From
Dr. Shilpa Yogesh Gurusai

Date: 17

Dept of Anaesthesiology

To,
The Principal,
MIMER Medical College, Talegaon Dabhada,
Tal. Mirwal Dist. Pune

Sub: Joining Report: Post: Associate Professor

Ref: Appointment Order No. 1635/07

Date: 17/09/2007


Respected Sir,


I have gone through the conditions mentioned in the appointment order referred to abc and also the conduct rules of the College. I shall abide by these and also the order rules & regulations of the Institute, which are in force or may be framed from time to time.

I am joining the duties for the Post of Associate Professor today
i.e. 17/09/2007 BNVAN.

Thanking you,

Yours faithfully,


Signature of H.O.D.


Signature of Candidate

FOR OFFICE USE

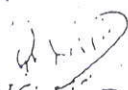
Post ASSO. professor

Basic Pay Rs. _____ PM Pay Scale _____

Consolidated Salary Rs. _____ PM _____

Joined on 17/09/2007 BNVAN.

Cc to: Personal File


MEDICAL DIRECTOR
PRINCIPAL
MIMER Medical College

*attached
copy*

To

the medical director.

MIMER medical college
Talegoan (D)

Subject - Joining Report.

Resp. Sir,

I the undersigned DR Shriipa Y. Gurra
am joining the Dept. of Anaesthesiology
MIMER as a Lecturer z.e.f.
17/8/07.

Thanking you.

Joined

Bapat

Dr (Mrs) Bapat
Dept of Anaesthesiology
17/8/07

Your's faithfully,
Shriipa

DR. Shriipa Gurra
Lecturer
(M.D Anaesthesia)
Talegoan (D)

Jurra

att. 22/8/07
Shriipa



We,
 the Chancellor, Vice-Chancellor
 and Members of the Management Council of
 Dr. Babasaheb Ambedkar Marathwada University
 Certify

[Signature]

that the withinsigned

Shilpa Sudhakar Girthkar

having been examined and found duly qualified for the
 Degree of Bachelor of Medicine and Bachelor of Surgery
 in *Oct/Nov* 1996. The Degree of

Bachelor of Medicine
 and
Bachelor of Surgery

has been conferred on *me* at Aurangabad, on the
sixteenth day of the month of *January* in the year
one thousand nine hundred and ninety-nine
 In Testimony whereof are set the Seal of the said University
 and the signature of the said Vice-Chancellor.

Serial No. 1070

Place: *Aurangabad*

Date of issue of the

Degree Certificate 15 MAR 1999

[Signature]
 Vice-Chancellor

*attested
 [Signature]*



We,
 the Chancellor, Vice-Chancellor
 and Members of the Management Council of
Dr. Babasaheb Ambedkar Marathwada University
 Certify

[Redacted Box]

that the withinsigned

Shilpa Sudhakar Tirkar

having been examined and found duly qualified for the Degree
 of Doctor of Medicine (*Anaesthesiology* Branch)
 in *June / July 1992* 2002 The Degree of

Doctor of Medicine

(*Anaesthesiology* Branch)

has been conferred on *her* at Aurangabad, on the
thirtieth day of the month of *January* - in the year
one thousand nine hundred and ninety two thousand three

In Testimony whereof are set the Seal of the said University
 and the signature of the said Vice-Chancellor.

Seat No. 220

Place: *Aurangabad*

Date of issue of the 20 MAY 2003

Degree Certificate

[Signature]

Vice-Chancellor

*Attested
 [Signature]*



Maharashtra Medical Council, Mumbai

ANAND COMPLEX SECOND FLOOR, 189-A, SANE GURUJI MARG, ARTHUR ROAD NAKA, CHINCHPOKLI, MUMBAI - 400011

Certificate of Registration

Registration No. 85506.

This is to certify that the withinsigned



Doctor *Shri / Shrimati / Karamani* GURAV SHILPA YOGESH

(NEE, TIRTHKAR SHILPA SUDHAKAR) *possessing the qualification*

M.B.B.S. of DR. BABASAHEB AMBEDKAR MARATHWADA UNIVERSITY, 1998;

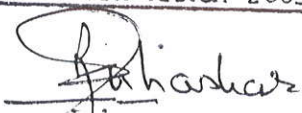
has been duly registered under the Maharashtra Medical Council Act, 1965 (Mah XLVI of 1965), in Part I of the register.

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




sd/-
Registrar

DUPLICATE CERTIFICATE WITH CHANGE OF
NAME ISSUED ON 5TH MARCH 2005.


Registrar

Dated the 9TH FEBRUARY 1998.

attested


Regd. No. 85506.

Date 9TH FEBRUARY 1998.

Maharashtra Medical Council

189-A, Anand Complex, 2nd Floor, Sane Guruji Marg,
Arthur Road Naka, Mumbai - 400 011.

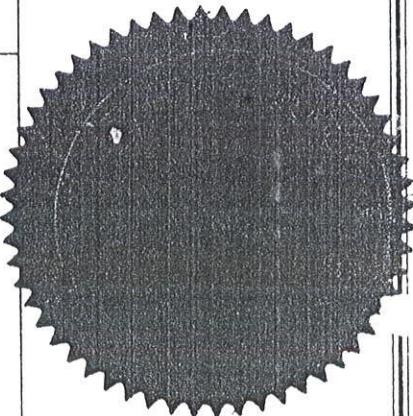
REGISTRATION CERTIFICATE FOR ADDITIONAL MEDICAL QUALIFICATION

Certificate No. 22219

Dated 5TH MARCH 2005.

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

NAME :	ADDITIONAL QUALIFICATION
DR. GURAV (<u>MRS.</u>) <u>SHILPA</u> YOGESH (<u>NEE</u> , TIRTHKAR (<u>MISS</u>) <u>SHILPA</u> SUDHAKAR)	M.D. (ANAES.) DR. BABASAHEB AMBEDKAR MARATHWADA UNIVERSITY, 2002;



Shilpa
REGISTRAR

Attended
[Signature]

जा.क. / श्री.व.ना.शासकीय / आस्था २ / १०७

अधिष्ठाता यांचे कार्यालय,

श्री.व.ना.शासकीय वैद्यकीय महाविद्यालय,

यवतमाळ दिनांक: १६/०८/२००७

विषय - डॉ. शिल्पा योगेश गुरव अधिव्याख्याता बधिरिकरणशास्त्र, यांना धारण केलेल्या पदावर राजीनामा स्वीकारण्याबाबत

संदर्भ: १. शासन निर्णय क्र. एलईसी १४०७/प.क.६८/वै.से.वा. ३ दि. १५.०५.०७
२. डॉ. शिल्पा योगेश गुरव यांचा राजीनामा अर्ज दि. १७.०७.०७

आपणास संदर्भीय आदेश क्र. १ अन्वये या वैद्यकीय महाविद्यालयात अधिव्याख्याता बधिरिकरण या पदावर दि. ०१.१२.०६ ते २९.११.०७ पर्यंत ३६४ दिवसांच्या कालावधीसाठी तात्पुरत्या स्वरूपात नेमणूक देण्यात आलेली आहे. परंतु आपण संदर्भ क्र. २ अन्वये धारण केलेल्या पदाचा राजीनामा देण्याकरीता दि. १७.०७.०७ रोजी सुचना दिल्यामुळे सदर पूर्व सुचना कालावधी हा दि. १६.०८.२००७ रोजी म.उ. पासून समाप्त होत असल्याने आपण सादर केलेला राजीनामा हा दिनांक १६.०८.२००७ रोजी म.उ. पासून स्वीकारण्यात येत आहे.

आपण कार्यभार हस्तांतरण प्रमाणपत्र प्राध्यापक व विभागप्रमुखांमार्फत ४ पतित कार्यालयास सादर करावे. त्याचप्रमाणे विभागीय/प्रशालयीन/रोखाविभाग व वसतीगृह विभागाकडून ना. देय व ना. मागणी प्रमाणपत्र या कार्यालयास सादर करावे.

अधिष्ठाता,

श्री.व.ना.शासकीय वैद्यकीय महाविद्यालय,

यवतमाळ

प्रति,

डॉ. शिल्पा योगेश गुरव अधिव्याख्याता बधिरिकरणशास्त्र, मार्फत प्राध्यापक व विभागप्रमुख, बधिरिकरणशास्त्र, विभाग श्री. व.ना. शासकीय वैद्यकीय महाविद्यालय यवतमाळ

प्रत:-

१. प्राध्यापक व विभागप्रमुख, बधिरिकरणशास्त्र विभाग, श्री. व.ना.शासकीय वैद्यकीय महाविद्यालय यवतमाळ.
२. लेखा विभाग १-२, श्री. व. ना. शासकीय वैद्यकीय महाविद्यालय यवतमाळ यांना माहिती व पुढील कार्यवाहीकरीता रवाना त्यांना कळविण्यात येते की, ना. देय प्रमाणपत्र प्राप्त झाल्या शिवाय माहे, जुलै, २००७ चे या महीन्याचे वेतन व भत्ते अदा करण्यात येऊ नये.
३. वरिष्ठ कोषागार अधिकारी, यवतमाळ.

attached
[Signature]



MAEER MIT PUNE'S
MAHARASHTRA INSTITUTE OF MEDICAL EDUCATION AND RESEARCH
(Medical College)

DR. BHAUSAHEB SARDESAI TALEGAON RURAL HOSPITAL

Accredited by NAAC with 'A' Grade

P.O. Talegaon General Hospital, Talegaon Dabhade, Pune 410507, Maharashtra, India.

■ Tel.:- 02114 - 308300, 8087099040 / 41 / 42 / 43 ■ Fax :- 02114 - 223916.

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

Ref : No. MIMER/1245/2016

Date : 13/07/2016

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.



[Signature]
Principal

MIMER Medical College
Talegaon Dabhade
Principal

MIMER Medical College
Talegaon Dabhade - 410 507

[Handwritten signature]

SHRI VASANTRAO NAIK GOVT. MEDICAL COLLEGE,
YAVATMAL, H.S. 001 (M.S.) INDIA
श्री वसन्तराव नाईक शासकीय वैद्यकीय महाविद्यालय,
यवतमाल तहसील (म.प्र.)

O.No.VNGMC/Est 1&2/8803/07

Date 16/8/2007

Experience Certificate

This is to certify that Dr. Shilpa Yogesh Gurao has worked as Lecturer in the Department of Anaesthesiology with technical break at this institute as follows in the Pay Scale 8000-275-13500 on temporary basis.

DL. 13-06-2005 to DL. 10-10-2005

DL. 12-10-2005 to DL. 08-02-2006

DL. 10-02-2006 to DL. 31-03-2006

DL. 03-04-2006 to DL. 31-07-2006 (DSB)

DL. 02-08-2006 to DL. 29-11-2006 (DSB)

DL. 01-12-2006 to DL. 10-08-2007 (DSB)

During this period her conduct is good and work is satisfactory.

Amal Singh
Dean

Shri.Vasantrao Naik Govt. Medical
College, Yavatmal

attached
[Signature]



KRISHNA INSTITUTE OF MEDICAL SCIENCES
DEEMED UNIVERSITY

Karad, Dist. Satara (Maharashtra State) Pin : 415 110
Website : www.kimsdeemeduniversity.in

Tel : 02164-241555-8 Fax : 02164 242170/241410
E-Mail : contact@kimsdeemeduniversity.in

CERTIFICATE OF EXPERIENCE

1. It is certified that Shri. **Dr. Mrs. Shilpa Yogesh Gurav** was working in this organization/ Institution holding **Lecturer** post in a teaching capacity in the pay scale of Rs. **8550-275-13500**.
2. His total experience in our organization/Institute is as follows

Sr. No.	Period From- to	Post Held	Nature of Appointment	Nature of post	Pay scale	Last pay drawn
01	05.04.2003 to 12.06.2005	Lecturer	Temporary	Teaching	8550-275-13500	14,800/-

3. Certified that the service particulars of Shri. **Dr. Mrs. Shilpa Yogesh Gurav** Designation **Lecturer** given in application are correct and she possess educational qualification and experience mentioned in the advertisement.
4. It is also certified that there is no disciplinary/Vigilance or any other case is pending or contemplated against Shri. **Dr. Mrs. Shilpa Yogesh Gurav** and his integrity is beyond doubt.
5. No major/minor penalties have been imposed on her during his service.
6. The nature of duties performed by her during the period for which he hold the post(s) is detailed in the attached sheet.

Place: KARAD

Signature:

Date: 19/04/06

Designation:

Dean,
Krishna Institute of Medical Sciences,
Deemed University, Karad,
Dhebewadi Road, Malkapur,
Karad 415 110
Contact No. (02164) 241555

Office Seal:

Ref. No. KIMSDU/PER/624/06

Date: 24-4-06



DEAN

KRISHNA INSTITUTE OF MEDICAL SCIENCES
AND KRISHNA HOSPITAL
KARAD.



सत्यमेव जयते

शासकीय वैद्यकीय महाविद्यालय, मिराज
GOVT. MEDICAL COLLEGE, MIRAJ
Pandharpur Road, Miraj. 416410, Dist. SANGLI (MAHARASHTRA)

Phone: Dean-(Chamber) : 0233- 2231158 Extn. 201
(Residence): 0233- 2231799 Extn. 300

PBX: 2232090 to 2232099
Fax: (0233) 2231959.

Ref. No. GMCM/A/6654 / 2006

Date : 27 April 2006.

Certificate of Experience

It is certified that DR. Shipla Yogesh Gurav Was working in this institution in the Deptt. Of Anesthesiology as Lecturer (Technical) post in a teaching capacity in the pay scale of Rs. 8000-275-13500/-

2. Her total experience in our institution is as follows:

Sr No.	Period From - To	Post held	Nature of appointment	Nature of post	Pay scale	Last pay drawn (basic pay)
1.	10-12-2002 to 04-04-2003	Lecturer	Temporary	Teaching	8000-275-13500/-	17,500-
2.						
3.						
4.						
5.						

3. Certified that the service particulars of DR. Shipla Yogesh Gurav Designation Lecturer in the Deptt. Of Anesthesiology given in application are correct and she possesses educational qualification and experience mentioned in the advertisement.

4. It is also certified that there is no disciplinary or any other case is pending or contemplated against DR. Shipla Yogesh Gurav and her integrity is beyond doubt.

5. No major/minor penalties have been imposed on her during her service.

6. The nature of duties performed by her during the period for which she holds the post is detailed in the attached sheet.

Place : Miraj

Date : 27/04/2006



Dean
Govt. Medical College, Miraj.
Pandharpur road, Miraj. 416410

Office seal:

Encl. 1. Nature of duties.

attached
JSP

Govt. of Maharashtra
Swami Ramanand Teerth Rural Medical College, Ambajogai.

(Office of the Dean)

No. / / 4130 /200 Date/8/4/2008

CERTIFICATE OF EXPERIENCE

It is certified that Shri/Smt./Kum. Dr. Shilpa Yogesh Guroy (Tiathker) was working in this organization holding Lecturer in Anesthesiology (Name of Post) Technical/Non-technical post in a supervisory / Administrative / Executive / Teaching / Research / Clerical / Professional capacity in the pay scale of 8000-275-13500

2. His / Her total experience in our Organization / Institution is as follows.

Sr.No.	Period		Post held	Nature of appointment #	Nature of post *	Pay scale	Last pay drawn
	From	To					
1	9/8/02	6/12/08	Lecturer	Temporary	Teaching	8000-275-13500	19200/-
2							
3							
4							
5							

State whether Daily Wages /Work-charged / Contract basis / Honorarium / Hour basis / Periodical / Part time / on stipend / Visiting /Contributory /Without pay / In-charge / Additional charge / Ad-hoc /Regular /Temporary / Permanent / Apprentice/ Internship

* State whether supervisory / Administrative / Executive / Teaching / Research / Clerical / Professional / Clinical / Law Practicing / Others.

3. Certified that the service particulars of Shri/Smt./Kum. Dr. Shilpa Yogesh Guroy (Tiathker) Designation Lecturer given in application are correct and he/she possess educational qualification and experience mentioned in the advertisement.

4 It is also certified that there is no disciplinary / vigilance or any other case is pending or contemplated against Shri/Smt./Kum. Dr. Shilpa Yogesh Guroy and his/her integrity is beyond doubt.

5 No major / minor penalties have been imposed on him/her during his service / details of penalties imposed during his service are as given in attached statement'

6 The nature of duties performed by him/her during the period for which he holds the post(s) is detailed in the attached sheet

7 Certified that in the event of selection of Shri/Smt./Kum. Dr. Shilpa Yogesh Guroy she will be relieved of his duties in this office.

Place

Date

Office Seal



Signature

AWJ

DEAN

Designation

S R.T.R. Medical College

Full office Address

Ambajogai Dist. Beed

Swami Ramanand Teerth Rural Medical College.

Ambajogai

Contact No. STD Code

Telephone No

*attnd - J
Jup*

आयकर विभाग
INCOME TAX DEPARTMENT
SHILPA YOGESH GURAV



भारत सरकार
GOVT. OF INDIA

SUDHAKAR BALIRAM TIRTHAKAR



07/06/1974

Permanent Account Number

ACPPT0031K



14112016


Signature

Handwritten signature in blue ink



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक
Maharashtra University of Health Sciences, Nashik

(An ISO 9001:2008 Certified University)

वणी - दिंडोरी रोड, म्हसळ, नाशिक - ४२२००४, Vani-Dindori Road, Mhasrul, Nashik- 422 004

MUHS

EPABX: 0253-2539100-300, Fax - 0253-2539200, Phone: 0253-2539199, 234
E-mail : pgacademic@muhs.ac.in Web: www.muhs.ac.in

डॉ. सुनिल एच. फुगारे

एम.एस्सी., पीएच.डी.

शैक्षणिक विभागप्रमुख (पदव्युत्तर)

Dr. Sunil H. Fugare

M. Sc., Ph. D.

I/c, Academic Section (PG)

No. MUHS/ PG/E-1/1204 / 27/10/15

Date: 28/04/2015

To

The Dean/Principal,
MAEER'S MIMER Medical College,
Talegaon General Hospital Campus,
Talegaon Dhabhade, Tal - Maval,
Dist. Pune - 410 507.

Sub :- Recognition as Post-Graduate Teacher.

Ref :- 1) Your letter No. i) MIMER/139/15 Dated 22/01/2015;
ii) MIMER/252/15 Dated 06/02/2015;
iii) MIMER/253/15 Dated 06/02/2015.

2) University letter no. MUHS/ PG/E-1/1204 / 27/251/15 Dated 22/01/2015.

3) Postgraduate Teacher Recognition Committee meeting dated 23/03/2015.

Sir / Madam,

With reference to the above cited subject, I am directed to inform you that in view of the norms prescribed as per provision under the section 29(2)(I) of the MUHS Act, 1998 Hon'ble Vice-Chancellor is pleased to grant recognition as Post-Graduate Teacher to the following teacher(s) of your Institute/College **subject to the terms and conditions of appointment order** for imparting instructions to the Post Graduate Degree, Diploma or Super-Specialty Course(s) (as applicable) in the subject mentioned against his/ her/ their name:-

Sr. No.	Subject	Name of the Teacher	Designation	Status of PG recognition
1	Otorhinolaryngology	Dr. Sapna R. Parab	Lecturer	w.e.f. 22/01/2015 & onwards. #
2	Paediatrics	Dr. Deepali A. Ambike	Professor	w.e.f. 06/02/2015 & onwards.
3	Obst. & Gynaec	Dr. Sushma Sharma	Professor	w.e.f. 06/02/2015 & onwards. #
4	Anaesthesiology	Dr. Shilpa Gurav	Professor	w.e.f. 06/02/2015 & onwards.
5	Anaesthesiology	Dr. Sandip N. Baheti	Lecturer	w.e.f. 06/02/2015 & onwards.#

Kindly note that the recognition granted by the University is valid till the above said teacher is in the services of the said PG teaching Institute/ College or attains the age of superannuation, whichever happens earlier.

The above teacher(s) is/are required to attend the Research Methodology Workshop conducted by Regional Center, Pune of this University or any other centre authorised by the University within the period of one year, failing which, the recognition issued shall stand automatically cancelled, which may please be noted.

You are requested to handover the copy of letter to the concerned teacher(s) for further necessary action.

Yours sincerely,

MAEER'S
MIMER MEDICAL COLLEGE

Inward No. :- 1967

Date :- 27/5/15

I/C Academic Section (PG)

Copy to : 1) The Controller of Examinations, MUHS
2) Dy. Registrar, UDC, MUHS

Note: In case, if it is found at later stage that information furnished in Post Graduate Recognition form by any teacher is incorrect, PG Recognition / UG approval granted by the University will stand cancelled.



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, Nashik

(An ISO 9001:2008 Certified University)

दिंडोरी राई महाराष्ट्र नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

Tel: (02531) 2539191 - 291, Fax: (02531) 2539195

Website: www.muhs.ac.in E-mail: ugacademic@muhs.ac.in

शि. द. कंडेकर

S. D. Kandekar

कक्षा अधिकारी

Section Officer

No MUHS/UG/E-1/1204/2014

Date: 11/12/2014

To
The Principal,
M I M E R Medical College,
Talegaon, Dabhade
Post - Talegaon Gen Hospital
Dist - Pune - 410 507

Sub: Approval to the appointment of teacher of your college.

Ref.: Your letter No. MIMER/2582/2014 dated 09/12/2014.

Sir / Madam

With reference to the above cited subject, regarding the proposal for approval to the appointment of teacher, I am to inform you that Honble Vice Chancellor is pleased to grant approval (UG) to the appointment of following teacher as indicated below as per the terms and conditions mentioned in University Direction 02/2014.

Sr. No.	Subject	Name of the Teacher	Designation	Status of Approval
1	Anaesthesia	Dr. Shilpa Y. Gurav	Professor	w.e.f. 11/08/2014 & onwards

Further, it is mandatory for the teachers approved by the University to comply according to Medical Council of India Notification No. MCI-12(2)/2009-Med -22654 dated 21/07/2009 and MCI-12(2)/2009-Med Misc /56925 dated 15/12/2009.

You are requested to handover a photo copy of letter to the concerned teacher

Yours

Section Officer

Copy to: I/c P G (Academic) Section, MUHS, Nashik

MIMER'S
MIMER MEDICAL COLLEGE

Received No. 6201
25/12/14

Academic Affairs, Dindori, Talegaon, Nashik, Maharashtra - 422004, Teacher Approval (MIMER), 2014-1204-01, Approved letter no. 14



महाराष्ट्र शासन राजपत्र

कोल्हापूर विभाग

भाग दोन-नाव, वय व धर्म बदलण्याच्या जाहिरातींचा विभाग

सूचना.--जाहिरातीत असलेल्या मजकुराबाबतच्या सत्यतेविषयी सरकार कुठलीच जबाबदारी स्वीकारणार नाही. यावरून असे जाहीर करण्यात येत आहे की, खालील व्यक्तींनी आपली जुनी नावे बदलून नवीन नावे धारण केली आहेत :-

जुने नाव व नोंदणी क्रमांक	नवीन नाव व पत्ता	जुने नाव व नोंदणी क्रमांक	नवीन नाव व पत्ता
राजेश अरुण तांबे (के-१३२२)	राजेश अरुण मणिगार मु. पो. माईण बौध्दवाडी, ता. कणकवली, जि. सिंधुदुर्ग-४१६ ६०२.	सूरज संतोष गुळवणी (के-२१४४)	सूरज माधव जोशी द्वारा- अंड. पी. बी. गुरुव १७५८ 'ए' अनिरुध्द अपार्टमेंट, साकोली कॉनर, कोल्हापूर-४१६ ०१३.
सुधा गणपत मलये (के-१३२३)	मिनल महेंद्र गावडे श्रीस्वामी समर्थ कृपा, हिंदळेकरवाडा, वायरी रोड, मु. पो. मालवण, ता. मालवण, जि. सिंधुदुर्ग-४१६ ६०६.	शिवाजी धोंडीबा चांभार (के-२१४५)	शिवाजी धोंडीबा जाधव मु. पो. कोवाड, ता. चंदगड, जि. कोल्हापूर-४१६ ५०८.
गापाळ अंकूश राठवड (के-१३२४)	दिपक अंकूश राठवड मु. पो. माजगांव (कासारवाडा), ता. सावंतवाडी, जि. सिंधुदुर्ग.	शिला शिवाजी चांभार (के-२१४६)	शिला शिवाजी जाधव मु. पो. कोवाड, ता. चंदगड, जि. कोल्हापूर-४१६ ५०८.
नाजिया सलीम काझी (के-१३२५)	नाजिया रिजवान अहमद दिवान मु. पाडळी (केसे), पो. सुपने, ता. कराड, जि. सातारा-४१५ ११४	सोमनाथ शिवाजी चांभार (के-२१४७)	सोमनाथ शिवाजी जाधव मु. पो. कोवाड, ता. चंदगड, जि. कोल्हापूर-४१६ ५०८.
डॉ. शिल्पा सुधाकर तीर्थकर (के-१३२६)	डॉ. शिल्पा योगेश गुरुव द्वारा- डॉ. योगेश कृ. गुरुव पी. एस. एम. विभाग, कृष्णा वैद्यकिय महाविद्यालय व हॉस्पिटल मलकापूर, ता. कराड, जि. सातारा-४१५ ११०.	सुधीर शिवाजी चांभार (के-२१४८)	सुधीर शिवाजी जाधव मु. पो. कोवाड, ता. चंदगड, जि. कोल्हापूर-४१६ ५०८.
साधना बाबाजी राऊळ (के-१३२७)	रुक्मिणी राजर्किरण महाजन "स्नेहांकित" खेरवंद, पो. माळगांव, ता. मालवण, जिल्हा सिंधुदुर्ग.	राजेंद्र सदाशिव परीट (के-२१४९)	राजेंद्र सदाशिव पावसकर मु. पो. तिल्लारीनगर, खोली नं. सी. ५६/३ ता. चंदगड, जि. कोल्हापूर-४१६ ५२७.
सविता खाशाबा पवार (के-१३२८)	सौ. सविता उध्दवराव काळे मु. पो. ओगलेवाडी (शिगाडे चाळ), आत्माराम हायस्कूल समोर, ता. कराड, जि. सातारा-४१५ १०५.	वसंत बाळू कोरवी (के-२१५०)	वसंत बाळू जाधव (कैकाडी) प्लॉट नं. ४३ सुतार माळ, लक्ष्मी वसाहत, कोल्हापूर.
नवनाथ विठ्ठल कोळी (के-१३२९)	सौ. सविता उध्दवराव काळे मु. पो. ओगलेवाडी (शिगाडे चाळ), आत्माराम हायस्कूल समोर, ता. कराड, जि. सातारा-४१५ १०५.	अमर चंद्रकांत निर्मळ (के-२१५१)	अमर आनंदराव ठाणेकर ३७३ ई, पाटील गल्ली, क.।। बावडा, ता. करवीर, जि. कोल्हापूर-४१६ ००६.
नवनाथ विठ्ठल कोळी (के-१३३०)	नवनाथ विठ्ठल कांबळे रा. आष्टा नाका, कुंभार गल्ली, सांगली रोड, उरुण इस्लामपूर, ता. वाळवा, जि. सांगली.	शंकिल पापालाल अपराध (के-२१५२)	शंकिल पापालाल सनदी मु. पो. कवनूर (ग्रामपंचायतजवळ) ता. हातकणगले, जि. कोल्हापूर.

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

Title of the Course applied for:- Fellowship Course in Regional Anaesthesia


This to Certify that **Dr. Yuvraj Kumbhar** has 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)	07/09/1998	07/05/1999		8 Mths
(RCSMGME)	09/07/2003	08/03/2007	3 Yrs	8 Mths
(MIMER)	15/03/2007	30/11/2009	2 Yrs	8 Mts
Asso. Prof.(MIMER)	01/12/2009	Till Date	13 Yrs	11 Mths


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

Designation	From	To	Total period Year/Months	
Asst Prof. (MIMER)	07/09/1998	07/05/1999		8 Mths
(RCSMGME)	09/07/2003	08/03/2007	3 Yrs	8 Mths
(MIMER)	15/03/2007	30/11/2009	2 Yrs	8 Mts
Asso. Prof.(MIMER)	01/12/2009	Till Date	13 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)


 Sign & Stamp
Dr. Smita Gurav
 Head of the Department
 Reg. No. 85506
 Dept. of Anaesthesiology
 MIMER Medical College
 Talegaon Dabhade


 Sign & Stamp
 Dean/Principal/Head of Institute
 MIMER MEDICAL COLLEGE
 TALEGAON DABHADE
 PUNE 410507
 Date 18/12/2013



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

स्थाई लेखा संख्या /PERMANENT ACCOUNT NUMBER

AIHPK3162C



नाम /NAME

YUVRAJ VISHNU KUMBHAR

पिता का नाम /FATHER'S NAME

VISHNU BALU KUMBHAR

जन्म तिथि /DATE OF BIRTH

22-05-1971

हस्ताक्षर /SIGNATURE

Yuvraj

P.R. Sharma

आयकर आयुक्त (कंप्यूटर सेन्टर)

Commissioner of Income-tax(Computer Operations)

Yuvraj



MAEER MIT PUNE'S
MAHARASHTRA INSTITUTE OF MEDICAL EDUCATION AND RESEARCH
(Medical College)

DR. BHAUSAHEB SARDESAI TALEGAON RURAL HOSPITAL
P.O. Talegaon General Hospital, Talegaon Dabhade, Pune 410507, Maharashtra, India.
Website :- www.mitmimer.com ■ Tel.:- (02114) 228532, 227938, 224272 ■ Fax :- 223916.
Email :- mimer@pn3.vsnl.net.in, info@mitmimer.com.

3

No. MIMER/

Date :

Ref. No/MIMER/Teach-EST/3082/09


Date:01/12/2009

PROMOTION

Dr. Yuvraj Kumbhar presently working as a Lecturer in the Department of Anaesthesiology, stands promoted to the designation of **Associate Professor** w.e.f. 01.12.2009

You will be paid consolidated salary of Rs. 35,000/ (Rupees Thirty Five Thousand only) per months

Yours faithfully,


Dr. Suresh Ghaisas
Medical Director



MAHARASHTRA ACADEMY OF ENGINEERING AND EDUCATION RESEARCH'S
MAHARASHTRA INSTITUTE OF MEDICAL EDUCATION
AND RESEARCH, TALEGAON DABHADE
(MEDICAL COLLEGE)

(Trust Regn. No. F.2555)

DR. BHAUSAHEB SARDESAI TALEGAON RURAL HOSPITAL
P.O. TALEGAON GENERAL HOSPITAL

TALEGAON DABHADE - 410 507

E-mail: mimer @pn3.vsnl.net.in Tel: (02114) 228532, 227938, 224272 Fax : 223916

No/MAEER/MIMER/TEACH-EST/ 619 /2007

Date: 15/03/2007

To,
Dr. Yuvraj V. Kumbhar
320/19, Dhorenagar,
Sangavi, Pune - 22.

LETTER OF APPOINTMENT

Sir,

With reference to your application dated 21/02/2007, the subsequent interview you had with us, we are pleased to appoint you as a Lecturer in the Department of Anaesthesiology of our MAEER's MIMER Medical College, Talegaon Dabhade, with effect from 15/03/2007.

You will be paid salary in the scale of Rs. 10000-325-15200 as under-

<u>Rs.</u>	
Basic	10,650/-
DP	5,325/-
DA	4,633/-
HRA	799/-
NPA	2,663/-
TA	800/-
CLA	240/-
Total-	25,110/- P.M.

The terms & conditions of your services are attached herewith.

Thanking you,

Dr. Suresh G. Ghalsas
Medical Director

Encl : One

Copy for information to:-

- Head of the Department - Anasthesiology
- The Accountant - MIMER Medical College

(2)

Terms & Conditions

1. Your services can be terminated by giving one month's notice on either side or one month pay in lieu thereof.
2. You will appear before the selection Committee in due course of time for your regular selection as per the procedure laid down by the University / MUHS, Nashik.
3. On the day of your joining you will have to produce the following certificates in original and one xerox copy of each document. The original certificates will be returned to you after verification.
 - (a) Permanent Registration Certificate of Maharashtra Medical Council.
 - (b) Internship Completion Certificate
 - (c) MBBS Degree Certificate
 - (d) Post – Graduate Degree Certificate
 - (e) Date of Birth Certificate
 - (f) Educational & work /employment Certificate
 - (g) Relieving Certificate from previous Employer
 - (h) Photo identity (Licence,Passport/Pan Card)
4. You will abide by the service Rules and Regulations of our Medical College & Hospital.
5. You will wear Uniform on the scheduled days. The Institute will provide the same.
6. If you avail bus facility of the college, you will have to pay the amount fixed for this purpose.



भारत सरकार
Government of India



Issue Date: 26/06/2012



युवराज विष्णू कुंभार
Yuvraj Vishnu Kumbhar
जन्म तारीख / DOB: 22/05/1971
पुरुष / Male

4751 4298 5336

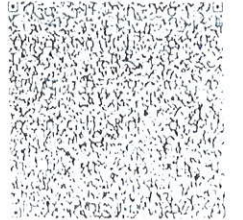
मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता: हाउस नंबर 3078, फव्वग नगर रस्ता, दौंडे कॉलोनी,
कामसेत, पुणे, महाराष्ट्र, 410405



Print Date: 26/06/2012

आधार - संचालन प्राधिकरण, ए.डी.ए.ओ. ऑफिस,
नियंत्रण महानगर, पुणे, महाराष्ट्र

4751 4298 5336



1947



help@uidai.gov.in



www.uidai.gov.in

Kumbhar

Dr Yuvraj V. Kumbhar
320/19, Dhore Nagar,
Sangavi, Pune - 412-27.
15th March 2007.

To,
The Principal,
M.I.M.E.R. Medical College,
Talgaon (Dalshode), Pune.

Subject - Joining letter as a lecturer
(through proper channel.)

Respected Sir,

I, the undersigned, Dr. Kumbhar
Y.V., am joining your favour as
a lecturer in Dept of Anaesthesiology
submitting this; for your kind
information & necessary action, please.

Thanks.

Kumbhar

Sincerely

Kumbhar

(Dr. Y.V. Kumbhar)

Recommended & forwarded for
necessary action please.

Received
Dr. Manjusha
15/3/07

Dr. MANJUSHA
PROF. ANAESTHESIOLOGY
MIMER

WE the Chancellor, Vice-Chancellor
and Members of the Management
Council, on the recommendation of the Academic
Council of the Shivaji University,

certify Kumbhar that the withinsigned

Uraaj Vishu Kumbhar

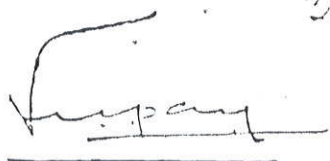
of the Dr. Y. M. Medical College

having been examined for the Degree of Bachelor of
Medicine and Bachelor of Surgery, and on being
found qualified for the same, in October 1933
the Degree of

Bachelor of Medicine & Bachelor of Surgery

has been conferred on him at Kolhapur, on the
sixth day of the month of February in the
year one thousand nine hundred and ninety nine

In Testimony whereof are set the Seal of the
University and the Signatures of the Registrar and the
Vice Chancellor.



Ag. Registrar.



Vice Chancellor

12/1/22 7328
We the Chancellor, Vice-Chancellor
and Members of the Management
Council, on the recommendation of the Academic
Council of the Shivaji University,

certify Kulkarni that the withinsigned

Uwaraj Vishnu Kumbhar

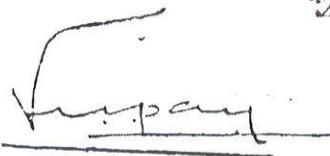
of the D. S. M. Medical College

having been examined for the Degree of Doctor of
Medicine (Anaesthesia Branch), and on being
found qualified for the same, in October 1997,
the Degree of

Doctor of Medicine

has been conferred on him at Kolhapur, on the
sixth day of the month of February in the
year one thousand nine hundred and ninetyseven

In Testimony whereof are set the Seal of the
University and the Signatures of the Registrar and the
Vice Chancellor.



Ag. Registrar.



Vice Chancellor

MAHARASHTRA MEDICAL COUNCIL BOMBAY

CERTIFICATE OF REGISTRATION

Registration No 075657

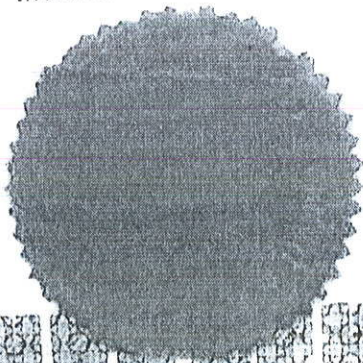
This is to certify that the within-
Signed Kubhar Doctor Shri / **Shrimati** /
Kumari KUMBHAR UVARAJ VISHNU
possessing the qualifications of M.B.B.S. (SHIVAJI), 1995;

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..... 20TH JANUARY 1995.

A. K. Anvekar
Registrar.



SVP/

Regd. No.

75657.

Date

20TH JANUARY 1995.

Maharashtra Medical Council

189-A, Anand Complex, 2nd Floor, Sane Guruji Marg,
Arthur Road Naka, Mumbai - 400 011.

REGISTRATION CERTIFICATE FOR ADDITIONAL MEDICAL QUALIFICATION

Certificate No. 27044

Dated 21ST FEBRUARY 2007

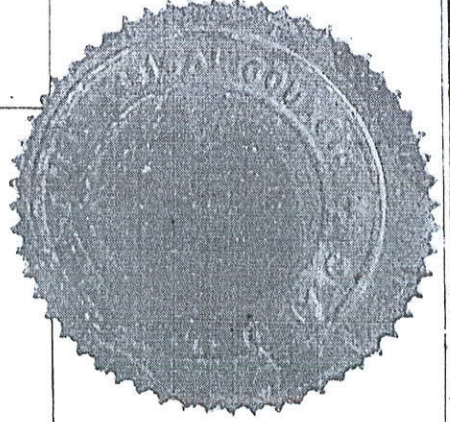
I hereby certify that the following qualification has been duly registered in the Medical Register of the Council.

NAME :

ADDITIONAL QUALIFICATION

DR. KUMBHAR UVARAJ VISHNU

M.D. (ANAES.) SHIVAJI UNIVERSITY, 1997;



REGISTRAR

राजपत्रित अधिकाऱ्यांचे कार्यभार हस्तांतरण प्रमाणपत्र

मुख्यालय कोल्हापूर दिनांक ८/३/२०१६
पद कादंबरीकार शास्त्रज्ञ (तद्विरीकरण शास्त्रज्ञ)
कार्यभाराचे हस्तांतरण ज्या अन्वये केले तो आदेश राजपत्रित क्र. १०५३०/२०१६
दिनांक ०२-०३-२०१६ (विद्युत्तरी कालावधी) २०१६/३१६
हस्तांतरित केलेले स्थायी अधिपत्र

पदमुक्त अधिकारी

१. नाव व आद्याक्षरे (ठळक अक्षरात) डॉ. गुरुगज विष्णू कुंभार
२. (एक) रजेवर जात असल्यास-
(अ) रजेचा कालावधी
(ब) रजेच्या कालावधीतील पत्ता
(क) जेथून रजायेतून घ्याययाचे आहे ते ठिकाण
- (दोन) सेवानियुक्त होत असल्यास कित्या नियुक्तीपूर्व रजेवर जात असल्यास आणि भविष्यनिर्वाह निधीची रक्कम तसेच काढाययाचे प्रस्तावित केलेले असल्यास, भविष्यनिर्वाह निधीची रक्कम काढण्याचा उर्ज पत्रालेखापालांकडे पाठायला आहे काय ?

कित्या

(तीन) बदली झाली असल्यास, जेथे बदली झाली ते-

(अ) पद अधीन आणि (ब) ठिकाण

३. सही-

४. इतर कतंत्र्ये सांभाळून केवळ अतिरिक्त कार्यभार धारण करीत असल्यास अधिभूत पदेनाम

वि. वि. शा. वा. वि. कोल्हापूर
Kulapur

पदमोचक अधिकारी

५. नाव व आद्याक्षरे (ठळक अक्षरात) डॉ. इल्हास सुधाकर शिव मिसाळ
६. (एक) रजेवरून परत येत आहेत काय ?
(दोन) असल्यास, पदनियुक्तीचा आदेश जेथे मिळाला ते ठिकाण
(तीन) नसल्यास जेथून बदली झाली ते-

(अ) पद आणि (ब) ठिकाण

(क) पदाला ठिकाणाहून कार्यमुक्त झाल्याचा दिनांक मध्याह्नपूर्व/मध्याह्नोत्तर

७. सही-

८. इतर कतंत्र्ये सांभाळून केवळ अतिरिक्त कार्यभार धारण करीत असल्यास-

(अ) पदमोचक अधिकाऱ्याचे अधिभूत पदेनाम सहयोगी प्राध्यापक (तद्विरीकरण शास्त्र)
(ब) माहित असल्यास, पदनियुक्त अधिकाऱ्याचे नाव

क्रमांक-

प्रत-राहिली व आवश्यक त्या कार्यवाहीसाठी

(१) अधिदान व लेखा अधिकारी, म. शा., मुंबई/वरिष्ठ उप-कोषागार अधिकारी,

कार्यालय प्रमुखाचे पदेनाम व सही

[भागे पहा]



Govt. of Maharashtra

**RAJARSHI CHATRAPATI SHAHU MAHARAJ GOVT.
MEDICAL COLLEGE, KOLHAPUR.**

Tel. No. . (0231) 2641583

Fax No. . 2645279

Letter No. : R.C.S.M.G.M.C./254 / 07

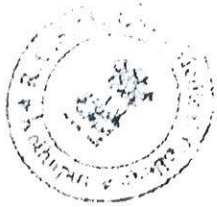
Date : 08 / 03 / 2007
20

EXPERIENCE CERTIFICATE

Certified that DR. UVARAJ VISHNU KUMBHAR was working in Rajarshi Chatrapati Shahu Maharaj Government Medical College, Kolhapur as Lecturer in Department of Anesthesiology.

His Teaching Experience is as follows :-

Sr. No	Post	Date		Name of the Institute	Total Period
		From	To		
(1)	LECTURER	09-07-2003	08-03-2007	Rajarshi Chatrapati Shahu Maharaj Government Medical College, Kolhapur.	3 Years 8 Months



To,
Dr. Uvaraj Vishnu Kumbhar

DEAN

Rajarshi Chatrapati Shahu Maharaj
Govt. Medical College, Kolhapur.

DEAN,
R. C. S. M. Govt. Medical College,
Kolhapur



MAHARASHTRA MEDICAL COUNCIL, MUMBAI

(Established by Government of Maharashtra Under MMC Act, 1965)

Address:- 189/A, ANAND COMPLEX, 1ST FLOOR,
SANE GURUJI MARG, ARTHUR ROAD NAKA,
CHINCHPOKALI (W), MUMBAI - 400 011.

Contact Details:

Tel. No.: 022-2300 7650

Website : www.maharashtramedicalcouncil.in

Email Id: maharashtracouncil@gmail.com

No: MMC/RENEW/75657/202232556

Date : 04/03/2022

To:

Dr. KUMBHAR UVARAJ VISHNU
326/19 DHOENAGAR SANGAVI,
(NEAR S.K. CLASSES), DIST-PUNE -
411027,
MAHARASHTRA.

Sub : Renewal of Registration No : 75657

Ref: Your Application date : 26/02/2022

Sir,

I have to inform you that your name has been continued up to 28 Feb 2027 on the medical register of this Council, maintained under the provision of Maharashtra Medical Council Act 1965.

It is stated that the Medical Graduates / Practitioners registered with this Council will be required to approach this Council two months in advance before expiry of the above period for next renewal of registration as per section 23(C) of the Maharashtra Medical Council (Amendment) Act 2003.

Signature Valid

Digitally Signed by SANTAY BAI SAHEB
DESHMUKH (REGISTRAR OF
MAHARASHTRA MEDICAL COUNCIL)
Date : 5/3/2022 4:47:45 PM

Registrar

Maharashtra Medical Council


Information To be submitted with respect to newly appointment mentors**Professional Teaching Experience Certificate for Fellowship/Certificate Courses
Director/Mentor**Title of the Course applied for:- **Fellowship Course in Regional Anaesthesia**This to Certify that **Dr. Anita Kulkarni**..... has 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	09 Mths

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	09 Mths

(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
Dr. Shripad Grav
 Head of the Department
 Reg. No. 85508
 Dept. of Anaesthesiology
 MIMER Medical College
 Talegaon Dabhade


 Sign & Stamp
K. Somayaji
 Dean/Principal/Head of Institute
 MIMER MEDICAL COLLEGE
 TALEGAON DABHADE
 PIN-410507
 Date: 18/12/2023



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

आयकर विभाग
INCOME TAX DEPARTMENT
ANITA MANOJ KULKARNI
VASANT SRINIWAS KULKARNI
02/09/1973
Permanent Account Number
AMCPK9766B

भारत सरकार
GOVT. OF INDIA



Signature

AM



MAEER MIT PUNE'S
MAHARASHTRA INSTITUTE OF MEDICAL EDUCATION AND RESEARCH
(Medical College)

DR. BHAUSAHEB SARDESAI TALEGAON RURAL HOSPITAL

Accredited by NAAC with 'A' Grade

P.O. Talegaon General Hospital, Talegaon Dabhade, Pune 410507, Maharashtra, India.

■ Tel.:- 02114 - 308300, 8087099040 / 41 / 42 / 43 ■ Fax :- 02114 - 223916.

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

Ref: No. MIMER/Faculty/ Pay-rev-17/ 467/2017

Date: 23/02/2017

To,
Dr. Anita M. Kulkarni
Associate Professor
Dept. of Anesthesiology

SUB : REVISION IN PAY SCALE

After careful consideration of the performance of Dr. Anita M. Kulkarni, the undersigned is please to allow revision in the salary with effect from 1st January 2017 as follow :-

Pay Scale Rs.37400-67000/- with G.P -9,000/-

Particulars	Amount Rs.
Basic Pay	40240.00
Grade Pay	9000.00
Revised Basic	49240.00
D.A	55641.00
H.R.A	4924.00
C.L.A.	240.00
T.A.	1600.00
Other	00.00
Gross Total	1,11,645.00

You will continue to render satisfactory services and further improve upon it.

You will abide by the service Rules and Regulations of MAEER & MIMER Medical College.

DR.SURESH G. GHASIAS
MEDICAL DIRECTOR

Cc to: 1) Accounts Section 2) Establishment Section

MAEER MIT PUNE'S
MAHARASHTRA INSTITUTE OF MEDICAL EDUCATION AND RESEARCH
(Medical College)

DR. BHAUSAHEB SARDESAI TALEGAON RURAL HOSPITAL

Accredited by NAAC with 'A' Grade

P.O. Talegaon General Hospital, Talegaon Dabhade, Pune 410507, Maharashtra, India.

■ Tel. :- 02114 - 308300, 8087099040 / 41 / 42 / 43 ■ Fax :- 02114 - 223916.

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

MIMER/ 222/2015

Date : 01/02/2015

To,
Dr. Anita M. Kulkarni
Assistant Professor
Department of Anaesthesiology

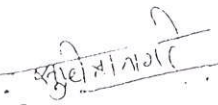
SUB : PROMOTION

Dr. Anita M. Kulkarni, presently working as an Assistant Professor, stands promoted to Associate Professor, w.e.f. 1st February 2015 with the Basic Pay of Rs.23230/- (Rs. Twenty Three Thousand Two Hundred Thirty only) in the Scale of Rs.15600-39100/-. Salary details are as under.

Particulars	Amount
Basic	22,320.00
Grade Pay	8,000.00
Revised Basic	30,320.00
D.A 100%	30,320.00
HRA	3,032.00
TA	240.00
CLA	1,600.00
Gross Total	65,512.00

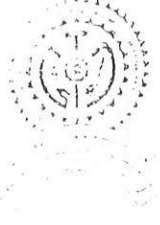
We hope that you will continue to render satisfactory services and further improve upon it.

Other terms and conditions mentioned in original appointment order remain unchanged.


EXECUTIVE DIRECTOR

Cc to: 1) Accounts Section 2) Personal File





MAEER MIT PUNE'S
MAHARASHTRA INSTITUTE OF MEDICAL EDUCATION AND RESEARCH
(Medical College)

DR. BHAUSAHEB SARDESAI TALEGAON RURAL HOSPITAL

Accredited by NAAC with 'A' Grade

P.O. Talegaon General Hospital, Talegaon Dabhade, Dist. Pune - 410507, Maharashtra, India

Tel - 02114 - 308300, 80870990; 0 21 42 7 43 Fax - 02114 - 223916

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

Ref No MIMER/ 834/2009

Date: 5/3/2009
6-3-09

To,

DR.(MRS.) ANITA MANOJ KULKARNI
601, Yogeshwar Apartment,
Bail Bazar, Vali Peer Road,
Kalyan (West) - 421 301

Madam,

With reference to your application and subsequent interview, I am pleased to inform you that the Management has appointed you as 'Assistant Professor', in Anaesthesiology Dept. at MIMER Medical College & Hospital, Talegaon Dabhade, with effect from 12th May 2009. Your appointment is subject to the following terms and conditions:-

1. You will be paid basic pay of Rs.10,000/- (Rupees Ten Thousand only) in the scale of Rs.10,000-325-15200/- per month.
2. The appointment is on probation for the period of one year from the date of joining.
3. In case you would like to leave the job you shall have to give Three months' notice or Three month's salary in lieu of notice period.
4. Management has reserve the rights to terminate your service without any notice without assigning any reason.

You will abide by the Service Rules and Regulations of MAEER & MIMER Medical College & Hospital.

Handwritten signature

Contd. Page 2--

You shall submit the certificates mentioned in the following list at the time of joining your duties. (Applicable if any)

- | | |
|---|--|
| 1) UG Degree Certificate | 8) Date of Birth Certificate |
| 2) UG Degree Registration Certificate | 9) Address Proof (Electricity Bill/Driving Licence/Telephone Bill/Passport etc.) |
| 3) PG Degree Certificate | 10) Photo ID (Driving Licence/Passport/Passport size photographs) |
| 4) PG Degree Registration Certificate | 11) PG Letter Approval (if applicable) |
| 5) Experience Certificate | 12) Gazette if name changed |
| 6) Relieving Certificate from previous employer | |
| 7) PAN Card | |

7. You will have to keep a deposit of one month's pay to be deducted in four instalments and this will be refunded while leaving service, if service more than 11 months.
8. You shall undergo medical examination by the approved Medical Officer or by the Civil Surgeon at the place of your duty, within three months from the date of joining the duties. The appointment shall be provisional and conditional, pending submission of Medical Certificate stating that you are free from any contagious disease and that you are physically fit for employment on the staff of the college.
9. You will appear before the Selection Committee in due course for this regular selection as per the procedure laid down by the Maharashtra University of Health Sciences Nashik.
10. Your services are transferable to any other Department/Colleges/Institutions run by the Management.
11. You will wear Uniform on the scheduled days and when informs by the Authority.
12. You are required to give the correct mailing address as soon as you join the duties and any change in the address given earlier should be communicated to the Dean. It will be presumed that any letter sent by Registered Post Acknowledgement Due (RPAD) on the address given, shall be deemed to have acknowledged duly signed by you.
13. You will not conduct or engage yourself in any private tuition or private coaching classes.
14. You will not engage yourself in any other job paid full-time, part-time or otherwise, during the continuance of your services, without the permission of the competent authority/Management during office hours.
15. If you are found absent continuously for more than thirty days without permission, your services will stand terminated automatically. If you are found guilty of violation of any of the conditions mentioned above, you will be liable for disciplinary action. Date: _____
16. You have to communicate your absence to the Dean/Principal within seven days from the date of absence. If absent for more than 15 days, you have to communicate the same to the Dean/Principal within 15 days from the date of absence.

Handwritten signature

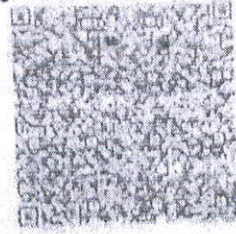
DR. P. B. CHANDAN
MEDICAL DIRECTOR



भारत सरकार
Government of India



अनिता मनोज कुलकर्णी
Anita Manoj Kulkarni
जन्म वर्ष / Year of Birth : 1973
स्त्री / Female



6832 1055 5648

आधार - सामान्य माणसाचा अधिकार



भारत सरकार
Unique Identification Authority of India

अनिता मनोज कुलकर्णी, फ्लॉर
नं. जे-201, क्वीन्स टाउन, उद्योग
नगर, चिंचवड रेल्वे स्टेशन समोर,
चिंचवड, पुणे शहर, पुणे, विद्यवाडगाव,
महाराष्ट्र, 411033

Address V/O Manoj Kulkarni,
Flat No. J-201, Queens Town,
Udyog Nagar, Opp Chinchwad
Railway Station, Chinchwad, Pune
City, Pune, Chinchwadgaon,
Maharashtra, 411033

6832 1055 5648



1947
1800 300 1947



help@uidai.gov.in



www.uidai.gov.in

Handwritten signature

Date: 01/02/15

Dr. Anita M Kulkarni

Dept of Anaesthesiology

To,
The Principal,
MIMER Medical College, Talegaon Dabhada,
Tal. Masal Dist. Pune

Sub: Joining Report Post Associate professor

Ref: Appointment Order No. MIMER/ /2015 Date: 01/02/2015

Respected Sir,

I have gone through the conditions mentioned in the appointment order referred to above and also the conduct rules of the College. I shall abide by these and also the order rules and regulations of the Institute, which are in force or may be framed from time to time.

I am joining the duties for the Post of Associate professor today i.e. 01/02/2015 EN/AN.

i

Thanking you;

Yours faithfully,

Signature of Candidates

Dr. Shilpa Gurav
Regn No 85506
Prof & HOD
Department of Anaesthesiology
MIMER Medical College,
Talegaon (D) Pune

FOR OFFICE USE

Post Associate professor

Basic Pay Rs. _____ PM Pay Scale _____

Dearness Allowance Rs. _____ Pm _____

Joining Date: 01/02/2015 EN/AN



MEDICAL DIRECTOR
MIMER Medical College

Dr Anita M Kulkarni
12/5/09

To, PRINCIPAL
The ~~Medical Director~~
MJMER MEDICAL COLLEGE,
TALASGAON DABHADE

Re: Joining letter

Ref No - MJMER/834/2009
Through Prof. & H.O.D. of Anaesthesiology
Respected sir,

HOD ANAESTHESIOLOGY
MJMER MEDICAL COLLEGE
TALASGAON DABHADE
V.P. Mulay

I the undersigned, Dr. (Mrs) Anita Mangaj Kulkarni am joining as senior lecturer in the Dept. of Anaesthesiology since today (Date 12/5/09). So please accept my joining and do the needful

Thanking you,

Joined on 12/5/09
V.P. Mulay

Yours sincerely

Dr.


Joined today 12/5

Dr. (Mrs) Anita M Kulkarni

Dr.

Dr.

MAEER'S
MJMER MEDICAL COLLEGE
Inward No. 2185
Date: 12/5/09

 The Chancellor, Vice-Chancellor
and Members of the Management
Council, on the recommendation of the Academic
Council of the Shivaji University,

certify I. _____ that the withnsigned

Arta Wasant Wulkarni

of the Govt. Medical College.

having been examined for the Degree of Bachelor of
Medicine and Bachelor of Surgery, and on being
found qualified for the same, in October 1995
the Degree of

Bachelor of Medicine & Bachelor of Surgery

has been conferred on her at Kolhapur, on the
twenty-first day of the month of February
in the year two thousand.

An Testimony being so at the end of the
same, and for Signature of the Proprietor and the
Vice-Chancellor.

Ar

The Chancellor, Vice-Chancellor
and Members of the Management
Council, on the recommendation of the Academic
Council, certify that the within signed

Kulkarni Shubita Vasant has passed the

Doctor of Medicine

Anaesthesiology

Examination

in the year October 2000.

The Said Degree has been conferred on her
at Kolhapur, on the 5th day of the month of
February in the year two thousand four.

In Testimony whereof, at the Seat of the

the

Am

[Signature]

[Signature]

[Text]

[Text]

MAHARASHTRA MEDICAL COUNCIL, MUMBAI

4011, 4012, 4013, 4014, 4015, 4016, 4017, 4018, 4019, 4020, 4021, 4022, 4023, 4024, 4025, 4026, 4027, 4028, 4029, 4030, 4031, 4032, 4033, 4034, 4035, 4036, 4037, 4038, 4039, 4040, 4041, 4042, 4043, 4044, 4045, 4046, 4047, 4048, 4049, 4050, 4051, 4052, 4053, 4054, 4055, 4056, 4057, 4058, 4059, 4060, 4061, 4062, 4063, 4064, 4065, 4066, 4067, 4068, 4069, 4070, 4071, 4072, 4073, 4074, 4075, 4076, 4077, 4078, 4079, 4080, 4081, 4082, 4083, 4084, 4085, 4086, 4087, 4088, 4089, 4090, 4091, 4092, 4093, 4094, 4095, 4096, 4097, 4098, 4099, 4100

CERTIFICATE OF REGISTRATION

Registration No. 081001

This is to certify that the within

Signed

[Signature]

Doctor Shri Shrimati

Kumari

KULKARNI ANITA YASANT

possessing the qualifications of M.B.B.S. (SHETAJI), 1996

has been duly registered under the Maharashtra Medical Council Act, 1955 (Mah. XLVI of 1965), in Part I of the register.

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

9TH JANUARY 1997



[Handwritten mark]

Maharashtra Medical Council

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

REGISTRATION CERTIFICATE FOR ADDITIONAL MEDICAL QUALIFICATION

Certificate No. 10034

Dated 24TH MAY, 2012

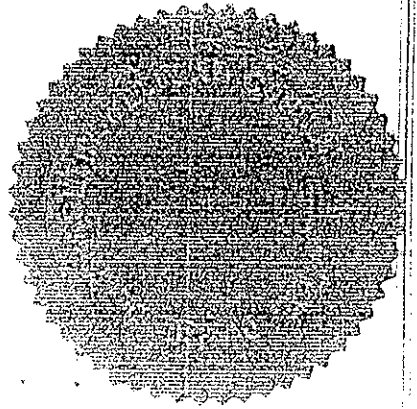
Whereby certify that the following qualification has been duly registered in the Medical Register :

NAME

DR. VASANT

NAME ADDRESS SURABHI, 2000,

ADDITIONAL QUALIFICATION



Akhya...

REGISTRAR

9/2

शासकीय वैद्यकीय महाविद्यालय, मिरज.
GOVERNMENT MEDICAL COLLEGE

MIRAJ - 416410

Dean (Per) : 222959
(A) 1 : 223875
2 : 225007
PBX : 222091, 222099
Fax (0233) 222959

G.M.C.1/SS/PB/-S/E --/2001

Date:- 6/1/2001.

:- CERTIFICATE :-

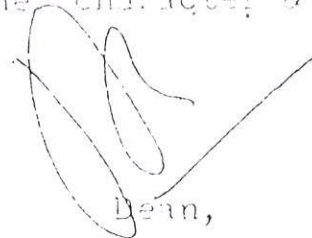
This is to certify that Dr. Anita V. Kulkarni was a bonafide post graduate student of this college registered for M.D. (Anaesthesia) from March-1998 to December-2000. During the above period she has done following posts.

- 1) Junior Resident- I from: 20/3/98 to 31/12/98
- 2) Junior Resident-II from: 1/1/99 to 31/12/99
- 3) Junior Resident-III from: 1/10/2000 to 31/12/2000

The M.D. (Anaesthesia) degree from Govt. Medical College, Miraj is recognised by Medical Council of India, New Delhi.

During the above period her character & conduct was found to be satisfactory.




Dean,

Govt. Medical College, Miraj.

To,

Dr. Anita V. Kulkarni,

Govt. Medical College, Miraj.

(with ref. to her appointment dt. 6/1/2001)



कल्याण डोंबिवली महानगरपालिका कार्यालय

जा.क्र.कडोमना/रुग्णही/एचएस/११५

वैद्यकीय आरोग्य अधिकारी यांचे

कार्यालय, कल्याण

दिनांक २३/४/२००९

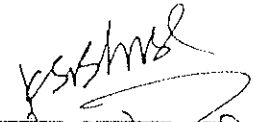
जा.क्र.सेवाप्र-२२०८/साप्र/मुंका/प्र.क्र.२०१ दिनांक ६/१/२००९

:- कार्यमुक्ती आदेश :-

डॉ.अनिता कुलकर्णी या कल्याण डोंबिवली महानगरपालिकेच्या रुक्मिणीबाई रुग्णालय, कल्याण येथे उपरोक्त संदर्भीय आदेशानुसार अस्थायी स्वरूपात वैद्यकीय अधिकारी (भुलतज्ञ) म्हणून कार्यरत होत्या.

डॉ.अनिता कुलकर्णी यांनी वैद्यकीय अधिकारी या पदाचा राजीनामा देत असल्याबाबतची एक महिना आगाऊ नोटिस दिनांक २३.३.२००९ रोजी दिली होती.

डॉ.अनिता कुलकर्णी यांना महानगरपालिका सेवेतून दिनांक २२.४.२००९ रोजी मध्यान्वोत्तर कार्यमुक्त करण्यात येत आहे.


वैद्यकीय आरोग्य अधिकारी
कल्याण डोंबिवली महानगरपालिका

प्रत :-

१. डॉ.अनिता कुलकर्णी, वैद्यकीय अधिकारी
२. मुख्य वैद्यकीय अधिकारी
- रुक्मिणीबाई रुग्णालय, कल्याण
३. वेतन देयक लिपिक, आरोग्य मुख्यालय




Information To be submitted with respect to newly appointment mentors**Professional Teaching Experience Certificate for Fellowship/Certificate Courses
Director/Mentor**Title of the Course applied for:- **Fellowship Course in Regional Anaesthesia**This to Certify that **Dr. Leena Paulose** has 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) Sr. Resident (Choithram) Sr. Resident (MIMER)	06/01/05	23/07/06	1 Yrs	6 Mths
	04/08/06	04/08/08	2 Yrs	
	07/08/10	30/06/16	5 Yrs	10 Mths
Asst. Prof (MIMER)	01/07/2016	28/02/2021	4 Yrs	07 Mths
Asso. Prof. (MIMER)	01/03/2021	Till Date	02 Yrs	08 mths

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

Designation	From	To	Total period Year/Months	
Sr. Resident (MIMER) Sr. Resident (Choithram) Sr. Resident (MIMER)	06/01/05	23/07/06	1 Yrs	Sr. Resident (MIMER) Sr. Resident (Choithram) Sr. Resident (MIMER)
	04/08/06	04/08/08	2 Yrs	
	07/08/10	30/06/16	5 Yrs	
Asst. Prof (MIMER)	01/07/2016	28/02/2021	4 Yrs	Asst. Prof (MIMER)
Asso. Prof. (MIMER)	01/03/2021	Till Date	02 Yrs	Asso. Prof. (MIMER)

(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
 Sign & Stamp
 Prof & HOD
 Head of the Department
 Reg. No. 85506
 Date
 Dept. of Anaesthesiology
 MIMER Medical College
 Talegaon Dabhade


 Sign & Stamp
 PRINCIPAL
 Dean/Principal/Head of Institute
 MIMER MEDICAL COLLEGE
 TALEGAON DABHADE
 PUNE 410507
 18/12/2023



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


आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

LEENA SHIBU PAULOSE
RAJU MAMMEN

28/11/1975
Permanent Account Number
AKYPP4755B


Signature



self attes'


R. Keer



MAEER MIT PUNE'S
MAHARASHTRA INSTITUTE OF MEDICAL EDUCATION AND RESEARCH
(Medical College)
DR. BHAUSAHEB SARDESAI TALEGAON RURAL HOSPITAL

Accredited by NAAC with 'A' Grade

P.O. Talegaon General Hospital, Talegaon Dabhade, Pune 410507, Maharashtra, India.

■ Tel.:- 02114 - 308300, 8087099040 / 41 / 42 / 43 ■ Fax:- 02114 - 223916.

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

Ref: No. MIMER/Promotions/Revision in Pay/864-8/04/2021

Date: 28-04-2021

AMENDMENT ORDER

SUB : PROMOTION FOR THE POST OF ASSOCIATE PROFESSOR &
REVISION IN PAY

Ref.No.MIMER/Faculty/Promotion/289/2021, dated 01/03/2021.

With reference to above referred letter, you were promoted for the post of Associate Professor, in Anaesthesiology Dept. w.e.f. 01/03/2021. In addition to this following amendment has been added in your order as under:-

- i) After careful consideration, the undersigned is pleased to allow revision in the salary with effect from 1st May 2021 per month as follow:-

Particulars	Amount
Basic	37,400.00
Grade Pay	9,000.00
Revised Basic	46,400.00
D.A	76,096.00
H.R.A	9,280.00
T.A	1600.00
C.L.A	240.00
Gross Total	1,33,616.00

Self attested
D. Leers


- ii) You will be on probation for a period of two years from 01/05/2021 to 30/04/2023.
- iii) You will appear before the Selection Committee in due course for regular selection as per the procedure laid down by the Maharashtra University of Health Sciences Nashik.
- iv) In case you would like to leave the job you shall have to give Three month's notice or Three month's salary in lieu of notice period.

- v) You will abide by the service Rules and Regulations of MAEER & MIMER Medical College & Hospital.
- vi) Other terms and conditions mentioned in original appointment order Ref.No.MIMER/1046/2016; dt. 28/06/2016 remain unchanged.


DR.SURESH G. GHAISAS
MEDICAL DIRECTOR

To,
Dr.Leena Shibu Paulose,
Associate Professor,
Dept. of Anaesthesiology

Cc to 1) Accounts Section
2) Personal file

self attested

Dr. Leena



MAEER MIT PUNE'S
MAHARASHTRA INSTITUTE OF MEDICAL EDUCATION AND RESEARCH
(Medical College)

DR. BHAUSAHEB SARDESAI TALEGAON RURAL HOSPITAL

Accredited by NAAC with 'A' Grade

P.O. Talegaon General Hospital, Talegaon Dabhade, Pune 410507, Maharashtra, India.

☎ Tel. - 02114 - 308300, 8087099040 / 41 / 42 / 43 ☎ Fax :- 02114 - 223916.

🌐 Website - www.mitmimer.com ☎ Email :- info@mitmimer.com.

REF. NO. MIMER / Faculty / Pay-Rev 17 / 469 / 2017

Date 23/02/2017

To,
Dr. Leena Paulose
Assistant Professor
Dept. of Anesthesiology

SUB: REVISION IN PAY SCALE

After careful consideration of the performance of Dr. Leena Paulose, the undersigned is please to allow revision in the salary with effect from 1st January 2017 as follows -

Pay Scale Rs.15600-39100/-with G.P -6,000/-

Particulars	Amount Rs.
Basic Pay	19050.00
Grade Pay	6000.00
Revised Basic	25050.00
D.A	28360.00
H.R.A	2505.00
C.L.A	240.00
T.A	1600.00
Other	00.00
Gross Total	57,702.00

You will continue to render satisfactory services and further improve upon it.

You will abide by the service Rules and Regulations of MAEER & MIMER Medical College.


DR. SURESH G. GHAISAS
MEDICAL DIRECTOR

Cc to - 1) Accounts Section 2) Establishment Section


self attested
Dr. Leena



MAEER MIT PUNE'S
MAHARASHTRA INSTITUTE OF MEDICAL EDUCATION AND RESEARCH
(Medical College)
DR. BHAUSAHEB SARDESAI TALEGAON RURAL HOSPITAL

Accredited by NAAC with 'A' Grade

P.O. Talegaon General Hospital, Talegaon Dabhade, Pune 410507, Maharashtra, India.

■ Tel.:- 02114 - 308300, 8087099040 / 41 / 42 / 43 ■ Fax :- 02114 - 223916.

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

Ref : No. MIMER/1060/2016

Date : 30/06/2016

To,
Dr. Leena Shibu Paulose
Sr. Resident
Dept. of Anaesthesiology

SUB: PROMOTION

Dr. Leena Shibu Paulose, presently working as Senior Resident in the Department of Anaesthesiology, stands promoted to 'Assistant Professor' on adhoc basis, w.e.f. 1st July 2016 with existing same salary.

You will appear before the Selection Committee in due course for this regular selection as per the procedure laid down by the Maharashtra University of Health Sciences Nashik.

All other terms and conditions of your service remain unaltered.

S. Ghaisas
DR. SURESH GHAISAS
MEDICAL DIRECTOR

Cc to: 1) Accounts Section 2) Personal File

Self attested
S
Dr. Leena

MAHARASHTRA ACADEMY OF ENGINEERING AND EDUCATION RESEARCH'S
MAHARASHTRA INSTITUTE OF MEDICAL EDUCATION
AND RESEARCH, TALEGAON DABHADE

(MEDICAL COLLEGE)

(Trust Regn. No. F. 2555)

DR. BHAUSAHEB SARDESAI TALEGAON RURAL HOSPITAL

P. O. TALEGAON GENERAL HOSPITAL

TALEGAON DABHADE - 410 507

E. Mail: mimer @ pn3.vsnl.net.in

Tel: (02114) 228532, 227938, 224272

Fax : 223916

Website : www.mitmimer.com

Ref. MIMER/90/2009/10

Date: 13/8/10

To,

DR. LEENA SHIBU PAULOSE
B-17, Buckau Wolf Hsg. Society,
Chinchwad,
Pune-411 033

SUB.: APPOINTMENT ORDER

Sir,

With reference to your application and subsequent interview, I am pleased to inform you that the Management has appointed you as *Senior Resident in Anaesthesia Department* at MIMER Medical College & Hospital, Talegaon Dabhade, with effect from 07-08-2010.

Your appointment is subject to the following terms and conditions:-

1. You will be paid consolidated pay of Rs.20,000/- (Rupees Twenty Thousand only) per month.
2. Your appointment may be terminated at any time, by either side/party, by giving three month's notice.
3. You will abide by the service Rules and Regulations of MAEER & MIMER Medical College & Hospital.

Contd. Page 2/-

Self attested
D. Leena

4. You shall submit the certified true copies of the following certificates at the time of joining your duties. (Applicable if any)
- | | |
|--|---|
| 1) UG Degree Certificate | 8) Date of Birth Certificate |
| 2) UG Degree Registration Certificate | 9) Address Proof (Electricity Bill, Driving Licence, Telephone Bill, Passport etc.) |
| 3) PG Degree Certificate | 10) Photo ID (Driving Licence, Passport, Pan card etc.) |
| 4) PG Degree Registration Certificate | 11) Two recent passport size photographs |
| 5) Experience Certificate | 12) PG Teacher Approval (if applicable) |
| 6) Relieving certificate from previous employer. | 13) Gazette if name changed |
| 7) PAN Card | |
5. You will have to keep a deposit of one month's pay to be deducted in four instalments and this will be refunded while leaving service, if your services more than one year.
6. You shall undergo medical examination by the approved Medical Officer or by the Civil Surgeon at the place of your duty, within three months from the date of joining the duties. The appointment shall be provisional and conditional, pending submission of Medical Certificate stating that you are free from any contagious disease and that you are physically fit for employment on the staff of the college.
7. You will appear before the Selection Committee in due course for this regular selection as per the procedure laid down by the Maharashtra University of Health Sciences Nashik.
8. Your services are transferable to any other Department/Colleges/Institutions run by the Management.
9. You will wear Uniform on the scheduled days and also as and when informs by the Authority.
10. You are required to give the correct mailing address as soon as you join the duties and any change in the address given earlier should be communicated to the Dean. It will be presumed that any letter sent by Registered Post Acknowledgement Due (RPAD), on the address given, shall be deemed to have acknowledged duly signed by you.
11. You will not conduct or engage yourself in any private tuition or private coaching classes.
12. You will not engage yourself in any other job paid full-time, part-time or otherwise, during the continuance of your services, without the permission of the competent authority Management.
13. If you are found absent continuously for more than thirty days without permission, your services will stand terminated automatically. If you are found guilty of violation of any terms and conditions mentioned above, you will be liable for disciplinary action and punishment decided by Management as provided for in the Bye - Laws Rule.
14. You have to communicate your acceptance to the College Institution within seven days from the date of receipt of this order of Appointment.

(Signature)
DR. SURESH G. GHAIAS
MEDICAL DIRECTOR

cc to: 1) Personal file 2) Account Section

I accept all terms and conditions

(Dr. *(Signature)*)

Self attested
(Signature)
R. Leena



भारत सरकार

GOVERNMENT OF INDIA

पत्ता:

बी - १७ बकौलफ हौसींग
सोसायटी, पिंपरी चिंचवड
लिक रोड, स्वामी समर्थ मठा
जवळ, चिंचवड गाव,
चिंचवड, पुणे,
मा - ४११०३३

Address

b - 17 bauckauwolf housing
society, pimpri chinchwad
link road, near swami
samarth math, chinchwad
gaon, chinchwad, Pune,
Maharashtra - 411033



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

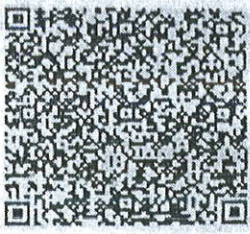
लीना शिबू पावलस

Leena Shibu Paulose

जन्म तारीख/ DOB:

28/11/1975

महिला / FEMALE



4129 5789 0728

1800 300 1800
संयोजित अधिकार, मंत्रालय
1800 300 1800
Fax No. 1937
Toll-free No. 1800 300 1800

Self attested
R. Leena

From: Dr. Leena Shiru Patil
Dept. Anaesthesia

Date: 1/3/2021

To,
The Principal
MIMER Medical College
Talegaon Dabhade 410507

THROUGH PROPER CHANNEL

SUBJECT: Joining Report: Post ASSOCIATE PROFESSOR

REFERENCE: Appointment Order No 289/03/2021 dated 01/03/2021

Respected Sir /Madam

I have gone through the conditions in the Appointment Order referred to above and also the conduct rules of the college. I shall abide by these and also the order rules and regulations of the institute, which are in force or may be framed from time to time.

I am joining the duties for the Post of ASSOCIATE PROFESSOR today
i.e. 1/3/2021 BN/AN.

I hereby declare that I had attended the last MCI inspection on 31.1 JAN 2019 at
MIMER MEDICAL COLLEGE (Institute Name).

I am aware that in case any of the information provided by me if found to be false / untrue, I am liable for strict disciplinary action which includes termination of my services.

Thanking you

Yours faithfully

Dr. Shilpa Garav
Prof. & HOD
Reg. No. 80503
Dept. of Anaesthesiology
MIMER Medical College
Talegaon Dabhade

Signature: Shilpa

Self attested
D. Leena

FOR OFFICE USE

POST: Associate Professor in Anaesthesiology

BASIC PAY RS. _____ /-pm. PAY SCALE _____

Consolidated salary Rs. _____ /- pm

Joined on: 01/03/2021 BN/AN

Principal

Cc to: a) Personal File b)Accounts Dept.

PRINCIPAL
M.I.M.E.R. Medical College
Talegaon Dabhade
Principal
MIMER Medical College
Talegaon Dabhade

From: Dr. Leena Shibu Pawlok

Date 1/7/16

Dept. of Anaesthesia
MIMER Talegaon

To,
The Principal
MIMER Medical College
Talegaon Dabhade 410507

THROUGH PROPER CHANNEL

SUBJECT: Joining Report: Post Assistant Professor

REFERENCE: Appointment Order No MIMER/1060/2016 dated 30/6/2016


Respected Sir /Madam

I have gone through the conditions in the Appointment Order referred to above and also the conduct rules of the college. I shall abide by these and also the order rules and regulations of the institute, which are in force or may be framed from time to time.

I am joining the duties for the Post of Assistant Professor today
i.e. 1/7/2016 BN/AN

Thanking you

Yours faithfully


Dr. Shilpa Gurav
Key No 85506
Signature of HOD
Prof. & HOD

Signature: 

Department of Anaesthesiology
MIMER Medical College,
Talegaon (D) Pune,

FOR OFFICE USE


POST: Assistant Professor.

BASIC PAY RS. /-pm. PAY SCALE

Consolidated salary Rs. 52000/- /-pm

Joined on: 01/07/2016 BN/AN

Cc to: a) Personal File
b) Accounts Dept


PRINCIPAL
MIMER Medical College
Talegaon Dabhade

MAEER'S
MIMER MEDICAL COLLEGE
Inward No. 3008
Date: 01/7/16

Self attested

Leena

From :-
Dr. Leena Shibu Paulose
B-17 BSRKamwoy Hsg Society
Chinchwad
Pune - 411033

Date: / /

To,
The Principal,
MIMER Medical College, Talegaon Dabhade,
Tal. Mawal Dist. Pune

Sub: Joining Report: Post: Service Resident
Ref.: Appointment Order No. 2089/2010 Date: 7/8/10

Respected Sir,

I have gone through the conditions mentioned in the appointment order referred to above and also the conduct rules of the College. I shall abide by these and also the order rules and regulations of the Institute, which are in force or may be framed from time to time.

I am joining the duties for the Post of Service Resident in Anesthesia
i.e. 7/8/10 BN/AN. today

Thanking you,

Yours faithfully,

~~Dr. Leena Shibu Paulose~~ Dr. Leena Shibu Paulose has Shibu
joined on 07 Aug 10 as SR. Signature of Candidates

Signature of H.O.D 07.8.10

FOR OFFICE USE

Post Senior Resident in Anesthesia
Basic Pay Rs. _____ PM Pay Scale _____
Consolidated Salary Rs. 20,000/- PM. _____
Joined on 07/08/2010 BN/AN.

Cc to: Personal File

Prasad
PRINCIPAL
Self attested
Leena

MAEER'S
MIMER MEDICAL COLLEGE
Inward No. : 2000
Date : 7/8/10



No. NBE/CONV19/2018 /01332

National Board of Examinations

New Delhi

hereby certifies that

Leena Raju

has pursued the prescribed course of
postgraduate training

and has demonstrated her proficiency at an examination
held in June 2015 session to the satisfaction of the Board.

Accordingly, on this Twenty First Day of September in the year

Two Thousand Eighteen

the Board admits her at the Convocation

held at New Delhi as

Diplomate of National Board

for the practice of

Anaesthesiology

Dr. Rashmikant Dave
Honorary Executive Director

Dr. Abhijit Sheth
President

Self attested
Dr. Sheth

No. 24

ENGLISH TRANSLATION

FORMERLY KNOWN AS UNIVERSITY OF INDORE, INDORE

DEVI AHILYA VISHWAVIDYALAYA INDORE



Diploma in Anaesthesiology

Certified that Shri. Leena Raju

obtained the DIPLOMA IN ANAESTHESIOLOGY from this
University at the Examination held in December-2004

Name of the Institution M. G. M. Medical
College, Indore

Self attested
S
D. Leena

Dated Dec. 17, 2004

Date of Issue

20 FEB 2005

C. A. Chaudhary
Vice-Chancellor

Register No. 7032 / Apr. 99

Mahatma Gandhi University



FACULTY OF MEDICINE

*The Syndicate of the Mahatma Gandhi University
hereby makes known that*

Leena Raju

has been admitted to the

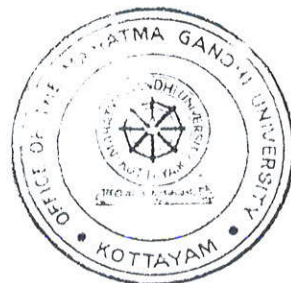
Degree of Bachelor of Medicine and Surgery,

*he/she having been certified by duly appointed examiners to be
qualified to receive the Degree and having been by them placed
in the **Second** Class at the examination held in the
month of **April** 19 **99** and having completed
satisfactorily the prescribed period of house-surgeency for one year.*

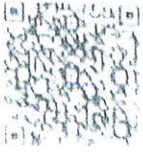
Given under the seal of the University.

University Buildings,
Kottayam - 686 560
Kerala, India

Dated. **30 Nov. 2000**



W. A. I.
Vice-Chancellor
Self attested
R. Chandy



MAHARASHTRA MEDICAL COUNCIL, MUMBAI

Registration No. 1005 03 1694

Dated: 11/03/2005

Certificate No. 0432/2020

Dated: 24/01/2020

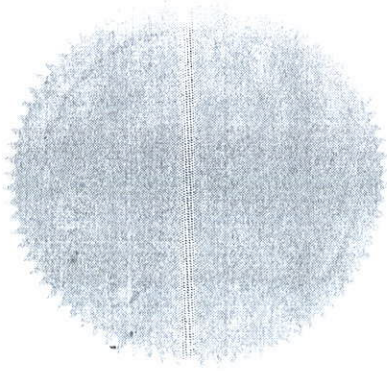


*It is certified that the above mentioned qualification has been
recognized by the Medical Register of the Council.*

DR (Mrs.) PAULOSE LEENA
SHIBU
(nee: M's LEENA RAJU -)

D.N.B (Anaesthesiology) N.B.E. NEW
DELHI, 2015

*self attested
R Leena*



(S) Dashrath
Registrar



Maharashtra Medical Council, Mumbai

Registration No. : 2005/03/1694

Dated: 11/03/2005

ADDITIONAL MEDICAL QUALIFICATION REGISTRATION CERTIFICATE

Certificate No. : 1929/2009

Dated: 02/09/2009

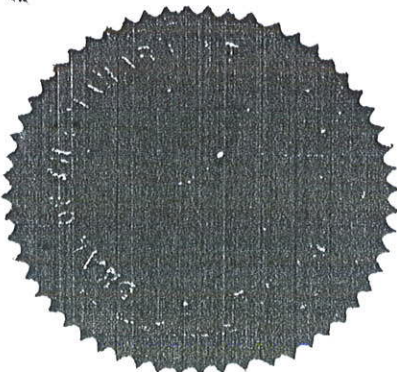


Shibu

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

NAME	ADDITIONAL QUALIFICATION
DR. (Mrs.) PAULOSE LEENA SHIBU (Nee - Ms. LEENA RAJU -)	D. A. DEVI AHILYA VISHWAVIDYALAYA, INDORE, 2004

*Self attested
D. Leena*



[Signature]

REGISTRAR



Maharashtra Medical Council, Mumbai

ANAND COMPLEX, SECOND FLOOR, 189-A, SANE GURUJI MARG, ARTHUR ROAD NAKA, CHINCHPOKLI, MUMBAI - 400011.

Certificate of Registration

Registration No. 2005/03/1694.

This is to certify that the withinsigned

L. Shibu

Doctor ~~Shri~~ / Shrimati / ~~Kanwar~~

PAULOSE

LEENA

SHIBU

(NEE, LEENA RAJU)

possessing the qualification

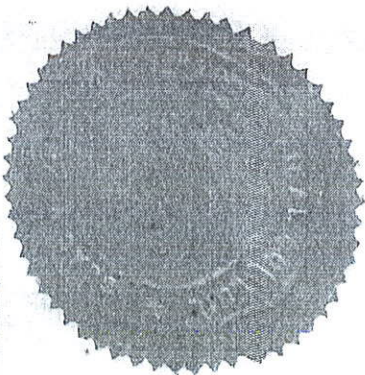
M.B., B.S. of (MAHATMA GANDHI UNIVERSITY), 2000;

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, Mumbai & the Signature of the Registrar.



Phaskas
Registrar
self attested
R. Kulkarni

Dated the 11TH MARCH 2005.



MAEER MIT PUNE'S
MAHARASHTRA INSTITUTE OF MEDICAL EDUCATION AND RESEARCH
(Medical College)

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

P.O. Talegaon General Hospital, Talegaon Dabhade, Pune 410507, Maharashtra, India.

☎ Tel - 02114 - 308300, 8087099040 / 41 / 42 / 43 ☎ Fax - 02114 - 223916

☎ Website - www.mitmimer.com ☎ Email - info@mitmimer.com

Ref: No. MIMER/1527/2006

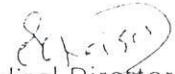
Date: 23/07/2006


To,
Dr. Leena Shibu Paulose
Jr. Resident
Dept. of Anaesthesiology
MIMER Medical College,
Talegaon Dabhade

Sub: Relieving Letter

With reference to your letter of resignation, requesting us to relieve you from the post of "Jr. Resident, Dept. of Anaesthesiology of our institute. You are hereby informed that you have been relieved from the services w.e.f. 23rd July 2006 after working hours.

You are hereby informed that you should hand over the charge of your present work to H.O.D. Dept. of Anaesthesiology, and submit the no-dues certificate from concern sections.


Medical Director
MIMER Medical College
Talegaon Dabhade

Self attested

Leena

**M.I.M.E.R Medical College,
Dr. Bhausaheb Sardesai Talegaon Rural Hospital
Talegaon Dabhade**

Ref. MIMER/HR/ Exp Cert./ 412/2021

Date : 08-03-2021

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.



[Signature]
Principal
MIMER Medical College
Talegaon Dabhade

Principal
MIMER Medical College
Talegaon Dabhade

Self attested
[Signature]
Dr. Leena S. Paulose

**DEPARTMENT OF ANAESTHESIOLOGY
M.G.M. MEDICAL COLLEGE & M. Y. HOSPITAL
INDORE (M.P.)**

639/15/14/12/15

To whom so ever it may concern

This is to certify that Dr. Leena Raju has done her 2 years junior residency from 5.12.2002 to 4.12.2004 as per record in department of Anaesthesiology, M.G.M. Medical College and M. Y. Hospital, Indore. During her tenure she was assigned to teach undergraduate and paramedical students.

Diploma of Anaesthesiology of this college is recognized by Medical Council of India.

To the best of my knowledge her character was good.

Date : 14/12/2015

kkhore
PROFESSOR & HEAD
DEPT. OF ANAESTHESIOLOGY
M.G.M. MEDICAL COLLEGE
& M.Y. HOSPITAL
INDORE-452001
M.D. Anaesthesiology

Department of Anaesthesiology
M.G.M. Medical College &
M. Y. Hospital
Indore (M.P.)

Self attested
S
Leena



Maharashtra Medical Council, Mumbai

189-A, Anand Complex, 2nd Floor, Sane Guruji Marg, Arthur Road Naka,
Chinchpokali(W), Mumbai 400011. Tel 23010668
http://www.maharashtramedicalcouncil.in

No : MMC/RENEW/2005031694/202001890

Date : 25/02/2020

To,
Dr. PAULOSE LEENA SHIBU
B-17, BUCKAUWOLF HOUSING
SOCIETY, NEAR SWAMI
SAMARTH MATT, PUNE. - 411033 ,
MAHARASHTRA .



Sub : Renewal of Registration No : 2005031694
Ref: Your Application date : 27/01/2020

Madam ,

I have to inform you that your name has been continued up to 11 Mar 2025 on the medical register of this Council, maintained under the provision of Maharashtra Medical Council Act 1965.

It is stated that the Medical Graduates / Practitioners registered with this Council will be required to approach this Council two months in advance before expiry of the above period for next renewal of registration as per section 23(C) of the Maharashtra Medical Council (Amendment) Act 2003.

Your's Truly

(S. Deshmukh)

(Sanjay Deshmukh)
Registrar

Maharashtra Medical Council

Self attested
S
D. Leena

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2023-2024

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

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

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

Sr. No.	Name of the Fellowship/ Certificate Course	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentor and Contact Details
01	High Risk Obstetrics	2017	02	Attached

(Attach separate List if necessary)

Sr. No.	Name of Mentor	Contact Details Mob. Number
1	Dr. Vaishali Korde	9372478118
2	Dr. Sushma Sharma	9822445537
3	Dr. Dattatraya Gopalghare	9323650352
4	Dr. Jitendra D. Mane	9639318633
5	Dr. Shashikant Pawar	9822046945
6	Dr. Sachin Vedpathak	7350891021
7	Dr. Priya Bagade	8425846673
8	Dr. Jaya Barla	7722001091
9	Dr. Meenakshi Surve	99754779992
10	Dr. Priya Karmani	8390597548
11	Dr. Pranali Ghuge	9730714871

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. 2022 – 2023	High Risk Obstetrics	02	0
2	A.Y. 2021 – 2022	High Risk Obstetrics	02	0
3	A.Y. 2020 – 2021	High Risk Obstetrics	02	0
4	A.Y. 2019 – 2020	High Risk Obstetrics	02	0
5	A.Y. 2018– 2019	High Risk Obstetrics	02	0

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	11 Yrs	05 month

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	11 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
 Head of the Department
 Date Professor & HOD
 Dept. of Obst. & Gyn.
MIMER MEDICAL COLLEGE
 TALEGAON (D), PUNE


 Sign & Stamp
 Dean/Principal/Head of Institute
 Date
MIMER MEDICAL COLLEGE
 TALEGAON DABHADE
 PUNE 410511
 18/12/2013



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

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	05Yrs	-
Asso Prof.	01.02.2006	31.03.2010	04 Yrs	01 month
Professor	01.04.2010	Till Date	13 Yrs	08 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	05Yrs	-
Asso Prof	01.02.2006	31.03.2010	04 Yrs	01 month
Professor	01.04.2010	Till Date	13 Yrs	08 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

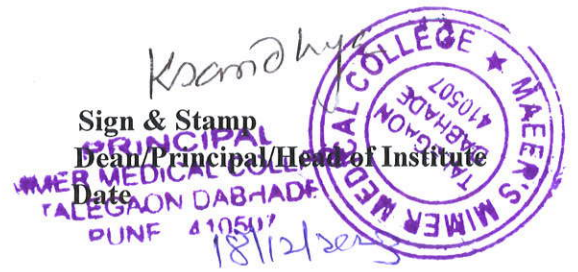
Dept. of Obst. & Gyn.

MIMER MEDICAL COLLEGE

Sign & Stamp

Dean/Principal/Head of Institute

Date



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

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	05 Yrs	05 Month

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	05 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

Head of the Department

Date

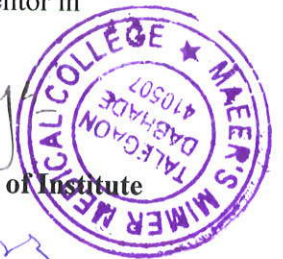
Dattatraya Gopalghare
Professor & HOD
Dept. of Obst. & Gyna.
MIMER MEDICAL COLLEGE

Sign & Stamp

Dean/Principal/Head of Institute

Date

Kromohy
PRINCIPAL
MIMER MEDICAL COLLEGE
TALEGAON DABHAD.
Date 18/12/2023



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

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. Jitendra D Mane 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	01/12/2002	31/12/2005	03 Yrs	-
Asst. Professor	04/02/2006	13/06/2007	1 yr	04 Months
	18/08/2009	20/06/2012	2 yrs	10 Months
	05/05/2015	22/08/2017	2 yrs	03 Months
Assoc. Professor	23/08/2017	27/02/2018	-	06 Months
	08/03/2018	19/04/2021	3 yrs	01 Month
Professor	20/04/2021	21/11/2022	1 yrs	07 Months
	24/02/2023	Till Date	-	10 Months

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

Designation	From	To	Total period	
			Year	Months
Junior Resident	01/12/2002	31/12/2005	03 Yrs	-
Asst. Professor	04/02/2006	13/06/2007	1 yr	04 Months
	18/08/2009	20/06/2012	2 yrs	10 Months
	05/05/2015	22/08/2017	2 yrs	03 Months
Assoc. Professor	23/08/2017	27/02/2018	-	06 Months
	08/03/2018	19/04/2021	3 yrs	01 Month
Professor	20/04/2021	21/11/2022	1 yrs	07 Months
	24/02/2023	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)

Sign & Stamp

Head of the Department

Date

MAHER MEDICAL COLLEGE
TALEGAON (D) PUNE

Sign & Stamp

Dean/Principal/Head of Institute

Date

MAHER MEDICAL COLLEGE
TALEGAON (D) PUNE



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

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 08Yrs	- 05 Month

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 08Yrs	- 05 Month

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


 Sign & Stamp
 Head of the Department
 Professor & HOD
 Date
 Dept. of Obst. & Gyna.
 MAEER'S NIMMER MEDICAL COLLEGE
 PUNE


 Sign & Stamp
 Dean/Principal/Head of Institute
 Date
 MAEER'S NIMMER MEDICAL COLLEGE
 PUNE 410507
 18/12/2023

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

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	04Yrs	06Month

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	04Yrs	06Month

(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 Dept. of Obst. & Gyn.

AIMER MEDICAL COLLEGE

TALEGAON (D), PUNE

Sign & Stamp

Dean/Principal/Head of Institute

Date

TALEGAON DABHADK

PUNE 410507



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

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	31/03/2023	05yrs	04 Months
Asso. Prof.	01/04/2023	Till Date	-	09 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	31/03/2023	05 yrs	04 Months
Asso. Prof.	01/04/2023	Till Date	-	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 18/12/2023
 Dept. of Obst. & Gyn.
 MIMER MEDICAL COLLEGE
 TALEGAON (D) PUNE


 Sign & Stamp
 Dean/Principal/Head of Institute
 Date 18/12/2023
 MIMER MEDICAL COLLEGE
 TALEGAON (D) PUNE
 SUNF 410507


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

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	07 Yrs	06 Month

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	07 Yrs	06 Month

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

Sign & Stamp

Head of the Department

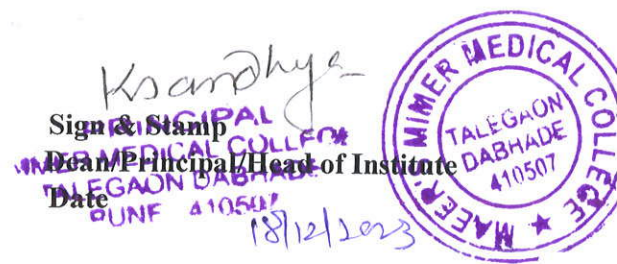
Date Dept. of Obst. & Gyn.

MIMER MEDICAL COLLEGE
TALEGAON (D), PUNE

Sign & Stamp

Dean/Principal/Head of Institute

Date



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

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	07Yrs	-

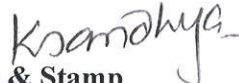
B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-

Designation	From	To	Total period	
			Year/Months	
Junior Resident	02.05.2009	30.04.2012	03 Yrs	-
Asst. Prof.	02.01.2017	Till date	07Yrs	-

(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


Sign & Stamp
Dean/Principal/Head of Institute
Date

MAEER'S MEDICAL COLLEGE
TALEGAON DABHADE
PUNE 410501



18/12/2023

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

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	05 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	05 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.
MIMER MEDICAL COLLEGE
 TALEGAON (D), PUNE


Sign & Stamp
 Dean/Principal/Head of Institute
 Date **MIMER MEDICAL COLLEGE**
 TALEGAON DABHADE
 PUNE 410507 18/12/2023



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

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	02 Yrs	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	02 Yrs	08 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. & Gyna.
MIMER MEDICAL COLLEGE
 TALEGAON (D), PUNE


 Sign & Stamp
 Dean/Principal/Head of Institute
 Date
MIMER MEDICAL COLLEGE
 TALEGAON DABHADE
 PUNE 410507
 18/12/2023



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

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2023-2024.....

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

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

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


Sr. No.	Name of the Fellowship/Certificate Course	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentor and Contact Details
01	Certificate Course in Radiography Technology	2020-2021	9	Dr. Santosh Madhav Sabnis-9822049929
02	Certificate Course in Radiography Technology	2021-2022	9	Dr. Santosh Madhav Sabnis-9822049929
03	Certificate Course in Radiography Technology	2022-2023	9	Dr. Santosh Madhav Sabnis-9822049929

(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.....	Certificate Course in Radiography Technology	9	-
2	A.Y. 2021 - 2022.....	Certificate Course in Radiography Technology	9	01
3	A.Y. 2022. - 2023.....	Certificate Course in Radiography Technology	9	-

11/12



Dr (Col) S. S THIND
MD
Prof. & HOD Radio Diagnosis
Regn. No.: 2018/11/5771

