

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

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

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

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

| Sr. No. | Name of the Fellowship/Certificate Course | Course Started from the Academic Year | Intake Capacity Sanctioned by the University | Name of Mentor and Contact Details |
|---------|---|---------------------------------------|--|---|
| 01 | FELLOWSHIP COURSE IN WOMENS & MATERNAL HEALTH CARE MANAGEMENT | 2017 | 10 | Vd. Mehere Seema Chandrakant - 9930940403 |
| 02 | | | | Vd. Patil Mangesh Laxman- 9320380219 |
| 03 | | | | Vd. Dandekar Pranali Namdeo- 9619020010 |
| 04 | | | | Vd. Devadiga Mayura Manjappa- 9082863894 |
| 05 | | | | Vd. Bhatt Jeny Mukesh - 9167541086 |

(Attach separate List if necessary)

2. Year-wise number of students admitted to Fellowship/ Certificate course during last 5 years

| Sr. No. | Academic Year | Name of Fellowship / Certificate Course | Intake Capacity | No. of Students Admitted (In figure only) |
|---------|------------------|---|-----------------|---|
| 1 | A.Y. 2018 - 2019 | FELLOWSHIP COURSE IN WOMENS & MATERNAL HEALTH CARE MANAGEMENT | 10 | 5 |
| 2 | A.Y. 2019 - 2020 | | 10 | -- |
| 3 | A.Y. 2020 - 2021 | | 10 | 6 |
| 4 | A.Y. 2021 - 2022 | | 10 | 3 |
| 5 | A.Y. 2022 - 2023 | | 10 | 10 |

Dr. Seema Mehere
M.D. (Ayu)
Professor and HOD
Dept of Prasuti Tantra And Stri Roga
Dr. G. D. Pol Foundations
Ymt Ayurvedic Medical College
And Hospital Kharghar

ANNEXURE- XIV- A

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:- **Women and Maternal Health Care**

This to Certify that **Vd. Sanjeev Rangrao Yadav- Dean , Director** has worked in the Department
Of **Shalya Tantra** Training Centre as per following details

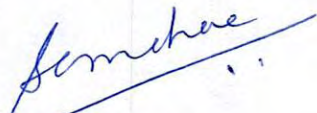
A) General Experience


| Designation | From | To | Total period Year/Months | |
|---------------------------|-------------|--------------|---|------------|
| Asst. Professor | 29/09/1994 | 30/09/1999 | 5 Yrs. | |
| Asso. Professor/Reader | 01/10/1999 | 31/12/2006 | 7 yrs. | 2 months. |
| Professor | 01/01/2007 | to till date | 16 Yrs. | 11 months. |

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

| Designation | From | To | Total period Year/Months | |
|--------------------|-------------|-----------|---|---|
| - | - | - | - | - |

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


Dr. Seema Mehrotra
Sign & Stamp
M.D. (Ayu)
Head of the Department
Dept of Pancha Tantra And Stri Roge
Institute
Dr. G. D. Pol Foundations
Y.M.T. Ayurvedic Medical College
And Hospital Kharghar
Date: 30/12/2023


Vd. Sanjeev Yadav
Sign & Stamp
Dean/Principal/Head of
PRINCIPAL
Dr. G. D. POL FOUNDATION
Y.M.T. AYURVEDIC MEDICAL COLLEGE AND HOSPITAL
Institutional Area Sector - 4,
Kharghar, Navi Mumbai - 410 210..
Date: 30/12/2023

ANNEXURE- XIV- A

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:- :- **Women and Maternal Health Care**

This to Certify that **Vd. Mehere Seema Chandrakant – HOD & Professor** has worked in the Department Of Stri Rog Prasuti Tantra Training Centre as per following details

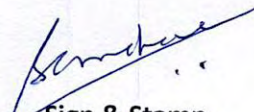
A) General Experience


| Designation | From | To | Total period Year/Months | |
|---------------------------|------------|------------|-----------------------------|-----------|
| Asst. Professor | 01/06/1999 | 31/03/2004 | 4yr. | 9 months. |
| Asso. Professor/Reader | 01/04/2004 | 30/06/2009 | 5 yr. | 2 months. |
| Professor | 01/07/2009 | Till date | 14 yr. | 5 month. |

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

| Designation | From | To | Total period Year/Months | |
|-------------|------|-----------|-----------------------------|--|
| Professor | 2018 | Till date | 5 yr | |

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


Sign & Stamp
Dr. Seema Mehere
M.D. (Ayu)
Head of the Department
Professor and HOD
Dept of Institute Tantra And Stri Roga
Dr. G. D. Pol Foundations
Ymt Ayurvedic Medical College
And Hospital Kharghar
Date: 30/12/2023


Sign & Stamp
Vd. Sanjeev Yadav
PRINCIPAL
Dean/Principal/Head of
Dr. G. D. Pol Foundations
Y.M.T. AYURVEDIC MEDICAL COLLEGE AND HOSPITAL
Institutional Area Sector - 4,
Kharghar, Navi Mumbai - 410 210..
Date: 30/12/2023

ANNEXURE- XIV- A

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:- :- Women and Maternal Health Care

This to Certify that **Vd. Patil Mangesh Laxman – Associate Professor** has worked in the Department Of **Stri Rog Prasuti Tantra** Training Centre as per following details

A) General Experience

| Designation | From | To | Total period Year/Months | |
|---------------------------|------------|------------|-----------------------------|------------|
| Asst. Professor | 25/07/2005 | 24/07/2010 | 5 yr. | -- |
| Asso. Professor/Reader | 25/07/2010 | Till date | 13 yr. | 05 months. |

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

| Designation | From | To | Total period Year/Months | |
|---------------------------|------|-----------|-----------------------------|--|
| Asso. Professor/Reader | 2018 | Till date | 5 yr. | |

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



Sign & Stamp
Dr. Seema Mehere
M.D. (Ayur)
Head of the Department
Professor and HOD
Institute
Dept of Prasuti Tantra And Stri Rog
Dr. G. D. Pol Foundations
Date: 30/12/2023
Ymt Ayurvedic Medical College
And Hospital Kharghar



Sign & Stamp
Vd. Ganesh Yadao
PRINCIPAL
Dean/Principal/Head of
Y.M.T. AYURVEDIC MEDICAL COLLEGE AND HOSPITAL
Institutional Area Sector - 4,
Kharghar, Navi Mumbai - 410 210..
Date: 30/12/2023

ANNEXURE- XIV- A

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:- :- Women and Maternal Health Care

This to Certify that **Vd. Dandekar Pranali Namdeo- Associate Professor** has worked in the Department Of **Stri Rog Prasuti Tantra** Training Centre as per following details

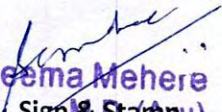
A) General Experience


| Designation | From | To | Total period Year/Months | |
|---------------------------|------------|------------|-----------------------------|-----------|
| Asst. Professor | 01/08/2006 | 3/11/2007 | 1yr. | 3 months. |
| | 2/2/2012 | 6/8/2012 | 0 | 6 months. |
| | 7/8/2012 | 30/11/2015 | 3 yr. | 4 months. |
| Asso. Professor/Reader | 1/12/2015 | Till date | 8 yr. | 1 month. |

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

| Designation | From | To | Total period Year/Months | |
|---------------------------|------|-----------|-----------------------------|--|
| Asso. Professor/Reader | 2018 | Till date | 5yr. | |

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


Dr. Seema Mehere
(Sign & Stamp)
Professor and HOD
Head of the Department
Dept of Prasuti Tantra And Stri Rog
Dr. G. D. Pol Foundations
Ymt Ayurvedic Medical College
And Hospital Kharghar
Date: 30/12/2023


Sign & Stamp
Vd. SANJEEV YADAV
PRINCIPAL
Dean/Principal/Head of
Y.M.F. AYURVEDIC MEDICAL COLLEGE AND HOSPITAL
Institutional Area Sector - 4,
Kharghar, Navi Mumbai - 410 210..
Date: 30/12/2023

ANNEXURE- XIV- A

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:- :- Women and Maternal Health Care

This to Certify that **Vd. Devadiga Mayura Manjaya- Assistant Professor** has worked in the Department Of **Stri Rog Prasuti Tantra** Training Centre as per following details


A) General Experience


| Designation | From | To | Total period Year/Months | |
|-----------------|------------|-----------|-----------------------------|-----------|
| Asst. Professor | 23/11/2006 | 1/7/2008 | 1 yr. | 4 months. |
| | 27/12/2010 | Till date | 13 yr. | -- |

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

| Designation | From | To | Total period Year/Months | |
|-----------------|------|-----------|-----------------------------|----|
| Asst. Professor | 2018 | Till date | 5yr. | -- |

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


Dr. Seema Mehere
Sign & Stamp
Professor and HOD
Dept of Prasuti, Tantra And Stri Roga
Head of the Department
Dr. G. D. Pol Foundations
Institute
Ymt Ayurvedic Medical College
And Hospital Kharghar
Date: 30/12/2023


Sign & Stamp
VD, SANJEEV YADAV
Dean/Principal/Head of
Dr. G. D. POL FOUNDATION
Y.M.T. AYURVEDIC MEDICAL COLLEGE AND HOSPITAL
Institutional Area Sector - 4,
Date: 30/12/2023 - 410 210..

ANNEXURE- XIV- A

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:- :- **Women and Maternal Health Care**

This to Certify that **Vd. Bhatt Jeny Mukesh- Assistant Professor** has worked in the Department Of **Stri Rog Prasuti Tantra** Training Centre as per following details

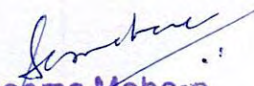
A) General Experience


| Designation | From | To | Total period Year/Months | |
|-----------------|------------|-----------|-----------------------------|----------|
| Asst. Professor | 15/09/2014 | Till date | 9 yr. | 3 month. |

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

| Designation | From | To | Total period Year/Months | |
|-----------------|------|-----------|-----------------------------|----|
| Asst. Professor | 2018 | Till date | 5 yr. | -- |

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


Dr. Seema Mehere
(Sign & Stamp)
Professor and HOD
Head of the Department
Dept of Prasuti Tantra and Stri Roge
Dr. G. D. Pol Foundations
Institute
Ymt Ayurvedic Medical College
And Hospital Kharghar
Date: 30/12/2023


Sign & Stamp
VD. SANJEEV YADAV
Dean/Principal/Head of
Dr. G. D. POL FOUNDATION
Y.M.T. AYURVEDIC MEDICAL COLLEGE AND HOSPITAL
Institutional Area Sector - 4,
Khar
Date: 30/12/2023 10 210..

ANNEXURE- XIV- A

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:- :- **Women and Maternal Health Care**

This to Certify that **Vd. Bhavake Nishigandha Pirajirao** has worked in the Department Of **Stri Rog Prasuti Tantra** Training Centre as per following details


A) General Experience


| Designation | From | To | Total period Year/Months | |
|--------------------|-------------|-----------|---|------------|
| Asst. Professor | 1/9/2017 | Till date | 6 yr. | 03 months. |

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

| Designation | From | To | Total period Year/Months | |
|--------------------|-------------|-----------|---|--|
| Asst. Professor | 2018 | Till date | 5 yr. | |

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


Dr. Seema Mehre
Sign & Stamp
M.D. (Ayu)
Head of the Department
Professor and HOD
Dept of Prasuti And Stri Rog
Institute
Dr. G. D. Pol Foundations
Ymt Ayurvedic Medical College
And Hospital Kharghar


Vd. Sanjeev Yadav
Sign & Stamp
Dean/Principal/Head of
Dr. G. D. POL FOUNDATION
Y.M.T. AYURVEDIC MEDICAL COLLEGE AND HOSPITAL
Kharavela Area Sector - 4,
Mumbai - 410 210.,
Date

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

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

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

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

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

| Sr. No. | Name of the Fellowship/Certificate Course | Course Started from the Academic Year | Intake Capacity Sanctioned by the University | Name of Mentor and Contact Details |
|---------|---|---------------------------------------|--|--|
| 01 | FELLOWSHIP COURSE IN CHILD HEALTH CARE & MANAGEMENT | 2017 | 10 | Vd. Bhavesh Nareshchandra Panot-9987076111 |
| 02 | | | | Vd. Sandeep Rajput - 9167133548 |

(Attach separate List if necessary)

2. Year-wise number of students admitted to Fellowship/ Certificate course during last 5 years

| Sr. No. | Academic Year | Name of Fellowship / Certificate Course | Intake Capacity | No. of Students Admitted (In figure only) |
|---------|------------------|---|-----------------|---|
| 1 | A.Y. 2018 - 2019 | FELLOWSHIP COURSE IN CHILD HEALTH CARE & MANAGEMENT | 10 | -- |
| 2 | A.Y. 2019 - 2020 | | 10 | -- |
| 3 | A.Y. 2020 - 2021 | | 10 | 2 |
| 4 | A.Y. 2021 - 2022 | | 10 | 2 |
| 5 | A.Y. 2022 - 2023 | | 10 | 1 |

ANNEXURE- XIV- A

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:- **Child Health Care Management**

This to Certify that **Vd. Sanjeev Rangrao Yadav – Dean, Director** has worked in the Department of **Shalya Tantra Training Centre** as per following details

A) General Experience

| Designation | From | To | Total period Year/Months | |
|---------------------------|------------|--------------|-----------------------------|-----------|
| Asst. Professor | 29/09/1994 | 30/09/1999 | 5 Years | |
| Asso. Professor/Reader | 01/10/1999 | 31/12/2006 | 7 Years | 2 Months |
| Professor | 01/01/2007 | to till date | 16 Years | 11 Months |

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

| Designation | From | To | Total period Year/Months | |
|-------------|------|----|-----------------------------|---|
| - | - | - | - | - |

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



Sign & Stamp

**Head of the Department
Institute**

Date: 30/12/2023

विभागा-प्रमुख,
कोमार भृत्य-तंत्र विभाग,
पेरळा आयुर्वेद महाविद्यालय,
नगरचर रोड नं. ४, नवी मुंबई



Sign & Stamp
SANJEEV YADAV
PRINCIPAL

Dean/Principal/Head of
Y.M.T. AYURVEDIC MEDICAL COLLEGE AND HOSPITAL
Institutional Area Sector - 4,
Kharohar, Navi Mumbai - 410 210..
Date: 30/12/2023

ANNEXURE- XIV- A

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:- **Child Health Care Management**

This to Certify that **Vd. Bhavesh Nareshchandra Panot – HOD & Professor** has worked in the Department of **Kaumar Bhritya** Training Centre as per following details

A) General Experience

| Designation | From | To | Total period Year/Months | |
|---------------------------|------------|------------|-----------------------------|-----------|
| Asst. Professor | 16/07/2007 | 15/07/2012 | 05 Years | -- |
| Asso. Professor/Reader | 16/07/2012 | 30/12/2018 | 06 Years | 05 Months |
| Professor | 31/12/2018 | Till date | 05 Years | -- |

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

| Designation | From | To | Total period Year/Months | |
|-------------|------------|-----------|-----------------------------|----|
| Professor | 31/12/2018 | Till date | 05 Years | -- |

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

Bhavesh

Sign & Stamp

Head of the Department
Institute

Date: 30/12/2023

विभागा-प्रमुख,
कौमार भृत्य-तंत्र विभाग,
वेरळा आयुर्वेद महाविद्यालय,
नगर मोकट्टा नं. ४, नवी मुंबई

Sanjeev

Sign & Stamp

V.D. SANJEEV YADAV
PRINCIPAL
Dean/Principal/Head of
Y.M.T. AYURVEDIC MEDICAL COLLEGE AND HOSPITAL
Institutional Area Sector - 4,
Kharhar, Navi Mumbai - 410 210..
Date: 30/12/2023

ANNEXURE- XIV- A

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:- **Child Health Care Management**

This to Certify that **Vd. Sandeep Kisan Rajput – Assistant Professor** has worked in the Department of **Kaumar Bhritya** Training Centre as per following details

A) General Experience

| Designation | From | To | Total period Year/Months | |
|---------------------------|------------|------------|-----------------------------|----------|
| Asst. Professor | 10/09/2012 | 10/09/2017 | 5 Years | |
| Asso. Professor/Reader | 11/09/2017 | Till date | 6 Years | 3 Months |

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

| Designation | From | To | Total period Year/Months | |
|---------------------------|------|-----------|-----------------------------|----|
| Asso. Professor/Reader | 2018 | Till date | 5 Years | -- |

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

Pranav

Sign & Stamp

Head of the Department
Institute

Date 30/12/2023

विमल-प्रमुख,
डोमर भृत्य-तंत्र विभाग।
परदा आयुर्वेद महाविद्यालय
भारधर सेक्टर नं. ४, नवी मंडई

Sign & Stamp

Sanjeev Yadao
Dr. SANJEEV YADAV
PRINCIPAL
Dean/Principal/Head of
Y.M.T. AYURVEDIC MEDICAL COLLEGE AND HOSPITAL
Institutional Area Sector- 4,
Kharghar, Navi Mumbai-400102

Date: 30/12/2023

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

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

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

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

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

| Sr. No. | Name of the Fellowship/Certificate Course | Course Started from the Academic Year | Intake Capacity Sanctioned by the University | Name of Mentor and Contact Details |
|---------|---|---------------------------------------|--|--|
| 01 | KSHARSUTRA CHIKITSA | 2015-2016 | 10 | Vd. Sanjeev Rangrao Yadav - 9322456999 |
| 02 | | | | Vd. Badole Shubhangi Prashant - 9167750838 |
| 03 | | | | Vd. Chavan Dnyanshwar Dattarao - 9822221585 |
| 04 | | | | Vd. Tangade Varsha Ramrao- 9920798297 |
| 05 | | | | Vd. Salunkhe Sharadkumar Yashavantra- 9860782623 |

(Attach separate List if necessary)

2. Year-wise number of students admitted to Fellowship/ Certificate course during last 5 years

| Sr. No. | Academic Year | Name of Fellowship / Certificate Course | Intake Capacity | No. of Students Admitted (In figure only) |
|---------|------------------|---|-----------------|---|
| 1 | A.Y. 2018 - 2019 | KSHARSUTRA CHIKITSA | 10 | 4 |
| 2 | A.Y. 2019 - 2020 | | 10 | 5 |
| 3 | A.Y. 2020 - 2021 | | 10 | 3 |
| 4 | A.Y. 2021 - 2022 | | 10 | 9 |
| 5 | A.Y. 2022 - 2023 | | 10 | 10 |

ANNEXURE- XIV- A

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:- Ksharsutra Chikitsa

This to Certify that **Vd. Sanjeev Rangrao Yadav – Dean, Director** has worked in the Department Of **Shalya Tantra** Training Centre as per following details

A) General Experience


| Designation | From | To | Total period Year/Months | |
|---------------------------|------------|--------------|-----------------------------|-----------|
| Asst. Professor | 29/09/1994 | 30/09/1999 | 5 Yrs. | -- |
| Asso. Professor/Reader | 01/10/1999 | 31/12/2006 | 7 yrs. | 2 months |
| Professor | 01/01/2007 | to till date | 16 Yrs. | 11 months |

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


| Designation | From | To | Total period Year/Months | |
|-------------|------|--------------|-----------------------------|-----------|
| Professor | 2009 | to till date | 13 Yrs. | 11 months |

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

Sign & Stamp


HOD
Head of the Department
Department of Shalya Tantra
Y.M.T. Ayurvedic Medical
College & Hospital
Date: 30/12/2023
Kharghar, Navi Mumbai.

Sign & Stamp


VD. SANJEEV YADAV
Dean/Principal/Head of Institute
Dr. G. D. POL FOUNDATION
Y.M.T. AYURVEDIC MEDICAL COLLEGE AND HOSPITAL
Date: 30/12/2023
Institutional Area Sector - 4,
Kharghar, Navi Mumbai - 410 210..

ANNEXURE- XIV- A

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:- Ksharsutra Chikitsa

This to Certify that **Vd. Badole Shubhangi Prashant – Associate Professor** has worked in the Department Of **Shalya Tantra** Training Centre as per following details


C) General Experience


| Designation | From | To | Total period Year/Months | |
|---------------------------|-----------|-----------|-----------------------------|----------|
| Asst. Professor | 26/7/2003 | 15/5/2010 | 9 yr. | 2 months |
| Asso. Professor/Reader | 16/5/2010 | till date | 13yr. | 6 months |

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

| Designation | From | To | Total period Year/Months | |
|---------------------------|------|-----------|-----------------------------|----------|
| Asso. Professor/Reader | 2010 | till date | 13yr. | 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
HOD
Head of the Department
Y.M.T. Ayurvedic Medical
Hospital
Date: 30/12/2023
Kharghar, Navi Mumbai.


Sign & Stamp
VD. SANJEEV YADAV
Dean/Principal/Head of Institute
Dr. G. D. POL FOUNDATION
Y.M.T. AYURVEDIC MEDICAL COLLEGE AND HOSPITAL
Date: 30/12/2023
Institutional Area Sector - 4,
Kharghar, Navi Mumbai - 410 210..

ANNEXURE- XIV- A

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:- Ksharsutra Chikitsa

This to Certify that **Vd. Chavan Dnyanshwar Dattarao- HOD & Associate Professor** has worked in the Department of **Shalya tantra** Training Centre as per following details

E) General Experience


| Designation | From | To | Total period Year/Months | |
|---------------------------|------------|------------|-----------------------------|------------|
| Asst. Professor | 1/9/2004 | 23/10/2009 | 5 yr. | 1 month. |
| Asso. Professor/Reader | 24/10/2009 | Till date | 13 yr. | 11 months. |

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


| Designation | From | To | Total period Year/Months | |
|---------------------------|------------|-----------|-----------------------------|------------|
| Asso. Professor/Reader | 24/10/2009 | Till date | 13 yr. | 11 months. |

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

Sign & Stamp


HOD
Department of Shalya Tantra
Y.M.T. Ayurvedic Medical
Hospital
Date: 30/12/2023
Kharghar, Navi Mumbai.

Sign & Stamp


V. S. K. RAO
PRINCIPAL
Dr. Dean/Principal/Head of Institute
Y.M.T. AYURVEDIC MEDICAL COLLEGE AND HOSPITAL
Institute No. 1
Date: 30/12/2023
Kharghar, Navi Mumbai - 410 210..

ANNEXURE- XIV- A

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:- Ksharsutra Chikitsa

This to Certify that **Vd. Tangade Varsha Ramrao – Assistant Professor** has worked in the Department of **Shalya Tantra** Training Centre as per following details

G) General Experience

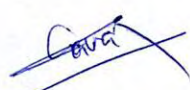
| Designation | From | To | Total period Year/Months | |
|-----------------|----------|-----------|-----------------------------|------|
| Asst. Professor | 7/9/2009 | Till date | 14yrs. | 3 m. |

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

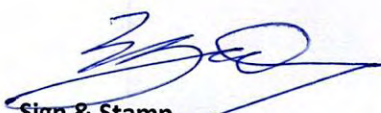
| Designation | From | To | Total period Year/Months | |
|-----------------|----------|-----------|-----------------------------|------|
| Asst. Professor | 7/9/2009 | Till date | 14yrs. | 3 m. |

(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


HOD
Department of Shalya Tantra
YMT Ayurvedic Medical
Date: 30/12/2023 Hospital
Kharghar, Navi Mumbai.

Sign & Stamp


VD. SANJEEV YADAV
Dean/Principal/Head of Institute
Dr. G. D. POL FOUNDATION
Date: 30/12/2023
Y.M.T. AYURVEDIC MEDICAL HOSPITAL
Institutional Area Sector - 4,
Kharghar, Navi Mumbai - 410 210..

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:- Ksharsutra Chikitsa

This to Certify that **Vd. Salunkhe Sharadkumar Yashavantra - Assistant Professor** has worked in the Department Of **Shalya Tantra** Training Centre as per following details

I) General Experience


| Designation | From | To | Total period | |
|-----------------|----------|-----------|--------------|--------|
| | | | Year | Months |
| Asst. Professor | 6/6/2014 | Till Date | 9 yr. | 6 m. |

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


| Designation | From | To | Total period | |
|-----------------|----------|-----------|--------------|-----------|
| | | | Year | Months |
| Asst. Professor | 6/6/2014 | Till date | 9yr. | 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


HOD
 Department of Shalya Tantra
 YMT Ayurvedic Medical
 College & Hospital
 Kharghar, Navi Mumbai.
 Date: 30/12/2023

Sign & Stamp


VD. SANJEEV YADAV
 PRINCIPAL
 Dean/Principal/Head of Institute
 Dr. G. D. POL FOUNDATION
 Y.M.T. AYURVEDIC MEDICAL COLLEGE AND HOSPITAL
 Institutional Area Sector - 4,
 Kharghar, Navi Mumbai - 410 210..
 Date: 30/12/2023

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