

**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 Modern Pharmacology.

This to Certify that Dr. Suyog Sudhakar Chopade has worked in the Department of Pharmacology Training Centre as perfollowing details

**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	12/09/2011	30/09/2015	4	0
Associate Professor	01/10/2015	31/07/2019	3	10
Professor	01/08/2019	Till date	3	6

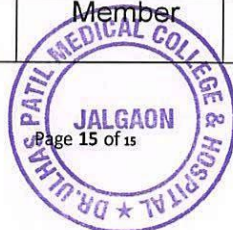
**B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total period Year/Months	
Assistant Professor	12/09/2011	30/09/2015	4	0
Associate Professor	01/10/2015	31/07/2019	3	10
Professor	01/08/2019	Till date	3	6

(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 : / /Sign & Stamp  
Dean/Principal/Head of Institute  
Date: / /

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



Dean  
Dr. Ujhas Patil Medical College  
& Hospital, Jalgaon Kh.

**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 Obesity, Body Metabolism & Nutrition.

This to Certify that Dr. Chimutai Balkrushna Chinte has worked in the Department of General Medicine Training Centre as perfollowing details

**A) General Experience**

Designation	From	To	Total period Year / Months	
Assistant Professor	28/07/2021	Till date	1	9

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

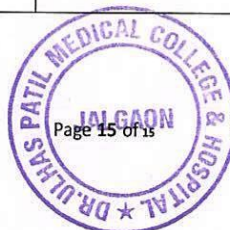
Designation	From	To	Total period Year/Months	
Assistant Professor	28/07/2021	Till date	1	9

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

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**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 Obesity, Body Metabolism & Nutrition.

This to Certify that Dr. Chetan Ramesh Chaudhari has worked in the Department of General Medicine Training Centre as per following details

**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	01/10/2016	Till date	7	2

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

Designation	From	To	Total period Year/Months	
Assistant Professor	01/10/2016	Till date	7	2

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*(Signature)*  
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**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 Gastro Intestinal,  
Hepatopancreatic Biliary (GI, HPB) Oncosurgery.**

This to Certify that **Dr. Milind Prabhakar Rao Joshi** has worked in the Department of General Surgery Training Centre as per following details

**A) General Experience**

Designation	From	To	Total period Year/Months	
			Year	Months
Assistant Professor	25/07/2005	08/03/2006	0	7
Assistant Professor	19/09/2009	18/09/2011	2	0
Assistant Professor	04/03/2014	03/08/2015	1	5
Associate Professor	04/08/2015	26/12/2018	3	4
Professor	27/12/2018	Till date	4	11

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

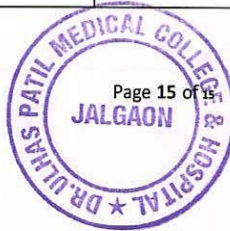
Designation	From	To	Total period Year/Months	
			Year	Months
Assistant Professor	25/07/2005	08/03/2006	0	7
Assistant Professor	19/09/2009	18/09/2011	2	0
Assistant Professor	04/03/2014	03/08/2015	1	5
Associate Professor	04/08/2015	26/12/2018	3	4
Professor	27/12/2018	Till date	4	11

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

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Director/Mentor**

Title of the Course applied for: - **Fellowship Course in Gastro Intestinal,  
Hepatopancreatic Biliary (GI, HPB) Oncosurgery.**

This to Certify that **Dr. Milind Ramdas Patil** has worked in the Department of **General Surgery Training Centre** as per following details

**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	01/06/2013	30/09/2019	6	4
Associate Professor	01/10/2019	06/02/2023	3	4
Professor	07/02/2023	Till date	0	11

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

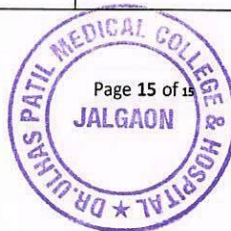
Designation	From	To	Total period Year/Months	
Assistant Professor	01/06/2013	30/09/2019	6	4
Associate Professor	01/10/2019	06/02/2023	3	4
Professor	07/02/2023	Till date	0	11

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

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**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 Gastro Intestinal, Hepatopancreatico Biliary (GI, HPB) Oncosurgery.**

This to Certify that **Dr. Sumit Raghunath Chaudhari** has worked in the Department of General Surgery Training Centre as per following details

**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	20/01/2014	31/05/2021	7	4
Associate Professor	01/06/2021	Till date	2	6

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

Designation	From	To	Total period Year/Months	
Assistant Professor	20/01/2014	31/05/2021	7	4
Associate Professor	01/06/2021	Till date	2	6

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

Designation	From	To	Total period Year/Months	
Assistant Professor	06/08/2002	27/12/2003	1	4
Assistant Professor	31/07/2004	30/06/2007	2	11
Assistant Professor	24/09/2008	23/06/2009	0	9
Associate Professor	24/06/2009	23/06/2013	4	0
Professor	24/06/2013	Till Date	10	5

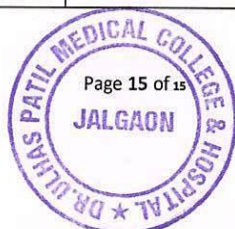
**B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

Designation	From	To	Total period Year/Months	
Assistant Professor	06/08/2002	27/12/2003	1	4
Assistant Professor	31/07/2004	30/06/2007	2	11
Assistant Professor	24/09/2008	23/06/2009	0	9
Associate Professor	24/06/2009	23/06/2013	4	0
Professor	24/06/2013	Till Date	10	5

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

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

Designation	From	To	Total period Year/Months	
Assistant Professor	01/06/2013	11/04/2018	04	10
Associate Professor	12/04/2018	23/04/2021	3	0
Professor	24/04/2021	Till date	2	8

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

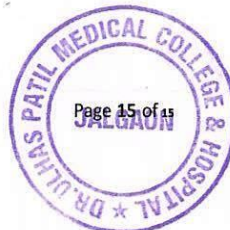
Designation	From	To	Total period Year/Months	
Assistant Professor	01/06/2013	11/04/2018	04	10
Associate Professor	12/04/2018	23/04/2021	3	0
Professor	24/04/2021	Till date	2	8

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

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Date: / /

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

Title of the Course applied for: - **Fellowship Course in Minimal Access Surgery-Gynecology.**

This to Certify that Dr. Anjali Kiran Bhirud has worked in the Department of OBGY Training Centre as per following details

**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	01/10/2008	30/09/2013	5	0
Associate Professor	01/10/2013	18/09/2017	3	11
Professor	19/09/2017	Till date	5	9

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

Designation	From	To	Total period Year/Months	
Assistant Professor	01/10/2008	30/09/2013	5	0
Associate Professor	01/10/2013	18/09/2017	3	11
Professor	19/09/2017	Till date	5	9

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

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Date: / /

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

Title of the Course applied for: - **Fellowship Course in Minimal Access Surgery-Gynecology.**

This to Certify that **Dr. Prashant Chhagan Patil** has worked in the Department of OBGY Training Centre as per following details

**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	01/08/2015	31/10/2019	4	3
Associate Professor	01/11/2019	03/11/2022	3	0
Professor	04/11/2022	Till date	0	8

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

Designation	From	To	Total period Year/Months	
Assistant Professor	01/08/2015	31/10/2019	4	3
Associate Professor	01/11/2019	03/11/2022	3	0
Professor	04/11/2022	Till date	0	8

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

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& Hospital, Jalgaon Kh.



**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 Medical Retina.**This to Certify that **Dr. Ashwini Sudhakar Patil** has worked in the Department of Ophthalmology Training Centre as per following details**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	02/03/2020	Till date	3	9

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

Designation	From	To	Total period Year/Months	
Assistant Professor	02/03/2020	Till date	3	9

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

Sign & Stamp  
Head of the Department  
Date : / /

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

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



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Dean

Dr. Ujhas Patil Medical College  
& Hospital, Jalgaon Kh.

**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 Medical Retina.**This to Certify that **Dr. Renuka Nilesh Patil** has worked in the Department of **Ophthalmology** Training Centre as per following details**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	01/07/2017	Till date	6	6

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

Designation	From	To	Total period Year/Months	
Assistant Professor	01/07/2017	Till date	6	6

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Dean

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& Hospital, Jalgaon Kh.



**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 Pulmonary Critical Care**This to Certify that **Dr. Sanjay Dattu Mahajan** has worked in the Department of Respiratory Medicine Training Centre as perfollowing details**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	09/01/2013	09/01/2017	4	0
Assistant Professor	10/01/2017	Till date	6	6

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

Designation	From	To	Total period Year/Months	
Assistant Professor	09/01/2013	09/01/2017	4	0
Assistant Professor	10/01/2017	Till date	6	6

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

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& Hospital, Jalgaon (Kh.)

**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 Pulmonary Critical Care.**This to Certify that **Dr. Bharat Anil Toshniwal** has worked in the Department of Respiratory Medicine Training Centre as per following details**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	01/08/2016	28/02/2018	1	7
Assistant Professor	01/03/2018	27/06/2019	1	4
Assistant Professor	17/07/2019	31/08/2020	1	1
Associate Professor	01/09/2020	01/09/2023	3	0
Professor	02/09/2023	Till Date	0	4

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

Designation	From	To	Total period Year/Months	
Assistant Professor	01/08/2016	28/02/2018	1	7
Assistant Professor	01/03/2018	27/06/2019	1	4
Assistant Professor	17/07/2019	31/08/2020	1	1
Associate Professor	01/09/2020	01/09/2023	3	0
Professor	02/09/2023	Till Date	0	4

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Sign &amp; Stamp

Head of the Department

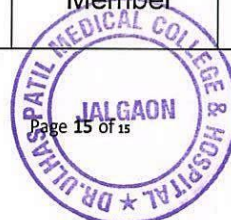
Date : / /

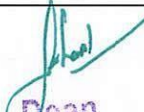
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Name of Inspectors		Signature of Inspectors
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 & Hospital, Jalgaon Kh.



**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 Advance Vitreo Retinal Surgery (FVRS).**

This to Certify that **Dr. Rahul Anil Nehete** has worked in the Department of **Ophthalmology Training Centre** as per following details

**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	19/03/2019	Till Date	4	9

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

Designation	From	To	Total period Year/Months	
Assistant Professor	19/03/2019	Till Date	4	9

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**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 Advance Vitreo Retinal Surgery (FVRS).**

This to Certify that **Dr. Shailesh Suresh Chhajed** has worked in the Department of Ophthalmology Training Centre as perfollowing details

**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	01/09/2018	Till Date	5	0

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

Designation	From	To	Total periodYear/Months	
Assistant Professor	01/09/2018	Till Date	5	0

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Dean

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**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 Comprehensive Ophthalmology, Cataract & Phacoemulsification.**

This to Certify that **Dr. Kiran Martand Bhirud** has worked in the Department of **Ophthalmology Training Centre** as per following details

**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	07/01/2009	19/05/2009	0	4
Assistant Professor	01/07/2010	21/07/2017	7	0
Associate Professor	22/07/2017	31/05/2021	3	10
Professor	01/06/2021	Till Date	2	7

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

Designation	From	To	Total period Year/Months	
Assistant Professor	07/01/2009	19/05/2009	0	4
Assistant Professor	01/07/2010	21/07/2017	7	0
Associate Professor	22/07/2017	31/05/2021	3	10
Professor	01/06/2021	Till Date	2	7

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**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 Comprehensive Ophthalmology, Cataract & Phacoemulsification.**

This to Certify that **Dr. Darshana Pankaj Shah** has worked in the Department of Ophthalmology Training Centre as per following details

**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	02/06/2008	31/10/2009	1	5
Assistant Professor	08/08/2011	31/10/2017	6	2
Associate Professor	01/11/2017	31/05/2021	3	7
Professor	01/06/2021	Till Date	2	7

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

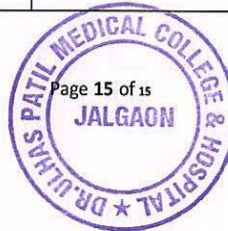
Designation	From	To	Total period Year/Months	
Assistant Professor	02/06/2008	31/10/2009	1	5
Assistant Professor	08/08/2011	31/10/2017	6	2
Associate Professor	01/11/2017	31/05/2021	3	7
Professor	01/06/2021	Till Date	2	7

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1)	Chairman	
2)	Member	
3)	Member	
4)	Member	



Dean  
Dr. Uthas Patil Medical College  
& Hospital, Jalgaon Kb.



**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 Prevention & Control of  
infectious Disease**This to Certify that **Dr. Dilip Narayanrao Dhekale** has worked in the Department of Community  
Medicine Training Centre as perfollowing details**A) General Experience**

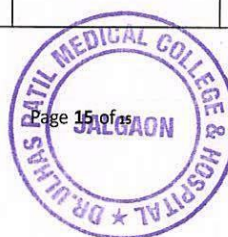
Designation	From	To	Total period Year/Months	
Assistant Professor	23/07/2007	19/11/2007	0	4
Assistant Professor	24/09/2008	24/06/2012	3	9
Associate Professor	25/06/2012	30/06/2015	3	0
Professor	01/07/2015	Till date	8	5

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

Designation	From	To	Total periodYear/Months	
Assistant Professor	23/07/2007	19/11/2007	0	4
Assistant Professor	24/09/2008	24/06/2012	3	9
Associate Professor	25/06/2012	30/06/2015	3	0
Professor	01/07/2015	Till date	8	5

(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 : / /Sign & Stamp  
Dean/Principal/Head of Institute  
Date: / /

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



Dean  
Dr. Uthas Patil Medical College  
& Hospital, Jalgaon Kh.

**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 Prevention & Control of infectious Disease.**

This to Certify that **Dr. Nilesh Prakash Bendale** has worked in the Department of Community Medicine Training Centre as perfollowing details

**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	22/08/2009	02/07/2014	4	10
Assistant Professor	01/08/2014	31/07/2015	1	0
Associate Professor	01/08/2015	31/08/2018	3	1
Professor	01/09/2018	Till date	4	11

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

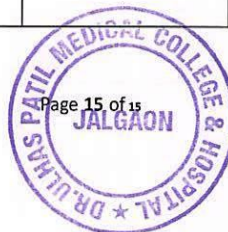
Designation	From	To	Total period Year/Months	
Assistant Professor	22/08/2009	02/07/2014	4	10
Assistant Professor	01/08/2014	31/07/2015	1	0
Associate Professor	01/08/2015	31/08/2018	3	1
Professor	01/09/2018	Till date	4	11

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

Sign & Stamp  
Head of the Department  
Date : / /

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

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



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Dr. Uthas Patil Medical College  
& Hospital, Jalgaon Kh.



**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 Prevention & Control of infectious Disease.**

This to Certify that **Dr. Yashovardhan Mahendra Kabra** has worked in the Department of **Community Medicine Training Centre** as per following details

**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	12/08/2017	13/08/2018	1	0
Assistant Professor	24/05/2021	Till date	2	2

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

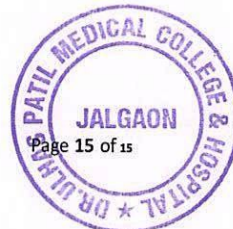
Designation	From	To	Total period Year/Months	
Assistant Professor	12/08/2017	13/08/2018	1	0
Assistant Professor	24/05/2021	Till date	2	2

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

Sign & Stamp  
Head of the Department  
Date : / /

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

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



  
Dean  
Dr. Ujhas Patil Medical College  
& Hospital, Jalgaon Kh.

**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 Arthroscopy.**This to Certify that **Dr. Ajaykumar Laxminarayan Kogta** has worked in the Department of **Orthopedics Training Centre** as per following details**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	01/03/2010	26/08/2015	5	4
Assistant Professor	27/08/2015	31/12/2020	5	4
Professor	01/01/2021	Till Date	3	0

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

Designation	From	To	Total period Year/Months	
Assistant Professor	01/03/2010	26/08/2015	5	4
Assistant Professor	27/08/2015	31/12/2020	5	4
Professor	01/01/2021	Till Date	3	0


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

Sign & Stamp  
Head of the Department  
Date : / /

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

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



  
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& Hospital, Jalgaon Kh.



**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 Arthroscopy.**This to Certify that **Dr. Deepak Prakash Agrawal** has worked in the Department of **Orthopedics Training Centre** as per following details**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	04/06/2010	01/09/2015	5	3
Associate Professor	19/10/2015	14/11/2018	3	1
Professor	15/11/2018	Till Date	5	1

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

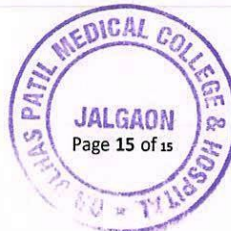
Designation	From	To	Total period Year/Months	
Assistant Professor	04/06/2010	01/09/2015	5	3
Associate Professor	19/10/2015	14/11/2018	3	1
Professor	15/11/2018	Till Date	5	1

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

Sign & Stamp  
Head of the Department  
Date : / /

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

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



Dr. Uthas Patil  
& Hospital, Jalgaon Kh.

**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 Operation Theater Technology.**

This to Certify that **Dr. Snehal Vishnu Fegade** has worked in the Department of **General Surgery Training Centre** as per following details

**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	01/02/2012	04/09/2017	5	7
Associate Professor	05/09/2017	31/12/2020	3	3
Professor	01/01/2021	Till date	3	1

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

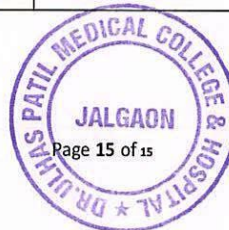
Designation	From	To	Total period Year/Months	
Assistant Professor	01/02/2012	04/09/2017	5	7
Associate Professor	05/09/2017	31/12/2020	3	3
Professor	01/01/2021	Till date	3	1

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

Sign & Stamp  
Head of the Department  
Date : / /

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

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



*(Signature)*  
Dean  
Dr. Vilhas Patil Medical College  
& Hospital, Jalgaon, K.



**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 Operation Theater  
Technology.**

This to Certify that **Dr. Prasanna Gambhir Jawale** has worked in the Department of **General  
Surgery Training Centre** as perfollowing details

**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	01/02/2012	15/07/2016	4	5
Associate Professor	16/07/2016	23/04/2021	4	9
Professor	24/04/2021	Till date	2	8

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

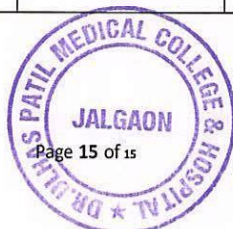
Designation	From	To	Total periodYear/Months	
Assistant Professor	01/02/2012	15/07/2016	4	5
Associate Professor	16/07/2016	23/04/2021	4	9
Professor	24/04/2021	Till date	2	8


(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 : / /

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

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



  
Dean  
Dr. Ujhas Patil Medical College  
& Hospital, Jalgaon Kh.

**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 Anesthesia Technician**This to Certify that **Dr. Varsha Keshvrao Warke** has worked in the Department of **Anesthesiology Training Centre** as perfollowing details**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	01/01/2013	26/10/2017	4	9
Associate Professor	27/10/2017	22/11/2022	5	0
Professor	23/11/2022	Till date	2	2

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

Designation	From	To	Total periodYear/Months	
Assistant Professor	01/01/2013	26/10/2017	4	9
Associate Professor	27/10/2017	22/11/2022	5	0
Professor	23/11/2022	Till date	2	2

(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 : / /Sign & Stamp  
Dean/Principal/Head of Institute  
Date: / /

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



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Dr. Ulhas Patil Medical College  
& Hospital, Jalgaon Kh.



**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 Anesthesia Technician.**This to Certify that **Dr. Lalit Vsant Patil** has worked in the Department of **Anesthesiology Training Centre** as per following details**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	01/01/2013	21/07/2017	4	6
Associate Professor	22/07/2017	09/01/2022	4	5
Professor	10/01/2022	Till date	2	0

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

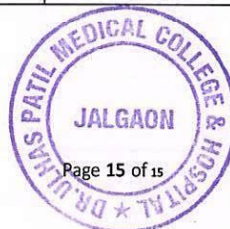
Designation	From	To	Total period Year/Months	
Assistant Professor	01/01/2013	21/07/2017	4	6
Associate Professor	22/07/2017	09/01/2022	4	5
Professor	10/01/2022	Till date	2	0

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

Sign & Stamp  
Head of the Department  
Date : / /

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

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



*(Handwritten Signature)*  
Dean  
Dr. Ulhas Patil Medical College  
& Hospital, Jalgaon Kh.

**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 Anesthesia Technician.**This to Certify that **Dr. Pooja Pandharinath Dharamwar** has worked in the Department of **Anesthesiology Training Centre** as per following details**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	04/02/2017	31/05/2021	4	4
Associate Professor	01/06/2021	Till date	3	7

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

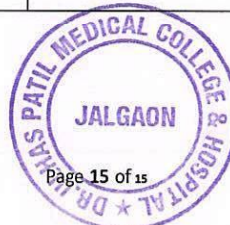
Designation	From	To	Total period Year/Months	
Assistant Professor	04/02/2017	31/05/2021	4	4
Associate Professor	01/06/2021	Till date	2	7

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

Sign & Stamp  
Head of the Department  
Date : / /

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

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



*[Handwritten Signature]*  
Dean

Dr. Uhas Patil Medical College  
& Hospital, Jalgaon Kh.



**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 Anesthesia Technician.**This to Certify that **Dr. Arti Jagdish Patil** has worked in the Department of **Anesthesiology Training Centre** as per following details**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	16/04/2018	16/04/2022	4	0
Associate Professor	17/04/2022	Till Date	1	8

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

Designation	From	To	Total period Year/Months	
Assistant Professor	16/04/2018	16/04/2022	4	0
Associate Professor	17/04/2022	Till Date	1	8

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

Sign & Stamp  
Head of the Department  
Date : / /

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

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



*(Signature)*  
Dean  
Dr. Ulhas Patil Medical College  
& Hospital, Jalgaon Kh.

**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 Anesthesia Technician.**This to Certify that **Dr. Vinod Govindrao Kinge** has worked in the Department of **Anesthesiology Training Centre** as perfollowing details**A) General Experience**

Designation	From	To	Total period Year/Months	
Assistant Professor	01/08/2015	09/01/2022	6	5
Associate Professor	10/01/2022	Till date	2	2

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

Designation	From	To	Total period Year/Months	
Assistant Professor	01/08/2015	09/01/2022	6	5
Associate Professor	10/01/2022	Till date	2	2

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

Sign & Stamp  
Head of the Department  
Date : / /

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

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



*[Handwritten Signature]*  
Dean

Dr. Ujhas Patil Medical College  
& Hospital, Jalgaon Kh.

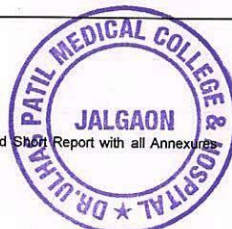


**EXAMINATION RELATED INFORMATION FOR A.Y. 2024-2025****For Online Transmission of Question Papers:**

Sr. No.	Infrastructure facilities at College	Yes /No
<b>Strong Room :</b>		
1	It must have Single Door Entry/Exit (with Safety Door/Grill for windows)	YES
2	Minimum Area shall be 20 x 20 sq ft	YES
3	Adequate Steel Almirah/Cupboard for storage of Answer Books.	YES
4	C.C.T.V. Camera with recording facility that covers entire area or Downloading and Printing of online transmission of Question Paper process.	YES
5	Latest version Computer (Minimum 4) and Printer (Minimum 4) with Inverter facility, MS Office, PDF Reader, Winrar or Winzip.	YES
6	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class 'A' ISP, and alternate line with 1 : 1 dedicated line of 50 mbps speed, by an another Class 'A' ISP to ensure uninterrupted downloading facility, with 2(two) static IP's, Internet Dongle.	YES
7	Adequate Number of Paper Rims for printing Question Papers.	YES
8	One Photocopy Machine, UPS Backup.	YES
<b>Scanning Room :</b>		
9	Separate Scanning Room for scanning Answer Books after end of Examination Session under CCTV Surveillance. (Laptops and Scanners will be provided by the University Appointed Agency)	YES
10	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class 'A' ISP, and alternate line with 1 : 1 dedicated line of 50 mbps speed, by an another Class 'A' ISP to ensure uninterrupted downloading facility, with 2(two) static IP's, Internet Dongle.	YES

**To Set Up DEC for Onscreen Evaluation of Answer Books :**

Sr. No.	Infrastructure facilities at College	Yes /No
1	Computers (20) with latest licensed Operating System Software (OSS) with antivirus and firewalls to provide all lock, work station with Computer charts and key board tray.	YES
2	Wiring and Networking (with Raw Power Supply and UPS) and one Printer per DEC	YES
3	Air conditioners, Bio metric system, CCTV installation, Rest rooms and 24 x 7 security.	YES
4	Collapsible gate for the main entrance with Name board and locking facility.	YES
5	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class 'A' ISP, and alternate line with 1 : 1 dedicated line of 50 mbps speed, by an another Class 'A' ISP to ensure uninterrupted downloading facility, with 2(two) static IP's.	YES
6	Appointment of one Professor as a <b>Examination Co-ordinator</b> to Co-ordinate this Online process.	YES
7	Separate Evaluation Room for Evaluating the Answer Books under CCTV Surveillance	YES



*(Signature)*  
Dean

Dr. Ulhas Patil Medical College  
& Hospital, Jalgaon Kh.