

Annexure IX

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2025-2026

(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
1	Fellowship Course in Ksharsutra Chikitsa	2005 (CARD –Course)	10	Dr. Yadav Sanjeev Rangrao -9322456999
2				Vd. Badole Shubhangi Prashant-9167750838
3				Vd. Chavan Dhyaneshwar Dattarao-9822221585
4				Vd. Tangade Varsha Ramrao-9920798297
5				

(Attach separate List if necessary)

Annexure X For Fellowship Teaching Certificate

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 :- Fellowship Course of Ksharsutra Chikitsa

This to Certify that **Dr. Sanjeev Rangrao Yadav** 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	01/10/1999	31/12/2006	7 Years	2 Months
Professor	01/01/2007	till date	30 Years	04 Months

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

Designation	From	To	Total period Year/Months
Professor	2005	Till Date	19 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

Department of Shalya Tantra

Y.M.T. Ayurvedic Medical

Hospital

Kharghar, Navi Mumbai.

Date: 22/07/2025

Name of Visitors

Chairman

Member

Member

Member

Sign & Stamp

Dean/Principal/Head of Institute

Y.M.T. AYURVEDIC MEDICAL COLLEGE AND HOSPITAL

Institutional Area Sector - 4,

Kharghar, Navi Mumbai - 410 210.

Date: 22/07/2025

Signature of Visitors

Annexure X
For Fellowship Teaching Certificate

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 :- Fellowship Course of Ksharsutra Chikitsa

This to Certify that **Vd. Badole Shubhangi Prashant** 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	26/7/2003	14/5/2010	7 yr.	2 months
Asso. Professor/Reader	15/5/2010	to till date	21yr.	6 months

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

Designation	From	To	Total period Year/Months
Asso. Professor/Reader	15/5/2010	till date	12yr. 7 Mon.

(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: 20/2/2025

Name of Visitors
Chairman
Member
Member
Member

Sign & Stamp
Dean/Principal/Head of Institute

Date: 20/02/2025

Signature of Visitors

Annexure X
For Fellowship Teaching Certificate

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 :- Fellowship Course of Ksharsutra Chikitsa

This to Certify that **Vd. Chavan Dyaneshwar Dattarao** 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	1/9/2004	23/10/2009	5 yr.	1 month.
Asso. Professor/Reader	24/10/2009	Till date	20 yr.	5 Mon.

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

Designation	From	To	Total period Year/Months
Asso. Professor/Reader	23/07/2013	Till date	11 yr. 6 Mon.

(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
Department of Shalya Tantra
Medical
College & Hospital
Kharghar, Navi Mumbai.
Date : 29/02/2025

Sign & Stamp
Dean/Principal/Head of Institute
Dr. G. D. POL FOUNDATION
Y.M.T. AYURVEDIC MEDICAL COLLEGE AND HOSPITAL
Date: 20/02/2025
Kharghar, Navi Mumbai - 410 210..

Name of Visitors
Chairman
Member
Member
Member

Signature of Visitors

Annexure X
For Fellowship Teaching Certificate

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 :- Fellowship Course of Ksharsutra Chikitsa

This to Certify that **Vd. Tangade Varsha Ramrao** 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	7/9/2009	Till date	15yrs.	4 month

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

Designation	From	To	Total period Year/Months
Asst. Professor	23/05/2011	Till date	13yrs. 8 Mon.

(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 : 24/02/2025

HOD
Department of Shalya Tantra
YMT Ayurvedic Medical
College & Hospital
Kharghar, Navi Mumbai.

Sign & Stamp
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: 24/02/2025

Name of Visitors
Chairman
Member
Member
Member

Signature of Visitors

Annexure IX

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2025-2026

(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
1	Fellowship Course in Ayurvedic Preventive Cardiology	2017-18	10	Vd. Vaidya Minal Shashikumar - 9323790371
2				Vd. Sathe Aparna Ninad - 9819216230
3				Vd. Pandey Mahesh Harishankar-9820006082
4				Vd. Pol Pramod Sarjerao-9594763942
5				

(Attach separate List if necessary)

Annexure X
For Fellowship Teaching Certificate

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 :- **Fellowship Course in Ayurvedic Preventive Cardiology**

This to Certify that **Vd. Vaidya Minal Shashikumar** has worked in the Department of **Kayachikitsa** 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	1 Months
Asso. Professor	01/10/1999	31/12/2006	7 Years	2 Months
Professor	01/01/2007	till date	30 Years	04 Months

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

Designation	From	To	Total period Year/Months
Professor	2017	Till date	8 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

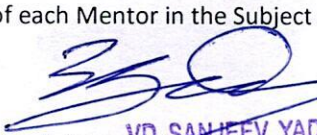
Date: 25/02/2025


HOD
Department of Kayachikitsa
Y.M.T. Ayurvedic Medical College & Hospital
Wagle Road, Navi Mumbai.

Sign & Stamp

Dean/Principal/Head of Institute

Date: 25/02/2025


VD. SANJEEV YADAV
PRINCIPAL
DE. G. D. POL FOUNDATION
Y.M.T. AYURVEDIC MEDICAL COLLEGE AND HOSPITAL
Institutional Area Sector - 4,
Wagle Road, Navi Mumbai - 410 210..

Name of Visitors

Chairman
Member
Member
Member

Signature of Visitors

Annexure X For Fellowship Teaching Certificate

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 :- Fellowship Course in Ayurvedic Preventive Cardiology

This to Certify that **Vd. Sathe Aparna Ninad** has worked in the Department of **Kayachikitsa** Training Centre as per following details

A) General Experience :-

Designation	From	To	Total period Year/Months	
Asst. Professor	01/10/2003	30/09/2008	5 Years	--
Asso. Professor	01/10/2008	Till Date	21 Years	4 Months

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

Designation	From	To	Total period Year/Months
Asso. Professor	2017	Till date	8 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 : 29/07/2025

(Signature)
HOD
Department of Kayachikitsa
Medical College & Hospital
Kharghar, Navi Mumbai.

Sign & Stamp

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 : 29/07/2025

Name of Visitors

Chairman
Member
Member
Member

Signature of Visitors

Annexure X For Fellowship Teaching Certificate

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 :- Fellowship Course in Ayurvedic Preventive Cardiology

This to Certify that **Vd. Pandey Mahesh Harishankar** has worked in the Department of **Kayachikitsa** Training Centre as per following details

A) General Experience :-

Designation	From	To	Total period Year/Months	
Asst. Professor	12/08/2009	03/11/2015	6 Years	2 Months
Asso. Professor	04/11/2015	Till Date	15 Years	5 Months

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

Designation	From	To	Total period Year/Months
Asso. Professor	2017	Till date	8 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: 20/02/2025

Name of Visitors

Chairman
Member
Member
Member

Sign & Stamp

Dean/Principal/Head of Institute

Date: 20/02/2025

Signature of Visitors

Annexure X
For Fellowship Teaching Certificate

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 :- **Fellowship Course in Ayurvedic Preventive Cardiology**

This to Certify that **Vd. Pol Pramod Sarjerao** has worked in the Department of **Kayachikitsa** Training Centre as per following details

A) General Experience :-

Designation	From	To	Total period Year/Months	
Asst. Professor	14/03/2014	Till Date	10 Years	10 Months

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

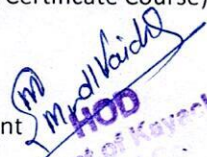
Designation	From	To	Total period Year/Months
Asst. Professor	2017	Till date	8 Yrs

(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 : 20/02/2025


HOD
Department of Kayachikitsa
Medical College & Hospital
YMT Ayurvedic Medical College and Hospital


Name of Visitors

Chairman
Member
Member
Member

Sign & Stamp

Dean/Principal/Head of Institute

Date: 20/02/2025


DR. SANJEEV YADAV
PRINCIPAL
DR. G. D. POL
Y.M.T. AYURVEDIC MEDICAL COLLEGE AND HOSPITAL
Institutional Area Sector - 4,
Khadgaon, Bhubaneswar - 751021

Signature of Visitors

Annexure IX

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2025-2026

(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
1	Fellowship Course in Child Health Care Management.	2017-18	10	Vd. Panot Bhavesh Nareshchandra - 9987076111
2				Vd. Rajput Sandeep Kisan - 9167133548
3				
4				
5				

(Attach separate List if necessary)

Annexure X
For Fellowship Teaching Certificate

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 :- Fellowship Course of Child Health Care Management

This to Certify that **Vd. Panot Bhavesh Nareshchandra** has worked in the Department of **Kaumarbhritya** 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	17 Years	06 Months

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

Designation	From	To	Total period Year/Months
Professor	2017	Till date	08 Yrs

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

विशाल प्रमुख
Sign & Stamp
Head of the Department
डॉ. जी. डी. पोल फाउंडेशन
येन्ना आयुर्वेद महाविद्यालय व रुग्णालय
Date: 20/02/2023
खारघर, नवी मुंबई

Name of Visitors
Chairman
Member
Member
Member

Sign & Stamp
V.D. SANJEEV YADAV
Dean/Principal/Head of Institute
DR. G. D. POL FOUNDATION
Y.M.T. AYURVEDIC MEDICAL COLLEGE AND HOSPITAL
Date: 20/02/2023
Kharghar, Navi Mumbai - 410 210..

Signature of Visitors

Annexure X
For Fellowship Teaching Certificate

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 :- Fellowship Course of Child Health Care Management

This to Certify that **Vd. Rajput Sandeep Kisan** has worked in the Department of **Kaumarbhritya** Training Centre as per r 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	12Years 4 Mon.

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

Designation	From	To	Total period Year/Months
Asso. Professor	15/12/2018	Till date	6 Yrs 01 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 : 20/02/2023

विभागाध्यक्ष

कौमार भ्रूत विभाग

डॉ. जी. डी. पोल फाउंडेशन

केन्द्रीय आयुर्वेद महाविद्यालय व रुग्णालय

आर्यभट्ट, नवी मुंबई

Sign & Stamp

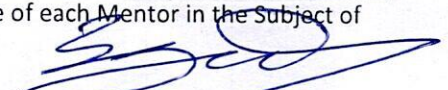
Dean/Principal/Head of Institute

Y.M.T. AYURVEDIC MEDICAL COLLEGE AND HOSPITAL

Institutional Area Sector - 4,

Kharghar, Navi Mumbai - 410 210.,

Date: 20/02/2023



Vd. SANJEEV YADAV

PRINCIPAL

Dean/Principal/Head of Institute

Y.M.T. AYURVEDIC MEDICAL COLLEGE AND HOSPITAL

Institutional Area Sector - 4,

Kharghar, Navi Mumbai - 410 210.,

Date: 20/02/2023

Name of Visitors

Chairman

Member

Member

Member

Signature of Visitors

Annexure IX

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2025-2026

(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
1	Fellowship Course in Women's And Maternal Health Care	2017-18	10	Vd. Mehere Seema Chandrakant -9930940403
2				Vd. Dhandekar Pranali Namdeo -9619020010
3				Vd. Bhatt Jeny/ Bhadane Janhavi - 9167541086
4				
5				

(Attach separate List if necessary)

Annexure X For Fellowship Teaching Certificate

**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 :- **Fellowship Course of Women's And Maternal Health Care**

This to Certify that **Vd. Mehre Seema Chandrakant** has worked in the Department of **Women's And Maternal Health Care** Training Centre as per following details

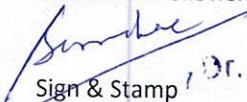
A) General Experience :-

Designation	From	To	Total period Year/Months	
Asst. Professor	01/06/1999	31/03/2004	5 Years	10 Months
Asso. Professor	01/04/2004	30/06/2009	10 Years	4 Months
Professor	01/07/2009	till date	25 Years	08 Months

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


Designation	From	To	Total period Year/Months
Professor	2017	Till date	8 Yrs 1 Month

(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
Dr. Seema Mehre
M.D. (Ayu)
 Professor and HOD
 Dept of Prasuti Tantra And Stri Rog
 Dr. G. D. Pol Foundations
 Y.M.T. Ayurvedic Medical College
 And Hospital Kharghar
 Date: 20/02/2025

Name of Visitors

Chairman
 Member
 Member
 Member


 Sign & Stamp
 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: 20/02/2025

Signature of Visitors

Annexure X For Fellowship Teaching Certificate

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 :- **Fellowship Course of Women's And Maternal Health Care**

This to Certify that **Vd. Dandekar Pranali Namdeo** has worked in the Department of **Women's And Maternal Health Care** Training Centre as per r following details

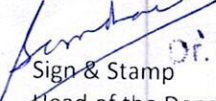
A) General Experience :-

Designation	From	To	Total period Year/Months	
Asst. Professor	01/08/2006	03/11/2007	8 Years	6 Months
	02/02/2012	30/11/2015		
Asso. Professor	01/12/2015	Till Date	17 Years	8 Months

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


Designation	From	To	Total period Year/Months
Asso. Professor	2017	Till date	8 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
Dr. Seema Menere
 M.D. (Ayu)
 Professor and HOD
 Dept of Prasuti Tantra And Stri Rog
 G. D. Pol Foundations
 Ayurvedic Medical College
 Hospital Kharghar
 Date: 20/02/2018

Name of Visitors

Chairman
 Member
 Member
 Member


 Sign & Stamp
 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: 20/02/2018

Signature of Visitors

Annexure X For Fellowship Teaching Certificate

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 :- Fellowship Course of Women's And Maternal Health Care

This to Certify that **Vd. Bhatt Jeny/ Bhadane Janhavi** has worked in the Department of **Women's And Maternal Health Care** Training Centre as per r following details

A) General Experience :-

Designation	From	To	Total period Year/Months	
Asst. Professor	15/09/2014	17/12/2015	10 Years	4 Months
	18/12/2015	Till Date		

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

Designation	From	To	Total period Year/Months
Asst. Professor	2017	Till date	8 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

Seema Menere
M.D. (Ayu)

Professor and HOD

Date: / /

G. D. Pol Foundations

Yayurvedic Medical College

Hospital Kharghar

Name of Visitors

Chairman

Member

Member

Member

Sign & Stamp

VD. SANJEEV YADAV
Dean/Principal/Head of Institute

DR. G. D. POL FOUNDATION

Y.M.T. AYURVEDIC MEDICAL COLLEGE AND HOSPITAL

Date: / /
Institutional Area Sector - 4,
Kharghar, Navi Mumbai - 410 210..

Signature of Visitors

Annexure IX

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2025-2026

(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
1	Fellowship Course in Panchkarma	2009-2010	10	Dr. Gholap Kalpana Nilesh -9833971482
2				Vd. Chavan Amit Ashok - 8793263413
3				
4				
5				

(Attach separate List if necessary)

Annexure X
For Fellowship Teaching Certificate

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 :- Fellowship Course of Panchkarma

This to Certify that **Dr. Gholap Kalpana Nilesh** has worked in the Department of **Panchkarma** Training Centre as per r following details


A) General Experience :-

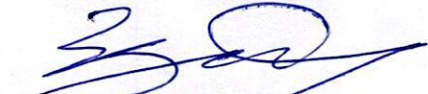
Designation	From	To	Total period Year/Months	
Asst. Professor	07/08/2010	31/05/2018	7 Years	9 Months
Asso. Professor	01/06/2018	25/12/2023	13 Years	4 Months
Professor	26/12/2023	till date	14 Years	05 Months

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

Designation	From	To	Total period Year/Months
Professor	07/08/2010	Till date	14 Yrs 5 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
रुग्णालय आणि महाविद्यालय
खारघर, नवी मुंबई - ४१० २१०
Date : 20/05/2025


Sign & Stamp
Dean/Principal/Head of Institute
D. SANJEEV YADAV
G. D. POL FOUNDATION
Y.M.T. AYURVEDIC MEDICAL COLLEGE AND HOSPITAL
Institutional Area Sector - 4,
Date: 20/05/2025
Kharghar, Navi Mumbai - 410 210..

Name of Visitors
Chairman
Member
Member
Member

Signature of Visitors

Annexure X For Fellowship Teaching Certificate

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 :- Fellowship Course of Panchkarma

This to Certify that **Vd. Chavan Amit Ashok** has worked in the Department of Panchkarma Training Centre as per r following details


A) General Experience :-

Designation	From	To	Total period Year/Months	
Asst. Professor	27/02/2013	02/01/2019	5 Years	10 Months
Asso. Professor	03/01/2019	Till Date	11 Years	11 Months


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

Designation	From	To	Total period Year/Months
Asso. Professor	27/02/2013	Till date	11 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
 Head of the Department
 रुग्णालय आणि महाविद्यालय
 स्नातकोत्तर विभाग
 खारघर, नवी मुंबई - ४१० २१०
 Date: 20/02/2025

Name of Visitors
 Chairman
 Member
 Member
 Member


 Sign & Stamp **VD. SANJEEV YADAV**
 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: 20/02/2025

Signature of Visitors