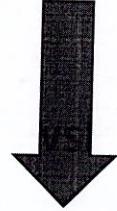


ANNEXURE "A"

Professional Teaching Experience for Fellowship Courses

Mentor

**Title of Course -Fellowship Course in Ayu.
For General Medicine & Health care Management**



Professional Teaching Experience Certificate for Fellowship Courses**Mentor**Title of the Course applied for: - **Fellowship Course in Ayu. For General Medicine & Health care Management**This to Certify that DrSachin R. Jagtap......has worked in the Department
Of Bharat Vikas Shikshan Sanstha Training Centre as per following details**A) General Experience**

Designation	From	To	Total period Year/Months
General practitioner Ayu. & Consultant	2010	Till date.	11 yrs. 7 months.

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

Designation	From	To	Total period Year/Months
Mentor	01/01/2016	Till date	5 yrs. 6 months.
HOD-BVS.			

(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 07/06/2022

Head of Institute
Bharat Vikas Shikshan Sanstha
Sign & Stamp **PUNE**
Dean/Principal/Head of Institute
Date 7/6/22

Head of Institute
Bharat Vikas Shikshan Sanstha
PUNE

Professional Teaching Experience Certificate for Fellowship Courses

Mentor

Title of the Course applied for: - **Fellowship Course in Ayu. For General Medicine & Health care Management**

This to Certify that Dr.Santosh Dadu Kamble..... has worked in the Department
Of Bharat Vikas Shikshan Sanstha Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
General Practitioner Ayu. & Consultant.	Jan 2013	Till date.	8 yrs.	6 months.

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

Designation	From	To	Total period Year/Months	
Mentor	25/12/2017	Till date.	5 years.	6 months.

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


 20/2/2021
 Head of Institute
 Bharat Vikas Shikshan Sanstha
 PUNE

Sign & Stamp
Head of the Department
Date 07/06/2022

Sign & Stamp
Dean/Principal/Head of Institute
Date 7/6/22

Professional Teaching Experience Certificate for Fellowship Courses

Mentor

Title of the Course applied for: - **Fellowship Course in Ayu. For General Medicine & Health care Management**
 This to Certify that DrVinod S. Dombé..... has worked in the Department
 Of Bharat Vikas Shikshan Sanstha Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
General Practitioner	Jan 2012	Till date.	10 yrs	6 months.
Consultant (AYU)				

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

Designation	From	To	Total period Year/Months	
Mentor	25/12/2017	Till date.	5 yrs.	6 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 07/06/2022

28/3/2022
 Head of Institute
 Bharat Vikas Shikshan Sanstha
 PUNE

Sign & Stamp
 Dean/Principal/Head of Institute
 Date 7/6/22

Professional Teaching Experience Certificate for Fellowship Courses**Mentor**Title of the Course applied for: - **Fellowship Course in Ayu. For General Medicine & Health care Management**This to Certify that Dr.....Sachin G. Rohani.....has worked in the Department
Of Bharat Vikas Shikshan Sanstha Training Centre as per following details**A) General Experience**

Designation	From	To	Total period Year/Months
General Practitioner	Jan 2013	Till date.	8 yrs. 6 months.
& Consultant (Ayu)			

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

Designation	From	To	Total period Year/Months
Mentor	20/12/2017	Till date	5 yrs. 6 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 07/06/2022

20/12/2017
Head of Institute
Bharat Vikas Shikshan Sanstha
PUNE

Sign & Stamp
Dean/Principal/Head of Institute
Date 7/6/22

Professional Teaching Experience Certificate for Fellowship Courses**Mentor**Title of the Course applied for: - **Fellowship Course in Ayu. For General Medicine & Health care Management**This to Certify that DrSubhash T. Roman..... has worked in the Department
Of Bharat Vikas Shikshan Sanstha Training Centre as per following details**A) General Experience**

Designation	From	To	Total period Year/Months
General Practitioner.	Jan 2013	Till date.	8 yrs . 6 mouts .
(General Consultant (Ayu).			

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

Designation	From	To	Total period Year/Months
Mentor.	28/11/2017	Till date.	5 yrs 6 mouts.

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

Subhash T. RomanHead of Institute
Bharat Vikas Shikshan Sanstha

PUNE

Sign & Stamp

Dean/Principal/Head of Institute

Date 21/6/22

Sign & Stamp

Head of the Department

Date 07/06/2022.

Professional Teaching Experience Certificate for Fellowship Courses**Mentor**Title of the Course applied for: - **Fellowship Course in Ayu. For General Medicine & Health care Management**This to Certify that Dr.....Megha Davande (aware).....has worked in the Department
Of Bharat Vikas Shikshan Sanstha Training Centre as per following details**A) General Experience**

Designation	From	To	Total period Year/Months
General Practicener	Jan 2014	Till date	7 yrs. 6 months.
Consultant (Ayu)			

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

Designation	From	To	Total period Year/Months
Mentor.	21/5/2022	Till date	5 1/2 yrs. -

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

Sign & Stamp
Head of the Department
Date 7/06/2022,

g. R. A. W.
Head of Institute
Bharat Vikas Shikshan Sanstha
Sign & Stamp
Dean/Principal/Head of Institute
Date 7/06/2022

Professional Teaching Experience Certificate for Fellowship Courses

Mentor

Title of the Course applied for: - **Fellowship Course in Ayu. For General Medicine & Health care Management**

This to Certify that Dr.....Shilpa Jangale.....has worked in the Department
Of Bharat Vikas Shikshan Sanstha Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months
General Practitioner	Jan 2014	Till date.	8 yrs. 6 months.
+ Consultant (Ayu)			

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

Designation	From	To	Total period Year/Months
Mentor	11/8/2018	Till date.	4 yrs. 2 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 7/6/2022

2/22/22
Head of Institute
Bharat Vikas Shikshan Sanstha
PUNE

Sign & Stamp
Dean/Principal/Head of Institute
Date 7/6/22

Professional Teaching Experience Certificate for Fellowship Courses

Mentor

Title of the Course applied for: - Fellowship Course in Ayu. For General Medicine & Health care Management
 This to Certify that Dr.....Rajesh Jayade.....has worked in the Department
 Of Bharat Vikas Shikshan Sanstha Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months
General Practitioner	Jan 2014.	Till date.	8 yrs. 6 months.
Consultant (AYU)			

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

Designation	From	To	Total period Year/Months
Mentor.	1/8/2018	Till date.	4 yrs. 2 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 7/6/22.


 Head of Institute
 Bharat Vikas Shikshan Sanstha
 Sign & Stamp 
 Dean/Principal/Head of Institute
 Date 7/6/22

Professional Teaching Experience Certificate for Fellowship Courses**Mentor**Title of the Course applied for: - **Fellowship Course in Ayu. For General Medicine & Health care Management**This to Certify that Dr Nitin Bhise has worked in the Department
Of Bharat Vikas Shikshan Sanstha Training Centre as per following details**A) General Experience**

Designation	From	To	Total period Year/Months
General Practicing & Consultant (Ayu.)	Jan 2001	Till date.	21 yrs 6 months.

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

Designation	From	To	Total period Year/Months
Mentor.	16/5/2022	Till date.	

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

Sign & Stamp
Head of the Department
Date 7/6/22


Head of Institute
Bharat Vikas Shikshan Sanstha
Sign & Stamp
Dean/Principal/Head of Institute
Date 7/6/22

Professional Teaching Experience Certificate for Fellowship Courses

Mentor

Title of the Course applied for: - **Fellowship Course in Ayu. For General Medicine & Health care Management**

This to Certify that Dr.....Devyani S. Londhe.....has worked in the Department
Of Bharat Vikas Shikshan Sanstha Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
General Practicenoz. & Consultant physician	Jan 2013	Till date.	8 yrs	5 months.

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

Designation	From	To	Total period Year/Months	
Mentor.	1/5/2022	Till date	-	

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

Sign & Stamp
Head of the Department
Date 7/6/2022

2/23/22
Head of Institute
Bharat Vikas Shikshan Sanstha
Sign & Stamp
Dean/Principal/Head of Institute
Date 7/6/22

Professional Teaching Experience Certificate for Fellowship Courses**Mentor**Title of the Course applied for: - **Fellowship Course in Ayu. For General Medicine & Health care Management**This to Certify that DrMadhuri Shingade.....has worked in the Department
Of Bharat Vikas Shikshan Sanstha Training Centre as per following details**A) General Experience**

Designation	From	To	Total period Year/Months
<u>General Practitioner & Consultant Physician</u>	<u>Jan 2010</u>	<u>Till date.</u>	<u>11 yrs. 6 months.</u>

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

Designation	From	To	Total period Year/Months
<u>Mentor.</u>	<u>01/01/2016</u>	<u>Till date.</u>	<u>5 yrs. 6 months.</u>

(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 7/6/2022

Head of Institute
Bharat Vikas Shikshan Sanstha
PUNE
Sign & Stamp
Dean/Principal/Head of Institute
Date 7/6/22

Professional Teaching Experience Certificate for Fellowship Courses

Mentor

Title of the Course applied for: - Fellowship Course in Ayu. For General Medicine & Health care Management

This to Certify that Dr Shivram. D. Bhanagin has worked in the Department
Of Bharat Vikas Shikshan Sanstha Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months
General Practitioner.	Jan 2002	Till date.	22 yrs. 6 months
Consultant physician			

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

Designation	From	To	Total period Year/Months
Mentor.	1/1/2016	Till date.	5 yrs. 6 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 7/6/2022.

Head of Institute
 Bharat Vikas Shikshan Sanstha
 Sign & Stamp
 Date 7/6/2022

PUNE

Professional Teaching Experience Certificate for Fellowship Courses**Mentor**Title of the Course applied for: - **Fellowship Course in Ayu. For General Medicine & Health care Management**This to Certify that Dr **Ravindra R. Salve**.....

Of Bharat Vikas Shikshan Sanstha Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months
General Practitioner	Jan 99.	Till date.	22 yrs . 6 months.
Consultant Physician			

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

Designation	From	To	Total period Year/Months
Mentor	1/1/2016.	Till date.	5 yrs. 6 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 7/6/2022****Head of Institute
Bharat Vikas Shikshan Sanstha****PUNE****Sign & Stamp****Dean/Principal/Head of Institute****Date 7/6/22**

Professional Teaching Experience Certificate for Fellowship Courses**Mentor**Title of the Course applied for: - **Fellowship Course in Ayu. For General Medicine & Health care Management**This to Certify that Dr.....Madhum R. Ahat.....has worked in the Department
Of Bharat Vikas Shikshan Sanstha Training Centre as per following details**A) General Experience**

Designation	From	To	Total period Year/Months
General Practitioner.	Jan 2000.	Till date.	21 yrs. 6 months.
Consultant Physician.			

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

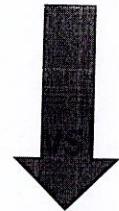
Designation	From	To	Total period Year/Months
Mentor	2015/2022	Till date	-

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

Sign & Stamp**Head of the Department****Date** 7/6/2022.

26/2/2022
Head of Institute
Bharat Vikas Shikshan Sanstha
Sign & Stamp PUNE
Dean/Principal/Head of Institute
Date 7/6/22

**Title of Course -Fellowship Course in Ayu.
For Child Health care Management**



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

Title of the Course applied for:- Fellowship Corse in Ayu. For Child Health Care Management

This to Certify that Dr. Mosim Gafar Momin has worked in the Department Of Bharat Vikas Shikshan Sanstha Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
<u>Balrod Chikitsak</u>	<u>Jan 2014</u>	<u>Till date.</u>	<u>7 yrs.</u>	<u>-</u>

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

Designation	From	To	Total period Year/Months	
<u>Mentor</u>	<u>1/1/2016</u>	<u>Till date.</u>	<u>5 yrs</u>	<u>6 mouts.</u>

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

C. Momin
Sign & Stamp
Head of the Department
Date 7/6/2022.

2022
Head of Institute
Bharat Vikas Shikshan Sanstha
PUNE
Head of Institute
Bharat Vikas Shikshan Sanstha
PUNE
Sign & Stamp
Dean/Principal/Head of Institute
Date 7/6/22

Professional Teaching Experience Certificate for Fellowship Courses**Mentor**Title of the Course applied for:- **Fellowship Corse in Ayu. For Child Health Care Management**This to Certify that Dr.....Kate Sandip Santosh..... has worked in the Department
Of Bharat Vikas Shikshan Sanstha Training Centre as per following details**A) General Experience**

Designation	From	To	Total period Year/Months
<u>Balanga Chikitsak.</u>	<u>Jan 2012</u>	<u>Till date.</u>	<u>1 yrs</u> <u>6 months.</u>

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

Designation	From	To	Total period Year/Months
<u>Mentor</u>	<u>2015/22</u>	<u>Till date.</u>	<u>-</u> <u>-</u>

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

Copmoni
Sign & Stamp
Head of the Department
Date 07/06/2022

2/2/22
Head of Institute PUNE **Dean/Principal/Head of Institute** 7/6/22
Bharat Vikas Shikshan Sanstha **Sign & Stamp**
EDUCATIONAL INSTITUTION **Signature** **DATE**
Bharat Vikas Shikshan Sanstha **Sign & Stamp**
EDUCATIONAL INSTITUTION **Signature** **DATE**

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

Title of the Course applied for:- **Fellowship Corse in Ayu. For Child Health Care Management**

This to Certify that Dr.....Prahlip Dhanalal Chitte.....has worked in the Department Of Bharat Vikas Shikshan Sanstha Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months
<u>Balrog Chikitsak</u>	<u>Jan 1986.</u>	<u>Till date.</u>	<u>36 yrs . 6 months.</u>

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

Designation	From	To	Total period Year/Months
<u>Mentor.</u>	<u>1/1/2017</u>	<u>Till date.</u>	<u>4 yrs</u>
			<u>6 months.</u>

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

Cepmoni
Sign & Stamp
Head of the Department
Date 7/6/22

2/2/22
Head of Institute
Bharat Vikas Shikshan Sanstha
PUNE
Sign & Stamp
Dean/Principal/Head of Institute
Date 7/6/22

Professional Teaching Experience Certificate for Fellowship Courses**Mentor**Title of the Course applied for:- **Fellowship Corse in Ayu. For Child Health Care Management**This to Certify that Dr.....Dipali N. Bhave..... has worked in the Department
Of Bharat Vikas Shikshan Sanstha Training Centre as per following details**A) General Experience**

Designation	From	To	Total period Year/Months
<u>Balanga Chikitsak.</u>	<u>Jan 2002</u>	<u>Till date.</u>	<u>20 yrs. 6 months.</u>

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

Designation	From	To	Total period Year/Months
<u>Mentor</u>	<u>15/5/2022</u>	<u>Till date</u>	<u>-</u>

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

C. P. Naik
Sign & Stamp
Head of the Department
Date 7/6/2022

g R. Z. M.
Head of Institute
Bharat Vikas Shikshan Sanstha
PUNE
Sign & Stamp
Dean/Principal/Head of Institute
Date 7/6/22

Professional Teaching Experience Certificate for Fellowship Courses

Mentor

Title of the Course applied for:- Fellowship Corse in Ayu. For Child Health Care Management

This to Certify that Dr.....Amol B. Phulsunder..... has worked in the Department Of Bharat Vikas Shikshan Sanstha Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months
<u>Consultant Pediatrician</u>	<u>Jan 2013</u>	<u>Till date.</u>	<u>9 yrs</u> <u>6 mouts .</u>

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

Designation	From	To	Total period Year/Months
<u>Mentor.</u>	<u>1/1/2016.</u>	<u>Till date.</u>	<u>5 yrs</u> <u>6 mouts .</u>

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

Cepuonik
Sign & Stamp
Head of the Department
Date 7/6/2022

2nd attd.
Head of Institute
Bharat Vikas Shikshan Sanstha
PUNE
Sign & Stamp
Dean/Principal/Head of Institute
Date 7/6/22

Professional Teaching Experience Certificate for Fellowship Courses

Mentor

Title of the Course applied for:- Fellowship Corse in Ayu. For Child Health Care Management

This to Certify that Dr.....Shankar Natha Gore..... has worked in the Department Of Bharat Vikas Shikshan Sanstha Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months
<u>Consultant Pediatrician</u>	<u>Jan 2008</u>	<u>Till date.</u>	<u>13 yrs</u> <u>6 mouts.</u>

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

Designation	From	To	Total period Year/Months
<u>Mentor.</u>	<u>1/1/2016</u>	<u>Till date.</u>	<u>5 yrs.</u> <u>6 mouts.</u>

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

C. T. M. S.
Sign & Stamp
Head of the Department
Date 7/6/2022.

gaurav.
Head of Institute
Bharat Vikas Shikshan Sanstha
PUNE
Sign & Stamp
Dean/Principal/Head of Institute
Date 7/6/22

Professional Teaching Experience Certificate for Fellowship Courses

Mentor

Title of the Course applied for:- Fellowship Corse in Ayu. For Child Health Care Management

This to Certify that Dr.....Nikhil Prakash Bumte.....has worked in the Department
Of Bharat Vikas Shikshan Sanstha Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months
Pediatric Consultant.	Jan 2011	Till date.	10 yrs. 6 mouts.

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

Designation	From	To	Total period Year/Months
Mentor .	11/12/16	Till date.	5 yrs 6 mouts.

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

C.Praomin
Sign & Stamp
Head of the Department
Date 7/6/2022

gagan.
Head of Institute
Bharat Vikas Shikshan Sanstha
PUNE
Sign & Stamp
Dean/Principal/Head of Institute
Date 7/6/22

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

Title of the Course applied for:- Fellowship Corse in Ayu. For Child Health Care Management

This to Certify that Dr. Mangalmurti R. Bhadekar has worked in the Department Of Bharat Vikas Shikshan Sanstha Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	-
Pediatric - Consultant.	Jan 2002	Till date.	20 yrs.	-

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

Designation	From	To	Total period Year/Months	-
Mentor.	1/1/2016	Till date.	5 yrs	6 months.

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

C. P. Mohanrao
Sign & Stamp
Head of the Department
Date 07/06/2022 .

2023-24
Head of Institute
Bharat Vikas Shikshan Sanstha
PUNE
Sign & Stamp
Dean/Principal/Head of Institute
Date 7/6/22

Professional Teaching Experience Certificate for Fellowship Courses**Mentor**Title of the Course applied for:- **Fellowship Corse in Ayu. For Child Health Care Management**This to Certify that Dr.....Jagdish V. Dhekane..... has worked in the Department
Of Bharat Vikas Shikshan Sanstha Training Centre as per following details**A) General Experience**

Designation	From	To	Total period Year/Months	
Pediatrics Consultant	Jan 1983	Till date.	38 yrs	6 months.

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

Designation	From	To	Total period Year/Months	
Mentor .	11/1/2016	Till date.	5 yrs	6 months .

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

C. Phonsawin
Sign & Stamp
Head of the Department
Date 7/6/2022.

Dr. R. A. J.
Head of Institute
Bharat Vikas Shikshan Sanstha
PUNE
Sign & Stamp
Dean/Principal/Head of Institute
Date 7/6/22

Professional Teaching Experience Certificate for Fellowship Courses**Mentor**Title of the Course applied for:- **Fellowship Corse in Ayu. For Child Health Care Management**This to Certify that Dr....Sandeep G. Karade..... has worked in the Department
Of Bharat Vikas Shikshan Sanstha Training Centre as per following details**A) General Experience**

Designation	From	To	Total period Year/Months	
Pediatric Consultant	Jan 2008	Till date.	8 yrs	6 months

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

Designation	From	To	Total period Year/Months	
Mentor -	1/1/2016	Till date.	5 yrs	6 months

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

Cetnomic
Sign & Stamp
Head of the Department
Date 7/6/2022.

2022
Head of Institute
Bharat Vikas Shikshan Sanstha
PUNE
Sign & Stamp
Dean/Principal/Head of Institute
Date 7/6/2022

Professional Teaching Experience Certificate for Fellowship Courses**Mentor**Title of the Course applied for:- **Fellowship Corse in Ayu. For Child Health Care Management**This to Certify that Dr.....Gyanan B. Mankikar..... has worked in the Department Of Bharat Vikas Shikshan Sanstha Training Centre as per following details**A) General Experience**

Designation	From	To	Total period Year/Months
Pediatric. consultant	Jan 1996	Till date.	25 yrs 6 months

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

Designation	From	To	Total period Year/Months
Mentor .	1/1/2016	Till date.	5 yrs 6 months

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

C. P. MominSign & Stamp
Head of the Department
Date 7/6/20222nd
Head of Institute
Bharat Vikas Shikshan SansthaSign & Stamp
Dean/Principal/Head of Institute
Date 7/6/2022

Professional Teaching Experience Certificate for Fellowship Courses**Mentor**Title of the Course applied for:- **Fellowship Corse in Ayu. For Child Health Care Management**This to Certify that Dr.....Dipak Suresh Patel..... has worked in the Department
Of Bharat Vikas Shikshan Sanstha Training Centre as per following details**A) General Experience**

Designation	From	To	Total period Year/Months	
Pediatric Consultant	Jan 2010	Till date.	12 yrs	-

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

Designation	From	To	Total period Year/Months	
Mentor.	18/5/22	Till date.	-	-

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

C. P. Mohan
Sign & Stamp
Head of the Department
Date 7/6/22.

Z. R. Patel
Head of Institute
Bharat Vikas Shikshan Sanstha
Sign & Stamp
PUINE
Dean/Principal/Head of Institute
Date 7/6/22

Professional Teaching Experience Certificate for Fellowship Courses**Mentor**Title of the Course applied for:- **Fellowship Corse in Ayu. For Child Health Care Management**This to Certify that Dr.....Ravindra B. Kadam..... has worked in the Department
Of Bharat Vikas Shikshan Sanstha Training Centre as per following details**A) General Experience**

Designation	From	To	Total period Year/Months	
Pediatric Consultants	Jan 1994	Till date.	22 yrs	6 months

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

Designation	From	To	Total period Year/Months	
Mentor .	2015/22 .	Till date	-	-

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

Cetmonica
Sign & Stamp
Head of the Department
Date 7/6/22

2022/23
Head of Institute
Bharat Vikas Shikshan Sanstha
PUNE
Sign & Stamp
Dean/Principal/Head of Institute
Date 7/6/22

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

Title of the Course applied for:- Fellowship Corse in Ayu. For Child Health Care Management

This to Certify that Dr.....Suhas D. Sodal..... has worked in the Department
Of Bharat Vikas Shikshan Sanstha Training Centre as per following details**A) General Experience**

Designation	From	To	Total period Year/Months
Pediatric Consultant	Jan 2014	Till date.	1 yrs . 6 months.

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

Designation	From	To	Total period Year/Months
Mentor.	1/6/2022	Till date	-

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

C. T. Momin
Sign & Stamp
Head of the Department
Date 7/6/22

26/2/22
Head of Institute
Bharat Vikas Shikshan Sanstha
PUNE
Sign & Stamp
Dean/Principal/Head of Institute
Date 7/6/22

**Title of Course -Fellowship Course in Ayu.
For Women & Maternal Health care Management**



Professional Teaching Experience Certificate for Fellowship Courses**Mentor**Title of the Course applied for: - **Fellowship Course in Ayu. For Women & Maternal Health care Management**This to Certify that Dr.....Santosh B. Kadam.....has worked in the Department

Of Bharat Vikas Shikshan Sanstha Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months
<u>Shirog-Powati Consultant</u>	<u>Jan 2010</u>	<u>Till date.</u>	<u>11 yrs.</u> <u>6 months</u>

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

Designation	From	To	Total period Year/Months
<u>Mentor .</u>	<u>1/1/2016</u>	<u>Till date.</u>	<u>5 yrs.</u> <u>6 months</u>

(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 7-16/22


Head of Institute
Bharat Vikas Shikshan Sanstha
PUNE
Sign & Stamp
Dean/Principal/Head of Institute
Date 21/6/22

Professional Teaching Experience Certificate for Fellowship Courses**Mentor**Title of the Course applied for: - **Fellowship Course in Ayu. For Women & Maternal Health care Management**This to Certify that Dr Saheli Dhencha Rathod has worked in the Department

Of Bharat Vikas Shikshan Sanstha Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months
Shiroga- Podsuti Consultant	Jan 2006	Till date.	12 yrs. 6 months.

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

Designation	From	To	Total period Year/Months
Mentor.	1/1/2016 .	Till date.	5 yrs . 6 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 7/6/2022

2023-24
Head of Institute
Bharat Vikas Shikshan Sanshtha
PUNE
Sign & Stamp
Dean/Principal/Head of Institute
Date 7/6/22

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

Title of the Course applied for: - Fellowship Course in Ayu. For Women & Maternal Health care Management

This to Certify that Dr. Ashwini S. Gehadage has worked in the Department

Of Bharat Vikas Shikshan Sanstha Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months
Shiroga- Prasuti	Jan 2016 .	Fill date .	6 yrs . 6 months .
Consultant- Shalya Chikitsak)			

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

Designation	From	To	Total period Year/Months
Mentor .	01/01/2018	Fill date .	4 yrs . 6months .

(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 7/6/2022


Head of Institute
Bharat Vikas Shikshan Sanstha
PUNE
Sign & Stamp
Dean/Principal/Head of Institute
Date 7/6/22

Professional Teaching Experience Certificate for Fellowship Courses**Mentor**Title of the Course applied for: - **Fellowship Course in Ayu. For Women & Maternal Health care Management**This to Certify that DrChandrakant G. Kolte.....has worked in the Department

Of Bharat Vikas Shikshan Sanstha Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
Shiroga- Prasuti Consultant	Jan 2012 1992	Till date.	30 yrs	6 mouts.

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

Designation	From	To	Total period Year/Months	
Mentor .	15/5/2022	Till date	-	

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


Sign & Stamp
Head of the Department
Date 7/6/2022


Head of Institute
Bharat Vikas Shikshan Sanstha
PUNE
Sign & Stamp
Dean/Principal/Head of Institute
Date 7/6/22

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

Title of the Course applied for: - **Fellowship Course in Ayu. For Women & Maternal Health care Management**
 This to Certify that DrSmita C. Kolte..... has worked in the Department

Of Bharat Vikas Shikshan Sanstha Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
Shirogel- Prasuti Consultants.	Jan 2000	Till date.	22 yrs.	6 months

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

Designation	From	To	Total period Year/Months	
Mentor.	15/5/22	Till date	-	

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


Sign & Stamp
Head of the Department
Date 7/6/22.


Head of Institute
Bharat Vikas Shikshan Sanstha
PUNE
Sign & Stamp
Dean/Principal/Head of Institute
Date 7/6/22

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

Title of the Course applied for: - Fellowship Course in Ayu. For Women & Maternal Health care Management
 This to Certify that Dr. Sonal R. Kate (Shelke).....has worked in the Department

Of Bharat Vikas Shikshan Sanstha Training Centre as per following details

A) General Experience

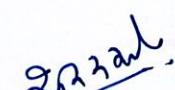
Designation	From	To	Total period Year/Months	
Shiroga- Prasuti Consultant	Jan 2018	Till date	10 yrs	6 months.

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

Designation	From	To	Total period Year/Months	
Mentor	15/5/22	Till date.	-	

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


 Sign & Stamp
 Head of the Department
 Date 7/16/2022


 26/3/22
 Head of Institute
 Bharat Vikas Shikshan Sanstha
 PUNE
 Sign & Stamp
 Dean/Principal/Head of Institute
 Date 7/16/22

Professional Teaching Experience Certificate for Fellowship Courses

Mentor

Title of the Course applied for: - Fellowship Course in Ayu. For Women & Maternal Health care Management

This to Certify that Dr. Bapurao M. Pawar.....has worked in the Department

Of Bharat Vikas Shikshan Sanstha Training Centre as per following details

A) General Experience

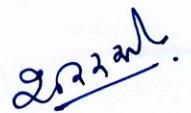
Designation	From	To	Total period Year/Months
Stiroga- Pacuti Consultant	Jan 2006	Till date.	15 yrs . 6 months.

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

Designation	From	To	Total period Year/Months
MENTOR	15/5/2022	Till date	-

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


Sign & Stamp
Head of the Department
Date 7/6/2022


Head of Institute
Bharat Vikas Shikshan Sanstha
PUNE
Sign & Stamp
Dean/Principal/Head of Institute
Date 7/6/22

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

Title of the Course applied for: - **Fellowship Course in Ayu. For Women & Maternal Health care Management**
 This to Certify that Dr Shubhangi Navgire (Chaudhari) has worked in the Department

Of Bharat Vikas Shikshan Sanstha Training Centre as per following details

A) General Experience

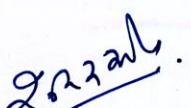
Designation	From	To	Total period Year/Months	
Prasuti & Styroga. Consultant	Jan 2014	Till date.	7 yrs	6 months.

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

Designation	From	To	Total period Year/Months	
Mentor.	15/5/2022	Till date.	-	.

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


Sign & Stamp
Head of the Department
Date 7/6/22


Head of Institute
Bharat Vikas Shikshan Sanstha
Sign & Stamp
PUNE
Dean/Principal/Head of Institute
Date 7/6/22

Professional Teaching Experience Certificate for Fellowship Courses

Mentor

Title of the Course applied for: - **Fellowship Course in Ayu. For Women & Maternal Health care Management**

This to Certify that DrSujit V. Shinde.....has worked in the Department

Of Bharat Vikas Shikshan Sanstha Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
Prasuti + stridroga .	Jan 2003	Till date.	18 yrs	6 months.
Consultant .				

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

Designation	From	To	Total period Year/Months	
Mentor .	31/6/22	Till date	-	

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

Sign & Stamp
Head of the Department
Date 30/6/22.

20/7/22
Head of Institute
Bharat Vikas Shikshan Sanstha
Sign & Stamp
Dean/Principal/Head of Institute
Date 7/6/22

Professional Teaching Experience Certificate for Fellowship Courses**Mentor**Title of the Course applied for: - **Fellowship Course in Ayu. For Women & Maternal Health care Management**This to Certify that Dr Devki P. Suryamo has worked in the Department

Of Bharat Vikas Shikshan Sanstha Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
Prasuti - Shirogeri.	Jan 2014	Till date.	7 yrs	6 months.
Consultant				

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

Designation	From	To	Total period Year/Months	
Mentor.	2015/2022	Till date	-	-

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

Sign & Stamp
 Head of the Department
 Date 7/6/22

2023/24
 Head of Institute
 Bharat Vikas Shikshan Sanstha
 Sign & Stamp
 Dean/Principal/Head of Institute
 Date 7/6/22

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

Title of the Course applied for: - **Fellowship Course in Ayu. For Women & Maternal Health care Management**
 This to Certify that Dr.....**Pallavi N. Nikam.**.....has worked in the Department

Of Bharat Vikas Shikshan Sanstha Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
Obs & Gynu. Consultant.	Jan 2009	Till date.	12 yrs.	6 months.

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

Designation	From	To	Total period Year/Months	
Mentor.	15/5/2012	Till date	-	-

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

Sign & Stamp
 Head of the Department
 Date **7/6/22.**

[Signature]
 Head of Institute
Bharat Vikas Shikshan Sanstha
 Sign & Stamp **PUNE**
 Dean/Principal/Head of Institute
 Date **7/6/22**

Professional Teaching Experience Certificate for Fellowship Courses**Mentor**Title of the Course applied for: - **Fellowship Course in Ayu. For Women & Maternal Health care Management**This to Certify that Dr.....Prajakta S. Patil.....has worked in the Department

Of Bharat Vikas Shikshan Sanstha Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
<u>Obstetrician.</u> <u>Consultant</u>	<u>Jan 2009</u>	<u>Till date-</u>	<u>13 yrs.</u>	<u>6 months.</u>

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

Designation	From	To	Total period Year/Months	
<u>Mentor.</u>	<u>1/1/2016.</u>	<u>Till date.</u>	<u>5 yrs</u>	<u>6 months.</u>

(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 7/6/22.


Head of Institute
Bharat Vikas Shikshan Sanstha
PUNE
Sign & Stamp
Dean/Principal/Head of Institute
Date 7/6/22

Professional Teaching Experience Certificate for Fellowship Courses**Mentor**Title of the Course applied for: - **Fellowship Course in Ayu. For Women & Maternal Health care Management**This to Certify that Dr Rohidas R. Athavat has worked in the Department

Of Bharat Vikas Shikshan Sanstha Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months
<u>Obs & Gyn Consultant</u>	<u>Jan 2009</u>	<u>Till date.</u>	<u>12 yrs.</u> <u>6 mouts.</u>

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

Designation	From	To	Total period Year/Months
<u>Mentor.</u>	<u>11/1/2016</u>	<u>Till date.</u>	<u>5 yrs.</u> <u>6 mouts.</u>

(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 7/6/2022


Head of Institute
Bharat Vikas Shikshan Sanstha
Sign & Stamp
PUNE
Dean/Principal/Head of Institute
Date 7/6/22

Professional Teaching Experience Certificate for Fellowship Courses**Mentor**Title of the Course applied for: - **Fellowship Course in Ayu. For Women & Maternal Health care Management**This to Certify that Dr Dilip . B walke. has worked in the Department

Of Bharat Vikas Shikshan Sanstha Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
<u>Obstetrician . Consultant</u>	<u>Jan 1984</u>	<u>Till date</u>	<u>35 yrs</u>	<u>6 months.</u>

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

Designation	From	To	Total period Year/Months	
<u>Mentor</u>	<u>1/6/2016</u>	<u>Till date.</u>	<u>5 yrs</u>	<u>6 months.</u>

(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 7/6/2022.

7/6/2022.

2022
Head of Institute
Bharat Vikas Shikshan Sanstha
Sign & Stamp
Dean/Principal/Head of Institute
Date 7/6/2022

Professional Teaching Experience Certificate for Fellowship Courses**Mentor**Title of the Course applied for: - **Fellowship Course in Ayu. For Women & Maternal Health care Management**This to Certify that DrAmit Khami-Kar.....has worked in the Department

Of Bharat Vikas Shikshan Sanstha Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	
<u>Obst & Gyn. Consultant</u>	<u>Jan 2009</u>	<u>Till date.</u>	<u>12 yrs.</u>	<u>6 months</u>

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

Designation	From	To	Total period Year/Months	
<u>Mentor .</u>	<u>15/5/22.</u>	<u>Till date.</u>	<u>-</u>	

(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 7/6/2022

2022
Head of Institute
Bharat Vikas Shikshan Sanshodhan Sansstha
Sign & Stamp
Dean/Principal/Head of Institute
Date 7/6/22