

Employer's reference

This form is to be completed by a Human Resources representative or the applicant's line manager. It should not be completed by the applicant.

Please send the form directly to us by email, ensuring that you include the applicant's name and GMC reference number in the subject line. **We only accept emailed forms from professional email addresses. We do not accept them from personal webmail accounts such as hotmail, yahoo or gmail.**

If you do not have a professional email address please include a supplementary cover sheet on official letterheaded paper which also includes an official stamp.

Please note that a copy of the completed reference will be shared with the applicant.

Section 1 – applicant's details

Applicant's name	PARVATINI ADITYA	
Applicant's GMC reference number	7994046	
Period of employment		
From	0 2 0 4 2 0 1 8	To 0 7 10 8 2 0 2 3
Position held by applicant (please include their speciality if appropriate)	SENIOR EMERGENCY MEDICAL OFFICER	
Average number of hours undertaken per week	48 hours/week	
Please give a brief description of duties.		
<ul style="list-style-type: none"> - Attending and Managing Acute Emergencies in Emergency Department - Managing poisoning, trauma & Cardiac Emergencies in Emergency Department → Doing Minor Surgery & Medical procedures 		

Section 2 – to be completed by all employers

Are you aware of any issues that would call into question the applicant's character, conduct or fitness to practise?
(For example were they subject to any disciplinary proceedings whilst employed by you?)

yes

☐

no

☒

If 'yes', please provide details.

Section 3 – to be completed by all employers

Question 3a

Was the applicant working in a clinical medical capacity? (Please note that clinical attachments and observer posts are not considered to be clinical practice)

yes

☒

no

☐

Question 3b

If the applicant was engaged in a non-clinical post but it was medically related (for example a teaching or research post) please can you confirm whether this role was **restricted** to the holder of a MBBS, MD or MBChB (or equivalent)?

yes

☐

no

☒

If other candidates are/were also eligible for this post – for example health care professionals or holders of alternative qualifications (for example a BSc or Masters) please answer 'no'.

If 'yes', please can you provide a comprehensive summary of the applicant's job description and their duties?

Question 3c

Was the applicant required to hold registration or a licence to practise with a medical regulator?

yes

☐

no

☒

If 'yes', please give us the name of the relevant medical regulator, **and** confirm the type of registration required. For example, provisional or full registration, with or without a licence to practise.

Please provide the name of the authority that regulates doctors in the country or region the applicant was/is working in (for example *General Medical Council, UK*). Do not provide the name of an individual person.

If 'no', please explain why the applicant was allowed to work in a medical capacity without holding registration or a licence with the appropriate medical regulator.

He is been holding license to practise in India
and his conduct in hospital is very good

Section 4 - declaration

Your name

Dr Kundan Khamkar

Your position

Consultant physician

Can you confirm whether you are related to the applicant? If yes, please state the relationship (for example: 'father')

No

Website address for your organisation

hinjawadi.medical@rubyhall.com

Your email address

kundan@khamkar@gmail.com

This should be an official work email address **not** a webmail address such as yahoo, hotmail or gmail.

Telephone number

9860320390

This should be an official work telephone number, **not** a personal home telephone number.

Section 4 - declaration (continued)

Your signature

Khamkar

Date

07 08 2023

Name and address of organisation

Official stamp

Dr Kundan Khamkar
Ruby Hall clinic, Rajiv
Gandhi Infotech Park
MIDC, phase no.1, Hinjewadi
Pune - 411057

Dr. Kundan H. Khamkar
MBBS MD (Medicine)
Reg.No.- 2006/03/1883



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Please note that a copy of the completed reference will be shared with the applicant.

Section 1 – applicant's details

Applicant's name	PARVATINI ADITYA	
Applicant's GMC reference number	7994046	
Period of employment	till date.	
From	04042018	To 07082023
Position held by applicant (please include their speciality if appropriate)	SENIOREMERGENCY MEDICINE RESIDENT.	
Average number of hours undertaken per week	48 hrs /wk	
Please give a brief description of duties.		
<ul style="list-style-type: none"> - Attending and Managing acute emergencies in Emergency Department. - Managing Major & Minor surgical procedures. - Managing Major & Minor medical procedures. 		

Section 2 – to be completed by all employers

Are you aware of any issues that would call into question the applicant's character, conduct or fitness to practise?

yes

☐

no

☒

(For example were they subject to any disciplinary proceedings whilst employed by you?)

If 'yes', please provide details.

Section 3 – to be completed by all employers

Question 3a

Was the applicant working in a clinical medical capacity? (Please note that clinical attachments and observer posts are not considered to be clinical practice)

yes

☒

no

☐

Question 3b

If the applicant was engaged in a non-clinical post but it was medically related (for example a teaching or research post) please can you confirm whether this role was restricted to the holder of a MBBS, MD or MBChB (or equivalent)?

yes

☐

no

☒

If other candidates are/were also eligible for this post – for example health care professionals or holders of alternative qualifications (for example a BSc or Masters) please answer 'no'.

If 'yes', please can you provide a comprehensive summary of the applicant's job description and their duties?

Question 3c

Was the applicant required to hold registration or a licence to practise with a medical regulator? yes ☐ no ☒

If 'yes', please give us the name of the relevant medical regulator, **and** confirm the type of registration required. For example, provisional or full registration, with or without a licence to practise.

Please provide the name of the authority that regulates doctors in the country or region the applicant was/is working in (for example *General Medical Council, UK*). Do not provide the name of an individual person.

If 'no', please explain why the applicant was allowed to work in a medical capacity without holding registration or a licence with the appropriate medical regulator.

He is been holding licence to practise in India and his conduct in hospital is good.

Section 4 - declaration

Your name

Dr. Sudha Desai.

Your position

Intensivist - ICU Incharge

Can you confirm whether you are related to the applicant? If yes, please state the relationship (for example: 'father')

No

Website address for your organisation

hinjawadi.medical@rubyhall.com

Your email address

sudha.patil6@gmail.com

This should be an official work email address **not** a webmail address such as yahoo, hotmail or gmail.

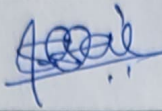
Telephone number

9870 149717

This should be an official work telephone number, **not** a personal home telephone number.

Section 4 - declaration (continued)

Your signature



Date

09/08/2023

Name and address of organisation

Dr. Sudha Desai,
Ruby Hall Clinic, Rajiv
Gandhi Infotech Park,
MIDC, Phase no. 1, Hinjewadi,
Pune - 411057.

Official stamp

Dr. Sudha Desai
DNB (Gen. Medicine), IDCCM
Consulting & Investing - ICU Incharge
Reg No : 06031466
Ruby Hall Clinic
Hinjewadi, Pune - 411057.

