

Annexure II (PG)

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2026-2027

(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. Rajput Sandeep Kisan- 9167133548
2				Vd. Amin Mithila Vijaykumar - 9969947997
3				Vd. Pandilwar Raghavendra Nandkumar - 9699365567
4				Vd. Sawant Sonia Madhukar - 9869262410
5				Pawar Prasad Arun - 7303462200
6				Sreelakshmi K. - 9539999789

(Attach separate List if necessary)

**Annexure III(PG)
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 **Dr. Sanjeev Rangrao Yadav** has worked in the Department of **Shalya Tantra** Training Centre as per following details

A) General Experience :-

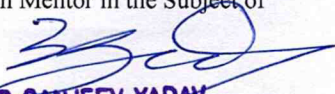
Designation	From	To	Total period Year/Months	
Asst. Professor	29/09/1994	30/09/1999	5 Years	---
Asso. Professor	01/10/1999	31/12/2006	7 Years	2 Months
Professor	01/01/2007	till date	19 Years	01 Months
Principal	07/06/2012	Till date	13 Yrs	08 month

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

Designation	From	To	Total period Year/Months
Professor	2005	Till Date	20 Yrs.

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


DR. SANDEEP K. RAJPUT
Sign & Stamp
HOD - Professor
Head of the Department
KAUMARBHARITYA - BALROG
G.D.POL FOUNDATION
Y.M.T.A.M.C.
Reg No. 1-55533-A
Date: 13/03/2026


V.D. SANJEEV YADAV
PRINCIPAL
Sign & Stamp
G.D.POL FOUNDATION
Dean/Principal/Head of
Y.M.T. AYURVEDIC MEDICAL COLLEGE AND HOSPITAL
Institutional Area Sector - 4,
Kharghar, Navi Mumbai - 410 210..
Date: 13/03/2026

Name of Visitors
Chairman
Member
Member
Member

Signature of Visitors

**Annexure III(PG)
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	01/06/2025	8 Years 3 Mon.
Professor	02/06/2025	Till date	8 months

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


Designation	From	To	Total period Year/Months
Professor	15/12/2018	Till date	6 Yrs 02 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
DR. SANDEEP K. RAJPUT
Head of the Department
HOD. Professor
KAUMARBHRITYA - BALROG
G.D. POL FOUNDATION
Y.M.T.A.M.C.
Reg No. I-55533-A

Date : 13/03/2026

Name of Visitors
Chairman
Member
Member
Member


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

Date: 13/03/2026

Signature of Visitors

**Annexure III(PG)
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. Amin Mithila Vijaykumar** 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	01/12/2014	05/09/2020	5 Years 3 mon
Asso. Professor/Reader	06/07/2021	31/03/2026	4 Years 9 Mon.
Professor	01/04/2026	Till date	15 days

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

Designation	From	To	Total period Year/Months
Professor	06/07/2021	Till date	4 Yrs 9 Months 15 days

(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. SANDEEP K. RAJPUT
HOD. Professor
KAUMARBHRITYA - BALRUG
G.D.POL FOUNDATION
Y.M.T.A.M.C.
Reg No. I-55533-A
Date : 15/04/2026


Sign & Stamp
Dear/Principal/Head of Institution
V.D. SANJEEV YADAV
PRINCIPAL
Y.M.T. AYURVEDIC MEDICAL COLLEGE AND HOSPITAL
Institutional Area Sector - 4,
Kharghar, Navi Mumbai - 410 210..

Date: 15/04/2026

Name of Visitors
Chairman
Member
Member
Member

Signature of Visitors

**Annexure III(PG)
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. Pandilwar Raghavendra Nandkumar** has worked in the Department of **Kaumarbhritya** Training Centre as per r following details

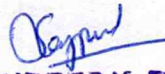
A) General Experience

Designation	From	To	Total period Year/Months
Asst. Professor	02/01/2017	01/05/2022	5 Years 4 mon
Asso. Professor/Reader	02/05/2022	Till date	3 Years 11 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 02 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. SANDEEP K. RAJPUT
Sign & Stamp
HOD, Professor
Head of the Department
KAUMARBHRITYA-BALROG
G.D.POL FOUNDATION
Y.M.T.A.M.C.
Reg No. I-55533-A

Date : 13 / 03 / 2026


VD. SANJEEV YADAV
Sign & Stamp
Dean/Principal/Head of Institute
PRINCIPAL
Dr. G. D. POL FOUNDATION
Y.M.T. AYURVEDIC MEDICAL COLLEGE AND HOSPITAL
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Kharghar, Navi Mumbai - 410 210..

Date: 13 / 03 / 2026

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Member
Member

Signature of Visitors

**Annexure III(PG)
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. Sawant Sonia Madhukar** has worked in the Department of **Kaumarebhritya** Training Centre as per r following details


A) General Experience


Designation	From	To	Total period Year/Months
Asst. Professor	8/2/2017	14/2/2019	2 Years
Asst. Professor	15/2/2019	25/3/2020	1 yr. 1m
Asst. Professor	2/5/2020	6/1/2025	4 years 8m.
Asst. Professor	9/1/2025	9/1/2025	1 day
Asso. Professor	10/1/2025	Till date	1 Years 1 Mon.

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

Designation	From	To	Total period Year/Months
Asso. Professor	2025	Till date	1 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)


DR. SANDEEP K. RAJPUT
Sign & Stamp
Head of the Department
KAUMAREHRITYA - BALROG
G.D.POL FOUNDATION
Y.M.T.A.M.C.
Reg No. I-55533-A


VD. SANJEEV YADAV
Sign & Stamp
Head of the Department
G.D.POL FOUNDATION
Y.M.T. AYURVEDIC MEDICAL COLLEGE AND HOSPITAL
Institutional Area Sector - 4,
Kharghar, Navi Mumbai - 410 210..

Date : 13 / 03 / 2026

Date: 13 / 03 / 2026

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Member
Member
Member

Signature of Visitors

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Director/Mentor**

Title of the Course applied :- **Fellowship Course of Child Health Care Management**

This to Certify that **Vd. Pawar Prasad Arun** 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	01/09/2023	Till date	2 Years 5 mon

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


Designation	From	To	Total period Year/Months
Asst. Professor	01/09/2023	Till date	2 Years 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)


DR. SANDEEP K. RAJPUT
Head of the Department
Asst. Professor
KAUMARBHRITYA - BALROG
G.D.POL FOUNDATION
Y.M.T.A.M.C.
Reg No. I-55533-A

Date : 13/03/2026

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Chairman
Member
Member
Member


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

Date: 13/03/2026

Signature of Visitors

**Annexure III(PG)
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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. Sreelakshmi K.** 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	06/01/2025	Till date	1 Years 1 mon

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

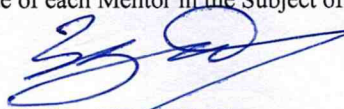
Designation	From	To	Total period Year/Months
Asst. Professor	06/01/2025	Till date	1 Years 1 Month

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


DR. SANDEEP K. RAJPUT
Sign & Stamp
HOD, Professor
Head of the Department
KAUMARBHRITYA - BALROG
G.D.POL FOUNDATION
Y.M.T.A.M.C.
Reg No. I-55533-A

Date : 13/03/2026

Name of Visitors
Chairman
Member
Member
Member


VD. SANJEEV YADAV
Sign
PRINCIPAL
Dean/Principal/Institute
G.D.POL FOUNDATION
Y.M.T. AYURVEDIC MEDICAL COLLEGE AND HOSPITAL
Institutional Area Sector - 4,
Kharghar, Navi Mumbai - 410 210..

Date: 13/03/2026

Signature of Visitors

Annexure II (PG)

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2026-2027

(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				Vd. Hitendra Atmaram Bhadane- 9224256171
4				Vd. Kaur Amandeep - 9820985018
5				Vd. Damodar Purshottam Dukle - 7506095977
6				Vd. Umanka Pranshul Ray - 8976461421

(Attach separate List if necessary)

**Annexure III(PG)
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. 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	19 Years	01 Months
Principal	07/06/2012	Till date	13 Yrs	08 month

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

Designation	From	To	Total period Year/Months
Professor	2005	Till Date	20 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
Dr. KALPANA GHOLE M.D. (AYU)
 Head of the Department
PROFESSOR
HOD PANCHAKRMA DEPT.
Y.M.T. AYURVEDIC COLLEGE AND HOSPITAL
KHARGHAR, NAVI MUMBAI
 Date : 12/03/2026


VD. SANJEEV YADAV
 Sign & Stamp
PRINCIPAL
 Dean, Panchakarma Department
Y.M.T. AYURVEDIC MEDICAL COLLEGE AND HOSPITAL
 Institutional Area Sector - 4,
Kharghar, Navi Mumbai - 410 210..

Date: 12/03/2026

Name of Visitors
 Chairman
 Member
 Member
 Member

Signature of Visitors

**Annexure III(PG)
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. 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	8 Months
Asso. Professor	01/06/2018	25/12/2023	5 Years	7 Months
Professor	26/12/2023	till date	2 Years	02 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	15 Yrs 7 Months

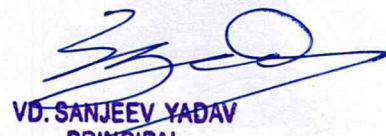
(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)



Sign & Stamp
Head of the Department

Vd. Gholap Kalpana Nilesh M.D. (AYU)
PROFESSOR
HOD PANCHAKRMA DEPT.
Y.M.T. AYURVEDIC COLLEGE AND HOSPITAL
KHARGHAR, NAVI MUMBAI

Date : 13/03/2028



VD. SANJEEV YADAV

PRINCIPAL

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: 13/03/2028

Name of Visitors

Chairman
Member
Member
Member

Signature of Visitors

**Annexure III(PG)
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	7 Years	1 Month

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	12 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
Dr. KALPANA GHOLE M.D. (AYU)
PROFESSOR
HOD PANCHAKRMA DEPT.
Y.M.T. AYURVEDIC COLLEGE AND HOSPITAL
KHARGHAR, NAVI MUMBAI

Date : 13 / 03 / 2026

Name of Visitors
Chairman
Member
Member
Member


Sign & Stamp
V.D. SANGEET YADAV
PRINCIPAL
Dean/Principal 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: 13 / 03 / 2026

Signature of Visitors

**Annexure III(PG)
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. Hitendra Atmaram Bhadane** has worked in the Department of **Panchkarma** Training Centre as per following details

A) General Experience :-

Designation	From	To	Total period Year/Months	
Asst. Professor	1/2/2017	25/12/2023	6 Years	10 Months
Asso. Professor	26/12/2023	Till Date	2 Years	2 Month

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

Designation	From	To	Total period Year/Months
Asso. Professor	1/2/2017	Till date	9 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 Department
Dr. KALPANA CHOLAP M.D. (AYU)
PROFESSOR
HOD PANCHAKRMA DEPT.
Y.M.T. AYURVEDIC COLLEGE AND HOSPITAL
KHARGHAR, NAVI MUMBAI

Date : 13 / 03 / 2026

Name of Visitors
Chairman
Member
Member
Member

Sign & Stamp
Principal
Dean/Principal/Head of Institute
Dr. G. D. POL FOUNDATION
Y.M.T. AYURVEDIC MEDICAL COLLEGE AND HOSPITAL
Institutional Area Sector - 4,
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Date: 13 / 03 / 2026

Signature of Visitors

**Annexure III(PG)
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. Kaur Amandeep** 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	1/2/2019	Till Date	7 Years	--

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

Designation	From	To	Total period Year/Months
Asst. Professor	1/2/2019	Till date	7 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. KALPANA GHOSH M.D. (AYU)
PROFESSOR
HOD PANCHAKRMA DEPT.
M.T. AYURVEDIC COLLEGE AND HOSPITAL
KHARGHAR, NAVI MUMBAI**

Date : 13 / 03 / 2026



VD. SANJEEV YADAV
Sign & Stamp

Dean/Principal (Head of Institute)
D.P.C.D. POL FOUNDATION

**Y.M.T. AYURVEDIC MEDICAL COLLEGE AND HOSPITAL
Institutional Area Sector - 4,
Kharghar, Navi Mumbai - 410 210..**

Date: 13 / 03 / 2026

Name of Visitors

Chairman
Member
Member
Member

Signature of Visitors

**Annexure III(PG)
For Fellowship Teaching Certificate**

**Information to be submitted with respect to newly appointed mentors
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Director/Mentor**

Title of the Course applied :- **Fellowship Course of Panchkarma**

This to Certify that **Vd. Damodar Purshottam Dukle** 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	30/12/2023	Till Date	2 Years	2 Months

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

Designation	From	To	Total period Year/Months
Asst. Professor	30/12/2023	Till date	2 Yrs 2m

(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. KALPANA GHOLAP M.D. (AYU)
PROFESSOR
MOD PANCHAKRMA DEPT.
Y.M.T. AYURVEDIC COLLEGE AND HOSPITAL
KHARGHAR, NAVI MUMBAI

Date : 13 / 03 / 2026

Name of Visitors
Chairman
Member
Member
Member


Sign & Stamp

V.D. SANJEEV YADAV
PRINCIPAL
Dean/Principal/Head of Institute
Dr. G. D. POL FOUNDATION
Y.M.T. AYURVEDIC MEDICAL COLLEGE AND HOSPITAL
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**Annexure III(PG)
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**Information to be submitted with respect to newly appointed mentors
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Director/Mentor**

Title of the Course applied :- **Fellowship Course of Panchkarma**

This to Certify that **Vd. Umanka Pranshul Ray** has worked in the Department of **Panchkarma** Training Centre as per following details


A) General Experience :-

Designation	From	To	Total period Year/Months	
Asst. Professor	12/04/2021	24/03/2023	2 Yrs	1m
consultant	25/3/2023	25/9/2023	--	6m
Asst. Professor	26/9/2023	8/4/2025	1 yr.	7m.
Asst. Professor	8/12/2025	Till Date	--	2m

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

Designation	From	To	Total period Year/Months
Asst. Professor	8/12/2025	Till date	2m.

(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. KALPANA GHOLE M.D. (AYU)
PROFESSOR
HOD PANCHAKRMA DEPT.
Y.M.T. AYURVEDIC COLLEGE AND HOSPITAL
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V.D. SANJEEV YADAV
PRINCIPAL
Dr. G. D. POL FOUNDATION
Y.M.T. AYURVEDIC MEDICAL COLLEGE AND HOSPITAL
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Annexure II (PG)

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2026-2027

(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				Vd. Jagtap Pravin Gopinath 9890902106

(Attach separate List if necessary)

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

Title of the Course applied :- **Fellowship Course in Ayurvedic Preventive Cardiology**

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	19 Years	01 Months
Principal	07/06/2012	Till date	13 Yrs	08 month

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

Designation	From	To	Total period Year/Months
Professor	2005	Till Date	20 Yrs.

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

Minal Vaidya
Sign & Stamp
Head of the Department
Institute

DR. MINAL S. VAIDYA
M.D. (Ayurveda) (P.H.D.) - AYU) Mum.
Reg. No. 121688A1
103
Department of Ayurveda
Dr. G. D. P. FOUNDATION
Y.M.T. AYURVEDIC MEDICAL COLLEGE & HOSPITAL
Institutional Area, Sector - 4,
Kharghar, Navi Mumbai - 410 210

Date : 13/03/2026

Name of Visitors
Chairman
Member
Member
Member

Sanjeev Yadav
Sign & Stamp

VD. SANJEEV YADAV
PRINCIPAL
Dr. G. D. P. FOUNDATION
Y.M.T. AYURVEDIC MEDICAL COLLEGE AND HOSPITAL
Institutional Area Sector - 4,
Kharghar, Navi Mumbai - 410 210..

Date: 13/03/2026

Signature of Visitors

**Annexure III(PG)
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	19 Years	1 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	9 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
Institute

Date: 13/08/2026

DR. MINAL SHASHIKUMAR
MD (Kayachikitsa - AYU) Mum.
Reg. No. I-21683 A1
HOD
Department of Kayachikitsa
Dr. G. D. POL FOUNDATION
Y.M.T. AYURVEDIC MEDICAL COLLEGE & HOSPITAL
Institutional Area, Sector 4,
Kharghar, Navi Mumbai 410 210

Name of Visitors
Chairman
Member
Member
Member

VD. SANJEEV YADAV

Sign & Stamp
PRINCIPAL
Dr. G. D. POL FOUNDATION
Dean/Principal/Head of

Y.M.T. AYURVEDIC MEDICAL COLLEGE AND HOSPITAL
Institutional Area Sector - 4,
Kharghar, Navi Mumbai - 410 210..

Date: 13/08/2026

Signature of Visitors

**Annexure III(PG)
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	17 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

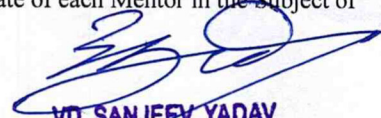
(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of concerned Fellowship/Certificate Course)

Sign & Stamp
Head of the Department
Institute

DR. S. S. VAIDYA
HOD
Department of Kayachikitsa
Y.M.T. AYURVEDIC MEDICAL COLLEGE & HOSPITAL
Institutional Area, Sector - 4,
Kharghar Navi Mumbai 410 210

Date: 13/03/2026

Name of Visitors
Chairman
Member
Member
Member



VD. SANJEEV YADAV
Sign & Stamp
Principal
Dr. S. S. VAIDYA FOUNDATION
Y.M.T. AYURVEDIC MEDICAL COLLEGE AND HOSPITAL
Institutional Area Sector - 4,
Kharghar, Navi Mumbai - 410 210..
Date: 13/03/2026

Signature of Visitors

**Annexure III(PG)
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	10 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	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)

M. Vaidya
DR. MAHESH HARISHANKAR, VAIDYA
 Sign & Stamp
 Head of the Department
 Institute
 Reg. No. 1-21683A1
 HOD
 Department of Kayachikitsa
 Dr. G.D. POL FOUNDATION
 Y.M.T. AYURVEDIC MEDICAL COLLEGE & HOSPITAL
 Institutional Area, Sector 4
 Kharghar, Navi Mumbai - 410 210

[Signature]
VD. SANJEEV YADAV
 Sign & Stamp
PRINCIPAL
 Dr. G.D. POL FOUNDATION
 Dean/Principal/Head of
 Y.M.T. AYURVEDIC MEDICAL COLLEGE AND HOSPITAL
 Institutional Area Sector - 4,
 Kharghar, Navi Mumbai - 410 210..

Date: 13 / 03 / 2026

Signature of Visitors

- Name of Visitors**
 Chairman
 Member
 Member
 Member

**Annexure III(PG)
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	08/12/2025	11 Years	9 Months
Asso. Professor	09/12/2025	Till Date	--	2 Months

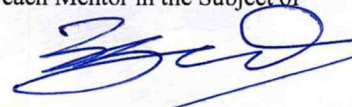
B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-

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)

DR. P. N. VAIDYA
MD (Kayachikitsa - AYU) Mum.
1983
21683 A1
Sign & Stamp
Head of the Department
Department of Kayachikitsa
Dr. G. D. POL FOUNDATION
Y.M.T. AYURVEDIC MEDICAL COLLEGE & HOSPITAL
Institutional Area, Sector 4
Kharghar, Mumbai - 410 210
Date: 13/03/2026

Name of Visitors
Chairman
Member
Member
Member


VD. SANJEEV YADAV
Sign & Stamp
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: 13/03/2026

Signature of Visitors

**Annexure III(PG)
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. Pravin Gopinath Jagtap** 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	06/02/2017	Till Date	9 Years

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	9 Yrs

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

Md/Vaidya

Sign & Stamp
Head of the Department

DR. MINAL C. VADYA
MD (Kayachikitsa -AYU) Mum.
Reg. No. I-21683 A1
HOD

Department of Kayachikitsa
Dr G D POL FOUNDATION
Date: 13 / 03 / 2026

Y.M.T. AYURVEDIC MEDICAL COLLEGE & HOSPITAL
Institutional Area, Sector 4
Kharghar, Navi Mumbai - 410 210

Name of Visitors
Chairman
Member
Member
Member



VD. SANJEEV YADAV
Sign & Stamp

DR. G. D. POL FOUNDATION
Y.M.T. AYURVEDIC MEDICAL COLLEGE AND HOSPITAL
Institutional Area Sector - 4,
Kharghar, Navi Mumbai - 410 210..

Date: 13 / 03 / 2026

Signature of Visitors

Annexure II (PG)

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2026-2027

(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. Nishigandha Pirajirao Bhavake - 8108150590
4				Vd. Bhatt Jeny/ Bhadane Janhavi - 9167541086
5				Vd. Poonam Ramdutt Nagvanshi - 8828377538
6				Vd. Kajal Ashok Modhave - 7304080813

(Attach separate List if necessary)

**Annexure III(PG)
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	19 Years	01 Months
Principal	07/06/2012	Till date	13 Yrs	08 month

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

Designation	From	To	Total period Year/Months
Professor	2005	Till Date	20 Yrs.

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

Seema Mehere
Dr. Seema Mehere
 Sign & Stamp
 Head of the Department
 M.D. (AYU)
 Professor and HOD
 Dept of Prasuti Tantra And Stri Rog
 D. Pol Foundations
 Ayurvedic Medical College
 Date: 12/03/2026
 And Hospital Kharghar

VD. Sanjeev Yadav
VD. SANJEEV YADAV
 Sign & Stamp
 PRINCIPAL
 Dear/Principal/Head of Institute
Y.M.T. AYURVEDIC MEDICAL COLLEGE AND HOSPITAL
 Institutional Area Sector - 4,
 Kharghar, Navi Mumbai - 410 210..

Date: 12/03/2026

Name of Visitors
 Chairman
 Member
 Member
 Member

Signature of Visitors

Annexure III(PG)

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. Mehere 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	--
Asso. Professor	01/04/2004	30/06/2009	5 Years	2 Months
Professor	01/07/2009	till date	16 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	9 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)


Dr. Seema Menere
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: 13/03/2026


VD. SANJEEV YADAV
Principal
Dr. G. D. Pol Foundations
Y.M.T. AYURVEDIC MEDICAL COLLEGE AND HOSPITAL
Institutional Area Sector - 4,
Kharghar, Navi Mumbai - 410 210..

Date: 13/03/2026

Name of Visitors
Chairman
Member
Member
Member

Signature of Visitors

Annexure III(PG)

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

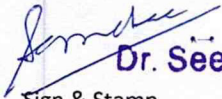
A) General Experience :-

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	10 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	2017	Till date	9 Yrs


(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 Menere
M.D. (Ayu)
Professor and HOD
Department of Prasuti Tantra And Stri Rog
D. G. D. Pol Foundations
Ayurvedic Medical College
Hospital Kharghar

Date : 13/03/2026

Name of Visitors

Chairman
Member
Member
Member


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

Date: 13/03/2026

Signature of Visitors

Annexure III(PG)

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. Nishigandha Pirajirao Bhavake** has worked in the Department of **Women's And Maternal Health Care** Training Centre as per r following details

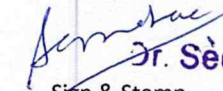
A) General Experience :-

Designation	From	To	Total period Year/Months	
Asst. Professor	01/09/2017	01/05/2024	6 Years	8 Months
Asso. Professor	02/05/2024	Till Date	1 Years	9 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 5m.

(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 Menere
M.D. (Ayu)
Professor and HOD
Dept of Prasuti Tantra And Stri Rog
Pol Foundations
Y.M.T. Ayurvedic Medical College
And Hospital Kharghar

Date : 13/03/2026


VD. SANJEEV YADAV
PRINCIPAL
Dea/D/PO FOUNDATION
Y.M.T. AYURVEDIC MEDICAL COLLEGE AND HOSPITAL
Institutional Area Sector - 4,
Kharghar, Navi Mumbai - 410 210..

Date: 13/03/2026

Name of Visitors

Chairman
Member
Member
Member

Signature of Visitors

Annexure III(PG)

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	11 Years	6 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	9 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 Mehere
M.D. (Ayu)
Professor and HOD
Dept of Prasuti Tantra And Stri Rog
Pol Foundations
Ayurvedic Medical College
Hospital Kharghar
Date: 13/03/2026


Sign & Stamp
Dear/Principal/Head of Institute
PRINCIPAL
D. G. D. POL FOUNDATION
Y.M.T. AYURVEDIC MEDICAL COLLEGE AND HOSPITAL
Institutional Area Sector - 4,
Kharghar, Navi Mumbai - 410 210..
Date: 13/03/2026

Name of Visitors
Chairman
Member
Member
Member

Signature of Visitors

Annexure III(PG)

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. Poonam Ramdutt Nagvanshi** has worked in the Department of **Women's And Maternal Health Care** Training Centre as per r following details

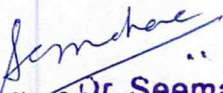
A) General Experience :-


Designation	From	To	Total period Year/Months	
Asst. Professor	8/4/2023	12/9/2023	2 Years	2 Months
	13/5/2024	Till Date		

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

Designation	From	To	Total period Year/Months
Asst. Professor	2024	Till date	1 Yrs 9m

(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: 13/03/2026


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

Date: 13/03/2026

Name of Visitors
Chairman
Member
Member
Member

Signature of Visitors

Annexure III(PG)

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. Modhave Kajal Ashok** 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	02/06/2025	Till Date	--	8m.

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

Designation	From	To	Total period Year/Months
Asst. Professor	2/6/2025	Till date	8m

(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 Mehere

M.D. (Ayu)

Professor and HOD

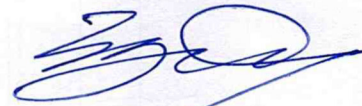
Dep of Prasuti Tantra And Stri Rog:

Di : Pol Foundations

Y.M.T. Ayurvedic Medical College

Y.M.T. Hospital Kharghar.

Date: 12/03/2026



VD. SANJEEV YADAV

Sign PRINCIPAL

Head of the Department

Y.M.T. AYURVEDIC MEDICAL COLLEGE AND HOSPITAL

Institutional Area Sector - 4,

Kharghar, Navi Mumbai - 410 210..

Date: 12/03/2026

Name of Visitors

Chairman

Member

Member

Member

Signature of Visitors

Annexure II (PG)

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2026-2027

(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. Sadgune Shilpak Sunil - 9503448573
5				Vd. Tangade Varsha Ramrao- 9920798297
				Vd. Vipin Krishnan C - 9048835545

(Attach separate List if necessary)

Annexure III(PG)
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 :-

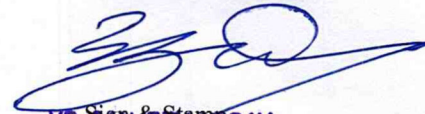
Designation	From	To	Total period Year/Months	
Asst. Professor	29/09/1994	30/09/1999	5 Years	---
Asso. Professor	01/10/1999	31/12/2006	7 Years	2 Months
Professor	01/01/2007	till date	19 Years	01 Months
Principal	07/06/2012	Till date	13 Yrs	08 month

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

Designation	From	To	Total period Year/Months
Professor	2005	Till Date	20 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
YMT Ayurvedic Medical
College & Hospital
Kharghar, Navi Mumbai.
Date: 13/03/2026


VD. SANJEEV YADAV
Dean/Principal 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: 13/03/2026

Name of Visitors
Chairman
Member
Member
Member

Signature of Visitors

**Annexure III(PG)
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	15yr.	9 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	15yr. 9 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
YMT Ayurvedic Medical
College & Hospital
Kharghar, Navi Mumbai.

Date : 13 / 03 / 2026

Name of Visitors
Chairman
Member
Member
Member

Sign & Stamp
VD. SANJEEV YADAV
Dean/Principal 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: 13 / 03 / 2026

Signature of Visitors

**Annexure III(PG)
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	16 yr.	3 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	12 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
YMT Ayurvedic Medical
College & Hospital
Kharghar, Navi Mumbai.

Date : 13/03/2026

Name of Visitors
Chairman
Member
Member
Member


Vd. SANJEEV YADAV
PRINCIPAL
Department of Foundation Institute
Y.M.T. AYURVEDIC MEDICAL COLLEGE AND HOSPITAL
Institutional Area Sector - 4,
Kharghar, Navi Mumbai - 410 210..

Date: 13/03/2026

Signature of Visitors

**Annexure III(PG)
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. Sadgune Shilpak Sunil** 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	1/2/2016	31/05/2022	6yrs.	4 month
Asso. Professor	01/06/2022	Till date	3yrs.	8 month

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

Designation	From	To	Total period Year/Months
Asso. Professor	1/2/2016	Till date	10 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
YMT Ayurvedic Medical
College & Hospital
Date: 13/03/2026

Sign & Stamp
VD. SANJEEV YADAV
PRINCIPAL
Dr. G. D. POL FOUNDATION
Dean/Principal/Head of Institution
Y.M.T. AYURVEDIC MEDICAL COLLEGE AND HOSPITAL
Institutional Area Sector - 4,
Kharghar, Navi Mumbai - 410 210..
Date: 13/03/2026

Name of Visitors
Chairman
Member
Member
Member

Signature of Visitors

**Annexure III(PG)
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	16yrs.	5 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	14yrs. 3Mon.

(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
YMT Ayurvedic Medical
College & Hospital
Kharghar, Navi Mumbai
Date : 13/03/2026


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: 13/03/2026

Name of Visitors
Chairman
Member
Member
Member

Signature of Visitors

**Annexure III(PG)
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. Vipin Krishnan C** 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	10/11/2025	Till date	--	3 month

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

Designation	From	To	Total period Year/Months
Asst. Professor	10/11/2025	Till date	3Mon.

(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
YMT Ayurvedic Medical
College & Hospital
Kharghar, Navi Mumbai.
Date : 13/03/2026


Vd. SANJEEV YADAV
PRINCIPAL
Sign & Stamp
Dr. G. P. POL FOUNDATION
Dean/Principal/Head of Institution
Y.M.T. AYURVEDIC MEDICAL COLLEGE AND HOSPITAL
Institutional Area Sector - 4,
Kharghar, Navi Mumbai - 410 210..

Date: 13/03/2026

Name of Visitors
Chairman
Member
Member
Member

Signature of Visitors