ANNEXURE- XIV

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 Mentorand Contact Details
01	KSHARSUTRA CHIKITSA	2009-10	10	1) Vd. Sanjeev R. Yadav – 9322456999 2) Vd. Shubhangi P. Badole – 9167750838 3) Vd. Dnyanshwar D. Chavan- 9822221585 4) Vd. Varsha R. Tangade- 9920798297
02				

(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. 2017 - 2018	KSHARSUTRA CHIKITSA	10	7
2	A.Y. 2018 - 2019		10	4
3	A.Y. 2019 - 2020		10	5
4	A.Y. 2020 - 2021		10	3
5	A.Y. 2021 - 2022		10	9

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** 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	2 Months

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

Designation	From	To	Total period Year/Months	
Professor	2009	till date	13 Yrs.	9 months

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

Sign & Stamp

Head of the Department

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

Date 15/03/2023

Sign & Stamp

Dean/Principal/Head of Institute

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

Date 15/03/2023

ANNEXURE- XIV- A

Information to be submitted with respect to newly appointed mentors
Professional Teaching Experience Certificate for Fellowship/Certificate CoursesDirector/Mentor

Title of the Course applied for:- **Ksharsutra Chikitsa**

This to Certify that **Vd. Badole Shubhangi Prashant** 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	14/5/2010	8 yr.	10 months
Asso. Professor/Reader	15/5/2010	till date	12yr.	10 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	12yr.	10 months.

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

Sign & Stamp

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

Date 15/3/2023

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..

Sign & Stamp

Dean/Principal/Head of

Date 15/03/2023

ANNEXURE- XIV- A

Information to be submitted with respect to newly appointed mentors
Professional Teaching Experience Certificate for Fellowship/Certificate CoursesDirector/Mentor

Title of the Course applied for:- **Ksharsutra Chikitsa**

This to Certify that **Vd. Chavan Dnyanshwar Dattarao** 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.	4 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.	4 months.

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

Sign & Stamp

Head of the Department

Institute

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

Date 15/03/2023

Sign & Stamp

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

Dean/Principal/Head of

Date 15/03/2023

ANNEXURE- XIV- A

Information to be submitted with respect to newly appointed mentors
Professional Teaching Experience Certificate for Fellowship/Certificate CoursesDirector/Mentor

Title of the Course applied for:- **Ksharsutra Chikitsa**

This to Certify **that Vd. Tangade Varsha Ramrao** 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	13yrs.	5 months

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	13yrs.	5 months

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

Sign & Stamp

Head of the Department

Institute

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

Date 15/03/2023

Sign & Stamp

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..

Dean/Principal/Head of

Date 15/03/2023

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

ANNEXURE- XIV

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 Mentorand Contact Details
01	**FELLOWSHIP COURSE IN CHILD HEALTH CARE & MANAGEMENT**	**2017**	**10**	1) **Vd. Bhavesh N. Panot – 9987076111** 2) **Vd. Sandeep K. 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. 2017 - 2018	FELLOWSHIP COURSE IN CHILD HEALTH CARE & MANAGEMENT	10	--
2	A.Y. 2018 - 2019		10	--
3	A.Y. 2019 - 2020		10	--
4	A.Y. 2020 - 2021		10	2
5	A.Y. 2021 - 2022		10	2

ANNEXURE- XIV- A

Information to be submitted with respect to newly appointed mentors

Professional Teaching Experience Certificate for Fellowship/Certificate CoursesDirector/Mentor

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

This to Certify that **Vd. 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/Reader	01/10/1999	31/12/2006	7 Years	2 Months
Professor	01/01/2007	to till date	16 Years	2 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 Subjectof concerned Fellowship/Certificate Course)

Sign & Stamp

Head of the Department

Institute

Date 15/3/2023

विभाग प्रमुख
शल्य विभाग
डी. वाय. पाटील फाऊंडेशन
आयुर्वेद महाविद्यालय व रुग्णालय
खारघर नवी मुंबई

Sign & Stamp

Dean/Principal/Head of

Date 15/3/2023

VD. SANJEEV YADAV
PRINCIPAL
Dr. D. Y. PATIL FOUNDATION'S
Y.M.T. AYURVEDIC MEDICAL COLLEGE AND HOSPITAL
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 CoursesDirector/Mentor

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

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

C) 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	04 Years	02 Months

D) 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	04 Years	02 Months

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

Sign & Stamp

Head of the Department

Institute

Date 15/3/2023

विभाग प्रमुख
कौमार भृत्य विभाग
डॉ. जी. डी. पोळ फाऊंडेशन
येरळा आयुर्वेदिक महाविद्यालय व रुग्णालय
खारघर, नवी मुंबई

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 15/3/2023

ANNEXURE- XIV- A

Information to be submitted with respect to newly appointed mentors

Professional Teaching Experience Certificate for Fellowship/Certificate CoursesDirector/Mentor

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

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

E) 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	5 Years	5 Months

F) 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	4 Years	2 Months

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

Sign & Stamp

Head of the Department

Institute

Date 15/3/2023

विभाग प्रमुख
कौमार भृत्य विभाग
डॉ. जी. डी. पोल फाउंडेशन
वैद्यरत्न आयुर्वेद महाविद्यालय व रुग्णालय
खारघर, नवी मुंबई

Sign & Stamp

Dean/Principal/Head of

Date 15/3/2023

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

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

ANNEXURE- XIV

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 Mentorand Contact Details
01	**FELLOWSHIP COURSE IN WOMENS & MATERNAL HEALTH CARE MANAGEMENT**	**2017**	**10**	**1) Vd. Seema C. Mehere – 9930940403 2) Mangesh L. Patil – 9320380219 3)Vd. Pranali N. Dandekar – 9619020010 4) Vd. Mayura M. Devadiga - 9082863894**

(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. 2017 - 2018	FELLOWSHIP COURSE IN WOMENS & MATERNAL HEALTH CARE MANAGEMENT	10	--
2	A.Y. 2018 - 2019		10	5
3	A.Y. 2019 - 2020		10	--
4	A.Y. 2020 - 2021		10	6
5	A.Y. 2021 - 2022		10	3

ANNEXURE- XIV- A

Information to be submitted with respect to newly appointed mentors

Professional Teaching Experience Certificate for Fellowship/Certificate CoursesDirector/Mentor

Title of the Course applied for:- **Women and Maternal Health Care**

This to Certify that **Vd. 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/Reader	01/10/1999	31/12/2006	7 Years	2 Months
Professor	01/01/2007	to till date	16 Years	2 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 Subjectof concerned Fellowship/Certificate Course)

Sign & Stamp

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

Head of the Department

Institute

Date 15/3/2023

Sign & Stamp

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..

Dean/Principal/Head of

Date 15/3/2023

ANNEXURE- XIV- A

Information to be submitted with respect to newly appointed mentors
Professional Teaching Experience Certificate for Fellowship/Certificate CoursesDirector/Mentor

Title of the Course applied for:- :- **Women and Maternal Health Care**

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

C) 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	13 yr.	6 month.

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

Designation	From	To	Total period Year/Months	
Professor	2018	Till date	4 yr	03 months.

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

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

Sign & Stamp
Head of the Department
Institute
Date 15/3/2023

Sign & Stamp
PRINCIPAL
Dr. G. D. POL FOUNDATION
Y.M.T. AYURVEDIC MEDICAL COLLEGE AND HOSPITAL
Institutional Area Sector - 4,
Kharghar, Navi Mumbai - 410 210..
Dean/Principal/Head of
Date 15/3/2023

ANNEXURE- XIV- A

Information to be submitted with respect to newly appointed mentors
Professional Teaching Experience Certificate for Fellowship/Certificate CoursesDirector/Mentor

Title of the Course applied for:- :- **Women and Maternal Health Care**

This to Certify that **Vd. Patil Mangesh Laxman** has worked in the Department

Of **Stri Rog Prasuti Tantra** Training Centre as per following details

E) 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	12 yr.	03 months.

F) 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.	03 months.

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

Dr. Seema Mahore
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

Sign & Stamp
Head of the Department
Institute
Date 15/3/2023

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..

Sign & Stamp
Dean/Principal/Head of
Date 15/3/2023

ANNEXURE- XIV- A

Information to be submitted with respect to newly appointed mentors
Professional Teaching Experience Certificate for Fellowship/Certificate CoursesDirector/Mentor

Title of the Course applied for:- :- **Women and Maternal Health Care**

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

G) 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	7 yr.	02 months.

H) 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.	03 months.

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

Sign & Stamp
Head of the Department
Institute
Date 15/03/2023

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

Sign & Stamp
Dean/Principal/Head of
Date 15/03/2023

DR. 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..

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