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

Title of the Course applied for:-Fellowship in Critical care Medicine

This to Certify that - Dr. Meenakshi A. Bhattacharya has worked in the Department of General Medicine... Training Centre as per following details.

A) General Experience

Designation	From	То	Tota	period Year /Months
Professor	29/01/2013	Till date	12 years	•
			31	

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

Designation	From	То	Total per	iod Year/ Months
Professor	29/01/2013	Till date	12 years	-

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

Sign & Stamp

Head of the Department

Date:

Professor & Head

Department of Medicine, Govt. Medical College, Aurangand Sign & Stamp

Dean/Principal/Head of Institute

Date: / DEAN

Blume

Medical College

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

Title of the Course applied for:-FELLOWSHIP COURSE IN GERIATRIC MEDICINE

This to Certify that. Dr SHAILAJA V RAO has worked in the Department of GERIATRICS/ GERIATRIC MEDICINE Training Centre as per following details

A) General Experience

Designation	From	То	Total	periodYear/Months
ASSISTANT PROFESSOR MED	03.09.2001	26.08.2015	13 YEARS	11 MONTHS
ASSO PROF MED	29.08.2015	30.03.2017	1 YEAR	6 MONTHS

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

Designation	From	То	Total pe	eriod Year/Months
ASSOCIATE PROFESSOR GERIATRICS	30/03/2017	TILL DATE	7 YEARS	10 MONTHS

Sign & Stamp

Head of the Department

Date:

Sign &Stamp

Dean/Principal/Head of Institute

DEAN Govt. Medical College,

Date: / /

Nameo	fInspectors	SignatureofInspectors
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 COURSE IN GERIATRIC MEDICINE

This to Certify that Dr. MANGALA BORKAR SONVANI has worked in the Department of .GERIATRICS/GERIATRIC MEDICINE . Training Centre as per following details

A) General Experience

Designation	From	То	Total p	eriod
JR.MED.	01.01.1978	31.12.1980	3 YEARS	
ASST,PROF,MED	21.04.1982	27.05.1985	3 YEARS	1 MONTH
ASSO PROF MED	28.05.1985	23.01.2008	22 YEARS	6 MONTHS
PROF.MED	25.01.2008	31.03.2017	9 YEARS	2 MONTHS

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

Designation	From	То	Total pe	eriod Year/Months
PROFESSOR GERIATRICS	31.03.2017	TILL DATE	7 YEARS	10 MONTHS

Sign & Stamp

Head of the Department

Date: / 1

DEAN Govt. Medical College, Sign & Starphalrapati Sambhajinagar

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

TitleoftheCourseappliedfor:	**********
ThistoCertifythatDrworked intheDepartment ofdetails	The second secon

A) GeneralExperience

Designation	From	То	Total pe	riodYear/Months
01	FELLOWSHIP IN CRITICAL CARE MEDICINE	2023-24	02 seats	1)Dr. Gayatri V.Tadwalka (9422708246) 2) Dr. Jyoti Vasantrao Kulkarni (8275938045)
02	FELLOWSHIP IN REGIONAL ANAESTHESIA	2023-24	02 seats	1)Dr. Rajeshree B. Sonwane (99765970444) 2)Dr. Suchita Joshi Khadke (9422777903)

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

Designation	From	То	Total p	eriodYear/Months
Dr. Gayatri V.Tadwalkar	01\01\1992	Till Date	33 years	1 month
Dr. Jyoti Vasantrao	30\3\1993	Till Date	31 years	9 months
Dr. Rajeshree B. Sonwane	28/5\1997	Till Date	27 Years	
Dr. Suchita Joshi Khadke	02/07/2001	Till Date	23 years	

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

Sign &Stamp

Head of the Department

Date: 86 1024 25

Name of Inspectors

Sign &Stamp DE

Dean/Principal/Head of Institute

Date: No No No

Signature of Inspectors

ANNEXURE-VIII-A

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

Title of the Course applied for :- FELLOWSHIP COURSE IN CRITICAL CARE MEDICINE This to Certify that **Dr. Shivaji B. Sukre** is working as DEAN of Government Medical College, Chh. Sambhajinagar as per following details

A. General Experience

Designatio n	Institution	From	То	Total experience
Assistant Professor	Government Medical College Aurangabad	09-10-2001	20-07-2010	8 Year 9 Month
Associate Professor	Government Medical College Aurangabad	21-07-2010	29-05-2014	3 Years 10Month
	Professor-Grant GMC Mumbal	30-05-2014	25-06-2014	1 Month
Professor	Professor-GMC Chh. Sambhajinagar	26-06-2014	11-12-2019	5 Year 5 Month
	Professor-GMC Chh. Sambhajinagar	03-05-2023	09-05-2023	7 Days
	DEAN-GMC Nandurbar	12-12-2019	25-07-2020	7 Months
	DEAN-SRTR GMC Ambajogal	26-07-2020	27-08-2021	1Year 1 Month
Dean	DEAN-GMC Nandurbar	28-08-2020	02-05-2023	1Year 8 Month
	DEAN-GMC Parbhani	01-05-2023	19-12-2023	7 Months
	DEAN-GMC Chh Sambhajinagar	20-12-2023	till date	6 Months

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

Designation	Institution	From	То	Total experience
Assistant Professor	Government Medical College Aurangabad	09-10-2001	20-07-2010	8 Year 9 Month
Associate Professor	Government Medical College Aurangabad	21-07-2010	29-05-2014	3 Years 10Month
Professor	Professor-Grant GMC Mumbai	30-05-2014	25-06-2014	1 Month
	Professor-GMC Chh. Sambhajinagar	26-06-2014	11-12-2019	5 Year 5 Month
	Professor-GMC Chh, Sambhajinagar	03-05-2023	09-05-2023	7 Days
Dean	DEAN-GMC Nandurbar	12-12-2019	25-07-2020	7 Months
	DEAN-SRTR GMC Ambajogai	26-07-2020	27-08-2021	1Year 1 Month
	DEAN-GMC Nandurbar	28-08-2020	02-05-2023	1Year 8 Month
	DEAN-GMC Parbhani	01-05-2023	19-12-2023	7 Months
	DEAN-GMC Chh Sambhajinagar	20-12-2023	till date	6 Months

 Medical College

(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 गापक व

Head of the Department ा न न निवासन्य. ofInstitute की जिल्ला जिल्ला महाविद्यालय. Date: 06 / किंदि रहिंगाजीनगर

Sign&Stamp Dean/Principal/Head

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